

## **Report to the Health Overview and Scrutiny Panel (February 2018)** **Deborah Crockford, Chief Officer Community Pharmacy South Central**

### **Purpose of this Report**

The purpose of this report is to highlight the key developments at both national and local level that have impacted the pharmaceutical and public health services delivered to patients and consumers through community pharmacy since the last update (in February 2016) or that are likely to shape services in the near future. In September last year the LPC (Local Pharmaceutical Committee) introduced a new, public name accompanied by a new website containing information for both the public and professionals ([www.cpsc.org.uk](http://www.cpsc.org.uk))

### **Next steps on the NHS Five Year Forward View**

#### **Key achievements, key deliverables and implementing changes**

In the document, NHS England set out its main national service improvement priorities over the next two years, April 2017 – April 2019, within the constraints of what is necessary to achieve financial balance across the health service:

Urgent and emergency care; Mental health; Strengthening the NHS workforce;  
Primary care; Integrating care locally; Patient safety;  
Cancer; Funding and efficiency; Harnessing technology and innovation

For brevity I have chosen to examine just two of these priorities with respect to deliverables from our community pharmacies:

#### **Urgent and emergency care:** Key deliverables for 2017/18 and 2018/19

- Hospitals, primary and community care and local councils should also work together to ensure people are not stuck in hospital while waiting for delayed community health and social care ([see TCAM](#))
- Enhance NHS 111 by increasing from 22% to 30%+ the proportion of 111 calls receiving clinical assessment by March 2018, so that only patients who genuinely need to attend A&E or use the ambulance service are advised to do this ([see PURM & NUMSAS](#))

#### **Funding and efficiency:** The NHS 10 Point Efficiency Plan

The two points with major relevance for community pharmacy –

- i. Get the best value out of medicines and pharmacy (NHS England is the lead organisation)
  - NHS Clinical Commissioners and CCGs are reviewing the appropriateness of expenditure on medicines, identifying areas of prescribing that are of low clinical value or are available over-the counter often at a lower price - such as for minor conditions such as indigestion, travel sickness, cough remedies and upset stomachs ([see Minor Ailments](#))
  - the Department of Health is 'continuing to drive savings in the supply chain for dispensing medicines' ([Funding cuts](#))

- ii. Reduce avoidable demand and meet demand more appropriately (PHE and NHS England lead with local authorities(LAs))

Prevention ([see HLP](#))

NHS England will now take action, including:

- Expanding the Diabetes Prevention Programme
- Tackling obesity in particular in children through tougher action on sugar and junk food
- NHS provider trusts will have to screen, deliver brief advice and refer patients who smoke and/or have high alcohol consumption ([see Alcohol Brief Advice & Smoking Cessation](#))
- By 2018/19, PHE will lead work with LAs to reach over 2.8 million more people with an NHS Health Check ([see Health Checks](#))
- Further work on prevention of cardiovascular disease
- A programme to promote healthy communities and support disabled people and those with long-term conditions to manage their own health, care and wellbeing ([see CPF2](#))
- Further action to identify and support carers
- Maintaining a focus on diagnosis and post-diagnosis support for people with dementia and their carers ([see Dementia Friendly Pharmacy Framework](#))

### TCAM – transfer of care around medicines

Statistics linked to medicines when patients are admitted to hospital

- There were roughly 16 million people admitted to into the NHS last year and the majority of these would have been prescribed medicines to improve their care
- It is estimated that 60% of patients have three or more changes made to their medicines during a hospital stay. The transfer of care process is associated with an increased risk of adverse effects
- 30-70% of patients experience unintentional changes to their treatment or an error is made because of a lack of communication or miscommunication
- Only 10% of elderly patients will be discharged on the same medication that they were admitted to hospital on
- 20% of patients have been reported to experience adverse events within 3 weeks of discharge, 60% of which could have been ameliorated or avoided

Community pharmacists are well placed to support patients recently discharged from hospital. Evidence from research into community pharmacy post-discharge medicines services has demonstrated significant increases in medicines adherence, leading to improved health outcomes for patients and fewer admissions and re-admissions to hospital. Recent work from Newcastle showed that community pharmacists were able to contact the majority of patients referred to them and results indicate that patients receiving a follow-up consultation may have lower rates of readmission and shorter hospital stays.

A formal process is now being implemented, in stages across Wessex, supported by the AHSN (Academic Health Science Network) and the LPC which, according to the Newcastle data, could save the local health economy £1.4 million in Southampton alone.

## PURM & NUMSAS

NHS England – South (Wessex) commissions the Pharmacy Urgent Repeat Medicines (PURM) Service in conjunction with Clinical Commissioning Groups (CCGs) in the Wessex area. The purpose of the PURM Service is to ensure that patients can access an urgent supply of their NHS prescribed repeat medicines where they are unable to obtain a prescription before they need to take their next dose. The service may be needed because the patient has run out of a medicine, or because they have lost or damaged their medicines, or because they have left home without them. The aims of this service are to relieve pressure on urgent and emergency care services and to educate patients so that the need for the service is minimised. This is a walk-in service.

Patients contacting NHS 111 to request access to urgently needed medicines or appliances will be referred to a pharmacy that is providing the NHS Urgent Medicines Supply Advanced Service (NUMSAS) for assessment and potentially the supply of a medicine or appliance previously prescribed for that patient on a NHS prescription, where the pharmacist deems that the requirements of the Human Medicines Regulations (HMR) are met, e.g. the patient has immediate need for the medicine or appliance and that it is impractical to obtain a prescription without undue delay. For the purposes of this service, any medicine or appliance that has previously been prescribed to the patient on an NHS prescription can be supplied as long as the requirements of the HMR are met. Where the HMR refers specifically to a Prescription Only Medicine (POM), the same requirements are made for medicines or appliances that are not a POM.

The aims and intended outcomes of the service are to

- appropriately manage NHS 111 requests for urgent supply of medicines and appliances
- to reduce demand on the rest of the urgent care system, particularly GP Out of Hours (OOHs) providers
- to identify problems that lead to individual patients running out of their regular medicines or appliances and to recommend potential solutions that could prevent this happening in the future
- to increase patients' awareness of the electronic Repeat Dispensing (eRD) Service
- to ensure equity of access to the emergency supply provision irrespective of the patient's ability to pay for the cost of the medicines or appliances supplied

## Minor Ailments Service

Minor ailments are defined as common or self-limiting or uncomplicated conditions which can be managed without medical intervention. The management of patients with minor self-limiting conditions impacts significantly upon GP (General Practitioner) workload. The situation is most acute where patients do not pay prescription charges and may not have the resources to seek alternatives to a prescription from their GP. It is estimated that one in

five GP consultations are for minor ailments, and by reducing the time spent managing these conditions it would enable them to focus on more complex cases.

Each year 8% of A&E department visits involve consultations for minor ailments, costing the NHS £136 million annually. With the change in NHS systems architecture, and the prevailing economic climate, services such as Community Pharmacy based Minor Ailments schemes, which reduce costs, create GP time for the management of more complex long-term conditions and have a positive impact on urgent and emergency services are increasingly important.

A minor ailments scheme has been in place within Portsmouth since 2005. In 2015 the scheme was expanded to cover more conditions and was made available to all pharmacies within Portsmouth City. In 2016 more than 2,900 consultations were made through the scheme at a cost of £26,000. It was estimated that if only 50% of these cases had presented at an alternative minor ailments centre e.g. St Mary's Treatment centre, then costs would have exceeded £50,000.

The NHS England Board has decided a full consultation should be held in early 2018 on a proposal that the prescribing of over-the-counter (OTC) products, currently prescribed at NHS expense, should be restricted in the future. Views are now being sought on stopping the routine prescribing for 33 minor conditions, as well as on probiotics and vitamins and minerals. The prescribing of products would be restricted because they meet one of the following criteria:

- They treat a condition which is self-limiting and therefore does not require treatment
- They treat a condition which could be managed by self-care, i.e. a person suffering does not normally need to seek medical care
- They have low clinical effectiveness but high cost to the NHS, e.g. vitamins/minerals and probiotics

As the NHS grapples with its funding crisis, it is becoming more important than ever that we develop support for self-care, so that people can manage their health without the need to visit their GP or hospital. Once again, as it launches this consultation the NHS looks to community pharmacies to do this, promoting them as a first port of call and a place for patients to go for advice and self-care treatments.

This is right, as pharmacies offer advice and treatment at convenient locations and long opening hours, without the need for an appointment. But those looking to transfer the burden from GP practices and urgent care towards pharmacy must acknowledge that without proper resourcing, community pharmacy will also not be able to manage. The current financial pressures facing community pharmacies mean their ability to soak up pressures on the health service is already faltering. Many are struggling to survive.

Community pharmacies can do much more to help, but they are not an infinite resource. Without recognition and support community pharmacies will be unable to provide the safety net that the NHS so desperately needs and wants to rely on. It is therefore essential that services such as the Minor Ailment service continue.

As well as the impact on community pharmacies, we are particularly concerned about the impact of any changes for those on low incomes. For these families, the NHS provides a vital

service which, if removed, could lead to increased use of more expensive urgent care services and increased health inequalities.

### Funding Cuts

On 20th October 2016 the Government imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016/17. This was followed by a further reduction of £95 million for the year 2017/18.

The imposed cuts have had a profoundly damaging effect on contractors' finances, weakening a sector on which the NHS and its patients rely heavily. This was particularly so given the decision to make heavy cuts in the last four months of the 2016/17 financial year, resulting in a cut in income for a typical contractor of around 15% from December 2016. Combining this with a recovery of margins from the previous year through reimbursement price reductions was punitive. It provided a damaging blow to contractors' cash flow which may well be impossible to manage. Contractors have a high fixed cost base and little discretionary spend so may have little option but to make reductions in staffing levels. We are currently aware of four upcoming closures and some pharmacies are reducing their opening hours.

### Healthy Living Pharmacy (HLP)



## What is a Healthy Living Pharmacy?



- HLPs improve the public's health and drive improvements in service quality and innovation.

- People walking into an HLP are twice as likely to set a quit date than if they walked into a non- HLP.
- HLPs consistently deliver high-quality public health services – NHS health checks, weight management, sexual health, etc.
- HLPs reach out to local communities (universities, businesses, schools, community centres, etc) with health improvement advice and services.
- 99% of people are comfortable and happy with the service provided by HLPs.
- 98% of people would recommend HLPs to their families and friends.
- 60% of people would make an appointment with their GP if the health improvement service was not available at a HLP.
- 20% of people would not have gone to another provider (i.e. they would have received no support for improving their health).

HLP is now a national programme, having started in Portsmouth in 2009.

### Alcohol Brief Advice, Smoking Cessation, Health Checks

**Alcohol** - Alcohol Brief advice consists of the use of a simple evidence based screening tool and the delivery of appropriate brief advice. Where the person is a high risk drinker a formal referral is made to an appropriate specialist alcohol service.

The aim of this service is to increase the delivery of identification and brief advice (IBA) in community settings. IBA in turn should help to reduce the amount of people consuming alcohol at increasing or high risk levels. Other objectives include: improving access to, and choice of, alcohol screening and intervention support services particularly in the parts of our communities exposed to increased deprivation; providing information about alcohol units and the nationally recommended safe levels of drinking; providing quicker access to early assessment of potential alcohol related harm; providing an early intervention to reduce the number of people who may become alcohol dependent; reducing alcohol related illnesses and deaths by helping people to reduce or give up drinking; helping service users access additional treatment by offering timely referral to specialist services where appropriate; minimising the impact on the wider community by reducing the levels of alcohol related crime and anti-social behaviour, thereby improving community safety.

**Smoking cessation** - The percentage of successful quitters attending NHS smoking cessation services in Portsmouth increased year-on-year from 49% in 2009/10 to 51% in 2010/11 and to 60% in 2011/12. This increase has slowed down in the subsequent years, in part due to the national rise in the use of e-cigarettes. However, smoking remains one of the most significant preventable causes of ill-health and premature death for Portsmouth residents and the public

health strategy is to ensure as many people as possible are supported to quit smoking using nationally recommended treatment and support.

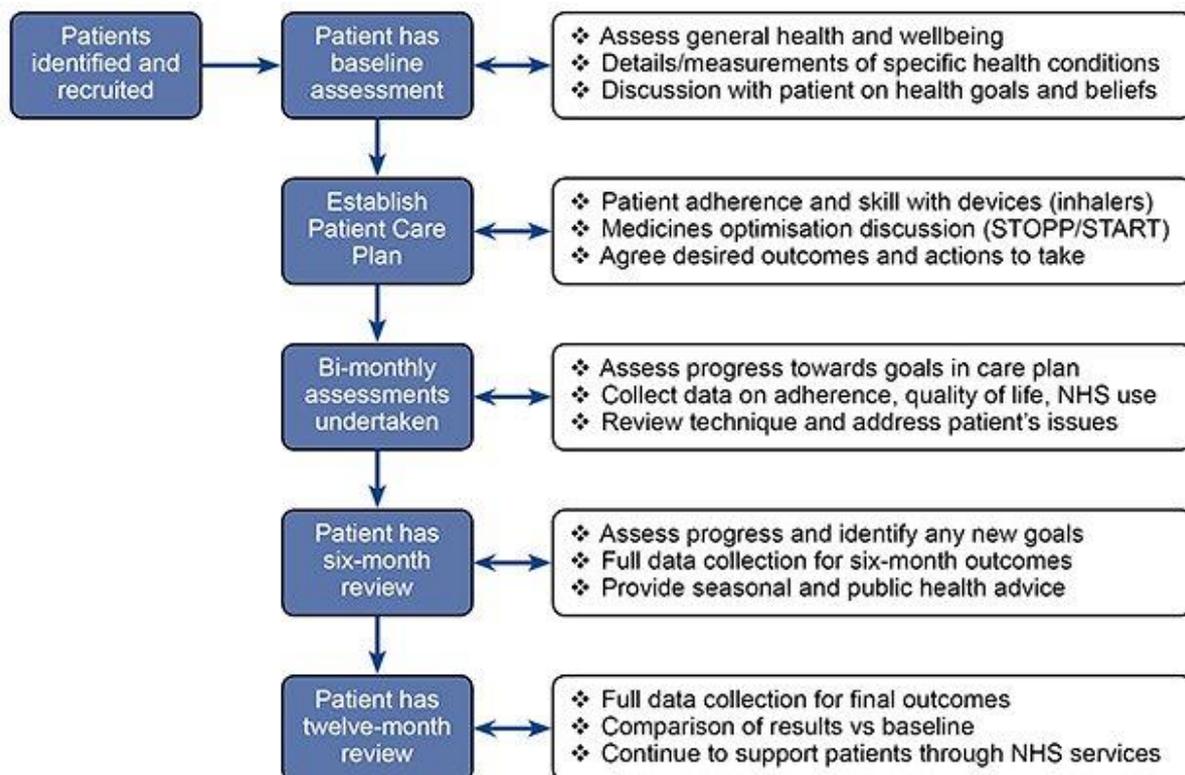
**Health checks** - NHS Health Checks are a systematic prevention programme that assesses an individual's risk of heart disease, stroke, diabetes and kidney disease, once every five years. It is for people aged between 40 and 74 who have not been previously diagnosed with one of the above conditions, hypertension, or are currently receiving certain medications.

The aim of NHS Health Checks in Portsmouth is to provide a quality service that will help people live longer, healthier lives. The longer-term aim is a reduction in incidence or early detection of heart attacks and strokes, type II diabetes, chronic kidney disease and vascular dementia. There are three main elements to the delivery of the NHS Health Check; Risk Assessment, Communication of Risk and Risk Management.

## Community Pharmacy Future (CPF)

### Pharmacy Care Plan service

- Aimed at developing individually tailored care plans that help patients aged over 50 years to achieve their health goals.



Read more about this project and others that supported COPD and polypharmacy at <http://www.communitypharmacyfuture.org.uk/>

### **Dementia Friendly Pharmacy Framework**

Over 850,000 people in the United Kingdom have dementia and this number is rising. There is currently no cure and as dementia is a progressive disease, the symptoms will get worse. Alzheimer's Society recently reported that dementia costs over £26 billion a year. The Dementia Friends initiative was launched by Alzheimer's Society to raise awareness of dementia and how people can be supported to live well with dementia. Pharmacy teams are ideally positioned to help patients and their carers to make positive choices about their health, optimise their use of medicines and signpost to other forms of support.

The Wessex Pharmacy Local Professional Network has developed a framework for pharmacy teams to work through to become a Dementia Friendly Pharmacy. The framework is categorised into seven elements:

1. The pharmacy environment
2. The pharmacy team
3. Public health messages including lifestyle
4. Over the counter medicines
5. Prescription ordering and collection / delivery of medicines
6. Medicines adherence
7. Signposting

### **The Value of Community Pharmacy**

Community pharmacies contributed £3 billion to the NHS, public sector and wider society in England in 2015 through just 12 services, according to a PricewaterhouseCoopers (PwC) study released in September 2016.

This means that community pharmacies deliver substantially more in benefits than they receive in compensation, providing excellent value to the Department of Health. In fact it is a return of around £21 for every £1 invested in Community Pharmacy.

The study, which was commissioned by the Pharmaceutical Services Negotiating Committee (PSNC), analysed the value to the NHS, public sector organisations, patients and wider society of 12 key services provided by community pharmacies.

Services analysed included supervised consumption, emergency hormonal contraception provision, minor ailments, delivering prescriptions and managing drug shortages. Pharmacies made more than 150 million interventions through the services in 2015 and there was a benefit of more than £250,000 per pharmacy, or £54.61 for every resident of England.

## Community pharmacy: providing great value for communities

Community pharmacies are vital parts of local communities, offering a range of services to support people's health and wellbeing. New research from PricewaterhouseCoopers (PwC) has shown just how important some of these services are to public spending.

### The research

The research analysed 12 community pharmacy services across:



Public health



Medicines support



Support for self-care

### The savings



The 12 services in 2015 delivered £3bn worth of net benefit to the NHS, public sector, patients and wider society.

This included:



£1.1bn NHS cash savings



£600m benefits to patients

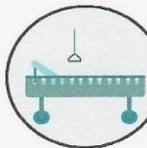


£1bn benefits to the public sector and wider economy



£242m avoided NHS treatment costs

### The benefits



Avoided NHS treatment costs

Avoided GP appointments



Cost efficiencies

Avoided social care costs



Reduced travel time

Increased economic output

Find out more at: [psnc.org.uk/valueofpharmacy](http://psnc.org.uk/valueofpharmacy)

Support the campaign for community pharmacy:  
[supportyourlocalpharmacy.org](http://supportyourlocalpharmacy.org)

