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Evaluation of the Choose Pharmacy common ailments service: Interim report

Research Summary

Social research

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The interim findings demonstrate that the Choose Pharmacy Pathfinder service has been well designed and delivered. Stakeholders expressed positive views about the service; they also saw potential for positive results.

While early uptake of the service was lower than expected, and engagement by pharmacists and GP practices has been variable, there are examples of high activity (with respect to consultations) and effective practice in delivering the service. Evidence of outcomes is also emerging.

A focus, in the first instance, on those common ailments most frequently presented by patients is emerging as being particularly effective. Such an approach could help to secure greater demand for the service. However, the tensions between pharmacy capacity to deliver consultations and increased demand for the service will be a critical issue for the future development of the scheme.

Support provided by the Local Health Boards has been instrumental to the effective launch of the pathfinders, its operation and continuous improvement. Additionally, the interim findings highlight, that, to a significant degree, the success of the scheme hinges upon good local relationships.

There are several areas for continued action to help secure the success of the pathfinders and to maximise the lessons learned for national roll-out. These include:

- Improving awareness and understanding of the service – by patients, the public, GP practices, and wider health care practitioners;
- Ensuring consistency of service availability – especially in pharmacies with a dependency on locums;
- Refining the electronic management information system to make it more user friendly; and
- Developing and implementing new referral pathways, particularly with out of hours services.

The manifesto commitment to establish community pharmacy as the first port of call for common ailments was embedded as a Programme for Government commitment in 2011. In March 2013, the Welsh Government (WG) announced its intention to launch a national common ailments service for Wales.

The new service, ('Choose Pharmacy') involves the assessment of a patient by an authorised pharmacist and the selection and supply of treatment from a list of medicines covering a defined range of common ailments. Patients are also referred to another health service when appropriate. Treatment supplied is free of charge to individuals. This removes the incentive for patients to visit the GP in order to receive NHS treatment for their common ailment. The intended impacts of Choose Pharmacy include:

- Improving access to advice and treatment on common ailments – making the pharmacy the first port of call for advice and treatment for common ailments;
- Making better use of pharmacists' skills and resources;
- Promoting more appropriate services in primary care; and
- Increasing capacity and resilience in primary care.

The roll out of Choose Pharmacy will follow a phased approach, incorporating evaluation into the process at each stage to help shape the national service. Roll out began in October 2013 with the implementation of pathfinders in Cwm Taf and Betsi Cadwaladr Local Health Board (LHB) areas.

Nineteen pharmacies are delivering the pathfinder service in Betsi Cadwaladr; they include a mix of single and multiple outlet pharmacies and a supermarket. All 13 pharmacies within the Cynon Valley locality of Cwm Taf are involved; they are a mix of single and multiple outlet pharmacies (including one pharmacy with eight outlets operating the service) and larger chains.

This document sets out the interim findings of the evaluation of these pathfinders. Evidence gathered at this interim stage came from multiple sources:

- eCAS data (the pathfinder IT system) covering data relating to all Choose Pharmacy registrations and consultations undertaken between September 2013 and May 2014;
- In depth semi-structured interviews with pharmacists, GP practices and other stakeholders conducted between May and July 2014; and

- A qualitative survey of pharmacists conducted in July 2014.

Pre-launch and roll-out of the pathfinders

Stakeholders expressed positive views about the pre-launch activities to support the design and development of the pathfinder service. This improved the design of the service before it was launched. However, given the pathfinder status, information to support pharmacies to make decisions about whether to deliver the service was inevitably incomplete and there were uncertainties as to the practical implications of delivery.

As a result some pharmacists were initially reluctant to commit to the service.

Nonetheless, pharmacists reflected that it was a natural move to extend their offer to delivering the Choose Pharmacy service: there are 'in principle' reasons to think that this initial reluctance can be overcome.

The launch of the pathfinders proceeded effectively with a limited number of challenges. This was in part due to the training and support provided by the LHBs and the relative ease of use of the eCAS system; it was also due to the 'soft launch' of service. The soft launch was appropriate for the pathfinder, allowing time for

pharmacists to test (in the live consultation setting) the eCAS system without the pressure of high volumes of consultations.

Implementation of the service

The downside of the soft launch has been low levels of patient and public awareness, and, to a lesser extent, GP awareness, of the service. As a result, early uptake of the service was lower than expected. More recently there has been an upward trend, with the volume of consultations rising significantly in April and May. This sharp increase in uptake seems to have resulted from an increase in the targeted promotion of the service – especially by GP practices. A continued focus on the promotion of the service is required to ensure the service delivers its potential.

Pharmacy engagement with the service varies. Fifty per cent of all consultations were undertaken by six pharmacies (three in each pathfinder) and 10 pharmacies have only delivered less than 10 consultations each since the service's inception. Capacity constraints to deliver high volumes of consultations were identified as the primary reason for low engagement, particularly with respect to the proactive promotion of the service with patients and GP practices.

The duration of consultations has varied over time and area, but a trend for shorter consultations has emerged as the service has become embedded and pharmacists have become more experienced with eCAS and service delivery.

A number of opportunities to improve the operation of the service were identified, including refining eCAS to improve usability and reduce the time spent during a consultation on inputting information. A minority of pharmacists considered there would also be value in excluding those ailments for which only advice, and not treatment, can be given, and ensuring the formulary is up-to-date.

GP practice engagement is critical to securing uptake of Choose Pharmacy – not only to ensure patients are referred but also to promote patient confidence in the service. GP practices vary in their levels of engagement and securing engagement is challenging where existing relationships with pharmacies are less well established. Practices that had been involved in the design of the service prior to its implementation were more likely to be engaged. These practices also considered that the service had the potential to make a significant contribution to reducing GP demand. Perceived barriers to engagement include lack of understanding

of the service; a lack of clarity as to how the service is funded; and, to a lesser extent, resistance to change with respect to shifting care from a GP setting to a pharmacy setting.

Referral pathways

Despite the variable levels of engagement, the majority of patients using the service have been referred from the GP practices. Drivers and perceived barriers to GP referrals have been identified. Common drivers include: an established relationship between the GP practice and pharmacy; a good understanding of the service – particularly amongst practice managers and receptionists; the existing operation of a triage system; and stretched capacity to respond to the growing demand for GP consultations.

Common barriers include: limited understanding of the service; the experience of referred patients returning to the GP practice because a pharmacist was unavailable to undertake a consultation; and competing priorities for GP's time.

Inappropriate referrals have been identified as an issue – specifically referrals of patients with conditions that are not included within the service, or patients who are ineligible to receive treatment through

the service, for example, due to age restrictions. Limited understanding of eligibility criteria and which common ailments in scope, and formulary restrictions are the main cause of inappropriate referrals – particularly among receptionists. The result of inappropriate referrals is typically referral back to the GP – with a potentially negative patient experience of the service. LHBs have recently provided support and tools to improve the number of appropriate referrals. There are also examples of pharmacists working closely with the GP practices to improve appropriate referrals.

Other routes into the service are evolving – with word of mouth consultations increasing and new pathways involving other Health Care Practitioners (HCP) being explored. Referral pathways from out of hours services (OOHs) were considered to be particularly essential for rural localities due to the distance patients would need to travel for OOHs surgeries.

Profile of service users and most common ailments treated

Parents (most commonly mothers) are the highest users of the service – seeking advice and treatment for children’s common ailments. The age profile of patients beyond this age group varies across the two

pathfinders. There is limited correlation between the age profile of service users and that of the population as a whole. This could reflect the general demand for health services / the burden of ill health. The findings could also suggest that different age groups are either more or less aware of the service, or are more or less likely to engage with the service. Consistent with the wider use of pharmacies, women are more likely than men to use the service.

Uptake varies significantly by condition, with the top five most frequently presented ailments accounting for 59% of all consultations undertaken between October 2013 and May 2014.

As of the end of May 2014, few patients have used the service on more than one occasion (for the same or a different ailment). Restrictions to the number of products that can be prescribed to a patient within any 12 month period were considered to contribute to the trend observed.

Patients who normally purchase over the counter medication do not appear to be converting to Choose Pharmacy. However, stakeholders emphasised that there was the potential for this to happen now that awareness and promotion of the service is increasing.

Drivers for patient engagement

The service is welcomed by patients who are aware of Choose Pharmacy, but there are misunderstandings about eligibility.

These misunderstandings could in turn lead to patients converting back to seeking a GP consultation for advice and treatment for their common ailments.

Improved access is a key factor for patients seeking a consultation at the pharmacy. To date, the findings suggest that a significant number of patients are currently using the service as an alternative to GP practices, rather than the first port of call for treatment and advice about common ailments. This makes the first experience of the service vital to promoting a sustained change of behaviour.

Access alone is not a sufficient driver for some patients – changing their behaviour will be critical but challenging. Open access surgeries are considered to act as a barrier to patient engagement with Choose Pharmacy, as many patients are prepared to sit and wait for a GP appointment. This may be especially the case if the patient has previously attempted to visit the pharmacy but has been unable to access a consultation, or has not received his /her treatment of choice. Several approaches for engaging more reluctant patients were

identified, with GP practices noting the effectiveness of receptionists highlighting that treatment offered through the service would be free of charge.

Pharmacy capacity to deliver a consistent service affects the accessibility of the service – which in turn influences patient and GP perceptions of the service.

Capacity during busy dispensing time, or when an un-accredited locum is providing cover, prevents the pharmacy from offering timely consultations. Related to this, rising demand was emphasised by pharmacists as a potential challenge for service – with many highlighting that access might be compromised as the volume of patients seeking consultations increases.

Emerging outcomes

While stakeholders considered that the delivery of the service has yet to make an impact, the findings suggest that positive outcomes are emerging. These include:

- Improved job satisfaction and enhanced roles for pharmacists;
- Further strengthening of GP and pharmacist relationships – laying the foundations for more integrated care;
- Improved public understanding of support available at the pharmacy; and,

- Improved patient access.

While the majority of GP practices have not observed changes in demand, there is early anecdotal evidence that the service may reduce demand for GP consultations.

Conclusions and recommendations

The interim findings demonstrate that the service has been well designed and delivered. Stakeholders expressed positive views about the pathfinder service; they also saw potential for positive results.

While early uptake was lower than expected, and engagement by pharmacists and GP practices has been variable, there are examples of high activity (with respect to consultations) and effective practice in delivering the service. Evidence of outcomes is also emerging.

A focus, in the first instance, on those common ailments most frequently presented by patients is emerging as being particularly effective in both supporting GP practices to engage with the service and ensuring appropriate referrals, as well as supporting awareness-raising among patients. Such an approach could help to secure greater demand for the service. However, the

tensions between pharmacy capacity to deliver consultations and increased demand for the service will be a critical issue for the future development of the scheme.

Support provided by the LHBs has been instrumental to the effective launch of the pathfinders, its operation and continuous improvement. Additionally, the interim findings highlight, that, to a significant degree, the success of the scheme hinges upon good local relationships. This is not only to support awareness-raising and understanding of the service (and what it can and cannot offer), but also to ensure that challenges and issues can be resolved in a timely and effective manner.

There are several areas for continued action to help secure the success of the pathfinders and to maximise the lessons learned for national roll-out. These include:

- Improving awareness and understanding of the service – by patients, the public, GP practices, and wider health care practitioners;
- Ensuring consistency of service availability – especially in pharmacies with a dependency on locums;
- Refining the eCAS system to make it more user friendly; and

- Developing and implementing new referral pathways, particularly with out of hours services.

The LHBs, working with key stakeholders and partners (for example, NHS Wales Information Service), have already made or are in the process of implementing, a number of improvements to the delivery and promotion of the service to address the areas identified above.

Building on these improvements, we have identified nine recommendations for action we believe should be taken in response to the interim findings:

- Continue the targeted promotion of the service to patients;
- Monitor the effect of increased take-up on capacity and patient experience;
- Explore opportunities to ensure that key stakeholders involved in the delivery of healthcare are aware of the service (for example, community nurses, community hospitals);
- Ensure that any awareness-raising activity also reinforces understanding of the service;
- Raise awareness of the need for ‘accredited’ locums to be placed in ‘Choose Pharmacy’ pharmacies to support the consistency of access to the service;

- Use examples of effective practice to encourage further GP engagement;
- Increase GP practices’ understanding of the service to support appropriate referrals by targeted training of practice managers and receptionists;
- Consider the merits of convening a learning session for pharmacists and GP practices – to encourage the sharing of lessons learned and effective practice; and
- Ensure that the lessons learned from the operation of the referral pathways between pharmacies and GP practices are reflected in new referral pathways.

ICF International

For further information please contact:

Ian Jones

Knowledge and Analytical Services

Welsh Government

Cathays Park

Cardiff

CF10 3NQ

Tel: 029 2082 3411

Email: ian.jones2@wales.gsi.gov.uk



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