

# NHS Ten Year Plan

## Community Pharmacy Briefing

**FAO: NHS England Working Group on Prevention, Personal Responsibility and Health Inequalities**

**September 2018**

### Summary

- Community pharmacists and their teams are amongst the most accessible public health practitioners.
- A key resource for local communities, pharmacies provide a range of support to help people to stay healthy, look after themselves and maintain good physical and mental wellbeing.
- In contrast to many other healthcare settings, the country's network of community pharmacy bucks the inverse care law: there is a greater density of community pharmacies in the most deprived areas, per head of population. One aspect of this is that community pharmacists see many people who are not registered with GPs – and this group needs to be looked after.
- Pharmacies could be further developed into neighbourhood health and wellbeing centres, becoming the go-to destination for support, advice and resources on staying well and living independently.
- Increasing the range of services available from community pharmacies could mark a shift to more equitable health provision by bringing a wider range of NHS services into the heart of neighbourhood communities where they are within easy reach of the people who need them most. 96% of the population – even those in the most deprived areas – can get to a pharmacy within 20 minutes by walking or using public transport.

This briefing document is submitted on behalf of the National Pharmacy Association (NPA) and the Pharmaceutical Services Negotiating Committee (PSNC).

The NPA is the trade association for independent community pharmacy owners in the UK.

PSNC is recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors (owners) in England.

There are 11,619 NHS community pharmacies in England.

## Introduction

The World Health Organization defines public health as: “organised measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole.” “Public Health (therefore) is concerned with the health of the population as a whole and not only the eradication of a particular disease.”

Pharmacies are an integral part of the NHS and a valued community facility with a positive track record in the prevention of ill-health. Community pharmacies are frequently the first port of call for patients when they are unwell and often they are visited by people even when they are in good health. Community pharmacists and their staff generally see patients more regularly than any other health care provider. This makes them well placed to offer public health advice and support and to ‘make every contact count’. Pharmacists and their teams have already been undertaking this role formally and informally for years.

Services commissioned locally from community pharmacy are often “prevention” public health services. These include stop smoking, substance misuse services and the supply of emergency hormonal contraception.

### **Community pharmacy services that enhance health and wellbeing:**

- Contraception and emergency hormonal contraception services
- Sexually Transmitted Infection (STI) screening, treatment and advice
- NHS Health Checks
- Blood pressure monitoring
- Stop smoking
- Healthy eating and weight loss
- Supervised consumption of medicines
- Needle and syringe programmes
- Alcohol brief interventions and advice
- Vaccinations

As community pharmacies are uniquely well positioned to reach out to the population – including ‘apparently well’ people – on a large scale, there is considerable public health benefit to be gained by extending the range and reach of these services.

In this briefing we set out how some innovations in community pharmacy, with pharmacy teams working closely with other medical and care professionals as part of an integrated primary healthcare system, could be scaled up to help to transform the ways in which we deliver prevention services to local communities and support the NHS in its goals to reduce the burden of preventable disease and deaths and to reduce health inequalities.

## Community Pharmacies: Background Information

There are more than 11,600 community pharmacies in England<sup>i</sup>, and they provide highly accessible healthcare, particularly in areas of high deprivation. Overall 89.2% of the population is estimated to have access to a community pharmacy within a 20-minute walk<sup>i</sup>, and in the most deprived areas this rises to 99.8% of people<sup>i</sup>. An estimated 90% of people visit a pharmacy at least once per year<sup>i</sup>.

For many people, particularly those with long term conditions managed in primary care, medicines will be the most important intervention that they receive from the health service. Medicines dispensed in the community cost the NHS some £9 billion each year, and around one billion prescription items are dispensed by community pharmacies annually<sup>ii</sup>.

The personalised care that pharmacies provide alongside those medicines – both to ensure that patients receive the right medicines, when they need them, and that they can use those medicines safely and effectively – is at the very heart of primary care, and it ensures both good health outcomes for patients, as well as value for the NHS.

## Evidence of Value for Money

PSNC commissioned PricewaterhouseCoopers LLP (PwC) to examine and quantify the economic contribution of community pharmacy in England in 2015. The resulting report analysed the value (net benefits) to the NHS, public sector, patients and wider society of 12 specific services provided by community pharmacy.

The services analysed were: emergency hormonal contraception provision; needle and syringe programmes; supervised consumption; minor ailments advice; clarifying prescriptions; managing prescribing errors; managing drug shortages; sustaining supply of medicines in emergencies; delivering prescriptions; medicines adjustments; Medicines Use Reviews (MUR) and the New Medicine Service (NMS). The analysis did not assess the value of standard dispensing of medicines and other public health services provided by pharmacies including public health support, signposting and disposal of unwanted medicines.

Key results included:

	Short-term (in 2015)	Long-term (in next 20 years)
<b>Total value</b>	In 2015, the 12 community pharmacy services analysed contributed a net value of £3 billion <sup>iii</sup> .	These activities in 2015 are expected to deliver a further £1.9 billion over the next 20 years <sup>iii</sup> .
<b>Per pharmacy</b>	On average, the net value added by each pharmacy was more than £250,000 <sup>iii</sup> .	The net value added by each pharmacy rises to more than £410,000 if long-term impacts are included as well <sup>iii</sup> .
<b>Per prescription</b>	The short-term benefits were on average nearly £3.00 per prescription in 2015 <sup>iii</sup> .	The short-term benefits rise to £4.86 per prescription if the long-term effects are included <sup>iii</sup> .
<b>Per person</b>	The short-run net value generated by the services considered are equivalent to £54.61 for every resident of England <sup>iii</sup> .	The net value per resident in England increases to £88.67 when long-term effects are considered <sup>iii</sup> .

The beneficiaries of the benefits were:

**The NHS:** The potential savings for the NHS resulting from the 12 community pharmacy services considered were £1,352 million in 2015, including cost efficiencies and other avoided costs<sup>iii</sup>. A further £172 million of savings to the NHS are expected to occur in the long-term as a result of these services having been provided in 2015<sup>iii</sup>.

**The public purse:** Other public sector bodies (e.g. local authorities) and wider society together received over £1 billion of benefits in 2015 as a result of the community pharmacy services covered,

through increased output, avoided deaths and reduced pressure on other services such as social care and justice<sup>iii</sup>. A further £1.7 billion is expected to accrue over the next 20 years<sup>iii</sup>.

**Patients:** Patients experienced around £600 million of benefits, mainly in the form of reduced travel time to alternative NHS settings to seek a similar type of service as the ones provided by community pharmacy<sup>iii</sup>.

The expected amount of public sector spend saved directly as a result of the 12 services analysed (which did not include the value of the core dispensing services), £3 billion, is enough, by itself, to offset the entire amount of public funding provided for community pharmacy in 2015<sup>iii</sup>.

In a further analysis by PwC, taking into account the total value of the services analysed rather than just the benefits to the public sector, it was estimated that the cost to the public sector of securing the £5.1 billion value of the 12 services analysed was £247 million<sup>iii</sup>, implying a ratio of nearly **£21 for every £1 invested**.

### **Our vision for community pharmacies**

Following the publication of NHS England's Five Year Forward View for the NHS, the national community pharmacy representative organisations came together to publish a shared vision for how community pharmacies could contribute to the provision of healthcare: The Community Pharmacy Forward View (CPFV)<sup>iv</sup>.

The CPFV sets out the sector's ambitions to radically enhance and expand the personalised care, support and wellbeing services that community pharmacies provide. In the scenarios outlined, pharmacy teams would be fully integrated with other local health and care services to improve quality and access for patients, increase NHS efficiency and produce better health outcomes for all.

The vision sets out a shared ambition for the sector, focused on three key roles for pharmacies:

1. **As the facilitator of personalised care for people with long-term conditions**
2. **As the trusted, convenient first port of call for episodic healthcare advice and treatment**
3. **As the neighbourhood health and wellbeing hub**

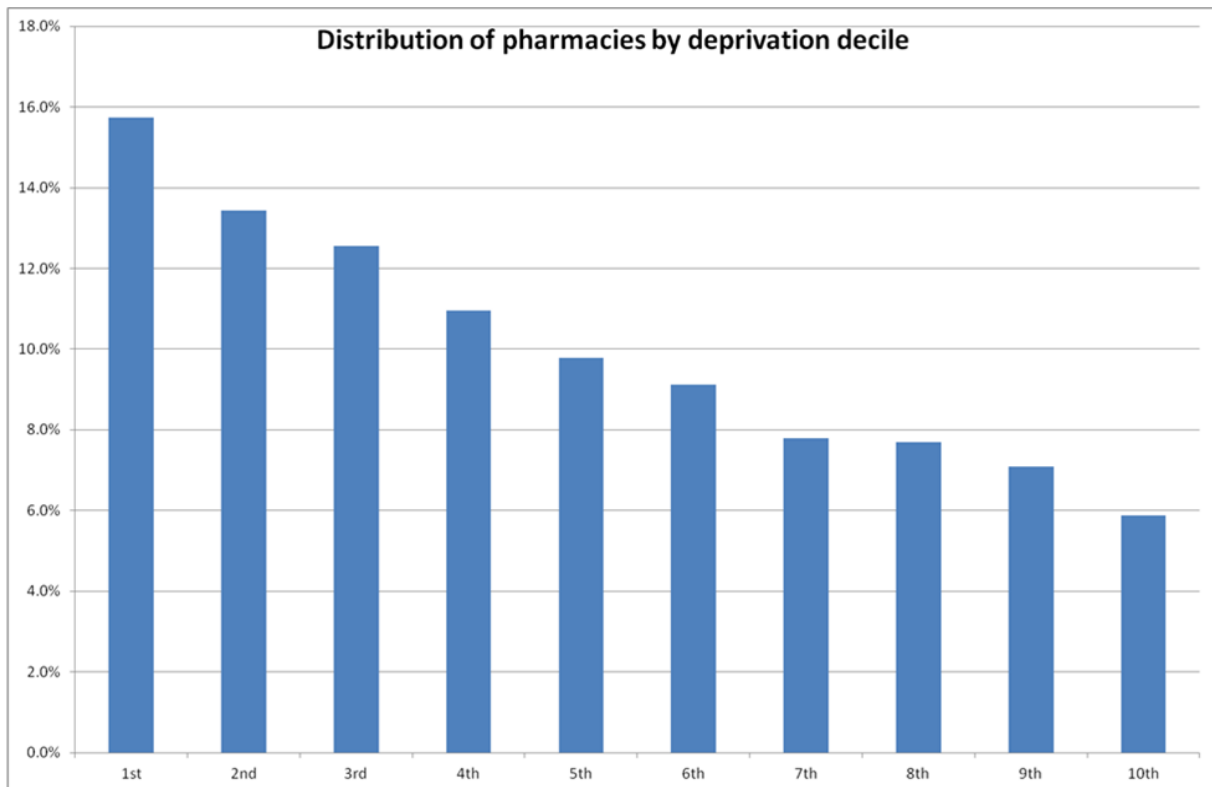
The services and proposals set out in this briefing document would all be compatible with the development of community pharmacies in line with this overarching vision.

## **Community pharmacy and health inequalities**

### **Access to pharmacies in deprived areas**

In 1971, academic Julian Tudor Hart described the inverse relationship between deprivation and healthcare provision, i.e. that those with the highest need for healthcare suffer from the worst access. Deprived areas tend to have a lower ratio of GPs and nurses to patients, and where the ratio is lower it is harder for patients to get appointments<sup>v</sup>.

This is not, however, true for pharmacies. Todd et al, writing for the British Medical Journal, were able to demonstrate that there are more pharmacies in the most deprived decile<sup>v</sup>.



*NPA analysis 2016*

We believe there is considerable scope, if community pharmacy services are upscaled, to improve access to healthcare for some of our most deprived communities, contributing to the reduction of health inequalities.

### **Community pharmacy supporting the prevention agenda**

As part of the core national pharmacy services, pharmacy teams can offer opportunistic one-to-one advice on healthy lifestyle topics to certain patient groups who present prescriptions for dispensing. This may of course include giving advice to older people to help them to stay as healthy as possible.

Nationally, community pharmacies are also commissioned to provide flu vaccinations as part of the NHS annual flu campaign. This means that they can vaccinate all patients in at-risk groups, including those aged 65 years or over and those with chronic, long-term health conditions.

Many pharmacies are also commissioned to offer public health services by Local Authorities in order to meet the needs of their population. A wide range of public health services are currently commissioned at a local level across parts of England including:

- Stop smoking services;
- NHS Health Checks;
- Sexual health services; and
- Weight management services

Community pharmacies have a track record in delivering these services, and they are producing positive outcomes, notably for people in deprived or vulnerable circumstances. As community pharmacies are uniquely well positioned to reach out to the population – including ‘apparently well’

people – on a large scale, there is considerable public health benefit to be gained by extending the range and reach of these services.

Below we highlight a number of these services, some nationally commissioned and some currently only local, to show how they are already helping people to lead healthier lives and could be scaled up for further benefits.

### **Neighbourhood health and wellbeing centres**

Pharmacies are capable of developing into neighbourhood health and wellbeing centres, becoming the ‘go-to’ destination for support, advice and resources on staying well and living independently.

#### **Community Pharmacies as health and wellbeing hubs: what will this look and feel like for people using pharmacy services?**

- Everyone will be able to rely on a community pharmacy to provide information and advice about healthy lifestyles in a safe, professional and friendly environment. They can expect community pharmacy team members to be well informed about and connected to other local services and sources of health, wellbeing and social care support.
- Every time someone receives a supply of a medicine from a community pharmacy, they will have the opportunity to ask questions and receive information and advice about how to improve their overall health and wellbeing. They know community pharmacy team members will be supportive and knowledgeable, and will help them take their own decisions about how to manage existing conditions, reduce their risk of developing other health problems and stay as well as possible.
- Anyone can access high quality, personalised support for lifestyle and behaviour change from a community pharmacy, at convenient and flexible times and in a welcoming, supportive environment. This face-to-face interaction is enhanced and reinforced with access to online resources, apps and other digital tools.
- Community pharmacists will be able to provide a wide range of products and resources that people can increasingly adopt and use to help them keep well – for instance wearable devices and apps – and are trusted to provide evidence-based advice that helps people maximise the benefit, ensure their safety and align their use as necessary with medicines and any NHS or local government funded public health services.
- People receive help in maintaining their mental, as well as physical, health and wellbeing from community pharmacy teams. Community pharmacies are locations where people who might otherwise be isolated can always have regular social contact and interaction. For those experiencing or at risk of mental health problems, their community pharmacy team – familiar with the individual’s circumstances and usual routines – operates as part of their extended community support network, observant and responsive to any changes in mood or behaviour and offering signposting and referral for further support if required.

\*These build on existing pharmacy services

## **Case Study Evidence: Healthy Living Pharmacies**

The Healthy Living Pharmacy (HLP) concept was developed in Portsmouth in 2009 with support from the Department of Health and Social Care (DHSC), the Director of Public Health and the Local Pharmaceutical Committee following the publication of the 2008 White Paper, *Pharmacy in England: building on strengths, delivering the future*.<sup>v</sup> The White Paper described a vision to develop community pharmacies from being suppliers of medicines to become Healthy Living Centres providing self-care advice and treatment for common ailments and healthy lifestyle interventions, in addition to providing the safe supply and use of prescribed medicines.

The HLP framework was launched and in September 2010, Portsmouth HLPs delivered positive interim results<sup>vi</sup>. In March 2011, the national pharmacy bodies started working with DH to launch the HLP pathfinder programme, which resulted in an evaluation being published in April 2013.

Of a sample of over 1,000 individuals who used the services delivered by HLPs, the results showed that:

- 21% of people surveyed wouldn't have sought another option if they hadn't been able to access the pharmacy service, meaning that they would have lost the health benefit gained from visiting the HLP<sup>vi</sup>;
- 60% of people surveyed would have chosen to visit a GP if they hadn't been able to access the pharmacy service, meaning demand on those services could have increased<sup>vi</sup>; and
- 98% would have recommended the service to others<sup>vi</sup>.

Following this, Public Health England (PHE) adopted the concept and supported the roll out in pharmacies across the country. More than 9,400 pharmacies (c. 80%) are now accredited as a Healthy Living Pharmacy<sup>vii</sup>, but with additional commissioning these pharmacies could do much more to help people both to stay healthy and to manage any minor conditions as needed.

## **National Delivery of NHS HealthChecks**

### **Delivery of the service**

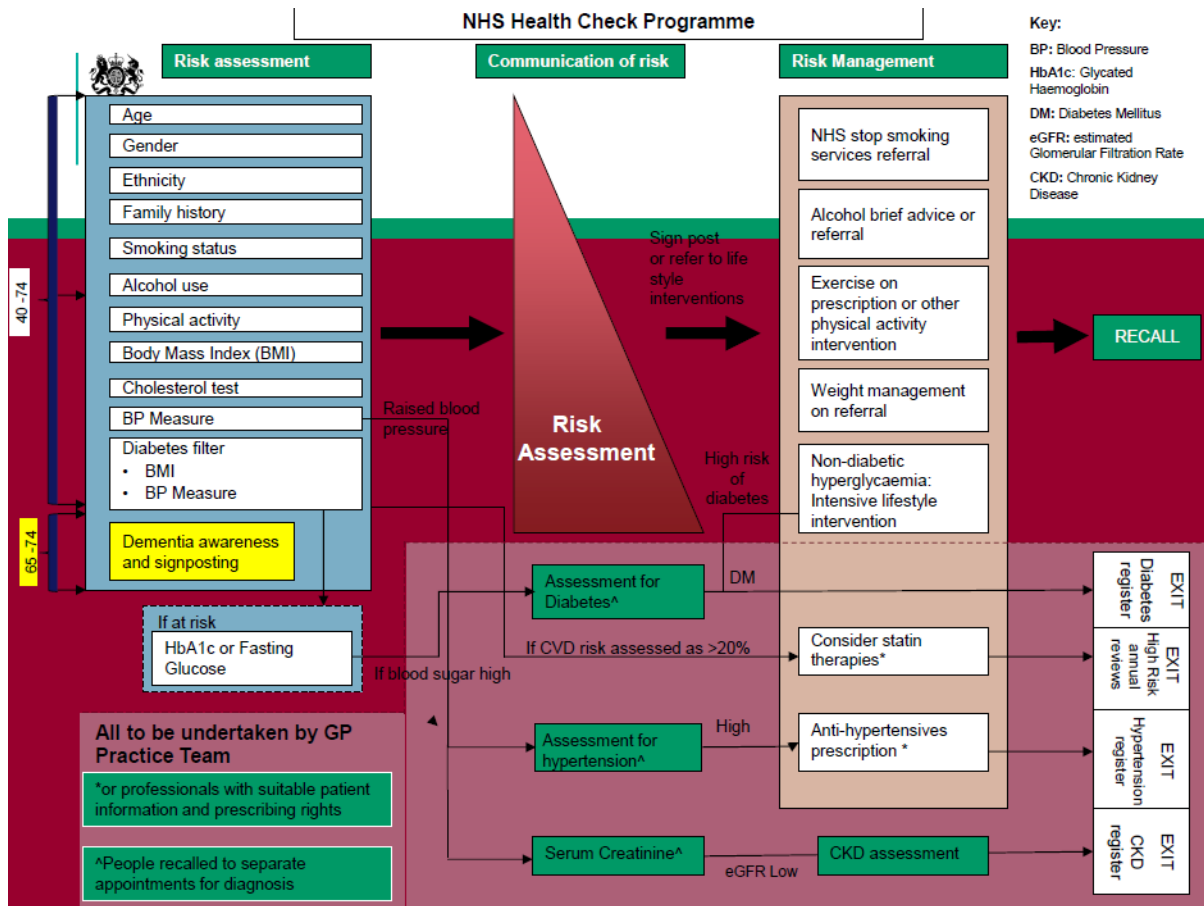
We believe that the NHS Health Check should be available in pharmacies across the entire country. Local commissioning of this service is currently patchy.

A recent PHE commissioned report '*Emerging evidence on the NHS health check: findings and recommendations*'<sup>viii</sup> reiterates the importance of NHS Health Checks and their role in the prevention and management of cardiovascular events and add that a whole-systems approach is necessary to address any gaps. The report also adds that the NHS Health Check can help tackle health inequalities "as the burden of early death from cardiovascular disease is three times higher in the most deprived communities compared with the least deprived".

As there are more pharmacies in areas of deprivation (as described above) it follows that a nationally commissioned NHS Health Check service through community pharmacy could help to address these gaps.

### **The Pathway:**





In 2013, PHE produced a report highlighting the importance of routine Health Checks, and goes on to make the case, that community pharmacies and their 'unique selling point' of being the 'trusted health professionals on the high street' in addition to their 'long opening hours' would 'attract people who may not access conventional NHS services or GPs'.

By introducing the risk assessment element of the NHS Health Check Programme, as shown above<sup>ix</sup>, as part of the referral to the community pharmacist, the community pharmacist would be in a position to provide a complete immediate and preventative healthcare solution to the individual.

## National Delivery of NHS Health Checks

### Follow-up care for patients

Following the NHS Health Check community pharmacists would then be able to offer healthy lifestyle advice such as on diet, smoking cessation, physical activity and alcohol consumption.

In some cases, where the NHS Health Check leads to further investigations and a diagnosis, in collaboration with the GP, of a condition such as hypertension or diabetes, pharmacies may then be able to take on some of their routine management of those patients, helping patients to build the knowledge, skills and confidence to do more to manage their own health and care.

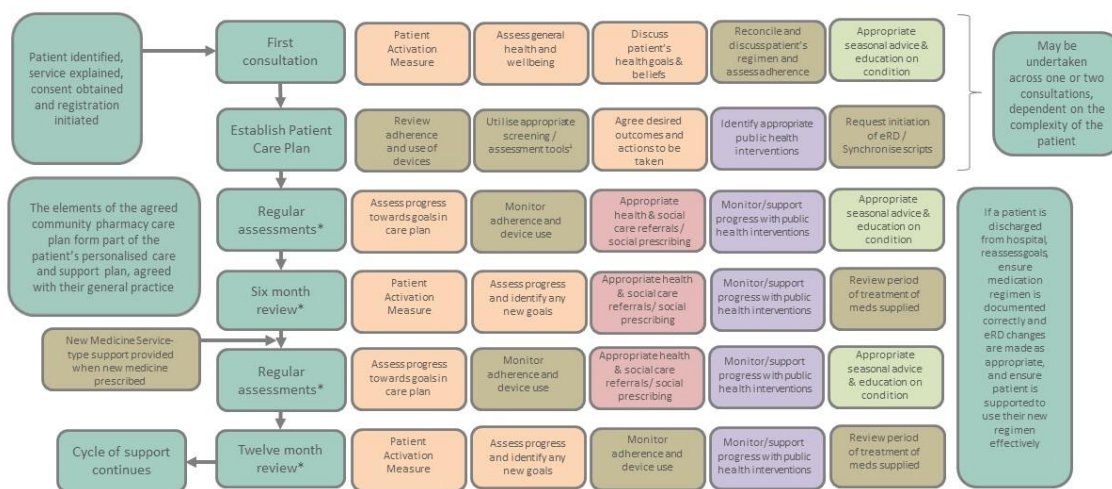
In particular, some patients with long-term conditions including many older people, would benefit from regular support to help them get the best outcomes from their medicines and to better manage their conditions. PSNC recently put forward a proposal for a Community Pharmacy Care Plan service



which would enable this, giving those who need it more regular access to structured consultations with a community pharmacist who can support them and help them to meet their health goals<sup>x</sup>.

The conversations with the pharmacist could take place on a regular basis, perhaps linked to patients' visits to the pharmacy to collect medicines. The conversations should help people to manage any symptoms, and to reduce both the impact that their condition has on their life and the risk of more serious complications. They will also give patients a key point of contact with the health service, who they can seek advice from whenever they need to. Patients would work with their pharmacist to develop a care plan, giving them key actions and advice to help them to manage their long-term conditions and to lead the life they wish to. An illustrative patient pathway through such a service is outlined below (a larger version of this is included as Appendix 1).

### Illustrative CPCP service patient pathway



eRD – the NHS electronic Repeat Dispensing service  
 \* Consultations usually occur when the patient is due to collect their next set of eRD prescriptions; patient's need for individual eRD items is checked before each supply. Domiciliary consultations would be necessary for some patients.  
 ‡ e.g. STOPP/START, ACT, CAT, Frailty/Falls/Independent Living assessment, Pain score

Earlier this year the All-Party Pharmacy Group (APPG) held an inquiry into community pharmacy and its role in helping people with long-term conditions: *In Good Health*<sup>xi</sup>. The group heard from organisations representing patients with a range of long-term conditions and concluded that community pharmacies would be ideally placed to help give patients with one or more condition access to a care plan, giving them control over how their condition is managed, and allowing them to set goals for treatment and review progress with a healthcare professional regularly.

In addition to such a Care Plan service, pharmacies could also offer support for patients such as medicines optimisation services following discharge from hospital, annual checks on their medicines for instance to review dosage or adherence, ongoing measurement of patient activation, or services such as a blood pressure management service.

### Case Study Evidence: Community Pharmacy Care Plan Service

A demonstrator pilot took place in community pharmacies in West Yorkshire, aimed at patients with long-term conditions. As part of the service, each eligible patient had one-to-one discussions with a pharmacist to explore and identify personalised health goals and agree on actions. The pharmacist also assessed the patient's adherence to prescribed medicines and discussed optimisation of the use of their medicines. The service used validated clinical tools to support the provision of care to the

patient, such as the [Patient Activation Measure](#) (PAM), which assesses the knowledge, skill and confidence a person has in managing their own health and health care.

Over a 12-month period, 38 community pharmacies supported 378 patients through the service<sup>xii</sup>. 93% of patients who attended the first appointment agreed one or more health goals with the pharmacist and nearly 40% of those patients achieved one or more of them<sup>xii</sup>.

Patients enrolled in the service showed an improvement over 12 months in key clinical and process metrics, such as patient activation, adherence, blood pressure and quality of life. The mean incremental cost associated with the intervention was estimated to be £202.91 (95% CI 58.26 to £346.41) and the incremental QALY gain was 0.024 (95% CI 0.014 to 0.034), giving an incremental cost per QALY of £8,495<sup>xix</sup>. The researchers therefore concluded: “Results also suggest that the service would be cost-effective to the health system even when using worst case assumptions”<sup>xii</sup>.

### **Smoking Cessation: from local to national**

At present, many prevention and public health services through pharmacies are commissioned locally. We would like to see some services, where there is a clear national public health priority to be met, being commissioned nationally. This has successfully happened with the flu vaccination service, and an obvious next choice would be smoking cessation services.

In April 2016, a review of community pharmacy clinical services was commissioned by NHS England’s Chief Pharmaceutical Officer to help inform him about the future provision of clinical pharmacy services. The review was informed by a steering group, but was carried out independently by Richard Murray, Director of Policy at the King’s Fund. The report concluded that there needs to be “renewed efforts to make the most of the existing clinical services that community pharmacy can provide and to do so at pace”<sup>xiii</sup>. It set out a number of recommendations for the future development of community pharmacy services including: ‘Consideration of making smoking cessation services an element of the national contractual framework.’

Simon Stevens, NHS England’s Chief Executive, told MPs on the Health and Social Care Committee in July 2018: “It’s pretty clear we are going to have push harder on smoking, and smoking cessation is part of that. That can’t all be done through local authority commissioned services. I think we are going to have to look at whether the NHS can imbed smoking cessation in more of the routine contacts we have with vulnerable groups who are smoking.”

### **Case Study Evidence: Community Pharmacy Flu Vaccination Advanced Service**

The Flu Vaccination Service is an example of how a pharmacy public health scheme initially commissioned locally can be developed successfully into a national scheme.

Since 2015/16, community pharmacies have been commissioned nationally by NHS England to administer NHS flu vaccinations to some eligible patient groups. The service has grown from year to year, with community pharmacists in England administering 1,344,462 flu vaccinations to patients under the national NHS Flu Vaccination Service in 2017/18<sup>xiv</sup>.

The number of community pharmacies which provided the national NHS Flu Vaccination Service in 2017/18 was 8,987 (77.1% of all community pharmacies in England), and the average number of vaccinations carried out by each participating pharmacy was 150, although one contractor greatly exceeded this by completing over 1,000 vaccinations<sup>xiv</sup>.

Collated results of the patient questionnaire for the Flu Vaccination Service in 2016/17 showed that the community pharmacy service was highly valued by patients. The headline figures included:

- 98% of patients were very satisfied with the service<sup>xv</sup>;
- 99% would be willing to have a flu vaccination at a pharmacy again<sup>xv</sup>;
- 99% would recommend the service to family and friends<sup>xv</sup>;
- 15% said they might not have had a flu vaccination if the service had not been available in the pharmacy<sup>xv</sup>;
- 10% did not have a flu vaccination in the previous year<sup>xv</sup>; and
- 64% previously had a flu vaccination in another setting and swapped to pharmacy<sup>xv</sup>.

### **Improving access to contraception**

The determinants of good health and health inequalities are complex and go well beyond the NHS and health services in general. Health inequality is deeply rooted, difficult to turn around and driven by a variety of factors. Nevertheless, the NHS and other commissioners of health services have a duty to address the issue.

Currently, emergency hormonal contraception (EHC) is being commissioned by over 90% of Local Authorities<sup>xvi</sup>. Five local authorities commissioned the oral contraception service and one local authority commissioned a fitting service for long-acting reversible contraception across three pharmacies. This against a backdrop of 32 local authorities which closed contraceptive services in 2016/17, half of councils have cut spending on contraception in the current financial year, and over one-third of local authorities have reduced or plan to reduce the number of sites commissioned to deliver contraceptive services since 2015.

Unplanned pregnancies can lead to a number of additional costs to the public purse. A nationally commissioned first contraception service through community pharmacy would also have a positive social impact. The PwC report found a total net value of £24.9 million of short term benefit as a result of the emergency hormonal contraception service alone, suggesting that a national contraception service would realise further financial and social benefits<sup>iii</sup>.

Community pharmacies also provide some additional sexual health services such as chlamydia screening and treatment. It is suggested that a full service through the community pharmacy would provide a complete healthcare solution from screening through to treatment and help in part to address the health inequalities in some deprived areas.

### **Hepatitis C testing pilot for socially isolated group**

Other local pharmacy schemes in the public health sphere should also be considered for scaling up to the national level. Once such is testing for the Hepatitis C virus (HCV).

Nine community pharmacies in London took part in the London Joint Working Group on Substance Use and Hepatitis C pilot with the aim of providing point-of-care HCV testing to people accessing needle and syringe programmes<sup>xvii</sup>.

Although comprehensive testing and referral routes already exist, they are not far-reaching enough for those who are not engaged or are intermittently engaged with community drug services. It was therefore determined that pharmacies that offer needle and syringe programmes could also provide opportunistic point-of-care HCV testing.

The pilot involved community pharmacy teams conducting oral swab tests on needle and syringe programme users. All those who accepted a test were provided with pre-test counselling and literature on HCV. Test results were available within 20-40 minutes and service users could either wait for them or return at a later time. In order to encourage return for the test results, service users were offered a voucher for a high street supermarket. Service users who tested positive were referred directly to a secondary care service for further testing and treatment if required. Those who tested negative were advised to re-test in 3-6 months' time<sup>xvii</sup>.

### **Case Study Evidence: Hepatitis C testing pilot results**

A total of 178 tests which fulfilled the inclusion criteria were completed from 18th October 2017 to 20th March 2018. Key findings in the evaluation include:

- 53% tested positive for HCV antibodies and 47% of these were told for the first time that they were HCV antibody positive<sup>xvii</sup>;
- 78% of those engaging with further assessment in secondary care had chronic HCV and were HCV ribonucleic acid positive<sup>xvii</sup>;
- 57% of those tested did not know that interferon-free treatment was available<sup>xvii</sup>; and
- 84% of those tested would prefer to receive HCV antiviral therapy in the community pharmacy they visit for the needle and syringe programme<sup>xvii</sup>.

## **Conclusions**

Community pharmacies already make a significant contribution to improving public health and wellbeing through the commissioned public health services that they deliver, the social support and contact they provide and their wider role as employers and responsible businesses.

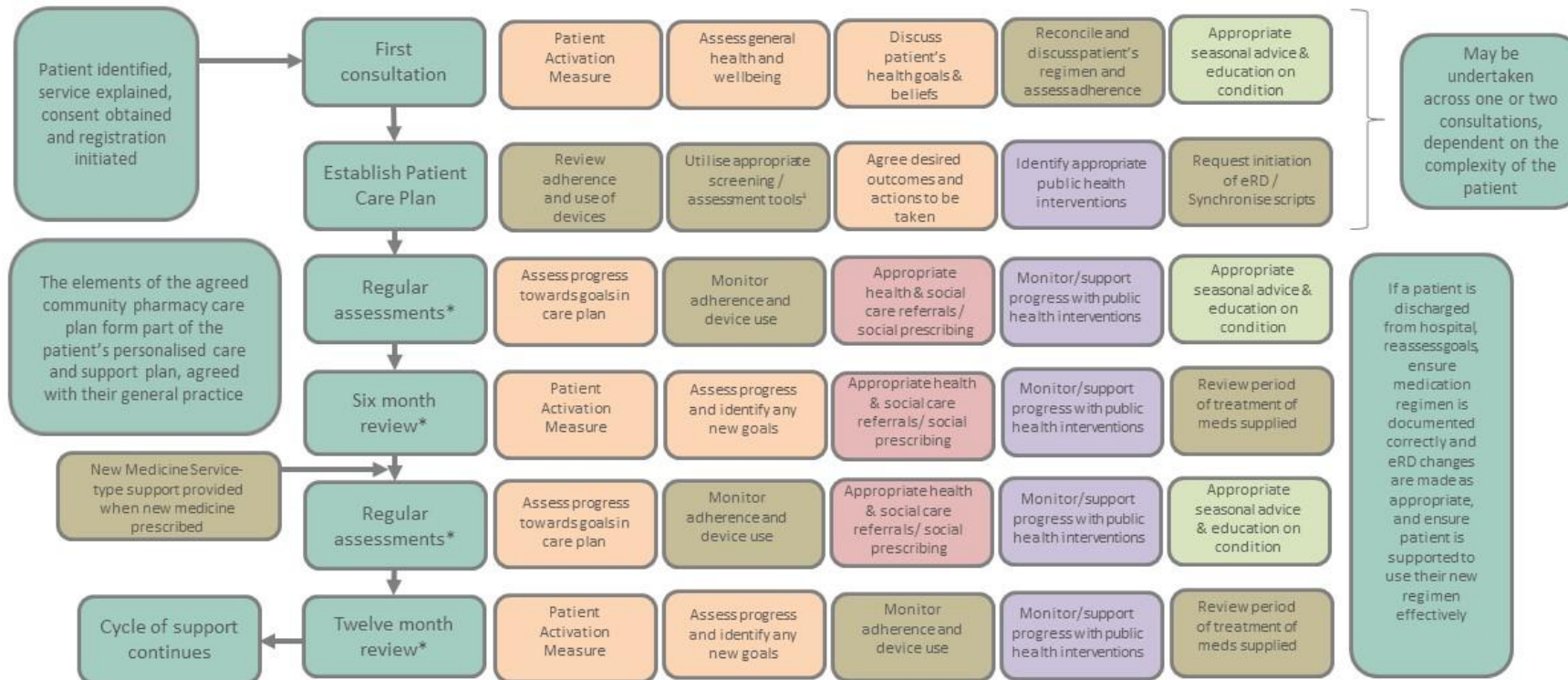
However, there is significant potential to expand and enhance this contribution and to increase the role that community pharmacies can play in reducing health inequalities and preventable disease and deaths

Our vision is that, in future, all community pharmacies will operate as neighbourhood health and wellbeing centres, being the 'go-to' location for support, advice and resources on staying well and independent. Building on the development of the Healthy Living Pharmacy model, the safe and efficient supply of medicines managed by pharmacist-led teams will remain at the core of this community pharmacy offer, but will be recognised as one component of a broader set of resources and services available within these health and wellbeing centres.



## Appendix 1

# Illustrative CPCP service patient pathway



eRD – the NHS electronic Repeat Dispensing service

\* Consultations usually occur when the patient is due to collect their next set of eRD prescriptions; patient's need for individual eRD items is checked before each supply. Domiciliary consultations would be necessary for some patients.

‡ e.g. STOPP/START, ACT, CAT, Frailty/Falls/Independent living assessment, Pain score

## References

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- <sup>i</sup>BMJ Open (2014) [‘The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England’](#)
- <sup>ii</sup>NHS Digital (2017) [‘Prescription Cost Analysis’](#)
- <sup>iii</sup>PwC (2016) [‘The Value of Community Pharmacy’](#)
- <sup>iv</sup>PSNC and Pharmacy Voice (2016) [‘The Community Pharmacy Forward View: Executive Summary’](#)
- <sup>v</sup>BMJ Open (2014) [‘The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England’](#)
- <sup>vi</sup>PSNC (2013) [‘Evaluation of the Healthy Living Pharmacy Pathfinder Work Programme’](#)
- <sup>vii</sup>NHS England (2017) [‘Pharmacy Quality Scheme’](#)
- <sup>viii</sup>Public Health England (2017) [‘Emerging evidence on the NHS Health Check: Findings and recommendations’](#)
- <sup>ix</sup>Public Health England (2013) [‘NHS Health Check implementation review and action plan’](#)
- <sup>x</sup>PSNC (2018) [‘Community Pharmacy: Developing Services for the Future’](#)
- <sup>xi</sup> All-Party Pharmacy Group (2018) [‘In Good Health: A Report Following the All-Party Pharmacy Group’s 2018 Inquiry into Long-Term Conditions’](#)
- <sup>xii</sup> Research in Social and Administrative Pharmacy (2018) [‘The Pharmacy Care Plan Service: Service Evaluation and Estimate of Cost-Effectiveness’](#)
- <sup>xiii</sup>NHS England (2016) [‘Community Pharmacy Clinical Services Review’](#)
- <sup>xiv</sup>NHS Business Services Authority (2018) [‘Flu Vaccination Data for 2017/18’](#)
- <sup>xv</sup>NHS England (2017) [‘Community Pharmacy NHS Flu Vaccination Service 2016/17: The Patient Verdict’](#)
- <sup>xvi</sup>BMJ (2016) [‘A cross-sectional study using FOI requests to evaluate variation in local authority commissioning of community pharmacy public health services in England’](#)
- <sup>xvii</sup>London Joint Working Group on Substance Use and Hepatitis C (2018) [‘HCV Testing in NSP Community Pharmacies Pilot’](#)