

Linda Bracewell

Lancashire and South Cumbria
Pharmacy LPN NHS England



Lancashire and
South Cumbria
Local Professional
Networks



Influencing at local level (positively 😊)



Taking Local influence to national attention



How did I get here?

“I didn’t get here by dreaming about it or thinking about it-
I got here by doing it”

Estee Lauder

Pharmacy LPN Steering Group

“Ensure contribution of LPNs in each area team is maximised to improve outcomes and reduce inequalities”

- Supporting the development of Local Professional Networks and sharing best practice
- Supporting the development and implementation of national strategy and policy
- Working with key stakeholders on the development and delivery of national priorities
- Providing clinical leadership

Next steps of the Five Year Forward View

Four priority areas defined with STPs as the delivery vehicle for the NHS to 2020/21

- Urgent and Emergency Care
- Primary Care
- Cancer Services
- Mental Health Services

Lancashire and South Cumbria Sustainability Transformation Partnership

The STP will address the following 6 components of primary care:

- General Practice Resilience
- Extended Access
- Increased Investment
- Workforce
- Primary Care at Scale
- Communication



Healthier
**Lancashire &
South Cumbria**

Sustainability and Transformation

Primary Care services including dental, eye care and pharmacy and general practice are central to bringing care closer to home, managing long term conditions, preventing unnecessary hospital admissions and helping people stay well and healthy. Our patients want to be able to see their GP and wider primary care services when they need to.

Lancashire Pharmacy Network Strategy

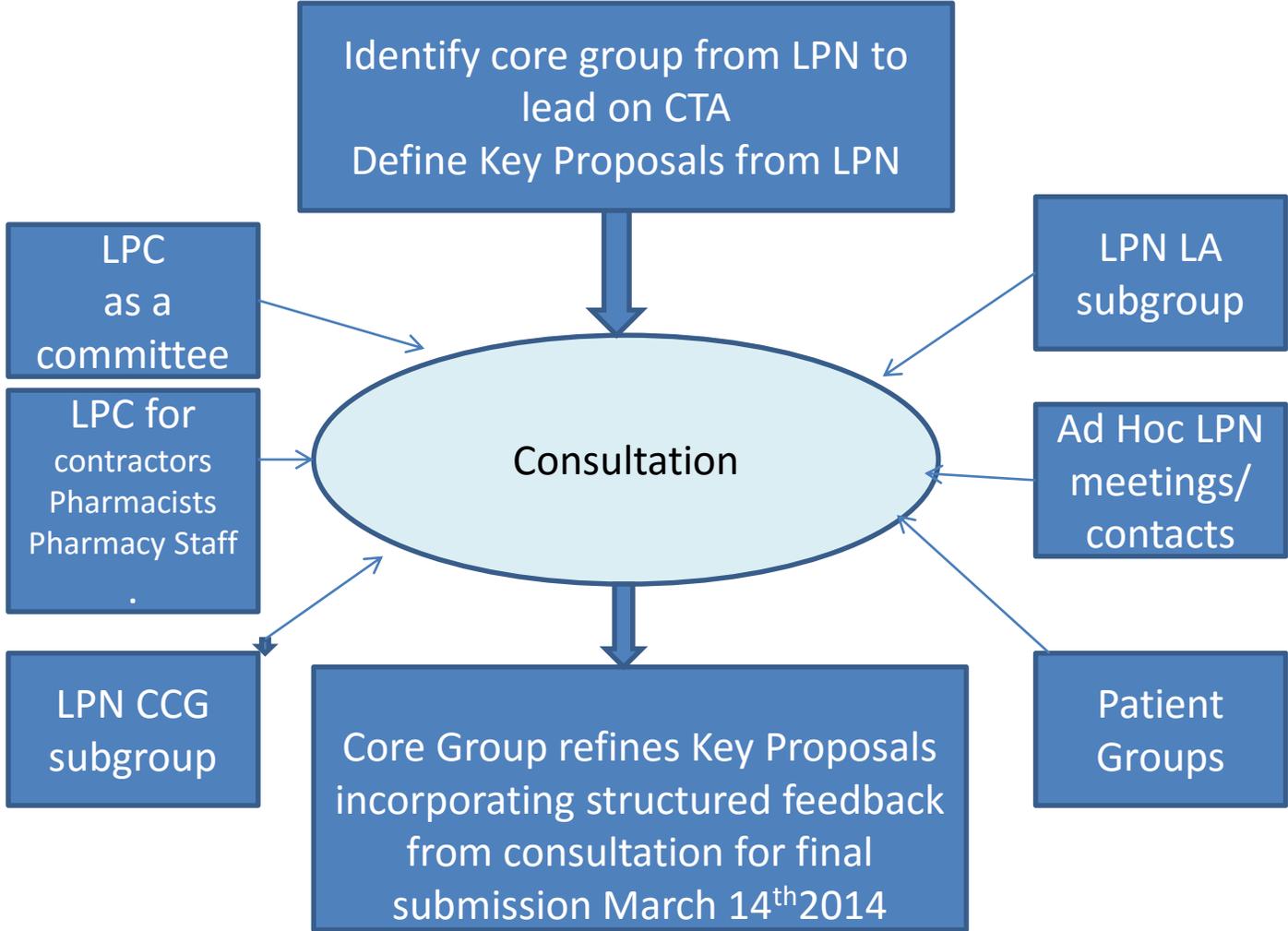
The LPN aims to inform and support the implementation of national strategy and policy at a local level, work with key stakeholders on the development and delivery of local priorities and provide local clinical leadership.

Leadership

“Leaders must be seen to be up front, up to date, up to their job and up early in the morning”

Lord Sieff 1970
(chairman M&S)

Call to Action – Lancashire Plan



Pilot Healthy Living Pharmacy within the national NHS community pharmacy contract.

- To integrate HLP into the core offer of community pharmacy.

Access to patient records for community pharmacists

- Improving patient safety e.g. Patient registration for Long Term Conditions services and vulnerable elderly/housebound using Summary Care Record**

Develop a National Pharmacy Outcomes Framework mapped within NHS and Public Health Outcomes Frameworks.

- NHSE, through Local Area Teams, will use Local Pharmacy Networks as a single point of access to pharmacy leadership to establish this framework.

Articulate in all national guidance, where medicines are included, the added value of pharmacy.

- Pharmacists should be correctly placed to support the redesign and integration of NHS, Public Health and Social Care Pathways.

Patients choose pharmacy to support self care, self-limiting illness and long term conditions because they are well informed and experience excellence when accessing community pharmacy services.

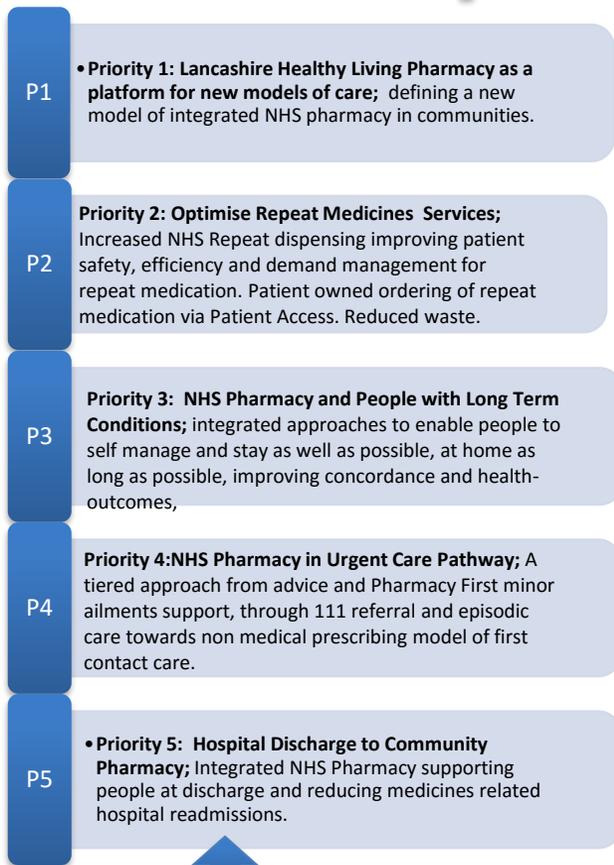
- The public shape the role of community pharmacy through Health and Well Being Boards as an **NHS and Public Health community asset base** – tackling health inequalities and matching population need with provision.

PHARMACY Local Professional Network PLAN ON A PAGE 2017-19

Introduction

- The Lancashire Pharmacy Network aims to inform and support the implementation of national strategy and policy at a local level, work with key stakeholders on the development and delivery of local priorities and provide local clinical leadership to commissioners and providers.
- The vision: **People and Pharmacy; Making the most of medicines and supporting healthier communities in Lancashire**
- The Model: The profession of pharmacy collaborating across Lancashire through the network to develop and improve quality practice, innovate to improve health and well being outcomes and explore new models of care through integration.
- For discussion about this plan please contact LPN Chair Linda Bracewell, lindabracewell@nhs.net

Our priorities for the next 5 years



Initiatives which we will focus on 2017/18 – 18/19

- 1. Implement the CP Forward View** including community pharmacy as:
 - The facilitator of personalised care for people with long term conditions.
 - The trusted, convenient first port of call for episodic healthcare advice and treatment
 - The neighbourhood health and well being hub.
- 2. Implementation of e NHS Repeat Medication Service**
 - Multi-disciplinary learning events on locality footprint
 - Supporting effective communication including EPS, SCR and Patient Access.
- 3. Integration of Pharmacy within Urgent Care Pathway.**
 - Tiered approach for CP
 - Pharmacist in Urgent Care/OOH
 - 111 Pharmacy Referral
- 4. Hospital Discharge to Community Pharmacy**
 - Build capacity of current services
 - Reduce inequality of access to service across Lancashire.

Analysis of Impact against Triple Aims

Care & Quality

- Sustainable, high quality NHS Pharmacy with less variation and fewer inequalities.
- Proactive, co-ordinated, holistic and person centred care
- Resilience through Pharmacy Access Scheme and Quality Payments Scheme.

Health & Wellbeing

- Improved and increased provision of self-care and community based episodic care
- Pharmacy as community hub for public health, sign-posting, brief interventions, healthy lifestyle advice
- Screening e.g. HealthChecks, BP, AF

Finance & Efficiency

- Reduced medicines waste through efficiencies in repeat medicines systems
- Greater utilisation of pharmacy increasing capacity in primary care.
- Concordant approaches to medicines improving patient outcomes and reducing hospital admissions.

An underpinning programme of enablers includes:

A. NHS Pharmacy supporting Digital Maturity through EPS towards EPS4, SCR access towards read/write access to patient records, pharmacy network integration e.g DOS. **B. LPN for pharmacy** as the engine room leading change in pharmacy towards integrated models of delivery. **C. Developing the pharmacy workforce** through leadership and cultural change towards knowledge, skills and competencies to deliver integrated roles in health and social care teams.



versus



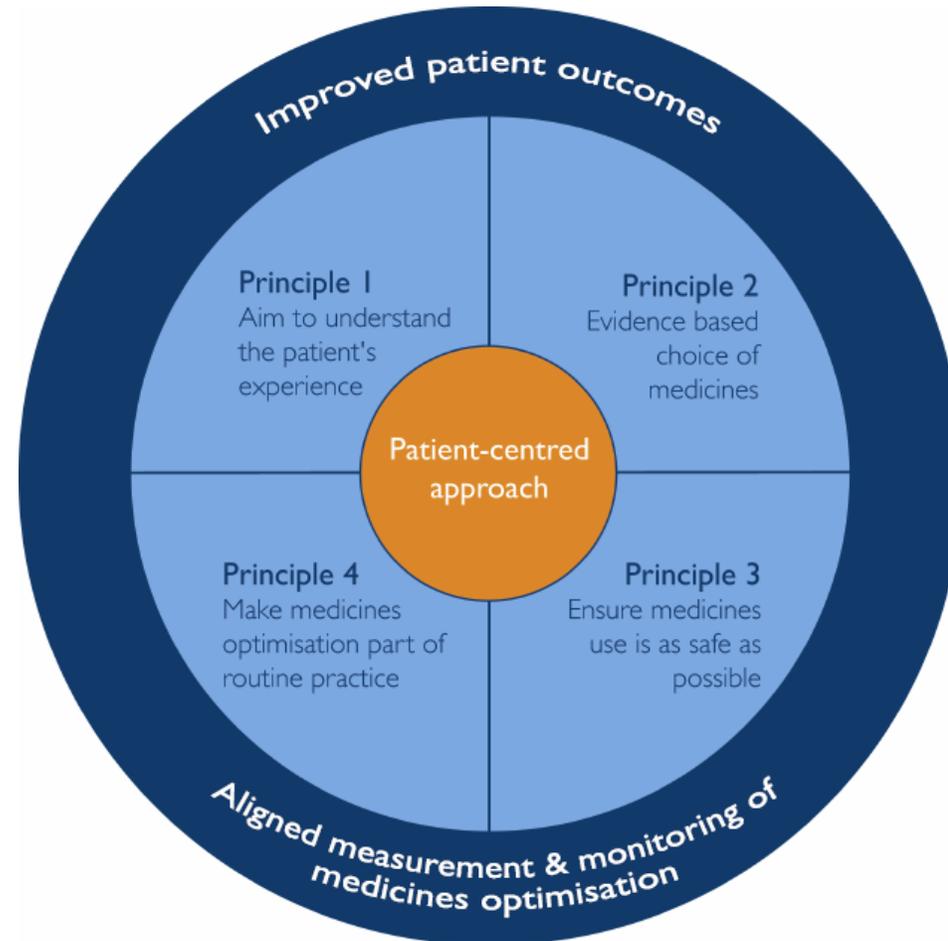
“We have a list of measurable objectives”

“I have a dream”

Influencing a Local Delivery Plan

- Clear collective goal that everyone can aspire to
- Shared objectives, values and sense of purpose for coordination and control
- Commitment to a common purpose creates energy for delivery

Medicines Optimisation Principles



Medicines Ordering Principles

- Patients/carers to order repeat Rx themselves electronically – increasing the use of patient access portals
- Patients/carers to order repeat Rx by other routes to ensure access e.g. dedicated telephone lines
- Increased use of electronic repeat dispensing
- Auditable systems of pharmacy ordering for vulnerable patients
- Adherence to NICE guidance for Care Home ordering with homes responsible for ordering and stock control



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Refer to pharmacy

Data from R2P April 2017 for Pennine Lancashire :

- 714 referrals were made to community pharmacies (an average of 7 per pharmacy)
- 91 hospital admission notifications were sent(aiming to prevent waste e.g. By stopping supply of MDS)
- 21 referrals identified unintentional prescribing errors on the next GP prescription(underpinning safety benefits)
- 48 referrals have resulted in 130 prescription items *NOT* being dispensed. (a saving of around £1193)

Urgent Care

- Pressures will be familiar to all
- Five Year Forward View:
 - “need to redesign urgent and emergency care services in England for people of all ages with physical and mental health problems”
- Urgent and Emergency Care Review:
 - “a fundamental shift in the way urgent and emergency care services are provided to all ages, improving out-of-hospital services so that we deliver more care closer to home and reduce hospital attendances and admissions”

Urgent and Emergency Care Review

“Community pharmacies can make valuable contributions to local health communities’ urgent care programmes. They can enhance patient safety and reduce pressure on other parts of the local health community, particularly general practice, thus creating headroom for the management of patients with more serious problems”

Why is the service needed?

In the North West NHS111 has taken:

22998 calls in the last 6 months where the outcome was a need for a repeat prescription

In Blackpool and Fylde and Wyre CCG areas:

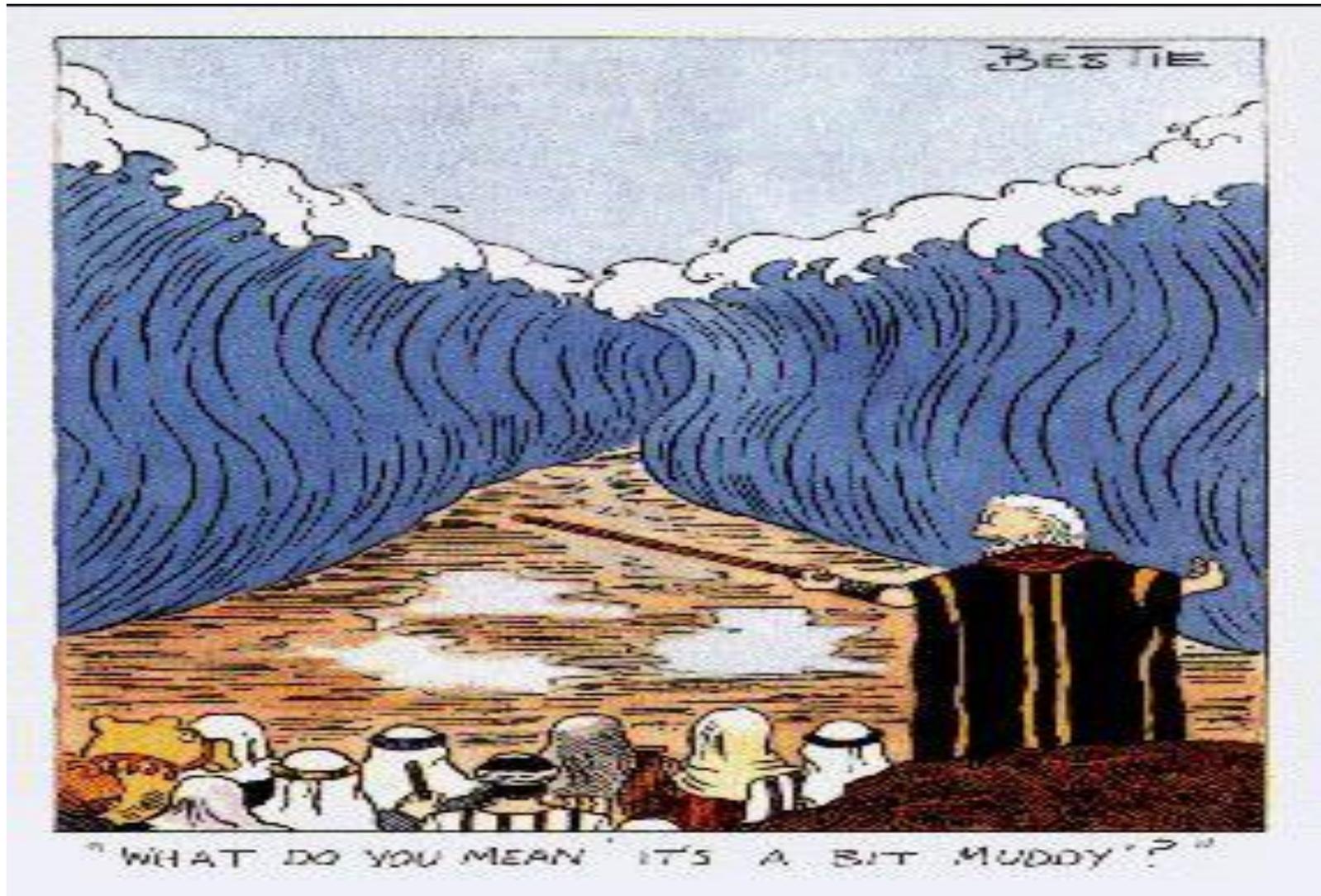
- 1503 calls for these reasons in the last 6 months
- All but 24 were passed to a GP Out of Hours service
- We have the potential to free up nearly 3000 OOH contacts per year in these CCG area's alone

Key issues for community pharmacy

- **NHS mail – integrate into everyday work for patient confidential information exchange.**
- **DOS kept up to date for quality payments and 111 referrals**
- **Increased use of Summary Care Record- essential for patient safety with added benefit for quality payments.**
- **PharmOutcomes – GP e mail addresses and information exchange**

All building foundations of future integration agenda placing pharmacy in Urgent Care network.

The journey so far...

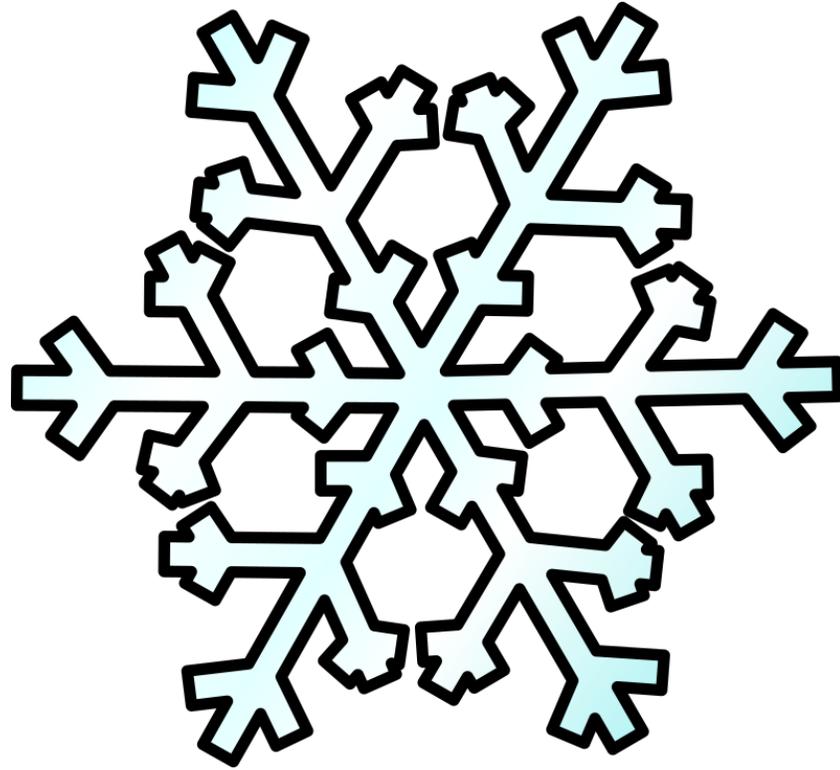


Pharmacy Workforce



Next steps

- To support the emergence of new models of care that are population based whilst retaining the local knowledge and clinical understanding of primary care professionals.
- To fully integrate services and funding towards Accountable Care Systems
- Coming soon : Primary Care Home



Snowflakes are one of Nature's most fragile things.....

.....but just look at what they can do if they stick together.....