

**Overview of London's Pharmacy Hub Pilot – based on an actual patient experience (feedback via Ipsos MORI)**

**Why a Hub?** Before the pilot, asymptomatic medication enquiries via NHS 111 were referred to a clinical advisor, often taking up a higher than average call handling time, or to GP OOH. Weekends and Bank Holidays were identified as the peak times for these calls, adding to the existing capacity pressures for NHS 111 and GP OOH. A Pharmacy Hub operating at peak times meant that asymptomatic patients could be directed away from NHS 111 via Interactive Voice Response (IVR) messaging to a specialist skill set. As well as providing a better patient experience, this pilot has improved NHS 111/GP OOH capacity and therefore overall Urgent and Emergency Care system resilience.

**Who took part?** LCW, an existing NHS 111/GP OOH provider, set up the Hub with a rota of non-NHS 111 call handling staff and local pharmacists. The Hub was accessed via NHS 111, provided patients selected the appropriate IVR option, which meant that all 4 NHS 111 providers in London benefited from this pilot.

**What changed in NHS 111?** No operational change. Use of IVR had a positive impact on NHS 111 clinical advisor capacity. LCW had added benefits of having pharmacists on site, e.g. interoperability (NHS 111 staff being able to refer patients for a pharmacist call-back) and shared learning for both NHS 111 and GP OOH staff.

**What's next?** A Pharmacy Hub will be part of the new functionally integrated urgent care service, with an expanded remit (e.g. PURM, minor ailments) so that a wider NHS 111 case mix can be handled by pharmacists. As now, the Hub will be fronted by IVR messaging and call handlers; however, the call handlers will be part of NHS 111 – which means that they can assess any symptomatic patients who select the IVR in error and signpost/refer them appropriately via the Directory of Services.

**An actual patient experience:**

