All PSNC members can attend this meeting and may speak with the permission of the Chairman.

PSNC Service Development Subcommittee Agenda

for the meeting to be held on Tuesday 10th March 2015

At Mercure Windsor Castle Hotel, 18 High Street, Windsor, SL4 1LJ

starting at 1.30pm

Members: Stephen Banks, Ian Hunter, Clive Joliffe, Clare Kerr, Indrajit Patel, Gary Warner (Chairman)

Apologies for absence

An apology for absence has been received from Clive Joliffe.

Minutes of previous meeting and matters arising

The minutes of the meeting held on 13th January 2015 were shared with the subcommittee and can be downloaded from the website.

Agenda and Subcommittee Work

Below are set out progress and actions required on the subcommittee's work plan for the year. The subcommittee is asked to consider the reports; to address any actions required; and to comment on the proposed next steps.

1	Secure the commissioning of community pharmacy services within the scope of the current NHS England negotiating mandate	Status: Likely

Report: **Appendix SDS 02/03/15** sets out progress that has been made in implementing the changes to the CPCF agreed for 2014/15.

A verbal report will be given on the discussions with NHS Employers on the service development aspects of the 2015/16 negotiations. PSNC is not able to comment on negotiations until they have been completed so these details remain confidential.

Subcommittee Action:

- Provide feedback on the progress being made in implementing the changes to the CPCF agreed for 2014/15; and
- Provide feedback on the progress being made in discussions with NHS Employers on their 2015/16 negotiating mandate.

Next Steps: The negotiating team will continue discussions with NHS Employers, seeking to maximise service development opportunities within the CPCF.

2	Promote alignment of GP and community pharmacy contracts and contemporaneous negotiation	Status: Likely

Report: None

Subcommittee Action: None.

Next Steps: PSNC will maintain pressure on NHS England and NHS Employers on this issue and will work to conclude the 2015/16 negotiations in a timely manner in order to start to 'catch up' with the GMS negotiation timetable. We will also continue to take opportunities to highlight the benefits of contract alignment to wider NHS stakeholders, e.g. in responses to consultations and in press work.

3	Develop models of integrated care that demonstrate the benefit of using community pharmacy services	Status: Likely

Report:

- The office is continuing work to develop models of care for the collaborative management of asthma and hypertension by community pharmacy, working with general practices. This work has initially focussed on asthma and has included a number of exploratory discussions with key individuals in the field of respiratory medicine in order to seek their thoughts on PSNC's proposals. A summary of the points raised in these discussions is set out in **Appendix SDS 05/03/15.**
- A paper which describes the options for an integrated asthma management service is set out in **Appendix SDS 06/03/15**.
- In recent discussions with Asthma UK it was agreed that PSNC, Asthma UK and NHS Specialist Pharmacy Service would jointly develop further clinical audits that pharmacy contractors may choose to undertake to fulfil their contractual requirement to undertake a practice based clinical audit each year. The audits will focus on asthma management and will be related to the recommendations in the National Review of Asthma Deaths. The options being considered for inclusion in the template audits are set out in **Appendix SDS 07/03/15**. The audits would be made available to contractors on PharmOutcomes in order to allow collation of data which can support PSNC's aim of increasing community pharmacy's involvement in the management of asthma. The audit could potentially from the basis of a future national audit specified by NHS England.
- During the discussion on asthma management with James Kingsland, President of the NAPC, it was agreed that we will work with him and the RPS on an article for the GP press highlighting the roles that pharmacy could play in asthma, hypertension and other areas. This article is currently being drafted.
- Case finding people with undiagnosed coeliac disease – Coeliac UK has approached PSNC to discuss how they might undertake a proof of concept pilot using community pharmacies to case find patients with undiagnosed coeliac disease. This would involve use of a short patient questionnaire when people present with specific gastro-intestinal symptoms in the pharmacy. Where the responses to the questionnaire suggest the person may have coeliac disease they would be offered a finger prick point of care test. Where appropriate patients would then be referred to their GP practice.

Subcommittee Action:

- Review Appendix SDS 06/03/15 and provide feedback on the options described;
- Review Appendix SDS 07/03/15 and provide feedback;
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Following the discussions with stakeholders on asthma management it has been concluded that a roundtable discussion on asthma should focus on next steps and the best way to implement an integrated service option. This event will be organised following the subcommittee's discussion of the options paper;
- Set up discussions with key individuals and organisations on the management of hypertension within community pharmacies to conclude with a roundtable event and a report on stakeholder views to inform the development of the service;
- Development of an outline service specification for an integrated hypertension management service, which clearly describes the respective responsibilities of community pharmacy and GPs;

- Use the outline service specifications developed for asthma and hypertension management to develop a generic approach that can be applied to all long term conditions;
- Pursue opportunities to work with PHE and Pharmacy Voice on implementing the commitments made in Tackling high blood pressure: from evidence into action;
- Complete a joint article with the NAPC and RPS on community pharmacy management of LTCs and develop additional article ideas, possibly in collaboration with other stakeholders, so that we can seek opportunities to promote these service developments in the GP and wider health press as well as through PSNC's own communications.

4	Ensure outcome evaluations of community pharmacy services are undertaken and collated, including robust evaluations of the costs and benefits of potential pharmacy services to the NHS	Status: Likely

Report:

- Now that a critical mass of entries has been added to the online services database, work has commenced to distil key information about each service type on the database in order to provide useful information to support LPC discussions with commissioners (see bullet point 2 under item 5). This work will include collation of data on outcomes and it will also enable us to identify the services where there is a lack of evaluations. In due course these gaps can be addressed through collaborative work with LPCs and other partners.
- Pinnacle Health Partnership has undertaken an evaluation of the PharmOutcomes data on community pharmacy flu vaccination services during the 2014/15 season. This will be distributed at the subcommittee meeting.
- The joint academic post that PSNC is seeking to recruit with the University of Sunderland will provide additional expertise and capacity to enable PSNC to undertake or support service evaluations.
  Discussions with the University of Sunderland have continued and we will shortly be advertising to appoint a Post-Doctoral PSNC Research Fellow in optimising lifelong health in community pharmacy. The appointee's will work within the Sunderland School of Pharmacy on subjects agreed by PSNC. They will also have the opportunity to build links with the Sunderland CARE Academy which brings together the university and local health and care commissioners and major providers. The scope of research will encompass public health, self-limiting illness and the management of long term conditions, including linkage with general practice. The appointee will be managed by Scott Wilkes, Professor of General Practice and Primary Care.

Subcommittee Action:

- Review the Pinnacle Health Partnership report on flu vaccination services and consider how this may be used to support future service commissioning;
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Continue to mine the PSNC database for outcomes data and disseminate this to LPCs and other stakeholders;
- Progress the appointment of the Sunderland Research Fellow;
- Carer Friendly Pharmacy project - the active phase of the project concluded at the end of February 2015. The University of Leeds will evaluate the outcomes and the results of the project over the next few months. PSNC and Carers Trust will then use the results to promote commissioning of carer support from community pharmacies.

5	Use opportunities to promote community pharmacy services, within the four domains of PSNC's Vision, and the benefits of national commissioning	Status: Likely

Report:

- The active phase of the Carer Friendly Pharmacy project was from November 2014 to February 2015. During that time there was an encouraging number of referrals made to local carer services and GP practices. There were 247 referrals from the 44 participating pharmacies with the range of referrals across the participating pharmacies being 37-0). This has been publicised via PSNC's communications channels and the opportunities for community pharmacies to support carers has been described in PSNC Briefing 001/15.

  The text of a Welsh Carers Trust leaflet on how carers can make use of community pharmacies and the existing PSNC practice leaflet template have been used to create text for leaflets which may be used by contractors to communicate with carers about the services they provide. The draft text is currently being reviewed by Carers Trust.
- A spreadsheet listing the services included in the online services database has been developed and will be published shortly. The spreadsheet is used for the internal management of work on the database, but it also allows database users to see at a glance the range of services included and the different commissioners. As time progresses this will help PSNC to review the commissioning of community pharmacy services and identify trends in commissioning or decommissioning. The spreadsheet will be demonstrated at the subcommittee meeting.
- By distilling information from the services database, summaries of current commissioning of flu vaccination and minor ailment services have been created and published as PSNC Briefings 006/15 and 007/15 in order to support LPCs having conversations on these services with prospective commissioners.
- PSNC Briefing 011/15 has been published summarising the PHE and NHS England collaborative tuberculosis strategy and the role that community pharmacies can play in supporting control of the disease.
- PSNC's communications channels have been used to highlight the results of the NSAID safety audit which was made available to pharmacy contractors by PSNC on PharmOutcomes. The amalgamated data has highlighted the positive impact community pharmacies can have on improving patient safety as part of the dispensing service.
- The jointly produced community pharmacy manifesto, which sets out a number of wishes and enablers for pharmacy services which are in line with PSNC's Vision, has been promoted to pharmacy contractors and LPCs via PSNC's communications channels. LPCs have been sent copies of the manifesto and a number have now been able to use it successfully in MP visits to pharmacies. The partner organisations have similarly been communicating about the manifesto to their stakeholders.
- Several PSNC staff members now have twitter accounts and we have been using these to engage with a range of stakeholders – a summary of this activity is included in the LIS agenda.

Subcommittee Action:

- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Consider with Pharmacy Voice and the IPF whether there is any additional work we can usefully do to promote the manifesto in the run up to and following the general election. This may include promotion to other audiences such as local councillors;
- Repeat the successful PSNC seminar around provision of pharmacy services – topics such as supporting independent living are currently being considered;
- Update the stakeholder map for PSNC to ensure we are engaging with all organisations possible to promote community pharmacy services;
- Complete the joint article with the NAPC and RPS and develop additional article ideas, possibly in collaboration with other stakeholders, so that we can seek opportunities to promote LTC

management service developments in the GP and wider health press as well as through PSNC's own communications;
- Explore what other opportunities might exist to promote community pharmacy services, e.g. through the use of digital communications or events, and develop a plan for these.

6	Address barriers to community pharmacy service expansion, including how to ensure all patients can benefit from services	Status

Report:

- Provision of some community pharmacy services would be supported by access to patients' GP records or the Summary Care Record (SCR). PSNC and the other national pharmacy bodies have lobbied for pharmacy access to patient records where this is necessary for the provision of a service and with explicit patient consent.
  In 2014 NHS England asked HSCIC to undertake a pilot of community pharmacy access to the SCR to assess the feasibility and utility of rolling out such access to all pharmacies in England. Interim results of the pilot have been shared by HSCIC with pharmacy stakeholders and a verbal report will be provided at the subcommittee meeting.
- HSCIC asked whether any of the pharmacy organisations had data to quantify the split of community pharmacy service provision across in and out of hours (using the GMS contract definition of in and out of hours). This data may help support the business case for roll out of the SCR to all pharmacies. At PSNC's request Pinnacle Health Partnership undertook an evaluation of service provision data within PharmOutcomes to examine the split of services across the in and out of hours periods. A paper summarising their findings is set out in **Appendix SDS 08/03/15**.

Subcommittee Action:

- Consider the implications of the interim results of the SCR pilot on future plans for rollout of the SCR;
- Consider the paper in Appendix SDS 08/03/15 and determine whether publication of the paper would be of benefit to LPCs and pharmacy contractors;
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- As detailed in the LIS agenda the office will also continue work to support LPCs with the commissioning and promotion of services locally.

7	Work with other pharmacy bodies to promote greater commissioning of community pharmacy services	Status Likely

Report:

- As detailed in the HPR agenda, we have agreed to work with sister pharmacy organisations in the devolved administrations to improve GP understanding of community pharmacy and the sector's potential. As a first step in this work we will exhibit at the Royal College of General Practitioners Annual Conference in October.

Subcommittee Action:

- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- We are in the process of booking the stand at the RCGP conference and will work on communications for use both at and after the event to promote pharmacy services to GPs and CCGs;

- As detailed in the LIS agenda, a regular email bulletin sent to CCG, CSU and LA subscribers to PSNC's main email bulletin is being developed to highlight PSNC information and resources of particular relevance to service commissioners. LPCs will be encouraged to get local commissioner contacts to subscribe to this email bulletin;
- As detailed in the LIS agenda the office are working on a series of communications to local commissioners to promote the greater commissioning of community pharmacy services.

Any other business

Appendix SDS 02/03/15

Progress on implementing the 2014/15 contract settlement

The following table summarises the progress made on implementing the 2014/15 contract settlement. Progress made since the last meeting of the subcommittee is set out in italics.

Contractual change	Progress
Continuation of the NMS	Completed - no amendment of the Directions is required, as the last amendments future proofed them to allow ongoing commissioning of the service. The PSNC/NHS Employers guidance on NMS has being updated and will be published shortly as an NHS England/PSNC/NHS Employers document. As NHS England is now party to the publication, the publication of the document has to be authorised via the NHS England publications gateway process.
Introduction of the CV risk MUR target group	Completed - the cardiovascular risk MUR target group commenced from 1st January 2015.
Introduction of the 70% MUR target level	The proposed drafting of the amendment Directions could have resulted in contractors who did not undertake at least 50% of their MURs in target groups between January and December 2014 being subject to disciplinary action. That would be unfair and was not what was intended as a result of the contract agreement and therefore PSNC objected to this. As a consequence of this, it was agreed that the minimum percentage of MURs that must fall within the target groups will remain at 50% until 31st March 2015. The minimum percentage of MURs that must fall within the target groups will increase to 70% from 1st April 2015. The spreadsheet for reporting summary MUR data to ATs was updated some time ago and NHS England are still exploring how this can be published on their website; *due to the delay in publication by NHS England, the spreadsheet has however been published on PSNC's website*. The spreadsheet was shared with PMR suppliers at the end of October in order to give them advance notice of the changes that would need to be made to their software. Pharmacies could provide MURs targeted at patients within the new cardiovascular risk target group from 1st January 2015 but they don't need to record these as targeted MURs if their systems do not allow that to happen. Any MURs conducted in the new target group from 1st April 2015 will need to be recorded as falling within that target group in order that the revised spreadsheet for quarterly MUR data can be completed. If the pharmacy PMR system has not been updated to allow this data to be recorded from 1st April 2015, pharmacies will need to manually collate this data; tools to support this are available on the PSNC website. *The PSNC/NHS Employers guidance on MURs has been updated and should be published shortly as an NHS England/PSNC/NHS Employers document, once it has passed successfully through NHS England's gateway process.*

Emergency supply audit	PSNC was consulted on amendment of the Regulations to allow NHS England to specify an audit that all pharmacy contractors must complete which aims to collate information to inform policy development, rather than being a clinical audit. This change was necessary to allow the emergency supply audit to be undertaken. The amendment Regulations came into force on 1st March 2015. In late 2014 PSNC drafted guidance on undertaking the emergency supply audit, a data collection form and an associated spreadsheet to collate data from the audit. These documents were used in a pilot of the audit in the Guildford and Waveney CCG area. *The results of the pilot were reported back to PSNC/NHS Employers/NHS England at a meeting in late January 2015. The contractors involved in the pilot found the audit and associated materials easy to use. Final versions of the audit documentation were developed by PSNC with input from NHS Employers and NHS England and these were then submitted to NHS England's internal governance process prior to publication.* *The paperwork consists of:* *1. A guidance document explaining how to undertake the audit;* *2. A data collection form that the patient and pharmacy team complete; and* *3. A data collation sheet (one for each audit period) for pharmacy teams to use to collate their data prior to submission to NHS England.* *At the time of setting the agenda, it was hoped that the audit paperwork would be approved by NHS England's gateway process within 24 hours. Once the paperwork is approved it will be made available to pharmacy contractors via psnc.org.uk/nationalaudit and the NHS England website. LPCs will be encouraged to disseminate the paperwork to contractors and it is also expected that it will be issued via email by NHS England's sub region teams.* *One month before the first audit period, PSNC issued communications to contractors, LPCs and other pharmacy bodies to give them an update on the development of the audit and to seek their support in getting a good spread of contractors across the two audit periods. The latter message was specifically communicated in emails sent to all CCA and AIMp member companies.* *The data collated data from each contractor will be submitted to NHS England's Citizen Space website. This is usually use as an electronic engagement tool for use with public consultations, however it provided the only route that NHS England could use to centrally collate the audit data.*
Repeat dispensing	PSNC was consulted on amendment of the Regulations to implement the change to the terms of service relating to repeat dispensing. The Regulations came into force on 1st March 2015. The Professional Relations Working Group is being re-convened to allow PSNC, NHS Employers and GPC to discuss what support and guidance can be provided to GP practices and pharmacies on repeat dispensing. *In early February 2015 PSNC issued communications to pharmacy contractors on the changes to the regulations. PSNC Briefing 004/15 'Increasing use of the*

	NHS Repeat Dispensing Service' and associated support materials for contractors on this aspect of the contract change have been published and these are available at psnc.org.uk/repeatdispensing.
Patient Safety Incident reporting	This change requires amendment of the Approved Particulars for patient safety incident reporting; the changes were agreed as part of the negotiations. Due to a delay in the concurrent process to amend the legislation on dispensing errors being undertaken by the Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board there will be a delay in the implementation of the revised APs, containing the requirement for non-anonymised reporting of PSIs. NHS England and NHS Employers have said they are keen to avoid a situation whereby pharmacists or their staff may be compelled to potentially expose themselves to criminal prosecution by identifying themselves in a report of a dispensing error in which they were involved. Barbara Hakin (National Director of Commissioning Operations) has therefore agreed to delay the implementation of the changes to the approved particulars for incident reporting until the legislative changes have been made. It may be that the other minor amendments to the PSI reporting, that clarify what type of incidents should be reported, can be made in the meantime. The current APs require all incidents to be reported, but the revised wording restricts this to incidents that did or could have led to patient harm. This includes prescribing and dispensing errors; however, incidents where there was no implied or actual patient harm, for example picking errors that are identified and corrected during the pharmacy's checking procedures, do not require to be reported to the NRLS. The other Approved Particulars also need updating in order to remove references to PCTs. The PSNC/NHS Employers guidance on clinical governance is being updated and will be published in due course as an NHS England/PSNC/NHS Employers document. As NHS England is now party to the publication, the publication of the document has to be authorised via the NHS England publications gateway process.

Appendix SDS 05/03/15

Key issues and feedback provided in discussions with stakeholders on asthma service development

Mark Levy – NRAD author

- Concerns about emergency supplies of inhalers by pharmacy raised by some doctors – specifically the lack of feedback to GPs and the lack of action taken where people are using lots of emergency inhalers;
- If pharmacies are to do more in identifying issues they also need to be able to do something about them – referral to GPs but also giving advice;
- If we are going to come up with a commissioning or shared care framework we must start by making the economic case;
- He noted publication of a report on implementing the NRAD recommendations in the Primary Care Respiratory Review;
- A GP alert system to identify at risk asthma patients is being explored following the NRAD;
- GPs will be cautious of anything that may increase their workload (e.g. pharmacies identifying more patients in need of specialist reviews/care);
- We will need the support of the GPC for any framework.

Mark would support pharmacies helping by:

- Identifying issues (e.g. monitoring salbutamol and repeat prescription use) and fast-tracking patients with problems to advice and help (he mentioned a red card referral scheme to GPs);
- Hosting specialist clinics in their consultation rooms so that people with asthma can see specially trained nurses or pharmacists;
- Helping with inhaler technique;
- Identifying possible device switches for patients where they are having problems;
- Carrying out reviews following hospital discharge;
- Addition of questions to MURs and any required actions highlighted to GPs, e.g. if a patient needs to be called for a specialist review or change of prescription.

Stephen Wibberley – British Lung Foundation

- Interested in pharmacy's role in COPD as well as asthma. Generally supports the vision and a move to care-based funding but believes there are smaller steps that can be taken first;
- Thinks there is already lots pharmacy can do to help and that everyone should get the basics first, e.g. ensuring patients have access to annual flu vaccinations, smoking cessation services etc. Voucher schemes for COPD patients have worked in some areas to ensure access to these;
- More could be done through existing services, e.g. MURs to signpost people to specialist support and help them to manage their own conditions. There is the potential to work with BLF on some sponsored support materials on this;
- The BLF is exploring whether COPD/respiratory checks could be included in NHS Health Checks and this may be an area where pharmacy can help;
- He believes the regular contact pharmacies have with patients means they are well-placed to help;
- He would like a pilot to see evidence for any additional services pharmacy can offer. There may be potential to work with the BLF regional teams on this.

Emily Humphries and Sophie Cramb – Asthma UK

- They are supportive of pharmacy and the role it can play but have some caution about PSNC's proposed developments. In particular they are concerned that shifting care to pharmacy would lead to a deskilling of GPs in respiratory care;

- They believe inhaler technique should be checked more regularly and that pharmacy could do this; but concerned that any checks must be carried out as part of wider reviews with additional advice available;
- They are keen to work with PSNC to ensure that pharmacists are aware of all the seasonal triggers for asthma and use these are opportunities to talk to patients about their asthma;
- They were concerned about patient perceptions of any future services as many still do not see pharmacies as clinical health service providers. They are working to ensure patients do understand what care they can access from which locations;
- They believe that any service would also need to be suitable for patients with severe asthma and would like reassurance that pharmacists could manage these cases. They do not believe all pharmacists currently have the necessary skills;
- They would want any service to be fully integrated with other care, e.g. though shared records.

James Kingsland – NAPC

- The key issue will be how to resource any services – many are currently questioning the value of NHS walk in centres which, if closed, may provide some potential funds;
- He believes we will need to look to sources outside of the GP contract for funding;
- He is supportive of a greater role for community pharmacy but believes this may face opposition. There was an agreement to work on a joint article for the GP press to make the case for additional pharmacy services;
- There is a lot of scope for pharmacies to help people with asthma who have been in hospital and they could do this rather than GPs;
- To make this happen we will need to implement new services in a region, working with a CCG, and have a review of the service. There is the possibility of working with James to find some areas to work in.

Bronwen Thompson – Primary Care Respiratory Society

- The Society has found that a lot of GPs are not especially engaged in respiratory care so this can be a difficult area to engage with them in. A lot of care for respiratory patients is now offered by nurses;
- There are many risk stratification systems available to identify patients needing priority care and these should be considered in our work;
- There is a potential role for pharmacies to be involved in stepping down steroid doses where appropriate;
- The Society is keen to engage with pharmacy and support local working and Bronwen will seek feedback from members on PSNC's response to the NRAD and plans.

Appendix SDS 06/03/15

Community pharmacy support for people with asthma – options for service developments

Introduction

The National Review of Asthma Deaths (NRAD), published in 2014, highlighted the sub-optimal management of asthma by the NHS and it proposed actions that clinicians across healthcare could take to address the identified shortcomings.

In *Responding to the NRAD – The contribution that community pharmacies can make*, PSNC identified how community pharmacy teams could play a much greater role in supporting people with asthma to manage their condition optimally. This could improve patient outcomes, but it could also free up capacity in GP practices, by shifting some of the workload associated with management of asthma to the pharmacy.

This paper builds on PSNC's response to the NRAD by identifying the existing services and the potential service development options which commissioners could utilise to improve the care of people with asthma and to free up general practice capacity which can be re-deployed to current priority patient groups.

Current community pharmacy service provision

People with asthma can already access two nationally commissioned services from the majority of community pharmacies: Medicines Use Reviews and the New Medicine Service.

In some areas of the country CCGs have also commissioned specific inhaler technique services, which aim to improve patients' use of inhalers and refer them to their general practice where an alternative type of inhaler device may be more suitable.

In a small number of areas community pharmacy support has developed further, for example in Leicester City community pharmacy teams were commissioned to provide asthma reviews to patients, including signposting, review of medication, inhaler technique assessment, peak flow measurement and advice, with the aim of improving patients' control of their asthma.

Service development options for commissioners to consider

The following table illustrates how community pharmacy support for people with asthma could be developed in a sequential manner, starting from the existing nationally commissioned services, through to collaborative management of asthma with the patient and their general practice. All of these service development options could be facilitated by or commissioned from community pharmacies by CCGs.

	Now	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
New Medicine Service – when a new asthma treatment is prescribed	✓	✓	✓	✓	✓	✓
Medicines Use Review service – targeted at people with asthma	✓	✓	✓	✓	✓	✓
Post discharge MUR (where the hospital communicates necessary information to the pharmacy)	✓	✓	✓	✓	✓	✓
Enhancing dispensing – screening of all asthma prescriptions to identify underuse of preventer and overuse of reliever inhalers		✓	✓	✓	✓	✓
Inhaler technique check service provided to patients on a regular basis at the time of dispensing prescriptions			✓	✓	✓	✓
Additional MURs – so all people with asthma are offered an MUR each year				✓	✓	✓
Annual asthma review – provided in the pharmacy in line with the requirements in the NICE Quality Standard. This would include ensuring patients have a personal asthma action plan					✓	✓
Full management of asthma in collaboration with patient and general practice						✓
These phases would effectively become consolidated services made up of the individual components which are offered to all or a sub-set of patients with asthma. Where patients accept provision of the service they would be registered with the pharmacy in order to allow assessment of outcomes and to facilitate ongoing care.						

A Year of Care planning approach

In recent years the Year of Care approach to planning support for people with LTCs has been developed, initially focussed on diabetes. This approach involved planning the interventions which will be made by healthcare professionals across the year in order to augment the self-care of the condition which the patient is undertaking on a day by day basis.

The individual elements of the services described above, alongside associated advice on healthy living and services, such as flu vaccination could be incorporated into a year of care plan for each patient.

Appendix SDS 07/03/15

Pharmacy audit options linked to the National Review of Asthma Deaths

Overview

Every 10 seconds someone in the UK is having a potentially life threatening asthma attack. Shockingly asthma attacks kill 3 people each day and the UK has amongst the highest death rates from asthma in Europe. Most tragically many of these deaths could be prevented.

The National Review of Asthma Deaths (NRAD) was the first UK wide investigation into asthma deaths, commissioned by HQIP on behalf of NHS England and the Department of Health. It looked at deaths from asthma between 1st February 2012 and 31st January 2013.

NRAD found wide-ranging and widespread issues with the quality of asthma care amongst those who died. In particular people did not receive key elements of routine care and prescribing errors were widespread. One of the key recommendations from NRAD was that electronic surveillance of prescribing in primary care should be introduced 'as a matter of urgency', with several other recommendations outlined for implementation by pharmacists.

Many of the pharmacy-related NRAD recommendations can be initiated via pharmacy audits.

The benefits

The benefits of such audits would be broad:

- Initiating the relevant NRAD recommendations for pharmacists, identifying and responding to poor care directly, whilst collecting quantifiable data to drive service improvement.

- Reducing variation in care: we know that 8 out of ten people with asthma are not receiving all of the basic elements of asthma care, and the standards vary across the UK.

- Identifying and reducing waste of expensive asthma medicines – the NHS spends £1billion on asthma, 90% of which is spent on drugs, and this audit can help identify and reduce waste in the system.

- The audits would focus on key NHS England priorities outlined in the Five Year Forward View:
  - Asthma is one of the most common **long term conditions**, affecting 1 in 11 people, including children, across society;
  - **£1billion** is spent on asthma every year, 90% of which is spent on asthma drugs;
  - Asthma **self-management** has the potential to save the NHS millions of pounds by reducing avoidable asthma attacks and costly hospital admissions;
  - **Patient safety** can be dramatically improved by monitoring prescribing errors;
  - Asthma UK has compiled this list of potential audit questions and as such can contribute towards a **co-produced** piece of work, engaging with third sector into innovative improvement projects.

Audit question examples

Some examples of potential audit questions are:

Data from PMR:

- % of people prescribed LABA as a monotherapy without inhaled corticosteroid preventer treatment - (0% standard)

ACTION: alert GP and refer patient back to prescriber

- % of people prescribed more than 12 reliever inhalers in the last 12 months (where first prescription is 12 months ago or longer) – (0% standard)

ACTION: alert GP and refer patient back to prescriber

- % of people prescribed less than 12 preventer inhalers in the last 12 months (where first prescription is 12 months ago or longer) – (0% standard)

ACTION: alert GP and refer patient back to prescriber

- % people with asthma who have greater than 80% repeat prescription refill rates for inhaled corticosteroids (100% standard)

ACTION: alert GP and refer patient back to prescriber

Data from PMR and talking to the patient:

- % people with asthma who have been offered smoking cessation service OR parents of children with asthma (100% standard)

ACTION: offer smoking cessation advice

- % people with asthma who have received a medicine review in the last 12 months from a)community pharmacist or b) GP/nurse (100% standard)

ACTION: offer MUR where possible (if not, alert GP and refer patient back to prescriber)

- % people with asthma who have received inhaler technique advice in the last 12 months from a)community pharmacist or b) GP/nurse (100% standard)

ACTION: offer inhaler technique advice

- % people with asthma who are aware of how their triggers (100% standard)

ACTION: offer triggers advice

- % of people prescribed oral corticosteroids who have a follow up appointment with their GP practice (100% standard)

ACTION: alert GP and refer patient back to GP practice

Appendix SDS 08/03/15

Analysis of Non-Dispensing Healthcare Activity Out of Hours

Towards the beginning of February, an individual asked via Twitter if anybody had any data on the proportion of health related community pharmacy consultations that happened Out of Hours (OOH). Assuming the General Medical Services (GMS) definition of OOH, then there is some visibility of this via the data held by Pinnacle Health on PharmOutcomes through their support of community pharmacy local service commissioning.

An officer of PSNC requested that Pinnacle Health make a brief examination of data to see if this was possible as there was the potential for the information to be of value and act for the benefit of community pharmacy as a whole.

Background

At the time of writing, the PharmOutcomes platform has over 3½ million records concerning provision of locally commissioned services in England through community pharmacy. For the purposes of this examination, we selected those records from 1st April 2013 to 31st January 2015, a period of 21 months. The variety of services is very significant, with over 1,600 currently active; however, there are similar patterns of commissioning throughout the country with the very active services being typically vaccination, emergency hormonal contraception, needle and syringe programmes, smoking cessation services, NHS Health Checks and Minor Ailment services.

The platform records a number of date/time stamps, including those of editing and entry; for the purposes of this examination, we looked solely at the "Provision Date" which is the date that the pharmacy states the intervention or service took place. There is a high standard of data conformance to this measure and around 90% of records are made contemporaneously. To be explicit, this is not an examination of when the data was entered, but on the date when the patient or client was seen and an intervention or service delivered to them by the pharmacy team.

However, there is no requirement beyond selected services to record the time of the intervention; therefore, we considered the period of "out of hours" to be that of simply Saturday and Sunday. No consideration was made of Bank or Public Holidays, although that could be done if it proved to be of value or worth.

Results of Data Extraction

An extraction of the data was taken on 21st February 2015 and the number of interventions (service provisions) that took place on each day of the week were counted (*Table 1*).

Day of the Week	Total Non-Dispensing Interventions
Monday	490,820 (17.3%)
Tuesday	554,654 (19.5%)
Wednesday	472,741 (16.6%)
Thursday	456,099 (16.0%)
Friday	496,769 (17.5%)
Saturday	275,456 (9.7%)
Sunday	95,957 (3.4%)

Table 1 – PharmOutcomes provider recorded date of service provision

There is a clear need for community pharmacy to have further access to patient information in the Out of Hours period with over 10% of our non-dispensing intervention occurring during this time. However,

this data also demonstrates one of the strengths of community pharmacy – that of accessibility. So, whilst it might be imagined that accessing of these services by individuals would be related and therefore proportional to the dispensing activity of a community pharmacy, which is in turn dependent upon local prescribing services that are, by definition, only available in the GMS non-OOH period – this is clearly not the case and whilst comparative daily dispensing data is not available to us to do a non-parametric statistical analysis, it is self-evident for the figures in *Table 1*.

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at the request of the Pharmaceutical Services Negotiating Committee