ROYAL PHARMACEUTICAL SOCIETY
England

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Sustainability & Transformation Plans

MARCH 2017

Dear STP lead,

- **All STPs will be considering how they can mitigate the workforce challenges they face**
- **Pharmacists are increasingly being seen as a growing part of the solution to workforce challenges**
- **Pharmacists are the third biggest healthcare profession and are experts in the use of medicines, the most common health care intervention in every STP**
- **Supporting the better use of medicines reduces costs and improves quality and pharmacists are key to this**
- **Pharmacists should be involved in the development and implementation of STPs**

Many STPs across the country are already seeing the benefits of having pharmacists more integrated into their plans. I have highlighted a number of initiatives overleaf with details of how you can find more information about them.

What these have in common is that pharmacists are more involved at the planning and implementation stage than may have happened before.

Making best use of medicines should be a key aim of all STPs; they are one of the biggest investments in any STP budget. By improving the use of medicines across the health economy there is substantial evidence that care is improved and costs are reduced. Pharmacists are also a resource to support workforce transformation. Significant benefits are already being seen in workplaces as diverse as Emergency Departments, General Practice and Care Homes.

For your STP to realise the benefits better utilisation of pharmacists can bring it is important for them to be brought into the development of implementation plans and working groups. Their unique skills will enable you and your colleagues to identify where pharmacists can add value. For your STP to realise these benefits it is important for pharmacists to be brought into the development of implementation plans and working groups.

I urge you to consider how you can best involve pharmacists in your STP so that you can benefit from the value they bring now and the opportunities for better quality they can provide in the future.

Yours sincerely

Robbie Turner
Director for England

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A crucial part of creating a sustainable NHS is to ensure that resources and professionals are being used to optimum capacity and in ways that have the greatest impact on patients.

Here are some examples of what pharmacists are already doing and there will be many others yet to be developed.

1. Work with GP colleagues to provide better care to your patients

WHAT IS THE CHALLENGE?
There is increased demand on general practice caused by demographic changes, more complex health needs, and some care moving out of hospitals which is contributing to unsustainable pressures on the service. GPs are reporting a worrying impact on their delivery of care to patients.

WHAT CAN BE DONE?
GP practices can employ a practice pharmacist. The practice pharmacist undertakes a number of roles within the GP practice such as taking responsibility for areas of chronic disease management within the practice and undertaking clinical medication reviews to proactively manage patients with complex polypharmacy, especially for older people, people in residential care homes and those with multiple co-morbidities. They provide primary support to general practice staff with regards to prescription and medication queries and help support the repeat prescriptions system, deal with acute prescription requests, medicines reconciliation on transfer of care and systems for safer prescribing, providing expertise in clinical medicines advice while addressing both public and social care needs of patient in the GP practice. The practice pharmacist can make the care the practice delivers more efficient whilst improving the breadth of skills available within the practice team.

WHAT ARE THE RESULTS?
In one practice consisting of 10 GPs in Ealing the employment of an independent prescribing pharmacist has saved on average 1 hour / day per GP, so for a 10 GP practice this releases 10 Hours per day. If this is put into monetary terms it equates to a saving of £4,000 per week basing it on a cost of £80 per hour per GP. In addition the pharmacy team have been identified as 'Outstanding practice' at two recent CQC inspections. In another Ealing practice the pharmacy team management of the prescribing budget at an overspent practice resulted in 21% underspend last year.

OTHER INFORMATION:
Through the GP Forward View, NHS England is committed to ensuring that there is a practice pharmacist for every 30,000 population. More information can be found at https://www.england.nhs.uk/gp/gpfv/workforce/cp-gp/

2. Reduce medicine risk by supporting patients when they transfer between different care settings

WHAT IS THE CHALLENGE?
There is a substantial body of evidence that shows when patients move between care providers the risk of miscommunication and unintended changes to medicines remain a significant problem. The likelihood that an elderly medical patient will be discharged on the same medicines that they were admitted on is less than 10%. Between 28-40% of medicines are discontinued during hospitalisation and 45% of medicines prescribed at discharge are new medicines. 60% of patients have 3 or more medicines changed during their hospital stay. It has been reported that between 30% and 70% of patients have either an error or an unintentional change to their medicines when their care is transferred[4].

WHAT CAN BE DONE?
If community pharmacists were included as part of the referral pathway then they could provide a pharmaceutical consultation post-discharge to ensure changes to a person's medicines are known and acted upon in order to improve medicines safety and efficacy when they return to their home.

WHAT ARE THE RESULTS?
Those patients who received a community pharmacist follow-up consultation had statistically significant lower rates of readmissions and shorter hospital stays than those patients without a follow-up consultation[5].

OTHER INFORMATION:
East Lancashire Hospitals NHS Trust have also developed a scheme and more information can be found at www.elht.nhs.uk/refer. This scheme is also showing promising results with a reduction of 1% in readmissions.

3. Review and support your care home patients

WHAT IS THE CHALLENGE?
Residents of UK care homes for the elderly fall on average two to six times per year[6]. In 2009[7] it was estimated that 25% of residents of care homes for the elderly were prescribed antipsychotics. One study showed antipsychotic dispensing increased from 8.2% before a person enters a care home to 18.6% after entering[8]. An estimated £24 million is lost every year due to medicine wastage in care homes across England alone[9].

WHAT CAN BE DONE?
Pharmacists, as part of the multidisciplinary team, should have overall responsibility for medicines and their use in care homes. This will result in significant benefits to care home residents, care home providers and the NHS. Pharmacists, as experts in medicines use, can play a significant role in reducing the use of unnecessary and sometimes harmful medicines, particularly through regular reviews of the efficacy and safety of medicines taken by residents.

WHAT ARE THE RESULTS?
If a clinical medicines review service involving patients, their representatives or carers, was to

be commissioned for all 405,000 care home residents over the age of 65, the base cost of the pharmacist and the medication review would be approximately £13.4m-£15.8m The potential costs savings to the NHS, if this service were to be delivered across all care homes in England, are estimated at £135 million (£65 million from medicines being stopped, started or changed and £70 million from reduced hospital admissions).[10] This is roughly £3 million per STP.

OTHER INFORMATION:
East Lancashire Hospitals NHS Trust have also developed a scheme and more information can be found at www.elht.nhs.uk/refer. This scheme is also showing promising results with a reduction of 1% in readmissions.

4. Support and improve the delivery of urgent and emergency care by acting as the first point of contact for common conditions

WHAT IS THE CHALLENGE?
18% of GP workload is accounted for by minor ailments[1].

WHAT CAN BE DONE?
Community pharmacists can be commissioned to deliver a minor / common ailment service. Community pharmacists have regular contact with people; 1.6 million people visit a community pharmacy every day. A study in 2014 showed that the majority of the population can access a community pharmacy within a 20 min walk and crucially, access is greater in areas of highest deprivation—a positive pharmacy care law[2].

WHAT ARE THE RESULTS?
Evidence demonstrates that if community pharmacists were commissioned to provide a common ailment service nationwide, the NHS could save £1.1 billion each year, roughly **£2 million per STP**. The cost of treating common ailments in community pharmacies was found by the MINA study[3] to be £29.30 per patient. The cost of treating the same problems at A&E was found to be nearly five times higher at £147.09 per patient and nearly three times higher at GP practices at £82.34 per patient. Treatment outcomes for patients were equally good regardless of whether patients were treated at a pharmacy, A&E or GP practice.

OTHER INFORMATION:
NHS England are looking at making the referral of people with minor ailments from NHS 111 to community pharmacy much more robust. Minor ailments services are already commissioned by clinical commissioning groups (CCGs) across many parts of the country and ultimately NHS England will encourage all CCGs to adopt this joined-up approach by April 2018, building on the experience of the urgent and emergency care vanguard projects to achieve this at scale.

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Published by Royal Pharmaceutical Society
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