

Report to the Health Scrutiny Panel, Isle of Wight Council (October 2016)

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Purpose of this Report

The purpose of this report is to highlight the key developments at national level and at local level that have impacted, or are likely to impact, the pharmaceutical and public health services delivered to patients and consumers through community pharmacy on the Island.

While the Panel will be most interested in matters of a local nature, it is important to mention the effect that decisions taken at national level by NHS England, the Department of Health and Government are likely to have on local provision of pharmaceutical services.

a) Pharmaceutical Needs Assessment

As the Panel will be aware, the Health and Wellbeing Board met its statutory obligation under the Health and Social Care Act 2012 to publish a Pharmaceutical Needs Assessment (PNA) last year. The new PNA was published in May 2015 and contains helpful information about the current state of provision of pharmaceutical services across the Island. The LPC worked closely with the Councils team that created the report.

<https://www.iwight.com/azservices/documents/2552-IWPharmaceutical-needs-assessment-2015-18.pdf>

The key findings of the PNA were:

- *On the Island there are there are 31 community pharmacies*
- *The PNA concludes that the number and distribution of community pharmacies and dispensing doctors on the Island, is adequate to provide pharmaceutical services for the local population.*
- *There is the potential for maximising service provision of advanced (and enhanced) community pharmacy services which are commissioned by NHS England (Wessex).*
- *the transition to locally commissioned services by Public Health Isle of Wight provides scope for optimising provision*
- *In some areas increased pharmacy opening hours would be an improvement for the population, for example only four pharmacies across the Island are open on a Sunday.*
- *The PNA recommends that there are no current pharmaceutical needs that cannot be met by existing contractors, and that improvements and better access should also be addressed through working with existing contractors.*
- *The PNA has not identified any gaps in current pharmaceutical provision.*

b) Proposed Funding Cuts & Reforms

On the 17th December a letter from NHS England and the Department of Health was sent to the Pharmaceutical Services Negotiating Committee and other national representative organizations, stating that funding for community pharmacy NHS Services will be **reduced** by at least £170 Million in 2016/17 compared to the current year.

This is an extremely significant reduction and poses a threat to the future provision of high quality NHS pharmaceutical services across England. Pharmacies in Southampton, Hampshire, the Isle of Wight and Portsmouth now face uncertainty as a consequence of this proposed funding cut which was scheduled to come into effect from October 2016 but has now been delayed, following a change of Minister, to December this year.

The previous Minister stated that he anticipated the closure of between 1000 and 3000 of the pharmacies in England as a consequence of the proposed reforms. That is up to one quarter of all pharmacies and would equate to up to eight pharmacies on the Island closing.

Community pharmacy contractors were dismayed at the evident lack of awareness or appreciation by the Department of Health and NHS England of the steps already taken by them to support the drive for gains in efficiency within the NHS. At a time when community pharmacy is having to deal with the workload associated with the dispensing of significantly more prescriptions than ever before, the implementation of the electronic prescription service (and the massive burden this has placed on pharmacies operationally), when there is expectation that they will contribute even further to the provision of NHS services to prevent other parts of the health system from falling over during periods of high pressure (such as in winter), and are being encouraged to provide ever more unremunerated services (such as home delivery or public health services that are not commissioned), this is simply astonishing.

There has been a swift and coordinated response by the profession and, typically, pharmacy has reacted with positive proposals for enhancement to service provision. The LPC is fully supportive of the proposals from the national organisations representing pharmacy.

The formal LPC response to the consultation can be read here
<http://www.hampshirelpc.org.uk/node/1369?page=1>

c) Pharmacy Manifesto, The Community Pharmacy Forward View & PwC Report on Value

The case for greater involvement of community pharmacy in the provision of NHS and public health services continues to be made at national level. There has been some progress made in some of these areas and they will filter down to pharmacies on the Island.

Ahead of the General Election in May 2015 the main pharmacy representative organisations created the Pharmacy Manifesto which called upon national and local politicians to support five key pledges.

- 1. We will encourage patients to think pharmacy first and help relieve pressure on GPs and A & E*
- 2. We will improve patient choice and healthcare by making it easier to commission pharmacy services*
- 3. We will back community pharmacy in its role as an accessible and valued partner in the delivery of better public health.*
- 4. We will enable patients, especially those with long term conditions, to make better use of medicines through better use of community pharmacy.*
- 5. We will support pharmacies to get access to the records and information they need to support patients*

In support of these pledges politicians and stakeholders were asked to take certain actions.

- Call for investment to build the public's understanding that pharmacy and online resources should be a first port of call to reduce pressure on general practice.
- Back the national commissioning of services so that all pharmacies can offer NHS treatment for minor ailments; NHS flu vaccinations; and NHS emergency hormonal contraception treatment.
- Where there are no national services, ask healthcare commissioners to agree national standards and service specifications that can be rolled out locally where needed.
- Encourage Health and Wellbeing Boards to oversee partnership working of local commissioning to ensure they make the most of all that community pharmacy has to offer.
- Support sharing of patient information between GPs and pharmacies (with patient consent).

These Manifesto requests are equally valid in Q4 of 2016 and other than the introduction of a national flu service, there has been little progress.

In September 2016 the **Community Pharmacy Forward View** (CPFV) was published in response to the proposed reforms and the 5YFV and GPFV published by NHS England.

Rather than a vision by NHS England, this publication is a vision proposed by the Pharmaceutical Services Negotiating Committee, Pharmacy Voice and the Royal Pharmaceutical Society of Great Britain and it invites comments from commissioners of service, patient representative organisations, healthcare professions and others.

The Community Pharmacy Forward View sets out a shared ambition for the sector, focused on three key roles for the community pharmacy of the future:

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; and
3. As the neighbourhood health and wellbeing hub.

The CPFV documentation can be found here;

<http://pharmacyvoice.com/forwardview/>

One other recent document of note is the publication by PricewaterhouseCoopers (PwC) of its report into the value of community pharmacy published in September 2016.

<http://psnc.org.uk/wp-content/uploads/2016/09/The-value-of-community-pharmacy-summary-report.pdf>

PwC reports that community pharmacies contributed a net value of £3 billion to the NHS, public sector, patients and wider society in England in 2015 through just 12 services.

This means that community pharmacies deliver substantially more in benefits than they receive in compensation, providing excellent value to the Department of Health.

Services analysed included supervised consumption, emergency hormonal contraception provision, minor ailments, delivering prescriptions and managing drug shortages. Pharmacies made more than 150 million interventions through the services in 2015 and there was a benefit of more than £250,000 per pharmacy or £54.61 for every resident of England.

Breaking the combined contribution down into the areas which are benefitting, it was found that:

1. The NHS received a net value of £1,352 million, including cash savings as a result of cost efficiencies, and avoided NHS treatment costs;
2. Other public sector bodies (e.g. local authorities) and wider society together received over £1 billion through increased output, avoided deaths and reduced pressure on other services such as social care and justice; and
3. Patients received around £600 million, mainly in the form of reduced travel time to alternative NHS settings.

The report concludes that from these services alone, community pharmacy contributed an in-year benefit of £3 billion in 2015, with a further £1.9 billion expected to accrue over the next 20 years.

d) Advanced Influenza Vaccination Service

Community pharmacies have again been asked by NHS England and Public Health England to provide seasonal influenza vaccination services to those aged over 65yrs and those in certain 'at risk' groups.

Last year community pharmacies on the Island delivered 3,500 NHS flu vaccinations and this year are on target to exceed that level significantly. Community pharmacies are putting a lot of effort into helping NHSE/PHE achieve its target of 75% of the eligible over 65yrs and 'at risk' populations.

While there have been some unfortunate isolated examples of inappropriate inter-professional competition between NHSE service providers on the Island, there is generally an element of co-operation. The LPC is supportive and encouraging of this co-operation and is asking all healthcare providers to place the patient at the centre of their efforts.

e) Summary Care Record Implementation

Community pharmacies are currently in the process of implementing the Summary Care Record into daily practice.

The core information within the SCR contains

- All known allergies & adverse reactions recorded for that patient on the GP system.
- All medications within the following conditions:
 - Acute medications (6 or 12 months, depending on the GP system)
 - Current repeat medications (with last issue date dependent upon GP system)
 - Discontinued repeat medication (if the GP system adds this data, 6 months)
- Additional information:

Additional information, such as blood test results or blood pressure readings, can be added with explicit agreement between the patient and the GP. The patient is always in control of any additional information that is added to their SCR.

A proof of concept trial run in 140 pharmacies in the north of England showed that using SCR in community pharmacy has proved extremely beneficial. Results indicate it is increasing pharmacists' ability to treat patients more efficiently and effectively, by reducing the need to contact their GP and providing access to information normally unobtainable out-of-hours.

Other examples of benefits for patients, pharmacists and other parts of the NHS are:

- Improving patient safety by ensuring the patient gets the right medicines
- Improving efficiency by reducing the number of phone calls and reducing the time spent waiting on a call

- Improving effectiveness by supporting clinically appropriate calls to GPs
- Improving the patients experience by reducing patient waiting time for queries to be resolved, and resolving them at the point where they are presenting for care.

f) Electronic Prescription Service / MURs and NMS

The focus on increasing the level of electronic prescribing, particularly repeat dispensing continues. While the Island is generally better than the Wessex average or total England average for most electronic prescribing parameters, it is lower than England average for electronic repeat dispensing.

The latest NHS Digital Medicines Optimisation data published (April 15 to March 16) shows that on the Island the percentage of EPS Repeat Dispensing (eRD) is at 10.65% compared to 11.63% for England (Wessex by comparison is only at 6.36%).

However, given that the Island was an early adopter of electronic prescribing, this is disappointingly low. Community pharmacy would like to see a step change in the amount of eRD taking place as this is better for patients and increases efficiency of the dispensing operation compared to 'work arounds' that otherwise are put in place. It is also more efficient for GPs.

This would also assist in increasing the level of patient satisfaction that community pharmacy is striving to achieve and would address a number of the issues identified in the recent Healthwatch survey of patients (as reported to the Panel previously) and issues that pharmacies have identified with the time it takes for patients to receive their (paper) prescription when placing a request. Sometimes this can take as much as ten days in certain localities.

Other tools in the pharmacy armoury to help patients are Medicine Use Reviews (MUR) and the New Medicines Service (NMS). Both are part of the 'Advanced' service level of the national contractual framework and optional areas of service provision.

Although Island pharmacies currently outperform the England average for both MUR and NMS delivery, we should not be complacent. Figures recently published on the NHS Digital Medicines Optimisation Dashboard show that 87.1% of Island pharmacies are providing MURs compared to the England average of 83.16% (Wessex is 86.01%) with 3.51 MURs conducted per 1000 dispensed items compared to a national average of 3.33. This is lower than a number of neighbouring CCG localities within SHIP.

NMS interventions are currently delivered in 81.45% of Island pharmacies compared to an England average of 59.04% (Wessex 63.64%). The number of NMS

interventions delivered per 1000 prescriptions dispensed is 1.28 on the Island compared to 0.83 in England.

There is clearly opportunity to deliver far more NMS interventions in particular and we are encouraging all health care providers, particularly GPs and non-medical prescribers, to signpost these services so that pharmacists can add real value to helping patients get the most from their medicines.

g) The HLP Platform and service development changes

There is opportunity to build upon the existing Healthy Living Pharmacy platform that was established first in Portsmouth as service developers and researchers recognise the benefit of working with the pharmacy network established.

There are only four pharmacies currently accredited to HLP Level 1 standard on the Island and we would like to see more. In other localities there is local authority encouragement (and funding) to incentivise development as this compliments the local authority Public Health agenda.

Following the very recent announcement of the introduction of a new Professional Self-Declaration approach to accreditation (with quality assurance overseen by the Royal Society of Public Health) we, and Public Health England, believe this is the right time to rejuvenate the initiative.

Community pharmacy remains the most accessible healthcare service (with over 1.6 million visits by patients every day across England and typically 14 visits per person per year) and this accessibility is a valuable asset in the provision of health and wellness services and advice.

Public Health services delivered through pharmacy on the Island (and commissioned by the Council) and other 'Locally Commissioned Services' (commissioned by the CCG) at time of the publication of the most recent PNA were;

- Chlamydia Screening / treatment
- Emergency Hormonal Contraception
- Condom distribution
- Needle exchange
- Collection of sharps
- Supervised methadone and buprenorphine consumption
- Dry Blood spot testing
- Hep B Vaccination
- Minor Ailments Scheme
- Returned to stock / not dispensed scheme
- Trimethoprim service
- Pharmacy First
- Just in Case Box scheme
- Gluten free Scheme

In addition, the CCG commissioned an 'Urgent Repeat Medicine Service' in April 2015 that has been very effective at helping patients who have run out of their medicines at the weekend and when they are unable to get to their GP. This model approach has now been adopted by the rest of Wessex and a new PURM service will commence at the end of October in Wessex - while the Island will continue with its ground breaking scheme. This is an important service considering the recent announcement about the Beacon and UCS service changes and the pressures that the system is under.

Unfortunately, it has recently been announced that there is an intent to stop a number of other services, notably the Chlamydia screening service and the Gluten free scheme.

We are concerned about the potential impact on patients and (as a consequence of accumulated funding cuts) on the ongoing operation of pharmacies that provide these services. As already mentioned, the PwC report identifies significant value in the pharmacy network which is unfunded already. Further attrition of commissioned services through pharmacy is likely to impact patient care. If pharmacy commissioned services are eroded, the implications are that patients will then divert back to GP and emergency services by default, and therefore create even further pressures and financial burden on the health and social care system. In our view, this is a time to increase the number of services that community pharmacy provides in collaboration with the island health and social care systems. Our great geographical spread and public accessibility can then be utilised more fully to drive a greater number of improved patient health outcomes as well as the associated financial savings that the PwC report highlights.

Pharmacies on the Island can rightly be proud of their contribution to delivering high quality care to the Islands residents and the efficiency by which these services are currently delivered for the tax payer but there is more that could be achieved through smart commissioning.

The Local Pharmaceutical Committee would be pleased to engage with the Scrutiny Panel should this report raise any further questions.