

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
4th September 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:	To report on progress to the Committee
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain.
KEY POINTS:	<ul style="list-style-type: none"> • The CCG agreed to continue the commissioning of the under 16's Pharmacy First (Minor ailment scheme) from NHSE. This was in addition to the over 16s pharmacy first scheme already commissioned. • Main purpose of the service is to reduce demand on GP practices, walk-in-centres and Accident and Emergency. • The service has been administered and managed by the Midlands and Lancs CSU on behalf of the CCG. • The amalgamated Pharmacy First Service went live on 1st June 2018. • To date 47 of the 66 pharmacies have expressed an interest in providing this service across Wolverhampton. • Latest data suggest only 29 pharmacies have provided this service/sent claims to date (data up to 31st July 2018). • Use is lower than in previous years – possibly due to contracts yet to be signed or misinformation regarding commissioning arrangements (information provided via prescribing advisors and Local Pharmaceutical Committee colleagues that represent all pharmacy contractors in Wolverhampton.)
RECOMMENDATION:	Primary Care Commissioning Committee to note the progress made to date on the Pharmacy First Scheme.
LINK TO BOARD	[Outline how the report is relevant to the Strategic Aims and



ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	objectives in the Board Assurance Framework – See Notes for Further information]
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 advice 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 in order to continue the service via the new commissioner. In 2017 the over 16s service was



decommissioned by NHSE and taken over by the CCG. In May 2018 NHSE decommissioned the under 16's service.

- 1.8. In response the CCG decided that a service covering all ages should be continued and commissioned locally.
- 1.9 The CCG accepted the Pharmacy First service offer from MLCSU, which is for MLCSU to facilitate the scheme on behalf of the CCG commissioners (collaborative between Dudley, SWB and Wolverhampton CCG). 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

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 the CCG will make arrangements to pay pharmacy contractors via their normal payment process.

- 1.10 The CCG commissioned Pharmacy First Scheme went live on 1st June 2018 and to date 47 of the 66 pharmacies have expressed an interest in providing this service across Wolverhampton. Latest data suggest only 29 pharmacies have provided this service/sent claims to date (data up to 31st July 2018). Please find attached poster to promote the service, e-mail communication sent to community pharmacies and sign-up sheet for community pharmacy.
- 1.11 In previous years (prior to 2017/18) the average monthly consultations and spend were 550 and £4.3K respectively.

Over the past 12 months the average monthly consultations and spend were 291 and £2.2K respectively.

Current activity data between 1/6/18 and 31/7/18 shows that 351 consultations have taken place in Wolverhampton at a cost of 2.7K for 2 months.

The reduction in year may be due to the number of factors including the new contract sign up process, misinformation regarding on going commissioning of the service and level of communication regarding the service thus far.



2. FUTURE PLANS

- 2.1. In March 2018 NHS Clinical Commissioners made recommendations to CCGs regarding conditions for which over the counter items should not routinely be prescribed in primary care. These recommendations were made following a national consultation. The recommendation would result in patients sourcing medicines via alternate routes including directly purchasing for the treatment of minor and short lived ailments. The recommendations do include several caveats which would permit the continued prescribing by GP practices such as, patients with long term conditions, significant social vulnerability, treating side effects of other NHS treatments etc.

The CCG have agreed to support these recommendations subject to appropriate engagement with patients (currently underway).

GP members have supported the continued commissioning of this service as a means to support practices to implement the national recommendations to CCGs. This is likely to have an impact on the Pharmacy First Scheme leading to increased awareness and utilisation.

- 2.2. The CCG intend to launch a communication campaign to raise awareness of the scheme with the communication and engagement team in the autumn via newsletter, the Primary Care Medicines Team and Care Navigation Team. As part of the campaign posters and leaflets will be sent to practices to raise awareness with patients.

3. CLINICAL VIEW

- 3.1. This service has been supported by Dr Reehana & Dr Stone.

4. PATIENT AND PUBLIC VIEW

This is a service the patients and public support.

5. KEY RISKS AND MITIGATIONS

- 5.1. Financial risks – if the service proves to be very popular the financial implication could be higher than originally anticipated.

6. IMPACT ASSESSMENT

Financial and Resource Implications



- 6.1. Current spend is lower than in previous years due to factors such as a new sign up process, misunderstanding of the commissioning of the scheme and level of communications.

Quality and Safety Implications

- 6.2. A Quality Impact Assessment (QIA) is not required at this stage. A QIA would be required if there were any material changes to the service or a review was undertaken.

Equality Implications

- 6.3. As this is a continuation of an existing service there is no benefit in carrying out an EA at this stage. The recommendations are for an Equality Assessment to be conducted at the point the service is reviewed.

Legal and Policy Implications

- 6.4. A Data Protection Impact Assessment (DPIA) is not required as there is a NHS Standard Contract in place which covers all relevant IG clauses. A DPIA should be completed if and when there are any proposed changes to the service (or process procedure or system).

Other Implications

- 6.5. None

Name: Hemant Patel

Job Title: Head of Medicines Optimisation

Date: 28th August 2018

ATTACHED:

Attached items:

Communication e-mail sent to community pharmacies



STP MAS
Communication.docx

Poster





MAS Poster Final
Final.pdf

Information of community pharmacies signed-up to provide the service



Copy of STP MAS
Sign Ups 060818.xlsx

RELEVANT BACKGROUND PAPERS

(Including national/CCG policies and frameworks)

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/ Dr Stone	23/08/18 23/08/18
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	Lesley Sawrey	23/08/18
Quality Implications discussed with Quality and Risk Team	Suhk dip Parvez	23/08/18
Equality Implications discussed with CSU Equality and Inclusion Service	David King	28/08/18
Information Governance implications discussed with IG Support Officer	Kelly Huckvale	23/08/18
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	As per report	28/08/18
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Hemant Patel & Sarah Southall	28/08/18



