

## Key Requirements and Enablers for the Successful Commissioning and Delivery of Community Pharmacy Services.

### Pre-commissioning:

- Secure local “whole-system” support at high level.
- Should address an accepted local system priority.
- Identify true prevention value of intervention, in terms of financial savings, but also system capacity and wider socio-economic benefits.
- Investigate existing services/pilots etc., and evaluations/key learnings.
- Evaluate national/international evidence-base for intervention, but recognise that innovative approaches may yield less existing evidence.

### Service Design:

- Involve all key partners in service design.
- Must be integrated into care pathways, with clear two-way referral processes which do not “over-medicalise” interventions, e.g. referral to lifestyle support, health coaching, social prescribing must be considered in addition to pharmacy-GP practice pathways.
- Digital solutions, including digital inter-operability and data-sharing considerations must be included in reporting and claim processing.
- Effective evaluation must be designed into data-capture and reporting requirements.
- Effective use of skill mix is crucial- use all staff to the top of their license. In many cases Pharmacist input may be professional oversight and assurance, rather than direct or routine involvement.
- Effective training is essential, but should be funded. Competence-based requirements, which may already exist. Minimise face-to-face training requirements, utilising online and multi-media methods wherever possible. Sustainability must be considered, so include ongoing revalidation and cascade training in planning.
- Complex and overly-restrictive eligibility should be avoided as much as possible.
- Project management of implementation process is vital, as is consideration of ongoing service support.
- Administration must be included, e.g. processing payments, reporting to commissioners etc.
- Marketing/Promotion should be included, which should be sustainable and ongoing, not merely an initial “fanfare launch”.
- Include those who would be delivering in service design. LPC support and involvement fundamental.
- Where possible include patients / users of the service in service design.
- Evaluation process, responsibility and costs should be built-in.

#### Financial Considerations:

- Must address the true overall cost of delivery, including fair return. Clear economic viability fundamental to uptake and delivery.
- Activity targets must be viable, achievable, and sustainable in the longer term.
- Participation involving significant contractor investment and risk will significantly limit uptake.
- Training, equipment, project management, evaluation etc. should therefore be funded.
- Future-proof equipment purchase to facilitate later service development.
- Avoid overuse of “Pilots” where there is existing evidence for service elsewhere.
- Short-term contracts significantly deter participation.
- If the funding for a viable and attractive service cannot be agreed, or is not there, attempting to proceed merely sets pharmacies up to fail.
- Where the savings are significant, re-investment of a proportion into further pharmacy service development should be agreed.