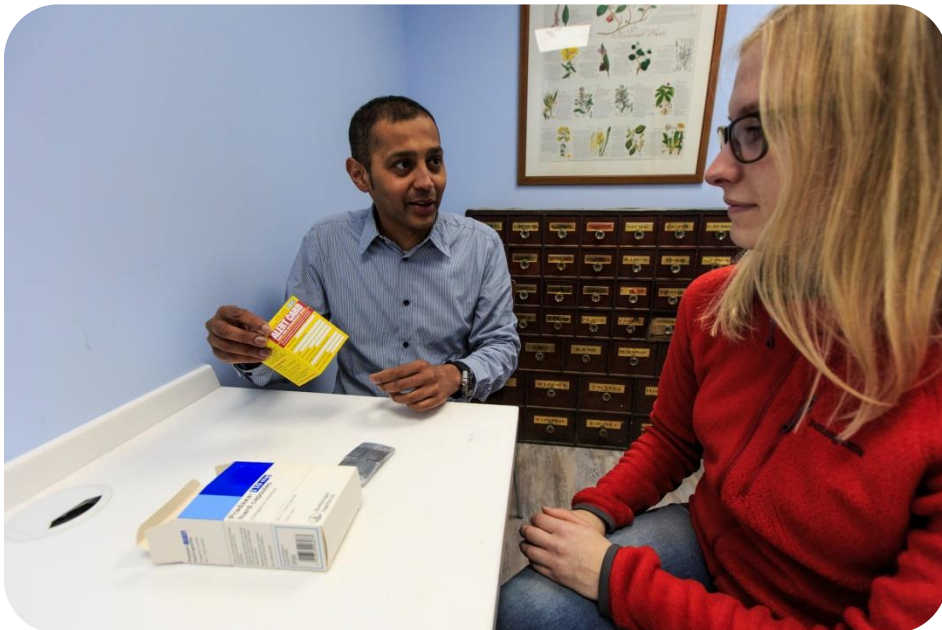




# Community Pharmacy Review 2016/17

A summary of PSNC's service development proposals to the Department of Health and NHS England



# Introduction



On 17th December 2015 the Department of Health (DH) and NHS England wrote a joint open letter to PSNC entitled Community pharmacy in 2016/17 and beyond. In the letter the Government announced that funding for community pharmacy in 2016/17 would be cut by £170m, from £2.8bn to £2.63bn, which is a reduction of more than 6% in cash terms.

PSNC is working with the other national community pharmacy organisations and the Royal Pharmaceutical Society to respond to the Government's proposals and to coordinate a campaign against the aspects of the proposals which will have an adverse impact on patient services and access to community pharmacies.

Further information on the Government's proposals and PSNC response can be found on the [PSNC website](#).

The open letter stated:

*There is real potential for far greater use of community pharmacy*

*and pharmacists: in prevention of ill health; support for healthy living; support for self-care for minor ailments and long term conditions; medication reviews in care homes; and as part of more integrated local care models.*

*To this end we need a clinically focussed community pharmacy service that is better integrated with primary care. That will help relieve the pressure on GPs and Accident and Emergency Departments, ensure optimal use of medicines, better value and better patient outcomes, and contribute to delivering seven day health and care services.*

As DH and NHS England have no specific proposals on how to develop a clinically focussed community pharmacy service, PSNC agreed to submit proposals for discussion. This document summarises the proposals that PSNC has made to DH and NHS England.



# The context for PSNC's proposals

When the 2005 Community Pharmacy Contractual Framework (CPCF) was introduced, there was an agreement that it would evolve to respond to the needs of patients and the NHS and to reflect the desire of the profession to build more services around the dispensing service.

While the CPCF has developed with the addition of new clinical services, including the New Medicine Service and the Seasonal Flu Vaccination Service, it has not yet developed as far as pharmacy contractors and PSNC would wish.

In 2012 PSNC agreed a clear Vision of its aims and aspirations for the community pharmacy service, with community pharmacy teams helping people to optimise their use of medicines, supporting their health and care for acute and long-term conditions, allowing them to live independently in their own homes and providing individualised information, advice and assistance to support the public's health and healthy living.

[psnc.org.uk/vision](https://psnc.org.uk/vision)

A 2012 survey of community pharmacy contractors confirmed that the majority of the sector (98% of respondents) supported this aspiration for community pharmacy and since then PSNC has been working towards this vision by seeking to develop the community pharmacy service across four key domains:

1. Optimising the use of medicines

2. Supporting people to live healthier lives/public health

3. Supporting people to self-care

4. Supporting people to live independently



In 2015 PSNC proposed five immediate service developments that NHS England could implement in its Pharmacy 5 Point Forward Plan. Our service development proposals to DH draw on this plan.

[psnc.org.uk/5pointplan](https://psnc.org.uk/5pointplan)



# The PSNC proposals



These proposals set out how the CPCF could develop in order to meet DH and NHS England's stated aims of developing a more clinically focused community pharmacy service while also meeting the other 'efficiency and productivity' requirements set out in their letter of 17th December 2015.

They have been presented to DH and NHS England as outline proposals to prompt further discussions with PSNC. We will undertake further development work on the proposals, subject to the response they receive from DH and NHS England.

The proposals are set out in three phases, in recognition of the need to allow the wider NHS and community pharmacy to adopt them in a controlled manner that also allows time for other enablers, such as IT, to be put in place.

We recognise that implementing these service development proposals would have substantial implications for DH's planned restructuring of funding delivery and this would require detailed consideration.

PSNC is publishing this summary of the service development proposals so that contractors and their teams are kept abreast of potential development of the CPCF and have time to consider how they may impact on their practice.



# Phase 1 – Community Pharmacy Care Package



## Transfer from Repeat Prescribing to eRepeat Dispensing (eRD) and the development of a community pharmacy care package for patients

- Use of electronic repeat dispensing becomes the default prescribing option where the prescriber wishes to prescribe on a long-term basis
- The duration of each supply to the patient is determined by the pharmacist and patient, with guidance from the prescriber, in order to ensure it is based on clinical need and to seek to avoid unintended wastage of medicines
- Patients are registered with an individual pharmacy to allow a patient centred/holistic approach to supporting their use of medicines/management of LTCs
- Funding mechanism for the care package must ensure there is no drive to dispense prescriptions where the patient has no need for them

# Phase 1 – Community Pharmacy Care Package



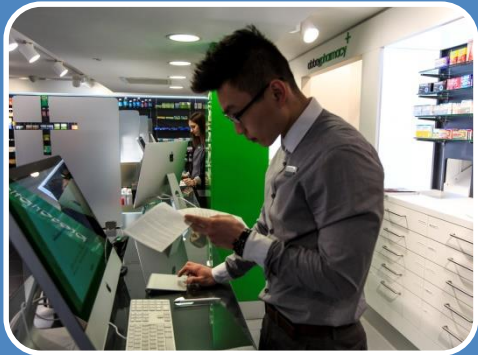
- Medicines optimisation support provided regularly
- MUR-type conversations with the patient may be required, including at the start of the process, and NMS-type interventions would be provided as required
- Synchronisation of patient's medicines undertaken to support adherence and reduce waste
- Patient Activation Measure (PAM) and adherence scores would be used to indicate the impact of pharmacy interventions, including on the patient's engagement with their health
- This will assist the targeting of pharmacy engagement with the patient to improve adherence and optimise use of their medicines, allowing the patient to set their own motivational goals

# Phase 1 – Inhaler technique checks/coaching



- Offer of an inhaler technique check and coaching session to patients prescribed inhalers using eRD at least twice a year
- A formal system for referral back to the prescriber would be implemented for circumstances where a referral is clinically necessary

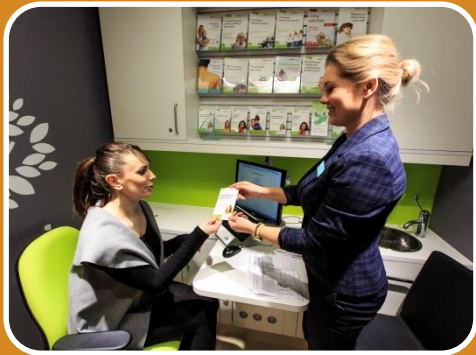
# Phase 1 – Prescription Interventions



- Pharmacies already make interventions on prescriptions
- These are communicated to the prescriber but are not always clearly recorded in patients' pharmacy records
- Information on the interventions is not centrally collated and therefore the value of these interventions cannot be determined
- Under this proposal such interventions would now be clearly recorded using a standard classification system and the data would be centrally collated
- National and local (CCG) guidance would be provided to pharmacies on target interventions
- Not dispensed interventions would fall within the remit of this proposal



# Phase 1 – Post-discharge MURs/medicines reconciliation



- Post-discharge MURs should continue to be provided
- Numbers should increase as communications between hospital and community pharmacies improve
- For some patients a full MUR may not be required, but a medicines reconciliation (conducted by support staff) would be of benefit to all patients
- Further work is required to determine the optimal approach to supporting patients post-discharge and this may be a candidate for support from the Pharmacy Integration Fund

# Phase 1 – Pharmacy First service



## Minor Ailments Advice Service & an Emergency Supply Service

- To effectively implement such a service, review and implementation of amended NHS 111 referral pathways would be required in order to support the referral of more patients to the service
- Further development of IT infrastructure would also be beneficial to support referrals and messaging between NHS 111 sites and community pharmacies
- This is an area which the Pharmacy Integration Fund could support

# Phase 1 – Public Health Campaigns



- PHE and NHS England should agree up to six national campaign topics each year, utilising PHE's portfolio of national campaigns
- Each campaign could run within pharmacies for up to 2 months
- This approach would allow PHE to deliver a consistent campaign message across the whole pharmacy network reaching millions of people at once

# Phase 2 – Enhanced community pharmacy care package for patients



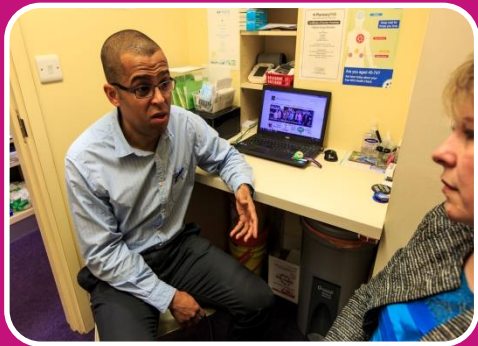
All pharmacies will need to have SCR access in place and have to provide the national flu vaccination service



- Building on the development of the care package in phase 1, additional elements would be provided to patients registered to receive the service
- These elements would support the development of a pharmacy care plan with the aim of optimising the patient's use of medicines, treatment of their condition and improvement of their patient activation score



# Phase 2 – Enhanced community pharmacy care package for patients



- Examples would include assessing CAT and ACT scores for patients with COPD and asthma, frailty and falls assessments and use of other screening tools (building on the work of the Community Pharmacy Future projects)
- Use of these tools would allow the assessment of the impact of the community pharmacy support on the patient and their condition
- As appropriate an annual MUR-type review may be undertaken and NMS interventions would be provided when patients commence new therapies
- Most of the interventions would be provided on an ongoing and regular basis, generally as patients present in the pharmacy to obtain their next supply of medicines

# Phase 2 – Healthy Living Pharmacy equivalent accreditation



- In order to support the effective provision of public health campaigns, pro-active healthy living advice and locally commissioned public health services, pharmacies will work towards achieving an HLP equivalent accreditation
- The training of support staff as health champions will provide them with the skills to effectively support behaviour change by patients and the public, related to both healthy living and medicines optimisation
- A deadline by which pharmacies must be accredited would be set and an ongoing requirement to ensure that accreditation is maintained



# Phase 3



- During this phase the service developments proposed in Phase 1 and 2 would continue to be provided
- Pharmacies would additionally provide support to specific groups of patients to manage long term conditions, e.g. hypertension and asthma, and more advanced support for frail and older people with multiple conditions
- This would release further GP practice capacity but it would also require the majority of community pharmacists to be qualified as independent prescribers (or for the Alberta approach to prescribing qualification to be adopted)

# Other service developments and the future

DH has identified the provision of additional clinical pharmacy support for care homes as one area that needs to be taken forward.

PSNC believes community pharmacy can provide some of the necessary support required by care homes and patients living within them, but the approach to team working with general practice would need to be explored in order to maximise the value provided to patients and the NHS.

This is work that could initially be explored using funding from the Pharmacy Integration Fund.

Overall, the outline proposals set out here represent a starting point for discussions with DH and NHS England. They describe how community pharmacy teams could make a more significant contribution to patient care.

At this time of financial strain and increasing demand we believe they are ideas that DH and NHS England cannot afford to ignore.







**Pharmaceutical Services Negotiating Committee**  
**Times House**  
**5 Bravingtons Walk**  
**London**  
**N1 9AW**

0203 1220 810

[psnc.org.uk/campaign](https://psnc.org.uk/campaign)

[supportyourlocalpharmacy.org](https://supportyourlocalpharmacy.org)

#lovemypharmacy

Questions or comments? Email [campaign@psnc.org.uk](mailto:campaign@psnc.org.uk)

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