



Pharmacy in Place

The Future for
Community Pharmacy in
Integrated Care Systems

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About Breaking Barriers Innovations

Breaking Barriers Innovations believe that place offers the solution to some of the biggest public service challenges we face, including sustaining good quality health, wellbeing and prosperity. However, place doesn't have a budget – organisations do – and this is why BBI was established to develop practical approaches that are evidence-led and strongly supported by coalitions of system leaders, the workforce, and the communities they all serve.

At its core, this approach recognises that we can achieve more working together than in silos, however difficult it can be to break down the structures and barriers between public services.

We exist to make this process easier by providing support at every stage, from design and diagnosis, identifying funding from across government and industry, through to implementation and evaluation.

We do this via four major service lines: programme management, exemplified by our Playbook Programme; our proprietary Community Engagement methodology; Needs Assessments; and Service Evaluation.

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Foreword

I have been interested in the Community Pharmacy sector for a long time as a service provider for people with chronic and acute health and social care problems, as a researcher into health inequalities and as a parliamentarian. There is no doubt about the immense value and contribution of Community pharmacy to the health and wellbeing of the whole population, but also for those who are more deprived and suffer the greatest disparities in health outcomes.

In my role as Chair of Breaking Barriers Innovations, I welcomed the focus of this report which comes at a critical time for the Community Pharmacy sector but also for the wider health and social care system. We are on the brink of major reforms to the way in which health and social care services are organised, commissioned, and delivered. As set out in the NHS Long Term Plan and the pending legislative proposals for putting Integrated Care Systems on a statutory footing, the future of health and care will be about local systems working in closer partnership and collaboration. It is my

view that Community Pharmacy must be at the heart of this.

For too long Community Pharmacy has been at the margins of decision making about health and care, while being at the centre of local residents and patients lives. Community Pharmacy services are highly valued by their communities, and they have clearly demonstrated this during the current pandemic by remaining open throughout when many other parts of the health and care system were inaccessible. But this has come at a cost and government, alongside NHS England and NHS improvement and Integrated Care Systems must come together with the sector to recognise the role it has played in recovering and restoring services.

The current five-year funding commitment on the national pharmacy contract is a step in the right direction, but much more needs to be done to enable Community Pharmacy to take its deserved and rightful place at the heart of the NHS. As this paper makes clear, this is not about a new strategy or vision, what is needed is action.



Professor, The Lord Patel of Bradford OBE

1.

Introduction

The Community Pharmacy sector is an integral part of the NHS and provides a wide range of services that improves people's health, ensures their safety and wellbeing and saves the NHS money and resources that can be used to support other parts of the health and social care system. As the NHS moves into a new era with Integrated Care Systems (ICSs) due to become statutory bodies from April 2022, the time is right to consider how Community Pharmacies can support ICSs to deliver the objectives of the NHS Long Term Plan and help the NHS to restore and recover services as we move out of the current pandemic.

We have seen in the last year how much more can be achieved through collaboration and there is now a widespread commitment to not losing the gains on integration that have been made. Recovering from the pandemic and restoring services will be amongst the top priorities for the health and care service and integrating the Community Pharmacy sector more strongly into local health care

systems will be an essential building block for achieving this.

There have been many attempts to do this going back to government's White Paper in 2008, which set out a plan for Community Pharmacy to expand its clinical service offer (Department of Health, 2008). There has also been numerous reviews, visions and future plans for Community Pharmacy that have sought to realise that ambition and put Community Pharmacy on a secure foundation from which it can fulfil its promise. For example:

- The Pharmaceutical Services Negotiating Committee (PSNC) vision in 2012
- The Murray review of Community Pharmacy (2016)
- The International Pharmaceutical Federation's vision in 2020
- The Pharmaceutical Group of the European Union (PGEU) vision for 2030

Now is not the time for more visions or good words, this is a time for action. It is imperative that government, NHS England and NHS Improvement and ICSs work collaboratively with Community Pharmacy leaders to address the structural placement of Community Pharmacy on a sustainable basis. While that imperative must address the funding and commissioning barriers, this is not solely a commercial problem; it is also an opportunity for Community Pharmacy to help deliver on the current policy agenda for service transformation and reducing health inequalities.

1.1 Meeting the current policy agenda

This is a critical time for the NHS as it prepares for the establishment of ICSs and there is a window of opportunity to rethink Community Pharmacy within the context of this important policy agenda. With the footprint for 42 ICSs across England already established, the aim is that these new systems will enable significant changes in the way that health services are planned, funded and delivered.

The NHS Long Term Plan sets out the requirements for the establishment of Integrated Care Systems that will enable the streamlining of commissioning decisions at a system level for place.

This includes supporting providers to partner with local government and other community organisations on population health and service redesign. It is predicated on a radical uplift in prevention and early interventions that can reduce hospital stays and strengthen people's capacity and ability to take greater control over management of their own health. In particular, each ICS will be responsible for:

- Bringing commissioners and providers together in new collaborative ways of working
- Providing system leadership on the basis of place for distinct geographical areas that cover approximately 1 – 3 million people
- Integrating services across sectors and organisations including acute and community, mental and physical health and social care
- Improving population health and reducing health inequalities.

Community Pharmacy is directly relevant to delivering some of the top priorities for ICSs in the coming year:

- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
- Service transformation including expanding primary care capacity to improve access, local health outcomes and address health inequalities
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED)

As the health and care system is on the brink of a new era that will enable a truly place-based commissioning structure, the time is right to rethink the contribution and value of community pharmacies within the new systems. However, there must be a step change in the way that Community Pharmacies are deployed at the level of an ICS, so that they can fully reach their potential to meet a much broader range of needs for local populations and support the ICS in achieving its priorities for service transformation and addressing health inequalities.

As part of its ongoing mission to develop practical place-based approaches that are evidence-led and strongly supported by coalitions of system leaders, the workforce, and the communities they all serve, Breaking Barriers Innovations have consulted a wide range of health, social care and pharmacy leaders and practitioners on the future for the Community Pharmacy sector. This programme has been supported by two Community Pharmacy groups who are passionate about the future of their services and who embody the commitment to change and improvement that the sector seeks to drive.

Based on our consultation, this paper provides a blueprint for ICSs to develop Community Pharmacy in a way that takes account of the critical issues that have arisen for post pandemic recovery and restoration of services, the shift in commissioning of pharmaceutical services from NHS England and NHS Improvement to ICSs, the priorities for the NHS as set out in the NHS Long Term Plan and emergent and innovative technologies that are set to radically change the delivery of health care and population health management such as genomic sequencing and digital healthcare.



2.

Why Community Pharmacy Matters

The Community Pharmacy sector is large and diverse including sole traders, multi-providers and large retailers. While some providers have a national footprint, others are concentrated in particular regions. The national impact of Community Pharmacy is considerable, for example:

- There are 12,000 pharmacies across England
- The majority of funding (87%) comes from the NHS including £2.5 billion or 2.3% of NHS England and NHS Improvement's budget and £9.1 billion in managing the procurement and dispensing of 1 billion prescriptions every year (Ernst & Young, 2019)
- Community Pharmacies deliver 48 million health care consultations with an estimated saving of half a million GP appointments and 57,000 visits to A & E every year (APPG, 2021)

- Pharmacists are the third largest profession in the health sector with over 44,000 practitioners and a further 19,000 pharmacy technicians (RSPH, 2016).

The Community Pharmacy sector is well placed to make a significant contribution to service transformation and addressing health inequalities, which has been clearly demonstrated during the current pandemic.

2.1 Learning from lockdown – the contribution of Community Pharmacy during the pandemic

During the pandemic, when many health services had to restrict face to face contacts and limit access, community pharmacies remained open and ensured continuity of essential services. They provided a lifeline for local people in a time of crisis and have gone on to further demonstrate their value through the distribution of vaccines and reaching vulnerable people who have been shielding. The role and valued contribution of community pharmacies during the pandemic has been considerable. For example:

- While many health services have been closed to face-to-face consultations and access to routine and elective care has been severely restricted, community pharmacies have remained open throughout the pandemic:
- Community Pharmacies have ensured that vulnerable patients, especially those who have been shielding could receive medications by extending their home delivery services.

- Community Pharmacies have used their reach into local communities and position as a trusted provider to make a considerable contribution to the roll out of vaccinations. For example according to NHS England and NHS Improvement, Community Pharmacies had delivered 1.7 million vaccinations as of March 2021 (The Pharmaceutical Journal, March 2021)

Community Pharmacies have played a considerable role in helping to bring the pandemic under control by ensuring continuity of service access and assisting in the rollout of the vaccination programme.

There is also much more that could be done by the sector in restoring services and easing pressures on primary and acute care.

Restoring NHS services is focused on spheres of activity, each of which is relevant to Community Pharmacy:

- Restoring service delivery in primary care and community services
- Maximising diagnostic capacity
- Enhanced discharge arrangements
- Reducing pressure on A&E through the national 111 programme
- Increased capital to support urgent care
- Addressing health inequalities

2.2 Health inequalities

Community Pharmacy staff reflect the social and ethnic backgrounds of the communities they serve, and they are accessible to deprived individuals who may not access conventional NHS services. For example, as a setting, Community Pharmacies are highly accessible with 90% of the population within 20 minutes of a Community Pharmacy and this rises to 99% in deprived areas.

Community Pharmacies are also known to be clustered together more closely in areas of higher deprivation, particularly urban

areas. Reductions in Community Pharmacy facilities would be likely to affect the most deprived communities more and potentially could widen health inequalities (Todd et al., 2014).

As a point of inclusive access Community Pharmacy provides a convenient and less formal setting for those who are unable to or choose not to access other health services. This is in evidence for people with particular long-term conditions such as COPD or Asthma. For example, in a survey of over 2,000 people conducted by the Taskforce for Lung Health on access to Community Pharmacies:

- Services were valued more highly by those from deprived backgrounds - 6% higher in those with respondents with high deprivation (IMD 1 or 2) than those with low deprivation (IMD 9 or 10).
- There was a 4.3% higher take up of consultations for those visiting a Community Pharmacy once a month or more amongst those living in areas of higher deprivation.

- Take up of stop smoking advice and the supply of medications to support smoking cessation was up to 16% higher for those living in more deprived areas.

(Taskforce for Lung Health, 2020).

NICE guidance on standard for Community Pharmacy states that:

- Community pharmacy teams are often well established within the community, have good relationships with the local population, and a good understanding of their needs and challenges.
- People from underserved groups, such as some minority ethnic groups, people who are homeless or have no permanent address, and those unlikely to use other healthcare services, can get support when they need it without making an appointment.

The knowledge and expertise within community pharmacies can inform commissioning of health and wellbeing interventions that are most relevant to the local population and will have the biggest impact on health inequalities.

(NICE, 2020)

2.3 Healthy Living Pharmacies

The Community Pharmacy Contractual Framework includes specifications for promoting the health of the public that aim to:

- increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health; and
- target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

The focus of campaigns that Community Pharmacists are required to promote changes annually, the latest (for 20/21) is involvement in delivery of the Covid-19 vaccination programme. The Healthy Living Pharmacy (HLP) framework is an essential requirement for Community Pharmacy, and all are required to be registered HLPs from January 2021.

Developed in 2009 in response to the government's White paper on the future of pharmacy in England (Dh, 2008). The HLP is now part of the national contract specification under NHS England and NHS Improvement, and it aims to ensure that there is consistency in the provision of a broad range of health promotion activities that help to reduce health inequalities are delivered consistently through Community Pharmacies.

The early evaluations of HLPs were very positive:

- 60% of people surveyed would have otherwise gone to a GP;
- public feedback was positive with 98% saying they would recommend the service to others and 99% were comfortable to receive the service in the pharmacy;
- more people successfully quit smoking in HLPs than non-HLPs or prior to becoming an HLP;
- the number of people who accessed sexual health services and were provided with additional sexual health advice was greater than in non-HLPs;

- the acceptability of community pharmacy as a location for clients to receive an alcohol service and the relatively high levels of activity seen in HLPs compared with non-HLPs showed that HLPs could have an important contribution to this harm reduction service;
- HLPs were effective at delivering increased support for people taking medicines for long term conditions, through both Medicines Use Reviews and the New Medicine Service. Activity was higher for both services in HLPs than non-HLPs or before HLP implementation in all but one site; and
- pharmacies were also positive about the scheme; 70% of the contractors surveyed said it had been worthwhile for their business.

(Duggan et al., 2013)

The Royal Society for Public Health (RSPH), which helped to design the Healthy Living Pharmacy concept saw Community Pharmacy as being ideally placed to engage with local communities, providing expert, qualified advice and services that are viewed by the public as trusted, accessible and convenient (RSPH, 2016). However, they also recognised that there is untapped potential and a number of challenges to realising this that includes:

- Capacity of the Community Pharmacy network
- Training and competencies
- Estates and having physical space to delivery personal interventions
- Commissioning and funding
- Lack of awareness amongst commissioners and public about the role of pharmacy in health promotion

2.4 The future of clinical pharmacy services

Community Pharmacy is increasingly providing a wide range of clinical services that are helping to improve health outcomes for local populations, reduce health inequalities and ensure safety and quality. These services will become increasingly important during the roll out of ICSs as they establish new integrated care pathways, enhance early diagnosis and intervention and strengthen prevention. The key areas of consideration for an ICS in the deployment of Community Pharmacy services will include:

- Extending the Community Pharmacist Consultation Service to direct GP referrals for minor ailments
- Personalised medicine and improving diagnostic pathways
- Developing pharmacogenomic services

2.4.1 Community Pharmacist Consultation Service

The NHS Community Pharmacist Consultation Service (CPCS) aims to relieve pressure on the wider NHS by connecting patients with a community pharmacy as their first contact as a fast and easy way to meet their needs that would otherwise have required a GP consultation. Since its launch in October 2019 the CPCS has seen an average of 10,500 referrals a week directly from NHS 111 (Pharmaceutical Services Negotiating Committee, 2021).

From November 2020 the CPCS enables general practices to refer patients for a minor illness consultation, once a local referral pathway has been agreed.

NHS England and NHS Improvement's priorities and operational planning guidance (2021/22) refers to the further extension of the Community Pharmacy Consultation Service (CPCS), in particular:

- Increasing the ability to receive referrals from General Practice;
- support for the management of low acuity patients in alternative settings;
- supporting workload pressures.

As part of this enhanced service local

pharmacy contractors, Primary Care Networks (PCNs) and GP practices should be working with their Local Pharmacy Committee (LPC), Local Medical Council (LMC) and regional teams to agree implementation of this service locally prior to being able to receive referrals (NHS England and NHS Improvement, 2021a)

There are some clear examples where the CPCS is making a significant difference and is being extended. In Blackburn with Darwen/Knowsley the CPCS brings together more than 40 pharmacies and 25 general practices in Knowsley with 150,000 patients and 47 pharmacies and 27 general practices in Blackburn and Darwen covering 148,000 patients and involving six Primary Care Networks.

It has helped increase capacity for GPs to see those with higher acuity needs by providing a consultation and clinical advice the same day the practice makes the referral.

The service involves use of a secure digital process to send electronic referral messages from GP practices to community pharmacy and for post consultation feedback from the pharmacy to the practice.

Alongside high levels of patient satisfaction, the service has demonstrated the potential for 6-8% of practice appointment capacity to be effectively directed into community pharmacy. Following further strengthening of the pathway, the current plan is to extend the service to up to 30% of the primary care networks across the whole of the North West by Autumn 2021.

2.4.2 Personalised medicine and improving diagnostic pathways

Community Pharmacy is uniquely placed to support the development of personalised medicine, in particular taking full advantage of emergent health technologies that can strengthen diagnostic pathways and reduce the burden on primary care services and the acute sector.

The New Medicine Service (NMS) is an example of one of the ways in which Community Pharmacy is strengthening personalised medicine. NMS significantly increases patient adherence to medicines, compared with normal practice.

Nonadherence is known to be significant in particular health problems including:

- chronic obstructive pulmonary disease (COPD): 33%;
- schizophrenia: 52%; asthma: 67%; and
- diabetes mellitus: 78%.

This not only reduces quality of life for patients, but nonadherence can also result in increased admissions to hospital and/or premature death.

In the UK the opportunity costs of lost health gains due to nonadherence are in excess of £930 million a year in just five diseases: asthma, type 2 diabetes, high cholesterol/coronary heart disease, hypertension and schizophrenia.

NMS has been shown to increase patient adherence to new medicine which has resulted health gains that demonstrate cost effectiveness. For example, improvements that come from NMS have reduced overall costs that is well below most accepted thresholds for technology implementation. In fact, estimates suggest that improving adherence from current levels to 80% across these five areas would save the NHS £500 million per annum (Elliott et al., 2017; 2020).

NMS is a popular intervention with the profession and with patients and the public. It could easily be extended into other diagnostic pathways as part of a programme for improving personalised medicine.

2.4.3 Pharmacogenomic testing

Community Pharmacies are in a unique position to support the maximisation of diagnostic capacity across the system through innovative use of pharmacogenomics.

Pharmacogenomics (sometimes referred to as precision medicine) refers to the impact of an individual's genetic makeup on pharmacotherapy, for example increasing therapeutic efficacy of medicines and reducing adverse effects.

Pharmacotherapy can also be used to strengthen personalised medicine, improve patient safety and increase positive health outcomes.

Alongside the clinical benefits, pharmacogenomics can result in cost saving for the health service, for example by using targeted genome sequencing to improve adherence to medication use. Currently pharmacogenomic testing is largely done within specialist areas and

hospital settings, however, the majority of medicine prescriptions are done from primary care. Although most of these would not be considered high risk, the volume of prescriptions is such that if combined with high frequency of actionable genotypes, the results could be significant.

Advances in pharmacogenomics and the emergence of biotechnology innovations could be used to develop pharmacogenomic testing services based within Community Pharmacy. This service is available throughout the Netherlands, primarily based in hospital environments and for specialist medicines. However, the service has also been implemented in a number of community pharmacies in the Netherlands with demonstrable benefits. For example:

- 18% of patients were recommended to avoid certain medications (based on their current medicines use);
- 14% were recommended to have their dose adjusted;

- testing of a panel of 45 drugs indicated that 23.6% of all new prescriptions were linked to an actionable gene–drug interaction and after analysis of the genotype of patients the majority (99.2%) had actionable variants (Thornley et al., 2021)

Community Pharmacists who have been involved in the scheme reported feeling confident in their operational knowledge to deliver the service and that it had also improved their relationships with other healthcare professionals (something respondents to this consultation showed is a critical success factor for developing community pharmacy services). Learning from the Netherland suggests that training of pharmacists and support with genomic testing could enhance the service further. In particular:

- supporting community pharmacists to respond to patient queries
- making clinical recommendations as part of personalised medicine reviews; and
- engaging the public in adopting testing services that can help improve medication adherence and avoid complications of adverse events.

Advances in pharmacogenomics and the emergence of biotechnology innovations could be used to develop pharmacogenomic testing services based within Community Pharmacy in England.

2.5 Workforce

Community Pharmacists are highly skilled and qualified health practitioners with a high degree of public trust, for example in a survey of 1,000 members of the public Pharmacists were viewed as the second highest regarded profession after doctors and nurses (Ernst and Young, 2020).

This level of trust has also been in evidence during the current pandemic with over one third of public respondents to a survey stating that they visited a pharmacy rather than their GP due to Covid-19 restrictions at the surgery (The Pharmaceutical Journal (2020).

The vital contribution of Community Pharmacy to the healthcare system workforce has long been recognised:

“We need to ensure that pharmacists’ clinical skills and expertise are an integral part of delivering better services to patients and of work to tackle health inequalities and promote healthier lifestyles”. (DH, 2008)

There has also been increasing emphasis from the NHS on the contribution of pharmacy professionals in supporting national health policy objectives such as reducing health inequalities, improving quality of care and funding efficiencies (NHS England et al., 2014).

In response to this to nature and roles of pharmacy work have changed significantly, including more patient-facing roles within different settings such as GP practices and care homes. Pharmacists are also adopting more advanced practitioner roles in urgent and emergency care, medicines optimisation and pharmacotherapy. The changing nature of roles and responsibilities also applies to pharmacy technicians who are administering medicines in hospitals and places of detention (HEE, 2019).

3.

Challenges

3.1 Financial pressures and funding

The national contract settlement for Community Pharmacy saw no uplift in 2019/20 which will equate to a cut in real terms of 9% by 2023/24. It is estimated that:

- Over one third (38%) of the Community Pharmacy network could be in financial deficit, with 52% of owners planning to sell their businesses and this could rise to 65% by 2024 under current funding arrangements.
- The projected network wide financial deficit is thought to be as high as £497m (19% of revenues) and continuation of the scale of this is unsustainable – ‘no industry is likely to be sustainable with so many operators in deficit’

(Ernst and Young, 2020)

The additional financial burden that has been placed on Community Pharmacies in the last year as a result of the pandemic is considerable and needs urgent attention. For example, providing additional and

enhanced services during the pandemic has placed an undue burden on Community Pharmacy including:

- adaptations to premises to ensure they are Covid secure
- safely managing the increased footfall due to vaccinations
- managing the cost increase in some medications
- additional costs for dispensing arrangements and home delivery.

The government have provided some additional financial assistance such as £370 million in advance payments, however this is on a loan basis with the expectation that the money will be refunded by the sector. This is adding further pressures to the sector with the consequent risks that some Community Pharmacies face closure and this threatens the ongoing support and response to the current pandemic and any future service contributions that could be made.

The All-Party Pharmacy Group have called on the government to honour its commitment that the NHS would receive all the funding it needs to deal with pandemic, and that Community Pharmacies should be included in that settlement (APPG, 2021)

While the downward pressure on costs and efficiency savings may be seen as an advantage of national bargaining power by NHS England and NHS Improvement, the impact will be felt across local systems. Instability in the sector, limitations in service offers and failure to realise opportunity costs through innovation will have far reaching consequences for ICSs.

3.2 Inter-professional education and training

The many changes that have been introduced from Community Pharmacy services are widely welcomed across the health system and are helping to fulfil the policy ambitions of the NHS. However, the Community Pharmacy sector is struggling to meet the increased capacity demands on its workforce.

The majority of respondents to Ernst and Young's survey (87%) stated that they cannot afford to take on the staff to provide more services and those that have extended their hours to provide more services are twice as likely to be in deficit (Ernst & Young, 2019).

Health Education England's review of pharmacy training and education in 2019 found that there are too few individual pharmacists being trained to meet demand and that there is too much variability in attained levels of competence. One of the main challenges is that traditional training models equip professionals for work on a single sector basis with insufficient focus on transferability of skills and sustainability of the whole workforce (HEE, 2019).

Partly in response to the interruption of professional training from the pandemic, HEE have introduced the Interim Foundation Pharmacist Programme, which is designed to accelerate the pharmacist early years' education and training reform.

This is now closed to new entrants and the impact has yet to be evaluated, but HEE are continuing to work with the Royal Pharmaceutical Society, Association of Pharmacy Technicians UK, NHS England and NHS Improvement to deliver new, innovative training and development opportunities. This work needs to be aligned with ICS workforce planning and transformation.

3.3 Mail order prescribing and home delivery services

While the move to more digital services is welcome and inevitable, it is creating some challenges for the Community Pharmacy sector. Public choice has always meant that people could choose which pharmacy to collect their prescription from. But as more people wish to have electronic prescriptions and home delivery services this is producing unexpected cost constraints and challenges. Large digital

innovators and the creation of online pharmacies could add to the existing financial pressures and further destabilise the sector.

Because this involves patient choice and digital innovation this is a complex area to understand, and the issues may be difficult to resolve. However, the costs of not taking action to shape the market in ways that can support the fundamental drive for better healthcare outcomes that are safer and higher quality will have significant detrimental impacts on health policy.

3.4 Addressing the challenges

This paper comes at a time when there is a unique opportunity to address the challenges facing the Community Pharmacy sector, through the shift in commissioning functions and leadership to local integrated systems. There are two choices for Community Pharmacy:

1. Remain as is – The sectoral risks, for example market disruption from digital innovators and structural financial challenges makes staying as is a high-risk option, not only for the sector but also for local health and care systems. Variations in local leadership and poor understanding about the potential of the sector to contribute to combatting health inequalities and supporting service transformation could leave Community Pharmacy without a voice in the future direction of health and social care.

Remaining as is without fundamentally addressing the challenges could also leave local people and patients with fewer choices for expert and much needed health advice. Sustaining the physical infrastructure presence of Community Pharmacy and its proximity

to local populations is also essential for future planning for pandemic and health system resilience.

Most importantly, there is an urgent need to ensure that the health gains made through personalised medicine are sustained and strengthened with Community Pharmacy providing a key platform for local delivery of service transformation and patient engagement.

2. A new collaborative approach –

Integrated Care Systems provide an opportunity for a new collaborative approach to deployment of Community Pharmacy on the basis of Place. This could provide an alternative pathway for commissioning of Community Pharmacy that enables the sector to fully support service transformation and drive down health inequalities.

By embracing new service lines in support of personalised medicine and strengthening the focus on health inequalities and community engagement, Community Pharmacy can be at the heart of improving health outcomes and delivering the objectives of the NHS Long Term Plan.

A new approach to commissioning of Community Pharmacy lies at the heart of this choice. This is important for the sector, but also for government and the Department of Health and Social Care as it seeks to drive the national recovery from the pandemic and for ICSs as they prepare to make local, place-based system changes that will deliver the objectives of the NHS Long Term Plan.

4.

Commissioning Community Pharmacy for the future

The place for Community Pharmacy is within the NHS as an integral partner and its unique setting within local communities makes it one of the greatest assets for supporting the health and wellbeing of the population.

The Community Pharmacy sector wants to be at the forefront of health and social care transformation and with the right support and national and local commitment from system leaders it can fulfil its promise to improve health, ensure safety and quality and save the NHS funds and resources that can be used to strengthen the system as a whole.

The NHS Long Term Plan and the forthcoming legislation on Integrated Care Systems provides an opportunity to design and test out a new approach to the commissioning and delivery of Community Pharmacy services.

4.1 Community Pharmacy and the NHS Long Term Plan

The NHS Long Term Plan also has several commitments to expanding the use of Community Pharmacy in delivering on key priorities for the NHS, these include:

- £4.5 billion of new investment to fund expanded community multidisciplinary teams that will include Community Pharmacy and be aligned with new primary Care Networks (PCNs) based on neighbouring GP practices.
- The development of connection schemes for patients who don't need primary medical services, such as using direct referrals from NHS 111 and GPs to Community Pharmacies to support urgent care and promote patient self-care and self-management.

- Improving patient pathways so that they reduce avoidable outpatient visits, for example through pharmacist conducted reviews on medication optimisation and avoidance of adverse drug reactions
- An Enhanced Health in Care Homes model that will ensure care home residents receive regular clinical pharmacist-led medicine reviews where needed.
- Establishing Urgent Treatment Centres that will increase the consistency of out of hospital urgent care through a wider community based urgent care team including Community Pharmacists working with ambulance services and other community services to reduce A&E attendance.
- Prevention and reducing health inequalities with a higher share of funding for areas with the worse inequalities and priority actions for smoking, poor diet, high blood pressure, obesity, alcohol and drug use, reducing air pollution and increasing physical exercise.
- More support for people with respiratory diseases to receive and use the right medication, including Community Pharmacy undertaking a range of medicine reviews, educating patients on the correct use of inhalers and contributing to multidisciplinary working. Community Pharmacy will also provide more support for patients to reduce the use of short acting bronchodilator inhalers and switch to dry powder inhalers where clinically appropriate, and support the uptake of new smart inhalers, as clinically indicated.
- Mainstreaming digitally enabled care with integrated care records across GPs, hospitals, community services and social care. Automated systems and AI will improve the patient experience and further enable management of prescriptions through online services including repeat prescriptions that can be managed from Community Pharmacy.
- Improving immunisation coverage through a fundamental review of vaccination and immunisation standards.

The Secretary of State for Health and Social Care has stated his ambition to expand and transform the role of community pharmacies and embed them as the first port of call for minor illness and health advice in England. The Community Pharmacy Contractual Framework for 2019/20 to 2023/24 sets out an ambition plan for Community Pharmacy to support the delivery of the NHS Long Term Plan including:

- A five-year funding settlement of £13 billion (£2.592 billion a year over the next five years)
- Delivering clinical services as a full partner within local Primary Care Networks
- Developing the NHS Community Pharmacist Consultation Service (CPCS) as the first port of call for minor illness
- Maximising the opportunities of digital technology and information to deliver efficiencies in dispensing and services that release pharmacist time
- Continuing to prioritise and promote medicines safety and optimisation

- Protecting patient access in areas where there are fewer pharmacies with higher health needs through the Pharmacy Access Scheme

(DHSC, 2019)

The Department of Health and Social Care has also committed to working on a range of reforms to reimbursement arrangements for Community Pharmacy to deliver smoother cash flow, fairer distribution of medicines margin and better value for money for the NHS.

4.2 Community Pharmacy and Place based commissioning

The establishment of Integrated Care Systems represents a significant shift from a national commissioning framework to one that is place based. The success of this will depend on effective partnership working and collaboration. During the coming year and into 2022, ICSs are expected put in place system-wide governance arrangements to enable a collective model of responsibility and decision-making between system partners.

Recovering from the pandemic and restoring services will continue to be a priority for local systems, in particular the need to attend the health inequalities and disparities in health outcomes that the pandemic has thrown into sharp relief. By their nature these are not uniform across geographies or communities and ICSs will need to establish priorities that reflect local circumstances and variations in health inequalities. These are to be aligned to four national priorities:

- improving outcomes in population health and healthcare
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- helping the NHS support broader social and economic development

Operational guidance on commissioning Community Pharmacy services at the level of an ICS is currently brief and further guidance is expected. In its consultation on the planned legislative proposals for Integrated Care Systems, NHS England and NHS Improvement strongly supported placing them on a clear statutory footing, but with minimum national legislative

provision and prescription, and maximum local operational flexibility. In particular, they said that legislation should not dictate place-based arrangements.

While there is clear support for moving commissioning and planning functions closer to the populations they serve, concerns were expressed by respondents to the NHS England and NHS Improvement consultation, including the proposed movement away from national contractual arrangements and subsequent risks to the primary and community services funding guarantee. In addition, respondents were concerned about the challenge of creating deeper partnerships with patients and local communities, in order to personalise care and tackle health inequalities.

NHS England and NHS Improvement found that many respondents with a clinical or professional interest asked the NHS to provide clarity on how the voice of clinical and professional leaders would be reflected in every system. NHS England and NHS Improvement are committed to producing national guidance on this later in the year, working with all interested organisations. (NHS England and NHS Improvement, 2021b).

The precise details of any transfer of commissioning for pharmaceutical services from NHS England and NHS Improvement to ICSs are yet to be revealed. However, it is imperative that ICSs take adequate account of integration of the Community Pharmacy sector in their strategic plans.



5.

Pharmacy in Place: A Pathfinder programme for the future of Community Pharmacy

The Community Pharmacy sector is evolving at a fast pace with increasing recognition of the wide-ranging contribution it can make to improving health care outcomes and supporting delivery of the NHS Long Term Plan priorities. This has never been more important as the commissioning landscape for health and social care is undergoing fundamental change and the country is recovering from a pandemic that has resulted in unprecedented challenges to the health and care service.

Community Pharmacy has immense strengths, which have been amply demonstrated during the pandemic. The sector has grown in confidence and skills over recent years and is increasingly recognised as a trusted and valuable part of the NHS. Nevertheless, the sector is under intense pressures and there is an urgent need for a refocus on its strengths and the opportunities for ensuring that the sector can be sustained on an equitable basis with other NHS partners.

As noted in the introduction to this report, now is not the time for new strategy or visions, this is a time to act. Government, NHS England and NHS Improvement and Integrated Care Systems must come together with the Community Pharmacy sector to find new ways of working together. We need a pathfinder programme with leading ICSs that can demonstrate the value and interdependence of Community Pharmacy within place-based health and care systems. This requires a new agenda for commissioning that is founded on core principles and commitment from within the sector to leadership and collaboration. There are clear system benefits to doing this:

- Supporting the restoration of elective care by diverting demand through new pathways for urgent care and minor ailments that use Community Pharmacy as the first point of intervention.

- Strengthen prevention through enhanced diagnostic systems for case finding, screening, for example Hepatitis C testing in Community Pharmacy.
- Reducing health inequalities by maximising the local community engagement of Community Pharmacy, especially in areas of higher deprivation.
- Ensuring patient safety and realising cost benefits through medicine optimisation, including extending the benefits of the New Medicine Service to other therapeutic areas and the development of pharmacogenomic testing.
- Demonstrating the benefits of collaboration for Primary Care Networks including local Community Pharmacy leadership.

An ICS led Pathfinder programme for Community Pharmacy could provide assurance for all of the above, while simultaneously testing out four building blocks to sustainable commissioning of Community Pharmacy.

5.1 Building blocks for the Pathfinder programme

Based on the findings of this review and consultation with expert informants from across the Community Pharmacy sector and NHS commissioning the following building blocks will be essential to development a Pathfinder programme.

Personal relationship with the GP

There is a need to strengthen Community Pharmacy leadership through the Local Pharmacy Committee and the facilitation of negotiations across system leaders including the Local Medical Council, the ICS and NHS England and NHS Improvement.

However, Community Pharmacies are most valued where there is a personal relationship between the GP and the Pharmacist with regular contact about patients. While traditionally this has been about medications and prescriptions advice, the enhanced role for Community Pharmacy requires greater contributions to a broader discussion about patient needs and progress.

Strategy is important but is culture and practice that determines what works. As system leaders, ICSs need to find new ways to change culture amongst professionals so that real partnership working, and collaboration can have the desired effect.

Information technology and digital services

There is a poor history in the NHS of realising the benefits of new information technology resources and it is a frequent complaint of both GPs and Pharmacists that they have failed to find fully interoperable IT systems.

The enablement of secure messaging between the GP and the Community Pharmacist should be the basis of good communication but this needs to build on further development of access to shared electronic records and supporting patients to provide consent. Particular attention needs to be paid to testing out new electronic dispensing systems including hub and spoke mechanisms that can demonstrate fairness and improve quality.

Legislative changes will come that allow greater skill mixing in Community Pharmacy with more use of pharmacy technicians to free up clinical pharmacy time. Scoping the barriers to this at local levels and identifying benefits early will support the national legislative changes that will be needed.

Revised term of service for Community Pharmacy that seek to protect patient choice while also ensuring stability and sustainability of the sector will need to be developed at pace to ensure market stability. This would include exploration of opportunities for greater collaboration within the sector and market shaping for the future.

Shared facilities and estates

ICS estate plans for supporting clinical and service strategies need to consider the contribution of Community Pharmacy. As health settings, Community Pharmacies are making a considerable contribution to public health, but they do benefit from broader capital investment programmes. As services expand, there needs to be greater consideration of the facilities and estates needs of Community Pharmacy and new ways in which the NHS estates planning can support clinical development.

For example, while Community Pharmacies have a valued place on the high street, the move towards more multi-service health and community hubs should include Community Pharmacy as an essential service.

Workforce development

Pharmacy is a highly skilled profession, but the sector actually employs people with a range of qualifications, skills and competencies and this needs to be supported as part of a broader staff development programme as the services provided are extended and improved.

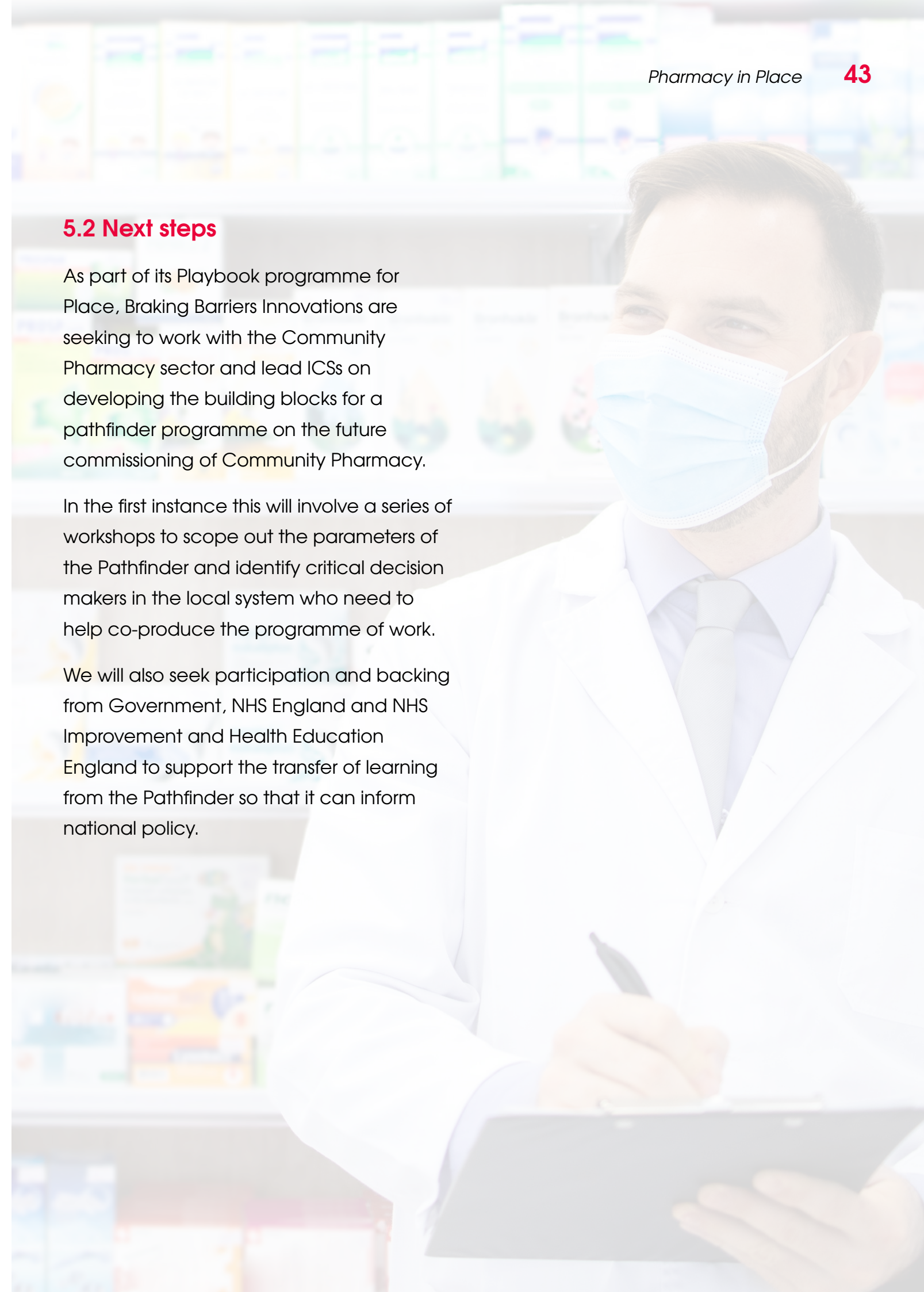
For an ICS to realise its workforce transformation needs, there should be more opportunity for cross-professional learning and enablement of more pharmacists to train as advanced practitioners. For People Boards there should be a clear route for inclusion of Community Pharmacy in workforce planning that takes account of related inter-dependencies for the ICS.

5.2 Next steps

As part of its Playbook programme for Place, Braking Barriers Innovations are seeking to work with the Community Pharmacy sector and lead ICSs on developing the building blocks for a pathfinder programme on the future commissioning of Community Pharmacy.

In the first instance this will involve a series of workshops to scope out the parameters of the Pathfinder and identify critical decision makers in the local system who need to help co-produce the programme of work.

We will also seek participation and backing from Government, NHS England and NHS Improvement and Health Education England to support the transfer of learning from the Pathfinder so that it can inform national policy.



6.

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