

January 2014

## Guidance for LPCs on responding to NHS England's Community Pharmacy Call to Action

This document contains suggestions on how LPCs may wish to respond to the Call to Action (CTA) and key points they may want to include in their submission to NHS England.

### Routes to respond to the CTA

LPCs have two options for responding to the CTA:

1. Complete the online questionnaire, answering the four questions posed by NHS England in the CTA; and
2. Send a substantive response to the AT.

If possible, we suggest that LPCs feed in via both routes. We would be grateful if LPCs could forward a copy of your response to [cta@psnc.org.uk](mailto:cta@psnc.org.uk); PSNC would like to see local responses, so we can ensure any national summation of views from ATs reflects what has actually been said at a local level.

LPCs may also have the opportunity to provide input into AT discussions on the CTA at locally arranged engagement events.

### What good looks like...

The following points provide top tips on formulating your response to the CTA:

1. The response should not be a community pharmacy wish list. Instead it should relate pharmacy services to local or national patient need and of course it should highlight the patient outcomes that any proposed service would be expected to deliver.
2. The response should be a whinge free zone. We all know that the operation of the NHS has not been perfect in the past and there are many challenges for community pharmacies in the current environment, but responses need to maintain a positive focus on what community pharmacy can do to improve patient outcomes.
3. Make sure you structure your response to cover off the four questions posed by NHS England in the CTA document. We suggest you use the four domains of services set out in the PSNC Vision to structure any description of service developments. The four domains easily map across to elements of the NHS, public health and social care outcomes frameworks and you can highlight the support of contractors for service developments across these four areas (see the supporting information section below).
4. Highlight the importance of national commissioning to drive pharmacy delivery of outcomes for patients. We all know that the sector responds well to national commissioning, as was demonstrated by the rapid implementation of the NMS, but this point needs to be forcibly made in all submissions, as the localisation agenda still holds firm in Government policy and in the minds of many NHS leaders.
5. Use the key points set out below within your response, but remember that responses need a local flavour too – formulaic responses will have less impact on NHS England, hence why we are not providing LPCs with a template response.
6. Don't let the local AT process constrain your response. Hopefully this will not be a risk in your area, but LPCs should be confident in making all the key points on developing community pharmacy services that their contractors would want to see included in a submission.

7. Strengthen your case for community pharmacy service development with external support/ endorsement. Can the stakeholders you have identified provide content or support for your response? You may want to include statements of support from stakeholders within the body of your response, or within an annex. You may also want to consider whether a key local stakeholder, e.g. a prominent councillor, MP or CCG chair, would be willing to put their name to a foreword for your response. A simple template to help you to capture messages of support and views on service development from stakeholders is available on the PSNC website.
8. Consider the possibility of negative responses that may be fed into the AT and whether there are ways you can neutralise these messages in your response, or by seeking further stakeholder support which may counteract negative messages.

## Suggested key points to include in responses

In discussions with patient groups and others, PSNC will be asking them to promote some or all of the following key messages which may also be useful to LPCs to use in their own CTA responses and in their work to engage local stakeholders with the CTA:

1. Community pharmacies are the most accessible healthcare locations in the country and the NHS must make full use of this asset to help people to stay healthy, treat minor ailments and use their medicines effectively.
2. Community pharmacies should be supported to become hubs for healthcare in local communities, being the first ports of call for healthcare advice and helping people to manage their own health and wellbeing.
3. There is a need for the NHS to commission a range of services nationally from community pharmacies so that patients can understand and have equal access to the full range of health and wellbeing services that pharmacies can offer. These services should be commissioned from pharmacies working within a quality framework such as the Healthy Living Pharmacy programme and meeting professional regulatory requirements.
4. Pharmacies and GPs must be incentivised to work together so that they can better support patients, in particular those with long-term conditions and minor ailments, in a collaborative manner.
5. Better use must be made of community pharmacies to help reduce pressures on urgent care, e.g. by promoting the use of pharmacies to treat patients with minor ailments through a national scheme, and by increasing the role pharmacies can play in helping patients to take their medicines correctly.
6. There is a need to empower patients to give pharmacies access to their care records to enable pharmacy teams to ensure that the care they are providing complements, rather than duplicates, that being offered by other healthcare providers.
7. GP, hospital and pharmacy IT systems must be required to develop electronic communication interfaces to enable the sharing of information to promote integrated care.
8. Care offered by community pharmacies must be part of integrated care pathways to ensure that patients receive consistent and joined up care.
9. Better use must be made of community pharmacies to help promote public health messages to the public, to play a key part in prevention and health protection, such as vaccination programmes, and to improve the health and wellbeing of their communities.
10. Community pharmacies can also play a significant role in supporting older people to live independently and this could be a key focus for developing the pharmacy service.
11. NHS leaders and politicians must routinely speak of pharmacists as part of the British healthcare network, referring to “doctors, nurses and pharmacists” to help convince the public of the important role that pharmacy has to play in healthcare.
12. There must be consistency in the commissioning and quality/accreditation measures for community pharmacy services to help patients and pharmacies, as well as increasing cost-effectiveness for commissioners.
13. An open dialogue is needed so that the NHS can understand the barriers its regulatory regime places on mergers and closures, and how it depresses innovation, and address these in future reforms.

14. The bureaucracy surrounding contracting is a major barrier to commissioning of services from pharmacies, particularly the requirement for complex and unwieldy standard contracts for local contracts of limited value.
15. Supply of medicines should become an integral part of the care provided by pharmacies for patients; current funding mechanisms can be revised to remove perceived incentives to supply medicines that are not needed or used, but only as part of the recognition and commissioning of pharmacy care services.
16. In developing the pharmacy service we must identify and focus on where pharmacy can best deliver outcomes for large numbers of people; there is a need to agree early priorities.
17. To help pharmacies to increase the care they provide there must be role-based identification and support for pharmacy team development.

## Supporting information you could include in your response

In October 2012 PSNC carried out a survey of all community pharmacy contractors; 1,080 community pharmacy contractors who between them owned 5,216 pharmacies in England completed the survey. The following key results may be useful to LPCs compiling their responses to the Call to Action.

### Medicines Optimisation Services

- 77% of pharmacy owners said they would be very (59%) or quite (28%) interested in providing more MURs.
- 66% of pharmacies offered the NMS to all eligible patients, with a further 30% offering it to some eligible patients.
- Inadequate funding was the biggest inhibiting factor to MURs and NMS delivery, with 63% of pharmacy owners suggesting that it was a very or fairly big factor.
- More than half of pharmacy owners felt patient attitudes were limiting their ability to provide MURs and the NMS.
- 39% of pharmacy owners felt inadequate skill mix in the pharmacy was limiting their ability to provide MURs and the NMS.
- 92% of pharmacy owners representing 99% of pharmacies were interested in providing more medicines optimisation services with those representing 91% of pharmacies 'very' interested.

### Minor Ailments Services

- Two fifths of pharmacy owners offered a minor ailments service but more than half said they did not because they had not been offered the opportunity to do so.
- 95% of pharmacy owners said they would support a nationally commissioned minor ailments service.

### Public Health Services

- NHS Stop Smoking Services were the most widely offered services with 71% of pharmacy owners providing them, and 19% not having the opportunity to do so.
- 68% of pharmacy owners offered EHC, with 19% not having the opportunity; while 64% offered supervised consumption services, with 18% not having the opportunity to do so.
- More than two thirds (69%) of pharmacy owners said poor funding negatively affected their attitude to public health services, while 58% said poor or inconsistent contracting was a factor.
- 73% of pharmacy owners representing 91% of pharmacies said they would be very interested in providing more public health services, with a further 23% representing 7% of pharmacies quite interested.

### Supporting independent living

- 74% of pharmacies offer a home delivery service for all patients with a further 12% offering it to patients with mobility problems.
- 76% of pharmacy owners supply medicines in compliance aids to support patients to live independently in their own homes.
- 69% of pharmacy owners representing 74% of pharmacies said they would be very interested in providing more services to support independent living, with a further 26% representing 24% of pharmacies quite interested.

### PSNC's Vision

The PSNC vision is for a community service in 2016 which will offer support to our communities, helping people to optimise the use of medicines to support their health and care for acute and long-term conditions, and providing individualised information, advice and assistance to support the public's health and health living.

- 93% of pharmacy owners representing 98% of pharmacies agreed with this aspiration, with 45% representing 37% of pharmacies strongly agreeing.

LPCs may also find useful statistics and information to inform their responses in the following PSNC resources and publications:

[PSNC's Vision Narrative – full version](#)

[PSNC local government leaflet \(July 2013\)](#)

[PSNC flyer on Urgent and Emergency Care](#)

[Summary report on the PharmOutcomes NMS data \(Nov 2012\)](#)