**Prime Minister’s Challenge Fund Conference Call**

**Monday 23rd March 2015**

**Present:** Helen Murphy (Community Pharmacy Cheshire & Wirral), Helen Musson (Hertfordshire LPC), Mike Keen (Kent LPC), Jack Davies (Community Pharmacy North Yorkshire), Rob Severn (Nottinghamshire LPC) and Rachel Urban (Community Pharmacy West Yorkshire).

Alastair Buxton, Rosie Taylor – PSNC

**Apologies:** Carol Trower (Berkshire LPC), Ian Short (Bury & Rochdale LPC), Philip Yelling (Cornwall & Isles of Scilly LPC), James Sprangle (Community Pharmacy North Yorkshire), Nick Hunter (Nottinghamshire LPC) and Jayesh Patel (Lambeth, Southwark & Lewisham LPC).

**Helen Murphy (Community Pharmacy Cheshire & Wirral)**

Warrington has received an additional £1m allocation. They don’t seem to have spent a lot of their allocated budget as progress is very slow. A number of clusters are looking into the possibility of a minor ailment scheme (MAS), some more paediatric focused while others are wider schemes.

The domiciliary Medicines Use Review (MUR) project (Aqua Project) is still underway. Again, this project has made slow progress due to staff changes within the pharmacy where the project was being piloted. Currently, the pharmacist has undertaken 45 domiciliary MURs; all of these patients were identified by the GP. Helen is currently trying to get information on the visits that have been conducted so they can look to do an evaluation. The CCG also seem keen to roll this service out more widely.

A second domiciliary project has also started, which involves district nurses identifying suitable patients for domiciliary MURs. The pharmacist visit goes through a similar process to the initial Aqua project, but the Aqua project had a focus on inhaler technique and also involved a follow up telephone conversation, which the second project does not. It was thought it would be interesting to compare the results from both projects. So far, 30-40 patients have been identified and again the CCG seem keen to roll this project out to other pharmacies. John Moores University are hopefully going to do an evaluation on the service but this is unlikely to be before May/June.

There may also be the possibility of an NHS emergency supply service linking in with NHS111, but this is at an early stage of discussion.

**Helen Musson (Hertfordshire LPC)**

Helen advised that there was not a lot going on in the Hertfordshire area. Watford Care Alliance had been one of the initial twenty successful pilots but their pilot was more about extending GP opening hours although they do seem keen to now involve pharmacy.

**Mike Keen (Kent LPC)**

Kent LPC is currently waiting to hear if the local bid was successful. It was submitted on the 16th January and still not had any feedback. The main part of the bid was to provide same day appointments by a GP led triage service with extended hours. There was also the potential to triage out to pharmacies, paramedics and nurse practitioners.

**Jack Davies (Community Pharmacy North Yorkshire)**

The Vale of York CCG has agreed to pilot a MAS. £25,000 has been allocated to the pilot, with expressions of interest having been sent out to contractors. Forty contractors have expressed an interest (out of roughly 58 contractors). The LPC is currently involved in selecting the pharmacies that will be involved in the pilot. Of the £25,000, £5,000 will be allocated to advertising and then eight pharmacies will be selected to be involved in the pilot. Consultation fees have not yet been agreed but it has been agreed that PharmOutcomes will be used as the data recording platform. The LPC will help ensure the eight pharmacies selected are spread across the area and are also having input into the formulary so the LPC is working well with the CCG on this pilot.

**Rob Severn (Nottinghamshire LPC)**

Nottinghamshire has a project “Unlocking the potential of community pharmacy”. The project involves testing a new way of working with community pharmacists and GPs. The model will test the idea of community pharmacists and a GP managing patients with long term conditions with the pharmacist providing care from the community pharmacy rather than working at the GP surgery.

Four GP practices have been recruited into the project and they are currently looking to train up four pharmacists (one per site).

The project has been subject to delays due to issues with finding a suitable project lead and manager.

**Rachel Urban (Community Pharmacy West Yorkshire)**

The pharmacy co-ordinator role had been allocated funding for a salary but no budget had been allocated to do any project work. Therefore the work Rachel has been able to do has been limited to things such as promoting repeat dispensing, MURs and making surgeries aware of the services pharmacies can offer (Rachel has found many surgeries are unaware of the services that pharmacies can offer).

All 13 pharmacies in the West Wakefield area have signed up to the MAS and GP practices are keen to engage and promote this to patients.

Reception staff have been trained up as care navigators so they can direct patients – there is now pharmacy, physio and optician ‘first’ appointments.

Rachel advised that it was a hard time to engage with the GP practices in West Wakefield. As well as the increased workload from the PM’s Challenge Fund, they are trying to federate the practices and gain new CQC registration for the federation so there was a lot going on for the practices.

 **Feedback from LPCs not able to join the teleconference**

**Carol Trower** (**Berkshire LPC**)

Berkshire was not successful in the first round of funding and is currently waiting to hear about the second round. The LPC was not heavily involved in the bid process and was included at the last minute. They discussed the potential for a MAS and ES service but are unsure whether these were included in the final bid.

Slough has been successful and a scheme is running in the area. However, this is more about extending hours in GP surgeries.

**Philip Yelling (Cornwall & Isles of Scilly LPC)**

Kernow CCG has allocated £17,000 funding from the PMCF to conduct domiciliary community pharmacist visits to reduce hospital admissions and demands on GP by medication assessment and support. Patients are referred via community pharmacists, GP referral or other organisations, such as Age UK. Pharmacists identify patients who are known to be housebound and have two from the following criteria:

* Recent discharge from hospital
* Two long term conditions
* Over 75yrs on 10 or more medications
* Medicines known to cause increased risk of admissions e.g. warfarin
* Synchronisation issues

The patient’s medication is reviewed in their own home. The community pharmacist will undertake an intervention based upon an agreed structured review but extended to consider education around signals that the patient should seek help. For example, this might involve using a peak flow meter to self-monitor lung condition or describing signs of bleeding in patients receiving anticoagulants. The visit could also identify medication issues leading to increased risk of trips and falls. Typically, this will require about an hour of pharmacist time though the patient will not be limited where there is greater need.

The result of the review will be an action plan which will be shared (with the patient’s consent) with the GP and any other appropriate member of the patient’s health team. It will describe the interventions that have been and will be made, by whom, and a timescale where these cannot be immediate.

Initially 10 pharmacies were offered the opportunity to conduct five visits. So far, 29 visits have been done. The project has now been expanded; 39 pharmacies have been offered the opportunity to do five domiciliary visits, which will use up all of their funding.

Philip is currently in discussions about evaluating the service.

He advised that pharmacists have needed to be organised as ideally the five visits should be conducted on one day to reduce the costs of locum fees.

**Sue Taylor (Devon LPC**)

“Pharmacy First”, winter ailments and emergency supply services have been set up as discussed at the previous PM’s challenge fund teleconference and have been really positively received. The “Pharmacy First” service covers six items, all of which are supplied under PGD (chloramphenicol 0.5% eye drops, fusidic acid 1% eye drops, fusidic acid 2% cream, nystatin oral suspension, Timodine cream and trimethoprim 200mg tablets. The winter ailments service formulary includes a longer list of items.

All of the services were due to end in March but due to the success they have been extended to the end of June 2015.

Latest figures show that 141 pharmacists are providing the services. The total number of patients seen by pharmacy for these services is 4551; (by CCG Area East and North Devon 2,542; Torbay and South Devon 2,009).  Time period November 2014 – end February 2015.

**Split by service**

* PGD Services           1,347
* Winter ailments      2,370
* Emergency Repeats 834

**Reported patient action if no service was available**

* Contact GP practice     2146
* Contact OOH                   729
* Visit A&E/Urgent Care 107
* Other                                 1569

GP referrals are accounting for 10% of referrals and word of mouth also accounts for 10%. This is indicating a behavioural change since the start of the services as they become more widely known and embedded into practice.

The LPC and the two CCGs are just starting to evaluate the services through pharmacy, practice and patient surveys.

The LPC has been asked to attend a NHS Improving Quality (IQ) workshop on the 14th April. All the PM’s Challenge Fund projects have been asked to present, produce posters, etc. so plans can be made as to how to take these projects forward. Sue also advised that the LPC is having ongoing discussions about the potential to extend the Pharmacy First service for another year.

**Vanessa Taylor (East Sussex LPC)**

All pharmacies involved in the EPIC project now have access to GP records (read and write access). The GPs involved in triaging have found that in many cases they have been able to resolve patient issues on the phone without the need to triage them to a pharmacy. The aim was for each pharmacy involved to have 5-6 referrals a day whereas in January there were only 10 referrals in total to pharmacy. The best week has been when one pharmacy had 10 referrals. The project was due to finish at the end of March but this has now been extended until November. Funding has also been reduced to 25% of the initial amount pro rata.

There was also a bid to extend the EPIC project into East Sussex (EPIC 2) but information on this and how pharmacy is involved is unclear and the LPC has not heard whether this has been successful or not.

Vanessa has been informed that early learnings for the project see the best use of pharmacy as having pharmacists working in GP surgeries and therefore recruitment of pharmacist prescribers is currently underway. There are six clusters in Brighton and the aim is to have four pharmacists working across these. Currently there are two prescribing pharmacists working for the clusters so two further pharmacists are required. The positions are part time and fixed term so may be difficult to recruit.

**Rekha Shah (Kensington, Chelsea & Westminster LPC)**

Rekha advised that there has been no progress made in her area.

**Jayesh Patel (Lambeth, Southwark & Lewisham LPC)**

A MAS is in the process of being set up, which should start next month. Initially only 15-30 contractors were going to be commissioned to provide the service but the LPC argued the case that all residents should be able to access the service so it was agreed that all contractors could offer the service. Unfortunately they could not negotiate a higher consultation fee than what the neighbouring schemes pay (plus reimbursement of medicines supplied) but have agreed to process through PharmOutcomes so pleased with that result. So far, 53 out of 56 contractors have signed up to offer the service.

The Locality Care Network (LCN) is still moving forward. The LPC has managed to get funding for pharmacists to attend these meetings. In Lambeth Jayesh and three pharmacists that the LPC recommended are on the steering group. In Southwark there are two LCNs and each has two pharmacy contractor and Jayesh sitting on the steering group. Lewisham are just finalising their approach but Jayesh believes this will be similar to the other areas and they will be able to get pharmacy representatives on the steering group.