PSNC Service Development Subcommittee Agenda

for the meeting to be held on Tuesday 12th May 2015

At York Marriott, Tadcaster Road, York, YO24 1QQ

starting at 11.15am

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

Apologies for absence

No apologies for absence have been received at the time of setting the agenda.

Minutes of previous meeting and matters arising

The minutes of the meeting held on 10th March 2015 were shared with the subcommittee and can be downloaded from PSNC's 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: The subcommittee will receive an update on the ongoing negotiations which include discussions about a national minor ailments service. These remain confidential until they have been concluded.

Subcommittee Action:

- Provide feedback on the draft MAAS service specification**;**
- Provide feedback on the paper on data capture and management for the MAAS;
- Consider what PSNC may wish to propose is included in NHS Employers 2016/17 negotiating mandate; and
- Review the proposed next steps and suggest additional activities, if appropriate.

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

Report: None.

Subcommittee Action: Review the proposed next steps and suggest additional activities, if appropriate.

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 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. Following the review of a service options paper by the subcommittee at the March 2015 meeting, preparations are now being made for a roundtable discussion.

- Case finding people with undiagnosed coeliac disease – the pilot project described in the March 2015 subcommittee agenda is to be managed on behalf of Coeliac UK by the NAPC. PSNC was represented at the first meeting of a project group where initial planning for the pilot was undertaken. PharmOutcomes will be used to support data capture by the pharmacies within the pilot.

- Pharmacy Voice have called a meeting of pharmacy and other stakeholders to discuss how to develop a response from the community pharmacy sector to the Tackling high blood pressure: from evidence into action document. Clare Kerr is leading this work for Pharmacy Voice.

- The Community Pharmacy Future project undertaken by Boots, Rowlands, Lloydspharmacy and Well has commenced its second project. PSNC has agreed to support the involvement of other pharmacies within the project through funding for training. Clare Kerr will provide a verbal update on the project.

- Following discussions at the March 2015 subcommittee meeting on community pharmacy provision of Vitamin D to at-risk groups via minor ailment services, Indrajit Patel has drafted a paper setting out his proposals on the issue. This paper is set out in **Appendix SDS 07/05/15** for consideration by the subcommittee. Alastair Buxton and Gary Warner had some initial discussions on the paper with Indrajit Patel and some of the questions posed in the discussions are set out at the end of the appendix in order to assist the subcommittee with its consideration of the proposals. PSNC Briefing 033/14: Increasing use of vitamin D supplements for at-risk groups, set out in **Appendix SDS 08/05/15,** was issued in December 2014 and it provides further background information on the subject.

Subcommittee Action:

- Consider the paper on Vitamin D provision as part of a minor ailments service and decide whether this issue should be pursued further by the subcommittee;
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Organise a roundtable discussion on asthma focussed on next steps and the best way to implement an integrated service option;
- Development of an outline service specification for an integrated asthma management service, which clearly describes the respective responsibilities of community pharmacy and GPs;
- 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; and
- 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:

- The Post-Doctoral Research Fellow 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. The initial response to an advert seeking to recruit a Post-Doctoral PSNC Research Fellow in optimising lifelong health in community pharmacy received a disappointing response. It has been agreed that the post will be re-advertised in the summer.

Subcommittee Action:

- 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; and
- 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:

- By distilling information from the services database, a prospectus of community pharmacy services is being developed for use by LPCs in conversations with local commissioners (more information on the development of the prospectus can be found in the LIS agenda papers).
- Given the focus of some local commissioners on outcome based accountability and the need for pharmacy to demonstrate positive outcomes from services, we will also be working on documents for LPCs to help them to think about this in relation to services.
- As outlined in the LIS agenda the intention is to tie publication of these documents in with the launch of the commissioner emails and website sections which will promote the commissioning of pharmacy services. We expect to launch these in June to coincide with the launch of the HSJ supplement (see below).
- Following agreement from the Committee to fund its development, a Health Service Journal/Local Government Chronicle supplement focussed on community pharmacy services is currently being produced using a brief developed by PSNC. As part of the deal on the supplement, Gary Warner and Liz Colling will also be attending the HSJ/LGC summit on integrated care in June. The brief for the supplement is set out in **Appendix SDS 09/05/15 (pages 41-43)**. In addition to this we have supplied contacts and evaluations for the journalist,

contacted a range of people (including LPCs and senior commissioners and policy makers) about being interviewed for it, and we will be providing PSNC comments for the articles.

- As well as the joint events work the office is considering attendance at the National Children and Adult Services Conference in October. This will be attended by directors of public health and social care teams and so will be a good opportunity to promote community pharmacy services.
- We have completed the update of the PSNC stakeholder map and this is set out in **Appendix SDS 10/05/15** (printed separately from the main agenda). The map will need to be updated again after the general election.
- The office has been considering whether there are any events we should hold this year to promote services following the successful asthma seminar last year. Services for older people is a key political and NHS focus area and one in which community pharmacy has huge, and often unrecognised, current and potential roles. If the subcommittee agrees, we will consider key target audiences and develop a stakeholder map and engagement plan, to support the organisation of an event on this topic.

Subcommittee Action:

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

Next Steps:

- Continue to work closely with the HSJ journalist to ensure the HSJ/LGC supplement is best designed to promote pharmacy services to commissioners;
- Consider future uses of the supplement and measure impact via an LPC survey and the popularity of a commissioner page on the PSNC website;
- Set up and market the commissioner emails and website page as detailed in the LIS agenda;
- Finalise attendance at the National Children and Adult Services Conference;
- Update the stakeholder map following the general election;
- Repeat the successful PSNC seminar around provision of pharmacy services – topics such as supporting independent living are currently being considered;
- 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; and
- Develop a stakeholder map and plan for engagement on services for older people.

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

Status: Likely

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; the pilot produced positive results highlighting benefits of SCR access to pharmacy teams, patients and the NHS.

Subcommittee Action:

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

Next Steps:

- Work with NHS England and HSCIC to support the roll out of SCR access to community pharmacies.
- As detailed elsewhere in this agenda and 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:

- We have now confirmed the stand at the Royal College of General Practitioners Annual Conference and will begin planning for that shortly. We expect that the HSJ supplement (see above) will provide a key communication for us to use at the event.
- We have discussed the possibility of jointly exhibiting at NHS Expo with Pharmacy Voice and are awaiting final confirmation from them on this.
- As outlined in the HPR agenda, we have agreed to work with Pharmacy Voice to engage with politicians after the election. This will include resources for LPCs and briefings for MPs and the promotion of pharmacy services and their benefits will form key messages within this plan.
- Following the success of various Think Pharmacy events organised by groups of LPCs, the office has been considering the possibility of facilitating a series of local events to help LPCs and contractors to engage with local commissioners and other stakeholder; the intention would be to work with Pharmacy Voice on these plans.
- A teleconference for the LPCs covered by the new models of care Vanguard sites has been arranged in June to allow information sharing and mutual support between the different areas. It is hoped that by that time there will be more clarity at a local level on what each site plans and hence how community pharmacy may be able to play its part in the developments. Support for the Vanguard sites is also to be discussed with the RPS and Pharmacy Voice at a meeting to be held prior to the subcommittee meeting.
- The Pharmacy and Public Health Forum decided it wished to send a paper to various stakeholders outlining the potential role that community pharmacy could play in the national Diabetes Prevention Programme. PSNC agreed to draft this paper and following review by PHE it will be circulated to the Forum members for comment.

Subcommittee Action:

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

Next Steps:

- Finalise communications for use at the RCGP conference and the NHS Expo, and after both events to promote pharmacy services to GPs and CCGs;
- Work with Pharmacy Voice to engage with politicians after the election and on an ongoing basis to promote the services that pharmacies can offer;
- Develop a plan for local engagement events for discussion with Pharmacy Voice and LPCs.

Any other business

Long list of possible services developed at the July 2014 meeting of SDS

Current and future community pharmacy service portfolio

Some services could appear in more than one domain, but for simplicity they have been allocated to one domain only.

Medicines optimisation	Self-care	Public health/Wellbeing	Independent living
EPS R2 Repeat dispensing MUR NMS MUR / NMS from 'all' pharmacies for specific patient groups MO support for carers/parents Full clinical medication review Adherence assessment (Morisky and PMR data) Longitudinal support via MUR/NMS combi-service for registered patients Specific disease support or 'full' management: • Asthma • COPD (incl. Rescue packs) • Hypertension • Hypothyroidism • Parkinson's • Diabetes • Pain management [potentially using independent prescribing] MO support for 'complex' patients being managed by	Minor Ailments service Winter Ailment service Management of hayfever Urgent care triage using a pharmacist prescriber First aid / minor injuries (+ AED) Sharps disposal Wound management Extended opening hours to support medical OOH services Mental health counselling 'Health Translator' for patients	Public health campaigns – linked to PHE and patient group campaigns, e.g. Cancer awareness/early identification Flu vaccination Other vaccinations • Childhood • Travel (some may not be NHS funded) • Hepatitis EHC Supervised consumption Needle and Syringe Programmes Stop smoking 'Screening' services (with associated advice and referral where required): • Chlamydia • Dementia • Diabetes • Hepatitis • HIV • Hypertension • Syphilis • Alcohol use	Collection and Delivery Adherence support – assessment of need and then provision of support: • Compliance charts • MAR charts • MDS (with pre-assessment) • Electronic reminder devices • Reminder Apps Provision of telehealth 'devices' Reablement services Domiciliary MUR / other medication review Falls risk assessment and reduction – Frailty assessment Provision of home assessment checklists and referral to further support Carer identification, needs assessment and support services Carer Health Checks Provision of living aids

GP or 2° care STOPP/START and other safety / prescribing quality indicators Care home support (possibly using phc ind prescribers) Emergency supply Anticoagulant monitoring Gluten free food supply Phlebotomy service End of life care (including support for carers) Medicines support for schools Supervised consumption (non-substance misuse) e.g. severe and enduring mental health conditions Not dispensed service Provision and setup of Adherence Apps MO services fitting in to a wider care plan for the patient Assessment of clinically optimum treatment Support with use of devices, e.g. inhalers Review of meds returned for disposal Repeat medicines synchronisation Identify generic medicines optimisation services that could form modular parts of care plan for the majority of patients		• Vitamin D deficiency • Osteoporosis • NHS Health Checks Dementia case finding Case finding services: • COPD • Hypertension • Type 2 diabetes Weight management (could be targeted at high risk groups, e.g. diabetes) Exercise referrals and coordination of community exercise, e.g. walking groups	Nutrition support for older people Hearing checks/care

Make an assessment of Vitamin D need and supply Vitamin D products under a Minor Ailment Scheme

Background

NICE (Increasing Supplement Use among at-risk groups, PH56, Nov 2014) have provided a very strong steer and direction, in the need and use of Vitamin D products in "at risk" groups. Of the many recommendations, the one very relevant to Community Pharmacy is "the importance of a daily supplement providing the reference nutrient intake for identified at risk groups".

At Risk groups/ target group

- Pregnant and breast feeding women
- Babies and young children under the age of 5 years
- Persons over the age of 65 years
- Persons with darker skin, from African/ Caribbean/ South Asian Communities
- Housebound and Very "clothed up" persons.

Objective

To be able to have a good access to the target group and safely supply the appropriate Vitamin D products on an ongoing basis with some monitoring. Pharmacies to be the experts and service providers of Vitamin D use in the NHS.

Service

- Complete an assessment of need and history
- Supply from a list
- Annual monitoring/review

Products

Vitamin D supplements are unlicensed. NICE have recommended that DH undertake a closer scrutiny and link with the Manufacturers. There is now a growth of licensed products which are POMs, the supply of which would require PGDs.

- Vitamin D drops (200iu-400iu)
- Healthy Start Vitamin Drops
- Cholecalciferol 400iu tablets/ capsules
- Cholecalciferol 1000iu Tablets/Capsules
- Licenced Cholecalciferol Products.

Further issues

a. Clients with an expected low vitamin D level, require a stronger dose to elevate existing levels for 2-3 months, thereafter lower maintenance doses. Since we are the experts, we should be able to provide a safe guidance of approach on this complex issue.
b. Elevation of low vitamin D levels take many months of supplementation to raise levels significantly.
c. In UK, exposure of skin to sun during months of July/August , for periods of 15-30 mins(light skin-15 mins, dark skin 30 mins) may help to elevate Vitamin D levels.
d. Some studies show that the regular consumption of certain foods like chapattis/bread can lower the absorption of Vitamin D from the digestive tract.
e. 94% Healthy South Asian Adults were low in Vitamin D.

f. 30% of adults over 65 years were low in Vitamin D.
g. Clear guidance will need to be given about the relevant age and dose.
h. Pharmacists will need to provide this service to the target group. However they will need to avoid duplication via prescribed medications/ purchased supplements/ establish if deficiency symptoms exist and monitor progress.
i. Some patients who have vitamin D deficiency, do not display painful symptoms.
j. Low vitamin D levels may re-inflame previous bone injury sites.
k. Low vitamin D levels causes an uncomfortable feeling in feet and legs (restless, tired etc.)
l. A brief discussion of a good diet and the role of calcium is useful.
m. Vegetarians and persons with digestive tract problems (IBS etc.) may have low vitamin D levels.
n. Pharmacists need to know the role of Parathyroid Hormone and the effects of a high level of Parathyroid Hormone, hypercalcaemia and symptomatic recognition.

Indrajit Patel

Issues raised by the above proposal for inclusion of Vitamin D supplements in a national Minor Ailments Service

1. Is Vitamin D deficiency a minor ailment? If not, whilst the MAS delivery mechanism might be a pragmatic solution, is it the best solution?
2. Whilst the target population may be found across the UK, there is variability in need according to NICE so the need for commissioning at a national level is arguably not there. There are clearly identified areas of need, e.g. London, but not all areas of the country currently commission a service. It is assumed that this is as a result of an assessment of local population need and the cost benefit that mean other priorities override. Is there any evidence to the contrary as this is likely to be the biggest block to national commissioning?
3. Would the use of unlicensed medicine in a national service be acceptable?
4. Previous services evaluations have shown that whilst pharmacy can reach target groups that are unavailable to other health care providers, they have also shown that pharmacy engagement can be poor in these services. How could the service be designed and supported to overcome this?

PSNC Briefing 033/14: Increasing use of vitamin D supplements for at-risk groups

This PSNC Briefing provides background information on vitamin D and why it is important for at-risk groups to take supplements. The Briefing summarises the recently published NICE Public Health Guidance 56 'Vitamin D: increasing supplement use among at-risk groups' highlighting elements of the document that are of most relevance to community pharmacy. It also provides details on the UK-wide Healthy Start initiative and an example from an LPC where pharmacies are involved in successfully distributing Healthy Start vitamins as well as suggested actions for LPCs. In addition, the briefing touches on the limited availability of licensed vitamin D medicines and where to obtain further information on vitamin D and the Healthy Start scheme.

Vitamin D

Vitamin D is an essential vitamin that the body needs for skeletal growth and bone health. The main natural source of vitamin D is from skin synthesis following exposure to sunlight. However, in the UK there is no ambient ultraviolet sunlight of the appropriate wavelength from mid-October to the beginning of April so the population has to rely on both body stores from exposure in the summer and dietary sources. Dietary sources are limited, oily fish such as salmon, sardines and mackerel is the only significant source. Small amounts of vitamin D can also be obtained from egg yolks, red meat, fortified fat spreads (margarines), some fortified breakfast cereals and formula milks.

The main population groups that are at risk of developing vitamin D deficiency are:

- infants and children aged under 5 years;
- pregnant and breast-feeding women, particularly teenagers and young mums;
- people aged over 65 years;
- people who have low or no exposure to sunlight, for example, those who are housebound or confined indoors for long periods of time, or those who cover their skin for cultural reasons; and
- people with darker skin, for example, people of African, African-Carribean or South Asian family origin, as their skin is less efficient at synthesising vitamin D.

Severe vitamin D deficiency can result in rickets in children and osteomalacia in children and adults. Rickets causes a child's bones to become soft and weak, which may lead to bone deformities. Osteomalacia also causes soft bones, which leads to severe bone pain and muscle weakness. Severe vitamin D deficiency can also result in hypocalcaemia in children.

National surveys suggest that around 20% of adults and 8-24% of children may have low vitamin D status. There is also a large variation in vitamin D status across England, with people living in more southerly regions tending to have a better vitamin D status. However, London is an exception to this, as the Health Survey for England (NHS Information Centre for Health and Social Care 2010) found that 35% of adults in London had low status compared to the national average of 24%. This may be due to the higher number of people from the minority ethnic groups at risk of vitamin D deficiency residing in London, compared to other parts of England.

All UK Health Departments recommend that the below groups should take a daily supplement of vitamin D. However, please note that the Scientific Advisory Committee on Nutrition (SACN) is currently reviewing the Dietary Reference Values (DRV) for vitamin D.

At-risk groups who are recommended to take vitamin D supplements

People at risk	Daily supplement dose of vitamin D (DRN)

Pregnant and breastfeeding women	10mcg daily
Infants and young children (6 months to 5 years*)	7-8.5mcg daily in the form of vitamin drops
People aged 65 years and over	10mcg daily
People not exposed to much sunlight	10mcg daily

* Infants who are fed infant formula will not need vitamin drops until they are receiving less than 500ml of infant formula a day, as these products are fortified with vitamin D. Breastfed infants may need to receive drops containing vitamin D from one month of age if their mother has not taken vitamin D supplements throughout pregnancy.

Women and children may be eligible to free vitamin D supplements under the Government's Healthy Start initiative (this is discussed later in the Briefing). For those who do not qualify for the Healthy Start scheme, vitamin D supplements can be purchased or are available on prescription. However, there are limited licensed vitamin D medicines, and over-the-counter dietary supplements have been shown to contain 9-146% of the colecalciferol content of the stated dose. This variation issue is highlighted in the recently published National Institute for Health and Care Excellence (NICE) Public Health Guidance 56 'Vitamin D: increasing supplement use among at-risk groups', which makes recommendations for how the Department of Health (DH) should address this matter.

NICE Public Health guidance 56 'Vitamin D: increasing supplement use among at-risk groups'

NICE published Public Health guidance 56 'Vitamin D: increasing supplement use among at-risk groups' in November 2014. This document aims to improve supplement use to prevent vitamin D deficiency in at-risk groups by making 11 recommendations:

1. Increase access to vitamin D supplements
2. Clarify existing guidance
3. Develop national activities to increase awareness about vitamin D
4. Ensure a consistent multiagency approach
5. Increase local availability of vitamin D supplements for at-risk groups
6. Improve access to Healthy Start supplements
7. Only test vitamin D status if someone has symptoms of deficiency or is at very high risk
8. Ensure health professionals recommend vitamin D supplements
9. Raise awareness among health, social care and other relevant practitioners of the importance of vitamin D
10. Raise awareness of the importance of vitamin D supplements among the local population
11. Monitor and evaluate the provision and uptake of vitamin D supplements

Pharmacy is referred to on a number of occasions in the guidance, which shows that NICE think community pharmacists and their teams could be a key player in increasing vitamin D supplement use in at-risk groups. The main recommendations that relate to pharmacy are listed below.

Recommendation 1 states that the DH should amend existing legislation to allow Healthy Start vitamins to be more widely distributed and sold. This includes encouraging manufacturers to sell them direct to pharmacies.

Recommendation 5 highlights ways in which to increase local availability of vitamin D supplements for at-risk groups and it suggests using pharmacy to promote and distribute them. It also recommends encouraging pharmacies and other outlets selling food supplements (such as supermarkets) to stock the lowest cost vitamin D supplements and promote them to at-risk groups.

Recommendation 6 suggests local authorities (LAs) should consider how accessibility, availability and uptake could be improved and gives the example of encouraging a range of outlets where pregnant and breastfeeding women and families and carers of under-5s may go to stock and promote Healthy Start supplements. This includes high street and supermarket pharmacies, children's centres, schools and clinics with a range of opening times. It also recommends encouraging pharmacies to sell the Healthy Start supplement to:

- pregnant and breastfeeding women and children under 4 years not eligible for the benefit;
- parents or carers of children aged 4 to 5 years and older children in 1 of the other at-risk groups; and
- women planning a pregnancy and women of child bearing age.

Recommendation 8 highlights that LAs, primary care and clinical commissioning groups (CCGs) should ensure health professionals recommend and record vitamin D supplement use among at-risk groups whenever possible. The guidance suggests this could take place during medicines use reviews, but it could occur whenever an opportunity arises when an at-risk patient enters the pharmacy to collect or purchase medicines or other items.

Recommendation 9 advises that Health Education England, Public Health England, CCGs, Health and Wellbeing Boards and LAs should:

- ensure health and social care practitioners (including pharmacy professionals) receive information on the following as part of their registration and post-registration training and continuing professional development:
  - the importance of vitamin D for good health;
  - sources of vitamin D in the UK (from safe sun exposure, supplements and limited dietary sources);
  - groups at risk of low vitamin D status;
  - supplement recommendations for different groups (this should address any confusion about, for example, age groups or the type of supplement to recommend);
  - how to encourage people to start and continue taking supplements;

- ensure health, social care and other relevant practitioners in contact with at-risk groups are made aware of the following:
  - local policies and procedures in relation to vitamin D;
  - local sources of vitamin D supplements (including Healthy Start); and
  - eligibility for Healthy Start vitamin supplements.

Recommendation 10 advises that health and social care practitioners (including pharmacy professionals) should:

- increase people's awareness of:
  - the importance of vitamin D for good health;
  - sources of vitamin D in the UK (from safe sun exposure, supplements and limited dietary sources);
  - at-risk groups and the importance of a daily vitamin D supplement for those groups and local sources of vitamin D supplements (including Healthy Start);
  - eligibility for Healthy Start vitamin supplements; and
  - sources of further information

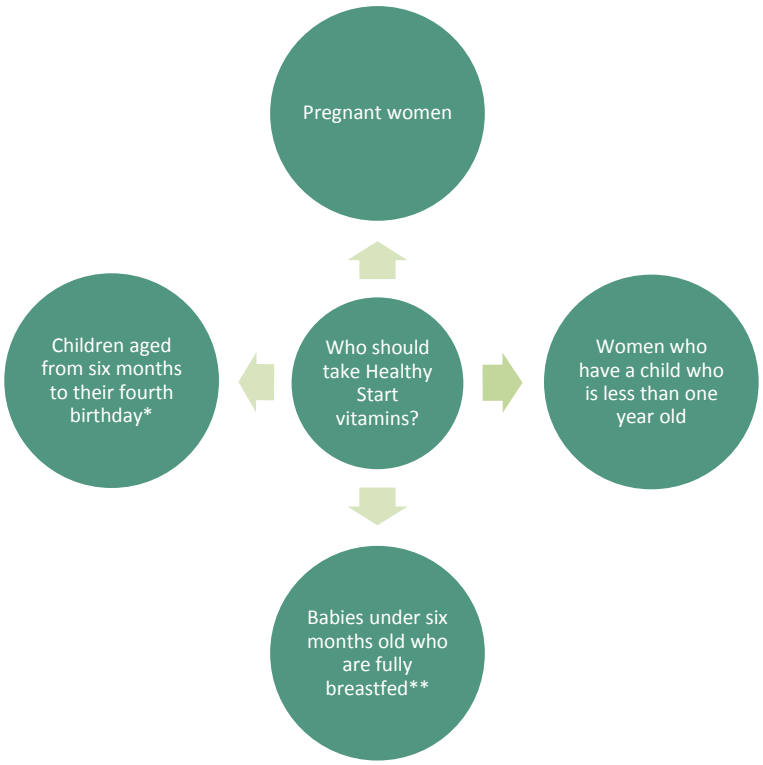
- Adapt any national resources for local use to minimise the risk of inconsistent advice
- Ensure awareness-raising activities meet the needs of all at-risk groups. This includes:
  - addressing any misconceptions specific groups may have about their risk; and
  - working with local practitioners, role models and peers to tailor national messages for local communities to ensure information about vitamin D is culturally appropriate.

What is Healthy Start?

Healthy Start is a UK-wide Government scheme that has the purpose of improving the health of low-income pregnant women and families with young children on benefits and tax credits. There are two main elements to the scheme; the first is the provision of vouchers to spend on cow's milk, fresh or frozen fruit and vegetables, and infant formula milk. The second is the provision of vouchers that entitle certain patient groups to free Healthy Start vitamins. The Healthy Start vitamin vouchers are sent out with the Healthy Start vouchers every eight weeks.

The Healthy Start vitamin drops for children contain vitamins A, C and D, and the women's vitamin tablets contain Vitamin C, D and folic acid. Both vitamin products can help reduce the risk of certain health problems, for example, spina bifida and rickets.

Which patient groups should take Healthy Start vitamins?



*If the child is having 500ml or more of infant formula a day, they should not be given Healthy Start vitamins as infant formula is fortified with vitamins

**If the baby's mother did not take a supplement containing vitamin D throughout pregnancy then a breastfed baby may benefit from taking Healthy Start vitamins

Depending on the scheme being run in the LA, it may be that only patients who qualify under Healthy Start will be able to get the vitamins free of charge. However, some areas do have universal schemes where all of the above patient groups can get them free of charge. Patients who don't qualify will be able to purchase them in early 2015. The Healthy Start Vitamins Charging (England) Regulations 2014 are being laid before Parliament to come into effect on 5 January 2015. This means that NHS organisations will be able to sell Healthy Start vitamins and make a charge which:

- must comprise or include the cost price (i.e. £1.38 for children's drops and 83p for women's tablets);
- may include an additional handling charge of up to 50%; and

- may be rounded up to the nearest 5p.

Community pharmacies should also be able to source the children's vitamin drops and vitamin tablets for women in early 2015 as NHS Supply Chain is going to supply both products to pharmaceutical wholesalers for onward sale to community pharmacies. The DH is not able to recommend a retail price for community pharmacies to sell the products at as this is not covered by regulation; this will be at the discretion of the pharmacy contractor.

General information about Healthy Start vitamins

	Children's vitamin drops	Vitamin tablets for women
Contains:		
Vitamin A	233mcg	Nil
Vitamin C	20mg	70mg
Vitamin D (D3)	7.5mcg	10mcg
Folic acid	Nil	400mcg
Classification:	General Sale List (GSL)	Multivitamin food supplement
Pack size:	10ml (8 weeks supply)	56 tablets (8 weeks supply)
Daily dose:	5 drops daily	1 tablet daily
Shelf life:	10 months from manufacture	2 years from manufacture

Both products are suitable for vegetarian and halal diets (being approved by the Vegetarian Society and Halal Monitoring Committee UK respectively). They are both also free from milk, egg, gluten, soya and peanut residues.

Lots of shops and supermarkets accept Healthy Start vouchers. The Healthy Start website has a search function so people can type in their postcode to find retailers near them who accept the vouchers. A similar function is available on the NHS Choices website for people who live in England who want to find out where they can use the vouchers to obtain their vitamins. Vitamins tend to be available from children's centres, health visitors, GP surgeries and some pharmacies.

Healthy Start vitamins in Scotland

In Scotland, Healthy Start vitamins have been distributed for a number of years via most community pharmacy and dispensing contractors, as well as some midwives and health visitors. Pharmacy contractors receive a one-off payment of £200 after submitting the Healthy Start vitamins opt-in form and then obtain supplies through AAH Pharmaceuticals, Alliance Healthcare or Phoenix Medical Supplies.

On receipt of the voucher the pharmacy contractor supplies the patient with eight weeks supply and labels the product.

To claim reimbursement of the vitamins or drops, pharmacy contractor have to complete a CPUS form and submit both the form and vouchers (marked with the patient's name, date of dispensing and contractor code) to the Prescription Services Division (PSD).

LPC Case Study

Lambeth, Southwark & Lewisham LPC is currently piloting a universal Healthy Start vitamin distribution service. The service was initially due to be piloted for six months but due to the success it has been extended for a further 12 months. The service was also runner up in the Chemist & Druggist Public Health Initiative of the Year 2014.

The LPC was initially approached to provide the service in the Lewisham borough as the uptake of Healthy Start vitamins was extremely low. The LPC was asked if pharmacy contractors would supply the vitamins free

of charge but after negotiations an agreement was reached on pharmacy contractors being paid to provide the service. A six month pilot in Lewisham was agreed, which was then extended across the Southwark and Lambeth boroughs.

All pregnant and breastfeeding women, mothers with children under 1 year and all children until their 4th birthday are entitled to Healthy Start vitamins under this service (eligibility to this service is not income-based).

People can register for the service at any of the participating pharmacies, and once complete they are issued with a Free D Card (similar size to a credit card), which stores the eligible person's details. Pharmacy contractors also need to register the person's details on a simple web based platform, which records how many vitamins the person is entitled to and how many have been given out. The Free D Card can then be presented at any of the participating pharmacies when a person wants to obtain a supply of vitamins and placed in a bar code reader to check eligibility. The pharmacy contractor can then supply the vitamins, which are not required to be labelled, recording on the online database the product and quantity supplied.

Pharmacy contractors get paid an initial payment to support setting up the service. They then receive another payment on a six months basis, which is dependent on the number of Healthy Start vitamins supplied (the more supplied, the higher the payment). Exact payment details can be obtained from the Services Database on the PSNC website (please note this information is only available to LPC members who have logged in to the LPC members section of the website. Non-LPC members who require more information on this service should contact their LPC).

The service was initially going to be pharmacist-run, but the LA agreed for Health Champions from Healthy Living Pharmacies to supply the vitamins, freeing up time for pharmacists to provide other services. Health Champions have to attend a half day training session, which then authorises them to make supplies under the pilot.

Jayesh Patel, Chief Exec of Lambeth, Southwark & Lewisham LPC feels that giving ownership of the service to Health Champions has empowered them to deliver the service. He also believes that while the LPC had reservations about the payment structure for the provision of the service, it has led to increased footfall for the pharmacy contractors involved and he believes the service has been fundamental in getting the alcohol brief intervention service commissioned in Lambeth, again a service provided by Health Champions. "*The Healthy Start service has shown the local authority what our Health Champions can do and it has given them more confidence in commissioning public health services through pharmacy*" he said.

Suggested actions for LPCs

- Find out how Healthy Start vitamins are being distributed in your LA area(s)
- Speak to the LA to see if they are open to discussing pharmacy's involvement in the service
- Use examples of LPCs, such as Lambeth, Southwark & Lewisham LPC, who are showing that having pharmacy involved makes a difference

Resources available on vitamin D and the Healthy Start initiative

- There is a section on the Healthy Start website for health professionals.
- The PSNC Services Database contains details of LPCs involved in Healthy Start vitamin distribution schemes (please note this is currently being updated so please continue to check for updates)
- Public Health England has produced a downloadable patient information leaflet and a downloadable leaflet for healthcare professionals on vitamin D.

If you have any queries on this PSNC Briefing or you require more information, please contact Rosie Taylor, Pharmacy and NHS Policy Officer.

PSNC briefing for HSJ/LGC community pharmacy supplement

About PSNC and its aims

PSNC promotes and supports the interests of all NHS community pharmacies in England and we are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. As well as our work to develop the community pharmacy service nationally, we work closely with Local Pharmaceutical Committees (LPCs) to support their roles representing pharmacies locally, working with local commissioners.

In recent years PSNC has been working to develop the service that community pharmacies offer across four key areas:

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

A key part of this work involves making the case for pharmacy's role in these areas to national and local commissioners and this supplement will form part of that representative work.

Objectives

After reading the supplement we would like commissioners to:

- Appreciate the value of the services that community pharmacies can and do offer to local communities; understanding the accessibility and expertise they have.
- Be convinced that pharmacies can and should be used as a reliable and valuable resource in future local health and care systems.
- Understand the competencies of pharmacy teams and have a clear idea of how pharmacies could, in collaboration with other providers, do more to help the NHS and local community services, and why this would be valuable to commissioners.
- Have ideas for ways they could use pharmacies to help them meet their local health and care objectives and the interest to want to discuss them locally.

Key Themes

We are looking for coverage of at least some of the following service areas to ensure that commissioners understand the benefits they could bring to local communities and health and care systems:

- Pharmacy reablement/post-discharge services (these offer support to people recently discharged from hospital and have been shown to reduce readmissions)
- Medication review and support including domiciliary, post-discharge and targeted Medicines Use Reviews (these allow pharmacists to offer patients advice to help them to get the most benefit out of their medicines and so manage their conditions and avoid the need for other healthcare)
- Respiratory/inhaler technique services (these enable pharmacies to help people with asthma and COPD to manage their conditions and have been shown to help them manage symptoms)
- Four or more medicines service (this offers support to people on four or more medicines to reduce risk of falls; improve adherence; help with pain; reduce admissions; etc)
- Falls service (this offers support to patients taking at-risk medicines and taking three or more medicines, or who are worried about falling)

- Emergency supply services (these offer patients free, emergency access to medicines to reduce burdens on GP practices and other providers)
- Sexual health services (pharmacies can offer emergency contraception and in some cases ongoing contraception, advice, and screening for some sexually transmitted infections)
- Substance misuse services (pharmacies offer a range of support eg needle and syringe exchange services and supervised methadone consumption)
- Public health prevention services eg smoking cessation; NHS Health Checks; diabetes prevention; alcohol intervention; provision of vitamin D to people at risk of deficiency
- Signposting services (pharmacies are in an excellent position to identify people who could benefit from help from other services eg carers and people with dementia)
- Long-term condition management (pharmacies could develop their role to offer support to patients with conditions such as asthma, diabetes or hypertension, and co-morbidities)

Key areas we are keen for the supplement to work through are:

- Community pharmacies – what do they do and what could they do in the future?
- Value – why this works for commissioners and patients (including evidence from existing services)
- Blocks – what is stopping it happening?
- Integration – how pharmacy can interact with other health professionals and also link in to and reduce pressure on GPs, urgent care, and social care
- What next – how commissioners can get the best out of pharmacy (including detail on online service reporting tools and the role of LPCs)

Suggested Structure (8 page supplement)

Overview and introduction to themes (2 pages)

This would be an introductory piece covering topics such as:

- The challenges facing local health and care services
- The current role of pharmacy
- How pharmacy can help to meet the challenges
- The blocks to achieving this
- The benefits of making better use of pharmacies

The PSNC comment piece could sit as part of this introduction.

Pharmacies as health and social care hubs (2 pages)

This piece would give a flavour of how pharmacies can be developed into health hubs within communities offering a range of public health advice and support. This is also a good example of integration as pharmacies can both work to identify patients who may benefit from referral to other services and help, and offer services to which GPs, charities and others could refer people.

Key services to be covered in this could be:

- Sexual health services
- Substance misuse services
- Public health prevention services eg smoking cessation; NHS Health Checks; diabetes prevention; alcohol intervention; provision of vitamin D
- Healthy Living Pharmacies
- Signposting services eg Carer Friendly Pharmacies

This piece may benefit from an infographic on the most popular services commissioned across the country to give people the full range of areas in which pharmacy can help.

Supporting independent living (2 pages)

This could cover the importance of keeping patients at home and out of hospital, outlining how pharmacies can help to do this. There are clear links to both urgent and social care where pharmacies can support people to help them to look after themselves and to prevent them from using urgent care services.

Specific examples of services would include:

- Pharmacy reablement/post-discharge services
- Medication review and support
- Domiciliary and targeted Medicines Use Reviews
- Four or more medicines service
- Urgent supply of medicines services

Some of these could be commissioned by local authorities/CCGs via the Better Care Fund so this would be an interesting angle for commissioners. There is also clear evidence of reductions in admissions.

This piece could cover the services noted above and interviews with key people involved; it might also be useful to get a patient case study.

<u>Pharmacies and patients with long-term conditions: a vision for the future (1 page)</u>
This would be the really forward looking piece on where pharmacy could go with the right enablers. The PSNC Vision may offer some material, but we suggest the piece could mostly focus in on one example - the management of people with asthma and COPD.

This case study could be used to show how pharmacies can offer support to people right through from diagnosis to people who are stable and managing the condition long-term eg NMS/MURs; inhaler checks; asthma review; flu jabs etc. PSNC has a graphic to illustrate this which has been discussed and is supported by a range of charities and others who could contribute to the article.

The comment article from the DDA would sit well with this piece to cover another example – showing that it could be applied to a range of patients.

<u>Comment (included in introductory piece)</u>
Possible comment from PSNC on why this is not happening as much as it should be? Could cover some of the key blocks and our views on how they can be overcome locally.