

West Yorkshire Pharmacy Urgent Repeat Medication Service (PURM) Service Service Evaluation November 2014 – April 2015

Anonymised Report

Produced by Dr Rachel Urban, Research and Evaluation Manager, Community Pharmacy West Yorkshire

SUMMARY OF EVALUATION AND RECOMMENDATIONS

The *Pharmacy Urgent Repeat Medicine Service* (PURM) was introduced in November 2014 in 41 pharmacies across West Yorkshire. It was introduced in response to the increased demand on out-of-hours services due to patients running out of medication. It aims to facilitate appropriate access to repeat medication out-of-hours (OOH) via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from *Local Care Direct (LCD)* to community pharmacy. Referrals are made via email from NHS111 to the pharmacy's nhs.net account. The pharmacist uses their professional judgement to determine the most appropriate course of action for the patient. If appropriate the patient is supplied with medication under the current emergency supply legislation. This is the first evaluation of a service of this kind. As far as we are aware no similar schemes on this scale have been evaluated to date.

Over the 5 month evaluation period which included both the Christmas and Easter Period, community pharmacies received 1443 referrals for medication, for which 1066 had medication supplied. These were referrals which previously would have been referred to LCD, relieving pressure on the out-of-hours service. The number of referrals received by each pharmacy ranged from 0-96 referrals (mean 36.1, median 31). Where medication was not supplied this was predominantly because the pharmacist felt the patient needed a clinical consultation with a doctor or the supply was not permissible under the emergency supply regulations, resulting in 161/1443 (11.2%) patients being referred onward to LCD. The majority of referrals were received at the weekend, mainly Saturday (81.7%, 1179/1443) and approximately a quarter of all referrals (363/1443) were received over Christmas (25th and 26th December) and Easter (3rd to 6th April).

In total, 1592 medicines were supplied for 1066 patients (mean 1.5 medicines per patient, range 0-13). The average cost per dose was £0.48 (£0.58 inc VAT). The average cost per item supplied was £3.95 (£4.74 inc VAT). The average cost of medication per patient was £5.90 (£7.08 inc VAT). The total cost of the PURM service from Nov-April for the 1443 referrals including VAT on parts of the service that incurred VAT was £32,376.76. The average cost of PURM consultation was £22.44. The most common types of medication requested were cardiovascular medication (13.7%, 198/1443), antidepressants (13.6%, 196/1443), respiratory medicines (12.5%, 180/1443) and pain relief (9.7%, 140/1443).

Most patients stated that following the consultation with the pharmacist they now understood the importance of not running out of medication, how they could better use their local pharmacy and ways to help them to remember to order their medication.

RECOMMENDATIONS

1. Further work could be conducted with commissioners to:
 - review current referrals from NHS111 to explore the reasons why patients refuse to access the PURM service and the reasons for not referring to the PURM service by the call handler
 - explore the discrepancy in figures between those calls disposed to community pharmacy by NHS111 and the referrals received by community pharmacy

- better link the PURM service with A&E and other urgent care settings (eg walk-in-centres)
 - explore what happens to patients who are not provided with a supply when the pharmacist does not have the medication in stock
 - determine patient and staff opinion of the service to develop the service further.
2. Routine monitoring of PharmOutcomes data by the commissioners should be undertaken to ensure the appropriateness of medication selected from the DM+D database by the pharmacist for remuneration.
 3. The majority of patients are travelling less than 5km to access the PURM service. There are still however some outliers and variation in the number of referrals received per pharmacy. Further work to understand the reasons for this could be explored to ensure the pharmacies involved are in the correct geographical location. This could also be compared to the distance patients travel to access out-of-hour services.
 4. The importance of completion of the experience questions by the patient and the subsequent transfer onto PharmOutcomes should be reinforced to the pharmacies.

1 INTRODUCTION

The Five Year Forward View outlines the need for transformational change to maintain a sustainable NHS.¹ It recognises the need to better utilise pharmacists in new models of care. This includes urgent and emergency care. Several documents have highlighted that the current urgent and emergency care system is under increasing pressure.^{2, 3, 4} *Community Pharmacy - helping provide better quality and resilient urgent care* suggests a vision where urgent and emergency care services are connected so the overall system becomes more than just the sum of its parts, thus helping people with urgent care needs get the right advice in the right place.³ NHS England, System Resilience Groups (SRGs) and local commissioners are working together to deliver a shift in the way urgent and emergency care services are provided. Their aim is to ensure safe and effective systems which provide sustainable high quality services. This includes better utilisation of community pharmacy.

NHS England has also identified a number of issues which must be addressed by SRGs. One of which stipulates that *'No patient should have to attend A&E as a walk in because they have been unable to secure an urgent appointment with a GP. This means having robust services from GP surgeries in hours, in conjunction with comprehensive out-of-hours services.'* There have been a number of previous examples from around the country where commissioning services from community pharmacy has helped relieve pressure on the system and maximise the skills, experience and accessibility of community pharmacists. These include:

- 'Flu vaccine administration to 'at risk' populations^{5, 6, 7, 8} (see also <http://www.cpwy.org/doc/890.pdf>)
- Emergency supply of medicines , where appropriate²
- Supporting populations to self-care with NHS provided medicines^{9, 10, 11, 12} (see also <http://www.cpwy.org/doc/795.pdf>)

Community pharmacies are able to legally provide emergency supplies of prescription only medicines at the request of the patient without a prescription, if deemed appropriate. However, this is not an NHS service and there is usually a charge for the service to cover the cost of the medication plus pharmacy time. The cost associated with this for those who do not usually pay for their prescriptions means that they often choose to consult an out-of-hours service or emergency department if they perceive the need for their medicines is urgent. Visitors to an area may also require emergency supplies of medicines both in and out-of-hours.

Previous NHS111 data, within West Yorkshire, demonstrated a large proportion of calls received by the service related to medicines, especially where patients had run out of their usual repeat medication. In order to relieve pressure on the local health care system, a network of community pharmacies within West Yorkshire were commissioned to receive requests for urgent repeat medication from NHS111 and provide an emergency supply of medicines at NHS expense where appropriate, (i.e. the requirements of the medicines legislation are met). This avoids unnecessary delays for the patient and the pharmacy staff when the patient attends the pharmacy in person.

This report evaluates the referrals received by community pharmacies from NHS111 as part of the Pharmacy Urgent Repeat Medication Service (PURM).

2 AIMS AND OBJECTIVES

Aim

- To evaluate the West Yorkshire Pharmacy Urgent Repeat Medication (PURM) Service delivered between November 2014 and April 2015.

Objectives

- To determine the number of PURM referrals received by community pharmacy within each CCG area (within West Yorkshire) and the reason for referral
- To determine the demographics (age and postcode) of the patients using the PURM service
- To identify which community pharmacies the patients were referred to
- To look at times of access out-of-hours including over the Easter and Christmas periods
- To determine the average cost of consultation and medication provided
- To make recommendations on how the service could be improved

3 SERVICE

Initially the PURM service was commissioned by North Kirklees CCG and Greater Huddersfield CCG designed in collaboration with Community Pharmacy West Yorkshire. Subsequently, following positive results, this service was commissioned across the whole of West Yorkshire by all CCG areas. This evaluation looks at the region wide service which went live in November 2015.

The aim of the Pharmacy Urgent Repeat Medicine (PURM) service is to facilitate appropriate access to repeat medication out-of-hours (OOH) via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from Local Care Direct to community pharmacy. Patients registered with a West Yorkshire GP who contact NHS 111 in the out-of-hour period for supplies of repeat medications are referred to a pharmacy participating in the PURM service. Where the pharmacist deems that the patient has immediate need for the medicine, and that supply is appropriate, a supply can be made under the emergency supply regulations (see <http://www.legislation.gov.uk/ukxi/2012/1916/regulation/225/made>).

Referrals are made via email to the pharmacies nhs.net account. The pharmacist uses their professional judgement to determine the most appropriate course of action for the patient. Each request is considered on a case by case basis. The pharmacist provides advice to the patient about the importance of ordering prescriptions in a timely manner, including the importance of avoiding running out of medication and planning ahead for weekends and Bank Holidays, to prevent the future need for emergency supplies. Medicines are supplied at CCG expense to patients who are exempt from prescription charges. For patients not exempt from prescription charges a fee equivalent to a prescription charge is levied for each medication supplied (unless the item can be purchased over-the-counter at a fee less than a prescription charge). Pharmacies are paid £15 per patient for the consultation. If medication is supplied an additional £2 per item dispensed plus the tariff cost of medication is paid. This service funds the supply of sufficient quantities for up to 7 days treatment. Exceptions apply for inhalers and creams / ointments, where only a manufacturer's pack can be supplied. This service operates in the out-of-hours period. The out-of-hours period is from

6.30pm to 8.00am on weekdays and all day at weekends and on Bank Holidays. It is commissioned from a network of pharmacies across West Yorkshire.

Each pharmacy set up a system to regularly check their nhs.net account for referral emails during the out-of-hours period. Details of the consultation and where relevant the supply made were recorded on PharmOutcomes, within 48 hours. Entry of the data onto PharmOutcomes triggered an email notification of the consultation to the patients GP. As part of the patient exemption declaration patients were also asked their opinion on whether the PURM service had helped them to understand the importance of not running out of my medicines, how they could use their local pharmacy better to help them order their medicines and ways to help them to remember how to order their medicines.

Pharmacies were selected by CCGs according to the following criteria:

- The extent of their opening hours, including late openings, Saturdays and Sundays
- The ease of access to residents within the locality
- The pharmacy's location within West Yorkshire / the CCG area with respect to other pharmacy providers
- Whether the pharmacy opened on Bank Holidays
- The pharmacy's willingness to participate in evaluation of the service
- The pharmacy being in good standing with GPhC and NHS England Area Team

Due to the face-to-face element / collection of medications from the pharmacy this service was not available to distance-selling pharmacies.

Community Pharmacy West Yorkshire were funded to support implementation. This included:

- producing a service guide
- writing to each pharmacy to see if they expressed an interest in providing the service
- working with the CCGs in pharmacy selection
- visiting each pharmacy providing PURM to check the system and process in place, explain the service and answer any queries
- acting as a point of contact for pharmacies and CCGs for any issues that have arisen
- liaison with NHS 111 and LCD

For further details on the PURM service see the service specification and guide accessed at <http://www.cpwyo.org/pharmacy-contracts-services/local-services-enhanced-/pharmacy-urgent-repeat-medicine-purm-service.shtml>.

4 METHOD OF EVALUATION

All data inputted on to *PharmOutcomes* was evaluated from 20th November 2014 to 21st April 2015. Data were extracted into Excel[®] and reported using descriptive statistics. Further NHS111 and LCD activity data for the evaluation period was obtained and analysed. PharmOutcomes data shows those referrals received by community pharmacy, not necessarily those disposed by NHS111. Where NHS111 or LCD data has been used rather than PharmOutcomes data, this has been clearly stated.

5 RESULTS

Of the 41 pharmacies commissioned to deliver the service, 40 pharmacies received a total of 1443 referrals. The pharmacy which did not receive any referrals meets geographical need, however is not located in a densely populated area. The number of referrals received within pharmacy per CCG varied from 56 to 240; mean 144.3 and median 149.5. Overall, Bradford District CCG received the highest number of referrals (16.6%, 240/1443), with Wakefield CCG being the second highest (14.9%, 215/1443) (see figure 1). When weighted per 1000 population both Bradford Districts CCG and Greater Huddersfield CCG had the same number of consultations (0.71 consultations) per 1000 eligible population (see figure 2).

Figure 1 Percentage of referrals received by community pharmacy from NHS111 by CCG

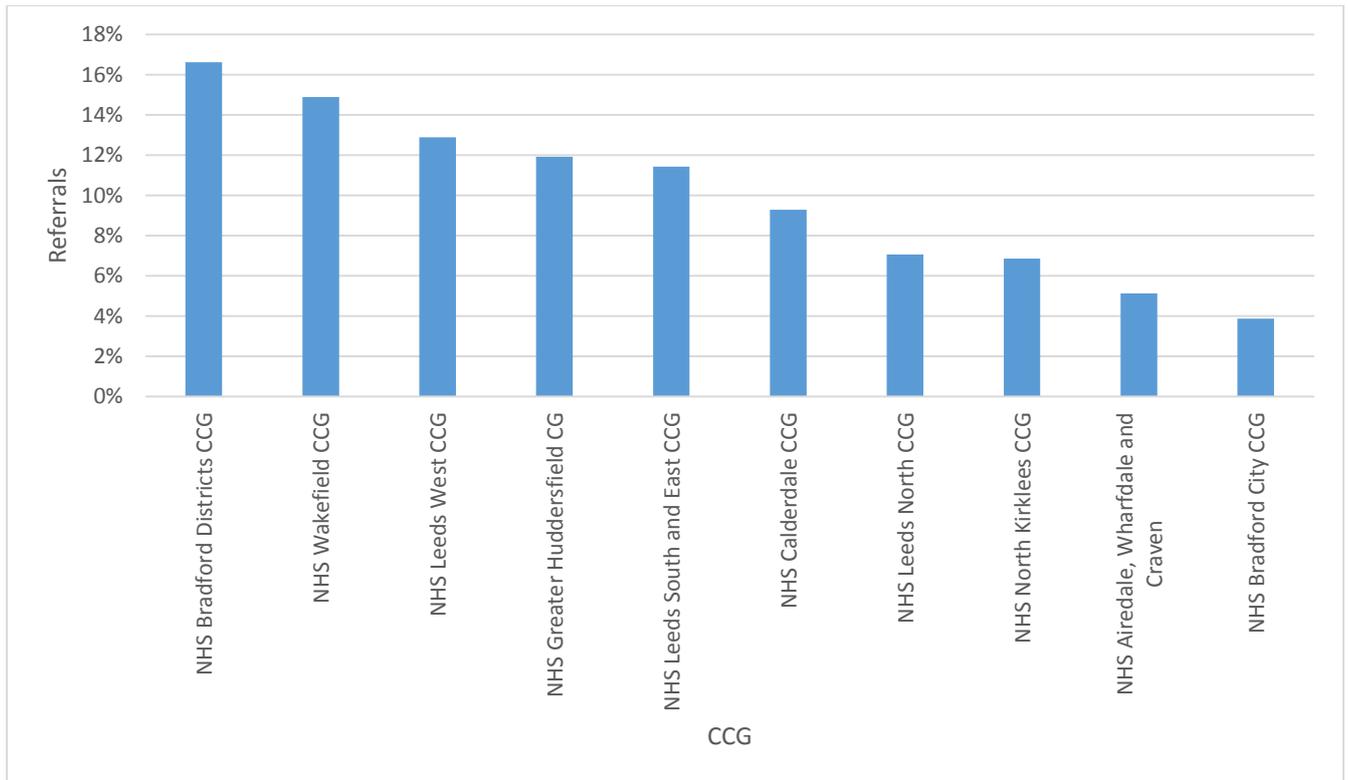
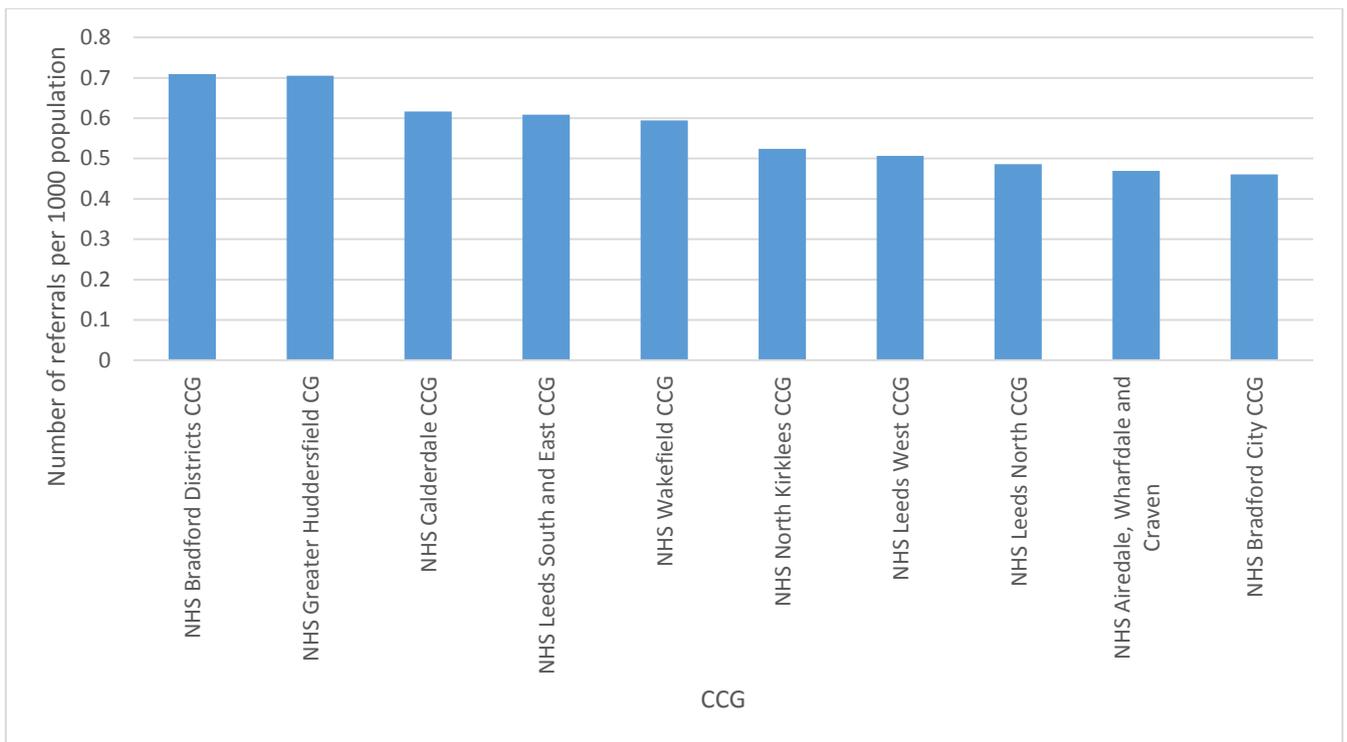


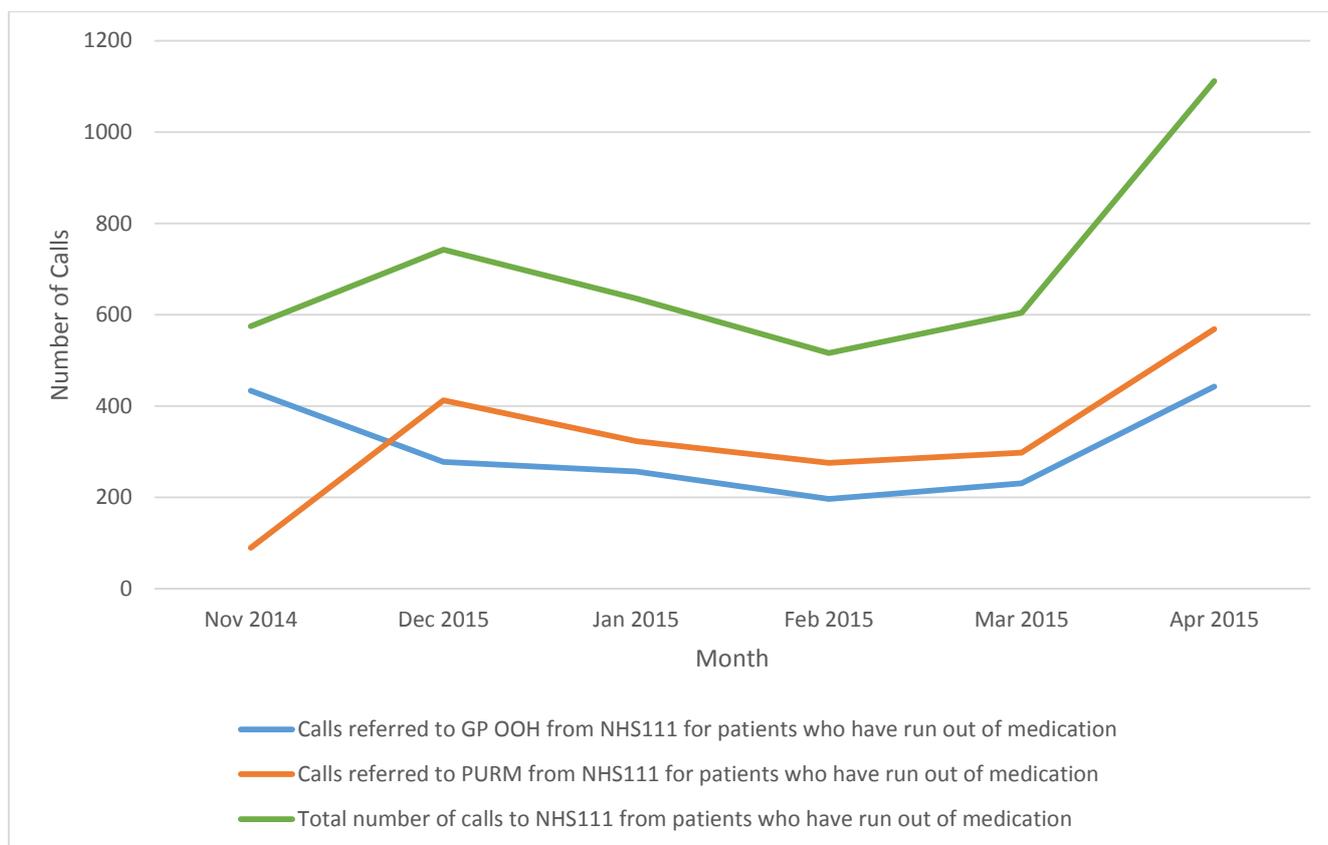
Figure 2 Number of referrals received by community pharmacy from NHS111 by CCG per 1000 population



The range of consultations delivered per pharmacy varied from 4 to 96 with a mean of 36.1 consultations per pharmacy and a median of 31 consultations per pharmacy (see figure 4). Two hundred and twenty-six pharmacists delivered the consultations (mean 6.4, median 4 range 1-53 consultations). Most consultations (56.3%, 812/ 1443) were delivered face to face; the remainder over the telephone (631/1443, 43.7%). The patients using the scheme were registered at 307 GP practices. The range of consultations varied from 1 to 23 (mean 4.7, median 4). The consultation rate per practice population was analysed and there were no practices with high usage of the service.

Impact on GP OOH service

Figure 3 Disposition of calls from NHS111 for patients who have run out of medicines



Data provided by NHS111 from November to April 2015 demonstrates that 47.0% (1969*/ 4186) of total calls received by NHS111 for patients who have run out of medication were referred to the PURM service taking workload relating to supply of medication away from GP OOH (LCD) (see figure 3). The upward trend seen in the graph during April 2015 is due to usual increased activity around Easter Bank Holiday.

(* the difference in numbers of referrals between NHS111 data and PharmOutcomes is due to data being provided in whole months from NHS111. The West Yorkshire wide service started part way through November. Therefore, the figure of 1969 includes data from the initial North Kirklees CCG and Greater Huddersfield CCG service plus data for the remainder of April which fell outside the evaluation period.)

Patient Demographics

The postcode area with the highest proportion of patients was WF10 (3.33%, 48/1443) (see figure 5). Most patients requesting medication were between 20 and 60 years old (54.9%, 792/1443) (see figure 6) and the majority accessed the service because they had run out of medication (see figure 7). The reason the patient had run out was not recorded.

Figure 4 Percentage of referrals received by each pharmacy from NHS111

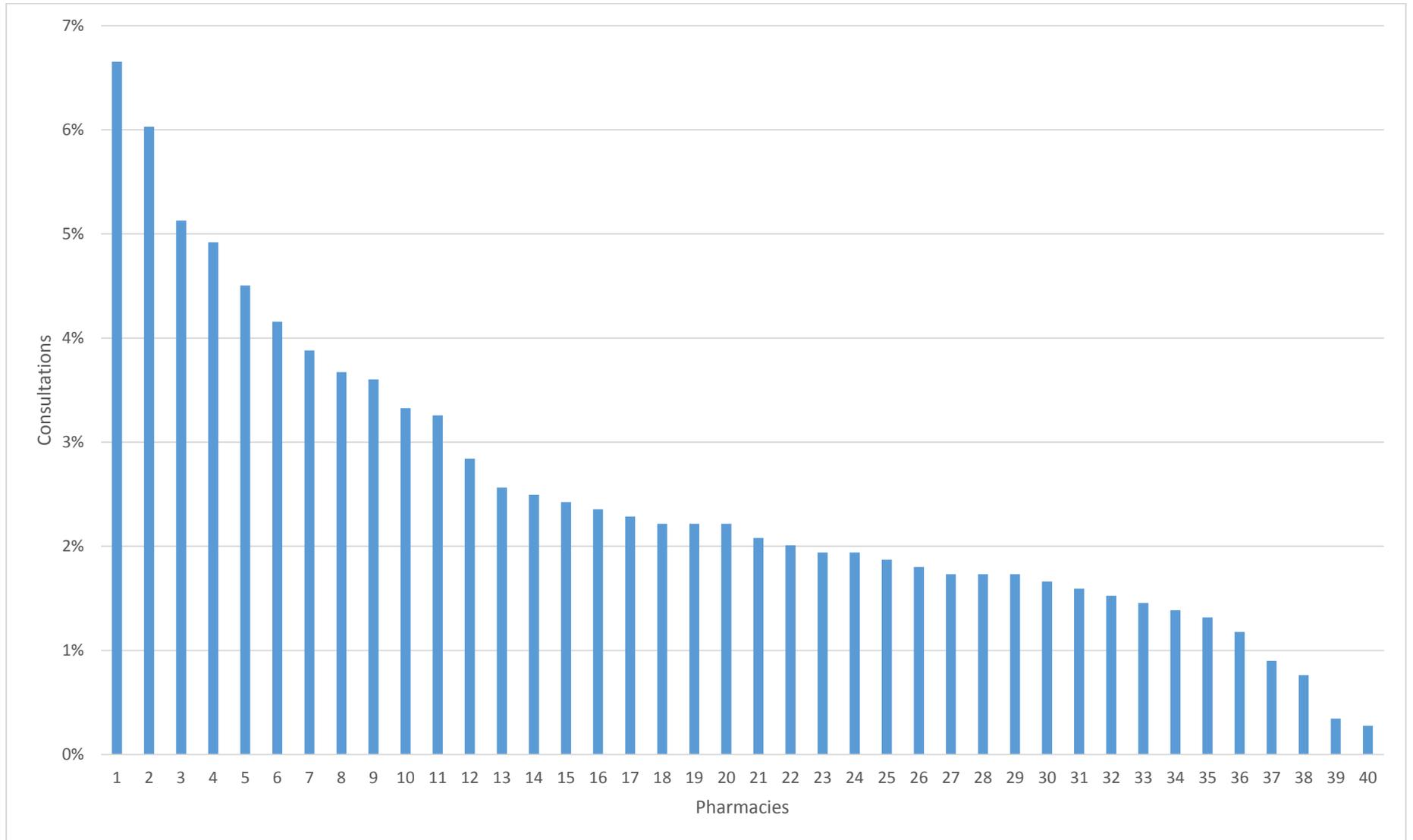


Figure 5 Top 50 post code areas

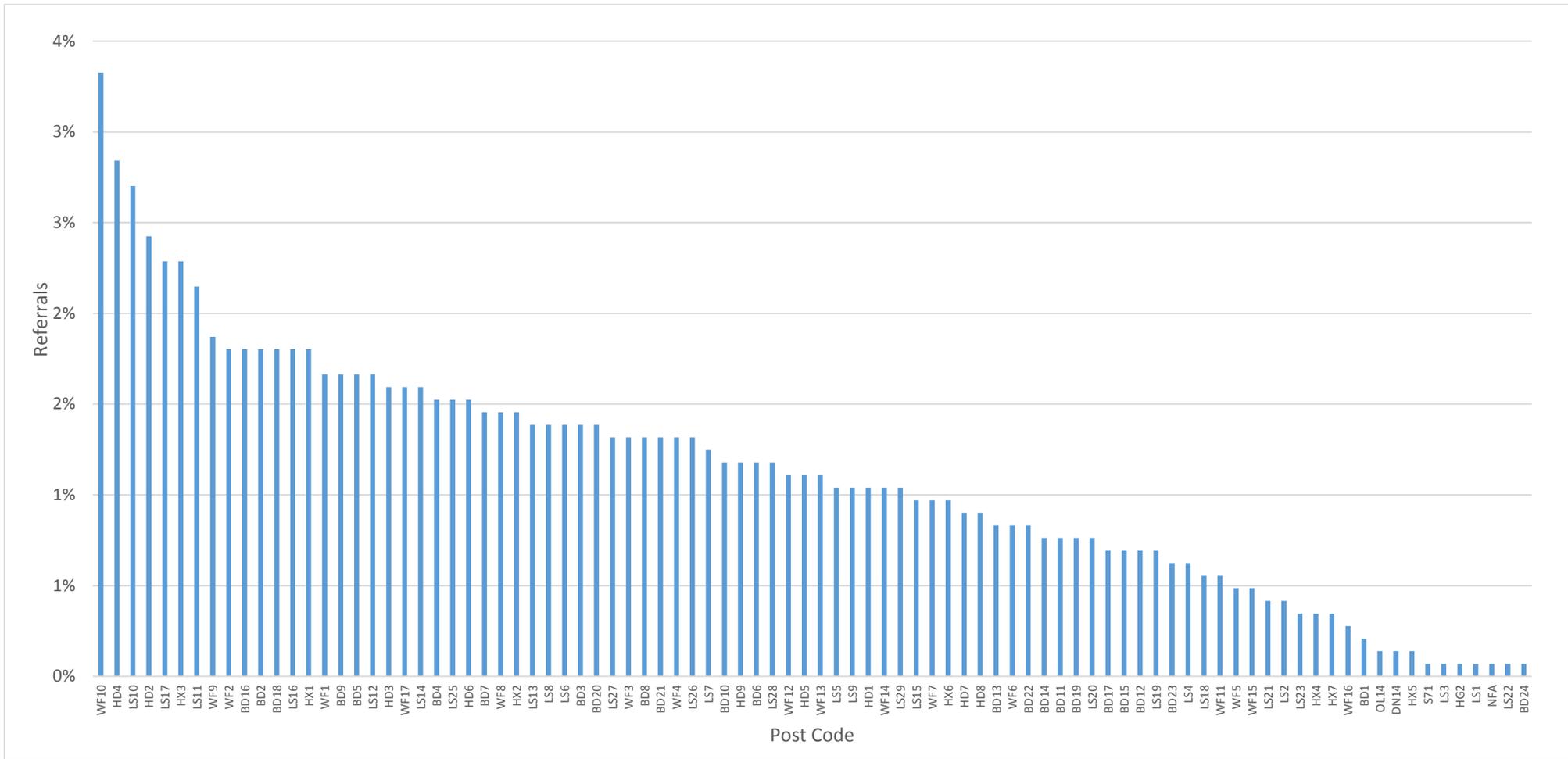


Figure 6 Age of patients referred to the PURM service by NHS111

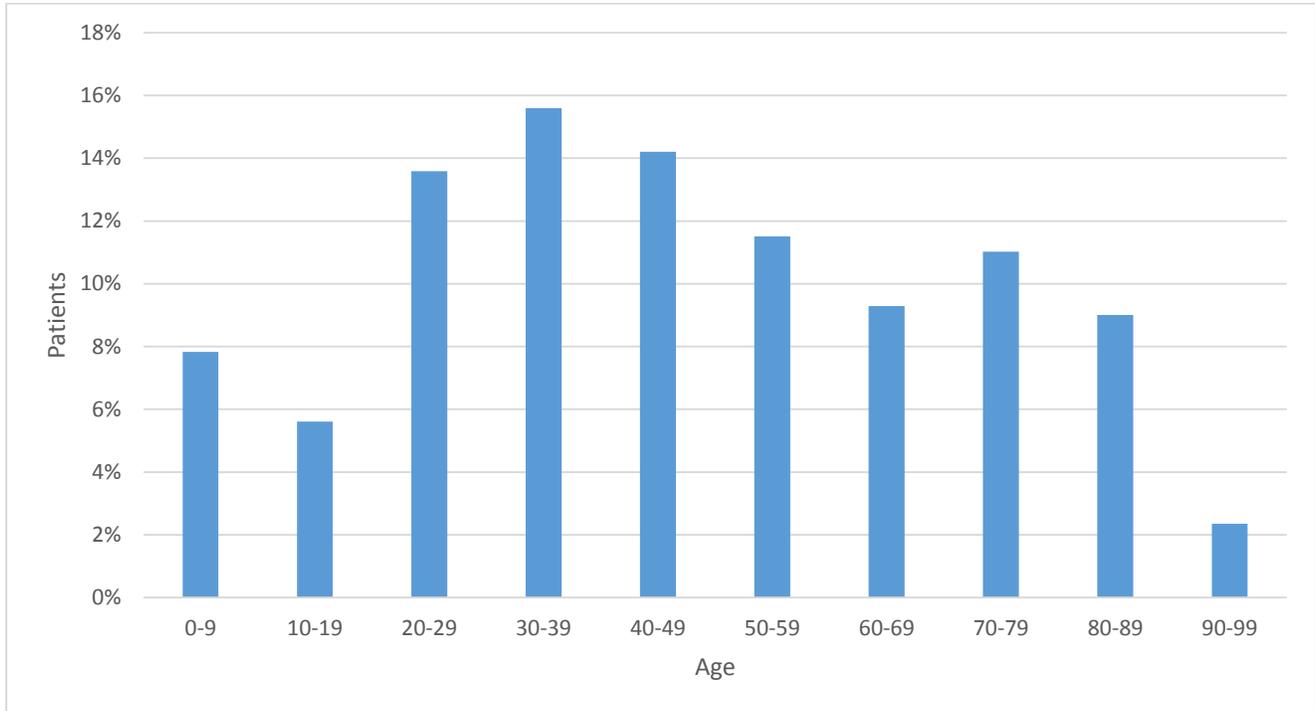


Figure 7 Reason for request for medication by the patient

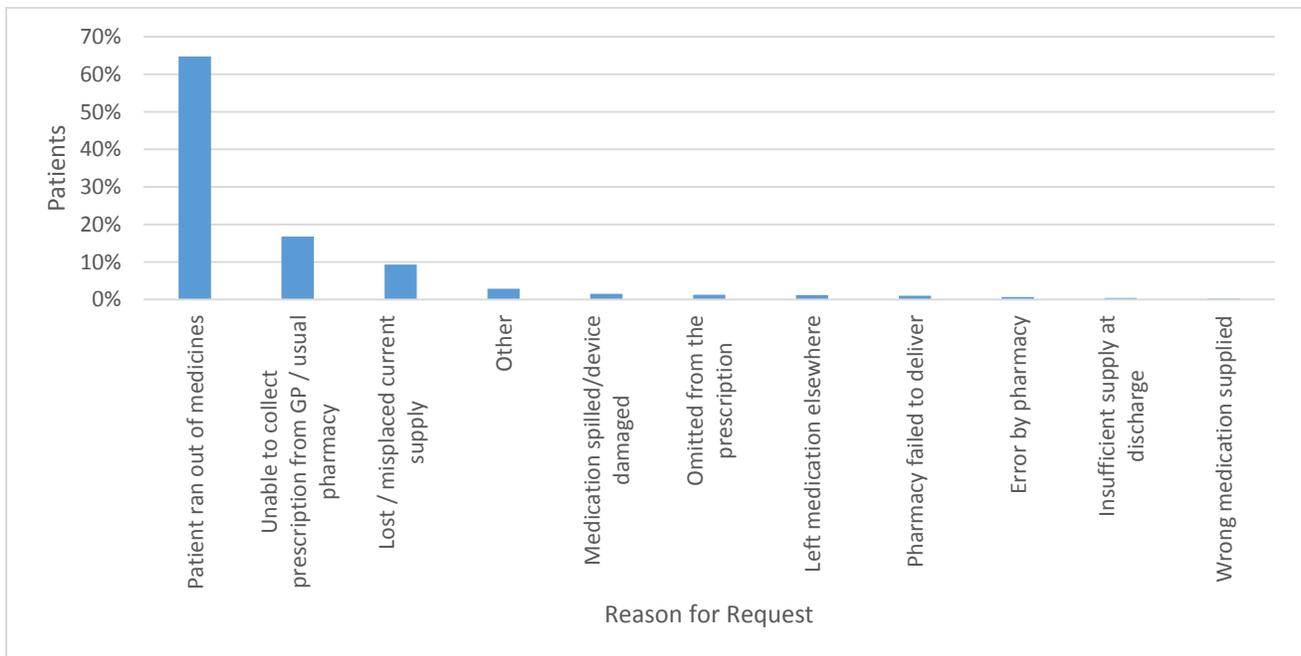
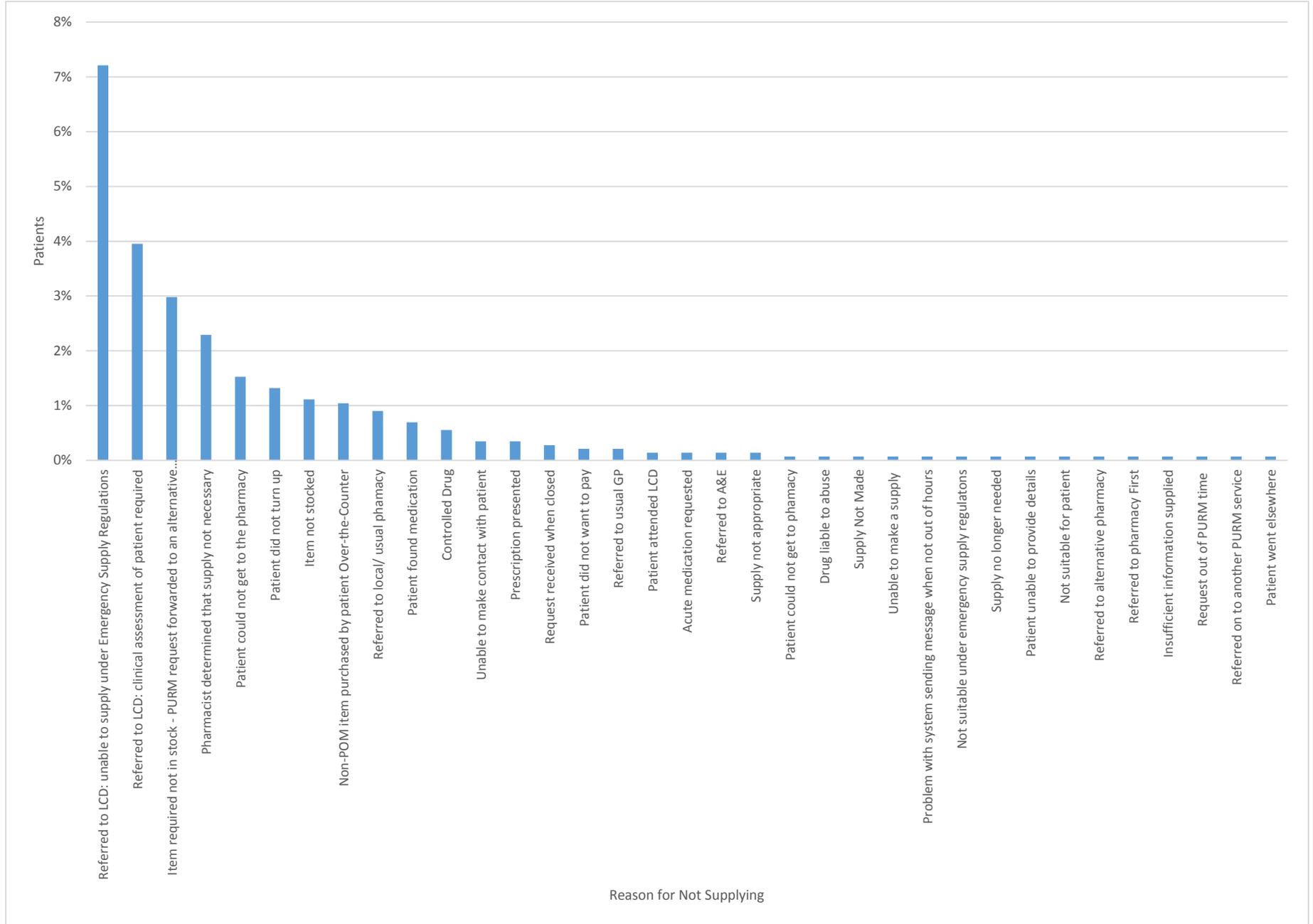


Figure 8 Reason for pharmacist not supplying



Medication was supplied on 1066 out of 1443 occasions to the patient (73.9%). Advice was provided to the patient on 1309 out of 1443 occasions (90.7%). Most commonly the reason for not supplying the medication to the patient was that the supply was not permissible under the emergency supply regulations (7.2%, 104/1443) or it was felt that clinical assessment was needed by a doctor (4.0%, 57/1443). This resulted in 11.2% (161/1443) patients being referred onward to Local Care Direct (LCD). Of the 43 patients who were referred to a pharmacy which did not have the item in stock 21 patients were forwarded to another pharmacy where the supply was made, one was referred to their usual pharmacy and one found their medication. It is unclear what happened to the remaining 20 patients.

The time of consultations appear to be evenly spread throughout the day with a dip around tea time. This is due to the weekend appointments being predominantly throughout the day and the rest of the week being predominantly in the evenings (see figure 9). The majority of referrals were received at the weekend (Friday to Sunday) (81.7%, 1179/1443), with Saturday being the busiest day of the week (46.8%, 675/1443) (see figure 10).

Figure 9 Time of patient consultation

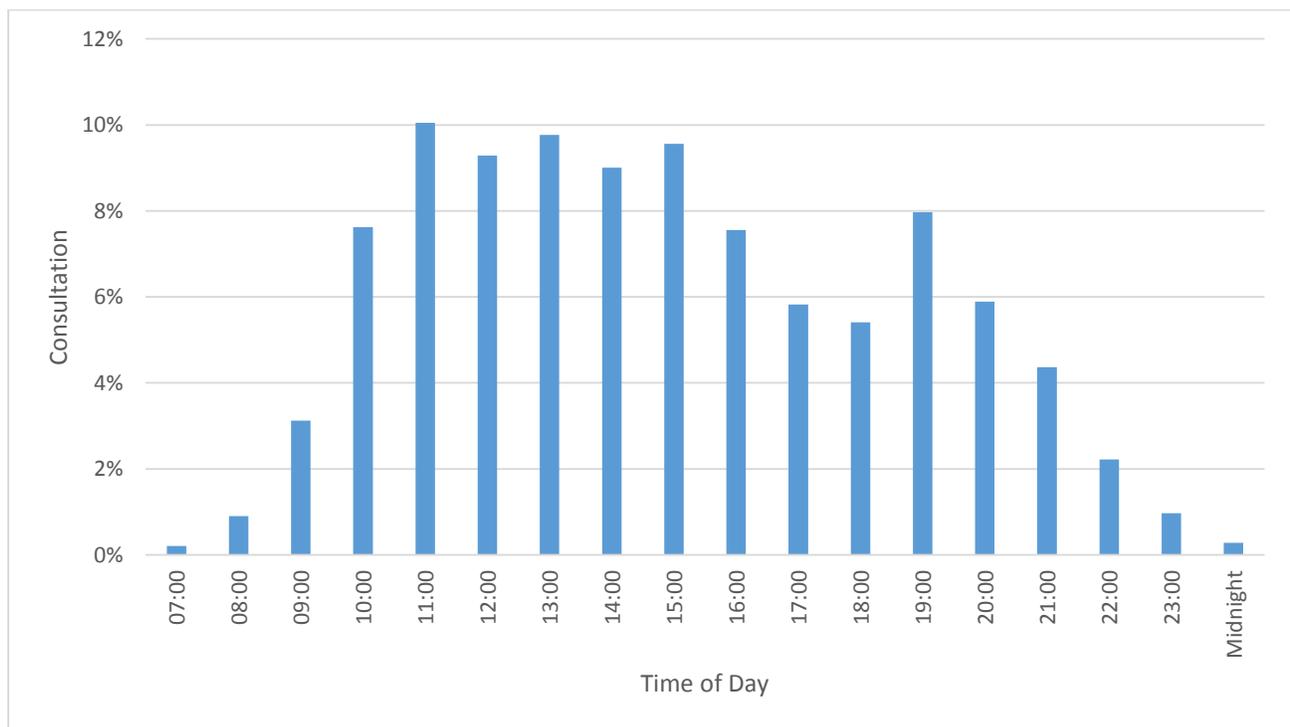


Figure 10 Percentage referrals received by community pharmacy from NHS111 by day of the week

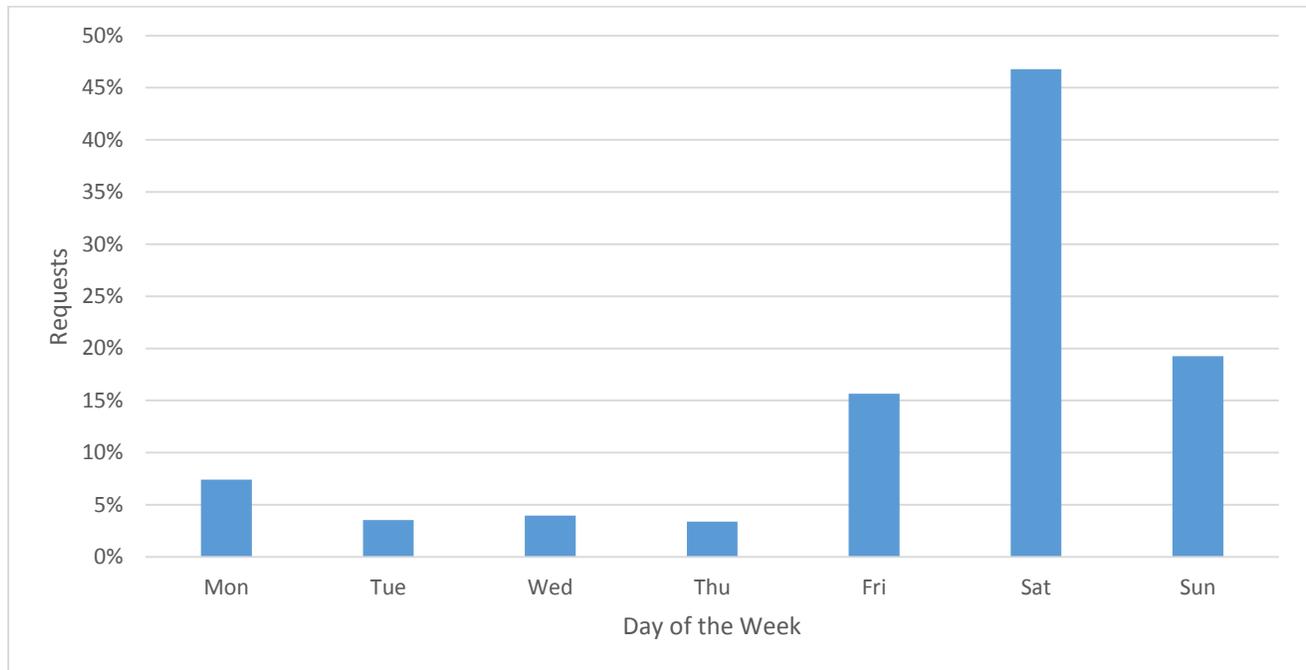


Table 1 Proportion of PURM consultations conducted during the Christmas Period

Day	Number of Consultations	Percentage consultations
Christmas Day	9	0.6%
Boxing day	37	2.6%
27 th December	48	3.3%
28 th December	17	1.2%
Total	111	7.7%

Table 2 Proportion of PURM consultations conducted during the Easter Period

Day	Number of Consultations	Percentage consultations
Good Friday	106	7.3%
Easter Saturday	93	6.4%
Easter Sunday	23	1.6%
Easter Monday	30	2.1%
Total	252	17.5%

Table 3 Comparison of calls for the Christmas period received about medication by LCD in 2013 and 2014

	2013	2014	Percentage change
Christmas Day	43	36	-19%
Boxing day	53	71	+25%
Total	96	107	+11.5%

Table 4 Comparison of calls for the Easter period received about medication by LCD in 2014 and 2015

	2014	2015	Percentage Change
Good Friday	199	148	-34%
Easter Saturday	166	85	-95%
Easter Sunday	86	56	-54%
Easter Monday	73	50	-46%
Total	524	339	-35.3%

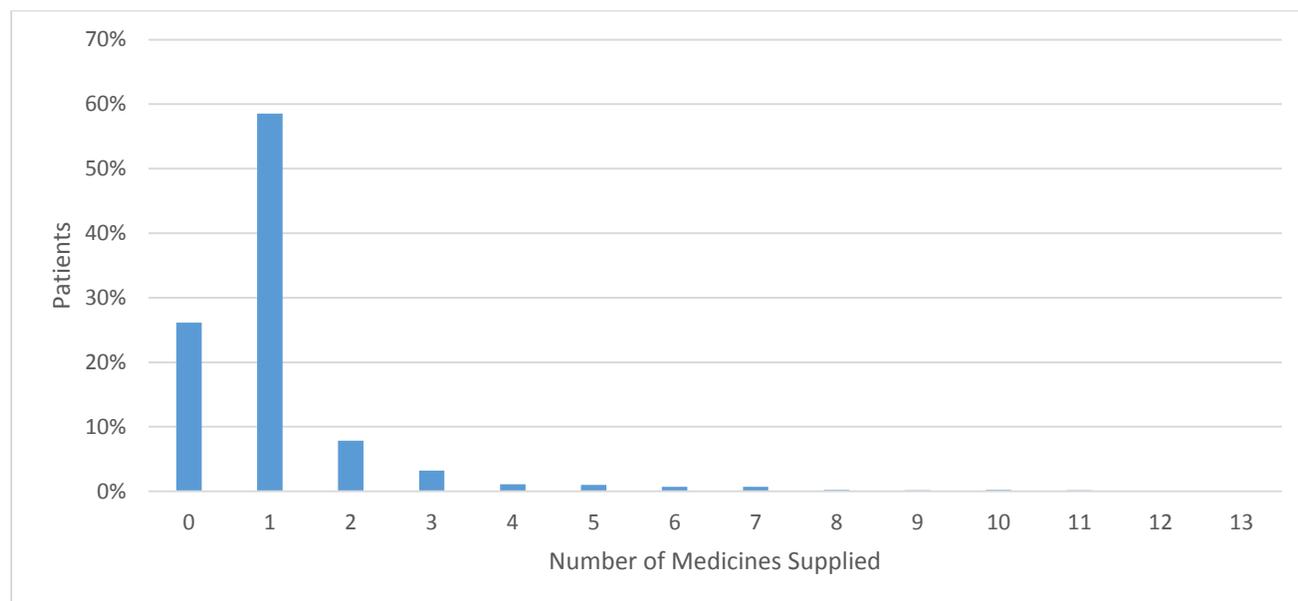
Approximately one-quarter of the total referrals received (25.2%, 363/1443) occurred during the Christmas (25th and 26th December) and Easter (3rd to 6th April) (see tables 1 and 2). During the average week which did not include a Bank Holiday, community pharmacies received approximately 43 referrals. During Christmas week this increased by 121% (total 95 referrals) and by 372% (total 203 referrals) during Easter week. Data from LCD shows a decrease of 27.4% requests for medication during November to April 2015 compared to with the same period in 2014 and a decrease of 35.5% over the Easter period compared with Easter the previous year. In contrast, an 11.5% increase in the number of calls were received about medication over the Christmas period compared with the same period the previous year (see tables 3 and 4).

Medication Supplied

In total, 1592 medicines were supplied for 1066 patients (mean 1.5 medicines per patient, range 0-13) (see figure 10). The average cost per dose was £0.48 (£0.58 inc VAT) (range £0.006 to £39.24 (£0.007 - £47.09 inc VAT)). The average cost per medication supplied was £3.95 (£4.74 inc VAT) (range £0.00 - £143.43 (£0.00 - £172.12 inc VAT)). The average cost of medication per patient was £5.90 (£7.08 inc VAT) (range £0.00 -£157.37 (£0.00 – £188.84 inc VAT)). The total cost of the PURM service from Nov-April for the 1443 referrals including VAT on parts of the service that incurred VAT was £32,376.76. The average cost of the PURM consultation (including medication) was £22.44. In some instances brands of products were chosen on PharmOutcomes rather than generic preparations. The rationale for the selection was unclear, however, it did not lead to significant cost implications.

NB Cost data is calculated based on the assumption that all consultations were claimed. The actual total amount spent on the PURM service between this period was £32,120.37. The variation is due to pharmacies not claiming for the consultations in the appropriate time frame. This gives an average cost per patient of £21.51.

Figure 11 number of medicines supplied per patient



Most commonly patients received either one or no medication following the consultation (see figure 11). Cardiovascular medication (13.7%, 198/1443), antidepressants (13.6%, 196/1443), respiratory medicines (12.5%, 180/1443) and pain relief (9.7%, 140/1443) were the most common types of medication requested (see figure 12).

Figure 12 Therapeutic area of medication supplied

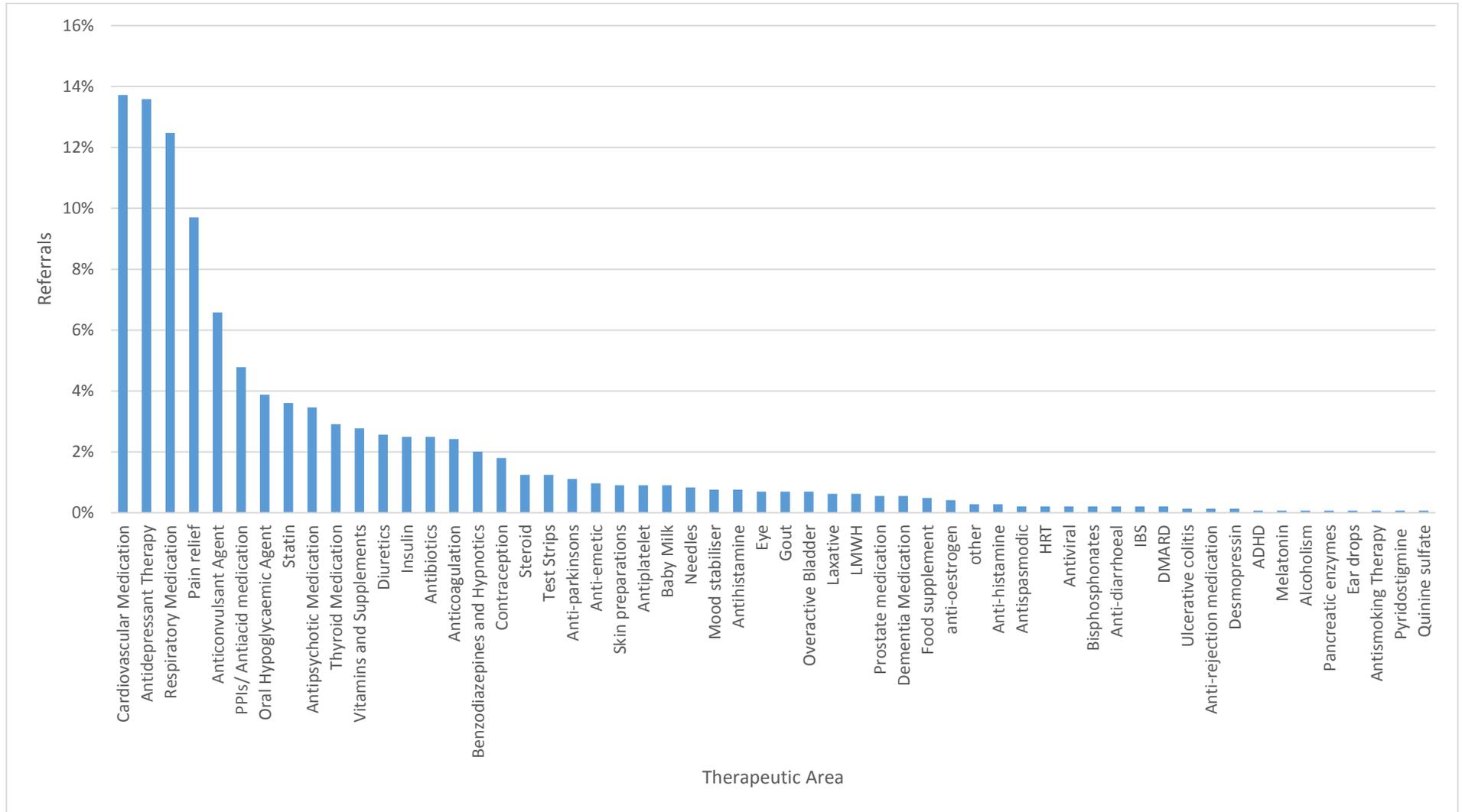
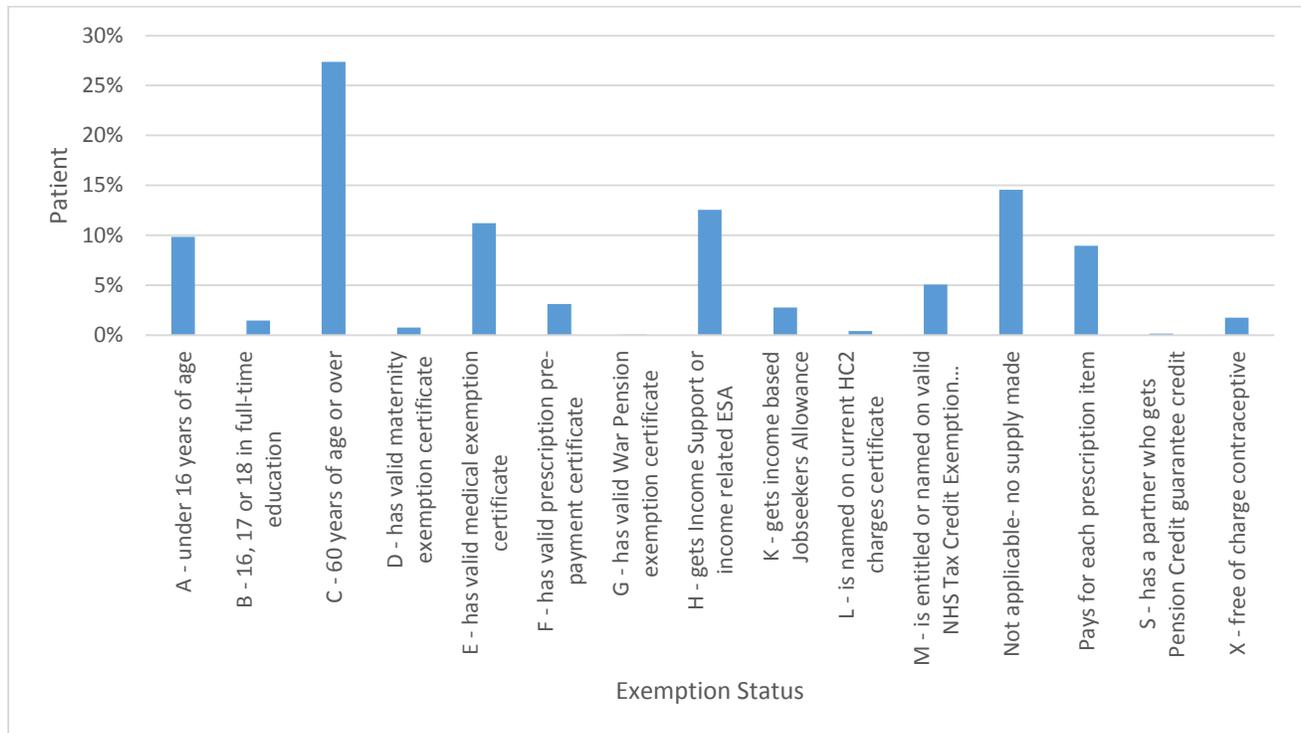


Figure 13 Exemption status of patients referred by NHS111 to the PURM service



Most patients stated the reason they did not pay for their prescription was because they were over 60. Evidence of exemption status was seen in 41.5% (599/1443) of consultations.

The majority of patients travelled less than 5 kilometres from their home to the community pharmacy to access the PURM service (mean 3.5 kilometres; range 0.25- 45.1 kilometres) (see figure 14).

Figure 14 Distance from patient's home to the community pharmacy where they chose to access the PURM service

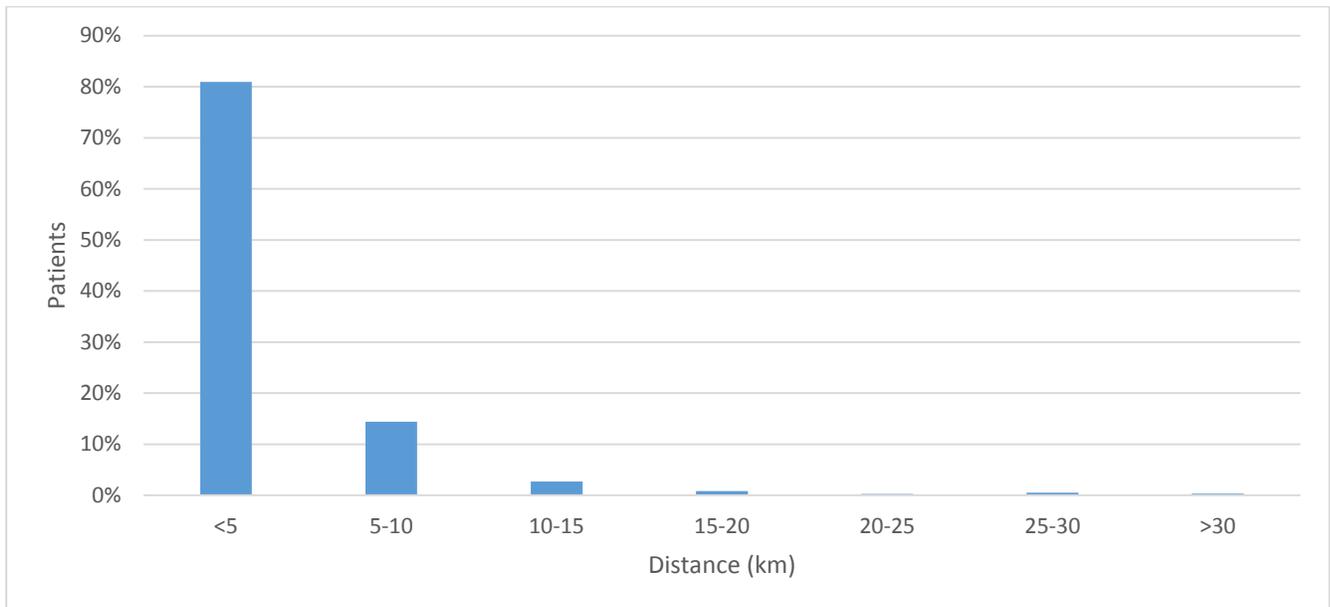


Figure 15 Level of agreement by the patient with the following statement: 'After using this service today I better understand the importance of not running out of my medicines'

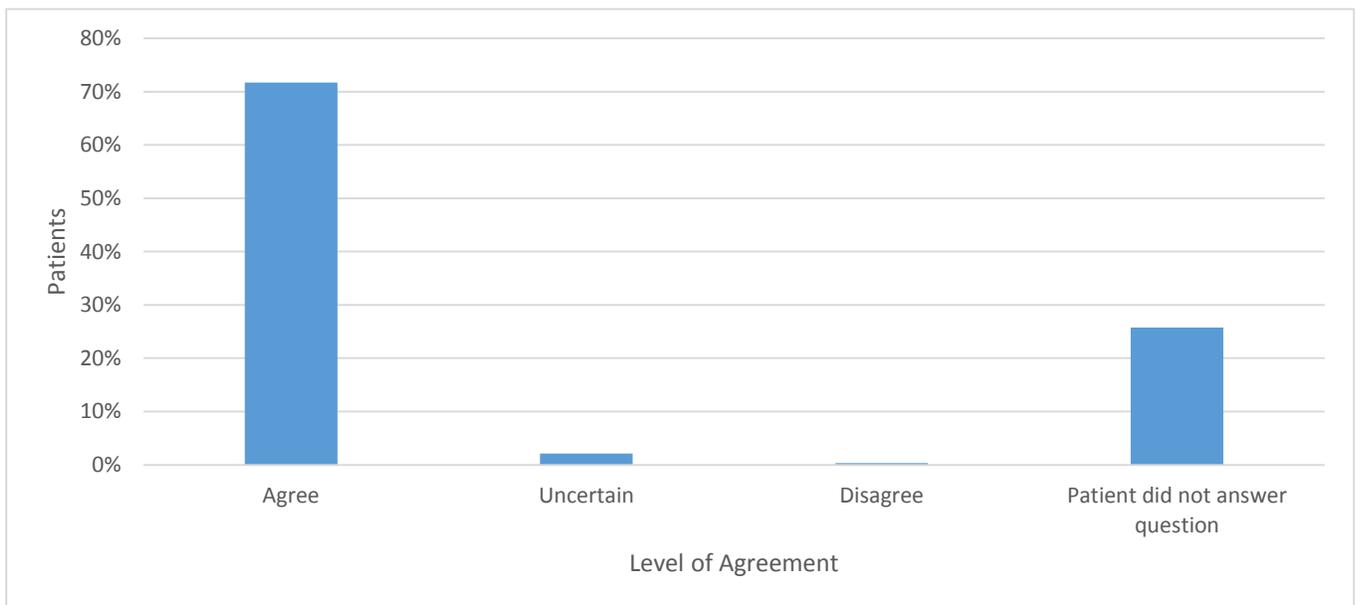


Figure 16 Level of agreement by the patient with the following statement: *'After using this service today I better understand how I can use my local pharmacy to help me order my medicines'*

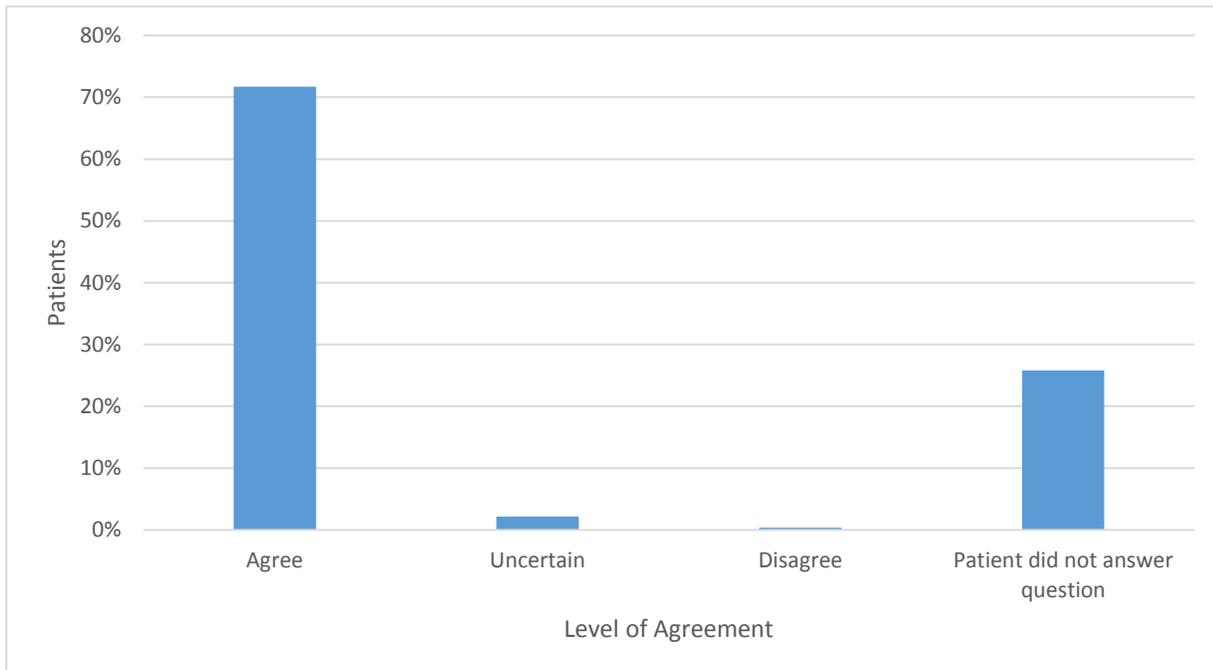
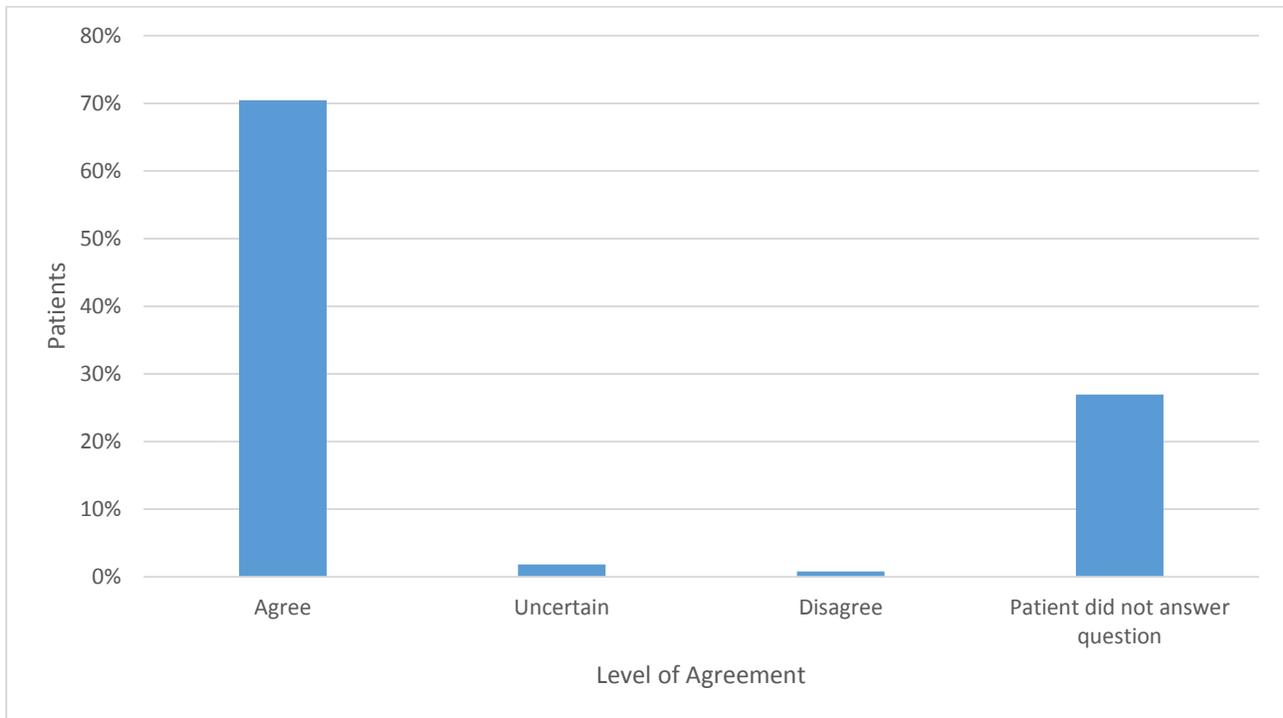


Figure 17 Level of agreement by the patient with the following statement: *'After using this service today I better understand ways to help me remember how to order my medicines'*



Following the consultation with the pharmacist, most patients agreed that they now understood the importance of not running out of medication, how they could better use their local pharmacy and ways to help them to remember to order their medication (see figures 15-17).

6 DISCUSSION

Community Pharmacies providing the PURM service in West Yorkshire received a high number of referrals from NHS111 and subsequently conducted consultations which prevented at least 1066 patients being referred to GP out-of-hours, releasing urgent care appointments. The number of referrals received by pharmacies were significantly increased during Bank Holiday period, especially over Easter. Despite the high number of referrals to pharmacies, GP out-of-hours still experienced an increased volume of calls over Christmas. This was most likely due to an increase in the overall number of calls during this period, which would have been greater if the service had not been in place. There is variation in the number of referrals received per pharmacy. It is unclear the reason for this but is most likely due to opening hours, location in relation to the patient or whether the patient knows the location of the pharmacy. This could be explored further and linked to the distance patients are travelling to understand whether the pharmacy are in the correct geographical location.

The cost of the medication supplied and overall consultation cost varied, however the average consultation cost was lower than an average GP consultation cost and includes the medicines supplied. The most common types of medication supplied are unsurprising as these are the most commonly prescribed items.

This is the first evaluation of a service of this kind. As far as we are aware no similar schemes on this scale have been evaluated to date. It successfully addresses national and local priorities to relieve pressure on urgent and emergency care services and better utilises skill mix in line with the Five Year Forward View¹ which recognises the need to better utilise pharmacists in new models of care.

Limitations

The PURM service received referrals for nearly half the calls to NHS111 about urgent supply of medication, taking this workload away from the local out of hours provider. There are, however, still a number of calls which end up at GP OOH. The data does not supply sufficient detail to determine whether all the referrals were appropriate nor does it provide sufficient detail to specify why the referral did not meet emergency supply legislation. Similarly, the PharmOutcomes data gives the number of referrals received by community pharmacy which may not be reflective of the calls disposed by NHS111. Further work in conjunction with NHS111 and GP OOH could be conducted to ensure the number of referrals are maximised. The data captured could be reviewed to incorporate further detail. This evaluation also does not address staff or patient opinion of this service. For some medications where there may be dual indication eg antidepressants and anticonvulsants they have been categorised

according to their main BNF chapter. This may mean that some therapeutic groups seem higher or lower than their true value.

7 CONCLUSION

The PURM service can facilitate appropriate access to repeat medication during the out-of-hours period when patients have run out or are unable to access their current supplies. It supports national and local priorities to reduce pressure on out-of-hours services. Further work to look at patient and staff opinion of the service would be useful to develop the service further.

8 RECOMMENDATIONS

1. Further work could be conducted with commissioners to:
 - review current referrals from NHS111 to explore the reasons why patients refuse to access the PURM service and the reasons for not referring to the PURM service by the call handler
 - explore the discrepancy in figures between those calls disposed to community pharmacy by NHS111 and the referrals received by community pharmacy
 - better link the PURM service with A&E and other urgent care settings (eg walk-in-centres)
 - explore what happens to patients who are not provided with a supply when the pharmacist does not have the medication in stock
 - determine patient and staff opinion of the service to develop the service further.
2. Routine monitoring of PharmOutcomes data by the commissioners should be undertaken to ensure the appropriateness of medication selected from the DM+D database by the pharmacist for remuneration.
3. The majority of patients are travelling less than 5km to access the PURM service. There are still however some outliers and variation in the number of referrals received per pharmacy. Further work to understand the reasons for this could be explored to ensure the pharmacies involved are in the correct geographical location. This could also be compared to the distance patients travel to access out-of-hour services.
4. The importance of completion of the experience questions by the patient and the subsequent transfer onto PharmOutcomes should be reinforced to the pharmacies.

9 ACKNOWLEDGEMENTS

With special thanks to Gordon Todd, Commissioning Support Unit and Laura Pinkerton, Local Care Direct for supplying data to support the evaluation.

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