



Pharmacy First Service, three months on

The Association of Independent Multiple Pharmacies (AIMp) has carried out a survey of 266 independent pharmacy owners to better understand how the service is progressing three months since from its start date – the service was launched on 31st January. The survey ran for one week and the respondents came from a variety of backgrounds, including owners of single pharmacy branches to owners of over 100 branches – between them the respondents represent approximately 2000 branches.

The results demonstrate that whilst 100% of respondents have got behind delivering the Pharmacy First Service, there are concerns amongst pharmacy contractors about the minimum consultation thresholds which are set to go up from May to qualify for the £1000 monthly payment. Many respondents commented that there are not enough referrals from GPs.

Other concerns were around conversion rates from the initial consultation through the gateway criteria to paid service and the workload involved in the service which many felt was leading to other services being sacrificed because the Pharmacy First Service is not adequately funded.

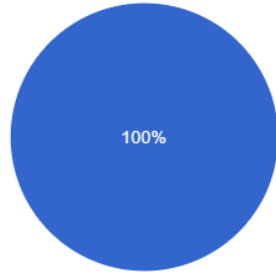
AIMp will be sharing the results of our survey with the decision-makers at NHS England and the Department of Health and Social care (DHSC).

The full results of the Pharmacy First survey are published in this document.



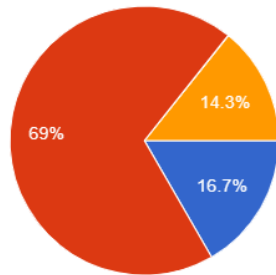
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Are you delivering the Pharmacy First Service?



- Yes
- Yes, but not in all branches
- No

Are you currently achieving the minimum monthly thresholds?

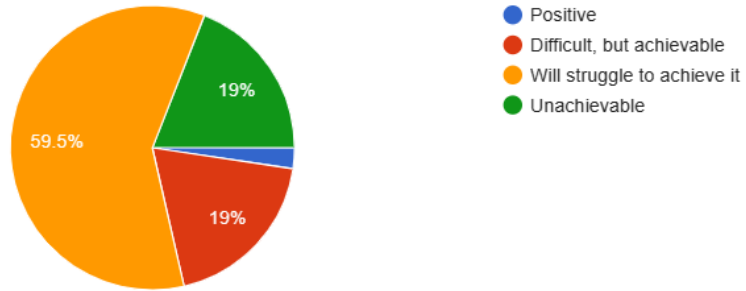


- Yes, comfortably
- Yes, but struggling
- No

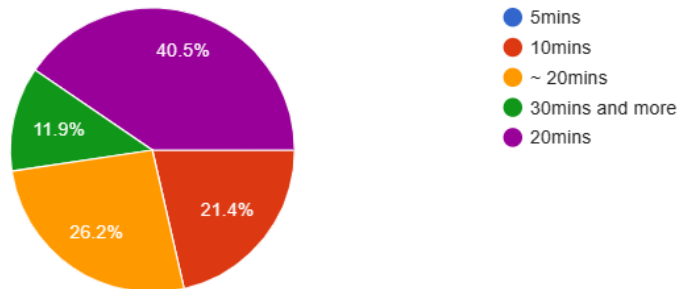


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Based on your experience so far, what is your view about the minimum thresholds increasing from May?



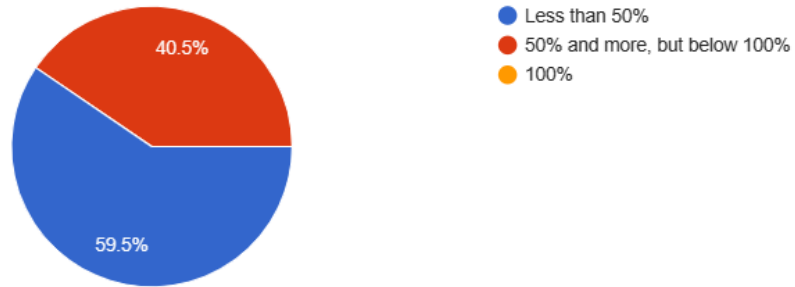
How long does it take on average to do a consultation?



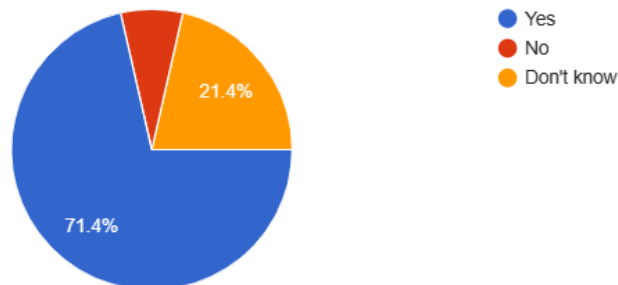


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What is your conversion rate to a claimable Pharmacy First consultation (initial consultations through the gateway criteria into a paid service)?



Has the time spent on delivering Pharmacy First Service reduced your capacity to deliver other pharmacy services/activities?





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If your answer to the above question was YES, can you please explain which services/activities have been affected?

NMS and MDS

Dispensing has slowed down.

Hypertension and some
Private Services. Day to day tasks also more difficult to complete.

Time spent with patients

Day to day dispensary work and other services such as hypertension and Contraception Service

Daily prescription processing/checking

MDs and supervised methadone stopped

BP checks, NMS

Private services unless we get another pharmacist in which is not affordable

Blood pressure

Checking prescriptions, covid vaccinations, new medicine service, hypertension case finding service

Nms

It made it difficult to manage work load and usual day to day pharmacy tasks. Dispensing preparing trays/blister packs ordeing completing owings.

Checking of Rx becomes backlogged, increasing the pressure levels within the pharmacy. The organisation within the branches has been negatively affected due to the pharmacist been in consultations.

Day to day tasks are suffering as are our private revenue streams

Checking, NMS

Not being able to do other roles that are now profitable. This is too time consuming due to low conversion rate



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General dispensing

NMS and BP

BP

General advice from pharmacists (longer wait times), hypertension service

BP and potentially Covid jabs

Staff are focussing on pharmacy first and losing sight of other services

Hypertension and NMS

We have ceased providing a MDS service. We are currently reviewing our free delivery service.

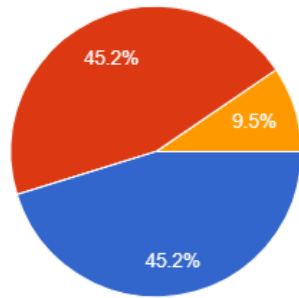
BP service. As consultation room is occupied for longer periods.



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Should there be any additional information added to the current Pharmacy First Service, administratively and professionally?

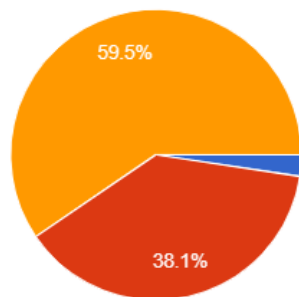
2020-2021



- Yes, a section promoting and recording more clinical data is needed
- No, it is ok as it is
- Don't know

Are you satisfied with how the Pharmacy First Scheme is going?

2020-2021



- It is better than anticipated
- It is ok so far, but the increase in thresholds is a worry
- No, it is time consuming and underpaid
- Not delivering the service



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Please let us know any thoughts or comments you may have.

A service that makes sense to deliver via community pharmacy but unfortunately poorly negotiated by CPE, as usual.

The thresholds must be lowered. 30 is too high for some of our areas. GPs don't refer. It's unrealistic to expect such a high quantity to meet the threshold

Referrals from GPs are poor and there is a lack of understanding of the service. National advertising was short lived and the initial buzz about the service soon disappeared. There needs to be much more engagement from other HCPs referring in properly. The tech is a mess and makes everyone's life harder than it needs to be.

Better advertising so patients and surgeries know the criteria's (esp age restrictions)

PF payments linked to Contraceptive & Hypertension services is concern, as reliant on the monthly payments to fund PF commitments.

Need more referrals

Surgeries are diverting them to ARRS staff, in particular Pcn employed paramedics PAs and ANPs who they are trying to find work for

We are spending Quality Time with the patient and all this comes at a Cost. The Leaders however seem blinkered. I have been a Community Pharmacist for over 40 years and always strived for the best outcome and feel very sad for the upcoming Pharmacists to have a Pharmacy Minister like the one at the present. Hope the new Generation does not start leaving the Profession like I have seen recently.

We are too reliant on GPs sending referrals, and in one of our branches the local doctors hardly send any. Walk ins difficult to capture as not enough people aware that they can come to us first.

Lack of trained personnel at surgery level causing problems for patients and pharmacies giving a horrid patient experience

Need more referrals



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Staff feel overwhelmed. Locums will only provide a service if they are paid an incentive. Patient expectations difficult to manage. Negatively impacting the day to day running of the Pharmacy.

The increase is worrying when GPs aren't on board and aren't referring to us.

GPs need to bother referring!

Difficult to meet numbers for the gateway.

Time consuming, takes the pharmacist away from core services, money is not enough to employ additional skilled staff to manage workload.

Process is longer than necessary and tedious. We should be paid for our time irrespective of whether consult hits gateway. This is no way to treat clinicians. Medical doctors whom we are constantly reducing workload from and increasing our own are treated like a spoilt child whilst we're the responsible ones? We get paid a hell of a lot less yet expected to jump hoops like we're in a circus. Remuneration mechanism is terrible and needs urgent attention

It is about time that AIMP raise this concern with the NHSE. We are getting paid £15 per consultation. The minimum time from start to the end is about 25-30 minutes (involving consultation, paper work, pharmacy outcomes filling and then dispensing the item where required) the average salary of any pharmacist nowadays is £28-30 per hour, so if 30 minutes involved in this so £15 is already gone .. so by providing this service we are not gaining any financial benefit apart from providing good care to the patients. So my point is either the consultation fees should be increased or at least the monthly target should be reduced so that we could get something out of it otherwise this £345 million pounds funding is just going down the drain

Considering the payment is the same as a BP check, it takes at least double the time as there is a lot of double entry. Also, there should be a lower payment for those that don't meet the criteria as they take at least half the amount of time and often more time on advice to explain to patients why they aren't eligible. It seems also that we are beholden to receptionist staff referring patients to us through the proper channels in order to be paid correctly.

The threshold needs to be removed or at least reduced. Payment should be received irrespective of meeting the gateway. Reimbursement should be £35 minimum.