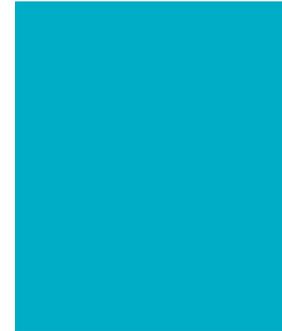


# IMPROVING HEALTH AND PATIENT CARE THROUGH COMMUNITY PHARMACY— EVIDENCE RESOURCE PACK



NHS England  
December 2013  
Gateway Reference: 00886



# Community Pharmacy Evidence Resource

- The community pharmacy 'Call to Action' aims to stimulate debate in local communities, to shape local strategies for community pharmacy and to inform NHS England's strategic framework for commissioning from community pharmacy.
- This evidence resource is available to support local discussions and provide useful back ground for those not familiar with the community pharmacy contractual framework and the services provided currently from community pharmacies in England.

# Contents

- **The workforce:** pharmacists and pharmacy technicians – slide 4.
- **The services:** pharmacies and the services they provide, including data on dispensing, advanced services, enhanced services and public health services – slides 5 to 23.
- **The strengths:** building on what's valued – slides 24 to 25.
- **The issues:** why services can't stand still – slides 26 to 27.
- **The views of pharmacy organisations** – slides 28 to 29.
- **Case studies** – slides 30 to 35.
- **How to get involved** in the Call to Action – slide 36.

## The workforce: pharmacists and technicians

- The pharmacy workforce in the UK is made up of approximately 150,000 people, with approximately 50,000 registered pharmacists and 25,000 registered pharmacy technicians and the remainder being made up of unregistered dispensing assistants and medicines counter assistants.
- 70 per cent of the pharmacist workforce work in community pharmacies.
- The Centre for Workforce Intelligence has predicted that there will be an oversupply of pharmacists in the near future.
- NHS England currently funds grants for pre-registration pharmacists undertaking their training in community pharmacy.
- Independent pharmacist prescriber status is a registered post graduate qualification.
- At September 2013, there were at least 2,100 qualified Health Champions in Healthy Living Pharmacies.

## The services: the contractual framework

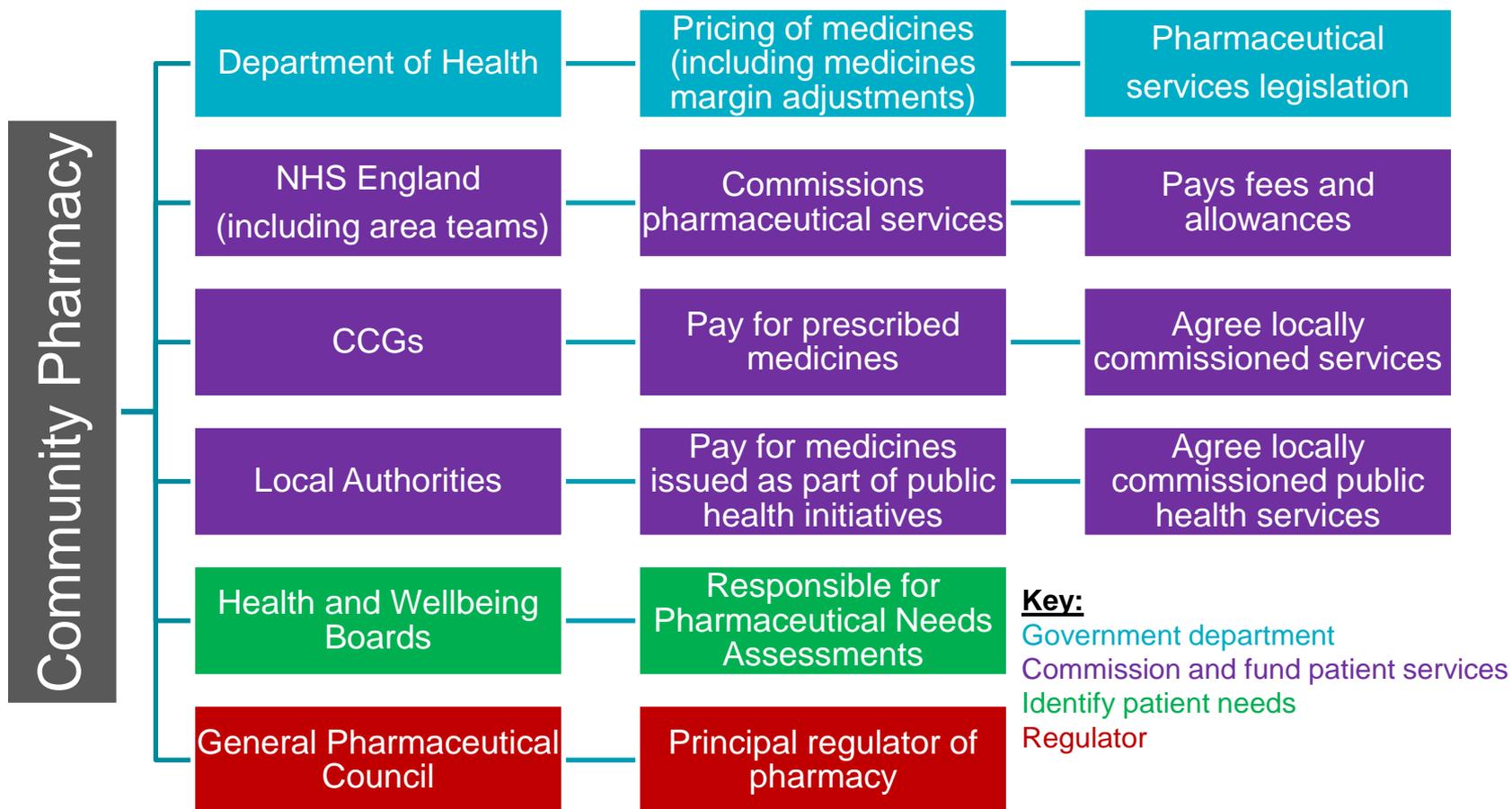
- Community pharmacies provide services under a contractual framework on behalf of NHS England. The service consists of three tiers:
  - Essential services which all community pharmacies must provide.
  - Advanced services which community pharmacies can choose to provide and require extra accreditation.
  - Enhanced services which are commissioned by NHS England area teams to meet local need. Extra accreditation may be required for these services.
- In 2012/13 the value of the NHS community pharmacy contractual framework was £2,844 million.

# The services: commissioning

In addition to the services commissioned by NHS England,

- Public health services such as smoking cessation, emergency hormonal contraception, supervised consumption of methadone and needle exchange services are commissioned by local authorities.
- CCGs have the ability to commission services locally from community pharmacies to meet the pharmaceutical needs of their patients.
- All commissioned services delivered by pharmacies should be captured in Pharmaceutical Needs Assessments (PNAs) that are the statutory responsibility of Health and Wellbeing Boards.

# Interdependencies



## Community pharmacy services: how are they used and who uses them.

To support the development of the pharmacy White Paper (April 2008), interviews were conducted with 1,645 adults (aged 16+) in England in December 2007.

### Key findings

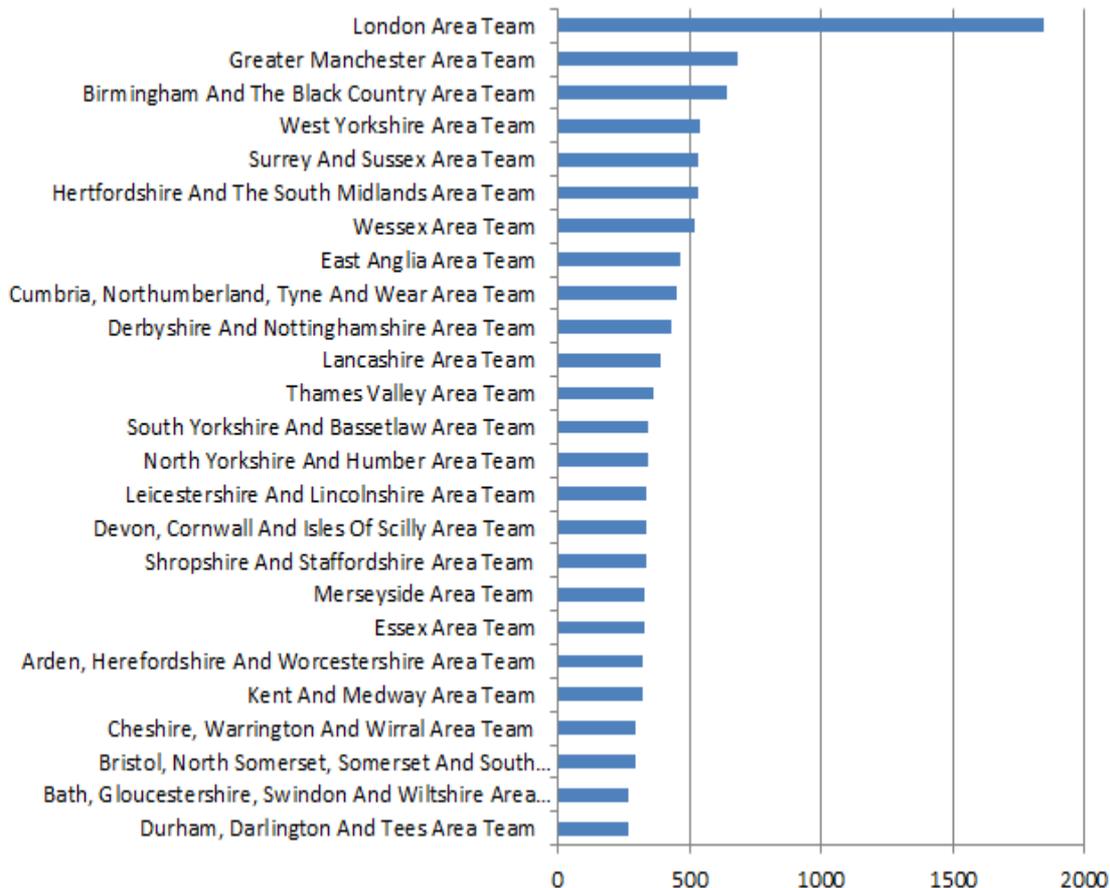
- Pharmacies are well used – on average around 14 times a year per person (11 times for health reasons).
- The most common frequency of visit is once a month, although those with long term conditions will visit more frequently, as well as women and those aged 35+.
- The most common reasons for a pharmacy visit are to get medication prescribed by a doctor followed by over the counter medication.
- 12 per cent of respondents use pharmacies for health advice with only 1 per cent using a pharmacy for urgent advice. Groups most likely to use a pharmacy for health advice are women and those aged 25-44.
- Most people visit a pharmacy that is close to where they live.

## The number of community pharmacies

- At 31 March 2013 there were 11,495 community pharmacies in England, of which 60 per cent are owned by the 'multiples' (five or more pharmacies and supermarkets).
- Approximately 700 community pharmacies have achieved Healthy Living Pharmacy status with an expectation that this figure will rise to 1,385 by April 2014.
- The number of pharmacies in England has grown by 18 per cent since 2005/06.
- Prior to 2005/06, the number of pharmacies was stable at around 9,700 from the mid-1990s.

## Continuing growth in the number of pharmacies in England since 2006/07

### Pharmacies in England by Area Team: 2012-13



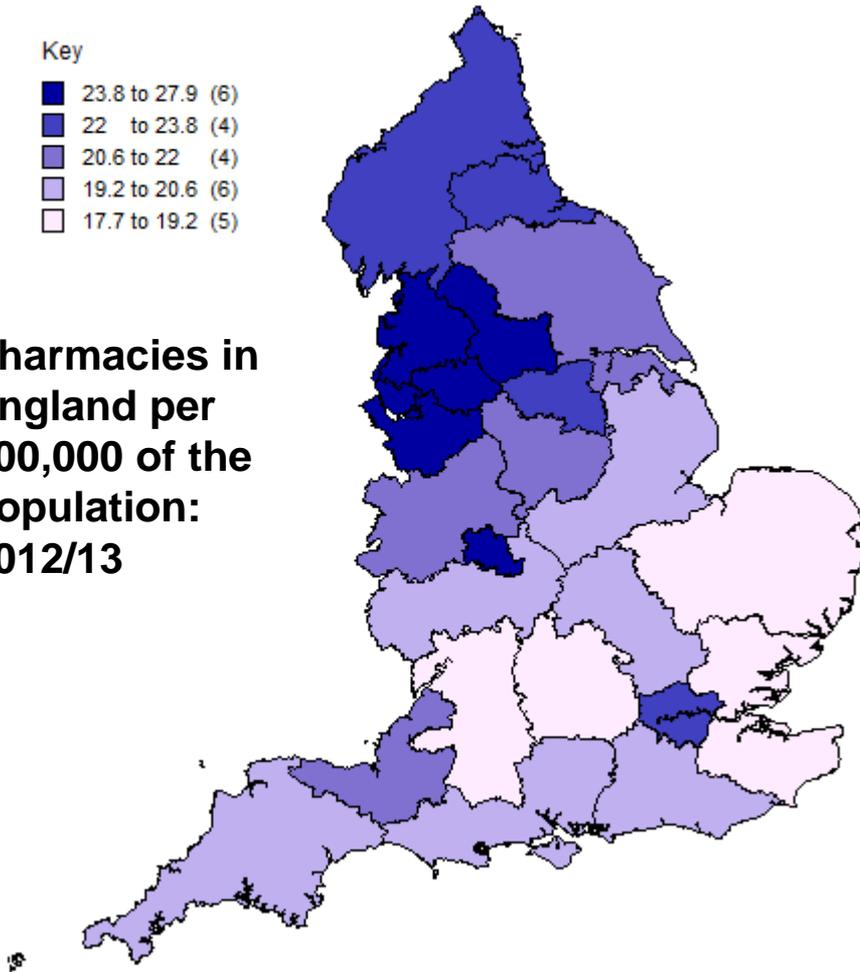
- There were 11,495 community pharmacies in England in 2012/13.
- The number of pharmacies in England has grown by 18 per cent since 2006/07. Prior to 2005/06 the number of pharmacies was stable at around 9,700 from the mid-1990.
- London has the highest number of pharmacies with over 1,800, followed by Greater Manchester and Birmingham and the Black Country with just under 700.

## Highest density of pharmacies in England is in the North West

### Key

■	23.8 to 27.9 (6)
■	22 to 23.8 (4)
■	20.6 to 22 (4)
■	19.2 to 20.6 (6)
■	17.7 to 19.2 (5)

**Pharmacies in England per 100,000 of the population: 2012/13**



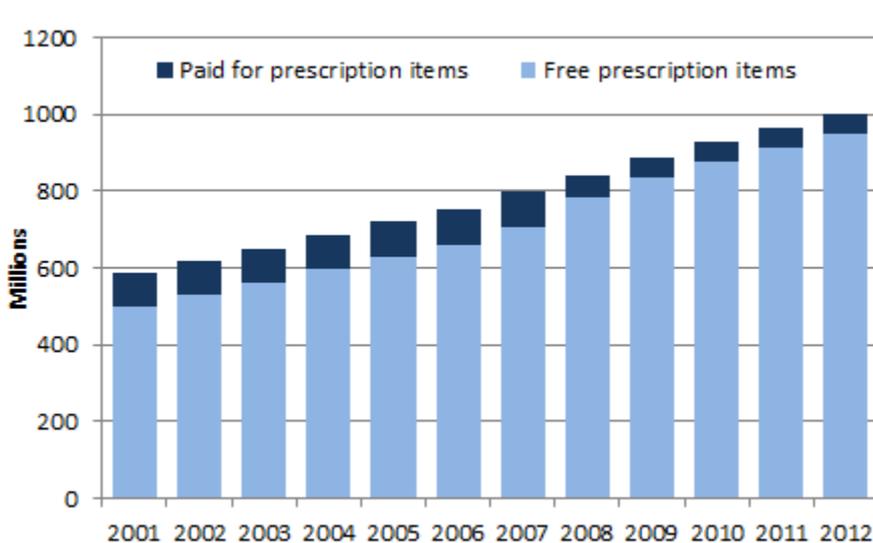
- The highest density of pharmacies in England is in four areas of the North West (Lancashire, Merseyside, Greater Manchester and Cheshire) and in Birmingham (between 24 and 28 pharmacies per 100,000 people).
- The South tends to have fewer pharmacies, particularly in Kent and Thames Valley with 18 pharmacies per 100,000 people.

# Essential Services

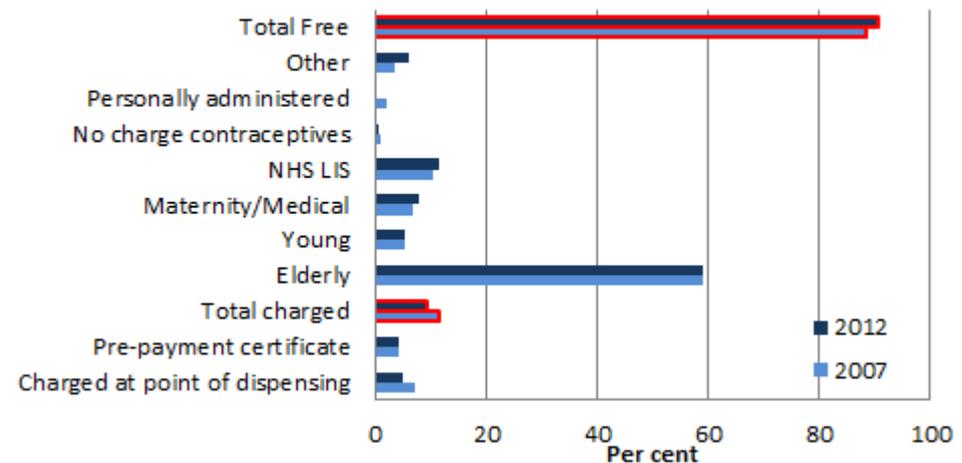
- The Essential Services listed below are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'):
  - Dispensing medicines.
  - Repeat dispensing.
  - Clinical governance.
  - Public health (promotion of healthy lifestyles).
  - Disposal of unwanted medicines.
  - Signposting.
  - Support for self care.

## Number of items prescribed has increased year on year

Number of prescription items, England: 2001-2012



Percentage of items that were charged for or dispensed free, by exemption category, 2007 & 2012



- The number of items prescribed reached 1 billion annually in 2012. The year-on-year growth in items has been around 4 - 5 per cent since 2001.
- 95 per cent<sup>1</sup> of prescriptions are dispensed free of charge, mostly to people over 60.
- Almost 60 per cent of all prescriptions are for those over 60.

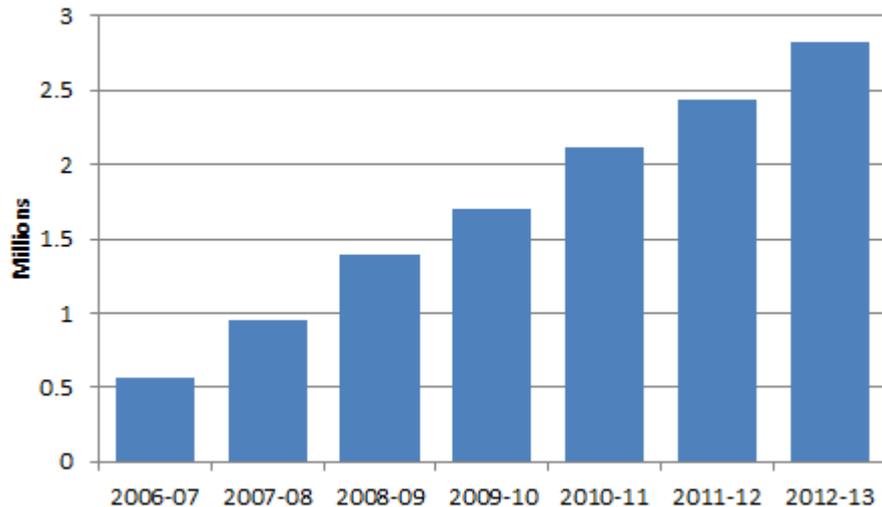
<sup>1</sup> This figure includes pre-payment certificates, which up to 2007 were included in paid for prescription items. This is why the overall figures for free items differ between the two charts.

## Advanced Services

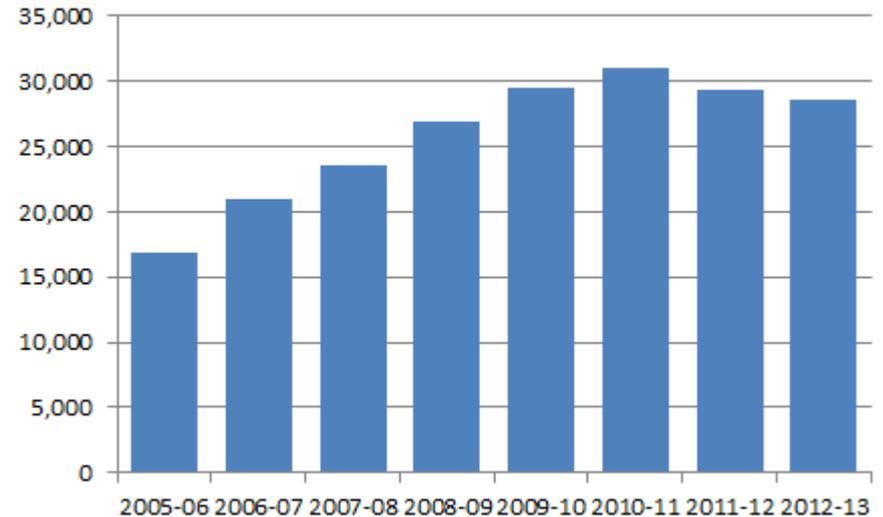
- There are four Advanced Services within the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'). Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.
  - Medicines Use Review (MUR).
  - Appliance Use Review (AUR).
  - New Medicines Service (NMS).
  - Stoma Appliance Customisation (SAC).
- Pharmacies providing these services must have a consultation area that meets the service specifications.

## Increased provision of other pharmacy services, including medicine use reviews (MURs) and a range of Local Enhanced Services

Total Medicine Use Reviews provided by pharmacies, England:  
2006-07 to 2012-13



Total Local Enhanced Services provided by pharmacies,  
England: 2005-06 to 2012-13

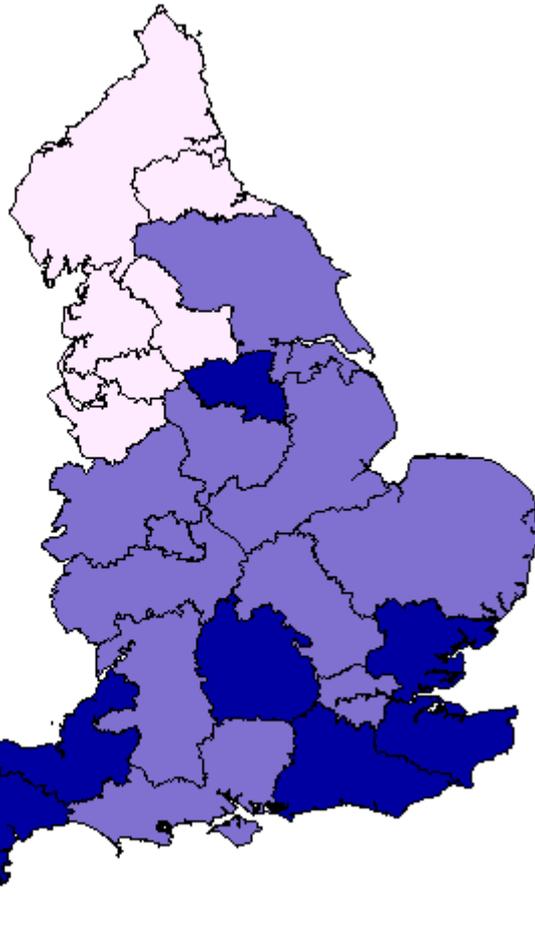


- The number of Medicine Use Reviews provided by pharmacies has increased from around half a million to 2.8 million in from 2006/07 to 2012/13.
- The total number of Local Enhanced Services increased to above 30,000 in 2010/11. However there was a decline in 2011/12 and 2012/13.
- In 2012/13, there were 650,000 claims for the New Medicine Service introduced in 2011.

## Medicine use review (MUR) provision is similar across Area Teams in England, with an average of 270 provided per pharmacy

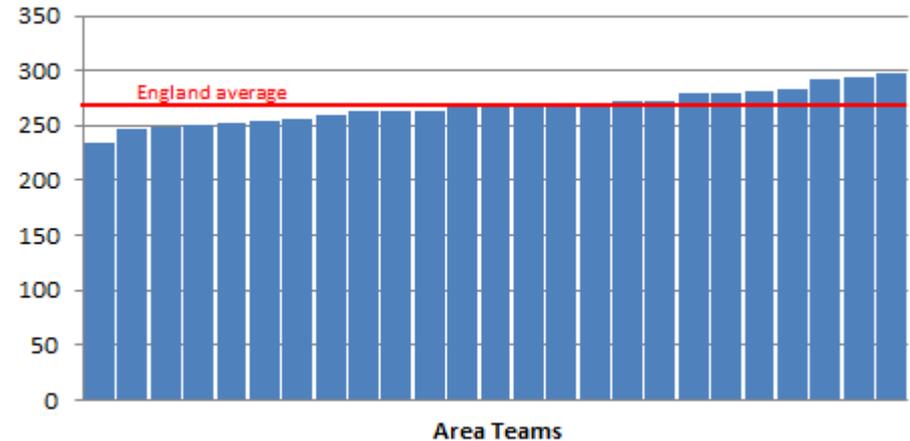
### Key

- 273 to 299 (7)
- 259 to 273 (11)
- 233 to 259 (7)



**Medicine Use Reviews per participating pharmacy: 2012-13**

MURs per Area Team, England: 2012-13



Pharmacies in England provide around 270 MURs per year on average.

There is little variation in MUR services provided by different Area Teams.

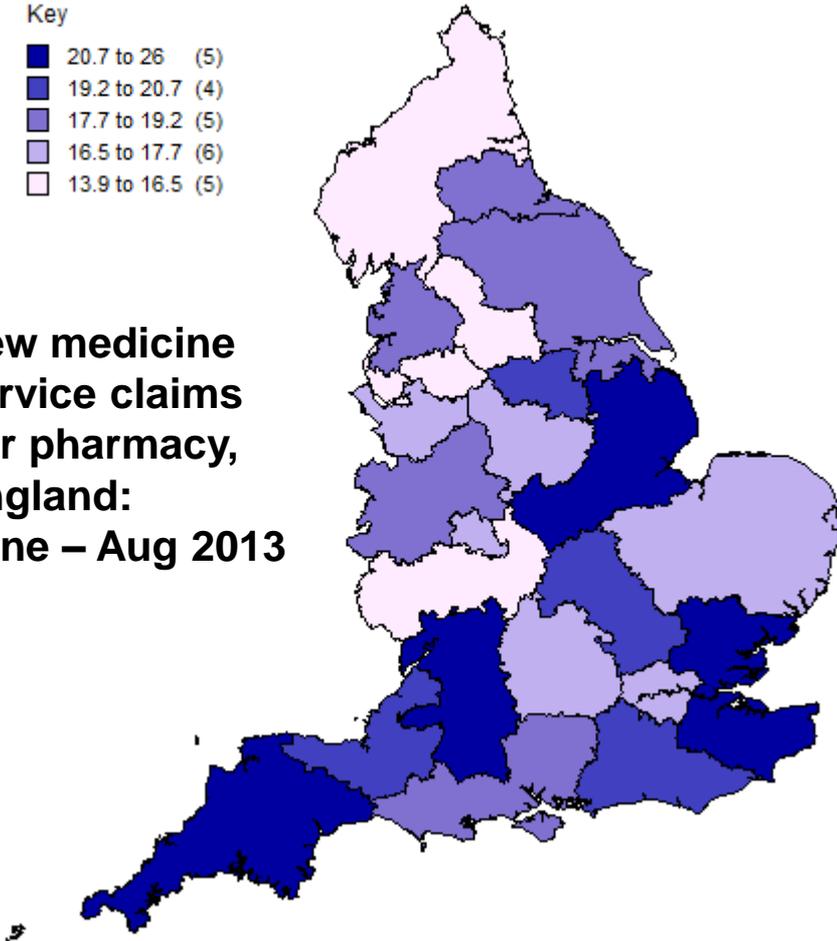
The highest level of MUR provision is in the South East (outside London), with the lowest provision in the North West.

## Some variation in provision of the New Medicine Service introduced in 2011

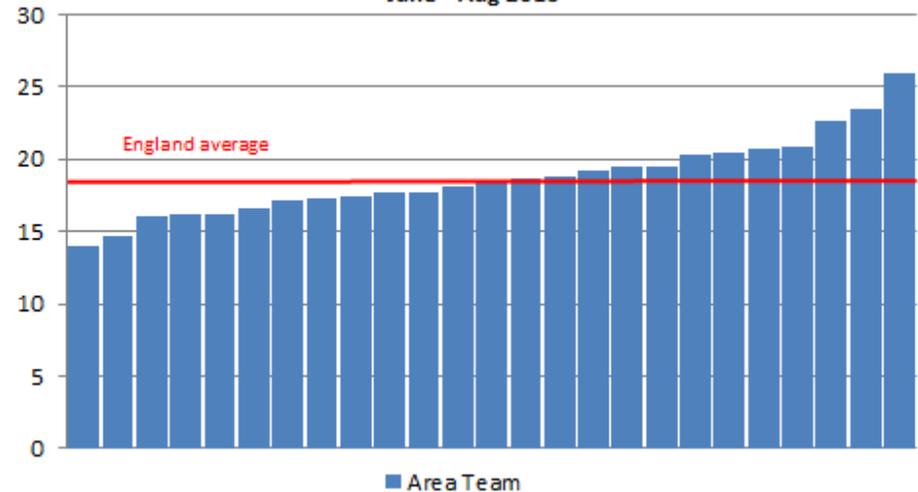
### Key

■	20.7 to 26	(5)
■	19.2 to 20.7	(4)
■	17.7 to 19.2	(5)
■	16.5 to 17.7	(6)
■	13.9 to 16.5	(5)

### New medicine service claims per pharmacy, England: June – Aug 2013



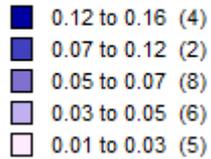
New medicine service, claims per pharmacy by Area Team, England: June - Aug 2013



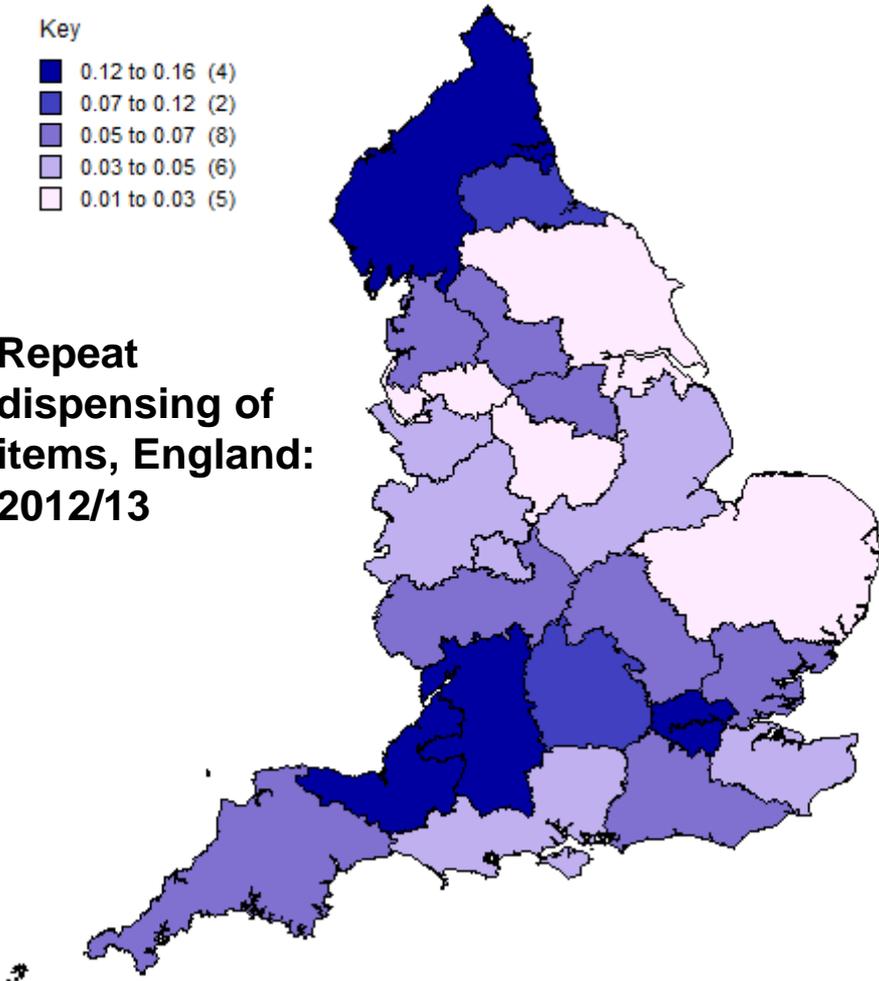
- The highest provision of NMS (26 per pharmacy per quarter) is in Leicestershire and Lincolnshire, compared to the lowest in the neighbouring area of Hereford and Worcester (14 per pharmacy per quarter).

## There is wide variation in repeat dispensing rates across areas

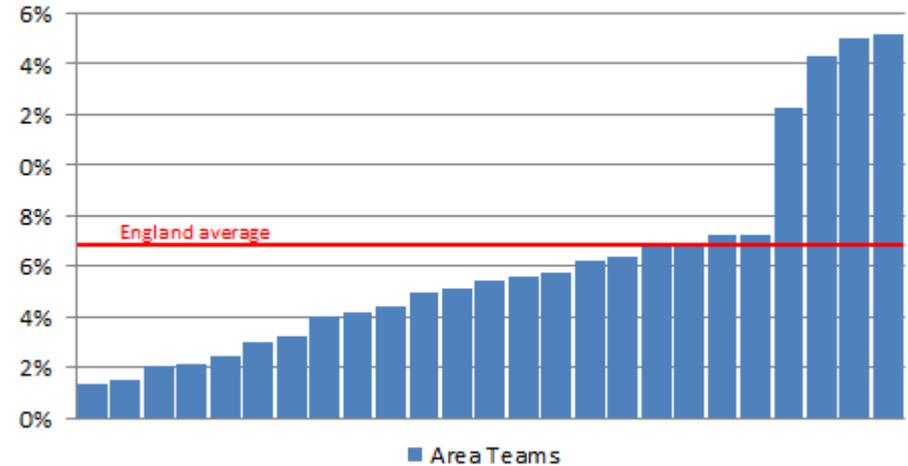
### Key



### Repeat dispensing of items, England: 2012/13

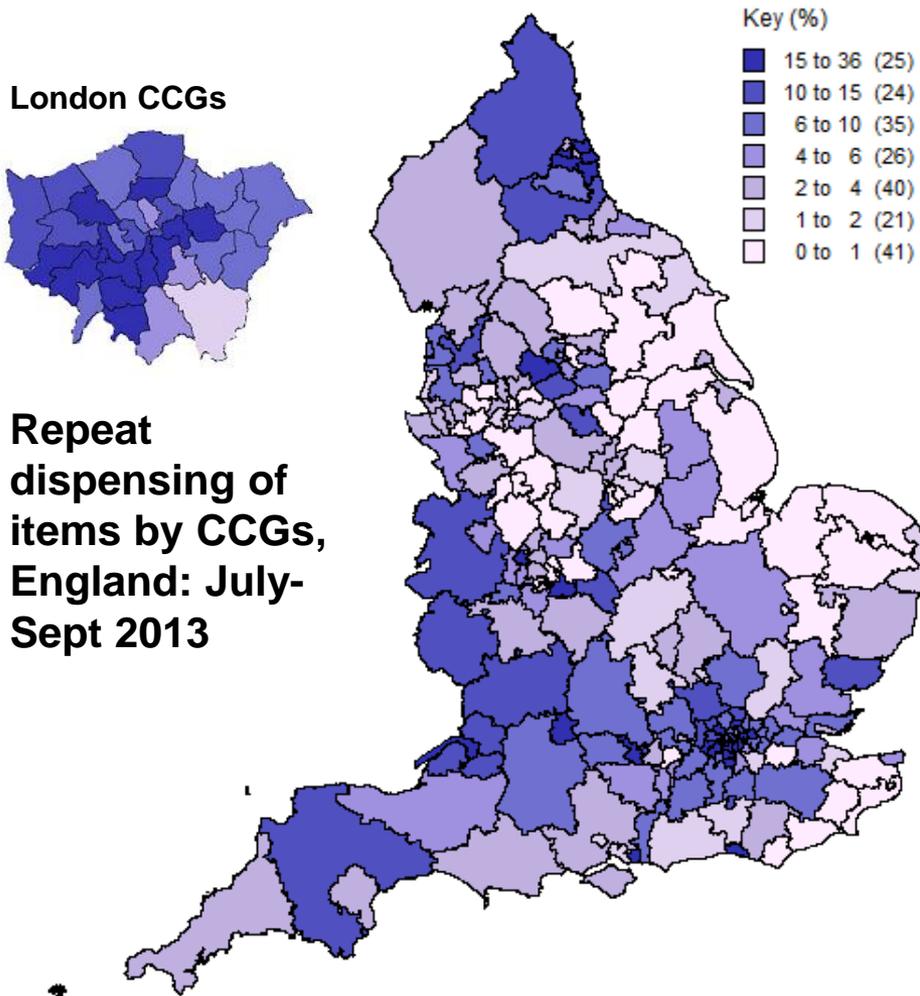


Proportion of repeat dispensing items by Area Team, England: July to September 2013

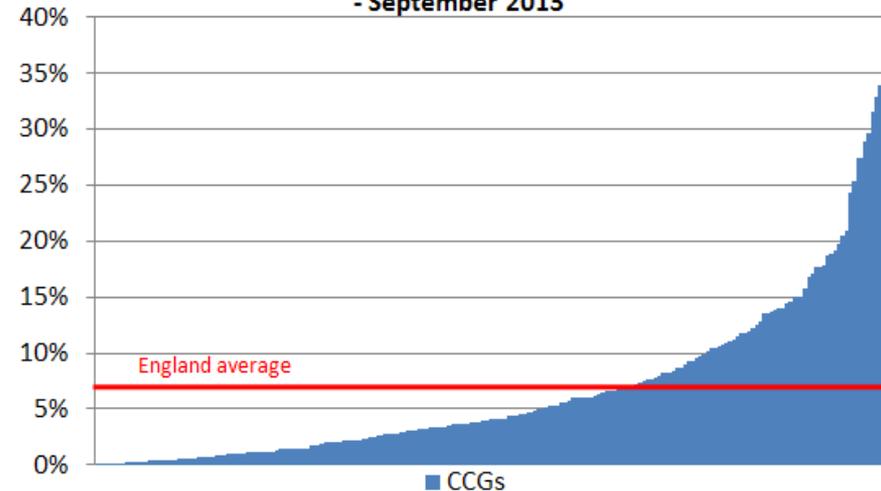


- The latest data (July-Sept 2013) shows higher provision of repeat dispensing for four areas.
- Most areas have repeat dispensing rates at around 4-7 per cent, although there is large variation within areas.

## There is further variation shown in repeat dispensing rates across CCGs



Proportion of repeat dispensing items by CCG, England, July - September 2013



- The latest data (July-Sept 2013) shows large variation in repeat dispensing at CCG level in England.
- England average for repeat dispensing is 6.6 per cent, but many CCGs are considerably higher, including a number in London and the North East above 25 per cent.

## Enhanced Services

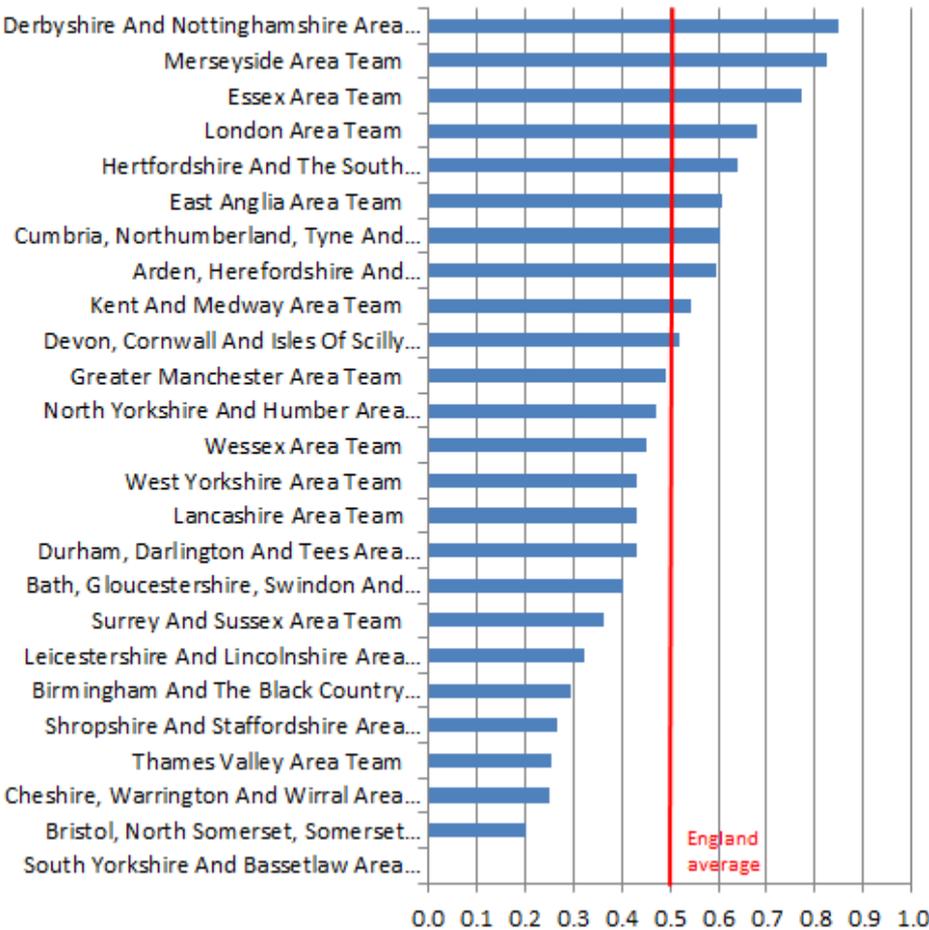
- Enhanced Services are commissioned by NHS England area teams to meet local need. Extra accreditation may be required for these services.
- Examples of enhanced services include:
  - ‘flu vaccination;
  - improved inhaler technique support;
  - care home audits;
  - access to palliative care medicines;
  - minor ailments services.

## Locally commissioned services

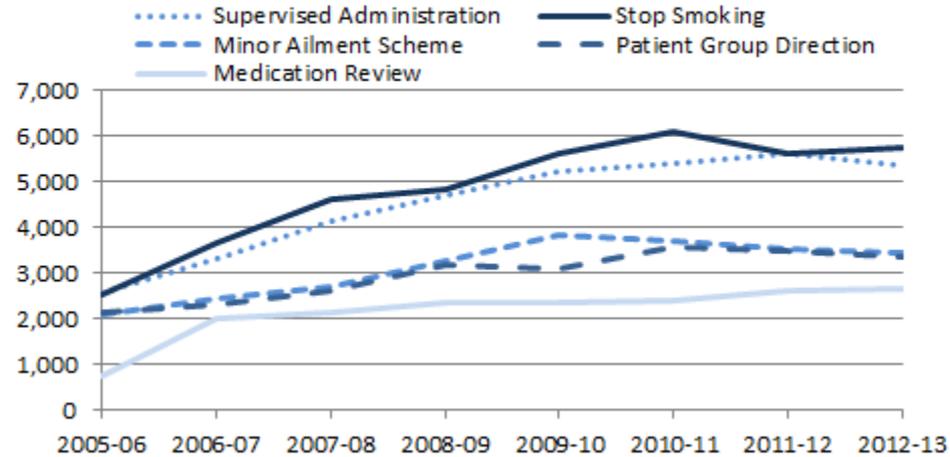
- Locally commissioned services are those services which are commissioned by local authorities (on behalf of Public Health England) and clinical commissioning groups.
- Examples include:
  - stop smoking services;
  - emergency hormonal contraception;
  - supervised methadone consumption.

Stop smoking services and supervised administration of prescribed medicines are the most frequent locally commissioned services.

Stop smoking services: average services claimed per pharmacy, England: 2012-13



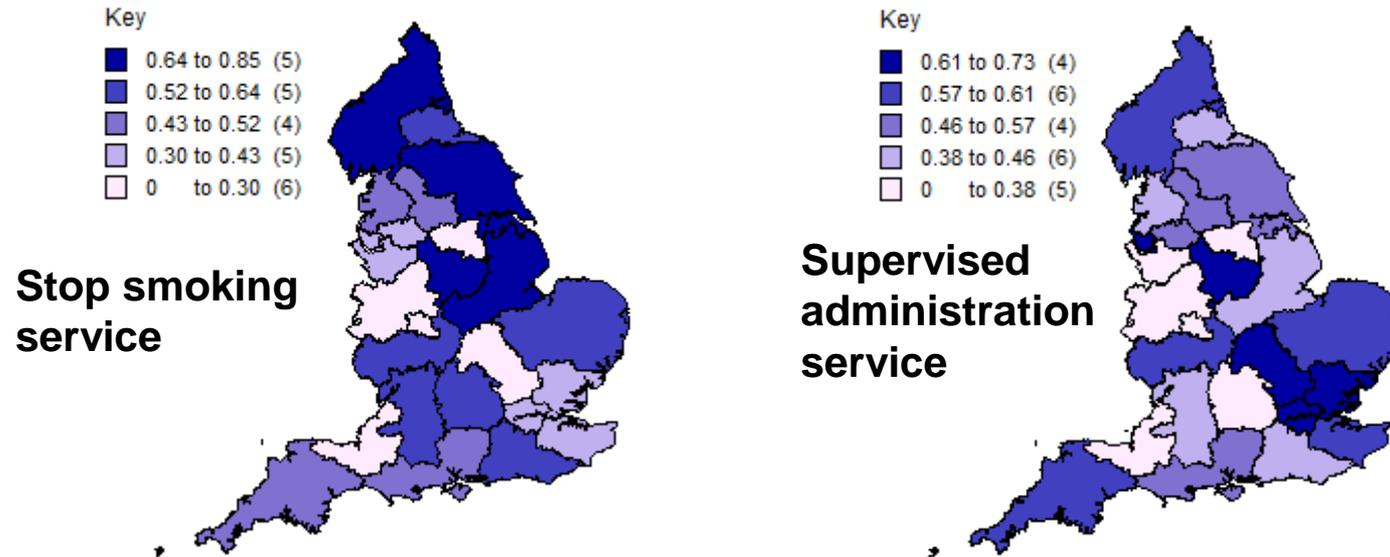
Top 5 Local enhanced services - number of services, England: 2005-06 to 2012-13



- Most of the local services formerly commissioned by PCTs increased in usage between 2005/06 and 2012/13.
- On average there are 0.5 stop smoking services provided per pharmacy across England.

## Provision of locally commissioned services is similar across areas for key services

### Average services per pharmacy: stop smoking and supervised administration services, England: 2012/13



- When comparing the two most provided locally commissioned services, there are some similarities in patterns of provision across areas. The South West and West Midlands areas in particular have low provision for both these services.
- For other areas, such as London, there are differences in levels of provision, which may relate to local factors.

## The strengths: building on what's valued

To support reform of primary care, we must take great care to build on the strengths of community pharmacy and its workforce:

- **Easy access:** 99 per cent of the population are within 20 minutes travel time of a community pharmacy with 96 per cent walking or by public transport. 84 per cent of adults visit a pharmacy each year, 78 per cent for health-related reasons. 1.6 million patients visit a pharmacy each day.
- **Medicines experts:** up to 50 per cent of patients do not take their medicines as intended; community pharmacists and their teams provide individual support to help patients take their medicines in the way intended by the prescriber.
- **Central role in management of long term conditions:** pharmacists currently carry out Medicines Use Reviews (MURs) and provide the New Medicine Service (NMS) to patients who have been newly prescribed certain medicines.

## The strengths: building on what's valued

- **The safe and efficient supply of medicines:** community pharmacies dispense around one billion prescription items each year. Pharmacists and their teams provide a safety net to ensure that patients receive the right medicines at the right dose and understand how to use the medicines in the right way.
- **Procurement expertise:** the current Community Pharmacy Contractual Framework drives efficiencies in the supply chain. The National Audit Office identified £1.8 billion savings from 2005 to 2009.

## The issues: why services can't stand still

- **NHS England spends over £8 billion on medicines in primary care,** and there is growing evidence that the use of medicines is sub-optimal.
- **Increasing pressure on NHS financial resources.** Between 5 and 8 per cent of unplanned emergency admissions in adults are due to avoidable issues related to medicines. This is thought to cost the NHS £466 million.
- **Inappropriate use of medicines.** Between 30 and 50 per cent of patients do not take their medicines as the prescriber intended.
- **An ageing population, growing co-morbidities and increasing patient expectations.** There is potential within community pharmacy to manage less complex needs and support public health and prevention of ill-health.
- **Wasted medicines** have been recently evaluated to be worth over £300 million per year, and this is likely to be an underestimate.
- **Patient risks.** Despite a body of evidence showing that, when we place pharmacists at the right place in the patient pathway, risks to patients are significantly reduced (PINCER, EQUIP, PRACtICe), we are not making sufficient use of these skills.

## The issues: why services can't stand still

- **Growing dissatisfaction with access to GP services and growing reports of GP workforce pressures.** At 31 March 2013 there were 11,495 community pharmacies in England, all offering services without an appointment and many having extended opening hours on both weekdays and weekends. Community pharmacy has the potential and the capacity (if skill mix issues are addressed) to be the first port of call for more patients, releasing capacity in general practice.
- **Prescription volume** currently drives community pharmacy income. There needs to be a greater emphasis on a service delivery model of care. Some pharmacies have achieved this through automation and better use of skill mix and this should be encouraged more broadly.
- **Complexity:** the commissioning system is complex and requires collaboration across DH, NHS England and Public Health England.

## Contributions to the debate (1)

A number of organisations are stimulating debate about how best to develop the role of community pharmacy in relation to out-of-hospital care:

- **Royal Pharmaceutical Society:** ‘Now or Never: shaping pharmacy for the future’  
– The final sections of this report focus on what needs to be done if pharmacists are increasingly to assume the role of supporting patients with effective medicines use and by serving as care-givers in the health system, working in close partnership with other health and social care professionals and with patients.
- **Pharmaceutical Services Negotiating Committee:** ‘The vision for community pharmacy. The path to improved patient care’ sets out the vision for community pharmacy by 2016 by developing community pharmacy across the following domains: optimising the use of medicines, supporting people to live healthier lives/public health, supporting people to self care, supporting people to live independently.

## Contributions to the debate (2)

- **NHS Confederation:** ‘Health on the High Street’ discusses how best public health services might be commissioned from community pharmacy within the new system architecture.
- **Pharmacy Voice:** ‘Community Pharmacy. Our prospectus for better health’ sets out the need for a ‘framing document’ which concentrates on the safe supply of medicines, optimising medicines in use and keeping well.
- **National Pharmacy Association:** ‘From Survive to Thrive – a statement of needs and aspirations of independent community pharmacy in the UK’ sets out the case for and needs of independent community pharmacies both now and in the future.
- **Association of Pharmacy Technicians, UK** – is working collaboratively with other stakeholders including RPS and Pharmacy Voice to help maximise the contribution of community pharmacy, with a particular focus on making more effective use of the skills of pharmacy technicians.

# Case studies



# Independent pharmacist prescribers

## Quotes from the University of Bath

- “Independent prescribing allows you to treat the whole patient, as long as you feel competent to do so. It is particularly beneficial for minor ailments that become evident when you are treating long term conditions”.
- “As a pharmacist I am frequently asked by patients for advice on their medicines or to diagnose and treat various medical conditions. Becoming a pharmacist independent prescriber means that I can utilise my specialist knowledge of medicines and, together with my newly-developed diagnostic skills, be able to diagnose and treat many conditions for which patients previously had to see their doctor.”
- “Independent prescribing will give me time to sit and discuss medicines with patients, to look at what the patient is taking in a holistic manner.”

## Patient stories

### Patient stories provided with consent by the Royal Pharmaceutical Society

- A patient in his thirties with asthma was unable to sleep well and struggled to walk up a flight of stairs. A targeted Medicines Use Review with a community pharmacist identified that the patient was not using his inhalers correctly and was confused about what inhaler to use when. Together with the community pharmacist he developed an action plan and his quality of life improved to the extent he was able to find employment again.
- A patient who had tried several antihypertensive tablets but experienced side effects from all of them was referred to me by her GP. By working with the patient, I was able to identify one tablet which the patient was happy to take. It still had side effects but side effects she was happy to cope with. The patient felt that she was in control and that I would not be judgemental if she did not take the tablet.

## Patient stories

- An older person with chronic obstructive pulmonary disease (COPD) was prescribed a salbutamol evohaler with a spacer device (inhale up to six puffs when required). He previously struggled with a breath-actuated inhaler. As the evohaler was a new formulation, the pharmacist enrolled him on the New Medicine Service, and demonstrated how to use the new inhaler and spacer device. A week later, the patient returned to the pharmacy for a follow-up appointment and said he found it difficult to take six puffs as he was short of breath. He had not understood that he should have sprayed six actuations into the spacer before using. He was also carrying the inhaler permanently attached to the spacer, and therefore was not shaking it before use. The pharmacist also found out that he was a smoker, and offered him support to help quit.

## Patient stories

- A patient was concerned that she couldn't tolerate the side effects of a medicine she had been prescribed for neuropathic pain (duloxetine). She asked a pharmacist for advice and the pharmacist discovered that she was taking the same medicine for urinary frequency. The patient didn't realise because the medicine has two different brand names for two the different indications (Yentreve and Cymbalta). The medicines had been prescribed by two different prescribers (Hospital Consultant and GP). The patient was advised that if she went to her GP one medicine could be switched to alternative therapy and hopefully the side-effects would go away.

## Patient stories

- An older person gave her community pharmacist a prescription for blood pressure medication. They discussed the fact that the dose had been steadily increasing and the community pharmacist explained that the GP was concerned that her condition wasn't being controlled. How did she feel about this? It transpired that the reason the medicine was not working was because she didn't like the unwanted effects so only took the tablet on one day a week. She felt one day was better than none.

## The Call to Action: how to get involved

If you have views on the issues and questions raised in the Call to Action slide pack:

- contact your NHS England area team;
- respond to our questions on the web site  
[www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/](http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/)

We are also seeking examples of where area teams have worked with local pharmaceutical committees to deliver local improvements in community pharmacy and we would welcome input. It would also be helpful to understand the factors that have contributed to local success and any barriers to change that you have experienced. Please send local examples to [england.sfcpc@nhs.net](mailto:england.sfcpc@nhs.net)