PharmacyVoice

Speaking up for community pharmacy

Submission

Monitor
A call to action
What the future of the NHS provider landscape should look like

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Pharmacy Voice Limited

71-75 Shelton Street
London, WC2H 9JX
T 020 7470 8773

38-42 St Peter's Street
St Albans, AL1 3NP
T 0844 736 4204

E info@pharmacyvoice.com
www.pharmacyvoice.com

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Pharmacy Voice (PV) represents community pharmacy owners. Its founder members are the Association of Independent Multiple pharmacies (AIMp), the Company Chemists' Association (CCA) and the National Pharmacy Association (NPA). The principal aim of Pharmacy Voice is to enable community pharmacy to fulfil its potential and play an expanded role as a healthcare provider of choice in the new NHS, offering unrivalled accessibility, value and quality for patients and driving forward the medicines optimisation, public health and long term conditions agendas.

Pharmacy Voice welcomes the opportunity to contribute our vision of what a high quality, financially sustainable health care service might look like in ten years time, and how this vision would better serve the public.

We would be pleased to meet with Monitor, NHS England and the NHS Trust Development Authority to help their understanding of what the future of the provider landscape could look like in 2024 and how such future scenarios might be achieved, as part of the challenge set out by NHS England in *The NHS Belongs to us all: A call to action*

Introduction

In order for NHS England to achieve its purpose of "High quality care for all, now and for future generations", we need innovation at scale to meet the challenges of providing and funding public services in the future. There will be two general elections between now and 2024 and irrespective of who governs, radical solutions are required for the following key challenges:

- Increase demand for NHS services
    - Aging populations
    - Living with Long Term Conditions
    - Managing expectations
- Supply of NHS services
    - Increasing costs of providing care
    - Limited productivity gains
    - Constrained public resources

Many commentators agree that integration is the solution and requires a whole system approach to health and wellbeing. Achieving the key ambition of integrated care based around the person on a sustainable basis will rely on the involvement of multiple agencies, systems, commissioners, providers and government at national and local levels. Community pharmacy is not only a major provider of health services but also a vital part of the wellbeing and the sustainability of communities in terms of investment, employment and training.

Two reports that have particularly informed our response are Francis (into the Mid-Staffordshire NHS Trust) and Berwick (into patient safety in the NHS). It is clear from both of them that embedding professionalism and clinical competence is central to patient safety and current health policy. Promoting a culture of patient-centred professionalism in pharmacy is one of the key themes of the *Community pharmacy - A blueprint for better health* - which sets out to build a community pharmacy service that supports patients, the public and the NHS in meeting successfully the many challenges facing us in the future.

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The future of the NHS provider landscape

What people really want is personalised, high-quality, seamless care focused on their needs. The urgent answer to the question of "How" we provide care is the challenge set out by NHS England in *The NHS Belongs to us all: A call to action*. Community pharmacy has a great deal to offer and the following are some examples where we add value.

- **Preventing people from dying early**

A recently-published call to action[1] aimed at reducing the number of people dying prematurely in England – by focusing on cancer, stroke, heart, liver and respiratory disease –indicates that 30,000 lives can be saved a year by 2020. The three priorities needed to achieve this are:

- Tackling major problems such as smoking, obesity, drug and alcohol abuse and sexually-transmitted diseases
- Making "*every contact count* " by ensuring that illness and disease are diagnosed as soon as possible
- Ensuring that people are receiving the best possible treatment and services, when they need them

The report states "GPs and community pharmacy are ideally placed to deliver preventative programmes such as NHS Health Checks, brief interventions and making the most of the fact that we know that people generally respond well to professional health advice. They are essential in identifying risk factors and early diagnosis of illnesses, so that effective treatment and care can have the greatest benefit possible".

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. The HLP concept provides a framework for commissioning public health services. There are over 700 community pharmacies accredited to Healthy Living Pharmacy status.

[1] Living well for Longer, March 2013

Healthy Living Pharmacies in Lancashire

Lancashire has significant levels of deprivation, health inequalities, primary care access challenges and inappropriate attendance at urgent care. Projects including Health Trainers, Healthy Living Champions, Alcohol Brief Intervention, Minor Ailments, and Emergency Contraception and One to One Stop Smoking Services created a pharmacy workforce well prepared to take part in the national Healthy Living Pharmacy (HLP) pathfinder programme. Fifty pharmacies across the locality achieved the HLP quality-mark.

Evidence demonstrated that the HLP pharmacies delivered better results across a number of outcomes when compared to those not actively engaged. Respiratory Medicine Use Reviews, by HLP pharmacists, found 35 per cent had not been seen by a doctor or nurse in the previous 12 months. Six-month follow up after a pharmacy intervention saw a 48 per cent improvement in symptoms and 75 per cent of the smokers identified recruited to stop smoking services.

Individual pharmacists have described how HLP has provided them with a framework and quality standard to define and enhance interactions with patients leading to positive health outcomes and a confidence to continue to develop the model. The pharmacy team and local community has embraced the concept of pharmacy-based health advice; requesting and benefiting from weight management, blood pressure monitoring and advice for self-care of minor ailment – evaluating them highly as convenient, easily accessed and of high quality. The one to one stop smoking service has been particularly successful with a four-week stop smoking quit rate of over 63 per cent – comparable to the average for a specialist service – demonstrating that this approach really works. Seeing an ex-smoker cycling to the pharmacy and describing how they have created a 'smoke free home' for their family encourages pharmacy staff to be proactive.

Engagement with community groups such as local GP practice patient forums and the local Muslim community group have seen the pharmacy-based Healthy Living Champions working with and providing interventions in the community least likely to access services.

Contact:
Linda Bracewell
Pharmacist
Baxenden Pharmacy
lindabracewell@nhs.net

More information on HLP pathfinder project is available online at :
http://www.instituteofhealthequity.org/projects/evaluation-of-the-healthy-living-pharmacy-pathfinder-work-programme-2011-2012/evaluation-of-hlp-pathfinder-work-programme-final.pdf

- **Enhanced quality of life for people with long term conditions (LTCs)**

We know that patients with several long term conditions have a poorer quality of life, poorer experience of care, poorer clinical outcomes, have longer hospital stays, have more post-operative complications and require significantly more health service resources. People with LTCs are users of a large proportion of health care services (50% of all GP appointments and 70% of all bed days), and

their treatment and care absorbs 70% of acute and primary care budgets in England. The future sustainability of the NHS will be closely allied with how it manages patients with LTCs[2]

In England, 15.4 million people (over a quarter of the population) live with a long term condition and it is estimated that by 2025 the number will rise to 18 million. Medicines are the mainstay for managing people living with long term conditions in an aging population.

Medicines are the commonest form of treatment in the NHS. Almost one billion prescription items were dispensed overall in 2012, a 4.1 per cent increase (39.0 million items) on the previous year and a 62.2 per cent increase (383.5 million items) on 2002. This equates to approximately 2.7 million items every day. The Net Ingredient Cost of medicines in England was £8.5billion in 2012[3].

Community pharmacy's role in management of long term conditions is currently through Medicines Use Reviews (MURs) and providing the New Medicine Service (NMS) to patients newly prescribing certain medicines. By focusing on the NHS Outcomes Framework, Domain 2, community pharmacy could better support people living with long term conditions by helping them get the best use of their medicines and so maintain their lives safely at home or in a community facility. In thinking about the future, MURs and NMS should be seen as the means, not the end, and as either entry points or building blocks for more integrated services in the future.

The current NHS Pharmaceutical Services contract could be developed into supporting people living with LTCs by transforming and incorporating the following core elements:

- Medicines Supply; Safe supply of medicines to patients; Dispensing, including repeat dispensing across 90% of England
- Medicines Optimisation. Extended services around the prescription of new, complex or high risk medicines - patient receives service (NMS) at initial dispensing and on-going reviews at intervals for those people with complex needs, where close monitoring is essential, or where evidence suggests greater input can improve patient outcome (e.g. use of inhaler devices)
- Managing Medicines across boundaries of health and social care. Post-discharge NMS; pre-admission Medicines Use Reviews; support for Patient Own Drugs schemes
- Signposting and referral to social services

[2] Enhancing the quality of life for people with long term conditions, June 2013

[3] Health and Social Care Information Centre, July 2013

Medicines Use Review -Inhaler Technique Improvement Project, South Central

Between April 2011 and June 2012, the Inhaler Technique and Improvement Project was delivered in the South Central region. Inefficient inhaler use is a common problem resulting in poor drug delivery, decreased disease control and increased inhaler use. This represents significant costs to both patients and the NHS.

- More than 200 community pharmacies participated in the project and more than 5,000 Medicines Use Reviews were conducted
- The project provided training for pharmacists who delivered training to patients who used inhalers.
- An evaluation of the project demonstrated that the training and support was well received by patients
- The project delivered substantial improvements in the management of both asthma and COPD
- There also appears to have been a positive association between the introduction of the project and changes in hospital admissions for respiratory conditions

More information is available online at:
http://www.tvhiec.org.uk/programmes/care-closer-to-home/inhaler-techniqueimprovement-training/

- **Patient safety**

Launching the report, *A promise to learn – a commitment to act Improving the Safety of Patients in England,* Professor Don Berwick stressed the importance of placing quality of patient care, and especially patient safety, above other things and said that to heal was 'the raison d'être of the system'.

Community pharmacy could make a significant contribution in getting to this future. As highlighted earlier, medicines are the commonest form of treatment in the NHS. However, medicines can harm as well as help. The sources of harm are adverse reactions to the medicines themselves, the errors made by healthcare professionals and carers, and failure by patients to adhere to the prescribed regime of treatment (non-adherence). Studies have found that between 1.4% and 15.4% of hospital admissions are drug related and preventable; the commonest causes were prescribing and monitoring problems (53%) and non-adherence (33%). (Wilson and Barber report 2013)

Non-adherence has been estimated to be responsible for:

- 48% of asthma deaths. As many as 90% of the deaths from asthma are preventable and an estimated 75% of hospital admissions for asthma are avoidable (Asthma UK)
- an 80% increased risk of death in diabetes
- a 3.8-fold increased risk of death following a heart attack.

Waste medicines result predominantly from non-adherence, changes in prescribing and changes in the patient's condition. A study of waste medicines in England in 2010 found that medicines worth in the order of around £300 million were wasted per year and about £150 million could be saved in cost effective ways.

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The care that community pharmacy demonstrates when safely dispensing approximately 2.7 million items every day is one quality indicator of our professionalism and expertise in managing medicines and keeping people safe.

Over the last couple of years Pharmacy Voice demonstrates the leadership skill needed to encourage a better, collaborative and transparent ways of working with patients and healthcare professionals. One example of this is the medicines audits we have carried out and published the results from thousands of community pharmacies across England and Wales.

Pharmacy Minister Lord Howe has praised community pharmacy for the "important safety net" the sector provides in helping to resolve potential medicines errors.

In a letter concerning Pharmacy Voice's recent practice-based audit of community pharmacy's contribution to patient safety, Lord Howe wrote:

"As you know, I need no convincing that pharmacy is central to our aim of optimising the use of medicines and improving patient outcomes. Nevertheless, I was most interested to see the extent of community pharmacy's role in helping to resolve potential medicines errors. This is an important safety net in the NHS that must not be forgotten."

Rob Darracott, Chief Executive of Pharmacy Voice said "There are millions more pharmacy based interventions that are not related to prescriber instructions so are not captured in our audit data. These include anything from lifestyle advice to making emergency referrals to hospital as well as, of course, supporting people to get the best use from their medicines

http://www.pharmacyvoice.com/resource/community-pharmacy-delivering-improved-outcomes-for-patients-in-the-new-nhs

- **Person-centred care**

Pharmacies are in the heart of the community, making easy access for people who are well, those who are unwell, families and carers, and those who are disempowered living isolated lives in their communities. Community pharmacies are often a focal point, the place where people go for help. Community pharmacy is not only a valuable health asset but also an important social care asset.

Every day, 1.6 million people in England visit a pharmacy and 96% of the population – including those in deprived areas – can get to a pharmacy within 20 minutes on foot or on public transport. Community pharmacies are already in place to reach out to people so that they can maintain good health and wellbeing, and see many people who are not registered with GPs, providing accessible and personalised services that can reach the individuals that GPs are missing.

Community Pharmacy has the opportunity to be viewed by the public as the gatekeeper for wellness in a similar way as GPs are viewed by patients as the gatekeepers for illness. New ways working with Local Authorities and communities in the next ten years will demonstrate the value of community pharmacy as key strategic partners and central to "making every contact count"

Co-location in Lincolnshire -Library moves into local pharmacy

In November 2012, the library in Waddington moved into the Lincolnshire Co-Operative pharmacy, with the aim of creating a community hub of key village services. The site also includes a post office. £70,000 investment provided a distinct library section featuring 4,000 books, a photocopier, self-issue technology, two internet computers, an enquiries desk and seating areas. The pharmacy was also refurbished, including new seating and a new consultation area.
The new arrangements mean that people in the village can borrow books during the pharmacy's opening hours, whereas previously the library was only open for 14 hours a week. In December 2012, twenty per cent more books were issued compared with December 2011 and almost double the number of new members joined. This model brings together on one site three of the key local sources of information, advice and signposting and in so doing, increases their likelihood of survival.
Contact:
Jonathan Platt
Head of Libraries and Heritage
Email: jonathan.platt@lincolnshire.gov.uk

- **Reducing Health inequalities**

In England the public has over 11,000 options of where, when and who provides their pharmaceutical services and offer people more opportunities to take more control over their own health. We are located in towns, neighbourhoods, retail parks, inner cities and rural communities providing services without an appointment, and many have extended opening hours on both weekdays and weekends. Providing greater access to health services closer to people's homes, community pharmacy expands choice for patients, helping to improve medicines optimisation and public health.

By 2024 there may not be more community pharmacies in England but advances in technology and the demands of customers will lead to innovation in how people access services. In a similar way that the internet has revolutionised banking services in the last 10 years, it is easy to imagine the public using the internet and wireless technology to communicate with community pharmacy and other health and social care professionals forming new virtual relationships.

- **Relieving pressure from GP services**

Minor ailments – such as coughs and colds, headache, eczema and indigestion – take up 20% of a GP's workload, costing the NHS £2 billion per annum. The bulk of these costs are due to consultation time, with prescription costs also contributing (90% of patients consulting for a minor ailment of these, three-quarters of a GP's time on minor ailments is spent on just ten conditions The symptoms of upper respiratory tract infections alone account for 11.5 million consultations at a cost to the NHS of £35.2 million[4].

[4] Self Care Forum. Save our NHS: Time for Action on Self Care. http://www.selfcareforum.org/wp-content/uploads/2013/10/Self-Care-Forum-Mandate-FINAL-single-page.pdf Accessed October 2013

Many of these minor ailments can be appropriately and successfully treated within the community pharmacy. In some parts of the UK, nationally funded minor ailments schemes are already available through pharmacies. Pharmacy Voice urges the government to quickly capitalise on the resource community pharmacy could bring by negotiating a national minor aliments scheme and relieve pressure on GP services.

Emergency and Urgent care review

Rob Darracott, Chief Executive of Pharmacy Voice said:

"We welcome the recognition that community pharmacy has an important role to play in reducing demands on urgent care and emergency services. The key consideration for this review would be how we can build on self care. We need a consistent and multidisciplinary approach which supports appropriate use of resources, including community pharmacy as an access point for the management of common conditions, and for supported self care, before a GP consultation (or an A&E visit)."

Conclusion

We live our lives in the community and that is the place from where we should describe how the government, public sector agencies, health and social care professionals collaborate to better serve the public. We need to communicate in a meaningful way what future we want and how we will get there together. This means new ways of engaging the public, listening to what they want, what they should expect, their rights and responsibilities. We need to communicate how the pharmacy sector integrates and collaborates with other health and social care professionals at national and local levels.

Pharmacy Voice is keen to contribute to the early thinking and this can only be achieved when pharmacy leaders are in the same room with key partners discussing, sharing, listening and thinking differently as to how we can make real change and deliver measurable benefits.

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