

NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMR CCG)
Chair's responses to public questions from 20 September 2019 Governing Body meeting

	Question	Response
1	<p>Raised by TE on behalf of Better Health4Middleton:</p> <p>There are some major problems with the pharmacy at the moment..... I know you are going to say they are not your responsibility...but pharmacies are losing staff and cannot cope with the minor services they are supposed to provide – patients are also going to have to start paying delivery charges Boots chemist in Middleton I was told are doing minor ailments service but they haven't started. The pharmacies provide other services i.e. blood pressure checks, cholesterol and some other services, and I hear talk of them taking 111 calls? This will only come back on GPs who cannot already cope how are you going to support this?? “</p> <p>Healthwatch Rochdale also raised the question re Boots delivery charges for prescriptions and raised concern and requested to be involved in discussion with NHS England</p>	<p><i>In terms of funding cuts, whilst there was a reduction in funding as part of the 2016 – 2018 community pharmacy funding settlement related to payments for essential services, additional funded services were introduced and the pharmacy quality scheme. The level of funding for essential services has been maintained as part of the Community Pharmacy Contractual Framework for 2019 – 2024. There have been pharmacy closures across GM since the 2016 – 2018 community pharmacy funding settlement; however there have also been new pharmacies that have opened. Overall, there is still adequate NHS commissioned pharmacy service provision across GM and the levels of service provision is comparable or higher than the England average.</i></p> <p><i>With respect to patients being referred to community pharmacies, providing support and healthcare advice to patients and managing minor illness has been a core element of their role for many years. Over recent years there has been a greater push to better utilise the skills and availability of community pharmacists to support patients and where appropriate act as first port of call. In many areas GP reception staff and care navigators actively signpost patients to pharmacies. We also have commissioned minor ailment services delivered by community pharmacies across GM to support patients to self-care and access medicines without the need to visit a GP. The NHS 111 referral service as part of the new Community Pharmacy Contractual Framework formalises current signposting arrangements into a referral. The NHS 111 referral service has been piloted in various parts of England for over 12 months and pharmacies have safely and efficiently managed a large volume of patients via the pilot service. This has been commissioned as a part of a new advanced pharmacy service, the NHS Community Pharmacist Consultation Service from October 2019 with two elements. The NHS 111 referral element and what was the former NUMSAS (urgent medicines supply service). As the service is an advanced pharmacy service, whilst we would encourage as many pharmacies as possible to provide the service to maximise access, it is not mandatory requirement or an essential service. We currently have over 121</i></p>

pharmacies delivering NUMSAS across GM and we anticipate that more than this will provide the Community Pharmacist Consultation Service (CPCS).

Regarding the other services mentioned in the press, such as health checks, and Cardiovascular Disease (CVD) reviews. These are not mandatory services, but are being piloted and introduced across the life of the new framework between 2019 -2024 to support and compliment Primary Care Networks (PCN) services and will be piloted via the pharmacy integration fund. There is also funding available with the new framework to support pharmacies in the implementation of new services which will assist with the training and development of their teams.

Whilst pharmacies are being encouraged to make better use of technology, including automated dispensing. A number of pharmacy organisations have gone down the route of utilising hub and spoke models and automated process via central points; however this is not a mandatory model and pharmacies are required to provide medication to patients in a timely manner. On the point around what GPs inform patients, it usually takes up to 48 hours to prescribe medication following a request to the surgery (often quicker with EPS); however this is the time to get a prescription to the pharmacy and does not take the time to dispense which can be a couple of days if stock is required. If a pharmacy is using an off-site automated hub the patient should be informed and consent if happy. The whole process of getting medication prescribed by a GP and medicines dispensed from pharmacy may take up to 7 days, but taking 7 days to dispense medication from receipt of prescription would not be a reasonable timeframe.

With respect to delivery of medication by pharmacies, this is not a NHS commissioned service and has been done by pharmacies on a good will basis. Pharmacies are able to charge for this service, as any business would for delivery services. Fully appreciate that there is a need to support vulnerable patients and I understand that pharmacies are making provision. The exception to this are distance selling pharmacies, who by virtue of their contract cannot deliver essential pharmacy services (including supply of dispensed medications) on or near

		<p><i>their premises. Therefore, these pharmacies are required to send NHS prescribed medications to patient's homes free of charge.</i></p> <p><i>We are working with Local Pharmaceutical Committee (LPCs), community pharmacy contractors and stakeholders to support the implementation and roll out of pharmacy services introduced as part of the new contractual framework.</i></p>
<p>2</p>	<p>The Caring together forum raised the issue of care homes no longer being able to store syringe drivers in care homes and the impact on patients and GP input.</p>	<p><i>The CCG has recruited to the Quality Improvement Post - Trish Garvey – Trish will be working on the end live pathway and the syringe drivers' issue. We will need to look at this with the District Nursing teams.</i></p> <p><i>Clinicians confirmed end of life pathways have been written up to elevate systems and issues with the automatic prescribing. Assurance has been provided that should a patient required a syringe driver the District Nurses can get one within the hour and will be available via on call 24 hours a day.</i></p> <p><i>Further discussions are taking place at the End of Life Committee</i></p>
<p>3</p>	<p>There are also issues around prescribing and dealing with the Bladder and bowel pads. Storage issue due to all delivered at once. Health & Safety issues – fire hazard. Dignity issue as there are only 2 pads allocated per 24 hours. Is there anything we can do to address that?"</p>	<p><i>The CCG have been working with infection control colleagues regarding the prescribing and storage of pads and are also looking to see if the prescriptions are right and supporting the homes to make best care choices.</i></p> <p><i>This is something we can include in ongoing reports.</i></p>