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# Evaluation of the Choose Pharmacy common ailments service: Final report

Research Summary

Social research

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The final evaluation findings demonstrate that the Choose Pharmacy pathfinder service has been well designed and delivered.

While stakeholders considered that the delivery of the service has yet to make an impact at scale, many considered that the pathfinders have delivered positive outcomes, and would welcome the continuation of the service.

Demand has continued to rise as awareness has improved and the service has been embedded. While engagement by pharmacists and GP practices has been variable, there are examples of high activity and effective practice in delivering the service.

Lessons learned regarding the conditions for success have been identified, and these include:

- GP and pharmacist engagement in the proactive promotion of the service. GP engagement in this respect is particularly important – not only to ensure patients are referred but also to promote patient confidence in the service;
- Existing relationships between pharmacies and GP practices – not only to support awareness raising to create demand for the service, but also to ensure that challenges and issues can be resolved in a timely and effective manner;
- Pharmacy capacity to deliver the service – including the use of workforce models that enable the pharmacist to focus on delivering services; and
- GP practices' understanding of the service to ensure appropriate referrals and existing use of a triage system. In this respect, a focus, in the first instance on those common ailments most frequently presented by patients has been identified as being particularly effective in helping to establish the service.

Support provided by the Local Health Boards has continued to be instrumental to the operation and continuous improvement of Choose Pharmacy. Consistent with the interim findings, the success of the scheme has continued to hinge upon good local relationships.

Finally, if the roll out of Choose Pharmacy can follow the same pattern as experienced in the Betsi Cadwaladr and Cwm Taf pathfinder sites (in terms of the number of consultations), the full evaluation of the Choose Pharmacy pathfinders provides evidence that the benefits of the services outweigh the costs.

Dadansodiad ar gyfer Polisi



Analysis for Policy

## Background

The manifesto commitment to establish community pharmacy as the first port of call for common ailments was embedded as a Programme for Government commitment in 2011. In March 2013, the Welsh Government announced its intention to launch a national common ailments service for Wales.

The new service (Choose Pharmacy) involves the assessment of a patient by an authorised pharmacist and the selection and supply of treatment from a list of medicines covering a defined range of common ailments. Patients are also referred to another health service when appropriate. Treatment supplied is free of charge to individuals. This removes the incentive for patients to visit the GP in order to receive NHS treatment for their common ailment. The intended impacts of Choose Pharmacy include:

- Improving access to advice and treatment on common ailments – making the pharmacy the first port of call for advice on such ailments;
- Making better use of pharmacists' skills and resources;
- Promoting more appropriate services in primary care; and
- Increasing capacity and resilience in primary care.

The roll out of Choose Pharmacy will follow a phased approach, incorporating evaluation into the process at each stage to help shape the national service. Roll out began in October 2013 with the implementation of pathfinders in Cwm Taf and Betsi Cadwaladr Local Health Board (LHB) areas.

Nineteen pharmacies are delivering the pathfinder service in Betsi Cadwaladr; they include a mix of single and multiple outlet pharmacies and a supermarket. All 13

pharmacies within the Cynon Valley locality of Cwm Taf are involved; they are a mix of single and multiple outlet pharmacies (including one pharmacy with eight outlets operating the service) and larger chains.

This document sets out the findings of the final evaluation of these pathfinders. It also sets out the costs and benefits associated with the roll out of a national service. Evidence gathered came from multiple sources:

- eCAS data (the pathfinder IT system for recording consultations on common ailments) covering data relating to all Choose Pharmacy registrations and consultations undertaken between September 2013 and November 2014;
- Semi-structured in-depth interviews with pharmacists, GP practices and other stakeholders conducted between November 2014 and February 2015;
- A survey of pharmacists and GP practices conducted in November 2014 – January 2015;
- Focus groups with 18 Pharmacists in Betsi Cadwaladr and nine GP practices in Cwm Taf, in January and March 2015, respectively;
- GP prescription data; and
- The SAIL (Secure Anonymised Information Linkage) databank<sup>1</sup>, which anonymously record-links routinely collected data held in healthcare and social datasets.

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<sup>1</sup> The SAIL databank anonymously record-links routinely collected data held in healthcare and social datasets at the Health Information Research Unit (HIRU), Swansea University.

## Pharmacy activity

Demand for the service has continued to rise – driven largely by seasonal increases in the number of consultations. A total of 2,074 consultations have been undertaken through the service between September 2013 and October 2014, with demand peaking in June 2014.

Pharmacy engagement with service varies, with 54% (1,222) of all consultations undertaken by six pharmacies. In contrast, 12 pharmacies have undertaken, on average, less than two consultations per month during the same period. However, 14 pharmacies had experienced over a 50% rise in the number of consultations undertaken between May and October, relative to the consultations undertaken during the first six months of the operation of the service. This suggests that engagement is increasing with time.

Capacity to deliver the service remains a key factor driving levels of pharmacy engagement with the service. Pharmacists with a relatively low number of consultations typically reported having limited capacity to deliver the service. The availability of two pharmacists on site was not the sole factor for capacity to deliver the service. Several pharmacists noted that their workforce model had enabled them to ‘move away from the dispensing bench’. Specifically, pharmacy technicians had been taking on more traditional pharmacist responsibilities, freeing the pharmacist to deliver a greater level of patient services.

Pharmacists consulted continued to be divided with respect to the role they should play in raising awareness and creating demand for the service. However, stakeholders, including GP practices, considered that the pharmacist-led awareness-raising with patients, and ongoing promotion of the service to GPs had helped to embed the service.

Pharmacists’ confidence in delivering the service and managing patient expectations is growing, but is dependent on the level of experience in undertaking consultations. Furthermore, the duration of consultations vary but a trend for shorter consultations has established as the service has embedded and pharmacists have become more experienced in delivering the service (with a median duration of a consultation of two minutes 20 seconds). This average consultation duration represents the amount of time a pharmacist is logged on to the eCAS system. It does not include additional time spent by the pharmacist dispensing treatment and /or other activities that do not require the pharmacist to be logged on to eCAS. It therefore underestimates the duration of a consultation. Indeed a limited number of pharmacists interviewed reported that consultations often lasted between 10 – 15 minutes.

## GP engagement and referral pathways

GP practices continued to vary in their levels of engagement. A minority of pharmacists considered that GP practices had become more supportive of the service over time. Practices that had been involved in the design of the service prior to its implementation were more likely to be engaged. Practices that had existing relationships with their local pharmacists, and/or that had stretched capacity to respond to the growing demand for GP consultations, especially in localities in which there was only one GP practice, were also often more likely to be engaged and referring patients. The key perceived barrier to engagement was understanding of the service.

Despite the variable levels of engagement, the majority of patients using the service had been referred from the GP practices. Furthermore, the majority of stakeholders consulted reported that patients were most likely to hear about the service from their GP practice. Few pharmacists reported changes

in the levels of GP referrals since the interim evaluation.

The drivers and barriers to GP practice referrals mirrors those observed for GP practice engagement (see paragraph 11). Additionally, and as was observed in the interim evaluation, the existing operation of a patient triage system together with practice managers' and receptionists' understanding of the service were identified by pharmacists as important factors driving referral to Choose Pharmacy.

Inappropriate referrals from GP practices have continued to occur. Specifically, referrals of patients with conditions that are not included within the service, or patients who are ineligible to receive treatment through the service (for example, due to age restrictions). Few pharmacists reported a decline in inappropriate referrals. Limited understanding of eligibility criteria and the common ailments in scope, and formulary restrictions are the main cause of inappropriate referrals. The result of inappropriate referrals is typically referral back to the GP – with a potentially negative patient experience of the service.

Increasingly pharmacists and GP practices have been adopting proactive approaches to managing inappropriate referrals. A greater proportion of pharmacists and GP practices reported that they had worked together to improve appropriate referrals, compared with the interim findings. The majority of stakeholders considered that training for GP, practice managers and receptionists was required to improve awareness and understanding of the service – and that such training should be incorporated into plans to roll-out the service.

Other referral routes into the service are becoming more common. The majority of pharmacists reported that 'word of mouth' consultations were increasing. Referral pathways between the Welsh Eye Care Service (WECS) and Choose Pharmacy

have been established since the interim evaluation. Accordingly, several pharmacists highlighted an increase in referrals from opticians; they considered the referral pathway to and from WECS to be working well. However, the majority of pharmacists reported limited or no 'real involvement' from health care professionals, other than GP practices.

Referral pathways from out of hours services (OOHs) continued to be identified as being essential for rural localities – due to the distance to travel for OOHs surgeries. However, several pharmacists noted that referral pathways between OOHs services had yet to be established.

### **Profile of service users and most common ailments treated**

Parents (most commonly mothers) are the highest users of the service – seeking advice and treatment for children's common ailments. The age profile of patients beyond this age group varies across the two pathfinders. There is limited correlation between the age profile of service users and that of the population as a whole. This could reflect the general demand for health services / the burden of ill health. The findings could also suggest that different age groups are either more or less aware of the service, or are more or less likely to engage with the service. Consistent with the wider use of pharmacies, women are more likely than men to use the service.

Uptake varies significantly by condition, with the top five most common ailments accounting for 68% (1,405) of consultations. Consistent with the seasonal influence on demand, the most common condition presented across both pathfinders was hay fever, it accounting for 24% (507) of all consultations. Conjunctivitis and head lice are the second and third most common conditions, respectively.

The percentage of patients that have used the service on more than one occasion (for the same or a different ailment) has increased by 2.5 percentage points over the last six months of the operation of the service. The majority (74%, 193 out of a total of 261) of these repeat users have used the service on two occasions.

Over 40% of repeat appointments were for unrelated conditions. Patients using the service for a variety of ailments can be considered a positive sign; it demonstrates the types of common ailments they are willing to see the pharmacist, rather than the GP.

Patients who normally purchase over the counter treatment (OTC) do not appear to be converting to Choose Pharmacy – despite concerns that this would happen as awareness of the service increased.

### **Patient awareness, understanding and engagement**

Stakeholders interviewed believed that the majority of patients held positive views about the service, particularly with respect to improved access to advice and treatment. Stakeholders also noted that, upon hearing about the service, the majority of patients were enthusiastic about using it.

The majority of pharmacists reported that patients become aware of the service through the GP practice. In contrast to the relatively low number of repeat users of the service, pharmacists also considered that prior experience of using the service was a common route by which patients knew about the service.

Stakeholders perceived that patient awareness has improved, but it was still considered to be low. Stakeholders noted the value of the targeted promotion activities undertaken in late spring focusing on the most common conditions and seasonal conditions. Despite the rising demand,

stakeholders were clear about the need for continued efforts to raise awareness of the service. This included making better use of patient access points across the community and a dedicated promotion campaign.

Pharmacists consistently reported that a significant proportion of patients misunderstood the service. Misunderstandings about the availability of antibiotics and eligibility for the service (specifically age restrictions) were frequently cited. In some cases, pharmacists and GP practices believed that these misunderstandings had resulted in poor experience of Choose Pharmacy. This, in turn, impacted on the reputation of the service, and future demand.

Some pharmacists are managing patient expectations proactively, providing advice about what the service does and does not offer prior to undertaking a consultation, and explaining to patients why some treatment options are unavailable. As their understanding of the service grows, GP practices are also helping to manage patient expectations. All stakeholders noted the importance of an ongoing focus on ensuring patients are not only aware of Choose Pharmacy, but that they also understand what the service can (and cannot) offer.

### **Drivers for patient engagement**

Improved access was identified by pharmacists and GP practices as the key driver for patients seeking a consultation at the pharmacy. However, all stakeholders highlighted that pharmacy capacity to deliver a consistent service affects accessibility – which in turn influences patient and GP perceptions of Choose Pharmacy. Capacity during busy dispensing time, or when an un-accredited locum is providing cover, prevents the pharmacy from offering timely consultations. Several pharmacists and GP practices noted that they had worked together to help address potential access issues, specifically identifying times when

pharmacist capacity to offer a timely consultation could be limited.

Pharmacists also identified that a successful prior experience of the service and recommendations from a GP increased the likelihood of patients engaging with the service. In contrast, GP practices identified trust in the quality of care provided in the pharmacy setting to be important. GP practices, and to a lesser extent, pharmacists, also considered awareness that treatment recommended through the service would be free to be a key driver.

### **Barriers for patient engagement**

Preference to see a GP and perceived severity of the condition were identified as the key barriers to patient engagement by both pharmacists and GP practices. Both stakeholder groups also considered that restrictions associated with the formulary could decrease the likelihood of patients using the service.

GPs and pharmacists consulted continued to highlight the importance of behavioural change. All stakeholders noted that significant cohorts of patients will prefer to see the GP for advice and treatment for common ailments. Changing the behaviour of these patients was considered to be particularly challenging – especially if they have visited the pharmacy at a time when the pharmacist was unavailable to undertake the consultation.

### **Stakeholder perceptions of the outcomes delivered**

While stakeholders considered that the delivery of the service has yet to make an impact at scale, many considered that the pathfinders have delivered positive outcomes.

The majority of pharmacists reported that being involved with Choose Pharmacy had given them the opportunity to apply and

develop further their existing skills and expertise – increasing their job satisfaction. Pharmacists also considered that delivering the service had expanded their role.

Choose Pharmacy provides patients with better access to advice and treatment for common ailment services. Pharmacists, and to a lesser degree GP practices, repeatedly reported that patients welcomed the ease of access to the service.

Partnership working and relationships between GPs and pharmacists are being strengthened, albeit to varying degrees across the different localities. The majority of pharmacists and GPs reported that relationships between GPs and pharmacists had been strengthened. A minority also considered that relationships with other health care professionals and the integration of health care services had also improved.

The service is helping to increase public understanding of the support available at the pharmacy. The majority of pharmacist and GP practice survey respondents considered that the service had improved patients' trust in the quality of care provided by pharmacists, as well as improving awareness of the services offered by the pharmacy.

The majority of pharmacists responding to the survey also felt that patients now see the pharmacy as the 'first port of call for advice and treatment for common ailments'. Nonetheless, several pharmacists reflected that volumes of patients increased on days when the GP practices were closed or at times when practices are particularly busy. This could suggest that a proportion of patients will be more inclined to use the service as an alternative when they are unable to access the GP practice, rather than using it as the 'first port of call.' In agreement with this suggestion, the majority of GP practices surveyed considered that no shift in patient behaviour in this respect had been observed.

The majority of pharmacists and GP practices responding to the survey also believed that the service had led to improvements in patients' understanding of when and how to self-care for common ailments. The increase in the proportion of patients that experience symptoms for a longer period of time (prior to seeking a consultation) could also suggest a positive shift towards self-care.

The findings from the evaluation indicate that the service is maintaining the quality of care for patients seeking advice and treatment for common ailments. Pharmacists noted that they had referred few patients back to the GP for reasons other than inappropriate referrals. GP practices' feedback regarding why patients were referred back by pharmacists to the GP also indicated that the majority had been inappropriately referred in the first place. However, several stakeholders noted that patients' perceptions about the quality of the service is influenced by whether they consider they were given the 'right' treatment for their common condition.

The majority of stakeholders consulted considered that Choose Pharmacy had supported a reduction in the demand for GP consultations for advice and treatment for common ailments. The majority of pharmacist surveyed considered that Choose Pharmacy had led to more appropriate use of the pharmacy, GP and other health care services for common ailments. They also believed that it had reduced the demand on GP consultations for advice and treatment for common ailments. Similar responses were observed from GP practice survey respondents.

### Impact and economic analysis

The analysis of the impact of pathfinders on the demand for GP consultations has been undertaken using a Difference in Difference (DiD) approach, using prescription data. The analysis compares the changes in the GP

prescriptions in the pathfinder areas to the change in GP prescriptions in a comparator group. The comparator groups form a counterfactual case to assess what would have happened in the two pathfinders areas had Choose Pharmacy not been introduced.

Several comparator groups were initially selected for each pathfinder. Following detailed analysis of the trends in GP prescriptions in these comparator sites, and DiD analysis, two suitable comparator areas were selected for the subsequent analysis of the costs and benefits of the pathfinders:

- Betsi Cadwaladr (Arfon, Dwyfor and Meirionnydd): the remaining areas of Betsi Cadwaladr; and
- Cwm Taf (Cynon Valley): Merthyr Tydfil.

Overall, there were few statistically significant results from the DiD analysis using prescription data. The power of the study to assess impact was limited (i.e. the study's ability to detect a difference, if the difference in reality exists) due to a relatively small sample size.

This is in part due to the fact that the service has only been in operation for 12 months and involved 31 pharmacists. The service also focuses on a limited number of ailments compared to the wider range of ailments for which patients seek advice and treatment from a GP. Therefore the impact of the Choose Pharmacy pathfinders was anticipated to be low, and a statistically significant result would not necessarily be expected.

Nonetheless, analysis of the impact using the two comparator groups discussed above **suggest a small reduction in the number of prescriptions issued by GPs following the introduction of the Choose Pharmacy.** Furthermore, the effect of Choose Pharmacy appears to have increased over time.

## Cost and benefit analysis of the pathfinders

Given uncertainty associated with estimating the benefits of the pathfinders (in particular the extent of the impact) scenario analysis has been undertaken to estimate the impact of the pathfinders on the number of GP consultations, and examine the benefits associated with the Choose Pharmacy service. Three scenarios were modelled using the findings from the DiD analysis. The number of GP appointments avoided per month across both pathfinder sites range between 111 and 1,658 (with 547 appointments being the most realistic estimate).

There is good information on the costs associated with providing the pathfinder services. The cost of providing Choose Pharmacy from September 2013 to August 2014 was an estimated £565,000. This cost includes the total cost of the eCAS computer system developed for the Choose Pharmacy programme, which is valued at £300,000.

Three scenarios were analysed to illustrate the costs and benefits of Choose Pharmacy (each one corresponded to the modelled impact of the service on GP appointments set out in paragraph 45 – i.e. assuming that the number of GP appointments avoided per month across both pathfinder sites was either: 11, 547 or 1,658). In two of the scenarios analysed, the Choose Pharmacy programme provides a positive return on investment over the next five years. The best estimate of the cost of delivering Choose Pharmacy over a five year period in both pathfinder sites is £1.1 million and the benefits range from £0.3 million to £4.3 million depending on the scenarios modelled (with the most realistic estimate of the benefit being £1.4 million).

In order for Choose Pharmacy to provide a positive return on investment over the next five years, a reduction of 0.25 percentage points is required in the proportion of people

attending the GP and receiving prescription items in both pathfinder sites. This equates to a total decrease of 427 GP appointments and prescription items per month (across both pathfinder sites) in the first year. This is subject to the following caveats:

- While the estimated total decrease in GP appointments required to break even is less than the current demand for the service, it is important to note that the required decrease in GP appointments does not necessarily require a corresponding increase in demand for Choose Pharmacy. For example, the promotion of self-management of conditions by the service could reduce the number of GP appointments without a corresponding Choose Pharmacy appointment.
- The analysis assumes that the total cost of developing the eCAS computer system is covered by the two pathfinder sites. Given that this is a pilot programme prior to a national roll out, it is unlikely that the cost of the eCAS system is borne entirely by the two pathfinder sites. If only a proportion of cost of developing the eCAS system covered by pathfinders, the number of GP appointments needed to break even would be significantly lower. There is uncertainty regarding the frequency of maintaining and updating the eCAS system, such costs have therefore this is excluded from the analysis.
- Finally the analysis assumes that that only one prescription item is issued per GP appointment, whereas GPs are likely to issue more than one item per appointment in some instances. If GPs issue more than a single prescription item per appointment, the break-even point will be reduced.

## Sensitivity analysis

Sensitivity analysis has also been undertaken in which the following assumptions used to



calculate the costs and benefits reported above were varied:

- The costs associated with GP appointments;
- The impact of the programme on GP appointments;
- The cost of prescription items;
- The travel time for patients travelling to GP appointments;
- The waiting times and duration of appointments; and
- The growth rate of GP and Choose Pharmacy appointments.

The sensitivity analysis reveals that there is a wider variation in the benefits than the costs. This is driven by the uncertainty around the impact of the Choose Pharmacy programme on the number of GP appointments and GP prescriptions in each pathfinder site.

Under the low estimate of the assumptions, none of the three scenarios would cover the cost of the pathfinders over a five year period. However, under the best and high estimate of the assumptions, the benefits outweigh the costs.

### **Modelling of the costs and benefits of national roll-out**

To assess the roll out costs and benefits, each GP cluster in Wales was analysed to see if it was most closely aligned to either the pathfinder site in Betsi Cadwaladr or Cwm Taf. This analysis was based on: Age; Deprivation categories; Drivetime bands; Rural/urban classification and Burden of disease for five diseases (Hypertension, Asthma, Diabetes; Coronary Heart Disease; and Chronic Obstructive Pulmonary Disease).

Each GP cluster was then assigned as most closely matched to either the Betsi Cadwaladr site or the Cwm Taf site. This was done in order to estimate the potential number of pharmacies that would deliver Choose Pharmacy in each cluster; the number of appointments and prescription items that would be issued through the service in each cluster; and the estimated number of GP appointments and prescriptions that would be avoided due to Choose Pharmacy in each cluster.

The following assumptions were applied to the modelling of the roll out of the Choose pharmacy service:

- 541 pharmacies deliver Choose Pharmacy (approximately 80% of all Community Pharmacies);
- The estimated number of appointments and prescription items that would be issued through the service in each cluster; and
- The number of Choose Pharmacy appointments and prescriptions was divided by the population in the pathfinder sites. The most appropriate ratio was applied to the population in each GP cluster to estimate the potential number of Choose Pharmacy appointments and prescriptions issued in each cluster.
- The percentage point changes in the proportion of the population no longer attending a GP appointment for a common ailment observed in the Pathfinders have been applied to the population in each GP cluster area. This estimates the number of GP appointments which would be avoided and the value of potential benefits of Choose Pharmacy.

The roll out costs do not include any costs for setting up the eCAS system, as this has already been developed. It does not include a payment to the LHB either. Finally, it does

not include the payment that was made to pharmacies to take part in the pathfinders.

The analysis showed that based on the assumptions and modelling undertaken, the best estimate of the costs of the national roll-out is £11 million, assuming that approximately 80% of all community pharmacies in Wales deliver the Choose Pharmacy at a level that is consistent with that observed in the two pathfinder sites. However, there are large benefits which could be generated by the roll out. The majority of these benefits would be accrued as a result of a reduction in GP appointments. The analysis suggests that the best estimate of the benefits of delivering Choose Pharmacy over a five year period ranges from £5 million to £75 million depending on the scenarios modelled, with the most realistic scenario suggesting a benefit of £43 million.

Assuming that other GP cluster areas were to exhibit similar performance patterns as those observed in either Betsi Cadwaladr or Cwm Taf and 541 pharmacies signed up to take part, each pharmacy would have, on average, to undertake just under 600 Choose Pharmacy appointments and issue more than 850 prescription items over the five year period. The number of people attending the GP and receiving prescription items would need to reduce by 0.15 percentage points for the service to break even. This equates to a total of just over 27,000 GP appointments over the five year period.

The number of prescriptions required to break even varies in the sensitivity analysis of the national roll out. In the low estimate, with 272 pharmacies delivering the service, each pharmacy would have on average just under 600 appointments and issue fewer than 800 prescription items over the five year period. The proportion of the population attending the GP for advice and treatment for common ailments would need to reduce by 0.075 percentage points for Choose

Pharmacy to break even. For the high estimate with 651 pharmacies taking part, each pharmacy would have to undertake on average over 650 appointments and issue nearly 950 prescription items over the five years. To break even the proportion of the population who attend the GP needs to reduce by 0.18 percentage points.

## Conclusions

The final evaluation findings demonstrate that the Choose Pharmacy pathfinder service has been well designed and delivered. While stakeholders considered that the delivery of the service has yet to make an impact at scale, many considered that the pathfinders have delivered positive outcomes, and would welcome the continuation of the service.

Demand has continued to rise as awareness has improved and the service has been embedded. While engagement by pharmacists and GP practices has been variable, there are examples of high activity (with respect to consultations) and effective practice in delivering the service. Lessons learned regarding the conditions for success have been identified, these include:

- GP and pharmacist engagement in the proactive promotion of the service. GP engagement in this respect is particularly important – not only to ensure patients are referred but also to promote patient confidence in the service;
- Existing relationships between pharmacies and GP practices – not to only to support awareness raising to create demand for the service, but also to ensure that challenges and issues can be resolved in a timely and effective manner;
- Pharmacy capacity to deliver the service – including the use of workforce models that enable the pharmacist to focus on delivering services; and

- GP practices' understanding of the service to ensure appropriate referrals and existing use of a triage system. In this respect, a focus, in the first instance on those common ailments most frequently presented by patients has been identified as being particularly effective in helping to establish the service.

Support provided by the Local Health Boards has continued to be instrumental to the operation and continuous improvement of Choose Pharmacy. In particular, the Local Health Boards have facilitated relationship building and supported pharmacists and GPs as they have begun to engage with the service over the last six months.

Consistent with the interim findings, the success of the scheme has continued to hinge upon good local relationships. This is not only to support awareness-raising and understanding of the service (and what it can and cannot offer), but also to ensure that challenges and issues can be resolved in a timely and effective manner.

Finally, if the roll out of Choose Pharmacy can follow the same pattern as experienced in the Betsi Cadwaladr and Cwm Taf pathfinder sites (in terms of the number of consultations) the full evaluation of the Choose Pharmacy pathfinders provides evidence that the benefits of the services outweigh the costs.

## Recommendations

The Welsh Government, and the pathfinder LHBs, working with key stakeholders and partners (for example NHS Wales Informatics Service) are working to improve the usability of the eCAS system and reviewing the Choose Pharmacy formulary. Continued focus on these areas will be important for the continuous improvement of the service. The refinement of the eCAS system in particular will improve the day-to-day operation of the service for pharmacists.

Drawing on the lessons learned from the evaluation of the choose pharmacy service we have identified 14 recommendations to support the subsequent development and roll-out of Choose Pharmacy service. These recommendations are presented below.

### *Raising awareness and understanding of the service*

- Promote and raise awareness of the service with the patients and the public from the outset – but adopt a targeted approach.
- Ensure that the awareness raising and promotion activity also reinforces understanding of the service to help manage patients' expectations.
- Use multiple channels to promote and raise awareness of the service.

### *Approach to rolling out Choose Pharmacy*

- Consider the merits of adopting a more formal approach to selecting pharmacies to deliver Choose Pharmacy.
- Consider the value in implementing subsequent pathfinders to test the service and establish its cost effectiveness in different contexts.
- Continue to deliver the service in the two pathfinder areas, but consider the merits of adopting a more selective approach with respect to which pharmacies offer the service.

*Supporting pharmacists and GPs to engage with, and embed the service*

- Encourage a focus in the first instance on those common ailments most frequently presented by patients.
- Consider the merits of convening joint awareness raising/briefing sessions for pharmacists and GP practices.
- Develop training / e-learning module for GP practices.
- Promote and raise awareness of the Wales Centre for Pharmacy Professional Education (WCPPE) e-learning training module and the value of Choose Pharmacy accreditation.
- Ensure that there is Local Health Board resource to facilitate collective action locally.
- Consider possible levers to drive GP engagement in Choose Pharmacy – include exploring opportunities to embed engagement with Choose Pharmacy in Cluster Network Action Plans.

*Other*

- Consider opportunities to extend referral pathways to and from the service.
- Identify opportunities to promote self-management of common ailments as part of the Choose Pharmacy service.

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