

# Briefing on Integrating Pharmacy into Urgent Care



## Summary:

1. NHS England is working to embed pharmacy into the urgent care pathway by expanding the services already provided by community pharmacies in England for those who need urgent repeat prescriptions and treatment for urgent minor ailments and common conditions.

## Background:

2. Community pharmacies are well placed to support local health urgent care programmes. Pharmacists are highly qualified clinical practitioners whom patients can see immediately without an appointment. This gives patients faster access to advice from a health professional and reduces waiting times in other parts of the local health community, particularly general practice, allowing more time for the management of patients with more serious conditions.
3. NHS England has already published a toolkit to support the development of local urgent care programmes and these are in place in many parts of England.
4. NHS England now wants to take this further to integrate community pharmacy into the NHS' national urgent care system and develop a national pharmacy urgent care programme. This will be piloted in two work streams to run in parallel from December 2016 to April 2018.
5. From January 2017 NHS England will start to evaluate both elements of the urgent care programme to assess the impact on the national urgent and emergency care system. The Pharmacy Integration Fund will be the resource to support the development and evaluation of the programme.

## **Urgent medicines supply service:**

6. This will be tested as a national pilot from December 2016 to March 2018, as a direct referral from NHS 111 to community pharmacies. This will speed up access to urgently needed repeat medicines because they will no longer need a GP out-of-hours appointment, and it will route patients away from A&E who might otherwise attend to request urgent medicines. The aim is to reduce the approximate 200,000 calls per year to NHS 111 for urgent repeat prescription medicines. The usual NHS prescription charges and exemptions will apply to this service.
7. Over the course of the pilot the service will be evaluated to inform the development of a national service with particular focus on integration into the wider NHS to support existing urgent care and general practice.

8. NHS England will also look at the impact on A&E, where some people currently go to obtain urgent repeat prescriptions, as part of its work to look at options to better integrate community pharmacy into urgent care.

**Urgent minor illness care:**

9. This will develop an evidence-based, clinical and cost-effective approach to how community pharmacists and their teams contribute to urgent care in the NHS, in particular making the referral of people with minor ailments from NHS 111 to community pharmacy much more robust. So supporting people with minor ailments becomes a core part of NHS pharmacy practice, and pharmacy becomes an integral part of the NHS' urgent care system.
10. This will reduce waiting times in general practice and free up GPs who are estimated to spend nearly 40 per cent of their time advising patients on minor ailments.
11. From December 2016 to April 2018, NHS England will test the technical integration and clinical governance framework for referral to community pharmacy from NHS 111 for people who need immediate help with urgent minor ailments where this is appropriate for community pharmacy.
12. This would typically involve a consultation with a pharmacist resulting in self-care or dispensing/prescribing of medicines as part of a local minor ailments service. These are already commissioned by CCGs across many parts of the country and the aim is this coverage should be expanded to ensure everyone had equal access. Ultimately NHS England will encourage all CCGs to adopt this joined up approach by April 2018, building on the experience of the urgent and emergency care vanguard projects to achieve this at scale.