

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
February 2018

TITLE OF REPORT:	Pharmacy First Scheme for all patients
AUTHOR(s) OF REPORT:	Hemant Patel/ Sarah Southall
MANAGEMENT LEAD:	Steven Marshall
PURPOSE OF REPORT:	Seek approval for funding of this service.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • The CCG already commissions a service for over 16s • The service for under 16s will be decommissioned by NHSE on 31st March 2018. • CCG members have requested that a service covering all ages should be continued and commissioned by the CCG • The CCG will need to finance consultation and drug costs in addition to the service management fees to the CSU in 2018/19.
RECOMMENDATION:	That the CCG commission this service until March 2019.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Continuation of existing service



2. Reducing Health Inequalities in Wolverhampton	Improve and develop primary care in Wolverhampton. Withdrawal of this service would put increased demand on GP practices
3. System effectiveness delivered within our financial envelope	The service makes best use of community pharmacist's skills and helps develop and maintain a modern up skilled workforce across Wolverhampton.

1. BACKGROUND AND CURRENT SITUATION

- 1.1. Reports suggest that 20% of GP consultations can be dealt with by self-care and support from community pharmacy.
- 1.2. In areas of high deprivation, Pharmacy First schemes that allow access to a limited range of NHS- funded over the counter medicines for low income and deprived families to support self-care have been shown to be cost-effective in reducing demand on GPs, walk-in-centres and Accident and Emergency.
- 1.3. Many pharmacies are now open 100 hours a week with a qualified pharmacist on hand to advise on minor illnesses, medication queries and other problems
- 1.4. Community pharmacy can support self-care for long term conditions, coughs and colds and other complaints and support better health through provision of healthy lifestyle advice. Many Wolverhampton pharmacies are now designated as healthy living pharmacies
- 1.5. Over the last 3 years local GP practices have worked closely with community pharmacies to encourage patients to self-treat ailments, rather than going to their general practitioner particularly when it comes to asking for antibiotics which will be ineffective for symptoms of viral infections.
- 1.6. Community pharmacy teams have resources in place to help them provide messages to patients on self-care about the normal self-limited duration of ailments and the red flags (warning symptoms) where patients are referred to their GP.
- 1.7. In 2013 the PCT transferred funds for the minor ailment service to NHSE. This was invested in the Pharmacy First service.
- 1.8. NHSE has decided to de-commission the service for patients under 16 years of age. The CCG is not aware that any consultation has taken place to inform this decision.
- 1.9. No funding has been transferred or offered to the CCG to continue to commission this service. Originally 66K was transferred to NHSE for the minor ailment service to be continued by the area team



2. PROPOSAL

- 2.1. The CCG takes over the commissioning of the under 16 service from April 2018 to complement the service already commissioned for over 16s. This would therefore be a continuation of an existing service.
- 2.2. The activity for patients over the age of 16 for 2016/17 was 2,750 consultations. The consultation cost was £5. Therefore the cost of the consultations for the year was £13,750. In addition the drug costs were £7,999. Total cost of the service in the last financial year was £21,749.
- 2.3. The activity for patients under the age of 16 for 2016/17 were 3,852 consultations. The consultation cost was £5. Therefore the cost of the consultations for the year was £19,260. In addition the drug costs were £10,991. The total costs for under 16s therefore were: £30,251.
- 2.4. Patients will be made aware of this service by GP practice staff using the proposed care navigation system and community pharmacists and their staff.
- 2.5. The Pharmacy First Service is administered by the PharmOutcomes system which is managed by the Midlands and Lancs CSU under the current service level agreement with NHSE. A service charge of £5,727 has been made by the CSU for this work to be undertaken in 2018/19. The service charge covers :-
- Procurement, contract and implementation of PharmOutcomes® IT Software System
 - Service design, development and management
 - Payments Management function
 - Reporting Function
 - Helpdesk Function
- 2.6. Payments due to pharmacy contractors for this service will be generated by the CSU who will provide schedules with back up data for CCG budget holders to sign off. On receipt NHSE will make arrangements to pay pharmacy contractors via their normal payment process.
- 2.7. Other Key Points to bear in mind:-
- NHS Clinical Commissioners are running a consultation on the proposed commissioning policy which may restrict NHS funding for over the counter and self-care medicines.



- For this reason a 12 month non-recurring contract is advised to enable this service to continue until 31 March 2019.

3. CLINICAL VIEW

- 3.1. Dr Reehana the Interim Deputy Chair of the CCG is the clinical champion for this service.

4. PATIENT AND PUBLIC VIEW

- 4.1. None. It is assumed the patients and public would wish to keep this service active until a national decision is made on using NHS funding for self-care treatments.

5. KEY RISKS AND MITIGATIONS

- 5.1. Withdrawal of this service could place greater demand on GP practice, Urgent Care, Walk in Centres and A and E department.
- 5.2. As this is a 1 year contract only this would require non re-current funding.
- 5.3. Demand could increase with uptake of Care Navigation

6. IMPACT ASSESSMENT

Financial and Resource Implications

- 6.1. A total budget of £60K will be required. This will need to be split between the Primary Care Budget and the Prescribing Budget. Primary care will fund the consultation costs and the drug costs will be funded from prescribing. Pragmatically it was decided the costs would be split 70/30 between primary care and the prescribing budget, with Primary Care funding 70% of the total cost. Costs will be absorbed within existing budgets.

Quality and Safety Implications

- 6.2. None. This will be a continuation of an existing service with a different commissioner

Equality Implications

- 6.3. None. This will be a continuation of an existing service with a different commissioner

Legal and Policy Implications

- 6.4. None. This will be a continuation of an existing service with a different commissioner

Other Implications



6.5. None

Name Hemant Patel & Sarah Southall

Job Title Head of Medicines Optimisation/ Head of Primary Care

Date: 02/2/18

ATTACHED:

Service Specification 17/18 attached

Service Offer from Midlands & Lancs CSU

RELEVANT BACKGROUND PAPERS

Nil

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	Dr Reehana	02.02.2018
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	Lesley Sawrey	02.02.2018
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Hemant Patel & Sarah Southall	02.2.18



Condition	Proposed Formulary Items for NEW SLA
Acute Pain /Earache /Headache /Temperature	Paracetamol 500mg tablets Ibuprofen 200mg tablets
Athlete's foot	Clotrimazole cream 1%
Bites and Stings	Crotamiton 10% cream Certirizine 10mg OD Hydrocortisone 1% cream Chlorphenamine 4mg tabs
Colds/Flu-like symptoms/Nasal Congestion	Paracetamol 500mg tablets Ibuprofen 200mg tablets Menthol and Eucalyptus inhalation Xylometazole 0.1% nasal spray
Cold Sores	Aciclovir 5% cream
Conjunctivitis (acute bacterial)	Chloramphenicol 0.5% eye drops Chloramphenicol 1.0% eye ointment
Constipation (acute)	Ispaghula 3.5g sachets Senna 7.5mg tabs Lactulose solution Glycerol suppositories 4g
Cough	Simple Linctus S.F



	Pholcodine 5mg/5ml SF
Cystitis	Potassium Citrate sachets Sodium Citrate sachets
Dermatitis/Dry Skin/Allergic Type Skin Rash	Emulsifying ointment Hydrocortisone cream 1% Crotamiton 10% cream Chlorphenamine 4mg tablets Cetirizine 10mg tablets
Diarrhoea	Electrolade sachets
Hay Fever (Seasonal Allergic Rhinitis)	Chlorphenamine 4mg tabs Cetirizine 10mg tabs Beclometasone nasal spray Sodium cromoglycate 2% eye drops
Haemorrhoids	Anusol ointment Anusol suppositories Anusol Plus HC ointment Anusol Plus HC suppositories
Heartburn/Indigestion	Gaviscon Advance tabs Gaviscon Advance liquid Ranitidine 75mg
Mouth Ulcers	Bonjela gel Chlorhexidine 0.2% mouthwash
Oral Thrush	Miconazole oral gel
Scabies	Permethrin 5% dermal cream Chlorphenamine 4mg tab



	Crotamiton 10% cream
Sore Throat	Paracetamol tablets 500mg Ibuprofen 200mg tablets Diffiam Throat spray
Sprains and Strains	Paracetamol 500mg tab Ibuprofen 400mg tab Ibuprofen gel 10%
Threadworms	Mebendazole 100mg chewtab
Vaginal Thrush	Clotrimazole 2% cream Clotrimazole 500mg pessary Fluconazole 150mg oral cap

