



# Community Pharmacy Academy

9<sup>th</sup> July 2024

Welcome to this Academy update webinar. We hope that you are well and thank you for joining us.

I'm Mike from Pharmacy Complete and I'm joined by Alison and Artur from Community Pharmacy Hampshire & IOW. We will be adding links to information in the chatbox as we go so watch out for those.

This evening we will be joined by Hayley Wickens for a presentation on pharmacogenomics. We will also provide you with our usual round-up of any national and local matters impacting on community pharmacy.

I suppose the big news is that we have a new government in power and a new secretary of state for health and care in the form of Wes Streeting. He has appointed Karin Smyth as the minister for health. Both have historically made positive noises about community pharmacy's role in population health. Watch this space!

OK, on with the show and a reminder that we will be recording this webinar so that others who couldn't make it this evening can watch. Details will be sent out later this evening and be on the LPC's website in due course

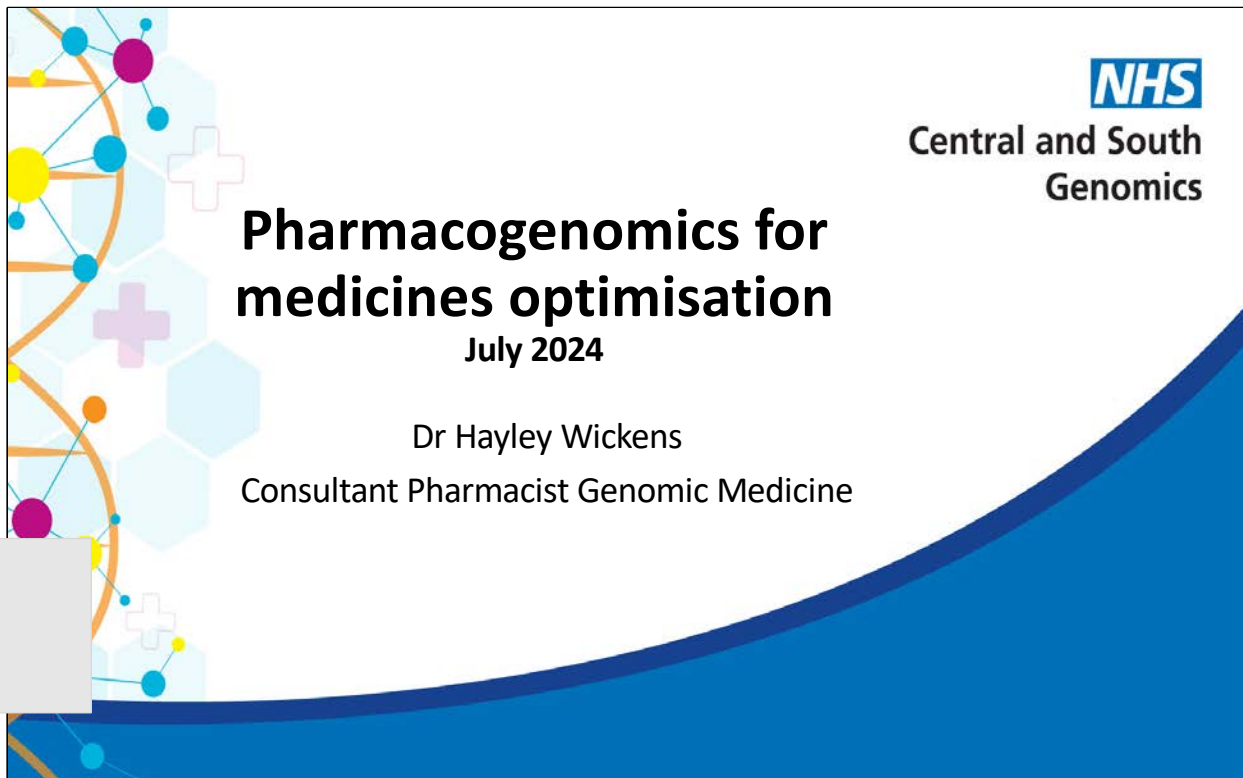
I'm sure that you are all used to Zoom meetings now but:

**Mute & Video** - please keep your video on to be part of the event but your microphone muted unless speaking to minimize background noise

**Chat** – you can post any comments and/or questions here and we will be posting links to various resources

If any of you have an internet failure – shut down, reboot and then hop back in when it resumes. You can always watch the recording if you have a complete failure.

xx



So lets start with a brief presentation on Pharmacogenomics from Dr Hayley Wickens. This is going to be an area of increasing importance in optimising medicines for patients.

Over to you Hayley

# Embedding Pharmacy Expertise

National Pharmacy Genomics team embedded in NHSE Genomics Unit and linked to Office of the Chief Pharmaceutical Officer

## GMS Alliance Pharmacy Leads

Four pillars of practice – clinical practice, leadership, education, and research

### NHS North West GMSA

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### NHS North East and Yorkshire GMSA

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# pharmacogenomics, n.

A branch of genetics  
identification  
individual response

OED Oxford English Dictionary

99.5%  
of individuals have a  
predicted atypical  
response to at least one  
drug

McInnes et al 2020 <https://doi.org/10.1002/cpt.2122>

# Principles of Pharmacogenomics (PGx)

  
Pro-drug (inactive)

~~Enzyme A  
Gene A~~

  
Active drug

e.g.  
clopidogrel/  
*CYP2C19*  
for stroke  
prevention

  
Toxic drug e.g. cancer  
chemotherapy

~~Enzyme B  
Gene B~~

  
Non-toxic  
metabolites

e.g. 5-Fluorouracil/  
*DPYD*  
for colon cancer



## Potential Application – CYP2D6 and Codeine

- Codeine prodrug is activated by CYP2D6 in the liver to active morphine
- Hundreds of known genetic variants in CYP2D6
- **Poor/Intermediate/Extensive/ Ultra-rapid Metabolisers**
- **Risk of ↓analgesia OR ↑toxicity**

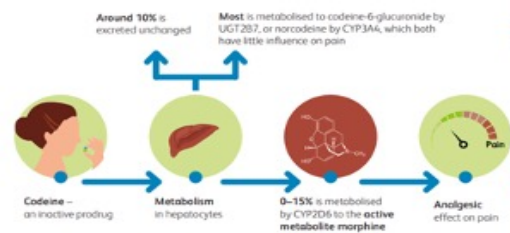


Fig 7 Codeine metabolism

© Royal College of Physicians and British Pharmacological Society 2022

Image credit: Royal College of Physicians and British Pharmacological Society

@genomicsedu #GenomicsConversation

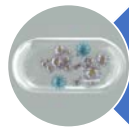
## Adverse drug reactions



16.5% of all admissions are due to ADRs

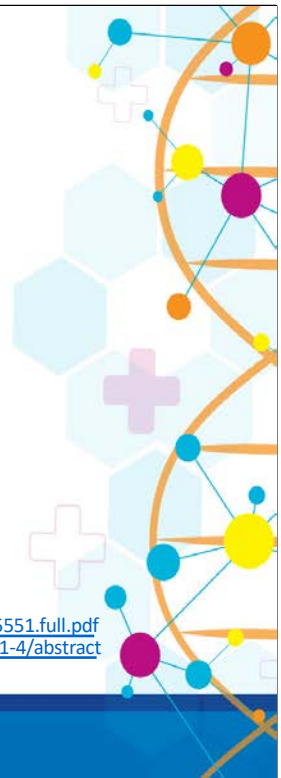


£2.21bn per year (UK)



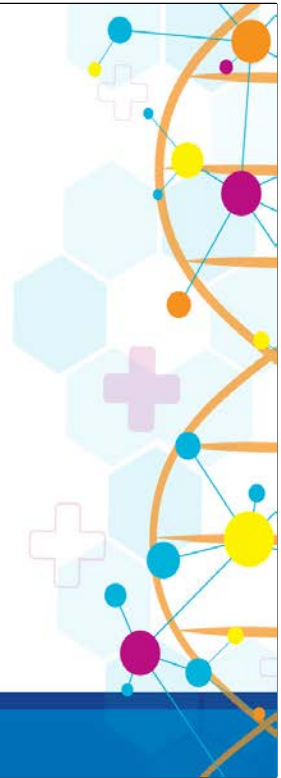
Reduction in ADRs possible with PGx?

Osanlu et al 2022 <https://bmjopen.bmj.com/content/bmjopen/12/7/e055551.full.pdf>  
Swen et al 2023 PREPARE [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01841-4/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01841-4/abstract)





What's coming next?



**NICE** National Institute for Health and Care Excellence

Guidance Standards and indicators Life sciences British National Formulary (BNF) British National Formulary for Children (BNFC) Clinical Knowledge Summaries (CKS) About

Home > NICE Guidance > Conditions and diseases > Cardiovascular conditions > Stroke and transient ischaemic attack

## CYP2C19 genotype testing to guide clopidogrel use after ischaemic stroke or transient ischaemic attack

In development [GID-DG10054] Expected publication date: 10 July 2024 [Register as a stakeholder](#)

Project information Project documents

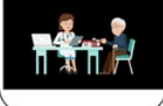
Status	In progress
Technology type	Diagnostic
Decision	Selected
Reason for decision	Anticipate the topic will be of importance to patients, carers, professionals, commissioners and the health of the public to ensure clinical benefit is realised, inequalities in use addressed, and help them make the best use of NHS resources
Process	DAP

<https://www.nice.org.uk/guidance/indevelopment/gid-dg10054/consultation/html-content-5>

# PROGRESS PGx study – NW GMSA

Workflow

Trigger: Prescription of a new medicine (PPI, antidepressant, statin)



Manchester Centre for Genomic Medicine | Gen-o

WING MANN O'SIX-O'CLOCK

440 Number 544 833 8142

Home Patient details Family history Phenotype Investigations Genomic tests, ordering Genomic tests, results Summary Progress Pharmacogenetics

The PROGRESS Study

This patient has been enrolled into the PROGRESS Study because they were prescribed **Amitriptyline**. Prescribing recommendations can be reviewed below.

Pharmacogenetic Guided Prescribing Recommendations

Drug: Amitriptyline

Get Recommendations

Drug	Gene	Phenotype	Interpretation	Guidance
Amitriptyline	CYP2C19	ultra-rapid metabolizer	This patient is a CYP2C19 Ultra-rapid Metabolizer, meaning they are likely to have relatively lower plasma concentrations of amitriptyline, increasing the chance of pharmacotherapy failure or risk of side effects.	Consider an alternative agent not metabolized by CYP2C19. Guidance applies for higher oral doses, such as those used in the treatment of depression. <a href="#">More Detail</a>

Pharmacogenetic Results

Gene	Genotype	Phenotype
SUC02B5	*1/*1	Normal Function

<https://www.nw-gmsa.nhs.uk/about-us/our-projects/spotlight>

With thanks to Jessica Keen, NW GMSA

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**Genomic medicine**

26 May 2022



By Dawn Connelly

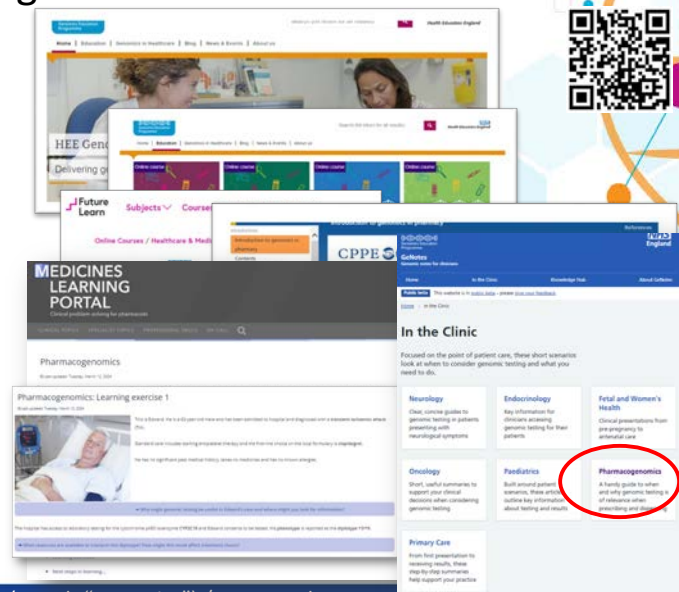
## First pharmacogenomic testing service to be launched by pharmacy multiple later in 2022

ADVERTISEMENT

Exclusive: If the Day Lewis service proves to be successful and cost effective, it could be commissioned more widely by the NHS.

## \*FREE\* Genomics training available

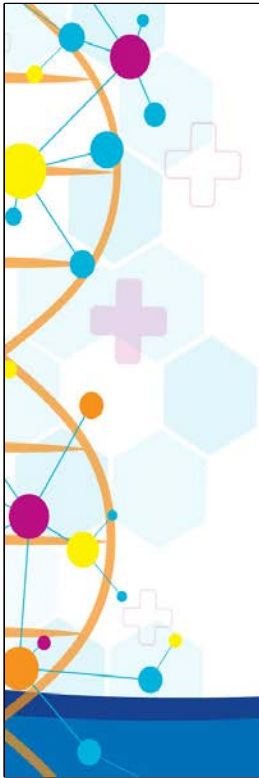
- HEE Genomics Education Programme
  - Free online courses, teaching resources, bitesize
  - Plus in-person training (MSc/PgDip/PgCert/modules)
- Genomics MOOCs FutureLearn
  - HEE, St. George's
- CPPE Genomics homepage – introduction and module on discussing genomics with patients
- [www.medicineslearningportal.org/p/pharmacogenomics](http://www.medicineslearningportal.org/p/pharmacogenomics)
- GeNotes – 'just in time' clinical resources



[Genomicseducation.hee.nhs.uk](http://Genomicseducation.hee.nhs.uk) / [e-lfh.org.uk](http://e-lfh.org.uk) (search "genomics") / [cppe.ac.uk](http://cppe.ac.uk)

<https://cpsc.org.uk/news/latest-cpsc-news/online-pharmacogenomics-training-module-available-all-pharmacists-and-technicians>

<https://cpsc.org.uk/news/latest-cpsc-news/cppe-introduction-genomics-training>



Central and South  
Genomics

Thank you!

[Hayley.wickens@uhs.nhs.uk](mailto:Hayley.wickens@uhs.nhs.uk)

@BugHayleyW



PHARMACO  
GENOMICS  
Q&A

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Thank you Hayley, very informative. We now have an opportunity to ask questions of Hayley  
Please ask your questions in the Chatbox

We can help you with **seven common conditions** without needing a GP appointment

Providing N



Speak to our pharmacist if you suspect you have

# Earache

(Children and young adults aged 1 year to 17 years)

## PHARMACY FIRST SERVICE

We will now cover some topical matters to keep you up to date with the ever changing pharmacy landscape starting with the Pharmacy First.

Reviews of some Pharmacy First data and has identified several referrals from GP practices where a pharmacy has rejected a referral where a Minor illness consultation could have been completed and claimed. The data also showed examples of where the rejection message showed that a consultation had taken place, but the referral had been rejected instead of completing a clinical record on the Pharmacy First IT system. This therefore meant the pharmacy owner was not eligible for a consultation fee.

We want to share this with you to ensure patients are seen when appropriate and to maximise the opportunities for pharmacies to provide the service and claim payment.

GP practices can refer patients for two strands of the service:

**1. Minor illness consultations**

**2. Clinical pathway consultations.**

GP practices cannot refer patients for the Urgent supply of medicines/appliances strand of the service.



## Key learnings

### **There is not an exhaustive list of minor illnesses included in the service**

While the service specification does include a list of minor illness symptom groups identified for referral to a community pharmacist for the Minor illness strand of the service; it is important to note that this list is not exhaustive.

Therefore, if a referral is received for a minor illness that is not included in the list, for example, a verruca or chickenpox, this is not a reason to reject the referral and these patients can be seen under the Minor illness strand of the service.

### **Patients who are referred for the Clinical pathway strand of the service but do not meet the eligibility criteria should not be rejected; they can instead be seen under the Minor illness strand of the service**

For example, if a patient is referred for earache but is an adult, they would not be eligible for the Acute Otitis Media clinical pathway, but the pharmacist could provide the Minor illness strand of the service for this patient.

### **Patients with symptoms indicative of a more serious illness/red flags should not be rejected**

If having spoken to the patient, you suspect the patient does not have a minor illness, but instead has a more serious condition/red flags are identified, this is still classed as a Minor illness consultation and should be treated as such, instead of being rejected.

Appropriate action should be agreed with the patient such as the pharmacist arranging an urgent appointment with the patient's GP, GP out of hours provider or a referral to the emergency department/999.

### **Patients who are not contactable should not be rejected**

If a patient is not contactable, then you are not able to claim for a consultation. However, the referral should be closed on the Pharmacy First IT system, noting the reason for this, rather than the referral being rejected.

### **There are implications of rejecting appropriate referrals**

There will be times when it is appropriate to reject a referral, for example, if a GP practice has referred a patient for a medication review, which is not part of the service. However, there are implications of rejecting appropriate referrals, for example:

- GP practices may not review rejection messages on the same day.

Therefore there is a risk that a patient with a serious condition may be

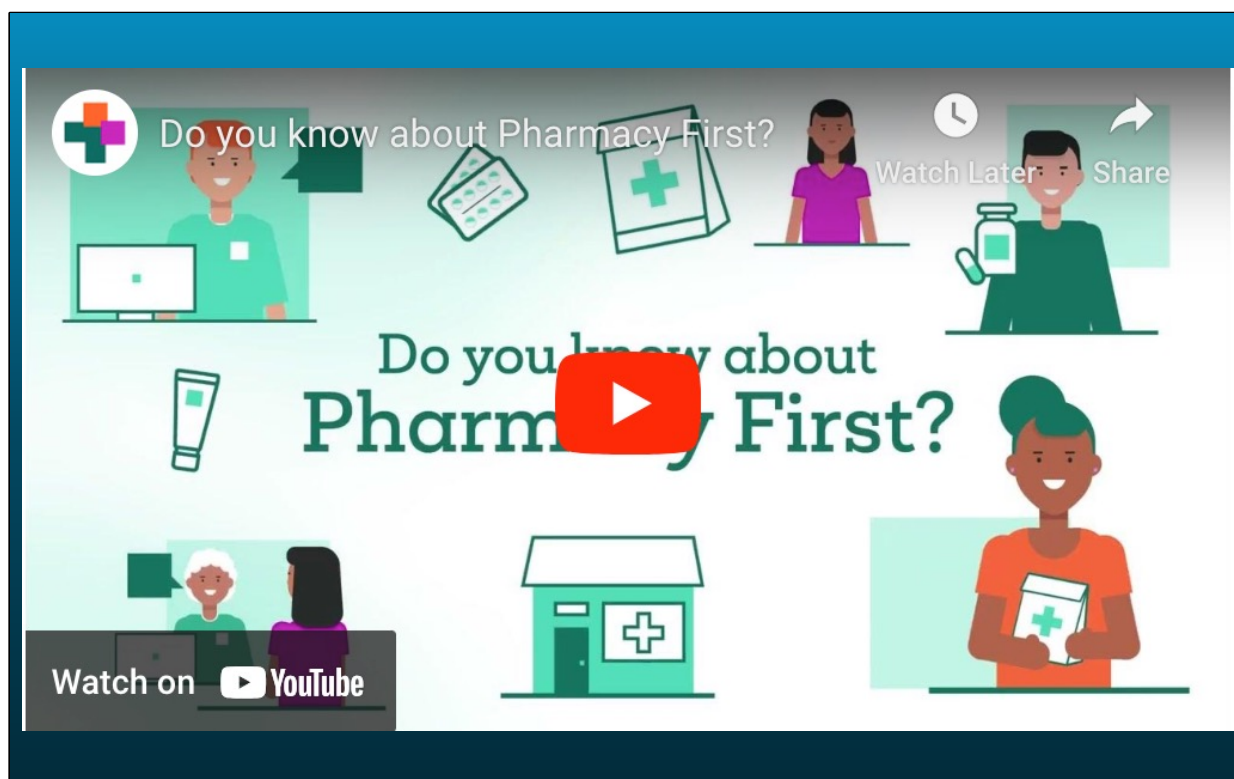
missed or even those with minor illnesses are left not being able to see another healthcare professional.

- If you are rejecting referrals which are appropriate for the Pharmacy First service, this may affect the GP practice team's willingness/confidence in future to make referrals for the service.

- You will not be paid for the consultation.

Therefore, it is important to carefully consider whether rejection is the appropriate action to take when you receive a referral.

News article on CPHIOW website: <https://cpsc.org.uk/news/latest-cpsc-news/pharmacy-first-referrals-minor-illness>



Community Pharmacy England have produced a short (2min) video to improve public awareness of the Pharmacy First service.

This can be downloaded, together with other digital resources including a silent version with subtitles, from the CPE website. You can use this in your pharmacy if you have a digital screen and/or on your pharmacy website and any social media you use to promote your pharmacy.

<https://cpe.org.uk/our-news/new-animation-explains-pharmacy-first-to-the-public/>

There is also a dedicated version together with other resources aimed at GPs and their practice teams:

<https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/pharmacy-first-information-for-gps/>

Reminder of bundling of PFS, PCS and HCFS in March – now is the time to prepare!

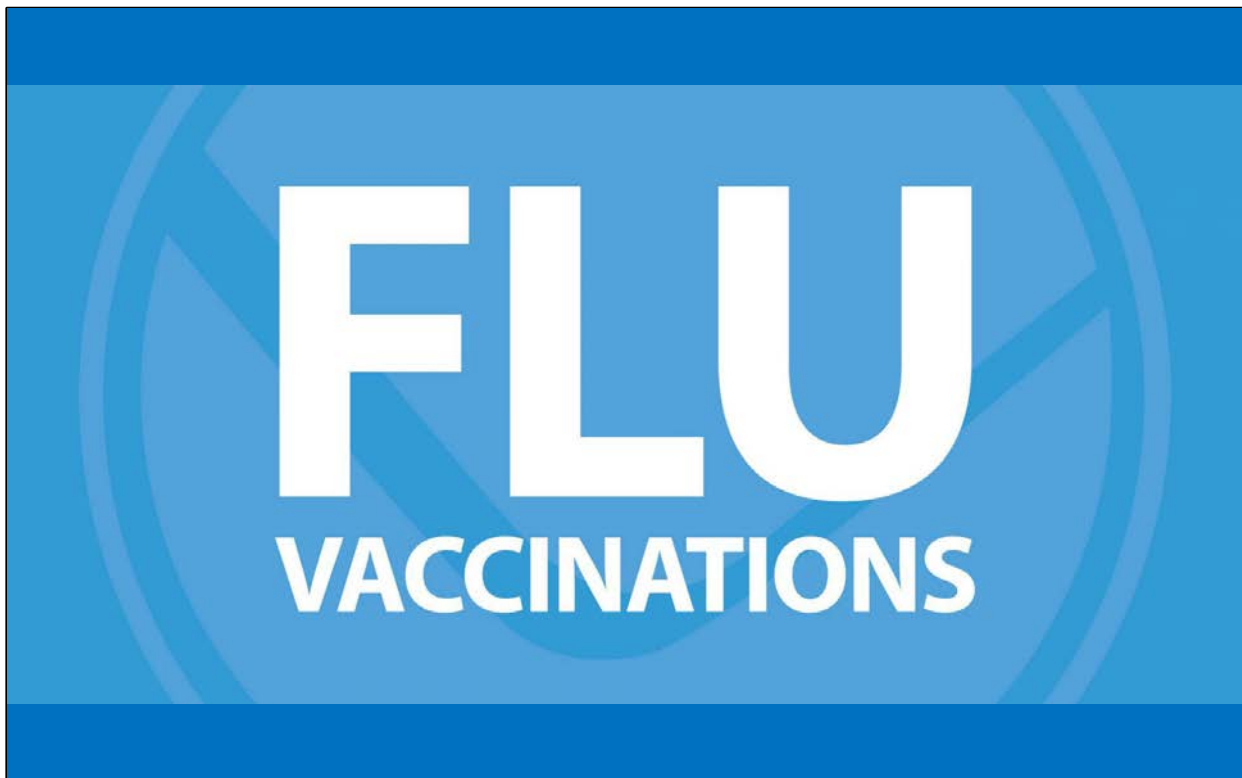


## PHARMACY FIRST Q&A

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An opportunity to share successes and challenges on PFS  
Please ask your questions and add comments in the Chatbox



NHS England has confirmed that the start date for the full flu vaccination service will be October 3<sup>rd</sup>. Pharmacies will be able to vaccinate pregnant women from 1<sup>st</sup> September. Pharmacies will not be paid for any vaccinations administered outside of these authorised dates. They have also released the service specification, protocol and PGD which now includes provision by trained Pharmacy Technicians:

<https://www.england.nhs.uk/publication/community-pharmacy-seasonal-influenza-vaccine-service/>

No decision has been taken on a COVID vaccination programme but those expressing an interest in the 2024/25 programme should plan for this to run alongside the flu programme from 3<sup>rd</sup> October.

<https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan-2024-to-2025/statement-of-amendment-to-the-annual-flu-letter-for-2024-to-2025-12-june-2024>

ECG Training are hosting face to face vaccination training events for anyone who is either a first time vaccinator or would like a refresher – N.B. doesn't have to be a pharmacist. Events are being held in:

Winchester on:

- 28<sup>th</sup> July morning and afternoon sessions available
- 18<sup>th</sup> August morning and afternoon sessions available

Bournemouth on:

- 28<sup>th</sup> July morning and afternoon sessions available
- 18<sup>th</sup> August morning and afternoon sessions available

Book using the link in the chatbox:

<https://ecgtraining.co.uk/product/fullvaccinetraining/>

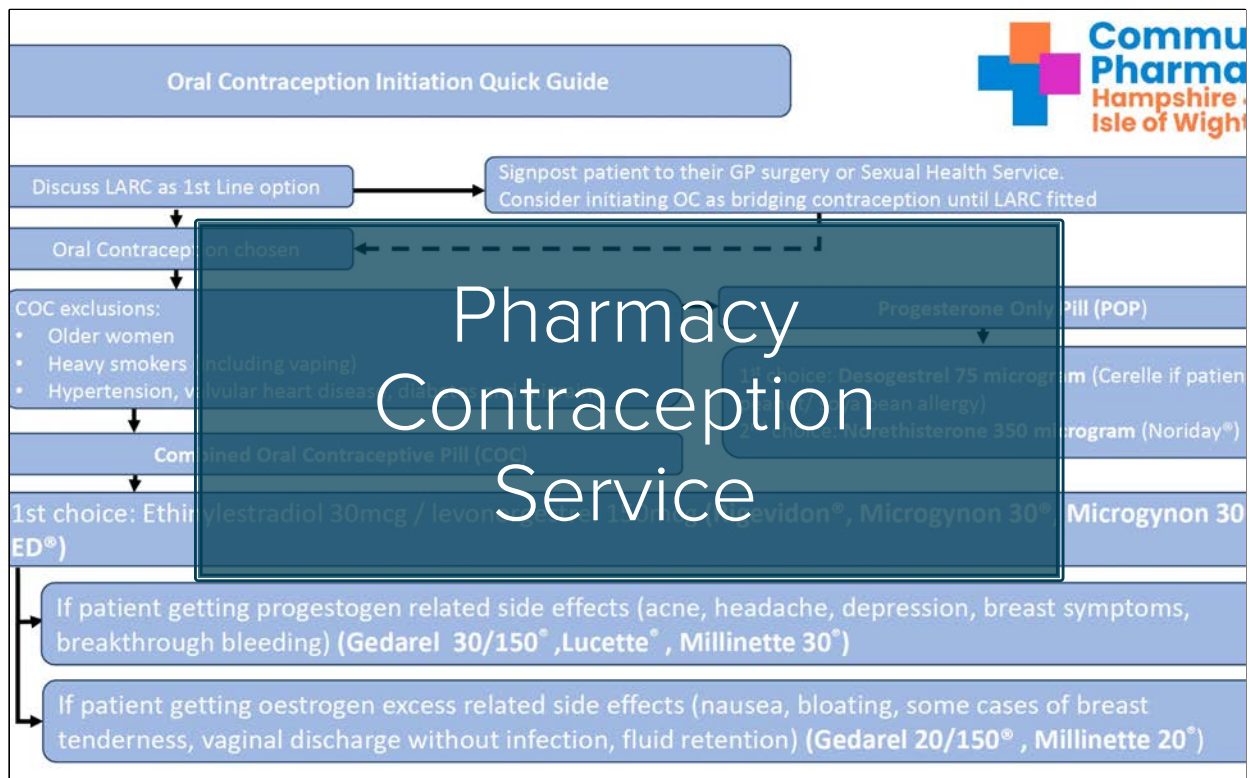


Following guidance from the Joint Committee on Vaccination and Immunisation, the NHS has set out next steps for delivery of 2 new respiratory syncytial virus (RSV) vaccination programmes from 1 September 2024, for older adults aged 75-79 and during pregnancy for infant protection.

RSV is a common respiratory virus that that can cause serious lung infections. While RSV infection can occur at any age, the risk and severity of RSV and its complications are increased in older adults and in neonates and small babies, and it has a considerable impact on individuals and NHS services during the winter months.

In addition to general practice, a number of community pharmacies will be commissioned to deliver the programme. Further details will be available in due course.





The provision of oral contraceptives via the Pharmacy Contraception Service continues to grow. Some hints and tips for delivering the service:

- Any break in taking/ using contraception whether one month or five years means the pharmacy should provide the service as an initiation consultation.
- Make sure to ask 'has there been any change to your medical history since you were last prescribed this'
- If a patient has any history of getting migraines – always use a POP
- Tie into EHC provision
- Protection awaiting LARC appointment

Alison to talk too

Use the quick initiation guide available on the LPC website to help select the right choice for the patient:

<https://cpsc.org.uk/news/latest-cpsc-news/pharmacy-contraception-service>





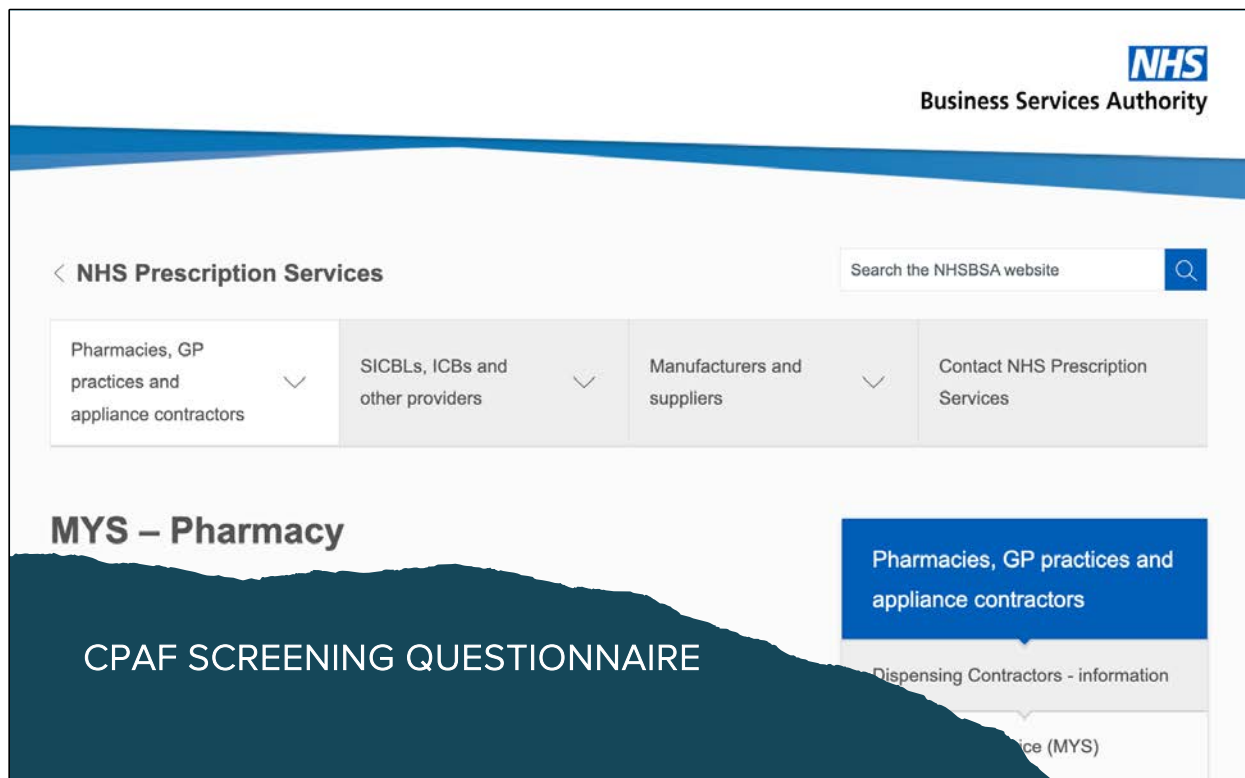
Minor changes to the lateral flow device supply service specification have been made to make the eligibility criteria section clearer to understand.

The changes also emphasise that patients eligible for the service do not need to have symptoms of COVID-19 to obtain a free box of LFD test kits under the service. Wherever possible, eligible patients should obtain LFD tests via the service in advance of developing symptoms.

This is a walk-in service where patients or their representatives can collect one box of 5 LFD tests from a participating community pharmacy on confirmation that the patient is part of the potentially eligible for COVID-19 treatments cohort. Details of those now eligible are on the CPE website.

A new service finder has been launched on the NHS website that lets members of the public and healthcare professionals search for a pharmacy that offers the LFD service. Please ensure that if you provide this service, you include it in your NHS Profile.

<https://cpe.org.uk/national-pharmacy-services/advanced-services/lfd-service/>



You should have received confirmation from NHSBSA that the Community Pharmacy Assurance Framework (CPAF) screening questionnaire became live on 1 July 2024 and will be available for completion on the MYS portal until midnight on 31 July.

Completion of the screening questionnaire is compulsory, and the results of the questionnaire will form the basis of which contractors will be asked to complete the full CPAF survey and may be visited later.

CPHIOW advice on potential visits:

[https://cpsc.org.uk/application/files/1617/1930/9749/CPAF\\_visit\\_advise\\_document\\_CPHIOW\\_v1.0\\_2024.pdf](https://cpsc.org.uk/application/files/1617/1930/9749/CPAF_visit_advise_document_CPHIOW_v1.0_2024.pdf)



Legislation enabling Pharmacy Technicians to supply medicines via a PGD came into force on the 26th June 2024. This is a further step towards enhancing the role of registered Pharmacy Technicians and an important aspect of developing the community pharmacy workforce to deliver a wider range of clinical services.

Whilst this requires service specifications and PGDs to be changed to reflect this (the flu one for this autumn already has), however there is an opportunity to commence any required training ahead of those actions.

For those pharmacies still to develop a registered pharmacy technician role in their team, do remember that there are funded apprenticeships available for this.

There are some useful resources on the SPS website:

<https://www.sps.nhs.uk/articles/pharmacy-technicians-working-under-patient-group-directions/>

## Educating, Engaging & Transforming the Pharmacy Workforce – Signposting to Success with Skills4Pharmacy webinar

Jun 27, 2024 | Latest News

Join our  
webinar



With that in mind there is an information session to look at how to enhance workforce by training pharmacy technicians and the wider pharmacy team:

<https://skills4pharmacy.org.uk/2024/06/27/educating-engaging-transforming-the-pharmacy-workforce-signposting-to-success-with-skills4pharmacy-webinar/>

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## Profile editor login

The NHS Profile Manager is being launched in stages, to replace the NHS website profile editor.

### Dental practices, GP surgeries, high street pharmacies and social care providers

Use the NHS Profile Manager to manage your profiles and respond to reviews.

[➔ Sign in to the NHS Profile Manager](#)

We would like to remind pharmacy owners of the need to update NHS Profile Manager each quarter to ensure that their pharmacy's NHS website and Directory of Service (DoS) profile information is up to date. The latest deadline was 30<sup>th</sup> June.

The NHS Terms of Service require you to check that your opening hours, contact information, facilities and services information are up to date for each profile, each financial quarter. You should mark each module as verified even if no change is required to the information.

The poster features a dark teal background with a grid of ten pink boxes, each representing an event. The title 'Pharmacy Owner Events Programme' is at the top in white. A 'Book your place now!' button and the Community Pharmacy England logo are at the bottom.

Region	Date	Venue
North East	3rd July	Newcastle
East and North Midlands	9th July	Nottingham
North West	10th July	Haydock
Yorkshire and the Humber	16th July	Leeds
West Midlands	17th July	Birmingham
South East	24th July	Gatwick
South West	25th July	Exeter
East of England	30th July	Cambridge
All England	30th July	Online/hybrid
London	(TBA)	(TBA)

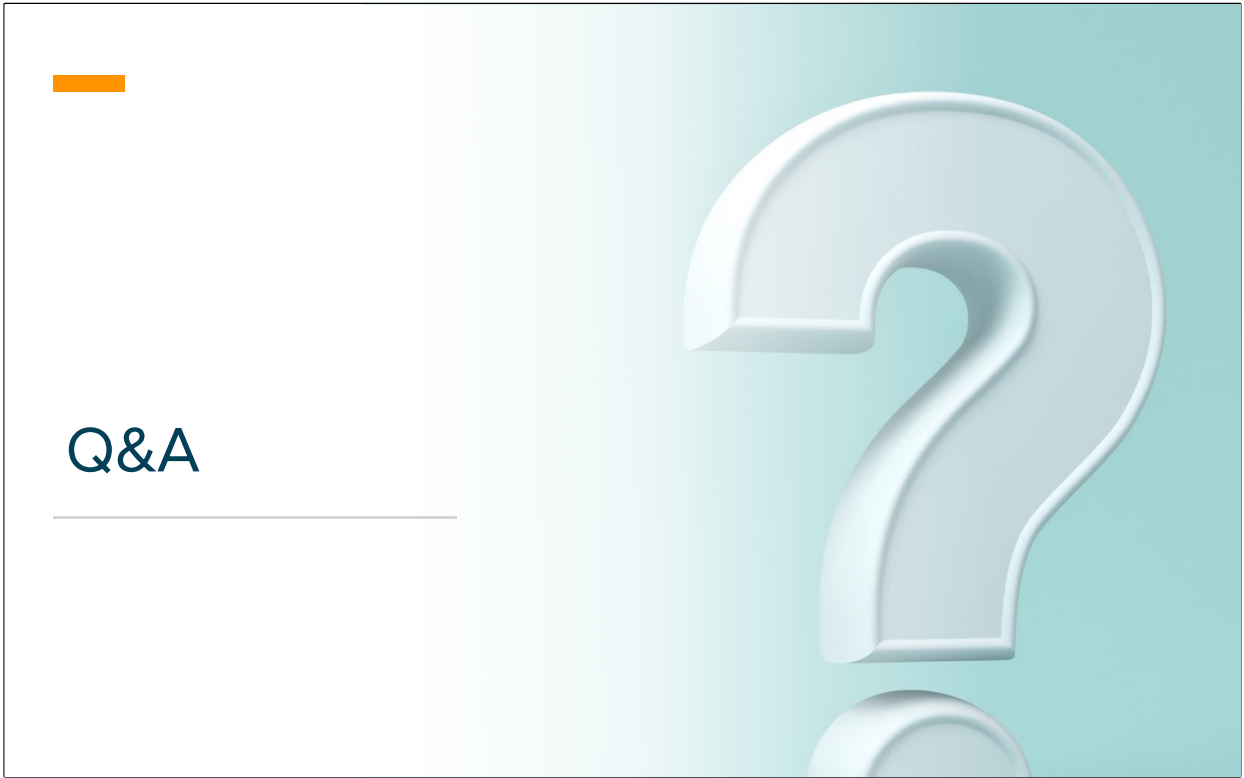
CPE are running a series of pharmacy owner events.

The events will see Chief Executive Janet Morrison and her team, as well as Committee Members. As well as sharing your views, the events will give an opportunity to hear about the Community Pharmacy England strategy with the new government to try to ease the critical pressures you are facing.

The nearest to us is in Gatwick on 24<sup>th</sup> July but there will also be one in London on 31<sup>st</sup> July and an online event on 30<sup>th</sup> July

Book using the link in the chatbox:

<https://cpe.org.uk/our-news/pharmacy-owner-events-programme/>



Please ask your questions and add comments in the Chatbox



The screenshot shows the top navigation bar of the Community Pharmacy Hampshire & Isle of Wight website. The logo is on the left, and there is a 'Sign In' button and a search box on the right. The navigation menu includes 'Home', 'About Us', 'For the Public', 'For Professionals', 'News', 'Training, Development & Events', and 'Contact Us'. The main content area features a purple banner with the text 'CPHIOW - Deadline Trackers'. Below this, there is a paragraph explaining the tracker's purpose: 'The Community Pharmacy Tracker reminds you of what needs to be done and by when. This useful monthly resource highlights activities, tasks and workloads that need to be completed, whilst also providing a reminder of imminent deadlines coming up. CPHIOW recommend contractors to set-up a regular reminder to look at this page's update each month.' A second paragraph says 'Please see below for details of each month's 'CPHIOW - Deadline Tracker':'. At the bottom of the screenshot, there is a blue button labeled 'Deadline Trackers' with an upward-pointing arrow.

And finally, remember Alison's excellent deadline tracker which is updated every month

<https://www.cpsc.org.uk/news/deadline-tracker>





- Next webinar: Tuesday, 17<sup>th</sup> September @ 8pm
- [www.cpssc.org.uk](http://www.cpssc.org.uk)

We are now running bi-monthly meetings so our next meeting will be on Tuesday 17<sup>th</sup> September at 8pm

Look out for emails from us and the LPC's weekly update every Friday afternoon.