NHS England
Transforming urgent and emergency care services in England

UKMi response to consultation

http://www.england.nhs.uk/ourwork/pe/uec-england/

On behalf of the United Kingdom Medicine Information (UKMi) executive committee, I offer the following comments on the consultation on Urgent and Emergency Care Review - Evidence Base Engagement Document. Our remarks concern aspects of pharmacy services and medicines covered in the document.

Community Pharmacy - The report discusses the potential role for community pharmacy in absorbing some of the work that is currently being diverted to GPs and emergency services. This is sensible although systems need to be in place to free up pharmacists from their routine work in order to spend more time with patients. They also need to be more practised at accessing useful sources of information to support their work (such as medicines information via NICE Evidence). The UK Medicines Information service can provide a vital support system from community pharmacy when they are dealing with more difficult or complex medicines related enquiries.

Telephone services - are very popular with patients and the public in terms of convenience and accessibility. Our experience in working with NHS Direct over many years shows that medicines are a prominent subject of enquiry;
- up to 40% of calls received by NHS Direct were directly about medicines and the vast majority involved some aspect of advice about medicines.
- some of these enquiries will be complex and urgent e.g. medicines in children, medicines in pregnancy, conventional medicines being used alongside alternative therapies (e.g. self-selected herbal or "natural" treatments such as St Johns Wort)
- some will carry a risk of patient harm or delayed treatment if not managed safely

As a result, people handling these calls should be trained to recognise the risks and either
- be trained and have the resources to manage the enquiry themselves, or
- have the facility to refer the patient elsewhere.
There is a judgement to be made about the quality of patient experience if that "elsewhere" means a visit to another healthcare provider rather than the call being managed on line. Quality assurance systems (staff with appropriate training competency and capacity, support systems and audit) need to be in place to underpin the management of calls concerning medicines

Digital platforms – building on the experience that in many cases, people seek “urgent care” because of the need for access to, or information and advice about, medicines the availability of high quality, validated information about common problems with medicines should be a very useful part of the platform of services to support patients. Many problems are common and predictable (e.g. missed contraceptive pills, managing pain in special circumstances) and so could be helped with the use of standardised help tools such as “Q and As”. Effective digital platforms should help to appropriately divert many cases away from needing “face to face” contact and still allow safe, effective and convenient care.

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