

Good practice examples of pharmacists being utilised to support the Urgent and emergency care agenda

Type of service	Additional Information	Contact details
Minor Ailment Services		
Minor Ailment Service Milton Keynes	<p>In Milton Keynes they have rebranded their Minor Ailment Service to call it MK Pharmacy First and re-launched it during Self Care week November 2014. Initially, promotion was limited to what pharmacies and GP surgeries could undertake with wallet cards and posters.</p> <p>A separate website contains more information for professionals with details of templates and supporting resources.</p>	Sonal Mehta Neighbourhood Pharmacist (South) Sonal.Mehta@miltonkeynes.nhs.uk NHS Milton Keynes CCG
Pharmacy First Bradford CCG	<p>Community pharmacists have been commissioned to deliver a pharmacy first scheme where over a period of 8 months a high volume of consultations for minor ailments were delivered releasing over 900 hours of GP time across 27 practices.</p> <ul style="list-style-type: none"> • <i>Pharmacy First</i> has shown to be a cost-effective way to manage patients presenting with common ailments. • Most of the patients were under 10 years old with over half of those being under 5 years. • The majority of patients were treated for self-limiting viral symptoms such as cough, cold, sore throat and fever and were provided with symptomatic relief for their symptoms. • The feedback from patients was positive with most patients indicating that they would be willing to re-use the scheme and would recommend it to others • Feedback from GP practice staff and pharmacy staff was also very positive with most feeling the service was worthwhile and had improved access, and working relationships between practice staff and pharmacy staff. Staff suggested the service could be further improved through increased promotion and extension of the current formulary. <p>The full report is now available. Additional reports for other CCGs can be found at http://www.cpwy.org/pharmacy-contracts-services/research-evaluation/evaluations.shtml</p>	Ruth Buchan, Community Pharmacy West Yorkshire, Service Development Manager ruth@cpwy.org Robbie Turner Chief Executive officer, Community Pharmacy West Yorkshire robbie@cpwy.org
Minor Ailment Scheme	This minor ailment scheme is positioned more towards P and POM medicines so to treat UTIs, conjunctivitis, impetigo	Shaun Green Somerset CCG

Somerset CCG	etc. The strategy is to empower patients to self-care for the more minor complaints coughs, colds hayfever etc.	Shaun.Green@somersetcg.nhs.uk
We could be heros campaign	This campaign , led by Zoe Ball, encourages people to use other services not A and E. Pharmacy featured in this.	Katy Jackson Head of Prescribing and Medicines Commissioning Brighton and Hove CCG kjackson2@nhs.net

Repeat Urgent Medication Services

Pharmacy Urgent Repeat Medicine (PURM) service – West Yorkshire	The Pharmacy Urgent Repeat Medicine (PURM) Service which covers 10 CCGs in West Yorkshire is proving successful. It is commissioned to facilitate appropriate access to repeat medication Out-of-Hours (OOH) and relieve pressure on urgent and emergency care services by enabling access to repeat medicines, where appropriate, for patients in emergency situations. It is available to people who initially phone NHS 111. The service integrates community pharmacy into the urgent care pathways. Over the 5 month evaluation period which included both the Christmas and Easter Period, community pharmacies received 1443 referrals for medication, for which 1066 had medication supplied. These were referrals which previously would have been referred to the out-of-hours GP service. The service continues to be commissioned.	Ruth Buchan, Community Pharmacy West Yorkshire Service Development Manager ruth@cpwy.org
Pharmacy repeat urgent medication service - London	An initial pilot set up across London from Dec 2014 to April 2015. The pilot has received an extension from June 2015 to March 2016 and Current activity includes: <ul style="list-style-type: none"> • A focus group of representative pharmacists is being held by Newcastle University to take feedback on the model. • A patient survey and some in depth telephone interviews is being undertaken by Newcastle University and Ipsos Mori • 3 focus groups with Newcastle University are being held with NHS 111 provider staff • A project review task group is being held by NHS England London with representative LPC members and some front line pharmacists with the intention of identifying the optimum service model arrangements 	NE London: england.london-pcc@nhs.net South London: nhscb.london-sth-PCC@nhs.net NW London: england.london-nw-pcc@nhs.net Anne Joshua: annejoshua@nhs.net
North East Pharmacy Emergency	For the period of this pilot NHS 111 referred patients directly to a listed Community Pharmacy via the Pharmoutcomes platform rather than sending them to the GP OOH service as they did previously. The pharmacy was	Mike Maguire Chair DDT Local Professional Network (Pharmacy)

<p>Repeat Medication Supply Service</p>	<p>then able to make an emergency supply of medication if appropriate without a private charge to the patient (NHS Fee only). The service was launched in Dec 2014 and came to an end in April 2015. It is likely that the service will be improved then recommissioned by Northern CCGs later in 2015.</p> <p>This service was commissioned by NHS England through 316 Community Pharmacies across the whole of the North East Region encompassing 12 CCGs.</p> <p>Over this period of the 5 month pilot there have been 1475 successful referrals from 111 and 2485 walk-in patients.</p> <p>Total cost of three months' NHS 111 activity in GP Out of Hours service (if tariff based): £107,914</p> <ul style="list-style-type: none"> • Total cost of three months' NHS 111 activity in community pharmacy: £22,120 • Potential savings (if contracts tariff based): £85,794 over three months alone • Greater benefits in releasing GP OOH capacity during winter period • A full business plan is available • A full academic review will be available in August 2015 <p>Of the patients accessing the service:</p> <ul style="list-style-type: none"> • 10% would have gone to A&E • 34% would have gone to an urgent care or walk-in centre • 48% would have gone without medication <p>A full evaluation can be found at http://bmjopen.bmjjournals.org/content/6/1/e009736.full</p>	<p>mike.maguire2@nhs.net</p>
<p>Urgent Repeat Medication service Cornwall</p>	<p>This service undertakes about 630 interventions a month across the county. This peaks around holiday times. In the summer holiday period the scheme runs in hours as well as out of hours. For example, in August 1358 interventions were undertaken, 795 out of hours and 563 in hours. This meant that 1358 people did not need to access either the GP surgeries or the Out of Hours GP service and it also meant that for example holiday makers did not waste their holiday trying to make an appointment with a surgery.</p>	<p>Phillip Yellin Chief officer, Cornwall and Isles of Scilly LPC p.yellin@sky.com</p> <p>Nick Kaye nick-kaye@hotmail.com</p>
<p>NHS 111 Call centre services</p>		
<p>NHS 111 Yorkshire Ambulance Service</p>	<p>YAS (NHS 111) employs five pharmacists managing calls ranging from toxic ingestion, medication enquiry, emergency hormonal contraception, health information (including immunisation, general health and wellbeing), dental pain and management, pharmacy urgent repeat medication (PURM).</p>	<p>Usha Kaushal , Lead Operational Pharmacist, NHS 111 Yorkshire Ambulance Service</p>

	<p>Utilising resources that include access to Summary Care Record (SCR), Toxbase, Medicines Complete, Electronic Medication Compendia (EMC) GP Notes, NICE Guidelines.</p> <p>Part of a multidisciplinary team to provide support and training to Call Handlers, Nurse Clinical Advisory, Paramedic Crew on scene, Specialist Palliative Care Nurses, agency Nurses.</p>	usha.kaushal@yas.nhs.uk
<p>Community Pharmacy Referral Service (CPRS) in the North East</p>	<p>A useful and pragmatic business proposal / plan is available which details the main considerations required to attract NHS capital for the development a new service (CPRS) which will operate through community pharmacy. This report suggests the commissioning of a new service through 700+ community pharmacies in the North East Region in 2015. Minimal capital investment is required. Innovative commissioning methods and a highly commercial management approach will transform the existing disconnected and disparate pharmacy 'minor ailments' services into a tool which can save the NHS with respect to finance and by creating workforce capacity for the future.</p> <p>CPRS will deliver the following 5 key benefits to commissioners:</p> <ul style="list-style-type: none"> • Locations – CPRS will provide NHS commissioners with access to over 700 new sites (all with private consultation rooms, trained healthcare staff, high patient footfall) • Patient Experience – The new service offer will be strategically tailored for appropriate patient segments and will use clear referral criteria. The service will enhance patient experience therefore every consultation will capture patient feedback for review and improvement. • Service – Pharmacy and 111 Call Handlers will reposition (through training and engagement) against the new service specification to deliver very high standards for low acuity patients. • Education – The new service will educate patients to use more 'self-care' and to move away from accessing more costly forms of care. • Capacity – CPRS will effectively create new capacity in the healthcare system - low cost, low risk, scalable and appropriate use of resources e.g. most coughs/colds do not require a GP. <p>Two factors are critical to the financial success of this project:</p> <ul style="list-style-type: none"> • Patient volumes must be driven through the new service by 111 call handlers 	<p>Andre Yeung Specialist Advisor to Public Health, Newcastle City Council andre@andreyeung.co.uk</p>

	<ul style="list-style-type: none"> Negotiations on block contracts for Out of Hours GPs, GP contracts and Walk in Centres must be handled aligned with the new lower volumes of patients. 																			
Telephone Advice Pharmacist, NHS 111 services. Integrated Care 24 Ltd	<p>Pharmacists work in our care contact services covering four 111 services, advising on medication queries related to interactions, missed doses, side effects, supplies, OTC medicines and overdoses. General health advice is also provided and support given to the rest of the clinical team. They are a much valued resource.</p>	<p>Kym Lowder, Head of Medicines Management, IC24. Kym.lowder@nhs.net</p>																		
Flu Vaccination Services																				
Flu Vaccination West Yorkshire	<p>The Seasonal Flu Vaccination service was introduced on 1st October 2014 within 220 pharmacies in West Yorkshire. Its aim was to increase flu vaccination uptake in the 'at-risk' patient group whilst ensuring that other patients groups listed had a choice of where to access flu vaccination.</p> <ul style="list-style-type: none"> 181 pharmacies within West Yorkshire (10 CCGs) delivered a total of 8046 flu vaccinations; 4270 were for patients aged 65 and over and 3776 for patients under 65. A substantial number of patients both over and under 65 opportunistically accessed the vaccination for the first time from community pharmacy, with a notable number stating that they would not have had it at all if they had not had it in the pharmacy. (16.8% (950/5663) indicated that they had not had the flu vaccination previously. Of the 950 indicating that they had not had the vaccination previously, 641 (67.5%) were under 65 and 309 (32.5%) were 65 or over.) 	<p>Dr Rachel Urban FFRPS Research and Evaluation Manager Community Pharmacy West Yorkshire rachel@cpwy.org</p>																		
Flu Vaccination London	<p>A joint project between London LPCs and NHS England and has a single, London wide, patient group direction. In 2014/15 the service delivered 108.5K flu vaccinations and 8.7K of pneumococcal vaccinations, : <i>Pharmacy FLU activity 2014/15</i></p> <table> <tbody> <tr> <td>Total Flu Vaccinations</td> <td>108,528</td> </tr> <tr> <td>Vaccinated in previous year</td> <td>80,840</td> </tr> <tr> <td>Of these:</td> <td></td> </tr> <tr> <td>Vaccinated last year at GP Practice</td> <td>52,354</td> </tr> <tr> <td>Vaccinated last year in same Pharmacy</td> <td>22,843</td> </tr> <tr> <td>Vaccinated last year in another pharmacy</td> <td>3,034</td> </tr> <tr> <td>Vaccinated last year elsewhere other than in GP or Pharmacy</td> <td>2,609</td> </tr> <tr> <td>Had flu vaccination previously to 2014/15</td> <td>85,999</td> </tr> <tr> <td>Never had flu vaccination previously to 2014/15</td> <td>22,529</td> </tr> </tbody> </table>	Total Flu Vaccinations	108,528	Vaccinated in previous year	80,840	Of these:		Vaccinated last year at GP Practice	52,354	Vaccinated last year in same Pharmacy	22,843	Vaccinated last year in another pharmacy	3,034	Vaccinated last year elsewhere other than in GP or Pharmacy	2,609	Had flu vaccination previously to 2014/15	85,999	Never had flu vaccination previously to 2014/15	22,529	<p>Rekha Shah – CEO, Pharmacy London ceo@pharmacylondon.org.uk</p> <p>Tony Carson Pharmacy Advisor NHS England London Region tonycarson@nhs.net</p>
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	<p>38% of pharmacy vaccinations in 2013/14 were to individuals that had never had the flu vaccine before, and nearly 21% of those vaccinated in pharmacies during 2014/15 also had never had the flu vaccination before. Data shows substantial evidence of patient acceptance of the pharmacy service, and the choice, access and convenience it provides.</p> <p>The service has been extended until 30th September 2016</p>	
Pharmacists working in GP Out of Hours		
Pharmacist in GP working extended hours	<p>Prescribing and non-prescribing pharmacists have been working within general practice and helping offering extended hours services to the registered patient populations. Pharmacists are working from 8am in the morning to 8pm in the evening alongside GPs and Nurses, but also independently.</p> <p>We have demonstrated that this increases access to healthcare, provides patients with options, helps with repeat prescribing process and emergency prescription requests from community pharmacy too, also helps communicate with hospital/secondary care colleagues.</p>	<p>Ravi Sharma Head of Primary Care Integration and Lead GP Practice Pharmacist at Green Light Ravi.sharma4@nhs.net</p>
Out of Hours Telephone Pharmacist	<p>In a joint initiative between Integrated Care 24 Ltd, the out of hours provider, and Sussex CCGs, an experienced pharmacist independent prescriber has been engaged to support the delivery of pharmaceutical advice and repeat prescription requests on Saturdays. On average around 50 calls are managed by the pharmacist over 8 hours which allows GPs to focus on more complex medical issues. The feedback from staff has been excellent with respect to having a pharmacist working alongside them which provides added value to the call management statistics. IC24 hope to expand this role across their other services</p>	<p>Kym Lowder, Head of Medicines Management, IC24. Kym.lowder@nhs.net</p>
Pharmacists working in A&E departments		
The potential of pharmacists to manage patients within Emergency Departments. West Midlands	<p>The project looked at 782 patients over a five week data capture period in 2014 at each of two sites. Patient presentations were categorized to four groups: suitable for Community Pharmacist (CP) management; suitable for hospital independent pharmacist (IP) management; suitable for hospital independent pharmacist with additional advanced clinical training (IPT) management and not suitable for pharmacist management – Medical Team (MT) only. Impact index per clinical grouping is defined as the product of the incidence of presentations in that specialty and the incidence of predicted pharmacist management.</p>	<p>Professor Elizabeth Hughes, Director of Education and Quality, Health Education London & South East Elizabeth.Hughes@wm.hee.nhs.uk</p> <p>Matt Aiello Project Manager Health Education West Midlands</p>

	<p>With additional Advanced Practice training, there is potential for IP pharmacists to manage up to 36% of Emergency Department (ED) attendees, where those attendees present with symptoms likely to be seen in the Minors Area of the ED, under the overall supervision of a doctor. Based specifically on completion of a 12 month (Level 7, PGDip) Advanced Practice-level training course - with modules in clinical examination skills and clinical health assessment and diagnostics - it is estimated that the achievable level of pharmacist management may be 27% of all cases.</p>	<p>matthew.aiello@wm.he.e.nhs.uk</p> <p>Dr David Terry Director: Pharmacy Academic Practice Unit Birmingham Children's Hospital & Aston University David.Terry@bch.nhs.uk</p>
Pharmacists working in other emergency care settings		
Pharmacy First Care Clinic – Lloyds Pharmacy (Manchester)	<p>The service provides patients with free treatment by a clinically trained pharmacist for minor injuries and common ailments such as minor burns, scalds, neck sprains and earache. The clinic aims to see patients within 30 minutes of arrival and 15 minutes after triage.</p>	<p>Steve Howard, Quality and Regulatory Director / Superintendent Pharmacist Celesio UK Steve.Howard@celesio.co.uk</p>
Pharmacists working in Walk In Centres (WICs)	<p>Prescribing pharmacists have been incorporated into several WICs to run clinics alongside doctors and nurse practitioners.</p> <p>Internal audits have demonstrated that pharmacist prescribers can see up to 70% of patients. This has helped improve access to healthcare, increased the number of patients we can see at our WICs and helped reduce pressures on local A&E departments.</p> <p>Our pharmacists are also heavily involved in the triage process at the WICs and directing patients to other services e.g. community pharmacy for common ailments services and emergency repeat prescription services.</p>	<p>Ravi Sharma Head of Primary Care Integration and Lead GP Practice Pharmacist at Green Light Clinical Practice Pharmacist at Honeypot Medical Centre. Ravi.sharma4@nhs.net</p>