Community Pharmacy West Yorkshire is the Local Pharmaceutical Committee (LPC) for community pharmacies within West Yorkshire. We represent the interests of pharmacy contractors and work to promote and develop the role of the 560 pharmacy teams in our area.

Community pharmacy owners, and their teams, have shown a commitment to increasing their role in helping support the health and wellbeing of their communities and are positive partners in improving outcomes for their patients and the public.

CPWy works with ten CCGs, five local authorities, one local office of NHS England, an ambulance service, provider of NHS111, out of hours GP provider, multiple acute and care trusts and a whole range of other stakeholders.

**How pharmacy teams are working, or should be working, with other healthcare professionals locally, with NHS commissioners, local authorities and providers of social care.**

Community pharmacy plays a unique role in the NHS providing a safe, effective and value for money core service which patients and the system rely on each and every day of the year. The current national contractual framework has continued to support this role to the benefit of patients who live in cities, towns and villages across England delivering high quality care close to people’s homes.

The current contractual framework is the reason why community pharmacy is the primary health contact for 1.6 million patients each day and is why nearly 3 million prescriptions are dispensed each day. Having a national contractual framework has allowed pharmacy owners to invest in premises, their staff and the services they offer with some confidence that they will see a return on that investment.

The move towards more local commissioning should recognise and respond to the benefits there are of doing some things at a larger scale, such as the national community pharmacy framework.

The local picture of how stakeholders work with pharmacy teams can be described as very variable:

- NHS England local office appears not to have the capacity or mandate to develop the role of community pharmacy as an integral part of primary care. As commissioners of the majority of the patient care delivered by community pharmacy there is little, if any, provider development or work towards improving quality and sharing good practice.
- CCGs have hugely differing attitudes to community pharmacy and the commissioning of pharmacy services locally. CPWy has seen a significant increase in the positive attitude towards the role pharmacy teams can play in supporting the health of patients but this has not been across all ten CCGs. There is a variability in pharmacy service development and vision which is hard to defend when considered in relation to the differing needs of local populations.
- This variation in attitudes can also be seen in local authorities. Where some local authorities are eager to work more closely with pharmacies others do not see the benefits this can bring despite regular communications.
Where we see positive attitudes towards the role of community pharmacy we are able to develop and deliver successful community pharmacy services. For example:

- Pharmacy First – supporting self-care of minor ailments. CCG commissioned successfully and evaluated positively in half of West Yorkshire and yet not in the remainder.
- Alcohol. identification and brief advice to those people at risk from their drinking. This has been commissioned by 2 of the 5 local authorities.

Examples of new models of care involving pharmacy, whether they be already active or planned.

Two of the current pharmacy services supporting New Models of Care are:

- **West Yorkshire Pharmacy Urgent Repeat Medicines (PURM) Service** The West Yorkshire Pharmacy Urgent Repeat Medicine (PURM) Service is commissioned to facilitate appropriate access to repeat medication Out-of-Hours (OOH) and relieve pressure on urgent and emergency care services by enabling access to repeat medicines, where appropriate, for patients in emergency situations. Patients access this service via NHS 111.

- **Pharmacy First** The Pharmacy First service is commissioned to provide the local population with rapid access to a pharmacist who can give self-care advice on a range of minor ailments releasing capacity in general practice and providing an appropriate alternative to the use of general practice or other health care environment (i.e. A&E, Out of Hours Urgent Care).

These two services offer improved access to primary care whilst also delivering a better experience for patients. There is a positive impact on the health system through better use of workforce and these being lower cost than the alternative.

The following service is planned to launch in January:

- **Enabling Patient Health Improvement through COPD Medicines Optimisation (EPIC)** The EPIC project aims to improve patients’ ability to manage their own Chronic Obstructive Pulmonary Disease (COPD) through greater understanding of COPD and its treatment, increase the use of self-care management plans, and ensure that they are able to use their COPD treatment effectively and correctly. Eligible patients will receive 2 consultations 8 weeks apart with a suitably trained pharmacist / pharmacy technician. The consultations will include smoking status and cessation advice, assessment and teaching of inhaler technique, explanation of medicines, monitoring of COPD, lifestyle advice and self-care advice and education (including exacerbations).

How commissioning localities intend to develop models of care that harness the skills and expertise of pharmacists and teams.

Although CPWY is not a commissioner we have a local strategy for the role of community pharmacy teams in the delivery of effective care to patients.

Community pharmacy teams in West Yorkshire have an ambition to be at the heart of a sustainable primary care based NHS; working more closely with other healthcare professionals in a joined up way for the benefit of patients and the public. Community pharmacy teams recognise that there are significant opportunities for them to do more to support their neighbours, families, friends and local
There is an eagerness to do more for the patients they see every day and to become central to promoting health and wellbeing in their communities.

It is our role at Community Pharmacy West Yorkshire to work with pharmacy teams, along with local commissioners and national stakeholders, to realise this vision for community pharmacy in West Yorkshire.

The use of the community pharmacy team to support patients who have long term conditions has been shown to work in other areas of the country and this is something CPWY are looking to ‘systemise’ in West Yorkshire. We believe that, as the number of patients with long term conditions increases, the only way we will be able to deliver a quality primary care service to them is to make better use of the community pharmacy team.

CPWY also believe that there is an opportunity to move aspects of the work general practice currently undertakes into community pharmacy:

- **Supply of Gluten Free Food** Patients who require these foods to maintain their health are currently managed by their GP. This work could be undertaken in community pharmacy. This has been shown to be acceptable to patients and would help to release capacity in general practice. This should be explored at a national level learning from the work undertaken in Scotland.
- **Ongoing Oral Contraception** Women who receive ongoing oral contraception still have to make regular appointments at their GP for monitoring. This could be undertaken, more conveniently, in a pharmacy. This would free up GP capacity but would also allow increased access to appointments outside of the usual GP opening times.

How commissioning is, or should be, working and whether it is delivering the kind of new approaches to that the 5YFV calls for.

The commissioning of community pharmacy services is variable across CCGs and local authorities in West Yorkshire. Where we have seen the most successful pharmacy services is where CCGs have worked closely with CPWY with a focus on how a service is to be implemented.

Successful implementation of community pharmacy services takes effort and resources to ensure consistent high quality delivery. Ongoing support and development of providers is required to ensure services meet the ongoing needs of our local communities. This is not always recognised but we have examples locally where CPWY has been commissioned by CCGs to deliver initial implementation and ongoing support for pharmacies providing commissioned services and these have been successful.

Start commissioning pathways rather than services

The role of community pharmacy teams and the benefit they can bring should be recognised in commissioned pathways for long term conditions. Continuing to commission community pharmacy services that are isolated from the rest of primary care (and indeed secondary care) will stifle their uptake and bring in to question their usefulness by both other healthcare professionals and patients.
Community pharmacy teams already experience this isolation with the current ‘advanced’ pharmacy services. Patients will regularly refuse pharmacy services because they see them as a replacement for or duplication of those offered by their general practice.

For example, if, as part of the COPD pathway, a Medicine Use Review was included patients would be more aware of the service. To enable this respiratory MURs should move into the ‘essential’ tier of the pharmacy contract and delivery of respiratory MURs incentivised using a QOF style mechanism.

Enable a realistic chance of a fair return on investment

Both contractors and the teams who work for them invest time and money in preparing themselves for new roles and to deliver new services. This is in addition to the ongoing development that pharmacy teams undertake to ensure they are high quality health care professionals. The risk of not making a return on these investments is unacceptably high in most cases but pharmacy contractors continue to take these risks to ensure they are offering a full service to their patients. The investments are not insignificant.

To maximise the potential of community pharmacy we are likely to need to take bold action as contractors and pharmacy teams. This bold action may well need investment in additional staff, staff training and development, premises alterations and IT to name only a few. For contractors to make this investment there has to be a realistic opportunity to make a return. This will be difficult with locally commissioned services if they continue to be commissioned in the way they have previously. These are often priced at the cost of delivering the service (or often below the cost), they are not of sufficient scale where economies can be made and are often contracted for a year. They are often decommissioned with little warning. In summary they are not experiences that would make one confident to invest in.

Services should be priced properly to allow a fair return and there is little experience of how to do this at a local level. As services start to make up an even larger proportion of pharmacy turnover the frequent cross subsidisation that occurs at present will restrict the growth of services in the future. The subsidisation of service delivery from dispensing income is now much more difficult due to the reduction in income many contractors have experienced as a result of the substantial dilution of pharmacy funding through the expansion of pharmacy numbers.

Use of pharmacy teams in discussions and decisions around commissioning

Community pharmacy owners in West Yorkshire have invested in their Local Pharmaceutical Committee (CPWY) to employ a team who are able to work with commissioners to discuss the development of services to meet the needs of our local population.

There has been significant progress in including the voice of community pharmacy and this has been particularly successful when discussing urgent and emergency care.

This has increased the visibility of community pharmacy with local commissioners but even now there are still a number of challenges:
• Despite the increased visibility locally and nationally of the role community pharmacy can and does play it is still too easy to be ‘forgotten’. Often it is still the same people talking to each other to come up with ideas and solutions. On numerous occasions we have discovered documents such as a ‘Primary Care Strategy’ written by CCGs we work closely with which have no mention of the role of community pharmacy.

• We are eager to be involved in discussions locally but this can be time consuming and resource intensive. We work with ten CCGs and five local authorities. Maintaining active meaningful relationships is difficult. We have a Pharmacy Urgent Repeat Medication service which is provided across the whole of West Yorkshire but it is currently commissioned by each of the ten CCGs individually. We have to negotiate ten times for the same service. This hampers service development as it is difficult to get all ten CCGs to agree at the same time.