

Community Pharmacy in Nottinghamshire

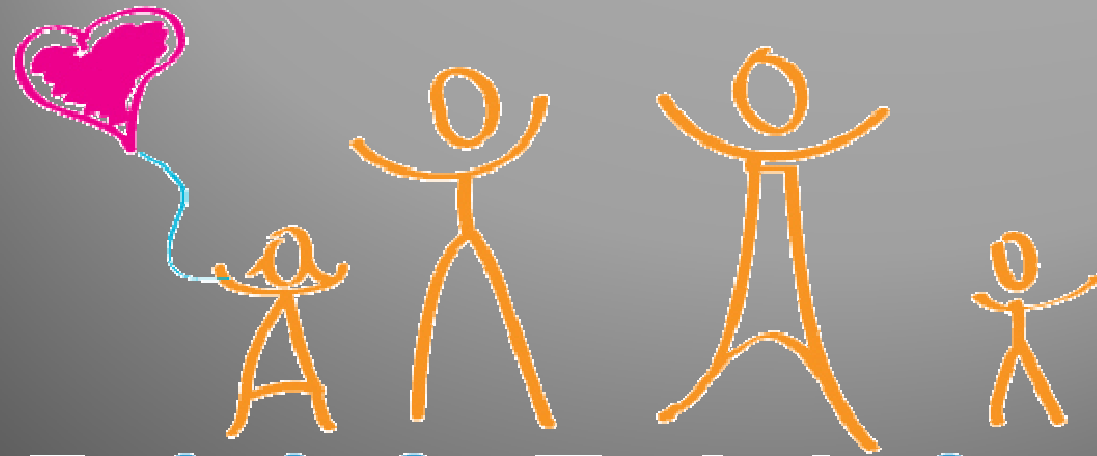


Nottinghamshire STP Advisory Board meeting
Nick Hunter – Nottinghamshire LPC
And Sam Travis – LPN Chair
07 Dec.2017

Introduction

- ▶ LPC and LPN
- ▶ Background to community pharmacy and link to the STP
- ▶ Quality scheme and HLP
- ▶ Pharmacy funding

A package of care,
not just a packet of pills



PHARMACY

the Heart of our Community

Medicines

Medicines are the most common healthcare intervention, but:

- 30–50% not taken as intended
- 4–5% of hospital admissions due to preventable adverse effects of medicines

Role of the LPC

- ▶ Body recognised in statute to represent community pharmacies
- ▶ Committee of 13 members – nominated / elected according to local proportion of multiples / independents
- ▶ Works locally with NHSE, CCGs, Local Authorities and other healthcare professionals to help plan healthcare services

Role of the LPN

- ▶ Each NHSE team has three LPNs – pharmacy, dentistry and optometry
- ▶ Provide clinical input
- ▶ Focus for NHSE work on quality improvement
- ▶ Support implementation of national strategy and policy at local level
- ▶ Local clinical leadership
- ▶ Support LAs with development of the PNA
- ▶ Develop new programmes of work – self-care and long term conditions management
- ▶ Work with CCGs, LAs and others on PH, prevention and medicines optimisation initiatives

Our Vision:

Sustainable, joined-up high quality health and social care services that maximise the health and wellbeing of the local population

System Aims:

- People will be supported to develop the confidence and skills to be as independent as possible, both adults and children
- People will remain at home whenever possible. Hospital, residential and nursing homes will only be for people who appropriately need care there
- Resources will be shifted to preventative, proactive care closer to home
- Organisations will work seamlessly to ensure care is centred around individuals and carers
- Addressing mental and physical health and care needs of population collectively and making best use of the public purse

High Impact Areas:

1. **Promote Wellbeing, Prevention, Independence and Self-Care:** increase healthy life expectancy by 3 years by 2020/21 with a focus on decreasing the prevalence of smoking and reducing levels of obesity in the first 2 years. Enhance health and wellbeing to promote independence and expand levels of self-care
2. **Strengthen primary, community, social care and carer services:** ensure people stay healthier for longer by increasing access and resilience in general practice and improve the quality of life for people with long-term conditions and their carers
3. **Simplify Urgent and emergency care:** deliver the right advice or service at the right time including improving the urgent and emergency care pathway, and redesigning the system to enable reduction of 200 beds in acute hospitals in the first 2 years of this plan
4. **Deliver Technology enabled care:** help citizens stay healthy and manage their own care; help clinicians and other staff deliver more care more efficiently and use new technology to support independent living and care at home
5. **Ensure consistent and evidence based pathways in planned care:** standardise care pathways reducing unwarranted variation, improve the prevention, early diagnosis and recovery in cancer care

Measured through the following success criteria:

- All within the health and care economy achieving financial balance by 2021
- Delivery of the agreed outcomes and targets that reflect our system values and citizen satisfaction: Improve Healthy Life Expectancy by 3 years
- High quality providers through regulatory outcomes

Supporting workstreams and enablers:

1. **Strengthen acute services:** closer collaboration between Nottingham University Hospitals Trust and Sherwood Forest NHS Foundation Trust
2. **Drive system efficiency and effectiveness:** deliver provider Cost Improvement Programmes, additional efficiencies through Carter and reduce variation in top 10 area by value
3. **Improve housing and environment:** provide social and warm housing to reduce emergency department and non-elective attendances
4. **Future proof workforce and organisational development:** redesign our workforce to successfully deliver our transformation plan
5. **Maximise estates utilisation:** improve estate usage to release money and deliver our high impact changes
6. **Proactive communication and engagement:** engage citizens and staff to support us in the successful development and delivery of our plan

Clear delivery governance approach:

- One STP-level delivery architecture responsible for overall programme management, coordinates knowledge sharing and development of consistent standards, ensures capability building and organisation development, and implements footprint-wide initiatives and enablers
- Two delivery units with the vast majority of resources deployed that programme-manage locally implemented schemes, track performance and analytics, and allocates and deploys resources and teams
- Advisory Group, Clinical Reference Group and Delivery Group

Collaboration with Bassetlaw

1) Promote wellbeing, prevention, independence and self-care – pharmacy stats

- ▶ 243 in Nottingham/shire delivering over 25,000 health interventions a day
- ▶ Pharmacy environment offers anonymity that is more conducive to discussing health issues

Healthy Living Pharmacy

What is a Healthy Living Pharmacy?



2) Strengthen primary, community, social care and carer services

- ▶ Pharmacist
- ▶ Medicines Counter Assistant
- ▶ Dispensing / pharmacy assistant
- ▶ Pharmacy technician
- ▶ Accredited checking technician
- ▶ RSPH Health Champion

3) Simplify urgent and emergency care – Accessibility

- ▶ Heart of communities where people live, work and shop
- ▶ Public's first point of contact – for some, their only contact with a healthcare professional
- ▶ 95% of people visit a pharmacy at least once per year

Locally commissioned services

- ▶ Since April 2017, 25600 Pharmacy First consultations have taken place
 - saving GP practice consultations
- ▶ 8300 patients have used the local community pharmacy emergency supply service
 - saving Out of hours GP appointments

4) Deliver technology enabled care

Quality scheme – gateway criteria

- ▶ Provision of one or more advanced service
- ▶ NHS Choices profile up to date
- ▶ Use NHSnet email
- ▶ Electronic Prescription Service use – eRD

Transfer of Care – discharge information is transferred electronically in real time for pharmacy of patients choice

5) Ensure consistent and evidenced based pathways in planned care

Quality scheme criteria

- ▶ Patient safety reports
- ▶ Safeguarding
- ▶ Patient satisfaction
- ▶ Health Living Pharmacy
- ▶ Summary Care Record use
- ▶ NHS111 DOS up-to-date
- ▶ Asthma / inhaler intervention and referral
- ▶ Dementia Friends

+ CPAF

Community pharmacy: providing great value for communities

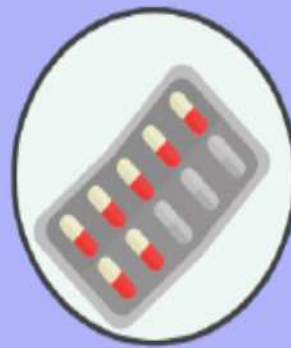
Community pharmacies are vital parts of local communities, offering a range of services to support people's health and wellbeing. New research from PricewaterhouseCoopers (PwC) has shown just how important some of these services are to public spending.

The research

The research analysed 12 community pharmacy services across:



Public health



Medicines support



Support for self-care

Funding for community pharmacies

- ▶ Local NHS services – 1%
- ▶ Private services – 1%
- ▶ OTC sales – 4%
- ▶ NHS services contract – 94%

Global sum and margin allowance

- ▶ Regulated and tightly controlled

Impact of cost saving prescribing policies and cuts

- ▶ Switching programmes
- ▶ 'Branded' generic or branded medicines prescribing policies
- ▶ Stock supply problems
- ▶ NCSO
- ▶ Multiple brands on the shelf
- ▶ Cash flow

<http://www.pulsetoday.co.uk/clinical/prescribing/medicines-optimisation-schemes-simply-rob-peter-to-pay-paul-gps-should-boycott-them/20035359.article>

Conclusion

- ▶ Community Pharmacy Teams have huge potential to support primary medical services and urgent care
- ▶ Need for commissioning structure to back up workforce development
- ▶ Need to navigate complex commissioning environment to support engagement
- ▶ Community pharmacists can and will deliver if given the opportunity –local IP project demonstrates this