

## COMMUNITY PARTNERSHIP FORUM

23 July 2015

### Attendance

Name	Organisation/role
Peter Haley (Chair)	Chief Executive, People to Places
Ally Green	East Berkshire CCGs
Dr Adrian Hayter	Clinical Chair, WAM CCG
Chris Taylor	Healthwatch Bracknell Forest
Madeline Diver	CV Faith Sectors, Bracknell Forest
Pete Squires	Health Advisory Group
Phil Cook	Involve Community Services, Bracknell Forest
Adrian Greensmith	Windsor Mencap
Ramola Ganguli	Windsor Mencap
Mike Connolly	PPI Governing Body member, Slough CCG
Melody Chapman	Medicine Optimisation Team, East Berkshire CCGs
Hayley Edwards	WAM CCG
Jacqueline Brown	
Dr Onteeru Reddy	Public Health, Slough Borough Council
<b>Apologies</b>	
Robert Cooper	PPI Governing Body member, Windsor, Ascot and Maidenhead CCG
Karen Maskell	PPI Governing Body member Bracknell and Ascot CCG
Pat Rodgers	Berkshire Healthcare Foundation Trust
Carol Crowe	East Berkshire CCGs
Sonya Lippold	Health Advisory Group
Cllr Lynda Yong	Royal Borough of Windsor and Maidenhead
Dr William Tong	Clinical Chair Bracknell and Ascot CCG
Dr Jim O'Donnell	Clinical Chair, Slough CCG
Cllr Sabia Hussain	Slough Borough Council
Sheila Holmes	Healthwatch WAM and Older People's Partnership Board for Royal Borough of Windsor and Maidenhead
Caron Kipping	Dash Charity
Zaffar Ajaib	Slough Borough Council
Jesal Dhokia	Slough Council for Voluntary Service
Val Pearce	
Carol Brooker	
Pamela Curry	
Cllr David Coppinger	
Sonya Lippold	

### Conflict of interests

There was no declaration of a conflict of interest.

### Notes of meeting on 25 June 2015.

One spelling correction was noted and the notes were agreed.

## **Community pharmacy**

A presentation was given that described what community pharmacy can do covering prescriptions, health advice, medicines reviews and vaccinations including NHS and private patients (the presentation slides are available on the CCGs' websites).

The staff in a typical pharmacy will consist of a trained team including pharmacist, dispensing technicians, (checking any interactions between medicines) and counter staff who are all trained to NVQ level 2 minimum. Staff need to keep up to date with changes in practice and have consultation skills.

A consultation area will be available for private conversations with the pharmacist which can usually be available without an appointment.

Pharmacies are open for a minimum of 6 days a week and are local. 96% of the population can get to a pharmacist within 20 minutes.

People are familiar with pharmacies being used to dispense medicines. Prescriptions can be brought in by patients or the GP can transfer the prescription electronically. These can take a couple of hours to get from the GP to pharmacy.

For regular prescriptions and acute items, a collection and delivery service is available. Pharmacies can also provide advice on medicines.

Medicines prescribed, cannot be re-used and pharmacies are contracted to receive unused medicines back from patients and have it disposed of safely.

Over the counter medicines can be sold without a prescription and advice can be provided on what medicines to have at home and on healthy living.

There is an advice service on giving up smoking, weight management and alcohol awareness.

A Medicines Use Review (MUR) is a free patient consultation with the pharmacist about how the patient takes their medicine. This is all about trying to get the best out of the medicines prescribed and improve health outcomes. Patients are often more likely to tell the pharmacist if they are not taking a medicine or if they are having problems with the medication. They can check understanding from their consultation with their GP. This service is targeted at people who are on multiple medications. Normally a patient would only have one MUR in any 12 month period but it is informal and a patient can ask for another if their medicines have changed or they are having problems.

The New Medicines Service is for patients who have been prescribed a new medicine and are not sure what they are doing with it. This is particularly relevant for patients with long term conditions.

The cost of wasted medicines is significant with £20m worth of wasted medicines each year in Thames Valley alone.

Pharmacies have been offering private flu vaccinations for several years. Pharmacists have been trained to give these and deal with any adverse effects. Now pharmacists also offer vaccinations for the NHS to adults in at risk group and anyone over age 65. No appointment is necessary. Evidence showed that 40% of those vaccinated at community pharmacists last year had not had a vaccination before.

Q: What training is given to counter staff?

A: The training given covers the same syllabus for all staff whether in supermarket pharmacy or community pharmacy.

Q: Is calamine lotion still available?

A: It is not very popular any longer and not much evidence of its effectiveness.

Q: Do you have defibrillators in pharmacies?

A: No, they are not routinely installed.

Q: What are the opening hours?

A: Most are open Monday-Saturday, with some open 7 days each week.

Q: Do you go into schools to raise awareness?

A: Yes, we are trying to do more of this.

Q: What about girls who frequently access emergency contraception?

A: This is a safeguarding issues.

Q: How do we know as a customer that all these services are available?

A: We have not been good at talking about it. Some will have posters but we need to do more to raise awareness.

Q: How can a patient get a medicine review?

A: People don't need to make an appointment any more as this service works better as a drop in service.

A second presentation explained the role of the Medicines Optimisation Team in the Clinical Commissioning Groups (CCGs).

A team of pharmacists are employed by the CCGs in east Berkshire and are responsible for the prescribing budget that pays for the prescriptions written by local GPs.

The small team includes a dietician. GPs prescribe dietary supplements and the dietician will support GPs in prescribing these medicines. A range of projects are being led by the team.

There is a growing challenge with more long term conditions and more medicines being prescribed. Pharmacists are leading the way so that we improve patient outcomes by getting the most out of the medicines being prescribed.

The guiding principle for this work is that the patient is at the centre and we want to get the best outcomes. The team provide unbiased information about medicines and answer queries from clinicians.

A Medicines Formulary is also published which is a list of medicines that can be prescribed locally that has been agreed by a committee that reviews the list regularly. The committee includes pharmacists, GPs, consultants and patients.

The number of different medicines being taken by individual patients varies:

- A small number of patients are prescribed 20 or more different medicines.
- 36% of patients over 75 years take 4 or more prescribed medicines.

Adverse reactions to medicines can result in hospital admission and appropriate prescribing supports people to stay healthy. A number of projects are being supported by the team including:

- The Care Homes project in Bracknell and Ascot CCG is working to improve the quality of care for people living in care homes. This includes a range of initiatives about medicines.
- Prevention of acute kidney injury when taking various medicines that affect hydration. Initiative to reduce kidney damage for patients at risk (including people with diabetes). Solution in Primary Care is using credit card style notices to increase patient awareness to reduce certain medications during hydrating illnesses. Empowering patients to temporarily stop taking certain medicines during short illness causing dehydration.
- Hypnotic clinic: long term use of drugs that help people get to sleep can cause concern with tolerance and addiction. Also associated with falls and fractures and studies show they are associated with cancer and dementia. Support being targeted at practices where rates of hypnotic prescribing are high. Patients are reviewed looking at underlying cause of insomnia, promoting non drug therapies and referring to patient support groups. Follow up appointments and support are offered until they can come off drugs or find a lower dose that is more acceptable.

Q: Could the waste medicines be used in other parts of the world? It seems wasteful to destroy them.

A: No. There are good reasons for this as medicines might be contaminated.

Comment: Slough care homes have non pharmacological interventions that support residents to avoid medication. This includes singing therapy to help improve social interaction and they have seen a reduction in prescribing. Enhanced nutrition

programme is next. Sometimes patients can be on many different medications because they are prescribed by different health professionals.

The presentation slides from both presentations are available on the CCGs' websites.

### **Future meetings**

Next meeting:           22 October 2015  
                                  6.30pm – 8.30pm  
                                  The Centre, Slough

Suggested topics for future meetings:

- End of Life Care
- Patient engagement
- HealthMakers feedback
- CAMHs update
- Car parks and transport
- Pharmacy
- Suicide prevention
- Obesity and nutrition in hospitals
- Data sharing and confidentiality