High quality care for all, now and for future generations: transforming urgent and emergency care services in England – the evidence base from the urgent and emergency care review

Royal Pharmaceutical Society Response

We are pleased to see that the document states that 'Community pharmacy services can play an important role in enabling self-care, particularly amongst patients with minor ailments and long-term conditions' and we would agree that 'there is little public awareness of the range of services provided by pharmacists'. This is not helped by the fact that NHS 111 services do not generally incorporate pharmacy services as an end point, only about 20 endpoints of the NHS pathways involve pharmacy. NHS Direct used community pharmacy as the fourth disposition and we would like to see pharmacy services become more integral to NHS 111.

We believe that pharmacy can offer part of the solution to emergency and urgent care, pharmacists are accessible out of hours and when GP surgeries are closed. Pharmacists are trained to triage patients; treating those they can and referring the others to appropriate services. Pharmacists can intervene where patients make a wrong self diagnosis, self care is no longer appropriate or where inappropriate requests or abuse of medicines may be occurring.

Research carried out by PriceWaterhouseCoopers and the association of Finnish Pharmacies suggests that pharmacy expertise reduced the need for prescriptions by 2.6 million over a year. By routinely using pharmacists for consultations, rather than going directly to the doctor, GP visits were reduced by 6.2 million and there were three quarter of a million fewer trips to accident and emergency and 123,000 fewer nights in hospitals. Overall this saved around £450 million[1]

If it is the intention of NHS England to really transform urgent and emergency care services then we believe that they should establish pharmacy as a method of doing that. This would involve developing a process where pharmacy is the first point of call for minor / common ailments at a national level, ensuring pharmacists have greater oversight of medicines in complex cases, particularly for vulnerable adults, and enabling pharmacists to take an active role in the delivery of urgent and emergency care services.

The role of pharmacy in the prevention of emergency and urgent care

Pharmacy is ideally placed to triage and treat patients and keep them out of accident and emergency units. Pharmacists can support self care either through NHS minor ailment schemes; advising when buying GSL and P medicines; supplying medicines via a Patient Group Direction(PGD) and for those pharmacists who are independent prescribers, prescribing relevant medicines for patients. The success of the delivery of emergency hormonal contraception through pharmacy highlights the important role pharmacists can play in emergency and urgent care.

A number of community pharmacies deliver a minor / common ailment service commissioned via the NHS. Commissioning of such a service is variable across the country with some areas having no provision. These minor/ common ailment schemes help to educate patients and the public to access

[1] Pharmacy Professional: October 2010. Lessons from Scandinavia and a drug dispensing machine.

the right healthcare professional for their symptoms and condition thereby encouraging effective use of NHS services. However pharmacy could be even more involved in the triage of patients by becoming an integral part of a National Pharmacy First scheme. The Pharmacy First scheme enables pharmacists to provide advice and treatment on a range of minor health problems. This commissioned service is free to patients at the point of delivery. The pharmacy first scheme covers a range of short-term drug treatments and patients registered on the scheme can see their pharmacist up to twice for most conditions in the scheme. Health problems covered by the scheme include: headache, cold, sore throat, fever, hay fever, constipation, mouth ulcers, indigestion, athletes foot, head lice, diarrhoea, thrush, bites and stings, contact dermatitis, back pain, cough, teething and sprains and strains. Patients obtain a voucher for the scheme from their GP surgery which they then take to their pharmacy where they are then registered for advice and treatment.

A Bow Group report stated that 'it is estimated annually that 57 million GP consultations concern minor ailments, which in large could be dealt with at a pharmacy. The average cost of a pharmacy consultation (£17.75) versus an average GP consultation (£32) is £14.25 less expensive. If all patients with minor ailments received pharmacy consultations, then over £812 million could potentially be saved from the NHS budget equating to over 4% of the Government's pledged £20 billion efficiency savings target.'[2] A recent study aimed to explore the effect of Pharmacy Minor Ailment Schemes (PMASs) on patient health- and cost-related outcomes; and their impact on general practices. It concluded that low reconsultation and high symptom-resolution rates suggest that minor ailments are being dealt with appropriately by PMASs. PMAS consultations are less expensive than consultations with GPs. This evidence suggests that PMASs provide a suitable alternative to general practice consultations.[3]

In Wales they are currently rolling out a common minor ailment scheme across 2 test sites with a plan to extend as an all Wales scheme.[4] Patients have to register to receive the services and to enable this pharmacists have access to the Welsh demographics service.

To enable community pharmacists to provide these urgent and emergency care services they would require access to the patient record. Currently the majority of community pharmacists do not have such access. We would encourage access to the patient record for all healthcare professionals who have a legitimate relationship with the patient and for the direct benefit to patient care.

Medicines Optimisation is all about getting the best outcome for patients from their medicines and pharmacists have a key role in supporting patients to do this. The NHS spent £13.8 billion on medicines in the UK last year[5] and around £300 million of medicines are wasted, half of which is avoidable[6]. We know that adverse drug reactions account for 6.5% of unplanned hospital admissions and over 70% of these are avoidable[7] and that 30-50% of patients don't take their medicines as

[2] http://www.bowgroup.org/policy/delivering-enhanced-pharmacy-services-modern-nhs-improving-outcomes-public-health-and-long
[3] http://www.ingentaconnect.com/content/rcgp/bjgp/2013/00000063/00000612/art00026
[4] http://www.wales.nhs.uk/sites3/Documents/498/CAS%20Service%20Specification.pdf
[5] Office of Health Economics Health Statistics and Information
[6] http://php.york.ac.uk/inst/yhec/web/news/documents/Evaluation_of_NHS_Medicines_Waste_Nov_2010.pdf
[7] http://www.bmj.com/content/329/7456/15

intended[8]. If patients are not taking their medicines as intended then this means they are not getting the health benefits from taking their medicines and are more likely to end up in hospital as an emergency admission. Vulnerable patients, such as those with learning disabilities or those living in care homes are even more at risk of errors with their medicines[9] . If NHS England truly believes that the optimisation of medicines can improve patient outcomes and gain better value for the funding invested in medicines then they need to ensure that the systems and processes in the NHS enable and encourage healthcare professionals to deliver medicines optimisation services for patients' benefit.

There is a lack of recognition of how valuable time spent with vulnerable patients is in improving their pharmaceutical care. Pharmacists need time and access to talk to patients about their medicines. Currently the majority of pharmacists' time in the community is spent on dispensing and the clinical check, this imbalance needs to alter to time spent with patients discussing their pharmaceutical care and health goals from pharmaceutical intervention. To facilitate this clinical pharmacy services should be available to every care home, and house bound patient. Medicines Use Reviews (MURs) are most helpful to the frail and elderly and those with polypharmacy but many such patients are housebound or resident in a care home. Currently, community pharmacists are only able to undertake an MUR within their pharmacy premises unless permission is granted from the Area Team for the MUR to be carried out in another specified location.

There needs to be a re-focusing of the system so pharmacists play a much bigger role in helping people with long-term conditions manage their medicines better. Patients with LTCs are the most frequent users of healthcare services, accounting for 50% of all GP appointments and 70% of the health and social care budget, the right use of medicines is absolutely critical for this group of patients and the NHS. Pharmacists see patients with a LTC on a regular and frequent basis and this provides an opportunity for them to help optimise the medicines for the individual patient, thereby getting the best patient outcomes and health gains and potentially preventing a hospital admission and the need for emergency care.

The range of public health services should be extended and should take full advantage of community pharmacies and the trained support staff who work there. Public health should be integrated into routine pharmacy consultations.

The role of pharmacy in the delivery of emergency and urgent care

The document states that 'National workforce analysis highlights a growth in the GP workforce in England however, local variation exists in unequal access to GPs between areas of high and low deprivation'. The location of community pharmacies supports the local communities and a number of pharmacies are sited in towns and communities with high levels of deprivation, higher than average morbidity and low levels of health literacy[10] where there is little other healthcare provision.

[8] http://www.bowgroup.org/policy/delivering-enhanced-pharmacy-services-modern-nhs-improving-outcomes-public-health-and-long

[9] http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhep/psrp/finalreports/PS025CHUMS-FinalReportwithappendices.pdf

[10] http://www.pharmacy.manchester.ac.uk/cpws/publications/Bulletins/bulletinn5.pdf

This means that often the only health provision in a community with a high level of deprivation is a community pharmacy. So, particularly in these areas of low deprivation, community pharmacy could be used as a first port of call for appropriate urgent and emergency care scenarios.

In general, access to community pharmacies is extremely good and many pharmacies are open outside of the normal working hours, with access to an expert in medicines and their use. 99% of the population can get to a pharmacy within 20 minutes by car, 96% by walking or using public transport. Due to this accessibility, community pharmacies should be integrated more into local emergency and urgent care services.

In Scotland pharmacists are part of the out of hours NHS 24 telephone answering service and in addition community pharmacies are included in the referral system so that patients are directed to their nearest pharmacy if their call is for a minor ailment, or needs a visual examination to determine how serous it might be and for urgent supplies of repeat medication. Repeat medicines for long term conditions are supplied under a national Patient Group Direction (PGD) to avoid the need for an out of hours doctor appointment or supply from Accident and Emergency. In addition community pharmacists are able to directly refer and make appointments at the local out of hours centres if they consider a patient needs urgent medical attention , thereby streamlining the patient journey and avoiding a call to NHS 24 while also reducing the potential for unwarranted attendance at A and E.

In an emergency and under certain conditions a pharmacist working in any registered pharmacy can supply a prescription only medicine to a patient without a prescription if requested by the prescriber or the patient[11].

There are a number of local emergency medicines supply schemes operating in England.

For example the 'Urgent supply of repeat medication scheme' in Cornwell: About 630 interventions a month across the county are undertaken and this peaks in the holiday times. In the summer holiday period the scheme is also run in hours as well as out of hours. Last August (2012) 1358 interventions were made, 795 out of hours and 563 in hours, so this meant that 1358 people did not need to access either the GP surgeries or the Out of Hours GP service.

Conclusion

In conclusion we believe that pharmacist involvement in emergency and urgent care is currently an under utilised resource. Pharmacists have the skills to both prevent the need for some emergency admissions and also to provide urgent and emergency care services.

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[11] Medicines, Ethics and Practice: The professional guide for pharmacists, Edition 37 July 2013. Page 38

For further information or any queries you may have on our consultation response please contact Heidi Wright at heidi.wright@rpharms.com or 0207 572 2602.

About us

The Royal Pharmaceutical Society (RPS) is the professional body for every pharmacist in Great Britain. We are the only body that represents all sectors and specialisms of pharmacy in Great Britain.

The RPS leads and supports the development of the pharmacy profession to deliver excellence of care and service to patients and the public. This includes the advancement of science, practice, education and knowledge in pharmacy and the provision of professional standards and guidance to promote and deliver excellence. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

Its functions and services include:

Leadership, representation and advocacy: Ensuring the expertise of the pharmacist is heard by governments, the media and the public.

Professional development, education and support: helping pharmacists deliver excellent care and also to advance their careers through professional advancement, career advice and guidance on good practice.

Professional networking and publications: hosting and facilitating a series of communication channels to enable pharmacists to discuss areas of common interest, develop and learn.