

Community Pharmacy Integration

2016/17 Survey Report For External Audiences

July 2017



PharmacyVoice

Speaking up for community pharmacy



Background and introduction

The health and care system is facing major financial, workforce and service delivery challenges. As part of attempts to tackle these, a number of new local healthcare systems and structures are being developed. A key part of this has been the creation of 44 Sustainability and Transformation Partnership (STP) areas, but other evolving arrangements include the Vanguard sites and devolution.

Community pharmacies are a vital part of the primary care network. Every year in England, 438 million visits are made to the 11,650 community pharmacies across the country for health-related reasons; this is more visitors than any other NHS care setting receives. Community pharmacies are highly accessible, located in the heart of their communities, and they are, for many, the most regular point of contact with the health service.

Community pharmacists and their teams ensure that medicines are supplied correctly and safely to the public along with appropriate information and advice so that they get the most benefit from them. But pharmacy teams can do much more than this. Pharmacy's role is increasingly focussed on the delivery of clinical and public health services designed to help people make healthier lifestyle choices in areas such as smoking, flu vaccination, sexual health, alcohol, physical exercise and diet. Pharmacies can also offer acute illness advice and treatment, giving people the help they need quickly and conveniently, and reducing pressure on other primary care providers, including GPs.

There are numerous references in national guidance on the emerging healthcare systems to the need to integrate community pharmacy into local primary care plans. Local Pharmaceutical Committees (LPCs) are the local representatives of community pharmacy owners and they have been working with commissioners to try to achieve this integration and to ensure that community pharmacy can be used to its full potential to help patients and the NHS. In order to better understand the extent of community pharmacy involvement in the development of new care models, Pharmacy Voice, PSNC and the Royal Pharmaceutical Society carried out a survey of LPCs in December 2016. This report outlines the results, and explains how local care systems can get more from their local community pharmacy network.

LPC Survey: data collection

The survey was sent by PSNC to every LPC Chief Officer (n=70) in December 2016. The survey was open for four weeks and a number of follow up requests to complete the survey were sent during this period. In the final week, LPCs that had not responded were contacted by phone, and the survey was completed verbally.

In total, 58 (83%) of the 70 LPCs invited to respond did so either by completing the survey online or by telephone.

The survey asked respondents to indicate on a scale of 0 (no involvement) to 5 (high level of involvement) how involved community pharmacy had been (where relevant) in the following local initiatives:

- Development of STPs;
- Plans for health and social care devolution;
- Establishment of New Care Model 'Vanguard' sites;
- Prime Minister's GP Access Fund projects; and
- Any other care model or health and care planning initiative.

If respondents were aware of multiple plans or projects in any of these categories (for example if there was more than one Vanguard site in their LPC area or the pharmacies they represented sat within more than one STP area), they were asked to provide an overall rating for levels of community pharmacy involvement across the programmes in that category. Where respondents were not aware of any such plans or projects in their area, they were asked to report 'Not Applicable' (N/A).

Where LPC respondents were aware of their STP footprints, and of any specific Vanguard, devolution, Prime Minister's GP Access Fund or other initiatives in their area, they were also asked to provide free text comments on the level and nature of community pharmacy involvement in these, and what they saw as the barriers to or enablers of engagement.

Results

In each category of service transformation programme, the most common response was that community pharmacy had 'no involvement' in the initiative.

The category with the highest levels of reported engagement was 'Any other care model', with 23% of respondents rating the level of community pharmacy involvement as 4 or 5. Examples of these 'other' initiatives included:

- Joint Commissioning, Strategic Partnership or Transforming Care Boards;
- Vertical integration programme (a hospital taking over 9 practices);
- Emergence of GP federations;
- Hospital discharge projects;
- Provider companies; and
- Accountable Care Organisation programmes.

The programmes that LPCs expressed least engagement with were the Prime Minister's GP Access Fund and plans for health and social care devolution, with 55% and 50% of LPCs respectively rating their involvement as 'none'. However, it should be noted that such initiatives would only be relevant in a small proportion of cases, and it is possible that some respondents have reported 'no engagement' when 'Not Applicable' would have been more appropriate.

Table 1: LPC Reported involvement of community pharmacy in local service transformation initiatives

In your LPC area, how involved has community pharmacy been with the following:							
Involvement scoring (0=none, 5=high):	0	1	2	3	4	5	N/A
STPs	33%	28%	14%	16%	5%	5%	0%
Plans for health and care devolution	50%	17%	7%	3%	2%	2%	19%
Vanguard sites	41%	12%	10%	2%	3%	3%	28%
Prime Minister's GP Access Fund	55%	12%	2%	3%	3%	7%	17%
Any other care model or health and care planning	31%	17%	7%	7%	9%	14%	16%
Average:	42%	17%	8%	6%	4%	6%	16%

Note: Primary Care Home (PCH) sites

In a separate piece of work carried out in late 2016, PSNC also collected data from the LPC Chief Officers in areas where there is a PCH test site. Of the LPCs contacted (15):

- 100% were aware of the PCH initiative;
- 80% reported they had made efforts to engage with their local programme; and
- 20% reported some progress in involving community pharmacy in the programme.

A number of clear themes also emerged from the qualitative data gathered from the free text questions, and these are discussed below.

Summary of findings

The results set out in Table 1 show that LPCs feel community pharmacy has generally low levels of involvement in local strategic planning, commissioning and service development initiatives. This is also the case in the PCH sites areas where, despite efforts to engage and get community pharmacy involved, most LPC leaders feel they have made little progress.

However, there is evidence of high levels of involvement in some areas, perhaps in particular in more locally determined planning and delivery models.

Challenges to community pharmacy involvement

The qualitative feedback provided by respondents to the survey provides some insight into the challenges that community pharmacy leaders appear to be facing in trying to maximise the sector's potential within the evolving health and care systems.

The most common remark made by respondents was that community pharmacy often felt overlooked by leaders of the various programmes. In some cases this meant that community pharmacy leaders were struggling to gain any access at all to people and groups responsible for, or influential in, planning and decision-making. In other cases access was secured, but the impact of any involvement was limited.

In some cases while LPCs were invited to attend meetings and events, it appeared to them that many of the decisions had already been taken and that they were simply being informed about the outcome. Others reported a lack of 'follow-through' after otherwise productive and thought-provoking discussions. While no single issue was identified as the reason for this lack of influence, explanations included:

- Scheme leaders pre-occupied by secondary care priorities at the expense of primary care;
- A tendency to default to GPs as the sole or main 'primary care' providers, and reluctance from GPs to commission from community pharmacy in some areas;
- General lack of capacity of NHS/local authority leaders to engage due to pressure on team; and
- The lack of a clearly defined goal for pharmacy to fulfil, making engagement complex.

Successful community pharmacy involvement

Despite the challenges in some areas, there were examples of positive collaboration, with community pharmacy playing an extended and useful role in some care systems. In particular, where LPCs persisted with the programmes, and where close working relationships with other healthcare providers either already existed or could be created, the results were more positive.

Examples highlighted in the feedback demonstrate new approaches to integrated care that used the unique opportunities presented by community pharmacy to deliver improvements in patient care. The types of schemes and initiatives in which community pharmacy was being involved varied considerably and are set out in Table 2.

Table 2: Topics where community pharmacy is involved in local transformation plans

Topic	Number of mentions
Workforce development	4
Urgent care	2
Emergency medicines	2
Repeat prescriptions	1
Palliative care	1
Respiratory pathways	1
Alcohol	1
Hospital discharge	1
Medicines management	1
Mental health	1
Practice based pharmacists	1

We set out below two case studies with local care leaders may like to discuss with their LPCs.

Case Study: Nottinghamshire pharmacy project releases 1,400 hours of GP time in six months

Six sites across Derbyshire and Nottinghamshire have been exploring how to best utilise the skills of both GPs and community pharmacists through new models of care. Independent prescribers, who are pharmacists who have had additional training in order to be able to prescribe some medicines, were one possible way to reduce workload on GPs.

Between 1st April and 30th September 2016, the pilot sites, funded by NHS England North Midlands and hosted by Newark and Sherwood Clinical Commissioning Groups, delivered 7,670 consultations. Most of the consultations were either to carry out a pro-active medicine review (54%) or a routine review of the patient’s long-term condition (27%). Data collected for the report has already found that consultations undertaken by independent prescribers are more cost-effective, at less than half the cost of a GP consultation, and are making a significant contribution to reducing avoidable hospital admissions, saving the NHS an estimated £710k per annum. The released GP capacity created an additional 800 appointments per month and 100% of patients surveyed stated that their experience of a consultation with a pharmacist was positive.

Case Study: Devon pharmacy project helps 8,000 people

Pharmacy teams in Devon helped more than 8,000 patients during the first five months of a ‘Pharmacy First’ scheme which brought together three services to make accessing prescription medicines more convenient for patients and help reduce pressure on out of hours services. The scheme included a minor ailment service (MAS) delivered via a Patient Group Direction (PGD), a winter ailment service and an emergency supply scheme.

The services, funded by the Prime Minister’s GP Access Fund, were evaluated between November 2014 and March 2015 inclusive. The Emergency Supply service saw participating pharmacy teams supply 769 different medicines to patients who had run out of their regular medicines. When asked

what they would have done if the service had not been available at their local pharmacy, 53% of patients stated that they would have accessed out-of-hours GP services. 45% of patients using the winter ailment service also reported that they would have used urgent care centres or visited their GP without it. The MAS was similarly successful at providing patients with an alternative method of medicine supply, with the most popular condition presented to pharmacies being bacterial conjunctivitis.

Recommendations and next steps

The survey findings suggest in many areas local initiatives to transform health and social care are not making full use of the community pharmacy network. We know that where community pharmacy is fully utilised, it can make a real and positive difference to local patients and healthcare systems. And given the challenges facing the NHS, we do believe the NHS cannot afford to not fully utilise the community pharmacy network.

In particular, community pharmacies could become:

- Facilitators of personalised care and support for people with long-term conditions;
- Trusted, convenient first port of call for episodic healthcare advice and treatment; and
- Neighbourhood health and wellbeing hubs.

There are a number of resources available to help local health and care leaders to better understand community pharmacy and to make the most of the network of pharmacies. We hope that some readers of this report will find some of the following useful:

- The Community Pharmacy Forward View was published in August 2016 by Pharmacy Voice and PSNC, with the support of the English Board of the Royal Pharmaceutical Society. This sets out a vision for the future of the sector setting out how community pharmacy teams could help their health and care partners deliver the more integrated, effective and sustainable service that is described in the NHS Five Year Forward View. Visit: www.cpfv.info
- The Royal Pharmaceutical Society has recently sent a letter to all leaders of STPs, asking them to include pharmacists in their plans and setting out example of how they could do this. This can be read at: tinyurl.com/y8okwvxc
- The PSNC commissioners' hub and email newsletters provide a wealth of information on how and why commissioners might wish to use community pharmacy better. Find out more about pharmacy, including information on specific services, at: psnc.org.uk/commissioners
- Your LPC is the local representative of community pharmacy owners and can offer a wealth of information about local pharmacies and the services they might be able to deliver. You can find their contact details at: lpc-online.org.uk

As part of the implementation of [Next Steps for the NHS Five Year Forward View](#), we hope that STP leads and other local decision makers will consider inviting local pharmacy leaders to participate in strategic planning and decision-making activities, working with them to evaluate the opportunities for community pharmacy to contribute to their local service improvement objectives.