



August 2013

PSNC Briefing 085/13: PSNC's Vision narrative – a summary

This document provides a short summary of PSNC's Vision narrative document, which can be viewed in full on [the PSNC website](#).

Commissioning

PSNC believes that both local and national commissioning of services can play an important part in community pharmacy's future. However, whenever possible, where a service has been evaluated and proven a success locally and there is a clear need for it in all areas, we believe a national service should be commissioned as part of the Community Pharmacy Contractual Framework to ensure rapid spread of innovation and widespread population coverage.

Obtaining funding for such new services is becoming increasingly challenging, but PSNC believes the recent reforms of the healthcare system could provide an opportunity for some money currently spent on secondary care to be re-deployed to commission similar services closer to patients' homes. This could be through community pharmacy, or it could be through GP practices which would in turn presents opportunities for pharmacies to take on other work currently performed by GPs to free up their resources for the new tasks.

PSNC believes that NHS England can help to maximise the benefits the NHS receives from community pharmacies by:

- Enhancing the range of national services commissioned through the CPCF;
- Supporting enhanced local commissioning; and
- Facilitating relationships to improve team working across professions in the NHS.

Medicines Optimisation

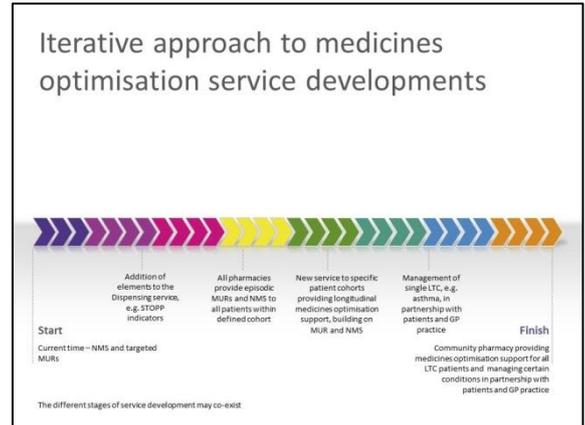
Adding additional elements to the dispensing service to provide further support for medicines optimisation could be a rapid way to increase the contribution of community pharmacy to this important NHS agenda. A range of enhancements could be developed such as the use of evidence based indicators which could be applied to all prescriptions dispensed to highlight interventions which may require a discussion with the patient and/or provider, e.g. by identifying potentially inappropriate prescribing or cases where additional prescribing may be warranted.

Together with standardised reporting datasets and approaches to communicating with the rest of the NHS this could support a focus on specific disease areas or high risk medicines and could then evolve over time to focus on new areas and to respond to emerging issues.

Alongside these indicators, the provision of MURs and the NMS could be developed beginning with one or more patient cohorts. For example, patients with asthma or COPD could be offered annual support via an MUR and additional NMS support when any new medicines are added to their regimen. This would necessitate the provision of these services by all pharmacies and require patient registration of these patients with their pharmacy. This would importantly allow pharmacies to take responsibility for a cohort of patients and in doing so would embed their role in optimising the use of medicines within NHS care pathways.

Over time the NMS and MUR services for that patient cohort could be developed into a revised service that allows more frequent interventions with the patients, moving pharmacies away from episodic care and one-off interventions and towards the provision of longitudinal care for patients. Patient registration would allow the measurement of quality outcomes which could inform further developments.

Focusing on one condition at a time would enable pharmacies to build their confidence in dealing with patients on a regular and long-term basis while also convincing others in the NHS of pharmacy’s capabilities in this area. This approach could enable pharmacies to take on the management of a range of long-term conditions over time in line with NICE guidance. Selection of disease areas would need to be informed by the priorities of commissioners and other stakeholders, but other areas could include type 2 diabetes, Parkinson’s disease, hypertension and poorly managed pain.



Supporting Healthier Lives

The provision of healthy living advice already forms part of the Essential tier within the CPCF and consultations for services such as MURs and the NMS. Many pharmacies also offer a wide range of other public health services such as smoking cessation and emergency hormonal contraception (EHC).

PSNC believes these services will need to develop using a range of mechanisms – some will be designed to meet a specific local need and so should remain the remit of local commissioners; for others, such as the provision of EHC, need will be sufficiently widespread to justify a national service; while others still, such as the provision of seasonal flu vaccinations, could be commissioned from pharmacies under an Any Qualified Provider (AQP) scheme.

Enabling Self-Care

Community pharmacy’s traditional role in helping people to treat themselves for minor illnesses is an important way in which demand for NHS services is already managed. However, we believe that the wider promotion of pharmacies as a place to treat minor illnesses, and the national commissioning of a pharmacy minor ailments service to provide care at NHS expense for patients who would otherwise visit a GP practice could bring further advantages by increasing choice and access, freeing up GP capacity, avoiding unnecessary A&E visits and supporting the NHS 111 service.

A principle barrier to PSNC securing commissioning of such a service in the past has been the NHS’ inability to reallocate funding from the GP contract to pay pharmacies to treat these patients, meaning the NHS would effectively have been paying twice for the service. The new role of NHS England as the commissioner of both GP and pharmaceutical services presents an opportunity to address this and so to revisit the issue.

Supporting Independent Living

Community pharmacies already provide a range of services to help support people to live independently in their own homes, including home delivery of medicines to the housebound, support with re-ordering repeat medicines, compliance aids, falls assessments and signposting patients and carers to additional support.

The development of medicines optimisation services could help to keep patients living independently by reducing the risk of complications with their medicines and conditions. In addition to this the development of a validated assessment tool to determine the most appropriate and safe support to be supplied to patients could ensure that support such as compliance aids is effectively targeted to those most in need of it.

If you have queries on this PSNC Briefing or you require more information please contact [Alastair Buxton, Head of NHS Services](#).