ITEM NO: 63.00

TITLE	**Community Pharmacy Call to Action**
FOR CONSIDERATION BY	Health and Wellbeing Board on 13 February 2014
WARD	None Specific

Community Pharmacy Call to Action:

Background:

The workforce: pharmacists and technicians

•The pharmacy workforce in the UK is made up of approximately 150,000 people, with approximately 50,000 registered pharmacists and 25,000 registered pharmacy technicians and the remainder being made up of unregistered dispensing assistants and medicines counter assistants.

•70 per cent of the pharmacist workforce works in community pharmacies.

•Independent pharmacist prescriber status is a registered post graduate qualification.

•At September 2013, there were at least 2,100 qualified Health Champions in Healthy Living Pharmacies.

The services: the contractual framework

•Community pharmacies provide services under a contractual framework on behalf of NHS England. The service consists of three tiers:
•Essential services which all community pharmacies must provide.

•Advanced services which community pharmacies can choose to provide and require extra accreditation.

•Enhanced services which are commissioned by NHS England area teams to meet local need. Extra accreditation may be required for these services.

•In 2012/13 the value of the NHS community pharmacy contractual framework was £2,844 million.

The services: commissioning

In addition to the services commissioned by NHS England,

•Public health services such as smoking cessation, emergency hormonal contraception, supervised consumption of methadone and needle exchange services are commissioned by local authorities.

•CCGs have the ability to commission services locally from community pharmacies to meet the pharmaceutical needs of their patients.

•All commissioned services delivered by pharmacies should be captured in Pharmaceutical Needs Assessments (PNAs) that are the statutory responsibility of Health and Wellbeing Boards.

Community pharmacy services: how are they used and who uses them.

To support the development of the pharmacy White Paper (April 2008), interviews were conducted with 1,645 adults (aged 16+) in England in December 2007.

Key findings

•Pharmacies are well used – on average around 14 times a year per person (11 times for health reasons).

•The most common frequency of visit is once a month, although those with long term conditions will visit more frequently, as well as women and those aged 35+.

•The most common reasons for a pharmacy visit are to get medication prescribed by a doctor followed by over the counter medication.

•12 per cent of respondents use pharmacies for health advice with only 1 per cent using a pharmacy for urgent advice. Groups most likely to use a pharmacy for health advice are women and those aged 25-44.

•Most people visit a pharmacy that is close to where they live.

The number of community pharmacies

•At 31 March 2013 there were 11,495 community pharmacies in England, of which 60 per cent are owned by the 'multiples' (five or more pharmacies and supermarkets).

•Approximately 700 community pharmacies have achieved Healthy Living Pharmacy status with an expectation that this figure will rise to 1,385 by April 2014.

•The number of pharmacies in England has grown by 18 per cent since 2005/06.

•Prior to 2005/06, the number of pharmacies was stable at around 9,700 from the mid-1990s.

Essential Services

•The Essential Services listed below are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'):

•Dispensing medicines.

•Repeat dispensing.

•Clinical governance.

•Public health (promotion of healthy lifestyles).

•Disposal of unwanted medicines.

•Signposting.

•Support for self care.

Advanced Services

•There are four Advanced Services within the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'). Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

•Medicines Use Review (MUR).

•Appliance Use Review (AUR).

•New Medicines Service (NMS).

•Stoma Appliance Customisation (SAC).

•Pharmacies providing these services must have a consultation area that meets the service specifications.

Enhanced Services

•Enhanced Services are commissioned by NHS England area teams to meet local need. Extra accreditation may be required for these services.

•Examples of enhanced services include:

•'flu vaccination;

•improved inhaler technique support;

•care home audits;

•access to palliative care medicines;

•minor ailments services.

Locally commissioned services

•Locally commissioned services are those services which are commissioned by local authorities (on behalf of Public Health England) and clinical commissioning groups.

•Examples include:

•stop smoking services;

•emergency hormonal contraception;

•supervised methadone consumption

The strengths: building on what's valued

To support reform of primary care, we must take great care to build on the strengths of community pharmacy and its workforce:

•**Easy access:** 99 per cent of the population are within 20 minutes travel time of a community pharmacy with 96 per cent walking or by public transport. 84 per cent of adults visit a pharmacy each year, 78 per cent for health-related reasons. 1.6 million patients visit a pharmacy each day.

•**Medicines experts:** up to 50 per cent of patients do not take their medicines as intended; community pharmacists and their teams provide individual support to help patients take their medicines in the way intended by the prescriber.

•**Central role in management of long term conditions:** pharmacists currently carry out Medicines Use Reviews (MURs) and provide the New Medicine Service (NMS) to patients who have been newly prescribed certain medicines.

•**The safe and efficient supply of medicines:** community pharmacies dispense around one billion prescription items each year. Pharmacists and their teams provide a safety net to ensure that patients receive the right medicines at the right dose and understand how to use the medicines in the right way.

•**Procurement expertise**: the current Community Pharmacy Contractual Framework drives efficiencies in the supply chain. The National Audit Office identified £1.8 billion savings from 2005 to 2009.

The issues: why services can't stand still

•**NHS England spends over £8 billion on medicines in primary care,** and there is growing evidence that the use of medicines is sub-optimal.

•**Increasing pressure on NHS financial resources.** Between 5 and 8 per cent of unplanned emergency admissions in adults are due to avoidable issues related to medicines. This is thought to cost the NHS £466 million.

•**Inappropriate use of medicines.** Between 30 and 50 per cent of patients do not take their medicines as the prescriber intended.

•**An ageing population, growing co-morbidities and increasing patient expectations.** There is potential within community pharmacy to manage less complex needs and support public health and prevention of ill-health.

•**Wasted medicines** have been recently evaluated to be worth over £300 million per year, and this is likely to be an underestimate.

•**Patient risks.** Despite a body of evidence showing that, when we place pharmacists at the right place in the patient pathway, risks to patients are

significantly reduced (PINCER, EQUIP, PRACtICe), We are not making sufficient use of these skills.

•**Growing dissatisfaction with access to GP services and growing reports of GP workforce pressures**. At 31 March 2013 there were 11,495 community pharmacies in England, all offering services without an appointment and many having extended opening hours on both weekdays and weekends. Community pharmacy has the potential and the capacity (if skill mix issues are addressed) to be the first port of call for more patients, releasing capacity in General Practice.

•**Prescription volume** currently drives community pharmacy income. There needs to be a greater emphasis on a service delivery model of care. Some pharmacies have achieved this through automation and better use of skill mix and this should be encouraged more broadly.

•**Complexity:** the commissioning system is complex and requires collaboration across DH, NHS England and Public Health England.

4 Key Questions:

1. How can we create a culture where the public in England are aware of and utilise fully the range of services available from their local community pharmacy now and in the future?

•how the NHS can work with local authorities to enhance the public health role of community pharmacies, including making every contact count and the concept of Healthy Living Pharmacies;

•community pharmacy teams as the first port of call for minor ailments and better use of community pharmacy for the management of stable long term conditions;

•better marketing of clinical and public health services to ensure the public and patients are fully informed of the range of services that community pharmacies offer;

•how the public expects pharmacists to work together with GPs, hospitals, community nurses and care homes to improve health outcomes.

2. How can the way we commission services from community pharmacy maximise the potential for community pharmacy to support patients to get more from their medicines?

•national versus local commissioning;

•whether pharmacies are in the right place locally and whether we have the right number;

•ways in which better alignment of the Community Pharmacy Contractual Framework and the General Medical Services contract could improve outcomes e.g. the management of repeat medicines and medication review;

•the balance of medicines supply role and provision of clinical services;

•how we can work more effectively across the current commissioning landscape to ensure the NHS and local government (public health) can commission services from community pharmacy more easily and avoid duplication.

3. How can we better integrate community pharmacy services into the patient care pathway?

•how to accelerate pharmacists' access to the Summary Care Record;

•better management of 'high risk' or vulnerable patients;

•how collaboration on a population basis can support the delivery of better health outcomes;

•improving the digital maturity of community pharmacy;

•community pharmacy's role in the transformation and integration agenda for out of hospital care;

•getting the most from the whole pharmacy team (skill mix).

4. How can we better integrate community pharmacy services into the patient care pathway?

•data for commissioners to improve the population's health and ensure quality of service (including a role in research and development);

•how to ensure GPs have access to clinical pharmacy advice, for example in their practices;

•how best to secure pharmacy expertise in the care of vulnerable groups, including children, frail older people in their own home/care home, those with mental health issues, dementia and those with learning disabilities;

•how to work with employers, training providers, LETBs and other commissioners to identify the development needs of the community pharmacy workforce to deliver high quality services and care across patient pathways.

5. How can the use of a range of technologies increase the safety of dispensing?

•how we can best accelerate progress toward community pharmacy access to the Summary Care Record, which is considered pivotal to maximising the contribution of community pharmacy to patient outcomes;

•a greater uptake and use of local and centralised robotics within the dispensing and supply process;

•improving the cultural, operational and IT systems to make medication safety incidents easier to report and share learning;

•the design of pharmacy premises;

•the role of digital technology in improving patient care.

(www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/).