



October 2013

## PSNC Seminar: Key Outputs and Action Points

The PSNC Seminar and Dinner held on Tuesday October 8<sup>th</sup> 2013 brought together stakeholders from across the NHS, Parliament and beyond to discuss the future of community pharmacy services.

In particular the discussions focussed on the four domains across which PSNC is looking to develop the community pharmacy service – optimising the use of medicines, supporting people to self-care, supporting people to live independently and supporting people to lead healthier lives – with attendees asked to consider who pharmacy must engage with and what action the sector must take to develop services in each area.

Key points raised in each of these discussion areas are detailed below and PSNC will be using these to inform its ongoing work with the new commissioners of healthcare.

### Topic 1: Optimising the Use of Medicines

#### Background

Community pharmacies already play an important role in helping patients to take their medicines correctly and get the maximum benefit from them through both the everyday advice they provide and through structured services such as Medicines Use Reviews (MURs) and the New Medicine Service (NMS). PSNC believes that through the extension of these services pharmacies could help yet more patients to make the most of their medicines, ensuring they do not need to use other health services and reducing medicines waste.

#### Engagement Targets

Alongside patients, Parliamentarians, commissioners and other healthcare professionals were all considered vital people for community pharmacy to engage with. Seminar attendees felt pharmacy needed to do more to engage with clinical professionals such as local clinical and domain leads, specialist primary care units, e.g. warfarin clinics, and prescribers. Social care providers will also be crucial as they may see patients more regularly than healthcare professionals.

## Key Action Points

A number of obstacles to the development of these services were identified including the lack of pharmacy access to patient records and capacity issues within community pharmacies. To enable progress the discussion groups had the following suggestions for pharmacy:

- Be ambitious but start small: although it should aim high, community pharmacy must build its role gradually, focusing first on specific cohorts of patients where the most benefit could be derived and expanding existing services such as MURs
- Educate patients: awareness campaigns should focus on increasing patient confidence in pharmacy as the go-to health locations as well as showing them services such as MURs and the benefits they could offer them
- Sell it to GPs: GPs and Clinical Commissioning Groups (CCGs) may be persuaded to back a greater role for pharmacy in long-term conditions management if they understand how this could save them seeing patients unnecessarily
- Gather evidence: community pharmacy will need to collect evidence as it delivers these services to demonstrate the positive impact it is having

## Topic 2: Supporting People to Self-Care

### Background

If we are to reduce pressure on the health service, helping people with long-term and minor conditions to look after themselves will be crucial. As the most accessible healthcare locations community pharmacies are ideally positioned to help patients to manage their own health within the community, whether through the provision of over the counter medicines or just self-care advice, and this will in turn reduce the burden on other parts of the NHS.

### Engagement Targets

Open dialogue with patients and patient representatives will be extremely important to ensure community pharmacy understands what patients need and want from them and also that patients understand what they can use pharmacies for. Development of pharmacy's role will also require the backing of NHS England, Public Health England and GPs.

## Key Action Points

The development of a national community pharmacy minor ailments scheme was seen as crucial to extending pharmacy's role in this area and to achieve that the discussion groups felt pharmacy would need to do a number of things:

- Build an evidence case: a robust business case for the benefits such a pharmacy service would deliver will be needed
- Consider money flows: pharmacy will need to consider how money flows within the NHS to sell this service to commissioners, e.g. looking at the additional cost to a CCG if someone goes to A+E for a condition which could have been treated in a pharmacy

- Communicate carefully: pharmacy will need to sell the service to patients very carefully for example considering different messages for those who can afford to pay for their medicines and those who cannot
- Agree treatment pathways: if a minor ailments scheme is to succeed, pharmacy's role will need to be included in agreed treatment pathways and this role will need to be recognised by other local health professionals

### Topic 3: Supporting People to Live Independently

#### Background

Many community pharmacies already do a great deal to help people to live independently, for example collecting their prescriptions and delivering medicines to their homes or offering appropriate compliance aids to help them take their medicines without further assistance. PSNC believes there is a lot more that pharmacy can offer here if it is more consistently supported to carry out this work.

#### Engagement Targets

Although it will of course be important to engage with patients, for these types of services carers, families and social care workers may be just as important for pharmacy to talk to. Community pharmacy should also work closely with local social care providers and charities who work to support older or vulnerable patients to ensure any service plans will support their work and avoid duplication.

#### Key Action Points

The seminar attendees felt community pharmacy could play a particularly important role in helping the NHS to meet the Government's ambition to provide better care for vulnerable older people. To achieve this pharmacy will need to work on:

- Understanding needs: patients may require individual needs assessments to determine which pharmacy or medical interventions would be best for them
- Joining services up: community pharmacy will need to improve its relationships with all the other agencies working with patients, including hospital pharmacies where relevant, to ensure care is as coordinated as possible and that pharmacy services form part of integrated care pathways
- Championing its role: as well as working with other local providers pharmacies could consider having their own independent living champions who could identify and work with patients who may benefit from this kind of support
- Taking services to patients: as well as delivering medicines to patients in their homes community pharmacy may need to look to provide services such as MURs, the NMS and public health advice in domiciliary settings

## Topic 4: Supporting People to Lead Healthier Lives

### Background

Across the country community pharmacies are commissioned at a local level to deliver a wide variety of public health services ranging from weight management and stop smoking services to HIV testing and delivery of flu vaccinations. If the NHS is to tackle the financial challenges it faces, healthcare will increasingly need to focus on improving public health and preventing disease to stop people becoming ill. PSNC believes that the widespread adoption of public health focussed community pharmacy services could play a key part in doing that and in keeping communities healthy for longer.

### Engagement Targets

As well as engaging with national commissioners including Public Health England and NHS England, seminar attendees thought local engagement would be crucial for community pharmacy to extend its role in this area. In particular, working collaboratively with local community and voluntary groups or even the media on local health campaigns could prove beneficial, and local commissioners would have an important role to play. To support its role in this area pharmacy could also look to work more closely with academics, pharmaceutical companies and think tanks with an interest in this topic.

### Key Action Points

Pharmacy is already starting to build up evidence for the benefits its public health services and campaigns can have at a local level, but to extend these services and ensure they become more widely and consistently available community pharmacy must:

- Carefully configure services: services must be linked to clear and measurable outcomes so pharmacy can gather more evidence and rigorously evaluate the economic benefits of its services
- Push for consistency: pharmacy must persuade national commissioners to agree service specifications and standards so pharmacy can promote messages about what it has to offer nationally and patients can be sure what they will receive everywhere
- Link testing to treatment: where pharmacies carry out tests for certain conditions or assess risks, e.g. from alcohol consumption, these should be linked to treatment or support where appropriate so patients can receive everything they need from pharmacy
- Develop its workforce: all members of community pharmacy teams can play a role in promoting public health to patients and training may be needed to enable this

## Conclusion

PSNC would like to take this opportunity to thank all those who attended the seminar and dinner for these valuable contributions and ideas. We look forward to working with all attendees and others in the future to ensure that community pharmacy's full potential to help both patients and the health service is realised.

If you have queries on this summary or you require more information please contact [Zoe Smeaton](#), PSNC Communications Manager.