

Briefing paper for Nottinghamshire County Health Scrutiny Committee

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Local Pharmaceutical Committee, Local Professional Network and Community Pharmacy

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How Pharmacies are commissioned

From 1 April 2013, NHS England became responsible for the commissioning of NHS pharmaceutical services in England, and the development of Pharmaceutical Needs Assessments (PNA's) became the responsibility of local authority Health and Well-being Boards (HWB's). PNA's became the future commissioning tool to identify the pharmaceutical needs of its population, support the decision-making process for pharmacy applications (subject to Regulation) and support the commissioning decisions in relation to pharmacy services.

New pharmacy applications are considered in line with The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Applications are submitted to the Pharmaceutical Services Regulations Committee (PSRC) and each application is considered against the appropriate test as outlined in the Regulations. Applicants and certain interested parties are permitted to appeal any of NHS England's decisions by submitting a formal appeal to the NHS Litigation Authority (NHSLA).

We have recently worked closely with local authority colleagues to co-produce a new Pharmaceutical Needs Assessment, which is currently out for public consultation.

NHS England, North Midlands commissions 150 community pharmacy contracts in Nottinghamshire County Local Authorities geography and a further 68 contracts within Nottingham City Councils boundary.

Contract Monitoring

The Community Pharmacy Contractual Framework (CPCF) is made up of three different tiers of service:

Essential Services – must be provided by all pharmacy contractors and consist of the following elements:

- Dispensing of medicines or appliances
- Management of repeat medication for up to one year in partnership with the patient and prescriber
- Disposal of unwanted medicines from households or individuals
- Promotion of healthy lifestyles
- Signposting to other health care providers, where appropriate
- Support for self-care to assist people to look after themselves or their families

- Compliance with clinical governance requirements

Advanced Services – these are undertaken voluntarily by some pharmacies and require accreditation of the pharmacy and pharmacist providing the service. Current Advanced Services are Medicines Use Reviews (MUR's), New Medicines Service (NMS), NHS Urgent Medicine Supply Advanced Service (NUMSAS) and Flu vaccination.

Local commissioned Services – these are services commissioned locally by either NHS England, the Local Authority or CCG's.

NHS England currently commissions the following services in Nottinghamshire:

- Pharmacy First minor ailments service (excluding Rushcliffe)
- Christmas Day and Easter Sunday bank holiday rota
- Palliative Care
- Emergency Supply Service
- Domiciliary Medicines Use Review

Community Pharmacy Assurance Framework (CPAF)

All pharmacies are subject to yearly contract monitoring via a national process agreed between NHS England and the Pharmaceutical Services Negotiating Committee (PSNC). Pharmacies complete screening questions and dependent on their responses may be requested to complete a comprehensive questionnaire or be selected for a contract review visit by NHS England. In addition, pharmacies may be identified for a contract review visit due to various other sources of information including complaints.

Where non-compliance is identified at a contract review, an action plan is developed with appropriate timescales. If a pharmacy fails to complete the actions, a referral is made to the PSRC who have the authority to issue breach or remedial notices against a pharmacy.

Regulation

Pharmacists and pharmacy technicians are registered healthcare professionals. The General Pharmaceutical Council is the regulatory body for all pharmacy professionals and pharmacy premises. The principle functions of the GPhC include:

- approving qualifications for pharmacists and pharmacy technicians and accrediting education and training providers;
- maintaining a register of pharmacists, pharmacy technicians and pharmacy premises;
- setting standards for conduct, ethics, proficiency, education and training, and continuing professional development (CPD);
- establishing and promoting standards for the safe and effective practice of pharmacy at registered pharmacies;
- establishing fitness to practise requirements, monitoring pharmacy professional's fitness to practise and dealing fairly and proportionately with complaints and concerns

Complaints

In comparison to other primary care contractor groups, only a small number of complaints relate to community pharmacy. There are two pathways for formal NHS complaints. Patients (or their representatives) can either complain to the contractor *or* the commissioner but not both. All complaints to the commissioner are processed via the NHS England Customer Contact Centre. The complaint is recorded, and attempts are made to resolve the complaint informally however if this is not possible, complaints are passed to the regional teams where the contractor is based.

Once consent is obtained, an investigation is undertaken and where appropriate contractors are asked to provide an apology and an outline of the measures they plan to put in place to achieve appropriate service improvements. Independent clinical review is also undertaken, and a formal response is sent to the complainant. If the clinical advisor considers it appropriate, the complaint would also be brought to the attention of the Fitness to Practise team for review by the Performance Advisory Group (PAG) within NHS England, North Midlands.

If the complainant has already complained to the contractor, NHS England are not permitted to re-investigate the complaint and complainants are advised to approach the Ombudsman should they wish an independent review of the investigation undertaken by the contractor. The Ombudsman is also the second stage for any complaints NHS England investigates.

Local Pharmaceutical Committee (LPC)

The local organisation for community pharmacy is the Local Pharmaceutical Committee (LPC). The LPC is the focus for all community pharmacists and community pharmacy owners and is an independent and representative group. The LPC works locally with NHS England Local Teams, CCGs, Local Authorities and other healthcare professionals to help plan healthcare services.

The LPC negotiates and discusses pharmacy services with commissioners and is available to give advice to community pharmacy contractors and others wanting to know more about local pharmacy. LPCs liaise closely with their medical equivalent the Local Medical Committee so that GPs and pharmacists can work together to deliver services to patients. LPCs also work closely with local dental committees and local optical committees. There are around 80 LPCs throughout England and Nottinghamshire LPC covers the 243 Nottinghamshire County and Nottingham City pharmacies.

Changes to pharmacy funding

On 20th October 2016 the Government imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016/17.

This was a reduction of 4% compared with the previous year, but meant that contractors saw their funding for December 2016 to March 2017 fall by an average of 12% compared with previous levels. This was followed by further reductions in 2017/18 causing a number of applications to reduce opening hours and an increase in changes of ownerships.

So far we have only seen two closures as a direct result of cuts (Stapleford recently and Mansfield at end of January). Lloyds Pharmacy have announced nationally they will close 190 pharmacies, but have not yet identified the actual locations. We acknowledge we may see more closures in 2018 but are not able to predict where these might occur at the present time, because much of the decision for a contractor to close is based on cash flow rather than outright turnover – so big busy pharmacies are as vulnerable as small quiet pharmacies. The LPC is supporting a number of pharmacy owners through some turbulent times and difficult decisions as they face extending their overdrafts, taking additional loans and in extreme cases re-mortgaging their homes.

It is clear to us that these measures are unsustainable and therefore ask the Health Scrutiny Committee to note the potential risk of a significant change to the community pharmacy network in Nottinghamshire in the next 12 months or so.

Recent developments

The seasonal flu vaccination was again commissioned in 2017/18 from pharmacies and the significant engagement and patient uptake demonstrates that community pharmacies can respond to a challenge despite very difficult trading environments – 98% of patients were very satisfied and 99% would recommend a friend or family in the patient evaluation from the 2016/17 season.

The local emergency supply service has provided service to over 8000 patients since April 2017 and although has some similarities to the national NHS Urgent Medicine Supply Advanced Service (NUMSAS) there are significant differences so essential both continue to be commissioned. The NUMSAS is developing links to NHS 111 and although sign up is low at around 15% of contractors it is a new service and both services together provide vital support to urgent care.

Medicines are a commodity market and consequently is part of the cause of drug shortages. However the way the Department of Health funds medicines means England benefits from some of the cheapest drug pricing in the developed world. Pharmacy teams spend several hours a day sourcing product and although there is no current evidence of patients coming to harm as a result of the shortages the situation is inefficient and not sustainable.

NHS England nationally have this year from April set out a quality scheme for community pharmacies, which includes healthy living pharmacies, level 1 (HLP – see image below) and Making Every Contact Count (MECC). Part of the requirements is to have someone leadership trained and another member of staff training to level 2 in the Royal Society of Public Health, Health Champion programme. This was a considerable upskilling of staff and locally the LPC and LPN secured funding from Health Education England (HEE) to cover course and exam fees in order to deliver nearly 200 health champions trained in MECC and Dementia Friends alongside their Public Health qualification and nearly 200 healthy living leaders. This means that over three-quarters of Nottinghamshire pharmacies are now HLPs and present the local authority with a significant opportunity to capitalise on the 35,000 people a day who access community pharmacies in Nottinghamshire and add to the over 150,000 health interventions provided weekly to Nottinghamshire residents by community pharmacies. What better commissioning opportunity could a local authority want?

What is a Healthy Living Pharmacy?



The impact of Healthy Living Pharmacies

1 Healthy Living Pharmacies improve the public's health and drive improvements in service quality and innovation

2 People walking into a Healthy Living Pharmacy are twice as likely to set a quit date for smoking and then quit than if they walked into a non-Healthy Living Pharmacy

3 Healthy Living Pharmacies consistently deliver high-quality public health services – NHS Health Checks, weight management, sexual health, etc

4 Healthy Living Pharmacies reach out to local communities (universities, businesses, schools, community centres, etc) with health improvement advice and services

99%
of people are comfortable and happy with the service provided by Healthy Living Pharmacies

98%
of people would recommend Healthy Living Pharmacies to their families and friends

60%
of people would make an appointment with their GPs if the health improvement service was not available at a Healthy Living Pharmacy

20%
of people would not have gone to another provider (ie, they would have received no support for improving their health)

Over all the quality scheme has represented a significant change in community pharmacies with a steep learning curve and requiring investment at a difficult time. Pharmacies have risen to that challenge and delivered. The November declaration figures are yet to be released, so the most up to date are the ones from April, included in the attached infographic.

Also included is an infographic showing a Price Waterhouse Cooper report of the value of community pharmacy to the economy.