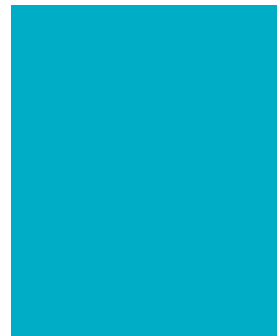
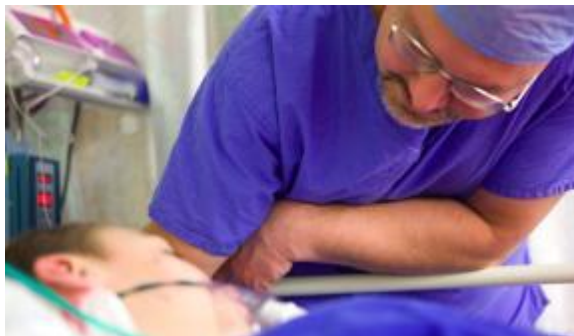


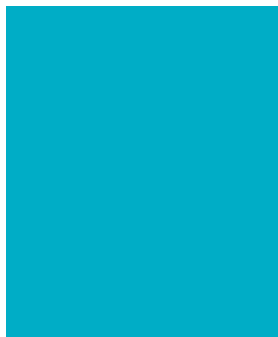
Community pharmacies

Helping with winter pressures: three services for commissioners to consider



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What does this slide set contain?

- *Community Pharmacy - Helping with winter pressures* outlines how community pharmacy can help take pressure off other NHS services.
- This slide set describes three community pharmacy services that can be commissioned rapidly to help with winter pressures.
- The three services described in the slide set are:
 - Service 1 – ‘Flu vaccination at community pharmacies
 - Service 2 – Emergency supply of medicines
 - Service 3 - An NHS community pharmacy service to support deprived populations to self care
- Links to implementation plans and toolkits for each of the three services are provided at the end of each section.

'Flu vaccination at community pharmacies

Service 1



Section1



What is the problem?

'Flu vaccination can prevent death and ill-health from 'flu over the winter and reduce hospital admissions.

Primary care is not achieving high enough vaccination rates for clinical at-risk groups. During the 2012/13 'flu vaccination campaign in England only around 50% of at risk patients were vaccinated¹.

¹ [Influenza Vaccine Uptake amongst GP Patient Groups in England. Winter Season 2012/13 \(Public Health England\)](#)

How can community pharmacy help?

- Providing vaccination through additional providers increases the overall vaccination rates especially in harder to reach groups².
- Providing vaccinations in community pharmacies increases vaccination rates in the following groups³:
 - a) first-time vaccinations where they had been eligible previously;
 - b) over 65 years of age;
 - c) under 65 years of age and at-risk;
 - d) carers and frontline healthcare workers.

² Centres for Disease Control and Prevention. Adult immunization programs in non-traditional settings: quality standards and guidance for program evaluation

³ IJPP 2013 - Increasing seasonal influenza vaccination uptake using community pharmacies

How can community pharmacy help?

- The typical prescribing cycle for medicines to treat long term conditions means that patients in the at-risk group will attend a pharmacy up to five times within the 'flu season for a prescription presenting opportunities for vaccination.
- Over a quarter of a million private 'flu vaccinations have been successfully provided by community pharmacies in England and Wales in one scheme alone⁴.
- Over three years, one PCT raised their vaccination levels in the over 65 year olds from 59% to 76% by the introduction of a community pharmacy service⁵.
- PharmaOutcomes® data for one PCT indicated that over 13% of their at-risk cohort vaccinated by pharmacies were pregnant women⁶.

4 In-Pharmacy Flu Vaccination Programme 2011/12 Patient Feedback Questionnaires - Summary Report: Novartis Vaccines and Diagnostics Limited ("Novartis Vaccines") 27th July, 2012 (Data on file: I-PFI Statistics for 2012)

5 City and Hackney Teaching PCT. Annual report and accounts 2008-9

6 PharmOutcomes data – available on request (info@phpartnership.com)

What do patients think?

- Evaluation of existing 'flu vaccination services provided by community pharmacists shows that patients strongly welcome the additional choice available to them^{7,8,9}.
- In a study of almost 3,500 patients, 99% of patients rated the service as above average or excellent. Twenty percent said they wouldn't otherwise have been vaccinated and all respondents who expressed a view said they would use the service again¹⁰.
- The literature shows factors that encouraged the use of pharmacies included accessibility and convenient times that avoided the need to take time off work.

7 Ward L, Draper J. A review of the factors involved in older people's decision making with regard to influenza vaccination: a literature review. J Clin Nurs 2008; 17: 5-16

8 Hind C et al. Successful provision of influenza vaccine from a community pharmacy in Aberdeen. Pharm J 2004; 273:194-6

9 Centers for Disease Control and Prevention. Adult immunization programs in non-traditional settings: quality standards and guidance for program evaluation

10 Seasonal Influenza Vaccination 2011/12 Isle of Wight Community Pharmacy Report: Pinnacle Health Partnership

Who is already commissioning this service?

Many Primary Care Trusts previously commissioned community pharmacies to provide a 'flu vaccination service. For the 2013/14 season Area Teams commissioning a service from community pharmacy include:

- London (North East, North West and South)
- Devon, Cornwall and Isles of Scilly
- Wessex
- East Anglia
- Greater Manchester
- Cumbria, Northumberland, Tyne and Wear
- Durham, Darlington and Tees
- South Yorkshire and Bassetlaw

What are the financial implications?

- 'Flu vaccination is essentially a contained market because: the NHS has clearly defined the groups that qualify for 'flu vaccination at NHS expense; a patient will only be vaccinated once in a season; the cost the NHS pays for the vaccine should be the same regardless of the vaccination provider.
- NHS England and PSNC agree that community pharmacies should receive the same vaccination fee as GP practices for administration to at risk groups with reimbursement of vaccine costs + VAT.
- Additional costs will be limited to the Area Team set-up and management of the service. These can be kept to a minimum by using existing systems for local enhanced services and by using the Area Teams and Local Pharmaceutical Committee's communications networks.

How can this be done?

- To increase the number of patients vaccinated this winter a flu vaccination service can be commissioned from community pharmacies as a pharmaceutical enhanced service.
- A vaccination service can be commissioned using an NHS England approved Patient Group Direction (PGD) and associated paperwork.
- The patient's GP practice would be informed within 48 hours of a patient being vaccinated.

How can we record data and pay contractors?

- OPTION 1: Use a web-based system e.g. PharmOutcomes®, Webstar, North 51, Sonar. This may involve a cost to the Area Team. Many area teams already use web-based systems.
- Web-based systems generally include an NHS 'flu vaccination service module which allows a data capture and invoicing system to be set up quickly. The commissioner controls which pharmacies are given access to the service module.
- These systems will create invoices/service claims for each provider and will support notification of GP practices of vaccinations undertaken.
- OPTION 2. A paper based solution can be used - the resources for managing a paper-based service will vary and depend upon the capacity of the Area Team to send, receive and process engagement documents, assurance documents and payment claims. Data on service delivery would be available retrospectively, aligned to the claim cycle, most likely monthly.

How can I implement this quickly?

- For commissioners who wish to commissioning 'flu vaccination from community pharmacy for 'at risk' groups, an implementation toolkit containing an implementation plan, sample service specifications and standard proformas can be found at www.psnc.org.uk/winter.
- The Implementation plan outlines steps to follow once a decision to commission a 'flu vaccination service from community pharmacies is made.
- Area Teams are advised to plan the implementation of the service with the Local Pharmaceutical Committee (LPC) so that LPC resources can be used to support the rapid implementation of the service by pharmacy contractors.

Supporting information

- The following supporting information can be found at www.psnc.org.uk/winter
 - An implementation checklist
 - A template service agreement and service specification
 - A pharmacy contractor sign up and assurance sheet
 - A 'flu vaccination record and consent form
 - A GP practice notification form
 - A template patient leaflet
 - An example Patient Group Direction (PGD)

What other support tools are available?

- Immunisation against infectious disease: the green book (Public Health England)

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

- The flu vaccination for the winter of 2013/14 - Who should have it, and why (patient leaflet)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/253474/The_flu_vaccination_winter_2013_to_2014_A5_v2_8W.pdf

Emergency supplies of repeat medicines

Service 2



Section 2



What is the problem?

Between 2 and 4% of the consultations of out of hours (OOH) providers are used to provide an emergency supply of medication^{1,2}.

Patients can find themselves without a supply of their regular medicines for many reasons. This can be exacerbated at times of peak demand for GP services, for example, during surge. Whilst medicines legislation allows for a patient to receive an emergency supply of regular medication from a community pharmacy the patient will be required to pay for this service.

If the medicine costs more than the prescription charge or if the patient is exempt from prescription charges, they may choose to visit accident and emergency or contact an urgent care service to request a prescription. This diverts services from more urgent calls and prevents doctors from caring for the most sick patients.

16 ¹ Local Care Direct and Yorkshire Ambulance Service (NHS 111) data

² South Western Ambulance Service Foundation Trust Data

How can community pharmacy help?

- Most patients will initially contact a community pharmacy to obtain advice or to request an emergency supply of medication making the pharmacy the most convenient setting for patients in which to provide care.
- By allowing community pharmacists to manage patient requests for emergency supply of medicines and provide those supplies, where appropriate, at NHS expense will allow patients to obtain urgent treatment in a timely manner.
- This service can be made available both in and out of hours to relieve pressure on the rest of the system. Legislative requirements for making an emergency supply must always be met.
- This is in line with the emerging principles of the Urgent and Emergency Care Review – “wherever appropriate, manage me where I present”.

How can community pharmacy help?

- If patients requesting an emergency supply of medication are regular customers, the pharmacy will hold the patient's medication records. In these cases the pharmacist is in the best position to conduct a face-to-face interview with the patient to determine whether or not the supply is necessary or desirable, and to accurately assess what medication is taken regularly by the patient.
- The pharmacist can communicate directly with the GP to inform them that a supply has been made and monitor future prescriptions to ensure that the patient does not receive more medication than they require.
- Repeated requests for regular medication may be a warning sign that a patient is not able to manage their medicines and may even be at risk of an unscheduled admission to hospital for a medicines-related event.

What do patients think?

Patient feedback from the Cornwall service

- *'Great service, very convenient'*
- *'On holiday and left medicine at home, good service and saved me time trying to find a doctor to write a prescription'*
- *'Was worried when I ran out of medicine over the weekend. Pharmacist was very helpful'*

Who is already commissioning this service?

- A Patient Group Direction (PGD) is used to support supply of urgently required medicines from community pharmacies across Scotland and in Cornwall where the service is commissioned by the Devon, Cornwall and Isles of Scilly Area Team.
- In Cornwall this year 2691 patients received 3,177 medicines in four months using an NHS funded emergency supply service commissioned from community pharmacies; this prevented other services from becoming overwhelmed during Cornwall's summer surge in demand.
- South Western Ambulance Service directly refer patients contacting NHS 111 for an emergency supply of a medicine to a pharmacy for assessment of clinical need. Where appropriate patients can obtain a supply at their own expense. They estimate that using this service prevents 50 calls a week being referred from NHS 111 to their out of hours services freeing up eight hours of GP triage each week to deal with more urgent patient issues.

What are the financial implications?

- This service is aimed at reducing demand for unnecessary consultations with other providers under pressure.
- The emergency supply of medicines at the request of a patient, supported by the professional judgement of the pharmacist has two cost elements; the cost of the consultation and the cost of the medicines + VAT.
- NHS England and PSNC agree that a reasonable payment for this service is £10 per consultation plus £2 for dispensing each item over and above the first item plus the cost of the medicines (using the Drug Tariff as a guide) + VAT.
- Using community pharmacists to supply emergency medication at NHS cost provides the most cost-effective option for delivering this service and simplifies the patient pathway.
- Prescription charge rules apply as in any other supply of a medicine at NHS expense.

How can this be done?

It is better to avoid patients running out of their medicines altogether.

- Community pharmacists already provide **repeat prescription collection and delivery services**. This service ensures that patients can submit their prescription request and know that it will be collected, dispensed and delivered (where necessary) before they run out of medication.
- If patients already use the NHS **repeat dispensing service** the pharmacy can supply the required medicine (provided that the prescriber has not indicated a fixed time between supplies and the pharmacy has been nominated by the patient to hold the repeat authorisation). The GP should be informed if the nature of the request raises any concerns about the patient's ability to manage their medication.
- In areas where Electronic Transmission of Prescriptions has been implemented this can reduce the risk of non collected prescriptions being unavailable at times when the surgery is closed, for example, Bank Holidays and out of hours.

The use of these services locally should be maximised to eliminate the need for emergency supplies.

How can this be done?

Where an emergency supply is requested from a community pharmacy, for example out of GP hours by a local resident, or at any time when a patient is away from home and needs to register as a temporary resident, the options are:

- The pharmacy can provide a private service to patients for the supply of urgently required prescription medication (at patient's cost).
- The pharmacy could make a supply of urgently required medication at NHS expense, where this service is commissioned locally.

These services can support local urgent or emergency care services where they are under pressure and patients are unlikely to be able to obtain medicines in a timely way.

In every case the pharmacist must comply fully with medicines legislation including satisfying themselves that there is an immediate need for the medicine and that it is impractical to obtain a prescription without undue delay.

How can this be done?

- Urgent or emergency care services may choose to triage patients to a community pharmacy for assessment of need for an emergency supply.
- Urgent and emergency care providers would need to ensure that they have access to community pharmacy contact details and hours of opening in their communications centre in order that call handlers do not pass the call to a doctor (all out of hours services are notified by NHS England of Local Pharmacy Rota arrangements).
- Where community pharmacists are managing requests for emergency supplies, urgent and emergency care providers should consider making available direct access for pharmacists if they need to discuss a patient request with a doctor or to refer a patient directly to a doctor.

Commissioning this service

- An arrangement based on a PGD can be used now, which is enabled by the current Directions;
- A proposed amendment to the directions would list an emergency supply service at the request of the patient as an enhanced service. This is subject to the agreement of Health Ministers to extend pharmaceutical services and requirements of current legislation must be met.

How can we record data and pay contractors?

- OPTION 1. Use a web-based system such as PharmOutcomes®, Webstar, North 51, Sonar. This may involve a cost to the Area Team. These web-based systems allow services to be set up quickly to allow data capture and invoicing, with the commissioner controlling which pharmacies are given access to a particular service module. Other web-based systems may also provide this functionality.
- OPTION 2. A paper based solution can be used - the resources for managing a paper-based service will vary and depend upon the capacity of the Area Team to send, receive and process engagement documents, assurance documents and payment claims. Data on service delivery would be available retrospectively, aligned to the claim cycle, most likely monthly.

How can I implement this quickly?

- The legislation already exists to allow community pharmacists to make emergency supplies of prescription medicines. For commissioners who wish to implement the service, an implementation toolkit containing an implementation plan, sample service specifications and standard proformas can be found at www.psnc.org.uk/winter.
- The Implementation plan suggests steps which can be taken following a decision to commission an NHS funded emergency supply service from community pharmacies.
- Area Teams are advised to plan the implementation of the service with the Local Pharmaceutical Committee (LPC) so that LPC resources can be used to support the rapid implementation of the service by pharmacy contractors.

Supporting information

- The following supporting information can be found at www.psnc.org.uk/winter
 - An implementation checklist
 - A template service agreement and service specification
 - A pharmacy contractor sign up and assurance sheet
 - A service record form
 - A GP practice notification form
 - An example Patient Group Direction (PGD)

A NHS community pharmacy service to support low income families or patients in areas of social deprivation to self care

Service 3



Section3



What is the problem?

- Too many people with winter ailments are visiting Accident & Emergency, Out of Hours services, walk-in centres or their GPs, taking up appointments which are needed for patients with more serious illness.
- When patients are unable to afford over the counter medicines to manage their winter ailments they may seek treatment via a prescription from their GP or out of hours provider, or via a walk-in centre or accident and emergency.
- These patients could be provided with self-care advice and appropriate over the counter treatments at NHS expense by community pharmacies in order to avoid use of other healthcare services.

How can community pharmacy help?

- Community pharmacists and their teams already respond to the symptoms of minor illnesses presented by patients as part of the NHS community pharmacy contractual framework's Support for Self-Care service.
- Minor ailments are 'common or self-limiting or uncomplicated conditions which can be diagnosed and managed without medical intervention¹'; many of these ailments, such as coughs, colds, sore throats and earache frequently occur during the winter months.
- Pharmacy based services to treat minor ailments, including winter ailments, were introduced locally across the UK more than ten years ago to reduce the burden of minor ailments on higher cost settings such as general practice and the A&E departments of hospitals².

¹ Self care: an ethical imperative. 2013, <http://www.selfcareforum.org/resources/mandate/>

² Pharmacy in the future: implementing the NHS Plan. Department of Health, 2000

How can community pharmacy help?

- In the North of England, patients were asked what action they would have taken if the pharmacy minor ailments service was not in place and 58% would have made an appointment with their GP³ and in Cheshire this rose to almost 80%⁴.
- Consultations for minor ailments are less expensive when provided through community pharmacy and evidence suggests that the pharmacy based service provides a suitable alternative to GP consultations⁵.
- In a recent review of 31 evaluations of pharmacy minor ailment services, it was found that the proportion of patients reporting resolution of minor ailments following their pharmacy consultation ranged between 68% and 94.4% and that re-consultation rates with GPs were low⁵.

3 Baqir W et al. Cost analysis of a community pharmacy minor ailment scheme across three primary care trusts in the North East of England. J Public Health 2011; 33(4), 551-5

4 Davidson M et al. An early evaluation of the use made by patients in Cheshire of the pharmacy minor ailments scheme and its costs and impact on patient care. IJPP 2009; 17 (S2): B59-60

5 Paudyal V, et al. Are pharmacy based minor ailment schemes a substitute for other service providers? Br J Gen Pract 2013; 63 (612), July 2013: 472-481

What do patients think?

- Many patient surveys have been undertaken as part of evaluation of PCT commissioned minor ailment services and these show that such schemes are well received by patients. Some comments from NHS Mid-Essex patients are shown below.
 - “Very satisfied”
 - “I think this is brilliant and will hopefully put less pressure on doctors.”
 - “Should make more people aware of this NHS service.”
 - “Service made a positive impact.”
 - “This is a fantastic service.”
 - “A great service, I hope it continues.”

Who is already commissioning this service?

- The benefits of a minor ailments services commissioned through community pharmacy are well established and have resulted in the national commissioning of the service in Scotland and Wales.
- A significant number of Primary Care Trusts (PCTs) previously commissioned the service and some of these services have continued to be commissioned by Area Teams or Clinical Commissioning Groups, including:

Rotherham CCG

Bolton CCG

Hackney CCG

Calderdale CCG

Wolverhampton CCG

What are the financial implications?

- NHS England and PSNC have agreed that a fee of £4.00 + VAT to cover the administration of the service plus reimbursement of the cost of the medicine + VAT is a reasonable payment for this service.
- Monitor in their publication 'Closing the NHS funding gap: how to get best value health care for patients'⁶ conservatively estimate nationwide productivity gains from rolling out minor ailments services through community pharmacy as £64 million.

⁶ <http://www.monitor.gov.uk/sites/default/files/publications/ClosingTheGap091013.pdf>

How can this be done?

- Community pharmacy winter ailments (or wider minor ailments) services can be commissioned flexibly depending on local need to provide advice and supply over the counter medicines at NHS expense (where appropriate) to a defined group of patients.
- Groups of patients eligible to receive medicines to treat winter ailments at NHS expense can be varied according to local needs.
- It is recommended that this service is targeted at deprived and low income populations.

What else can be done?

As well as providing a winter ailments service, community pharmacies can help by:

- promoting self-care through the pharmacy, including provision of advice and where appropriate medicines without the need to visit the GP practice.
- operating as a first point of referral for NHS 111 and other healthcare services for patients with winter ailments.

Area Team and CCG communications specialists could support this approach by supporting the Treat Yourself better campaign⁷ and publicising the patient fact sheets produced by the Self Care Forum⁸.

⁷ www.treatyourselfbetter.co.uk

37 ⁸ <http://www.selfcareforum.org/fact-sheets/>

How can we record data and pay contractors?

- OPTION 1 By using a web-based system such as PharmOutcomes®, Webstar, North 51 Sonar. This may involve a cost to the Area Team. Web-based systems may include a ready-made minor ailments service module which allows the data capture and invoicing system to be set up quickly, with the commissioner controlling which pharmacies are given access to the service module. These systems will create invoices/service claims for each provider. Other web-based systems may also provide this functionality.
- OPTION 2 By using a paper based solution - the resources for managing a paper-based service will vary and depend upon the capacity of the Area Team to send, receive and process engagement documents, assurance documents and payment claims. Data on service delivery would be available retrospectively, aligned to the claim cycle, most likely monthly.

How can I implement this quickly?

- For commissioners who wish to commission an NHS community pharmacy winter ailments service, an implementation toolkit containing an implementation plan, sample service specifications and standard proformas can be found at www.psnc.org.uk/winter.
- The implementation plan outlines steps to follow once a decision to commission a service from community pharmacy to support deprived populations to self-care is made.
- Area Teams are advised to plan the implementation of the service with the Local Pharmaceutical Committee (LPC) so that LPC resources can be used to support the rapid implementation of the service by pharmacy contractors.

Supporting information

- The following supporting information can be found at www.psnc.org.uk/winter
 - An implementation checklist
 - A template service agreement and service specification
 - A pharmacy contractor sign up and assurance sheet
 - A service record form

What other support tools are available?

- Implementing a community pharmacy minor ailment scheme. A practical toolkit for primary care organisations and health professionals (National Pharmacy Association)

http://www.npa.co.uk/Documents/Docstore/PCO_LPCs/implementing_a_community_pharmacy_minor_ailment_scheme.pdf