Devon Local Pharmaceutical Committee

NHS

Northern, Eastern and Western Devon Clinical Commissioning Group

South Devon and Torbay Clinical Commissioning Group

PHARMACY FIRST: COMMUNITY PHARMACY HELPING URGENT AND EMERGENCY CARE

A service evaluation of the North, East and West Devon and South Devon and Torbay Clinical Commissioning Groups (CCGs) Pharmacy First services (Dec 2013 to March 2015)

June 2015

PHARMACY FIRST

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Executive Summary

The Pharmacy First services encompass three separate schemes: a "winter ailments" service providing access to Over-The-Counter (OTC) medications to vulnerable groups under a limited formulary; a minor ailments Patient Group Direction (PGD) service covering bacterial conjunctivitis, impetigo, nappy rash, oral candidiasis and uncomplicated Urinary Tract Infections (UTIs) and an emergency supply service for patients who do not have access to their repeat medication. Originally launched in the western Devon locality of NEW Devon CCG in December 2013, services were extended to the northern and eastern localities and South Devon and Torbay CCG in November 2014. The main aim of all services was to ease the pressure on GP, urgent and acute care providers by offering services at NHS expense to vulnerable groups who may otherwise engage with these providers and to encourage people to go to their "Pharmacy First" and move towards a mind-set that would encourage self-care.

Patient self-care is recognised by all parties in the health system to be an important model to promote, an increase in the number patients who self-manage their condition will reduce demand on an already pressured health service. This reduction in demand also creates an opportunity for those providers relieved of demand for simple conditions, enhancing the time they have to manage the growing number of more complex cases.

To assess the services a web-based information system termed PharmOutcomes was utilised to gather real-time data and the authors were commissioned to undertake an evaluation of the services in April and May 2015 looking at the data up to and including 31st March 2015. From the patient-reported initial data-set we can establish that the services have been popular with patients with 8064 interventions recorded. Details of each service are provided below:

The **winter ailments** service was the most active service representing 4 in every 10 interventions or 3332 interventions in total. The average cost per intervention[1] was £6.74 making it the least expensive service. The most popular medication class supplied being pain relief/antipyretic oral solutions (55% of all supplies made). Utilising locally agreed costs for GP, urgent and out of hours services[2], the authors calculated that the net saving to the local health community from this service was £1,746 over the pilot with a net intervention cost saving of £0.52 (table 14, page. 46). This resulted from an estimated saving of 114 hours in medical practice doctors time and 9 hours of Out-Of-Hours (OOH) GP time balanced against the remuneration costs of the Pharmacy First services. Most patients heard about the service through

[1] Incorporates professional fee and cost of medication
[2] £19 for GP consultation; £57 for walk-in service consultation and £77 for Emergency Department consultation

the pharmacy (73%). However, word of mouth was the second most popular referral route (17%) and the power of social media was also recognised. At the time of writing this executive summary the authors are aware that this has now reached a national audience through Facebook and other national media sources[3].

The majority of service users (50%) stated they would have purchased their medication if they were not supplied with it under the NHS expense but 45% of patients or carers reported that they would have used urgent care services or their GP. This outcome that half of the service users would have purchased the medication needs to be considered in future commissioning decisions but this also needs to be balanced against the 45% who would have engaged with other services: many who may have been from vulnerable population groups. Devon Local Pharmaceutical Committee (LPC), in consultation with contractors, have also suggested a number of other minor ailments that could be commissioned under this service as it moves from a "winter ailments" to a "minor ailments" service some of which have been supported by some GP colleagues. These include hay fever, provision of head lice medications and treatments for threadworm.

The winter ailments service was thought to be the least popular with patients when pharmacy staff were asked to rank the three services in popularity with patients (although it had the most interventions). Some pharmacy staff also found it a challenge to determine "need" with patients and carers i.e. how they determined whether it was appropriate to offer the service for the patient who could not afford to purchase the medication and would have attended another primary care service against someone who could afford the medication. The majority of the pharmacy teams completing the online survey considered that all pharmacy services should remain (85%) however six respondents (11%) stated that the winter ailments service should be reviewed. NHS 111 referrals were low for all three services and represented 1 in 200 of all referrals for the winter ailments service. The national average for NHS 111 referrals to community pharmacies is 1%[4].

It has recently been announced in the pharmaceutical press that the PSNC and NHS Employers are in discussion about the introduction of a national minor ailment service in England. This must be considered in the context of permanent commissioning of this service. The authors recommend the winter ailments service should be reviewed with regards to its continuation and, if it is to continue, the formulary should be reviewed and an enhancement of training introduced to help support staff in determining need. A more robust mechanism with regards to supply may also be considered which limits supply to certain vulnerable groups. Consideration may also be given to this becoming a pharmacist consultation service as under the current arrangements any member of the pharmacy team can deliver the intervention. This may reduce the number of interventions as the pharmacist is

[3] 20th May 2015
[4] The Pharmaceutical Journal, 25 April 2015, Vol 294, No 7859, online | URI: 20068378

more able to make and assessment of immediate need prior to supply, but it would need to be recognised it would increase the cost of the intervention.

The **Minor Ailments via PGD** services represented approximately 3 in 10 of all consultations. The average cost of the interventions ranged from £11.92 (Impetigo – supply of Fucidin® cream) to £14.87 (Bacterial conjunctivitis – chloramphenicol eye drops or fusidic acid viscous eye groups). The most popular service was for bacterial conjunctivitis which represented 56% of all PGD interventions with oral candidiasis the least popular PGD service (3% of all PGD services). Utilising locally agreed costs for GP, urgent and out of hours services, the authors calculated that this service provided the greatest savings to the local health community. The net estimated cost saving to the health economy was £22,945 over the pilot with a net intervention cost saving of £10.27 (table 14, page 46). This resulted from an estimated saving of 278 hours in medical practice doctors time, 72 hours of OOH GP time and 12 hours at the Emergency departments (ED) balanced against the remuneration costs of the Pharmacy First services. Most patients had heard about the service through the pharmacy (65%) with 18% of referrals coming from a GP practice. Again NHS 111 referrals were low (1.4%). The majority of service users would have contacted their GP practice if they could not use the service (75%) with 19% stating they would have contacted Out-Of-Hours (OOH) services.

The minor ailments via PGD services were thought by pharmacy staff as being the most popular with patients. Some respondents to the online survey also suggested the training for the delivery of this service should be face-to-face and could involve a more multi-disciplinary approach although the majority of respondents considered training for the Pharmacy First services was acceptable (87%).

The authors consider that it is appropriate to continue these services to ease the pressure on acute and urgent care services. However, low intervention PGDs should be reviewed (Timodine® cream and Nystan® oral suspension). Consideration should be given towards introducing a nitrofurantoin PGD for UTIs as it is now the first line agent for UTIs in adults[5] and to counteract any problems with supply issues with trimethoprim (which was a problem during the pilot phase). Fusidic acid viscous eye drops PGD should also be considered for removal as it is not cost-effective[6] and offers no substantial benefits against the supply of chloramphenicol eye drops.

The **Emergency Supply** service represented approximately 3 out of 10 of all interventions. The average cost of the intervention was £16.26[7] making it the most expensive intervention. Costs were increased significantly by the large range of medication that could be supplied under the emergency supply service with the least

[5] Public Health England (2014) Management of infection guidance for primary care for consultation and local adaption

[6] If chloramphenicol eye drops were supplied in all cases where fusidic acid viscous eye drops were supplied the cost of services would have reduced by £4360.72

[7] VAT is payable on this service while it is not on the supply through a prescription

expensive medication supply at £0.05 and the most expensive at £117.35. Utilising locally agreed costs for GP, urgent and out of hours services, the authors calculated that the net saving to the local health community from this service was £17,214 over the pilot with a net intervention cost saving of £6.89 (table 14, page. 46). This resulted from an estimated saving of 73 hours in medical practice doctors time, 222 hours of Out-Of-Hours (OOH) GP time and 22 hours at the EDs across Devon balanced against the remuneration costs of the Pharmacy First services.

Most patients heard about the service through the pharmacy (70%) with referrals from GP practices[8] the second most popular (19%). It was the most popular service for referrals from NHS 111 with approximately 1 in 40 referrals from this route: twice the national average. The majority of service users stated they would have engaged with the OOH GP service (53%) if the service was not available. Only 14% of service users stated that they would have gone without their medication. The weekend saw the greatest activity for the service (56%) with the top three items requested being salbutamol/Ventolin® inhaler (6.84%), omeprazole 20mg capsules (2.68%) and simvastatin 40mg tablets (1.92%). In total, 769 different medicines were supplied with 18% being either OTC or Pharmacy only medication. A varying amount of quantities were supplied up to the 30-day limit[9] allowed under Regulation 225 Human Medicines Regulations 2012 which again had an impact on the costs of the service.

The service was thought by pharmacy staff as the second most popular service with patients. Two GPs in response to the online survey suggested its adoption for "wider use". It was noted that there was not a decrease in the year-on-year requests for repeat prescriptions from Devon Doctors or within the Plymouth Hospital NHS Trusts (PHNT) area[10]. However, impacts on the service are multifactorial (page. 37) and, as the majority of patients stated they would have engaged with this service if the Pharmacy First service was not available, one may assume that these figures may have been higher if the service was not operational. However, engagement with partner agencies should be sought to drive strategies for increasing referrals to this and all Pharmacy First services. Pharmacy rota opening hours, should form part of any review of provision to ensure these services meet need and reduce demand on urgent care providers.

The authors recommend that this service should continue but consideration should be given to limiting the list of non-POM medicines that could be supplied and a more prescriptive approach given to the amounts that can be supplied. This should be

[8] Emergency supplies were made possible under the service specification for transient patients (usually holidaymakers) who could use the service to take the burden off GP practices especially during the peak holiday season. However, it should be noted that the legislation does not prevent a pharmacist from making an emergency supply when a doctors surgery is open (Medicines, Ethics and Practice [38] July 2014 p. 43)

[9] 5 day supply only allowed for Controlled Drugs (CD) Schedules 4 and 5 or phenobarbitone)

[10] Figures were not available for North Devon Health Trust or the Royal Devon and Exeter trust. Figures for South Devon and Torbay and not been received in time for the publication of this report

supported by robust training to ensure that decisions around the clinical question of “immediate need” are addressed. This would ensure appropriate supply of the medication and an associated reduction in cost of the commissioned service.

Patient satisfaction was high with 100% of patients who completed the service user questionnaire reporting that they were happy with the service and would recommend it to friends and family. The majority of patients (62.6%) stated they would not need to see another healthcare professional following the consultation. However, the wording of the question was felt by the author of the patient satisfaction survey to be confusing hence reducing the usefulness for a conclusion to be drawn from this result.

The **estimated cost of the service** based on quarter one (2015-2016) projected spend with a 10% contingency uplift is £62,000 per quarter for NEW Devon CCG and £34,000 per quarter for South Devon and Torbay CCG. This does not take account of any variation to the services that may occur following this evaluation. Commissioners are invited to consider four options within this document with regards to the continuation of the Pharmacy First services which are summarised on pages 54 and 55.

Acknowledgements

Devon LPC and NEW Devon CCG would like to thank the Prime Minsters Challenge Fund Project Group For Devon and Cornwall, NHS England South West Area Team, Public Health England, pharmacy staff, and PharmOutcomes.

Introduction

The aim of this report is to evaluate the evidence on activity and effect of the commissioned community pharmacy 'Pharmacy First' services in North, East and West Devon Clinical Commissioning Group (CCG) and South Devon and Torbay CCG. The Pharmacy First service was commissioned initially in the western locality of NEW Devon CCG in December 2013 to help relieve the pressure on urgent and emergency care services. It was further expanded to the northern and eastern localities and South Devon and Torbay CCG as part of the Devon Cornwall and Isles of Scilly NHS England Prime Ministers Challenge bid to help alleviate the pressure locally on acute and urgent care providers to help improve access to GP services.

The pressure for acute and urgent care

Acute and urgent care is under growing pressure from an increasing demand from patients. In June 2013 NHS England published a report 'High quality care for all, now and for future generations: Transforming urgent and emergency care services in England'[11]. This report detailed the increasing demands being placed on GP practices through increased consultations per patient which have rose from 3.9 per year in 1995 to 5.5 in 2008 (latest estimates have put this as high as 8.3 per patient consultations per year[12]). The report also stated that Accident and Emergency (A&E) departments have seen activity rise by around 18% during the time period 2003 to 2011. This increased demand has also been seen in walk-in and minor injury centres. The report concludes that urgent and unplanned care now accounts for approximately half the NHS budget, and this is expected to continue to rise with increasing elderly population with multiple complex conditions. It recommends a 'whole system approach' to reduce service fragmentation and integrate a more accessible and consistent urgent and emergency system.

Self-care for minor ailments allows patients to manage their condition without the need of a healthcare professional. It is believed that a major proportion of health problems (around 80%) are managed at home. However, because the percentage is high, a minor change in the behaviour would have a significant impact on the demand for urgent and emergency services[13]. The NHS England' Transforming urgent and emergency care' report stated that 'Community pharmacy services can play an important role in enabling self-care, particularly amongst patients with minor ailments'.

[11] NHS England. Urgent and Emergency Care Review - Evidence Base Engagement Document. 17 June 2013. http://www.england.nhs.uk/wp-content/uploads/2013/06/urg-emerg-care-ev-bse.pdf (accessed 21/5/2015)
[12] Clinical Practice Research Datalink – NIHR 2014
[13] NHS England, Bruce Keogh. Urgent and Emergency Care Review - Evidence Base Engagement. 17th June 2013. http://www.england.nhs.uk/wp-content/uploads/2013/06/urg-emerg-care-ev-bse.pdf (accessed 27/3/2015)

How Pharmacy First can help support care provision

The Pharmacy First service is designed to help support patients with common or self-limiting conditions that can be diagnosed and managed without medical intervention. The aim of the service is to reduce the demand placed on general practice, urgent care centres, Emergency Departments (ED) and other Out-Of-Hours (OOH) services. Studies have suggested that 15-18% of the GP managed consultations for minor ailments could be managed in community pharmacy[14]. One study indicated that 8% of consultations undertaken in an A&E department could be handled by a community pharmacist[15]. Evidence from the Scottish Minor Ailment Service (MAS) pilot evaluation demonstrated a 35% reduction in activity in GP minor ailment consultations following the introduction of a community pharmacy MAS[16]. Patient satisfaction with MAS services is high. A number of studies have reported that 90% or above were willing to re-use the scheme, and patients have expressed a similar level of satisfaction with pharmacy consultations when compared with general practice consultations[17].

Emergency Repeat Medication Requests

The Pharmacy First service in Devon has also incorporated the Urgent Repeat Medication service. This service supports patients who need their regular medication urgently who don't have a prescription. The patient can present at a pharmacy and be provided with their regular medicines without the need to pay (if they are exempt from NHS prescription charges). It is estimated by NHS England that around 30% of calls to NHS 111 services are for urgent requests for repeat medication[18]. This activity blocks out of hours appointments for patients who could have a greater clinical need. Cornwall and West Yorkshire community pharmacies have been able to dispense regular repeat medicines to patients as part of an NHS locally commissioned service; this has reduced demand on out of hour's providers and improved patient experience[19].

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[14] N.Pillay et al. The Economic Burden of Minor Ailments on the NHS in the UK. Selfcare. 2010;1(3):105-116. http://www.selfcarejournal.com/uploads/products/10024/pdf/IMS%203%3B105-16.pdf (accessed 5/5/2015)

[15] Community Pharmacy Management of Minor Ailments. Pharmacy Research UK, 2015. http://www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/MINA-Study-Final-Report.pdf (accessed 27/3/2015)

[16] Research findings No.29/2003. Scottish Executive Social Research 2003. Direct supply of medicines in Scotland: evaluation of a pilot scheme. Ellen Schafheutle et al. Schafheutle E, Noyce P, Sheehy C, et al. Available from: http://www.scotland.gov.uk/cru/resfinds/

[17] Vibhu Paudyal et al. Are pharmacy-based minor ailment schemes a substitute for other service providers? A systemic review. Br J Gen Pract. 2013 Jul; 63(612): e472–e481.

[18] NHS England, Anne Josuha. Urgent Repeat Medication Requests: Guide for NHS 111 Services. 16th March 2015. http://www.england.nhs.uk/wp-content/uploads/2015/03/rept-medictn-guid-nhs111.pdf (accessed 27/3/2015).

[19] NHS England, Anne Josuha. Urgent Repeat Medication Requests: Guide for NHS 111 Services. 16th March 2015. http://www.england.nhs.uk/wp-content/uploads/2015/03/rept-medictn-guid-nhs111.pdf (accessed 27/3/2015).

The Pharmacy First Services

1. The 'Winter Ailments' Service

Purpose: The winter aliment service allows access to over the counter medicines for those with specific ailments from a formulary (e.g. a cold, sore throat, diarrhoea), to patients who are exempt from prescription charges. The aim of the service is to promote self-care through the community pharmacy, and provide advice and where appropriate the supply of medicines at NHS expense without the need to visit the GP. Supplies will be made based on a current complaint which the patient or, where appropriate, their representative presents with and need will be assessed; supplies for "stock" will not be made.

Conditions that can be treated: Coughs, colds, sore throats, nasal congestion, fever, earache, teething, diarrhoea, blocked nose, headache and pain.

Access: Patients can self-refer or be referred to a participating pharmacy from local medical practices or other primary care providers including the NHS 111 service. The service is provided free of charge to patients who are exempt from prescription charges, however patients with a pre-payment certificate are not eligible for a free service.

2. Minor illness Using PGDs

Purpose: Provide patients access to self-care advice and treatment of a number of specific minor illnesses. Where appropriate the patient will be supplied with a pharmacy only or prescription only medicine under a PGD without the need to visit the GP practice. The conditions treated are aimed at freeing up practice appointments.

Conditions that can be treated: Bacterial conjunctivitis, impetigo, nappy rash, uncomplicated Urinary Tract Infections (UTIs) and oral candidiasis.

Access: Patients can self-refer or be referred to a participating pharmacy from local medical practices or other primary care providers including the NHS 111 service.

3. Emergency supply service

Purpose: To provide an emergency supply of repeat prescription medicines at NHS expense, for example where a patient has a medicine prescribed to them for long term condition. The aim of this service is to relieve pressure on urgent and emergency care services (e.g. Devon Doctors) and general practitioner appointments at times of high demand.

Medicines that can be provided: Repeat prescription medicines can be issued in an emergency under current regulations with the exclusion of Schedule 1, 2 or 3 Controlled Drugs if there is immediate need.

Access: Local patients can access the service when their GP practice is closed, for example on evenings and weekends. Patients visiting the area can access this scheme at any time.

Preparing and implementing the Pharmacy First services in NEW Devon CCG and South Devon and Torbay CCG

In December 2013, NEW Devon CCG commissioned community pharmacies in the catchment area of Derriford hospital to contribute to reducing winter pressures on the urgent and emergency care services. Originally termed "Winter Pressures services", the three services commissioned were launched on 23rd December 2013 after an initial face-to-face training event supported by Kernow CCG.

The three services are outlined in table 1 below.

Service	Description	Accreditation requirements
Winter ailments scheme	NHS-funded supply of a limited range of over the counter medicines for people presenting in the pharmacy with a self-limiting condition and who are exempt from prescription charges to support self-care.	Accreditation for *pharmacies* – pharmacist to sign accreditation form
Emergency supply service	Provision of emergency supplies of repeat prescriptions and medicines at NHS expense. Local patients can access the service out of hours, while out of area patients can access at any time.	Accreditation for *pharmacies* – pharmacist to sign accreditation form
Minor ailments scheme using Patient Group Directions (PGDs)	Supply of a limited range of Prescription Only Medicines (POMs) to treat urinary tract infections, impetigo, nappy rash and bacterial conjunctivitis.	Face-to-face training and/or CPPE "Responding to minor ailments" distance learning training – Individual pharmacists to confirm they had read and understood PGDs i.e. Accreditation for *pharmacists*

Table 1 Services available under the original Winter Pressures scheme for community pharmacies in the Derriford hospital footprint area

The process of implementation and delivery of the services was led by the Western Locality NEW Devon CCG Clinical Effectiveness and Medicines Optimisation (CEMO) team. Substantial support was also provided by the NHS England (NHSE) Devon and Cornwall Area Team who issued contracts and PGDs to providers. Kernow CCG also provided support through face-to-face training with community pharmacies who engaged with the services and by providing up-to-date PGDs to NHSE for adoption by NHSE. NHSE also managed the monitoring and payment of service providers with governance support from NEW Devon CCG CEMO team until 30th October 2014. The monitoring and payment of service provision has been

managed throughout the period of this evaluation through the PharmOutcomes web-based system[20]

From 1st November 2014 these services were passed back to NEW Devon CCG by NHSE as had previously been agreed. NEW Devon CCG sought the support of partner agencies to commission these services in community pharmacies as they already held public health contracts with the providers. Hence, Plymouth City Council (PCC) provided support in the issuing of contracts to accredited pharmacies in the PCC area and Devon County Council (DCC) provided a similar role to accredited pharmacies in the DCC area that also were part of the western locality footprint. This was provided as an extension to the aforementioned current public health contracts held with community pharmacies, for example, supervised self-administration of opioid substitution treatments. These changes were communicated by writing and at a face-to-face event on 21st October 2014.

It was also at this point that pharmacies within Kernow CCG within the Derriford hospital footprint disengaged with the western locality Pharmacy First services and other pharmacies within NEW Devon CCG northern and eastern localities and South Devon and Torbay CCGs established their own services. This was following provision of funding through the Prime Minister's Challenge Fund (PMCF) through a bid by Devon Local Pharmaceutical Committee (LPC). This fund was set up by NHS England to help improve access to general practice and stimulate innovative ways of providing primary care services. The local NHS England AT for Devon Cornwall and the Isles of Scilly won a bid for £3,575,000 in association with the NEW Devon CCG, Bay (Torbay) CCG, and Kernow CCG. The aim of the project was to integrate primary care across Devon, Cornwall and the Isle of Scilly for the 1.7 million patients who live in the area. Devon LPC was able to bid for an amount of the project fund to support the provision of Pharmacy First from November 2014 until July 2015.

Implementation at this stage in NEW Devon CCGs northern and eastern localities and South Devon and Torbay CCG was led by Devon LPC with the support of NEW Devon CCG CEMO team and NHSE Devon and Cornwall Area Team. This involved pharmacy engagement through and the delivery of three face-to-face events across Devon to outline the services and accreditation provisions. Due to the restricted timescales involved within the PMCF project, individual *pharmacists* were asked to self-accredit for the PGD services through completion of the CPPE "Responding to minor ailments" distance learning tool[21]. Alternatively, if they had previously attended a face-to-face Western Locality of Kernow CCG training event, this was also accepted as appropriate accreditation. Accreditation for *pharmacies* was still requested for the winter ailments and emergency supply services.

[20] For further details about the PharmOutcomes system please go to https://www.pharmoutcomes.org/pharmoutcomes/
[21] Available at https://www.cppe.ac.uk/learningdocuments/pdfs/13373_minorailmentsforweb.pdf

Pharmacies were also provided with a suite of promotional material at these events which supported the branding of the scheme as “Pharmacy First” services. The rationale behind this decision was to ensure that members of the public and professionals alike were imbued with the message that, within the provision of the three services, pharmacies should be the first choice. The western locality pharmacies also re-branded at the same time.

Although minor changes have been made to the contracts, monitoring forms, PGDs and other paperwork involved in the scheme these have mostly been minor. For an up-to-date suite of the paperwork involved in all areas of Devon readers are invited to review this at the Devon LPC website at http://devonlpc.org/locally-commissioned-services/winter-pressures/

Results

A. Pharmacy First Activity Data

Activity and Outcomes

The Pharmacy First services are managed through a web-based data capture system called PharmOutcomes. The web-based tool allows commissioners to see real time information on services being provided by community pharmacies. The activity data for each service, and patient eligibility and proxy outcomes were all captured using this system. The system reports were utilised to automatically populate monthly invoices for the pharmacies.

Each community pharmacy is provided with a unique account and a number of individual password protected user IDs so the pharmacy team members can enter the data on to PharmOutcomes. The pharmacies were requested to enter the data within 3 days of the service intervention taking place.

Condition	NEW Devon	South Devon & Torbay	Total	%
Bacterial Conjunctivitis	837	419	**1256**	**15.6%**
Impetigo	188	78	**266**	**3.3%**
Oral Candidiasis	56	21	**77**	**1.0%**
Nappy Rash	100	60	**160**	**2.0%**
Urinary Tract Infections	334	142	**476**	**5.9%**
Winter Ailments	2235	1097	**3332**	**41.3%**
Emergency Repeat	1564	933	**2497**	**31.0%**
Total	**5314**	**2750**	**8064**	

Table 2: PGD (Minor Illness), Winter Ailments' Service and Emergency Repeat Medicine: Total consultations for each condition by area

The table above shows the activity of each of the Pharmacy First Services for the respective areas in the evaluation time period. The evaluation time period is defined as:

- The activity in the western locality in Devon between January 2014 to the end of March 2015 and
- The activity in the north and eastern localities of NEW Devon CCG and South Devon and Torbay CCG between November 2014 to end of March 2015.

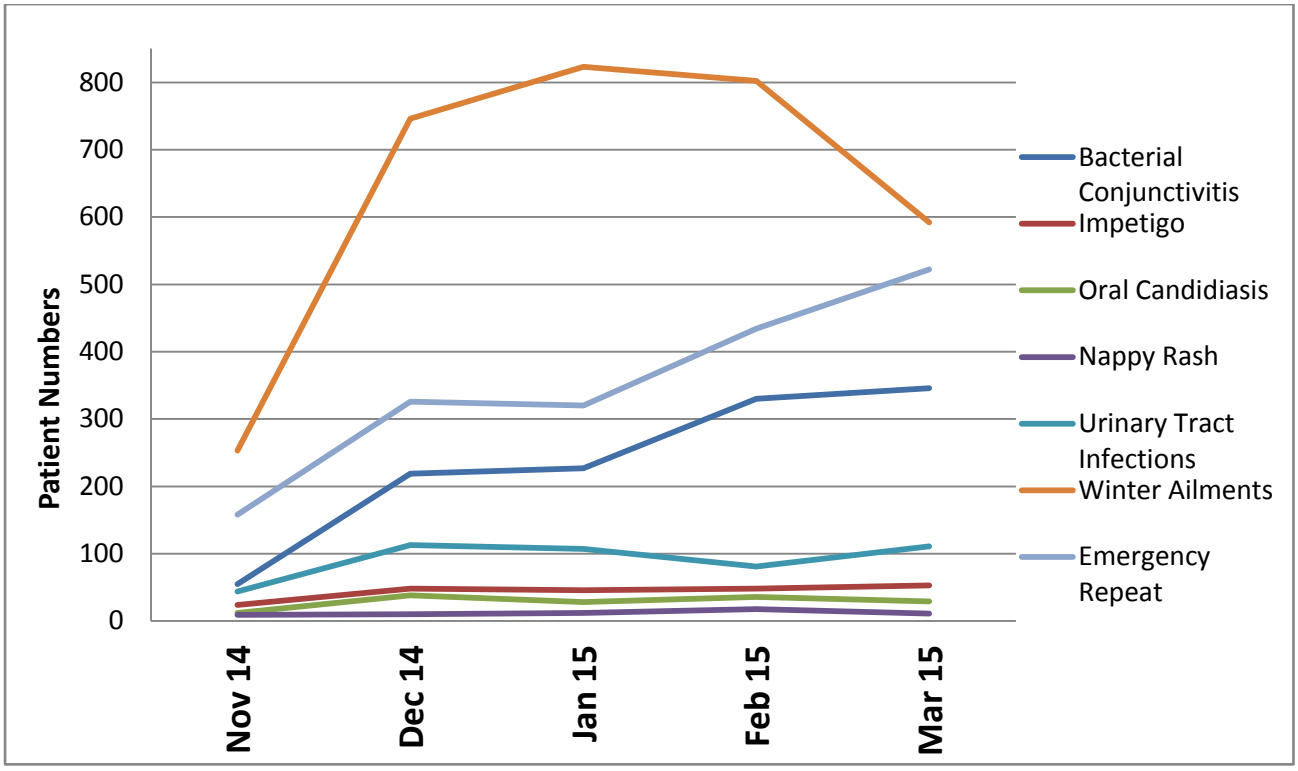


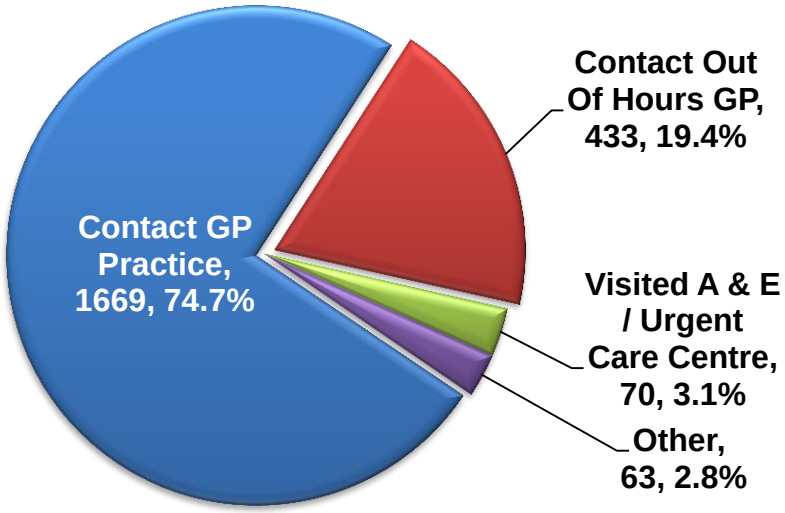
Figure 1: Monthly consultations for each PGD condition, winter ailment service.

The graph above shows the number of consultations for each Pharmacy First service over the evaluation period for all areas, from November to the end of March 2015.

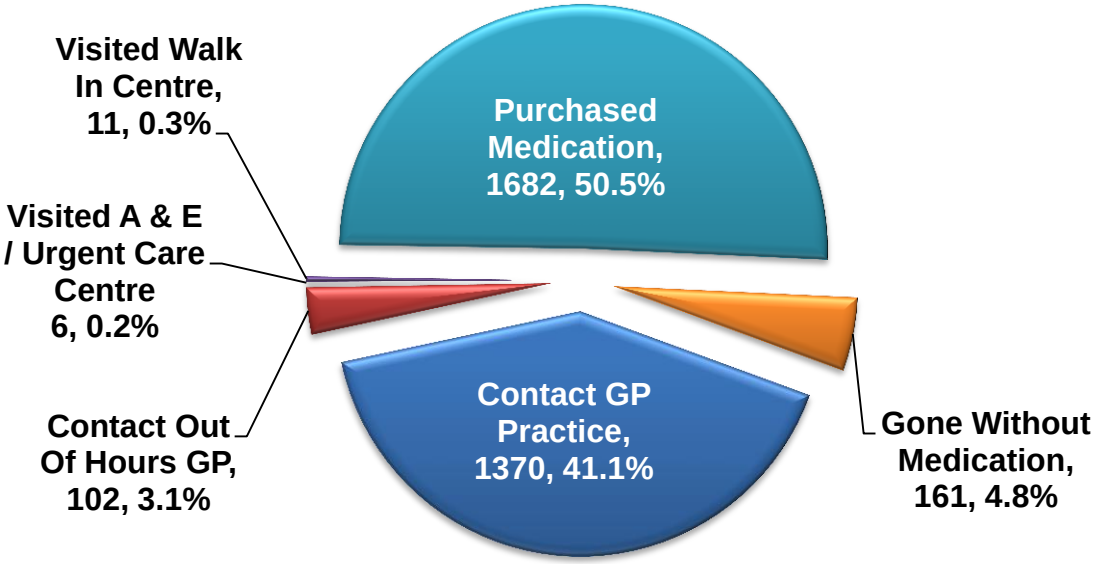
The pie charts below show the stated patient action taken if the Pharmacy First Service was unavailable. The was measured using a PharmOutcomes questionnaire completed by the patient. The question asked of the service user was "if the pharmacy service was not available what action would the patient have taken?" The data is for all areas within the evaluation time period.

Figure 2: Outcomes - Patient action if service not available

2a. PGDs Service



2b. Winter Ailments



2c. Emergency Repeat

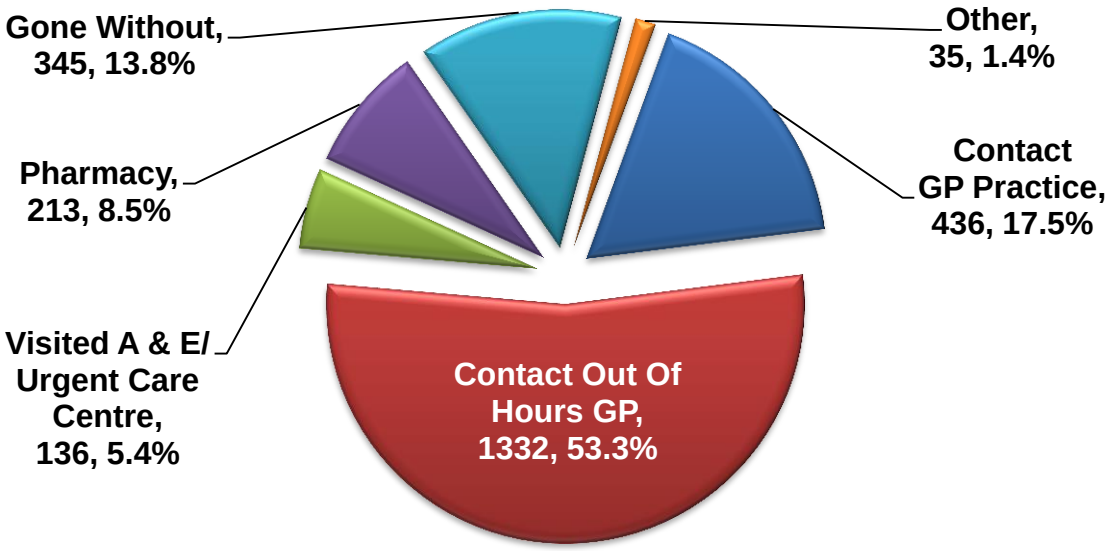
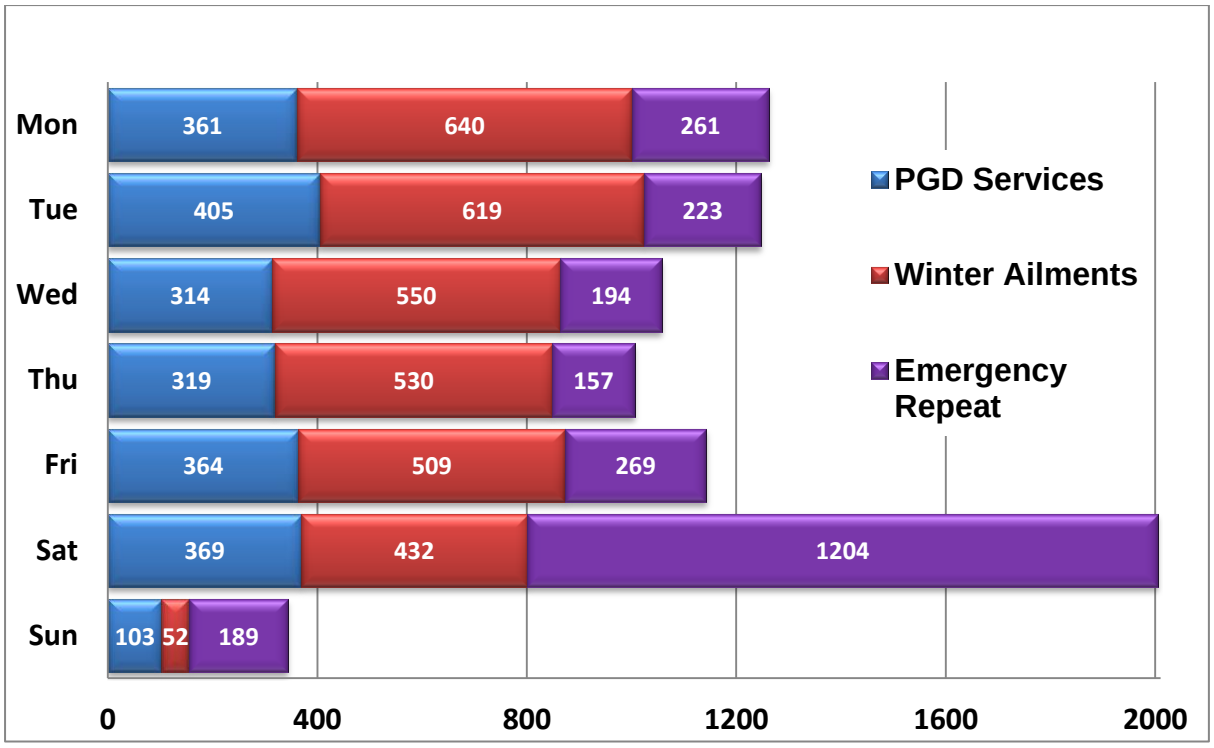


Figure 3: Time Of Service Interventions: Day of week consultation activity



The above bar chart shows the number and type of Pharmacy First Service interventions completed on each day of the week over the evaluation time period.

Table 3: Location of Service Interventions

GP Practice Location	Practice	%	Patients	%
Local	167	**18.6%**	7160	**88.8%**
Out Of Area	729	**81.4%**	904	**11.2%**
Total	**896**		**8064**	

Table 3a: Patient access/referral into service number/% (by area)

The table above shows the number and percentage of interventions completed for patients whose GP practice is within the NEW Devon CCG and South Devon and Torbay CCG area, and the number who are out of area patients.

Rank	Area	GP Practice	Patients	%
1	Local	Bovey Tracey & Chudleigh Practice, Riverside Surgery, Bovey Tracey, TQ13 9QP (L83045)	531	6.58%
2	Local	Ide Lane Surgery, Ide Lane, Alphington, Exeter, EX2 8UP (L83079)	393	4.87%
3	Local	St Thomas Medical Group, Exeter, Devon EX4 1HJ (L83016)	176	2.18%
4	Local	Brunel Medical Practice, Babbacombe, Torquay, TQ1 3SL (L83013)	167	2.07%
5	Local	Mayfield Medical Centre, Paignton, TQ4 5LA (L83014)	160	1.98%
6	Local	Lynton Health Centre, Lynton, EX35 6HA (L83068)	133	1.65%
7	Local	Seaton & Colyton Medical Practice, Seaton, EX12 2DU (L83007)	124	1.54%
8	Local	College Surgery Partnership, Cullompton, EX15 1FE (L83092)	122	1.51%
9	Local	Okehampton Medical Centre, Okehampton, EX20 1AY (L83087)	121	1.50%
10	Local	Newcombes Surgery, Crediton, EX17 2AR (L83127)	112	1.39%
11	Local	Townsend House Medical Centre, Seaton, EX12 2RY (L83054)	111	1.38%
12	Local	Barton Health Centre, Torquay, TQ2 8JG (L83032)	109	1.35%
13	Local	Westbank Practice, Starcross, Exeter, EX6 8PZ (L83041)	107	1.33%
14	Local	Channel View Surgery, Teignmouth, TQ14 8AY (L83120)	101	1.25%
15	Local	Devon Square Surgery, Newton Abbot, TQ12 2HH (L83046)	101	1.25%
16	Local	Leatside Surgery, Totnes, TQ9 5JA (L83043)	101	1.25%
17	Local	Caen Medical Centre, Braunton, EX33 1LR (L83097)	95	1.18%
18	Local	West Hoe Surgery, Plymouth, PL1 3BP (L83112)	95	1.18%
19	Local	Topsham Surgery, Topsham, Exeter, EX3 0EN (L83036)	93	1.15%
20	Local	Bideford Medical Centre, Bideford, EX39 3AF (L83083)	92	1.14%
Total Patients seen by Top Twenty GP Practices			**3044**	**37.75%**
Total Patients seen by All Services			**8064**	

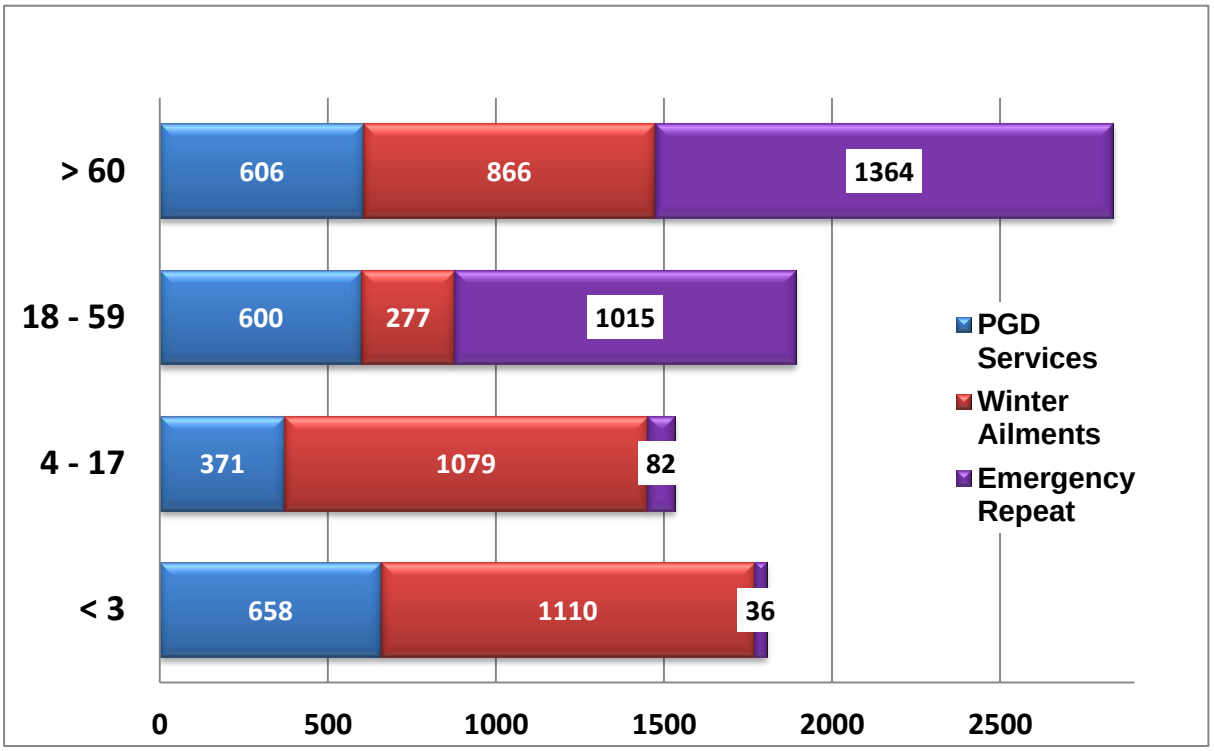
Table 3b: Total consultations for each of the top 20 GP Surgeries (where patients using the Pharmacy First services are registered)

Rank	Pharmacy	Patients	%
1	Pharmacy 1	574	7.12%
2	Pharmacy 2	409	5.07%
3	Pharmacy 3	296	3.67%
4	Pharmacy 4	293	3.63%
5	Pharmacy 5	190	2.36%
6	Pharmacy 6	178	2.21%
7	Pharmacy 7	163	2.02%
8	Pharmacy 8	152	1.88%
9	Pharmacy 9	147	1.82%
10	Pharmacy 10	147	1.82%
11	Pharmacy 11	146	1.81%
12	Pharmacy 12	143	1.77%
13	Pharmacy 13	125	1.55%
14	Pharmacy 14	116	1.44%
15	Pharmacy 15	115	1.43%
16	Pharmacy 16	113	1.40%
17	Pharmacy 17	110	1.36%
18	Pharmacy 18	108	1.34%
19	Pharmacy 19	108	1.34%
20	Pharmacy 20	103	1.28%
Total Patients seen by Top Twenty Pharmacies		**3736**	**46.33%**
Total Patients seen by All Pharmacies		**8064**	

Table 3c: Total consultations for each of the top 20 Pharmacies providing Pharmacy First services (anomalised)

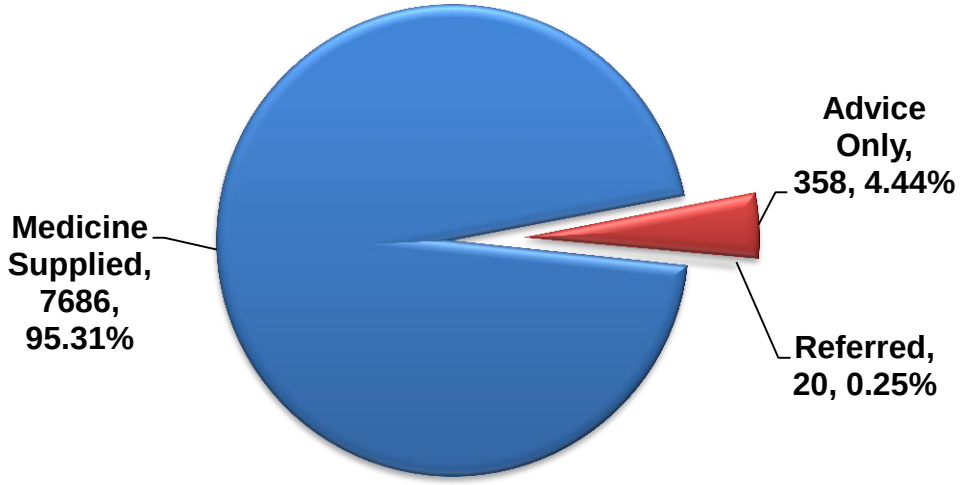
The number of pharmacies in Devon that were active providing the Pharmacy First services was 173 out of a total 242, the range of number of patient interventions made was 1 to 574, with a mean result across all pharmacies of 47.

Figure 4: Patient Age Profile Service Provision



The bar chart above shows the age range and number of patient consultations completed for each Pharmacy First Service in all areas for the evaluation time period.

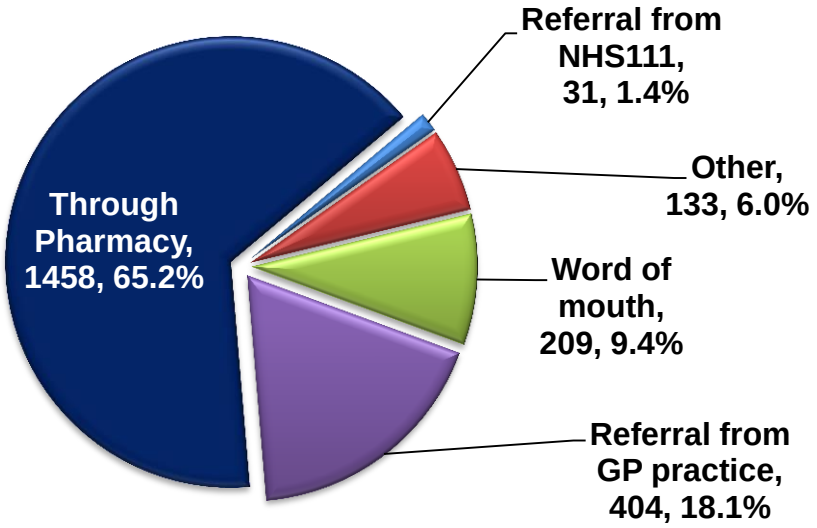
Figure 5: Pharmacy Service Provision, Advice Only & Medicines Supplied



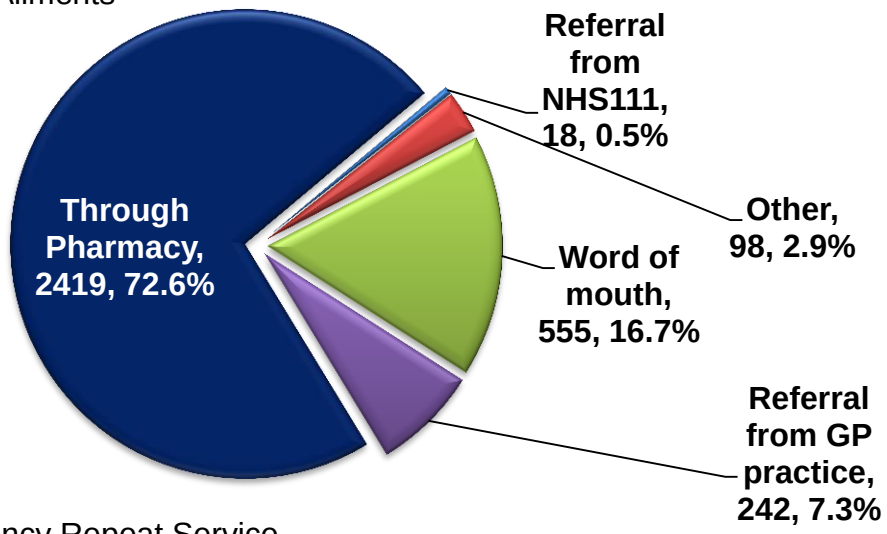
The pie chart above shows the number and percentage of Pharmacy First Service interventions that received advice only versus supply of medicine

Figure 6: Patient Access into Pharmacy First Services
The pie charts below show how the patients hear about and access the Pharmacy First Services.

6a. PGD



6b. Winter Ailments



6c. Emergency Repeat Service

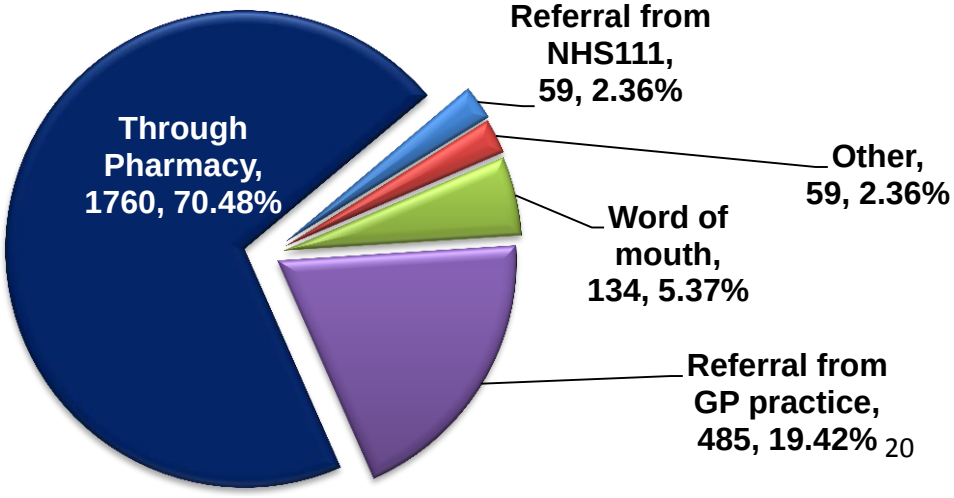
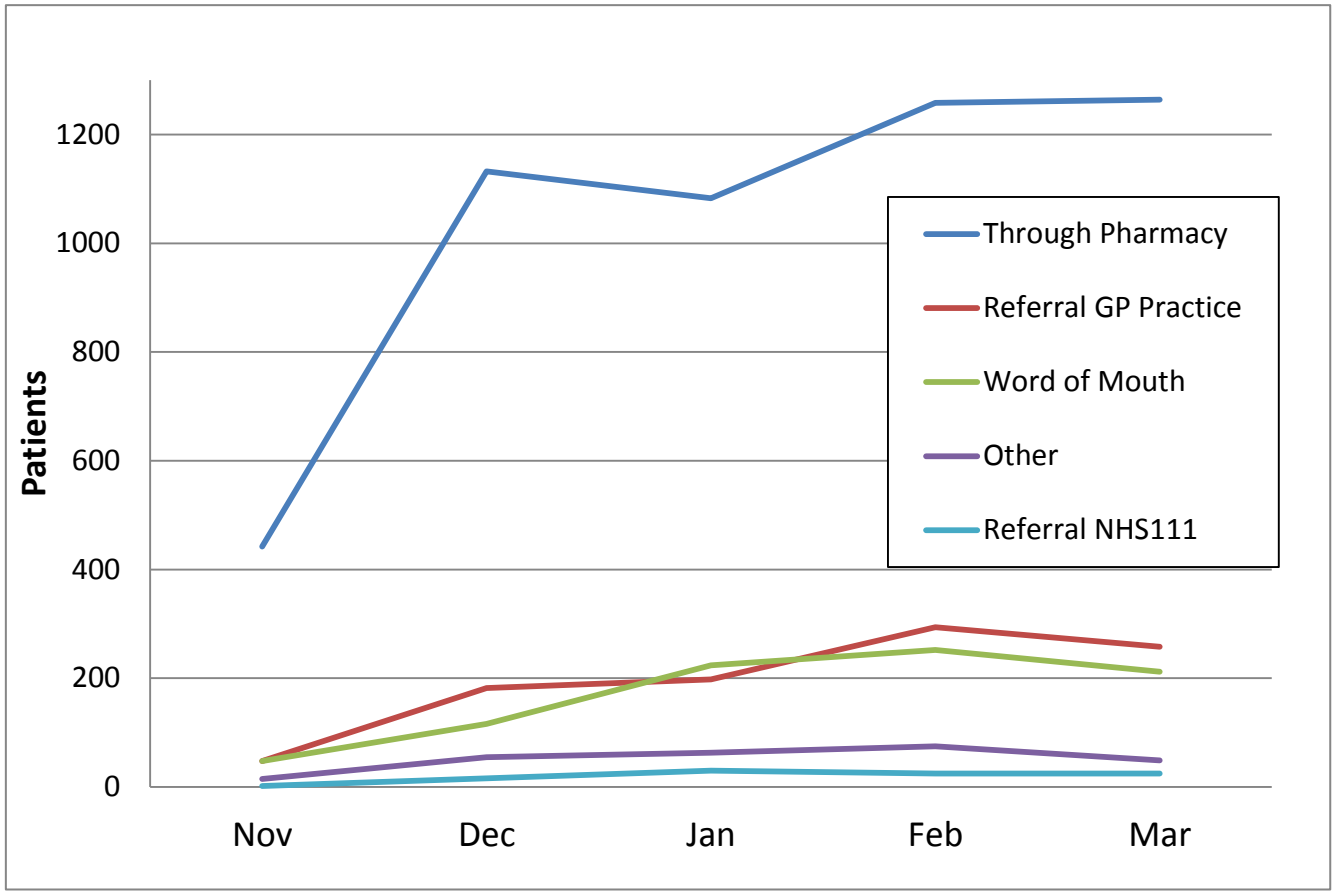


Figure 7: Patient Access/Referral into Service (Nov 2014 to March 2015) [incorporates western locality data from Jan 14 to November 14 in Nov 14 figures]

Table 4: Medicine Supplied: Winter Ailments



The graph above shows how the patients hear about and access the Pharmacy First Services in all areas over the evaluation time period.

4a. Total number of consultation and medicines supplied

Number of Patients	2497
Basket of different medications	769
Number of Medicines supplied	3391

The table above shows the number of patients accessing the Winter Ailments Minor Illness Pharmacy First Service in all areas for the evaluation time period.

4b. Number of supplies for each formulary medicine

Winter Ailment Medicine Supply	Total	%
Paracetamol Suspension 120mg/5ml Sugar Free (100ml) For Headache / Earache and Temperature	**1230**	**28.1%**
Ibuprofen Suspension 100mg/5ml Sugar Free (100ml) For Headache / Earache and Temperature	**724**	**16.5%**
Paracetamol Suspension 250mg/5ml Sugar Free (200ml) For Headache, Earache and Temperature	**461**	**10.5%**
Paracetamol Tablets 500mg (32) For Migraine, Headache, Earache, Temperature, Sore Throat	**398**	**9.1%**
Pholcodine Linctus 5mg/5ml (200ml) For Cough	**372**	**8.5%**
Simple Linctus Paediatric Sugar Free (200ml) For Cough	**286**	**6.5%**
Simple Linctus Paediatric (200ml) For Cough	**236**	**5.4%**
Simple Linctus (200ml) For Cough	**150**	**3.4%**
Xylomatazoline Nasal Spray 0.1% (10ml) For Nasal Congestion	**140**	**3.2%**
Dioralyte Rehydration Sachets (6) For Diarrhoea	**127**	**2.9%**
Loperamide Capsules 2mg (6) For Diarrhoea	**95**	**2.2%**
Ibuprofen Tablets 400mg (24) For Headache / Earache / Temperature / Migraine	**82**	**1.9%**
Ibuprofen Tablets 200mg (24) For Headache / Earache and Temperature	**51**	**1.2%**
Aspirin Dispersible Tablets 300mg (32) For Sore Throat and Migraine	**16**	**0.4%**
Co-codamol Tablets 8/500mg (32) For Pain Relief	**10**	**0.2%**
Grand Total	**4379**	

Table 5: Medicine Supplied: Emergency Repeat

5a. Total number of consultation and medicines supplied

Number of Patients	2497
Basket of different medications	769
Number of Medicines supplied	3391

5b. Top 20 Medicines supplied as emergency repeat

Rank	Emergency Repeat Medicine List	Qty	%
1	Ventolin 100micrograms/dose Evohaler 200 dose	**160**	**4.72%**
2	Omeprazole 20mg gastro-resistant capsules 28 capsule	**91**	**2.68%**
3	Salbutamol 100micrograms/dose inhaler CFC free 200 dose	**72**	**2.12%**
4	Simvastatin 40mg tablets 28 tablet	**65**	**1.92%**
5	Bendroflumethiazide 2.5mg tablets 28 tablet	**62**	**1.83%**
6	Metformin 500mg tablets 28 tablet	**61**	**1.80%**
7	Amlodipine 5mg tablets 28 tablet	**54**	**1.59%**
8	Levothyroxine sodium 100microgram tablets 28 tablet	**53**	**1.56%**
9	Ramipril 10mg capsules 28 capsule	**49**	**1.45%**
10	Citalopram 20mg tablets 28 tablet	**48**	**1.42%**
11	Levothyroxine sodium 50microgram tablets 28 tablet	**46**	**1.36%**
12	Levothyroxine sodium 25microgram tablets 28 tablet	**37**	**1.09%**
13	Aspirin 75mg dispersible tablets 28 tablet	**37**	**1.09%**
14	Warfarin 1mg tablets 28 tablet	**34**	**1.00%**
15	Amitriptyline 10mg tablets 28 tablet	**33**	**0.97%**
16	Clopidogrel 75mg tablets 28 tablet	**33**	**0.97%**
17	Simvastatin 20mg tablets 28 tablet	**32**	**0.94%**
18	Ramipril 5mg capsules 28 capsule	**32**	**0.94%**
19	Lisinopril 20mg tablets 28 tablet	**32**	**0.94%**
20	Sertraline 50mg tablets 28 tablet	**31**	**0.91%**
	Total of Top Twenty Medicines	**1062**	**31.32%**
	Total Quantity of Medicines Supplied	**3391**	

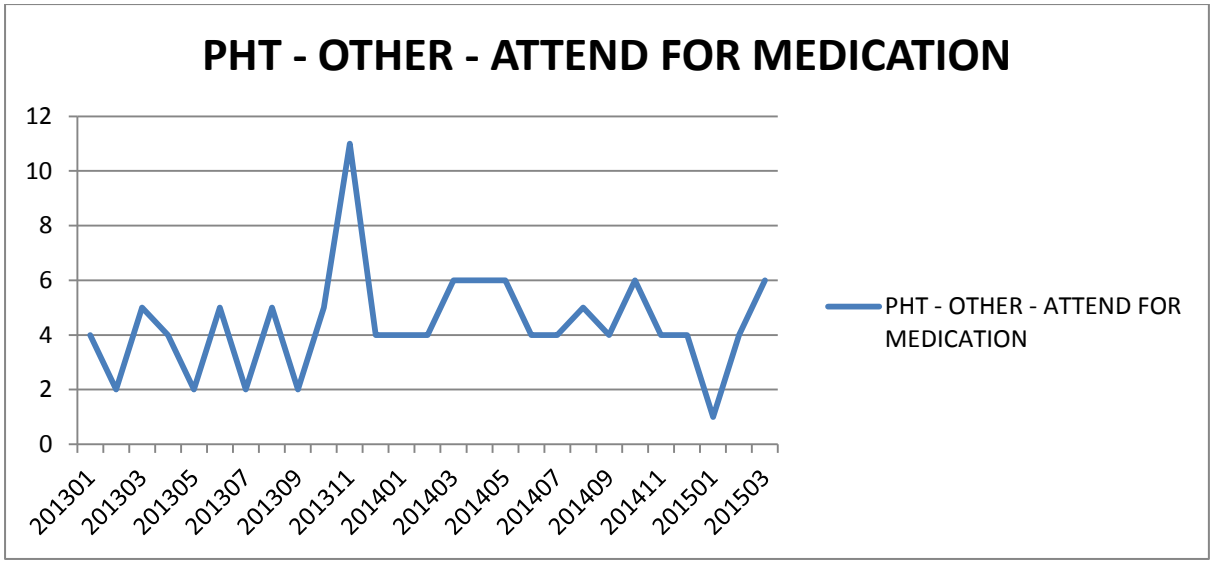


Figure 8: Attendance for medication at Derriford hospital, Plymouth (Jan 2013 to March 2015)

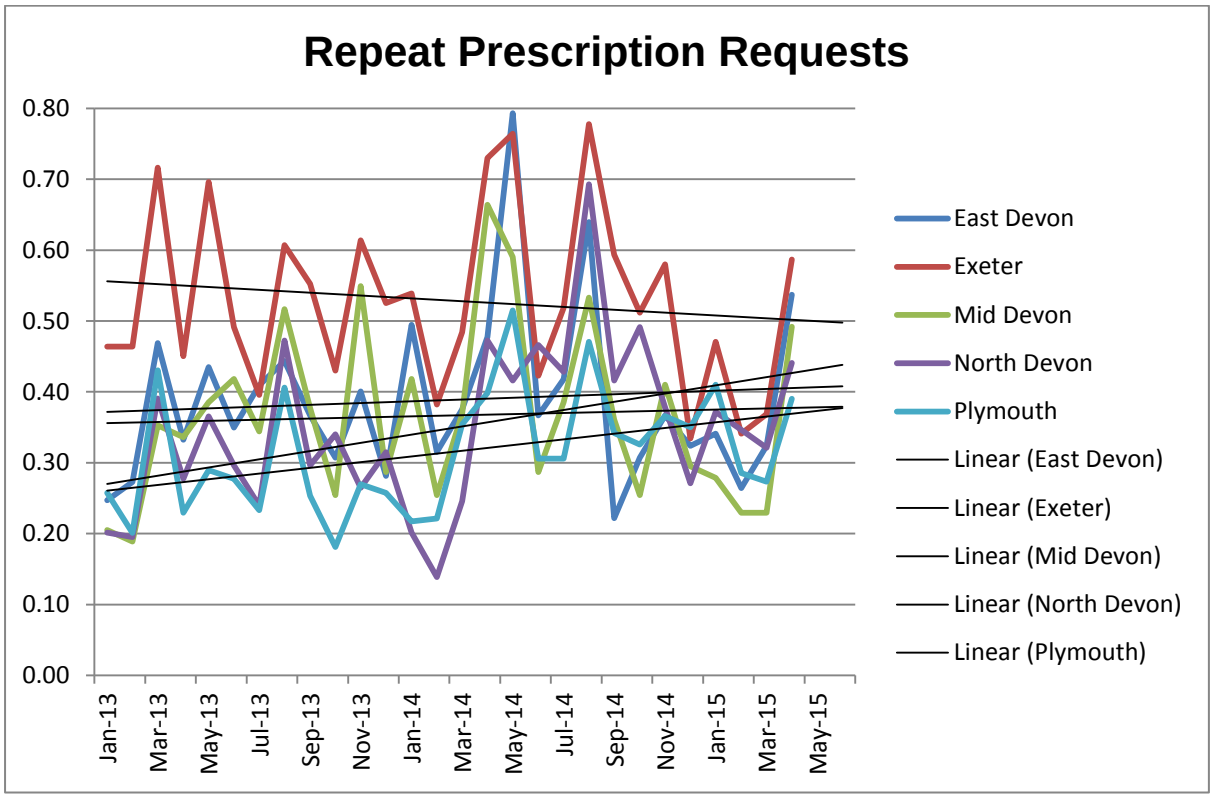


Figure 9a: Repeat prescription requests and future linear trends through DDOCS for NEW Devon CCG areas (Jan 13 to Mar 15)

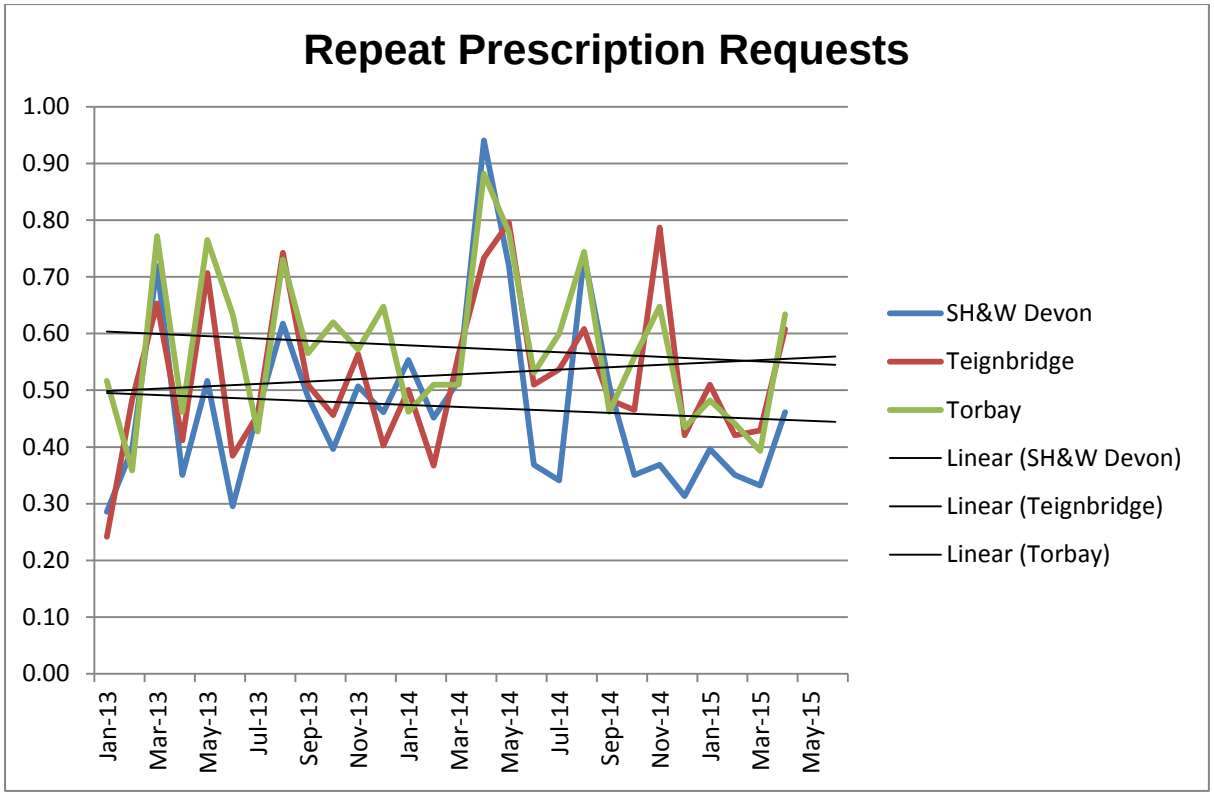


Figure 9b: Repeat prescription requests and future linear trends through DDOCS for South Devon and Torbay CCG areas (Jan 13 to Mar 15)

The Table below shows the total fees and medicines cost for each of the Pharmacy First services in all Areas in the evaluation time period

Table & Figure 6: Service Costing: Total Cost for each Pharmacy First service

Service Costs	Total	%
PGD Services	£30,666.70	32.7%
Winter Ailments	£22,460.08	24.0%
Emergency Repeat	£40,607.31	43.3%
Total Cost of Service	**£93,734.09**	

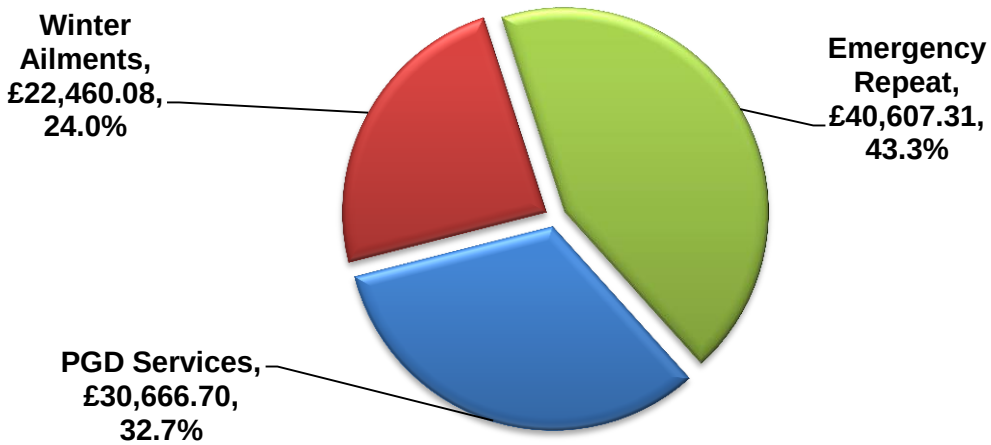
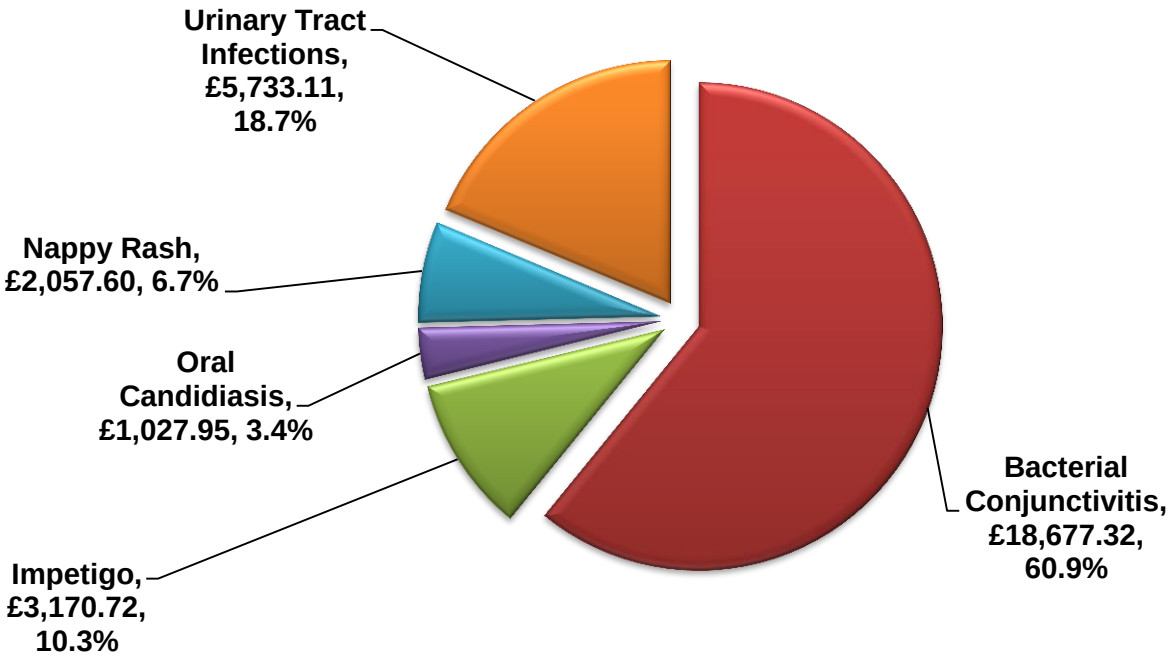


Table 7a: PGD Service Costings

PGD Service Costs	Patients	Fee	Cost of Meds	Total Costs
Bacterial Conjunctivitis *	1256			£18,677.32
Impetigo	266	£10.00	£1.92	£3,170.72
Oral Candidiasis	77	£10.00	£3.35	£1,027.95
Nappy Rash	160	£10.00	£2.86	£2,057.60
Urinary Tract Infections **	476			£5,733.11
Total PGD Service Costs	2235			£30,666.70



The table below shows the costs of the breakdown of Pharmacy First service costs via PGD in all areas over the evaluation period. Note that the costs of medicines issued from the PGD service has varied during the evaluation period, and the costs below represent the maximum paid.

Table 7b. PGD Service Costings – breakdown and rationale

	Patients	Fee	Cost of Meds	Total Costs
Bacterial Conjunctivitis *	1256			£18,677.32
** Chloramphenicol 0.5%*	892	£10.00	£1.50	£10,258.00
** Fusidic Acid 1%*	364	£10.00	£13.13	£8,419.32
Urinary Tract Infections **	476			£5,733.11
*** Trimethoprim 200mg (pre 1 Jan 15)*	177	£10.00	£0.43	£1,846.11
*** Trimethoprim 200mg (post 1 Jan 15)*	299	£10.00	£3.00	£3,887.00

Table 8: Winter Ailments and Emergency Repeat Service Costings

Winter Ailments & Emergency Repeat Costings	Patients (Med 1)	Additional Meds (Med 2-4)	Total Meds Supplied	Total Fees	Total Meds Cost	Total Cost
Winter Ailments	3332	1047	4379	£17,516.00	£4,944.08	£22,460.08
Emergency Repeat	2497	894	3391	£26,758.00	£13,849.31	£40,607.31

The table above shows the breakdown of the costs for fee and medicines reimbursed for the Winter Ailments and Emergency Repeat service in all areas over the evaluation time period (exclusive of VAT).

Table 9: Average Patient Cost for each Pharmacy First Service

Average Patient Service Cost	£
Emergency Repeat	£16.26
Bacterial Conjunctivitis	£14.87
Oral Candidiasis	£13.35
Nappy Rash	£12.86
Impetigo	£11.92
Urinary Tract Infections	£11.92
Winter Ailments	£6.74

The table above and the bar chart below shows the average cost of a patient intervention for each of the difference Pharmacy First Services in all areas over the evaluation time period.

B. Surveys

a) Pharmacy First online survey

Between 11th March to 8th April 2015 an online survey was launched for pharmacy staff to feedback their thoughts on the Pharmacy First services. In total 55 responses were received with the majority coming from pharmacists (93%). The main responses were also from large multiple (8 pharmacies or more) (71%). Six responses (11%) came from 100-hour pharmacies.

The majority of respondents felt the training was adequate to support their learning (87%) but some comments were made about how this could be improved. One respondent expressed the need for joint sessions with GPs on how to physically examine a patient and one person felt the CPPE "exam" did not relate to the actual distance learning pack. This person, and two others, believed that more face-to-face training would have been appropriate especially to support the PGD services.

Respondents were also asked to rank the Pharmacy First services in terms of which they felt were most popular with the patients in their pharmacy. This was based on a score of 1 (least popular) to 3 (most popular). These results illustrated as mean scores are summarised in figure 10 below.

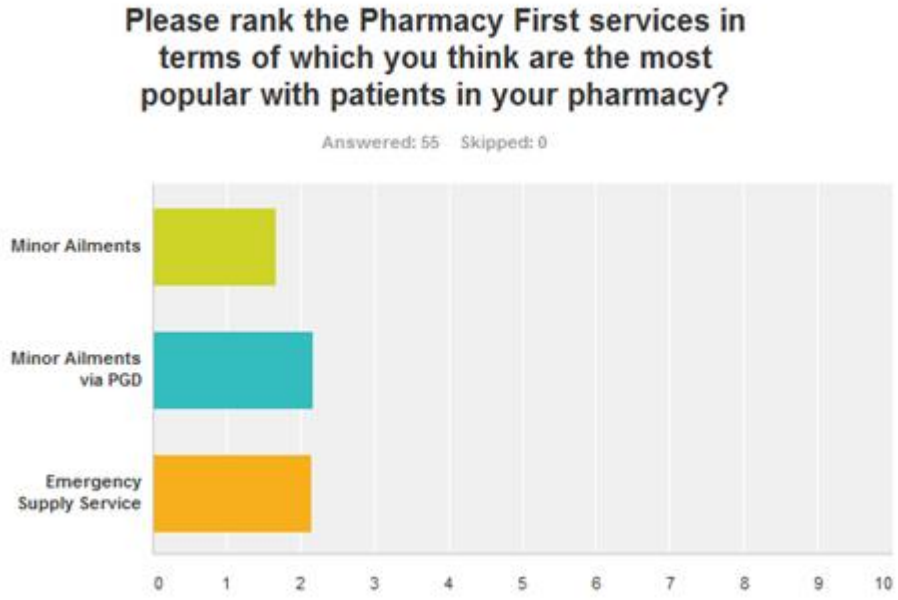


Figure 10: Pharmacy First service ranking (higher number = more popular)

The minor ailments service[22] was deemed the least popular service with the lowest mean score of 1.67. Both the emergency supply service (2.15) and minor ailments via PGD (2.18) scored higher with 36% and 42% of respondents respectively. Another survey question asked 'Do you think any of the current Pharmacy First serviced should be removed?' Over 85% (47) of respondents stated 'no' none should be removed, while 14.5% (8) stated yes a service should be removed. From the nine comments concerning which Pharmacy First service could be removed, 6 respondents thought the minor ailments service should be removed. Selections of the comments received are illustrated in box 1.

- "Unsure with minor ailments – feel this could be taken advantage of and difficult as people could repeatedly come back…a Facebook group for mums was promoting you could get free medicines from the pharmacy…easy way to get free medicines"
- "Winter ailments – not sure how it saves the NHS money when a patient could buy the products themselves"
- "Minor ailments…needs to be restricted somehow to parents who can't afford to buy medicines for their children"

Box 1: Selected comments regarding the winter ailments service in response to the question "Do you think any of the current Pharmacy First services should be removed?

The authors are also aware that some pharmacy staff found it difficult to assess "need" within patients and/or carers who were presenting i.e. how they determined whether it was appropriate to offer the service for the patient who could not afford to

[22] Formerly "Winter ailments" service

purchase the medication against someone who **could** afford the medication. This could also necessitate a review of both the training delivered and the service specification criteria to support both pharmacies and vulnerable patients who cannot afford the medication.

Approximately two-thirds of respondents had liaised with their local surgery in promoting the service and one respondent said this had "helped greatly as surgery can actively refer people into the service" with another person stating "…it was VERY well received by all staff". Only one respondent said they had experienced direct resistance from their GP practice.

The main issue identified by pharmacies as creating "difficulties in delivering the Pharmacy First services" were time constraints especially associated with the paperwork involved in the scheme. Approximately a third of respondents stated there were difficulties in delivering the service and, of the seventeen comments received, 41% related to the time-consuming nature of the paper-work. Twenty-one respondents (38%) commented that they had received inappropriate referrals with the majority coming from GPs/surgery staff (figure two). However, 91% of respondents thought the services have been invaluable or useful in delivering excellence in patient care.

A number of suggestions were made as to how the Pharmacy First services could be improved. From the thirty-four comments made by respondents the top 3 ways to improve the service were as follows:

- More products to be available of the winter ailments and minor ailments via PGD services
- More GP awareness and collaboration
- Less paperwork for the service to enable more focus on patient care

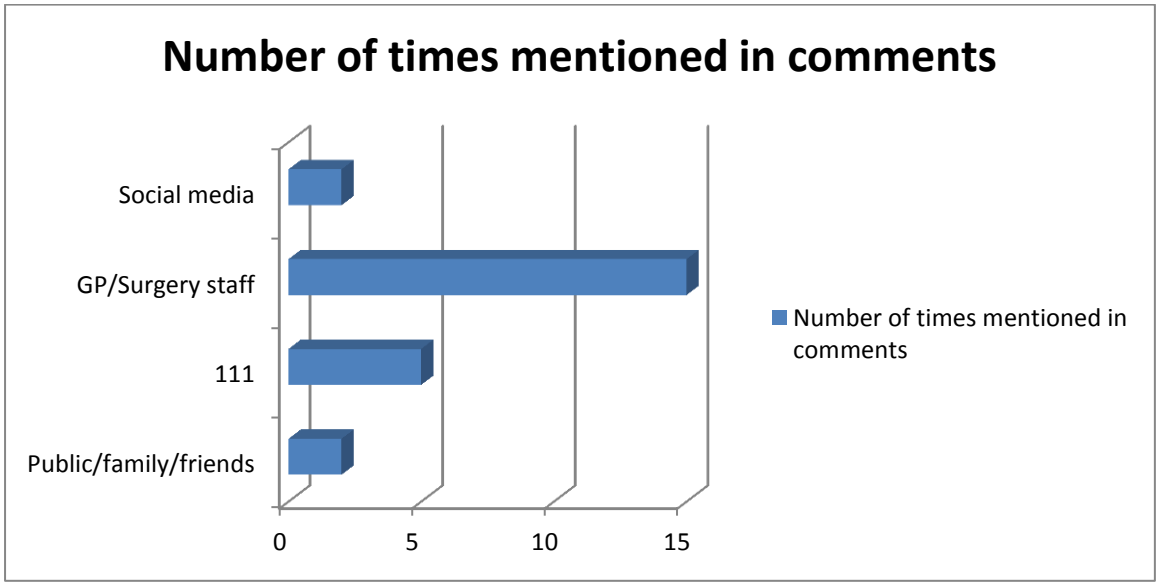


Figure 11: Number of inappropriate referrals referred to in comments from respondents to online survey (n=21: some respondents mentioned more than one inappropriate referral in their comment)

A number of respondents also added some patient success stories to their submissions. Selections of these stories are illustrated in box 2 (below).

- "I had a mother come in on a weekend when her son was suffering from impetigo. After assessing the patient I prescribed Fucidin® cream and she was very grateful. She was going to take him straight down to A&E if I had not intervened. She came back to the pharmacy a week later and told me that it had cleared up and she was very pleased with the service"
- "Pt in shop on Saturday with prescription not arrived (and) going on holiday – able to supply POM medication on previous records"
- "Patient with UTI delighted to get treatment so quickly without having to wait at least 24 hours for GP apt – symptoms resolved instead or worsening
- "I assessed a women who was suffering from an eye condition she thought was conjunctivitis. Upon assessing her, she did not fit the PGD criteria due to pain and photosensitivity. I referred her to the GP who prescribed chloramphenicol and told her to try it for 24 hours and go to the eye clinic if it did not improve. She came in a day later having been to the eye hospital with a prescription for steroid eye drops and said they had diagnosed iritis. She was very grateful for the service that we had provided as she would have just tried anti-infective eye drops without our intervention"

Box 2: Patient success stories associated with Pharmacy First services

b) GP online survey (NEW Devon and Torbay and South Devon CCGs)

Thirty-seven practices completed the online survey across the two CCGs. Recognition of the Pharmacy services was high with 4 out of 5 surgeries aware of them (81%). Approximately two-thirds of surgeries considered that pharmacies were providing a "good service" (64%) and thought that the services should continue (67%). One-third of the GP surgery cohort also thought that the services should be expanded to include other conditions, for example, hay fever and threadworm treatments.

Please refer to appendices one and two for the full online survey results and reports.

c) Patient in-pharmacy survey (NEW Devon and Torbay and South Devon CCG)

From mid-March[23], Community Pharmacies were asked to invite patients engaging with the Pharmacy First service to complete a "Family and Friends" type survey (appendix xx). In total 27 pharmacies returned 175 surveys to the Devon LPC. From the 175 surveys completed, 119 service users were seen by a pharmacist (68%); 19 by a dispenser (11%); 32 by a Health-Care assistant (18%) with 5 surveys left blank (3%). The results for the survey are illustrated in figure 12 and table 10 (below).

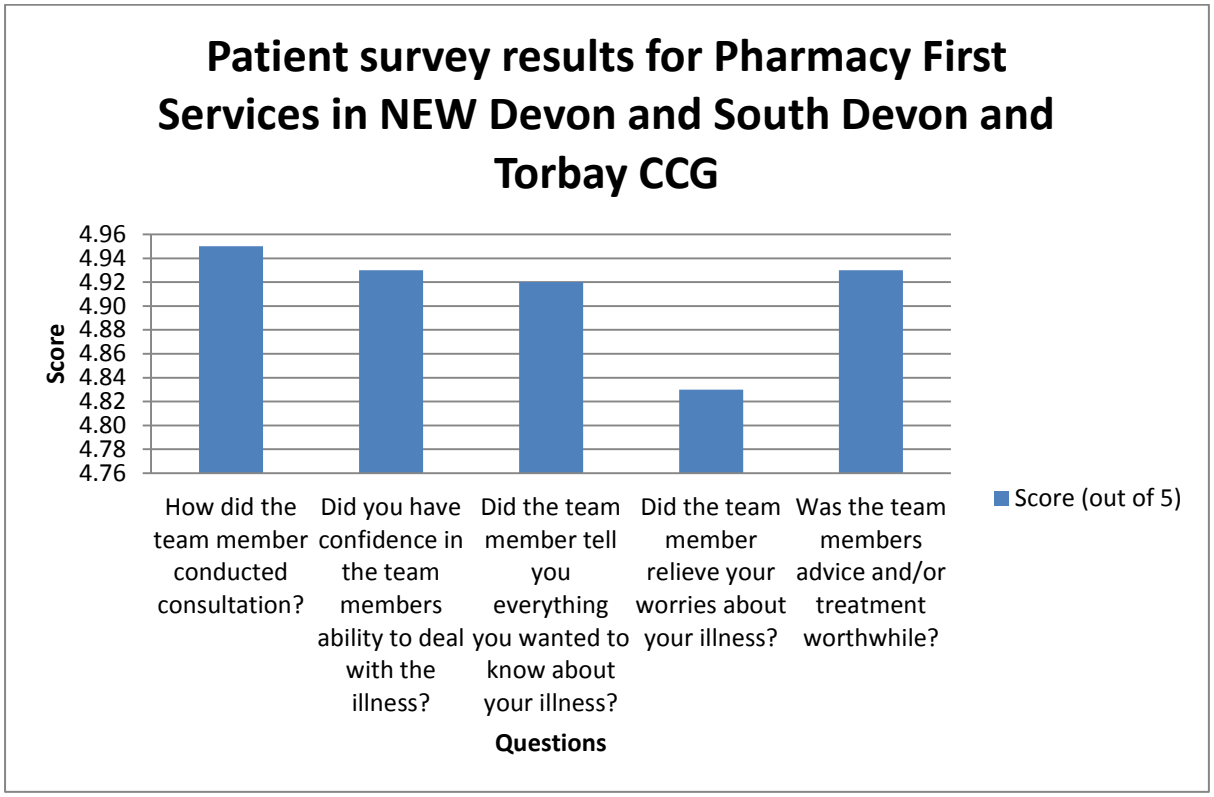


Figure 12: Patient survey results for the Pharmacy First Services in NEW Devon and South Devon and Torbay CCG (Likert scale 0 (least positive) to 5 (most positive) – mean score)

Question	Yes	No	Unsure
I will not need to see another healthcare professional about my illness that I came in with today?	62.6%	23.6%	13.3%
Would you recommend this service to friends and family?	100.0%	0.0%	0.0%
I was offered somewhere private for the consultation	58.5%	4.6%	36.4%

[23] Figures presented up to 21st April 2015

Table 10: Patient survey results for the Pharmacy First Services in NEW Devon and South Devon and Torbay CCG

Patients were also asked a number of supplementary questions in this survey. From the cohort surveyed only eight patients were **not** offered a discussion in a private consultation area and all 175 service users stated they would recommend the services to their family and friends. Service users were also asked whether they were likely to need to see another healthcare professional following the consultation. One-hundred and ten service users (62.6%) stated they were not likely to have to engage with another healthcare professional as a result of the pharmacy intervention. However, the wording of the question was felt by the author of the patient satisfaction survey to be confusing hence reducing the usefulness for a conclusion to be drawn from this result.

Discussion

A. Activity

i. Winter ailments

Across the whole of Devon the most popular service in terms of activity was the winter ailments service with approximately 4 in 10 consultations of the total consultations (n=3332). These consultations were spread evenly throughout the weekdays with a range of 509 to 640 a day but activity at the weekend was less (432 on Saturday and 52 on Sunday). Most service users had heard about the service through the pharmacy (73%) with "word of mouth" being the next most popular patient access/referral method (17%). Referral from GP practices were low at 7.3%, and only 18 patients (0.5%) were sent to pharmacy by NHS 111. This was a disappointing outcome and perhaps reflects that a further conversation and/or training needs to be developed which supports GP practices and NHS 111 in making appropriate referrals to community pharmacies offering the minor ailments service.

The majority of service users advised the pharmacy that if the service was not available they would have taken "other" actions (55%). Nine out of ten of this cohort would have bought the medication. Nevertheless, the reminder advised the pharmacy that they would either have contacted their GP Practice (41%), contacted OOH (3%) or visited A&E or an Urgent Care Centre (1%). The service was most popular in the 0-17 age group (66%).

As half of the patients stated they would opt to buy medication if it was not supplied under the Pharmacy First arrangement this needs to be taken into consideration in future commissioning decisions. Pharmacy staff also commented that this was the service that they felt was **least** popular with patients and from the nine comments received about which service they felt could be removed seven identified the winter ailments service. Some anecdotal evidence was also received about possible misuse of the service through social media encouraging carers to get "free medicine" for their children. The authors are now aware that this has reached a national audience through social media[24].

This should be balanced against the cost and demand of 1370 (45%) patients who self-reported that they would have used GP, OOH or emergency services if they could not get their medication through the winter ailments service. The discussion on whether patients should be able to access to free medicines if they are exempt from prescription charges should be seen in the context of the prescription exemption criteria, as this criteria is applied to the winter ailments service. If patients are not

[24] Boots (2015) The NHS Minor Ailments Service. Available at http://www.boots.com/en/Pharmacy-Health/Health-pharmacy-services/Pharmacy-services-support/I-need-more-information/Minor-ailments-service-NHS/ (accessed 19/05/2015)

exempt or they have a prescription pre-payment they cannot access free medicines via the winter ailments service. One must also consider those who would pay but cannot afford to do so. This can be viewed as having a significant impact on health inequalities in these vulnerable groups. Commissioners also need to consider whether the correct formulary of medication is available for these services to focus resources on conditions where patients are most likely to seek a GP appointment to access treatment. Currently 64.2% of the medicines issued in the service are paracetamol and ibuprofen in various forms, to treat headache, high temperature, earache and sore throat. GP feedback has suggested that minor ailments such as threadworms, hay fever and sore throat and tonsillitis should be included to the winter ailments service. Devon LPC has received a number of suggestions from pharmacy teams and has created a table of common conditions and treatments that are currently on local formularies (table 11).

Disease/Therapeutic Area	Percentage of GP MAS Consultations[1] or (Number consultation estimate p/a[2])	Medicine Reccommended Addition
***Pediculus humanus capitis* (Head lice)**	35.4%	Dimeticone 4% (Hedrin liquid) 50mls (two treatments)
***Enterobius vermicularis* (Thread worms)**	11.4%	Mebendazole 100mg tablets (chewable) x 4 (Family pack)
Dematophyte infections (athletes foot)	2.6%	Clotrimazole 1% Cream 20g
Vaginal thrush	18.1%	clotrimazole 500mg pessary
Indigestion	5.1%	Ranitidine 75mg x 12 tablets
Hay Fever	16.3%	Cetirizine tabs 10mg 30
Hay Fever	16.3%	Chlorphenamine Tablets 4mg
Hay Fever	16.3%	Chlorphenamine 2mg/5ml oral sol SF 150ml
Hay Fever	16.3%	Beclometasone dipropionate Nasal spray 50 micrograms (180 dose)
Hay Fever	16.3%	Sodium cromoglicate Aqueous eye drops 2% 10mls
Eczema and dermatitis	(6.8 million)	Hydrocortisone 1% cream 15g
Musculo-skeletal (sprains and strains)	(2.2 million)	Ibuprofen gel 5% 50g
Warts/verruca (Non-genital)	6.3%	Verugon (50% Salicylic acid) complete ointment 6g

Table 11: Devon LPC suggestions for additions to winter ailments service (References:
[1] Evaluation of the choose pharmacy common ailments service - interim report 29/1/15
[2] Minor Ailment workload in General Practice. PAGB, 2009, http://www.selfcareforum.org/wp-content/uploads/2011/07/Minorailmentsresearch09.pdf (accessed 05/6/2015)

On 7th May 2015 it was reported in the Pharmaceutical Journal that the Pharmaceutical Services Negotiating Committee (PSNC) and NHS Employers were currently in discussions about introducing a national minor ailment service in England[25]. While this may not presage a formal nationwide scheme commissioners should be mindful of the ongoing discussions both in terms of progress towards launching a national scheme and services that this may cover.

ii. Emergency repeat service

The Emergency repeat service saw 2497 patient interventions representing approximately 3 in 10 of all consultations for the Pharmacy First services. The most popular day for consultation was a Saturday (1204 consultations in total or 48% of all consultations). However, 44% of all consultations did take place on weekdays ranging from 157 in total on Thursdays to 269 in total on Fridays (figure 3, page 17). The pharmacy informed the service user of the emergency repeat service on the majority of occasions (70%) with the GP referring to the service on approximately 2 out of 10 occasions[26]. NHS111 referrals were minimal at 2%. When asked where the service user would have gone if the service was not available the majority stated they would have contacted the OOH service or visited their local A&E or Urgent Care Centre (58%).

Figures from Plymouth Hospital NHS Trust (PHNT) show no decrease in the coded intervention "Other-attend for medication". However, the figures remain low ranging from 1 to 11 each month over the range January 2013 to March 2015 (figure 8, page 24. xx). No figures were available from the northern or eastern locality acute trusts or South Devon and Torbay CCG acute trusts. Figures from DDOC for eight separate areas across Devon show a variable picture when assessed as repeat medication requests per 1000 patients (figures 9a & 9b, pages 24 & 25). Three areas showed a downward trend in requests (South Hams and West Devon, Torbay and Exeter) but, as will be discussed later, the variables here are multifactorial.

The emergency repeat service was regarded as popular by pharmacy staff and two GP respondents commented on its usefulness and the need for its "wider use"[27]. Although a reduction in the number of year on year emergency repeat prescriptions issued was not identified from both the acute providers and DDOC the authors believe that there are multi-factorial issues which impact on the number of medicines requested in an emergency. These factors may include the general growth in

[25] Pharmaceutical Journal (2015) Negotiations in progress over national minor ailment service. Online. Available at http://www.pharmaceutical-journal.com/your-rps/negotiations-in-progress-over-national-minor-ailment-service/20068507.article (Accessed 11/05/2015)

[26] Although outside the scope of regular emergency supply requirements which should not be made when the patient's surgery is open this was allowed within the scope of the service specification for temporary patients to ease the burden for the GP practice.

[27] Devon LPC (April 2015) Pharmacy First – GP Survey NEW Devon: Experience Summary Report, p. 7

prescribing (currently 3 per cent in 2014[28]), the availability of pharmacies delivering these services OOH, low referral rates from NHS111 and challenges around the processes for obtaining an emergency repeat in a pharmacy under the current legislation[29]. One must also consider that service users who did engage with the pharmacy service who self-reported that they would have used the OOH/emergency services if they could not get their medication through the Pharmacy First service thus increasing the burden on these services. These patients would have increased the demand placed on the already stretched healthcare providers. NHS England has recently provided a guide for NHS 111 services on how to directly refer to pharmacy for medicine requests[30] to help reduce the burden of these requests on 111 service providers.

In total 3391 individual supplies of medication of 769 different types of medication or other goods[31] based on ingredients, strengths and formulations were supplied during the evaluation period. Thirteen medicines constituted the top quartile of all medicines supplied (Table 12 below).

	Emergency Repeat Drug Lists	NEW Devon	South Devon & Torbay	Total	%
1	Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd) 200 dose	115	45	160	4.72%
2	Omeprazole 20mg gastro-resistant capsules 28 capsule	56	35	91	2.68%
3	Salbutamol 100micrograms/dose inhaler CFC free 200 dose	36	36	72	2.12%
4	Simvastatin 40mg tablets 28 tablet	43	22	65	1.92%
5	Bendroflumethiazide 2.5mg tablets 28 tablet	34	28	62	1.83%
6	Metformin 500mg tablets 28 tablet	37	24	61	1.80%
7	Amlodipine 5mg tablets 28 tablet	39	15	54	1.59%
8	Levothyroxine sodium 100microgram tablets 28 tablet	37	16	53	1.56%
9	Ramipril 10mg capsules 28 capsule	38	11	49	1.45%
10	Citalopram 20mg tablets 28 tablet	30	18	48	1.42%
11	Levothyroxine sodium 50microgram tablets 28 tablet	28	18	46	1.36%
12	Aspirin 75mg dispersible tablets 28 tablet	27	10	37	1.09%
13	Levothyroxine sodium 25microgram tablets 28 tablet	21	16	37	1.09%
14	Warfarin 1mg tablets 28 tablet	23	11	34	1.00%

Table 12: Top quartile (based on number of supplies) of medication supplied under the Pharmacy First Emergency Repeat Service.

The issue of a repeat medicine by the Emergency repeat service can take place to patients who do not have a prescription exemption (unlike winter ailments); however those “non-exempt” patients will be asked to pay a prescription charge in accordance to the NHS Charges for Drugs and Appliances Regulations.

[28] HSCIC, National Statistics Prescription Cost Analysis, England – 2014, 8/4/2015 http://www.hscic.gov.uk/catalogue/PUB17274

[29] Anecdotally DDOC reported that it was difficult for some patients to obtain their emergency repeat medication due to the requirement for these patients to have proof that they were taking these medications e.g. counterfoil, medication container with details of the medication etc.

[30] Urgent Repeat Medication Requests: Guide for NHS 111 Services, How to refer directly to pharmacy and optimise use of GP out of hours services. NHS England March 2015. http://www.england.nhs.uk/wp-content/uploads/2015/03/rept-medictn-guid-nhs111.pdf (accessed 05/6/2015).

[31] For example, Blood Glucose Testing Strips (BGTS), dressings, eye drops, nasal sprays

Of the 769 different types of medication or goods supplied, 628 (82%) medicines were for prescription only medicines (POMs) and 141 (18%) were OTC or Pharmacy Only medicines which may have been purchased by the patient direct from the pharmacy but only one of these medications appeared in the top quartile (aspirin 75mg tablets). The service specification allows the pharmacist at his/her discretion to make the supply in accordance with the requirements of the Human Medicines Regulations 2012. The regulations state that the pharmacist must be satisfied there is 'immediate need' for the medicine, the medicine had been 'previously used', and the length of treatment provided must be 'reasonable' to last until it is practicable for the patient to see a prescriber'. It could be argued that OTC medicines should not be supplied under the Emergency repeat service and their continued supply under the Pharmacy First scheme should be considered as part of the review process. However, this should be balanced against the possibility of the service user engaging with the OOH/emergency services if the supply is not made, for example if the patient is eligible for free prescriptions and does not want to pay. Most requests could have the potential for a considerable impact on the patients' health if an immediate supply was not made, and the potential financial impact could also be significant. For example, not supplying a salbutamol inhaler to a patient with brittle asthma, or BGTS and/or auto-injector to a Type 1 diabetic. In some other cases the clinical and cost implications are more difficult to assess. For example, the supply of a 500g pack of aqueous cream may not constitute good value for commissioners. On occasions' there may also not be an "immediate need"[32] for a POM supply, for example the supply of a statin for a period of up to 7 days. Nevertheless, these must all remain the professional judgement of the pharmacist but consideration should be made to supporting their decisions with a robust training arrangement and a service specification that supports their decision making.

It is important to note that in March and April 2015 NHSE asked community pharmacies to audit emergency supplies as part of a national audit. PSNC have stated that:

"…it is hoped that positive data from it alongside other data from NHS 111 and GP Out of Hours providers, will help make the case for the commissioning of community pharmacy emergency supply services at NHS expense"[33]

As with the winter ailments service, commissioners should be aware of the results of the audit and any progress towards a nationally commissioned emergency supply service.

[32] The Royal Pharmaceutical Society (RPS) state "the pharmacist must be satisfied that there is an immediate need for the POM" [Medicines, Ethics and Practice. Edition 38, July 2014. p. 38]
[33] PSNC (2015) National audit 2014/15. Online. Available at http://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/national-audit/ (Accessed 11/05/2015)

iii. Minor ailments via PGD services

The minor ailments via PGD service represented approximately 3 in 10 of all consultations (n= 2235). Within the PGD services the two PGDs for conjunctivitis proved most popular (56% of all PGD services) followed by the UTI PGD (21%) and the impetigo PGD (12%). The remaining PGDs for oral candidiasis and nappy rash proved the least popular (4 and 7% respectively). The PGD services demand was spread evenly over Monday to Saturday with a range of 314 to 405 consultations in total for each day (figure 3, page 17). As for the previous services the most popular access/referral method was through the pharmacy with 65% of service users engaging with the service through this route. GP referral was also relatively robust with approximately 1 in 5 referrals through this route but NHS111 referrals remained low at 1.4%.

The majority of patients 75% self-reported they would have attended their GP practice if the pharmacy service was not available, with another 19% reporting the would have accessed the OHH GP services while 3.1% stated they would have visited A&E/Urgent care centres. The total of all the patients that would have sought treatment elsewhere was the highest of all the Pharmacy First services at 97.2%. This is understandable as all but one of the PGDs provide access to treatments not available without a prescription.

Referrals in to the minor ailment via PGD service were the second highest with a total of 19.5% of patients, 18.1% patients were being referred from GP practice, while a low 1.4% from NHS 111.

The minor ailments via PGD services were thought by pharmacy staff as the most popular of the three services with patients. Six PGDs[34] were available to pharmacists for the five conditions being treated. All services had a significant amount of activity with oral candidiasis recording the lowest number of interventions at 77. As previously referrals from NHS111 were low and the reasons for this need further multidisciplinary investigation.

B. Training and monitoring

The original training for delivering the Pharmacy First Services in the Western Locality of NEW Devon CCG in December 2013 involved a face-to-face event. This was primarily to support the clinical decision making required to deliver the minor ailments via PGD services. The training was delivered by the CEMO team of Kernow CCG where Pharmacy PGD services had been running for a number of years with support from NEW Devon CCG CEMO team.

[34] Chloramphenicol eye-drops, fusidic acid eye-drops, Timodine cream, fucidic acid 2% cream, trimethoprim 200mg tablets and Nystan oral suspension

At both the re-launch of the Western Locality NEW Devon CCG services and the launch of the PMCF services for the North and East Localities and South Devon and Torbay CCGs in November 2014, the training needed for accreditation for the services was rationalised to enhance uptake of the services by offering a targeted flexible approach. The winter ailments service and the emergency repeat service required no mandatory training as pharmacy teams already had the necessary competencies, although they still needed to opt-in to the services by signing an accreditation statement for the pharmacy. The PDG services for urinary tract infections and impetigo were conditions pharmacists were less likely to have experience in treating hence pharmacists were asked to complete the CPPE "Responding to minor ailments" distance learning tool. Once completed and after the PGDs had been read and understood by the pharmacist they completed a statement of accreditation.

While the majority of the respondents to the pharmacy survey felt the training was adequate (87%) some respondents did suggest a face-to-face approach, especially with the multi-disciplinary involvement of GPs, would be beneficial. Another pharmacist has suggested to the authors that locum sessions may also encourage further engagement from this group of pharmacists which he considered was lacking and created difficulties in the continuity of services from his pharmacy. The authors are not aware of any evidence to suggest that this approach would proactively engage locums but are supportive of a flexible approach to delivering training that meets the needs of all pharmacy staff and encourages maximum delivery of the Pharmacy First Services across Devon.

C. Engagement with stakeholders[35]

It was encouraging that two-thirds of the pharmacy respondents had initiated some form of engagement with their local GP practice with some positive comments noted. Nevertheless, 38% of respondents stated they had received inappropriate referrals from GPs and/or surgery staff. For example, referrals for minor ailment conditions not on the approved list and for trimethoprim for a child under 16. This could suggest that GPs and/or surgery staff did not fully understand the limitations of the services through the communication they had received from both the CCGs and Devon LPC. Surgeries were supplied with a comprehensive suite of literature, although some surgeries commented that these could be improved, and engagement was good with pharmacies. A review of the most common problems experienced by pharmacies and GPs through the survey and a pharmacy/GP user group may help providers to develop an FAQ document help inform GP surgeries what the services can deliver.

[35] General Practitioners, Out of Hour services, "111" services and general public

The majority of GP surgeries responding to the survey across Devon stated they were aware of the Pharmacy First Services (81%) and 65% said they would like the service to continue. Comments from GP practices were variable with some positive and some negative with a range of comments between (please refer to please refer to appendices one and two for more details for more details). From the responses received the survey author's recommendations were appropriate (box 3). In particular we consider that a more progressive advertising campaign with appropriate support material could be initiated with some joint work-shops and launch events with both GPs and pharmacists to educate both the general public and other healthcare professionals on the role of the pharmacist and Pharmacy First Services.

- Other forms of advertising the service need to be considered.
- Where the relationship between the GP practices and community pharmacies is good the service is well received and works well.
- Resources need to be reviewed and more effectively circulated
- Pharmacists need to get out there and talk to their local practices and patients
- Need to educate practices about community pharmacy
- GP practices on the whole believe the Pharmacy First service is of great value in assisting with the management of demand within Primary Care.

Box 3: Conclusions and recommendations from the GP Pharmacy First survey for NEW Devon and South Devon and Torbay CCG

Referrals from 111 were low for all Pharmacy First services. The most popular scheme for referral from NHS 111 was the emergency repeat service with 1 in 42 cases (2.36%) referred to the pharmacy through this route. This contrasted to 1 in 72 for the PGD services (1.39%) and 1 in 185 for the winter ailments service. Engagement with the Directory of Services (DoS) and Devon Doctors was extensive from both NEW Devon CCG and Devon LPC which included the development of a Pharmacy First algorithm for NHS 111 staff. Over the Easter 2015 period[36] Devon Doctors tried to utilise the Pharmacy First scheme by using a call operator to ring patients requesting repeat prescriptions and directing them to a pharmacy who was offering the service. However, DDOC reported that "the uptake was variable" which was linked to the "strict criteria" associated with the legislation for emergency supplies, for example, the need to provide evidence for previous supplies. The experience of the Pharmacy First team with the Devon NHS 111 referrals rates are

[36] Although outside the reporting period for this evaluation this has been included to illustrate DDOC approach to trying to reduce the number of repeat prescriptions issued by the DDOC service (see table xx)

similar to those all over the country, nationally the referral rate to community pharmacy from NHS 111 is around 1%[37].

D. Financial modelling

The total cost of the services up until 31st March 2015 was £93734.09 with the Emergency Repeat service representing the majority of the spend at £40,607.31 (43.3%).

i. PGD Services

The cost of each supply dispensed under each PGD consisted of a professional fee (£10) and the cost of the medication (variable from £0.43 to £13.13). Within the PGD services the treatment of bacterial conjunctivitis was the most expensive representing 61% of total expenditure with a "cost per patient supplied" of £14.87 (table 9). The cost of fusidic acid viscous eye drops was considerably more expensive compared to chloramphenicol eye drops which had a significant impact on the cost per patient figure (£23.13 for fusidic acid viscous eye drops vs. £11.15 for chloramphenicol eye drops). For example, if all supplies made under the bacterial conjunctivitis PGDs were for chloramphenicol eye drops the service would have saved £4,360.72. There were also price fluctuations for trimethoprim due to supply shortages with the cost of six tablets increasing from £0.43 to £3.00 post-January 2015. However, this still remains more cost-effective when compared to nitrofurantoin 100mg MR capsules, the alternative medication recommended for uncomplicated UTI by Public Health England (PHE)[38] and the PGD still remained the second most cost effective at £11.92 per patient (table 9). The biggest concern the authors identify here is the potential suspension of the UTI PGD if only one medication was offered and this became unavailable at a future date.

The remaining PGD services costs ranged between £11.92 and £13.35. For further details please refer to table 9.

ii. Emergency supply service

The emergency repeat service remuneration was also based on two payments. A professional fee of £10 was paid for the first medication supplied and a further £2 professional fee for any subsequent medication supplied. The cost of the medication was then added to this fee to provide the final remuneration. The cost per patient of

[37] The Pharmaceutical Journal, 25 April 2015, Vol 294, No 7859, online | URI: 20068378

[38] PHE (2014) Management of infection guidance for primary care for consultation and local adaption. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/377509/PHE_Primary_Care_guidance_14_11_14.pdf (Accessed 07/05/2015)

this service was £16.26 (table 9) with the average cost of each medicine supplied at £4.08.

iii. Winter ailments

The winter ailments service remuneration was based on two payments: a professional fee of £4.00 and the cost of the medication supplied. The total cost of the service was £22,460.08 which represented 24% of the total spend for the Pharmacy First services. Professional fees represented 78% (£17516) of this total with drug costs at £4,944.08. The most popular medication class supplied was pain relief/antipyretic oral solution medication for children which represented 55% of all supplies made.

E. Outcomes

The Pharmacy First service had two primary aims; the first is to decrease the patient demand for consultations in GP practices and urgent and acute providers such as walk-in centres and EDs. The second aim was to enhance the proportion of patients who choose to self-care for their self-limiting conditions. The service outcome measures were chosen to best evidence the likely effect from the Pharmacy First services on the GP practice and other health care providers. This was achieved by measuring the number of patients diverted to pharmacy from other providers and the additional capacity provided by the pharmacy services. The former was measured through PharmOutcomes by asking the service user "if the pharmacy service was not available what action would the patient have taken?" This counterfactual disposition provides the commissioners the likely destination of where the patient demand would have presented, and the estimated time saved for that destination provider. This information can then be interrogated to provide the value the service has added to the local health care system.

In identifying a rationale for the time saved by each of the different services the authors undertook a reference search and sought many key stakeholders for their opinion on the costs of alternative providers.

The metrics and the fundamental rationale that were are agreed upon by the Prime Ministers Challenge Fund project group by investigating a number of national documents[39,40] and locally agreed fees and are presented in table 13 below. The authors felt it was worth noting many of the local costs were significantly lower than the nationally estimated figures produced by Depart of Health and the Health and Personal Social Services Research Unit, for example a non-admission A&E

[39] Department of Health, NHS reference costs 2012 to 2013. 2013, https://www.gov.uk/government/publications/nhs-reference-costs-2012-to-2013 (accessed 22/5/2015)
[40] Unit Costs of Health & Social Care 2013 Personal Social Services Research Unit

appointment is estimated to cost £115 by the Department of Health[41] (versus £77 agreed by the evaluation group), and an average cost for Out of Hours service 'case' has been estimated at £68.30 by the National Audit Office[42]. However, locally agreed figures were used to ensure consistency against other local evaluations.

Pharmacy First Service	Rationale of time saved calculation (based on PharmOutcomes questionnaire results: figures 2a, b & c page. 15 & 16)	Estimate of GP time saved by service consultation	Estimated and agreed financial cost per consultation in GP practice, A&E, Walk-in centre
Winter Ailments Service	Patient diversion effectiveness of 45%	5 minutes of GP time (assumed would be handled by telephone consultation)	GP = £19/2 = £8.50 Walk-in centre = £57 A&E = £77
Emergency repeat service	Patient diversion effectiveness of 86% (includes patients indicating pharmacy assumption patients would have been signposted for a prescription)	10 minutes of GP time, and additional administrator time for registering patient at 10 minutes	GP = £19 + £1.50 = £20.50 Walk-in centre = £57 A&E = £77
PDG Services	Patient diversion effectiveness of 100%	10 minutes of GP time	GP = £19 Walk-in centre = £57 A&E = £77

Table 13: Pharmacy First Services, Rationale for Forecasted Time and Costs per Service Intervention

The calculation of time saved per Pharmacy First service intervention is a simple calculation once the rationale was agreed upon, however the forecasted cost saved by the local health system was more controversial. This is because of the nature of the General Medical Services (GMS) contract is not based on activity for the conditions covered by the Pharmacy First services. It was argued by some stakeholders that the additional patient activity that would present in GP practice

[41] Department of Health, NHS reference costs 2012 to 2013. 2013. https://www.gov.uk/government/publications/nhs-reference-costs-2012-to-2013 (accessed 22/5/2015)
[42] " National Audit Office, Department of Health and NHS England Out-of-hours GP services in England. http://www.nao.org.uk/wp-content/uploads/2014/09/Out-of-hours-GP-services-in-England1.pdf (accessed 5/6/2015)

would have been dealt with by general practice within their current cost envelope, therefore at nil cost to the local health system. However, it was also argued that the patient demand may not have been dealt with by the GP practice because of capacity constraints and the additional activity may have presented at alternative providers such as A&E and walk-in centres; this activity would then incur a 'real' higher cost service fee that would have been levied on the health system. Another important outcome is the capacity opportunity calculated by time saved, as the movement of minor illness and emergency repeat consultation free up time for doctors to use on more complex patients enhancing patient care.

The forecasted cost savings and time savings below were calculated using the agreed unit costing presented in table 14.

Pharmacy First Service	**Number of Pharmacy First Interventions**	**Estimated Doctor Time Saved At Each Provider (hours)**		**Estimated Cost Saving At Each Provider (£)**	**Net estimated Cost Saving to Health Economy** (Estimated cost saving less actual cost of fees for provision)	**Net estimated Cost Saving to Health Economy Per Intervention** (Estimated cost saving less actual cost of fees for provision)
Winter Ailments Service	3,332	GP Practice OOH GP Service Walk-in Centre A&E	**114** **9** **1** **1**	**£13,010** **£981** **£570** **£513**	**£1,746**	**£0.52**
Emergency repeat service	2,497	GP Practice OOH GP Service Walk-in Centre A&E	**73** **222** **N/A** **22**	**£8,303** **£25,287** **N/A** **£10,383**	**£17,214**	**£6.89**
PDG Services	2,235	GP Practice OOH GP Service Walk-in Centre A&E	**278** **72** **N/A** **12**	**£31,721** **£8,238** **N/A** **£5,335**	**£22,945**	**£10.27**

Table 14: Pharmacy First Health Care System Saving In Time and Cost.

The NHS England report High quality care for all, now and for future generations: Transforming urgent and emergency care services in England recognised the huge time pressures GPs, GP OOH services, and A&E were under[43]. The Pharmacy First scheme using the local agreed rationale has reduced patient demand for GP doctor time by 465 hours, 303 hours of OOH GP time, and 35 hours for A&E. This is a significant impact on demand reduction for these providers at a time of huge pressures, and hence this outcome should be considered as a primary benefit of the service.

The estimated savings that were generated by the Pharmacy First activity were initially calculated to show a time saving in hours. Following this the estimated costs of the alternative provider consultation was calculated if the patient presented at the provider they stated that they would have attended. To allow the calculation of the net estimated saving the calculation was made by subtracting the Pharmacy First fees from the agreed consultation fees for other providers. The authors did not include the medicine costs in this calculation as they made the assumption that the same medicine would have been provided by whoever the patient consulted. In addition this would have necessitated the inclusion of the FP10 (prescription) prescribed medicines costs resulting in an increased complexity. This is because dispensing fees would also have had to be added and, as dispensing fees are paid by the national contract not from local budgets, this would have had limited relevance to local commissioners. It should be noted that the medicines supplied in all the Pharmacy First services incur VAT, whereas if they were prescribed they are considered exempt.

Analysing the estimated cost saving it can be seen that all the interventions were cost effective, the highest cost saving came from the PGD services at a saving per patient consultation of £10.27. The Emergency repeat service produced the second highest saving of £6.89, while the winter ailments service saved £0.52 per patient consultation. The net saving produced for the local health community is closely related to the effectiveness of the services at diverting the patient away from using the low capacity: higher cost providers, for example, GP practices and OOH providers. Winter Ailments diverts 45% of patients; Emergency repeat 86% and PGD services 100% (figures 2a to 2c, page 15 & 16). Considering this it can be calculated that increasing the effectiveness of winter ailments to a level achieved in the emergency repeat service (86% diversion) would increase the saving per patient consultation to £4.41. This would be achieved by ensuring there was less conversion of over the counter sales to the Pharmacy First scheme which stood at 50.5% linked to a robust process for determining need when the patient presents in the pharmacy. Therefore, it is logical to consider that reducing these interventions is likely to decrease the total activity of the winter ailments Pharmacy First service.

[43] NHS England, Bruce Keogh. Urgent and Emergency Care Review - Evidence Base Engagement. 17th June 2013. http://www.england.nhs.uk/wp-content/uploads/2013/06/urg-emerg-care-ev-bse.pdf (accessed 27/3/2015)

Pharmacy First services in Wales and Bradford use a pharmacist consultation model not a pharmacy staff consultation as used in the NEW Devon and South Devon and Torbay CCG winter ailments service. The Bradford scheme, which was evaluated recently and uses a similar outcome measure to the NEW Devon service (i.e. patient action if service not available), has a diversion effectiveness of circa 94%[44]. The pharmacist consultation would offer a more robust service delivery with the pharmacist acting in a gatekeeper role. This model would allow the pharmacist to use their professional judgement on whether the supply of a medicine would support effective self-care. It could be argued that the quality of self-care advice would be enhanced by a pharmacist consultation, and this is evidenced by the Which® report into the quality of community pharmacy advice. Which® magazine in their most recent investigation in 2013 stated "counter assistants were significantly more likely to give poor advice than pharmacists"[45]. This change in operation would increase the cost of the winter ailment consultation as the service was led by a higher cost staff member, however this increased cost would need to be balanced against enhanced service effectiveness and quality.

Case Study: Alphington and Chudleigh Practice estimated time benefits from effective delivery of the Pharmacy First services

Pharmacy	GP Practice	Estimated Doctor Time Saved At Practice (hours)
Chudleigh Pharmacy	Bovey Tracey & Chudleigh Practice, Bovey Tracey,	**14.8**
Alphington Pharmacy	Ide Lane Surgery, Alphington, Exeter	**18.5**

The above table highlights the time demand benefit the pharmacies in Chudleigh and Alphington (Exeter) are having on the local medical practice. Over the 5 months of the Pharmacy First service (November 2014 – end of March 2015) this has released capacity at the practice at Ide Lane a total of 14 hours and 50 minutes in doctor time and the Bovey Tracey and Chudleigh practice 18 hours and 30 minutes. Feedbacks from the pharmacy teams has also been positive (box 4 and 5).

[44] Community Pharmacy West Yorkshire. Bradford City CCG Self Care Service Pharmacy First - 8 Month Evaluation 28th January – 30th September 2014. September 2014. http://www.cpwy.org/doc/795.pdf (accessed 26/5/2015)

[45] Which Magazine. Can you trust your local pharmacies advice? May 2013. http://www.which.co.uk/news/2013/05/can-you-trust-your-local-pharmacys-advice-319886/ (accessed 22/5/2015)

Talk to your local practice, in the main they are struggling to keep up with the workload and are glad for the help. The PGDs sell themselves. Explain the protocols and the safety netting and best of all; it's not coming off their prescribing budget. One of the GPs I spoke to said "Great, that's 10 people a day off my sit and wait clinic." Gareth Smith, Alphington Pharmacy

I think the new services that have been commissioned are a huge positive step for Pharmacy in the South Devon area. It is something I feel is important for our profession and a fantastic service for our Patients and colleagues working in GP surgeries. Rory Thompson, Lloyds Pharmacy Chudleigh

Box 4 and 5: Feedback from Alphington Pharmacy (Exeter) and Lloyds Pharmacy (Chudleigh) on the Pharmacy First services

F. Future of services

Winter ailments:

The authors recommend that the winter ailments service should be reviewed with regards to its continuation based on the evaluation. The Winter Ailments service should be reviewed in the following areas; a) medicines supplied under the service (both in terms of additions and deletions) b) training delivered and c) patient eligibility and d) service specification could be altered to change the model of the service to a pharmacist led consultation but this would need to be balanced against the increased cost of delivery and patient access. The name of the service will need to be altered to reflect a service that is available all throughout the year.

Emergency Repeat services:

The authors recommend that this service should continue to ease the pressure on OOH and GP services who may be required to provide emergency medicines to both permanent and temporary residents. However, consideration should be made on limiting the list of non-POM medicines that may be supplied under the service

specification and more robust training should be developed to support pharmacists making decisions around the supply of medication. For example, is there an "immediate need" for the supply of the medication and is the quantity supplied appropriate? Practical solutions should also be searched for that will provide more opportunities for NHS111 and DDOC to refer directly to pharmacies to provide this service under the Pharmacy First banner. This may include integrated communication and care pathways and a consideration of the availability of Pharmacy First Pharmacies through a rota service during the weekend and holiday periods to support both NHS111 and DDOC services.

Minor ailments via PGD services:

The authors recommend that these services should continue to ease the pressure on OOH and GP services. However, consideration should be given to reviewing the Nystan® oral suspension (oral candidiasis) and Timodine® cream (nappy rash) PGDs as the least popular of the current batch of PGDs. Due to the recent problems in the availability of trimethoprim and the price increases associated with this, commissioners should also consider advising the possibility of introducing a further PGD for nitrofurantoin 100mg MR capsules[46]. The cost of fusidic acid viscous eye drops has also impacted significantly on the cost of the service. The rationale behind offering an alternative was to allow the patient or their carer to use a formulation that only required twice-daily administration. However, considering the financial impact of this on the Pharmacy First services this should also be reviewed.

The PGD services also provides the greatest opportunity to enhance the multi-disciplinary training opportunities for pharmacists through face-to-face multi-disciplinary training events as suggested by some respondents in the Pharmacy staff survey. This should also be considered when undertaking the review.

Other general recommendations on the future of services

The following considerations also need to be taken into account when reviewing the continuation of the Pharmacy First services

- There should be a review of the paperwork and PharmOutcomes recording process to try to minimise the time impact of recording interventions in the pharmacy
- Recommendations suggested in box 3 (page 41) of section C "Engagement with Stakeholders" should be implemented especially in the context of long-term commissioning of the service

[46] It should be noted that certain contra-indications apply to nitrofurantoin within the SPC, for example, it should not be given to any patient with an eGFR of less than 45ml/min. these would be covered within the PGD and also in face-to-face training if this was delivered post-service review

- Good practice lessons should be learnt and communicated to other service providers and GP practices who have engaged well with the Pharmacy First Services. For example, 0.22% (2/896) of surgeries were responsible for 11.45% of all interventions (924/8064). A review of the processes in the fully engaged surgeries and pharmacies should be undertaken to ensure the maximum benefits are being realised from the Pharmacy First services.

Conclusion

The Pharmacy First services have been popular with patients in Devon. In total 8064 interventions have taken place between late December 2013 and 31st March 2015 and patient satisfaction, measured through a "family and friends" service questionnaire was measured at 100%. Naturally some services have been more popular than others. For example, winter ailments accounted for 41% of all interventions while the oral candidiasis PGD only accounted for 1%. This needs to be considered by commissioners under this review as does the cost effectiveness of the service. For example, winter ailments provided the cheapest transaction costs at £6.74 per intervention while the emergency service was the most expensive at £16.26. Some services may also be made more cost-effective by rebalancing the medication allowed to be supplied under the service specification. For example, the mean transaction cost for the bacterial conjunctivitis PGD would have been reduced by £3.37 (23%) if only chloramphenicol eye drops were available to supply.

In terms of comments from GP practices, some provided very positive comments when they were working closely with their pharmacist colleagues: an area where the sharing of good practice may present the commissioners with an area of opportunity. However, some were either ambivalent or negative when commenting about the services and lessons also need to be learnt and applied here (appendices One and Two). Pharmacists also provided positive feedback about the services but highlighted some opportunities around revisiting some of the service delivery specifications, training and working more closely with GP practices especially with regards to training and inappropriate referrals. Advertising opportunities were also referred to by both groups of professionals if the services were to become permanently commissioned.

NHS 111 referrals were low for all services ranging from 0.5% to 2.36% which was disappointing. During the pilot all stakeholders were engaged actively with NHS 111 who worked proactively with all professionals to try to ensure the patient was directed to the correct service. It was also noted that requests for repeat prescriptions from Devon Doctors was not reduced in the period when the emergency supply service was operational. The authors have highlighted the multifactorial issues impacting on this (page. 37) and the variable factors in this equation need to be further explored with partner agencies to ensure maximum take-up of the emergency supply service and the other services should they be commissioned permanently and further solutions explored.

Any reduction in demand on urgent and acute care providers creates an opportunity for those services enhancing the time they have available to manage the growing number of more complex patients. Winter ailments resulted in an estimated saving of 114 hours in medical practice doctors time and 9 hours of Out-Of-Hours (OOH) GP time. Minor ailments via PGD provided an estimated saving of 278 hours in medical practice doctors time, 72 hours of OOH GP time and 12 hours at the Emergency

departments (ED). Emergency Supply service resulted in an estimated saving of 73 hours in doctors time, 222 hours of Out-Of-Hours (OOH) GP time and 22 hours at the EDs across Devon.

From a cost effectiveness perspective all three services provided a net estimated cost saving to the health economy. The most cost effective service was the minor ailments PGD services which yielded a net estimated cost saving to the health economy of £22,945 or £10.27 per intervention. The winter ailments and emergency repeat service saw savings of £1,746 (£0.52 per intervention) and £17,214 (£6.89 per intervention) respectively. This was calculated using locally agreed figures for GP, acute and emergency care services.

In our introduction we discussed the pressure on urgent and acute care and we do not expect this position to change as the GP workforce crisis and financial austerity continues. The Pharmacy First services are not the panacea for an austerity environment but they do provide a significant contributory role in reducing some of the pressure on other services. Although not directly measured as a primary outcome, we are aware from the Scottish evaluation of their national Minor Ailments Service (MAS) that there was a reduction in minor ailments consultations of 35% in GP practices. Taking a counter-factual disposition we cannot state with certainty that the pressure on primary and secondary care services would not have increased without these pharmacy services and some GP feedback has suggested that it has benefited their practice workflow pressures. Nevertheless, commissioners need to consider this across the whole healthcare environment and to support this the authors have drawn up a number of options for consideration. Our aim with this evaluation is to provide the commissioners with the tools to make an informed decision for the future of the Pharmacy First services.

Options for Commissioners

Funding For Pharmacy First services has been met by the Winter Pressures Fund, Prime Ministers Challenge fund and Sustainability fund to date. Any continuation of the service post March 31st 2016 will require monies to be identified to remunerate the community pharmacy fees. The fees cost for Devon and Torbay from January 14 to March 31st 2015[47] were £66,624 while the associated drug costs were £27,110.

The authors estimate that ongoing funding would be required at a level of £62,000 per quarter in NEW Devon CCG and £34,000 per quarter in South Devon and Torbay CCG. This is based on the linear trend figures for quarter one (2015-2016) and includes a 10% contingency uplift, professional fees and drug costs. The figures do not contain any expected variation due to changes within service provisions outlined within this evaluation. Contracting arrangements will also have to be established for ongoing commissioning either through our local stakeholder partners, for example, PCC and DCC or via a CCG mechanism. It is beyond the remit of this evaluation to either identify appropriate funding streams or commissioning mechanisms.

The following four options have been provided by the authors for consideration..

Option One: Continue all the current Pharmacy First services in their present format with no amendments.

Commissioners should consider this option if they feel the Pharmacy First services have met all their primary outcomes and no improvements could be made in changing any of the current service provisions to improve patient care, governance or other service outcomes. Primary outcomes would include:

- Providing extended access to services to patients
- Reducing pressure on other services, for example GPs and OOH services
- Providing services that tackle inequality

Option Two: Continue each Pharmacy First Service, after updating where necessary the service specification to ensure service is best meeting the commissioner's aims. For example a) whether the medication supplied is appropriate and b) whether the training and monitoring of these services is appropriate.

Commissioners should consider this option if they consider that all services are appropriate and are meeting the primary outcomes of the services as listed in option one. Each individual service should have a review of the medication supplied and the training and monitoring associated with them to ensure they meet the needs of patients, professionals and the commissioning organisation

[47] Western locality services from January 2014 to 31st March 2015; Northern and Eastern localities of NEW Devon CCG and South Devon and Torbay CCG from November 2014 to 31st March 2015

Option Three: Assess the suitability of each service and continue only those Pharmacy First services which best meet the commissioner's aims. Update where necessary the service specification, for example a) whether the medication supplied is appropriate and b) whether the training and monitoring of these services is appropriate.

Commissioners should choose this option if they consider that each individual service should be reviewed in response to this evaluation. Suitability should be judged against the primary outcomes listed in option one. Once a decision has been made to continue each individual service, a review of the medication supplied and the training and monitoring of each service should be undertaken to ensure they meet the needs of patients, professionals and the commissioning organisation.

Option Four: Discontinue all Pharmacy First services

Commissioners should choose this option if they consider that none of the primary outcomes have been achieved through the provision of the Pharmacy First services.