

## CPA Workshop Agenda

### Monday 4 October 11am

Held via a Zoom Meeting

1. Progress since last CPA meeting (verbal update from Zoe Long)
2. Upcoming activities/Action Plan, including APPG inquiry (**Appendix 1**)
3. Policy Objectives (**Appendix 2**)
4. Discussion to cover:
  - Any feedback on the updates, action plan and policy objectives.
  - The Spending Review: preparation and aftermath.
  - The Annual Review: how do we use this?
  - Our APPG inquiry response, and how do we move the vision piece for pharmacy forwards?
  - What else can we do to influence/educate HM Treasury and officials? Do we have allies or supporters who can help?
  - What further data (from surveys, audits, etc) do we need?

## Appendix 1 Public Affairs Action Plan and APPG Inquiry

Since our discussion in September we have made progress in a number of areas including reaching out to external stakeholder contacts; briefing Parliamentarians; and preparing resources. The below outlines some key points of our Action Plan for the rest of 2021. Alongside these key touch points and tactics, we will continue to use our external affairs Twitter account, the APPG work and monthly newsletters, as well as reactive opportunities/hooks (eg Select Committee/All-Party Group inquiries and consultations) to reach out to and influence our key stakeholders.

In all of this work we are working towards our four objectives to:

- Highlight the value of community pharmacy and build advocates
- Showcase the potential that community pharmacy has to do more
- Warn about the financial and capacity constraints within the sector
- Seek more financial and other support for the sector

### Building Parliamentary Advocates

- **Briefing MPs:** We have already briefed MPs on the latest pharmacy developments and hope this will lead to meetings to renew support from our advocates and build new ones. We are planning a further brief for Health Committee Members.
- **Mapping MPs:** We have identified a core group of allies to target, including the Shadow Health Team. We will look to build stronger relationships with their Parliamentary teams.
- **Parliamentary drop-in event:** We are planning a drop-in blood pressure checking event in Parliament to showcase the new Year 3 services. Other pharmacy bodies and LPCs have been invited to take part in this with us.
- **APPG Briefing:** The APPG has agreed to hold a funding briefing for MPs, giving us a chance to outline financial and capacity constraints.
- **Parliamentary debate:** Following the funding briefing we will seek a Parliamentary debate to raise the profile of our funding constraints and requests.
- **Working with LPCs:** The LPCs now have a draft MP briefing for use locally and have been invited to express an interest either in our drop-in event or in regional Zoom MP briefings.
- **Flu 2022:** We would like, if the subcommittee agrees, to start work very early on considering whether in 2022, community pharmacy could run a Westminster flu vaccination day.
- **Party Conference 2022:** Conference season is back on the agenda, so we will consider before the end of the year how/whether we can use conference next year to influence.
- **Finding supporters:** Many people in pharmacy have connections with MPs and other influencers, and we will look to find out about these using prompts in our comms channels.

### NHSE&I/Officials/Ministers

- **Annual Review:** We need to make sure this has as much impact with negotiating officials as possible, and in discussions with them we are highlighting the extent of our data and the challenges that the sector is facing.
- **SPADs:** We are in the process of mapping these and aim to contact them ahead of Year 4 negotiations to outline the capacity constraints.
- **Treasury:** We are identifying key Parliamentary advocates who could help us to influence.
- **NHSEI:** We will ask the other pharmacy bodies if there is still appetite for a joint letter to the new CEO, now that the dust has settled after the appointment.
- **Ministers:** We expect to meet soon with the new pharmacy minister. We expect that the start of Year 4 negotiations could provide a good chance to seek more support from the Secretary of State. And we are considering which allies can help us to build their support more widely.

## Other Supporters

- **Stakeholder map:** We are in the process of updating this working with the Services Team, and also looking for ways to connect with large groups eg National Voice via the RPS.
- **Roundtable/briefing events:** We are planning a series of roundtable/briefing events which we can invite charity and other stakeholders to, to update them on pharmacy (particularly Year 3 and other service changes) and seek their views on the sector and the future.
- **Primary Care Professions:** Following the work on the health bill we will look to restrengthen relationships with the optometrists and others and look for ongoing chances to lobby together.

## Media

- **The Times:** Our contacts at the Times continue to show an interest in the sector and we will consider whether we can pitch stories/press releases ahead of the Spending Review.
- **New services:** The launch of new Year 3 services may provide opportunities for stories.
- **Pharmacy surveys/audit:** We are inputting into both a supply chain focused story and a further audit to ensure that we get useful data for stories/press releases from them.
- **Closures:** This is the topic of most interest to newspapers, so we will look to update our closures mapping work showing where closures are having an impact on local communities.
- **Monitoring:** We monitor the news daily and will look to use media stories as a chance to send quick, reactive briefs to MPs and other allies. We also want to quote MPs in our press releases.

## Data and Resources

- **Prospectus:** We are preparing a pharmacy prospectus which will be a series of animations and briefings highlighting the value of the sector. This may end up linking to the CPCF Annual Review data and findings, and it will be a key resource for helping to educate new ICS stakeholders.
- **PSNC Surveys:** We would like to ask contractors more frequent questions eg via very short surveys, or snapshot questions on our website and newsletters. This could provide useful data for press releases and other public affairs work.
- **Pharmacy vision:** We are considering how we can take forward work to develop a wider vision piece for the sector with advocates from beyond the sector and the involvement of NHS and Government.
- **Advice Audit:** A third advice audit should give us some useful data for public affairs work, and once again we will prepare resources and briefings based on this.
- **Patient voice:** We have tried to make contact with HealthWatch and will look to use this relationship to help increase the patient voice throughout our resources and external work.

## APPG Inquiry

The APPG has launched an inquiry into 'The Future of Pharmacy in the wake of COVID-19'. They are seeking views and written submissions on the following areas:

- Making the most of pharmacy in the delivery of primary care.
- What more community pharmacy can do to support the prevention agenda to help people stay healthy in their communities.
- How pharmacy can be used to support patients with the management of their long-term conditions.
- How pharmacy can be better integrated into NHS care pathways and the role of newer services such as Community Pharmacist Consultation Services (CPCS) and Discharge Medicines Service (DMS).
- The pharmacy workforce including recruitment, retention, and professional development of the pharmacy profession, including greater use of independent prescribers.
- Examples of pharmacy best practice across the four nations and any lessons to be learnt.
- Future clinical services that could be provided in community pharmacy settings, such as an increased range of vaccinations.
- The role of pharmacy in patient safety.

We will prepare a written submission for the Group, but early views from subcommittee members on inclusions and things they want to highlight would be helpful.

## Appendix 2 Updated Policy Objectives

In September the subcommittee considered some updated policy objectives and it was agreed these would need ongoing consideration by the wider Committee and by other subcommittees. We have updated the objectives following the feedback given, and also split these into objectives that we think have broad support (for consideration and sign off by PSNC) and others which will need more detailed consideration by PSNC and subcommittees in due course.

The policy objectives are really for internal use to shape our messaging and communications. CPA noted last time the need to adapt our language when working with external stakeholders and policy-makers, and in particular to focus on:

- Using the language of the NHS, and the Long Term Plan, to tell our story;
- Showing our willingness to collaborate across primary care and beyond;
- Focusing on the benefits that would come from more investment in pharmacies;
- Using data to demonstrate the value that pharmacies bring; and
- Seeking constructive discussion on how we could contribute more proactively to NHS and Government objectives.

### 1 Policy Objectives with broad support (for PSNC to consider and sign off)

#### Capacity and funding

- With Government help to free up capacity, pharmacies could reach their full potential to deliver healthcare services – supporting public health and prevention agendas, helping to ease pressure on general practice colleagues, and contributing to NHS Long Term Plan objectives.
- Allowing original pack dispensing for all prescribed items would help to free up capacity for pharmacies allowing them to focus more on patients, prevention and public health.
- Removal of the NHS Prescription Charge would ease the administrative burden on pharmacies, as well as being fairer for all patients with ongoing health needs.
- An uplift to core pharmacy funding would assure patients that they can continue to rely on the access to pharmacy services and advice that so many have turned to during the COVID-19 pandemic.
- Fair and transparent long-term funding for pharmacies to safeguard the network would assure the security of pharmacy services for NHS patients in the future, as well giving pharmacies confidence to invest more in contributing to local healthcare priorities and resilience.

#### COVID-19 recovery

- Wider commissioning of services would allow more community pharmacies to act as centres for COVID-19 vaccinations and booster vaccinations, supporting pandemic recovery efforts.
- We would like to discuss with HM Government and the NHS how we can capitalise on the critical role pharmacies have played during the pandemic to help further strengthen local resilience.

#### Integration and services

- National commissioning of a wider range of healthcare services from pharmacies could empower them to do more to support other primary care providers, to strengthen prevention and public health services, and to help reduce health inequalities.
- A significant increase in referrals to pharmacies via the DMS would support the NHS in its efforts to optimise the use of medicines and to support patients post-discharge, preventing readmissions.
- A significant increase in GP referrals to pharmacies via the CPCS could help to reduce general practice workload, as well as offering patients appropriate care in the community.
- Including community pharmacies in IT systems that fully integrate local health and care records where appropriate permissions are given, including patient consent, could support effective transfers of care and ultimately contribute to better health outcomes for patients.

## **Medicines Supply**

- Changes to allow community pharmacists to generically substitute clinically appropriate medicines could help to drive down the NHS medicines bill.
- Pharmacy's critical role ensuring that NHS patients have access to medicines, assuring patient safety and helping people derive maximum benefit from NHS medicines, could be supported by a DHSC-endorsed best practice guide to encourage manufacturers and wholesalers to ensure that ordering processes are consistent and as easy as possible for pharmacies.

## **2 Policy areas needing considerable further consideration**

- SDS to consider detailed additional service and pilot objectives e.g. how we want the hypertension case-finding service to develop in time.
- NT and Committee to consider funding of advice given to walk-in patients by pharmacies.
- SDS and Committee to consider our policy on independent prescribing: how do we train more prescribers, and what role do we want them to play?