

The role of the Senate in generating an effective change Community Pharmacy

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30th January 2020

South West Council Meeting



Tuesday 29th January 2019 South West Clinical Senate Council: Community Pharmacy

Question

What are the opportunities and limitations for community pharmacy to contribute to prevention, help identify people at risk and manage long term conditions?

Brought together leads from National Pharmacy contracting team, SW-LPCs, Regional Primary Care, Medicines Optimisation, Commissioners, Hospital Pharmacy and Public Health.

Presented evidence and considered the opportunities for pharmacists to support community integration and deliver the aspirations of the Long Term Plan going forward.

Citizens' Assembly shared a powerful patient perspective which welcomed the expanding role of community pharmacists to offer more services.

Preparation - Points Perused

- Pre-reading - key as-was current documents
- Patient perspectives - coms and needs (privacy)
- Patient activation and illness prevention
- Public Health campaigns via HLP
- People – pharmacy workforce
- PCNs – personalised care and population health
- Pilots and proven case studies
- Productivity and planned savings
- Platform – integration and accessible IT
- Pharmacy Integration Fund

Recommendations – Context

The combination of accessibility and high footfall through community pharmacies with the skills and competencies of the community pharmacy workforce means that the potential benefits of further integration of these services with the wider community and primary care services, to both patients and the system, could be profound. The pharmacist workforce is a substantial asset to primary care that isn't always recognised or best used.

Recommendations – Context

There is strong evidence from a number of CP initiatives that in UEC pathways, management of LTC, Meds Opt. and prevention there is **significant opportunity for the community pharmacy workforce to improve patient outcomes and reduce demand on other parts of the health system.**

Roll out of these schemes at scale is currently limited by a fragmented approach within health care systems, lack of a common digital platform to support information sharing, inconsistent public messaging on the contribution and role of community pharmacies and a reluctance to utilise existing flexibilities in contractual frameworks to create integrated MDTs.

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Recommendations – Magnificently 7

1. PCNs should be used as an overarching framework to integrate the potential of community pharmacies into wider community services. All STPs, ICS' and PCNs should make clear their strategy for harnessing the benefits of community pharmacies.
2. Intra-operability between providers is essential. CPs should have read/write permissions to primary care clinical info-systems to facilitate cross messaging between clinical professionals and add value to records.

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Recommendations – Magnificently 7

3. A focus on communication and the patient experience to build public awareness and uptake of the services that pharmacies offer will be crucial to the success of new initiatives
4. Given the impact demonstrated through studies to date, all providers should be encouraged to implement and automate the Transfer of Care Around Medicine (TCAMs) scheme.
5. NHS England should look specifically for progress in the integration of community pharmacy initiatives when reviewing and providing assurance on the developing ICSs.

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Recommendations – Magnificently 7

6. The PHE Healthy Living Pharmacy platform should be used as a vehicle for alignment of Public health campaigns and optimisation of public health prevention initiatives

7. New pharmacy contract frameworks being developed by NHSE should take into account and facilitate implementation of the above recommendations, noting the opportunity for the patient and wider health system and considering a move to outcome payments rather than just against medication dispensed.

So what happened next?

Underlying considerations for how community pharmacy works within primary care networks

The following principles outline how community pharmacies will work within primary care networks:

- 1 Strategic Direction** The proposed reform fits within the wider health and care strategic context. We understand and can respond to the impact of this integration on the wider system, demonstrating how it forms an essential part of local healthcare economies.
- 2 Patient Safety** Patients can be confident that the service they receive is provided by clinicians and staff with the right training, skills, knowledge and experience, and in environments which are safe and appropriate.
- 3 Patient Experience** There will be improvements in patient experience for services provided compared to current provision, with services provided in a personalised way wherever possible. Community Pharmacists will work in collaboration with pharmacists in other sectors for the benefit of patients.
- 4 Quality of Care** The Quality of Care and environment provided through integrated network working is consistently the same, or better than what's on offer through current providers in terms of access, safety and clinical effectiveness.
- 5 Capacity & Capabilities of Staff** There is agreement about the skills, capacity and capabilities needed to offer enhanced clinical services in partnership with other primary care providers. The development of local pharmacist and pharmacy technician leaders will be essential.
- 6 Digital Innovation** Technology will be used where appropriate to free up clinical resource to allow for increased patient facing contact within Community Pharmacy. Improved data sharing will enable enhanced service development.
- 7 Value and Efficiencies** We can articulate the likely benefits and costs to the system, and have concluded that the intervention or reform is value for money. The integration leverages the positive experience of the community pharmacy model to enrich NHS service provision.

Opportunities for integrated working



Urgent care and minor illness:

- Contribution to urgent care proven via NUMSAS and DMIRS pilots under PhIF
- GP DMIRS pilot, if successful, will provide a network-based referral route for patients with minor illnesses ('pharmacy connection' scheme)
- Help Us Help You Pharmacy Advice national marketing campaign will continue in February 2020

Increased clinical role:

- Increased engagement with the new clinical pharmacist team based in PCNs. Working with social prescribing link workers and the wider clinical team
- Quality Payments Scheme initiatives likely to develop

Prevention and public health:

- Working closely with GPs, community pharmacy role in proactive care, prevention of ill health, early diagnosis and identifying people at risk (e.g. of hypertension) might be offered within the network setting
- Building on the Healthy Living Pharmacy initiative, community pharmacies may provide a role in network leadership for public health campaigns

Medicines optimisation:

- NHS needs the clinical skills of community pharmacy professionals to achieve its vision for better safety, outcomes and value from medicines. Community pharmacists will work alongside their counterparts in the PCN, such as clinical pharmacists and hospital-based colleagues, to improve medicines safety and to support adherence

Engaging with PCNs



Expectation that practices will work collaboratively with others, dependent on the needs of the local population – outlined in Network Agreement
Network Contract DES will be amended from 2020/21 to include collaboration with non-GP providers as a requirement

- Most PCN engagement with pharmacy likely from July 2019 onwards
- For community pharmacy – it means working through the LPC which would work with the LMC to facilitate community pharmacies to develop and negotiate a structured and coherent offer
- Emphasis on collaborative working; pharmacies should not compete within local areas to establish working relationships with PCNs, and pharmacies within a PCN footprint to engage with the PCN with one voice
- Important there is no actual or perceived conflict of interest between meeting the clinical needs of patients and the dispensing of medicine, the provision of pharmaceutical services and pharmacy business

Four steps for LPCs to take by September 2019:

- 1. Engage with CCGs and LMCs**
- 2. Start the conversation between local contractors**
- 3. Understand mutual benefits and local priorities**
- 4. Agreeing ways of working between community pharmacies**

Summary and Conclusion

1. Thoughtful construction and the timely delivery of an in-depth subject review can chime with, reinforce and influence thinking and make a material change to policy both locally and upwards to national levels.
2. Drawing together KOL from local, regional and national eco-systems brings additional and magnificent moments of clarity!
3. All 7 of the Senate Community Pharmacy recommendations are currently actively being progress in development and actual delivery.

Brief discussion...