

## Refreshing the Mandate to NHS England: 2014 - 2015 Royal Pharmaceutical Society response

### General comments

The comments we made in response to the consultation 'Developing our NHS care objectives: A consultation on the draft mandate to the NHS Commissioning Board' in 2012 were not addressed so we reiterate them below:

#### ***Revolutionising the use of medicines:***

We are extremely disappointed that this draft mandate contains next to nothing on medicines as, behind staff costs, expenditure on medicines is the highest cost to the NHS at £13.8 billion per annum (2011/12).

It is well known that around 30 - 50% of medicines are not taken as the prescriber intended<sup>1</sup>, thereby causing a decline in the patient's health and potentially ending up with patients being admitted to hospital. The prescribing and supply of medicines is by far the most frequent intervention made within the NHS and the expenditure on medicines dispensed through community pharmacy continues to increase with a total in 2011 of over £8.5 billion<sup>2</sup>. In 2009, adverse drug reactions were estimated to cost the NHS in England £637 million a year<sup>3</sup>. Pharmacists, as the experts in medicines use, can have a beneficial impact in this high cost area for the NHS. They have the skills and expertise to maximise the investment made in medicines and minimise the risks thereby improving efficiency and quality of patient care. Pharmacists must be at the heart of medicines optimisation, they are leaders as well as clinicians, and medicines optimisation needs to become a central agenda for the NHS.

As medicines are an increasingly important part of treating patient's ill health, we feel that the unique role of pharmacists, as the experts in drug treatment, will be central to both the quality of outcomes and gaining the best value from the NHS drugs bill. A number of recent studies have highlighted the important role of pharmacists in improving patient outcomes where medicines are concerned.<sup>456</sup> These studies demonstrate that when pharmacists are sited in the correct place in the system they can have a beneficial impact on prescribing errors, medicines waste and hospital admissions. Pharmacists must be involved when care pathways are being developed as almost all care pathways will involve medicines and pharmacist are the experts in medicines optimisation.

Because pharmacists are the experts in medicines use at both operational and strategic level, they must be involved in the redesign of services as new care pathways are formed.

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<sup>1</sup> National Institute for Health and Clinical Excellence (2009) Clinical Guideline 76; Medicines Adherence.

<sup>2</sup> <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions/prescription-cost-analysis-england--2011>

<sup>3</sup> Davies EC, Green CF, Taylor S, Williamson PR, Mottram DR, et al. (2009) Adverse Drug Reactions in Hospital In-Patients: A Prospective Analysis of 3695 Patient Episodes. PLoS ONE 4(2): e4439.doi:10.1371/journal.pone.0004439

<sup>4</sup> <http://www.gmc-uk.org/about/research/12996.asp>

<sup>5</sup> <http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhep/psrp/finalreports/PS025CHUMS-FinalReportwithappendices.pdf>

<sup>6</sup> <http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhep/psrp/finalreports/PS024PINCERFinalReportOctober2010.pdf>

The successful management of long term conditions is critical to the future sustainability of the NHS. As the majority of patients with a long term condition will be taking at least one medicine, pharmacists need to be fully involved in the management of long term conditions.

### ***Supporting the public's health***

We believe that pharmacists are central to the delivery of public health as it evolves within the new Public Health Service. Pharmacies are sited in accessible locations and are open at times convenient to the public. Pharmacists often advise members of the public who do not access other NHS services. Pharmacists see healthy members of the public or those with undiagnosed conditions who are not interacting with other providers of NHS services. Therefore, they have a fundamental role in the delivery of health improvement services and a key role in the reduction of health inequalities. As the NHS moves towards a health service rather than an illness service, pharmacists can play a crucial role in the prevention of ill health which can also result in cost efficiencies in the system.

A Bow Group report '*Delivering Enhanced Services in a Modern NHS: improving Outcomes in Public Health and Long Term Conditions*'<sup>7</sup> concludes that "enhanced pharmacy services are an under-utilised resource that can deliver innovative, cost-effective services to patients in a highly accessible manner, whilst facilitating the NHS to achieve its QIPP objectives".

### ***Urgent and Emergency 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 common ailment schemes such as Pharmacy First; 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 common ailment service commissioned via the NHS. Commissioning of such a service is variable across the country with some areas having no provision. These common ailment schemes help to educate patients and the public to access 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, athlete's foot, head lice, diarrhoea, thrush, bites and stings, contact dermatitis, back pain, cough, teething and sprains and

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<sup>7</sup> <http://www.bowgroup.org/policy/delivering-enhanced-pharmacy-services-modern-nhs-improving-outcomes-public-health-and-long>

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.'<sup>8</sup> 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.<sup>9</sup>

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 serious 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.

### ***What needs to change?***

Since the publication of the current NHS mandate we have seen the publication of the Mid Staffordshire report as well as Winterbourne View, both highlighting some of the major problems and challenges that the NHS faces today. The Don Berwick report has suggested some solutions to these problems. We do not believe that the mandate encourages the development of a different kind of NHS, one that requires a significant change in culture to transform, patient care and safety

Overall, we believe that there needs to be more emphasis on joint working to develop patient pathways allowing for inputs from a wide range of professionals with each professional being involved at the most appropriate point on that pathway. The NHS needs the ability to focus on joined-up care so patients get the maximum output from every contact with the NHS and its service providers. We are not sure that this mandate will encourage healthcare professionals and commissioners to ensure fully integrated services are supported as services are redesigned.

The vital role of medicines optimisation to ensure quality and transparency in all commissioning decisions about medicines must be encouraged to continue and develop through local decision making processes. The impact of medicines in improving outcomes e.g. statins in reducing heart

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

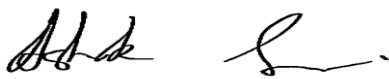
<sup>9</sup> <http://www.ingentaconnect.com/content/rcgp/bjgp/2013/00000063/00000612/art00026>

disease, and how this is delivered across a whole health economy from the strategic level to practice based pharmacists and community pharmacists requires strategic pharmacy involvement.

We believe that this mandate should address the three key principles of:

1. Developing a caring culture
2. Integrated care
3. Patient outcomes from medicines use

**We have not answered the specific questions asked in this consultation but our response is relevant to all the key areas that have consultation questions.**



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

The RPS leads and supports the development of the pharmacy profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. 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:** promoting the status of the pharmacy profession and ensuring that pharmacy's voice is heard by governments, the media and the public.

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

**Professional networking and publications:** creating a series of communication channels to enable pharmacists to discuss areas of common interest.