Pharmacy First – Liberating Capacity

Birmingham, Solihull & the Black Country

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1 Executive Summary

1.1 The NHS as a whole is experiencing increasing pressures, particularly on General Practice and the Urgent Care Services, with patient demand stretching service provision. Coupled with an ageing population and the challenge of efficiency savings, NHS services must fundamentally change service delivery models to meet increased demand within financial constraints, whilst maintaining quality and demonstrating value for money.

1.2 Shifting the management of Minor Ailments from General Practice to Community Pharmacies has been reported in a number of recent publications (including the *NHS Five Year Forward View*) as offering a "solution" to the current challenges; freeing up capacity within General Practices to enable patients with more urgent or complex needs to be seen sooner.

1.3 NHS England, Birmingham, Solihull and the Black Country is currently piloting a Community Pharmacy Minor Ailment Service (MAS) ('Pharmacy First'). The scheme operates across Wolverhampton, Sandwell, parts of Dudley and Birmingham covering specific General Practices with a combined registered population of 1.46 million patients. There are 192 Community Pharmacies accredited and delivering the service which is commissioned as a Pharmacy Local Enhanced Service; categorised as a "relevant" service within the local Pharmaceutical Needs Assessments.

1.4 The Area Team's annual recurrent budget for the scheme (based on historical costs) is approximately £1.3 million. This covers Pharmacy Professional Fees for consultations, medications dispensed in line with the scheme's drugs formulary, the licence for the systems software solution in respect of data capture and claims management, business support and promotional material.

1.5 Rationalisation of the portfolio of Primary Care Trust-commissioned MAS schemes, which transferred to the Area Team in April 2014, resulted in approval of the business case for the pilot. This runs from 1st October 2014 to 31st March 2015. The Pharmacy Local Professional Network (LPN) was instrumental in developing the case for change. The pilot afforded the opportunity to better understand the merits of continuing to commission a Community Pharmacy MAS; especially in light of the escalating costs of the former schemes and lack of local data as to their effectiveness. The challenges of the pilot were to demonstrate value for money, improved governance and controls to manage costs, evidence of genuinely creating capacity for local General Practices and stakeholder support for shifting MAS activity to Community Pharmacy.

1.6 Evaluation of the first 3 months of service provision has been undertaken using a range of approaches. These include analysis of routine data from every Community Pharmacy MAS consultation, simple random sampling against which GP appointment systems were audited by practices themselves and various stakeholder survey methods.

1.7 The key outcomes of the Pharmacy First pilot are:

- **25,956** Community Pharmacy MAS consultations undertaken
- **79%** of all Community Pharmacy MAS consultations shown to shift workload from local General Practices to Community Pharmacy (calculated given 88% of all patients seen reported they would have booked a GP appointment had the scheme not been available and a GP re-consultation rate of 9% as identified by correlating a random 1% (270) sample of all consultations against respective GP appointment systems)
- **20,505 (79%)** MAS consultations shifted from local General Practice workloads to Community Pharmacy representing better "health value" when comparing utilisation of skills-set and "costs" of Community Pharmacy MAS versus the same for a GP appointment
- **4.5% (1344)** of all Community Pharmacy MAS consultations shown to shift workload from Urgent Care to Community Pharmacy (after applying a 9% re-consultation rate)
- **46%** reduction in overall spend on activity in direct comparison to the same quarter the previous year due to improved controls and governance (a saving of **£114,000**)
- **2 hours** per week of GP appointments "liberated" per 5900 registered patients; **ranging from 0-14 hours** per practice which reflects differences in current take-up/awareness of the scheme across and within participating CCGs
- **83%** (138) patients surveyed following a Community Pharmacy MAS consultation would recommend the service
- **93%** (40) of the 81% of General Practices responding to a randomly distributed survey (covering all participating CCGs) expressed positive views about the Community Pharmacy MAS scheme and a preference to see it continue
- **95**% (124) of the 68% of Community Pharmacies responding to a survey viewed the scheme positively and would continue to provide it if commissioned beyond 1st April
- **88%** (124) of patients in a Patient Participation Group-led survey in Dudley saw no barriers to accessing Community Pharmacy instead of their General Practice for MAS

1.8 The new unified scheme has delivered, on average, 2 hours per week per practice of additional GP appointment capacity as well as a 46% reduction in costs in comparison to the same quarter the previous year. There is, however, recognition that a sustainable Community Pharmacy MAS that makes a significant contribution to the 'NHS System' will require multi-disciplinary representation across a range of NHS services (including urgent care and NHS 111) as well as strong patient engagement and effective publicity. Building on the current model will enable the adoption of best practice to ensure that the scheme liberates capacity without 'fuelling' additional demand and/or exceeding the budget. The current governance structure has significantly improved usability as well as mitigated financial risks.

1.9 Going forward, a well-designed Community Pharmacy MAS is a critical stepping stone to achieving a cultural change in respect of Self-Care. The journey of engaging with patient groups has begun; including the design of promotional material, feedback on the service specification and undertaking patient surveys. This now needs to be formalised as part of the extended governance model. This would be a mechanism to align patient education and self-care resources; leveraging national campaigns and local support from General Practice Patient Participation Groups ideally placed to act as a catalyst to promote consistent advice and a simpler patient journey.

1.10 The scheme enjoys good support from local stakeholders. There is appetite to strengthen, refine and enhance the scheme; for example, in regards to the types of conditions covered by the scheme and number of providers and participating General Practices across some CCGs. This would be done in conjunction with, amongst others, willing CCGs and Local Medical Committees to enable any designs for the future specification and roll-out of the service to benefit from wider consultation.

1.11 The evaluation has demonstrated that a Community Pharmacy MAS scheme is a viable NHS service to manage minor ailment conditions. With appropriate controls, it represents better value for money compared to other more expensive NHS environments, including General Practices, Walk-in Centres, Out-of-Hours and Emergency Services. The positive contribution that community pharmacy MAS schemes can make to the current workload pressures across General Practice and urgent and emergency care has been recognised in a number of NHS England publications as well as in guidance published by the British Medical Association in January 2015 (*Quality first: Managing workload to deliver safe patient care*). Future arrangements should build on this 'strong' foundation.

1.12 The recommendation to the Area Team Executive Committee, in light of the findings of the evaluation, is to approve continued commissioning of the scheme between 1st April 2015 and 31st March 2017, subject to a "mid-point" review in January 2016.

2 Introduction – NHS Policy and Context

2.1 The NHS is experiencing pressures, particularly on General Practice and Urgent and Emergency Care services. The number of patients waiting more than a week for a GP appointment is "at an all-time high" according to the Royal College of General Practitioners. Coupled with an ageing population and the challenges of realising efficiency savings, the NHS must fundamentally change service delivery models to ensure that the most relevant health service is available to meet patient demand in accordance with complexity of health need.

2.2 The vision for the role of Community Pharmacy as an integral partner within the urgent and emergency care system has been set out by NHS England in several key documents including *Transforming Urgent and Emergency Care Services in England* and *Community Pharmacy – Helping Provide Better Quality and Resilient Urgent Care*. This has been echoed in guidance published recently by the British Medical Association (*Quality first: Managing workload to deliver safe patient care*). These documents propose "solutions" for Commissioners to capitalise on the expertise, workforce and accessibility of Community Pharmacy; crucially, liberating capacity within over-stretched General Practices through commissioning of schemes such as Minor Ailments. In turn, this capacity could be used more effectively to enable patients with more complex or urgent health needs to be seen sooner by GPs:

> *"Community pharmacies are an under-used resource: many are now open 100 hours a week with a qualified pharmacist on hand to advise on minor illnesses, medication queries and other problems. We can capitalise on the untapped potential, and convenience, that greater utilisation of the skills and expertise of the pharmacy workforce can offer."*
>
> ***Transforming Urgent and Emergency Care Services in England, 2013***

2.3 Despite the policy and studies proposing the benefits of Community Pharmacy MAS schemes as a suitable alternative to GP minor ailment consultations (citing high patient satisfaction rates, low GP re-consultation rates and comparably lower "costs") there has been little in the way of changes to commissioning arrangements to facilitate this shift.

2.4 In April 2014, the Area Team inherited a portfolio of MAS schemes which had originally been commissioned by the former Primary Care Trusts (PCTs). The combined annual budget is approximately £1.3 million.

2.5 The schemes have engendered mixed feelings amongst Commissioners as to their effectiveness, largely due to a lack of data demonstrating how well or otherwise they have performed and escalating costs year on year in some geographies. Redesign into a single specification for piloting across participating CCG areas (Birmingham Cross City, Birmingham South and Central, Dudley, Sandwell and West Birmingham and Wolverhampton) with new controls and enhanced governance arrangements, has afforded the opportunity to better understand the relative merits of commissioning a "fit-for-purpose" Community Pharmacy MAS scheme. Examples of improved controls include limiting the number of consultations per patient to 3 in a 6 month period.

2.6 Following engagement and negotiation with the Local Pharmaceutical Committees (LPCs) and CCGs, the scheme was approved for piloting from 1st October 2014 to 31st March 2015. This report sets out the rationale for the pilot, the methodology and findings of the evaluation based on the first 3 months of operation. It also makes recommendations to the Area Team Executive Committee in respect of commissioning arrangements from 1st April 2015 onwards.

3 Pilot Rationale

3.1 By shifting the management of Minor Ailment conditions to Community Pharmacy, there is an opportunity to move to a more "cost effective" service that is equally acceptable to patients and can liberate capacity in General Practice to manage more complex and urgent care needs. Together with a concerted effort to leverage national campaigns and resources for self-care and to promote consistency of information and advice, there is potential, over time, to increase patient knowledge and confidence to self-care and to reduce levels of dependency on health services for minor conditions. The aims of the Community Pharmacy MAS (Pharmacy First) scheme are to:

- achieve better "health value" for every pound spent in relation to Minor Ailments
- liberate capacity in General Practice which can be utilised for seeing patients with more complex or urgent care needs sooner
- make better use of the expertise and accessibility of Community Pharmacy
- take steps to increase patient confidence to self-care through consistency and simplicity of service offer, sign-posting to the "Right Advice, Right Place, First Time"; leveraging campaigns and resources such as "Treat Yourself Better" and the Self Care Forum all year round
- foster better working relationships between General Practices and Community Pharmacies

3.2 The business case for the pilot set out the thinking and logic underpinning the scheme. In July 2013, the British Journal of General Practice highlighted thirty one UK MAS schemes after screening 3,308 studies. The conclusions drawn from the collective review were as follows:

- total number of GP consultations and GP prescriptions for Minor Ailments declined
- re-consultation rates in GP practices ranged from 2.4%-23%
- the proportion of patients reporting complete resolution of symptoms ranged from 68%-94%
- 90% or more of patients expressed willingness to re-use the scheme and satisfaction with the consultation and expertise of the pharmacy

3.3 There are over 650 Community Pharmacies in the Area Team geography, situated in high street locations, supermarkets and in residential neighbourhoods. They are easily accessible, without the need for an appointment, many open for extended hours, including Saturdays, and often have access to the patient prescription history.

3.4 Particularly in deprived areas, exempt patients may prefer to get over the counter products (for example, paracetamol) for Minor Ailments on prescription at no cost even when this means they have to consult a GP. At the time of writing the business case, the average index of Multiple Deprivation score nationally was 22.69. Locally, the average score was 33.9; ranging from 18.74 to 40.1. Birmingham Cross City CCG and Sandwell and West Birmingham CCG show the highest rates of deprivation. The benefit of a Minor Ailment scheme for patients, is in the fact that those who are eligible for free prescriptions, could potentially access free (advice and) treatment directly from a Community Pharmacy without the need to wait for and take up a GP appointment. The benefits to the NHS include the fact that Pharmacy professional fees for MAS consultations are typically 4-5 times less than the "cost" of a GP appointment. More relevant, however, is the additional capacity generated; in turn, improving patient access to (and very likely satisfaction rates with) GP appointments.

3.5 The NHS also has a mandate to encourage more patients to self-care and thereby reduce demand. Better patient education and awareness through a variety of media is paramount; existing public health campaigns and on-line resources, for example, could be more systematically publicised to promote messages year round and not just during the winter.

3.6 The schemes inherited from the former PCTs varied considerably, with differing service specifications, governance and payment structures. They required significant manual effort for claims processing and performance management. From a patient perspective access was neither universal nor uniform. In the absence of local data upon which to base a decision about the future of the schemes, agreement was reached to pilot a redesigned, single specification – "Pharmacy First".

3.7 A collaborative review of the historical schemes was undertaken, facilitated by the Chair of the Pharmacy LPN and Area Team Directors; including discussion and engagement with CCG Accountable Officers, Commissioning and Medicines Optimisation Leads and LPCs. This process assisted with the understanding of concerns, identification of steps to mitigate or address those and negotiation of changes required to arrive at an agreed, single service specification across 5 CCGs and 4 LPCs. The Walsall CCG Pharmacy First Scheme provided the foundation for a new specification.

3.8 A systems software solution (PharmOutcomes) was implemented to facilitate robust evaluation of the pilot with the aim of providing the local data needed on levels of effectiveness and affordability. A Medicines Management Pharmacist (Midlands and Lancashire Commissioning Support Unit) was enlisted to provide business support; managing payment schedules to Providers, setting up and accrediting Providers on the PharmOutcomes platform, design of the electronic service template and undertaking the requisite data collation to inform regular analysis and reporting by the Primary Care Contracts Manager (Pharmacy). A monthly Pharmacy First Steering Group was established to oversee the design of the specification, IT platform controls, operational roll-out and reporting arrangements.

4 The Pharmacy First Scheme

4.1 The overall aim of the scheme is to promote and empower patients to self-care when suffering from a Minor Ailment. Patients exempt from paying prescription charges and registered with a participating GP practice in Birmingham, Sandwell, Dudley or Wolverhampton can access self-care advice for the treatment of Minor Ailments and, where appropriate, can be supplied with over the counter medicines without the need to attend their General Practice for an appointment. The scheme is offered as a quicker alternative for patients, however, patients are at liberty to refuse the service and continue to access healthcare in the same way as they have done previously. The scheme also aims to improve primary care capacity by reducing medical practice workload related to Minor Ailments and to allow GPs to focus on more complex and urgent medical conditions.

4.2 The service is only available for the following Minor Ailments; acute cough, acute headache, sore throat, acute fever, earache, diarrhoea, cold and flu, head lice, hay fever and dry skin/simple eczema, bites and stings, cold sores, vaginal thrush, sunburn, nappy rash, mouth ulcers, dyspepsia, constipation and primary eye care assessment and referral (Wolverhampton GP-registered patients accessing a Wolverhampton Pharmacy only). Management of these conditions is set out in treatment protocols within the specification. At every intervention, the Community Pharmacy is expected to promote self-care advice and resources available at www.selfcareforum.org. The Community Pharmacy also operates a referral system to GPs, A&E and other health and social care professionals, where appropriate. All consultation information is captured on PharmOutcomes which generates claims details for payment in addition to providing data about the scheme itself. Patients sign a consent form on registration to the scheme to permit their information to be shared for the purposes of managing the scheme.

4.3 The accreditation requirements of the scheme have also necessitated that participating pharmacies have a consultation room available should it be required and that the Responsible or Lead Pharmacist completes the Centre for Postgraduate Pharmacy Education Minor Ailments training: a clinical approach (2014) assessment and ensures a standard operating procedure is in place and understood by all appropriate staff.

4.4 A total of 192 Community Pharmacies are delivering the scheme. The Professional fee rate is £3.50 per consultation. Inclusion of General Practices varies by CCG:

CCG	Inclusion
Wolverhampton	Available to all General Practices
Sandwell & West Birmingham	Available to all General Practices
Birmingham & South Central	Available to specific General Practices based on coverage of previous schemes
Birmingham Cross City	Available to specific General Practices based on coverage of previous schemes
Dudley	Available to specific General Practices based on deprivation scores

4.5 The total funding available for the Pharmacy First pilot, inclusive of Value Added Tax, is £650,000 (6 months pro rata of the notional annual budget of £1.3 million – based on historic activity):

- Pharmacy professional fees and drug costs: £610,000
- PharmOutcomes multi-service platform licence: £ 19,000
- Midlands and Lancashire CSU business support: £ 15,000
- Promotional material and evaluation: £ 6,000

5 Evaluation Methods

5.1 The overall purpose of this evaluation is to determine the merits of a Community Pharmacy Minor Ailment scheme in order to inform commissioning arrangements beyond the 31st March 2015. The evaluation covers the period 1st October 2014-31st December 2015 (inclusive) and seeks to address the following questions:

- Does a Community Pharmacy MAS scheme genuinely liberate capacity within General Practice or is there duplication of effort / over-usage of the scheme?
- Can a robust scheme be delivered within the allocated budget? How does performance compare with previous schemes?
- Is there support from General Practices, patients and Community Pharmacies for a MAS scheme?
- What are the lessons learned from the evaluation and how will this influence the scheme and service specification from 1st April 2015 onwards if continued?

5.2 In seeking to answer the above, the findings are set out with these aspects and methods in mind:

- Activity in respect of patient utilisation, demographics, timing and frequency of access ***– analysis of the 25,956 Community Pharmacy MAS consultations data drawn from PharmOutcomes***

- Effectiveness against the business case objectives; namely extent to which General capacity liberated by the scheme – ***analysis of 25, 956 patient responses stating alternative intervention that would have been sought had scheme not been available, simple random sampling of consultations to generate a 1% (270) sample for auditing against GP appointment systems to identify typical GP re-consultation rates***

- Financial performance – ***delivery within budget and cost comparison with previous schemes***

- Stakeholder satisfaction with the scheme – ***randomly distributed General Practice survey, Community Pharmacy staff survey, Patient-led and designed surveys and focus groups; including focus groups for Parents and patients aged over 60 years***

6 Findings

6.1 The total registered population of the participating General Practices covered by the pilot is approximately 1.46 million (as per Health and Social Care Information Centre, 2015). Of these patients, about half are likely to be eligible for free NHS prescriptions according to a Parliamentary Health Select Committee report (2006). Based on these figures, an estimated 3.5% (circa 26,000) of the "eligible" population have registered to use the Community Pharmacy MAS.

6.2 The first 3 months revealed a total of 25, 956 Community Pharmacy MAS consultations undertaken, split fairly evenly between males (45%) and females (55%). A data validation exercise demonstrated NHS numbers were recorded in 99% of consultations. The vast majority of activity has been seen across those CCGs with the longest established schemes in general.

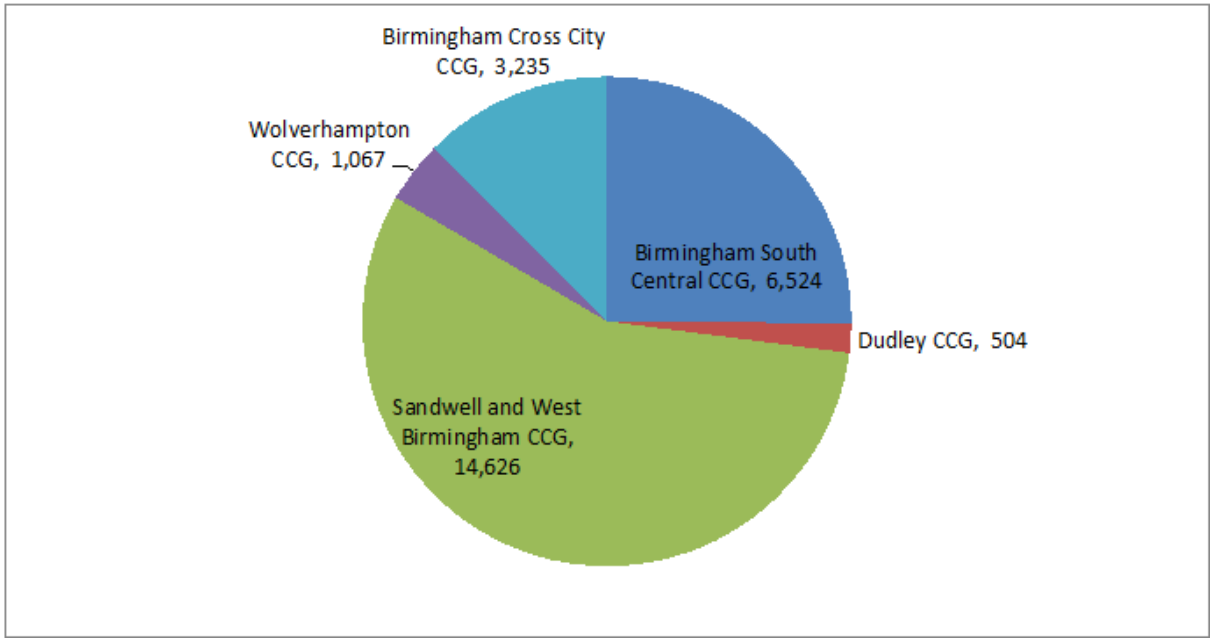

Figure 1: Community Pharmacy MAS activity October-December 2014

6.3 The scheme was accessed across a range of ages, as highlighted in Figure 2. Approximately half of all consultations were for children aged 11 years or under; split evenly between 0-4 and 5-11 year olds. It is noteworthy that patients aged 60 years or over accounted for 13% of the consultation activity. Feedback from the Dudley patient focus groups suggested that older patients felt confident to self-care when suffering from a Minor Ailment only condition and preferred "not to bother" health services. Where they had complex health needs, their preference was to visit their GP.

6.4 Patients accessed the scheme across a range of days and times throughout the week, highlighting the accessibility of Community Pharmacy. Over 80% of consultations were undertaken on a weekday between 9am and 7pm; potentially reflecting the challenges that patients experience getting a GP appointment (Table 1).

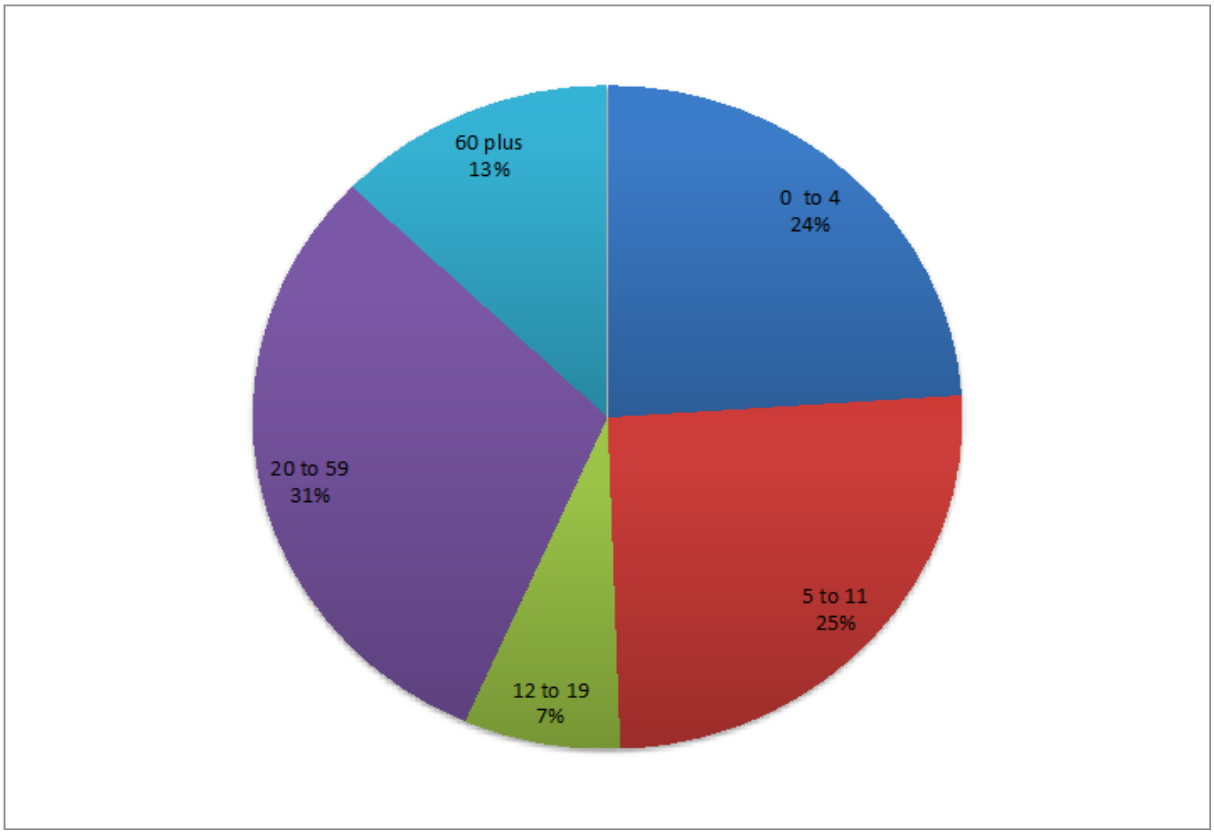

Figure 2: Percentages by age group accessing the scheme

6.5 December had increased activity when compared to the previous two months (Table 1). This might be explained by a number of factors such as increasing patient awareness of the scheme, reduced access to General Practices over Christmas and New Year or an increase in numbers of patients suffering from "winter ailments". Over time, activity can be modelled and predicted in regards to seasonal variations and disease scenarios to inform planning and development of the service specification.

Timing of Consultation	Number of Consultations			Total	%
	October	November	December		
Saturday	497	687	605	1789	7
Sunday	181	216	213	610	2
Bank Holiday	-	-	27	27	-
Weekday After 7pm	440	452	434	1326	5
Weekday Before 7pm	7266	6691	7997	21954	85
Weekday Before 9am	77	78	95	250	1
Grand Total	8461	8124	9371	25956	100

Table 1: Timing of patient access to scheme

6.6 Under the scheme, patients are able to access treatment for up to two presenting symptoms per consultation. The percentage of patients presenting with either one or two symptoms was 56% and 44% respectively. Medication was dispensed for 98.5% of all presenting symptoms at an average cost per item of £1.37. Whilst the proportion of presenting symptoms may be unsurprising, the data enables consideration of which areas to focus patient education and service redesign pathways (Figure 3).

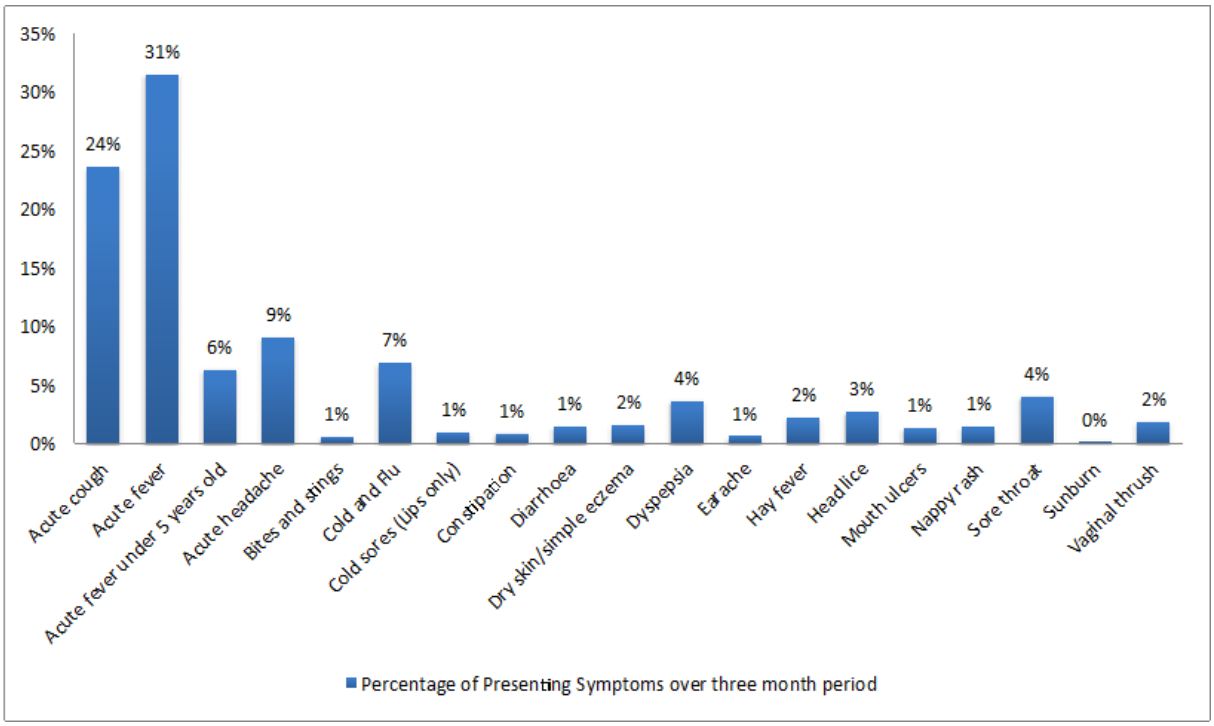

Figure 3: Reason for consultation as a percentage of all symptoms seen

6.7 For each of the 25,956 consultations, patients were asked what they would have done had the scheme not been in place. The responses (100%) received highlight that 93% of patients would have sought a more expensive environment to treat their Minor Ailment condition:

- 88% (22,841) would have booked a GP appointment
- 5% (1,407) would have accessed a Walk-in/Urgent Care Centre
- 7% (1,817) would have either purchased the medicines or not accessed any health services
- Less than 1% would have accessed A&E

6.8 To determine the GP re-consultation rate, a retrospective simple random sampling method was applied to the consultation data to generate a 1% sample against which General Practices were asked to audit their GP appointment systems. The audit was undertaken by and across more than 40 General Practices and covered 270 patient episodes using a standardised proforma (with Patient NHS number, age, reasons and date of Community Pharmacy MAS consultation only). The findings demonstrated a 9% GP re-consultation rate (predominantly for acute fever); with 75% of these patients re-consulting their GP within 2 days of the Community Pharmacy MAS consultation. This provides evidence that 91% of patients did not re-consult their GP.

6.9 Combining these findings (proportion of patients who would have sought a more expensive health environment if the scheme was not in place and the GP re-consultation rate), highlights that 84% of Community Pharmacy MAS consultations liberated capacity across General Practice and Urgent Care/Walk-in Centres.

6.10 Over 1300 Urgent Care/Walk-in Centre appointments were freed-up by the Community Pharmacy MAS (applying the 9% GP re-consultation rate to the original figure of 1,407). The data in regards to Urgent Care/Walk-in Centres shows little overall difference in timings of access. That is, an equal number of patients would have accessed these services in and out of hours had the Community Pharmacy MAS not been in place; with the exception of Sandwell and West Birmingham and Wolverhampton (small numbers) where more patients would have accessed these types of services in hours rather than out of hours. Birmingham South Central residents accounted for approximately half (671) of all responses indicating they would have accessed this type of service as an alternative to Community Pharmacy MAS.

6.11 On average, the Community Pharmacy MAS scheme, liberated 2 hours of GP capacity per 5900 patients registered (ranging from 0 – 14 hours). This was calculated after excluding those practices new to the scheme where less than 2 patients per week had used the service. The selected General Practices included in the calculation account for 96% (see Figure 4) of the total Community Pharmacy MAS activity between October and December:

- 25,035 Community Pharmacy MAS consultations *(96% of total activity)*
- 19, 778 liberated consultations *(@79% Community Pharmacy MAS 'liberation' rate)*
- 1,521 consultations per week *(13 weeks in pilot period)*
- 254 hours of GP Time *(6 appointments per hour)*
- 2 hours of liberated GP Time per Practice *(128 General Practices)*
- 2 hours of liberated GP Time per ~5900 patients *(781,386 registered population)*

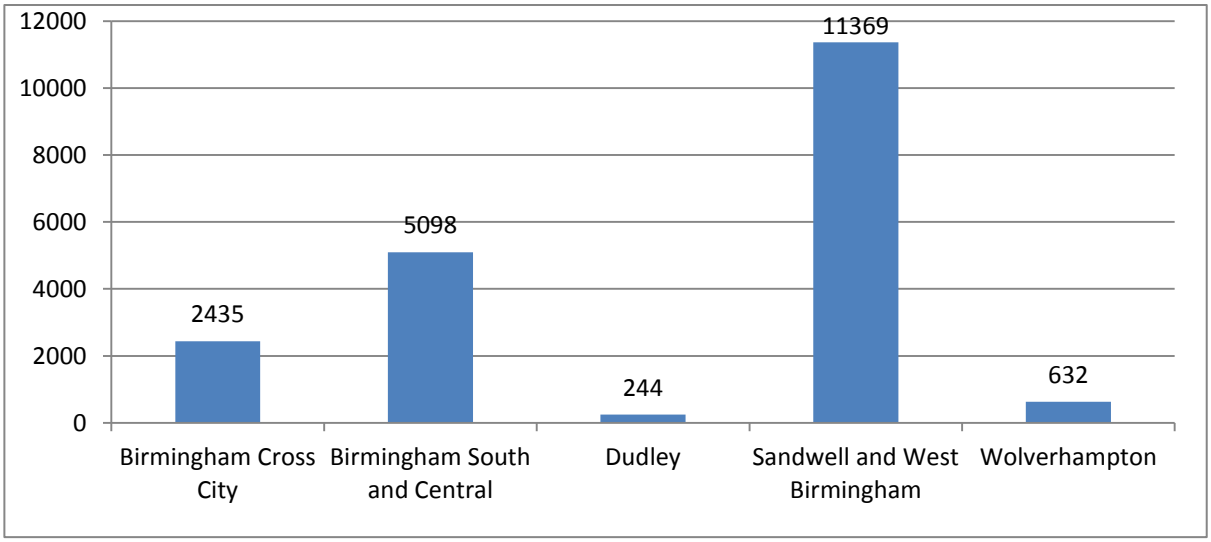

Figure 4: Total Number of 'liberated' Consultations by CCG (selected practices 96% activity)

6.12 The Minor Ailments business case applied a rate of 16% to all GP consultations to establish the "burden of minor ailments" in General Practice and used data in the GP Call to Action Resource Pack (2013) to estimate the average number of consultations "per patient" per year to their GP. This was estimated to be 5 times per year on average. The opportunity for the Community Pharmacy MAS is to undertake these consultations in a way that represents better "health value", freeing up consultations within General Practice for more complex health needs. Table 2 presents the estimated total number of GP Minor Ailment consultations per CCG based on participating GP Practices as well as the actual liberated GP

Minor Ailment consultations when applying the figures above (selected GP Practices with more than 2 Community Pharmacy MAS consultations per week).

CCG	Participating GP Practice Population	Estimated Number of GP Consultations p.a.	Estimated GP Practice Minor Ailment Consultations p.a.	Liberated GP Minor Ailments per 3 Months	% Liberation of GP Minor Ailment Consultations p.a.
Birmingham South & Central	91,402	457,010	73,122	5,098	28%
Sandwell & West Birmingham	464,620	2,323,100	371,696	11,369	12%
Birmingham Cross City	110,776	553,880	88,621	2,435	11%
Wolverhampton	63,709	318,545	50,967	632	5%
Dudley	30,879	154,395	24,703	244	4%

Table 2: Estimated GP Minor Ailment consultations

6.13 From a financial perspective, the scheme is performing well within budget (even taking account of new costs such as the IT platform and business support); achieving a 46% (£114,000) reduction in activity costs when compared to the same quarter the previous year for those CCGs with the longest established schemes (Birmingham and Sandwell).

Total activity costs of former schemes October – December 2013 =£246,233
Total activity costs of Pharmacy First October – December 2014 =£132,201

6.14 The combined costs of the Pharmacy Professional Fees and drugs dispensed for the pilot between October and December totalled £154,475; with £103, 306 pertaining to Fees and £51,169 covering the costs of all drugs.

6.15 The additional controls within the pilot cap the number of consultations per patient to three in a six month period. This quota was derived from analysis of schemes previously operating across Birmingham and Sandwell; identifying that up to 80% of patients accessed the schemes between 4-6 times each for the year. Of the remaining patients, 10% were found to account for 38% of the overall annual activity and spend; exacerbated by “limitless” access to the schemes.

6.16 Improved governance using a programme management approach in respect of benefits realisation and risk management was adopted to effectively implement PharmOutcomes to register patients, record consultations and provide near real-time reporting. In addition, visits by a Pharmacy Clinical Advisor and Primary Care Contracts Manager were undertaken to Community Pharmacies with the highest levels of activity under the old schemes. The purpose was to understand how the old schemes were operated and to discuss the impact of the new scheme and arrangements to cap activity. This ensured, where appropriate, remedial action plans were agreed ahead of the pilot and lessons learned used to strengthen governance arrangements. These combined strategies have resulted in significant reduction in activity and spend. Clearly, the most significant factor in regards to the cost reduction is the cap. In light of the data from the analysis of previous schemes, however, this still enables up to 80% of patients to continue to access the scheme at reasonable levels, whilst “managing” the smaller cohort of patients with an inappropriately high dependency on the scheme.

6.17 Since a random sample of General Practices were asked to complete the audit on re-consultation rates, the opportunity was taken to ask these same General Practices their views on Pharmacy First, specifically whether or not they would be in support of it continuing. An 81% response rate was achieved. Of the 43 General Practices that responded, 40 (93%) expressed their support for it to continue. The remaining 3 expressed uncertainty about the service based on a lack of information as to how it operated. A few examples of the positive responses are:

Birmingham South and Central

"As you can see, it is working and we would be in favour of it continuing." ***[GP]***

Sandwell and West Birmingham

"As a GP Practice we welcome the continuation of any scheme to support our patients where it allows our patients with minor ailments to seek assistance in addition to our services which can then be used for acute/more severe cases and reduce attendance to A&E. We would expect the scheme to advise our patients that require assistance beyond what the scheme can deal with or that require GP follow up to make an appointment to see us." ***[GP]***

Cross City

"… Surgery would like for the scheme to be continued as we have benefited from this for a long time since it was offered to Hob Practices. We have encouraged the patients to use the scheme. Most patients value this scheme and are now independently using the services without having to contact the practice! I cannot comment for other practices but if this scheme is discontinued it will impact on Patient Access and it will cause more patient requesting to see the clinicians for minor /acute problems which could be dealt with under the scheme by the pharmacist. [The] Surgery strongly feels this scheme should continue." ***[GP]***

6.18 Critical in respect of stakeholder feedback were the views of the Providers themselves. A pharmacy staff survey was conducted, utilising the PharmOutcomes platform. Two-thirds of the pharmacies participating in the scheme completed the survey. The majority of staff who responded were Pharmacists (84%). Themes and learning include:

- general patient awareness of Pharmacy First appears low in many pharmacies and more needs to be done to advertise the service
- almost all Pharmacies would be willing to continue to provide the scheme if it was re-commissioned
- most pharmacies felt their staff were competent in the use of the PharmOutcomes platform, with 31% expressing an interest in training
- areas of concern include limited range of conditions/formulary, impracticality of very young infants / elderly having to be present when they are unwell, lack of publicity, limit of 3 consultations in 6 months and cumbersome registration process
- positives of the scheme include having a single specification, quicker alternative to GP appointments, great feedback from patients, PharmOutcomes simplifies process including claims, removes cross border issues, improves relationship with patients and raises profile of pharmacy

6.19 The scale and demographics of the pilot make it relatively resource intensive to undertake timely, meaningful engagement with patients. This will require further thought and consideration should the scheme be approved beyond 31st March 2015. Members of the Dudley Patient Opportunity Panel were instrumental in the design of the promotional materials for the pilot (posters and leaflets-see appendix 1). In addition, several small scale surveys and focus groups conducted provide an insight into the views of some patients across various themes including satisfaction rates with Community Pharmacy MAS consultations, willingness to access Community Pharmacy for advice on Minor Ailments and confidence to self-care. A separate survey of 138 patients accessing the scheme found an 83% satisfaction rate. Of note from the feedback in the Dudley area:

- Better promotion of the scheme is essential (and the role Community Pharmacy can play in respect of Self Care) – a range of suggested methods proposed by patients surveyed which should inform any future campaign
- Factors influencing choice and navigation of the health care system were flagged by the respective focus groups for Parents and Patients aged 60 or over; further exploration of some of the themes identified will be useful to begin to inform approaches to Self-Care education and "test" with patients from other geographies *"…young people and parents of young children in particular are confused and feel disempowered in their decision-making. Frequent changes in service provision have led to patients experiencing genuine difficulty in negotiating current services, and much of the misuse of services arises from this. Publicity for the Pharmacy First pilot has been inadequate so far"*
- GP Patient Participation Groups are well placed to support cascade of Self Care messages and information about Pharmacy First to patients
- The majority of patients saw no barriers to accessing Community Pharmacies as a suitable alternative in respect of minor ailments

7 Conclusion and Recommendation

7.1 There is recognition that a sustainable Community Pharmacy MAS scheme that makes a significant contribution to the 'NHS System' will require multi-disciplinary representation across a range of NHS services (including urgent care) coupled with strong patient engagement. Building on the current engagement and governance model will enable the adoption of best practice across the AT geography to ensure that the scheme liberates capacity without 'fuelling' additional demand and/or exceeding the budget. The current governance structure, coupled with effective monitoring of activity and performance reporting on a near-real time basis, has significantly improved usability as well as mitigated financial risks. The evaluation of the scheme has demonstrated that the Community Pharmacy MAS scheme is a viable NHS service to manage minor ailment conditions, and with appropriate controls represents better value for money compared to other more expensive NHS environments, including GP Practice, Walk-in Centres, Out-of-Hours and Emergency Services.

7.3 The recommendation to the Area Team Executive Committee, in light of the findings of the evaluation, is to approve continued commissioning of the scheme between 1st April 2015 and 31st March 2017, subject to a "mid-point" review in January 2016.