100 years PAGB

Overcoming the barriers to self care

Introduction

The NHS Long Term Plan, published in January 2019, set out an ambitious strategy for the future of the NHS, shifting towards a more preventative model of care and helping people to stay healthy in order to moderate demand on the NHS.

This strategy was supported by many of the recommendations made in the Government's recent Prevention Green Paper[1]. Empowering people to live well and take responsibility for their health, by shifting the system towards a greater focus on self care, is key to supporting a sustainable future NHS.

Self care comprises the actions that individuals take for themselves, on behalf of and with others in order to develop, protect, maintain and improve their health, wellbeing or wellness[2].

There are examples of local areas implementing policies to support greater self care across their population, some of which are highlighted within this paper.

However, in order to build on this best practice, and support a more consistent approach to self care across England, PAGB is calling on the Government to implement the following national policies[3]:

1.

Introducing recommendation prescriptions for GPs

2.

Enabling community pharmacists to refer to other healthcare professionals, fast-tracked as appropriate

3.

Giving community pharmacists 'write' access to patient medical records so any medication or advice offered can be recorded consistently

In this short paper, we set out these policies in more detail, exploring the potential barriers that exist to their implementation, alongside practical local case studies of where these barriers have been overcome. It sets out an ambitious but achievable vision for the future, which we urge the Government and NHS England to consider as part of a national strategy for self care.

Recommendation 1:
Introducing recommendation prescriptions

Demand and pressure on NHS services have reached unprecedented levels[4]. A significant proportion of this demand comes from people going to their GP for self-treatable conditions – there are an estimated 18 million GP appointments each year[5] including:

5.2 million
GP visits every year for blocked noses

over 1 million
GP appointments each year for backache

40,000
appointments per year for dandruff

20,000
GP appointments annually for travel sickness[6]

To help tackle this, the NHS has introduced measures to reduce demand on primary care through reducing the prescribing of items which are readily available over-the-counter[7]. However, it is important that this positive change is balanced by putting in place formal processes to direct more people to self care, to ensure that care does not fall through the gaps.

Recommendation prescriptions are a helpful tool for GPs and other primary care prescribers to refer people with self-treatable conditions to community pharmacy by writing details of any symptoms, providing self care advice or recommending over-the-counter treatments, when individuals attend their surgery with a self-treatable condition. This is a positive way to support individuals in accessing the right care, as well as educating them on self care in the longer-term.

A recent survey[8] commissioned by PAGB revealed that:

over 50%

of GP respondents agreed or strongly agreed that a recommendation prescription would help GPs to encourage self care.

81%

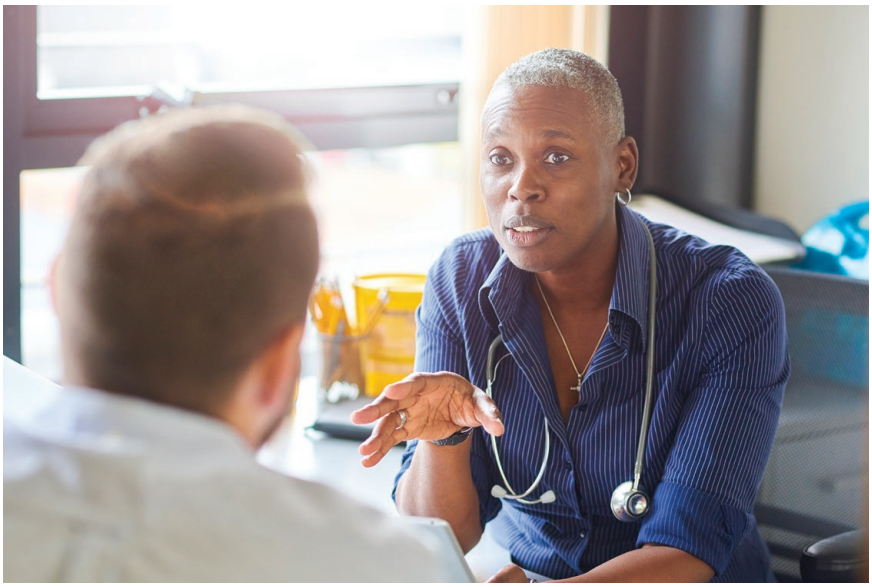
of pharmacists agreed or strongly agreed with the idea behind the recommendation prescription.

Overcoming the barriers to implementation

Through discussions with policymakers and clinicians, PAGB has identified three potential barriers which need to be addressed to support the successful implementation of this policy:

1. Continued patient reliance on general practice
2. Risk averse culture
3. Cost of implementation

Each of these are taken in turn below, with suggestions for how they can be overcome or managed.



1. Continued patient reliance on general practice

In a recent survey[9], GPs suggested that patients needed to be educated about the reasons why some over-the-counter products are no longer being prescribed to challenge their attitude and habits in relation to self care for self-treatable conditions. Similarly, policymakers have expressed concerns that providing a physical prescription, albeit in 'recommendation' form, will encourage people to continue to present at GP surgeries with minor illnesses, and as a result pressures on these services will not be reduced.

On the contrary, however, similar schemes have demonstrated that recommendation prescriptions can actually encourage behaviour change:

- In Germany, on the introduction of recommendation prescriptions, 91% of patients purchased the recommended OTC treatment[10]. Evaluation of the scheme found that patients remembered their doctor's recommendation and, on experiencing repeat symptoms, went directly to a pharmacist without visiting their GP first [11]
- Public Health England introduced 'Treat Your Infection non-prescription pads' as part of their *Keep Antibiotics Working* campaign. These clearly lay out the reasons why people are not being prescribed antibiotics and were intended to ensure patients felt their illness was being taken seriously, even without a prescription. 97% of patients said they found the recommendation helpful[12]

2. Risk averse culture

Although most symptoms of self-treatable conditions are suitable for self care, there are instances in which symptoms can appear minor but in fact point to more serious conditions (for example, headaches or chest pain).

During a recent parliamentary roundtable with leading healthcare professional representatives, participants noted the risk averse culture in the NHS, which encourages clinicians to follow rigid and inflexible pathways that result in a transactional relationship with patients. Both patients and clinicians expect an appointment to result in a prescription. People themselves are also risk averse, often opting to visit the GP 'just in case' their symptoms are the sign of a more serious condition.

Contrary to perceptions that a recommendation prescription might be perceived as an absence of treatment, there are notable advantages to signposting people to more appropriate care from a pharmacist:

- Recommendation prescriptions would be used by the GP to support individuals to understand that they did not need a GP consultation from their symptoms, and direct them to a pharmacy for appropriate advice and treatment. Having been seen by the GP on the first occasion, people would be empowered with the knowledge that their symptoms are not a sign of more severe conditions and go directly to the pharmacy should they experience the symptoms again. This was the case in Germany, following the introduction of the "*Grüne Rezept*"
- As Primary Care Networks (PCNs) are embedded into the NHS, the use of recommendation prescriptions would increase opportunities to harness the multi-disciplinary primary care workforce to promote and enable self care, whilst also recording consistent and accountable advice in the patient record

Further opportunities are presented by the new *Network Contract Directed Enhanced Service* contract for PCNs. Under the new Network Contract, GP practices will receive funding for clinical pharmacists, who will either be enrolled in, or have qualified from, an accredited training pathway that equips pharmacists to practice and prescribe safely and effectively in a primary care setting[13].

Such training and qualifications should be made available to all healthcare professionals to support their confidence and ability to provide self care advice.

3. The cost of implementation

Some upfront investment would be required to roll out the recommendation prescription across the NHS. However, this would likely lead to a reduction in costs over time.

- In Germany the *Grüne Rezept*[14] is used by doctors to recommend over-the-counter products[15]. In total, in 2018, 16 million green prescriptions were issued in Germany at a total gross cost of €209,335, or approximately €0.013 per prescription (equivalent to £0.012). The total costs include communications (marketing and a website) and monitoring (e.g. reminders and reporting the number of ordered prescriptions)
- There are an estimated 18m GP appointments per year for self-treatable conditions in England[16]. If each of these appointments resulted in the issuing of a recommendation prescription, based on the costs in Germany, the total additional cost to the NHS would be £216,000

It is anticipated that this cost is likely to be offset by savings to the NHS from a reduction in GP appointments over time.

Each GP appointment costs the NHS an average of £30[17], meaning that an estimated £810m is spent each year on appointments for self-treatable conditions[18].

In addition, there may be a further reduction in prescription costs as people become used to purchasing OTC medicines directly from pharmacies. NHS England has estimated that reducing the prescribing of items which are readily available over-the-counter will help the NHS save up to £200m, although in reality the savings realised have been much less[19].

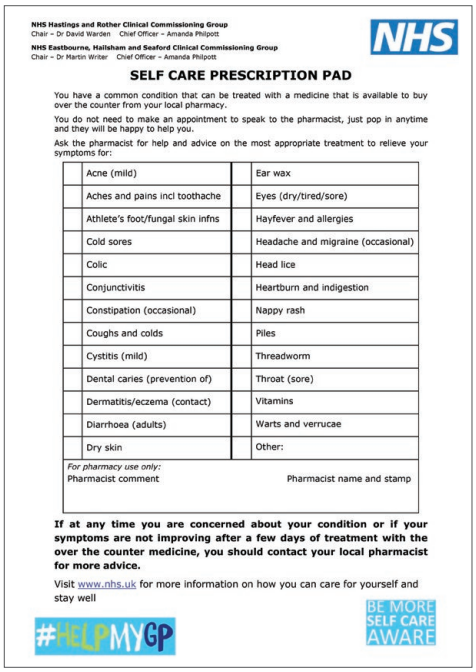
Implementing the policy: the #HelpMyNHS campaign in Sussex

Clinical Commissioning Groups in Sussex worked together to launch a #HelpMyNHS campaign in June 2017.

Designed to explain the costs associated with GP prescriptions for medicines that are also available to buy over the counter without a prescription at pharmacies, the campaign asks local people to help their NHS use funding more efficiently[20].

As part of this campaign, the CCGs developed a GP resource pack to support prescribers to promote and implement a self care ethos in their practice. This resource pack includes a self care prescription pad (see figure 1), a list of common OTC products[21], common licensing limitations for OTC medicines[22] as well as self care patient information leaflets. This ensures GPs have up-to-date information on OTC treatments, increasing their confidence in using the self care prescriptions to refer patients to pharmacy.

To further incentivise GPs, a domain for self care has been included in the 2019/20 Prescribing Quality Improvement Scheme[23]. The scheme is voluntary, rewarding high-quality and cost-effective prescribing in Brighton and Hove[24].



NHS Hastings and Rother Clinical Commissioning Group
Chair – Dr David Warden Chief Officer – Amanda Philpott

NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group
Chair – Dr Martin Writer Chief Officer – Amanda Philpott

NHS

SELF CARE PRESCRIPTION PAD

You have a common condition that can be treated with a medicine that is available to buy over the counter from your local pharmacy.

You do not need to make an appointment to speak to the pharmacist, just pop in anytime and they will be happy to help you.

Ask the pharmacist for help and advice on the most appropriate treatment to relieve your symptoms for:

	Acne (mild)		Ear wax
	Aches and pains incl toothache		Eyes (dry/tired/sore)
	Athlete's foot/fungal skin infns		Hayfever and allergies
	Cold sores		Headache and migraine (occasional)
	Colic		Head lice
	Conjunctivitis		Heartburn and indigestion
	Constipation (occasional)		Nappy rash
	Coughs and colds		Piles
	Cystitis (mild)		Threadworm
	Dental caries (prevention of)		Throat (sore)
	Dermatitis/eczema (contact)		Vitamins
	Diarrhoea (adults)		Warts and verrucae
	Dry skin		Other:

For pharmacy use only:
Pharmacist comment Pharmacist name and stamp

If at any time you are concerned about your condition or if your symptoms are not improving after a few days of treatment with the over the counter medicine, you should contact your local pharmacist for more advice.

Visit www.nhs.uk for more information on how you can care for yourself and stay well

#HELPMYGP

BE MORE SELF CARE AWARE

Figure 1: NHS Hastings and Rother Clinical Commissioning Group, NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group, *Self care prescription pad*

To overcome the barriers to adoption and implementation of recommendation prescriptions in primary care, we recommend that:

- NHS England makes a self care GP resource pack available for every PCN across England, including recommendation prescription pads, a directory of OTC products (for example the PAGB OTC Directory[25]) ideally embedded into GP IT systems, and patient information leaflets (like those provided by the Self Care Forum[26])
- Self care techniques and signposting to appropriate use of NHS services should be included as a core module of healthcare professional training curricula

Recommendation 2: Enabling pharmacists to refer directly to other healthcare professionals

The new Community Pharmacy Consultation Service[27], launched in October 2019, will connect patients who have a minor illness or need an urgent supply of medicines with a community pharmacy. These referrals will initially come via NHS 111 with future referrals from other parts of the NHS.

Pharmacists providing this service are able to refer people directly to other healthcare professionals (including GP out of hours services, urgent treatment centres or A&E) if escalation is required following consultation.

A consultation fee of £14 is paid to pharmacists for each completed consultation, including if the outcome is a referral onwards[28].

People self-presenting at pharmacies with minor illnesses are still able to receive self care advice from the pharmacist, although pharmacists will not receive the consultation fee for these visits. In addition, only those people referred to the pharmacy consultation service from NHS 111 will be in the pathway which enables onward referral to other healthcare professionals. This inconsistency should be addressed to allow pharmacists to refer any person presenting with symptoms that require escalation, thereby strengthening the role pharmacists can play in the care pathway as the front door to the NHS. This would create a more accessible pathway for community pharmacists to escalate cases which are not appropriate for pharmacy care and provide patients with the reassurance they need that appropriate care would and could be provided via this route.

Overcoming the barriers to implementation

PAGB has identified three potential barriers preventing the implementation of this policy:

1. Concerns around over-referral
2. Inadequate signposting to services
3. Cost of implementation

Each of these are outlined below, with suggestions for how they can be overcome or managed.

1. Concerns around over-referral

Whilst GPs have been consistent in advocating for a wider role for pharmacists within the primary care pathway, some GPs report hesitation in allowing pharmacists to refer directly to hospital consultants, because they believe it may result in unnecessary activity due to pharmacists over-referring, because of their lack of medical training[29].

There are ways that these concerns could be mitigated or managed, including:

- Ensuring any referral scheme has clear criteria which must be met before a referral is made, this would help to manage the number of referrals, ensuring that they are appropriate
- Establishing a referral scheme that incorporates multiple healthcare professionals, which will allow referrals to be directed to the relevant healthcare professional, rather than all of them to the local GP
- Finally, if wider primary care services such as community pharmacy are properly networked into local primary care systems or PCNs, then communication channels can be used to flag instances of over-referral and a feedback mechanism can be established to refine the referral system to manage any excess demand in the longer term

2. Inadequate signposting to services

The NHS has a long history of working in silos, especially in primary care. This presents a challenge in empowering and enabling healthcare professionals to support people to self care. Whilst pharmacies are often an accessible point of contact with the health service – with 95% of the population within 20 minutes of their local pharmacy[30], more can be done to ensure pharmacy skills are used to the best effect.

During a recent roundtable with healthcare professional representatives, participants noted that within primary care, the routes of referral to other healthcare professionals, aside from GPs, are not always clear. As a result, cases that would be more appropriately dealt with by other allied health professionals, for example physiotherapists, are sometimes referred back to general practice because of the lack of referral pathways.

There are ways that this issue can be mitigated:

- Establish clear referral pathways from pharmacists to other healthcare professionals, taking advantage of the multi-disciplinary team working in primary care networks
- Improve signposting to appropriate services, raising awareness of the wider healthcare workforce to improve referral behaviour

Establishing referral pathways from pharmacy to general practice could be easily achieved through local arrangements between GP surgeries and pharmacies as part of the new Primary Care Network contract. At the moment, GP surgeries hold back a small number of appointments each day for urgent referrals from the NHS 111 service, and a similar approach could be employed to ensure there is capacity for GPs to see urgent referrals that have been triaged/identified by the community pharmacist.

Savings would be delivered from the pharmacist dealing with self-treatable conditions in the pharmacy and only those requiring a GP appointment being referred on.

Implementing the policy: learning from disease-specific pharmacy referral schemes

Disease-specific pharmacy referral schemes have been piloted in the NHS. These schemes demonstrate the ability of pharmacists to correctly identify at-risk patients. For example, the South West London Cancer Network ran a pilot programme giving community pharmacists direct referral to chest x-rays for patients with suspected lung cancer.

The 12-week pilot found that the vast majority (55/60) of direct referrals made by pharmacists were appropriate. Although no cases of lung cancer were detected, 30% of patients attending their referral appointment were found to have undiagnosed COPD[31].

Giving pharmacists the ability to refer to healthcare professionals is built into the new Community Pharmacy Consultation Service as well as the existing disease-specific pilots.

Late or under diagnosis of COPD has been shown to have a strong association with hospital admission for exacerbations. There is also strong evidence that many people with COPD consult their GP repeatedly with respiratory symptoms before COPD is diagnosed[32]. As a result, such a scheme can actually help to reduce pressure on both primary and secondary care.

Similarly, in Lambeth and Southwark, the CCG delivered pharmacist-led virtual clinics to ensure all atrial fibrillation (AF) patients at risk of stroke were offered anticoagulation, if appropriate.

Over a 12-month period, the programme reviewed over 1,500 patients with AF not receiving anticoagulation, which resulted in an additional 1,200 patients being anticoagulated. The two CCGs have since seen a 25% reduction in the rate of AF-related stroke (compared to 3% nationally).

The programme has since been rolled out by the Health Innovation Network for South London to two further CCGs, resulting in similar increases in the rate of anticoagulation and reductions in AF-related strokes[33]. This has the dual impact of reducing demand on services and saving the NHS money, as the total cost for treating AF-related strokes is around £148 million per year[34].

To overcome the barriers and accelerate implementation, we recommend that:

- Direct referrals become a core competency of all community pharmacies that are Level 1 Healthy Living Pharmacies
- Guidance on pharmacy referral schemes should be developed to manage the risk of over-referral

Recommendation 3: Giving community pharmacists 'write' access to patient medical records

The NHS Long Term Plan sets out ambitious aims to boost the role of pharmacists in primary care. In addition, part of the drive towards digital transformation by the NHS is to ensure healthcare professionals can access and interact with patient records and care.

Recent medical history and immunisation records are already included on the Summary Care Record, which most pharmacists can now view. However, analysis has found that the majority of community pharmacies do not routinely access the Summary Care Record in a typical week[35], and so more can be done to improve access and use.

As NHS England explores how best to ensure equitable read/write access for clinicians to patient records, they must prioritise enabling pharmacists to have the ability to access and input into patient records.

Implementing this policy would mean that advice and treatment given in other health settings (including by GPs and in hospital) can take general health, underlying conditions and medicines use into account, providing a consistent and comprehensive record of an individual's care.

It would also enable advice to be recorded consistently, helping to ensure patients receive the most appropriate care, rather than visiting different healthcare professionals until they receive the care they want, instead of the care they need. Giving pharmacists the ability to write into patient records may also create opportunities to expand access to medicines by enabling more medicines to be reclassified and made available over-the-counter.

Overcoming the barriers to implementation

PAGB has identified two key barriers to the implementation of this policy recommendation:

1. IT system interoperability
2. Data protection and governance

Each of these are taken in turn below, with suggestions for how they can be overcome or managed.

1. IT system interoperability

Pharmacists typically work on their own systems, which are different from those used by GPs, and are not designed with interoperability in mind.

The Community Pharmacy Clinical Services Review identified the lack of interoperability of digital clinical systems as one of three key barriers preventing the best utilisation of the pharmacy workforce[36].

However, the development of new models of care has brought with it a renewed focus on effective information sharing between healthcare professionals:

- NHS Digital published a new standard in 2019 to improve the sharing of clinical information between community pharmacies and GP practices[37]. This enables community pharmacists to share information gathered when providing services such as vaccinations, medications, and advice on self-treatable conditions with the individual's GP. The first part of the standard can be implemented by community pharmacies and GP practices using Fast Healthcare Interoperability Resources (FHIR) – a standard for the digital exchange of healthcare information so that it can be generated by one system, and then read and understood by another
- These technical requirements are now available to be used by GP and pharmacy clinical system suppliers to develop their systems so that they can send or receive this structured information. NHS Digital is working with pharmacy and GP clinical system suppliers to start implementation in their systems. Vaccine administration and emergency supply of medication are just the first of many information models being developed to support information sharing[38]

Whilst interoperability of systems is not an easy ambition to achieve, progress is being made across the NHS to align digital platforms, which will in time provide routes through which to overcome this barrier for pharmacies.

2. Data protection and governance

PAGB has discussed this recommendation with pharmacists, who noted challenges associated with recording the sale of over-the-counter medicines to a patient record. This is because it may require access to care records from members of pharmacy staff who are not healthcare professionals, and would also require people to identify themselves when purchasing an over-the-counter medicine.

There are additional complications because the IT system used to access the summary care record and manage electronic prescriptions is separate from the EPOS system used for sales in pharmacies. As a result, the pharmacist would have to register the sale through two different operating systems – firstly to register the sale and then to add it to a medical record.

As identified in the 2016 Community Pharmacy Clinical Services Review, unlocking the full potential of community pharmacy requires a step change in the availability of information to inform clinical decision making[39]. This will not happen overnight.

In the interim, there are steps that local areas can take to ensure they are maximising the existing opportunities. This includes ensuring the maximum possible information from the Summary Care Record is shared to provide community pharmacists with enhanced access, as well as exploring with both GP and pharmacy system suppliers what possibilities might be available for automated recording of products onto patient records through barcodes. As the next section sets out, there are examples of areas already looking into overcoming this barrier.

Implementing the policy: lessons from local pharmacy examples

A pharmacy in East London has been piloting read/write access using the EMIS Web for Pharmacy system. This allows Rohpharm Pharmacy in Newham to check a patient's medical history, including previous diagnosis and attendances at A&E, x-rays, possible drug contraindications, and liver function test results, as well as book follow-up GP appointments on the patient's behalf and refer them to other healthcare providers[40].

Community pharmacies in the Wirral are providing triage as well as clinical care to patients, and they have the ability to record their interventions on a clinical system. This system passes on the information directly to the Docman Managed Hub to populate GP clinical records. Within the participating GP practices, the pharmacy record is absorbed and populates the patient journal as part of the regular workflow, without the need to recode or re-key any information[41].

In Sheffield, collaboration between Jaunty Springs Health Centre and a local community pharmacy is being delivered using a laptop in the pharmacy that has a connection to the GP practice system via a smart card and the existing pharmacy N3 broadband connection[42]. The community pharmacy has read/write access to the system and is able to update patient records in real time after consultations. The collaborative work is underpinned by a data sharing agreement between the community pharmacy and GP practice. Patients are proactively directed towards the pharmacy as a source of care, reducing demand on the GP practice.

An evaluation of the Sheffield integrated care model found that:

around 67%

of pharmacists' time was spent providing face-to-face direct consultation with patients, with their remaining time spent reviewing and updating patient care plans and pathways through the GP clinical system.

more than 1,000

interventions were carried out by the community pharmacists during the nine-month pilot period, and the pilot demonstrates that every four minutes of pharmacist time saves approximately two minutes of GP time[43].

It is encouraging to see different areas exploring digital solutions to implementing read/write access. We therefore recommend that:

- Pharmacist read/write access is included within existing workstreams to align digital platforms across the NHS, including as part of the roll out of shared care records
- NHSX explores digital solutions to overcoming challenges around data protection and governance to make recommendations to NHS England on implementation of this policy

Conclusions and next steps

There are already a number of excellent examples where local NHS areas are implementing schemes to enhance access to self care, promote the role and expertise of pharmacists, and manage demand on primary care more effectively.

The widespread adoption of these schemes throughout the NHS could have a huge impact: improving local population health, supporting and empowering patients to self care, as well as easing the pressure on GPs and the wider health system.

In this paper we have made a number of suggestions for next steps in implementing the three core policy recommendations across the NHS in England, demonstrating achievable actions that can be taken forward to improve access to self care at scale:

1.

Introducing recommendation prescriptions for GPs

2.

Enabling community pharmacists to refer to other healthcare professionals, fast-tracked as appropriate

3.

Giving community pharmacists 'write' access to patient medical records so any medication or advice offered can be recorded consistently

These policies should be included in a national self care strategy to capture best practice, unlock policy change and provide the leadership needed to empower local areas to maximise opportunities to self care across their populations.

Further reading

1 Cabinet Office and Department of Health and Social Care (2019), *Advancing our health: prevention in the 2020s*, available at: https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document

2 Self Care Forum (no date), *What do we mean by self care and why is it good for people?*, available at: http://www.selfcareforum.org/about-us/what-do-we-mean-by-self-care-and-why-is-good-for-people/

3 PAGB (2019), *A self care white paper: supporting the delivery of the NHS long term plan*, available at: https://www.pagb.co.uk/content/uploads/2019/03/PAGB_Self-Care_White-Paper_v1-0.pdf

4 BBC (2017), *Turmoil inflates tensions at top of NHS*, available at: https://www.bbc.co.uk/news/health-38583071

5 Practice Business (2019), *NHS Campaign aims to drive patients to pharmacists*, available at: https://practicebusiness.co.uk/nhs-campaign-aims-to-drive-patients-to-pharmacists/

6 Local Government Association (2016), *Millions of 'unnecessary' GP visits are for coughs and colds*, available at: https://www.localgov.co.uk/Millions-of-GP-appointmentsunnecessaryand-cost-billions/41987

7 NHS England (2018), *Items which should not routinely be prescribed in primary care*, available at: https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/

8 PAGB (2019), *HCP survey: PAGB Self Care HCP Online Survey of 200 respondents (100 GPs, 100 Pharmacists) completed by Communications International Group, June 2019*

9 PAGB (2019), *HCP survey: PAGB Self Care HCP Online Survey of 200 respondents (100 GPs, 100 Pharmacists) completed by Communications International Group, June 2019*

10 PAGB (2018), *Response: General Medical Council: Updating our expectations of newly qualified doctors in the UK: reviewing the outcomes for graduates*, available at: https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/outcomes-for-graduates

11 PAGB (2018), *Response: General Medical Council: Updating our expectations of newly qualified doctors in the UK: reviewing the outcomes for graduates,* available at: https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/outcomes-for-graduates

12 British Journal of Family Medicine (2018), *Public Health England to relaunch antibiotic awareness campaign*, available at: https://www.bjfm.co.uk/phe-relaunch-antibiotic-awareness-campaign

13 NHS England (2019), *Briefing on Clinical Pharmacists and the Network Contract DES*, available at: https://www.england.nhs.uk/gp/investment/gp-contract/briefing-on-clinical-pharmacists-and-the-network-contract-des/#what-is-being-funded

14 World Health Organisation (2017), *Country Profile: Germany*, available at: http://www.who.int/countries/deu/en/

15 Aponet (2014), *Rezepte haben verschiedene Farben und Bedeutungen*, available at: https://www.aponet.de/aktuelles/ihr-apotheker-informiert/20160115-apotheke-was-die-farben-der-rezepte-bedeuten.html

16 Practice Business (2019), *NHS campaign aims to drive patients to pharmacists*, available at: https://practicebusiness.co.uk/nhs-campaign-aims-to-drive-patients-to-pharmacists

17 NHS England (2019), *Missed GP appointments costing NHS millions*, available at: https://www.england.nhs.uk/2019/01/missed-gp-appointments-costing-nhs-millions/

18 NHS England (2017), *Stay Well Pharmacy Campaign*, available at: https://www.england.nhs.uk/commissioning/primary-care/pharmacy/stay-well-campaign/

19 NHS England (2018), *Guidance on conditions for which over the counter items should not routinely be prescribed in primary care,* available at: https://www.england.nhs.uk/medicines/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/

20 NHS Brighton and Hove Clinical Commissioning Group (2017), *HelpMyNHS campaign launches across the city*, available at: https://www.brightonandhoveccg.nhs.uk/helpmynhs-campaign-launches-across-city

21 Brighton and Hove CCG, *List of example OTC products*, available at: https://www.gp.brightonandhoveccg.nhs.uk/file/16681/download?token=Mfr2f0kR

22 Brighton and Hove CCG, *Common Licensing Limitations for OTC medicines,* available at: https://www.gp.brightonandhoveccg.nhs.uk/file/19256/download?token=7NloW8v-

23 NHS Brighton and Hove Clinical Commissioning Group (2018), *Self care*, available at: https://www.gp.brightonandhoveccg.nhs.uk/prescribing/self-care

24 NHS Brighton and Hove Clinical Commissioning Group (2019), *Prescribing Quality Improvement Scheme and Action Plan*, available at: https://www.gp.brightonandhoveccg.nhs.uk/prescribing-quality-improvement-scheme-and-action-plan

25 PAGB (2019), *OTC Directory*, available at: https://www.pagb.co.uk/product/pagbs-otc-directory/

26 Self Care Forum (no date), *Self Care Factsheets*, available at: http://www.selfcareforum.org/fact-sheets

27 Pharmaceutical Services Negotiating Committee (2019), *Community Pharmacist Consultation Service*, available at: https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/

28 NHS England (2019), *Advanced service specification – NHS community pharmacist consultation service*, available at: https://www.england.nhs.uk/wp-content/uploads/2019/10/advanced-service-specification-nhs-pharmacist-consultation-service.pdf

29 GP Online (2016), *Allowing pharmacists to refer patients to hospital could drive up activity, GP warns*, available at: https://www.gponline.com/allowing-pharmacists-refer-patients-hospital-drive-activity-gp-warns/article/1417226

30 LGA (2016), *The community pharmacy offer for improving the public's health*, available at: https://www.local.gov.uk/sites/default/files/documents/community-pharmacy-offer--9b3.pdf

31 Cancer Research UK (2017), *Pharmacy training for early diagnosis of cancer,* available at: https://www.cancerresearchuk.org/sites/default/files/ace_pharmacy_training_report_june_2017_update.pdf

32 NHS (no date), *COPD Commissioning toolkit*, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/212876/chronic-obstructive-pulmonary-disease-COPD-commissioning-toolkit.pdf

33 Public Health England (2019), *Case study: Pharmacist-led virtual clinics to optimise anticoagulation in AF,* available at: https://www.gov.uk/government/case-studies/pharmacist-led-virtual-clinics-to-optimise-anticoagulation-in-af

34 North West Coast Clinical Senate (no date), *Cost impact and benefits,* available at: http://www.nwcscnsenate.nhs.uk/files/5014/8664/7428/costings_and_benefits.pdf

35 Pharmaceutical Journal (2018), *Majority of community pharmacies do not access the SCR in a typical week, analysis shows*, available at: https://www.pharmaceutical-journal.com/news-and-analysis/news/majority-of-community-pharmacies-do-not-access-the-scr-in-a-typical-week-analysis-shows/20205645.article

36 NHS England (2016), *Community Pharmacy Services Review*, available at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf

37 NHS Digital (2018), *New standard to improve information sharing between community pharmacies and GP practices*, available at: https://digital.nhs.uk/news-and-events/latest-news/new-standard-to-improve-information-sharing-between-community-pharmacies-and-gp-practices

38 NHS Digital (2018), *New standard to improve information sharing between community pharmacies and GP practices,* available at: https://digital.nhs.uk/news-and-events/latest-news/new-standard-to-improve-information-sharing-between-community-pharmacies-and-gp-practices

39 NHS England (2016), *Community Pharmacy Clinical Services Review*, available at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf

40 Chemist and Druggist (2018), *London pharmacy's read-write record access is saving 'time and money'*, available at: https://www.chemistanddruggist.co.uk/news/london-pharmacist-first-gain-read-write-access-patient-record

41 NAPC (2018), *Primary care home: community pharmacy integration and innovation*, available at: https://napc.co.uk/wp-content/uploads/2018/05/Community-pharmacy.pdf

42 NAPC (2018), *Primary care home: community pharmacy integration and innovation*, available at: https://napc.co.uk/wp-content/uploads/2018/05/Community-pharmacy.pdf

43 Pharmaceutical Services Negotiating Committee (2018), *New Models of Care: Supporting General Practice through community pharmacy*, available at: https://psnc.org.uk/sheffield-lpc/wp-content/uploads/sites/79/2018/07/Jaunty-Springs-Integrated-Care-Model-Evaluation.pdf

PAGB, the consumer healthcare association, represents the manufacturers of branded OTC medicines, self care medical devices and food supplements in the UK.

Proprietary Association of Great Britain

New Penderel House
283-288 High Holborn
London
WC1V 7HP

www.pagb.co.uk

PAGB Representing the Consumer Healthcare Industry since 1919

Then. Now. Tomorrow.