

**Access to GP Appointments Task and Finish Review Group.**

**Monday, 2<sup>nd</sup> December 2013 at 10.00am, Committee Room 3.**

**Present: - Councillor Newall (in the Chair); Councillors Francis, Macnab, E.A. Richmond, S. Richmond and J. Taylor.**

**Mike Maguire, Chair, Local Professional Network – Pharmacy, Durham, Darlington and Tees and Jill Simpson, Clinical Strategy, Durham, Darlington and Tees Area Team, NHS England.**

**Abbie Metcalfe, Democratic Officer.**

**Apologies: - Councillor H. Scott.**

**1. Declarations of Interest**

There were no declarations reported to the meeting.

**2. Presentation Durham, Darlington and Tees Local Professional Network – Pharmacy**

Mike Maguire, Chair, Local Professional Network – Pharmacy, Durham, Darlington and Tees and Jill Simpson, Clinical Strategy, Durham, Darlington and Tees Area Team, NHS England attended the meeting and Mr Maguire introduced a PowerPoint presentation which provided Members with information about the Local Professional Network (LPN). Members noted that there are LPNs for Pharmacy, Dentistry and Opticians, which are aligned to the Area Teams. They are detached and representative of the profession and have an unbiased and professional point of view. Representatives of the Pharmacy LPN include Chief Pharmacist from the Hospital Trusts, Community Pharmacy Chairs, Durham University Pharmaceutical facility and Healthwatch. The aims of the Pharmacy LPN are to enhance the patient journey and patient experience and this will be achieved by giving clinical advice and expertise to the Area Team, Clinical Commissioning Groups (CCGs), and Health and Well Being Boards to maximise the potential of using Pharmacies for the benefit of the Patient.

Mr Maguire described the various phases of intervention in the patient journey which included the Pre-Patient Phase, Medication Phase, Hospital Phase, Discharge Phase and Independent Phase. Members welcomed the interventions that Pharmacists could make and discussed how beneficial an intervention at the pre-patient phase would be if it was more than just buying over the counter medication. Mr Maguire agreed that it was difficult to tackle pre-patients in the pharmacy and that training would be required to enable pharmacy staff to talk to people in a non-threatening way about the causes and conditions they are experiencing. It was noted that there are over 438million health interventions every year (i.e. people buying medications from Pharmacies) and it was in

this phase that there was an opportunity to make every contact count and consider and talk about risk factors.

Pharmacists are the most qualified professionals to medicate patients and enable them to get the most benefit from their medication. Discussion ensued on the discharge phase and the poor communication that is often experienced regarding medication and letters to GPs advising of new or a change in medication. It was noted that patients are discharged quickly now and there is little opportunity for hospital pharmacists to talk to patients about their medications, like they used to. There is work underway to improve discharge which includes local referrals to pharmacists to discuss the medication and avoid unnecessary repeat admissions.

Members were informed that Pharmacists are unable to dispense medication from a referral letter and require a prescription from a GP. The LPN are in discussions how to improve this service and a quick win would be patients getting the medication from the hospital with a little note attached advising them to contact their local Pharmacy for a discussion about their new medication (New Medicine Service). The longer aim would be to introduce an electronic referral process to alert the Pharmacist of a change in medication. This would be particularly helpful to patients who regularly receive their medication in weekly packs to ensure that their medication has been updated and the dosage is correct. This would reduce medication miss management and dispensing errors.

The ultimate aim is the independent phase and Members agreed that patients taking responsibility for their care and medication by building up resilience would be beneficial to the patient and NHS. Pharmacists are able to offer an extended service to talk to patients about their medications and offer independent living advice. Some Pharmacists have begun to arrange home visits to provide this support, although, there is currently a national discussion about whether Pharmacists require Criminal Record Bureau Checks.

Discussion ensued about Pharmacists delivering flu vaccinations and the concerns that were expressed by Practice Managers at a recent meeting attended by Councillors S. Richmond and J. Taylor. Mr Maguire acknowledged that there was a degree of competition between GPs and Pharmacists but the LPN believe that Pharmacists are offering a choice to patients and improving access to services. Most people can walk into a Pharmacy and purchase the vaccine (unless a vulnerable group) and have the jab there and then and not have to wait for a suitable appointment at the GP Practice. Mr Maguire added that competitiveness was an unnecessary barrier to the provision of safe services.

Mr Maguire drew Members attention to research carried out by Professor Nick Barber regarding 10 days after starting a new medicine and identified how Pharmacies could make a difference. He explained the New Medicine Service (NMS) that Pharmacies offer, which provides people the opportunity to talk to their Pharmacist about their

medication and offer any advice or answer any concerns. There is also the invitation to have a follow up appointment in 14 or 28 days. It was noted that there has been a good response from Pharmacies but not so good from GPs. This is a service that could be expanded to be delivered to house bound patients to reduce unnecessary hospital admissions, depending on whether CRB Checks are required.

Discussion ensued about the Medicine Use Reviews (MUR) and Targeted MURs (tMURs) for people who take a number of different medications to eliminate the confusion of new medicines. MURs are particularly helpful if someone has been given new medication from the Hospital and patients are unsure whether to continue taking the medication that are currently taking. Pharmacists carrying out MURs after discharge would be helpful as a preventative measure and a further opportunity to talk to people about lifestyles. Particular reference was made to high risk medication such as warfarin and respiratory patients and how regular contact and support from Pharmacists has led to positive outcomes. Recording the numbers of MURs undertaken and evidencing the outcomes would be a way of measuring the success, but would be difficult to undertake.

Particular reference was made about the capacity of Community Pharmacies to deliver MURs and it was explained that Pharmacies are contracted to carry out 400 MUR each year which is funded by NHS England. It was noted that CCGs could commission Pharmacies to carry out more and tMURs. This could potentially be an issue as Pharmacies are busy places and MURs take 20 minutes of a Pharmacist's time which has an impact on the staff and running of the business.

Mr Maguire highlighted a pilot scheme carried out on the Isle of White with a small sample which had very good outcomes based on the intervention that Pharmacists had made to patients with asthma. Members agreed they would like to hear more about this and wondered whether this could be replicated in Darlington; and thought that it linked to the work they undertook in 2012 on COPD.

Mr Maguire shared two examples of Community Pharmacies thinking 'outside of the box' and setting up window displays to catch people's attention.

#### Example 1 – Thorntree Pharmacy in Middlesbrough

Staff were trained and created a window display about testicle cancer. This attracted people into the Pharmacy as they were curious. Staff took the opportunity to chat to people and highlight the issues and raise awareness. Mr Maguire added that window displays sow the seed in people's mind about their lifestyles.

#### Example 2 – Mr Maguire's Pharmacy in Middlesbrough

The Pharmacy consulting room was turned into a pub and staff dressed up to raise the profile of alcohol and there was also a window display. This attracted a lot of media attention and local celebrities supported the scheme. The Pharmacy was busy that day and there were many positive outcomes, including raising awareness, people

considering their own behaviours, techniques and tips were given about safe drinking and people started talking about alcohol. Mr Maguire explained that as an Independent Pharmacy it was easy to promote campaigns but the National chains of Pharmacies were more restricted.

Members welcomed the idea and wondered whether there was an appetite in Darlington for this. Mr Maguire advised that there was a Local Pharmaceutical Committee, that he was part of and there were 23 pharmacies in Darlington (with 11 Rowlands and 5 Independent). The Chair advised she would be interested in trailing something in her Ward but it was a Rowlands Pharmacist. Mr Maguire undertook on behalf of the Committee to speak to a Rowlands Area Manager to discuss the possibility of rolling out similar awareness and education campaigns in Darlington.

Members acknowledged the work that Dr Steele was undertaking in relation to developing a new Primary Care Strategy for Darlington and suggested that Pharmacies could play a large role in developing Primary Care.

Mr Maguire highlighted the Pharmaceutical Needs Assessment (PNA) and explained that this was part of the Local Authority's remit and responsibility. The PNA shapes the Strategy for Pharmaceutical Care for the future and includes information relating to market entry for Pharmaceutical business within the area, and whether there is a gap identified in the market. The LPN presents an unbiased opinion and will be able to assist with the development of the PNA. The PNA will need to be reviewed and updated by April 2015 and Members expressed an interest in considering this document at an appropriate time.

In response to a question, Mr Maguire explained that Pharmacies should not be able to leap frog onto GP Practices to rival local well established Pharmacies if there is a well written PNA. A Pharmacy should only be opened if a gap has been identified in the PNA, taking into account diversity and local needs of the patient care.

Following research carried out by Sunderland University in 2010, it was identified that the Minor Aliment Scheme saved local NHS£7k across County Durham and Darlington. When asked whether people would have gone to the GP if the Pharmacy scheme was not available 78% said yes. It was noted that there were 1.2million Accident and Emergency consultations that could have been seen by a Pharmacist last year.

Discussion ensued about people who receive free prescriptions who visit GPs to get paracetamol or ibuprofen; confidentially issues might deter people visiting Pharmacists; how the success of campaigns can be measured and how Pharmacies can be more involved with Public Health and Health Services in Darlington.

Members suggested Mr Maguire contact the lead of the LTC Collaborative work and they thought Pharmacies had a real role to play with patient with Long Term Conditions. Members believed that more work could be done with the Local Authority particularly in

Care Homes and Social Care to join up approaches and medicine management (a piece of work being undertaken by Members of the Adults and Housing Scrutiny Committee).

Agreed –

- a) That Mike Maguire and Jill Simpson, be thanked for their attendance;
- b) That an invitation be extended to the Chair of Local Professional Network – Pharmacy, Durham, Darlington and Tees to attend a meeting with Members when their work on COPD is reviewed in April 2014;
- c) That consideration be given to adding the Pharmaceutical Needs Assessment to the Committee's Work Programme; and
- d) That the Democratic Officer forward details of the Long Term Condition Collaborative to Jill Simpson, to enable contact to be made.