

**WOLVERHAMPTON CCG**

**PRIMARY CARE COMMISSIONING COMMITTEE**  
**February 2019**

<b>TITLE OF REPORT:</b>	Pharmacy First Scheme for all patients
<b>AUTHOR(s) OF REPORT:</b>	Hemant Patel/Sarah Southall
<b>MANAGEMENT LEAD:</b>	Steven Marshall
<b>PURPOSE OF REPORT:</b>	To report on progress to the Committee
<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>• Since the agreement by the CCG to undertake the commissioning of the Pharmacy First – Minor ailment scheme for all age groups the service has been administered and managed by the Midlands and Lancs CSU on behalf of the CCG.</li> <li>• The Pharmacy First Service went live on 1<sup>st</sup> June 2018.</li> <li>• To date 59 of the 66 pharmacies in the area have signed up to offer the service.</li> <li>• Evaluation of the first 6 months of service provision between the 1st June to 30th November has been undertaken by analysis the routine data from each Minor Ailment Service community pharmacy consultation during this period.</li> </ul>
<b>RECOMMENDATION:</b>	Primary Care Commissioning Committee to note the progress made to date on the Pharmacy First Scheme and to confirm continuation of this scheme for 2019/20.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	[Outline how the report is relevant to the Strategic Aims and 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. The NHS is under increased pressure to meet the demands of an ageing population whilst faced with the challenges of making efficiency savings. General Practice and Urgent Care services are required to assess and change their service delivery models in order to face the rising demand for their services.  
 The NHS Five Year Forward View called for better integration of GP, community health, mental health and hospital services. Partnerships of care providers and commissioners in an area in the form of Sustainability and Transformation Partnerships or Accountable Care Systems are an effective method of doing so. Community pharmacy services are highlighted nationally as part of the NHS response to managing increasing demand and complexity. In addition, the NHS England Call to Action programme has identified a role for community pharmacy in the transformational agenda by playing a significant role in urgent and emergency care and improving access to general practice.
- 1.2. Reports suggest that 20% of GP consultations can be dealt with by self-care and support from community pharmacy. By encouraging the management of minor ailments to move from general practice to community pharmacy, the Minor Ailment Service can provide a better financial model service as well as providing GPs an increased capacity to manage more complex and urgent care needs.
- 1.3. In areas of high deprivation (the Black Country STP are within the 20% most deprived districts nationally), 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.
- 1.4. Many pharmacies are now open long hours with a few open 100 hours a week with a qualified pharmacist on hand to advice on minor illnesses, medication queries and other problems.



- 1.5. 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.
- 1.6. Over the last 10 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.
- 1.7. 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.
- 1.8. The Guidance on conditions for which over the counter items should not be prescribed in primary care by NHS England was produced in partnership with NHS Clinical Commissioners to produce a nationally co-ordinated approach to tackle the extreme pressures faced by General Practice due to minor ailments.  
In the year to June 2017, the NHS spent approximately £569 million on prescriptions for medicines for minor conditions, which could have been purchased over the counter (OTC) from a pharmacy. By reducing the spend on treating conditions that are self-limiting or lend themselves to self-care, more money is available to spend on high priority areas that have a greater impact for patients. The cost to the NHS for many of the items used to treat minor conditions is often higher than the OTC price as there are hidden costs. For example, a pack of 12 anti-sickness tablets can be purchased for £2.18 from a pharmacy whereas the cost to the NHS is over £3.00 after including dispensing fees. The actual total cost is more than £35 when you include GP consultation and administration costs.
- 1.9 In addition a Pharmacy First Scheme will help ease pressure on limited appointments available within GP practice. With patients having much quicker access to their treatment whilst also making appointments available for patients with more chronic needs.
- 1.10 In Wolverhampton a minor ailment service (Pharmacy First Scheme) has been commissioned for over 10 years. Across the STP Pharmacy first schemes have been in place for a similar length of time.



1.11 The service was commissioned locally from MLCSU. The MLCSU has facilitated the scheme on behalf of the CCG commissioners (collaborative between Dudley, SWB and Wolverhampton CCG) during 2018/19. The Black Country STP Minor Ailments Service allows patients exempt from paying prescription charges and are registered with a participating GP in Sandwell & West Birmingham, Dudley, Walsall or Wolverhampton to be signposted to the Minor Ailments Service and, where appropriate be supplied with medicines, without the need to attend their General Practice for an appointment, 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

The service is available for the following Minor Ailments and depend on the patient age; acute cough, acute fever, acute headache, acute bacterial conjunctivitis, athletes foot, bites and stings, cold sores, cold and flu, constipation, cystitis, diarrhoea, dry skin (simple eczema), dermatitis/allergic type rashes, earache, earwax, hay fever, heartburn/indigestion, haemorrhoids, infant decongestant, mouth ulcers and teething, nappy rash, oral thrush, scabies, sore throat, sprains and strains, sunburn, threadworm, vaginal thrush, warts and verruca's. Management of these conditions is set out in treatment protocols within the service specification.

1.12 The Pharmacy First Scheme went live on 1<sup>st</sup> June 2018 and to date 59 of the 66 pharmacies in Wolverhampton have signed up to offer the service.

1.13 Evaluation of the first 6 months of service provision between the 1st June to 30th November has been undertaken by analysis the routine data from each Minor Ailment Service community pharmacy consultation during this period (see Appendix 1). The evaluation of the scheme demonstrates the STP Minor Ailment Service is a viable NHS service to manage minor ailment conditions, and with appropriate controls represents better value for money compared to other more expensive NHS environments, including GP Practice, Walk-in Centres, Out-of-Hours and Emergency Services.

For each of the 1,252 consultations which took place, service users were asked what they would have done if the service was not in place. The responses



combined illustrate that patients would have resorted to booking GP appointments for their minor ailments which is costlier compared to the service.

- 84.7% (1,061) would have gone to the GP
- 6% (76) would have gone to the walk-in centre
- 8.9% (113) would have either purchased a medicine or gone without any treatment
- 0.2% (2) would have attended A&E

Return on Investment (ROI) is around 5:1. This is based on inputs of £4,950 (MLCSU service cost) and £9,342.45 (service consultation and drug costs) vs the expected cost of £66,289.60 had the STP MAS service been unavailable.

## **2 CLINICAL VIEW**

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

## **3 PATIENT AND PUBLIC VIEW**

3.1 This is a service the patients and public support.

## **4 KEY RISKS AND MITIGATIONS**

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

## **5 IMPACT ASSESSMENT**

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

5.9 Community Pharmacies were remunerated at £5 per consultation, so that 1,252 consultations cost the CCG commissioner £6,260. Drug costs were reimbursed in line with a set formulary price, so that the drug costs to the CCG commissioner were £3,082.45. The total cost of the STP MAS service to the CCG commissioners in total is therefore £9,342.45.

5.10 According to the unit costs of Health and Social Care 2017 document; it takes on average 9.22 minutes for a GP consultation and costs £29. If a prescription is issued, there is an additional cost of £29.20.

5.11 1,139 from 1,252 consultations were undertaken where patients would have gone to a GP had this service been unavailable. Assuming 100% of these consultations would have



resulted in a supply being made, this indicates the total cost to the CCG commissioner would have been 1139 \*£58.20 i.e. £66,289.60.

5.12 1,139 consultations would've taken on average 9.22 minutes per appointment in General Practice or 175 hours which across the eligible GP practices is a GP time saving of just over 4.3 hours each.

5.13 Return on Investment (ROI) is around 5:1. This is based on inputs of £4,950 (MLCSU service cost) and £9,342.45 (service consultation and drug costs) vs the expected cost of £66,289.60 had the STP MAS service been unavailable.

### ***Quality and Safety Implications***

5.14 None

### ***Equality Implications***

5.15 None.

### ***Legal and Policy Implications***

5.16 None.

### ***Other Implications***

5.17 None

**Name: Hemant Patel**

**Job Title: Head of Medicines Optimisation**

**Date: 29<sup>th</sup> January 2019**

### **ATTACHED:**

Attached items: Appendix 1 - Black Country STP Minor Ailments Service Evaluation Report  
For the period: 1st June 2018 - 30th November 2018



STP MAS evaluation  
report 18 STP FINAL.p



## 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.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	Dr Reehana	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
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.)	Sarah Southall	<b>29.01.2019</b>
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
<b>Signed off by Report Owner (Must be completed)</b>	Hemant Patel	<b>29.01.2019</b>

