

PHARMACY FIRST

INSIGHTS FROM THE LPC NETWORK

SEPTEMBER 2024



Background

The CCA hosted a virtual roundtable (September 2024) examining the best practice undertaken by Local Pharmaceutical Committees (LPCs) to promote the delivery of Pharmacy First.

As representatives of pharmacy contractors, LPCs hold a crucial role in driving the delivery of the service and working locally with NHS regional teams, Integrated Care Boards, Local Medical Committees (LMCs) and other healthcare professionals, including GPs, to raise awareness and encourage uptake and referral.

The sector is estimated to have moved up to 1.2m patients from general practice to pharmacy so far. Since launch, the service has continued to grow week-on-week. After a highly positive launch and rollout, there is still more to do to drive patient awareness, GP referrals and address regional variation.

This report highlights the findings and agreed best practice of the LPCs at the roundtable. It is intended to support all LPCs and pharmacy contractors as they work together to care for patients requiring urgent NHS care in their community.

Representatives from the following LPCs were in attendance: Community Pharmacy Avon, Community Pharmacy Greater Manchester, Community Pharmacy Kent, Community Pharmacy North East Central, Community Pharmacy North East London, Community Pharmacy Nottinghamshire, Community Pharmacy Thames Valley.



Pharmacy First: Insights from the LPC network

ENGAGEMENT

Direct and ongoing engagement with NHS England regions, ICBs, LMCs, and GP practice staff is an integral part of driving the success of Pharmacy First.

Some LPCs have successfully secured funding from NHS England regions and ICSs to facilitate direct engagement with pharmacies and GP practices. This often involves employing specific personnel to carry out the work. ICB Chief Pharmacists and Medicine Optimisation teams should be approached to drive engagement.

Direct engagement with key stakeholders can occur via several ways including, but not limited to:

- Ongoing dialogue with ICB representatives, Local Medical Committees (LMCs), and colleagues in General Practice to ensure smooth delivery of Pharmacy First and provide reassurance to key stakeholders.
- Bringing together community pharmacy and GP staff in informal settings to ensure continued understanding of the service and its benefits. This includes building confidence among GP reception staff so they can triage more easily.
- Engaging with GP staff at several levels of seniority from partners to reception staff.
- Conducting in-person visits to local community sites to drive patient walk-ins.



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PERFORMANCE ANALYSIS

Harnessing and using **Pharmacy First data** helps to create informed discussions with key stakeholders, particularly GP surgeries.

By providing **regular referral data to GP surgeries**, LPCs can highlight how they are performing in relation to their peers locally. This can help drive a sense of healthy competition between practices and build awareness of the benefits of Pharmacy First where referral volumes have room for growth.



Where LPCs have access, they can also keep track of **referral data** and follow-up with pharmacies to **support with completion any open referrals**. This will further enhance the reputation of the service and of local pharmacies and help to build a virtuous circle of referrals.

PROMOTIONAL ACTIVITY

Given that wider awareness of the Pharmacy First remains relatively low, there is a continued need to highlight the virtues of the service, and what it means for patients and NHS. **Promotional activity needs to be data-driven (where possible), bitesize in nature and appropriate for use by different types of stakeholders.**

Promotional activity can take many forms including:

- Harnessing performance data to reinforce the positives of the service – for example, the speed with which open referrals are closed.
- Busting myths and correcting false information – where possible through supporting data.

Pharmacy First: Insights from the LPC network

- Creating accessible tools for pharmacy businesses and staff to use.
- Succinct referral guides for GP reception staff.
- Sharing examples of best practice at ICB-level.
- Using bitesize videos on social media to answer common questions pharmacies had.



TRAINING

Alongside promotional activity, **ongoing training, particularly for GP staff, is essential.**

Recurring training for GP staff will help build understanding and confidence. GP surgeries also experience turnover in staff, requiring repeated team training. Moreover, there is significant value in engaging at differing levels of seniority in GP practices, particularly **reception staff** who can help triage patients.



Training could be supplemented by **informal drop-in sessions** to allow GP staff to raise questions or issues to be answered in a timely and informal manner.

As the service progresses, and patient and GP experience of Pharmacy First does so too, ongoing training of this nature is crucial to driving further and improved referrals and seeing overall consultation volumes rise.

Challenges

Even seven months after launch several challenges remain:

- The need to change **patient mindset** to think 'Pharmacy First'. In many cases, patients are conscious of charges - the message that the service is free for people exempt of the prescription levy has not yet landed.
- The relatively **low volume of electronic referrals** from GP and NHS111.
- **Access to detailed and timely data** affects the ability to benchmark performance, helps close open referrals, and share performance information with General Practice.
- **Confidence in the service.** Concerns persist around the service and the possibility of it causing lots of referrals into other parts of the NHS. Some LPCs have been able to successfully draw upon data showing that this is not the case. CCA analysis shows that 92% of eligible Pharmacy First patients get the treatment they need within the pharmacy. [1]

[1] CCA, [Pharmacy First: Meeting Patient Need](#), May 2024



Recommendations

LPCs can help support pharmacy contractors and drive the Pharmacy First service through:

- 1 Ongoing engagement with NHS regions, who could supply funding to drive Pharmacy First activity.**
- 2 Ongoing engagement with General Practice staff to drive referrals and highlight the service's benefits to them. This also included efforts to build awareness with key community stakeholders.**
- 3 Harnessing data to inform GP surgeries how they are performing locally, and to ensure open referrals are closed promptly by community pharmacies.**
- 4 Engaging regularly with ICB and GP stakeholders to understand and shape improvements in NHS111.**
- 5 Repeated promotion using multiple channels to build awareness and confidence within the NHS, primary care and amongst patients. This includes sharing best practice, busting myths by sharing evidence, and creating tools which can be used by pharmacies and GPs.**
- 6 Encouraging pharmacy staff to highlight the Pharmacy First service to customers, especially the NHS-funded care, timely access and convenience it offers.**

Next steps

LPCs hold a crucial role in driving regional and local engagement with the service which has already delivered significant benefits to the NHS and patients.

The CCA will continue to:

- Work with **LPCs and their representatives** to build on the successful rollout of Pharmacy First to date.
- Push for **greater support from NHSE** to drive patient awareness and referrals.
- Support LPCs with **ongoing guidance** on all provider systems.
- Showcase the successes of the service to policymakers to advocate for **commissioning beyond 2025**.
- Highlight the opportunities to **expand Pharmacy First** and free up even more GP capacity.

The CCA and Pharmacy First

The CCA has produced three analysis reports on the Pharmacy First service to date:

- 1** [‘Pharmacy First: The First Month’](#) (March 2024) which highlighted that a significant proportion of Pharmacy First consultations had taken place outside of typical working hours, and a higher proportion in more deprived communities.
- 2** [‘Pharmacy First: Meeting Patient Need’](#) (May 2024) which highlights the benefits the service delivered to patients in the first month:
 - 92% of eligible patients received the care they needed through Pharmacy First, without the need for further referral.
 - For 75% of consultations, a medicine was supplied showing that in the vast majority of instances community pharmacies can be the first port of call to deal with these seven common conditions.
 - 1 in 5 patients were referred to the service from GP surgeries.
 - Pharmacists acting as stewards of antibiotic use, supplying antibiotics only when absolutely necessary.
- 3** [‘Pharmacy First – local implementation’](#) (May 2024) which noted significant regional variation in Pharmacy First volumes across Integrated Care Systems. It also noted that there was a close link between referrals and the volume of Pharmacy First consultations.



WHO WE ARE

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland and Wales. The CCA membership includes ASDA, Boots, Morrisons, Pharmacy2U, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate around 5,500 pharmacies, which represents nearly half the market. CCA members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing 500 million NHS prescription items every year. The CCA represents the interests of its members and brings together their unique skills, knowledge, and scale for the benefit of community pharmacy, the NHS, patients and the public.



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