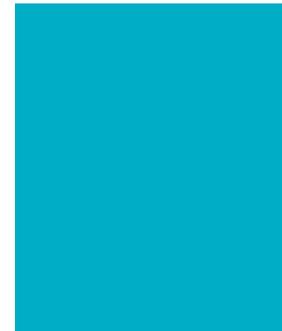
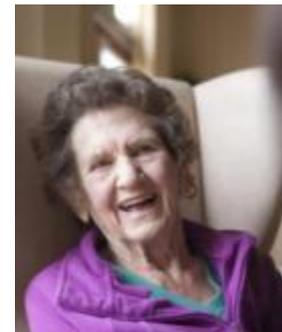
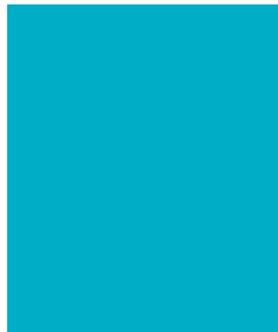


IMPROVING HEALTH AND PATIENT CARE THROUGH COMMUNITY PHARMACY— A CALL TO ACTION



NHS England
December 2013
Gateway Reference: 00878



Purpose of the Call to Action

Every year in England, 438 million visits are made to community pharmacy for health related reasons. This is more than any other NHS care setting.

NHS England is, through this Call to Action, seeking to secure community pharmacy services that deliver great outcomes cost effectively, reaching into every community and which make the most of the expertise of pharmacists and of pharmacy's unique accessibility for patients in England.

The main purpose of this community pharmacy Call to Action is to stimulate debate in local communities, to shape local strategies for community pharmacy and to inform NHS England's strategic framework for commissioning community pharmacy.

Local discussions

NHS England area teams will host local discussion events over the next three months.

Who can get involved?

- Everyone who works in community pharmacy, including support staff and employers.
- Clinical commissioning groups (CCGs), commissioning support units (CSUs) and health and wellbeing boards.
- Local authorities, other community partners and NHS hospital trusts.
- Patients and carers and local Healthwatch organisations.
- NHS England's area teams, including chairs of local professional networks (LPNs).
- Local education and training boards (LETBs) and academic health science networks (AHSNs).

Process

- We are publishing this Call to Action alongside an evidence resource pack with key facts and figures about community pharmacy in England.
- This document should be read in conjunction with ‘Improving General Practice: A Call to Action’: <http://www.england.nhs.uk/wp-content/uploads/2013/08/igp-cta-slide.pdf>.
- We propose to publish a further document in 2014 which will set out in more detail the proposed key features of our strategic framework for commissioning community pharmacy services, connecting up with our approach to general practice.

Local discussions

- Local discussions will focus on some key questions aimed at agreeing how to best develop high quality, efficient services that can improve patient outcomes and can be delivered by pharmacists and their teams in a community pharmacy setting.
- We also ask a number of questions about how NHS England can best support these local changes, for instance through the way that we develop the national contractual framework.
- NHS England will also work closely with a range of national partners, including the Department of Health, Public Health England, Health Education England, the Local Government Association, patient groups, professional organisations, employers and pharmacy educators, to develop our strategic approach to commissioning of community pharmacy services.

Local and national engagement

NHS England through its area teams will:

- a) work with local communities to develop strategies based on the emerging principles set out in this Call to Action, with close engagement with patients and the public and health and wellbeing boards, to ensure that community pharmacy develops in ways that reflect their pharmaceutical needs and priorities and build on their insights;
- b) through the pivotal role of LPN chairs, discuss with local community pharmacists and contractors, CCGs, CSUs, local authorities and other health and social care partners what changes we need to make to support these local needs and emerging strategies;
- c) ensure that all outcomes are linked appropriately to the five domains of the NHS Outcomes Framework and help reduce inequalities:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213055/121109-NHS-Outcomes-Framework-2013-14.pdf.

The case for change

In our engagement to date we have heard that primary care services face increasingly unsustainable pressures. Community pharmacy can play its full role in the NHS transformational agenda by:

- providing a range of clinical and public health services that will deliver **improved health** and **consistently high quality**;
- playing a stronger role in the **management of long term conditions**;
- playing a **significant role in a new approach to urgent and emergency care and access to general practice**;
- providing services that will **contribute more to out of hospital care**; and
- supporting the delivery of **improved efficiencies** across a range of services.

Building on the strengths of community pharmacy (1)

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

- Pharmacists are the **third largest health profession**.
- Community pharmacy is the **gateway to health** for **1.6 million patients each day**.
- Owners of pharmacies are required to ensure that staff have the **appropriate skills, qualifications and competence** for their role or are working under the supervision of such a person whilst being trained.
- A **core component of current pharmacy service** supports the public to stay well, live healthier lives and to 'self care' .
- **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 newly prescribed certain medicines.

Building on the strengths of community pharmacy (2)

- **Range of provider models:** the public values the range of pharmacies, based in communities, on the high street, in supermarkets, in shopping centres, in health centres and online.
- People from deprived populations, who may not access conventional NHS services, do access community pharmacies, helping to improve the health of the local population and **reducing health inequalities.**
- Patients greatly value the fact that they **don't need an appointment** to see a pharmacist. Pharmacy's **accessibility** in terms of location and long opening hours is seen as a significant benefit to the public.
- **Triage and signposting** to health and social care services is a core component of the work in community pharmacy.
- Good access to the **supply of medicines.**

Aims for community pharmacy

Our aims for community pharmacy are to:

- develop the role of the pharmacy team to provide personalised care;
- play an even stronger role at the heart of more integrated out-of-hospital services.
- provide a greater role in healthy living advice, improving health and reducing health inequalities;
- deliver excellent patient experience which helps people to get the most from their medicines.

We want to develop a contractual framework that better supports these aims and secures the most efficient possible use of NHS and taxpayer resources.

What could this mean for patients, the public and carers? (1)

- I have easy access, online or in person, to information, advice and support to help me manage my medicines and receive support for better health and self care.
- There is a wide range of services accessible through my local community pharmacies, both to help keep me and my family healthy and to provide personalised care and support when I am unwell – “the same day, every day”.
- My community pharmacy will work with my family doctor, community nurse, hospital and social services to make sure my care is joined up and effective and then I only have to tell my story **ONCE**.
- I have good information about the services, in addition to dispensing, that all of my local community pharmacies provide and that I am free to choose to use.

What could this mean for patients, the public and carers? (2)

- I am aware that community pharmacists and their teams can be a source of advice to help me care for myself and treat minor ailments.
- I feel empowered to look after my own health.
- If I need to go into a care home my health needs can be met fully in that setting, where appropriate.
- All members of the pharmacy team will have a professional relationship with me and, where appropriate, my carers.
- I can be confident that, whichever community pharmacy I visit, it will meet essential quality standards and I will be treated and cared for in a safe environment.
- I have good and timely access to my medicines.

Emerging themes about the future of community pharmacy

“Pharmacies (should) be fully integrated into provision of primary care and public health services, and (should) have a substantial and acknowledged role in the delivery of accessible care at the heart of their community.”

Pharmacies want to be “seen as a healthy living centre providing a range of clinical services supporting long term conditions management”.

“Strengthening the voice of community pharmacists and offering patients the best quality care and access to medicines is vital. This partnership will play an important role in helping community pharmacists to fulfil their potential.”

“Community pharmacy services can play an important role in enabling self-care, particularly amongst patients with minor ailments and long-term conditions; however there is little public awareness of the range of services provided by pharmacists and their teams.”

We want to “articulate the benefits to patients of involving pharmacists in the delivery of a wider range of services”.

“We need to build a professional understanding of how the patient pathway works in relation to medicines and specifically at which points in that journey pharmacists and pharmacy technicians can most add value.”

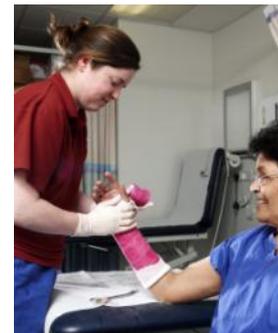
Underlying objectives for community pharmacy

Objective	Community pharmacy unique strength	Opportunity for the next five years
Ensuring patient safety	<ul style="list-style-type: none"> Medicines expertise. Reduce harm from medicines. 	<ul style="list-style-type: none"> Reduce medication errors especially in vulnerable patient groups (e.g. frail older people, children, people with mental health issues or those with learning disabilities).
Ensuring best value from taxpayer resources	<ul style="list-style-type: none"> Efficient medicines supply chain. Enables out of hospital care. 	<ul style="list-style-type: none"> Wider role supporting patients with long term conditions. Reduction of avoidable medicines waste. Greater use of technology and skill mix. Continue to drive procurement efficiencies. Greater role in prevention and early intervention

Underlying objectives for community pharmacy

Objective	Community pharmacy unique strengths	Opportunity for the next five years
Improving patient experience	<ul style="list-style-type: none"> • Open access to a pharmacist (or e.g. health champion) • Range of providers • True choice 	<ul style="list-style-type: none"> • Relieving pressure on other key NHS services. • Pharmacy becomes the first port of call. • Improved support for self care.
Improving patient outcomes and reducing inequalities	<ul style="list-style-type: none"> • Patients in the community supported to take medicines correctly. • Public has easy access to healthy living advice. • People from deprived backgrounds more likely to access pharmacy than other services 	<ul style="list-style-type: none"> • Further reduce avoidable admissions to hospital. • Improving health from better medicines taking and healthier lifestyles, supported by access to care records • Particular opportunities to improve health for people in deprived communities

Questions for local discussion



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?

The prompts for this discussion might encompass:

- 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?

Prompts for this discussion might include:

- 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? (1)

The prompts for this discussion might include:

- 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).

3. How can we better integrate community pharmacy services into the patient care pathway? (2)

The prompts for this discussion might include:

- 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.

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

The prompts for this discussion might include:

- 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.

How to get involved

If you have views on the issues and questions raised in the slide pack:

- contact your NHS England area team;
- respond to our questions on the web site (www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/).

We are also seeking examples of where area teams have worked with local pharmaceutical committees and community pharmacy teams to deliver improvements in people's health through community pharmacy.

It would also be helpful to understand the factors that have contributed to local success and any barriers to change that you have experienced. Please send local examples to england.sfcpc@nhs.net

Next steps

- NHS England area teams will hold their local discussion events over the following three months.
- Online responses will be analysed.
- A strategic outline will be produced in 2014.

End of call to action slides.