

Pharmacy Flyer

Focusing on pharmacy in the new NHS



Insert - Spring 2010

The Operating Framework 2010/2011¹

Published in December 2009, the targets in this year's *Operating Framework 2010/2011 for the NHS in England*, are both top down and bottom up; PCTs need to address national issues and make sure that the local population has its health requirements met.

PCTs will receive a 5.5% increase in allocations for 2010/2011 however the document confirms the £15-20b of efficiency savings which the NHS need to make by 2013/14. Amongst the enablers the document states that at least 2% of recurrent funding is only ever committed non-recurrently. One use of this money could be to pump prime service development in community pharmacy. This will also help PCTs to meet the challenge of care closer to home either by providing services directly such as anticoagulation monitoring or indirectly pharmacies provide a Minor Ailment Service thereby reducing demands on GPs time and enabling GPs to provide services relocated from secondary care. These targets set a real challenge for PCTs who will have to look for innovative ways to maximise the potential of all health care professionals in order to meet the targets.

In the table below we look at some of the targets which are set out in *The Operating Framework*¹ and identify services which community pharmacy could provide to support PCTs in meeting these targets.

National priority	Challenge for PCTs	Pharmacy offering	Outcome
Improving access			
Achievement of 18 week referral to treatment pledge. Section 2.13 Of the <i>Operating Framework</i> ¹	This target is being met by all organisations however there are some specialities where this is not the case. All NHS organisations should ensure their drive to improve access is maintained across the full range of pathways including urgent and emergency care. In order for this target to be met, care pathways need to be redesigned. Services which are currently provided in secondary care will need to be moved to primary care and consequently services which GPs currently provide will need to be delivered by other healthcare professionals.	Care pathways where pharmacists could play a part include dyspepsia, chest pain and rectal bleeding. Pharmacists can provide interventions at various stages of the pathways; from the first stage supporting self-assessment and self-care, through diagnostic testing e.g. H Pylori testing, providing reassurance and self help, to supporting watchful waiting (this could include point of care testing as part of the monitoring of a patient's condition), providing medication support including MURs and medication reviews. Minor ailments services (MAS) are widely commissioned by PCTs. Medicines are supplied for an agreed range of conditions via a Patient Group Direction (PGD). A MAS can release GP time for other activities linked to meeting 18-week targets.	Including pharmacists in the care pathway at appropriate points can free up GP time to undertake parts of pathways which are being relocated from secondary to primary care. Maximising the use of the medication management skills of pharmacists including those pharmacists trained as non-medical prescribers and Pharmacists with Special Interests (PhwSI) will support patient care. These specialist pharmacists can support GPs with Special Interests (GPwSI) in providing tiered levels of services whereby only the more complex cases would need to be referred to secondary care. Patient care could be easily stepped up and down through the levels depending on need. A well publicised Minor Ailment Services (MAS) commissioned from community pharmacy could free up GP appointments. GP time could then be utilised to provide services relocated from hospital to primary care.
Primary care			
All PCTs will continue to ensure improvements in patient's experience of access and to ensure new GP led Health Centres and GP practices deliver effective and innovative services. Section 2.15	Patients should be able to choose a GP practice offering extended access to evening and weekend appointments. Every PCT should ensure that they continue to make progress in ensuring that the availability of services meets local need. In particular if some local practices are not providing extended opening, services which ensure commensurate benefits should be commissioned.	The current network of community pharmacies provides the general public with ready access to a health professional, as well as their medication. Neighbourhood pharmacies providing access critical services could very much enhance healthcare in localities across the country. Services which would complement (and compensate for) some unavailable GP services are those that: <ul style="list-style-type: none"> • people need to access quickly e.g. emergency hormonal contraception • frequently e.g. anticoagulation monitoring and other routine point of care testing • and those for which a journey to a relatively distant location would be viewed as a considerable inconvenience e.g. Minor Ailments. A minor ailments service allows pharmacists to supply medication, via a patient group direction, to treat common conditions for which patients would normally visit their GP to obtain that medication. This would be either because the medication is only available on a prescription or because the patient doesn't pay prescription charges and is therefore deterred from buying the medication over the counter. PCTs could also consider using appropriately qualified pharmacist Independent Prescribers to provide a minor ailment service for a wider range of conditions with direct referral to Out of Hours (OOH) or emergency services where appropriate.	If patients, who would normally visit their GP with minor ailments, are redirected (by local advertising or referral from NHS direct) to community pharmacists, appointments would be freed up and GP surgeries would be more likely to meet their access targets. (Pharmacists would refer patients who needed urgent GP care back to the surgery.) The service would also reduce demand for out of hours services and could cut A&E attendances when GP surgeries are closed. An emergency hormonal contraception enhanced service was launched in Liverpool. This coincided with a drop in the number of young women attending A&E to obtain EHC.
Keeping adults and children well, improving their health and reducing health inequalities.			
<i>NHS 2010-2015 from Good to Great</i> ² made clear that priority is to be focussed on interventions that prevent the early onset of diseases and avoidable conditions Section 2.18	The four areas of focus remain heart disease, cancer, children and maternity, but the aim is to reduce demand for acute services across the board and reduce health inequalities.	Pharmacies are a crucial local partner, and are well-positioned to provide personalised health advice within local communities. A resource on Health Trainers, produced by the NPA in conjunction with the DH and the other pharmacy bodies, covers the topic from the aspect of PCT, pharmacists, their staff and employers has just been published see "stop press" for details. Training community pharmacy staff as health trainers is relatively new however early reports are very positive. It has been shown that Health Trainers improve the desire for change and the health outcomes for those they work with. A prerequisite for Health Trainers is that they come from the community in which they work. Community pharmacies are located in the communities which they serve, their staff are usually drawn from the local community and therefore understand the needs and concerns of their patients and staff frequently speak the language spoken locally when English is not the first language.	Training pharmacy staff as Health Trainers can make these members of staff feel more confident in approaching customers and tackling sensitive subjects like obesity. These skills also improve the delivery of public health services targeted at the health requirements of the local population and commissioned from pharmacy including stop smoking, weight management and chlamydia testing.

National priority	Challenge for PCTs	Pharmacy offering	Outcome
A new tobacco strategy will set out opportunities for PCTs to build on the current model through the use of different levers and describes the anticipated levels of savings that could be achieved. Section 2.21	A <i>smokefree future</i> ³ was published by DH in February 2010. The three overarching objectives include; <ul style="list-style-type: none"> To motivate and assist every smoker to stop; aspiring to reduce adult smoking rates to 10% or less and halve smoking rates for routine and manual workers, pregnant women and in the most disadvantaged by 2020 	This is a challenging target and PCTs need to maximise the use of proven methods of supporting smokers to quit. NHS Employers published <i>Pharmacy-based stop smoking service: optimising commissioning</i> in 2009 ⁴ . This guide was developed to help trusts identify where they are now, where they want to be and how to deliver their organisation's goals for smoking. This document reviews why community pharmacy is a successful provider of stop smoking services, looks at mapping local need and existing services and identifying what needs to change. Also included are an integrated service framework for stop smoking services, a 'gold standard' monitoring form and some examples of good practice.	Community pharmacy stop smoking services have been shown to be as effective and as cost effective as nurse led stop smoking services with a 43% quit rate ⁵ . There are considerable benefits in training community pharmacy staff as Health Trainers. The motivational interviewing, reflective listening and conducting one-to-one behaviour change interventions will not only improve their ability to approach smokers and recruit them to the stop smoking service but should also improve quit rates.
Everyone eligible between the ages of 40 and 74 will be entitled to undergo an NHS Health Check (assessment of their risk of heart disease, stroke, diabetes and kidney disease) Section 2.47	People will be helped to reduce their cardiovascular risk through lifestyle changes such as smoking cessation, weight management or clinical management. As PCTs introduce NHS Health Checks they will want to ensure that appropriate services are in place to meet anticipated demand.	Pharmacy support for delivering NHS Health Checks is two-fold - they can provide the Health Checks and the risk analysis and also provide the services to enable people to make the changes need to reduce their risk of disease. As mentioned above there is a proven track record for stop smoking services delivered from community pharmacy. There is a successful example of a pharmacist who arranged for her staff to be trained as Health Trainers to run a weight management service (using the same service specification as the GPs) An interim audit showed a good success rate and the service was liked by those who used it.	In addition to offering a choice of venue and a wider range of times for those being called for their NHS Health Check, community pharmacy can provide opportunistic NHS Health Checks for those who don't respond to the invitation to attend or who aren't registered with a GP. Results would be fed back to GP and PCT and those not registered encouraged to register with a GP. If services needed to support lifestyle changes are also available from the pharmacy people are less likely to be lost to follow up.
Tackling the health priorities of children and young people is complex, requiring strong leadership and effective partnership working across the NHS, local authorities and partner agencies Section 2.25	A partnership approach is critical to linking up services, for example ensuring frontline staff across different agencies are trained and comfortable with addressing sexual health issues with young people. There are also benefits to joint working with local chlamydia screening programmes.	The supply of emergency hormonal contraception is one of the most widely commissioned enhanced services from community pharmacy and has shown to be well liked by those who use it. Being able to access emergency hormonal contraception as quickly as possible is vital to those who need it. Providing this service also improves convenience for patients. Pharmacy is used to test and treat for chlamydia in some PCTs. Delivery rates are not yet as high as we would like, but the NPA has shown that by improving the ability of medicines counter assistants to tackle this subject testing rates increase. The NPA believes that pharmacy staff should be included in PCT training programmes.	As shown above easy access can reduce demand on OOH services. Increasing training for pharmacists and staff will improve the delivery of sexual health services. A wider range of services could be delivered and two PCTs in London have commissioned the supply of oral contraception from community pharmacies. Good access to both contraceptive and sexual health services, including elements such as pregnancy testing with rapid referral to services and the supply of condoms, will improve health outcomes. Whilst the supply of chlamydia tests from community pharmacy may not have reached the desired levels so far, conversion rates from supply to test are good. Sexual Health Toolkit - RPSGB 2009 available at www.rpharms.com supports the integration of pharmacy into care pathways for sexual and reproductive health.
Emergency preparedness			
All NHS organisations, local authorities and other local organisations should give high priority to putting in place, and testing, plans and arrangements to deliver an effective response to threats and hazards Section 2.37	A functioning health service has to be maintained in the event of major emergency incidents, from pandemic flu to other incidents caused by chemical, biological, radioactive and nuclear (CBRN) threats, conventional terrorism, fuel and supplies disruption, flooding and public health incidents and any impact from climate change.	The importance of community pharmacy is recognised and referred to throughout the DH guidance for health authorities ⁶ . The recent outbreak of swine flu provided ample evidence of the willingness and ability of community pharmacy to support the local delivery of health care. Pharmacies came forward and became anti-viral collection points and some provided H1N1 vaccinations. PCTs responding to a survey carried out by the NPA were delighted with the support given by pharmacy in achieving the aims of providing the services needed to support patients during the pandemic. In the recent snow pharmacists and their staff demonstrated their dedication in ensuring their customers got their medication and frequently supported them over and above that which could reasonably be expected.	Inclusion of community pharmacies in all stages of emergency planning will support the best health outcomes for the public in case of pandemic flu or a disaster. The outbreak of swine flu was not as severe as first feared. When reviewing emergency planning PCTs should ensure that community pharmacy is included in services commissioned specifically for an emergency such as distribution of anti-virals and vaccination. Services delivered by community pharmacy are provided close to where patients live and therefore reduce demands on possibly hard pressed transport services and fuel. PCTs should also review local learnings from recent severe weather incidents (eg, snow and floods) and consider what happens if pharmacies have to close either through lack of staff or damage to the property.
System levers and enablers			
Devolvement of the central budget for pharmacy services to PCTs Section 3.20	This money along with that for ophthalmic and primary dental services will be ring-fenced for 2010/2011	Until now the money for pharmacy fees has been held centrally. The funding is negotiated by DH and PSNC and is commonly referred to as the global sum.	The global sum covers fees and allowances paid to community pharmacy and appliance contractors. For more information see the article inside.

Reference

- 1 *The operating framework for the NHS in England 2010/2011* DH December 2009 www.dh.gov.uk
- 2 *NHS 2010 to 2015 from good to great: Preventative, people-centred, productive* December 2009 www.dh.gov.uk
- 3 *A smokefree future: a comprehensive tobacco control strategy for England* DH Feb 2010 www.dh.gov.uk
- 4 *Pharmacy based stop smoking services: optimising commissioning* NHS Employers July 2009 www.nhsemployers.org
- 5 *Statistics on NHS Stop Smoking Services: England, April 2009 to September 2009* (Q2 - Quarterly report www.ic.nhs/statistics)
- 6 *Pandemic flu: A national framework for responding to an influenza pandemic* DH November 2007 www.dh.gov.uk

For more information about specific community pharmacy based services contact Simon Wills s.wills@npa.co.uk or phone 01727 858687 ext 3274.

National Pharmacy Association
Mallinson House
38-42 St Peter's Street
St Albans
Herts
AL1 3NP
t 01727 858687
f 01727 795934
e communications@npa.co.uk
www.npa.co.uk