

Greenwich One Pharmacy Network Oct 2026

Greenwich Training Hub

Mark Shek, ARRS Lead

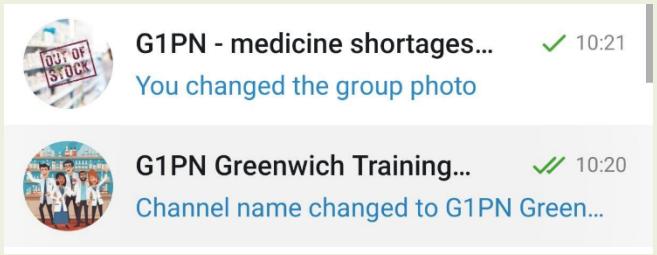


WELCOME TO
GREENWICH ONE PHARMACY NETWORK

Contents

- G1PN Reminders
- 15 minutes case Challenge – Mrs. Cooper
- Topic of the month – Pill School and National Single Formulary
- Upcoming webinars and training opportunities

G1PN Reminders – Oct 2026



G1PN Telegram Group – JOIN NOW!

G1PN telegram group, a borough-wide communication platform designed to connect the pharmacy workforce has been launched. It provides a simple way to receive updates, access resources, hear about training opportunities, and stay connected with developments across the local pharmacy workforce.

In addition to the main information channel, members can access a dedicated **Medicine Shortages Chat**, providing a valuable forum for sharing real-time stock availability issues, discussing supply challenges, seeking advice from colleagues, and exchanging practical solutions.

We encourage all pharmacy professionals to join the G1PN Telegram network and become part of a growing community focused on collaboration, communication, and shared learning.

Step 1 – Download Telegram

Download Telegram from:
- Apple App Store (iPhone/iPad)
- Google Play Store (Android)



Step 2 – Create Your Account
- Register using your mobile telephone number.
- Follow the on-screen instructions to verify your account.

Step 3 – Set Your Profile Name

You might want to consider using a professional name format:
Example: Jane Smith – ABC Pharmacy; David
This helps colleagues identify members within the network.

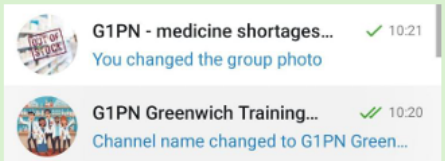
Step 4 – Join the Groups

Use the invitation links:
https://t.me/+4izEbfAxEU1jZmFk to join the channel
https://t.me/+PiPUmiAphcAyZmQ8 to join the group chat

Alternatively, please search for '**G1PN Greenwich Training Hub - ONE PHARMACY NETWORK'** to join the channel, then click on 'discuss' in the channel info to join the group chat.



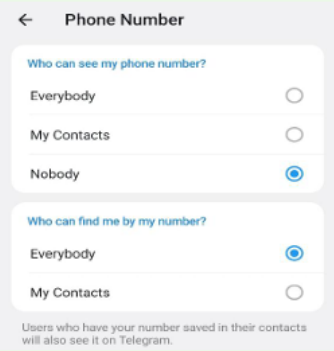
Once you have joined both, you should be able to see:



Step 5 – Hide your telephone number on Telegram (Optional)

Telegram requires a mobile number for registration, but your phone number does not need to be visible to other members.

Recommended Privacy Settings
1. Open Telegram.
2. Select *Settings*.
3. Select *Privacy and Security*.
4. Select *Phone Number*.
5. *Under Who can see my phone number?* select: *Nobody*
   Under Who can find me by my number? select either: *My Contacts, or Nobody*
6. Exit Settings.
7. Your changes will be saved automatically.



GH GREENWICH HEALTH

G1PN Reminders – Oct 2026

[Antidepressants: new safety measures for all patients to improve communication of the risk of suicidal thoughts and behaviours and persistent sexual dysfunction - GOV.UK]

The Medicines and Healthcare products Regulatory Agency (MHRA) has announced new measures to improve how risks associated with antidepressants are communicated to patients. These changes follow a national review involving patients and families and focus on two key areas: suicidal thoughts and behaviours and persistent sexual dysfunction after treatment has stopped (PSSD).

⚠ Suicidal Thoughts and Behaviours

Patients should be advised that suicidal thoughts or behaviours may occur, particularly:

- **During the first few weeks of treatment**
- **Following initiation of therapy**
- **After antidepressant dose changes**

Patients experiencing new or worsening suicidal thoughts should be advised to seek urgent support through NHS services, crisis teams, their GP, NHS 111, or the Samaritans.

⚠ Persistent Sexual Dysfunction (PSSD)

Healthcare professionals should discuss the potential for sexual side effects when initiating antidepressants. Patients should also be informed that, for some antidepressants, sexual dysfunction symptoms may continue after treatment has been discontinued, a condition sometimes referred to as PSSD.

What Community and Primary Care Pharmacists Should Do?

- Reinforce counselling when dispensing a new antidepressant or following a dose change.
- Use medication reviews and SMRs as opportunities to discuss both suicide risk and sexual side effects.
- Encourage patients and carers to monitor for changes in mood, behaviour, or sexual function and report concerns promptly.
- Ensure adverse drug reactions are reported via the Yellow Card Scheme

New Patient Safety Resources

The MHRA is introducing:

- A new boxed warning within Patient Information Leaflets (PILs)
- A patient information card
- A supplementary safety leaflet (expected in 2027)

G1PN Reminders – Oct 2026

[Stream NHS Specialist Pharmacy Service | Listen to podcast episodes online for free on SoundCloud]

If you are looking for an easy way to keep up to date with medicines optimisation, prescribing, medication safety and emerging pharmacy practice, the NHS Specialist Pharmacy Service (SPS) Podcast Channel is an excellent free resource for pharmacy professionals. NHS Specialist Pharmacy Service supports healthcare professionals across the NHS involved in the safe and effective use of medicines and regularly releases expert-led podcast episodes covering current clinical and professional topics.



Recent episodes have included:

- Prescribing with confidence:
  Community pharmacy prescribing in practice
- Medication safety resources and prescribing guidance updates
- Genomics and personalised prescribing in primary care
- Managing pharmaceutical waste
- SMRs in problematic polypharmacy

Worth bookmarking for community pharmacists, practice pharmacists, pharmacy technicians and independent prescribers looking to stay current with the latest developments in medicines optimisation and prescribing practice.

G1PN Reminders – Oct 2026

NHS Community Pharmacy Prescribing | NHSBSA

NHS England announce the new Pharmacy First prescribing pathways - Community Pharmacy England

A significant change is coming to NHS community pharmacy services. Independent Prescribing (IP) will be introduced into the Community Pharmacy Contractual Framework (CPCF) as an extension of Pharmacy First and the Pharmacy Contraception Service (PCS) from autumn.

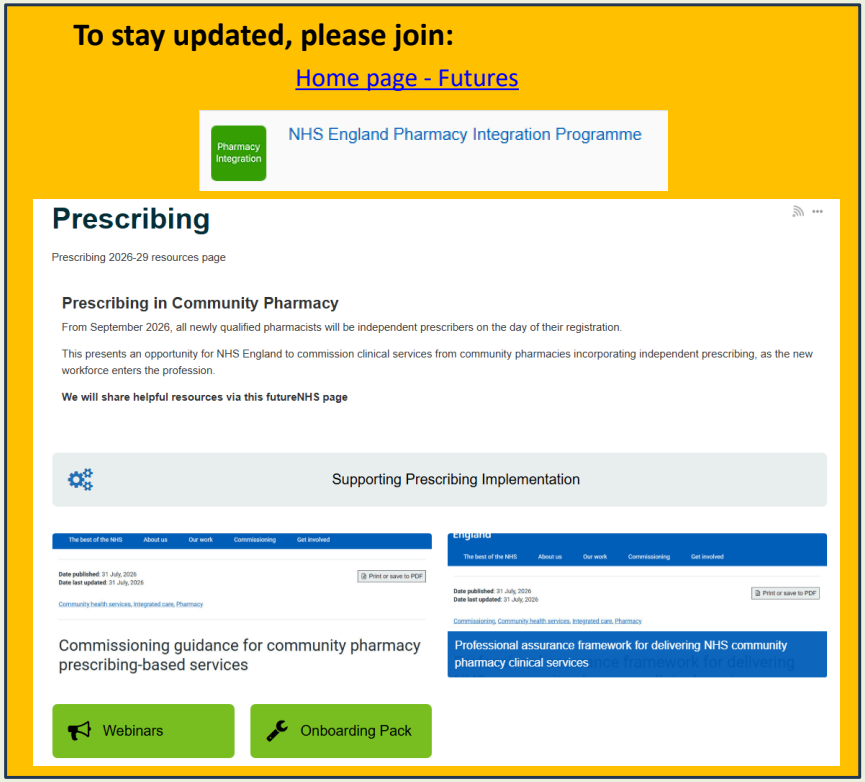
What will change?

1. Pharmacist Prescribers can prescribe within **existing Pharmacy First pathways,** Replacing use of PGDs for those consultations.
2. Pharmacist Prescribers can prescribe within the **Pharmacy Contraception Service,** Including some alternative contraceptive options beyond those currently covered by PGDs.
3. **Five** new prescribing-only Pharmacy First pathways
   - **Acute otitis externa (18+)**
   - **Seasonal allergic rhinitis (children 4-11 years)**
   - **Mild to moderate acne**
   - **Migraine (adults 18-64 years)**
   - **Mild skin and soft tissue infections and scabies**

   These consultations will count towards Pharmacy First activity requirements.
4. Prescription Management
   Pharmacist prescribers may issue an **alternative prescription** where clinically appropriate,
   such as during medicine shortages or prescribing errors, subject to agreed arrangements
   with the original prescriber

To stay updated, please join:

Home page - Futures



15 Minutes Case Challenge with Dr. Bonnie Cheung

Mrs. Cooper



1. What are the key clinical issues in this case?
2. What additional information would you want before changing the levothyroxine dose?
3. Would you increase levothyroxine?

- Age: 54 years
- Primary Hypothyroidism
- Hypertension
- BMI: 29 kg/m²

Current Repeat Medications
- Levothyroxine 100mcg once daily
- Amlodipine 5mg once daily

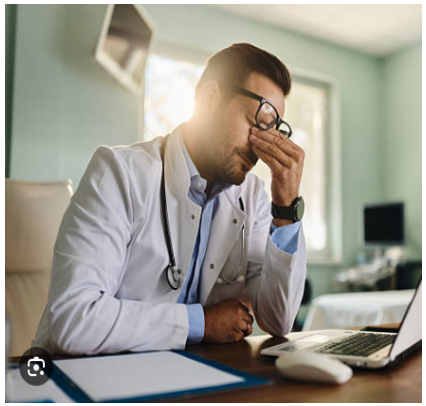
Observations and Blood Test Results
- Sitting Blood Pressure - BP121/72 mmHg
- TSH 9.4mU/L (Desired range: 0.4-4.0)
- Free T4 16pmol/L (Desired range: 12-22)

TSH result	T4 result	Possible causes
Elevated TSH (>5.0 mIU/L)	Low FT_4	Primary hypothyroidism
	Normal FT_4	Subclinical hypothyroidism
	High FT_4	TSH secreting pituitary tumours
Low TSH (<0.10 mIU/L)	Low FT_4	Central hypothyroidism
	Normal FT_4	Subclinical hyperthyroidism
	High FT_4	Thyrotoxicosis

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15 Minutes Case Challenge



1.What are the key clinical issues in this case?

- Elevated TSH
- Free T4 within range
- Possible under-replacement
- Possibility of poor adherence
- Potential administration issue

2. What questions would you ask?

Symptoms of Hypo:

- Fatigue
- Weight gain
- Constipation
- Dry skin
- Hair loss
- Cold intolerance
- Low mood

Medication Review:

- Missing doses?
- Taken on an empty stomach?
- Taking with breakfast?
- Taking with calcium/iron supplements?
- Any recent medication changes?



Mrs Cooper reports:

- **Increasing tiredness**
- **Weight gain of 3kg**
- **Excellent adherence**
- **Takes levothyroxine 30 minutes before breakfast**

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15 Minutes Case Challenge

3. Would you increase levothyroxine dose?



Consider

What does a high TSH with normal T4 suggest?

- Mild under-replacement
- Early thyroid failure progression
- Sometimes poor adherence

Why?

- Persistent elevated TSH
- Ongoing symptoms
- Good adherence
- No obvious reversible cause

Possible Management Plan

- Increase Levothyroxine 100 micrograms → 125 micrograms daily
- Repeat TFTs in 6-8 weeks
- Correct administration issues

TSH result	T4 result	Possible causes
Elevated TSH (>5.0 mIU/L)	Low FT_4	Primary hypothyroidism
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15 Minutes Case Challenge - 12 weeks later

Mrs. Cooper



Mrs Cooper reports:

- **Levothyroxine taken 1 hour before blood test**
- **Asymptomatic**

Current Repeat Medications	Observations and Blood Test Results
• Levothyroxine 100 mcg once daily • Levothyroxine 25 mcg once daily • Amlodipine 5mg once daily	• Sitting Blood Pressure - BP121/72 mmHg • TSH 2.1mU/L (Desired range: 0.4-4.0) • Free T4 26pmol/L (Desired range: 12-22)

What are the safety concerns?

- Was levothyroxine taken before blood test?
- Any symptoms of hyperthyroidism?

Symptoms of Hyper:

- Palpitations
- Tremor
- Anxiety
- Heat intolerance
- Sweating
- Weight loss
- Insomnia

Management plan:

Repeat TFTs
(take bloods before daily dose)

TSH result	T4 result	Possible causes
Elevated TSH (>5.0 mIU/L)	Low FT_4	Primary hypothyroidism
	Normal FT_4	Subclinical hypothyroidism
	High FT_4	TSH secreting pituitary tumours
Low TSH (<0.10 mIU/L)	Low FT_4	Central hypothyroidism
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15 Minutes Case Challenge

Over-treatment: Why does it matter?

- Low/suppressed TSH +/- raised T4
- Risks: Atrial fibrillation and osteoporosis





Learning Points:

1. Treat the patient, not just the numbers.
2. Check adherence before dose escalation.
3. Check blood test timing.
4. Increase levothyroxine gradually (usually 25- 50micrograms).
5. Avoid chronic over-treatment.

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Pill School

Helen Cooper – Lead Pharmacist for Medicines Value & Paediatric Formulary Interface

Sheatha Abumehdi – Specialist Pharmacist for Medicines Value & Paediatric Formulary Interface

What is Pill School and who is it for?

💊Pill School supports children and young people to make the transition from oral liquid medicines to solid oral medicines.

👦Children as young as three years old and above.

🍼Children taking oral liquids or manipulated tablets/capsules (e.g. crushed tablets, opened capsule contents).

🔎Children with non-physical difficulties in swallowing.

🔎Children who have had their medication regimen assessed as suitable for pills by a doctor, pharmacist or a nurse.

What is Pill School training?

💊Pill School training is a single short session which will provide you with the information that will aid you in helping children to swallow tablets/capsules.

🎯👥 Target audience: clinicians involved in direct care of CYP (GPs, Pharmacists, Pharmacy technicians, nurses, HCA's).

💻Training is via a short (20-30 minutes), self-directed webinar.

Why is Pill School beneficial?

💊 Swallowing a pill is an important skill that many of us take for granted; but as with any skill, learning to swallow a pill takes practice.

💊 Encouraging our CYP patient group to develop this skill as early in their life as possible can improve many aspects of life and may offer a greater option of pharmacological strategies to treat their condition.

Why is Pill School beneficial?

For children: some liquids taste unpleasant, better adherence, less exposure to excipients

For parents/carers: no longer need to measure out doses, do not require fridge storage, easier to transport, longer shelf life

For prescribers: prescriptions for tablets/capsules are less prone to error when issuing a prescription due to dose calculations/weight

For pharmacists: tablets/capsules are often more commonly stocked

For environment: tablets/capsules are more sustainable, with a lower carbon footprint compared to liquid medicines

What does Pill School involve?

👱Pill School teaches the proper head positioning required to swallow tablets/capsules

🍬➡️💊 CYP starts by swallowing a small sweet (e.g. a sprinkle) and gradually work their way up to a tablet/capsule-sized sweet (e.g. a Skittle or M&M)



How do I access Pill School training?

Register for training: **PILL School Tickets|Eventbrite**

Select any date available and register for the event – the training can be completed at any time

Upon signing up you will receive an email with the details on how to access Pill School training in your own time.

Healthcare professionals working outside of the hospital environment **do not** need to be assessed by a colleague to complete the training.

Note: there are other training programmes - we don't mind which one you do!

KidzMed programme - RCPCH Learning

How can I put this into practice?

Pill School can translate very well into primary care/community pharmacy practice.

1. **Spot the opportunity**
   - Look for CYP prescribed long-term liquid medicines, or
   - Choose one liquid medicine with a suitable alternative in tablet/capsule form, and from that identify CYP who may be suitable.
   - If you work in a team, you may consider nominating a **Pill School Champion** to undertake the training – probably not necessary to train the whole team!

How can I put this into practice?

2. Start the conversation

- "*Does your child take any regular liquid medicines? Have they ever tried swallowing a tablet or capsule?*"
- Talk to the CYP and parent/carer about the potential benefits of learning this skill.
- Present tablet swallowing as a **skill that can be learnt**, rather than something a CYP either can or cannot do.
- Keep the approach positive and CYP-centred.

How can I put this into practice?

3. Review the medicine

- Before changing formulation, check that the proposed tablet/capsule is clinically appropriate for the CYP.
- Consider formulation, dose and available strengths.
- Consider if any dose adjustments are necessary.
- Involve specialist teams where advice is required.

Does it really work?

Yes!

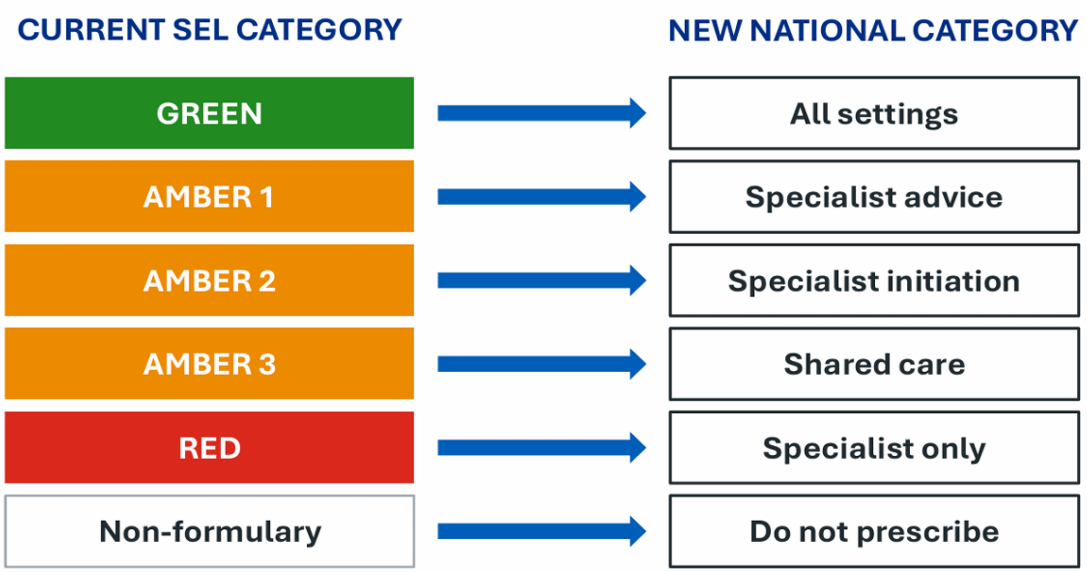
2019 study (Evelina London Children's Hospital)

- 30 children aged between 3-14 years of age
- 26 successful at swallowing pills **after one session***
- **24**/26 patients discharged from hospital with tablets instead of liquids
- Estimated saving from switching those 24 patients = **£30k annually**

*(mean duration 14.5 minutes)

Feasibility of developing children's Pill School within a UK hospital - PubMed

Single National Formulary



[Formulary category definitions - Single National Formulary - NHS South East London]

Interface Prescribing Support in South East London

NHS South East London

Helen Cooper (helen.cooper70@nhs.net) **& Sheatha Abumehdi** (sheatha.abumehdi1@nhs.net)

We provide individualised medicines support to primary care and community pharmacy, with a focus on promoting prescribing in line with local and national guidance from all healthcare settings

Contact us: gstt.medicinesvalueandinterfacesupportpharmac@nhs.net

Formulary and Guidance

- **Improve information provision** in the SEL formularies
- Gather information on prescribing for non-formulary indications and liaise with relevant specialist teams to implement recommendations
- **Create and optimise SEL wide guidance** including prescribing pathways and shared care

Interface Support

- Assist with prescription queries in primary care and community pharmacy
- **Support prescribing** from an appropriate care setting
- **Liaise with specialist teams** across SEL for prescribing and medicines advice
- Support **continuity** of medicines supply

Prescribing Support and Medicines Value

- Provide recommendations on **potential alternatives to unlicensed specials** to individual practices in line with SEL formularies, local & national guidance
- **Advise on cost-effective licensed medication switches** including melatonin, methylphenidate and omeprazole
- Advise on prescribing **standardised liquid concentrations**
- Assist with medication reviews for **complex paediatric patients**

Education and Training

- Individual/practice/PCN level MS Teams calls
- SEL-wide webinars with ICS training hub

Medication Safety and Shortage Support

- Provide guidance on **shortage management** via SEL formularies and bulletins
- **Consult on medication safety incidents** and consider shared learning

Improving medicines value for you and your patients:

- Unlicensed Specials spend reduced by ~£200k (~16%) from 2023/24 to 2024/25
- >250 specific patient queries responded to over a 12 month period

Please note: this is an interface link advisory service. We do not have access to EMIS and we are unable to offer direct contact with patients/parents/carers.



(For GP practices based Primary Care colleagues only)

Event Details:

📅 **Date:** Thursday, 26 November 2026

🕛 **Time:** 12:00pm to 5:00pm

📍 **Venue**: Charlton Athletic Football Club

Event Highlights:

🍽️ **Delicious Lunch:** Enjoy a delightful spread, including coffee and cakes.

🤝 **Networking Opportunities:** Connect with colleagues and fellow professionals.

🎁 **Exclusive Merchandise:** Grab your Greenwich Health Merchandise.

🧘 **Relaxation Time:** Take a moment to switch off and decompress.

📚 **Workshops and Masterclasses**: Participate in tailored sessions

Paediatric Hot Topics - Clinical Staff	**Register Here**
RBG: Drugs, Alcohol, Tobacco & Gambling - ALL STAFF	Register Here
Arts and Health: Building Community - ALL STAFF	Register Here
Clinical Update Session for ARRS Staff and Nurses: GLP-1 Pathway & COPD Update	Register Here
One Retirement Away - Succession Planning - PMs & GP Partners	Register Here
Chaperone Training for General Practice- Non Clinical Staff	Register Here

SELWDH Webinars

Highlighted trainings and webinars from SELWDH

[For full list please refer to Home – SELWDH]

(For GP practices based Primary Care colleagues only)

Supported by
South East London
Workforce Development Hub

Date	Course Title	Time	Location	Register
Thu 5 Nov	Understanding Frailty for Clinical Support Staff: Recognising, Screening and Acting Early	9:30 – 13:30	Virtual	Click here
Tue 10 Nov	Menopause	13:30 – 16:30	Virtual	Click here
Wed 11 Nov	Rhinitis Matters: Recognising and Managing Allergic Rhinitis in Children	13:00 – 14:00	Virtual	Click here
Wed 11 Nov	Intermediate/Advanced Diabetes - An Exciting Journey in to better Diabetes Care	9:30 – 16:00	Face to Face	Click here
Wed 18 Nov	Frailty in Primary Care for Registere Clinical Staff: Assessment, Clinical Decision Making and Proactive Management	9:30 – 16:00	Face to Face	Click here
Wed 18 Nov	SEL Injectables Service - Inclisiran	13:00 – 14:00	Virtual	Click here
Thu 19 Nov	Foundation Contraception (2 Day Course)	9:30 – 16:00	Virtual	Click here
Tue 24 Nov	Diabetic Foot Checks CC+	9:30 – 16:00	Face to Face	Click here
Wed 25 Nov	Blood Test Results in Primary Care: A Pragmatic Approach for GP's and ACP's	9:30 – 16:00	Face to Face	Click here
Wed 25 Nov	SEL Injectables Service - Denosumb	13:00 – 14:00	Virtual	Click here
Mon 30 Nov	Sepsis	12:00 – 14:00	Virtual	Click here

PRESCQIPP - Forthcoming webinars

Highlighted webinars from PRESCQIPP

Upcoming Webinars:

PrescQIPP
Funded by the NHS for the NHS

Date	Webinar Title	Time
Tue 03 Nov 2026	PrescQIPP Technicians Virtual Professional Group	13.00 – 14.00
Wed 04 Nov 2026	PrescQIPP Prescribing Mastery: Osteoporosis: Session 1	13.00 – 14.00
Tue 10 Nov 2026	Polypharmacy and deprescribing Virtual Professional Group	13.00 – 14.00
Tue 17 Nov 2026	PrescQIPP Prescribing Mastery: Osteoporosis: Session 2	13.00 – 14.00
Tue 24 Nov 2026	PrescQIPP Medicines Optimisation Friendly Practice Framework	13.00 – 14.00
Wed 13 Jan 2027	PrescQIPP Prescribing Mastery: Cardiovascular risk assessment 2027 Session 1	13.00 – 14.00
Wed 27 Jan 2027	Cardiovascular risk assessment 2027: What's new? Why it matters for our patients: Session 2	13.00 – 14.00

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For more information, please visit:
[Clinical ARRS Resources | Greenwich Health]

Questions? You can either contact us on:
[Training Resources | Healthcare Education & Training | Greenwich Health]
or email Mark Shek (Training Hub ARRS Lead) m.shek@nhs.net

ARRS INDUCTION SLIDES

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