

**1 February 2017****Agenda Item: 6****REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD  
COMMUNITY PHARMACY SUPPORT FOR THE STP PREVENTION AND  
WORKFORCE AGENDAS****Purpose of the Report**

1. This report is to brief Health and Wellbeing Board members about community pharmacy, the changes to the national community pharmacy contract in respect of healthy living pharmacies and how pharmacies can support the prevention and workforce streams of the sustainability and transformation plan.

**Information and Advice**

2. Community Pharmacy is a vital amenity for patients and the public. Pharmacy teams help people to stay healthy and well, and provide crucial clinical services when they are needed in every community in Nottinghamshire.
3. Community Pharmacy is an ambitious, entrepreneurial and innovative sector - which can help reduce demand on other providers, manage healthcare cost inflation and improve patient and population outcomes.
4. Community Pharmacy leaders recognise the unprecedented demands facing the health and care system and understand the need for continuous improvement in efficiency to deliver quality outcomes. They share the Government's stated ambitions for the sector to play a greater role at the heart of the NHS, and want to work in partnership to achieve them.
5. Community Pharmacy can deliver universally high quality public health and clinical services so people can confidently choose Pharmacy First for support with medicines use, minor illnesses and healthy lifestyles advice.
6. Community Pharmacy can provide greater patient choice, convenience and personalisation working across all aspects of pharmaceutical care outside hospital: including medicines optimisation across general practice, care homes and domiciliary settings and at points of transfer such as hospital discharge. Intensification of medicines use can lead to some people ending up on 10, 15 or even 30 different medicines to treat multiple co-morbidities. However, with each medication bringing its own set of side effects and adverse reactions, some consideration needs to be given to rationalising these.
7. By changing the way Community Pharmacy is incentivised to encourage a more collaborative approach in care, pharmacists can support the patient and liaise with the prescriber to identify essential medication for that individual.

8. Community Pharmacy solves problems created in other parts of the system - identifying prescribing errors; dealing with IT failures; resolving medicines supply problems - to offer safe seamless and timely access to medicines for patients. This can improve access to primary care services, making use of clinical expertise including pharmacist prescribing skills to improve medicines use in an environment where half of the people on prescribed medication do not take them as intended by the prescriber. Nationally unwanted medicines returned by patients for destruction amount to £300M per year and half of this could be prevented through better use of pharmacists' skills.
9. Community Pharmacy provides a solution to help address the crisis in GP access, by relieving the demand on general practice through innovation and the development of new care models collaborating with local colleagues to find ways of removing historical barriers to integration, efficiency and effectiveness.
10. It is estimated that 57million GP appointments in England could be avoided if patients sought help from other parts of NHS – including 40,000 visits per year for dandruff; 20,000 for travel sickness and 5.2m for blocked noses. Also, it is estimated that 3.7 million A&E admissions every year are classed as minor conditions – all of which community pharmacy could be empowered to deal with.
11. The Pharmacy First Minor Ailments Service (MAS) commissioned by NHS England North Midlands should be seen as the start of a process of shifting patients' patterns of behaviour so that they "Think Pharmacy" before going straight to the GP surgery or to Accident and Emergency departments at our hospitals. The recent King's Fund report by Richard Murray sets out a number of recommendations for the future development of community pharmacy services including:
  - a. Incentivising use of electronic repeat dispensing so that this becomes the default for repeat prescribing;
  - b. A redesign of medicines use reviews (MURs) to develop them into full clinical reviews including ongoing monitoring and follow-up of patients, consideration of prescription duration, and utilising independent prescribing as part of the care pathway;
  - c. Consideration of making smoking cessation services an element of the national [community pharmacy] contractual framework;
  - d. Use of the Vanguard programmes to develop the evidence base for community pharmacists, including integrating community pharmacists into long term condition management pathways, involving them in case finding programmes, and using new ways of contracting that mitigate any perceived conflicts of interest;
  - e. Support from NHS England and national partners to help STP leads to integrate community pharmacy into their plans and local commissioners to contract for services.

The full King's Fund report is available at  
<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

12. In Nottinghamshire & Derbyshire NHSE are piloting a service extending working relationships between Community Pharmacists and GP practice teams. The programme aims to develop and evaluate new models of care to test quality improvements by utilising community pharmacy independent prescribers (CPIP.) CPIPs are part of the wider General

Practice team and co-manage patients with long term conditions and urgent care needs. CPIPs are still employed by their community pharmacy providers who are important strategic partners to the programme. The aspiration is to ultimately “reduce the queue at the front door of general practice”. Early results are positive and by the end of October 2016 had achieved:

- a. 8442 consultations – face-to-face and telephone
- b. Estimated 1,410 hours of GP time saved
- c. Favourable cost per consultation - £21.00 to £38.00
- d. Evidence of significant clinical interventions
- e. Medicines changed in 56% of cases
- f. Safety and quality improvements
- g. Identified side-effects 15%, need for blood tests 14%, self-care advice 29%
- h. 7.8% potential reduction in secondary care referrals
- i. Excellent patient feedback (100% satisfaction)

NHSE has secured funding to train a further 27 CPIPs  
See Appendix 1 for further details.

13. Community Pharmacy teams help people make positive lifestyle choices, providing a wide range of services and information to promote health, wellbeing and self-care. Many offer free blood pressure and blood glucose checks, but could provide full NHS HealthChecks to improve access and take up by some of the harder to reach residents of the County.
14. The NHS benefits from the private investment community pharmacy businesses have made over decades in their premises, supply chains, utilities and workforce. In recent years, Community Pharmacy nationally has delivered more than 4% savings for the NHS through both cost reduction and quality improvement year on year demonstrating community pharmacy provides good value for money to the NHS. A recent report by Price Waterhouse Cooper demonstrates this by identifying community pharmacies contributed a net value of £3 billion to the NHS, public sector, patients and wider society in England in 2015 through just 12 services, with a further £1.9 billion expected to accrue over the next 20 years. This means that community pharmacies deliver substantially more in benefits than they receive in compensation, providing excellent value to the Department of Health. Further details at <http://psnc.org.uk/psncs-work/about-community-pharmacy/the-value-of-community-pharmacy/> and in appendix 2
15. Community Pharmacy businesses offer many high-quality services to their patients, to help them manage their health and to order, receive and understand their medicines –services that involve far more than simply supplying a medicine. As with general practice they are small businesses providing employment for more than 2,000 people in Nottinghamshire – many of which are in the most deprived communities of the County.
16. Community Pharmacy provides social contact, networks and support mechanisms for many people across the county, including services tailored to meet specific cultural and population needs. Most are signed up to Dementia Friends and help safeguard vulnerable people - identifying concerns and signposting / referring to health and social care colleagues.
17. The Government have made recent changes to the community pharmacy contractual framework to include a quality scheme – this includes Healthy Living Pharmacy Level 1. The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at

achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. The HLP framework is underpinned by three enablers:

- a. workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- b. premises that are fit for purpose; and
- c. engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

Level 1 is a nationally defined standard, with levels 2 and 3 being locally determined. Further details are available at <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>

The other aspects of the Quality Scheme include:

- d. Patient safety
- e. Safeguarding
- f. Patient experience
- g. Clinical effectiveness
- h. Dementia Friends
- i. Leadership

HEE are funding all pharmacies to have trained Healthy Living leaders and a Healthy Living Champion with a Royal Society of Public Health Level 2 qualification. This new initiative will provide Nottinghamshire with 150 Health and Wellbeing hubs giving high footfall opportunities for health interventions through *Making Every Contact Count*. To maximise this STP partners will need to collaborate to give coordinated strategic guidance.

18. A combination of MAS and HLP in effect makes Community Pharmacy mini walk-in-centres and in those where space permits commissioners should consider co-locating other appropriate healthcare professionals such as podiatrists, dieticians, health visitors to make use of the footfall and opportunity to prevent ill health by earlier intervention.
19. Public Health interventions by pharmacy teams reduce the burden on the wider system by enabling early detection, management and treatment of health conditions. For example one of the pharmacies in Mansfield Woodhouse has a large sales area which could be used more collaboratively as a locality “public health outpost” to support all manner of public health awareness campaigns and initiatives. All it requires is some creative thinking and will to bring public and private sectors together for mutual benefit.

## **Reason/s for Recommendation/s**

20. Community Pharmacy is an accessible trusted resource of healthcare professionals in all communities of Nottinghamshire and can be used more efficiently to support the Public Health, Social and Health economy to improve care of citizens.
21. The Price Waterhouse Cooper and King’s Fund reports referred to in bullets 9 and 12 make it clear that there is much more community pharmacy can offer the health economy to support the STP.

22. Healthy Living Pharmacies level 1 is a national standard developed by Public Health England that is now part of the community pharmacy quality scheme – this can be further developed locally to coordinate additional services provided by Community Pharmacies as an umbrella framework to focus on STP priorities

23. We are seeking support from the Health and Wellbeing Board to continue working together:

- a. To explore opportunities where community pharmacy can support the health and wellbeing of the local population and support local GPs workload in particular through the Community Pharmacy Independent Prescriber project.
- b. To look at the scope of co-commissioning services between the local authority, CCGs and the NHS England.
- c. Scope how we can build on the HLP concept as by September 2017 80% of community pharmacies will be accredited to level 1

## **Statutory and Policy Implications**

24. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION/S**

- 1) Health & Wellbeing Board members to note the report.
- 2) Health and Wellbeing Board members and partner organisations to consider the support requested in paragraph 23.

**Councillor Joyce Bosnjak**  
**Chair of Health and Wellbeing Board**

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### **Constitutional Comments (LMcC 23/01/17)**

25. The recommendations on the report fall within the Terms of Reference of the Health and Well Being Board

### **Financial Comments (KAS 20/01/17)**

26. There are no detailed financial implications contained in the report, though it says the use of Community Pharmacies could help the STP to make savings.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

None

### **Electoral Division(s) and Member(s) Affected**

All