

MURs and NMS can also be used to support people recently discharged from hospital, to reduce the risk that confusion with their medicines leads to re-admission to hospital.

Other community pharmacy services which can be commissioned locally include:

- **Emergency supply of medicines at NHS expense** – to reduce out of hours and A&E attendances when patients run out of prescribed regular medication
- **Provision of rescue packs** for COPD and other at risk patients – to support rapid management of disease exacerbations
- **Palliative care schemes** – to ensure availability of specialist medicines in primary care needed during end of life care

#### 4. Supporting people to live independently

Community pharmacies provide a range of services to help support people to live independently in their own homes, including:

- **Home delivery** of medicines to the housebound
- **Support with re-ordering** repeat medicines
- **Reminder aids** to support medicines use

Other community pharmacy services which can be commissioned locally include:

- **Falls assessment services** – to reduce the risk of medicines related falls
- **Re-ablement services** – to support people with their medicines following discharge from hospital

PSNC (the Pharmaceutical Services Negotiating Committee) promotes and supports the interests of all NHS community pharmacies in England. We are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. We work closely with Local Pharmaceutical Committees to support their role as the local NHS representative organisations.

To learn more about community pharmacy services visit [psnc.org.uk](http://psnc.org.uk) and contact your Local Pharmaceutical Committee via [lpc-online.org.uk](http://lpc-online.org.uk).

## Transforming Urgent & Emergency Care: making better use of Community Pharmacies



Urgent and emergency care in England is under pressure and under review, and a national framework to build a safe and efficient 24/7 health system is being developed to ensure high quality and consistent standards of care.

We believe a transformation of urgent and emergency care is required and that this will only be successful if the role that community pharmacies can play in this agenda is maximised. Community pharmacies can support provision of care and reduce demands on GPs, NHS 111 and A&E in four key areas:

1. Supporting people to self-care

2. Supporting people to live healthier lives

3. Optimising the use of medicines

4. Supporting people to live independently



## 1. Supporting people to self-care

Many people presenting at A&E or at GP practices could self-care with support from a community pharmacy.

- 8% of A&E visits involve consultations for minor ailments, costing the NHS £136 million annually<sup>1</sup>
- 18-20% of GP workload is accounted for by minor ailments which equates to 57 million consultations a year and a cost of £2bn<sup>2</sup>

The NHS community pharmacy contractual framework includes:

- **Support for self-care** - the provision of advice and support by pharmacy staff to enable people to self-care for minor illness. This may involve the sale of an over the counter (OTC) medicine
- **Signposting** - referring people to other healthcare professionals or care providers when support beyond what the pharmacy can provide is necessary

Local **Minor Ailments Services** have been shown to help reduce demand on other service providers. These services allow pharmacies to provide OTC medicines at NHS expense in order to manage minor illness. In particular they help divert people away from GP practices where they would otherwise seek a GP consultation and prescription because they receive free prescriptions.

The local directory of services used by NHS 111 should include accurate details of pharmacy services to which callers could be referred to reduce the demand on other service providers.

## 2. Supporting people to live healthier lives

The provision of healthy living advice already forms part of the NHS community pharmacy contractual framework. Community pharmacies will participate in up to six public health campaigns per year. National campaign topics could be chosen by NHS England to help modify public

behaviours that can increase pressure on urgent and emergency care services, for example:

- Identification of alcohol use and brief advice, using validated assessments such as AUDIT-C
- Heatwave and 'Keep Warm, Keep Well' campaigns

Provision of **Emergency Hormonal Contraception** in pharmacies, either sold over the counter or supplied at NHS/local authority expense can help avoid attendances at GP practices, out of hours and walk in centres and A&E.

## 3. Optimising the use of medicines

It is estimated that up to 50% of medicines to treat long term conditions are not taken as prescribed. This can mean that long term conditions are not managed optimally; in the US it is estimated that 11-20% of hospital admissions (30% for the elderly), A&E visits and repeat GP visits may be due to non-adherence.

The NHS community pharmacy contractual framework includes two services to help patients optimise the use of their medicines – the **Medicines Use Review (MUR)** and the **New Medicine Service (NMS)**.

One study on the Isle of Wight in 2010 examined the effects of educating patients regarding the use of their medicines and the adoption of correct inhaler technique. Through the analysis of hospital data, it was seen that emergency admissions due to asthma fell by more than 50% over a three month period with resultant bed occupation days falling by a similar percentage. Additionally the numbers of asthma related deaths reported over the same time period were seen to have fallen by 75%.

A follow on project across the South Central region demonstrated substantial and statistically significant improvements in the management of both asthma and COPD and a positive association between the introduction of the project and reductions in hospital emergency admissions.

<sup>1</sup> Bednall R, McRobbie D, Duncan J, Williams D. Identification of patients attending accident and emergency who may be suitable for treatment by a pharmacist. *Fam Pract* 2003; 20(1): 54–57

<sup>2</sup> PAGB. Making the case for the self care of minor ailments 2009