

Community Pharmacy Integration

2016/17 Survey Report For LPCs

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, and as part of attempts to tackle these, a number of new local healthcare systems and structures are being developed. The evolution of these new planning, governance and delivery arrangements has been rapid and many, both within the NHS and in the wider health and care system, have struggled to keep up. Local Pharmaceutical Committees (LPCs) have been amongst those trying hard to get a seat at the planning table, but not always able to find the right route in. This is despite numerous references in national guidance on the new systems referring to the need to integrate community pharmacy into local primary care plans.

Looking across the 44 evolving Sustainability and Transformation Partnerships (STPs) it is clear that in many areas the potential contribution of the community pharmacy sector has not been considered or explored in detail, or fully understood. This reflects anecdotal feedback received by the pharmacy organisations during 2016 which suggested that fruitful relationships between community pharmacy representatives and those leading STPs and New Care Models were far from widespread, with significant differences in levels of engagement by region.

In order to better understand the extent of community pharmacy involvement in the development of new care models and STPs, Pharmacy Voice, PSNC and the Royal Pharmaceutical Society carried out a survey of LPCs in December 2016. As well as giving an overall picture, the survey would identify areas where community pharmacy is well embedded, and give information about the challenges encountered where it is not, so that experiences and lessons could be shared across the system. Thank you to all LPCs who took part in the survey. This report has been written for LPCs, and it summarises the findings from the survey as well as offering advice for LPCs from one area in which engagement has worked well.

LPC Survey: data collection

The survey was sent by PSNC to every Local Pharmaceutical Committee (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 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 Primary Care Home 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.

The qualitative feedback provided by respondents to the survey provides some insight into the challenges that community pharmacy leaders appear to be facing, and what might be facilitating effective communication and partnership working where this is occurring.

Challenges to community pharmacy involvement: being overlooked and lacking influence

The most common remark made by respondents was that the sector was often 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.

Some respondents remarked that, while they 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, or that while they were given a say on service design, it was unclear what influence that view brought to bear on the final decision. Others reported a lack of 'follow-through' after otherwise productive and thought-provoking discussions.

"...[STPs]...started with a paradox for stakeholders like pharmacy on the "outside". We were being told that this was the only game in town, important that we engage etc, but were not privy to any of the discussions." (STP)

"No engagement with pharmacy at all. LPC has reached [out] to them, NHS England XX region has also reached out to STP lead to encourage engagement with community pharmacy but has also not been successful." (STP)

"The LPC was invited to proactive care and prevention stakeholder meetings which were well attended by health professionals, social services and voluntary groups. I'm unsure of how much influence any of us had."

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,** and giving only 'lip-service' to out of hospital care.

"Primary Care as a whole was a bit of an after-thought..." (STP)

- **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,** although this seemed to

vary quite distinctly between LPC areas, with some examples of GPs and community pharmacies working closely and very effectively together.

“Some GPs, were very reluctant to consider Minor Ailments schemes or how pharmacy could support improved access.” (PM GP access fund)

“All [local vanguard sites] have engaged but with limited actual change that impacts Community Pharmacy. The only tangible changes appear to be towards GP services and inclusion of practice based pharmacists.”

- **General lack of capacity of NHS/local authority leaders to engage due to pressure on teams and scope of their task.**

“I secured an invitation to one of the STP working group meetings. Although the overarching leaders were uncertain about whether I should be there, the actual working groups welcomed my presence. I see a group who is not deliberately trying to exclude Community Pharmacy, but a group of senior managers who are struggling with the sheer size of the challenge and don't know what they don't know.” (STP)

- **Complexity and lack of alignment between commissioner and provider requirements** In many cases local care programmes had a lack of a clearly defined goal for pharmacy to fulfil from the outset. The types of schemes and initiatives in which community pharmacy was being involved varied considerably (see Table 2). But while in some ways it is positive that the sector's contribution to various different care pathways is recognised, without a consistent priority to focus on, or a critical mass of commissioning activity, pharmacy providers may not be in a position to invest in the workforce development and infrastructure required to participate in specific local initiatives. The excessive transaction costs that result from doing things differently in every area create a genuine barrier for some businesses within the sector.

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

Successful community pharmacy involvement

While it was more common for respondents to report difficulties in engaging with local colleagues than successes, there were examples of positive collaboration and influence. 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.

"GPs now have "Choice Plus" appointments which are funded through this scheme and run through the GP Provider Company... Many localities have identified that the same reception triage schemes necessary to make use of these appointments will also allow them to divert patients to the locally commissioned Community Pharmacy Minor Ailments Scheme. The LPC has also had top line discussions with [the GP provider company] about exploring video consultations through the GP Access Fund."

"Invited to stakeholder meetings but only recently have the leadership begun further engagement as we have remained persistent in our efforts to engage. The LPC recently held an engagement event and had keynote speaker from the STP. We are using this to drive engagement further. The Chief Officer has been invited to join the Clinical Steering Group & awaiting confirmation."

"Successes have included repeat prescription management, which is focussing on systems and housekeeping rather than the "Luton model," following an LPC-led public meeting, we are also working on an access to palliative care service which will be LPC led."

Case Study: Norfolk LPC

Like many LPCs, Norfolk LPC has been working hard to influence the new care models and plans. Lauren Seamons, the LPC's Deputy Chief Officer explained that successes have included seats on STP reference groups, regular meetings with local Directors of Public Health, and a hospital refer to pharmacy scheme. Part of the success of the LPC has come through engagement with a wide variety of stakeholders, all of whom have been able to support them in different ways. These have included:

- **Norfolk County Council's Health Overview and Scrutiny Committee (HOSC).** The HOSC responded to a local petition against pharmacy funding cuts and after talking to the LPC posed a series of questions to the local NHS England team, before writing to the Norfolk and Waveney Sustainability and Transformation Partnership (STP) asking them to involve pharmacy.
- **CCGs.** The LPC maintains regular contact with all the CCGs across its patch – there are five in total. The committee has found that perseverance is crucial to success as, once they have one CCG on board, that will usually encourage the others to follow suit.
- **The Local Medical Committee (LMC).** The LMC can provide overarching guidance covering the whole area, as opposed to the CCGs whose individual remits are geographically smaller.
- **The County Council's Director of Public Health.** The LPC tries to meet with the Director every six months to keep in the loop on HWB summaries and Pharmaceutical Needs Assessments (PNAs). Whilst Directors of Public Health cannot force the inclusion of community pharmacy in local plans such as the STP, they can make recommendations and are influencers in future health and care planning.
- **Healthwatch.** A Healthwatch representative often sits in on LPC meetings as a guest. The representative can, and does, raise patient issues and brings information that Healthwatch has gathered. They can also often advise the LPC on who to speak to about specific issues.

Further examples of LPCs engaging with those responsible for creating STPs and new care models, including details of their success and best practice, were reported on in PSNC's webinar *STPs, new care models and ACS: Where are we now?* Visit psnc.org.uk/webinar to listen.



Conclusion

The survey findings suggest that there is a lot of work to do if we are to secure consistent and effective community pharmacy involvement in local initiatives to transform health and social care. Pharmacy is certainly not the only sector or profession to have concerns about the extent to which it has been involved in the development of STPs, or the implementation of New Care Models. However, this most recent experience reflects longer-standing frustrations about the under-representation of the sector within local commissioning and decision-making structures, and about the tendency for the NHS to view all primary care provision through a GP lens.

Nonetheless, the survey also demonstrates that where local leaders persist in developing relationships there can be great results, and opportunities to significantly improve care and outcomes for local populations.

Recommendations and next steps

Community pharmacy organisations at both national and local level must continue to promote the value that the sector offers to those making decisions; we must be consistent in this, and consider how local leaders can be supported most effectively. PSNC, the Royal Pharmaceutical Society, the National Pharmacy Association, the Company Chemists Association and the Association of Independent Multiple Pharmacies will continue to do this, especially working together through the cross-sector communications group to ensure that messages are aligned and that advocacy work has the greatest possible impact.

The Royal Pharmaceutical Society has 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. The PSNC commissioners' hub and email newsletters provide a wealth of information on how and why commissioners might wish to use community pharmacy better. The challenge now will be to capitalise on these and all the other resources available to have as much influence as possible. We would be grateful for further case studies where LPCs have had success engaging with local organisations – please email these to the national organisations: independentsvoice@npa.co.uk or info@psnc.org.uk.

The national pharmacy organisations will continue to seek ways to support LPCs in their work to influence local healthcare leaders, providing the resources and guidance needed to navigate the changing commissioning and planning landscape as effectively as possible. PSNC has commissioned a focus group project which will explore the attitudes of local commissioners to community pharmacy in more detail; this should give further insight into what the sector can do to improve engagement, and inform future work.

Alongside publication of this report, PSNC has run a webinar for LPCs called: *STPs, new care models and ACS: Where are we now?* The webinar includes a report on this survey, and includes presentations from a number of LPCs sharing the progress they have made locally in gaining community pharmacy involvement in Sustainability and Transformation Partnerships (STPs), new care models and emerging Accountable Care Systems (ACS). The webinar should give LPCs struggling to get involved in the evolving local care systems ideas and guidance on what to do next. Visit psnc.org.uk/webinar to listen to the webinar.