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# NHS Long Term Plan Consultation

## PSNC Response

### September 2018

This document sets out PSNC's answers to the NHS England online consultation on the NHS long term plan, as set out here: <https://www.engage.england.nhs.uk/consultation/developing-the-long-term-plan-for-the-nhs/consultation/>

PSNC is a not-for-profit organisation which promotes and supports the interests of NHS community pharmacies in England. We are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. We work closely with Local Pharmaceutical Committees to support their role as the local NHS representative organisations.

Our goal is to develop the NHS community pharmacy service – enabling community pharmacies to offer an increased range of high quality and fully funded services that meet the needs of, and provide value for, patients and the NHS.

There are 11,619 community pharmacies in England.



## **Section 1: Overarching questions**

### **1. What are the core values that should underpin a long-term plan for the NHS?**

The NHS Constitution sets out some clear values for the NHS which we believe must underpin the long term plan. In particular we would highlight the following values:

- The NHS provides a comprehensive service, available to all
- The NHS aspires to the highest standards of excellence and professionalism
- The patient will be at the heart of everything the NHS does
- The NHS is committed to providing best value for taxpayers' money

If the NHS is to tackle the current sustainability challenges it will need to focus on value, finding ways to deliver care which are both cost-effective and lead to good health outcomes.

Patients should remain at the heart of everything the NHS does, and we believe the NHS must have a renewed focus on trying to reduce health inequalities – this may be particularly relevant as the NHS adopts new ways of working and technologies. Patient empowerment must be another focus, and patients should be helped to care for themselves and avoid preventable diseases. Health and care services should also be integrated and easy to navigate, so that patients are empowered to use the right services, when they need them.

### **2. What examples of good services or ways of working that are taking place locally should be spread across the country?**

Innovative community pharmacy services include:

- Healthy Living Pharmacies (HLPs): The 9,400 accredited HLPs in England are healthy living centres, offering public health advice, self-care support and clinical services. Evaluations show they help avoid GP visits and are valued by patients.
- Supporting transfer of care: When patients are discharged from hospital there are risks of medication errors and re-admission. Community pharmacists can provide expert advice on medicines use at this time. An Isle of Wight pharmacy service, which supported 254 patients over two years, showed a 37% reduction in patients re-admitted to hospital.
- Support with long-term conditions: In a West Yorkshire community pharmacy pilot, patients with long-term conditions received personalised support to set goals and manage their health and medicines. Patients showed an improvement over 12 months in key metrics, such as patient activation, adherence, blood pressure and quality of life, with an academic evaluation concluding that the service would be cost-effective for the NHS to commission.

Services like these, which enable community pharmacies to better help patients and reduce pressure on GPs and A&E, should be rolled out more widely. The challenge is not identifying good ideas, but finding ways to spread them at scale and pace. National commissioning is required to give all patients access to the best services and ensure full integration of services.

### **3. What do you think are the barriers to improving care and health outcomes for NHS patients?**

In working to ensure that all patients in England have access to the most innovative community pharmacy services we have encountered several barriers, including:

- Financial barriers: with the focus on short-term cash savings, there has been a reluctance from local healthcare commissioners to invest in prevention services that will cost money now, but will bring long-term savings by helping to improve health and wellbeing and to avoid preventable diseases.
- Technological barriers: to achieve an integrated healthcare system, all healthcare professionals must have full access to patient records, and this has not yet been achieved.
- Integration/system barriers: the separation between health and social care services, and in particular the problems with people having delayed discharges from hospital, are increasing pressure on health services and affecting patient services.
- Integration/system barriers: the lack of integration between the contracts for GPs and pharmacies, and the complexities of the emerging local healthcare leadership systems, can lead to duplication of effort and a lack of alignment, with different health professions working towards different goals. Shared incentives to improve health outcomes through collaborative working would improve services.

## **Section 2: Life Stages**

### **Life stage – Early life**

#### **1. What must the NHS do to meet its ambition to reduce still-births and infant mortality?**

There are more than 11,600 community pharmacies in England and they provide highly accessible healthcare, particularly in areas of high deprivation. Overall 89.2% of the population is estimated to have access to a community pharmacy within a 20-minute walk and in the most deprived areas this rises to 99.8% of people. An estimated 90% of people visit a pharmacy at least once per year.

Community pharmacies can provide highly accessible support and advice for pregnant women and mothers of infants to help them to stay healthy and to look after themselves and their child. For example, pharmacies can provide expert advice on diet, smoking cessation, alcohol consumption, supplements and they help to ensure the safe use of prescription and OTC medicines during pregnancy. Providing structured pharmacy advisory services for pregnant women in all these areas could help to meet this NHS ambition; stop smoking services should be an immediate commissioning priority.

#### **2. How can we improve how we tackle conditions that affect children and young people?**

The 11,600 community pharmacies in England provide highly accessible healthcare, particularly in areas of high deprivation. Located at the heart of communities, they are ideally placed to provide health advice to parents, schools and other local community groups involving young people.

Earlier this year, NHS England's Stay Well Pharmacy campaign encouraged parents of young children to seek advice from pharmacies about minor health conditions over the winter months. And community pharmacies, particularly those operating under the Healthy Living Pharmacy (HLP) framework, can offer expert advice and support on a range of topics including:

- Correct and safe use of medicines and devices;
- Referral for red flag symptoms to more appropriate healthcare settings; and
- Support to manage conditions such as asthma.

Extending community pharmacy advisory services like these, so that community pharmacies are empowered to make every contact with children and young people, or their parents, count, and to offer personalised advice on medicines use and healthy lifestyles to children on a routine basis, could help to improve the health of children and young people.

#### **3. How should the NHS and other bodies build on existing measures to tackle the rising issues of childhood obesity and young people's mental health?**

As above, we believe that community pharmacies are ideally located to act as local health and wellbeing centres which could support children to look after their health and wellbeing.

This could particularly be achieved through development of the Healthy Living Pharmacy (HLP) concept. After a successful pathfinder evaluation, the HLP concept was adopted by Public Health



England (PHE) who supported the roll out in pharmacies across the country. More than 9,400 pharmacies (c. 80%) are now accredited as a Healthy Living Pharmacy, but with additional commissioning, for instance of weight management or dietary and physical activity advice services, or signposting to further resources such as apps or local social prescribing options, these pharmacies could do much more to help young people to stay healthy.

Correct use of medicines can be vital to help children with mental health conditions to manage, and community pharmacy could provide structured support and expert advice on this through well-evidenced services such as the Medicines Use Review (MUR) and the New Medicine Service (NMS).

#### **4. How can we ensure children living with complex needs aren't disadvantaged or excluded?**

For many children, their health needs will be closely linked to their environment and to societal issues, and we know that in deprived areas it can be harder to get appointments to see GPs or other healthcare professionals. This is not, however, true for pharmacies. Todd et al, writing for the British Medical Journal, were able to demonstrate that there are more pharmacies in areas in the most deprived decile.

As such, community pharmacists could provide a vital health resource for some children, improving their access to healthcare, close to their homes. With better integration between all healthcare services, pharmacies could act as a first port of call for children, ensuring that they get rapid access to the other healthcare professionals they need, as appropriate.

### **Life stage – Staying healthy**

#### **1. What is the top prevention activity that should be prioritised for further support over the next five years?**

Patient activation, to ensure that patients have the knowledge and motivation to keep themselves healthy.

#### **2. What are the main actions that the NHS and other bodies could take to:**

- a. Reduce the burden of preventable disease in England?**
- b. Reduce preventable deaths?**
- c. Improve healthy life expectancy?**
- d. Put prevention at the heart of the National Health Service?**

Community pharmacists and their teams are amongst the most accessible public health practitioners. In contrast to many other healthcare settings, the country's network of 11,600 community pharmacies bucks the inverse care law: there is a greater density of community pharmacies in the most deprived areas, per head of population. Overall 89.2% of the population is estimated to have access to a community pharmacy within a 20-minute walk and in the most deprived areas this rises to 99.8% of people.

As part of the core national community pharmacy services, pharmacy teams can offer opportunistic one-to-one advice on healthy lifestyle topics to certain patient groups who present prescriptions for dispensing. Many pharmacies are also commissioned to offer public health services by Local Authorities to meet the needs of their population. A wide range of public health and prevention services are currently commissioned at a local level across parts of England including:

- Stop smoking services;
- NHS Health Checks; and
- Sexual health services.

Community pharmacies have a track record in delivering these services, and they are producing positive outcomes, notably for people in deprived or vulnerable circumstances. As community pharmacies are uniquely well positioned to reach out to the population – including ‘apparently well’ people – on a large scale, there is considerable benefit to be gained by extending the range and reach of these services and doing so could make an important contribution to the prevention agenda.

This could particularly be achieved through development of the Healthy Living Pharmacy (HLP) concept. After a successful pathfinder evaluation, the HLP concept was adopted by Public Health England (PHE) who supported the roll out in pharmacies across the country. More than 9,400 pharmacies (c. 80%) are now accredited as a Healthy Living Pharmacy, but with additional consistent commissioning these pharmacies could do more to help to reduce the burden of preventable disease in England.

We would like to see some community pharmacy services, where there is a clear national public health priority to be met, being commissioned nationally. This has successfully happened with the flu vaccination service, and an obvious next choice would be smoking cessation services.

In April 2016, a review of community pharmacy clinical services commissioned by NHS England’s Chief Pharmaceutical Officer to help inform him about the future provision of clinical pharmacy services concluded that there should be: ‘Consideration of making smoking cessation services an element of the national contractual framework.’

### **3. What should be the top priority for addressing inequalities in health over the next five and ten years?**

A drive to help all smokers successfully quit smoking.

### **4. Are there any examples of innovative/excellent practice that you think could be scaled up nationally to improve outcomes, experience or mortality?**

Many locally commissioned community pharmacy services have led to excellent patient health outcomes, and we would like to see more of these commissioned at a national level. Examples include:

- Supporting high blood pressure detection: A large UK pharmacy chain has conducted two million tests since 2000. An analysis was made of 8,586 blood pressure tests performed for a 6-month period in 2010. Only 25% of those tested had ideal or normal blood pressure and more than half of those tested (56%) fell into the hypertensive category, ranging from mild to severe. 8% of those tested showed signs of severe or very severe hypertension and 35% of those under the age of 34 showed signs of some form of hypertension, ranging from mild to very severe.
- The NHS Health Check service; this is locally commissioned across the country, but currently the variable availability of the service means that it is not achieving the intended impact in all areas. Community pharmacies could be nationally commissioned to provide the service, ensuring easy access to all eligible individuals and effective follow-up to support people to adopt healthier lifestyles.
- Contraception services: Emergency hormonal contraception (EHC) is being commissioned by over 90% of Local Authorities. A nationally commissioned first contraception service through community pharmacy, provided alongside national commissioning of EHC provision, would have a positive social impact. A PwC report commissioned by PSNC found a total net value of £24.9 million of short-term societal benefit as a result of the EHC services alone.

#### **5. How can personalised approaches such as paying attention to patient activation, health literacy and offering a personal health budget reduce health inequalities?**

Community pharmacies provide much support to some of the most deprived communities in England. Todd et al, writing for the British Medical Journal, were able to demonstrate that there are more pharmacies in areas in the most deprived decile.

We believe there is considerable scope, if community pharmacy services are upscaled, to improve access to healthcare for some of our most deprived communities, contributing to the reduction of health inequalities. In particular, community pharmacists could have regular conversations with patients, when they come to collect their prescribed medicines, about their health and health goals, to help improve patient activation levels.

A pilot of a pharmacy care plan service, in which patients had regular access to structured consultations with a community pharmacist about personalised health goals, took place in community pharmacies in West Yorkshire. Patients enrolled in the service showed an improvement over 12 months in key clinical and process metrics, such as patient activation, adherence, blood pressure and quality of life. The mean incremental cost associated with the intervention was estimated to be £202.91 (95% CI 58.26 to £346.41) and the incremental Quality Adjusted Life Year (QALY) gain was 0.024 (95% CI 0.014 to 0.034), giving an incremental cost per QALY of £8,495.

#### **6. What is the best way to measure, monitor and track progress of prevention and personalisation activities?**



In terms of individual patients, the best way to track progress would be for them to have sufficient knowledge and understanding to be able to track and manage their progress themselves, in collaboration with a health professional with responsibility for their care. The use of digital developments such as apps and health wearables are likely to make this increasingly possible in the future. To do this, patients would need regular conversations with their lead healthcare professional, and, as described above, community pharmacists could be ideally placed to offer this support, close to people's homes.

### **7. What are the main challenges to improving post-diagnostic support for people living with dementia and their carers?**

One major challenge to the provision of care for people with dementia is obtaining a diagnosis, and we would support a continuing drive to help all healthcare professionals coming into contact with patients to recognise early signs of dementia and refer patients for diagnosis.

To educate people about dementia and early symptoms, the NHS will need to produce compelling communications campaigns and it should continue to make use of community pharmacies to help to deliver those campaigns. Community pharmacies provide highly accessible healthcare at the heart of local communities, and most community pharmacy staff in England are also Dementia Friends (in November 2017, 11,193 community pharmacies in England had over 80% of their patient-facing staff – which is over 70,000 people – trained as Dementia Friends). Pharmacies are therefore ideally placed to help promote NHS campaigns and to talk to people about them. This can be achieved nationally through all pharmacies when NHS England sets the campaigns that pharmacies are contractually obliged to take part in annually.

### **8. What is your top priority to enhance post-diagnostic support for people living with dementia and their carers?**

As is the case for all patients with complex needs, a first step towards meeting those needs is to ensure that healthcare professionals and their wider teams take a person-centred approach to provision of services, which includes having an understanding of the holistic needs of the patient and their carers.

Community pharmacies can provide many services to support people living with dementia and their carers, including the safe and effective use of medicines, but this support could be enhanced by community pharmacy access to patients' health and care records, which would ensure that pharmacists are aware of the patient's condition, where this may not otherwise be apparent from their medication history.

## **Life stage – Aging well**

### **1. What more could be done to encourage and enable patients with long-term health issues to play a fuller role in managing their health?**

Community pharmacies could provide more developed services that help patients to build the knowledge, skills and confidence to do more to manage their own health and care.

In particular, some patients with long-term conditions would benefit from regular support to help them get the best outcomes from their medicines, adopt healthier lifestyles and better manage their conditions. PSNC recently put forward a proposal for a Community Pharmacy Care Plan service which would enable this, giving those who need it more regular access to structured consultations with a community pharmacist who can support them and help them to meet their health goals.

A demonstrator pilot of such a pharmacy care plan service took place in community pharmacies in West Yorkshire. Patients enrolled in the service showed an improvement over 12 months in key clinical and process metrics, such as patient activation, adherence, blood pressure and quality of life. The mean incremental cost associated with the intervention was estimated to be £202.91 (95% CI 58.26 to £346.41) and the incremental QALY gain was 0.024 (95% CI 0.014 to 0.034), giving an incremental cost per QALY of £8,495.

## **2. How could we build proactive, multi-disciplinary teams to support people with complex needs to keep well and to prevent progressions from moderate to severe frailty for older people?**

The development of Primary Care Networks (PCNs), with community pharmacists and their teams fully integrated within the multi-disciplinary team would facilitate the provision of better integrated primary care services. The development of PCNs requires local facilitation and NHS investment to provide time for local healthcare providers to meet, build relationships, plan and train together and ultimately to develop into a real multi-disciplinary team.

Community pharmacies' position as both the most accessible healthcare providers and a network located at the heart of local communities means they are ideally placed to help support integration between patients, primary care and other providers, for example when patients come out of hospital to help them to avoid readmission (see example service below).

Efforts to better integrate all health and care services should focus on creating systems and pathways that allow patients to easily move between the care different settings they need (often simultaneously). Another key enabler to this sort of integration will be improving the interoperability of health and care record systems.

## **3. What would good crisis care look like, that can help prevent unnecessary hospital admissions for older people living with various degrees of frailty?**

When care is transferred between settings, between 30 and 70% of patients have either an error or unintentional change to their medicines. Patients recently discharged from hospital to their homes are also at high risk of readmission.



Community pharmacy services can provide patients with expert advice and support with their medicine regimen from a pharmacist, sometimes in the comfort of the patient's own home. A service on the Isle of Wight, which supported 254 high risk patients over a two-year period, showed:

- a 37% reduction in patients re-admitted to hospital;
- a 63% reduction in total number of admissions;
- a 48% reduction in average length of stay; and
- that 8,850 bed days were saved.

We would like to see all patients who have had a health crisis given the chance to have a consultation with a community pharmacist to ensure that they understand and can get most benefit from their medicines regimens.

**4. What measures should be put in place so that we know that we are improving patient outcomes for older people with various degrees of frailty?**

Other organisations would be better placed to comment on this.

**5. How can we ensure that people along with their carers, are offered the opportunity to have conversations about their priorities and wishes about their care as they approach the end of their lives?**

Other organisations would be better placed to comment on this.



## **Section 3: Clinical Priorities**

### **Clinical priorities - Cancer**

#### **1. What should be the top priority for improving cancer outcomes and care over the next five and ten years?**

From a primary care perspective, the priorities should be prevention and supporting early diagnosis

#### **2. What more can be done to ensure that:**

- a. More cancers are prevented?**
- b. More cancers are diagnosed early and quickly?**
- c. People can maintain a good quality of life during and after treatment?**
- d. People with cancer have a good experience of care?**

There are more than 11,600 community pharmacies in England and they provide highly accessible healthcare, particularly in areas of high deprivation. Overall 89.2% of the population is estimated to have access to a community pharmacy within a 20-minute walk and in the most deprived areas this rises to 99.8% of people. An estimated 90% of people visit a pharmacy at least once per year.

Community pharmacies can provide highly accessible support and advice for people with a whole range of health needs, but they could do much more. In relation to cancer, pharmacies could be empowered to do more to:

- Help people to lead healthy lifestyles that may help them to reduce their risk of cancer;
- Improve people's knowledge and understanding of cancer risk factors and early warning signs;
- Identify any early warning signs and refer people onwards for investigation, in some cases directly to secondary care, e.g. chest x-ray for people with a long-term cough;
- Help people to understand and manage any medications or treatments; and
- Provide advice and support on an ad hoc basis, close to patients' homes.

Community pharmacies have a track record in delivering a range of public health services – helping people to stop smoking, for example – and they are producing positive outcomes, notably for people in deprived or vulnerable circumstances. As community pharmacies are uniquely well positioned to reach out to the population – including 'apparently well' people – on a large scale, there is considerable potential for them to do more to help people to lead healthy lifestyles and decrease their risk of cancer.

This could particularly be achieved through development of the Healthy Living Pharmacy (HLP) concept. After a successful pathfinder evaluation, the HLP concept was adopted by Public Health England (PHE) who supported the roll out in pharmacies across the country. More than 9,400 pharmacies (c. 80%) are now accredited as a Healthy Living Pharmacy, but with additional consistent commissioning these pharmacies could do more to help with cancer prevention, diagnosis and care.

To educate people about the risks of cancer and early symptoms, the NHS will need to produce compelling communications campaigns and it should continue to make use of community pharmacies to help to deliver those campaigns. Community pharmacies provide highly accessible healthcare, at the heart of local communities, and are therefore ideally placed to help promote NHS campaigns and to talk to people about them. This can be achieved nationally through all pharmacies when NHS England sets the campaigns that pharmacies are contractually obliged to take part in annually.

### **3. How can we address variation and inequality to ensure everyone has access to cancer diagnostic services, treatment and care?**

In 1971, academic Julian Tudor Hart described the inverse relationship between deprivation and healthcare provision, i.e. that those with the highest need for healthcare suffer from the worst access. Deprived areas tend to have a lower ratio of GPs and nurses to patients, and it is harder for patients to get appointments. This widens health inequalities generally, and it may contribute in part to variations and inequalities in access to cancer treatments and care.

Community pharmacies may offer part of the solution. Todd et al, writing for the British Medical Journal, were able to demonstrate that, unlike other healthcare providers, there are more pharmacies in the most deprived decile. There is therefore considerable scope to use community pharmacies as a first port of call in primary cancer care, helping to ensure that all patients, including those without easy access to other healthcare providers, have access to:

- Advice on leading healthy lifestyles that can help to prevent cancer.
- Information about risk factors and early symptoms of cancer.
- Conversations with a healthcare professional who may be able to identify early warning signs or red flag symptoms.
- Access to the healthcare system so that rapid referral can occur if cancer is suspected.

## **Clinical priorities – CVD and Respiratory**

### **1. What actions could be taken to further reduce the incidence of cardiovascular and respiratory disease?**

There are more than 11,600 community pharmacies in England and they provide highly accessible healthcare, particularly in areas of high deprivation. With respect to cardiovascular and respiratory disease, community pharmacies could do much more to help to:

- Raise awareness of the risks and symptoms.
- Provide public health advice to prevent disease.
- Identify and manage patients with disease.

Community pharmacies have a track record in delivering a range of public health services – helping people to stop smoking, for example – and they are producing positive outcomes, notably for people



in deprived or vulnerable circumstances. There is considerable potential for them to do more, for instance in areas such as:

- **Healthy Living Pharmacies (HLPs):** The 9,400 accredited HLPs in England are healthy living centres, offering public health advice, self-care support and clinical services. Evaluations show they help avoid GP visits and are valued by patients.
- **Education:** The NHS will need to produce compelling communications campaigns about the risks and ways to prevent cardiovascular and respiratory disease, and it should make use of community pharmacies to help to deliver those campaigns.

## **2. What actions should the NHS take as a priority over the next five to ten years to improve outcomes for those with cardiovascular or respiratory disease?**

As well as helping prevent cardiovascular and respiratory disease, community pharmacies can help people with diagnosed conditions to effectively manage them. Pharmacists can give expert advice on medicines and inhaler technique, to improve adherence, and they could provide a more structured and personalised service to help people with the ongoing management of their condition.

Examples of such services are:

- **COPD Support:** In a pilot service, 34 community pharmacies in the Wirral area recruited 306 patients to a COPD Support Service. The patients were helped to get the most from their medicines through improved understanding, adherence and technique. Patients reported having an improved quality of life and exacerbations were found to be better managed.
- **Care Plan Service:** In a West Yorkshire community pharmacy pilot, patients with long-term conditions received support to set personalised health goals and improve their adherence to prescribed medicine. Patients showed an improvement over 12 months in key metrics, such as patient activation, adherence, blood pressure and quality of life. The mean incremental cost associated with the intervention was estimated to be £202.91 (95% CI 58.26 to £346.41) and the incremental QALY gain was 0.024 (95% CI 0.014 to 0.034), giving an incremental cost per QALY of £8,495.

## **Clinical priorities – Mental health**

### **1. What should be the top priority for meeting people's mental health needs? Over the next five, and ten years?**

From a primary care perspective, the priority must be to ensure that all patients with mental health problems are identified and directed to appropriate treatment options

### **2. What gaps in service provision currently exist, and how do you think we can fill them?**

Mental health services are currently overwhelmed as the number of people affected by mental health conditions continues to rise and demand for services, particularly for children and adolescents, grows.

The more than 11,600 community pharmacies in England provide highly accessible healthcare, particularly in areas of high deprivation. Pharmacists can provide expert advice to help patients to use their medicines appropriately and to manage any side-effects, and this support could be particularly beneficial for patients with mental health conditions.

One specific service development we would like to see is the extension of the New Medicine Service (the NMS is designed to improve patients' understanding of a newly prescribed medicine for a long-term condition and help them to get the most from the medicine) so that patients who have been newly prescribed an antidepressant could benefit from the support of a community pharmacist.

Community pharmacies could also play a role in signposting patients to local specialist services and support groups, including any social prescribing programmes. A community pharmacy service in Sussex which provided physical monitoring of young people on medication for ADHD was found to release 40% of the local adolescent mental health service, providing more input to those with greater needs.

**3. People with physical health problems do not always have their mental health needs addressed; and people with mental health problems do not always have their physical health needs met. How do you think we can improve this?**

Commissioning community pharmacy services that are targeted to meet the physical health needs of people with mental health conditions could help tackle the poorer health that these people currently have in comparison to the broader population. National commissioning of stop smoking services from community pharmacies would provide easier access to support for smokers who also have mental health conditions (smoking prevalence in this group of patients is higher than in the population overall).

Provision of health checks from community pharmacies specifically targeted to people with enduring mental health conditions has also been effectively introduced in North East London. A community pharmacy service in London offered physical health checks and health coaching to people diagnosed with a psychotic illness; this included ECG, blood pressure, cholesterol and glucose testing with results available on the same day. All patients attending community pharmacy health checks had health coaching to support them with physical health, in comparison to 44% of patients receiving standard care.

**4. What are the major challenges to improving support for people with mental health problems, and what do you think the NHS and other public bodies can do to overcome them?**

One challenge in treating all patients, but perhaps particularly those with mental health problems, arises from the fact that for many people a personalised treatment approach, in which they can

discuss their own goals and priorities with a health professional to devise their own care and support plan, is needed.

Regular conversations with a healthcare professional who has been given responsibility for the individual's care, may be beneficial. But clearly this can be very costly in terms of NHS staff time, and already mental health services are stretched to their limit. Raising awareness and upskilling all NHS staff to be better equipped to have conversations with patients about their mental health could help to ensure that whenever patients come into contact with the health service, they receive some level of support, could also be beneficial.

#### **5. How can we better personalise mental health services, involving people in decisions about their care and providing more choice and control over their support?**

Patient activation describes the knowledge, skills and confidence a person has in managing their own health and care. The principles of patient activation should be applied to the planning of care and treatment for patients needing mental health services.

### **Clinical priorities – Learning disability and autism**

#### **1. What more can the NHS do, working with its local partners, to ensure that people with a learning disability, autism or both are supported to live happy, healthy and independent lives in their communities?**

There are more than 11,600 community pharmacies in England and they provide highly accessible healthcare, particularly in areas of high deprivation. Overall 89.2% of the population is estimated to have access to a community pharmacy within a 20-minute walk and in the most deprived areas this rises to 99.8% of people. An estimated 90% of people visit a pharmacy at least once per year.

Community pharmacies can provide highly accessible support and advice for people with a whole range of health needs. In particular, pharmacies can provide expert advice on the use of prescription medicines, which may be crucial to ensure that people with learning disabilities or autism are only taking appropriate medication. Pharmacies can also help to signpost people with specific needs to local support services or social prescribing options.

We would like to see all health professionals given access to patients' care records which may help them to offer the best advice for people with complex needs, such as learning disabilities and autism.

#### **2. How can we best improve the experiences that people with a learning disability, autism or both have with the NHS, ensuring that they are able to access the full range of services they need?**

Community pharmacies can provide highly accessible support and advice for people with a whole range of health needs. In particular, pharmacies can provide expert advice on the use of prescription medicines, which may be crucial to ensure that people with learning disabilities or autism are only



taking appropriate medication. Pharmacies can also help to signpost people with specific needs to local support services or social prescribing options.

As is the case for all patients with complex needs, a first step towards meeting those needs is to ensure that healthcare professionals treating them for any of their conditions have an understanding of the holistic needs of the patient and how they can support them. This can be achieved on a large scale through online healthcare professional educational programmes.



## **Section 4: Enabling improvement**

### **Enabling improvement – Primary Care**

#### **1. How can the NHS help and support patients to stay healthy and manage their minor, short-term illnesses and long-term health conditions?**

Community pharmacies are highly accessible healthcare locations that help people to get most benefit from medicines and look after themselves. But the 11,600 community pharmacies in England could do much more, in particular to help people to stay healthy and manage any minor, short-term illnesses or long-term health conditions. We would like to radically enhance and expand the services that pharmacies provide so they become:

- The facilitators of personalised care for people with long-term conditions
- The trusted, convenient first port of call for episodic healthcare advice and treatment
- Neighbourhood health and wellbeing hubs

Community pharmacy services provide value for money (in one analysis of 12 pharmacy services by PwC, the value to society was estimated to be £21 for every £1 invested in those 12 services) and should be commissioned to provide a wider range of services. One example would be a care plan service for people with long-term conditions. In a West Yorkshire community pharmacy pilot of such a service, patients with long-term conditions received personalised support to set goals and manage their health and medicines. Patients showed an improvement over 12 months in key metrics, such as patient activation, adherence, blood pressure and quality of life.

#### **2. How could services like general practice and pharmacy, work with other services like hospital services to better identify and meet the urgent and long-term needs of patients?**

Community pharmacies provide a network of healthcare locations which need to be fully integrated with other health services to support the care they provide. There are many ways in which pharmacies could be linked with other services to better meet patients' needs, for example:

- Referring patients with minor conditions to pharmacies: NHS England's Digital Minor Illness Referral Service (DMIRS) pilot enables NHS 111 call handlers to refer patients requiring advice and/or treatment for low acuity conditions to community pharmacies where they receive a face-to-face consultation including relevant self-care advice and information. The service is intended to increase capacity and relieve pressure on existing urgent care services, deliver care closer to home in the community and potentially result in savings.
- Supporting transfer of care: When patients are discharged from hospital there are risks of medication errors and readmission. Community pharmacists can provide expert advice on medicines use at this time. An Isle of Wight pharmacy service, which supported 254 patients over two years, showed a 37% reduction in patients re-admitted to hospital.

We would like to see these sorts of services rolled out nationally to all community pharmacies.



### **3. What other kinds of professionals could play a role in primary care, what services might they be able to deliver which are currently delivered elsewhere, and how might they be supported to do so?**

Multi-disciplinary working can provide better care and help to reduce pinch points in the health system. Yet primary care remains, in the large part, a GP-centric model, with all the focus on general practice in terms of both personnel and estate.

We would like to see the NHS long term plan describing how best use will be made of all primary healthcare professions and locations for the benefit of patients. In particular, community pharmacies could take on some key roles that are currently primarily carried out in general practice, to relieve pressure on GPs and their teams. Successful pilots and local service evaluations have shown that community pharmacies could safely and effectively provide the following services to help reduce pressure on GPs and others:

- Help for people with minor conditions
- Flu vaccinations
- Care for people with long-term conditions
- Provision of contraception and sexual health testing services
- Smoking cessation support
- NHS Health Checks

To achieve this, pharmacies would need to be consistently commissioned to offer the services and they would need to be supported by patient information campaigns and through agreements with other healthcare locations and professionals who would need to actively refer patients to the pharmacies.

### **4. How could prevention and pro-active strategies of population health management be built more strongly into primary care?**

As above, we would like to see the focus of primary care extended to include health professionals working in locations beyond GP practices. Community pharmacy teams provide healthcare advice close to patients' homes, and they often see patients more regularly than any other health professional, when they come in to the pharmacy to collect their medicines. These regular contacts with patients should be capitalised on and used in a structured way to deliver key prevention interventions and public health advice.

Community pharmacies have a track record in delivering a range of public health services – helping people to stop smoking, for example – and they are producing positive outcomes, notably for people in deprived or vulnerable circumstances. Building on this, and focusing the interventions on prevention, could mean that every interaction between patients and pharmacies could be harnessed to help to build prevention more strongly into a key part of the primary care network.



## **Enabling improvement – Workforce**

### **1. What is the size and shape of the workforce that we need over the next ten years to help deliver the improvements in services we would like to see?**

Multi-disciplinary working can provide better care and help to reduce pinch points in the health system. Yet primary care remains, in the large part, a GP-centric model, with all the focus on general practice in terms of both personnel and estate. The workforce strategy for the future must cover all healthcare professions and consider how they can support one another, rather than just focusing on numbers of GPs.

Community pharmacy teams can do much to help to deliver the improvements the NHS wants to see. To help facilitate that we would like to see a more coherent strategy for community pharmacy service development and training. Pharmacies are important healthcare locations that many people rely on, and which can act as a safety valve for other parts of the NHS at times of great pressure, and we would like any workforce strategy to ensure that pharmacies will continue to be able to provide a range of services that can take pressure off other health services and support primary care colleagues.

### **2. How should we support staff to deliver the changes, and ensure the NHS can attract and retain the staff we need?**

NHS staff are committed to their work, doing the best they can to help people. They are not afraid to work in challenging environments, but in recent years many factors have combined to leave some NHS staff feeling demoralised and suffering from stress and mental health problems.

Lack of funding has been a particular stress factor for many NHS community pharmacy owners, impacting on their lives, families and mental health.

To support staff to deliver changes and continue to attract staff, the NHS will need to, among other things:

- Explain change: many NHS staff have struggled to keep up with the changes going on in the NHS and to understand what they mean for them, which can lead to people feeling demoralised and worried.
- Share its vision: the changes in the NHS might have felt more manageable if accompanied by a vision of what the future health service would look like. We hope that the long term plan will address this, giving all those working in the NHS some more certainty.
- Ensure funding and deliverability: in order for staff to feel motivated, the long term plan must set out changes that are achievable for healthcare staff and those managing budgets.



### **3. What more could the NHS do to boost staff health and well-being and demonstrate how employers can help create a healthier country?**

As well as addressing the above points, if the NHS is to boost staff wellbeing it will also have to do much to focus on workforce development to ensure that everyone working in the NHS has the chance to develop their skills to deliver the changes the NHS wants to see.

For community pharmacists and technicians, we would like to see a broadening of Health Education England's engagement with the sector and plans put in place to continue to up-skill community pharmacists, with a particular focus on capabilities such as history taking and physical assessment. This would support self-limiting conditions being treated outside of the traditional GP network, which could improve accessibility for patients and reduce pressure on GPs. We would also like to see pharmacists upskilled to become the first port of call for the new digital worried well that increased personal 'diagnostic' capabilities of personal devices is bringing.

## **Enabling improvement – Digital innovation and technology**

### **1. How can digital technology help the NHS to:**

#### **a. Improve patient care and experience?**

Digital technology already helps the NHS in many ways, for instance, in primary care helping to store and manage patient records, transmit information between healthcare professionals, and give patients access to online appointment booking and prescription ordering. The NHS App should enhance all of this.

Many pharmacies are now starting to use apps, which in the future may integrate with the NHS App, to interact digitally with patients, for example communicating with them to let them know when prescriptions are ready to collect or reminding patients to take their regular medicines.

In community pharmacy, one digital service which could have a positive impact on patient experience if it were to be embraced more widely is the electronic repeat dispensing service (eRD). This service makes use of the Electronic Prescription Service (EPS), allowing pharmacies to manage repeat prescriptions for patients for a defined period of time (usually one year) without needing to interact with the GP surgery every time. This can make the management of repeat prescriptions more efficient for both GP practices and for patients.

#### **b. Enable people and patients to manage their own health and care?**

The example given above regarding the management of electronic repeat prescriptions is a good example of a way in which patients could better manage one element of their own care – their repeat medication requests. But there will be many more, particularly given the proliferation of apps and systems that are now available to help patients to monitor and manage their health and wellbeing.

As the range of digital technology options available to NHS patients continues to expand, it will be important that they are empowered to make best use of these. Patients will need ongoing help and



guidance from healthcare professionals to interpret the information they have access to and to help them to take the right actions to look after themselves in response to that information.

Community pharmacies, as the most accessible healthcare locations, could play a key role in this, supporting patients in convenient locations close to their homes. A community pharmacy workforce empowered to help improve patient activation, talk to patients about personalised goal setting and help them to monitor their progress and make ongoing adjustments to improve their health, could vastly improve the ability of people and patients to manage their own health and care.

### **c. Improve the efficiency of delivering care?**

All healthcare services rely on communication between healthcare professionals and patients. Outside of consultations, much of this still happens via the post, or over the telephone. Enabling secure, multichannel, digital communication between patients and healthcare professionals could considerably improve efficiencies. From a community pharmacy perspective, digital communications, some of them automated and possibly delivered as part of the NHS App, could be used to:

- Streamline prescription ordering processes
- Help patients to remember when and how to take their medicines, ensuring value for money on the NHS spend on medicines
- Give patients video access to advice from their community pharmacist

There is also clearly the potential for new technologies to help to improve the efficiency of other aspects of the services that pharmacies provide. Pharmacies already use IT systems to manage their stock and patient information, and some have invested in robotic technology to help streamline the preparation of medicines for dispensing. All technology needs careful implementation to ensure it is safe and does deliver efficiencies, but there is much potential in this area.

## **2. What can the health and care system usefully learn from other industries who use digital technology well?**

There is much that can be learned from other industries who have developed new ways of engaging with and getting products and services to their customers. The NHS itself has been innovative and embraced technology in many of these ways, such as through the adoption of the Electronic Prescription Service and electronic booking systems, the development of the NHS App, and countless local digital campaigns.

But while healthcare will need to adopt many more digital technology developments, it is important also to remember the unique qualities of healthcare and medicines. Technologies and developments that have worked for other businesses will need to be carefully adapted to meet the very high safety and regulatory standards that the healthcare environment demands. Medicines, for instance, cannot be treated in the same way that some commodities are – a given percentage accuracy for household goods deliveries may be a good standard for some commercial operations, but for life-saving medicines the targets must be higher.



It is likely that patients will need a mixed economy of traditional face-to-face healthcare provision combined with digital solutions when they are appropriate.

### **3. How do we encourage people to use digital tools and services? What are the issues and considerations that people may have?**

To encourage people to use digital health tools and services, as well as ensuring the good design, ease of use and usefulness of the tools available, the NHS will need to reassure people on a number of points:

- **Safety:** any apps or other digital tools must be safe. The NHS Digital approved apps list is a good start, but the NHS may need to consider developing a wider and more rigorous app assessment system.
- **Security:** patients will need to be assured that any digital tools they are using will be secure, particularly if storing sensitive data about their health.
- **Interoperability:** care must be joined up, so health professionals may need to have access to any digital tools their patients are using so they can provide the best advice.

Many patients may also be concerned about the potential for digital healthcare tools to replace or destabilise access to face-to-face care, for which there must always be a place. The NHS will need to set out very clearly its vision for digital healthcare services and how they will support and compliment, rather than threaten or diminish, the many essential face-to-face healthcare services that patients rely on and value.

### **4. How do we ensure we don't widen inequalities through digital services and technology?**

In 1971, academic Julian Tudor Hart described the inverse relationship between deprivation and healthcare provision, i.e. that those with the highest need for healthcare suffer from the worst access. Deprived areas tend to have a lower ratio of GPs and nurses to patients, and it is harder for patients to get appointments. This of course, widens health inequalities.

If health services are to be delivered more and more through digital routes, there is much potential for existing inequalities to widen further.

Community pharmacies may offer part of the solution. Todd et al, writing for the British Medical Journal, were able to demonstrate that, unlike other healthcare providers, there are more pharmacies in the most deprived decile. There is therefore considerable scope to use community pharmacies as 'digital navigators' to help some of the most deprived communities to access and make sense of digital health services, perhaps through making IT systems available alongside advice. Providing this support from healthcare locations at the heart of local communities could be considerably more efficient than centralised helpdesk facilities, and it would help to specifically target and improve access for deprived and minority communities, thereby contributing to the reduction of health inequalities.



## **Enabling improvement – Research and innovation**

- 1. How can we increase opportunities for patients and carers to collaborate with the NHS to inform research and also encourage and support the use of proven innovations (for example new approaches to providing care, new medical technologies, use of genomics in healthcare and new medicines)?**

Patient and carer education will be key to encouraging both collaboration and uptake of new, proven innovations. The NHS will need compelling communications, marketing and behavioural change campaigns in order to do this, and should consider making use of community pharmacies to help to deliver those campaigns.

There are more than 11,600 community pharmacies in England and they provide highly accessible healthcare, at the heart of local communities. Community pharmacies would therefore be ideally placed to help promote NHS campaigns and to talk to people about them. This could be achieved nationally through all pharmacies when NHS England sets the campaigns that pharmacies are contractually obliged to take part in annually.

- 2. What transformative actions could we take to enable innovations to be developed, and to support their use by staff in the NHS?**

There are many barriers to embracing new innovations, and to overcome these the NHS needs to consider how it can:

- Provide safe environments and encourage innovation: The dependence of the NHS on evidence-based care with academic rigour is to be applauded, but the need for evidence can stifle innovation where research needs to be conducted over a long period of time. For certain situations, such as low acuity conditions, the necessary rigour should be lower. The NHS should assess each new intervention on merit, risk profile and deliverability. Pilots allow innovations to be tested, but the NHS should develop standard rules and procedures that allow pilots to be rapidly rolled out at scale following successful results.
- Empower and inspire NHS staff: for many health professionals working in the NHS, just managing their current patient workload is too much. If staff are to embrace new innovations, they will need to be given both the time for training to empower them to adopt the innovations, but also a clear case for the benefits of doing so. Setting out a vision for how the innovation will help their practice in the future, and how it will fit into future workstreams, would be useful.

- 3. How can we encourage more people to participate in research in the NHS and do so in a way that reflects the diversity of our population and differing health and care needs?**



The NHS could consider a number of actions to help to encourage people to participate in research:

- Produce a compelling narrative explaining the benefits of research.
- Provide incentives for patients of all backgrounds to take part in research. Given their locations in areas of high deprivation and the fact that community pharmacies may be able to reach some people who do not regularly see other health professionals, community pharmacies would be ideally placed to help advertise research opportunities and to talk to people from a range of communities and backgrounds about taking part in NHS research. This could be achieved nationally through all pharmacies when NHS England sets the campaigns that pharmacies are contractually obliged to take part in annually.
- Ensure that all healthcare professional training includes training on the benefits and practical elements of carrying out research.
- Ensure that certain healthcare roles include a required research element.
- Support and encourage NHS staff to participate in any independent professional initiatives that support research.

#### **4. What should our priorities be to ensure that we continue to lead the world in genomic medicine?**

If we are to lead the world in genomic medicine, then all patients in the NHS must have access to appropriate genome testing and counselling on their results.

As a first step, just as NHS Digital has taken a lead role in assessing the safety of the multitude of health apps now available, NHS England could take on a role in assessing the safety and suitability of the many genome testing and advisory services that are already available to NHS patients willing and able to pay for them.

In order not to worsen health inequalities, the NHS will also need to ensure that some access to genome testing, where it could prove clinically helpful, is available to all patients needing it. There are more than 11,600 community pharmacies in England and they provide highly accessible healthcare, particularly in areas of high deprivation. Overall 89.2% of the population is estimated to have access to a community pharmacy within a 20-minute walk. With such accessible locations, often at the heart of local communities, community pharmacies could be ideally placed to help patients access genome testing and advice services.

### **Enabling improvement – Engagement**

#### **1. How can the NHS encourage more people to share their experiences in order to provide an evidence base for checks on whether changes introduced under the long-term plan are driving the changes people want and need?**

Initiatives such as the Friends and Family Test can give the NHS a quick and standardised way through which to assess patient experience and satisfaction with services. Increasingly, providing online options through which patients can share their views – perhaps through the NHS App – could also encourage more people to share their experiences.



**2. How can the NHS improve the way it feeds back to people about how their input is shaping decisions and demonstrate that the NHS is the world's largest learning organisation?**

The NHS will need to find interesting ways to present the findings of its research on patient satisfaction to those patients who provided feedback, and others. It will also need develop narratives that link those findings directly to the developments of the NHS service.

Use of infographics and digital presentations to summarise the findings of patient research, may assist, and these could be highlighted through channels such as social media and the NHS App, as well as via more traditional media in healthcare locations

