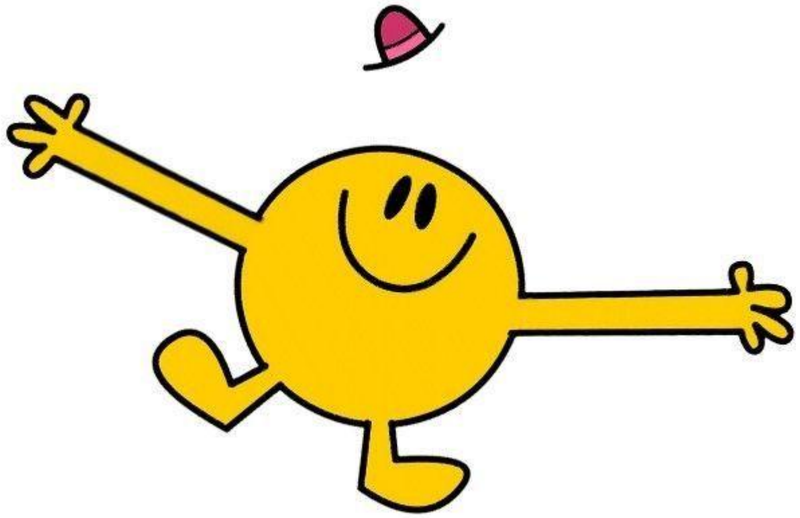


Greenwich One Pharmacy Network

Sep 2026

Prepared by Mark Shek

ARRS Lead, Greenwich Training Hub



WELCOME TO
GREENWICH ONE PHARMACY NETWORK

ARRS Pharmacists and Technicians, Please do this survey whilst you wait

Learning Needs Analysis (Clinical ARRS)



Contents

- G1PN Reminders
- 15 minutes case Challenge – Mr. Ahmed
- Topic of the month – DMARD Monitoring by Pharmacy Technicians
- Upcoming webinars and training opportunities

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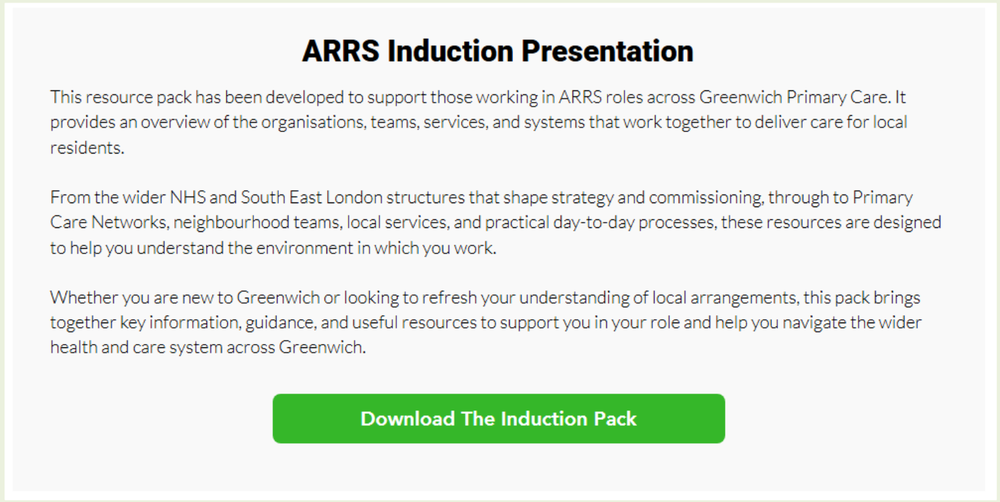
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G1PN Reminders – Sep 2026

Clinical ARRS Resources | Greenwich Health

We are pleased to launch the first version of the Clinical ARRS Resources Hub, providing a central location for key resources to support ARRS clinicians across Greenwich. The site currently contains the ARRS Induction Pack alongside signposting to useful training opportunities, guidance, and development resources.

This is the beginning of the platform and it will continue to evolve over time. Planned developments include a space to showcase good practice, share success stories from ARRS staff, and host recordings and presentation materials from G1PN meetings. Our aim is to create a growing resource that supports learning, collaboration, and workforce development across the ARRS community.





Learning Needs Analysis (Clinical ARRS)

To help shape future training, education, and workforce development opportunities for ARRS clinicians across Greenwich, we are asking all Clinical ARRS staff to complete the Learning Needs Analysis (LNA).

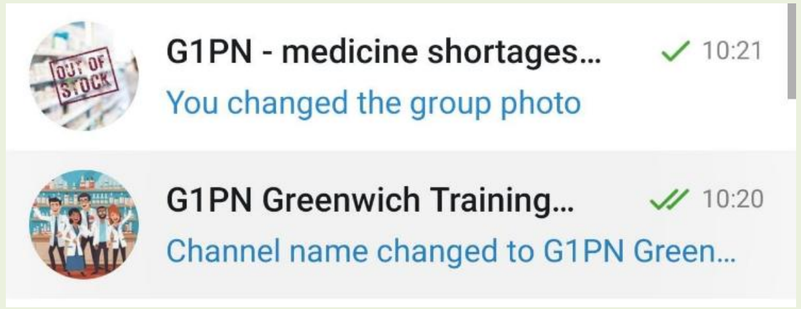
Your feedback will help identify key learning priorities, skills gaps, and areas where additional support may be beneficial, ensuring that future training programmes are relevant, targeted, and responsive to workforce needs.

Please take a few minutes to complete the survey and help inform the future development of ARRS education and training across the borough. – **Deadline extended to 07/10/2026**

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G1PN Reminders – Sep 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.

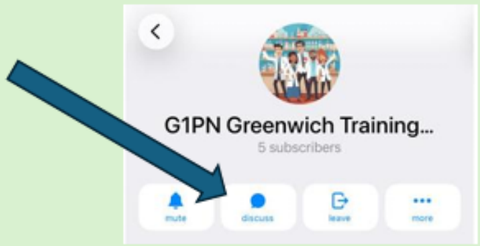
Step 3 – Set Your Profile Name

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

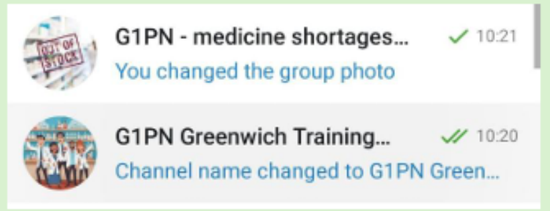
Step 4 – Join the Groups

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:

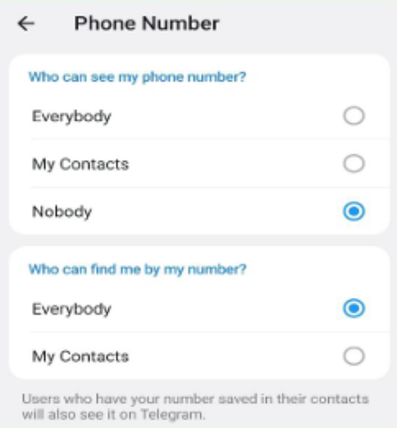


Step 5 – Hide your telephone number on Telegram (Optional)

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.



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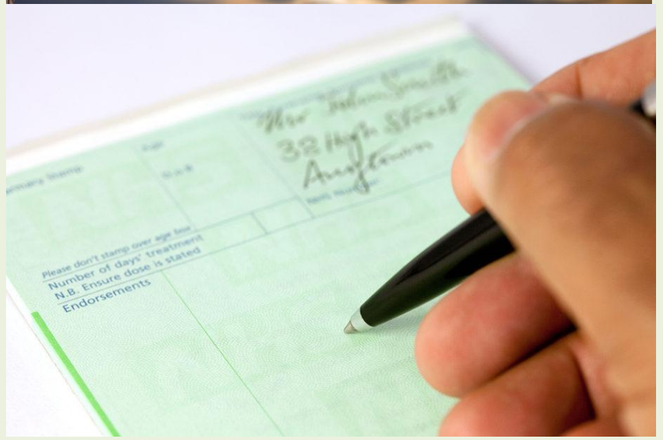
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G1PN Reminders – Sep 2026

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 2026.





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

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15 Minutes Case Challenge with Dr. Bonnie Cheung

- Age: 67 years
- Type 2 Diabetes Mellitus (15 years)
- CKD Stage 3a
- Hypertension
- Dyslipidaemia
- BMI: 31 kg/m^2

Current Repeat Medications
- Metformin 500mg – Two tables twice daily
- Ramipril 2.5mg once daily
- Atorvastatin 40mg once daily

Mr. Ahmed

Observations and Blood Test Results
- Sitting Blood Pressure - BP128/76 mmHg
- HbA1c58 mmol/mol
- eGFR55 ml/min/1.73m^2
- Creatinine118 µmol/L
- Potassium4.5 mmol/L
- Urine ACR14 mg/mmol
- Weight88 kg



1. What are the key clinical issues in this case?
2. What medicine optimisation opportunities can you identify?
3. What safety concerns would you consider before optimising medications?

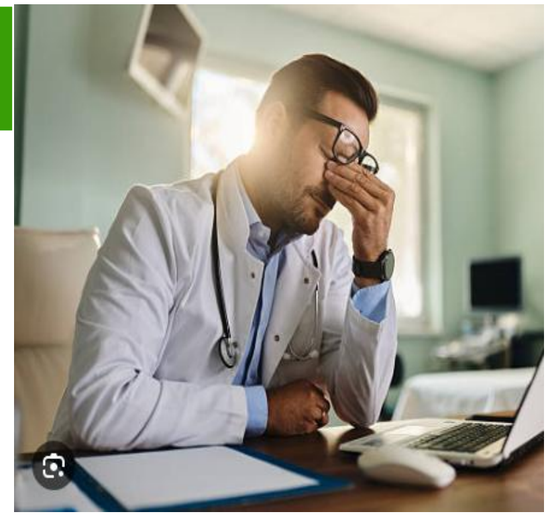
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15 Minutes Case Challenge

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

- CKD stage 3a
- Diabetic kidney disease
- Persistent albuminuria
- Increased CVD risk
- Suboptimal cardiorenal protective therapy
- Need to slow CKD progression





2. Medicine optimisation opportunities?

- Increase Ramipril to a more effective dose
- Consider Dapagliflozin 10mg daily
- Review statin intensity
- Review BP targets
- Check adherence
- Lifestyle optimisation
- Review cardiovascular risk reduction measures
- Ensure annual CKD monitoring

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15 Minutes Case Challenge

2a. Would you increase Ramipril despite BP being controlled?

Consider

- What is the purpose of ACE inhibitors in diabetic CKD?
- Are we treating BP or protecting the kidneys?
- What do guidelines mean by "maximum tolerated dose"?
- Is there enough evidence to justify an increase?

Possible Management Plan

- Increase Ramipril to 5mg OD
- Repeat U&E, eGFR, creatinine and potassium in 1-2 weeks – Monitor BP (Home readings?)
- Consider further titration if tolerated

2b. Increase Ramipril & start Dapagliflozin at the same time?

Option A – Ramipril 1st

- Easier to identify the cause of any changed in renal function and potassium
- Simpler monitoring plan
- More suitable for older or frail patients, borderline BP or patient with previous AKI or fluctuating renal functions

Option B – Dapa first

- Strong evidence of renal and cardiovascular protection, as well as blood sugar control
- Low risk of hyperkalaemia
- Not as effective in reducing albuminuria compared to ACEi
- Risks might scare patients off straight away

Option C – Both now

- Earlier delivery of both reno-protective treatments
- Greater reduction in albuminuria
- More difficult to interpret changes in eGFr, Creatinine and Blood pressure
- Increased risk of hypotension, particularly in older adults
- Required very clear monitoring plan and patient counselling

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15 Minutes Case Challenge

What safety concerns would you consider?

- Postural hypotension
- Falls risk
- Frailty
- Dehydration
- Recent AKI
- Acute illness
- Hyperkalaemia
- Rising Creatinine
- Worsening eGFR?
- OTC NSAID use?
- Risk of DKA
- Sick days rules counselling





No one's ever told me I have CKD?

- Kidneys are not working as well as expected
- Common, linked to conditions like diabetes, hypertension
- Often picked up incidentally on blood tests
- For most people, CKD remains stable and does not progress to kidney failure
- Increased risk of heart disease over time
- Good thing is - treatments available to protect kidney and heart

15 Minutes Case Challenge

What would you do?

1. What rise in creatinine is acceptable after ACE inhibitor titration?
2. If eGFR falls further after increasing Ramipril, what would you do?
3. If potassium rises above 5.6 mmol/L, what would you do?
4. If BP falls to 105/64 with dizziness, what would your next step be?



Answers:

1. Rise in creatinine of <30% from baseline is acceptable after ACE inhibitor initiation/titration
2. Decrease in eGFR of <25% from baseline is acceptable after ACE inhibitor initiation/titration, if >25% - rule out reversible causes (dehydration, concurrent use of NSAIDs etc), stop/reduce ACE inhibitor and recheck bloods
3. Review for reversible causes (diet such as salt substitutes – Losalt, other medications: Spironolactone, NSAIDs), repeat within 1 week or sooner depending on level
4. Review for other contributing factors (dehydration, acute illness), reduce to previously tolerated dose and recheck BP

DESIGNING A SAFER DMARD MONITORING SYSTEM IN PRIMARY CARE

Enhancing safety and oversight in primary healthcare settings



Presented by Hina Bhatt,
B&C PCN Pharmacy Technician

Purpose of the Presentation and Project Background



Quality Improvement Initiative

The project improves safety and consistency of DMARD monitoring led by pharmacy technicians in primary care.

Challenges in DMARD Monitoring

Fragmented monitoring processes in busy practices create risk due to variation in blood test follow-up and escalation.

Structured Escalation System

A practical, repeatable system links monitoring results to prescribing decisions, reducing clinical risk and supporting governance.

Role of Pharmacy Technicians

Pharmacy technicians are evolving as safety leaders and system designers beyond administrative roles.

The Clinical and Operational Problem



Patient Safety Risks

Inadequate DMARD monitoring risks bone marrow suppression, liver toxicity, renal impairment, and infections.

Operational Challenges

Missed blood tests due to non-attendance and inconsistent monitoring processes create clinical uncertainty.

Responsibility and Governance

Lack of clear escalation and documentation weakens governance and safe prescribing responsibilities.

Structured Solution Approach

A transparent, time-bound approach embedded in workflows reduces risks and supports clinicians.

Aims and Principles of the Intervention



Standardised Monitoring Aim

The intervention aims to standardise overdue DMARD monitoring ensuring patient safety and consistent prescribing decisions.

Time-bound Escalation

Escalation is predictable and time-bound so the whole multidisciplinary team (MDT) understands consequences of missed monitoring.

Workable System Design

The system fits existing primary care workflows using pharmacy technicians for tracking and communication.

Safety-Focused and Adaptable

The approach balances toxicity risks with treatment interruption and adapts for vulnerable patient needs.

Three-Stage Escalation Pathway



Stage One: Initial Reminder

Triggered at 3-4 weeks overdue, patients receive a proactive reminder letter emphasizing test importance and potential risks.

Stage Two: Prescribing Adjustment

If no response in 14 days, medication quantity is reduced, with a second reminder and renewed contact attempts.

Stage Three: Final Escalation

After another 14 days without monitoring, a final letter is sent, limited supply issued, and prescribing returns to secondary care.

Documentation and Communication

All actions are documented as warnings and communicated to the GP, ensuring transparency and defensibility.

Roles and Multidisciplinary Working



Pharmacy Technicians' Coordination

Pharmacy technicians coordinate DMARD monitoring registers, identify overdue tests, and initiate patient contact and escalation.

Pharmacists' Clinical Oversight

Pharmacists provide clinical oversight for interpreting monitoring requirements and making prescribing adjustments.

GPs' Prescribing Responsibility

General Practitioners retain ultimate prescribing responsibility and are informed at escalation points to ensure accountability.

Support and Teamwork

Administrative staff and district nurses support communication and early patient involvement, enhancing teamwork and continuity.

Impact on Patient Safety and Prescribing Confidence



Enhanced Patient Safety

The system reduces risks of undetected toxicity by ensuring overdue monitoring is consistently addressed.

Improved Patient Engagement

Clear and repeated communication helps patients understand the importance of regular monitoring and increases their engagement.

Clinician Confidence

Clinicians gain reassurance with prescribing decisions supported by structured processes rather than individual judgment alone.

Strengthened Legal Documentation

Documented escalation and warnings improve medico-legal positioning by demonstrating adherence to shared care responsibilities.

Governance, Consistency, and Scalability



Governance Framework

The intervention provides a defensible framework to manage non-compliance with clear monitoring requirements and quality assurance.

Consistency in Clinical Practice

Consistent escalation timelines and prescribing reduce variation between clinicians, ensuring standardized patient care.

Scalable and Sustainable Model

The model is adaptable across different healthcare networks, using pharmacy technicians to enhance workforce efficiency.

Template for High-risk Medicines

Structured processes replace informal workarounds, supporting management of high-risk medicines beyond the initial context.

Potential Barriers to Implementation

Barrier	Description	Risk if Unaddressed
Patient non-engagement	Missed appointments or poor understanding	Ongoing unsafe prescribing
Clinician reluctance	Fear of disease flare	Inconsistent decision-making
System limitations	Lack of alerts or blocks	Process bypassed
Workload pressures	Limited time for follow-up	Delayed escalation

Solutions and Mitigation Strategies

Barrier	Solution	Expected Benefit
Non-engagement	Early proactive contact and booking support	Improved compliance
Reluctance to stop	Agreed escalation framework	Consistent prescribing
IT gaps	Alerts and templates	Reduced human error
Workload	Technician-led coordination	Sustainable workflow



Future Steps and Closing Reflections

System Refinement and Evaluation

Future work focuses on refining and evaluating the DMARD monitoring system to improve compliance and patient outcomes.

Integration and Expansion

Closer integration with clinical systems and adapting the model for other high-risk medicines will enhance medicine safety broadly.

Pharmacy-led System Change

Pharmacy technicians lead meaningful changes by designing pragmatic processes that improve safety and resilience in primary care.



(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 for both clinical and non-clinical staff.

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

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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	Trainer(s)	Time	Location
Mon 5 Oct 26	Fundamentals of Mental Health	Caroline Don	9:30 – 13:30	Virtual
Tue 6 Oct 26	SEL Type 2 Diabetes Update: Focus on GLP-1 Analogues	The CESEL Team	13:00 – 14:00	Virtual
Wed 7 Oct 26	Potential Under-Recognised Risk of Harm from Prescribing Propranolol	Sebeeha Patel	13:00 – 14:00	Virtual
Thu 8 Oct 26	Contraception Update	Priya Thayalacumar	9:30 – 12:30	Virtual
Thu 8 Oct 26	Diabetes Update	Jennie Morrison	9:30 – 12:30	Virtual
Tue 13 Oct 26	Neighbourhood Working: What This Means for Pharmacy	Rhian Stagg	13:00 – 14:00	Virtual
Thu 15 Oct 26	Foundation Diabetes - An Exciting Journey into better Diabetes Care	Shaun Heath & Kit Tigwell	9:30 – 16:30	Face to Face
Wed 28 Oct 26	Frailty in Primary Care for Registered Clinical Staff: Assessment, Clinical Decision-Making and Proactive Management	Shaun Heath	9:30 – 16:00	Face to Face
Thu 29 Oct 26	Pill School: Supporting Children to Transition from Liquid Medicines to Tablets	Sheatha Abumehdi and Helen Cooper	13:00 – 14:00	Virtual

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PRESCQIPP - Forthcoming webinars

Highlighted webinars from PRESCQIPP

Upcoming Webinars:

Date	Webinar Title	Time
Tue 13 Oct 2026	Prescribing Mastery: Parachutes for difficult conversations: making what matters most, matter most	13.00 – 14.00
Wed 14 Oct 2026	Clinical Masterclass: Frailty and Pharmacy Teams – where can we make a difference?	13.00 – 14.00
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 17 Nov 2026	PrescQIPP Prescribing Mastery: Osteoporosis: Session 2	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