Ground Rules

- Mute Microphone
- Keep Camera On
- Chat for Questions
- Raise Hand to Speak

Community Pharmacy Thames Valley

pharmacy ACADEMY

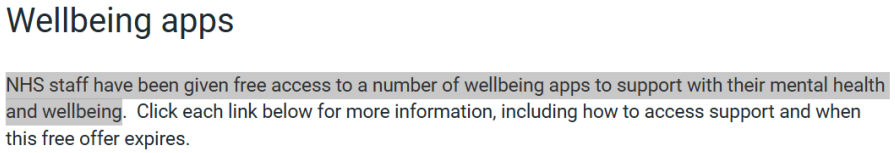
Thames Valley LPC Training Academy

New Medicines Service: Supporting Patients with Depression

Looking After Ourselves

- Topic may feel sensitive or triggering
- You may switch off camera/mic or take breaks
- Looking after our own mental health is vital
- Support resources: NHS Talking Therapies, Mind,

  Rethink Mental Illness



NHS England » Wellbeing apps

History of the New Medicines Service (NMS)

- Medicines Use Reviews (MURs) launched in 2005
- NMS launched October 2011 under CPCF
- Initially overshadowed by MURs
- NMS targeted new medicines for long-term conditions
- Evidence base (Nick Barber, BMJ 2014) → improved adherence (~10%)
- NMS now the enduring advanced service after MURs ended in 2021

New Medicines Service Specification Updates

- Depression added to the NMS Eligible Drug List Oct 2025.
- Revised consultation timings: Intervention 7–14 days after recruitment; Follow-up 14–21 days later.
- Clarification: subcontracting not permitted.
- Training: CPPE's "Consulting with people with mental health problems."
- Our role as pharmacists: early side-effect management, adherence support for antidepressants and supporting the patient.

Why Antidepressants?

- In 2024/25, ~8.89 million people in England were prescribed antidepressants
- Around one-third were newly prescribed
- Adherence drops sharply: from 95.5% at initiation to 52.6% after one month
- Antidepressants are commonly prescribed for depression and anxiety
- Delayed onset of benefit (4–6 weeks) → patients may lose confidence early
- Side effects often settle with time, but reassurance is vital
- Pharmacists play a key role in early support, adherence, and patient empowerment

How is Depression Diagnosed?

- No physical test → diagnosis based on symptoms & impact
- GP assessment → structured conversation about mood, lifestyle, stressors, history
- Screening tools → e.g. PHQ-9 to assess severity
- Rule out other causes → blood/urine tests if needed
- Safeguarding → direct questions about suicidal thoughts or self-harm

NMS Outline: Recruit → Support → Review

- **Recruitment**

- Identify patients starting a new medicine for an eligible condition

- Invite and enrol with consent

- **Intervention (7–14 days)** - First consultation

- Explore side effects, adherence, expectations

- Provide reassurance and advice

- **Follow-Up (14–21 days later)** - Second consultation

- Review progress and side effects

- Reinforce adherence and patient support

Communication & Shared Decision-Making

- Use caring, compassionate, supportive language
- Ask open questions to explore patient experiences
- Empower patients to make informed choices about their treatment
- Acknowledge concerns and lived experiences without judgement
- Build empathy by validating feelings and showing understanding
- Demonstrate active listening throughout consultations

NHSBSA NMS Eligible Drug List (Oct 2025)

Depression (only those ≥18 years of age)

The following are eligible for NMS where the pharmacist can determine that the medicine has been newly prescribed for Depression (only those ≥18 years of age)

BNF Section	Drug Name	BNF Code
4.3.3: Selective serotonin re-uptake inhibitors	Citalopram hydrobromide	0403030D0
4.3.3: Selective serotonin re-uptake inhibitors	Citalopram hydrochloride	0403030Z0
4.3.3: Selective serotonin re-uptake inhibitors	Escitalopram	0403030X0
4.3.3: Selective serotonin re-uptake inhibitors	Fluoxetine hydrochloride	0403030E0
4.3.3: Selective serotonin re-uptake inhibitors	Paroxetine hydrochloride	0403030P0
4.3.3: Selective serotonin re-uptake inhibitors	Sertraline hydrochloride	0403030Q0
4.3.4.0: Other antidepressant drugs	Duloxetine hydrochloride	0403040Y0
4.3.4.0: Other antidepressant drugs	Mirtazapine	0403040X0

Antidepressants in NMS: SSRIs

- Mode of action: increase serotonin availability in the brain
- Onset: benefit usually after 4–6 weeks

Key counselling points:

- Early side effects (GI upset, sleep disturbance, headache, sexual dysfunction) often settle
- Adherence is important — stopping suddenly can cause withdrawal symptoms
- Encourage patients to report persistent or distressing side effect

Sertraline

- Indication: Depression
- Widely prescribed first-line SSRI
- Onset: Benefit after 4–6 weeks
- Side effects: GI upset, insomnia, sexual dysfunction
- Counselling tip: Take in the morning if insomnia occurs

Citalopram (hydrobromide / hydrochloride)

- Once-daily SSRI

- Side effects: Nausea, dry mouth, sweating, sleepiness, sexual dysfunction

- Safety note: QT prolongation risk at higher doses — caution in cardiac patients

- Counselling tip: Reassure patients side effects often improve after 1–2 weeks

Escitalopram

- Active enantiomer of citalopram; generally better tolerated
- Side effects: Headache, nausea, diarrhoea, dry mouth, dizziness
- Counselling tip: Once-daily dosing; encourage adherence even if benefit feels delayed

Fluoxetine

- Long half-life → lower risk of withdrawal symptoms
- Side effects: GI upset, headache, insomnia, anxiety (early), sexual dysfunction
- Counselling tip: Activating profile — take in the morning to reduce insomnia risk

Paroxetine

- Shorter half-life → higher risk of withdrawal symptoms
- Side effects: Sedation, sexual dysfunction, weight gain
- Counselling tip: Avoid abrupt discontinuation; taper gradually if stopping

Antidepressants Duloxetine and Mirtazapine

- **SNRIs (e.g., Duloxetine)**
- Mode of action: ↑ serotonin & noradrenaline
- Useful if comorbid anxiety or pain
- Side effects: nausea, sweating, constipation, ↑ blood pressure
- Withdrawal symptoms if stopped suddenly
- **NaSSA (e.g., Mirtazapine)**
- Mode of action: ↑ noradrenaline & serotonin via different pathway
- Often chosen if insomnia or poor appetite
- Side effects: sedation, ↑ appetite, weight gain, dry mouth
- Lower risk of sexual dysfunction compared to SSRIs

Case Scenario – Starting Sertraline

Patient profile:

- 28-year-old woman, newly prescribed sertraline 50 mg once daily
- First prescription collected last week
- Attending **NMS intervention consultation** (7–10 days after starting)

Patient's experience:

- Reports nausea and mild headache
- Feels "no better yet" → worried medicine isn't working
- Missed two doses due to doubts
- Concerned about "being on tablets long-term"

Case Scenario – Sertraline – Intervention

Intervention: What open questions and supportive language could you use?

- “How have you been finding the medicine so far?”

- “What changes have you noticed since starting?”

- “What worries you most about taking this medicine?”

- “It’s very common to feel side effects like nausea or headaches in the first couple of weeks — most people find these settle.”

- “I understand it feels frustrating not to notice improvement yet. These medicines usually take 4–6 weeks before you start to feel the benefit.”

Case Scenario – Sertraline – Follow Up

- **Follow-Up** – How would you reinforce adherence and when might you escalate?

  What would you say at follow-up to encourage her to keep going?

- "I know it's been difficult but taking the medicine every day gives it the best chance to work."

- "If you ever feel like stopping, please speak to us or your prescriber first — stopping suddenly can cause withdrawal symptoms."

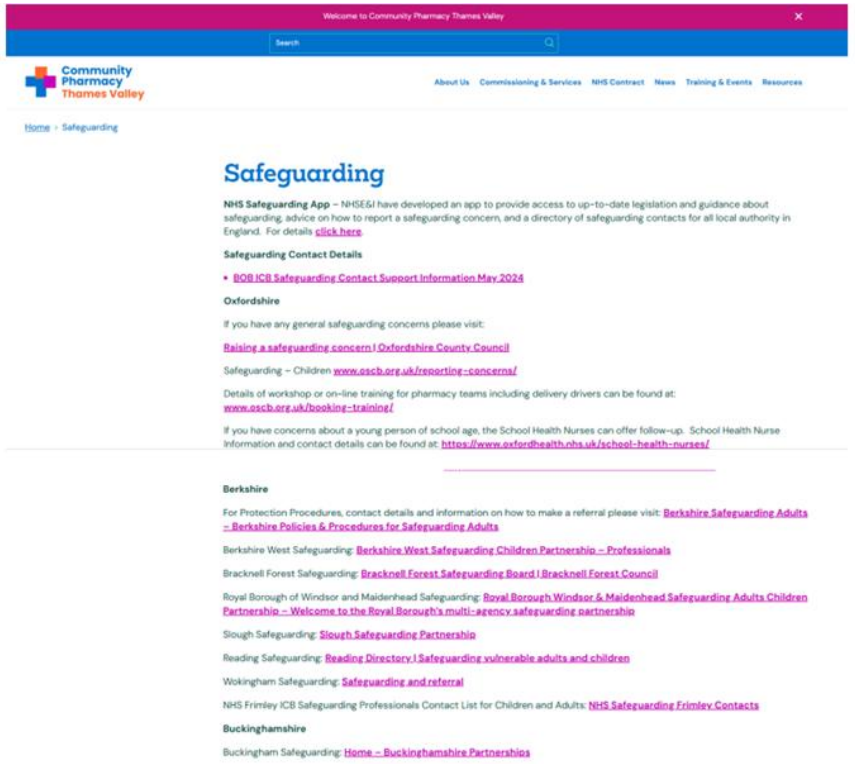
- "If side effects don't settle or become distressing, let us know straight away so we can help."

- **Escalation:**

- Severe side effects or suicidal thoughts or self-harm. Refer her back to the prescriber urgently.

Safeguarding Responsibilities

- Escalate concerns via local protocols
- Recognise warning signs of suicide/self-harm
- Keep referral pathways visible
- Professional duty of care



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Safeguarding

NHS Safeguarding App – NHSE&I have developed an app to provide access to up-to-date legislation and guidance about safeguarding, advice on how to report a safeguarding concern, and a directory of safeguarding contacts for all local authority in England. For details click here.

Safeguarding Contact Details

- BOB ICB Safeguarding Contact Support Information May 2024

Oxfordshire

If you have any general safeguarding concerns please visit:

Raising a safeguarding concern | Oxfordshire County Council

Safeguarding – Children www.oscb.org.uk/reporting-concerns/

Details of workshop or on-line training for pharmacy teams including delivery drivers can be found at: www.oscb.org.uk/booking-training/

If you have concerns about a young person of school age, the School Health Nurses can offer follow-up. School Health Nurse Information and contact details can be found at: https://www.oxfordhealth.nhs.uk/school-health-nurses/

Berkshire

For Protection Procedures, contact details and information on how to make a referral please visit: Berkshire Safeguarding Adults – Berkshire Policies & Procedures for Safeguarding Adults

Berkshire West Safeguarding: Berkshire West Safeguarding Children Partnership – Professionals

Bracknell Forest Safeguarding: Bracknell Forest Safeguarding Board | Bracknell Forest Council

Royal Borough of Windsor and Maidenhead Safeguarding: Royal Borough Windsor & Maidenhead Safeguarding Adults Children Partnership – Welcome to the Royal Borough's multi-agency safeguarding partnership

Slough Safeguarding: Slough Safeguarding Partnership

Reading Safeguarding: Reading Directory | Safeguarding vulnerable adults and children

Wokingham Safeguarding: Safeguarding and referral

NHS Frimley ICB Safeguarding Professionals Contact List for Children and Adults: NHS Safeguarding Frimley Contacts

Buckinghamshire

Buckingham Safeguarding: Home – Buckinghamshire Partnerships

Zero Suicide Alliance Training

- Free, 30-minute online course
- Covers risk factors, warning signs, conversation skills
- Interactive scenarios & lived experience stories
- Certificate on completion
- NHS-endorsed, updated 2024

Communication in Safeguarding

- ZSA - General

DO SAY	AVOID SAYING	WHY?
'Died by suicide' or 'took their own life'	'Committed suicide' or 'commit suicide'	To avoid the association between suicide and 'crime' or 'sin' that may alienate people.
'Took their own life', 'died by suicide' or 'ended their own life'	'Successful/ completed suicide attempt'	Talking about suicide in terms of success is not helpful. If a person survives, this language reinforces the feeling of failure. If a person dies by suicide, it cannot ever be a success.
'Attempted suicide' or 'non-fatal suicide attempt'	'Unsuccessful/failed suicide attempt'	
'Are you thinking about taking your own life?' or 'Are you feeling suicidal?'	'You aren't going to do something silly are you?'	There is still a taboo around talking about suicide which can make it even harder for people experiencing these feelings to open up and feel understood. Direct questions can help someone talk about how they are feeling.

Navigating Practical Challenges

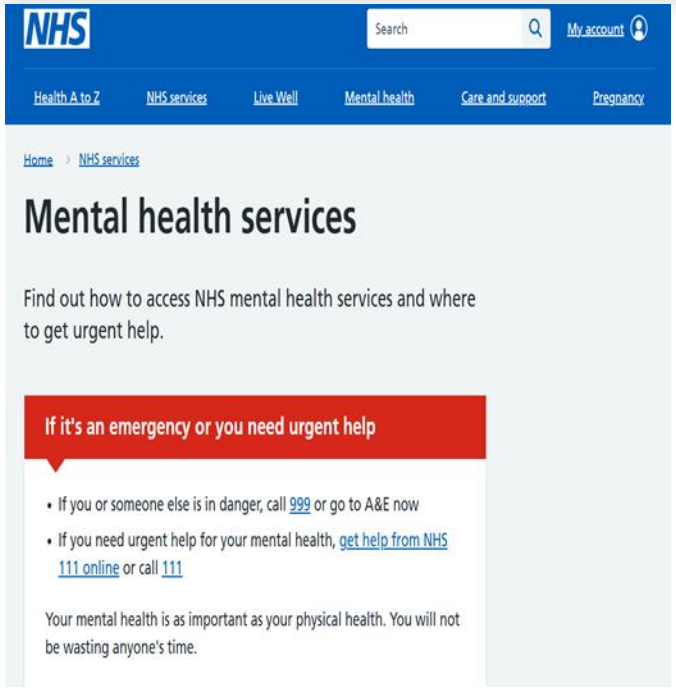
- Addressing Workload Pressures
- Integrate consultations into workflow with team support.
- Use checklists from Community Pharmacy England.
- Remember: Longterm benefits - improved adherence reduces long-term workload (fewer treatment failures, repeat GP visits, ultimately keeping patients safe).

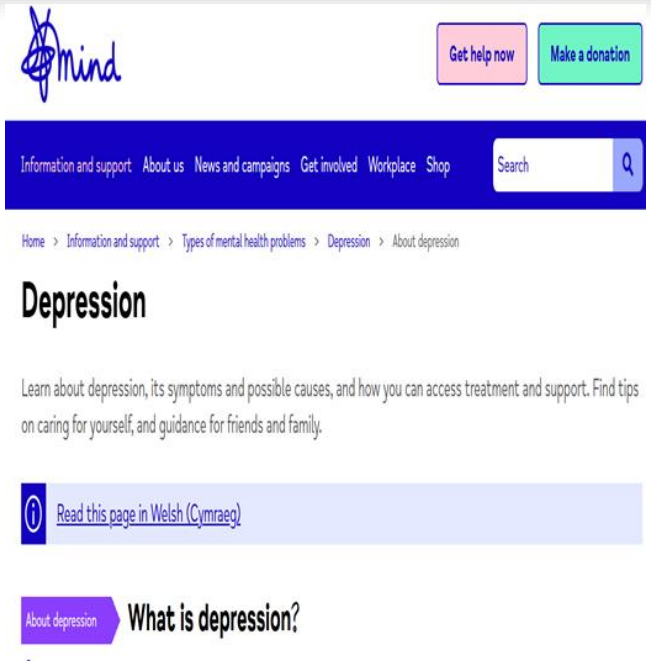
Training & Professional Development

- CPPE modules: Consulting with people with mental health problems (~120 mins).
- Community Pharmacy England checklists and FAQs.
- LPC or NHS training sessions.
- Reflective practice and peer discussion

Patient Resources

Encourage patients to access support





- NHS Talking Therapies (IAPT)
- Mind
- Rethink Mental Illness

NHS Self-Help Tools for Mental Health

Accessible, everyday strategies to support mental health

Encourage self-care alongside professional support

- **Stress management**

- 10 practical stress busters

- Breathing exercises to calm body & mind

- **Mental wellbeing activities**

- Exercise guidance for depression

- 5 steps to mental wellbeing (connect, be active, keep learning, give, take notice)

- **Audio resources**

- Short guides for relaxation, sleep, and managing worry

Guides, tools and activities - NHS

Key Takeaways

- NMS now includes depression/antidepressants
- Communication and shared decision-making are central
- Safeguarding and signposting are essential
- Make Workload manageable with tools and teamwork
- Training resources available to support delivery
- What will you do differently tomorrow?

Discover the Thames Valley LPC Academy

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