

NHS Ten Year Plan

Community Pharmacy Briefing

FAO: NHS England Working Group on Integrated and Personalised Care for People with Long-Term Conditions and Older People with Frailty and People with Dementia

September 2018

Summary

- Community pharmacies offer many services alongside the dispensing of medicines.
- A key resource for local communities, they are the first port of call for people in need of support or advice about their health.
- Existing community pharmacy services help people to stay healthy and look after themselves, but community pharmacies could do much more in these areas.
- Pharmacies would like to play a key role in more effective integrated solutions that do more to help to prevent, detect, and treat health conditions, as well as providing care for those who need it.
- Pharmacies have much more to contribute directly to offering personalised and integrated care for people with long-term conditions and older people with frailty.
- Scaling up some of the more innovative community pharmacy services described in this briefing document would enable pharmacies to do more to help patients to stay healthy while also supporting the sustainability of health and care services.
- This will undoubtedly require new ways of working, and we would like to work with primary care colleagues and the NHS to design new integrated pathways that use pharmacies to help patients to transition seamlessly between health and social care settings, and to lead the healthiest lives possible.

This briefing document is submitted on behalf of the National Pharmacy Association (NPA) and the Pharmaceutical Services Negotiating Committee (PSNC).

The NPA is the trade association for independent community pharmacy owners in the UK.

PSNC is recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors (owners) in England.

There are 11,619 NHS community pharmacies in England.

Introduction

Community pharmacies straddle the ground where social care services and the NHS meet. They are at once ‘an integral part of the NHS’, a ‘vital local service’ and a ‘community facility’. There is increasing crossover between health and care services, and community pharmacies are uniquely positioned as a network of the most accessible healthcare providers, located at the heart of local communities. This means they are ideally placed to support care for people with long-term health issues and older people with frailty.

Many of the services that can be offered by community pharmacies align very closely to the key principles that are guiding thinking ahead of development of the long-term plan for the NHS, particularly to the Integrated and Personalised Care for People with Long-Term Conditions and Older People with Frailty workstream. Community pharmacies could make many significant contributions in this area by:

- Helping patients with long-term health issues to manage their health;
- Facilitating integration and working collaboratively to help people to keep well; and
- Supporting older people to help them avoid hospital admissions.

In this briefing we set out how innovations in community pharmacy, with pharmacy teams working closely with other medical and care professionals as part of an integrated health and care system, could help to transform the ways in which we deliver health services to local communities and support the NHS in its goal to offer integrated and personalised care for people with long-term conditions and older people with frailty.

Community Pharmacies: Background Information

There are more than 11,600 community pharmacies in England¹, and they provide highly accessible healthcare, particularly in areas of highest deprivation. Overall 89.2% of the population is estimated to have access to a community pharmacy within a 20-minute walkⁱ, and in the most deprived areas this rises to 99.8% of peopleⁱ. An estimated 90% of people visit a pharmacy at least once per yearⁱ.

For many people, particularly those managed in primary care, medicines will be the most important intervention that they receive from the health service. Medicines dispensed in the community cost the NHS some £9 billion each year, and around one billion prescription items are dispensed by community pharmacies annuallyⁱⁱ.

The pharmaceutical care that community pharmacies provide alongside those medicines – both to ensure that patients receive the right medicines, when they need them, and that they can use those medicines safely and effectively – is at the very heart of primary care, and it ensures both good health outcomes for patients, as well as value for the NHS.

Evidence of value for money

PSNC commissioned PricewaterhouseCoopers LLP (PwC) to examine and quantify the economic contribution of community pharmacies in England in 2015. The resulting report analysed the value (net benefits) to the NHS, public sector, patients and wider society of 12 specific services provided by community pharmacy.

The services analysed were: emergency hormonal contraception provision; needle and syringe programmes; supervised consumption; minor ailments advice; clarifying prescriptions; managing

prescribing errors; managing drug shortages; sustaining supply of medicines in emergencies; delivering prescriptions; medicines adjustments; Medicines Use Reviews (MUR) and the New Medicine Service (NMS). The analysis did not assess the value of standard dispensing of medicines and other public health services provided by pharmacies including public health support, signposting and disposal of unwanted medicines.

Key results were:

	Short-term (in 2015)	Long-term (in the next 20 years)
Total value	In 2015, the 12 community pharmacy services analysed contributed a net value of £3 billion ⁱⁱⁱ .	These activities in 2015 are expected to deliver a further £1.9 billion over the next 20 years ⁱⁱⁱ .
Per pharmacy	On average, the net value added by each pharmacy was more than £250,000 ⁱⁱⁱ .	The net value added by each pharmacy rises to more than £410,000 if long-term impacts are included as well ⁱⁱⁱ .
Per prescription	The short-term benefits were on average nearly £3.00 per prescription in 2015 ⁱⁱⁱ .	The short-term benefits rise to £4.86 per prescription if the long-term effects are included ⁱⁱⁱ .
Per person	The short-run net value generated by the services considered are equivalent to £54.61 for every resident of England ⁱⁱⁱ .	The net value per resident in England increases to £88.67 when long-term effects are considered ⁱⁱⁱ .

The beneficiaries of the benefits were:

The NHS: The potential savings for the NHS resulting from the 12 community pharmacy services considered were £1,352 million in 2015, including cost efficiencies and other avoided costsⁱⁱⁱ. A further £172 million of savings to the NHS are expected to occur in the long-term as a result of these services having been provided in 2015ⁱⁱⁱ.

The public purse: Other public sector bodies (e.g. local authorities (LAs)) and wider society together received over £1 billion of benefits in 2015 as a result of the community pharmacy services covered, through increased output, avoided deaths and reduced pressure on other services such as social care and justiceⁱⁱⁱ. A further £1.7 billion is expected to accrue over the next 20 yearsⁱⁱⁱ.

Patients: Patients experienced around £600 million of benefits, mainly in the form of reduced travel time to alternative NHS settings to seek a similar type of service as the ones provided by community pharmacyⁱⁱⁱⁱ.

The expected amount of public sector spending saved directly as a result of the 12 services analysed (which did not include the value of the core dispensing services), £3 billion, is enough, by itself, to offset the entire amount of public funding provided for community pharmacy in 2015ⁱⁱⁱ.

In a further analysis by PwC, taking into account the total value of the services analysed rather than just the benefits to the public sector, it was estimated that the cost to the public sector of securing the £5.1 billion value of the 12 services analysed was £247 millionⁱⁱⁱⁱ, implying a ratio of nearly **£21 for every £1 invested**.

Our vision for community pharmacies

Following the publication of NHS England's Five Year Forward View for the NHS, the national community pharmacy representative organisations came together to publish a shared vision for how

community pharmacies could contribute to the provision of healthcare: The Community Pharmacy Forward View (CPFV)^{iv}.

The CPFV sets out the sector's ambitions to radically enhance and expand the personalised care, support and wellbeing services that community pharmacies provide. In the scenarios outlined, pharmacy teams would be fully integrated with other local health and care services to improve quality and access for patients, increase NHS efficiency and produce better health outcomes for all.

The vision sets out a shared ambition for the sector, focused on three key roles for pharmacies:

1. **As the facilitator of personalised care for people with long-term conditions**
2. **As the trusted, convenient first port of call for episodic healthcare advice and treatment**
3. **As the neighbourhood health and wellbeing hub**

The services and proposals set out in this briefing document would all be compatible with the development of community pharmacies in line with this overarching vision.

Helping patients with long-term health issues to manage their health

- **Pharmacies can help people to manage their own health and long-term conditions**

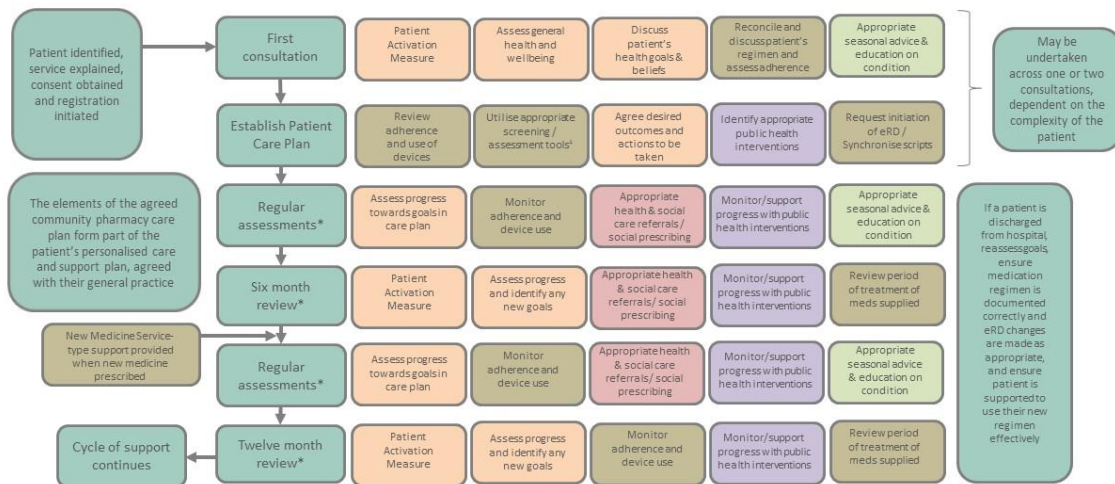
Helping people to manage their own health and long-term conditions

Community pharmacies could provide more developed services that help patients to build the knowledge, skills and confidence to do more to manage their own health and care.

In particular, some patients with long-term conditions including many older people, would benefit from regular support to help them get the best outcomes from their medicines and to better manage their conditions. PSNC recently put forward a proposal for a Community Pharmacy Care Plan service which would enable this, giving those who need it more regular access to structured consultations with a community pharmacist who can support them and help them to meet their health goals.

The conversations with the pharmacist could take place on a regular basis, perhaps linked to patients' visits to the pharmacy to collect medicines. The conversations should help people to manage any symptoms, and to reduce both the impact that their condition has on their life and the risk of more serious complications. They will also give patients a key point of contact with the health service, who they can seek advice from whenever they need to. Patients would work with their pharmacist to develop a care plan, giving them key actions and advice to help them to manage their long-term conditions and to lead the life they wish to. An illustrative patient pathway through such a service is outlined on the next page (a larger version of this is included as Appendix 1).

Illustrative CPCP service patient pathway



eRD – the NHS electronic Repeat Dispensing service

* Consultations usually occur when the patient is due to collect their next set of eRD prescriptions; patient's need for individual eRD items is checked before each supply. Domiciliary consultations would be necessary for some patients.

† e.g. STOPP/START, ACT, CAT, Frailty/Falls/Independent living assessment, Pain score

Earlier this year the All-Party Pharmacy Group (APPG) held an inquiry into community pharmacy and its role in helping people with long-term conditions: *In Good Health*^v. The group heard from organisations representing patients with a range of long-term conditions and concluded that community pharmacies would be ideally placed to help give patients with one or more condition access to a care plan, giving them control over how their condition is managed, and allowing them to set goals for treatment and review progress with a healthcare professional regularly.

In addition to such a care plan service, pharmacies could also offer support for patients such as medicines optimisation services following discharge from hospital (described below), annual checks on their medicines for instance to review dosage or adherence, ongoing measurement of Patient Activation Measures (PAMs) or services such as a blood pressure management service.

Case Study Evidence: Community Pharmacy Care Plan Service

A demonstrator pilot took place in community pharmacies in West Yorkshire, aimed at patients with long-term conditions. As part of the service, each eligible patient had one-to-one discussions with a pharmacist to explore and identify personalised health goals and agree on actions. The pharmacist also assessed the patient's adherence to prescribed medicines and discussed optimisation of the use of their medicines. The service used validated clinical tools to support the provision of care to the patient, such as the [Patient Activation Measure](#) (PAM), which assesses the knowledge, skill and confidence a person has in managing their own health and health care.

Over a 12-month period, 38 community pharmacies supported 378 patients through the service^{vi}. 93% of patients who attended the first appointment agreed one or more health goals with the pharmacist and nearly 40% of those patients achieved one or more of them^{vi}.

Patients enrolled in the service showed an improvement over 12 months in key clinical and process metrics, such as patient activation, adherence, blood pressure and quality of life^{vi}. The mean incremental cost associated with the intervention was estimated to be £202.91 (95% CI 58.26 to £346.41) and the incremental QALY gain was 0.024 (95% CI 0.014 to 0.034), giving an incremental cost per QALY of £8,495^{vi}. The researchers therefore concluded: "Results also suggest that the service would be cost-effective to the health system even when using worst case assumptions"^{vi}.

Case Study Evidence: Using the pharmacy team to free up GP appointments

A National Pharmacy Association-supported Integrated Care Model in Sheffield saw staff at Jaunty Springs Medical Practice referring patients to nearby Basgreen Pharmacy as part of a 'Shared Care' agreement. The aim was to improve the patient experience by encouraging people to be more active in their own care management, whilst at the same time reducing GP workload.

Tasks undertaken by the community pharmacy team included support for patients with long-term conditions, delivering structured medication reviews, co-ordination of repeat prescriptions, and ensuring evidence-based prescribing in the GP practice. The vast majority of these interventions took place in the community pharmacy's consultation room, with IT integration, including read/write access to the full GP Clinical Record, enabling information to be shared between the pharmacy and the practice in real time.

The estimated potential annual economic benefits of the Jaunty Springs Integrated Care Model if it were scaled up and offering in all community pharmacies include^{vii}:

- An equivalent of 1,200 GPs created per day of community pharmacy support*;
- An additional 17.73 million GP appointments created for every day of community pharmacy support*;
- Up to 7.5% reduction in A&E attendances^{vii}; and
- 21% reduction in hospital admissions from care homes^{vii}.

** If every pharmacy were to provide just one day of clinical support to General Practice each week.*

The report goes on to make a number of recommendations to work towards implementing this model across England.

Facilitating integration and working collaboratively to help people to keep well

- **Pharmacies can provide post-hospital discharge services and support to help avoid unnecessary re-admissions**
- **Pharmacies could be better integrated into primary care to help to support people to keep well**

Providing post-hospital discharge services and support to help avoid unnecessary re-admissions

There is increasing crossover between health and care services, and community pharmacies' position as both the most accessible healthcare providers and a network located at the heart of local communities means they are ideally placed to help support integration between the two parts of the service and to help patients to navigate successfully around the system. This can be particularly important when patients come out of hospital to help them to avoid readmission.

Case Study Evidence: Helping people recently discharged from hospital

When care is transferred between settings, between 30 and 70% of patients have either an error or unintentional change to their medicines^{viii}. Patients recently discharged from hospital to their homes are also at high risk of readmission.

Pharmacy reablement services can provide patients with expert advice and support with their medicine regimen from a pharmacist in the comfort of the patient's own home. A pharmacy reablement service on the Isle of Wight, which supported 254 high risk patients over a two-year period, showed:

- a 37% reduction in patients re-admitted to hospital^{ix};
- a 63% reduction in total number of admissions^{ix};
- a 48% reduction in average length of stay^{ix}; and
- that 8,850 bed days were saved^{ix}.

Integrating pharmacies into primary care to help to support people to keep well

At present, community pharmacy professionals can view a patient's Summary Care Record (SCR), which is a summarised record of current medications prescribed, allergies and adverse reactions. Granting community pharmacy professionals access to patients' GP-held care records where appropriate would have many benefits, including improved safety, improved sharing of information across primary care settings, and improved decision making to enhance patient care.

Case Study Evidence: Referring patients from NHS 111 to community pharmacies

The Digital Minor Illness Referral Service (DMIRS) is a service being piloted by NHS England. The pilot enables NHS 111 call handlers to refer patients requiring advice and/or treatment for low acuity conditions to community pharmacies across the North East of England^x.

The service is intended to increase capacity and relieve pressure on existing urgent care services, deliver care closer to home in the community and potentially result in cash releasing savings. These aims will be achieved through:

- Referral of significant numbers of patients to community pharmacy, therefore increasing capacity in urgent primary care locations;
- Promoting a strong self-care message to patients;
- Robust use of IT for referrals from NHS 111;
- Ensuring patient safety and high levels of patient satisfaction; and
- Academic review of the service.

In the pilot, NHS 111 refers appropriate patients to community pharmacies using PharmOutcomes (a web-based pharmacy services management system) or NHSmail; the patient will then be advised to attend the pharmacy for a consultation. A range of low acuity conditions have been selected for inclusion in the service, including the following 'symptom groups': rashes, constipation, diarrhoea, vaginal discharge, sore eye, mouth ulcer, failed contraception, vomiting, scabies and ear wax.

When at the pharmacy, the pharmacist conducts a face-to-face consultation using a structured approach to responding to symptoms and the patient's Summary Care Record (if appropriate). As part of the consultation, the patient receives advice and information on the management of the condition. If the patient requires treatment, this can be sold over the counter or supplied via a locally commissioned minor ailments scheme (if available).

An evaluation of the pilot has not yet been published, but we believe that the service is another important way in which community pharmacy can be better integrated with other healthcare services, and look forward to seeing the results of the wider pilots launched this autumn across London and Devon. We would like to see the service eventually rolled out nationally to all pharmacies.

Supporting older people to help them avoid hospital admissions

- Pharmacies can play a part in the medicines optimisation agenda by ensuring safe and effective use of medicines
- Pharmacies can support people to live independently
- Pharmacies can be a first port of call for healthcare advice and offer public health services

Ensuring safe and effective use of medicines

Community pharmacies already offer a range of services to help people to access, understand and to get the most benefit from their prescribed medicines. These can make a real difference to the lives and health of older people. The available services include:

- Medicines Use Reviews (MURs)
- The New Medicine Service (NMS)
- e-Repeat Dispensing
- The NHS Urgent Medicines Supply Advanced Service (NUMSAS)

MURs and the NMS are both commissioned nationally but there are some restrictions in place as to which patients can qualify for them, and to how frequently they can have the reviews. We would like to see these services expanded so that patients and the NHS can derive greater benefit from them. A key example would be extending the NMS to patients prescribed antidepressants.

Medicines Use Review (MUR): The pharmacist conducts an adherence focussed medicines review with the patient. The review assesses the patient's use of their medicines and attempts to identify and address any problems they may be experiencing. The service aims to increase the patient's knowledge of their medication and improve their adherence.

3.3 million MURs were provided by community pharmacies in 2017/18^{xi}. Many services like these can be delivered in pharmacies but in some localities community pharmacies have also been able to make domiciliary visits to help people to understand their medicines and to take them appropriately.

Case Study Evidence: Domiciliary medicines reviews in Cornwall

In a service in Cornwall, community pharmacists were commissioned to visit housebound patients in their own home, to have an informal conversation designed to allow the pharmacist to assess the patient's adherence to their medicines and to offer lifestyle support. Pharmacists work to develop an action plan which can be shared with all members of the patient's wider healthcare team.

The service brought significant benefits for patients and the NHS, with a quantitative evaluation of the pilot showing that:

- 30.5% of people are likely to have avoided an unplanned admission to hospital^{xii}; and
- 43% of people had wasted medicines^{xii}.

New Medicine Service (NMS): This service is designed to improve patients' understanding of a newly prescribed medicine for a long-term condition and help them to get the most from the medicine. Research has shown that after 10 days, two thirds of patients prescribed a new medicine

report problems including side effects, difficulties taking the medicine and a need for further information^{xiii}. The NMS has been designed to fill this identified gap.

Case Study: New Medicine Service Evaluation

Research published in 2014 showed that the New Medicine Service (NMS) could improve patients' lives and save scarce NHS resources^{xiv}. The randomised controlled trial showed that 10 weeks after receiving the NMS consultations from their community pharmacists, patients were more likely to be taking their medicine (or had sought help from their prescriber), compared with those who didn't receive the service^{xiv}.

The evaluation of the NMS was carried out by The University of Nottingham and University College London and was commissioned by the Department of Health and Social Care (DHSC). Economic modelling showed that the service could increase a patient's length and quality of life while costing the NHS less, when compared with patients who did not receive the service^{xiv}.

Repeat dispensing: This enables pharmacies to manage repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply, the pharmacy will ascertain the patient's need for that particular medicine.

NHS Urgent Medicines Supply Advanced Service (NUMSAS): DHSC and NHS England have for two years now been running a pilot of a community pharmacy NHS Urgent Medicine Supply Advanced Service (NUMSAS). The service enables patients who call NHS 111 because they have run out of a prescription medicine that they need urgently to be referred to a community pharmacy to receive an urgent supply of the medicine. This means that they do not have to use GP Out Of Hours (GP OOH) urgent or emergency care services to obtain their medicines.

Case Study Evidence: NHS Urgent Medicines Supply Advanced Service (NUMSAS)

The objectives of NUMSAS are to:

- manage appropriately NHS 111 requests for urgent medicine supply;
- reduce demand on the rest of the urgent care system;
- resolve problems leading to patients running out of their medicines; and
- increase patients' awareness of electronic repeat dispensing.

On 31st May 2018, key progress was reported as:

- 66,191 referrals have been for NUMSAS from December 2016 to January 2018^{xv}; and
- the service is having a significant impact on GP OOH appointments and the national pictures shows more referrals for urgent repeat medication are being directed to pharmacies that offer NUMSAS than GP OOH services for the first time^{xv}.

Supporting people to live independently

Community pharmacy teams can offer a range of support for older people to help them to live at home safely and to manage their health and wellbeing. These include practical assistance with ordering and collecting prescriptions from GP practices, delivery of medicines to people's homes and helping people to manage their medicines use, via multi-compartment compliance aids and the medicines adherence services outlined above.

The majority of pharmacies have also worked to ensure that most of their patient-facing pharmacy staff are Dementia Friends, helping to ensure that all older and vulnerable people have access to and can benefit from pharmaceutical services^{xvi}.

Pharmacy teams can also help people to live independently, through the provision of reablement services, for example after they have been discharged from hospital, as described above, or through services that help to reduce the likelihood of people having falls when they are taking certain medicines.

Providing a first port of call for healthcare advice and offering public health services

As part of the core national pharmacy services, pharmacy teams can offer opportunistic one-to-one advice on healthy lifestyle topics to certain patient groups who present prescriptions for dispensing. This may of course include giving advice to older people to help them to stay as healthy as possible.

Nationally, community pharmacies are also commissioned to provide flu vaccinations as part of the NHS annual flu campaign. This means that they can vaccinate all patients in at-risk groups, including those aged 65 years or over and those with chronic, long-term health conditions.

Many pharmacies are also commissioned to offer public health services by Local Authorities in order to meet the needs of their population. A wide range of public health services are currently commissioned across England including:

- Stop smoking services;
- NHS Health Checks;
- Sexual health services; and
- Weight management services

Community pharmacies have a track record in delivering these services, and they are producing positive outcomes, notably for people in deprived or vulnerable circumstances.

As community pharmacies are uniquely well positioned to reach out to the population – including the ‘apparently well’ – on a large scale, there is considerable public health benefit to be gained by extending the range and reach of these services. A concept that is building momentum is the ‘Healthy Living Pharmacy’, which brings together a number of these public health services in one location. More than 9,400 pharmacies (c. 80%) are now accredited as a Healthy Living Pharmacy^{xvi}, but with additional commissioning these pharmacies could do much more to help people both to stay healthy and to manage any minor conditions as needed.

In the two examples below we show how two community pharmacy public health services, one nationally commissioned and one local, are currently helping people to lead healthier lives.

Case Study Evidence: Community Pharmacy Flu Vaccination Advanced Service

Since 2015/16, community pharmacies have been commissioned nationally by NHS England to administer NHS flu vaccinations to some eligible patient groups. The service has grown from year to year, with community pharmacists in England administering **1,344,462** flu vaccinations to patients under the national NHS Flu Vaccination Service in 2017/18 which was provided by 77% of all community pharmacies^{xvii}.

Collated results of the patient questionnaire for the Flu Vaccination Service in 2016/17 showed that the community pharmacy service was highly valued by patients. The headline figures include:

- 98% of patients were very satisfied with the service^{xviii};
- 99% would be willing to have a flu vaccination at a pharmacy again^{xviii};
- 99% would recommend the service to family and friends^{xviii};
- 15% said they might not have had a flu vaccination if the service had not been available in the pharmacy^{xviii};
- 10% did not have a flu vaccination in the previous year^{xviii}; and
- 64% previously had a flu vaccination in another setting and swapped to pharmacy^{xviii}.

Case Study Evidence: Hepatitis C testing pilot for socially isolated group

Community pharmacies in London took part in the London Joint Working Group on Substance Use and Hepatitis C pilot with the aim of providing point-of-care Hepatitis C virus (HCV) testing to people accessing needle and syringe programmes.

Although comprehensive testing and referral routes already exist, they are not far-reaching enough for those who are not engaged or are intermittently engaged with community drug services. It was therefore determined that pharmacies that offer needle and syringe programmes could also provide opportunistic point-of-care HCV testing.

The pilot involved community pharmacy teams conducting oral swab tests on needle and syringe programme users. All those who accepted a test were provided with pre-test counselling and literature on HCV. Test results were available within 20-40 minutes and service users could either wait for them or return at a later time. In order to encourage return for the test results, service users were offered a voucher for a high street supermarket. Service users who tested positive were referred directly to a secondary care service for further testing and treatment if required. Those who tested negative were advised to re-test in 3-6 months' time.

A total of 178 tests which fulfilled the inclusion criteria were completed from 18th October 2017 to 20th March 2018^{xix}. Key findings in the evaluation include:

- 53% tested positive for HCV antibodies and 47% of these were told for the first time that they were HCV antibody positive^{xix};
- 78% of those engaging with further assessment in secondary care had chronic HCV and were HCV ribonucleic acid positive^{xix};
- 57% of those tested did not know that interferon-free treatment was available^{xix}; and
- 84% of those tested would prefer to receive HCV antiviral therapy in the community pharmacy they visit for the needle and syringe programmes^{xix}.

Conclusions

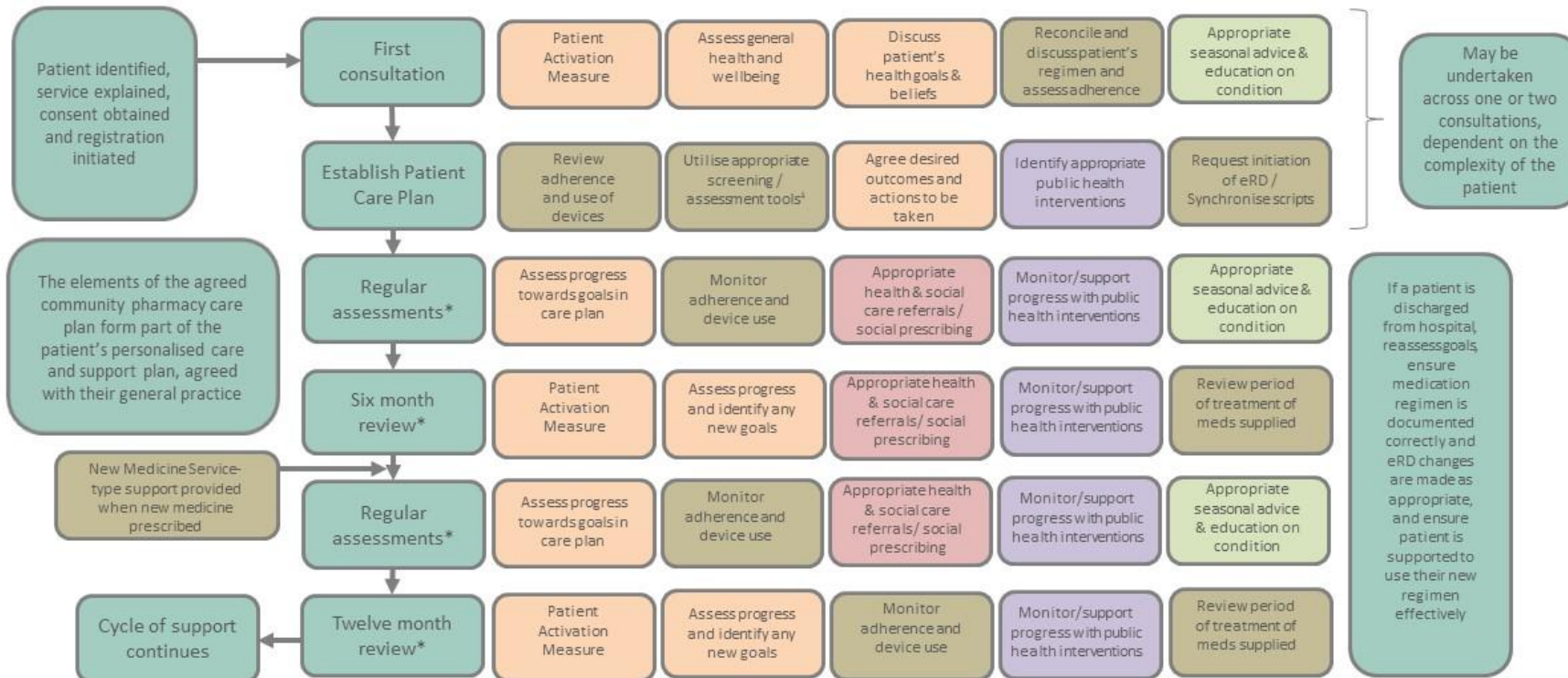
Pharmacies are often the first port of call for people in need of support or advice about their health, and existing community pharmacy services do much for the patients with long term health issues and for the older community.

But community pharmacies could do much more to help in the provision of care for people with long-term conditions and the elderly. We would like to see some of the innovative examples set out here scaled up to enable pharmacies to make a greater contribution to the provision of health and social care to older people.

This will undoubtedly require new ways of working, and we would like to work with primary care colleagues and the NHS to design new integrated pathways that use pharmacies to help patients to transition seamlessly between health and social care settings, and to lead the healthiest lives possible.

Appendix 1

Illustrative CPCP service patient pathway



eRD – the NHS electronic Repeat Dispensing service

* Consultations usually occur when the patient is due to collect their next set of eRD prescriptions; patient's need for individual eRD items is checked before each supply. Domiciliary consultations would be necessary for some patients.

† e.g. STOPP/START, ACT, CAT, Frailty/Falls/Independent living assessment, Pain score

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