



**Community
Pharmacy- helping
provide better
quality and resilient
urgent care**

**Version 2
November 2014**

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Community pharmacy - helping provide better quality and resilient urgent care

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Foreword

Both our urgent care system and general practitioners (GPs) are more stretched than ever before. In order to deliver our vision of “high quality care for all, now and for future generations” we need to transform the way we deliver services. Simon Stevens outlined recently in his Five Year Forward View how we need to make far greater use of pharmacists; in prevention and support for healthy living; support to self-care for minor ailments and long term conditions; medication review in care homes and as part of more integrated local care models.

Sir Bruce Keogh in the Phase 1 report of his Urgent and Emergency Care Review highlighted community pharmacy as an under-used resource that could play an important part in transforming urgent and emergency care services.

In December 2013 we published “Community Pharmacy - helping with winter pressures” and an associated toolkit to support commissioners in local health economies to mobilise capacity in community pharmacy to help relieve winter pressures. We are pleased that many local commissioners used this resource to commission ‘flu vaccination through community pharmacy, access to supply of emergency medicines and support to self-care for deprived populations.

Pressure is now however felt throughout the system on an all year round basis and not just in the winter, and so this document has been repositioned to address the ongoing work needed to support both the development of Urgent and Emergency Care, and Seven Day Services, to provide better quality, resilient care.

We have updated the resource to look at what can be learned from those who implemented some of these initiatives last year and to update and share good practice for 2014. We also have new evidence, such as the recent Pharmacy Research UK publication, *Community Pharmacy Management of Minor Illness* showing that common ailments such as coughs and sore throats cost the NHS an extra £1.1 billion a year when patients are treated in Emergency Departments or GP surgeries rather than at community pharmacies with treatment results being equally good regardless of whether patients were treated at a pharmacy, Emergency Departments or general practice.

We have also provided a checklist around the five key elements for change identified by the Urgent and Emergency Care Review for local commissioners to work through and take action to ensure that community pharmacy is playing its full part in relieving pressures on the urgent care system.

Last year NHS England delivered - ‘The earlier the better’ campaign aimed at over 65s and their carers to support the urgent and emergency care system. We will deliver the second phase of this marketing campaign “Feeling under the weather?” during winter 2014-15. This campaign will build on the experience and insights gained from last year’s successful campaign encouraging the elderly to seek help before their condition deteriorates to the stage they require a hospital admission.

We are also delighted to again support Pharmacy Voice and the Proprietary Association of Great Britain (PAGB) in their winter campaign, 'Treat Yourself Better, with pharmacist advice', which advises on the duration of symptoms of common ailments, how best to self-care and which symptoms suggest that an appointment with a doctor should be made,

This document takes examples of innovative practice from around the country and makes the tools available to help others to adopt these services to meet local need or help to manage demand. We encourage Service Resilience Groups and local commissioners to work together to make best use of community pharmacy locally.

Pharmacy Local Professional Networks (LPNs) are ideally placed to work with Clinical Commissioning Groups (CCGs) to support engagement with local frontline clinicians to understand how community pharmacy can best help provide better quality and resilient urgent care.



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Why community pharmacy?

- There are 438 million visits to community pharmacy a year for health related reasons.
- 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.

1 Introduction

This document is aimed at Service Resilience Groups and local commissioners to support them in maximising the contribution that community pharmacy can make to relieving pressure on both urgent care systems and general practice locally. It provides support for NHS England area teams, CCGs and local authorities to work effectively together to commission effective and sustainable services.

In January 2013, National Medical Director Professor Sir Bruce Keogh launched a review into urgent and emergency care services. Informed by this review on 13 November 2013 NHS England published its vision for the future of urgent emergency care services in England¹. The November report highlighted that 20% of general practitioner (GP) consultations relate to minor ailments which could largely be dealt with by self-care supported by community pharmacy. It concluded that:

“Community pharmacies are an under-used resource: many are now open 100 hours a week with a qualified pharmacist on hand to advise on minor illnesses, medication queries and other problems. We can capitalise on the untapped potential, and convenience, that greater utilisation of the skills and expertise of the pharmacy workforce can offer.”

The NHS Five Year Forward View² describes how we need to make far greater use of pharmacists; in prevention and support for healthy living; support to self-care for minor ailments and long term conditions; medication review in care homes and as part of more integrated local care models such as Multispecialty Community Providers and Primary and Acute Care Systems.

We are committed to ensuring we maximise the part community pharmacy can play in delivering a sustainable long term solution. This, in common with other elements of the report, will take time to deliver. We made some progress in 2013-14 and this resource seeks to build on that and share learning and good practice for 2014-15.

This year’s major resilience guidance, including winter, was issued in June³.

Importantly the June document moved operational resilience and capacity planning onto an all year round basis – it is not just about winter.

System Resilience Groups have been working hard to put in place plans that aim to relieve pressure on the urgent and emergency care system. We are aware that many of those plans do utilise the resource of community pharmacy at a local level. This document recognises that the SRG guidance in June required resilience plans to be in place before December. Further evidence from the Royal Pharmaceutical Society

¹ ‘High quality care for all, now and for future generations: Transforming urgent and emergency care services in England - Urgent and Emergency Care Review End of Phase 1 Report’, 13 November 2013.

<http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf>

² Five Year Forward View, October 2014, <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

³ <http://www.england.nhs.uk/wp-content/uploads/2014/06/op-res-cap-plan-1415.pdf>

shows that common ailments cost the NHS an extra £1.1 billion a year when patients are treated at Emergency Departments or GP surgeries rather than at community pharmacies. Treatment results were equally good regardless of whether patients were treated at a pharmacy, Emergency Departments or GP practice⁴.

Some Clinical Commissioning Groups (CCGs), and before them, Primary Care Trusts, have used innovative local commissioning to involve community pharmacy in integrating care around the patient, personalising care and supporting the health community locally to become more resilient. Questions and answers regarding commissioning enhanced services from community pharmacy are available⁵.

Only NHS England can commission pharmaceutical services under the terms of the Community Pharmacy Contractual Framework (CPCF). However, CCGs and Local Authorities may directly commission local services from pharmacy using the standard contract. The NHS standard contract is currently being reviewed to improve its suitability and usability for this purpose.

System Resilience Groups and local commissioning communities should use this resource to support them to utilise community pharmacy to provide better quality and resilient urgent care and to look ahead at how community pharmacy might be better utilised in future. It directs commissioners to evidence and learning and provides toolkits to support NHS England area teams, advised by Pharmacy Local Professional Networks and CCGs working with local partners to implement ideas that have worked in other parts of the country.

⁴ <http://www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/MINA-Study-Final-Report.pdf>

⁵ Pharmacy Enhanced Services Q&A, <http://www.england.nhs.uk/wp-content/uploads/2014/04/pharm-services-qa-230414.pdf>



Infographic provided by the Royal Pharmaceutical Society - 31 January 2014
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2 Urgent and Emergency Care Review

We know that the current urgent and emergency care system is under increasing pressure. That is why NHS England is working in partnership with commissioners and providers to deliver a radical shift in the way urgent and emergency care services are provided to ensure the system is safe, provides high quality care for patients and is sustainable.

Following a period of public engagement during summer 2013, NHS England published its End of Phase 1 Report on the Urgent and Emergency Care Review. In this Report NHS England made clear its vision for urgent and emergency care⁶. This vision is simple:

1. For those people with urgent care needs we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients and their families.
2. For those people with more serious or life threatening emergency care needs, we should ensure they are treated in centres with the very best expertise and facilities in order to maximise the chances of survival and a good recovery.

The End of Phase 1 Report highlights five key elements for change for the urgent and emergency care system, which must be taken forward to ensure its success:

1. Providing better support for self-care.
2. Helping people with urgent care needs get the right advice in the right place, first time.
3. Providing highly responsive urgent care services outside of hospital, so people no longer choose to queue in A&E.
4. Ensuring that those people with serious or life-threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery.
5. Connecting all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.

System Resilience Groups will need to fully integrate pharmacy and pharmacists into local urgent care systems in order to take forward many of the above recommendations of the Review.

⁶ Transforming urgent and emergency care services in England, November 2013
<http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf>

One of these five key elements of change - ‘providing highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E’ - will mean, in part, harnessing the skills, experience and accessibility of community pharmacists.

The NHS needs to make full use of the resource available in community pharmacy to support self-care for both minor ailments and managing long term conditions and to improve access to ‘flu vaccination for at risk groups, relieving pressure on general practice. We need to enlist community pharmacists to help with advance care planning and implementation of those plans for our most vulnerable patients.

Table 1 provides a checklist for local commissioners to challenge their urgent care systems, and look at how they are engaging community pharmacy against the UEC and 7DS long term agenda. It will prompt them to work with community pharmacy and pharmacists in other sectors to ensure that these five key elements are successfully taken forward. By systematically working through this checklist and taking appropriate action, commissioners can ensure that community pharmacy is playing its full part in helping provide better quality and resilient urgent care.

Table 1

Urgent and Emergency Care Review		✓
1. Better support for self-care		
Nationally, through the community pharmacy contractual framework (CPCF) pharmacists are paid to provide support for self-care, signposting and promotion of healthy lifestyles advice to patients and the public.		
1.1 Promote effective self-care and self-management	<p>Do you work effectively with community pharmacy locally to ensure;</p> <ul style="list-style-type: none"> • consistent messages about self-care are being given to patients and their carers by all providers (e.g. NHS 111, urgent care centres, GPs) • community pharmacies have good information about local services and advice about who you would like them to signpost to which service? • NHS 111 and others signpost and refer to pharmacy for self-care support. • People with long term conditions understand they can access support to self-care from community pharmacy. 	
1.2 Support the roll-out of personalised care planning	<p>Can community pharmacy help support the development of personalised care plans?</p> <p>Do community pharmacy know how and where to refer deteriorating patients?</p>	

2. Right Advice, Right Place, First Time		✓
2.1 Better integrate pharmacy into the urgent and emergency care system	<p>How could you integrate community pharmacy better into the local urgent care system?</p> <ul style="list-style-type: none"> • Could the CCG commission a minor ailments service from community pharmacy? • Could NHS 111 refer to pharmacy for self-care or other services e.g. emergency hormonal contraception (nhs.net - now available to a number of pharmacies to receive email referrals www.hscic.gov.uk/4873). • Are you promoting the “Feeling Under the Weather?” campaign locally using national resources? • Does your local System Resilience Group (SRG) include local pharmacists? 	
2.2 Support clinical input into NHS 111	<p>A large number of NHS 111 calls relate to medicines.</p> <p>Can medicine calls be referred to community pharmacy for call back? (West Yorkshire planning to pilot).</p> <p>Consider including pharmacist advisors in existing 111 centres or local urgent care services to advise callers and close down the call or refer as appropriate. Yorkshire Ambulance Service currently employs pharmacists in the contact centre weekends and weekday evenings.</p> <p>NHS Direct previously employed pharmacists who regularly handled medicines calls that were outside scope of practice for NHS 111 clinicians and reduced GP referral, e.g. complex missed doses and double doses and drug interactions.</p>	
2.3 Integrated appointment booking	<p>At weekends up to 15% of calls to NHS 111 are to request urgent repeat medicines which have to routinely be referred to OOHs</p> <ul style="list-style-type: none"> • Have you commissioned community pharmacy to provide access to urgent medicines out of hours? • Can NHS 111 arrange an appointment at a pharmacy for this and other services? • Can other parts of the urgent care system refer to or book appointments for pharmacy services? • Can pharmacy book appointments for patients who require onward referral? 	
2.4 Capitalise on the Directory of Services	<p>Are all local Directory of Services (DoS) up to date, fully inclusive of all local service provision and readily available in a number of accessible formats for appropriate signposting?</p> <p>Work with local NHS 111 commissioners and DoS leads to ensure entries are accurate for locally commissioned services. Area Teams will update national pharmacy contract information.</p> <p>Does the DoS contain up-to date information about services provided by pharmacy, opening hours etc to facilitate referral to community pharmacy e.g. for emergency hormonal contraception (EHC), minor ailments services, access to palliative care medicines?</p>	

3. Highly responsive out of hospital services		✓
3.1 Support for the ambulance service	Ambulance Trust pharmacy leads support Patient Group Direction (PGD) developments and training of paramedics. Find out more about the Ambulance Pharmacist Network: http://www.rpharms.com/sector-groups/ambulance-pharmacists-network.asp contact ed.England@scas.nhs.uk	
3.2 Develop pharmacy facilities to offer wider range of services	Have CCGs/Local Authorities or Area Teams considered commissioning suitable locally commissioned services which could alleviate pressure in the system? Examples include: CCGs: minor ailments services; access to palliative care medicines OOHs, urgent access to medicines. Area Teams: Flu vaccine provision for at risk patients. Local Authorities: Emergency hormonal contraception.	
3.3 Improve access	Pharmacies open long hours and weekends. <ul style="list-style-type: none"> Have you integrated pharmacy services into your wider primary care offer? Effective medicines optimisation, support for medicines taking and effective therapeutic drug monitoring can prevent patients requiring urgent care. <ul style="list-style-type: none"> How are integrating community pharmacy into your Transforming Primary Care, Primary Care at Scale and co-commissioning plans? 	
3.4 Improved community services (in and out of hours)	<ul style="list-style-type: none"> How effective is medicines reconciliation on admission and discharge? Are community pharmacies involved in discharge planning and are patients referred to the New Medicines Service or for a Medicines Usage Review on Discharge? 	
3.5 Access to specialist advice	<ul style="list-style-type: none"> Do those providing 'out of hospital' care have access to hospital specialist advice? In South Devon specialist hospital pharmacists are supporting medication review of highly complex patients on multiple repeat prescriptions in primary care alongside the primary care team. Do your plans locally include specialist pharmacy advice to support community pharmacy, wider primary and community urgent care services and NHS 111? Consider role of pharmacist in Emergency Centres with independent prescribing capabilities (see work from West Midlands LETB) cube.hee.nhs.uk 	
4. Specialist centres to maximise recovery		
No action for community pharmacy.		

5. Connecting services so the system is more than the sum of its parts		✓
5.1 Commissioning, finance and payment	<ul style="list-style-type: none"> • Identify and challenge local barriers to commissioning services from community pharmacy. • CCGs, Area Teams and Local Authorities to work more collaboratively with community pharmacists. • Consider local pharmacies as part of the wider system provision for urgent care. • Look at other areas where this already works well and learn; use specifications already available? e.g. at http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/ and http://www.cpsy.org/pharmacy-contracts-services/local-services-enhanced-.shtml • Consider co-commissioning of services from local pharmacies to alleviate local pressures in the system. e.g. Brighton and Hove's Extended Integrated Primary Care (EPIc) initiative funded by the Prime Minister's Challenge Fund 	
5.2 Timely access to relevant patient clinical data	<ul style="list-style-type: none"> • Pharmacist access to Summary Care Record (SCR) is being trialled in 5 areas nationally. The proof of concept is live in Sheffield, West Yorkshire, North Derbyshire, Northamptonshire and Somerset. How are you preparing for this locally? http://systems.hscic.gov.uk/scr/benefits/community/index_.html • Where pharmacies have access to NHSMail, consider NHSMail messages to pharmacies from NHS 111 providers to accept a referral for emergency medicines with access to the SCR to check prescription details (this is working well in West Yorkshire and Sheffield) http://www.cpsy.org/pharmacy-contracts-services/local-services-enhanced-/pharmacy-urgent-repeat-medicine-purm-service.shtml 	
5.5 Sharing best practice	<p>NHS 111 Futures programme are piloting new referral pathways to community pharmacy to access minor ailment schemes and looking at the pharmacist skill set within the contact centre to identify which call types are most efficiently streamed to pharmacy.</p> <p>Development work is under way with a pilot Digital 111 service that will look at referral pathways and the optimum user experience.</p> <p>Can community pharmacy access the web DoS directly to use as a signposting tool?</p>	

There are multiple commissioners of services from pharmacy in local geographies:

- **NHS England** commissions pharmaceutical services under the terms of the national Community Pharmacy Contractual Framework such as dispensing, self-care and public health advice and medication use reviews (MURs).
- **CCGs** directly commission services such as minor ailments/Pharmacy First schemes or access to palliative care medicines
- **Local Authorities** commission services such as health checks, emergency hormonal contraception, supervised methadone consumption, needle exchange, chlamydia testing and treatment and support to stop smoking.

It is critical that these commissioners work together to minimise regulatory and contractual burden on community pharmacy and maximise the contribution community pharmacy can make to patient outcomes. Pharmacy Local Professional Networks (LPN) can support this. Details of your local Pharmacy LPN Chair can be found on the NHS England website⁷.

Health and Wellbeing Boards have a duty to carry out a Pharmaceutical Needs Assessment to inform commissioning decisions locally.

⁷ NHS England LPN website <http://www.england.nhs.uk/ourwork/commissioning/primary-care-comm/lpn/>.

3 Support for Self Care

The Urgent and Emergency Care Review highlighted that self-care is by far the most responsive way of meeting many urgent (but non-life threatening) health care needs. Millions already do this but more people could be better supported to take control of their own health. This applies as much to long term conditions, where patients become experts in their own conditions and know how to look after themselves and when they need to seek help, as it does to minor illnesses.

System Resilience Groups and local commissioners should ensure that community pharmacies are being fully used locally to support self-care for long term conditions, coughs and colds and other complaints and support better health through provision of healthy lifestyle advice.

Community pharmacy are contracted to provide self-care and signposting information through the national Community Pharmacy Contractual Framework. NHS England, CCGs, Local Authorities, NHS 111, out-of-hours providers, walk-in centres and emergency departments can help by publicising the resources available, integrating these service into care pathways and referring patients to community pharmacy for support to manage their own mental and physical health.

National Behaviour Change Campaigns

A number of national campaigns aimed at changing people's behaviour will be running this winter. These include:

- **Treat yourself better, with pharmacist advice**
Aimed at encouraging people to self-manage coughs and colds with support from their pharmacist. Launched on 10th September 2014 and running through to March 2015 from Pharmacy Voice and the Proprietary Association of Great Britain.
More information at <http://www.treatyourselfbetter.co.uk/>,



- **Feeling under the weather?**
Aimed at encouraging the over 60s to seek advice from a pharmacist before their condition deteriorates and they need to be admitted to hospital. Launching 27th October 2014 for six weeks, NHS England
More information at <http://www.nhs.uk/asap>



- **Self Care Week**

Providing support and for people to self-care.

17th- 23rd November 2014

More information at <http://www.selfcareforum.org/> and

<http://www.selfcareforum.org/events/self-care-week-resources/>



- **European Antibiotics Awareness Day**

Discouraging inappropriate use of antibiotics for winter viral infections.

18th November 2014

More information at <http://www.ecdc.europa.eu/en/eaad/Pages/Home.aspx>

System Resilience Groups and local commissioners should ensure local messages are consistent with and complementary to these national campaigns so that the public receive consistent messages.

Long Term Conditions

It is estimated that up to 50% of medicines to treat long term conditions are not taken as prescribed⁸. This can mean that long term conditions are not managed optimally. In the United States it is estimated that 11-20% of hospital admissions (30% for the elderly), emergency department visits and repeat GP visits may be due to non-adherence^{9,10,11}.

In order to reduce pressure on the urgent care system, local health communities should ensure they are making full use of services commissioned by NHS England to provide support for medicines taking and improve adherence.

The **Medicines Use Review** (MUR) involves accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions.

National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. 70% of MURs must be for patients in the following target groups and each pharmacy may carry out up to 400 MURs each year:

⁸ World Health Organisation. Adherence to long-term therapies: evidence for action. 2003

⁹ Caro JJ, Salas M, Speckman JL, et al. Persistence with treatment for hypertension in actual practice. Can Med Assoc J. 1999;160:31-37

¹⁰ Caro JJ, Speckman JL, Salas M, et al. Effect of initial drug choice on persistence with antihypertensive therapy: the importance of actual practice data. Can Med Assoc J. 1999;160:41-46

¹¹ NICE Clinical Guidelines 76, Medicines Adherence, <http://www.nice.org.uk/Guidance/CG76>

1. patients taking high risk medicines;
2. patients recently discharged from hospital with changes made to their medicines;
3. patients with respiratory conditions;
4. patients with cardiovascular disease on four or more medicines (agreed as part of the Community Pharmacy Funding Settlement 2014/15).

The **New Medicines Service** provides support for people with long term conditions, newly prescribed a medicine to help improve medicines adherence. The pharmacist provides support over several weeks to use the medicine safely and to best effect. This service is available to those newly prescribed a medicine to treat asthma, chronic obstructive pulmonary disease, type 2 diabetes, high blood pressure or those prescribed an anticoagulant.

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% and increasing the numbers of medicines problems identified and dealt with¹². NHS England agreed to continue commissioning this service as part of the Community Pharmacy Contractual Framework funding settlement for 2014/2015.

Both these services can support people with long term conditions to keep well, by helping them to use their medicines effectively and supporting better health. The services help patients to understand how they should use their medicines and why they have been prescribed. Any problems the patient is having with their medicines will be identified and wherever possible solutions will be agreed without the need to refer the patient to the prescriber. Detailed information on the services can be found in the NHS Employers/PSNC guidance documents on MUR and the NMS^{13,14}.

General practitioners should also be working with local community pharmacies to increase management of repeat prescriptions using the NHS England nationally commissioned **repeat dispensing service**. This service allows a general practitioner 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 minimise general practice workload and can reduce pressure on urgent care systems when patients require an urgent supply of a regular medicine. Guidance on implementation is available from NHS Employers¹⁵.

¹² The New Medicine Service Evaluation <http://www.nottingham.ac.uk/~pazmjb/nms/index.php>

¹³ Guidance on the Medicines Use Review Service (NHS Employers/PSNC)

¹⁴ New Medicine Service guidance (NHS Employers/PSNC)

¹⁵ <http://www.nhsemployers.org/Aboutus/Publications/Pages/implementation-repeat-dispensing.aspx>

4 Mobilising Capacity in Community Pharmacy

There have been many examples from around the country where commissioning services from community pharmacy has helped relieve pressure on the system.

Last year we outlined examples of services that have already been proven to reduce pressure on certain parts of the service:

- 'Flu vaccine administration to 'at risk' populations
- Emergency supply of medicines , where appropriate
- Supporting deprived populations to self-care with NHS provided medicines

How can these services be commissioned locally?

These services can be commissioned in one of three ways:

- a) by NHS England as a local enhanced pharmaceutical service under the terms of the Community Pharmacy Contractual Framework (CPCF) e.g. 'flu vaccination;
- b) by CCGs as a directly commissioned services under the terms of the NHS Standard Contract e.g. minor ailments service;
- c) by Local Authorities as a directly commissioned service under the terms of a Local Authority contract e.g. health checks.

NHS England may commission a Local Enhanced Pharmaceutical Service on behalf of a CCG¹⁶. Permission to commission the services outlined in this Community Pharmacy- helping provide better quality and resilient urgent care document is given by the NHS England Commissioning Operations Team. Such services will not necessarily be commissioned from every pharmacy covered in the area.

If NHS England commission under the terms of the CPCF the assurance and clinical governance arrangements of that contract apply. These must be considered separately if services are directly commissioned from pharmacy by CCGs or Local Authorities.

Suggested approaches to implementation of the services and rates of remuneration (which were agreed between NHS England and the PSNC in winter 2013) are included in Appendix 1 to facilitate rapid local implementation. This does not preclude local negotiations taking place where it is deemed appropriate e.g. where a service is outside the scope these suggested specifications.

¹⁶ Pharmacy Enhanced Services Q&A, <http://www.england.nhs.uk/wp-content/uploads/2014/04/pharm-services-qa-230414.pdf>

Community pharmacy can administer 'flu vaccines to 'at risk' patients

Many community pharmacies already provide a private 'flu vaccination service. Prevention of influenza in targeted populations prevents hospitalisation and saves lives¹⁷. Where the NHS has commissioned 'flu vaccine administration from community pharmacy for 'at risk' groups there is evidence that many people who receive the vaccine have never been vaccinated before^{18,19}.

NHS England Pharmacy Local Professional Network Chairs advise that many local health communities have plans to commission 'flu vaccination through community pharmacy in winter 2014/15.

Appendix 1 provides further information from those wishing to commission a service from community pharmacy. We have added further evidence and learning from winter 2013-14.

Area teams will need to work closely with Public Health England colleagues to promote uptake of vaccination and with manufacturers and pharmacies to ensure that adequate supplies of vaccination are available for this service to be effective.

NHS England, London area team commissioned administration of 'flu vaccine to 'at risk' patients through community pharmacy last winter, right across London. 1,107 pharmacies vaccinated 67,083 'at risk' patients (aged over 13). Areas with higher numbers of pharmacies participating in the scheme achieved higher vaccination rates.

The feedback received from the patients using the community pharmacy service was positive, 97.3% of all patients were very satisfied with the service. More than 99% of those that responded felt the premises were appropriate. Nearly all of those questioned (99.7%) would use the service again in the future and 99 % would be happy to use the community pharmacy service to receive other vaccinations. When responding to the question 'What did you best like about the service?' 29% said they liked that there was no need for an appointment and 26% said they like that it was close to home. A further 22% said the best thing was that the service was convenient to get to and 20% said the convenient opening hours is what they best liked.

¹⁷ Assessing Optimal Target Populations for Influenza Vaccination Programmes: An Evidence Synthesis and Modelling Study <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001527>

¹⁸ NHS Sheffield Community Pharmacy Seasonal Flu Vaccination Programme for hard to reach at risk groups 2012-13 (and catch up campaign for over 65s) <http://psnc.org.uk/sheffield-lpc/wp-content/uploads/sites/79/2013/06/I-Evaluation-of-Pharmacy-Flu-Service-2012-13-1.pdf>

¹⁹ Impact of Influenza Vaccination upon uptake as a Pan London service from community pharmacy (Internal report: NHS England London June 2014)

Community pharmacy can provide emergency supplies of repeat prescriptions and medicines

Up to 15% of calls to NHS 111 are for emergency repeat medication at busy times at the weekends and 3-4% of Bank Holiday out-of-hours appointments with a doctor are taken up by requests for a prescription for repeat medicines^{20,21}.

Community pharmacy can legally provide emergency supplies of prescription only medicines at the request of the patient without a prescription.

The cost associated with this for those who do not usually pay for their prescriptions means that they often choose to consult an out-of-hours service or emergency department if they perceive the need for their medicines is urgent. Visitors to an area may also require emergency supplies of medicines both in and out of hours.

In order to relieve pressure on the local health care system community pharmacy can be commissioned to provide an emergency supply of medicines at NHS expense where this is appropriate, (i.e. the requirements of the medicines legislation are met) and to inform the patient's general practitioner within 48 hours.

West Yorkshire community pharmacists are piloting the referral of urgent repeat medication requests from NHS 111 using NHS Mail to send the callers details. The pharmacist contacts the patient at home before they come to the pharmacy to check the items can be supplied. If items cannot be supplied e.g. controlled drugs are required, then the pharmacist is able to contact the GP Out of Hours service directly to request a prescription. This avoids unnecessary delays for the patient and the pharmacy staff when the patient attends the pharmacy in person.²²

Medicines Legislation Requirements

The pharmacist must interview the patient and satisfy themselves that: there is an immediate need and it is impracticable for a prescription to be obtained without undue delay; the patient has had the medicine prescribed before; that the dose is appropriate; that in the case of a schedule 4 and 5 controlled drug no more than 5 days supply is made and for other Prescription Only Medicines (POMs) no more than 30 days' supply is made; it is not for a schedule 1,2 or 3 controlled drug or for a blacklisted item and a note is made in the prescription register of the supply.

You should always refer to the full legislation available at <http://www.legislation.gov.uk/ukxi/2012/1916/contents/made>

²⁰ Local Care Direct and Yorkshire Ambulance Service (NHS111) Data

²¹ South Western Ambulance Service NHS Foundation Trust Data

²² <http://www.cpwv.org/pharmacy-contracts-services/local-services-enhanced/self-care-including-pharmacy-first-.shtml>

In Cornwall from April to August 2014 patients received 5,992 medicines using such a service commissioned from pharmacy preventing other services from becoming overwhelmed during Cornwall's summer surge in demand.

Appendix 1 provides more information to help quickly set up this service if this is a problem in your area. Patients can be advised by NHS 111, NHS Choices, out-of-hours services and emergency departments to go to a local pharmacy to obtain an emergency supply of urgently required medicines.

Community pharmacy can provide NHS funded, over-the-counter medicines to low income groups to help them self-care to free up GP, walk-in-centre and out of hours appointments

In areas of high deprivation, services that allow access to a limited range of NHS-funded over the counter medicines for low income and deprived families to support self-care have been shown to be cost-effective in reducing demand on GPs, walk-in-centres and Emergency Departments^{23,24,25}.

The Five Year Forward View²⁶ states that we need to build the public's understanding that pharmacies and on-line resources can help them deal with coughs, colds and other minor ailments without the need for a GP appointment or A&E visit.

Research from the Royal Pharmaceutical Society²⁷ shows that common ailments cost the NHS an extra £1.1 billion a year when patients are treated at Emergency Departments or GP surgeries rather than at community pharmacies. Treatment results were equally good regardless of whether patients were treated at a pharmacy, Emergency Departments or GP practice. The cost of treating common ailments in community pharmacies was found to be £29.30 per patient. The cost of treating the same problems at Emergency Departments was found to be nearly five times higher at £147.09 per patient and nearly three times higher at GP practices at £82.34 per patient. Overall, the study estimates that 3% of all A&E consultations and 5.5% of GP consultations for common ailments could be managed in community pharmacies. This equates to over 650,000 visits to A&E and over 18 million GP consultations every year that could be diverted with a total annual cost saving of over £1 billion.

Patients can be advised to use this service where and when appropriate via NHS 111, NHS Choices, general practice telephone messages, out of hours providers and accident and emergency departments. Appendix 1 provides the tools, evidence and information that you need to set up this service locally.

²³ Community Pharmacy Management of Common Illnesses, October 2014, <http://www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/MINA-Study-Final-Report.pdf>

²⁴ Closing the NHS Funding Gap: How to get better value health care for patients, October 2013 <http://www.monitor.gov.uk/closingthegap>

²⁵ National Statistics Publication for Scotland, Prescribing and Medicines, Minor Ailment Services, 25 June 2013

²⁶ Five year Forward View, October 2014, <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

²⁷ Community Pharmacy Management of Common Illnesses, October 2014, <http://www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/MINA-Study-Final-Report.pdf>

5 How else can commissioners use community pharmacy to best effect now and in the future?

There are a number of innovative ways that NHS England area teams, CCGs and general practices, can engage with community pharmacy to help to provide better quality and resilient urgent care to the local health care system. Innovative local commissioners will want to consider the following as part of their transforming primary care work streams:

Vulnerable Patients

Pharmacy teams provide home deliveries to many vulnerable people in local communities. The pharmacies are often the first to know if the vulnerable person is deteriorating or not coping. Community pharmacies and local general practices should agree referral mechanisms to be used where a vulnerable person may require the assistance of their general practice. General practices should be encouraged to involve community pharmacy as an important part of the primary care team in plans to identify and support deteriorating patients. Domiciliary medicines support for patients has been shown to significantly reduce medicines related risk of harm to patients with cognitive impairment prescribed multiple medicines²⁸.

Patients with Respiratory Disease

Area teams should work with their Pharmacy Local Professional Networks and Local Pharmaceutical Committee to encourage community pharmacies to ensure patients with respiratory conditions are offered a targeted MUR during times when respiratory conditions can worsen.

Community pharmacy can be commissioned to supply rescue packs of antibiotics and steroids in line with NICE guidelines for the treatment of chronic obstructive pulmonary disease (COPD) and support patients in using them in line with their personal disease management plan.

Patients discharged from hospital

When a patient is discharged from hospital and provides consent, they should be referred to their community pharmacy for the provision of a post discharge medicines use review (targeted MUR). This involves the patient and pharmacist going through the patient's medicines and helping them to understand what they should be taking. Detailed information on the service can be found in the NHS Employers/Pharmaceutical Services negotiating Committee (PSNC) guidance on MUR²⁹. Guidance for hospitals, including a template referral form and patient leaflet about the MUR service has been published by NHS Employers and PSNC³⁰.

²⁸ International Journal of Pharmacy practice 2014, supplement 2, p4

²⁹ Guidance on the Medicines Use Review Service (NHS Employers/PSNC)

³⁰ Community pharmacy services. Guidance for hospitals (NHS Employers/PSNC)

Consideration may be given by area teams to pre-authorise domiciliary and/or telephone MURs for particular groups of patients³¹.

When a patient starts a new medicine, prescribers should refer them to the community pharmacy for provision of the New Medicine Service which has been shown to be effective at improving adherence³². The service covers medicines prescribed for the treatment of asthma, COPD, type 2 diabetes, hypertension and antiplatelet and anticoagulant therapy. Detailed information on the service can be found in the NHS Employers/PSNC guidance on the NMS³³.

Support for Healthy Living

Community pharmacy teams can provide services and advice to support healthy living such as stop smoking support through community pharmacy which has been shown to be effective and cost effective³⁴. Further evidence shows that a smoker walking into a Healthy Living Pharmacy is twice as likely to set a quit date and go ahead and quit compared to a non-Healthy Living Pharmacy³⁵.

Other services which have been demonstrated to be effective include:

- Alcohol Intervention and Brief Advice: <http://www.cpsy.org/pharmacy-contracts-services/local-services/alcohol-intervention-and-brief-advice.shtml>
- Sexual Health Services (Emergency Hormonal Contraception and Chlamydia): <http://www.cpsy.org/pharmacy-contracts-services/local-services/sexual-health-inc-ehc-.shtml>
- Access to palliative care drugs: <http://www.cpsy.org/pharmacy-contracts-services/local-services/palliative-care.shtml>

³¹ In J Pharm Prac.2014;22(Suppl 2)p4-22: <http://onlinelibrary.wiley.com/doi/10.1111/ijpp.12146/abstract>

³² Evaluation of New medicines Service, <http://www.nottingham.ac.uk/~pazmjb/nms/>.

³³ New Medicine Service guidance (NHS Employers/PSNC)

³⁴ Developing pharmacy's contribution to public health

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323365/PPHF_progressreport.pdf

³⁵ Evaluation of the Healthy Living Pharmacy Pathfinder work programme, <http://www.npa.co.uk/Documents/HLP/Evaluation-report.pdf>

In the future

The Five Year Forward View³⁶ outlines the need for transformational change to maintain a sustainable NHS and outlines seven new models of care. It recognises the need to make far greater use of pharmacists.

Pharmacy will have important roles in helping to incentivise and support healthier behaviour and in targeted prevention for diabetes, heart disease, dementia and many other long term mental and physical health conditions and also in the early detection of cancers. Their skills will need to be harnessed to empower patients to self-care and self-manage minor ailments and long term conditions, supporting people to manage their own health- staying healthy, making informed choices of treatment, managing conditions and avoiding complications. Pharmacists should provide health information and help patients and carers to interpret it.

As primary care and 'out of hospital' services are strengthened pharmacists will play an important role in support for healthy living, medicines optimisation and support for self-care as integral parts of Multispeciality Community Provider or Primary and Acute Care System models. They will also be vital in supporting work to provide enhanced health in care homes.

Urgent and Emergency Care Networks will need to use the checklist contained in Chapter 2 to make more appropriate use of community pharmacy as local systems are organised and simplified.

It is time for commissioners to challenge current models of care and to commission services in different ways to meet the needs of patients and the public. Community pharmacy, working closely with others, has an important role to play in the design of new, integrated, efficient and effective primary care, urgent care and public health services.

NHS England received an excellent response to the Pharmacy 'Call to Action' which has been used to inform the Five Year Forward View and our strategy for Primary Care. NHS England is committed to working alongside other commissioners in local health economies to maximise the contribution of community pharmacy.

36 Five Year Forward View, October 2014, <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

6 What do patients think about Community Pharmacy helping to provide better quality and resilient urgent care?

We asked twenty-six patient groups to comment on the first version of this document and to advise on experience of their patients using these services. Responses were universally supportive of pharmacies expanding the range of services they provided and thought there would be benefits to patients and their carers.

'Flu vaccination for at risk groups in community pharmacy

Provision of 'flu vaccination through community pharmacy for at risk groups was received very positively by patient groups. There were many comments about the accessibility and convenience for patients and carers of the walk-in service that pharmacy provides. Both Diabetes UK and the National Rheumatoid Arthritis Society commented that this service would be likely to improve uptake in younger patients.

The National Rheumatoid Arthritis Society told us that patients with rheumatoid arthritis struggle to be considered as "at risk" by GPs, especially if they are under 50 years old so would welcome access via community pharmacy to relieve some of the stress that people with rheumatoid arthritis go through currently. The Hepatitis C Trust also felt that greater access to 'flu vaccination for those with a long term condition could only be a good thing.

Diabetes UK

"Enabling community pharmacy to give more help to these groups of people will be of real benefit, helping them to better understand their medication needs and hopefully improving their overall diabetes care and outcomes."

The Epilepsy Society commented that those with epilepsy are sometimes anxious over whether ‘flu vaccination will affect or be affected by their anti-epileptic drugs. They welcome more support and more services from community pharmacy and think that vaccination through pharmacy might increase uptake by carers on whom some of their patients rely very heavily.

Mind thought the services would be helpful and should be publicised to those with mental health problems but felt that patients’ understanding that there was access to a private consultation area was important.

The British Kidney Patients’ Association said members fed back that many community pharmacies are convenient, free on the NHS and available at weekends and evenings to provide ‘flu vaccinations.

The Epilepsy Society

“Overall, we are very supportive of this resource, which resonates with some work we are doing to try and raise the profile of pharmacists and demonstrate why they are a valuable part of an individual’s multidisciplinary team. Anecdotally, we would support the statement that many people under-use pharmacy services, and are not aware of the full range of services they offer.”

Emergency Supply of Medicines (where appropriate)

Mind

“It’s important to tell people about the services, and also to tell them that they can ask for a private conversation if they wish.”

Patient groups had limited experience of this service but welcomed the development. Diabetes UK say that the elderly or frail may not be able to visit the GP to collect a prescription in an emergency, access to treatments such as insulin is vital and delays in getting supplies can lead to serious problems and so they are delighted that pharmacists may be able to help in this way. They are aware of patient’s having to attend an emergency department to access insulin in an emergency. Some had experience of a private service but Diabetes UK commented that the cost of insulin could be extremely expensive if obtained this way

The Epilepsy Society commented that the ‘cost’ of breakthrough seizures due to missed medication can be huge; loss of driving licence, impact on the person psychologically, as well as the risks of accident and injury. They are aware of many reasons why someone with epilepsy may inadvertently run out of medication, including the prevalence of memory issues amongst this population.

Parkinson's UK described how crucial medication is to people with Parkinson's. They said that any difficulty in obtaining prescription medication can cause great anxiety and can lead to symptoms deteriorating. They welcomed the service saying, it is vital that pharmacies are able to maintain the supply of medications for a long-term debilitating condition such as Parkinson's Disease.

The National Rheumatoid Arthritis Society is aware that with problems from home care providers recently many patients have relied on local pharmacies to provide emergency access to their medicines.

Supporting Self Care for Deprived Populations

All respondents thought pharmacy could play a bigger role in education for self-management and better outcomes dealing with both the long term condition and coping with minor ailments.

The Hepatitis C Trust and Diabetes UK commented that these diseases particularly affect people from more deprived communities. The Hepatitis C Trust commented that pharmacies providing needle exchange and supervised consumption to patients are very well placed to support these, often deprived, patients to manage other aspects of their health. Half of those with Hepatitis C who end up being admitted to hospital come from the lowest socio-economic quintile. The British Kidney Patients' Association commented that pharmacy advice to self-care would be helpful, although systems aren't yet in place to assist, around sick-day rules, whereby people who rely on blood pressure medications and non-steroidal anti-inflammatory drugs (NSAIDs) may need to suspend them for a couple of days if they develop sickness/ dehydration/ diarrhoea, i.e. moving towards Acute Kidney Injury.

Asthma UK

"We believe that community pharmacies already play an important role in helping people understand their asthma medicines better. By continuing to provide access to emergency inhalers, Medicines Use Reviews, the New Medicine Service and general advice on healthy living, community pharmacies can complement GP services to help people with asthma manage their symptoms effectively over the winter months, reducing their risk of having a life-threatening asthma attack".

Healthwatch West Berkshire said they are aware that some marginalised communities may rely on pharmacists as their *only* point of health contact and their research shows these populations have great trust in pharmacy, which is key.

Appendix 1: Community pharmacies, Helping provide better quality and resilient urgent care: three services for commissioner to consider, November 2014

Published as a separate document