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People's Panel Report
Meeting held 19th November 2015
At NHS Office, Derby Road, Wesham

Opening and Presentation

Christine Carty welcomed the Panel members and introduced Sarah Squires, Commissioning Manager who was presenting the Pharmacy Minor Ailments and Self Care Advice Service Pilot. Sarah explained that the service is to encourage patients to be knowledgeable about self care and how to treat 'common ailments' or 'self limiting conditions'. This scheme is hoped to be an alternative to visiting the GP.

Sarah advised that there is currently no scheme in Fylde and Wyre for this although there is a pilot running in Fleetwood as part of the Prime Ministers Challenge Fund. It is being seen as an extension of the core services and envisaged as being easier and quicker for the patient to access information or medications. As this will be delivered through pharmacies there is likely to be better access out of hours than GP surgeries. It is expected that this will free up GP time from dealing with minor ailments so they can spend time on more complex patients.

The scheme is being piloted for twelve months as an enhanced PMAS and will go live in February 2016. There will be an additional focus on providing self care advice and information and not just about supplying medications.

It is hoped that for future developments that pharmacies will have access to patient records electronically. GP practices will be able to book patient appointments directly with pharmacies. That the range of treatments available will be extended and this will be done with additional pharmacy staff training.



Panel Members Discussion

The Panel members stayed as one group for this meeting and started the discussions in a general way. They then gave their comments and considerations to the specific questions.

1. *What should the service be called?*
 - The Panel thought an appropriate name could be Pharmacy First as this is what the current scheme across the country is called. The Fylde & Wyre scheme however offers a higher level of service.
 - The Panel then agreed that a good suggestion would be Pharm-Assist – we are here to help you!

2. *How can the CCG best advertise and promote this service to the public?*
 - The Panel were concerned that there were too many new initiatives encouraging people to attend various locations depending on need.
 - Needs to be promoted as part of an integrated initiative and develop the characters around this campaign also.
 - Can this be practice led – eg receptionist suggests the scheme where appropriate but this will mean additional training for practice staff
 - Need to remind the public the service is available as it is not widely known.
 - Include the information on the TV screens in surgeries
 - Send information about the scheme home with school pupils
 - Promote that the pharmacy staff know you – local, friendly etc
 - Promote in pharmacies themselves
 - Have a launch event with all pharmacies included in the scheme taking part.

3. *Is there anything you can think of that may put people of wanting to visit their pharmacy about a minor ailment, which we need to consider for the service?*
 - Concern that the pharmacies may be overloaded so what infrastructure is there in place for them.
 - Are the rooms secure, soundproof, not used for storage of stock.

4. *How do you feel about pharmacies having access to patient electronic records?*

- GP's need to know your conditions so they can prescribe so why would this be different from a pharmacist – would indicate if any possible contra-indications.
- Could GP's be linked to specific pharmacy so that there could be arrangements for access to records?
- Integrated services are likely to be better options.
- It was felt that this was almost a necessity to ensure good care.
- If you give consent does this give consent to all pharmacies or just the one that you have dealt with?

Other Comments

The comment was made that it was felt this scheme may have more of an impact on practice nurses rather than GP's. What if GP's say they want to work part time as this will reduce general GP capacity in surgeries anyway. The question was raised as to whether if the medication was for an ill child or vulnerable or elderly adult would they have to attend – it was stated that if the pharmacist was happy to prescribe this would be appropriate.

It was asked what feedback had been received from pharmacies about the scheme and Sarah advised that several are asking when the scheme will start as they want to get involved. The service has to be offered when the pharmacy is open but they do not have to necessarily extend hours to be part of the scheme. Sarah advised that if the service is not 24/7 cover this will have to be reviewed and to see if there are options for referral.

A concern of the Panel's was that people may use this service to claim free medication when they may have paid for something previously eg Calpol.

Chair's Feedback

Christine Carty, UR Potential presented a brief overview of the feedback to Sarah and agreed this would be put into a report to share with Commissioners.



Closing

The Panel were thanked for their contribution and a brief discussion was held regarding dates / times of the next meetings. It was advised that the next one will be held on Thursday 21st January 2016.

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