

**Report to the Health Overview and Scrutiny Panel (February 2016)**  
**Paul Bennett, Chief Officer Hampshire & IOW Local Pharmaceutical Committee**

**Purpose of this Report**

The purpose of this report is to highlight the key developments at national level and at local level that have impacted the pharmaceutical and public health services delivered to patients and consumers through community pharmacy since the last update (in November 2014) or that are likely to shape services in the near future.

**a) Pharmaceutical Needs Assessment**

As the Panel will be aware, the Health and Wellbeing Board met its statutory obligation under the Health and Social Care Act 2012 to publish a Pharmaceutical Needs Assessment (PNA) last year. The new PNA was published in April 2015 and contains helpful information about the current state of provision of pharmaceutical services across Portsmouth. The LPC worked closely with the Councils team that created the report. <https://www.portsmouth.gov.uk/ext/documents-external/hlth-pharma-needs-assessment-consultation.pdf>

The key findings of the PNA are

- *In Portsmouth there are 41 community pharmacies and one dispensing appliance contractor*
- *The PNA has not identified any gaps in current pharmaceutical provision.*
- *There is good geographical distribution of pharmacies, with the majority of the resident population living within 500 metres of a community pharmacy.*
- *The density of pharmacies located across the city gives patients a choice of local pharmacies for pharmaceutical services.*
- *The opening hours of local pharmacies provide residents and visitors with a good level of access to services. Residents are able to use these services from early in the morning to late in the evening and on Saturday and Sundays. The additional opening hours provided by the '100 hour' pharmacies have provided an extension to these hours.*
- *All pharmacies provide the full range of Essential Pharmaceutical Services.*
- *All pharmacies provide at least one Advanced Pharmaceutical Service and there is*
- *access to all advanced services within the city.*
- *Local services are largely commissioned by Public Health within Portsmouth City Council and NHS Portsmouth Clinical Commissioning Group (CCG). These are available from many pharmacies spread across the city. The delivery of these services, particularly in areas of deprivation has widened access for target groups of the population. The award winning Healthy Living Pharmacy scheme, piloted in Portsmouth in 2010 continues to be the basis of*

*commissioning of services from community pharmacies. The Healthy Living Pharmacy scheme has gained widespread support, has been rolled out across many areas of the country and has attracted interest from several other countries. The city is committed to continuing its support for this programme.*

- *There is potential for community pharmacy to further support local and national health and wellbeing priorities and contribute to the work to reduce health inequalities.*

### **b) Pharmacy Manifesto**

The case for greater involvement of community pharmacy in the provision of NHS and public health services continues to be made at national level. There has been some progress made in some of these areas and they will filter down to pharmacies in Portsmouth.

Ahead of the General Election in May the main pharmacy representative organisations created the Pharmacy Manifesto which called upon national and local politicians to support five key pledges.

- 1. We will encourage patients to think pharmacy first and help relieve pressure on GPs and A & E*
- 2. We will improve patient choice and healthcare by making it easier to commission pharmacy services*
- 3. We will back community pharmacy in its role as an accessible and valued partner in the delivery of better public health.*
- 4. We will enable patients, especially those with long term conditions, to make better use of medicines through better use of community pharmacy.*
- 5. We will support pharmacies to get access to the records and information they need to support patients*

In support of these pledges politicians and stakeholders were asked to take certain actions.

- Call for investment to build the public's understanding that pharmacy and online resources should be a first port of call to reduce pressure on general practice.
- Back the national commissioning of services so that all pharmacies can offer NHS treatment for minor ailments; NHS flu vaccinations; and NHS emergency hormonal contraception treatment.
- Where there are no national services, ask healthcare commissioners to agree national standards and service specifications that can be rolled out locally where needed.
- Encourage Health and Wellbeing Boards to oversee partnership working of local commissioning to ensure they make the most of all that community pharmacy has to offer.
- Support sharing of patient information between GPs and pharmacies (with patient consent).

**c) Advanced Influenza Vaccination Service & Local Procurement**

Perhaps the most visible development has been the national commissioning of the Influenza Vaccination Service, now part of the Advanced level of the national pharmacy contract. From September 2015 community pharmacy has been able to vaccinate not only those in clinical at risk groups (which had previously been a locally commissioned service by NHSE and PHE) but also those over 65yrs of age. This service is complimentary to that already provided by General Medical Practitioners and had an aim of ensuring more eligible people had access to a flu service at a place and time convenient to them with an ambition of achieving 75% vaccination of the eligible population.

As at 21<sup>st</sup> December 2015 (the date of the most recent report from NHSE) there were 24,700 vaccines administered by community pharmacy so far this season across Wessex (an increase of over 375% on last year). Of these 2,315 vaccinations had been delivered in Portsmouth from 31 participating pharmacies. This equates to an average of 74 patients per pharmacy compared to 60 in Southampton, Bournemouth and Pool and 115 on the Island.

This reflects the ability of community pharmacy to play an active role in the delivery of services to patients and that patients will respond positively to that opportunity.

In other localities, notably Hampshire and Southampton, a locally commissioned service has enabled those employed by their respective Council, and who have been deemed to be essential to the operation of certain functions (notably front line social care staff and others), to access a flu vaccination service through a voucher redemption scheme. This is not the same as the NHS service and relies upon the provision of a private vaccination service through pharmacy.

**d) Summary Care Record Implementation**

The other major development with a national impetus has been the announcement by the Secretary of State for Health that community pharmacists and registered technicians will have access to the patient summary care record (SCR).

The core information within the SCR contains

- All known allergies & adverse reactions recorded for that patient on the GP system.
- All medications within the following conditions:
  - Acute medications (6 or 12 months, depending on the GP system)
  - Current repeat medications (with last issue date dependent upon GP system)
  - Discontinued repeat medication (if the GP system adds this data, 6 months)

Additional information:

Additional information, such as blood test results or blood pressure readings, can be added with explicit agreement between the patient and the GP. The patient is always in control of any additional information that is added to their SCR.

There is a national role out programme underway which builds upon the experience of the proof of concept trial run in 140 pharmacies in the north of England which

showed that using SCR in community pharmacy has proved extremely beneficial. Results indicate it is increasing pharmacists' ability to treat patients more efficiently and effectively, by reducing the need to contact their GP and providing access to information normally unobtainable out-of-hours.

Other examples of benefits for patients, pharmacists and other parts of the NHS are:

- Improving patient safety by ensuring the patient gets the right medicines
- Improving efficiency by reducing the number of phone calls and reducing the time spent waiting on a call
- Improving effectiveness by supporting clinically appropriate calls to GPs
- Improving the patients experience by reducing patient waiting time for queries to be resolved, and resolving them at the point where they are presenting for care.

The South Central Wessex Commissioning Support Unit has just been engaged by NHS England to support the roll out of the SCR into pharmacies and will be working with the LPC on this. While a timetable for Portsmouth pharmacies has yet to be agreed, we are keen to implement the SCR swiftly. The national deadline for implementation is summer 2017 but we hope to see it in SHIP during 2016.

#### **e) Proposed National Funding Cuts**

Significantly less good news was announced by NHS England and the Department of Health on the 17<sup>th</sup> December when an open letter was sent to the Pharmaceutical Services Negotiating Committee (PSNC), the national representative body of LPCs, advising that they propose to cut the national funding for pharmacy by £170m from October 2016. This would be an annualised reduction of £340m or more than 6%. This comes at a time when pharmacy has shown a greater than 5% increase in efficiency year on year for a number of years and is being asked to do more to alleviate pressures elsewhere in the system.

**The LPC believes this is poorly thought through policy, has yet to see any impact assessment from central Government and believes that this will have a significantly detrimental affect on Portsmouth pharmacies.**

Such a funding reduction, particularly if amplified by a reduction in income for provision of public health services as a consequence of changes in their procurement in Portsmouth, could see reduction in pharmacy opening hours, reduction in services (many of which are unremunerated currently (such as provision of Monitored Dosage Systems and free delivery) or, in extreme cases, the closure of pharmacies where it becomes no longer financially viable to remain. This is particularly likely in areas where levels of deprivation are high and pharmacy viability is already fragile.

#### **f) Electronic Prescription Service / MURs and NMS**

On a more positive note, the LPCs local Academy recently held an event in Portsmouth to which all local pharmacies and GP staff were invited. This followed on from meetings earlier in the year coordinated by the Academic Health Science Networks Medicines Optimisation Workstream, which the LPC is actively engaged in.

This local initiative was extremely well attended with over 100 pharmacists, GPs and Practice Staff present. The session covered the importance of electronic dispensing and how to get the most of the system for patients, practices and pharmacy. It particularly focussed upon the electronic repeat dispensing service (eRDS) and how this helps medicines optimisation for patients with long term conditions who should be stabilised on their medicines.

Other tools in the pharmacy armoury are Medicine Use Reviews (MUR) and the New Medicines Service (NMS) both covered in the last pharmacy HOSP update. The LPC will be focussing upon both services in the new year and facilitating further training for pharmacies in Portsmouth and Southampton in particular to build upon their current performance.

Although Portsmouth pharmacies currently out perform the England average for both MUR and NMS delivery we should not be complacent. Figures published on the NHSE Medicines Optimisation Dashboard (July 2014 to June 2015) show that 89.4% of pharmacies are providing MURs compared to the England average of 82.09% (Wessex is 85.76%) with 4.1 MURs conducted per 1000 dispensed items compared to a national average of 3.27.

NMS interventions are currently delivered in 68.9% of pharmacies compared to an England average of 58.63% (Wessex 62.11%). The number of NMS interventions delivered per 1000 prescriptions dispensed is 0.92 in Portsmouth compared to 0.81 in England.

There is clearly opportunity to deliver more NMS interventions in particular and we are encouraging all health care providers, particularly GPs and non-medical prescribers to signpost these services so that pharmacists can add real value to helping patients get the most from their medicines.

#### **g) The HLP Platform and further service development**

There is opportunity to build upon the existing Healthy Living Pharmacy platform that was established first in Portsmouth as service developers and researchers recognise the benefit of working with the pharmacy network established. We and the CCG have recently been approached by the research team at the University of Surrey working with Prostate Cancer UK who have a novel programme looking at how exercise can help patients reduce the risk of relapse and counteract the potentially adverse effects of their medication.

It is not only local demography but also the reputation of community pharmacy in Portsmouth that prompts people to consider developing services here first.