

Community Pharmacy Surrey & Sussex

On behalf of East Sussex, West Sussex and Surrey LPCs



Response to Call for Innovations

NHS England & Improvement

Capturing Beneficial Innovation in Primary Care during Covid19

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For enquiries regarding this response, please contact:

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About Community Pharmacy Surrey & Sussex

Community Pharmacy Surrey & Sussex is the local voice for all community pharmacies on behalf of East Sussex, West Sussex and Surrey Local Pharmaceutical Committees (LPCs).

We represent over 530 pharmacies, on all matters relating to the NHS and public health work undertaken by community pharmacy. This includes single handed independent pharmacies through to medium and large pharmacy businesses. Pharmacies in our area, between them, employ thousands of local people and are at the heart of communities.

Community Pharmacy Surrey and Sussex negotiates and discusses local pharmacy services with commissioners and is available to give advice to community pharmacy contractors and others wanting to know more about local pharmacy. We are committed to helping to develop and support community pharmacy teams, to deliver high quality health services.

Working closely with the local NHS, including NHS England & Improvement regional team, CCGs and local government, we are responsible for advancing the enhanced role of community pharmacy to ensure it plays an active part in promoting health and wellbeing across Surrey and Sussex. Our vision is to enhance the role of community pharmacy and to ensure the sector has an active role in promoting health and wellbeing in Surrey and Sussex.

Local Pharmaceutical Committee (LPC) are local representative committee of pharmacy contractors in the area covered by the LPC that has been approved by NHS England under the NHS Act 2006, as the body representing the owners of the community pharmacies in the Surrey Health and Wellbeing Board area.

Regulations under the NHS Act require NHS England to consult LPCs on matters such as market entry and local enhanced services. The LPC negotiates and discusses locally commissioned pharmacy services with other commissioners and is available to give advice to community pharmacy contractors and others wanting to know more about local community pharmacy.

The LPC constitution sets out the role and duties of the LPC that include:

- representing their contractors in local and national consultations relevant to pharmacy contractors; making representations to NHS England, Health and Wellbeing Boards and PSNC.
- providing support, resources and guidance to pharmacy contractors, such as advice on contract compliance and monitoring, market entry and other locally commissioned services.
- promotion and development of local pharmacy through local public affairs and lobbying to create an environment for community pharmacy to flourish.

Further information is available on our website at <http://communitypharmacys.co.uk/>

Overview

We welcome the opportunity to share examples of innovation which have occurred in the past few weeks, so that NHS England & Improvement can learn from them, strengthen the evidence base where appropriate, and work to spread and widen benefit from the best approaches.

Response to Survey Questions

A) Which of the following best describes the organisation you are answering on behalf of?

Community pharmacy representative – we are the local pharmaceutical committees representing community pharmacies in Surrey & Sussex

B) Which of the following have used / benefitted most from the innovation in question?

In the main patients, but also, community pharmacy teams; staff in others part of the health and care system and the wider public

1. What was the change?

Please summarise the change you made

Locally Commissioned Services

Community pharmacists and their teams have been working hard during these intense and uncertain times to ensure everyone can get the medicines and healthcare support that they need when they need it and have experienced a huge surge in demand for advice and prescriptions. They have had to introduce different, and new, ways of working which has seen them experience queues outside their premises, be forced to place restrictions on the quantity of over-the-counter drugs available to customers and face unprecedented demand for deliveries, which are mostly outside the scope of their NHS funding. Some pharmacists have reported violence and abuse towards them and their staff as tensions have run high and patients get frustrated by the changes.

But despite being under this immense pressure, there have been many accounts of pharmacy teams in Surrey & Sussex who have gone above-and-beyond to continue to provide local patients, their loved ones and their communities with medicines and healthcare advice. Examples of these, including changes made across local systems in Surrey & Sussex during the covid period, working with local commissioners and community pharmacies are listed below:

- Introduction of tele consultations for some locally commissioned services (LCS) e.g for emergency contraception services
- Introduction of a digital pathway to support urgent requests for remote dental prescribing, using the Dental Electronic Referral System (DERs) / REGO system – interfacing with community pharmacy

- Extended on demand availability of palliative care and end of life medicines services, via a locally commissioned services to give universal coverage in each PCN
- Commissioning of pathways to help support and co-ordinate GP Covid Hot -site remote prescribing and dispensing in each Primary Care Network (PCN) area
- Delivery service of monitoring equipment at PCN level for shielded or covid+ve patients at home e.g pulse oximeters on behalf of GP practices
- Identifying domestic abuse and safeguarding – informal support through some pharmacies
- Growth in electronic prescription service utilization to OOH, phase 4, uptake in eRD

Relationships

- Working in PCNs - some of our community pharmacy PCN leads took a leading role in ensuring provision across the PCN. I know it's not funded currently, however it showed how a lead could galvanise the pharmacies and the worked together to keep one another going
- Working in partnership with the local voluntary sectors to help co-ordination of collection of medication
- Supporting innovations elsewhere - enabling patients to access GP services via the new technology introduced to support GP remote consultations. We have heard from colleagues who have helped a distressed patient whose GP asked for photos of an ailment; not only did the staff comfort the patient and take the photos, they sent them by secure email to the GP, then received and dispensed the prescription that would help. Sure, there must be countless examples of where people have been displaced from other settings like this.

Operational

- Pathfinding: Perspex screens and social distancing in premises, lots of examples for the High Street to follow – pull them all together and it would be like a catalogue!
- workflow and new ways of staffing / rotas in pharmacy to preserve workforce (I think I heard something like team A morning, team B afternoon) and anything around 'buddying'

2. How long has the change been in place?

Some of these changes were introduced in response to some of the unique challenges that Covid19 presented. Some, however, were pre-planned, yet accelerated.

3. Impact (e.g. outcomes, process, experience, working with partners, other)

Numerous issues have been raised by community pharmacy about the impacts of new ways of working. Pharmacy contractors were of the opinion that much of this demand and pressure was a result of the new ways of working within general practice and the shift in patients who would usually have attended the GP practice, now seeking assistance, advice and support from community pharmacy. Some of this shift was for an appropriate reason, for example self-care, noting however that this increase in work is over and above the currently funded core offer. Other shifts of workload were not appropriate, such as the transfer of elements of repeat prescription processes and GP practice requests to undertake BP checks to meet requirements for GP medication reviews.

Following review of the impacts of the new ways, three themes have been identified:

- Support and continue the appropriate transfer of patients and workload where community pharmacy is the right place for this to happen alongside ensuring appropriate remuneration for activities and volume over and above current community pharmacy contractual framework
- Identify where transferring of patients and workload to community pharmacy is not appropriate and work with the system and community pharmacy to ensure this is transferred to the most appropriate place
- Imperative to build the future to ensure we have a strong and vibrant community pharmacy network, with collaborative system relationships, an integrated and connected part of the NHS where the skills and contribution of community pharmacy are recognised by the wider system.

4. Learning

The speed at which these innovations and changes have been made should be called it. We feel it is too early to learn fully from this relatively short period of time, however we will seek to capture the learnings from local

5. Requirements for sustaining change beyond COVID response

Although we are working to promote positive, good local work in community pharmacies, there is much more that the sector needs at a national level to ensure pharmacies can continue to serve patients at this time. We would be more than happy to provide you with a briefing if you would like more information on this, but In summary:

- Support community pharmacies to reset, restore and reform, help to enable remote and digital solutions for consultations, in particular:
 - Identify and explore the opportunities to extend the community pharmacy role with appropriate funding.
 - Minor ailments - patients contacting the practice for minor ailments transferred to a community pharmacy pathway as is seen with the CPCS

service and beyond to recognise patients naturally displaced from general practice, without using formal mechanisms to arrive in the pharmacy

- Digital
 - Seek investment and support to enable community pharmacy to make a digital offer, particularly the ability to undertake on-line consultations
 - Support innovation and best practice within community pharmacy with respect to the use of phone systems and text to patient offers
- Acknowledge that the impact of COVID-19 has been variable across the system and the response taken needs to reflect this
- Champion community pharmacy, both the current contribution and the future potential, acknowledging that many organisations and meetings do not have community pharmacy representation
- Include community pharmacy within commissioning plans and decisions, noting that although core community pharmacy services are nationally commissioned by the NHS, innovation and change comes from local commissioning of community pharmacy and medicines sit at place level and
- Incorporate community pharmacy into development plans and funding for areas including digital, PCN development and pathway redesign
- Recognise community pharmacy as a core part of primary care

Only by the system supporting community pharmacy can we fully recognise and explore the opportunities to better utilise the skills of community pharmacy to ensure that the right services are being offered to the right people in the right place.

6. Contact details

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