

Community Pharmacy Referral Service (CPRS)

(The referral of patients from NHS111 to Community Pharmacy for low acuity conditions)

Go Live - 4th December 2017

1.0 Service Description and Objectives

- 1.1 This paper explains more about the Community Pharmacy Referral Service pilot in the North East of England covered by a single NHS111 provider - North East Ambulance Service.
- 1.2 CPRS is a service that enables NHS111 to refer patients to community pharmacies across the North East. The service will cover the geographical area of Durham, Darlington, Tees, Northumberland and Tyne and Wear which is covered by 10 Clinical Commissioning Groups and contains a population of 2,624,621 (ONS figure for CCGs, 2017). Up to 618 pharmacies will be eligible to sign up to the service in October and November 2017 so it is envisaged that many hundreds of Community Pharmacies will therefore be supporting NE Urgent Care systems this Christmas.
- 1.3 The primary aim of the Community Pharmacy Referral Service (CPRS) is to increase capacity and relieve pressure on existing urgent care services and deliver care closer to home in the community.
- 1.4 Other service aims are to introduce the following benefits for patients and the NHS:
 - Increased urgent care capacity (Resilience),
 - Increased primary care capacity (Resilience),
 - Decreased cost per consultation (Cost-effectiveness),
 - Increased self-care emphasis (Quality),
 - Care closer to home (Quality).
- 1.5 These aims will be achieved through the following:
 - Referral of significant numbers of patients therefore increasing capacity in urgent primary care locations,
 - Promoting a strong self-care message to patients,
 - Robust use of IT referral technology from NHS111,
 - Ensuring patient safety and high levels of patient satisfaction,
 - Reviewing the service (both qualitative and quantitative measures), through University academic review (see below 1.8).
- 1.6 The pilot will test the potential to increase referrals from NHS 111 to community pharmacies for low acuity conditions across the whole area. Initial work undertaken by the 2 Pharmacy LPN Chairs in the NE and supported by NHS England's Out of Hospital Urgent Care (OHUC) programme has indicated a potential to increase referrals from NHS 111 to pharmacies from its current rate of 0.1% of referrals to a possible 10% which equates to 35,000 referrals per year in the North East.
- 1.7 It is believed that this support at the lower end of the acuity spectrum is both desirable to the NHS and beneficial to patients across the system.
- 1.8 An independent evaluation will measure any impact of system changes to:
 - NHS Pathways
 - Directory of Services
 - NHS 111 call handling

- IT and communication links between community pharmacies, NHS 111 and other providers of urgent and emergency care services
- Training and education of community pharmacy teams
- Delivery of self-care programmes
- Patient behaviours in accessing urgent health care services.

2.0 Background & Development

- 2.1 CPRS aims to support NHS England's Urgent and Emergency Care strategy and provide care in the most appropriate setting. CPRS will integrate community pharmacy into the urgent and emergency care systems through NHS 111, utilise the extensive network of community pharmacies and the skills and knowledge of pharmacy teams for the assessment, advice and possible treatment of patients for a range of low acuity conditions.
- 2.2 The project is aligned with the 5YFV and fits some of NHS England's key corporate priorities such as moving care closer to home, 'channel shifting' and promoting self-care. Assiduous preparation across the system will support high quality outputs as a result of CPRS.
- 2.3 CPRS is aimed at shifting activity to the most appropriate setting of care and away from less appropriate settings of care – '**channel shifting**'. There is an expectation that this channel shift will improve quality, efficiency as well as increasing capacity in other urgent care services and potentially result in cash releasing savings.
- 2.4 The CPRS will also focus on supporting patients accessing the service to stay well. This will entail providing advice and education on prevention and self-care.
- 2.5 Two workshops run in October 2016 & February 2017 identified an opportunity to reposition community pharmacy, through changes to DoS algorithms, so that NHS111 are able to refer circa 35,000 low acuity condition patients each year (approx. 10% of all NHS111 referrals). Workshops included colleagues from GPOOH, NHS111, Regional Clinical Leads, Community Pharmacists and Academics.

3.0 Implementation

- 3.1 The Community Pharmacy Referral Service will go live on the 4th December 2017 across the North East Region.
- 3.2 North East stakeholders will now position to commence implementation of CPRS using principles similar to those deployed for the National Urgent Medicines Supply Advance Service (NUMSAS) pilot.
- 3.3 Engagement is planned with colleagues within CCGs, GPs, Urgent Care, NHS111, DoS, Pathways, NHS England and pharmacy organisations and representation.
- 3.4 Through active local and national engagement, much high level support for the project has already been secured:
- I. NHS England - Local Team are aware and supportive of the project (Medical Director Jonathan Slade & Commissioning Director Christine Keen),
 - II. Both NE STPs are aware and supportive of the project (Mark Adams and Alan Foster),
 - III. Regional CCG Forum is aware of the project and LPN Chairs are presented in April 2017,
 - IV. NHS Improvement in the North East are aware and supportive of the project (Ben Clarke, Assistant Director Clinical Strategy)
 - V. NHS111 (North East Ambulance Service Clinical Leads - James Gossow and Mathew Beattie) are aware and supportive.
 - VI. Regional and National DoS Leads (Alex Connelly and David Murphy) are aware and supportive.