



**Quick Guide: Extending
the role of community
pharmacy in urgent care**

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Quick Guide

Extending the role of community pharmacy in urgent care

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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

This document sits alongside
[Commissioning Standards Integrated Urgent Care](#)

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1 Introduction

This document provides practical tips and case studies for System Resilience Groups and local commissioners showing how to extend the role of community pharmacy to relieve pressure on urgent care and how to make best use of the tools such as the Directory of Services, NHS Choices and the Summary Care Record to support this.

Why community pharmacy?

- There are over 11,500 community pharmacies in England providing NHS services.
- Community pharmacies are highly accessible, located in the heart of communities where people live, work and shop.
- In the areas of highest deprivation almost 100% of households live within walking distance of a pharmacy.
- 96% of the population can get to a pharmacy within 20 minutes by walking or using public transport.
- Adults in England visit a pharmacy on average 16 times a year.
- Many pharmacies are open for extended hours in the evenings and weekends and nearly 900 of them are open for 100 hours a week.
- Pharmacists train for five years, are experts in medicines and can be consulted without an appointment.

This Quick Guide identifies how Community Pharmacy can reduce demand on other urgent care services by:

1. Providing emergency supplies of prescription medicines;
2. Supporting self-care of minor illnesses and providing minor ailment services;
3. Providing flu vaccinations;
4. Reducing repeat prescription workload in general practice through repeat dispensing;
5. Supporting people with long term conditions to get the most benefit from their medicines;
6. Minimising adverse effects and admissions related to medicines;
7. Helping people understand new medicines and changes to medication (especially on discharge from hospital).

The final section describes the tools to support and enable the role of community pharmacy in urgent care.

2 Providing emergency supplies of their prescription medicines

Up to 30% of all calls to NHS 111 services on a Saturday are for urgent requests for repeat medication. This can block GP out of hours (GPOOH) appointments, disrupt the usual repeat prescribing and dispensing cycle, and increase the potential for medicines waste. A small number of patients also attend A&E to obtain urgently needed medicines.

Pharmacy Urgent Repeat Medicine Services (PURM) aim to facilitate appropriate access to repeat medication out-of-hours by sending patients directly to community pharmacy, relieving pressure on urgent and emergency care services, saving money and shortening the patient pathway. This service is also included within the [Commissioning Standards for Integrated Urgent Care](#).

NHS England guidance on commissioning an emergency repeat medication supply service can be found [here](#) and details on how NHS 111 services can establish a direct referral to pharmacy can be found [here](#). A [template service specification and other documents](#) are also available, including [an example pathway](#) for the London PURM Service.

Examples: Urgent Repeat Medicine Services

London

Last winter a PURM service was commissioned across London involving the four NHS 111 providers from December 2014 to April 2015. 179 pharmacies supplied urgent medicines on a regular basis. 1,261 prescription items were supplied. Initial findings suggest that this may have saved around 500 visits to A&E or an urgent care centre and a similar number of GPOOH appointments. The results are due to be published soon.

NHS England North

Cumbria, Northumberland, Tyne and Wear, Durham, Darlington and Tees commissioned a Pharmacy Emergency Repeat Medication Supply Service (PERMSS) to ensure that patients could access an urgent supply of their regular prescription medicines before they needed to take their next dose. NHS 111 referred 1,475 patients over the pilot period. Most patients were managed within community pharmacy and received a supply for their medication, with high levels patient satisfaction.

More information can be found [here](#); template service specifications and other documents are also available [here](#).

3 Supporting self-care of minor illnesses

There are over 11,600 community pharmacies in England many of which are open for extended hours at evenings and weekends. Pharmacists can be consulted without an appointment about a range of minor conditions providing self-care advice and medicines and advising when symptoms may indicate something more serious and what action should be taken. NHS 111 and other health professionals should signpost to this advice. This advice is being promoted to the public through [Stay Well this Winter Campaign](#). Look at how you can use the campaign materials locally to promote this message.

Minor Ailment Services (MAS) (also known as Common Ailment services or Pharmacy First schemes) have been commissioned so that pharmacies can manage minor ailments with a range of NHS medicines. A [systematic review](#) of 26 schemes found low re-consultation rates and high symptom resolution rates. It was estimated that 3% of A&E consultations and 5.5% of GP consultations for common ailments could be managed in community pharmacy at significantly reduced cost. The Urgent and Emergency Care Review recommends these services are commissioned to local need.

These services have most impact when referrals are made from NHS 111. Including these services within the Directory of Services (DoS) can support onward referral of a high number of minor illness patients to community pharmacy.

Further information to support commissioning a similar service can be found [here](#). A template service specification and other documents can be also found [here](#).

Examples: Minor Ailment Services

West Yorkshire

The Pharmacy First service provides the local population with rapid access to a pharmacist who can give self-care advice on a range of minor ailments. The [published evaluation](#) for the Bradford City Scheme has shown to be a cost-effective way to manage patients presenting with minor ailments. The service has been estimated to release of over 900 hours of GP time across 27 practices.

Devon

The Pharmacy First service in Devon encompasses three separate schemes:

1. A winter ailments service for over the counter medication to vulnerable groups;
2. A minor ailments Patient Group Direction service for provision of prescription only medicines;
3. An emergency supply service.

The [published evaluation](#) shows the service saved over two thousand GP practice appointments last winter.

Birmingham, Solihull and the Black Country

During the first 3 months 25,956 consultations were undertaken. From patient feedback information it is suggested that this saved 22,841 GP appointments and 1,407 walk-in/urgent care centre visits. The [published evaluation provides initial analysis and outcomes of the pilot; further information](#) can also be found [here](#).

3.1 Dental Pain

Dental pain is the second most common reason for calls to NHS 111, particularly at weekends. Early referral to community pharmacy to provide support for dental pain is critical. Analgesics available from community pharmacy can be effective if started early. NHS 111 pilots have been triaging dental pain and referring non-urgent cases to pharmacy for pain relief until dental treatment is available. Advice for community pharmacy about managing dental pain can be found [here](#) and a flowchart for the management of dental pain can be found [here](#).

3.2 Dental pain advice

ASSESSMENT	<ol style="list-style-type: none"> 1. Enquire if the patient has dental pain, dental trauma, ulceration, bleeding or swelling. Follow management guidelines below. 2. Check if patient is registered with dental practice? YES – advise to contact own practice (if out of hours follow
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	signposting advice) NO – follow SIGNPOSTING guidance below.
MANAGEMENT	Dental pain –advise on appropriate analgesia Ulcers- advise topical relief as required and also seek advice at a dental practice. Trauma- seek dental advice immediately (see signposting). Bleeding- seek dental advice immediately (see signposting). Swelling- seek dental advice immediately (see signposting).
SIGNPOSTING	Call NHS 111 for advice for any immediate care otherwise: Advise patients to search for their nearest NHS dental practice via NHS Choices

4 Flu Vaccinations

Following high levels of patient satisfaction with locally commissioned pharmacy flu vaccination services NHS England has introduced a new nationally commissioned, community pharmacy seasonal influenza vaccination advanced service to increase choice for ‘at risk’ patient groups who are over 18 years of age regarding where they receive their flu vaccination.

More information can be found [here](#).

5 Reducing repeat prescription workload in general practice through repeat dispensing;

Local community pharmacies and general practices should work together to facilitate the effective management of repeat prescriptions using the NHS England nationally commissioned **repeat dispensing service**.

This service is commissioned under the community pharmacy contractual framework and allows a GP to authorise a repeat prescription to be released at regular intervals for up to a year.

At the point of dispensing the pharmacist is responsible for checking adherence and other clinical factors relevant to the appropriateness of the continued supply.

Use of this service can reduce GP workload and pressure on urgent care and increase system resilience when patients require an urgent supply of a regular medicine. Guidance on implementation is available from [NHS Employers](#).

6 Supporting people with long term conditions to get the most benefit from their medicines

Pharmacists can support those with long term conditions to manage their condition effectively and stay well. NHS England commission Medicines Use Reviews (MURs), half of which must be targeted at patients on high risk medicines, those whose medicines have changed in hospital and patients with respiratory disease.

Examples: Support to Manage Long Term Conditions

Wirral Community Pharmacy COPD Support Service

A project supporting patients to manage their COPD showed increased medicines adherence, decreased use of NHS resources and improved quality of life for patients. Find out more [here](#).

COPD rescue packs in Torbay

In Torbay community pharmacists are supporting patients to understand and use COPD rescue packs effectively and offering these patients a MUR. More information can be found [here](#).

Croydon University Hospital - Domiciliary Medicine Use Reviews

The Domiciliary MUR initiative aims to support housebound people to make better use of their medicines. From April 2012 to February 2013, over 230 domiciliary MURs were conducted, estimated to avoid over 130 emergency admissions, saving over £400,000, and costing £42,880. Further information can be found [here](#).

7 Minimising adverse effects and admissions related to medicines

17% of all unplanned hospital admission in the over 65s are due to medication issues. Find out more [here](#). Pharmacy can help prevent a range of adverse incidents.

Examples: Minimising adverse effects and admissions

Doncaster Falls Prevention Service

This community pharmacy service identifies people at risk of falls: aged 65 years and over, taking three or more medicines or prescribed 'high-risk/culprit' medication. They are invited for a face-to-face consultation with a pharmacist who has undertaken targeted falls prevention training. More information can be found [here](#).

Wigan Four or More Medicines (FOMM) Service

Pharmacies across Wigan provide support to people over 65s with at least one long-term condition. Patients have consultations every two months for relating to adherence, pain, falls risk, general health, over a period of six months. The [published evaluation](#) has shown a decrease in the number of falls, and improvement in medicines adherence.

8 Helping people understand new medicines and changes to medication (especially on discharge from hospital)

8.1 New Medicines Service – supporting patients with new medication and preventing readmission

The New Medicines Service (NMS) provides support for people with long term conditions who have a newly prescribed medicine to help improve medicines adherence. This service is available to people who have newly been prescribed medicines for asthma, chronic obstructive pulmonary disease (COPD), type 2 diabetes, high blood pressure or those prescribed an anticoagulant or an antiplatelet.

An evaluation of the New Medicines Service carried out by Nottingham University and [published in August 2014](#), found that it was a cost effective intervention increasing adherence by approximately 10%. In addition it increased the numbers of medicine problems identified and dealt with locally in the community pharmacy. Detailed information on this service can be found [here](#). Ensure local care pathways refer patients to the New Medicines Service.

8.2 Refer to pharmacy schemes – supporting patients on discharge and preventing readmission

Refer to pharmacy schemes allow hospital pharmacists and pharmacy technicians to refer people directly to community pharmacists for support on leaving hospital through the New Medicine Service and Discharge Medication Usage Reviews.

The [Royal Pharmaceutical Society's Referral Toolkit](#) provides support for health economies to introduce hospital to community pharmacy referral solutions.

Examples: Refer to Pharmacy

Isle of Wight- Reablement Service

Developed in partnership with the Local Authority and Social Services, this service supports people with poor physical and mental health to better manage their medicines by providing one-to-one support from the time they come into hospital to when they return home. The service has run for 3 years and already it has reduced readmissions, made hospital stays shorter, and released over £800,000 worth of health care resource for local patients. Further information can be found [here](#).

Derby – Help for Harry

The [Help For Harry](#) scheme was created to support those patients who have been highlighted as being at risk of re-admittance, and who would benefit the most from extra support/education whilst in hospital and in the community. Analysis of 75 completed MURs identified 22% of patients had been taking incorrect dosages of medication, 33% needing GP referral and 17% using old medications.

East Lancashire – Refer to Pharmacy

The Refer-to-Pharmacy scheme has shown benefits to patients, commissioners and providers. A suite of video resources can be found [here](#).

9 Tools supporting and enabling the role of community pharmacy in urgent care

It is critical to have up-to-date information about services available from local pharmacies available to the public, NHS 111 and other healthcare professionals. This is currently a major barrier to making the best use of pharmacies in urgent care. There are two national directories providing information on community pharmacies: NHS Choices and NHS 111 Directory of Services (DoS).

It is also important for the pharmacy team to have access to the patient record this can support them to provide the right support, advice and treatment, first time for the patient. NHS England will be rolling out read access to the Summary Care Record for community pharmacy at the start of 2016.

9.1 Summary Care Records

Access to the patient's Summary care record (SCR) in community pharmacy provides a safety mechanism for patients when they need urgent repeat medication, minor illness assessment or a flu vaccination. The SCR should only be accessed by pharmacists with the explicit consent of the patient. There are a number of benefits to this as evidenced by a [pilot](#) that ended in March 2015. In 92% of encounters where the SCR was accessed, the pharmacist avoided the need to signpost the patient to other NHS care settings. In 82% of encounters where SCR was accessed, the pharmacist indicated that overall waiting time was reduced and 90% of patient respondents agree that treatment is quicker if pharmacists have access to SCR.¹

For more information about implementing the summary care record contact SCRPharmacy@nhs.net.

9.2 NHS Choices

Information on NHS Choices is available to the public via the www.nhs.uk website and is maintained by the pharmacies themselves, via a direct login. Currently, the information provided is limited and not always up to date.

Your [NHS England Local Professional Network](#) for pharmacy will be able to help you get started on helping contractors update their NHS Choices profile. Advice to pharmacies about updating their NHS Choices entry is available [here](#) and training videos can be found [here](#).

9.3 NHS 111 Directory of Services

The NHS 111 DoS is used mainly by NHS 111 health advisors following an initial telephone-based symptom assessment to signpost callers to appropriate local services for further assessment, advice or treatment. This involves an automated search, and the results are accessed by non-clinicians, so information on the DoS is subject to a high level of governance. Community pharmacy cannot update their DoS profiles directly and so must inform DoS teams of changes for these to be updated. The DoS has the capability to signpost or refer NHS 111 callers to community pharmacists:

- **Signposting** involves giving the caller the address and telephone number, so that they can make contact themselves either by phone or attending in person
- **Referral** involves sending the case details electronically to a specific pharmacist, which means that the caller will receive a call back from that pharmacist, or is expected to visit that pharmacy within a specific timeframe for advice or treatment.

¹ <http://www.hscic.gov.uk/article/6476/Summary-Care-Record-rolled-out-to-community-pharmacists>

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In order to effectively integrate community pharmacy into the urgent care system locally NHS 111 should be referring and signposting to pharmacy services. Only 1% of calls currently end with a pharmacy disposition.

Community pharmacists do not currently have direct access to their information on the DoS. It is important that they make sure that any changes are communicated to their local NHS England and/or DoS team.

The DoS template holds important information that will be used by the NHS 111 health advisor. This is a combination of final advice to be given to the caller, and instructions for the health advisor about what to do just before they close the call. The text needs to be clear and easy to understand.

For your local DoS contact details please email: england.primarycareops@nhs.net

Example: DoS Template for London PURM Service

This pharmacist has been approved to receive urgent repeat prescription referrals direct from NHS 111.

NHS 111 Call Handler Instructions:

>>> Confirm with the patient/patient's carer they are happy to proceed with referral to a pharmacy for urgent repeat medication.

>>> Provide the pharmacy contact telephone number to the patient and advise them to call the pharmacy within the next 30 minutes to ensure they can obtain a supply of medication whilst the pharmacy is open. If there are any problems, they should phone NHS 111 again.

>>> Select the PURM pharmacy (this will automatically send a referral via NHS.net email) and close the call.

Further example DoS templates can be found [here](#).

Learning points about referral and signposting to pharmacy from NHS 111 can be found [here](#).

9.4 Pharmacist in Call Centres

Pharmacists working in NHS 111 call centres as part of an integrated clinical advice team. Experience has shown that pharmacists are well placed to handle the medication enquiries that are identified following the initial NHS Pathways triage. Additionally they can provide expert clinical advice on a range of medication related symptomatic calls. Pharmacists will also ensure any urgent requests for repeat medication are assessed appropriately before onward referral to a community pharmacy for a supply (PURM service) or in exceptional cases, e.g. if the caller

needs controlled drugs, to a prescribing pharmacist or GP located in the out of hours service.

Examples: Pharmacist role in NHS 111 call centre

Yorkshire Ambulance Service

Pharmacists have been working in NHS 111 Call centres since 2013 and have been shown to reduce length of calls for medication queries, increase effectiveness of the multidisciplinary team and reduce onward referral.

Pan-London Pharmacy Hub

Pharmacists providing a call-back service were able to close 95% of calls with the small number of onward referrals being to request a prescription.

9.5 Learning resources

A number of resources are available from Centre for Pharmacy Post-graduate Education (CPPE) to support community pharmacists and pharmacy teams in delivering urgent care. Access the online resources [here](#).

To share or discover more case study examples in this area please use the BetterCareExchange. Create an account [here](#).

Did you find this Quick Guide useful? [Yes](#) [No](#)