Community Pharmacy Proposition for West Yorkshire and Harrogate

Purpose

Community pharmacy is part of the NHS primary care offer, supports healthcare and already saves vast levels of health and social care resource both financially and in terms of capacity. However, it can do so much more. For the last 20 years the NHS has recognised that the community pharmacy clinician and their team is underutilised. We currently face the most significant challenges in health and social care for a generation. It is acknowledged that we must keep innovating and improving if we are to meet the needs of our local population in a tough financial climate. The time has come for a radical re-think to fully integrate community pharmacy into the clinical care of patients. Community pharmacy is in a unique position where it is accessible without the need for appointment, supports primary prevention and self-care and access to pharmacists; experts in the use of medicines.

This paper proposes to harness this opportunity to fully utilise the five years of clinical pharmacist training and use community pharmacy for what it is best placed to provide – which is not just supply of medicines. The pharmacy team are qualified and have the capacity, infrastructure, ability and desire to provide a clinical service to health and social care. The clinical pharmacist skill already present in community pharmacy can provide efficiency savings within the health economy. This can be achieved by releasing capacity in other providers, providing patients with the right care at the right time, ensuring patients make best use of their medicines and ensuring the system gets the best value from medicines.

This paper argues that it is up to commissioners and stakeholders locally to bring about transformation that will truly include community pharmacy as a key part of the integrated multidisciplinary health and social care team. Changes at national level to the pharmacy contract may happen in time, but this should not stop us from including community pharmacy into local transformation plans enabling West Yorkshire and Harrogate to lead the way.

This paper is a vision of the possibilities of how community pharmacy could be used more effectively as an integrated part of the health and social care system.

Background

West Yorkshire and Harrogate Health and Care Partnership[1] is clear that the only way it can meet the growing health and social care needs of our population within the funding available is to work together to ensure everyone has the best possible outcomes for their health and wellbeing.

[1] http://www.wyhpartnership.co.uk/

The Five Year Forward View[2] originally published in 2014 identified pharmacy within an expanded multidisciplinary primary care and getting the full value from pharmacy and out of medicines. In April 2016 the General Practice Forward View[3] was published which signalled that a range of healthcare professionals can contribute to providing care and identified that the future success of general practice will rely on the expansion of the wider non-medical workforce which includes community pharmacy. The Public Health England guidance Pharmacy: A Way Forward for Public Health[4] sets out opportunities for commissioners and providers to realise community pharmacy's role in protecting and improving the nation's health.

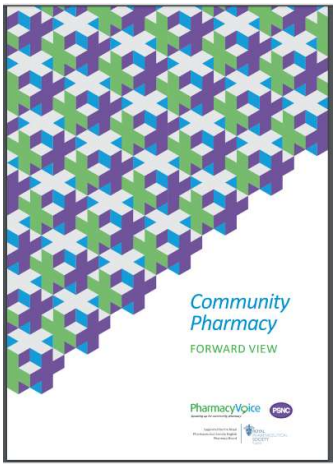
In response (August 2016) the national Community Pharmacy Forward View[5], sets out the sector's ambitions to radically enhance and expand community pharmacy clinical services. Pharmacy teams would be fully integrated with other local health, wellbeing and care services in order to improve quality and access for patients, increase NHS efficiency and produce better health outcomes for all. In December 2016 the Murray Review[6] was also published. The Value of Community Pharmacy[7] report demonstrated that community pharmacies contributed a net value of £3 billion to the NHS, public sector, patients and wider society in England in 2015 through just 12 services.

The Approach

Community Pharmacy West Yorkshire (CPWY) and Community Pharmacy North Yorkshire (CPNY) are Local Pharmaceutical Committees (LPC) and are the independent and representative voice for all 588 community pharmacy contractors in West Yorkshire and Harrogate. The LPCs negotiate and discuss pharmacy services with commissioners and partner organisations and are in a position to make policies and decisions to benefit community pharmacy contractors and their patients.

We are working to ensure that the community pharmacy offer, as outlined most recently in the Community Pharmacy Forward View and Murray Review, is championed locally through local plans and West Yorkshire and Harrogate priorities. The community pharmacy offer could support the local plans and priorities and through a whole systems approach bring about efficiencies and improvements in patient care.The Community Pharmacy Forward View sets out a shared ambition for the sector, focused on three key roles for the community pharmacy of the future:

1. As the facilitator of personalised care for people with long-term conditions
2. As the trusted, convenient first port of call for episodic healthcare advice and treatment



[2] https://www.england.nhs.uk/five-year-forward-view/
[3] https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf
[4] https://www.gov.uk/government/publications/community-pharmacy-public-health-interventions
[5] http://psnc.org.uk/services-commissioning/community-pharmacy-forward-view/
[6] https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf
[7] http://psnc.org.uk/psncs-work/about-community-pharmacy/the-value-of-community-pharmacy/

3. As the neighbourhood hub supporting health and wellbeing of the public

The key elements identified in the Murray Review were:

1. Full use should be made of the electronic repeat dispensing service.

2. Ensuring that community pharmacy is an integrated part of a multifaceted approach to helping people with long-term conditions. This would include:
    a. the existing Medicine Use Reviews (MURs) element of the pharmacy contract should be redesigned to include on-going monitoring and regular follow-up with patients as an element of care pathways
    b. integrating community pharmacists and their teams into long term condition management pathways which implement the principles of medicines optimisation for residents of care homes
    c. community pharmacists being involved in case finding programmes for conditions which have significant consequences if not identified (e.g. hypertension) and for which the pharmacist can provide interventions (including referral) to prevent disease progression
    d. utilising existing contractual levers and developing new ways of contracting, with individual or groups of pharmacists, to provide clinical services that utilise their clinical skills in ways that mitigate any perceived conflict of interest whilst providing the incentives for more rapid uptake of independent prescribing

3. Rollout of local minor ailments schemes to achieve coverage across England.

The Murray review also identified actions to overcome barriers to the better integration of community pharmacy into the system:

- NHS England and its national partners should consider how best to support STPs in integrating community pharmacy into plans and overcome the current complexities in the commissioning landscape alongside further support for local commissioners in contracting for services.
- Digital maturity and connectivity should be improved to facilitate effective and confidential communication between registered pharmacy professionals and other members of the healthcare team.
- Regulations should be amended to allow registered pharmacy technicians to work under Patient Group Directions.
- Initiatives involving pharmacists working in General Practice, and in some case becoming partners in those practices, should be encouraged and expanded as a way of contributing towards achieving this objective.

The Current Model

In December 2016 a huge funding cut to the overall national community pharmacy contract was imposed which has had a profound impact on community pharmacy. As part of this imposition, the Department of Health (DH) introduced a Quality Payments Scheme. This involves payments being made to community pharmacy contractors for meeting a variety of quality criteria enhancing the quality of care to patients. The quality premium, for example

Summary Care Record access, links community pharmacy much closer with GP practices and better supports patients.

It is widely accepted that the national community pharmacy contract is outdated and contains within it perverse incentives. The national pharmacy bodies are fully committed to seeing the contract changed, as described in the Community Pharmacy Forward View, but it is unclear whether the NHS has the appetite to make changes in a timely manner. The current contract incentivises community pharmacy mainly for the volume of prescriptions dispensed rather than outcomes or the quality of services provided. This paper argues that it is therefore up to commissioners and stakeholders locally to bring about transformation that will truly include community pharmacy as a key part of the integrated multidisciplinary health and social care team.

The NHS Community Pharmacy Contractual Framework (contract) consists of three levels of services:

- Essential services (ES);
- Advanced services (AS); and
- Enhanced and locally commissioned services (LCS),

Pharmacy contractors must provide Essential services, but they can choose whether they wish to provide Advanced and Enhanced services. Some pharmacies also provide additional non-NHS services such as home delivery as part of their business model. Further information on community pharmacy services is outlined on the PSNC website[8].

Many community pharmacies already offers support and advice on the areas outlined below although not all will deliver all services:

Optimising the use of medicines:

- Dispensing (E)
- Over the counter medicines walk in supply and advice (E)
- Medicines Use Review (AS)
- New Medicines Service (AS)
- Repeat management processes
- Summary care record (read only) to enhance and inform the advice provided
- National Urgent Repeat Medicine Supply Advanced Service (NUMSAS)

[8] http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf

Supporting people to live healthier lives/public health:

- Healthy Living Pharmacy
- Smoking cessation service (LCS)
- Sexual health advice (chlamydia treatment and screening and Emergency Hormonal Contraception – EHC) (LCS)
- Drugs and alcohol advice (supervised consumption and needle exchange) (LCS)
- NHS flu vaccine service (AS)

Supporting people to self-care:

- Self-care advice (E)
- Signpost/triage for other relevant health and care services (E)
- Safeguarding role (E)
- Dementia Friends

Supporting people to live independently

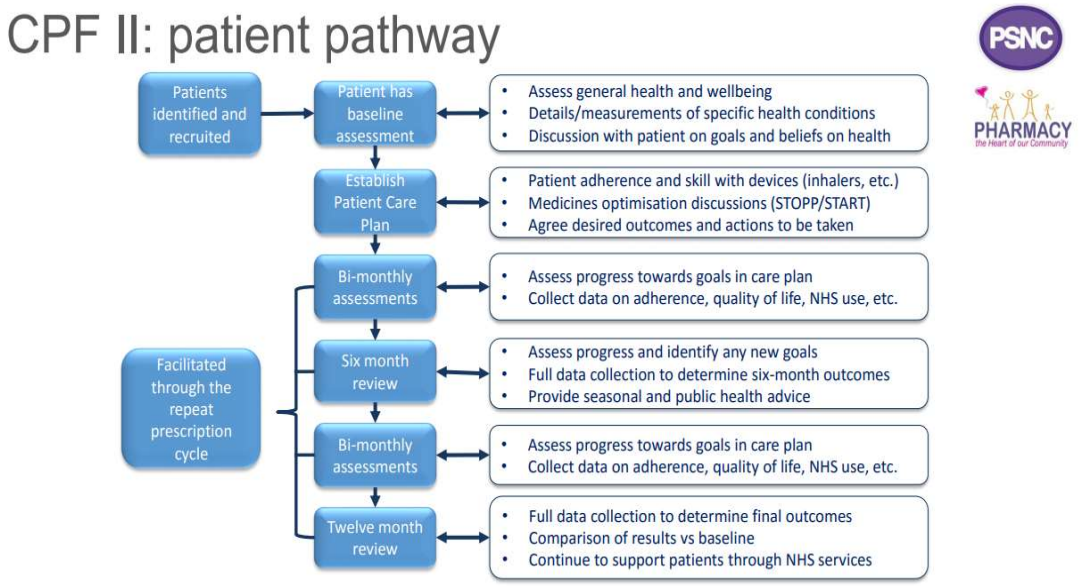
- Support with re-ordering repeat medicines / the NHS electronic repeat dispensing service (E);
- Home delivery of medicines to the housebound;
- Appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people adhere to their medicines regimen;
- Signpost patients or their carers to additional support and resources related to their condition or situation (E).

The main relationships for community pharmacies is with the GP practices but there is a recognition that work with the acute trusts, community trusts, mental health trusts and other key health and social care providers could, and should, be enhanced.

Our Community Pharmacy Proposition

To move rapidly towards transformational development to consolidated local service provision for community pharmacy as an NHS primary care provider integrated within the system. Community pharmacy will become more central to the place-based models of care for the local populations supporting a change in the inequity in provision across the WYH Health and Care Partnership.

This should be linked to the national community pharmacy ambition of a care plan service as outlined below in the Community Pharmacy Futures II (CPF II) model which builds on the existing community pharmacy contract to develop on-going monitoring and regular follow-up with patients as an element of care pathways providing advice and helping people stay well. Please note this would be part of the patient's wider management plan that covers medicines for example and would not be separate but would fit in with the care plan work of the wider multidisciplinary team.



The transformational offer is outlined below. Although this is an aspiration for the future it should be noted that most of these examples currently exist within England. The offer includes community pharmacy building on its current offer acting as:

OFFER ONE: The facilitator of personalised care for people with long-term conditions

OFFER TWO: The trusted, convenient first port of call for episodic healthcare advice and treatment

OFFER THREE: The neighbourhood hub supporting health and wellbeing of the public

OFFER FOUR: Transfer of Care - Integrating community pharmacy into discharge pathways

1. **The facilitator of personalised care for people with long-term conditions**
    a. Long-term conditions and frailty advanced care plan support including clinical reviews
    b. GP practice integration with existing community pharmacy clinical services including better use of NMS and MUR services

c. Use community pharmacists as clinical pharmacists working within their own pharmacy in order to improve interaction with patients, GPs and other health and social care professionals such as District Nurses
d. Conduct regular clinical reviews, as part of a multidisciplinary team, based on the stratification of identified patients
e. Assess patients holistically as opposed to piecemeal interventions; pharmacists are best placed to examine the appropriateness of medicines taken and consider all comorbidities particularly linked to polypharmacy
f. Implement an independent prescribing model to manage and support those with long term conditions in community pharmacy
g. Empower community pharmacists to query prescriptions with prescribers linked to commissioner priorities
h. Develop a robust domiciliary Medicines Use Review process that will reduce medicines waste through a holistic, clinical view of the patient both looking at polypharmacy and comorbidities
i. Improve understanding of patient compliance eg stopping drugs but GP practices unaware so create a feedback loop to GP practices regarding prescriptions not dispensed ie integrated GP/community pharmacist approach
j. Diagnostic support such as anticoagulation monitoring, phlebotomy, cholesterol/diabetes test
k. Acute clinical pharmacy/community transition of medicines support to vulnerable patients such as multi-compartment compliance aids, medicines administration charts
l. Care home clinical pharmacy service

2. **The trusted, convenient first port of call for episodic healthcare advice and treatment**
    a. Channel-shift patients with low acuity conditions from urgent and emergency care system to community pharmacy
    b. Reduce demand on general practice by implementing the community pharmacy first model to deal with common conditions linked to over the counter medicines sales
    c. Implement PGD type model or independent prescribing within community pharmacy to provide enhanced support for those with low acuity conditions
    d. Full active use of summary care record and write access to patient record
    e. Self-care advice and navigator to other relevant health and care services, considering the use of technology such as mobile DoS
    f. Use of existing weekend and evening community pharmacy opening hours as part of extended access and urgent treatment centre models
    g. Use of community pharmacy integrated as part of Clinical Assessment Service
    h. Explore direct booking of patients into community pharmacy and community pharmacy to book patients into other care settings

3. **The neighbourhood hub supporting health and wellbeing of the public**
    a. Navigator role to community prevention support
    b. Preventing ill health offering with services provided across a range of community pharmacies that includes stop smoking, weight management, healthy eating, sexual health and drugs and alcohol advice linked to a level two Healthy Living Pharmacy model

c. Widening of the current NHS vaccination service to include areas in addition to influenza
d. Reduce the risk of cancer by promoting healthy lifestyles, improve early diagnosis of cancer by raising awareness of cancer signs and symptoms and importance of cancer screening, and directly book into the screening programme when appropriate
e. Case finding of hypertension and atrial fibrillation to reduce morbidity and mortality from stroke
f. Mental health first aid trained members of the pharmacy team

4. **Transfer of Care - Integrating community pharmacy into discharge pathways**

Community pharmacy should be better integrated with secondary care to improve patient flow and support patients following discharge. Medicines-related problems after discharge can be addressed with more systematic involvement of community pharmacy. Transfer of Care systems have demonstrated a reduction in re-admissions, shorter hospital stays for those who are re-admitted, reductions in script items and identification of unintentional prescribing errors on next GP prescription. This is achieved by providing an electronic system to allow healthcare professionals in secondary care to efficiently refer patients for post-discharge support from community pharmacists accompanied by discharge and medicines information. This would be achieved initially through direct referral pathways, data sharing protocols and an IT platform for communications. This would build on the successful work started by Leeds Teaching Hospital Trust with Connect with Pharmacy.

Recommendation

It is requested that:

1. Each of the WYH Health and Care Partnership priority programme boards consider the above proposition and embed the community pharmacy offer into ongoing plans and workstream priorities.

2. Each of the 6 place-based plans demonstrate how they are going to utilise resource of community pharmacy as part of the solution to the financial, workforce and service delivery challenges.

3. The system to recognise the asset the NHS has in community pharmacy and use this asset as part of a solution to the workforce challenges.

Community Pharmacy West Yorkshire and Community Pharmacy North Yorkshire will continue with their commitment to promote the value that the community pharmacy sector brings, both now and the future potential. Business cases will be developed where opportunities exist to outline how the above proposals can be achieved.

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