

NHS Community Pharmacy Independent Prescribing Service Pathfinder Programme

Service Level Agreement

Pharmacy Local Enhanced Service

1 Document history

Document changes

Highlight major changes to this document in this table.

Version	Date	Change	Name
0.1	4/09/2024	Insertion of Models into the SLA Insertion of Detailed Service Specifications Insertion of Equalities Statement	Ciara O’Kane

Approvals

This document requires the following approvals:

Name	Title	Status
NHS Sussex Community Pharmacy Integration Working Group	Eileen Callaghan	Approved

2 Parties to the agreement

2.1 This agreement is between

NHS Sussex Integrated Care Board (the commissioner)

and the Provider (the pharmacy contractor)

Trading name and address of the pharmacy contractor

.....

.....

Pharmacy contractor ODS code: **F**

- 2.2 For the provision of an independent prescribing service delivered by pharmacist independent prescribers in community pharmacy. This will inform the development of a national framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care. The pathfinder programme is being commissioned as a local enhanced service as defined by Part 4 paragraph 14(1)(e) of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended).
- 2.3 By signing up to the service level agreement (SLA) you are agreeing that you fully comply with the Terms of Service as outlined in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and agree to comply with the full terms and conditions as outlined in the SLA and the service specification. The commissioner reserves the right to remove you from the pathfinder programme if you, for whatever reason, cannot meet your Terms of Service during the period of the pathfinder programme.
- 2.4 Failure to comply with the full terms and conditions as outlined in the SLA and the service specification may result in suspension from the pathfinder programme. Before any suspension, the pharmacy contractor and the commissioner will discuss the reason for the suspension to identify a possible resolution.
- 2.5 Sign up to the pathfinder programme is via the NHS Business Services Authority (NHSBSA) website: [NHS Community Pharmacy Independent Prescribing Pathfinder Programme \(snapsurveys.com\)](https://nhs.uk/communities/pharmacy-independent-prescribing/pathfinder-programme)
- 2.6 By registering to sign up to the pathfinder programme you are agreeing to the terms and conditions outlined in the SLA and the service specification.

3 Purpose and scope

- 3.1 The NHS Community Pharmacy Independent Prescribing Service Pathfinder Programme aims to establish a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care.

- 3.2 Recognition that harnessing the skills and workforce capabilities of pharmacist independent prescribers and enhanced pharmacy technician roles would enable pharmacist independent prescribers to support patients with access to treatment in a community pharmacy setting.
- 3.3 To support the Fuller Stocktake report's vision for transforming access to services, improving experience for patients with long term conditions and preventing ill health through integration with neighbourhood teams.
- 3.4 To ensure we maximise the opportunities for service delivery available from 2026 when all newly qualified pharmacists will become independent prescribers at qualification and create the opportunity to train undergraduate and foundation programme trainee pharmacists as independent prescribers within the community pharmacy sector.
- 3.5 To build on the investment set out in the delivery plan for recovering access in primary care that sets the ambition to introduce a community pharmacy Common Conditions Service and expand the NHS Blood Pressure Check Service and the NHS Pharmacy Contraception Service.

4 Timescale

- 4.1 This agreement and delivery of the pathfinder programme covers the period **31 August 2023** until the end of the pathfinder programme service evaluation (estimated to be in April 2025). The pathfinder programme may end sooner depending on progress. In this case, the pharmacy contractor will be notified that the pathfinder programme will end with one months' notice by the commissioner in writing.

5 Termination and notice period.

- 5.1 One month's notice of termination must be given in writing to the commissioner if the pharmacy contractor wishes to terminate this agreement before the end of the pathfinder programme service evaluation. The pharmacy contractor may be asked for a reason for terminating this agreement.
- 5.2 The commissioner may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence, or fraud on the part of the pharmacy contractor.
- 5.3 One month's notice of termination will be given in writing by the commissioner to the pharmacy contractor to inform the pharmacy contractor of the cessation of the service prior to April 2025 (estimated end date of the pathfinder programme service evaluation).

6 Obligations

- 6.1 The pharmacy contractor must provide the service in accordance with the service specification and ensure that all pharmacists and pharmacy staff, including locum staff engaged by the pharmacy contractor, are aware of it.
- 6.2 The service must be provided by a pharmacist independent prescriber who has qualified as an independent prescriber and has an annotation added to the pharmacist's General

Pharmaceutical Council (GPhC) register entry to reflect this. The commissioner may request evidence of qualification and registration.

- 6.3 The pharmacy contractor must ensure that any pharmacist independent prescriber delivering the service is clinically and professionally competent to deliver the service.
- 6.4 The service must be provided by a pharmacist independent prescriber who has completed the required training and development detailed in the service specification and who is competent to deliver the service. The commissioner may request evidence of any required training and development completed.
- 6.5 The pharmacy contractor and any pharmacist independent prescriber delivering the service must engage with local stakeholders in relation to the service as required by the commissioner e.g., general practice, primary care networks.
- 6.6 The pharmacy contractor and pharmacy staff engaged in delivering the service will participate fully in the pathfinder programme service evaluation and provide the information set out in the service specification within any timescales specified.
- 6.7 The commissioner will monitor and assure the service in accordance with the service specification.

7 Standards

- 7.1 The service will be provided in accordance with the standards detailed in the service specification.

8 Eligibility criteria

- 8.1 The pharmacy contractor must satisfy the following criteria to demonstrate their ability to take part in the pathfinder programme:
 - Fully compliant with the essential services and clinical governance requirements of the Community Pharmacy Contractual Framework (CPCF).
 - In good standing with the commissioner.
 - Must be invited to participate by the commissioner.
 - Registered with the NHSBSA to provide the service.
 - Can comply with all the elements described in the service specification.
 - Ability to mobilise within the agreed timescale set by the commissioner.
 - Independent prescribing pharmacists available to provide the service within the agreed location(s).
 - Agree to participate in peer networks and community of practice as required by the commissioner.
 - Capability to use the Electronic Prescription Service (EPS) solution assured by NHS England.
 - Capability to use GP Connect and/or any local health records as required by the commissioner.
 - The pharmacy must be able to offer face to face appointments inside a confidential consultation room that complies with relevant GPhC standards. The consultation area

must be clearly signed as a private consultation area and must be an area where service users and the pharmacy team member are able to sit and speak normally, without being overheard.

9 Confidentiality

- 9.1 All parties shall adhere to applicable data protection legislation, including the Data Protection Act 2018, and to the Freedom of Information Act 2000.
- 9.3 Registered pharmacy professionals are expected to follow the most recent GPhC guidance on confidentiality.
- 9.4 The pharmacy contractor must have in place a whistleblowing policy. The aim of which is to allow an employee to raise at the earliest opportunity, any general concern that they might have about a risk, malpractice, or wrongdoing at work, which might affect patients, the public, other staff, or the organisation itself.
- 9.5 Any approaches by the media for comments or interviews relating to this service must be referred to the commissioner.

10 Indemnity

- 10.1 The pharmacy contractor and any pharmacist independent prescriber delivering the service shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise from the delivery of the service and terms and conditions of this agreement. Any litigation resulting from an accident or negligence on the part of the pharmacy contractor and/or any pharmacist independent prescriber delivering the service is the responsibility of the pharmacy contractor and/or pharmacist independent prescriber who will meet the costs and any claims for compensation, at no cost to the commissioner.

NHS Community Pharmacy Independent Prescribing Service Pathfinder Programme

Service Specification

Pharmacy Local Enhanced Service

Equalities and health inequalities statement

The ICB aims to design and implement policy documents that meet the diverse needs of our services, population, and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document has been designed to ensure that no one receives less favourable treatment due to their protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.

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1 Service background

- 1.1 From September 2026 all newly qualified pharmacists will enter the General Pharmaceutical Council (GPhC) register as independent prescribers. Until recently pharmacists had to undertake a minimum of 2 years' post-registration experience before they could apply for a prescribing course after joining the GPhC register. Whereas a pharmacist would previously have undertaken a 4-year master's degree and then a one-year pre-registration work experience placement, this is being replaced by an integrated approach along the same lines as the medical degree, so that trainee pharmacists learn a range of clinical skills throughout a 5-year combined master's and place-based foundation programme. This is a significant professional transformation for pharmacists expanding career pathways, enabling NHS commissioners to harness this skilled and sustainable workforce to transform health care delivery across systems.
- 1.2 There are a number of training and education initiatives funded through the Pharmacy Integration Fund (PhIF) to support the existing community pharmacy workforce (e.g., Independent Prescribing and clinical skills training for pharmacists and pharmacy technicians). It is envisaged that the pathfinder programme will act as a catalyst to support the NHS Long Term Workforce Plan for community pharmacy and create an environment where undergraduate and foundation trainee pharmacists can undertake place-based prescribing training.
- 1.3 Introducing independent prescribing (IP) as part of the Community Pharmacy Contractual Framework (CPCF) from 2025 (subject to funding and negotiation) will provide the foundations through which pharmacist training and clinical service delivery can be harnessed to work towards an integrated workforce model in primary care. This will allow the development and implementation of integrated clinical services that will enable Integrated Care Boards (ICBs) to commission pathways to widen access to care and tackle health inequalities using the unique footprint that community pharmacy creates in local neighbourhoods.

2 Service objectives

- 2.1 Strategic aim: Establish a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care.
- 2.2 Objectives:
 - To establish a community pharmacy independent prescribing programme of work that will inform the development of a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care within the agreed timetable.
 - To establish pathfinder sites across England to identify and test the delivery of pharmacist independent prescribing.
 - To identify the optimum processes including governance, reimbursement and digital requirements required to enable NHS commissioned independent prescribing services in community pharmacy.
 - To inform the development of assurance processes for professional and clinical service standards that support independent prescribing activities in the context of NHS community pharmacy services.

- To inform the professional development needs of community pharmacists and wider workforce strategy for pharmacy professionals in primary care.
- To inform the post 2019-2024 CPCF clinical strategy.
- To inform the ICB delegation responsibilities necessary to support national and local commissioning of community pharmacy clinical services that may include access to independent prescribing services.
- To undertake appropriate local and national quantitative and qualitative evaluation / research, including patient experience and the experience of community pharmacy, general practice, community services and secondary care teams with a view to establishing safe and effective community pharmacy clinical services incorporating independent prescribing for patients in primary care.

3 Requirements for service provision

- 3.1 Prior to provision of the service, the pharmacy contractor must:
 - be satisfactorily complying with their obligations under Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (Terms of Service of NHS pharmacists) in respect of the provision of essential services and an acceptable system of clinical governance.
 - notify the commissioner that they intend to provide the pathfinder programme service by completing a registration declaration via the NHS Business Services Authority (NHSBSA) website: NHS Community Pharmacy Independent Prescribing Pathfinder Programme (snapsurveys.com)
 - work with the commissioner to engage with local stakeholders e.g., general practice colleagues, primary care network colleagues, to make them aware the pharmacy is participating in this service.
- 3.2 The service must be provided by a pharmacist independent prescriber who has qualified as an independent prescriber and has an annotation added to the pharmacist's GPhC register entry to reflect this.
- 3.3 The service must be provided by a pharmacist independent prescriber who has completed the required training and development detailed in the service specification and who is competent to deliver the service.
- 3.4 The pharmacy must have a consultation room that will be used for the provision of the service which meets the requirements of the Terms of Service. Where a face-to-face consultation is the preferred access model for the person eligible for the service, these consultations must be delivered from the consultation room at the pharmacy.
- 3.5 The pharmacy contractor must use the Electronic Prescription Service (EPS) solution assured by NHS England.
- 3.6 Specific requirements for service provision for HRT reviews can be found in Appendix [1].

4 Service description

- 4.1 The service description for HRT reviews can be found in Appendix [1].

5 Governance arrangements

- 5.1 Project team will report into the NHS Sussex Community Pharmacy Integration Working Group (CPIWG), and this will feed into the ICS Medicines Optimisation Board and if required the Primary Care Commissioning Group.
- 5.2 The pharmacy contractor must have a standard operating procedure (SOP) describing how the Pharmacist Independent Prescriber and relevant staff members will deliver and meet all the requirements of this service.
- 5.3 Pharmacy Contractors should complete a risk assessment for the service before launching the service.
- 5.4 The provider is required to evidence an effective system of clinical governance and put in place appropriate and effective arrangements for quality assurance, continuous quality improvement and risk management.
- 5.5 The pharmacy contractor must have appropriate safeguarding policies, procedures and governance arrangements in place which reflect the principles of NHS Sussex safeguarding procedures and adhere to all safeguarding and looked after children related legislation.
- 5.6 NHS Sussex will ensure that the prescribing pharmacist can access where required supervision sessions with a senior, experienced prescriber from the general practice where support/mentorship can be provided in the form of a peer discussion. This could be the GP at the practice working with the pharmacy for this service.
- 5.7 Evidence of qualifications, assessments, CPD's and testimonials from clinical peers should be provided in the form of an ongoing portfolio by the Independent Prescriber.
- 5.8 The pharmacy will be visited by a member of the NHS Sussex Medicines Management Team prior to the service start to ensure that the premises and pharmacy team are ready for the service launch.
- 5.9 Pharmacy Contractors must ensure a business continuity plan is in place in the event of an emergency or service disruption to minimise the impact to service stakeholders.

6 Indemnity

- 6.1 Pharmacy Contractors must ensure that this service, and all clinical professionals and other staff working within it, are covered by appropriate indemnity.
- 6.2 Pharmacy contractor must ensure they have adequate commercial insurance in place to cover all liabilities (e.g., public and employers).

7 Safety and incident reporting

- 7.1 The pharmacy contractor is required to report any patient safety incidents in line with the 2012 NHS guidance on Clinical Governance Approved Particulars for Pharmacies.
- 7.2 Any patient safety incidents must be reported to the commissioner by reporting through LFPSE portal: Learn from patient safety events ([here](#))
- 7.3 Any complaints about the service must be reported to the commissioner by contacting the complaints team through sxicb.complaints@nhs.net.

8 Data and information management

- 8.1 All parties shall adhere to applicable data protection legislation including the Data Protection Act 2018 and to the Freedom of Information Act 2000. The requirement for confidentiality will be balanced with the needs of the person accessing the service.

9 Consent

- 9.1 The pharmacy contractor and/or the pharmacist independent prescriber delivering the service will be required to obtain consent from the person eligible to receive the service for the following purposes:
- 9.2 To participate in the pathfinder programme service and agree to a consultation and clinical review in line with the service specification.
- There will be a requirement to obtain verbal consent from the person to proceed with a consultation.
- 9.3 To share referral advice and shared decisions with the person's registered general practice.
- This consent informs the person that their information and results will be shared with their registered general practice to enable the provision of appropriate care and stored by the pharmacy in line with the Records Management Code of Practice for Health and Social Care.
 - If the person does not consent with sharing information with their registered general practice, the consultation will not be able to proceed.
- 9.4 To share demographic and clinical data.
- This consent is to allow the person's pseudonymised data to be shared with commissioners and service evaluation teams for payment of the service and for service evaluation purposes.
 - People accessing the service will be asked in the pharmacy if they consent to being contacted by a service evaluation team to complete a service user survey and/or interview. If a person does not consent to participate in the service evaluation, they can still access the service.
- 9.5 Evidence of consent should be retained for an appropriate period of time. As pharmacy contractors are the data controller, it is for each contractor to determine what the appropriate length of time is. Decisions on this matter must be documented and should be in line with the Records Management Code of Practice for Health and Social Care.

10 Payment arrangements

- 10.1 The pharmacy contractor will be eligible for the following payments:

ITEM	PAYMENT
Pharmacist independent prescriber sessional payment	Payment of £197.76 per four-hour session (up to six sessions per week or twenty-four sessions per month) This will be paid based on the number of pharmacist independent prescriber sessions reported by the pharmacy contractor each month.
Pathfinder site readiness payment	One-off payment of £1500 per pharmacy premises to support pathfinder site set-up (including IT support) and participation in all evaluation activities. This will be paid following registration via the NHSBSA website.

- 10.2 Reimbursement will be paid on the condition that the service is provided in accordance with the service specification.
- 10.3 Claims for payment should be submitted within one month of, and no later than three months from the claim period for the chargeable activity provided. Claims which relate to work completed more than three months after the claim period in question, will not be paid.
- 10.4 If the pharmacy contractor is commissioned to deliver any related services, the contractor may not claim twice for the same activity.
- 10.5 The commissioner reserves the right to revise fees during the pathfinder programme.

11 Withdrawal from the service

- 11.1 If the pharmacy contractor wishes to stop providing the service, they must notify the commissioner that they are no longer going to provide the service giving at least one month's notice in writing prior to cessation of the service. The pharmacy contractor may be asked for a reason for withdrawal from the service.
- 11.2 Where the pharmacy contractor withdraws from the service, an appropriate handover of services must be agreed with the commissioner. There will also be a requirement to participate in all review, evaluation, monitoring, and payment verification set out in the service specification.
- 11.3 The pharmacy contractor must continue to provide the service for the duration of the notice period and the pharmacy contractor must de-register from the service via the NHSBSA website at the end of the notice period.
- 11.4 If a pharmacy contractor de-registers from the service or ceases trading within 30 days of registration, they will not qualify for the site readiness payment and any additional set-up payment. In this event and where payment has already been made for the site readiness and evaluation and additional set-up to the pharmacy contractor, this money will be claimed back.

12 Monitoring and post-payment verification

- 12.1 The pharmacy contractor shall provide information, reports, and other data as and when required by the commissioner and authorised agents for the purposes of service monitoring and service evaluation.
- 12.2 The commissioner reserves the right to audit or conduct post-payment verification on the information and data held by the pharmacy contractor in respect of this service.
- 12.3 It is the pharmacy contractor's responsibility to be able to provide evidence of claims when requested by the commissioner for post-payment verification.

13 Review and Evaluation

- 13.1 As a pathfinder programme, independent evaluation of the service and its outcomes is key to ongoing development of the service models, and review of the effectiveness of the pathfinder programme.
- 13.2 The evaluation will assess whether the service has provided the anticipated benefits of:
- Improved patient access to healthcare across the system.
 - Ensuring community pharmacists are working to their full clinical potential.
 - Supporting general practice.
 - Enabling ICBs to plan service delivery.
- 13.3 The pharmacy contractor is required to participate in evaluation:
- by ensuring all relevant data is submitted accurately and in a timely manner, AND
 - by taking part in focus groups and semi-structured interviews, and other qualitative data collections such as surveys and questionnaires, as requested by the commissioner.
 - any interviews and focus groups carried out in 13.3 will be carried out online.
- 13.4 Evaluations may include local evaluations managed by the commissioner, and national evaluations carried out by NHS England and/or its service evaluation partner(s).
- 13.5 Evaluation will assess a number of aspects of the service, including but not limited to the following:
- IT / digital requirements
 - Safety
 - Operational impact
 - Stakeholder acceptability ('stakeholder' is taken to mean anyone impacted by the service including, but not limited to, pharmacy staff, patients, and other local stakeholders e.g., general practice staff and secondary care staff).
 - Sustainability and implementation (i.e., whether the experience of the pathfinder site is likely to aid understanding of whether the service could be introduced for a sustained period of time and/or on a larger scale).
- 13.6 The pharmacy contractor will be required to promote participation in evaluation amongst other stakeholders and may be required to collect information from patients to facilitate their participation in evaluation (e.g., focus groups and semi-structured interviews, and other qualitative data collections such as surveys and questionnaires).

Appendix 1 – Requirements for service provision and service description of HRT Review

A. Service Objectives

The objectives of this service are to:

- At the request of a general practice, undertake HRT reviews and appropriate ongoing prescribing for patients originally initiated onto HRT by the GP Practice.
- If needed, prescribe an alternative HRT product to mitigate issues with out of stocks.
- Promote healthy behaviours to patients.

B. Requirements for service provision

- 1.1 Prior to provision of the service, the pharmacy contractor must:
 - a) Be satisfactorily complying with their obligations under Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations (Terms of Service of NHS pharmacists) in respect of the provision of Essential services and an acceptable system of clinical governance.
 - b) Notify NHS England that they intend to provide the service by completion of a registration declaration on the NHS Business Services Authority's (NHSBSA) website.
 - c) Engage with other health care professionals including other community pharmacies local GP practices and Primary Care Network colleagues to make them aware that the pharmacy is participating in this service.
 - d) Ensure prescribing pharmacists have completed Level 3 Safeguarding training.
- 1.2 The pharmacy contractor must ensure all prescribing pharmacists providing the service are appropriately trained and competent to do so. Prescribing pharmacists must:
 - a) Have read and understood the operational processes to provide the service as described in this service specification.
 - b) Be an independent prescriber annotated on the GPhC register.
 - c) Register with the NHSBSA and ICB as a prescriber – details to follow.
 - d) Comply with the national and local prescribing guidelines/formulary. The Sussex formulary can be found [here](#).
 - e) The independent prescriber will complete additional HRT training as required to ensure the service requirements fall into their scope of practice.
 - f) Follow ICB smart card authorisation – details to follow.
- 1.3 Pharmacies must have a consultation room that will be used for the provision of the service which meets the minimum requirements of the Pharmacy First service. The consultation room should also comply with the following requirements:
 - a) Have IT equipment accessible within the consultation room to allow contemporaneous records of the consultations provided as part of this service to be made.
 - b) Have IT software available to generate electronic prescriptions and be able to send the prescription to a pharmacy of the patients' choice.
 - c) Equipment used in delivering the service will be of the standard required e.g. for the blood pressure monitor the standard required as part of the Hypertensive Case-finding Advanced

service. Validation, maintenance and recalibration of all blood pressure monitors should be carried out periodically according to manufacturers' instructions.

- 1.4 Infection control measures and cleaning must be carried out within the pharmacy and on all blood pressure monitors in line with current infection prevention and control guidance.
- 1.5 The pharmacy contractor must have a standard operating procedure (SOP) for the service. This should be reviewed regularly and following any significant incident or change to the service. The pharmacy contractor must ensure that all pharmacy staff involved in the provision of the service are familiar with and adhere to the SOP.
- 1.6 The pharmacy contractor is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.
- 1.7 Session times and days should be agreed in advance with the ICB and communicated with local GP practices/PCNs.

C. Service description

Initiating the service

- 1.8 A treatment plan is to be created prior to the start of the service to document the scope of the HRT clinic. This would include:
 - Evidence of your competence to prescribe in this area.
 - Who you will invite to the clinic.
 - The guidelines you intend to follow.
 - Treatment goals.
 - The medicines you will prescribe.
 - Referral to other healthcare professionals including how the outcomes of consultations will be sent.
 - Patient and carer information.
 - Patient review.
- 1.9 A meeting with the GPs, nurses and practice manager to be held to discuss and agree the treatment plan and other aspects of running the clinic, including communications to patients to support delivery of the service. This will give practice staff a clearer understanding of the service and the type of patients that can be managed.
- 1.10 Before you start your clinic, you should ensure that you have the appropriate level of indemnity insurance.
- 1.11 The pharmacy contractor must ensure the service is accessible, appropriate, and sensitive to the needs of all patients. No eligible patient should be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

Consultation outcomes

- 1.12 All consultation outcomes must be sent to the patients' registered general practice. If changes to the patients' treatment regime are made, these must be highlighted to ensure the general

practice can update their records. If urgent escalation is needed, the pharmacist should telephone the patient's general practice and send the results and consultation notes immediately.

- 1.13 For any patients who have a booked appointment at the pharmacy clinic and have not attended, a follow-up phone call will be made to re-book the patient into another appointment. For any patients who are uncontactable after trying on two separate occasions, the pharmacy will notify the GP practice so that any next steps can be taken by the GP practice.
- 1.14 Patients requiring a follow-up will be scheduled into a clinic, this maybe either face-to-face or by telephone. A process will be in place to ensure follow-ups occur in a timely manner.

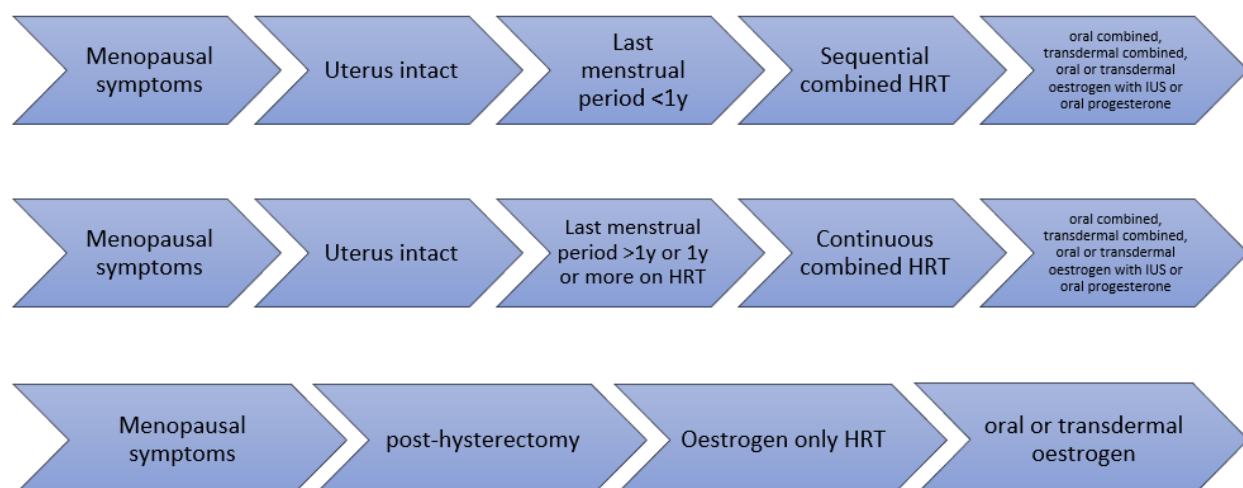
HRT Review process

NHS Sussex secured funding to establish Pathfinder sites to identify and test the delivery of community pharmacy independent prescribing. To support independent prescribing in community pharmacy this new innovative pathway aligns to the Women's Health Strategy for England aiming to improve health outcomes and reduce inequalities across groups of women. Specifically, we anticipate that this pathway will improve information provision on women's health, perform HRT medication reviews as well as support incidental case finding of hypertension and promote treatment to target of hypertension as necessary. Cardiovascular disease is the largest cause of the life expectancy gap between the least and most deprived quintiles in Sussex, of which hypertension is the greatest risk factor. The national ambition is to achieve 80% of patients treated to target.

For this initiative, the cohort of patients are defined as those women aged 45 and over receiving a repeat prescription of oral or transdermal hormone replacement therapy (HRT). These women are invited for their 3-monthly or annual HRT review at a pharmacy commissioned to provide the Independent prescribing pathfinder service. The patient may be signposted to services to promote healthy behaviours, for example; smoking cessation services and cervical screening as per the HRT questionnaire for the Independent Prescribers and the Independent Prescriber will be prescribing the patients ongoing HRT via repeat prescribing at the pharmacy.

HRT review

The following information should be considered:



Information on the process

- The PCN or Practice administrator uses searches to identify the cohort of patients to send an AccuRx text message.

- Patients will be sent a text message via AccuRx inviting them for an HRT review.
- The message will advise the patient they are eligible for an HRT review at the participating pharmacies included in this pilot.
- Patients can contact the pharmacy directly or use the pharmacy booking platform link to book an appointment with the pharmacy (this link will be inserted into an AccuRx message when shared by the pharmacy).
- Alternatively, the patient may consult with their GP surgery directly.
- Consent obtained from patient to conduct service and share results with GP.
- The pharmacy will perform an HRT review as per HRT Questionnaire and BP check as per service specification.
- BP results are uploaded to PharmOutcomes (Results are sent back to the GP).
- The pharmacist will send the completed questionnaire to the GP surgery via NHS mail (GP Connect Update once activated). Pharmacist uploads HRT Review via EMIS/SystmOne.
- Prescription will be issued using the Cleo system.
- Prescribing details shared via GP Connect Update (this updates the patient records immediately) or EMIS/SystmOne if process in place.
- If needed, prescribe an alternative HRT product to mitigate issues with out of stocks.
- If the patient requires an ABPM, the pharmacist will complete the service with patient agreement and upload to their IT system such as PharmOutcomes, this sends a Post Event Message to the GP surgery or via GP Connect Update if enabled.
- ABPM results to be emailed directly to the GP surgery email.
- Alternatively, the patient may prefer to do 7-days of home BP readings or attend the GP surgery.
- The GP surgery will follow up high ABPM readings as per their own process.

A 3-monthly review is recommended after starting HRT to assess menopausal symptom control, side effects and bleeding pattern. In addition, at an annual review any changes in the medical history should be evaluated. Drug interactions should be considered as well as route of HRT. The HRT dose should be assessed, and vaginal oestrogen may be considered depending on the presence of urogenital symptoms. The lowest effective dose should be advised and perimenopausal women should be counselled about their possible contraception needs.

As part of this review, it is important to advise women of cervical and breast screening and signpost as necessary. Osteoporotic and cardiovascular risk may be assessed. For the latter, blood pressure measurements should be taken.

The woman should be counselled with regards to the risks and benefits of HRT continuation taking into account the individual's risk of breast cancer and venous thromboembolism. For example, transdermal preparations may be the preferred method of administration if there are risk factors for thrombosis, liver enzyme inducing drugs and risk of bowel malabsorption.

The Summary of Product Characteristics (SPC) for HRT may be referred to for details of contraindications and cautions. <https://www.medicines.org.uk/emc/product/10929/smpc#gref>

The HRT questionnaire has been developed to ensure clinical governance when undertaking these reviews, to guide the independent prescriber through the HRT review and the information that should be shared with the patients GP surgery upon obtained consent via GP connect IT Platform.

The independent prescriber will complete additional HRT training to ensure this is within their scope of practice.

The independent prescriber will continue to prescribe the HRT prescriptions at the pharmacy.

Blood pressure review

The pharmacist conducts the service as per the NHS Community Pharmacy Blood Pressure Check Service specification, the pharmacy records clinical interaction and follows the reporting process as outlined in the specification.

The pharmacy will offer the patient ambulatory blood pressure monitoring (ABPM) if clinically indicated and the result shared with the GP practice. If the patient declines APBM, this is communicated back to the GP surgery and the patient might be sent a seven-day BP Florey (text message) via AccuRx. The request for multiple BP readings is in line with NICE guidance.

HRT Questionnaire – For pharmacy use – upload information to patient record on GP Connect Update or securely return to GP via NHS mail.

Full Name:

Date of Birth:

NHS number:

Phone Number:

Name of GP Surgery:

When was the date of the last period?

Is the patient taking any contraceptives?

☐ Yes

☐ No

Blood pressure reading?

Any intervention required i.e., ABPM?

Weight? (kg)

Height (cm)?

How does the patient take/use HRT?

☐ HRT everyday

- ☐ HRT for 21 days with a 7-day break

What is the name of the HRT medication(s)? if Mirena Coil is fitted check GP notes to see when this is due to be replaced?

Ask the patient the reason they are taking HRT?

- ☐ Early Menopause (before age 45)
- ☐ Menopausal Symptoms

How old was the patient when HRT was started?

How long has the patient been on HRT?

Ask how patient is getting on with their HRT, any issues, any symptoms not resolved etc.

Is the patient a smoker?

- ☐ Yes
- ☐ No

If answered yes to smoking – offer patient signposting or support into a cessation service

Does the patient drink alcohol, if so, roughly how many units? Offer healthy behaviour advice/signposting

Is there any family history of heart disease or a stroke under the age of 45?

- ☐ Yes
- ☐ No

Is there any family history of a blood clots?

- ☐ Yes
- ☐ No

Has the patient had Deep Vein Thrombosis or a Pulmonary Embolism?

- ☐ Yes
- ☐ No

Does the patient have any blood clotting abnormalities?

- ☐ Yes

☐ No

Does the patient have diabetes?

☐ Yes

☐ No

Does the patient have a family history of breast cancer under the age of 50

☐ Yes

☐ No

Has the patient had a hysterectomy?

☐ Yes

☐ No

Does the patient know how HRT works?

☐ Yes

☐ No

Counsel the patient accordingly

Counsel the patient on healthy behaviours that can reduce menopausal symptoms such as losing weight and signpost/refer as appropriate

☐ Yes

☐ No

Counsel the patient that in rare circumstances HRT can cause a clot and the symptoms/signs of a blood clot are calf pain and swelling, sharp chest pains, shortness of breath and coughing up blood

☐ Yes

☐ No

Counsel the patient that HRT can increase the risk of breast cancer, therefore patients should be advised to examine breasts every month and attend breast cancer screening when offered. The risk of breast cancer increases the longer you are on HRT and persists after the HRT has been stopped

☐ Yes

☐ No

Counsel the patient that if they have an operation or long periods of immobility, they should tell a healthcare professional that HRT is being taken.

☐ Yes

☐ No

Counsel the patient that irregular vaginal bleeding on HRT should be reported to the GP

☐ Yes

☐ No

Ask the patient to confirm if they are up to date with cervical smear and breast screening?

☐ Yes

☐ No

If you answered No to the above question, please ask the patient to contact the GP Practice to book an appointment.

Have you as the IP made any changes to the patients HRT medication as a result of this review or any other relevant information that should be shared with the GP?

Have you as the IP identified any concerns?

Have you as the IP referred/signposted the patient to or delivered any additional services as a result of this review?

Please inform the patient that as the IP you will be prescribing the patients ongoing HRT via repeat prescribing at the pharmacy.

Please refer to NICE, BNF, SPC etc for additional information and work with your competency, refer back to the GP if required.

Privacy Consent This form collects personal and medical information.

☐

Patient consents to the pharmacy collecting and storing data to share with the patients GP Practice.