



Response to the Department of Health consultation on Refreshing the Mandate to NHS England: 2014-2015

September 2013

Contact: Barbara Parsons
Head of Pharmacy Practice
barbara.parsons@psnc.org.uk
0203 1220 814

Refreshing the mandate

Question 1: What views do you have on the proposed approach to refreshing the Mandate?

We agree with the proposed approach.

Question 2: What views do you have on assessing NHS England's progress to date against the objectives?

We agree with the approach.

Helping people live well for longer

Question 3: What views do you have on the proposal to help people live well for longer?

We agree with the proposals and would like to highlight examples of the contribution that community pharmacy can make now and in the future to help people live well for longer through prevention services:

- The provision of healthy living advice to people visiting the pharmacy already forms part of the Essential and Advanced tiers within the NHS community pharmacy contractual framework;
- All community pharmacies participate in up to six NHS England organised public health campaigns per year. In recent years, campaigns to encourage early diagnosis of cancer have regularly featured in the topics chosen at a local level. PSNC has proposed to NHS England and Public Health England that a national approach to the selection of some or all of the campaigns should be used in order to increase the impact of the campaigns, by having all 11,500 pharmacies in England promoting the same campaign messages at the same time;
- Many pharmacies offer a wide range of other NHS public health services such as stop smoking, alcohol screening and brief intervention, immunisation services including seasonal flu, NHS Health Checks and weight management;
- The use of the Healthy Living Pharmacy (HLP) framework in many pharmacies has helped focus the pharmacy team on promotion of healthy lifestyles and associated service delivery.
- Pharmacies support patients to manage their own care through better understanding and use of their medicines and also through self-care advice and support.

PSNC believes these services will need to develop using a range of mechanisms – some will be designed to meet a specific local need and so should remain the remit of local commissioners; for others, the need will be sufficiently widespread to justify commissioning them as a national service.

For any of these services, better integration and information sharing between healthcare professionals and providers is essential. This principle also applies across all other aspects of healthcare provision, including urgent and emergency care and managing long-term conditions. There is an urgent need for shared patient record access across all providers of NHS services to facilitate safe and effective service provision.

Managing ongoing physical and mental health conditions

Question 4: What views do you have on using the refreshed Mandate to reflect the plans to strengthen A&E services?

PSNC agrees that the refreshed Mandate should reflect the plan to strengthen A&E services and we welcome the references to the role community pharmacy can play in the NHS England evidence base report produced from the national review of urgent and emergency care.

Community pharmacy's traditional role in helping people to treat themselves for minor illnesses is an important way in which demand for NHS services is already managed. However, we believe that the wider promotion of pharmacies as a place to treat minor illnesses, and the national commissioning of a pharmacy minor ailments service to provide care at NHS expense for patients who would otherwise visit a GP practice could bring further advantages by increasing choice and access, freeing up GP capacity, avoiding unnecessary A&E visits and supporting the NHS 111 service.

Further information on how community pharmacy services can support urgent and emergency care is available on [the PSNC website](#).

Question 5: What views do you have on the proposal to reflect NHS England’s ambition to diagnose and support two-thirds of the estimated number of people with dementia in England?

We agree with the proposal. We also note the newly introduced GP Directed Enhanced Service for early identification and assessment of at-risk groups and suggest that community pharmacy could offer a similar service to expand access and provide additional support to achieve this target.

Community pharmacies may also provide NHS Health Checks if commissioned locally; this service now includes a dementia element to raise awareness, provide information and help to ensure earlier diagnosis.

Helping people recover from episodes of ill health or following injury

Question 6: What views do you have on updating the Mandate to make it a priority for NHS England to focus on mental health crisis intervention as part of putting mental health on a par with physical health?

We agree with the proposal.

Question 7: What views do you have on the proposals to ask NHS England to take forward action around new access and / or waiting time standards for mental health services and IAPT services?

We agree with the proposals.

Making sure people experience better care

Question 8: What views do you have on the ambitions and expectations for the vulnerable older people’s plan?

Question 9: What views do you have on how we should achieve our ambitions on the vulnerable older people’s plan, particularly on how to strengthen primary care?

Question 10: How should the ambitions for vulnerable older people be reflected in the refreshed Mandate?

We welcome the proposals for the vulnerable older people’s plan and agree that care of this group of people needs significant improvement. We recognise the importance of the role of the GP as an accountable clinician, but we believe this role for GPs must be supported by appropriately skilled administrative or clinical support to assist with the coordination of care.

We are keen to see the role of community pharmacy used fully in this reform as it has a key role to play at the heart of every community, improving access to care both in and out of normal hours. We believe that enhancing the current NHS services commissioned from community pharmacies will support the NHS to achieve the ambitions of the vulnerable older people’s plan and we would like to see this reflected in NHS England’s plans to develop primary care.

A range of community pharmacy services can support older people to optimise the use of their medicines, such as the NHS New Medicine Service and the NHS Medicines Use Review service. These services help to keep people well and support them to live independently by reducing the risk of complications with their medicines and conditions.

We have already described in our answer to question 3 how community pharmacy services can support people to stay healthy for longer. Community pharmacies also provide a range of services to help support people to live independently in their own homes, including home delivery of medicines to the housebound, support with re-ordering repeat medicines, compliance aids, falls assessments and signposting patients and carers to additional support.

Question 11: What views do you have on updating the Mandate to reflect the Francis inquiry and the review of Winterbourne View hospital?

We are supportive of this proposal. PSNC is currently exploring with NHS England how the sector may increase the

number of patient safety incidents that are reported to the NRLS in order to improve safety across the NHS. To promote and encourage healthy open cultures it is imperative that a constructive and supportive rather than blame culture is in place. This may require a change of approach by many service commissioners and specifically for community pharmacy the decriminalisation of dispensing errors must happen as soon as possible.

Question 12: What views do you have on updating the objective to reflect NHS England's role in supporting person centred and coordinated care?

We agree with the proposed update to the current objective. There is a need for community pharmacy to be better integrated into local care planning, service design and delivery processes.

Question 13: What views do you have on updating the existing objective to reflect the pledges in Better health outcomes for children and young people?

We agree to the proposal to update the existing objective.

Question 14: What views do you have on updating the existing objective to reflect the challenge for NHS England to introduce the 'friends and family test' to general practice and community and mental health services by the end of December 2014 and the rest of NHS funded services by the end of March 2015?

We note that the proposal to update the Mandate to include the introduction of the friends and family test would apply to community pharmacy by the end of March 2015. We suggest that NHS England should discuss with us the approach to be taken during initial testing in community pharmacy at the earliest opportunity. The FFT was originally designed to be used by patients in hospital and its application will need to be different in primary care. For example whereas the test may apply to a hospital visit which may only be an annual event for a patient, the number of visits to primary care providers such as community pharmacies is much greater (the average person visits a pharmacy at least 16 times per year). As a consequence the approach to use of the test will need to be different to the approach being used in secondary care.

Providing safe care

Question 15: What views do you have on these proposals to improve patient safety?

We agree in principle to the proposal.

Transforming services

Question 16: What views do you have on the proposal to update the Mandate for NHS England to work with Monitor towards a fair playing field for providers?

We welcome this proposal and have submitted our views on the development of a fair playing field to Monitor's previous consultations.

Question 17: What views do you have on the proposal for Government to provide additional leadership on delivery of agreed pre-existing Government commitments?

We agree with the proposal.

Question 18: What views do you have on the proposal to update the objective to challenge NHS England to support the NHS to go digital by 2018?

We agree with the proposal and repeat our view that community pharmacy must have appropriate access to shared patient records, where the patient consents, in order to maximise the safety and outcomes of the services the sector provides. We also believe it is important that NHS England and the HSCIC work with community pharmacy to facilitate secure patient data transfer between pharmacies and other NHS providers (in particular GP practices). We believe that these issues must be addressed before 2018.

Question 19: What views do you have on the proposal to be more explicit on the expectation around reporting?

In principle making more information available on the quality of services is appropriate. Alongside any such

reporting, there is a need to ensure that patients are provided with information that helps to contextualise the published data. For example, if the number of patient safety incidents reported by a healthcare provider is reported, it is important for the viewer of the information to understand that some incidents may have occurred externally to the healthcare provider, but were detected and hence reported by the provider. In this scenario it is also important that a viewer of the data understands that the NHS is striving to achieve a learning safety culture, where a high number of patient safety incident reports is viewed positively due to the shared learning that can result across healthcare.

Supporting economic growth

Question 20: What views do you have on the proposals to update the objective in asking NHS England to support the recovery of the economy where they can make an important contribution?

We support the proposal.

Making better use of resources

Question 21: What views do you have on the proposals to make better use of resources?

We agree with the proposal.

About PSNC

PSNC promotes and supports the interests of all NHS community pharmacies in England. We are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. We work closely with Local Pharmaceutical Committees to support their role as the local NHS representative organisations.

Our goal is to develop the NHS community pharmacy service, and to enable community pharmacies to offer an increased range of high quality and fully funded services; services that meet the needs of local communities, provide good value for the NHS and deliver excellent health outcomes for patients.