

## WOLVERHAMPTON CCG

### PRIMARY CARE COMMISSIONING COMMITTEE 4 July 2017

<b>TITLE OF REPORT:</b>	Pharmacy First Scheme for patients aged 16 years and over
<b>AUTHOR(s) OF REPORT:</b>	David Birch/ Sarah Southall
<b>MANAGEMENT LEAD:</b>	Steven Marshall
<b>PURPOSE OF REPORT:</b>	Seek approval to continuation this service.
<b>ACTION REQUIRED:</b>	<input checked="" type="checkbox"/> <b>Decision</b> <input type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• This service has been decommissioned by NHSE.</li> <li>• CCG members have requested that this service continues but will now be commissioned by the CCG</li> <li>• The CCG will need to finance consultation and drug costs but not service management fees in 2017/18</li> </ul>
<b>RECOMMENDATION:</b>	That the CCG commission this service until March 2018.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
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.
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## 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 aged over 16 years from 1<sup>st</sup> June 2017 however they continue to commission a service for 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

## 2. PROPOSAL

- 2.1. The CCG takes over the commissioning of the over 16 service as soon as possible ideally in July 2017. 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 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. No service charge will be made by the CSU for this work in 2017/18.
- 2.4. 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.
- 2.5. Other Key Points to bear in mind:-
- NHS Clinical Commissioners are planning to run a consultation processes on the proposed removal of NHS funding for over the counter and self-care medicines
  - For this reason a 9 month non-recurring contract is advised to enable this service to continue until 31 march 2018
  - If the CCG wishes to commission this service from April 2018 onwards additional costs will be incurred to Midlands and Lancs CSU based on a service offer

### **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 and Walk in Centres and A and E department.

### **6. IMPACT ASSESSMENT**

#### ***Financial and Resource Implications***

**PRIMARY CARE COMMISSIONING COMMITTEE**  
**4 July 2017**



- 6.1. A budget of £18,750 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.

***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 David Birch**  
**Job Title Head of Medicines Optimisation**  
**Date: 22/6/17**

**ATTACHED:**

Appendix 1 Proposed treatments

**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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	Dr Reehana	<b>18.5.17</b>
Public/ Patient View	<b>N/A</b>	
Finance Implications discussed with Finance Team	<b>Lesley Sawrey</b>	<b>On leave- will respond on return</b>
Quality Implications discussed with Quality and Risk Team	<b>N/A</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>N/A</b>	
Information Governance implications discussed with IG Support Officer	<b>N/A</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>N/A</b>	
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>N/A</b>	
Any relevant data requirements discussed with CSU Business Intelligence	<b>N/A</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>David Birch</b>	<b>22.6.17</b>



Appendix 1

Condition	Formulary Items
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 4ng 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



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



<b>Scabies</b>	<b>Permethrin 5% dermal cream Chlorphenamine 4mg tab Crotamiton 10% cream</b>
<b>Sore Throat</b>	<b>Paracetamol tablets 500mg Ibuprofen 200mg tablets Diffiam Throat spray</b>
<b>Sprains and Strains</b>	<b>Paracetamol 500mg tab Ibuprofen 400mg tab Ibuprofen gel 10%</b>
<b>Threadworms</b>	<b>Mebendazole 100mg chewtab</b>
<b>Vaginal Thrush</b>	<b>Clotrimazole 2% cream Clotrimazole 500mg pessary Fluconazole 150mg oral cap</b>

