



Response to the Department of Health consultation on the Government's mandate to NHS England to 2020

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Q1: Do you agree with our aims for the mandate to NHS England?

PSNC agrees with the aims but believes that NHS England must also be held to account where it is failing to make best use of existing services, in particular community pharmacy, to meet the Government's health objectives.

Q2: Is there anything else we should be considering in producing the mandate to NHS England?

As well as endorsing the Five Year Forward View the Government should mandate NHS England to make best use of community pharmacy to help deliver the transformational changes that are set out within the View. NHS England must be held to account where it is failing to do this.

Q3: What views do you have on our overarching objective of improving outcomes and reducing health inequalities, including by using new measures of comparative quality for local CCG populations to complement the national outcomes measures in the NHS Outcomes Framework?

PSNC agrees with the overarching objective. If it is to reduce inequalities in health outcomes NHS England will also need to ensure that all patients have access to services if they could benefit from them. National commissioning of community pharmacy services can enable this, and brings advantages in scalability and efficiency as compared with local commissioning which often leads to unnecessary duplication of efforts across different regions and where costs and bureaucracies can make tendering for some services uneconomic. Community pharmacy services commissioned nationally can be targeted at patients meeting specific criteria to ensure health inequalities are addressed at patient level. Where there are specific local needs, such as in under-doctored areas, they can also be supported by local commissioning.

Q4: What views do you have on our priorities for the health and care system?

PSNC supports the priorities for the health and care system. However, we have serious concerns about how and whether several of them will be achieved without a mandate for NHS England to support and make better use of the community pharmacy network.

Community pharmacies offer easily accessible services to patients in the heart of local communities. They operate very efficiently, dispensing ever increasing volumes of medicines despite no funding uplifts, and ensuring that patients have medicines when they need them while also saving the NHS billions of pounds through effective purchasing. The NHS must take advantage of this unique service and the regular contact that pharmacies have with patients, enabling pharmacy to help to deliver primary care services that meet patient needs and reduce pressure on other already overburdened services, particularly GPs.

Figures from the Royal College of Practitioners suggest that on an estimated 67 million occasions this year patients will have to have waited for a week or more to see a GP or practice nurse. GPs are under considerable pressure and there is a severe shortage in their workforce. For "...everyone to have easier and more convenient access to GP services..." (3.18), community pharmacy teams must be empowered to help.

In particular community pharmacy could also make a huge contribution to the efforts to achieve the first, fourth and fifth of the Government's health priorities – preventing ill health and supporting people to lead healthier lives; transforming out-of-hospital care; and driving improvement in efficiency and productivity. Community pharmacy teams can help with the Government's aims to improve the quality of life for people with long-term conditions (by offering more support to help those people to manage their conditions) and the efficiency of spending on medicines (by offering advice that helps people to understand their medicines and get most benefit from them).

There are many examples of how community pharmacy services could achieve all of this, improving care for patients, reducing pressure on GP and other services, including specifically preventing unnecessary GP visits and

hospital admissions, and offering value, and indeed cost gains, for healthcare commissioners. In our recent Pharmacy Five Point Plan, set out in the Appendix to this response, we set out a number of national community pharmacy services that NHS England could commission very quickly to realise these benefits.

But NHS England has so far failed to make best use of community pharmacy. We are very concerned that there is a lack of recognition of the value that community pharmacy can offer, and that without making better use of the community pharmacy network primary care will fail to meet many of the Government's priorities. This is why we are calling on the Government to mandate this action (see Q5).

Community pharmacy is ready and willing to help meet the Government's health objectives and has demonstrated this consistently through the provision of services including the nationally commissioned flu vaccination service, which went live in September 2015. Community pharmacy has shown that, even on short notice, and with a variety of obstacles, it can deliver. And the number of patients accessing the service through pharmacy shows how much they value the convenience of pharmacies close to where they live and work. NHS England must be mandated to make use of this vital resource.

Q5: What views do you have on how we set objectives for NHS England to reflect their contribution to achieving our priorities?

PSNC believes that in addition to the objectives mentioned, NHS England must be given specific objectives to ensure that it makes best use of community pharmacy to meet the Government's priorities.

There are many examples in the consultation highlighting GP practices and the problems of access, but there is only one mention of pharmacy and that is to look at getting better value out of medicines. This fails to build on the value of community pharmacy as a complementary provider of primary care services; we suggest an addition to paragraph 3.18 to ensure that community pharmacy is included in this. As well as being supported by a strong system of general practice and greater integration with local authorities, the Government must ensure that NHS England supports a strong community pharmacy network, using that network to contribute to the key priorities for the health service.

The lack of access to shared IT systems has been a real practical barrier to this effective integration of community pharmacy with the rest of primary care; the roll out of access to Summary Care Records will help to address this but must be built upon.

We would like to see the Government setting a specific objective for NHS England to use community pharmacy services to deliver the Government's priorities to prevent ill health and support people to lead healthier lives; transform out-of-hospital care; and drive improvement in efficiency and productivity. As well as improving convenience for patients, making better use of pharmacies will create capacity in general practice and other services and release substantial savings for the NHS.

Our Pharmacy Five Point Forward Plan, seen by the Department of Health and NHS England, clearly sets out how NHS England could make better use of pharmacy to meet the Government's objectives but this has not yet happened. We attempted to negotiate making a Minor Ailments Advice Service available through community pharmacy, but this opportunity was not taken forward. We do not know why, particularly when pharmacy does not face the workforce challenges that GPs do, and community pharmacies are located at the very hearts of the communities the health service is trying so hard to serve. We would therefore strongly encourage the Government to specifically mandate NHS England to use community pharmacy to achieve its priorities.

About PSNC

PSNC is recognised by the Secretary of State for Health. It comprises elected independent community pharmacy contractors (owners) and nominees of large chain pharmacy businesses, who together represent, promote and support all NHS community pharmacies in England.

We work with NHS England and the Department of Health to agree the terms of the national NHS Community Pharmacy Contractual Framework. We also work closely with Local Pharmaceutical Committees (LPCs) to support their role as the local NHS representative organisations for community pharmacies.

Our shared goal with the network of LPCs 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 that meet the needs of national and local communities, provide good value for the NHS and deliver excellent health outcomes for patients.

About community pharmacy

Around 11,700 community pharmacies located in neighbourhoods, town centres, supermarkets and health centres provide vital services in England, many open early and late, and weekends as well as weekdays. Patients have freedom to use the pharmacy of their choice and can obtain a range of advice and support on-demand, without the need for registration or an appointment. Every pharmacy has a highly skilled pharmacist, working with trained support staff, to ensure they meet the needs of their patients and customers.

This superb resource can and should be used to help the NHS tackle the affordability crisis it faces, particularly in addressing the demands on general practice and urgent care. Patients do and will vote with their feet and, if they are able to receive high quality and reliable services that meet their needs, they will do so. But the NHS has to date resisted moves that would allow patients to make better use of pharmacy services, preferring, despite the rhetoric about radical change, to continue a silo mentality, rather than facilitating and empowering better and more rational use of resources.

Appendix: PSNC's Pharmacy Five Point Forward Plan

This plan sets out the steps we believe the NHS could quickly take to transform primary healthcare through the provision of an increased range of community pharmacy services.

Full references and more information are available at psnc.org.uk/5pointplan

1. Give patients easier access to urgent medication

Patients who have run out of regular medicines often use expensive out of hours services.

→ Commission an urgent supply service so community pharmacists can supply routine NHS prescription medication at weekends and out of hours if patients run out.

Benefits: Ensures patients have uninterrupted and convenient access to medicines. Contributes to 7-day NHS working and saves around £45 per patient.

2. Offer people advice at their own convenience, using pharmacy as a first port of call

Patients often consult GPs when they can obtain advice and help quickly and conveniently from a pharmacy.

→ Use community pharmacists to advise people with symptoms, offering treatment or referral as needed.

Benefits: Reduces demand for GP appointments, creating capacity within practices and a net saving of £25 per patient per GP consultation, and offering speedier support for patients.

3. Care for frail and older people

Many house-bound patients and people discharged from hospital receive no help with their medicines which can lead to health complications and readmission.

→ Community pharmacists can provide support to frail and older people and their carers at their homes if necessary. This ensures they are using medicines properly and safely, particularly after hospital discharge.

Benefits: Helps patients as they move between hospital and their home, reducing avoidable health complications and the costs of caring for those, saving around £2,000 per hospital admission. Medicines advice can also improve health outcomes and prevent readmission to hospital.

4. Support people to manage their long-term conditions more effectively

People with long-term medical conditions need support to use their medicines properly to avoid poor outcomes, hospital admission and sometimes even fatal complications. But regular GP appointments are not necessary for some patients.

→ Community pharmacists should support and monitor people with simple hypertension and asthma to help them manage their own health.

Benefits: Offers convenient care, support and advice that can lead to significant improvements in disease control and quality of life. Also reduces workload for GP practices releasing capacity for them to carry out other roles.

5. Help people identify with undiagnosed respiratory disease

Nearly 3 million people in the UK are thought to have undiagnosed chronic obstructive pulmonary disease (COPD). Failure to diagnose and treat the condition at an early stage can lead to a worsening of the disease which requires additional expensive care or hospital treatment.

→ Community pharmacists should provide risk assessments for people potentially at risk of having or developing COPD, followed by advice and stop smoking support or referral.

Benefits: Early diagnosis and intervention contributes to public health efforts, and subsequent support offered by pharmacists improves outcomes from medication, reducing expensive treatment of exacerbations and improving patients' quality of life.