

What community pharmacies can offer Primary Care Networks:

A case study from Greater Manchester



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About community pharmacy



11,600 in England

700 in Gtr Manchester

90% have private consultation rooms



Most accessible form of healthcare:

- **90%** of all health contacts
- walk-in service in variety of settings (e.g. supermarkets)
- approachable staff
- **70%** open Sat/Sun
- Many open **6am-midnight** (**95** in Gtr Man)



Pharmacies **buck the inverse care law** – more pharmacies in most deprived areas



Wide range of services & expertise incl minor ailments, long-term conditions, health & wellbeing, medication

For example...

Pharmacy minor ailments schemes **save 1.4m GP appointments a year** (PSNC, 2017). This **saves the NHS £590m a year** (PwC, 2016)

1m people had NHS flu vaccinations in pharmacies in 2017/18 (NHS BSA)

164k people were referred to pharmacies for urgent medicine supply in 2018 & pharmacies dispensed **131k** urgent medicines (NHS England). **Pharmacies are 37 times more cost-effective** than out-of-hours services (BMJ, 2016)

3.3m people had medicines reviews & **920k** people had new medicine consultations with a community pharmacist in 2017/18 (NHS BSA)

PCNs & community pharmacy

- **Opportunity** for collaborative working to support patients
- **'One team' approach** to patient care, long-term condition management & population health
- Right care, right place – while **avoiding duplication / competition**
- Collaborative approach to meet local community's needs:
 - What do we need to deliver?
 - How do we make best use of everyone's skills to deliver it?
- **Requires shift in thinking & some enablers** e.g. community pharmacies serve whole population (not a registered list)

Enablers

- NHSmail
- Summary Care Record
- Electronic Prescription Service (EPS)
- Electronic repeat dispensing (eRD)
- PharmOutcomes
- Increased data-sharing



Community pharmacy commissioning

Core contract (national NHSE)

- Dispensing
- OTC / pharmacist-only medicines supply
- Health promotion
- Supporting self-care
- Signposting
- Queries & advice
- Disposing of unwanted medicines

Advanced services (national NHSE)

- Medicines Use Reviews
- New Medicine Service
- Seasonal flu vaccinations
- NUMSAS (urgent medicine supply) pilot
- NHS111 referrals pilot

Local services (examples)

- Minor Ailments Scheme
- Healthy Living Pharmacy
- Sexual health incl emergency pill
- Smoking cessation
- Health Checks
- BP / BG testing
- Needle exchange / supervised consumption
- Pilots e.g. Hep C, AF

Opportunities in pharmacy

Urgent care

Pharmacies ideally placed to support triage & alternative channels e.g. minor ailments and referral to pharmacy...

Minor Ailments Schemes

Consultations & advice/treatment in community pharmacy

- 8 Gtr Man localities have a MAS

Digital Minor Illness Referral Service (DMIRS) pilot

NHS111 and/or GP referral straight to pharmacy

- 12-month GP referral pilot in Radcliffe

Care navigation

GP practice staff signposting appropriate patients to pharmacy

- Live in Bury, Salford, Stockport

Opportunities in pharmacy

Health promotion & prevention

Pharmacies ideal setting for public/popn health interventions

Healthy Living Pharmacy scheme

- Now live in **>90%** pharmacies
- Completed additional training
- Commitment to improving public health & wellbeing

Screening/behaviour change

Pharmacy staff specially trained in health conversations & advice

Conversations & campaigns

High volume of conversations on health campaigns e.g.

- Stoptober: 3,600 at 300 Gtr Man pharmacies
- Bowel screening: 1,100 at 130 Gtr Man pharmacies

Local services meeting local needs – from GM Service

Greater Manchester Inhaler Technique Checks

- Many people use inhalers incorrectly - exacerbation risk
- 60 pharmacies across Greater Manchester
- Specially-trained pharmacists review patient technique (InCheck & visual) and help them use inhaler correctly
- Follow-up consultation to check progress
- GP communication / referrals

Consultation results:

- **51%** using incorrect technique at outset
- **93%** using correct technique after review



Local services meeting local needs

Bury 'find & treat': hypertension & AF

- Blood pressure tests in community pharmacies for undiagnosed HT & AF
- Advice, structured support & referral (as approp)
- Meeting local health need: prevalence data suggests 16.7k undiagnosed HT & 834 AF
- Focusing on pharmacies because of contact with 'seemingly healthy' people
- Stable long-term management in pharmacies



Long-term conditions

Pharmacy 'health goals' pilot

- One-year pilot for patients aged 18+ with at least one LTC (e.g. hypertension, asthma, diabetes, COPD)
- Consultation / conversation to co-produce health goals, with up to three follow-ups roughly every two months
- Measured outcomes: clinical, QOL, PAM, MARS5, satisfaction etc
- Significant improvements & positive feedback

Outcomes included:

- Improved systolic BP weight, BMI and HDL cholesterol ratio
- More than 50% improved PAM
- 94% PAM 1 at baseline had improved PAM
- 50% patient goals achieved

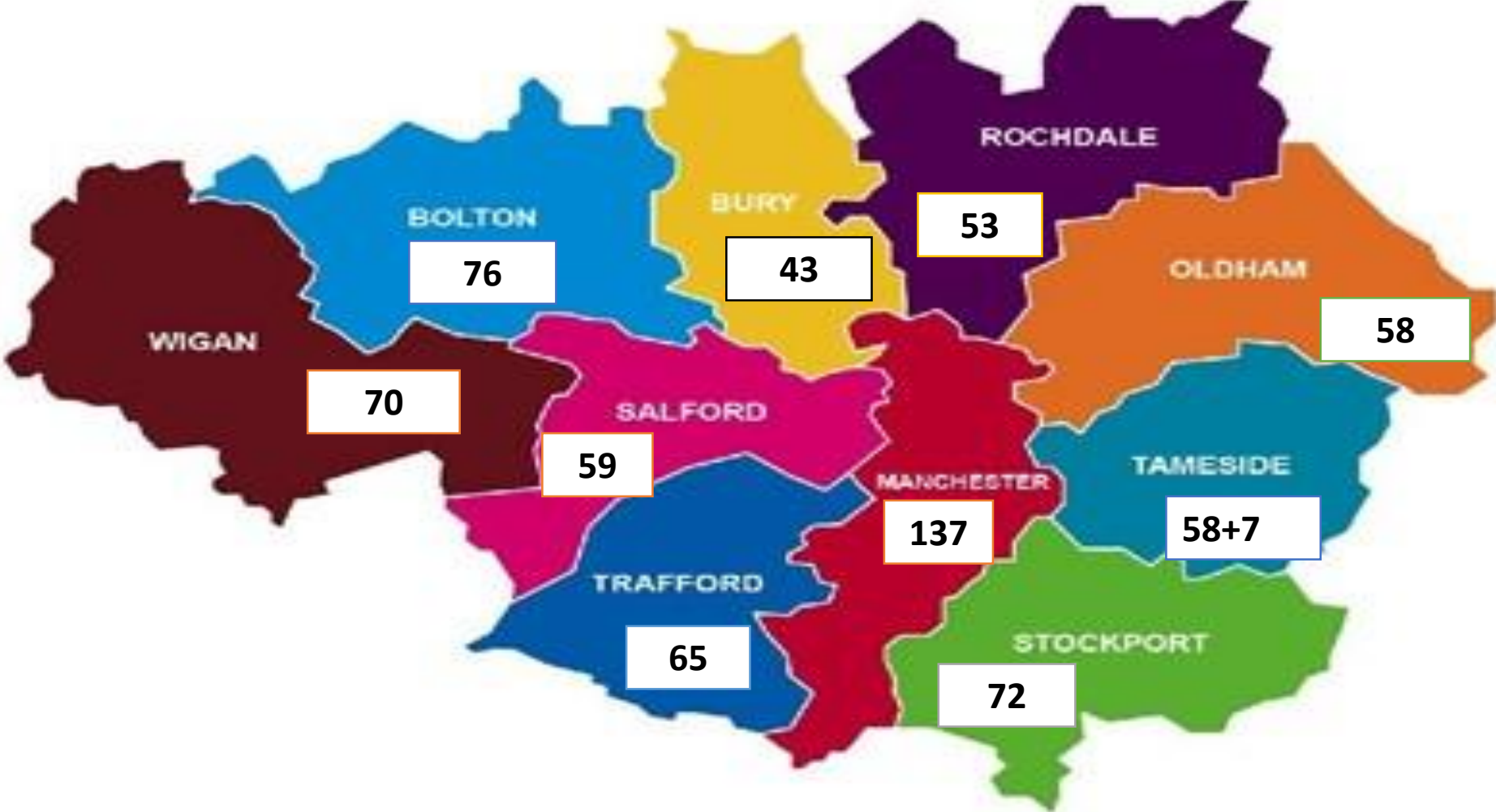
Engaging Gtr Manchester pharmacies

700
pharmacies

2.8m
population

10
localities

67
PCNs
(neighbourhoods)



Context

- Mindset change from competition to collaboration
- Hugely challenging pharmacy landscape (funding, time pressures, drug shortages etc)
- Increasing focus on direct patient care & shared responsibility for outcomes

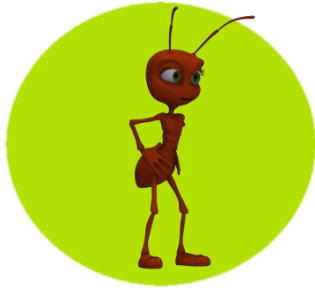


**Workforce
transformation &
support required
for community
pharmacies**

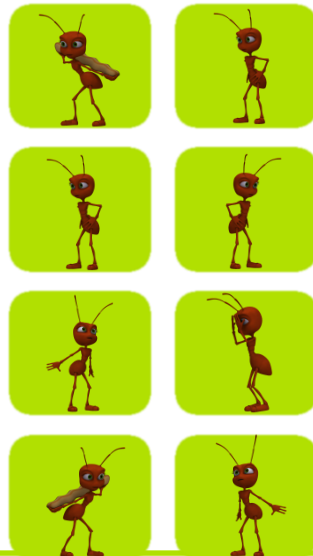
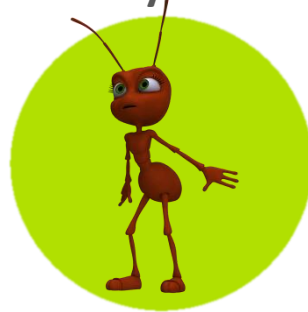
Model: Evolving collaboration

TRADITIONAL WORKING

General Practice



Community Pharmacy



COLLABORATIVE WORKING

ALLIANCE



Combined Primary Care Teams

How we plan to achieve this: Tameside pilot

- Bringing pharmacies together to work with PCN & other providers in neighbourhood
- Comms & training to explain what PCNs are & why it's important to get involved
- Visits & calls to all pharmacies, plus ongoing support & training from named LPC contacts
- Email forum for information-sharing
- Feedback & actions recorded
- Succession planning & sustainability



Enablers & additional support

GM Healthcare Academy

- Partnership for workforce development & training: pharmacy & wider primary care
- Focus on integrated working

Provider company

- CPGM Healthcare Ltd (CHL)
- All Gtr Man pharmacies are members
- Vehicle for contracting & performance mgt



Current Commissioning

Local authorities and CCGs can commission local services from community pharmacies. In Greater Manchester, these include:

- Emergency Hormonal Contraception
- Chlamydia screening, test & treat
- Smoking cessation, NRT and Champix
- Needle exchange
- Supervised consumption
- Vitamin D supply
- Minor ailments
- Palliative care
- NHS Health Checks

The Local Commissioner:
Local Authority / CCG

Contract with EACH INDIVIDUAL community pharmacy (up to to 144 in some localities in GM) for EACH INDIVIDUAL service. Local recording mechanisms and training.

Pharmacies provide services under these contracts, in turn often holding numerous contracts with different commissioners for various services that all differ across GM.

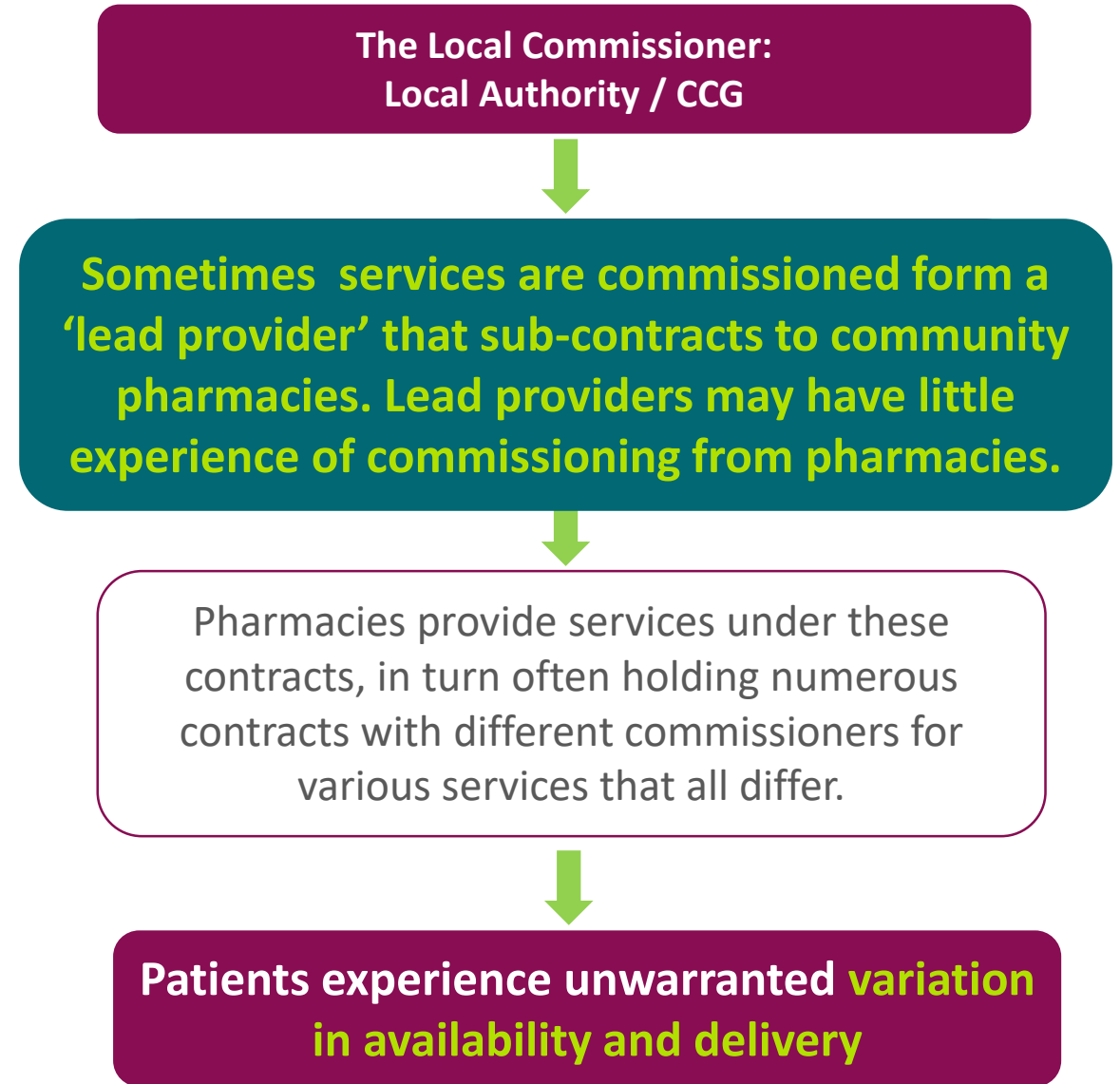
Patients experience unwarranted **variation**
in **availability and delivery**

Current Commissioning

CCGs and local authorities now use 'lead provider' models for some services (e.g. substance misuse)

Lead providers then **sub-contract some aspects to community pharmacies** (e.g. needle exchange / supervised consumption)

Patients still experience variation in availability & delivery



Proposed Commissioning Framework

**Local commissioners commission via a
Single Commissioner representing the STP footprint**

Single Commissioner contracts with a single provider

Provider contracts with community pharmacies

Provider & Commissioner provide ONE IT platform with standard templates for reporting activity and claiming payments

Variation is minimised via harmonised service specifications that allow for local variation, but maintain basic, standardised processes, training requirements and IT reporting tools

Training and ongoing development delivered a central hub, e.g. Greater Manchester Healthcare Academy. No need for local training

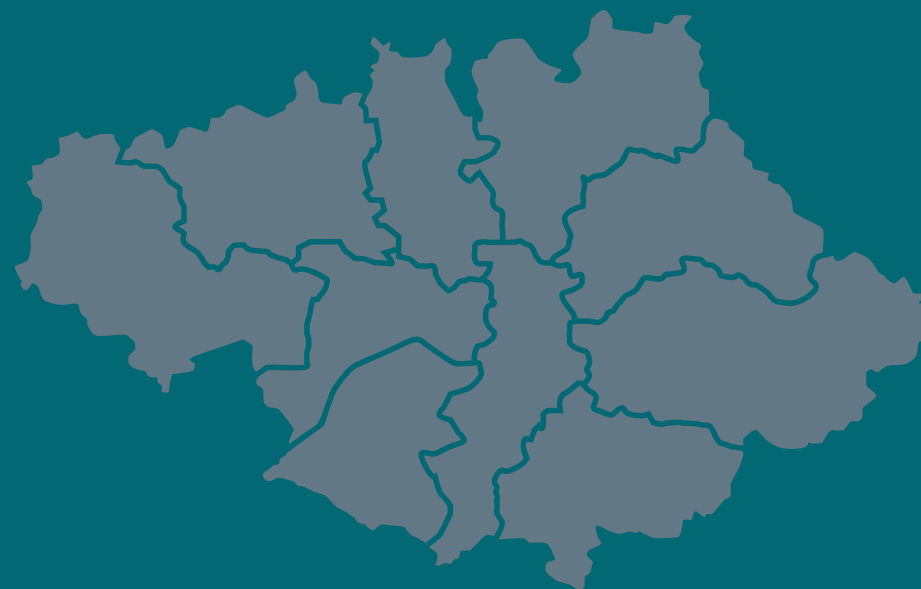
Benefits of this model

- Resolves inequitable variations in availability & delivery – while still enabling localisation to meet specific needs
- Potential for ‘tiering’ e.g. advanced inhaler service in areas of high need
- Huge reduction in bureaucracy & administration associated with local commissioning
- Provider can performance-manage
- Potential for outcomes-based commissioning
- Potential for capitation models for pharmacy management of long-term conditions

Summary

- Community pharmacies want to work with PCNs & have a vast amount to offer (e.g. urgent care, earlier diagnosis, managing LTCs, prevention)
- Services can be localised to meet specific health needs – community pharmacies are ideally placed & easily accessible
- Increased focus on integrated working with GP practices, wider primary care, other services (e.g. care homes, mental health, CVS)
- Community pharmacy workforce development crucial for transformation
- Innovative commissioning models – e.g. via pharmacy ‘lead providers’ – could enable outcome-based, performance-managed services that have a real impact on people’s health & wellbeing

Questions & discussion



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