



NAPC | National Association
of Primary Care



Role of Community Pharmacy in Building the Primary Care Home

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About the National Association of Primary Care (UK)

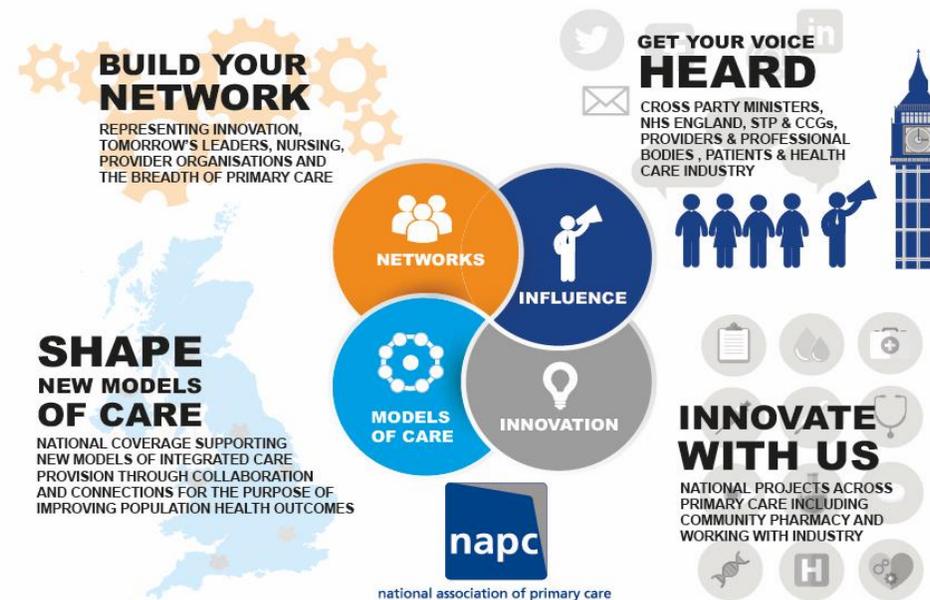
The **National Association of Primary Care (NAPC)** is a UK membership organisation representing and supporting the interests of all healthcare professionals, both clinicians and managers, working across the breadth of Primary Care.

The NAPC helps shape the future of healthcare delivery, enabling its membership provide 'best in class' patient centred healthcare.

The Primary Care Home new model of care is now shaping the future delivery of 'first contact' community based care services.

Membership consists of;

- The four contractor NHS primary care providers (general practice, community pharmacy, community dentistry and optometry)
- Primary Care Homes – Community of Practice
- Primary Care Federations - through the National Association of Provider Organisations network
- National Primary Care Network Network – National Thought Leadership
- Nurses Voice Network – for community nursing
- Innovation Networks e.g Primary Care Navigators programme
- National Practice Managers' Network – Advanced PC Management diploma



www.napc.co.uk/primary-care-home

@NAPC_NHS #primarycarehome #FutureNHS



What is a primary care home?

- An integrated-care provider model
- Focussed on the needs of a defined population
- Building on the strengths of registered list general practice
- Individual and population health responsibility
- The ‘home of care’ for a population
- The right size to **scale** and the right size to **care**



Primary care home story

- Developed by the National Association of Primary Care (NAPC)
- Launched in autumn of 2015 by Simon Stevens, with first 15 rapid test sites selected later that year
- Brings together a range of health and social care professionals to work together as ‘a complete care community’
- Care community drawn from GP surgeries, community, mental health and acute trusts, social care and the voluntary sector
- Focus on improving health for their local community and providing care closer to people’s homes



NAPC's definition of primary care

- A person's first point of contact with the health and social care system
- A person-centred (holistic) approach, rather than disease focused, to continuous lifetime care
- A comprehensive set of services, delivered by multi-professional teams, with a focus on population health needs
- The co-ordination and integration of care in partnership with patients and providers



NAPC definition of Primary Care

Patients' first point of contact with the health and social care system

CP as the trusted, convenient first port of call for episodic healthcare advice and treatment

Provides the majority of our preventative and curative health needs, health promotion and care monitoring requirements

CP as the neighbourhood health and wellbeing hub and the facilitator of personalised care for people with long-term conditions

Personalised approach rather than disease focused

CP Makes ECC, HLP interventions

Comprehensive services delivered by multi- professional teams focus on population health

CP optimises existing "service menu" (national and local, NHSE, Public Health) and builds to meet need

Co-ordinates the integration of care in partnership with patients and care providers

CP as the facilitator of personalised care for people with long-term conditions eg Care-plan



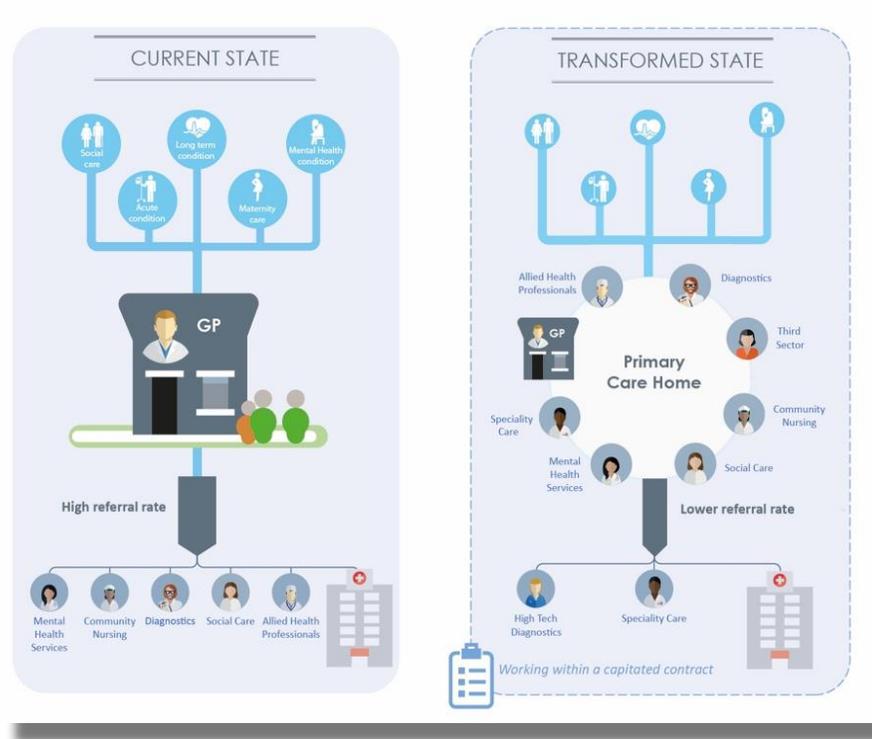
Guiding principles for the PCH project

- **Support bottom up transformation:** Encourage the bottom up development of the PCH model by rapid test sites, only recommending 'top down' solutions where it supports PCH development
- **Be facilitative, not prescriptive:** Facilitate and advise rapid test sites on the development of their PCH model, linking them to best practice, learning and thought leaders, to help shape their development
- **Be behaviour focused:** Prioritise the culture and clinical/managerial behaviours required to transform local health and social care services, not just the organisational and process changes
- **Be driven by network and shared learning:** Prioritise networking and peer to peer engagement as the most effective means of sharing knowledge and developing capability wherever possible.
- **Plan, do, study, act:** Supporting innovation and development through plan, do, study and act cycles to test an idea by temporarily trialing a change and accessing its impact.



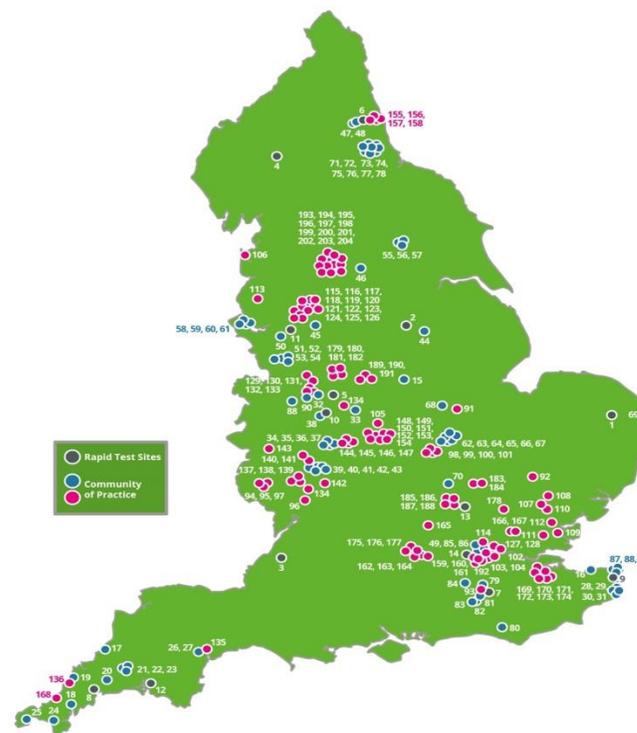
PCH has four key characteristics

- 1 Whole population health management
- 2 Financial drivers aligned with the health needs of the whole population
- 3 An integrated, multi-disciplinary workforce
- 4 Focus on 30,000 – 50,000 people



Spread of primary care home

- **Spread:** More than 200 sites
- **Population:** 8 million covering 14% of the population
- **GP:** 828 GP practices / 11%
- **STP** coverage: 34
- **ACS** coverage: 5



PCHs have released benefits for patients, staff, practices and the wider system

Pilot Site Example Benefits		
A&E Attendances	▼	£27k of savings each year enabled by providing extended primary care access in Thanet
A&E Admissions	▼	£295k of savings from reductions in A&E admission driven by Thanet Health
GP Referrals	▼	330 GP referrals to hospital avoided given a slowdown in the growth rate demonstrated by Beacon Medical Group
Prescribing Costs	▼	£220k of prescribing savings demonstrated by Larwood and Bawtry
Staff Satisfaction	▲	67% of staff surveyed felt that PCH had improved their job satisfaction
Utilisation	▲	78% of staff felt PCH had decreased or not added to their workload
Staff Retention	▲	86% of staff regarded Beacon Medical Group as a good employer
Patient Experience	▲	82% of staff felt that PCH had improved patient experience
GP Waiting Time	▼	6 day reduction in the average time patients wait to see their GP
Population Health	▲	13% increase in flu vaccinations for patients with COPD registered with Beacon Medical Group
Length of Stay	▼	8 day reduction for admitted care home residents registered with Beacon Medical Group

NAPC, PA Consulting (2017) Does the primary care home make a difference?



Role of Community Pharmacy in Building Primary Care Homes

NAPC formed a Pharmacy Forum with the purpose of producing a guidance document for aspiring Primary Care Home sites to pragmatically:

1. Build and engage to grow trust and effective ways of working and generate “Team Primarycare”. Mobilise the local leadership (LPC+LMC)
2. Understand the skillset Community Pharmacy can bring to your local workforce and how that will benefit your population and patient -care
3. Provide blue-prints of already established, tried and tested Community Pharmacy led innovations – Service Directory with case studies
4. Explore and guide on main enablers in the delivery of aligning community pharmacy in the primary care sector via the Primary Care Home
 - IT Inter-operability
 - Workforce Development
 - Contracting and Financing



The Pharmacy Forum – Who we are

The forum aims to be representative of both front line staff, independent Pharmacies and large corporates and the key stakeholders. The group is currently made up of :

Michael Lennox – NAPC Council, CEO Somerset LPC

Dr James Kingsland – NAPC President

Liz Stafford – External Relations & Policy Development, Rowlands Pharmacy

Alastair Buxton – Director of NHS Services, PSNC

Malcolm Harrison – Senior Manager, Projects and Contract Development, Boots

Ash Soni – NAPC Board member, RPS President

Clare Kerr – Head of Healthcare Policy and Strategy, Celesio

David Bearman – Chair, Devon LPC and South-West LPN

Gary Warner – South Central Regional Representative, PSNC lead on IT



Community Pharmacy Integration

5 key enablers, who, why and how?

1. Who and why? LPC lead the PCH-aligned CP contractors to:
Build the BELIEF, take ACTION, use RESULTS
Enable – Engage – Entice – Enrol – Enhance/Expand the delivery
2. What?
Service Directory – based on already tested and new from CP5YFV and Murray report (the go-to-guide of the tried and tested)
3. How?
IT – Integrate and optimise the BAU and build the new! From SCR to inter-operability access
4. How?
Workforce – PCH plans include how to support and integrate with CP
5. How?
Contracting and payment systems – understand and explore futurity



Community Pharmacy - Role in Multi-Professional Team Care



Experts in medicines (pharmacology/pharmacokinetics etc.)

Integrated member of multidisciplinary team

Patient facing role

Medicines Governance

Long-term conditions

Polypharmacy

Common ailments

Efficient and effective medicines procedures

- Repeat prescribing
- Medicines reconciliation for example



Examples of Community Pharmacy Patient Care

Repeat Prescribing – review of process

Repeat Prescription authorisation/reauthorisation

Medication Optimisation (enquiries, alerts/information, reviews)

Therapeutic Drug Monitoring

High Risk Medicines search and monitoring i.e. methotrexate, lithium

Minor ailments

Independent prescribing responsibilities, up-titrating, optimising therapy

Care home reviews

Clinical Audit – e.g. antimicrobial surveillance

Education delivery – other HCP's, patients



Types of accountable care models: NHSE



Structural change

Collaborative change

ACO business unit?

Primary care network

ACO – fully integrated
Single contract with integrated budget (inc core primary care)

ACO – partially integrated
Integrated contract aligned with GMS/PMS practices

Virtual MCP or PACS

ACS

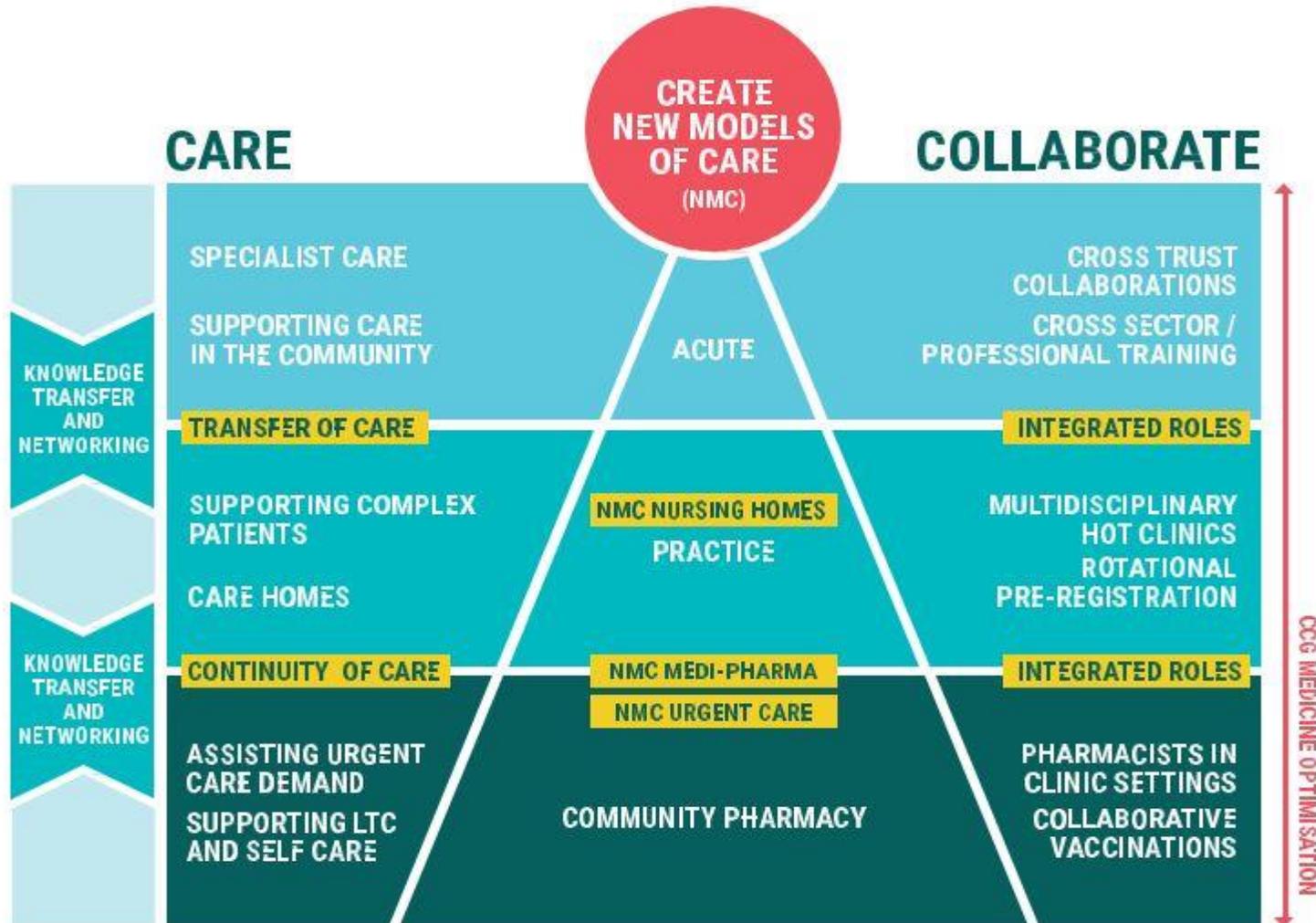
ACOs are organisations with a new contract, rather than collaborations

Small scale

Large scale



Building the Clinical Pharmacy System



Community Pharmacy Forward View

- Community pharmacy provides the **most accessible healthcare** in local communities –especially in under-doctored areas.
- Successive Governments have called for community pharmacy to provide more health services in the community and relieve the pressure on GPs and A+E, but **have not provided the resources or vision to achieve this.**
- The **CPFV is the first sector-wide vision for the future of community pharmacy.** It renews the dialogue between the community pharmacy sector, the NHS and Government, and provides the basis for working together more effectively in future.



Community Pharmacy Core



The trusted, convenient first port of call for episodic healthcare advice and treatment

- Seamless triage to and referral from community pharmacy
- ‘Pharmacy First’ ingrained in people’s behaviour
- Ability to add to an individual’s shared care record
- Diagnostics, point of care testing and prescribing all within community pharmacy setting



Community Pharmacy Core



The neighbourhood health and wellbeing hub

- 'Go-to' location for support, advice and resources on staying well
- Build on Healthy Living Pharmacy model
- Safe and efficient supply of medicines will remain core but recognised as one component of services available
- Work with community leaders to understand local needs and develop services
- Great connections with other local organisations



Community Pharmacy Core

The facilitator of personalised care for people with long-term conditions

- Enhance and expand services
- Based around principles of medicines optimisation
- Personalised care and support plans
- Cost effective use of medicines
- Better health outcomes, controlled costs and reduced demand
- New approach to funding needed





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