Supplementary material September 2023

Community pharmacy in Scotland and Wales

Ruth Lewis

The King's Fund
nuffield trust

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1 Scottish community pharmacy approach

Vision and strategic direction

The current vision is focused on pharmacy being responsible for all aspects of medicines supply and developing the clinical service offer. The aim is for the pharmacist to be decoupled from the technical aspect of procurement and assembly of medicines within the supply process to allow their full clinical skill to be devoted to a patient facing informative role, ensuring maximum benefit and safety is derived from prescribed therapy.[1]

This builds on previous strategies to expand the clinical service offer of pharmacies, while maintaining the medicines supply role (2017).[2]

Core community pharmacy services

Every community pharmacy delivering NHS services in Scotland must offer a 'core' set of services to ensure a standard offer across the network.[3]

NHS Pharmacy First Scotland: Underpinned with patient group directions and a specific formulary.[4] The formulary has a review process to ensure that there is always at least one cost-effective treatment option for each common condition.

How does the service work?

- Pharmacists and their teams are experts in medicines and can help with minor health concerns.
- A pharmacist can give you advice and treatment (if you need it) for minor illnesses such as the following.

Acne	Head lice
Allergies	Haemorrhoids (piles)
Athlete's foot	Hay fever
Backache	Impetigo
Blocked or runny nose	Indigestion
Cold sores	Mouth ulcers
Constipation	Pain
Cough	Period pain
Cystitis (in women)	Sore throat
Diarrhoea	Threadworms
Earache	Thrush
Eczema	Warts
Headache	Verrucas

- Pharmacists, like GPs, can only provide certain medicines and products on the NHS. All of these are proven to be effective for treating your condition. If you want a specific medicine or product, you may need to buy it. The pharmacist will give you advice on this.
- If the pharmacist thinks it is better for you to see your GP, they may refer you directly or tell you to make an appointment.

Quality improvement: Each year there are a set of priority activities that each community pharmacy must complete to help foster a culture of continuous improvement in the profession. Activities have included completing NHS Scotland Quality Improvement modules and benchmarking the safety culture in each community pharmacy by completing the community pharmacy Safety Climate Survey. Progress was paused during the pandemic.

Medicines care and review: Community pharmacy teams deliver both structured and opportunistic interventions to help people get the very best out of their prescribed medication as well as minimising the harm that medicines can do. This is part of long-term condition management and includes high-risk medications. Data is inputted into the pharmacy care record.

Public health service:

- Ensuring that there is a health-promoting environment in the pharmacy; including promoting national campaigns using a combination of window posters, promotional materials and staff training (e.g. raising awareness of bowel cancer screening, flu vaccination uptake, hydration etc.).
- Offering a sexual health service (emergency contraception and quick-start "bridging" contraception).
- Offering a smoking cessation service.
- Offering access to prophylactic paracetamol for childhood vaccinations where appropriate.

Acute medication service: This is effectively the dispensing of prescriptions, supported by electronic messaging associated with barcoded paper prescriptions.

Local services

As well as the core clinical services and national medicine supply service, there are a range of local services which have been developed by the health boards. The different services commissioned reflect population demographics, geography, social issues and the pharmacy network.

Each health board has its own pharmaceutical care service plan. They are variable, but broadly outline the pharmacy needs assessment, workforce and additional local services.

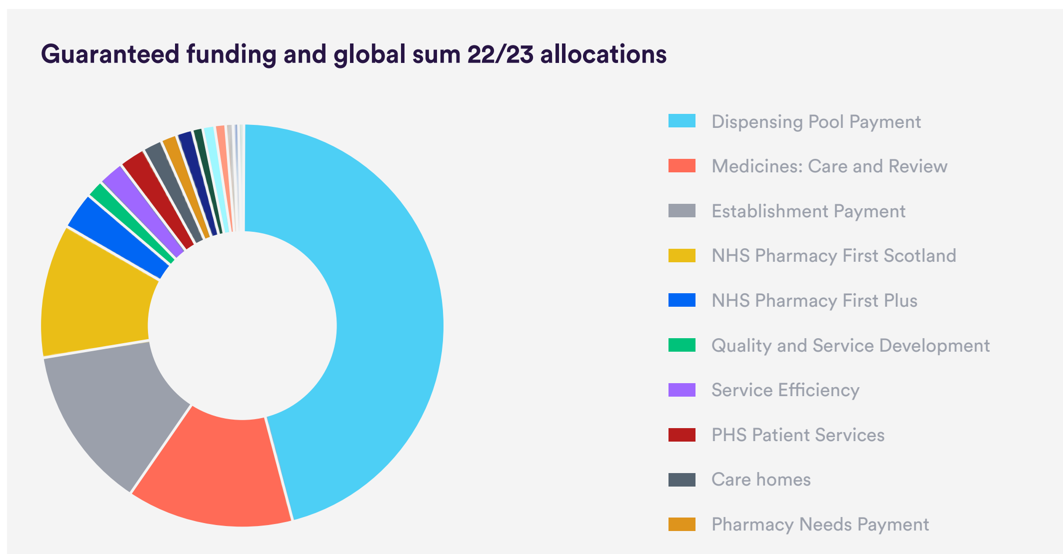
NHS boards negotiate locally with community pharmacy health board committees on remuneration for the following pharmaceutical services (not an exhaustive list):

- Advice to care homes
- Support for people with substance misuse issues
- Needle exchange services
- Compliance support solutions
- Disposal unwanted medicines
- Out of hours rotas
- Collection and delivery services

Funding

There are no NHS prescription charges in Scotland.

The chart below gives an overview of how this year's entire global sum is broken down (this includes core and additional services).



Medicine reimbursement and dispensing: Advance payments are made to support contractor cashflow while actual payment for the prescriptions submitted is calculated. Ordinarily, actual payments are made two months in arrears from submission e.g. January's submission is paid at the end of March.

The drug tariff arrangements are different in Scotland from elsewhere in the UK. 'Part 7' is used to set the reimbursement prices of around 850 commonly prescribed medicines. It is the principal price adjustment mechanism to ensure delivery of the retained margin guaranteed as part of the pharmacy funding. It is monitored by Community Pharmacy Scotland and the Scottish Government to ensure that the scheme operates correctly and to identify anomalies. The tariff is set annually, with exceptional changes agreed up to twice each month.

NHS Pharmacy First Scotland: A yearly funding pool of £30.8m. The service remunerates contractors for making the service available to their communities (base element) and for the episodes of care provided in line with service (activity element).

All contractors receive the base payment of £1,000 and an activity payment from the activity payment pot of £1.308m where their activity level is above a specified minimum of 100 interventions per month. Activity is recorded on Patient Medication Record systems as advice, referral or treatment (ART). The ART elements are equally weighted, which ensures that there is no perverse incentive to make a treatment supply.

Pharmacy First Plus: This is an independent prescriber service. Monthly fee of £3,000, described conceptually as an enhancement to the standard NHS Pharmacy First Scotland "base" payment. The service provider completes a self-declaration form to indicate that a pharmacist independent prescriber is available to provide this service for a minimum of 25 hours per week, for a minimum of 45 weeks of a rolling year from the date the service starts.

Unscheduled care: Yearly funding pool of £3.58 million. Base payment of £100 and an associated unscheduled care activity payment from a fixed funding pot in the region of £2.08m. This comprises making supplies of medicines where it is impracticable to secure an original prescription for the supply.

Public health: Smoking cessation and emergency use contraception is paid on an activity basis.

Smoking Cessation Service (Claims submitted via PCR)

Quit attempt event	MDS submission	Remuneration
Event A The Community Pharmacy submits the MDS information with confirmed quit date (normally first return appointment).	The MDS information needs to be electronically submitted once the quit-date is confirmed with the client. This determines the date for 'Week 1' which then forms the basis of the timelines for the four-week and twelve-week post-quit date follow-ups.	£30 A count will be made on the central smoking cessation database of patients for MDS submission for new quit attempts that meet the validation requirements that have not been remunerated.
Event B Four-week post-quit date.	To be electronically submitted immediately after the four-week post-quit date and not later than six weeks from the confirmed quit-date.	£15 A count will be made on the central smoking cessation database of patients for MDS submission for new quit attempts that meet the validation requirements that have not been remunerated.
Event C 12 week post-quit date.	To be electronically submitted immediately after the twelve-week post-quit date and not later than sixteen weeks from the confirmed quit-date.	£35 A count will be made on the central smoking cessation database of patients for MDS submission for new quit attempts that meet the validation requirements that have not been remunerated.

Sexual Health Service – Provision of Emergency Hormonal Contraception (EHC)

Payment element	Amount	How to claim
Fee per intervention.	£30 per intervention where a patient is prescribed and supplied treatment for Emergency Hormonal Contraception.	UCF scripts will be reimbursed electronically. CPUS scripts should be submitted to PSD for payment.

Bridging Contraception (Sexual Health)

Arrangements for the Bridging Contraception service, introduced in July 2021, will see an increased remuneration funding pool of £1.620m with a payment of £30 per intervention. Circular PCA(P)(2021)12 provides details on the Bridging Contraception service.

Workforce: £180 per month as a contribution towards training costs for pharmacy teams.

£1 million of the global sum has been set aside to support the development of employee pharmacists to become independent prescribers.

A 'Post Registration National Foundation Programme for Newly Qualified Pharmacists' support is available. A monthly fee of £1,000 (£12,000 per annum, for 2 years) will be made available to the contractors who support trainees to complete the programme.

Digital investment: Community pharmacy currently can't access patient records.

Pharmaceutical needs-weighting payment: Makes a payment for the additional pharmaceutical needs in the area based on age (proportion over 60) and deprivation characteristics of the people using the pharmacy. £3.845 million per year distributed.

Essential small pharmacy: Funding is scaled to the hours open. The total establishment payment plus dispensing pool payment plus pharmaceutical needs-weighting payment made to an essential small pharmacy each month, are subject to a guarantee minimum target income of £4,412 for full-time contractors.

Care home element: Where care home prescriptions are over 2.5% of all dispensing, the prescription items do not count towards their dispensing pool payment. Instead, they are reimbursed from a separate quarterly pool of £1.107m depending on how much activity has been carried out nationally.

Medicines care and review service: The payments are made using one of the more complex financial models and is based on the number of people registered for the service (capitation model) at the end of a given month.

Service efficiency payment: For achieving a target level of electronic claiming for prescriptions submitted for pricing by practitioner services. £150 per month.

Gluten foods: Every pharmacy that is signed up to provide the gluten foods service to people (coeliacs) referred by their GP or dietitian will receive a fixed payment of £100 per month. All contractors in the dispensing month concerned shall receive an activity payment from a fixed funding pot of around £1m.

Patient evaluation

A minor ailment scheme evaluation (2018) found high patient satisfaction due to convenient location, accessibility and good relationship with the pharmacy. Most would recommend the service and around 60% of respondents stated they would have accessed the GP if they had not used the pharmacy minor ailments service.[5,6,7]

Service indicators

There is an advice, referral and treatment (ART) model for Pharmacy First (and Plus). However, in 86% of contacts, patients received an item. Of the remaining contacts, 10% resulted in advice only (for example, advice on self-care) and 4% resulted in an onward referral to another health care professional.[8]

Referrals to the GP from Pharmacy First are low, but within Pharmacy First Plus around 20% of consultations for antibiotics are referred on to the GP.[9]

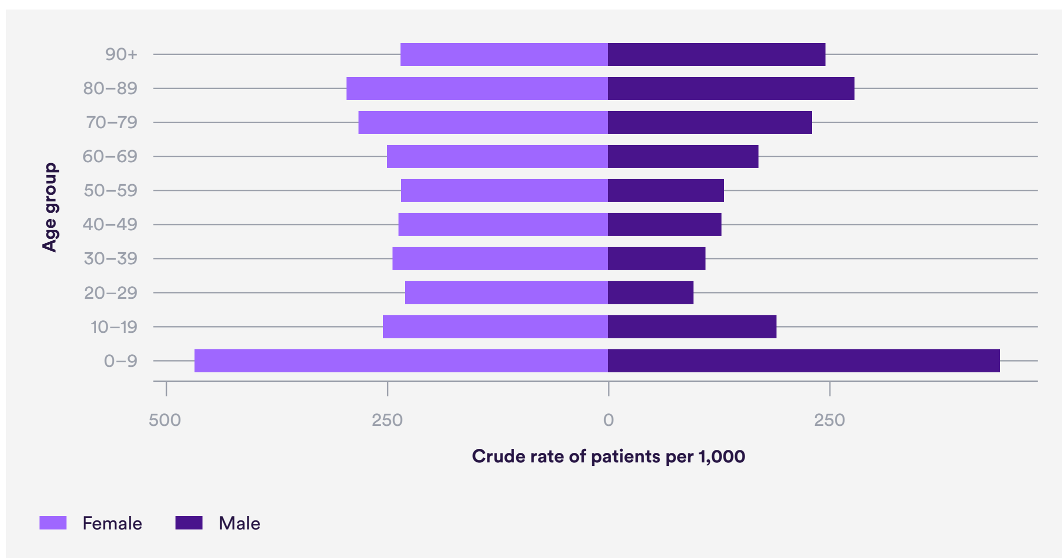
Pharmacy First items dispensed have increased year on year (excluding COVID lockdowns). Pharmacy First Plus antibiotic prescribing has increased year on year. A plateau of items dispensed has yet to be reached.

Pharmacy First

Between 1 April 2021 and 31 March 2022:[8]

- 23% of the Scottish population (1,242,801 people) accessed Pharmacy First Scotland services at least once.

- 61% were female and 39% were male.
- The highest rate of people accessing the service was in the 0–9 years age group (469 females per 1,000 population and 444 males per 1,000 population).
- Use of Pharmacy First Scotland can be seen across all levels of deprivation in the population. 45% of patients lived in the two most deprived quintiles.



Pharmacy First Plus

UTIs and impetigo

Number of items (antibiotics) dispensed for urinary tract infections (UTIs) and impetigo (IPT) has increased year on year, with significant increases over the two years since the service was offered. Roughly 20% of Pharmacy First Plus consultations for UTIs are referred on to the GP.

Shingles and skin infections

Number of items (antibiotics) dispensed for shingles (SHN) and skin (SIN) infections has increased year on year, with significant increases over the two years since the service was offered.

Health board data

Some of the health board pharmaceutical care service plans outline indicators, mainly inputs and activities.

For example, the following data is from Lothian Health Board (2021):[10]

Lothian Pharmacy First, although weighted equally for advice, referral and treatment (ART) was heavily focused on providing treatment in 2020 and 2021 in Lothian.

In Lothian, UTI symptomatic presentation was generally provided with treatment. A consistent proportion were referred to the GP (roughly 15–20%).

In Lothian, only about 15% of people who decided to quit were still attending the 12-week follow-up (pre-pandemic activity).

Acknowledgement

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2 Welsh community pharmacy approach

May 2023

Vision and strategic direction

The vision and direction of travel was initially set out in 'Pharmacy: Delivering a Healthier Wales' (2019) and developed further in 'A New Prescription: The future of community pharmacy in Wales' (2021).[1,2]

Monitoring, evaluation and revision are core components of the Welsh approach, as is the flexibility to adjust the model. A 'New Prescription – One Year On' is currently being developed based on the latest evidence, evaluation and population needs analysis.

Delivery of the vision is achieved through wide-ranging reforms to the community pharmacy contractual framework (CPCF), committing to clinical service delivery, workforce development, improving quality and safety and integrating community pharmacy more closely within primary care clusters. Changes are underpinned by significant reform of CPCF funding to incentivise and reward pharmacies that do more of the things the NHS needs. These reforms are outlined below.

Clinical Community Pharmacy Service

The CCPS is a nationally determined service offer, and pharmacies must provide "all or nothing" of four services components:

1. Contraception: emergency contraception, bridging and quick-start contraception

2 Seasonal flu vaccination
3 Common ailments service
4 Emergency medication supply

Services are reimbursed through a mixed payment approach, which includes an adapted version of capitation based on consultation access and volumes by banding, but also specific financial incentives for specific services and priority activities (eg, collaborative working, asthma inhaler amnesty, mental health elearning, data validation).

From April 2022, establishment payments to pharmacies were restructured with half of the payment available to pharmacies dependent on provision of Clinical Community Pharmacy Service (CCPS) rather than meeting minimum dispensing volumes (as had previously been the case). Pharmacies who sign up to the nationally specified CCPS and continue to meet the service criteria are paid an establishment payment for CCPS of approximately £12,500 a year.

The pharmacy completes a monthly declaration in the National Electronic Claim and Audit Form indicating the total number of days the pharmacy was open and the number of days on which the following services were available from the pharmacy.

Seasonal flu vaccine: An all or nothing payment where flu vaccination services are available on at least one day per month in each of the four months September to December 2023 and on no fewer than 40 days in total.

Contraception: Emergency contraception and bridging contraception – 80% availability is the requirement.

Common ailments service: 80% availability is the requirement. Conditions treated are acne, athletes' foot, backache (acute), chickenpox, cold sores, colic, conjunctivitis, constipation, dermatitis (acute), diarrhoea, dry eye, haemorrhoids, hayfever, headlice, indigestion, ingrowing toenail, intertrigo, mouth ulcers, nappy rash, oral thrush, ringworm, scabies, sore throat, teething, threadworm, vaginal thrust, verruca and warts.

The continuity payments available during 2023/24 will be £6,333.60. There is a temporary reduction in the expectation to meet continuity criteria (due

to workforce concerns). Contractors have been advised to continue to work towards regular availability of all CCPS elements, but meeting the full criteria has been pushed to next year.

All pharmacies providing the clinical services within CCPS record consultations using the national Choose Pharmacy IT system, data are extracted from Choose Pharmacy to calculate remuneration and reimbursement related to services without the need for separate claims.[3] Choose Pharmacy is provided and maintained by Digital Health and Care Wales with some funding provided by contractors from a top-slice of CPCF funding.

The All Wales Pharmacy Database (AWPD) is a centralised definitive source of data on community pharmacies in Wales and the services and facilities they provide. There is a nationally set IT hardware specification which all community pharmacies have to align to.[4] Direct access to the database is restricted to health board and community pharmacy staff.

Independent Prescriber Service

Pharmacies must provide the clinical community pharmacy service before offering an independent prescriber service.

Independent prescribers can be commissioned and provide advice and treatment for the following conditions:

- Urinary tract infections
- Skin infections – impetigo, rash
- Ear infections
- Sinusitis and sinus pain
- Sore throat and tonsillitis
- Eczema/dermatitis
- Shingles

Funding is based on a hybrid model of availability as well as delivery/activity. Quarterly fees are also provided to support ongoing governance requirements and professional development.

Funding is in a banded structure on availability: (unable to locate fees)

- Band 1: 80 hours/month – min. 2 days/week availability (for up to 100 consultations)
- Band 2: 110 hours/month – min. 3 days/week availability (for up to 130 consultations)
- Band 3: 150 hours/month – min. 4 days/week availability (for up to 180 consultations)

For the independent prescribing service contractors are paid at the top of the band for the first year to give incentives to invest in the service development.

Funding for the first year of the service...

Band	Availability	Funding (per month)	Number of consultations	Fees above upper limit
1	80 hours/ month	£1,903.25	Up to 75 consultations	Above upper limit each consultation will be renumerated at £25/consultation
2	110 hours/ month	£2,446.88	Up to 100 consultations	Above upper limit each consultation will be renumerated at £25/consultation
3	150 hours/ month	£3,261.80	Up to 145 consultations	Above upper limit each consultation will be renumerated at £25/consultation

...funding for the service after the first year

		Minimum	Threshold	Upper limit
Band 1	Consultations	15	35	75
	Payments	Below minimum £25/ consultation Once reach minimum £1,195.99/month	£1,903.25/month Once reach threshold	Above upper limit £1,903.25 + £25/ consultation
Band 2	Consultations	25	50	100
	Payments	Below minimum £25/ consultation Once reach minimum £1,522.18/month	£2,446.88/month Once reach threshold	Above upper limit £2,446.88 + £25/ consultation
Band 3	Consultations	40	80	145
	Payments	Below minimum £25/ consultation Once reach minimum £2,174.54/month	£3,261.80/month Once reach threshold	Above upper limit £3,261.80 + £25/ consultation

National directions

There are directions that outline the high-level expectation of the clinical community pharmacy service, pharmacy independent prescribing service and additional pharmaceutical services that can be locally commissioned. The directions also outline the payment approach, dispute resolution, pharmacy staff training and consultation requirements.[5] For example, premises must be suitable for 'confidential consultations' where 'the person receiving services can sit' and 'not be overheard' when talking at 'normal speaking volume'.

The directions outline the high-level specifications of additional pharmaceutical services that local health boards can commission. These include:

1. Disease-specific management service
2. Screening service
3. Medication review service
4. Patient group direction service
5. Prescribing service
6. Prescriber support service (eg advice on the clinical and cost-effective use of drugs, policies, and repeat prescribing)
7. Waste minimisation service
8. Care home service
9. Anticoagulant monitoring service
10. Needle and syringe supply service
11. Gluten-free food supply service
12. Schools service
13. Stop smoking service
14. Out of hours service
15. Home delivery service
16. On demand availability of specialist drugs service
17. Medicines assessment and compliance support service (for vulnerable patients)
18. Supervised administration service
19. Anti-viral collection service
20. Language access service
21. Emergency Pandemic Treatment and Prophylaxis Supply Service
22. Emergency Pandemic Vaccination Service

Quality and safety scheme

2024/25 priority activities are outlined below. The 'all or nothing' funding element will return, but for this year there are separate funds, for businesses to decide which priority area to spend time on. Priority areas change year to year.

Data validation: Pharmacy contractors to undertake a validation exercise of the AWPD national dataset at two points in the year. £520 will be payable for each validation exercise.

National mental health awareness: All pharmacy staff must complete nationally set e-learning. Contractors can receive £580 if they state they have met the criteria.

National inhaler waste scheme: NHS Wales Decarbonisation Strategic Delivery Plan has a community pharmacy inhaler waste amnesty programme. Contractors can receive a payment of £500 if they state they have met the criteria.

Collaborative working

Payments are given to contractors to encourage them to engage with their primary care clusters and improve collaborative working.[6]

Every primary care cluster has a Community Pharmacy Collaborative Lead (CPCL). The CPCL is a pharmacist or technician who works within the cluster and arranges (a minimum of) quarterly meetings for all contractors. CPCL are paid £2,111.20 a year.

At least one meeting should be attended by a pharmacist, and the remaining two may be attended by a technician. There are two funding elements available to all pharmacy contractors in Wales in 22/23, in total worth up to £1540:

Attendance at cluster meetings: Payments of £260 for each meeting attended (payable for the first three meetings with an additional payment of £260 on the third meeting claimed) will be payable to all contractors on the pharmaceutical list as of 1 April 2022 who (physically or virtually)

attend meetings arranged throughout the year by their primary care cluster community pharmacy lead.

Collaborative working visits – up to two payments of £250 each for collaborative working visits with other members of the primary care workforce covering specific topics below.

Primary care cluster meeting topics

To be discussed by either pharmacists or technician who regularly attend	To be discussed by pharmacists only
• Promotion and establishment of repeat dispensing/batch prescribing • Improving the operation of repeat prescribing systems (other than repeat dispensing/ batch prescribing) with a particular focus on reducing waste • Ensuring the benefits of NHS community pharmacy services, including but not limited to the common ailment service and smoking cessation service, are maximised for patients and the NHS • Developing arrangements for maximising the uptake of influenza vaccination within the community • Making arrangements for undertaking discharge medicines reviews particularly for patients discharged from hospital to a care home to which the pharmacy provides dispensing services and the GP provides the General Medical Services care homes directed enhanced service.	• Improving the use of medicines by residents in care homes. • Developing a plan to improve prescribing safety linked to prevalence of high-risk medicines indicators (for example as per requirements of quality and safety scheme).

Workforce

The responsibility for workforce development will, in the main, be taken forward by Health Education and Improvement Wales (HEIW). The investment in workforce from HEIW has been agreed outside of the CPCF funding.

HEIW support in 2023/24:

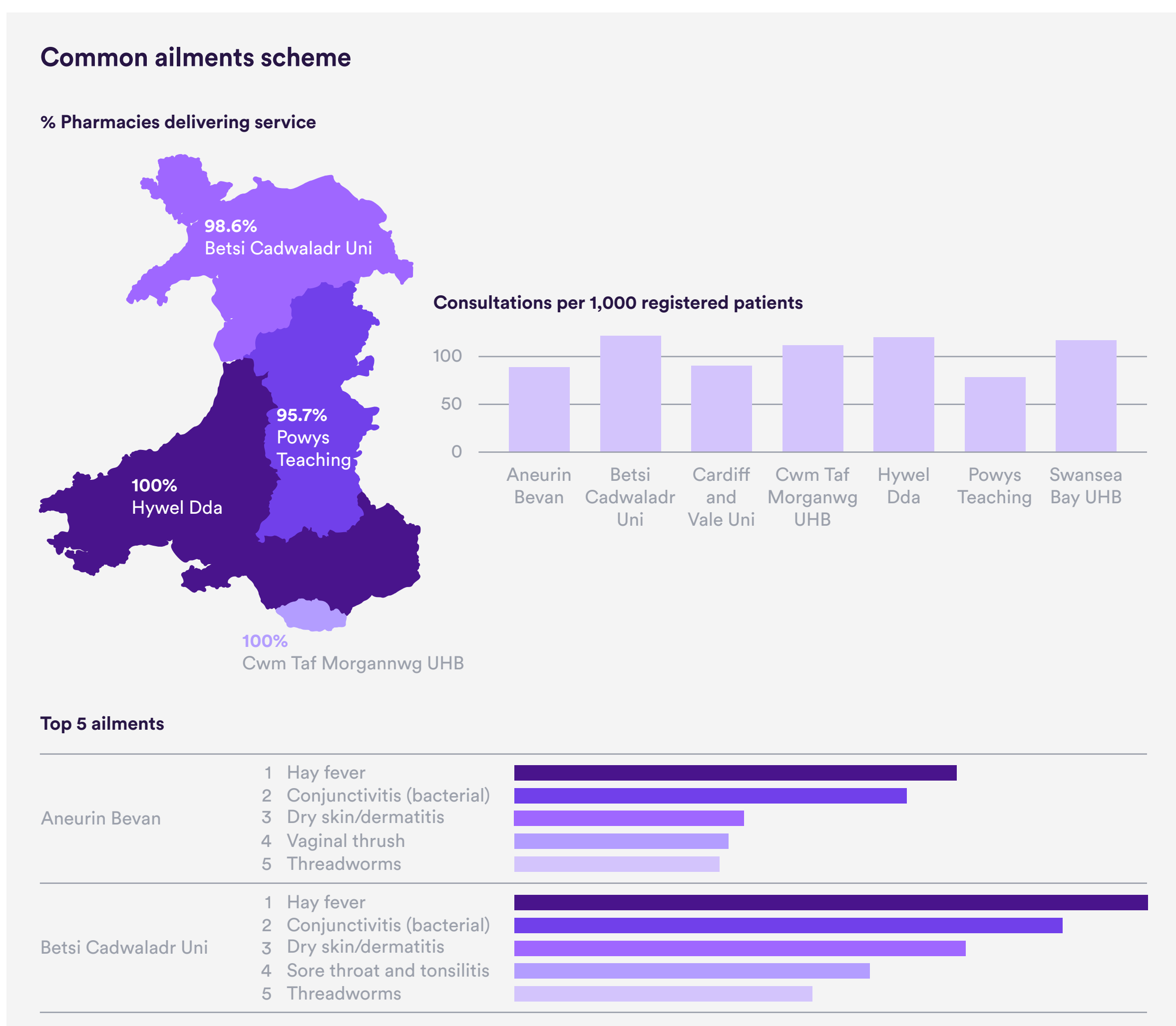
- 150 Independent Prescriber places per annum funded with £3,000 backfill and all HEI fees paid
- Support and Training for Designated Prescribing Practitioners.
- Access to Pre-Registration Pharmacy Technician training funded through HEIW with £2,000 backfill
- Access to extended, advanced and higher-level post-registration education
- Changes to Foundation and Post-Registration Foundation training.
- Workforce Enablers (from CPCF funding):
  - Two-year incentive to encourage recruitment and retention of pharmacy Technicians in community pharmacy.
  - Funding available in 2022/23 and 2023/24.
  - Funding for 2023/24 agreed that up to two payments are available each month against up to two levels of Pharmacy Technician/Trainee, following feedback from contractors:
  - £2070.60/annum for pharmacies/pre-registration pharmacy technician
  - £4141.20/annum for pharmacies/registered pharmacy technician
  - £5176.50/annum for pharmacies/registered pharmacy technician undertaking training to become an accuracy training technician
  - £6211.80/annum for pharmacies/accuracy checking technician (registered with the GPhC)

Evidence and evaluation

The Welsh approach is underpinned with ongoing evaluation and data analysis.

There is a national dashboard that provides an open-access overview of the community pharmacy services.[7] This enables monitoring of the service and identification of variation and issues to address to improve the service and outcomes.

An example of data is provided below.



Based on claims for payment submitted to NHS Wales Shared Services Partnership in the last 24 months.

Data on the Discharge Medicine Service also codes for discrepancies identified. This is at a level to identify the specific issues in an area so that targeted local activities could be undertaken to improve the service, reduce risk and improve patient outcomes.

Emergency use contraception

The national dashboard provides an open-access overview of emergency use contraception. There has also been a five-year evaluation of the service. Both have identified issues and driven service improvement changes. For example, a key finding was that the service had a high proportion of repeat users, which led to quick-start contraceptive being incorporated into the service offer.[7,8]

There was little change in demand for the service over the five-year evaluation period. Current data from the dashboard also shows that demand is stable. However, there is variable demand across the week, with highest demand on a Monday, probably due to reduced availability of the services on Sundays.[7,8] Work is ongoing to improve Sunday access.

NHS 111 Wales signposting

Over the 2022 four-day Jubilee bank holiday weekend, the NHS 111 Wales website signposted appropriate patients to community pharmacy-based services instead of the telephone-based NHS 111 Wales service. The NHS 111 Wales website received 2,218 unique visits in the time frame studied. Medication request calls showed no increase in demand, but there was a decrease in the percentage of calls that resulted in a prescription being issued. The Clinical Community Pharmacy Service showed an 18.17% increase in emergency medicine supply consultations over the same period, and a combined increase of the common ailments service and the emergency contraception service of 12.14%. This means 47.9% of patients would have contacted NHS 111 Wales had the emergency medicines service not been available.[9]

Health inequalities

Analysis of data found that there are more community pharmacies in more deprived areas, but there was no association between socioeconomic

deprivation and the number of service consultations a community pharmacy provided.[10] Further work is ongoing on how to increase appropriate use of community pharmacy services in deprived areas.

Influenza vaccination

Community pharmacy can increase the overall number of influenza vaccinations administered.

A longitudinal study was undertaken on data related to all NHS funded flu vaccinations given in community pharmacies between 2012 and 2018 (n = 103,941). Vaccination numbers increased each season from 1,568 in 2012/13 to 36,238 in 2017/18. The main risk group was people aged 65 and over (59.9% of vaccinations). The proportion of those vaccinated who were aged younger than 65 years and in an 'at risk' category was significantly higher in community pharmacies than general practice. Community pharmacies increased their share of all influenza vaccinations administered from 0.3% in 2012/13 to 5.7% in 2017/18. A strong positive correlation was observed between increasing community pharmacy vaccinations and total vaccination numbers.[11]

Antibiotic prescribing

Wales has evaluated the two main models for the community pharmacy sore throat consultation service:

Model 1: Screen patients using FeverPAIN (or Centor scores) for possible strep infections, offer a point-of-care swab test to confirm strep infections and supply with antibiotics if indicated.

Model 2: Screen using FeverPAIN and prescribe antibiotics if indicated. This model is based on NICE guidance that is routinely used in general practice.[12]

Antibiotic prescriptions increased from 27% with model 1 (swab included), to 63% with the model 2 (no swab). The percentage of patients who were not issued an antibiotic, despite their high clinical score, decreased from 56% to 9.3%. For every 100 sore throat consultations with patients with a FeverPAIN score of ≥2, the use of a swab to confirm may prevent up to 36 antibiotic

prescriptions, increasing to 47 for patients with higher clinical scores. The study concluded that FeverPAIN and swabbing is the preferred approach in terms of preventing unnecessary antibiotic prescriptions and supporting antimicrobial stewardship.[13]

Another study of model 1 (swab included) analysed 11,304 pharmacy sore throat consultations in service users aged 6 years and over. A relatively young demographic uses the Welsh community pharmacy sore throat consultation service. The average age was 25 years (IQR: 12 to 44). A swab was undertaken in 76.7% of consultations – of these about a third were positive. In total, 2,406 (21.3%) patients were supplied with antibiotics. Pharmacists managed 91% of consultations in the pharmacy and referred 9.3% to a GP and 0.2% to the emergency department. Higher rates of antibiotic supply were observed in out-of-hours consultations when compared with in-hours (24.9% versus 20.9%).[14]

To note, Health Technology Wales (HTW) has recently reviewed the evidence related to the use of swabs in the community pharmacy for the diagnosis and management of strep infections. HTW concluded that the current evidence is limited and does not support routine adoption. Uncertainties remain about the clinical and cost effectiveness and further research is recommended.[15]

Independent prescribing

A pilot independent prescribers' service was introduced in 13 community pharmacies across Wales in June 2020.

Access to the patients' medical records was provided via Choose Pharmacy, the national community pharmacy IT platform.

independent prescribing pharmacies supported the management of minor ailments and some other conditions, such as respiratory and sexual health.

13 semi-structured interviews (n=9 IPPs; n=4 commissioners) were undertaken and thematic analysis.[16,17]

Patient feedback and support: Reported to be positive, particularly the easy access.

GP pressure: A commissioner received ad hoc feedback from local surgeries that pressure had reduced (no specific data was given).

Collaborative working: The main impact of the role was that it helped to improve communication between community pharmacies and general practices and relieved some pressure on general practices. The relationship with local GPs was essential and one of the main ways for bringing the service to patients' attention (referral from reception staff). Existing relationships enabled more effective roll-out of the service.

Access to patient records was deemed essential, otherwise the patient consultation was viewed by one as "shooting in the dark". Some pharmacists wanted to move beyond 'read only' access to patient records to 'read/write' access, and this was viewed as necessary to push the profession forward and properly integrate pharmacists in the multi-professional team.

Increased professional satisfaction and career development.

Training: The course and training for community independent prescribing pharmacies was helpful, but there was a need to focus more on therapeutic and clinical examination skills.

Patient uncertainty: Dealing with uncertainty in diagnosis was an issue. Pharmacists had WhatsApp peer group support, debrief sessions, and sought feedback from practice managers on referrals and patient outcomes (with some privacy concerns). Some concern over responsibilities for patient care and the lack of prompts that are on the GP system and access to wider support.

Attitudes: Reports that the service was viewed as a 'cheap GP', and attitudes from other health professionals and non-pharmacy commissioners could be unhelpful.

Risk: Remote (telephone) consultations were potentially risky. One reported that when the patient came to the pharmacy for their medication the pharmacist asked them to attend hospital (they were then admitted). Also concern about remote consultations linked to safety, safeguarding and effective assessment of the patient.

Time: Upskilling technicians and other pharmacy staff was viewed as essential to free up pharmacist time. Without this the workload would be unmanageable.

Remuneration: The main barriers were the lack of appropriate funding by the government to develop the role, at that time.

Capacity: Identified as a key barrier to clinical service delivery.

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59 New Cavendish Street
London W1G 7LP
Telephone: 020 7631 8450
www.nuffieldtrust.org.uk
Email: info@nuffieldtrust.org.uk

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