# Responding to queries from Primary Care Resilience WebEx 3 – 21 July 2020

The third WebEx of our Primary Care Resilience Series took place on Friday 21 July 2020. This series aims to share the learning from the rapid change in how general practice operates that has occurred in response to COVID-19, whilst also looking at primary care recovery and renewal.

Discussions on each WebEx are led by colleagues from Scottish Government, Royal College of General Practitioners and Healthcare Improvement Scotland.

You can find the recording of the WebEx and a copy of the slides on our 'Primary Care Resilience WebEx Series' page on Improving Together interactive – our one-stop-shop library of resources for primary care.

This WebEx was focused on medicines in primary care, and covered the launch of NHS Pharmacy First, pharmacotherapy, and pharmacy hubs in Wigtownshire Locality in Dumfries and Galloway.

This document aims to respond to queries raised by participants during the third WebEx. Colleagues in Community Pharmacy Scotland, Scottish Government, and NHS Dumfries and Galloway have provided answers to these queries.

## Questions and Answers

### Responses to queries in relation to NHS Pharmacy First

1. Will Pharmacy First remain voluntary/additional service, or is it intended to become an expected part of Pharmacy Service contracts?
2. What consideration has been given to rurality, where patients do not have access to a community pharmacy and the first point of contact remains the GP?
3. How will GP practices be informed that their patients have been seen and advised/treated through Pharmacy First?
4. Will Pharmacy First feedback any change to treatments or new treatments commenced?
5. How can GPs be sure/confident that their patients have been spoken to by a trained advisor and not support staff? (previous experiences of inappropriate advice being given by a member of staff who was not the pharmacist)?
6. Will referral back to the GP be made via email, or will it be the responsibility of the patient? If so, will pharmacists provide patients with a communication form with the recommendation of why they need to be see and within what timescale?
7. How can we be sure patients won't simply be passed between services leading to delays clinical interventions? *(I'm concerned about people being constantly re-directed between services (for instance, currently those too young or not fitting specific criteria are re-directed back to GP so delays progress to clinical intervention))*
8. Regarding the Chronic Medication Service, when are controlled drugs to be added?

### Responses to queries in relation to e-prescribing

9. When are we going to get electronic signatures for prescriptions in Scotland?

### Responses to queries in relation to community pharmacy

10. How will Community Pharmacy cope with increased pressures of physical distancing?
11. Will Community Pharmacy have access to interpreting services?

### Responses to queries in relation to funding

12. Is there adequate resourcing for local community pharmacists to deliver NHS Pharmacy First?
13. As an independent prescriber I have taken on more risks and additional costs to practice and this is not reflected in my salary - will there be funding available to adequately pay pharmacists for the great work we are doing?

### Responses to queries in relation to training

14. Are there really only 2 pharmacy technician training courses in the UK?

**Responses to queries in relation to evidence, evaluation and outcomes**

15. What is the evidence to show that the clinical outcomes are identical for patients whether delivered by the Minor Ailment Service or in other settings?
16. Do we have clear evidence that increased services (such as Minor Ailments Service) actually improve outcomes – and don't increase dependency on service offerings?
17. Is there any qualitative data showing how pharmacists have been beneficial in primary care? *(for example, the number of Chronic Medication Service scripts doesn't necessarily represent…. if the patients felt they received a good pharmacy service)*

**Responses to queries in relation to Wigtownshire Locality Hub Model**

18. Do you have any feedback regarding whether medicines changes were reverted later? (From my GP experience of remote working, I find it very difficult to make decisions about patients that I do not know at all - medicines decisions can often be very patient specific)?
19. How did you get around the issues with getting prescriptions printed from an office remote from the GP practice?

## Responses to queries in relation to NHS Pharmacy First

1. **Will Pharmacy First remain voluntary/additional service, or is it intended to become an expected part of Pharmacy Service contracts?**

   Pharmacy First is part of the NHS core service elements, and will be delivered, as appropriate, in all NHS community pharmacies.

2. **What consideration has been given to rurality, where patients do not have access to a community pharmacy and the first point of contact remains the GP?**

   Patients in this situation will continue to access services from the practitioners they are currently using.

3. **How will GP practices be informed that their patients have been seen and advised/treated through Pharmacy First?**

   When a consultation for cystitis (UTI) or Impetigo is undertaken via Patient Group Directions, the pharmacy will send confirmation that this has occurred along with the outcome – advice only, treatment or referral.

   For all other conditions, acknowledgement to a GP practice that their patient has been seen will only occur if the pharmacist feels that this is required, in the same way that the Minor Ailments Service worked.

4. **Will Pharmacy First feedback any change to treatments or new treatments commenced?**

   At present, changes or new treatments will not be automatically fed back to GP practices (unless for UTI/Impetigo). Perhaps this may change in the future when IT systems allow full access to medical records by community pharmacies.

5. **How can GPs be sure/confident that their patients have been spoken to by a trained advisor and not support staff? (previous experiences of inappropriate advice being given by a member of staff who was not the pharmacist)?**

   All pharmacy support staff are required to undertake training to be able to work in the dispensary/on the pharmacy counter. The responsible pharmacist is accountable for ensuring that all their staff are competent to carry out the duties required of them. If individual GPs are concerned about the advice being given by their local pharmacy, they should discuss these concerns with the responsible pharmacist.

6. **Will referral back to the GP be made via email, or will it be the responsibility of the patient? If so, will pharmacists provide patients with a communication form with the recommendation of why they need to be see and within what timescale?**

   The method of referral to the GP (or other healthcare professional) will depend on the nature and urgency of that referral. Every pharmacy and GP practice may work slightly differently, so local discussions are strongly encouraged to agree the best ways of working to ensure a smooth, efficient and safe patient journey.

7. **How can we be sure patients won't simply be passed between services leading to delays clinical interventions? *(I'm concerned about people being constantly re-directed between services (for instance, currently those too young or not fitting specific criteria are re-directed back to GP so delays progress to clinical intervention))***

   To ensure the risk of this happening is minimised, discussion between GP practices and local pharmacies is essential to agree the most efficient patient journey whilst ensuring patient safety at all times.

8. **Regarding the Chronic Medication Service, when are controlled drugs to be added?**

   Serial prescriptions dispensed under the Chronic Medication Service do not meet the requirements of Controlled Drug regulations, therefore controlled drugs cannot be prescribed under this service. Changes to Controlled Drug regulations are under the remit of UK Government in Westminster.

## Responses to queries in relation to e-prescribing

9. **When are we going to get electronic signatures for prescriptions in Scotland?**

   This absolutely is a priority for us but it has to be done safely. Whilst there are operating models in other parts of the UK using Advanced Electronic Signatures, this requires each prescriber having to use a smart card. Technology has advanced and we now have the opportunity to use a more integrated approach.

## Responses to queries in relation to community pharmacy

**10. How will Community Pharmacy cope with increased pressures of physical distancing?**

This is part of the ongoing operational work in community pharmacies and is reviewed on an ongoing basis in line with changing recommendations and regulations.

**11. Will Community Pharmacy have access to interpreting services?**

This is provided at NHS Board level. Community pharmacies would need to check on availability with their own NHS Board contacts.

Information leaflets are available in Arabic, Bengalic, Gaelic, Polish, Punjabi, Romanian, Mandarin, Slovakian, Cantonese and Urdu. These can be sourced at:

https://www.gov.scot/publications/nhs-pharmacy-first-scotland-information-patients/pages/2/

## Responses to queries in relation to funding

**12. Is there adequate resourcing for local community pharmacists to deliver NHS Pharmacy First?**

Details of the funding for the service which covers the resource costs are available in Scottish Government Circular PCA(P)(2020)15. There is a summary of its content in the Key Facts document on Community Pharmacy Scotland's website.

**13. As an independent prescriber I have taken on more risks and additional costs to practice and this is not reflected in my salary – will there be funding available to adequately pay pharmacists for the great work we are doing?**

Community Pharmacy Scotland has set aside funds to expand the use of the Independent Prescribing qualification in the community pharmacy setting. Details are available in a Scottish Government Circular PCA(P)(2020)16 for individual businesses to consider. *(Section 6 explains the terms of remuneration.)*

## Responses to queries in relation to training

**14. Are there really only 2 pharmacy technician training courses in the UK?**

No. Here is a link to the General Pharmaceutical Council website which gives further details:

https://www.pharmacyregulation.org/education/pharmacy-technician/accredited-courses

## Responses to queries in relation to evidence, evaluation and outcomes

**15. What is the evidence to show that the clinical outcomes are identical for patients whether delivered by the Minor Ailment Service or in other settings?**

There are three key research projects which contain this and more information on the Minor Ailment Service (which has now been replaced and enhanced in Pharmacy First).

- http://pharmacyresearchuk.org/our-research/our-projects/the-minor-ailment-study-mina/
- https://www.cps.scot/media/3643/07-20-the-art-report-advice-only-referrals-treatment-v1.pdf
- https://ihub.scot/media/7311/cps-mas-report-fv-jan-2019.pdf

**16. Do we have clear evidence that increased services (such as Minor Ailments Service) actually improve outcomes – and don't increase dependency on service offerings?**

The reports above detail the evidence to date.

**17. Is there any qualitative data showing how pharmacists have been beneficial in primary care? *(For example, the number of Chronic Medication Service scripts doesn't necessarily represent…. if the patients felt they received a good pharmacy service)***

The first report above quantifies patient experience information derived through observational study using simulated patients  The latter two reports include qualitative data taken from interviews and case studies.

## Responses to queries in relation to Wigtownshire Locality Hub Model

**18. Do you have any feedback regarding whether medicines changes were reverted later? (*From my GP experience of remote working, I find it very difficult to make decisions about patients that I do not know at all - medicines decisions can often be very patient specific*)?**

I don't have any data as to decisions or changes reverted at a later date, however this might be worth looking at in the future. We use remote working with access to EMIS and Docman predominantly for two activities:

1. Data collection and audit work:
    a. Therefore any changes made to prescriptions from this work are based on set parameters in line with the audit protocol and the patient is informed either by telephone (if a discussion around changes are required) or letter.
2. Level 1 services, for example, medicines reconciliation for the practices who aren't in the two pharmacy hub buildings:
    a. We access a Docman workflow folder for our team from a practice remotely and make changes to the patients EMIS record as we would when in the practice and record any alterations (standard template). We would always contact the patient by telephone to assess their understanding, obtain further information if required for decision making and ascertain quantity of medicine(s) required.
    b. With Covid restrictions we have been conducting remote medicines review. We review the patients record before we conduct the review with the patient by telephone (soon this can be via Near Me) and queries that require complex information or a second opinion, would always be discussed with the patients practice.

**19. How did you get around the issues with getting prescriptions printed from an office remote from the GP practice?**

Unfortunately this is currently a clunky system. We are able to print prescriptions in the hub. However, this means that we then require to arrange secure transport to the remote practice, which often isn't a feasible option.

We can print prescriptions remotely in a practice however the rural practices often have poor internet speeds and printing prescriptions remotely can slow their running system, especially at busy times of the day which isn't ideal either.

Currently we queue prescriptions and telephone the receptionist to print them off for us in the practice. Unfortunately, like the previous method, a GP then needs to sign them unless our General Practice Community Pharmacist is in the practice the following day. We hope that advances with electronic prescribing will improve this system significantly.