



Welcome

Preparing Bids and Business Cases

June 2018





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Manchester
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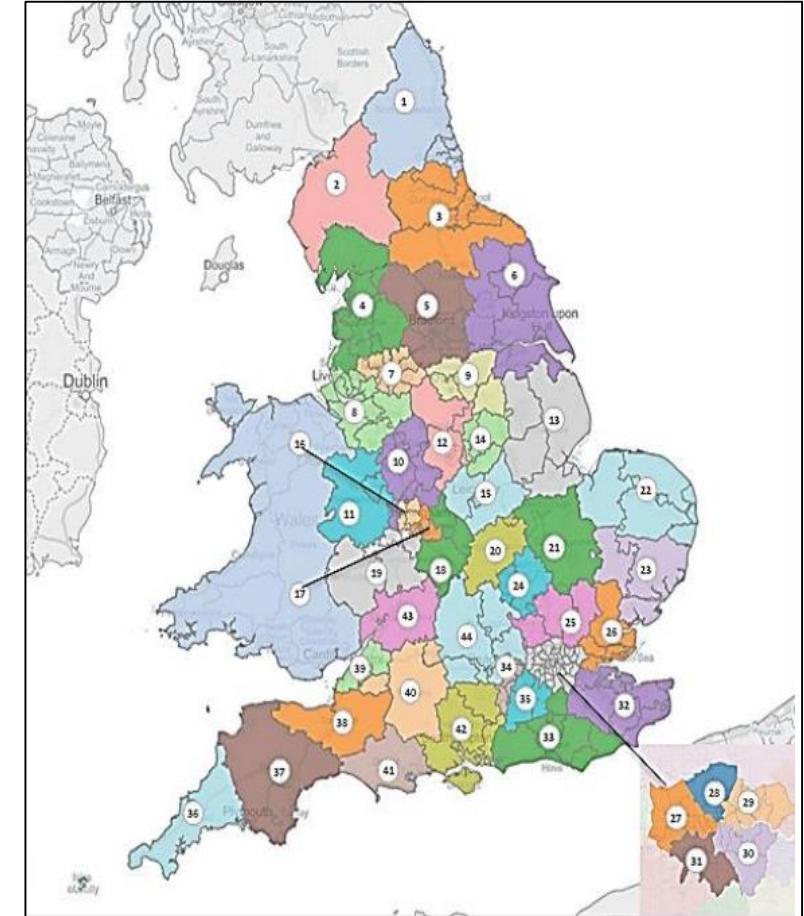
Recap: How did it all begin?

- In 2014 NHS England started working to develop a five year strategy for the NHS – the NHS Five-Year Forward View
- NHS planning guidance: *Delivering the Forward View: NHS planning guidance 2016/17 to 2020/21*
- Three main challenges:
 1. Close the health and wellbeing gap
 2. Drive transformation and close the care and quality gap
 3. Close the finance and efficiency gap
- Every health and care system in England to produce a Sustainability and Transformation Partnership (STP) to make it happen



What is an STP?

- Formed of organisations to promote integrated working at a local level
- Initially plans, then developed into partnerships
- Collaborate to develop plans and identify priorities to transform health and care delivery covering a range of themes
- Not statutory bodies – supplement rather than replace
- STPs don't have commissioning powers
- 44 STP footprint areas in England



STPs and ICSs

- In March 2017, a progress update was outlined in NHS England's *Next steps on the NHS Five Year Forward View*
- NHS England expressed desire to support areas to fully integrate their services, funding and resources
- STPs progressing to become Integrated Care Systems (ICS), previously known as Accountable Care Systems (ACS)
- ICSs could then contract for services to an Accountable Care Organisation (ACO) in the future
- ACO contract met with controversy so was withdrawn and is pending outcome of legal challenges





NEXT STEPS ON THE
NHS FIVE YEAR FORWARD VIEW



PSNC Briefing 022/17: Next steps on the NHS Five Year Forward View

On 31st March 2017, NHS England published [Next steps on the NHS five Year Forward View](#), which reviews the progress made since the launch of the [NHS Five Year Forward View \(SYFV\)](#) in October 2014 and sets out a series of 'practical and realistic' steps for the NHS to deliver a more joined-up and responsive NHS in England.

An online version of the publication is also available on the [NHS England website](#).

This PSNC Briefing summarises the elements of the document that are of most relevance to community pharmacy teams and Local Pharmaceutical Committees.

Key achievements, key deliverables and implementing changes

In the document, NHS England has set out its main national service improvement priorities over the next two years, within the constraints of what is necessary to achieve financial balance across the health service:

Urgent and emergency care	Mental health	Strengthening the NHS workforce
Primary care	Integrating care locally	Patient safety
Cancer	Funding and efficiency	Harnessing technology and innovation

The NHS in 2017

Progress since the Forward View – a balanced (but not comprehensive) assessment

Since publishing the NHS SYFV in 2014, NHS England notes that substantial progress has been made, including:

- Better health, action on prevention and public health, including plain packaging for cigarettes, introduction of the first national [diabetes prevention programme](#); a sugar tax agreed; vaccination of over one million infants against meningitis and an additional two million children against flu; and public health campaigns such as 'Be Clear on Cancer' and 'Act Fast'.
- Better care – agreed national blueprints for cancer, mental health, maternity, learning disabilities and GP services; better clinical outcomes such as higher cancer survival rates and increased dementia diagnosis rates; improving experience of care; the first phase of fundamental care redesign is underway through 'Vanguards'; new care models; and continuous improvements in patient safety.

Next steps – delivering for the next two years

The document says that 2017 marks the third phase of NHS England's life where the focus shifts decisively to supporting delivery and implementation of those key priorities (outlined above). It also affirms the shared vision of the NHS SYFV and the approach to implementing it of the national leadership bodies of the NHS, including NHS England, NHS Improvement, the Care Quality Commission, Public Health England (PHE), Health Education England, NHS Digital and the National Institute for Health and Care Excellence, working closely with a number of patient, professional and representative bodies.



The Healthcare Landscape

April 2017

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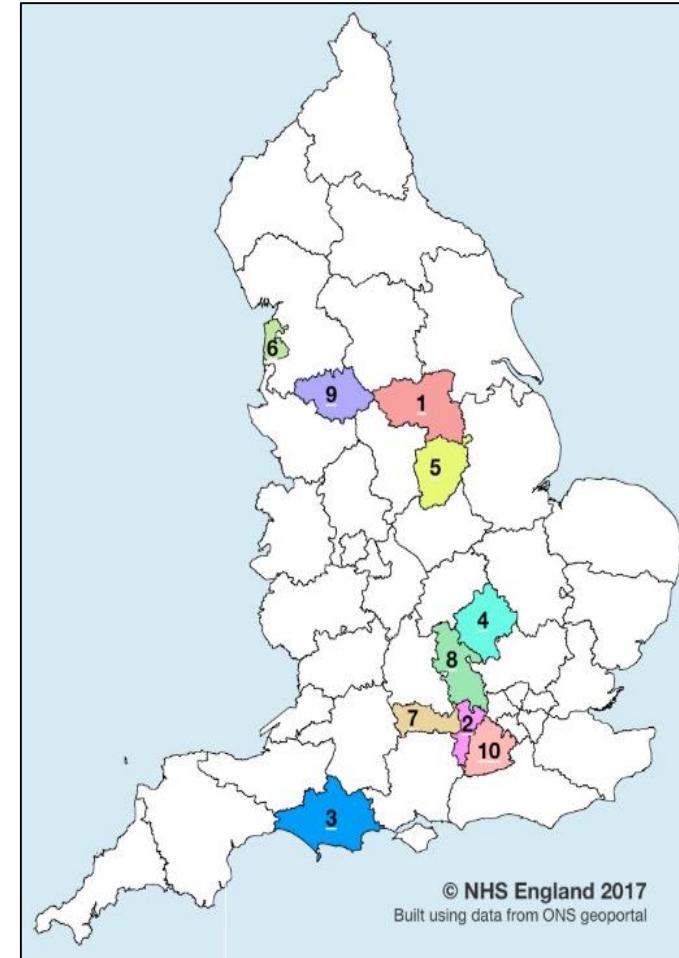


What is an ICS

- Evolved version of an STP
- Commissioners and providers in partnerships with local authorities and others
- Collective responsibility for resources and local population health
- Draw on the experience of vanguard sites

1st wave ICSs

1. South Yorkshire and Bassetlaw
2. Frimley Health and Care
3. Dorset
4. Bedfordshire, Luton and Milton Keynes
5. Nottinghamshire
6. Lancashire and South Cumbria
7. Berkshire West
8. Buckinghamshire
9. Greater Manchester (devolution deal)
10. Surrey Heartlands (devolution deal)





2nd wave ICSs

In May 2018 it was announced that four further STPs are to become ICSs:

1. Gloucestershire STP
2. Suffolk and North East Essex STP
3. West, North and East Cumbria STP
4. West Yorkshire and Harrogate STP

How are STPs selected to become ICSs?

- Selection criteria outlines key measures
- Effective ways of involving clinicians and staff, service users/public, and community partners
- A track record of delivery, with evidence of progress towards delivering the priorities in Next Steps on the Five Year Forward View
- Set out ambitious plans for primary care, integrating services and collaboration
- Development of primary care networks

Primary care networks

- NHS England is encouraging every general practice to be part of 'super hubs' or a local primary care network accelerated by STPs
- Combined patient population of at least 30-50k allows practices to share teams, expand diagnostic facilities, and pool responsibility for urgent care and extended access
- Also involve working more closely with community pharmacists
- Building blocks for larger integrated systems
- Various routes to achieving this e.g. federations, 'super-surgeries', primary care homes

Primary Care Home model



- The National Association of Primary Care (NAPC)'s guide on the Primary Care Home (PCH) model
- Currently 211 PCH sites across England
- Key principles: integration; personalisation of patient care; and aligned clinical and financial drivers
- Operate under the same principles as Primary Care Networks
- LPC encouraged to consider how they can use the NAPC guidance to improve local working relationships between contractors and general practices

What is expected of ICSs?

- Operating between primary, secondary and community care
- Compelling plans to integrate primary care, mental health, social care and hospital services
- Draw on experiences on the New Care Models programme
- Particular focus on:
 - Prevention
 - Patient activation and support self-management for long-term conditions
 - Manage avoidable demand
 - Reduce unwarranted variation in line with the NHS RightCare programme

Will commissioning change?

- STPs and ICSs do not change the structure of NHS organisations
- STPs and ICSs may facilitate the merging of two or more CCGs
- Some commissioning functions and staff might be taken on by STPs and ICSs
- Currently, no expectation that the CPCF will move to a local level within an ACO but could affect locally commissioned services

LPC engagement with STPs

- LPCs working hard to ensure that community pharmacy is involved
- Survey carried out in January 2018 by Pharmacy Business Magazine working with PSNC provided some insight:
 - 12% of LPCs said they were not involved with the local STP
 - 42% had met with people involved in the STP
 - 9% had presented to the STP Board
 - 2 LPCs have a community pharmacy representative on board



THINKPHARMACY

What can pharmacy do to help transform local care?

Community pharmacies are an integral part of the NHS and have a number of priorities that map closely to the objectives of STPs.
As STPs redesign local healthcare services, shared desires to ensure that people get the most benefit from medicines, to increase self-care and improve population health and to reduce pressure on urgent care can form the basis for pharmacy to make a significant contribution to local plans.

Pharmacy basics

- There are over 11,700 community pharmacies¹ in England, situated in high-street locations, in supermarkets and in residential neighbourhoods.
- 90% of the population – even those in the most deprived areas – can walk to a community pharmacy in 20 minutes.²
- 84% of adults visit a pharmacy every year.³
- Excluding those who report never visiting a pharmacy, on average an adult visits a pharmacy 16 times a year, of which 13 visits are for health-related reasons.²
- An estimated 1.6 million visits to community pharmacies take place daily of which 1.2 million are for health-related reasons.³
- Pharmacies provide a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service.
- Most pharmacies (over 90%) have private consultation areas.⁴
- Of all health professionals, pharmacists have the most comprehensive education and training in the use of medicines for the prevention and treatment of disease.

The shared STP – community pharmacy agenda

Optimising use of medicines
Community pharmacists are experts in medicines and through national services improve medicines adherence for many patients. But they could do more for people with long term conditions, developing care plans with patients and helping them to monitor and manage conditions, freeing up GP time and improving health outcomes.

Increasing self-care and improving health
Community pharmacies have a track record in helping people to manage minor health conditions and in delivering services that help people improve their health.

Reducing pressure on urgent care
Up to 8% of A&E consultations are for minor ailments.⁵ Community pharmacies can offer a first port of call for healthcare advice, and can also help make patients' transfers back home from hospital safer, providing better continuity of care and reducing the risk of readmission.

Visit psnc.org.uk/commissioners for more information on community pharmacy services or contact your LPC via lpc-online.org.uk



STP engagement case study: Herts LPC

- Hertfordshire LPC has been working hard to ensure involvement of community pharmacy at an STP level.
- Although community pharmacy is not represented at board level, Hertfordshire have still been able to input into the STP's working groups to recognise the value of community pharmacy
 - Working together as LPCs
 - Focusing on working groups

Where does community pharmacy fit in?

- PSNC has identified areas in STP plans which have potential for community pharmacy involvement
- Common themes:
 - Prevention
 - Self-care & health promotion
 - Long term conditions
 - Urgent and emergency care

Sustainability and Transformation Partnership (STP) – summary of areas for potential community pharmacy involvement

<https://www.england.nhs.uk/systemchange/view-stps/>

This document summarises the areas that PSNC has identified in STP plans which have the potential for community pharmacy involvement. LPCs that have additional information to add, should contact [Zainab Al-Kharsan, Service Development Pharmacist](#).

Last updated: 15th January 2018

North

STP footprint	Priorities/key challenges outlined in the STP	Potential opportunities for community pharmacy involvement identified by PSNC	Website/further info
Cheshire & Merseyside	<ol style="list-style-type: none"> 1. Improve the health of the population (physical and mental care in the community). 2. Improve the quality of care in hospital settings. 3. Optimise direct patient care. 	Alcohol prevention and high blood pressure plans: <ul style="list-style-type: none"> • Targeted Brief Advice – facilitate local agreements with GPs, pharmacy and midwifery to screen pts with staff offering brief advice and referring to local specialist services as required. Antimicrobial resistance: <ul style="list-style-type: none"> • Ensure consistent messages on AMR are given by all prescribers and pharmacists. • Ensure pharmacies support the AMR strategy. Cheshire & Wirral - Collaborate productivity: <ul style="list-style-type: none"> • Explore the integration of services across C&W with exact form and localities to be determined. 	http://www.liverpoolcommunityhealth.nhs.uk/downloads/news/Cheshire%20Merseyside%20STP.pdf
Durham, Darlington, Teesside, Hambleton, Richmondshire & Whitby	<ol style="list-style-type: none"> 1. Preventing ill health and increasing self-care. 2. Health and care in communities and neighbourhoods. 3. Quality of care in hospitals – ‘Better Health Programme’. 4. Use of technology in health care 	<ul style="list-style-type: none"> • Focused input to identify, and work with, hard to reach groups and deprived communities. • Develop holistic alcohol brief intervention and treatment pathways with improved community support services. • Develop 4-year comprehensive prevention programme for Long Term Conditions, e.g. Cardiovascular disease prevention programme and COPD pathways (using PHE Programme). • Implement Smoke Free NHS (Acute and MH) with holistic smoke free pathway and access to smoking cessation services. • Increased capacity in cancer support services (including diagnostics, welfare advice, screening etc.) delivered through improved working practice and innovations such as pooling clinical capacity across the system. This will be undertaken in partnership with NHS, Independent Sector and Voluntary Community Sector providers. • Primary care records shared across the local health economy, including community pharmacy, with the introduction of common standards, paperless transfer of notes and digital summary care records. • Urgent and emergency care network – Redirection of patients to pharmacies for minor ailments. • Investment in the primary care workforce inc. increasing the number of staff working in primary care in substantive posts and training schemes, by a range of recruitment, retention and education initiatives. This includes developing the entire primary care workforce inc. practice nurses, pharmacists, health care assistants and practice management staff. 	https://nhsbetterhealth.org.uk/



STP service case study: Beds & Milton Keynes

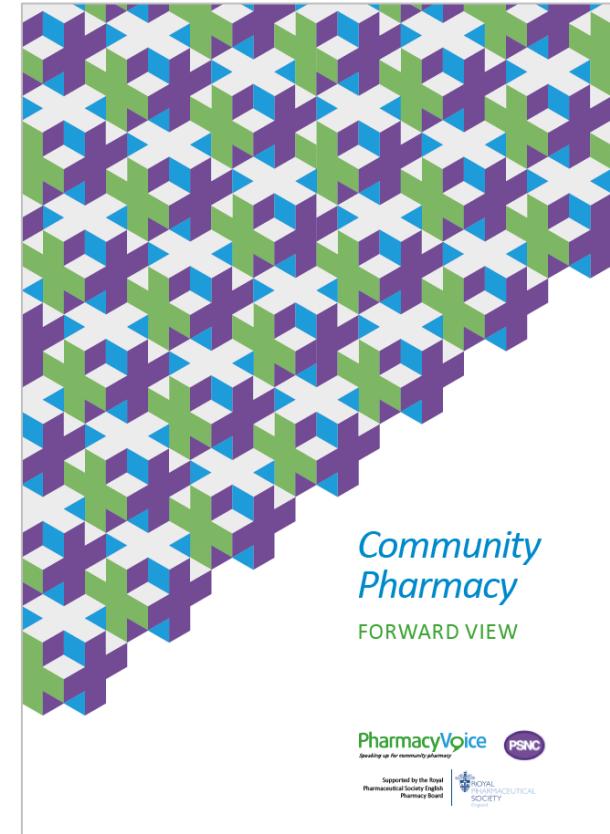
- STP Champions Prevention Group worked with the LPC and local public health team
- Healthy Living Pharmacies providing opportunistic blood pressure and atrial fibrillation detection and provide home testing kits
- Pilot started in February 2018 – initially three months' duration
- Potentially could lead to improved patient pathways, PGDs





Community Pharmacy Forward View

- Three core functions of community pharmacy
 - The facilitator of personalised care for people with long-term conditions
 - The trusted, convenient first port of call for episodic healthcare advice and treatment
 - The neighbourhood health and wellbeing hub



Revising the Community Pharmacy Contractual Framework



- Developing proposals for a revised CPCF that supports implementation of the CPFV
- Addresses DHSC/NHS England priorities
 - 5YFV Next Steps, Meds Value Programme, etc.
- Addresses Murray Review challenges
 - The existing Medicine Use Reviews (MURs) element of the pharmacy contract should be redesigned to include on-going monitoring and regular follow-up with patients as an element of care pathways

Further information/resources

- PSNC website has a comprehensive section on the healthcare landscape
- PSNC has developed a range of materials to support LPCs to engage with STPs, including leaflets as well as webinars and best practice examples
- PSNC monthly commissioners' newsletter

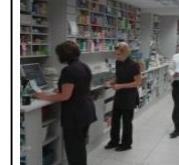
Home > The Healthcare Landscape

The Healthcare Landscape

In this section of the website you will find information about health policy matters of relevance to community pharmacy and links to the websites of the leading health policy think tanks and charities (at the bottom of this page).

PSNC regularly publishes [Updates on the Health and Care Landscape](#) to inform pharmacy contractors and LPCs of developments in the wider health and care landscape beyond community pharmacy.



 Healthcare Who's Who – a guide to the key organisations	 The NHS Five-Year Forward View & Next Steps	 Sustainability and Transformation Partnerships (STPs)
 New Models of Care and Vanguard sites	 The Pharmacy Integration Programme	 NHS England Primary Care Prescribing Guidance (Low Value and OTC meds)
 PSNC Briefings – the Healthcare Landscape	 PSNC Briefings – the Healthcare Landscape	



Thank you for listening

Any questions?



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