PharmacyVoice

Speaking up for community pharmacy

Response

All Party Parliamentary Group
Primary Care and Public Health

Inquiry into managing demand in primary care.

31 March 2017

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Introduction

We are pleased that the All Party Parliamentary Group on Primary Care and Public Health has chosen to conduct an inquiry into managing demand in primary care and the case for a national strategy. Making better use of the community pharmacy network is one of the simplest, high-impact options available to policy makers who wish to see demand for healthcare services in England managed more effectively. As well as ensuring the safe and efficient supply of medicines to the public and helping people to use them effectively, community pharmacists and their teams also deliver a wide range of clinical and public health services ranging from vaccinations, sexual health screening, weight management and smoking cessation support, NHS Health Checks and blood pressure monitoring to anticoagulation management, falls prevention support, and inhaler technique services for people with respiratory conditions.

These services can be provided through a pre-existing and comprehensive network of facilities that provide walk-in access in a diverse range of locations where people live and work, and are often open at times when GP surgeries are closed. In our most deprived and vulnerable communities, the local pharmacy may be the only healthcare provider within easy reach for residents. Research and practice shows that the public trust community pharmacists to administer services such as blood pressure testing, NHS Health Checks and flu vaccinations, and that they particularly value the accessibility and convenience of these services being available in a pharmacy. GP leaders we work with have supported proposals for community pharmacies to operate as neighbourhood health and wellbeing centres, providing the 'go-to' location for support, advice and resources on staying well and independent, and for the role of community pharmacists to be extended into clinical services such as the management of hypertension.

And yet, while GP surgeries face unprecedented demand and a recruitment and retention crisis, and A&E performance is at its poorest since targets were introduced, community pharmacies are not being commissioned to deliver the full range of primary care and public health services that they can. The reasons for this vary, but include lack of awareness and conflicts of interest amongst commissioners, as well as lack of investment in both workforce development and change management support for the sector.

In this submission, we briefly outline the potential for community pharmacy to help minimise avoidable GP consultations, thereby relieving pressure on the system as a whole, and what needs to happen to enable this. We focus on some of the specific questions posed by the APPG within an overarching response that presents a shared ambition for the role pharmacy teams could play here, as laid out in the Community Pharmacy Forward View.

What needs to happen?

Reducing demand for high-cost, specialist and scarce health care services by supporting people to self-care and manage both minor ailments and long-term conditions remains the aspirational goal of health system design. The Group rightly raises concerns that a consistent failure to achieve this, despite much rhetoric and good intentions, means GP and hospital services in England are now facing unsustainable levels of pressure.

The community pharmacy network is ideally placed to help relieve this situation, by doing more to assist people in looking after their own minor illnesses and long-term conditions and to improve disease prevention. We are concerned that while the Government remains focussed on treating the symptoms of a growing capacity and resource crisis in the NHS, it is less inclined to fully commit itself to dealing with the

underlying causes or to explore solutions that could be both more immediate and more sustainable than simply increasing investment in general practice.

In the Community Pharmacy Forward View (CPFV), published in August 2016, the national pharmacy bodies have set out three core roles of community pharmacy as 'the facilitator of personalised care for people with long-term conditions', the 'first point of contact for episodic healthcare advice and treatment' and 'the neighbourhood health and wellbeing hub'. The CPFV outlines how implementing these ways of working across the network would help to integrate community pharmacy services more effectively into the wider system, and support the long-term aspirations of the NHS as set out in the Five Year Forward View. In particular, the models described would help to both manage the overall primary care workload and distribute it more effectively between providers by making better use of the pre-existing network already in place and provided for by the sector. With capacity and workforce issue being among the biggest challenges currently facing general practice, the design of a primary care system that makes full use of the facilities and staff already available within community pharmacy offers an opportunity too important to be overlooked.

In '**Making it Happen**', an implementation framework for the CPFV published in early 2017, we stated that to deliver our vision for a fully integrated community pharmacy network we need to:

- Raise awareness with the public of the range of community pharmacy services available
- Support local community pharmacy leaders to build partnerships with colleagues across the health and care system
- Harness technology to secure digital integration of community pharmacy into the wider healthcare system
- Empower the community pharmacy workforce to develop their skills, manage change and work effectively within new structures, cultures and systems
- Establish new ways of working and delivering integrated care, supported through appropriate funding and contracting mechanisms
- Proactively support and facilitate sector-development and change management

The implementation framework also provides an outline how such changes could be achieved, with many of the actions related to the questions raised in this APPG inquiry.

Commissioning self-care support

Of the 1.6 million people who visit a community pharmacy every day, many do so to seek advice from a community pharmacist or member of their team on how best to manage minor or self-limiting conditions, or deal with issues relating to a long-term condition. By providing this type of support community pharmacy teams already play a vital role in ensuring people receive the right care at the right time to help them stay well and independent, and do not need to access more costly and less convenient GP or hospital services. However, there is the potential to reduce pressures on these other healthcare providers even more by commissioning more structured, and universally available, self-care support services from community pharmacies.

As an example, the evaluation of a Pharmacy First minor ailments scheme introduced in Bradford City suggests this has been a cost-effective way to manage patients with minor ailments. A review of the service after eight months estimated that 900 hours of GP time was saved across 27 practices. Feedback

from patients was positive, with most indicating that they would be willing to re-use the scheme and recommend it to others. General practice and pharmacy staff also reported that they saw the service as worthwhile, improving both patient access and working relationships between general practice and community pharmacy colleagues.

Training and support for primary care staff

As community pharmacy expands its role in delivering clinical and public health services, it will be important to ensure that appropriate training is readily accessible for community pharmacists and their teams. This should include training in understanding local demographics and health needs, brief intervention skills, and behavioural change support, e.g. the use of motivational interviewing and of validated tools such as Patient Activation Measures. Support should be provided for the sector to roll out the Healthy Living Pharmacy model, with an aligned expansion of Health Champion roles and national standards for public health skills, and a national development programme for community pharmacy should be developed by Health Education England, with direct input from local and national community pharmacy partners.

One thing that could make a significant difference to the scope of services available in community pharmacies and, therefore, their capacity to help manage the primary care workload, is the expansion of community pharmacist independent prescribers. To facilitate this, changes to how pharmacists achieve independent prescribing status should be explored, as recently advocated by the Royal Pharmaceutical Society.

Integration and joint working

While there are many individual examples of successful joint working between community pharmacy teams and their local partners, community pharmacy leaders generally find it difficult to navigate existing commissioning structures and make the case for community pharmacy involvement in new care pathways. In a recent survey of Local Pharmaceutical Committee (LPC) chief officers on their involvement in the development of STPs and local service transformation initiatives, respondents suggested that the reasons for this include the complexity of the arrangements (with services commissioned by multiple NHS organisations and local authorities), a lack of interest or awareness from commissioners, under representation of community pharmacy in planning and decision-making fora and, in some cases, conflicts of interest (for example GP-led Clinical Commissioning Groups being unwilling to commission or support services delivered by providers other than GPs).

Addressing the representative deficit for community pharmacy at a local level is crucial. Given this has not happened to date despite past promises and general support in principle, national NHS bodies should now provide much stronger guidance to local decision making bodies reiterating the value, importance and potential community pharmacy offers in dealing with local resource pressure, and hold them to account for including community pharmacy in the implementation of STPs and the Five Year Forward View delivery plan. Such guidance should encourage and support programmes of outcomes based commissioning that deal with conflicts of interest and practical constraints such as access to patient records.

The role of IT

Another immediate step Government can take to help create a more integrated NHS is to deal with the IT barriers currently facing community pharmacy. As the clinical role of pharmacy teams continues to expand, the importance of access to patients' health records will increase.

We are pleased to report that the roll-out of Summary Care Record (SCR) access for the sector is in its final stage with over 87% of community pharmacies now able to use the system. However, community pharmacy professionals currently only have read-access to a summarised record. As the services they offer expand, it will become increasingly important for their records of interventions to be available to others in a fully integrated patient record system, which all health professionals can access for the information they need. Such a platform should in addition faciliate eReferrals, eDischarge summaries, care plans, and direct messaging between community pharmacy and other providers – all of which would improve efficiency across all care settings and, in the case of eReferrals, have a particularly positive impact on reducing workload on GPs and A&E.

Community pharmacists and their team members are also ideally placed to support people in the use of personal and remote diagnostic devices which might also contribute to the health record in future, providing equipment and services, training patients on how to use them and ensuring they are used effectively.

The impact of the Five Year Forward View and GP Forward View?

We understand the rationale for devolving decision-making to local commissioning bodies in order to ensure local communities receive services that are tailored to their specific needs. However, localism does create challenges for community pharmacy and its desire to expand its clinical role. In many cases, the viability of public health and clinical services delivered by community pharmacy depends on standardisation and the opportunity to deliver at scope and scale. Local commissioning of projects and services, often to differing criteria, not only creates logistical challenges for community pharmacy owners, it undermines the ability to give consistent messages to the public about what services are available where. Inconsistency and lack of certainty at what is on offer in any particular pharmacy makes it harder to change the way the public think about the role of pharmacy teams, thus reducing the likelihood that people will 'think pharmacy first' before visiting a GP or emergency department.

For this reason, we believe community pharmacy needs a long-term, national strategy that integrates with both the NHS and GP Forward View, and which is owned by NHS England in partnership with the sector. In the absence of Government leadership in this regard, the community pharmacy sector published its own Community Pharmacy Forward View in 2016, based on our understanding of how we can best support our colleagues across primary and secondary care, maximise the positive impact we can have on public health and help address the significant resource challenges facing the NHS. We included a call for a formal partnership with the NHS in our CPFV. In isolation, the NHS and GP Forward View provide some clarity about the Government's overarching objectives, but they will fail to have the desired outcome without the fully considered and planned participation of community pharmacy.

Government must assume a position of ambition and leadership in setting its priorities for health which span across each of these plans, guiding the NHS, GPs, community pharmacy and other health service providers to achieve a shared long-term objective. Anything less will, in our view, result in fragmented and disjointed delivery of services with significant overlap and gaps in provision, and represent a significant missed opportunity to sustain a viable, thriving integrated health care system.

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About Pharmacy Voice

Pharmacy Voice is the association of trade bodies which brings together and speaks on behalf of the community pharmacy sector in England. Pharmacy Voice is formed by the three largest community pharmacy owner associations – the Association of Independent Multiple pharmacies (AIM), the Company Chemists' Association (CCA) and the National Pharmacy Association (NPA).

Collectively, we represent over 11,000 community pharmacy owners in England, including pharmacy businesses of all sizes. Our members directly and indirectly employ over 30,000 pharmacists and more than 50,000 pharmacy staff members in the community.

Pharmacy Voice will be closing at the end of April 2017. Following its closure, our member associations will be very happy to provide specific follow up to this submission, should further information be required. For this, and for future reference, our members can be reached via nanette.kerr@thecca.org.uk at the CCA, colin.baldwin@aimp.co.uk at AIM and g.jones@npa.co.uk at the NPA.