

Maximising ARRS Pharmacy Roles by Leveraging Digital

Affreen (Affy) Mohammed

**Independent Prescriber Lead Clinical Pharmacist and
Pharmacy Service Manager, Drake Medical Alliance PCN**





Disclosures

Affreen Mohammed:

- Daiichi Sankyo – Consultant, Advisory board attendee, EAS event registration fees, travel and accommodation.

Today's Objectives



Understand digital tools
enabling ARRS pharmacy
roles



Explore lipid management
workflows



Discover how QOF
optimisation is embedded



Learn practical takeaways
from Drake PCN

Setting the Scene



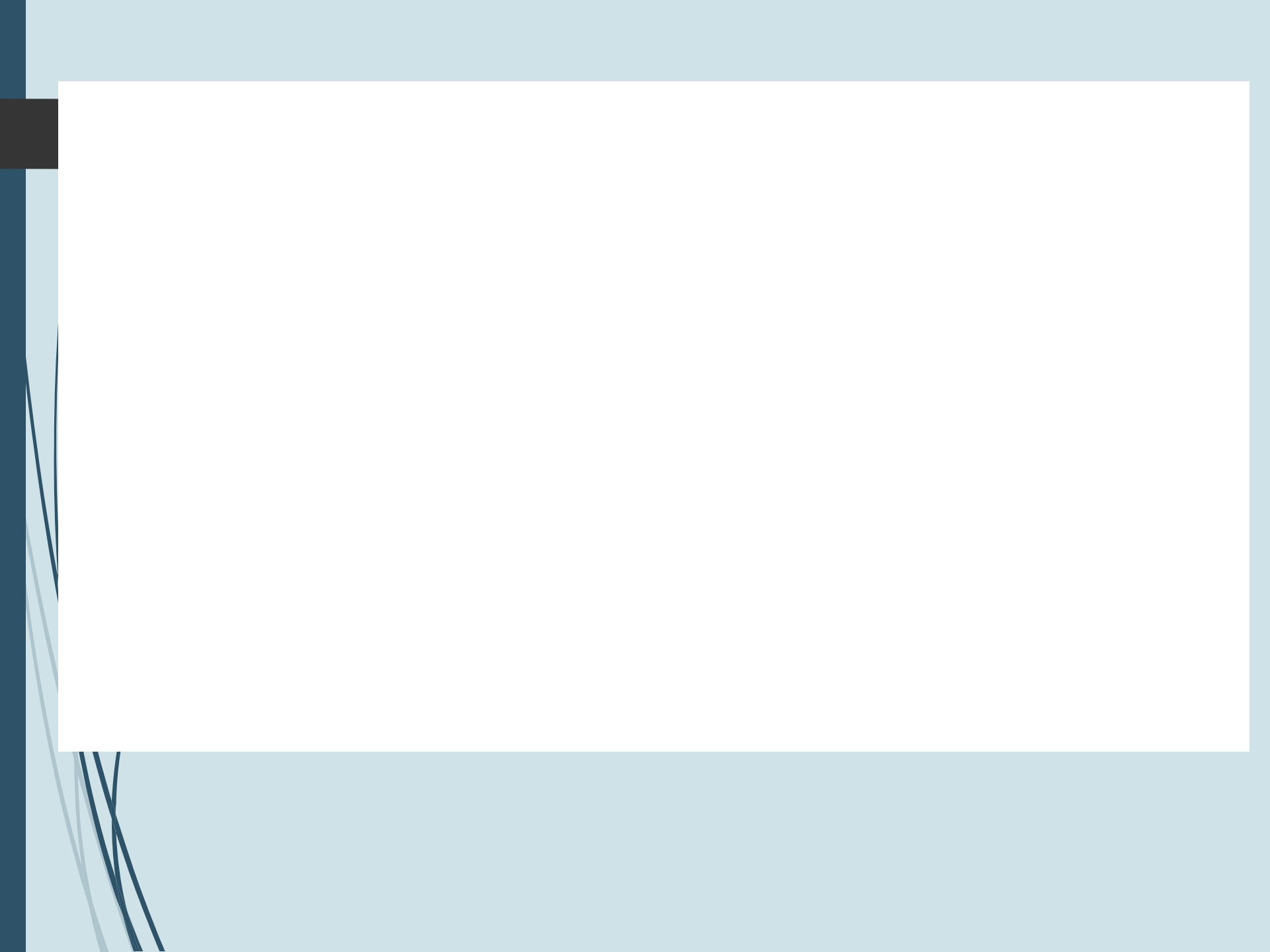
Primary Care Network
(PCN) evolution



ARRS roles: key to
digital transformation



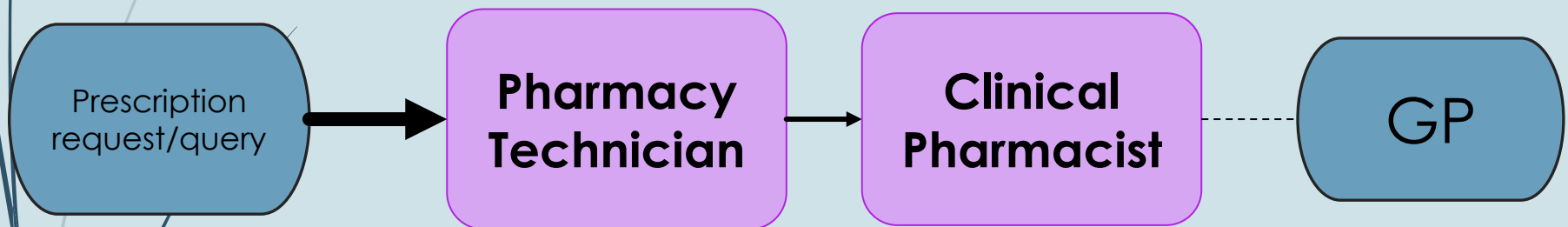
Focus on pharmacy
digital leadership



Prescription Hub



Prescription Hub and Workflow



Tools for Prescription Hub

DMA Medicines Coordinator

[Patient Contact](#) | [Discharge Medication](#) | [Letter From Specialist](#) | [Out of Stock](#) | [Miscellaneous](#)

Automatic Consultations

Email Medication Request
 Paper Medication Request
 Telephone Call Medication Request
 Medication Requested by Patient
 Medication Requested by Representative
 Medication Requested via Colleague

Telephone Consultation from a Patient
 Telephone Consultation to a Patient
 Failed Telephone Encounter
 Medicines Synchronisation
 Lost Prescription
 Urgent Prescription Request

Information given

Request Medication
 Repeat Template
 Medication History

Prescription - Barcode
 Prescription - Issued
 Prescription - RDs
 Prescription - Urgent Request

☐ Repeat dispensing service offered
 ☐ Repeat dispensing service declined
 ☐ Repeat dispensing at designated pharmacy
 ☐ On repeat dispensing system

Prescription Sent to Pharmacy - POST DATED
 Pharmacist Will Call
 Request Rejected - Wrong form

History

Medication requested (8B3H.)

Items issued

Tasked Pharm Team

- Acute: Initiation of Atorvastatin
- Annual LTC review completed
- DMA Medication Review Questionnaire Invitation
- Email from Consultant
- Email Medication Request
- Email to Consultant
- Failed Telephone Encounter
- Lipid Lowering Therapy Declined
- Lost Prescription
- Med Req by Patient - Tasked to Pharm Team
- Medication Requested
- Medication Requested - SystmConnect
- Medication Requested by Patient
- Medication Requested by Representative
- Medication Requested via Colleague
- Medication Review Done
- Medicines Synchronisation
- Paper Medication Request
- Patient Medication Advice
- Telephone Call Medication Request
- Telephone Consultation from a Patient
- Telephone Consultation to a Patient
- Telephone Consultation to Patient's Representative
- Template: DMA Lipid Management
- Template: DMA Medication Review
- Template: DMA Medicines Coordinators
- Template: DMA Medicines Optimisation by Pharmacy
- Template: DMA Shared Care Prescribing
- Template: Pharm Team Admin
- Urgent Prescription Request



Lipid Management Strategy

CVDPrevent

Cholesterol Management

CVDP003CHOL: Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on LLT

September 2022

Area value	System median	National value
59.59%	57.76%	57.95%

December 2024

Area value	System median	National value
66.62%	62.21%	62.74%

CVDP007CHOL: Percentage of patients aged 18 and over, with GP recorded CVD (narrow definition), in whom the most recent blood cholesterol level (measured in the preceding 12 months) is non-HDL cholesterol less than 2.5mmol/l or LDL-cholesterol less than 1.8mmol/l

September 2022

Area value	System median	National value
23.43%	26.95%	24.98%

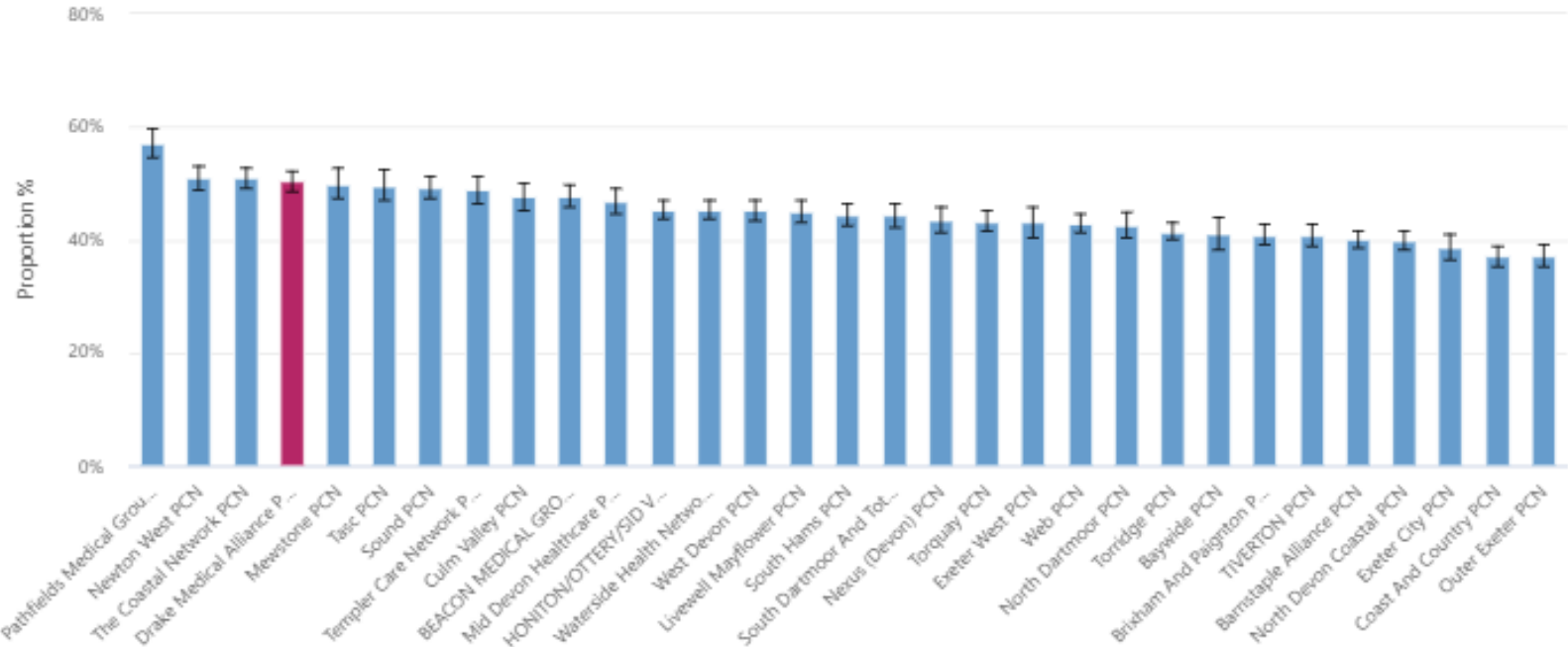
CVDP012CHOL: Patients with recorded CVD (narrow definition), whose most recent blood cholesterol level is LDL-cholesterol less than or equal to 2.0 mmol/l or non-HDL cholesterol less than or equal to 2.6 mmol/l, in preceding 12 months.

December 2024

Area value	System median	National value
50.37%	46.79%	46.88%

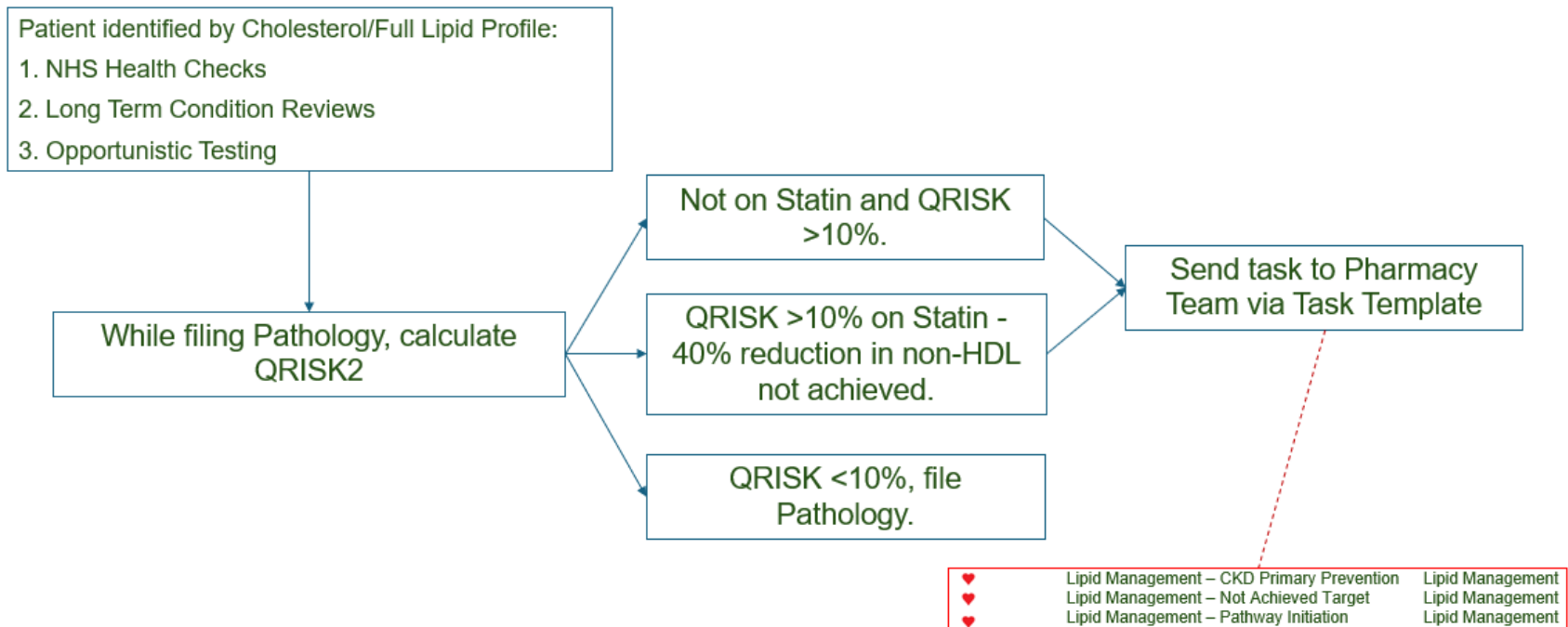


System Level Areas Sex: Persons (Persons) data for PCNs in the same CCG as selected PCN

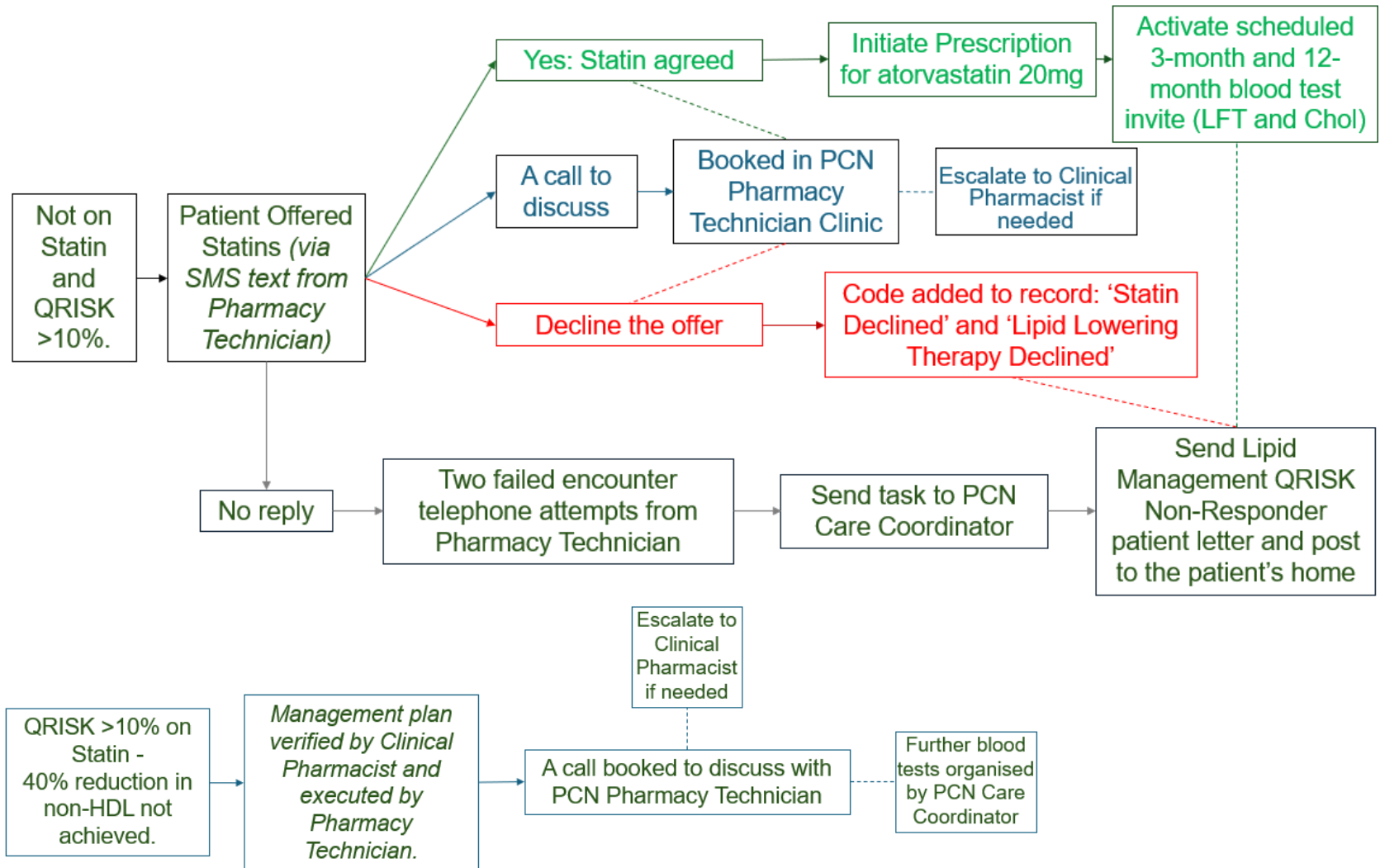


Source: <https://www.cvdprevent.nhs.uk/data-explorer?period=22&level=4&area=977&indicator=54>

Primary Prevention – Pathway Initiation



Primary Prevention – Pharmacy Team



Secondary Prevention – Pharmacy Team



Running in the background

Showing result(s) (patient(s): CHOL004 - Missing patients (Work to do) (QOF 2024 to 2025 v49 / Cholesterol)

Report output: DMA - Had Statin Call

Page 1 of 2

Non-HDL Numeric Value	Non-HDL Clinical Code	Last Non-HDL Test Date	Month Had Consultation (Lipid Discussion Code)	Patient's Name	Month of Birth	Age of Patient	LLT Medication	LLT Last Issue Date	LLT Unsuitable Codes Used
-----------------------	-----------------------	------------------------	--	----------------	----------------	----------------	----------------	---------------------	---------------------------

PCN Care Coordinators - identify patients that have not reached cholesterol target and organise 3 month follow up (AUDITING).

- Under QOF indicators – End of Year.
- Missing Patients
- Apply Customised Output – 'DMA – Had Statin Call'

DMA Lipid Management Template – Primary Prevention

Drake Lipid Management

Discussion about Lipids | **Primary Prevention** | Secondary Prevention | Familial Hypercholesterolaemia

Primary Prevention:

! Statin Monitoring

Target Values

CVD Primary Prevention Formulary

1. Discussed Cholesterol Levels?

What does the test result mean? (From Lab Test Online)

Cholesterol levels indicate risk and a lower level usually indicates a lower risk.

Serum lipids high ☐

Ideal cholesterol levels in mmol/L are as follows:

Total (serum) cholesterol below 5.0

Non-HDL cholesterol below 4.0

LDL cholesterol below 3.0 - **BAD CHOLESTEROL**

HDL cholesterol above 1.0 for a man and above 1.2 for a woman **GOOD CHOLESTEROL**

TC:HDL ratio above 6 is considered high risk - the lower this figure is the better.

Rob Surg - Letter to Pt - QRISK Result Above 10%

PLEASE USE THIS CODE WHEN DISCUSSING LIPID LOWERING THERAPY -->

Discussion about lipid lowering therapy ☐

2. Calculated QRISK?

Example of explaining 20% QRISK to "Doreen":

"QRISK is a calculation that we use to estimate a patient's 10-year risk of having a cardiovascular event.

If there were 100 Doreen in a room, 20 Doreen may have a chance of having a heart attack or stroke over the next 10 years.

NHS England would like us to offer cholesterol lowering medication to patients with more than 10 percent, which include yourself, Doreen."

QRISK2 Calculator

QRISK3

3. Discussed Healthy Lifestyle and Family History?

CVD risk factors:

Smoking, alcohol, hypertension, and having a sedentary lifestyle.

Taking a social history can help you in signposting the patient to any relevant lifestyle advice later in the consultation.

! QRISK2: Family History

Discussion about changes in lifestyle ☐

Lifestyle advice regarding diet ☐

Lifestyle advice regarding exercise ☐

Lifestyle advice regarding alcohol ☐

4. Offer Statin?

"Statins work by limiting the production of new cholesterol within the body, as well as clearing 'bad cholesterol' from the blood. This aims to reduce the total amount of bad cholesterol circulating in the body and, in doing so, reduces the likelihood of future heart attacks or strokes."

Offer of statin therapy ☐

5. Monitoring and Discuss Side Effects?

Patient should have pre-treatment cholesterol levels, as well as to check liver function. They should then expect to have another blood test within three months of starting treatment and again at 12 months to monitor the effectiveness of the statin.

Side effects: Muscle aches. Common side effects are: nausea, constipation, diarrhoea, flatulence and headache.


Advice about side effects of drug treatment ☐

DMA Lipid Management Template – Secondary Prevention

DMA Lipid Management

Discussion about Lipids | Primary Prevention | **Secondary Prevention** | Familial Hypercholesterolaemia

Secondary Prevention:
QOF indicator: CHOL004:
Percentage of patients on the QOF Coronary Heart Disease, Peripheral Arterial Disease, or Stroke/TIA Register, with the most recent cholesterol measurement in the preceding **12 months**, showing as ≤ 2.0 mmol/L if it was an **LDL cholesterol** reading or ≤ 2.6 mmol/L if it was a **non-HDL cholesterol** reading. **For multiple readings on the latest date the LDL reading takes priority.**



★ Cholesterol QOF

CVD Secondary Prevention Formulary

Target Values

Statin Monitoring

Copied from QOF Guidance 25/26:
Patients may be considered for the addition of **ezetimibe** or injectable therapies in line with the NICE inclusion criteria for the individual agents – for example, for **inclisiran**, patients must have an **LDL ≥ 2.6 mmol/L** and for the **use of PCSK9i(mabs)**, an **LDL cholesterol > 3.5 or 4 mmol/L** depending on their risk profile.
Where **high intensity statin intolerance** exists and **ezetimibe monotherapy** is **ineffective**, the **addition of bempedoic acid** may be considered in line with the **high intensity statin intolerance pathway** --> [NHSE Lipid Management Summary](#)

Southwest Formulary Lipid Managem

Please use the following links to remind yourselves on the Lipid Secondary Prevention Pathway

PLEASE USE THIS CODE WHEN DISCUSSING SECONDARY PREVENTION LIPID LOWERING THERAPY --> Discussion about lipid lowering therapy ☐

Lipid lowering therapy declined ☐

Discussed Healthy Lifestyle?
CVD risk factors:
Smoking, alcohol, hypertension, and having a sedentary lifestyle.

Discussion about changes in lifestyle ☐

Lifestyle advice regarding exercise ☐

Lifestyle advice regarding diet ☐

Lifestyle advice regarding alcohol ☐

Lipid lowering therapy declined ☐

Statin Codes

☐ Patient on maximal tolerated lipid lowering therapy (XaJ5i) **QOF**

☐ QRISK2 cardiovascular disease 10 year risk score (XaQVY) **QOF**

Statin Exempt Codes	<div><input type="checkbox"/> Lipid lowering therapy contraindicated (XaIN0) QOF</div> <div><input type="checkbox"/> Lipid lowering therapy declined (XaIN3) QOF</div> <div><input type="checkbox"/> Lipid lowering therapy not indicated (XaIMm) QOF</div> <div><input type="checkbox"/> Lipid-lowering drug adverse reaction (Xa5Ba) QOF</div> <div><input type="checkbox"/> Patient on maximal tolerated lipid lowering therapy (XaJ5i) QOF</div> <div><input type="checkbox"/> Statin declined (XaI) QOF</div> <div><input type="checkbox"/> Statin not indicated (XaIg) QOF</div> <div><input type="checkbox"/> Statin not tolerated (XaYVw) QOF</div> <div><input type="checkbox"/> Statins contraindicated (XaQ2V) QOF</div> <div><input type="checkbox"/> pQStatin causing adverse effect in therapeutic use (XaIC) QOF</div> <div><input type="checkbox"/> Adverse reaction to statins (XaIo) QOF</div>
Specific Drug Decline Codes	<div><input type="checkbox"/> Bempedoic acid declined (Y33d9) QOF</div> <div><input type="checkbox"/> Inclisiran contraindicated (Y33e4) QOF</div> <div><input type="checkbox"/> Ezetimibe declined (Y33da) QOF</div> <div><input type="checkbox"/> PCSK9 (proprotein convertase subtilisin/kexin type 9) inhibitor declined (Y33db) QOF</div> <div><input type="checkbox"/> Icosapent ethyl declined (Y3a29) QOF</div>
Start of New Medication:	<div><input type="checkbox"/> Medication changed (BB316) QOF</div> <div><input type="checkbox"/> New medication commenced (XE0hn) QOF</div> <div><input type="checkbox"/> Advice to start drug treatment (XaAsO) QOF</div>

Software Utilisation

Awareness and harnessing the potential of your clinical system is key.

- AccuRx or Communication Annexe.
- QOF Indicators.
- Clinical Reporting – Customised Output.
- SystmOne Templates.
- Read-codes to monitor progress.

AccuRx Text Messages or Communication Annexe

Cholesterol lowering diet

Please follow the links below for hints and tips on how to improve your lifestyle:
<https://www.heartuk.org.uk/healthy-living/introduction>
<https://www.nhs.uk/conditions/high-cholesterol/>

Statin QRISK

We've calculated your risk of developing an early heart attack or stroke over the next 10 years to be more than 10%. Based on this, we would like to offer you a preventative medicine called Atorvastatin. Read links below:
<https://tinyurl.com/How-to-prevent-heart-attacks>
<https://tinyurl.com/About-Statins>
Please reply to this message if you have read the links provided & would like a prescription, a call to discuss this OR to decline the offer.

High cholesterol statin

Your recent blood test shows that you have high [cholesterol](#) and we would like to offer you a statin. High cholesterol puts you at increased risk of cardiovascular events such as heart attacks and strokes.
<https://www.nhs.uk/conditions/statins/>
<https://www.nhs.uk/conditions/high-cholesterol/>
Please reply to this message if you have read the information on the NHS website and would like a prescription, a call to discuss this OR to decline the offer.

CKD statin

People with Kidney Disease are at increased risk of heart attack and strokes. As such we would like to offer you preventative medicine called a statin. Read the links below:
<https://tinyurl.com/Info-about-kidney-disease>
<https://tinyurl.com/About-Statins>
<https://tinyurl.com/prevent-heartattacks>
Please reply to this message if you have read the information provided and would like a prescription, a call to discuss this OR to decline the offer.

Diabetes statin

People with diabetes are at higher risks of heart attack and stroke. Statins help to reduce this risk and we would like to offer this medication to you. Read the links below:
<https://tinyurl.com/statins-and-diabetes-info>
<https://tinyurl.com/About-Statins>
<https://tinyurl.com/prevent-heartattacks>
Please reply to this message if you have read the information provided and would like a prescription, a call to discuss this OR to decline the offer.

Ardens Manager

- QOF dashboard and red-amber-green status
- Searches by condition
- Assign to staff automatically

CHOL004: Latest cholesterol
less than 2.6 NHDL or 2.0 LDL



1,674 / 2,748
60.92% patients achieved

80 / 80
Points

0
patients remaining

£21,322.64



Data Payment

How am I driving ☒ End of Financial Year

Data from: 31st March 2025













Drake Medical Alliance PCN

Show achieved and remaining

BENCHMARK PATIENTS

Benchmark Drake Medical Alliance PCN organisations

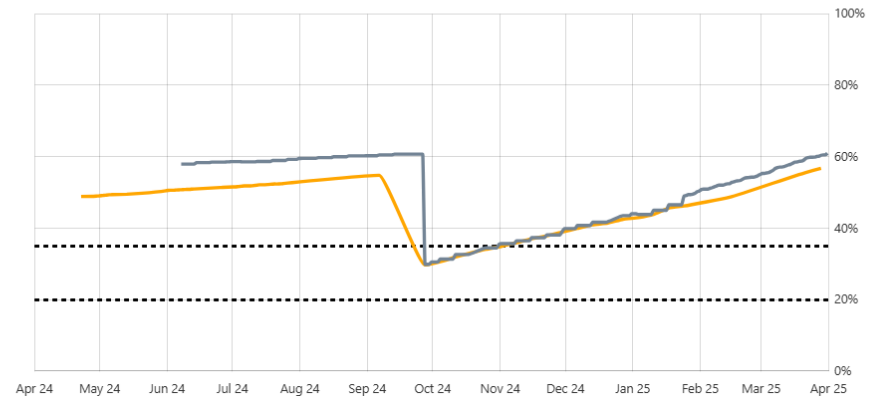
Organisation name ↑

Ardens Manager National Average			213.1 / 376	56.68%
			457 / 742	61.59%
			317 / 464	68.32%
			213 / 404	52.72%
			426 / 711	59.92%
			261 / 427	61.12%

TREND DEMOGRAPHICS RULES

CHOL004: LATEST CHOLESTEROL LESS THAN 2.6 NHDL OR 2.0 LDL TREND

Dates 1st April 2024 to 31st March 2025



Shared Care Prescribing

DRAKE MEDICAL ALLIANCE PCN SHARED CARE AGREEMENT PROTOCOL

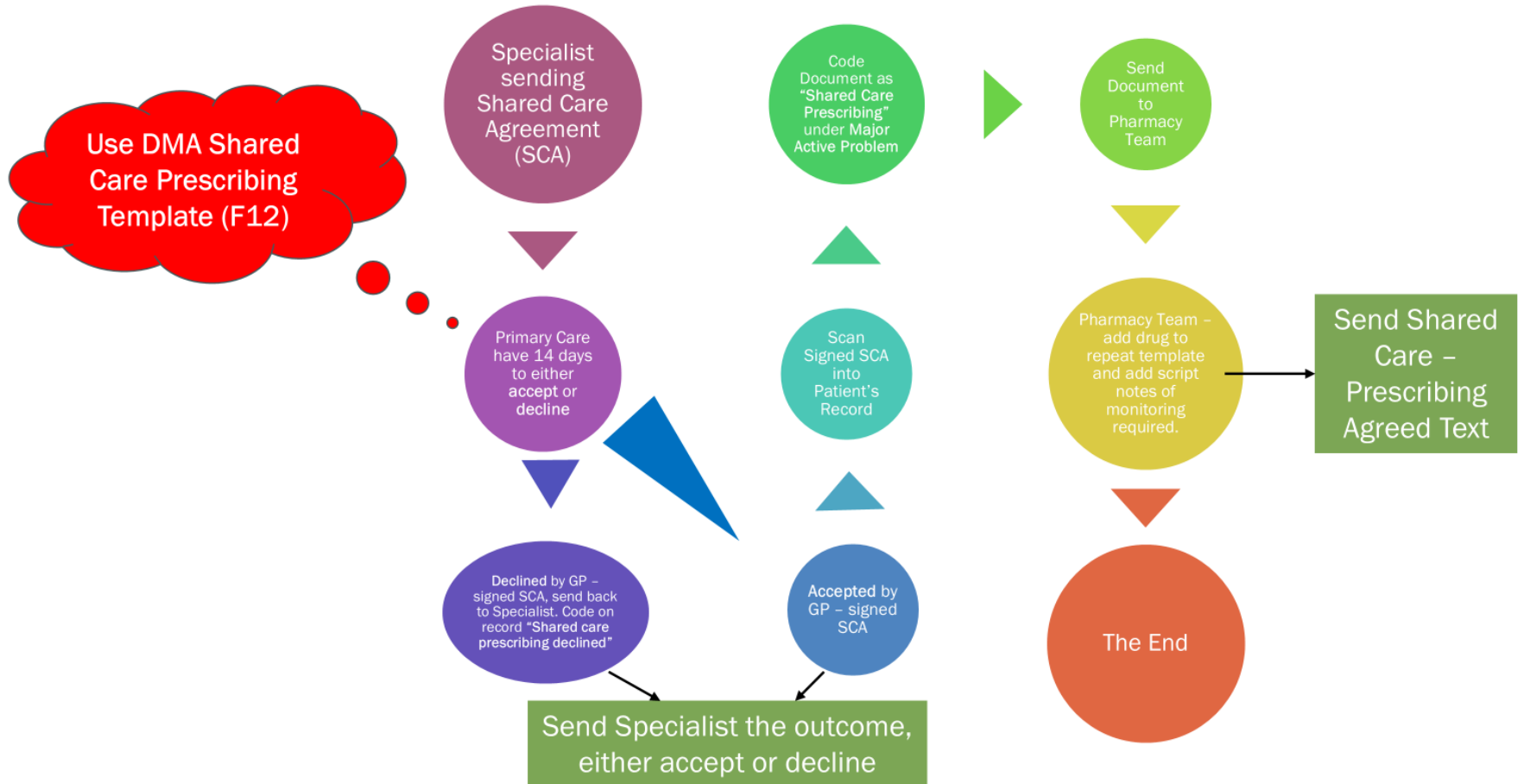
Author and Role	Affreen Mohammed
Monitoring	Lead Clinical Pharmacist
Review Date	Yearly
Responsibility for Review	Lead Clinical Pharmacist is responsible for reviewing this process
We welcome feedback on all policy/procedure/strategy and the way it operates. We are interested to know of any possible or actual adverse impact that this policy/procedure/strategy may have on any groups in the respect of gender, marital status, race, disability, sexual orientation, religion, belief, age or other characteristics.	

Table of Contents

1. Introduction.....	2
2. Shared Care Drugs List relevant to Drake Medical Alliance PCN.....	2
3. Roles and Responsibilities of the Primary Care Prescriber.....	4
4. Acceptance of Shared Care for Medicines.....	5
5. Declining of Shared Care Agreement.....	5
6. Process for actioning Shared Care Agreements.....	6
7. Useful information to be aware of.....	6

Version	Date	Version Created by	Version Approved by	Changes made
1.0	31.07.2023	Affreen Mohammed	Affreen Mohammed	

The Process



Shared Care Prescribing

GP Accepts Shared Care from Secondary Care:

Shared Care Request has been reviewed by relevant person and GP accepts and signed Shared Care Agreement. Scan this signed document to the patient's record with the below code as a **Major Active Problem**:

Shared care prescribing  

GP Declines Shared Care from Secondary Care:

If GP declines Shared Care Agreement then please scan onto patient's record with below code as a **Minor Active Problem**:

Shared care prescribing declined  

Send a signed copy of either accepted or declined shared care agreement back to the requesting consultant/specialist.

Task/send the document to the Pharmacy Team to add the shared care drug.

Title of Shared Care Agreement:

- Shared Care Agreement - Offer.
- Shared Care Agreement - Accepted and Signed by GP.
- Shared Care Agreement - Declined by GP.

Admin/Prescription/Pharmacy Team

When the drug is added the person adding it must ensure a 'Script note' is added stating "Shared Care Drug".

When a patient requests a shared care item, Pharmacy admin/prescription clerks or reception staff that are responsible for the process of requesting medication must check monitoring is up to date before issuing the item to be signed. Monitoring reminders can be added to the medication directions, for example: Methotrexate - 'take X tablets once weekly; please attend for 3 monthly monitoring bloods.

 [One Devon - Shared Care Guide!](#)

 New Acute

 New Repeat Template

 Medication & Allergy History

 Requesting Shared Care Agreement Letter

 New Task




Shared Care Prescribing Template

Drug Name	Adults - Monitoring	Frequency for Adults	Frequency for Children
Atomoxetine (Strattera)	Weight, Pulse and BP	Six monthly	Aged 6 to 10 years old: Weight every 3 months. Height, BP, HR, six monthly. >11 y/o: Height, Weight, Pulse and BP, six monthly
Cinacalcet (Mimpara)	All monitoring will be undertaken at the renal unit. The specialist will advise the GP on any dosage adjustment required.	All monitoring will be undertaken at the renal unit. The specialist will advise the GP on any dosage adjustment required.	All monitoring will be undertaken at the renal unit. The specialist will advise the GP on any dosage adjustment required.
Dapsone	LFTs, FBC, reticulocyte count	Three monthly	
Denosumab (Prolia)	Calcium levels before each dose of denosumab	Six monthly	
Dexamfetamine (Amfexa, Dexedrine)	Weight, HR, BP	Six monthly	Weight, HR, BP - six monthly
Gonadotrophin-releasing hormones analogues (Triptorelin - Decapeptyl) (Goserelin - Zoladex)	To monitor the patient's overall health and well being.	To monitor the patient's overall health and well being.	
Guanfacine (Intuniv)	Height, Weight and BMI, HR, BP	Six monthly	
Haldol Decanoate	Patients under the care of Livewell.	Patients under the care of Livewell.	Patients under the care of Livewell.
Lisdexamfetamine (Elvanse, Vyvanse)	Height, Weight, HR, BP	Six monthly	Weight, HR, BP - six monthly
Lithium (Priadel, Camcofit)	Lithium, Weight or BMI, U&Es, Ca, TFT	In the first year, three monthly then six monthly. ECG, annually for high risk CVD	
Methylphenidate (Ritalin, Mefar, Mefar-Max, Mefar-Transderm, Risperlin)	Height, Weight, HR, BP	Six monthly	Aged 6 to 10 years old: Weight every 3 months. Height, BP, HR, every six monthly. >11 y/o: Height, Weight, Pulse and BP, every six monthly
Pantoprazole (Pantoloc)	None	None	None
Risperidone (Risperdal)	Weight, BP, HR, BP	Weight, BP, HR, BP In the first year, three monthly then six monthly. ECG, annually for high risk CVD	Weight, BP, HR, BP Aged 6 to 10 years old: Weight every 3 months. Height, BP, HR, every six monthly. >11 y/o: Height, Weight, Pulse and BP, every six monthly
Sodium oxybate (Xypro)	BP	Annually, develops hypertension – seek specialist advice	
Sulfamfetol (Sulfamfetol)	BP, HR	Six monthly	
Somatropin (Nobolipin)	"To prescribe somatropin by brand including dosage adjustment according to specialist recommendation"	"To prescribe somatropin by brand including dosage adjustment according to specialist recommendation"	Hospital Only
Zuclopiethixol decanoate (Clopixol)	Patients under the care of Livewell.	Patients under the care of Livewell.	Patients under the care of Livewell.

SCA Patient Status Alert

► On the Patient's Home Screen

—  **Patient Status Alerts**

-  **Cervical Cancer Screening overdue - as age 25-49 + done >3y ago** [Action](#) [More](#)
-  **Drug Review Required: -** [Action](#) [More](#)
-  **Medication Review Required: -** [Action](#) [More](#)
-  **On Dexamfetamine: -** [Action](#) [More](#)
-  **SHARED CARE DRUG: Check Monitoring, click action** [Action](#) [More](#)

DMA Shared Care Prescribing

Process SCA [Shared Care Drug List](#)

[New Pathology Request](#) [Comms Annexe](#) [Book Appointment](#)

Shared Care Drug List

Drug Name	Adults - Monitoring	Frequency for Adults	Frequency for Children
Atomoxetine (Strattera)	Weight, Pulse and BP	Six monthly	Aged 6 to 10 years old: Weight every 3 months. Height, BP, HR, six monthly. >11 y/o: Height, Weight, Pulse and BP, six monthly
Cinacalcet (Mimpara)	All monitoring will be undertaken at the renal unit. The specialist will advise the GP on any dosage adjustment required.	All monitoring will be undertaken at the renal unit. The specialist will advise the GP on any dosage adjustment required.	All monitoring will be undertaken at the renal unit. The specialist will advise the GP on any dosage adjustment required.
Dapsone	LFTs, FBC, reticulocyte count	Three monthly	
Denosumab (Prolia)	Calcium levels before each dose of denosumab	Six monthly	
Dexamfetamine (Amfexa, Dexedrine)	Weight, HR, BP	Six monthly	Weight, HR, BP - six monthly
Gonadotrophin-releasing hormones analogues (Triptorelin - Decapeptyl) (Goserelin - Zoladex)	To monitor the patient's overall health and well being.	To monitor the patient's overall health and well being.	
Guafacine (Ituniv)	Height, Weight and BMI, HR, BP	Six monthly	
Haldol Decanoate	Patients under the care of Livewell.	Patients under the care of Livewell.	Patients under the care of Livewell.
Lisdexamfetamine (Elvanse, Vyvanse)	Height, Weight, HR, BP	Six monthly	Weight, HR, BP - six monthly
Lithium (Priadel, Camcolit)	Lithium, Weight or BMI, U&Es, Ca, TFT	In the first year, three monthly then six monthly. ECG, annually for high risk CVD	
Methylphenidate (Alert, Concerta, Equasyn, Medinet, Rofin, Tranqualyn, Xaggin, Xenade)	Height, Weight, HR, BP	Six monthly	Aged 6 to 10 years old: Weight every 3 months. Height, BP, HR, every six monthly. >11 y/o: Height, Weight, Pulse and BP, every six monthly
Modafinil (Provigil)	BP, HR	For patients with existing hypertension/heart disease, two weeks from start of treatment, then after 1 month. All patients, three monthly for 6 months, then six monthly. (Six monthly) Three monthly for the first year and then annually	
Riluzole (Rilutek, Emylif)	LFT		
Sodium oxybate (Dyrem)	BP	Annually, develops hypertension - seek specialist advice	
Soliamfetol (Sunosi)	BP, HR	Six monthly	
Somatropin (Nortitropin)	"To prescribe somatropin by brand including dosage adjustment according to specialist recommendation"	"To prescribe somatropin by brand including dosage adjustment according to specialist recommendation"	Hospital Only
Zuclopenthixol decanoate (Clopixol)	Patients under the care of Livewell.	Patients under the care of Livewell.	Patients under the care of Livewell.

SystemOne Pharmacy Templates

DMA Pharmacy Team

Pharmacy Team Admin

BP - Home 7-day

BP - Lifestyle Advice

BP - Normal BP Review

BP - Stage 1 Hypertension

Bloods - Windsor

CAMHS Helpline -

CHOL - Ezetimibe

CHOL - Lipid Lowering

CHOL - Statin Initiation

CPS - Failed Encounters

CP - ABPM referral

CP - Oral Contraception

Hospital - Added to repeat

DMA Medication Review

Home Page | Medication Review

Medication Review by Role

With Patient

Without Patient

Seen by Code (With Patient)

Any questions or problems?

Do you feel your medicines are working?

Please enter in comments

Comment

Over-the-counter/medications

DMA Medication Review

Home Page | Medication Review

DOAC - Crib Sheet

DOAC dose review

Remember Monitoring

U&Es, LFTs, FBC, Calcium, Height and Weight

For dose unchanged or if you are planning on continuing monitoring (ideally with a blood test)

Edoxaban

DOAC

Dosing in Non-valvular atrial fibrillation (lifelong unless risk:benefit ratio changes)

Contraindicated /Not recommended

Counselling

Crib Sheet:

Edoxaban is one a day or after food.

Same side effect profile

It's cheaper for the NHS

DMA Medication Review

Other Details...

Discharge Medication

Discharge Medication

Action from

Post hospital

DMA Medicines Optimisation by Pharmacy Team

Home Page | Medication Review

Other Details...

Exact date & time

Wed 04 Jun 2025

08:36

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button

Discharge Medication | Letter From Specialist | DMOS 24-25 | High Dose PPI | Medicines Switching | Out of Stock | Miscellaneous

Letter from Specialist - Medicines reconciliation

Date of Letter from specialist

Shared Care Agreed

Seen in department

Shared Care Prescribing Declined

Multiple selections

Medication commenced (XE0hk)

Inappropriate medication stopped ...

Medication changed (8B316)

Medication reconciliation

Changes to medication

New Acute

New Repeat Template

Record Other Medication

Blood Results

DMA - Inappropriate Prescribing Request

DMA - Inappropriate Workload Transfer

Inappropriate use of general practitioner service

Hospital - Added to repeat

Shared Care - Prescribing Agreed

RED LINES

DMOS - PPI

DMA Medicines Optimisation by Pharmacy Team

Other Details... Exact date & time Wed 04 Jun 2025 08:36

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button

Discharge Medication | Letter From Specialist | DMOS 24-25 | High Dose PPI | Medicines Switching | Out of Stock | Miscellaneous

DMOS 2024-25 - High Dose PPIs

Codes for Switching

- ☐ Drug changed to cost effective alternative (XaJKo)
- ☐ Medication change to generic (XaJ9o)
- ☐ Medication change to branded (XaMhl)
- ☐ Change in medication declined (XaYYH)
- ☐ Advice to GP to change patient medication (XaJC3)

Codes for Report

- ☐ Proton pump inhibitor therapy (Y373b)
- ☐ Advice to stop drug treatment (XaA02)
- ☐ Medication decreased (8B3A2)
- ☐ Medication changed (8B316)
- ☐ Change in medication declined (XaYYH)

Medication optimisation

Right sidebar:

- New Repeat Template
- New Acute
- Show Medication History
- Communications Annexe
- PPI Monitoring
- TEXT - On Clopidogrel Ome to Lanso
- TEXT - Reducing PPIs
- TEXT - Omeprazole to Lanso on NSAID
- PPI Leaflet Letter
- [Omeprazole liquid - Nottsapc.nhs](#)

Leaflet

About

Please consider prescribing **Lansoprazole 15mg Capsules instead of Omeprazole please.**

Reasons are:

1. It's **cost-effective**.
2. Tackles Devon Medicines Optimisation Scheme.
3. Interaction between Clopidogrel and Omeprazole.

[Why am I seeing this?](#)

Ok Pause

PPI Monitoring

Other Details... Exact date & time Wed 04 Jun 2025 08:36 Changing the consultation date will affect all other data entered. To avoid this, cancel any changes.

Home Indication Check - Initial Review Indication Check - Follow Up Review Resources

Proton Pump Inhibitor Monitoring

Monitor ★ Drug monitoring done

- !! PPI alert reviewed
- Indication checked
- Contraindications checked
- Absence of significant drug interactions
- Advice to report signs/symptoms
- Long term risks assessed + discussed
- Alternative treatment considered
- Leaflet given
- Blood tests checked
- Follow-up discussed
- PPI declined / not tolerated
- PPI Notes

Indication check

eg clopidogrel, phenytoin

v. low risk of subacute cutaneous lupus erythematosus

PPI Letter eg fracture, infections, mask cancer, osteoporosis

Resources

Phlebotomy

31 Follow-Up Dyspepsia Formulary

Duration >12m - consider B12 if other risk factors e.g. on metformin or malnourished. Consider Mg if high risk of deficiency e.g. on digoxin/diuretics

U&E	eGFR	Vitamin B12
Mg	eGFR	B12 level
Creat		

Renal Disease Calculation...

Phlebotomy

View Results

⚠ Drug review required - Alert or monitoring

⚠ On Methotrexate

⚠ On Opioid

Blood test overdue: UE (on ACE/ARB)

Blood test overdue: FBC UE + LFT (on methotrexate)

Allergies

Drug Review

New Acute

Quick Print ...

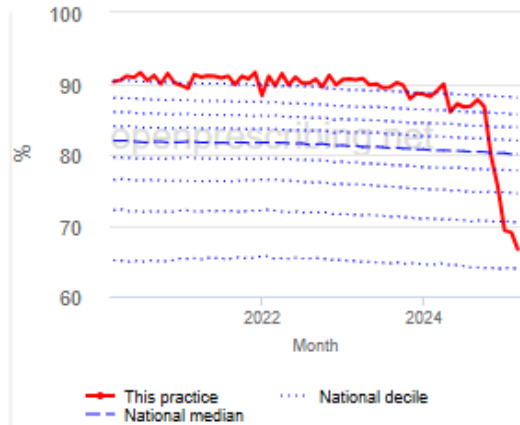
Higher Dose Proton Pump Inhibitors

L83030: NORTH ROAD WEST MED.CTR.



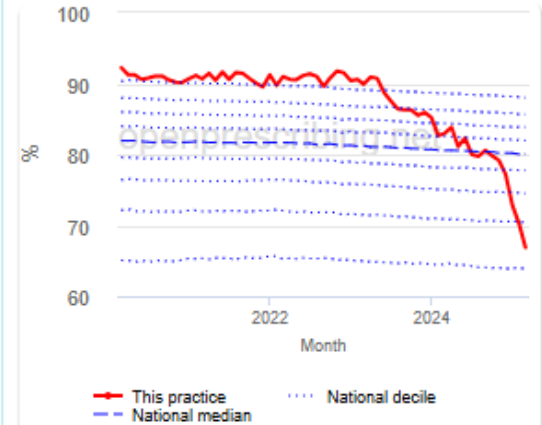
- Break the overall score down into individual presentations.

L83089: KNOWLE HOUSE SURGERY



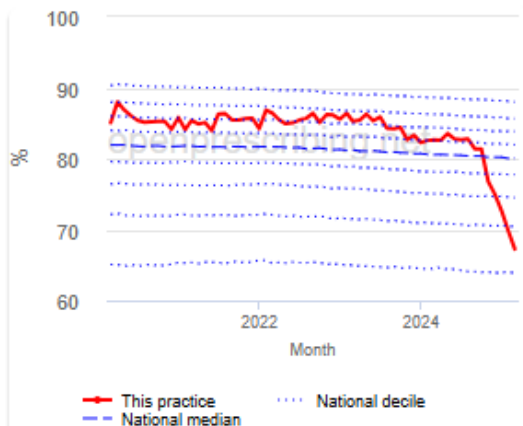
- Break the overall score down into individual presentations.

L83076: WYCLIFFE SURGERY

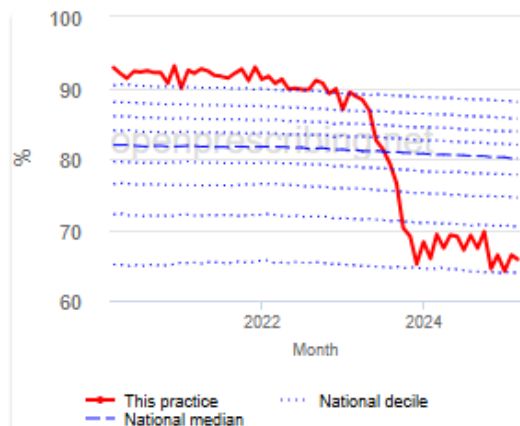


- Break the overall score down into individual presentations.

L83048: ROBOROUGH SURGERY



L83147: LISSON GROVE MEDICAL CTR.



~£20,000

Pharmacy Word Templates



Working together

Patient Name: <Patient Name>
NHS Number: <NHS number>
DOB: <Date of Birth>
Surgery: <Organisation Name>
Date: 04/06/2025

Dear X

You recently wrote asking for

We are sorry that in line with

(Use as appropriate)

We do not feel comfortable taking on
clinical responsibility for

The initiation of this drug is not
suitable for a GP to prescribe

The request is for an unlicensed
appropriate clinical review

(For shared care request)

We are unable to take on
clinical responsibility for

We are unable to prescribe as we
been commissioned as a

We would be grateful if you would
hospital FP10HP. The patient

The practice will be taking

Additional comments:

Thank you.

<Organisation Address>

Shared Care Agreement

<Recipient Address>

<Recipient Details>

Dear Consultant/Secretary

Re: Shared Care Agreement

Patient: <Patient Name>

NHS Number: <NHS number>

<Patient Name> is currently

Service and subject to shared

As you will be aware, we have

declaration from a consultant

providing clear instructions

On review of the patient's

therefore unable to undertake

Shared Care Guidance

<https://onedevon.org.uk/medicines/prescribers/>

We would be grateful if you would please complete and send a Shared Care Agreement back to the surgery for the Clinician to review as soon as possible to avoid any delay to recommended treatment.

Completed agreements can be emailed to: *(enter surgery's email)*

Should you have any questions or concerns regarding this matter, please do not hesitate to contact the surgery.

Yours faithfully,

<Patient Name>
<Patient Address>

QRISK result >10% Letter:

Dear <Patient Name>

Date: <Today's date>

You may recall that you recently had some blood tests, which included a lipid profile.

We use the results of this test, alongside other factors like your age, ethnicity, family, and personal medical history to calculate your risk of a heart attack or a stroke over the next 10 years.

This is known as your QRISK.

Your QRISK score was <Numerics>

This means you have a ...% risk of a heart attack or a stroke in the next 10 years.

The National Institute for Health and Care Excellence (NICE) have suggested that anyone with a risk above 10% may benefit from a lipid lowering medication and there are several options for lipid lowering medication.

To help with making a decision if you would like to take medication, please see the following link:
[Cardiovascular disease: risk assessment and reduction, including lipid modification. Patient decision aid 24/05/2023 \(nice.org.uk\)](https://www.nice.org.uk/guidance/CG138)

You may wish to discuss this with one of our Clinical Pharmacists in a routine telephone conversation, or you may wish to follow the steps outlined on the **page below**, before we check your cholesterol again and try and reduce your risk without medication.

We have already attempted to contact you via text message and with two telephone calls to discuss your wishes in light of your raised QRISK score. Unfortunately, we have had no response but would encourage you to contact your surgery to arrange a discussion.

If we have not heard from yourself within 14 days from the date on this letter, we will no longer be contacting you with regard to this matter. This is so that we can use our limited capacity to support other patients who have expressed an interest in lipid lowering treatment.

A code will be put on your notes stating "Lipid lowering therapy declined" because it is the only code, we can apply to help us manage our workload and focus on those interested in pursuing this offer.

However, should you change your mind please do contact the practice's pharmacy team for a further discussion.

We hope you have found this informative.
Yours sincerely,

Pharmacy Team

Important steps to reduce cholesterol and reduce risk include:

1. Stop smoking if you smoke – this is the single biggest risk. If you are a smoker, please see links below if you would like help with this:

<https://www.oneyouplymouth.co.uk/stop-smoking>
<https://www.nhs.uk/better-health/quit-smoking/>

2. Have your blood pressure checked at least every 5 years to ensure it is not high enough for us to advise drug treatment. Advice on how to do your blood pressure at home, please see the following links:

<https://www.bhf.org.uk/bloodpressureathome>
<https://www.youtube.com/watch?v=GSNZVaW1Wq4>
https://bihsoc.org/wp-content/uploads/2017/09/How_to_instructional_leaflet.pdf
https://bihsoc.org/wp-content/uploads/2017/09/Home_blood_pressure_diary.pdf

3. Keep your weight reasonable - ideally below a body mass index (BMI) of 25. If you want to lose weight, there are various organisations that can help you with this. Please see below, some information:

<https://www.nhs.uk/better-health/lose-weight/>
<https://www.oneyouplymouth.co.uk/eat-well/>

Changes to diet can improve cholesterol:

- Eat at least 5 portions of fruit or vegetables per day.
- Reduce dairy products, red meat, and fried foods. If you like to eat meat, lean meats such as chicken or turkey are better.
- Eat more oily fish.
- Use vegetable oils rather than animal fat when cooking.

4. Take regular exercise. The ideal is 5 or more periods per week of more than 20 minutes of exercise which is hard enough to raise your pulse rate.

Information on how to achieve this, please see this link:
<https://www.nhs.uk/better-health/get-active/>

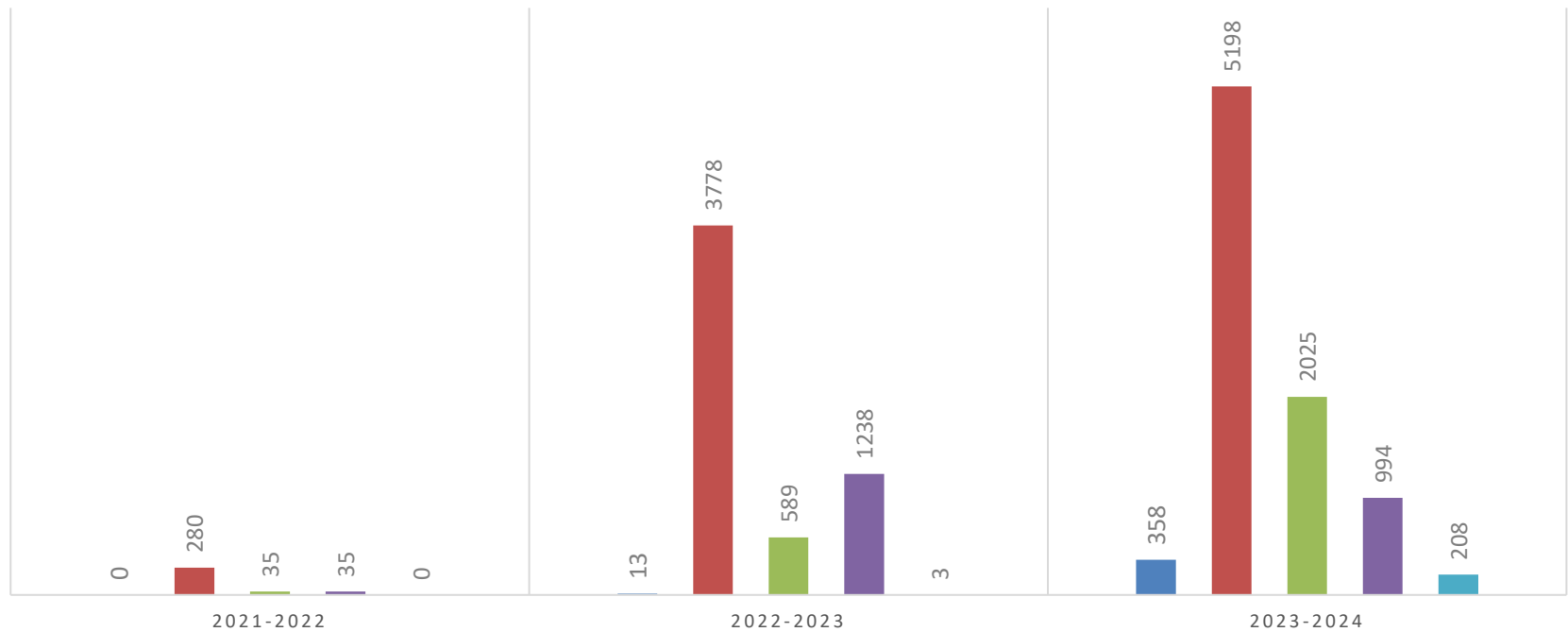
5. Don't drink too much alcohol: maximum 2 units daily for women and 3 units daily for men; ideally have two or more "alcohol free days" each week. Advice on this can be found here:

<https://www.nhs.uk/better-health/drink-less/>



CLINICAL PHARMACIST WORKLOAD

APRIL 2021 TO MARCH 2024

■ Heart Failure ■ Medication Reviews ■ Medicine Reconciliation ■ SMRs ■ Care Home SMRs



CQC Searches

 PRODUCTS ▾ SUPPORT ▾ PACKAGES ABOUT ▾  [FREE TRIAL](#) [CONTACT US](#)

The searches

SystemOne searches



To join the open organisation group & access the searches on SystemOne:










1. Go to Setup > Users & Policies > Organisation Groups
2. Untick top left box 'Only show groups this organisation has joined'
3. Go to Wiltshire > CQC Inspection Searches
4. Right click > Join Group then turn SystemOne off and back on again
5. Go to Reporting > Clinical Reporting > CQC Inspection Searches

[Watch video](#)

Please note: Your organisation can only be a member of 25 groups. If you have exceeded this number, you will need to leave another first. For further information, please see this [support article](#).

The CQC and Ardens acknowledge the support provided by TPP during the initial conceptual discussions and for advice during the development and distribution of the searches.

  **CQC Inspection Searches (354)**

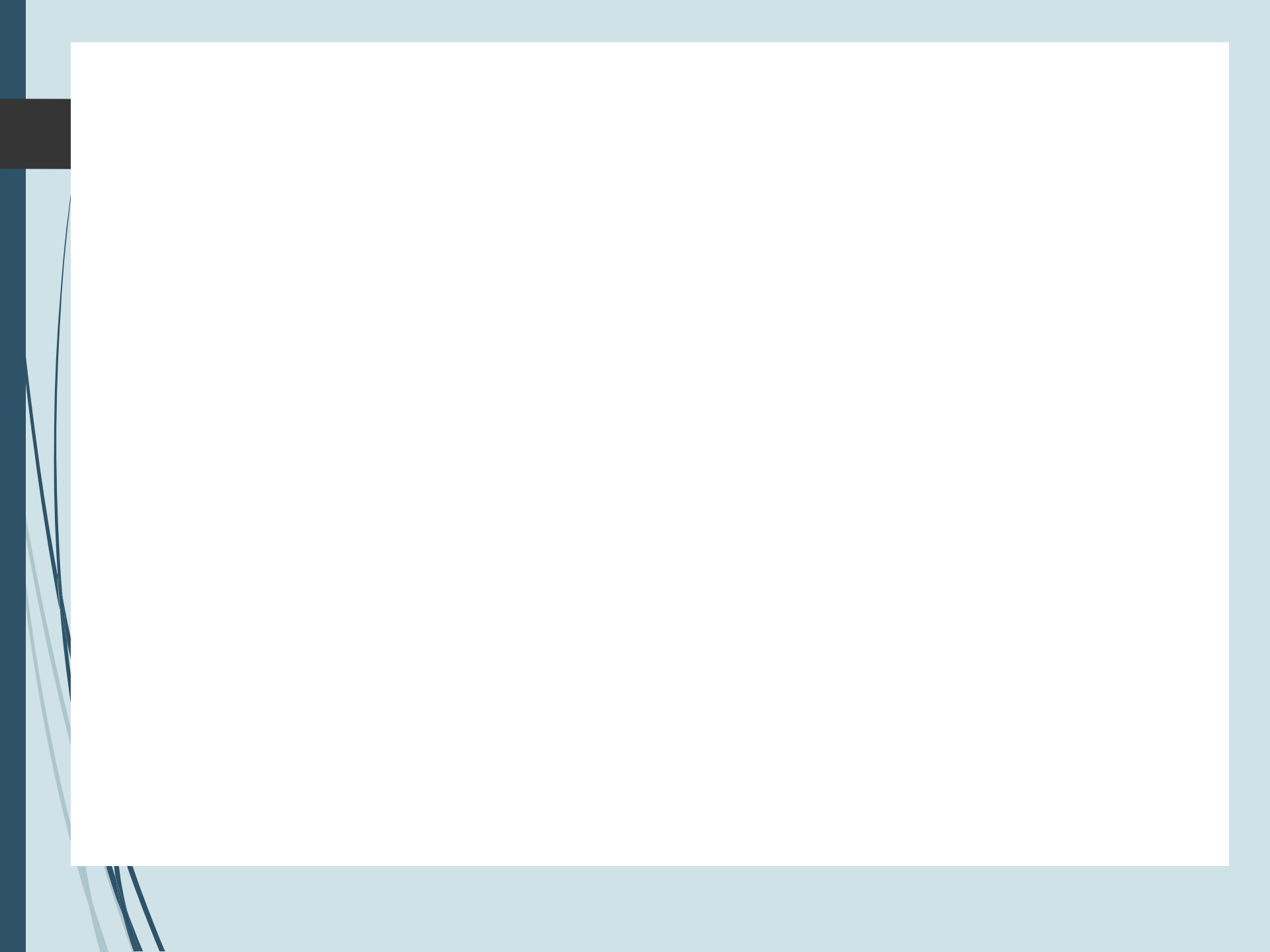
- ▾  DMARDS (9)
- ▾  DNACPR (2)
- ▾  Long Term Conditions (14)
- ▾  Medication Review (4)
- ▾  Medicines Monitoring (36)
- ▾  Medicines Usage (13)
- ▾  Missed Diagnosis (2)
- ▾  Safety Alerts (12)
- ▾  Subreports (262)

<https://ardens.org.uk/cqc>



Practice Index

- Safety Alerts
 - Learning Events
 - Significant Events
 - Policy Library
 - HR – Appraisals, Records, Holidays
- 




Summary & Key Messages



 Digital = Clinical Power: Tools like Ardens and SystmOne improve care, not just admin.




 Empower Your Pharmacy Team: Delegate statin initiation, SMRs, shared care monitoring.



 Data-Driven = Income-Driven: QOF gains.



 Think Pathways, Not Tasks: Build digital pathways from invite to follow-up.



 Start Small, Scale Smart: One template. One audit. One win at a time.

Thank You

Any questions?

► **For further info or collaboration:**

- Affreen (Affy) Mohammed
IP Lead Clinical Pharmacist and Pharmacy
Service Manager
Drake Medical Alliance PCN
Email: affreen.mohammed@nhs.net



PHARMACY SERVICE