

CPWY CONNECT...

WITH YOUR COMMITTEE



We're now well and truly into the new Community Pharmacy Contractual Framework. When the announcement was first made back in late July, like most people, my first reaction was to think we will have no income rise for the next 5 years. In fact, it will be a real terms cut in funding because our cost base will still keep rising over these 5 years. But once I got over my initial reaction I started to think more broadly and optimistically. I had two main themes running through my mind. The first of which I will summarise here and the second perhaps in another blog next month.

For as long as I can remember we have always believed that community pharmacy can do much more than dispense prescriptions safely; that we're hugely under-utilised; that we are the poor relations in the bigger NHS family. Recently I have also been somewhat aggrieved that my pharmacist colleagues working in GP practices are suddenly termed "clinical" pharmacists as if to suggest those of us working in the community sector are not clinical.

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So, I see the new contractual framework as the vehicle that gives us the opportunity to deliver a more clinical role from community pharmacy and for us to be more connected to the rest of the NHS. The traditional NHS model is struggling to keep up with patient demand. GPs can't see everyone who wants an appointment, A&E departments are full of patients presenting with minor illnesses and ever-increasing numbers of new patients are being diagnosed with long term conditions.

Whilst community pharmacy teams cannot solve all of these issues on their own, we can make a huge contribution in these areas to relieve the pressure elsewhere in the NHS. We can also play a very important role in prevention and public health services. We're the most accessible NHS healthcare profession; we're at the heart of local communities, on the high street and in the places where people shop. Who else is better placed to quickly treat minor ailments or identify opportunistic lifestyle interventions?

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We have to prove that we can be more clinical; that we can embrace this opportunity and be more services orientated. Patients value quick access and a quality chat with a healthcare professional. The NHS too has put its faith in community pharmacy to help patients with quality interventions during this extremely busy winter period. Caring is what we're great at. I believe we can deliver a high standard service that will change how the public and the NHS view community pharmacy. There are no stronger advocates for a greater clinical role for us than satisfied patients.

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The first clinical service is the Community Pharmacist Consultation Service (CPCS), a gateway to a more clinical role for us all going forward. For now, we're seeing small numbers being referred through NHS111 but going forward GPs too will be able to direct patients to pharmacies for CPCS. That will see the numbers go up considerably and it will connect us to the NHS like never before. In order for this to happen community pharmacy needs to ensure that every pharmacy is consistently delivering a high quality CPCS consultation.

The Pharmacy Quality Scheme (PQS) is also an early shift towards a more clinical role. At the moment we're asked to support GP colleagues by making small, but significant, interventions to identify asthmatics, diabetics, those taking NSAIDs, valproate or lithium to ensure they're getting the correct care from the wider NHS family. I believe we'll make a success of services such as these and eventually we will be given more responsibility to manage the care of some long-term condition patients in the community pharmacy setting. For example, why send an asthmatic to the surgery to get an asthma action plan, a spacer or have their technique assessed when that can be done successfully by a community pharmacist?

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So, in summary, it's clear to me that the government believes that dispensing can be done more cost effectively using robots in big warehouses. But what they wouldn't be able to ignore is the benefits of community pharmacies taking the strain away from GPs, A&E and making successful preventative interventions to keep more of the public from developing long term illnesses in the first place. This, I believe, is the future for community pharmacies. The new contractual framework, and services embedded within it such as CPCS and PQS, is our opportunity to impress and evolve in this direction. They are our gateway to a more clinical role going forward. Let's make them a huge success that cannot be ignored.

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