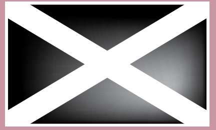

A Study of Pharmore+: Pharmacy Walk-in Services Pilots

Health and Community Care

social research

A STUDY OF PHARMORE+: PHARMACY WALK-IN SERVICES PILOTS

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1 EXECUTIVE SUMMARY

Introduction

1.1 Since 2008 five NHS Health Boards have piloted approaches to delivering a wider range of walk-in health and health improvement services within a community pharmacy setting. The pilot programme – known as Pharmore+ - aimed to increase the flexibility and availability of primary care services and complement other local healthcare services such as those provided by GP practices and local A&E departments.

1.2 A study of the pilots was conducted by the Scottish Government Health Analytical Services in spring 2012 with a view to drawing out key lessons for future development of community pharmacy based walk-in services.

Key findings

1.3 The main findings from the study were:

- Pilots demonstrated they were able to offer a wider range of health and health improvement services on a walk-in basis.
- Pilots also demonstrated the potential for pharmacy to contribute as part of the wider health services; complementing existing services and expanding access to services to a wider range of people and providing greater patient choice.
- A number of pilots demonstrated that there was reduced demand on other services such as A&E.
- Pilots faced a number of challenges including; ensuring the right equipment and facilities were available to deliver services; establishing workable information sharing systems; and the recruitment and training of staff to deliver the services.

1.4 Although each pilot developed different service models, there were common issues raised which require consideration for the future development of community pharmacy services:

- Pharmacies need to make better use of the existing skills and expertise of team members and provide ongoing training and support to provide enhanced services.
- Any development needs to see the patient as the starting point: with the emphasis on quality and patient choice. Pharmacy development of generalist and specialist services needs to focus on patient outcomes and generate evidence of impact on these.
- There is no one model of walk-in pharmacy services which should be implemented nationally; rather community pharmacy services should be developed in context of local health care priorities and circumstances, building on common principles around access, choice and quality.
- The potential for community pharmacy to contribute to these common principles and address local priorities should be seen in context of other wider health services locally. In essence, pharmacy services should be developed in

collaboration with and complementary to these services rather than in isolation.

Conclusion

1.5 The findings from the study indicate that there is no 'one-size-fits-all' approach to implementing models of walk-in services or expanding the services provided by community pharmacy more generally. Instead, the services offered by the pilots in each area were determined by practical considerations (equipment, space and facilities available), willingness of local NHS and other services to collaborate and in consideration of local service needs. However all were based on common principles, such as better choice and access to appropriate treatment. It is these principles which should underpin any national policy on the future development of community pharmacy and local service redesign rather recommending a particular model for community pharmacy based walk-in services.

2 INTRODUCTION

2.1 The Better Health, Better Care Action plan (2007) committed to introducing community pharmacy based ‘walk-in’ service pilots in five health board areas and evaluate walk-in access to a wide range of primary care services through selected pharmacies. This was part of a wider package of planned improvements within the action plan to increase the flexibility and availability of primary care services. By providing greater access to advice and treatment through community pharmacies, it was anticipated that demand on GP and A&E services would be reduced.

2.2 The pilot programme, Pharmore+, was formally launched in September 2008 by the Cabinet Secretary for Health and Wellbeing with the expectation that it would run for a minimum of two years. The Scottish Government provided funding of around £1.5m to five NHS Boards for the Pharmore+ programme. Eight pharmacies participated in the pilot from the following five NHS Health boards:

NHS Greater Glasgow and Clyde (two in Glasgow)
NHS Lanarkshire (Airdrie)
NHS Lothian (two in Edinburgh)
NHS Tayside (Dundee)
NHS Grampian (two in Aberdeen)

2.3 The pharmacies were situated in a range of locations, which included:

Main commuter points
Major shopping centres
City centres, including inner city deprived areas

2.4 The pilot programme was implemented in two phases. The first phase allowed for the establishment of appropriate infrastructure requirements (e.g. IT, staff, and training) and working processes to support the smooth running of the piloted walk-in services. The second phase was fully focused on the delivery of services.

2.5 The services provided during the pilot programme varied between sites. The range of services included:

- Pharmacy-led minor illness clinic
- Nurse-led minor injury clinic
- Healthy living sessions
- Substance misuse clinics
- Sexual health clinics
- Alcohol Brief Interventions
- Enhanced smoking cessation treatment and support

2.6 Pilots were committed to undertaking local monitoring and evaluation throughout the test period. In addition there was a commitment to undertake review of the pilot programme to draw out key lessons from across the pilots to inform further development of such services. A study of the pilots was undertaken by Health Analytical Services in spring 2012.

Study aims

2.7 The aims of the study were to assess the impact, sustainability and implications for the development of these types of approaches, in particular explore what are the underlying key principles of service development which may have utility more generally within community pharmacy services.

2.8 Key questions included:

- How effective were the services in reaching target groups and widening access to services?
- How well were resources identified and used to support the implementation of the services?
- What was the impact of the services?
- What are the implications for future service development?

Study methods

2.9 A review of the individual pilot evaluation reports was undertaken in February 2012 with a view to identifying key findings relevant to national interests and to inform key questions for further exploration across the eight pharmacies.

2.10 Interviews were then conducted with each of the five NHS Health Board areas during March and April 2012. Interviews included NHS leads, Boots managers and pharmacists and staff supporting the implementation of the pilots.

2.11 A workshop was held on 25 June 2012 which brought together the pilots along with Scottish Government policy leads and key national stakeholders. The workshop considered the findings emerging from the study and suggested recommendations for future development. Key points and recommendations raised by the workshop are included in Annex A.

2.12 This report summarises the findings from the interviews conducted with pilots in each of the five participating NHS Health Boards. The report then draws on key discussion points and recommendations raised by the workshop. Finally, the report summarises the key lessons lesson learned an implications for future development.

Study limitations

There are several limitations of the study. The study is largely qualitative in nature and relied on local evaluation reports and interviews and a workshop with key stakeholders involved in the design and implementation of the pilots. An analysis of cost information was not undertaken as there was no standard financial reporting to Scottish Government and none of the pilots gathered the data necessary to conduct a detailed cost-analysis. Within the parameters of this particular study therefore, it was not possible to produce a cost analysis. However in the interviews participants discussed how well resources had been utilised to support the implementation of services.

Another limitation is that the study participants mainly involved those implementing or managing the pilots. Wider NHS Board staff or service users themselves did not participate. In the case of wider NHS Board staff it could therefore be argued that the findings may be limited. However it is our view that those interviewed provided an honest view of both the opportunities and challenges of designing and implementing the pilot. In the case of service users, we drew on the information provided by some of the pilot sites about their local evaluation work with service users. Although this was generally limited, it nevertheless provided some insights around the experience of service users.

3 THE PILOTS

3.1 The programme had two main aims:

1) Expand the range of health and health improvement services offered though a community pharmacy.
2) Extend access to services during out-of-hours services.

3.2 Pilots varied in how they interpreted the aims within each of the eight pharmacies. Each pilot combined several different types of services, with service models drawing from a combination of the below:

- additional health improvement services (smoking cessation, sexual health, healthy weight);
- new services, either nurse-led or pharmacy-led clinics (minor injuries, minor ailments, unscheduled care);
- hosting existing NHS and/or voluntary organisations health and health improvement services;
- extending opening hours for new and existing services.

3.3 A brief description of each of the pilots is below.

NHS Lothian: included two pharmacies; Boots, Shandwick Place, Edinburgh offered services run by specially trained pharmacy independent prescribers for patients presenting with a wide range of minor acute illnesses including respiratory, chest, urinary or skin complaints during out-of-hours periods; The Inch pharmacy, Edinburgh, operated for the first two years of the pilot offering extended range of health services (sexual health, needle exchange, smoking cessation, blood borne virus diagnosis, vaccination and treatment service, alcohol brief interventions) run by NHS services within an independent pharmacy.

NHS Greater Glasgow and Clyde: also ran a pilot in two pharmacies; Boots, Central Station, Glasgow hosted the Community Addiction Team who worked out of the pharmacy during extended opening times and supported the introduction of Alcohol Brief Interventions which were delivered both by the team and by the pharmacy staff; Boots, Braehead, Glasgow operated within a shopping mall and offered extended health improvement services though the pharmacy as well as advice sessions provided by Citizens Advice Bureau (CAB). Both pharmacies also included a prescribing service and tested new ways of working (i.e. smoking cessation, collaboration and development with specialist sexual health service and methadone delivered in collaboration with the community addiction team).

NHS Grampian: tested a model of nurse-led minor injuries services in a community pharmacy located within Boots, Bon Accord Centre, Aberdeen Sat 9-5pm and Sun 12-5pm. An independent pharmacy, Bairds, Aberdeen was identified, however, this did not subsequently take part in the pilot. As well as making Healthcare and treatment more accessible the pilot provided residents of Aberdeen City and surrounding areas an alternative option for managing their injuries other than going to A&E Aberdeen Royal Infirmary (which up until the pilot was their only option out with GP Surgery times). The pilot aimed to replicate the Nurse - led Minor Injury

Service which is provided in the Community Hospitals in Aberdeenshire and Moray. The Nurse follows the NHS Grampian Minor Injury protocols & Patient Group Directions (PGDs) to assess, treat and discharge patients who present with injuries which are less than 48 hrs old and fall within the 30 Minor Injury protocols (patients also have to be over the age of 2 yrs). Patients could also be referred to the service via NHS24.

NHS Lanarkshire: tested a new care pathway for pharmacists with an independent prescribing qualification to provide unscheduled care in an extended-hours opening community pharmacy. Nurse practitioners were initially utilised to test the feasibility of the pilot. The pilot then consisted of specially trained pharmacists offering a minor illness service offered to patients presenting with respiratory conditions, skin complaints and urinary tract infections during out of hours. Patients requiring the appropriate level of care (carefully defined range of presentations) were referred through NHS24 to the community pharmacy participating in the pilot. Initially nurse practitioners delivered the service but there were not enough nurses within Pharmore+ to maintain the planned rota and the nurses felt a sense of insecurity in working in a stand-alone setting. In the end, a clinic rota for two pharmacists with an Independent Prescribing qualification (Pharmacist Independent Prescribers - PIPs) was established.

NHS Tayside: offered an extended health and health improvement service as part of an extended hours pharmacy located in an inner city deprived area. The pharmacy also offered facilities for NHS and voluntary groups to deliver additional health and wellbeing services. Services included for example the British Heart foundation running group and individual sessions at the Albert Street site as well as NHS mental health services 'Beat the Blues' group support.

Location

3.4 One of the key aims across all the pilots was to ensure their services were accessible.

- Central location: all pilot sites chose pharmacies within central locations to enable greater footfall across the wider population to provide access to services which may not be readily available. NHS Grampian, for example, were interested in providing a minor injury clinic within the city centre. Although wider Aberdeenshire minor injury clinics were being delivered from casualty units and A&E, the pilot tested the transition to a different (pharmacy) setting within the city centre. Locations were accessible by car and public transport.
- Attention to wider location: pilots were influenced by the wider context in which the pharmacy was located. NHS Greater Glasgow and Clyde, for example, located one of the pilots within a shopping mall offering health improvement services where people may have more time to access health information advice.
- Extended opening hours: all pilots chose pharmacies which already had extended opening hours and which could enable services to be available outside normal working hours (for example NHS Grampian and NHS Lothian were able to offer their services at weekends).

3.5 The programme was initiated in March 2008 for two years initially, however was extended for a further year. Some pilots, especially those developing new delivery mechanisms found more time was required to consider local priorities, develop and implement services: three years was considered insufficient to fully test out a model especially where in most instances there was a requirement to deploy and train staff. The programme also experienced delays due to the swine flu crisis which occurred over the period of implementation. The pilot implementation dates are set out below:

Pilot implementation dates

NHS Board	Pharmacies	Implementation dates
NHS Grampian	Boots, Bon Accord Centre, Aberdeen Bairds Pharmacy , Aberdeen	Oct 2010 - present
NHS Lanarkshire	Boots, Graham Street, Airdrie	May 2010 - March 2012
NHS Lothian	The Inch Pharmacy, Edinburgh Boots, Shandwick Place, Edinburgh	March 2008 - March 2010 Aug 2010 - present
NHS Tayside	Boots, Albert Street, Dundee	March 2008 - March 2010
NHS Greater Glasgow and Clyde	Boots, Central Station, Glasgow Boots, Braehead Shopping Centre, Glasgow	March 2008 - March 2011

3.6 Three of the five Health Boards have completed piloting these services. The two remaining pilots, NHS Grampian and NHS Lothian are still currently in operation.

4 FINDINGS: PILOT IMPLEMENTATION

4.1 The development of the pilots required considerable preparatory work before new or enhanced community pharmacy services could be offered to the public. Such work related to: infrastructure such as facilities, equipment and IT; workforce recruitment and training; and building links with other services. In many instances this work carried on long after the pilots had 'gone live' either because issues needed longer to be resolved or because of the need for those pharmacists who took on enhanced practitioner roles to undertake training and develop ongoing professional support.

Infrastructure: Equipment, Facilities and IT

4.2 Facilities available within the pilot pharmacy had a significant impact on the types of services pilots were able to offer. In NHS Greater Glasgow and Clyde, limited space in both of the pharmacies in turn limited the availability of services, for example difficulties in accessing the consulting room by both voluntary organisations and pharmacy staff delivering the services. NHS Tayside had pre-existing facilities (e.g. meeting/consulting rooms) on site which meant they were able to offer facilities for a wider range of services. NHS Grampian experienced difficulties and significant delays with implementing their nurse-led minor injuries clinic due to building and occupancy requirements and the requirement to construct a purpose built clinical room. To enable these facilities to be installed, the pilot required to adhere to organisational requirements such as obtaining an Agreement to Occupy. Setting up and implementation also required sustained project management resource and a Steering Group to keep the project on track.

4.3 Information Technology (IT) also presented major issues for the pilots, especially those that were introducing new services. NHS Lanarkshire, NHS Tayside and NHS Grampian all experienced significant difficulties and delays with establishing a workable system and back up support for enabling their clinics to link up with NHS IT systems to enable the secure transfer of patient data from the clinic to NHS. In order for this to happen, the pharmacies required access to the N3 net connection however this proved extremely problematic due to the large scale NHS organisational requirements, the difficulties linking to external multi-companies and the relatively small scale of the pilot. NHS Grampian experienced long delays and required much more time and resource that anticipated installing a system which could enable the safe transfer of patient data at a basic level. NHS Lothian linked to N3 and the equipment is maintained by NHS Lothian eHealth department. They also use the ADASTRA system over this network which is the same system used by Lothian Unscheduled Care Service. This allows peer review of prescribing decisions and allows continuity with that service should the patient then need to be referred for more specialist input.

Workforce Recruitment and Development of Professional Practice

4.4 Where pilots sought to introduce either minor illness or minor injury clinics into the pharmacy they needed to secure staff with the right skills and experience

and to provide them with additional training and ongoing support to enable them to deliver the service. The experience of the pilots in recruitment and development of staff is outlined below:

- **Staff recruitment:** NHS Grampian was interested in securing services of nurses who had experience in community minor injury units. They also needed to ensure there were enough nurses to deliver the service taking into account holidays, sick leave and rotational requirements. NHS Lanarkshire and NHS Lothian employed pharmacy independent prescribers to deliver their minor illness clinics however they were keen to recruit pharmacists who were able to work autonomously and had experience in prescribing. It was noted that, although the independent prescriber may already be operating out of specialist clinics, their skill set may be constrained by their work setting (e.g. focused on specialist clinics such as diabetes or blood pressure) so therefore they may not feel able to take on an expanded role.

- **Training and ongoing support:** nurse and pharmacy-led clinics also required staff to undergo additional training. NHS Grampian nurses attended a minor injury course; in NHS Lothian pharmacists attend the acute minor illness course at Queen Margaret University. A local GP mentoring system was established in NHS Lanarkshire and in NHS Lothian which aimed to develop competence in diagnosing, treating and prescribing for patients attending the Out-of-Hours (OOH) services. The training allowed for review of case work on a regular basis and provided ongoing professional support to pharmacists. Pharmacists in both the NHS Lanarkshire and NHS Lothian pilots described how they had really valued and benefited from the extended training and support. In their view they felt that the training enabled them to operate more as pharmacy practitioners and offer a more flexible and enhanced service which they felt responded to the needs of the patient.

4.5 There were several challenges reported by the pilots in the development and support of new and extended roles within minor illness clinics:

- difficulties in securing GPs to provide ongoing mentor/training;
- ensuring a common skill set for Pharmacist Independent Prescribers for unscheduled care which would be recognised and accepted outside pilot boundaries;
- maintaining skills and providing a consistent level of training which would assist with dealing with the unpredictability of unscheduled care;
- sustainability of service, and need to consider long-term arrangements for funding community pharmacy to employ Pharmacist Independent Prescribers;
- lack of national training available to meet the needs of service.

4.6 All pilots looked to the wider pharmacy team, in particular the pharmacy technicians, to extend their roles in for example in providing non clinical health improvement services. NHS Greater Glasgow and Clyde, for example, explored what might be possible with existing pharmacy resources. This pilot provided 3-4 days training for pharmacy technicians covering different health

improvement topics. Technicians were supervised by the pharmacist and CPD training offered though the health board. The technicians were keen to engage with the pilot as this enabled them to offer a greater range of skills and services. Where specialist services were introduced, pilots noted that technical staff also became more skilled and confident in delivering health improvement services.

4.7 Although pharmacy support staff in the pilots were keen to engage in providing wider range of services there were tensions with incorporating new services within existing demands of a busy pharmacy. NHS Greater Glasgow and Clyde pilot reported at times it was difficult to maintain constant delivery of new services due to fluctuations in staffing and availability of staff to provide services in addition to core pharmaceutical contract services. Some interventions required time to deliver, for example the health improvement service within Braehead pharmacy required a 40 mins structured interview in a private area, however staff were able to adapt this by shortening the health improvement sessions. Demands on resources (in particular staff time) required pharmacies to be selective in the kinds of services they were able to offer. Focusing on a more limited range of services also provided an opportunity to build on expertise on specific aspects of health improvement.

Links to other services

4.8 Pilots included a variety of ways to link with existing health and health improvement services, these included:

- NHS services within the pharmacy to deliver health services
- Formal and informal links with NHS services to receive/refer patients and to inform NHS and out-of-hours services of patient interventions received through the pharmacy
- Other NHS services training pharmacy staff to undertake non-clinical health improvement services
- Including voluntary sector within the pharmacy to expand the services provided.

4.9 All pilots made links with relevant NHS services, with some pilots including delivery of other NHS services out of pilot sites. In addition to NHS services, two of the pilots also made links to voluntary organisations to deliver their services though the pilots. The NHS Tayside pilot included a range of services such as parenting class, weight management and mental health support provided by voluntary organisations and NHS Greater Glasgow and Clyde included the CAB services within the Braehead pharmacy.

4.10 Closer working with relevant NHS services saw services developing to complement each other. For example, the sexual health service provided by the NHS Greater Glasgow and Clyde pilot linked to the Sandyford sexual health clinic which adjusted its opening hours to complement the new service provided by the pharmacy.

4.11 Some pilots had initially explored the possibility of introducing minor injury/illness clinics to complement out-of-hours services, however they were

less successful where there was less support from Community Health Partnerships (CHPs) or difficulty in engaging GPs. NHS Tayside, for example, were unable to progress the nurse-led pilot due to the financial risk (as the Board was unwilling to commit to the recruitment of staff when funding was not confirmed). Those pilots which were successful in establishing unscheduled care clinics had developed links in the form of staff recruitment, training and ongoing support between the pilot and out-of-hours services which enabled greater joint working and potential to build closer working relationships. NHS Lothian emphasised the importance of working with out-of-hours services to develop a complementary service rather than duplicate existing out-of-hours services.

4.12 NHS Lanarkshire pilot tested a new care pathway using on formal links through out of hours service, with patients triaged to the pharmacy where appropriate. Although this system was demonstrated to be workable, there were challenges in enabling a large organisation such as NHS24 to link to a small bespoke service (logistical constraints around referral and presentation). Informal contact between pilots and out-of-hours services (such as the GP mentoring and ongoing support with the NHS Lothian pilot) highlighted potential for greater collaboration between services.

5 IMPACT OF THE PILOTS

5.1 All pilots collected some data on process and outcomes of service implementation. Where pilots included a wider range of services, evidence was collated from existing NHS sources or from the existing Boots Customer Care database (survey). Those pilots which introduced new services used bespoke patient questionnaires to gather data on patient satisfaction and experience.

Service users

5.2 Where pilots gathered data on impact on service users the results were very positive.

- NHS Tayside reported the number of quit attempts for smoking cessation initiated in the pilot pharmacy were higher compared with other pharmacies in the local area, with higher than average one month and three month success rates following a quit attempt.
- In NHS Lothian, of the 991 patients who used the minor illness clinic between August 2011 and January 2012, 97% rated the service as excellent.
- NHS Grampian reported that, of the 133 patients who completed a patient questionnaire, 94% said they were very satisfied with the quality of the service they received.

5.3 Interestingly, two of the pilots also included a question in their feedback questionnaires with regard to what patients would have done if the service had not been available. NHS Grampian results showed 42% of patients would have visited A&E and 27% would have visited their GP. NHS Lothian reported 46% of patients would have visited their GP and 7% would have visited A&E.

5.4 Pilots reported that public expectations about the services pharmacies could provide were limited. However patients responded positively when awareness was raised about what services they could receive though their pharmacy. NHS Lothian and NHS Lanarkshire both reported that patients using their clinics felt valued and reported positive experiences. It was suggested that this may be because there is more time available to explain treatment options and reasons underpinning treatment with the patient compared to out-of-hours services which may need to prioritise patients with more complicated acute illness. NHS Lothian reported there were a number of repeat users of the service showing that once it has been used it becomes part of that person's list of options for future support. Interestingly, it was suggested by one pilot that the pharmacy clinic would prescribe less as patients would benefit from more time to discuss their symptoms and treatment and be more informed should they experience similar symptoms in the future.

5.5 NHS Tayside reported that the informal environment of a pharmacy service enabled some people to feel more comfortable about discussing their health issues and able to return for follow-up such as with the smoking cessation service. This was particularly important where pilots were targeting deprived communities who may not access mainstream services easily. The Tayside

pilot noted it was important to consider the layout of the pharmacy which enables for privacy for interventions such as methadone treatment. Having a consulting room next to the dispensary also enabled the pharmacy within Tayside pilot to follow-up any queries with patients.

5.6 The findings from the pilots suggested that although public awareness and expectations about enhanced pharmacy services was generally limited, the pilots were able to demonstrate that they could offer safe and effective care and users of expanded services were positive about the service they received. In some cases the pilots were able to demonstrate that the community pharmacy service was able to provide appropriate care to patients, avoiding a visit to a GP or A&E department.

New services

5.7 Once established, the pilots that introduced minor injuries or minor illness clinics were able to provide a consistent and continuous service (although it should be noted that some practical difficulties especially around IT early on prevented some pilots from providing a sustained service). NHS Grampian reported their minor injuries clinic saw an average of 4 patients per session; NHS Lothian and NHS Lanarkshire reported the minor illness clinics averaged 3-4 patients seen per hour. Pilots were keen to ensure their clinics would be delivered consistently over the pilot period, ensuring that they had an adequate number of trained staff to over the time the clinic would be open. Over the past two years, NHS Lothian delivered 7 days a week, 3 hours Monday to Friday and 5 hours on Saturday and Sunday which meant there were challenges with ensuring staff were adequately trained and the service was sustainable. All pilots were keen to ensure they received appropriate referrals and did not overload the service with too many demands which may occur should the service be widely advertised.

6 LESSONS LEARNED

Opportunities

6.1 Although the approaches varied across the pilots, there were a number of opportunities common across all pilots;

- **Improved patient choice and appropriate access to health care**: The pilots aimed to bring services within easier access of the wider population. This was particularly important where services may not have been accessible to deprived communities or where people felt unable to access these services via other routes. Pilots were also keen to ensure their services were tailored to meet specific needs and that, in the case of the minor injuries and illness clinics, patients received the appropriate care and treatment (for example, the NHS Lothian pilot was clear that they offered their service for people who could not access their GP).

- **Reducing attendance at A&E and out-of-hours services:** Those pilots which provided unscheduled clinics noted there was significant potential to decrease attendance at A&E and out-of-hours services where patients could more easily and appropriately access minor injuries/illness services through the pharmacy. NHS Grampian noted most of the minor injuries which presented to A&E could easily be managed within a pharmacy environment.

- **Expansion of the role of the community pharmacist and wider team:** Pilots present benefits to professionals providing the service and the wider pharmacy staff though utilising existing skills and enhancing these through training and support. Pilots who introduced clinics noted that wider pharmacy staff benefited though increased awareness and knowledge of the clinic where they were triaging patients to the clinics or signposting to other services offered by the pharmacy. These benefits are not necessarily limited to pilot sites and there is potential for other pharmacy staff such as pharmacist independent prescribers and pharmacy technicians to expand their role and/or offer a wider range of services should they also receive the same training and support provided within pilots.

- **Engagement and joint working with other services:** Engagement of other services and professionals was essential for the pilots to deliver an extended range of services. NHS Greater Glasgow and Clyde noted success with working collaboratively with the Community Addictions Team both provided extended services out of the pharmacy and supported the pharmacy staff to deliver complementary services. NHS Lothian felt their pilot benefited greatly from multidisciplinary working and sharing good practice through peer review and clinical mentorship, establishing a ‘learning in practice’ model which greatly enhanced wider services and enabled joint working with the Lothian Unscheduled Care Service.

- **Engagement with independent community pharmacy contractors:** To enable implementation, health board pilot project teams needed to work closely with

community pharmacy contractors to identify the pilot sites from which the pilot work would be tested and delivered. Community pharmacy contractors were supportive of the pilot programme and to deliver on its aims to widen access to a wider range of services and accommodate the practical requirements for implementation, such as the use and adaptation of premises to accommodate the new services. However, there were challenges, especially where pilot sites needed to undertake existing commitments, such as core contract services, and where there were infrastructure requirements, in particular developing compatible IT systems between pharmacy contractors or NHS and contractor requirements such as building and occupancy agreement.

Challenges

6.2 The opportunities presented by implementing the pilots also presented the following challenges;

- **Long lead-in time:** Where pilots were introducing new services, in particular new models of care, they required a long lead-in time to plan and implement the service. Particular challenges were evident in; engaging with NHS local priorities and ensuring the pilots reflected local priorities and linked into existing services; ensuring the right equipment and facilities were available within the pilots to implement the service; establishing workable information system for data sharing; and the recruitment, training and support for staff delivering the service.

- **Balancing new with existing commitments:** When delivering the services, pilots needed to balance existing commitments with the additional services they were providing. This was particularly evident where pilots included pharmacy technicians to take on non-clinical health improvement roles. Pilots in general were aware that in order to provide additional services they still needed to deliver their core contract services commitments as well, which would then enable funding to be available to expand the range of service they could provide. A key tension experienced by the pilots was managing the existing service in particular delivering on the volume of prescriptions required to be dispensed, with the development and implementation of new services for patients.

- **Engaging other services and professionals:** Where pilots sought to engage with out-of-hours services, this proved challenging for some. In some cases other out-of-hours services were unsure about the potential quality of care and whether pilots would duplicate existing service. Furthermore some pilots reported suspicion from other professionals about the potential of the pilots to provide safe and effective care. However where pilots were able to sufficiently demonstrate the role of the community pharmacy in providing complementary out-of-hour service, there was broad support for the service. There was a recognition by other services that the pilots were small scale and localised with limited possibility for expanding the service or recognising the skills and expertise of the processionals' delivery of the service beyond the pilot. Therefore the possibility of expansion of services was felt to sometimes be limited as service planners were reluctant to offer a service that they couldn't deliver.

Future development

6.3 Capacity to undertake the pilots was an issue. In order to plan and implement the pilot, staff had to invest much more time and commitment than initially thought. The success of the pilots reflects the dedication and commitment of the staff who implemented them, however the ability to sustain the involvement was a challenge, particularly if the pilots were to move beyond testing new models or introduction of new services. As the pilots were time limited, pilot sites were unable to commit further resources where future service development is uncertain. Of the two remaining pilots still in operation. NHS Grampian felt, due to the time taken to become established, they had only recently just got going and as a result were keen to continue despite challenges with securing future resources. NHS Lothian's service has been delivered for more than 2 years now. It is still getting established as a routine access point to out of hours care by the public but that is a long term education exercise which they haven't pursued too strongly because it is not a service that will necessarily be there in the long term.

Scottish Government Role

6.4 The pilots were funded nationally through the Scottish Government. National funding and the freedom to interpret the aims of the pilot were seen as helpful by the pilots as this allowed them to respond to local NHS priorities, enabling greater potential for buy-in from decision makers about service priorities and the potential role of pharmacies to contribute. National funding also meant that the piloting was possible. It was suggested that the pilots may not have been implemented if they had been considered within the priorities at local level.

6.5 While national funding was seen as helpful, some pilots suggested that it brought challenges locally. For example some suggested that engagement with NHS service leads including CHPs at local level was challenging as the pilot was seen as national initiative. Finance also proved difficult where pilots were funded for two years, then a further year which meant that pilots found it challenging to plan their services (which was further complicated by delays in start up and the swine flu crisis).

6.6 As this was a Scottish Government initiative, to some extent the pilots tended to select services which reflected the aims of the pilot (expending opening hours, access to wider range of services) and practical considerations about which pharmacies may be best placed to deliver on these. However, there was a suggestion that local engagement and ownership might be improved if consideration of local health priorities was carried out first then how the community pharmacy could contribute to the delivery of these priorities.

7 FINDINGS FROM THE WORKSHOP

7.1 The workshop included 25 participants from across the five participating NHS Boards (with at least 3 people attending from each pilot), along with participants from Scottish Government and NHS24. Many of the issues raised in the interviews were echoed in the discussion at the workshop (see Annex A for summary), in particular:

- The challenges posed by being a ‘pilot’ i.e. small scale, short term and perhaps unlikely to be sustained over a longer period, and the need therefore to find a way to “grow your own” staff.
- The importance of developing current training opportunities to encourage multidisciplinary working and learning across disciplines.
- The need for pharmacy to raise awareness amongst health professionals and the general public about the skills and expertise available and making links with local services and organisations to work in collaboration as part of the wider health service.

7.2 The workshop participants suggested the following key recommendations to inform future development:

- Services need to respond to local NHS priorities and be designed around local needs.
- Pharmacies need to be clear about the role/remit for providing generalist services (such as smoking cessation, sexual health, substance misuse) and the potential for specialist services (such as support for out-of-hours).
- Pharmacist roles need to be supported through specialist training, ongoing support and professional development.
- The role of pharmacy technician needs to be considered as part of the range of skills/expertise available with a pharmacy team.
- The essential test of any service development is: Does this benefit the patient? Pharmacy services need to demonstrate their contribution to wider health services though generating evidence of their impact on patient outcomes.

8 CONCLUSIONS

What did the pilots demonstrate they can do?

8.1 The aim of the pilots was to broaden access to and choice of health and health improvement services through extended opening hours and offering a wider range of services. All pilots reported they had successfully achieved their aims and had offered safe and effective care for people who reported positive experiences about treatment and services provided. In some cases the pilots were also able to demonstrate that the community pharmacy services helped to avoid patients using GP and A&E services. Pilots also demonstrated the potential for linking up with other relevant NHS services and positive benefits this afforded for both patients and services. Another key finding was the willingness of independent pharmacy companies to engage with other parts of the NHS to develop and deliver services.

8.2 All participating pharmacies thought that piloting new services was worthwhile and that, despite the challenges they faced, they were able (on the whole) to deliver the services they set out to test within the pilot. Importantly, pilots were able to raise the pharmacy profile both among the public and other health professionals about the potential of community pharmacy to deliver a wider range of health and health improvement services.

8.3 Perhaps what has emerged as most important is that the pilots have demonstrated the potential for pharmacy to contribute as part of wider health services; complementing out-of-hours services, expanding access to services to wider range of people and providing greater patient choice.

What are the implications for future models of walk-in services or expanding community pharmacy services

8.4 The findings from the study indicate that there is no 'one-size-fits-all' approach to implementing models of walk-in services or expanding the services offered by community pharmacy more generally. Instead the services offered by the pilots in each area were determined by practical considerations (equipment, space and facilities available), willingness of local NHS and other services to collaborate and in consideration of local service needs. However all were based on common principles, such as better choice and access to appropriate treatment. It is these principles which should underpin any national policy on the future development of community pharmacy and local service redesign rather recommending a particular model of community pharmacy.

8.5 With this in mind, the findings highlight a number of key issues and principles to consider when developing both future national policy on community pharmacy services and local services themselves:

- Community pharmacy services should respond to local health priorities and be considered in terms of its potential to contribute to these in the context of a wider health services planning system.

- Community pharmacy services should not be seen in isolation, but be developed in collaboration with wider health and health improvement services.
- To ensure this happens, the pilots suggested that broader engagement will be required at NHS Boards and CHP levels about local health priorities and the potential for community pharmacy to deliver these as part of a wider NHS services.
- There is also a need to raise awareness among health professional and the general public about the skills and expertise available and making links with local services and organisations to work in collaboration as part of the wider health serves

8.6 NHS Pharmaceutical Services are provided through a network of community pharmacy contractors, ranging from small independents to large retail pharmacy chains. Changes and/or enhancements to the services they provide on behalf of the NHS (and to some extent the potential impact on premises) requires consultation and agreement with the contractors concerned. To enable the implementation of the Pharmore+ initiative, pilots needed to work closely with large scale multiple organisations which required considerable effort, particularly when considering organisational requirements by both the contractor and the NHS, for example in setting up compatible IT systems and use of premises.

How can key challenges be addressed?

8.7 Pilots experienced a number of difficulties with implementation including; ensuring the right equipment and facilities were available within the pilots to implement the service; establishing workable information system for the data sharing; and the recruitment, training and support for staff delivering the service. Pilots also noted challenges in engaging with NHS local stakeholders, emphasising the importance of securing support from clinical directors and working close with out of hours facilities to develop their services.

8.8 If community pharmacy services are to continue to expand to meet local needs, consideration needs to be given to addressing some of the infrastructure problems experienced by the pilots. This should include:

- National leads need to consider the systems and governance for information sharing between NHS and Community Pharmacies.
- Developing IT systems which are more compatible between NHS and multiple pharmacy organisations to enable information sharing.
- National leads should consider how existing pharmacy staff (in particular pharmacy prescribers and pharmacy technicians) can be supported to utilise their skills to best effect.
- Consideration should be given to development of national training programmes to ensure that pharmacists are appropriately trained and supported to provide enhanced services and how training may be undertaken to support multidisciplinary working. However any programmes would need to be complemented locally by ongoing support and training to ensure that pharmacy staff skills are refreshed.

8.9 Finally, the pilots have demonstrated the potential for community pharmacy to provide better access and choice and appropriate treatment for people as part of wider health and health improvement services. Any development needs to see the patient as the starting point: with the emphasis on quality and patient choice. Pharmacy development of generalist and specialist services needs to focus on patient outcomes and generate evidence of impact on these.

ANNEX A: WORKSHOP REFLECTIONS ON FINDINGS

This annex sets out key questions that emerged from the study. These questions were then considered by the pharmacies participating in the pilots and key national stakeholders at a workshop held in June 2012. The workshop noted, in order to demonstrate the contribution to NHS health priorities, pharmacies need to gather evidence of effectiveness of the services they deliver, not just patient numbers but also impact on patient outcomes. These need to be agreed with key stakeholders at local level.

Q1 What are the local NHS priorities and how might community pharmacies help to address these in terms of opening up access and complementing service delivery?

The workshop identified the following key points:

- NHS Boards need to be engaged and consider what the local health priorities are and how pharmacies might contribute. The NHS clinical and managerial leads are viewed as essential to engage and secure support to enable pharmacies to be considered a part of planning local services.
- Pilots are small scale and short term and unlikely to be sustainable longer term therefore we need to find ways to “grow your own” staff.
- Pharmacies need to gather evidence of effectiveness of the services they deliver, not just patient numbers but also impact on patient outcomes. These need to be agreed with key stakeholders at local level.
- Professional and public perceptions of the pharmacist need to be challenged and awareness raised about the potential of pharmacy to be part of the health service. (understanding skills, role and potential to link to other services). Key services to engage when considering the contribution of community pharmacy include Out-of-hours, A&E, Unscheduled care, NHS community services (mental health, drug and alcohol).

Q2 Professional practice: who delivers the service and how are they trained and supported?

The workshop identified the following key points:

- Core vs. specialist services: what are the core skills for a pharmacist and where are potential areas for specialist training and development?
- Are pharmacy independent prescribers working to their full potential?
- What are the potential links between pharmacists and other health professionals to refer patients into our pharmacy services?
- How can pharmacists deliver on existing commitments and expand their roles? If it is not possible, what should pharmacists do more of, what should they do less of? How to manage organisational priorities and staff resources?
- What current/future opportunities are there for more multidisciplinary training and learning across disciplines? How might specialist training be recognised and understood by other professionals? Is there a need for recognised career structure for community pharmacists?
- How might pharmacies link with other professionals for ongoing training and support (e.g. peer review)?
- What is the potential role of the pharmacy technician?

Q3 What infrastructure needs to be in place (location/facilities/IT)?

The workshop identified the following key points:

- Current pharmacy infrastructure will determine what services can be delivered (e.g. the availability of private consulting rooms). However, need to think about what services are required first then where most appropriate to deliver them (rather than infrastructure determining the service able to provide).
- IT systems between NHS and multiples are extremely problematic. Need national guidance on IT systems and organisational requirements.
- Community pharmacies are businesses – need to balance priorities: equitable distribution of services but with potential to change model (retail/services).
- Need to revisit the NHS contract to enable additional/new services through community pharmacies.

Q4 Engaging Health Boards and other services: what are the opportunities and challenges for planning, implementing and service delivery?

The workshop identified the following key points:

- National pilot with central funding enables testing new models of services however pilots need to increase awareness at NHS local level (pilots' findings need to be shared with key local stakeholders).
- Need capacity to enable new services to develop (for example a project management to link with NHS services and keep things moving forward).
- Need to link to initiatives across NHS Health Boards to share information and learning about new models of service delivery.

Top Priorities: Workshop recommendations

The workshop participants suggested the following key recommendations to inform future development:

- Services need to respond to local NHS priorities and be designed around local needs and priorities. Pharmacy needs to raise awareness amongst health professionals and the general public about the skills and expertise available, making links with local services and organisations to work in collaboration as part of the wider health service.
- Pharmacies need to be clear about the role/remit for providing generalist services (such as smoking cessation, sexual health, substance misuse) and the potential for specialist services (such as support for out-of-hours).
- Pharmacist roles need to be supported by specialist training and ongoing professional development. Training has potential to support multidisciplinary team working and foster greater understanding between professionals. The role of pharmacy technician needs to be considered as part of the range of skills/expertise available with a pharmacy team.
- The essential test of any service development is: Does this benefit the patient? Pharmacy services need to demonstrate their contribution to wider services though generating evidence of their impact on patient outcomes.

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