



# Written evidence submitted to the ‘Winter Pressures on Health Services’ Inquiry of the All Party Parliamentary Group for Primary Care and Public Health

March 2014

Contact:

Alastair Buxton  
Head of NHS Services  
[alastair.buxton@psnc.org.uk](mailto:alastair.buxton@psnc.org.uk)  
0203 1220 825

PSNC is pleased to be able to submit written evidence to the Inquiry into Winter Pressures on Health Services being undertaken by the All Party Parliamentary Group for Primary Care and Public Health. We are happy to provide further information on any community pharmacy services that are described below or to further discuss community pharmacy's contribution to easing winter pressures with members of the Group.

## Summary

- Community pharmacy services already play a significant role in supporting patients and the wider NHS during winter.
- Better use of existing community pharmacy services and national commissioning of services such as flu vaccination and a minor ailments service would allow community pharmacy to play an even greater role during winter.
- Community pharmacy medicines optimisation services can help people to manage their long term conditions more effectively and avoid being admitted to hospital.
- The accessibility and convenience of community pharmacy flu vaccination services is resulting in an increase in the number of people being vaccinated, particularly in the hard to reach under 65 years target group; national commissioning would result in an even greater impact.
- National commissioning of a minor ailments service would support the transfer of significant workload from general practice to community pharmacy, creating the capacity for GP teams to focus more time on managing the treatment of high priority patients.
- Local commissioning of standardised 'off the shelf' services allows rapid and efficient implementation of community pharmacy services.

## Managing Winter Pressures with help from Community Pharmacy

Health services, particularly urgent and emergency care services, are under immense pressure at the moment due to the increasing demand fuelled by the ageing population and the rise in the number of people with long term conditions, combined with the need to make significant financial savings. In the winter months these and additional pressures caused by the effects of the weather on health and seasonal conditions can exacerbate these problems and often leave urgent and emergency care services struggling to cope. PSNC believes that a transformation of healthcare is required to address these and other challenges, and that this will only be successful if the role that community pharmacy can play in this agenda is maximised.

Community pharmacies can support the provision of care and in doing so reduce winter demands on GPs, NHS 111 and A&E in a number of ways.

For example, in December 2013 PSNC, NHS England, LPCs and local commissioners collaborated on the development of a range of materials to support the local commissioning of three services focussed on managing winter pressures – a winter ailments service, flu vaccination and an emergency supply service (the documentation and materials are available at [psnc.org.uk/winter](http://psnc.org.uk/winter)).

Following the publication of these resources they were used by LPCs and local commissioners to commission and implement at least 14 new services in a very short space of time. One of these was an emergency supply service commissioned from late January 2014 by the Shropshire and Staffordshire Area Team. Provisional data from the first six weeks of operation of the service shows there were 403 interactions with patients, over half of whom would have contacted the GP out of hours provider had the community pharmacy service not been available (patients were asked which service they would have contacted had they not used the community pharmacy service: 3.7% A&E; 10.7% GP; 52.1% OOH GP service; 13.6% Walk in Centre; 19.9% other).

PSNC believes that by providing these and other services across four key domains, community pharmacy has the potential to do a huge amount more to help patients and to reduce winter and other pressures on the health service. The four key domains are:

1. Optimising the use of medicines;
2. Supporting people to live healthier lives / public health;
3. Supporting people to self-care; and
4. Supporting people to live independently.

**A third pillar of care:** If the community pharmacy service were to be further developed, building on the central medicine supply function across these four service domains as we have outlined below, community pharmacy could help the NHS to manage the financial constraints and increasing demands it faces every winter by becoming the basis of a third pillar of care, supporting NHS service provision alongside the traditionally dominant pillars of GP-led care and secondary care.



### Optimising the use of medicines

It is estimated that up to 50% of medicines prescribed to treat long term conditions are not taken as intended by the prescriber. This can mean that long term conditions are not managed optimally and seasonal conditions during winter can further aggravate the situation and patients' conditions. 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 to medicines.

The NHS community pharmacy contractual framework (CPCF) includes two services to help patients to understand and use their medicines to ensure they are getting the maximum possible benefit from them – the [Medicines Use Review \(MUR\)](#) and the [New Medicine Service \(NMS\)](#).

**Reducing pressure on other health services:** Both services have been shown to help improve adherence to medicines in some patients, and this can have a knock on effect, reducing pressure on other health services. For example, one study on the Isle of Wight in 2010 examined the effects of using MUR style consultations to educate asthma patients regarding the use of their medicines and the adoption of correct inhaler technique. Through the analysis of hospital data on the island, 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.

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

**Long term condition management:** PSNC's Vision for community pharmacy ([psnc.org.uk/vision](http://psnc.org.uk/vision)) describes how the current medicines optimisation services within the CPCF could be developed to enable pharmacies to provide more support for patients with long term conditions, which could in turn help free up capacity in general practices enabling them to focus their efforts on high priority patients.

Other community pharmacy services focused on medicines optimisation which could be commissioned locally include:

- 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

### **Supporting people to live healthier lives / public health**

The provision of healthy living advice already forms part of the CPCF, with community pharmacies participating in up to six public health campaigns each 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. Some of these could be particularly applicable during the winter, for example:

- ‘Keep Warm, Keep Well’ campaigns
- Uptake of flu vaccination for at-risk groups

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

**Flu vaccination services:** Perhaps the most significant public health contribution that community pharmacies can make to keep people healthy during the winter period and to reduce pressure on GP and hospital services is administration of flu vaccines. Many Area Teams commissioned the service from community pharmacies this winter and impressive results are starting to emerge as local data is collated. For example, in London community pharmacies vaccinated around 70,000 people at NHS expense. They managed to target 55% of their vaccinations to the hard to reach target group of people under 65 years of age with long term conditions.

Data from NHS community pharmacy flu vaccination services commissioned in two other areas of the country shows first time vaccination rates of 18% and 23% for people in the under 65 years group, demonstrating how the pharmacy service is accessing at-risk people who have not previously chosen to be vaccinated by their GP practice.

Many community pharmacies have provided a private flu vaccination service for a number of years and a significant number of people are choosing to access vaccination via this route. Data analysis from 139 pharmacies providing a private flu vaccination service this winter has found that 11% of patients were over 65 years of age and hence were eligible for an NHS funded flu vaccination, however they decided to opt to pay for a pharmacy service for reasons of convenience.

### **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

**Managing minor and winter ailments services:** Local Minor/Winter Ailments Services offered in community pharmacies 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, sometimes just focussed on winter

<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

ailments. 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.

Provisional data from a Winter Ailments Service commissioned in January 2014 by the Shropshire and Staffordshire Area Team to reduce winter demand on other services shows that 86% of patients using the pharmacy service would have consulted their GP had the service not been available.

As well as considering what services to commission, it is important that local commissioners ensure that the local directory of services used by NHS 111 includes accurate details of pharmacy services to which callers could be referred to reduce the demand on other service providers.

### **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 and 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. These services involve a community pharmacist undertaking a structured review of the patient's medicines, seeking to identify and address the risk that certain medicines may increase the risk of a patient falling. The Community Pharmacy Future project recently reported a statistically significant reduction in medical and self-treated falls following the provision of a falls risk assessment by community pharmacists in Wigan. These reductions can of course help to reduce healthcare needs and pressure on other parts of the healthcare service.

Re-ablement services which involve community pharmacists undertaking home visits to support people with their medicines following discharge from hospital have the potential to support people to live independently and avoid another admission to hospital. One such service on the Isle of Wight has led to a 37% reduction in hospital readmissions for the most vulnerable group of patients, with an estimated 8850 bed days saved from 254 high risk patients, representing a saving of £1.88m.

### **Raising the public's awareness of the community pharmacy services available to them**

In order for the public and healthcare commissioners to maximise the benefits they can receive from community pharmacy services, particularly during winter, it is important that the public has a better understanding of the range of services available to them at their local community pharmacy and that they know it should be used as the first port of call for many healthcare needs.

**Enabling consistent service delivery:** One of the barriers to patients recognising and using the services provided by community pharmacies is the inconsistency in the range of services commissioned from and available at different pharmacies across the country. This can lead to patient confusion about the availability of services, which can deter them from seeking to use community pharmacy services. We recommend that this is tackled by NHS England commissioning a wider range of services as part of the national CPCF, in order that a consistent core of services is available from all community pharmacies. PSNC's initial suggested priorities for national commissioning would be a minor ailments service and a Flu vaccination service. During the winter of 2013/14 [NHS England promoted both of these services to local commissioners](#) as a means of helping to manage the increasing demands on hospital and GP services.

**Communications to develop patients' understanding:** If the services described above and other community pharmacy services are to be widely taken up by patients as part of an effective and truly integrated service provided by community pharmacy and other providers, there will be significant changes to the ways in which patients have traditionally received care. As a consequence of this there will be a need to develop patients'

understanding of the choice of services they have to support the management of their long term conditions and other care needs. A communications campaign to develop patients' understanding of these changes would be required, particularly in the early days of implementing a new model of integrated care.

NHS England's recent investment in a promotional campaign to highlight to the public the availability of self-care advice from community pharmacies, alongside similar campaigns undertaken by national community pharmacy organisations, will help to raise the public's awareness of community pharmacy services. Additional promotional campaigns of this type are required on a continuous basis in order to achieve a change in the public's behaviour and their use of healthcare services.

Alongside such campaigns, if NHS leaders and politicians routinely spoke of pharmacists as part of the healthcare network ("pharmacists, doctors and nurses" rather than the oft heard "doctors and nurses") this would help to positively influence the public's perception of community pharmacy and the services it can offer.

### **Increasing referrals to community pharmacy**

Increasing referral of patients to community pharmacies by other primary and secondary care professionals and NHS 111 services would not only assist in managing constrained winter workload capacity in GP practices and hospitals, but it would also help to re-educate patients about the range of services available at their local community pharmacy.

Referring patients who are being discharged from hospital to their community pharmacy for provision of an MUR provides one example of such a referral which is clearly in the interests of the patient and the NHS, but which currently does not occur routinely.

**Referral incentives:** Increasing the number of this type of referral requires incentives to be included in the relevant contracts for GP practices, hospitals and NHS 111 providers to encourage this behaviour. In part this may be achieved by the agreement of formal referral pathways between the different providers, which can, where relevant, be incorporated into clinical systems such as NHS Pathways.

**Sharing of patient information:** In order to support appropriate patient referrals being made to and from community pharmacies it is important that healthcare IT systems develop to allow the sharing of patient information between all healthcare providers. The inability of most community pharmacy teams and GP practices to communicate and share patient data electronically is proving to be a major block to developing new innovative services and effective collaborative relationships that would benefit patients and the NHS.

There are two aspects to this information sharing and transfer. Firstly, direct electronic communication between community pharmacies and other healthcare providers must be facilitated, using standardised messaging systems which allow easy integration of the communications into patients' records. These systems may be used to share the results of patient tests relevant to pharmacy service provision.

The second aspect to information sharing and transfer is for community pharmacy to be able to access the Summary Care Record (SCR) and GP patient records, where there is a legitimate need for this access and the patient gives their consent. To support the development of a single consolidated record for information that could be used by all professionals actively involved in a patient's care, community pharmacy should be able to add content to the SCR and GP records, as well as being able to read them.

We therefore suggest that NHS England should put in place the infrastructure to let patients give community pharmacists access to their SCR and in due course their GP record, where the patient wishes this to happen. It is also likely to be necessary for contracts for all healthcare providers to include a requirement that they put in place systems to share patient information electronically across the NHS.

## Optimising local commissioning

PSNC believes that national commissioning of services and the application of a nationally agreed community pharmacy quality framework and, where needed, any additional accreditation requirements for individual services, brings a number of benefits to patients, commissioners and providers. The approach supports the rapid spread of innovation and widespread population coverage, so the maximum number of patients can benefit from provision of the service. In practice this would mean that community pharmacies could have a far greater impact in helping patients and relieving winter and other pressures elsewhere in the health service.

Despite the benefits of a national approach, PSNC does recognise that it cannot be used for all service developments and that the local approach to service development must act as an incubator of innovation, which can then be spread further afield.

**Streamlining contracting to improve patient services:** Where it is necessary to take a local approach to commissioning services, whether to help winter pressures or to meet any other need, the current bureaucracy surrounding local contracting is proving to be a major barrier and it is impeding the provision of services to patients. The current use of complex and unwieldy standard or locally developed contracts and tendering processes by commissioners for locally commissioned services, which may be of limited financial value, is seen on a regular basis. PSNC has already discussed with NHS England some of the challenges community pharmacies face with use of the NHS standard contract, but we believe further collaborative work on this topic would be beneficial. We are keen to work with NHS England and other interested parties to undertake a further review of the elements of the standard NHS contract which are applied to primary care providers in order to increase the chance of innovative local services being successfully commissioned by this route, to the benefit of patient care.

PSNC would also encourage NHS England to consider how it may facilitate easier local commissioning of services from community pharmacies via more extensive use of the less bureaucratic Enhanced services commissioning route where a CCG / local authority wishes NHS England to commission a service from community pharmacies on its behalf. Area Teams were permitted to take this approach to 'co-commissioning' of the three winter pressures services described above, which led to the rapid commissioning of some services by the Area Team, using CCG funds. Area Teams have however been advised that they should not take this approach to commissioning other services on behalf of CCGs or local authorities.

**Standard service specifications:** Another approach to simplifying the local contracting process for all parties is the use, wherever possible, of standard service specifications, service level agreements, service documentation, patient group directions, datasets and outcome measures. In the past, PSNC, the Department of Health and NHS Employers have collaborated to develop standard service specifications for commonly commissioned community pharmacy services. We understand that these documents were used extensively by Primary Care Trusts (PCTs) in order to avoid 'reinvention of the wheel' at a local level. A similar approach was taken with the three winter pressures services described above and we believe that NHS England should seek to replicate this approach across a wider range of community pharmacy services.

### About PSNC

PSNC 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.

Our goal is to develop the NHS community pharmacy service, and to enable community pharmacies to offer an increased range of high quality and fully funded services; services that meet the needs of local communities, provide good value for the NHS and deliver excellent health outcomes for patients.