

Our Mission to Fix Community Pharmacy And Help Fix Our *NHS*



Contents

Fixing the NHS	Error! Bookmark not defined.
Recognising the state of the NHS	4
Fixing NHS Community Pharmacy	5
Short term actions	7
The medium-term plan	9
The prize for patients - long term growth	14
Conclusion	15

Fixing the NHS

Ending the 8am appointments scramble through NHS Community Pharmacy

Wes Streeting famously declared that “the NHS is broken”. Community pharmacy can help fix the NHS.

Investing in NHS community pharmacy will cut primary care waiting times during this Parliament and make meaningful progress towards ending the 8.00am scramble for a GP appointment faced by millions of people.

Patient representative groups like Healthwatch England, prominent clinicians and independent experts agree.

Healthwatch England have called for an expansion of pharmacy services. Dr Claire Fuller’s *Primary Care Stocktake* pointed to a greater role for community pharmacy in prevention, mental health and tackling the ‘big killers’ including cancer. The Health Select Committee earlier this year concluded that “community pharmacy has vast amounts of untapped potential and additional services could be delivered”.

However, community pharmacy needs investment and contractual reform to unleash its full potential and become the change-making solution it can be. Proposals to trial Neighbourhood Health Centres points to a new way of thinking about primary care. NHS Community Pharmacy already provides a trusted, local network that would enhance and deliver this concept.

That’s why we say: Fix community pharmacy to help fix the NHS. Investing in NHS pharmacy would “drive the shift of our NHS away from a model geared towards late diagnosis and treatment, to a model where more services are delivered in local communities”.

Nothing in the NHS is more local and community-minded than NHS Community Pharmacy. We are already moving to a Neighbourhood Health Service, and are delivering more care in local communities, intervening to spot health problems earlier. Ministers are right to desire a shift in resources to primary care and community services. Investing those resources in NHS Community Pharmacy will deliver a major return on that investment at pace.

Labour has stated: “As part of our health mission, Labour will tackle the social determinants of health, halving the gap in healthy life expectancy between the richest and poorest regions in England”. The NHS Community Pharmacy practice network, though markedly depleted by the real terms cuts of recent times, still provides the most significant community outreach in the health system.

This document lays out how the huge potential of this network can be realised, at pace and at reasonable cost.

Recognising the state of the NHS

Everyone who uses the NHS knows that it is far from perfect. Anyone who has needed minor treatment or advice knows the frustration of trying to get through to their GP. Lord Darzi's review of the NHS confirms that the institution is in serious trouble and confirms the risks to the community pharmacy network.

Hospital waiting lists are unacceptable, and backlogs from the pandemic are a long way from being cleared. Those who are waiting can see their conditions steadily worsen.

Care is not integrated, with GPs, pharmacies, hospitals and others set up to compete, not collaborate.

The result is frustration for patients, resources that are under used and a system which does less and is less efficient than it could – and should - be.

There is an answer

Community pharmacies already provide a national network of neighbourhood health centres, dispensing a billion prescriptions a year and seeing 1.6m patients a day.

Their role in vaccinating millions during the pandemic, and millions more against seasonal flu, shows how they can adapt and move at pace to deliver concrete health benefits, while the rollout of Pharmacy First in England – and significantly larger programmes in Scotland, Wales and Northern Ireland – shows how they can provide much greater value into the future – for relatively modest investment.

NHS Community Pharmacies also have huge potential to ease pressure on GP services and secondary care – monitoring long term conditions, reviewing medicine use, offering effective prevention advice, freeing GPs to take on advanced caseloads to ease pressure on their colleagues in secondary care. The shift in emphasis towards community based care can only be realised if the potential NHS Community Pharmacy is realised.



Fixing NHS Community Pharmacy

Now and in the future

To get these benefits – and more – we need to fix more than a decade of neglect. More than 1,500 pharmacies have closed in a decade, and most are now running at a loss. Urgent action is required to stabilise pharmacies and ensure that a stable network exists to realise opportunities for reform and service improvement.

The Health Select Committee in the last parliament called for reform of the funding framework for community pharmacy so that more clinical services can be delivered and increasing demands for medication can be met. The national pharmacy contract is broken and needs investment and reform.

Immediate actions to fix NHS Community Pharmacy – delivery in 12 months (ready for 25/26)

- Immediate stabilisation funding to halt the decline of the NHS Community Pharmacy practice network and grow resilience.
- Preserve clinical care, patient safety and medicines supply operational capacity, with a fair return on mutual investment for commissioner and provider.
- Announce a moratorium on all clawbacks until a new contract and funding model is delivered to prevent destabilising financial uncertainty for pharmacies.
- Start work on a reimagined national contract, re-engineered to energise and reform NHS Community Pharmacy practice, based on the following principles:
 - A new contract based on fair funding for dispensing, medicines optimisation, access to same day urgent care, prevention/public health and tackling health inequalities.
 - An end to being seen as second-class in the NHS, and a route through which to squeeze out cost, when other clinicians are treated with respect and as clinical experts.
 - An end to NHS Community Pharmacy practice closures.
 - Year-on-year inflation-linked increases, guaranteed.
 - NHS Community Pharmacy to receive 2.5% of the total NHS budget.



Short term actions

To have an impact on the NHS this winter

Once the short-term stability of the pharmacy network is secured, work can start in earnest to reimagine the role and deliver rapid service expansion and improved patient care.

This would be done by putting NHS Community Pharmacy practice at the heart of the 10-year plan to fix primary care and public health/prevention thereby growing the frontline of NHS delivery

Removing pressure from GP surgeries by improving access to services and treatment through new patient pathways is best and most quickly served by creating an optimised and expanded NHS Community Pharmacist Prescribing Service. Community Pharmacy enjoys some of the highest levels of trust in the health care system Below we outline how developing and deploying more pharmacy first treatment pathways can be realised, including by granting more pharmacists independent prescribing rights where clinically appropriate.

1. Grow Pharmacy First

Optimise active uptake of the existing service by General Practice, NHS111 and other providers

Review the gateway criteria for unnecessary and unhelpful care exclusions, with a view to optimising pharmacy completed outcomes

Expanding the service scope and purpose broadly in line with the NHS Scotland care service specification, for example covering walk-in and referral channels and a broader set of conditions

<https://www.nss.nhs.scot/pharmacy-services/pharmacy-services/nhs-pharmacy-first-scotland-pfs/>

2. Vaccine service expansion

Pharmacies have proven themselves in relation to covid vaccinations, flu vaccinations and several other areas like hepatitis and travel health. The pharmacy network is an obvious place to start in growing our national vaccination service, given its track record in public health and the unparalleled access it provides. Not only will a vaccination service through NHS Community Pharmacy be accessible to the wider population, but it will also build on pharmacists' abilities to boost delivery by providing advice and supporting those who are still wary of any vaccination service. The recent NHS Vaccination Strategy proffers improving access, delivery in convenient places, with targeted outreach, along with a more joined-up prevention and vaccination offer. NHS Community pharmacy is surely the best placed segment of the NHS to make that possible.

<https://www.england.nhs.uk/publication/nhs-vaccination-strategy/>

3. **National Emergency Contraception service**

To avoid the variable care provision at present evident across the locally commissioned landscape, we recommend the step of standardising EHC provision as a core - Essential Service - added to the current national NHS Community Pharmacy contract, with an optimised specification, supported by new national funding. This will also allow a national service network of care for this vital pillar supporting women's health. This also ties in with the recent addition of Oral Contraception provision as an Advanced Service to the national contract.

4. **National NHS Health Checks service**

Standardise and optimise the use of the NHS Community Pharmacy practice network across all 42 ICSs to deliver a national health check service. This could be added as an advanced service to the national contract with appropriate investment. Pharmacy will activate people to take control of their health, deliver primary prevention interventions and identify conditions, such as cardiovascular disease, for secondary prevention.

5. **Medicines Shortages**

Innovate and implement new approaches with a regulatory mechanic to allow increased flexibility to help pharmacists deal with medicine shortages with in-pharmacy-practice substitution.



Medium-term actions to support patient care and the NHS

Deliverable within this Parliament

As the accessible NHS medicines experts, community pharmacists should be the go-to healthcare professionals for optimising the use of medicines. The room for improvement across the health system is considerable, in terms of patient safety, efficacy, post discharge reconciliation and waste reduction.

Medicines are the single biggest intervention made by the healthcare system, and their use continues to rise each year. In the last decade the number of medicines dispensed in the community in England each year has increased by 17%, reaching 1.18 billion in 2022/23 at a cost of £10.4 billion – an 8% increase from £9.69 billion in 2021/22. This makes total spending on medicines the second highest cost to the NHS, after staff, at nearly 10% of all healthcare spending.

It is estimated that between 30% and 50% of medicines prescribed for long-term conditions are not taken as intended. So, at a time when NHS resources are stretched, ensuring the best use of these medicines is essential for both individual patients and the taxpayer.

Medicines optimisation considers systems for managing and improving patient safety and support for patients when they move care settings - ensuring people get the right choice of medicines at the right time.

Linking a commissioned medicines review service to other services in community pharmacy would create an opportunity to offer this vital care in a different way – not least because, unlike general practice, community pharmacy gives patients and customers regular touch points (such as repeat prescription collection) throughout the year. The NPA have conducted extensive professional soundings in this area to construct a new model of care and pathway of delivery.

1. Medicine reviews for all patients

The NHS Community Pharmacy practice network has huge potential to reduce harm from medicines and achieve better value for health systems by tackling waste. All patients should have access to community pharmacy-based medicines optimisation reviews enabled by independent prescribing, significantly to improve outcomes and patient satisfaction.

The current lack of frontline and universal medicines optimisation means the opportunity has so far been missed to make a meaningful difference to care.

This mission would see NHS community pharmacists not only have full access to patient records, but also be able to send off for specific clinical indicators such as blood tests – enabling the pharmacist to titrate any medication as required as well as identify any issues adversely affecting recovery and management of long-term conditions.

2. Local prescription management and deprescribing

Community Pharmacy supplies 1 billion NHS prescriptions in England annually - a role at the core of the pharmaceutical supply chain.

With independent prescribing becoming increasingly common among pharmacists and with appropriate governance safeguards in place, Community Pharmacists will have the ability to undertake a full prescription management role. Community Pharmacists will be able to embrace emerging concepts such as pharmacogenomics into their practice. If the NHS Community Pharmacy and General Practice national contracts have the right and aligned incentives in place to support optimised deprescribing, the joint focus can move more to improving cost effectiveness and enhancing health outcomes.

3. New Medicines Service: Scope expansion (NMS+)

Building on the current New Medicines Service to extend the scope of conditions and scale of uptake would allow NHS Community Pharmacists to alter medication regimes that may be affecting patient adherence.

No more would the patient always have to be referred to their GP if they are not able to swallow or are not getting on with their medication in some other way. Now with independent prescribers more common in pharmacy practices, the Community Pharmacist would, in the appropriate circumstances, be able to make the necessary adjustments from a change in formulation through to a change in dosage and ultimately a change in medication.

At all points communication with other members of a patient's multi-disciplinary health care team is vital and, as pharmacists, action clinically appropriate changes this information would be fed into the patient's record to ensure connectivity and continuity of care.

4. Transfer of Care/Continuity of Care

The current Discharge Medicines Service (DMS) means Community Pharmacy is well placed to enhance its contribution to the end-to-end support of patients undergoing an elective in-hospital treatment by contributing to their pre-admission preparation around medicines as well as post-discharge. By building on our touch points we can give people a soft landing back into the community, reduce readmissions and help address bed-occupancy.

DMS is an underutilised and under-valued service. It needs to have its own dedicated funding outside the current depleted global sum for pharmacy in order to drive volume and outcomes, and we believe the case exists for it to be a refreshed mission to be delivered in partnership across all NHS Hospital Trust settings.

5. Long Term Condition Pathways

Cardiovascular Disease and hypertension case finding is already very active in Community Pharmacy. However, the opportunity exists to work towards a fully recognised prescribing role managing hypertension, diabetes and other high prevalence long term conditions too, as part of logical pathways of care. A newly imagined and engineered greater focus on the management of chronic, long-term conditions in NHS Community Pharmacy ties with a direct mission already identified by the new Labour Government in their 2024 Manifesto.

6. Patient Management/Care Plans

Bar some historical, small-scale piloting, the role of community pharmacy in care plans and defined/formally documented patient management is wide open to invention. Services pathway interventions could include the deployment of patient activation programmes, blood-test screening, treatment initiation in CVD to name but a few. Worthy, we believe, of a national dialogue, leading to design and deployment.

7. Expanded Integrated Public Health Services

Expand the many already tried and tested existing NHS Community Pharmacy public health services to help make the NHS a wellness generating, health-inequality reversing service, as well as an effective treatment service. Offer a nationally funded 'public health service bundle' for adoption across the 42 health eco-systems. NHS Community Pharmacy can substantially meet the challenge and aspiration of embedding the much-needed greater focus on prevention throughout the entire healthcare system.

8. Healthy Living Pharmacy Expansion

Developing a pro-active, patient-activating and substantial network of Community Pharmacy Health Coaches will enable access. There is an opportunity to re-imagine the original Public Health England Healthy Living Pharmacy offering, commissioned nationally with new investment to expand its scope and scale.

This will support preventative public health measures to tackle the biggest killers and support people to live longer, healthier lives and bring success to the mission to prioritise women's health as we reform the NHS. An expanded role in "walk-in" smoking cessation support would leverage a renewed drive to eradicate the smoking and vaping. Community Pharmacy acts as an anchor for social capital, helping the health system reach more communities by providing a link between a wide range of local organisations and services.

9. Point of care testing/screening

Leverage the day-to-day high-volume touchpoint of the Community Pharmacy network, to convert footfall and Make Every Contact Count. From screening for infections such as hepatitis and sexual health conditions to phlebotomy there is an opportunity to create screening services close to people's homes and free GP practices to deal with more complex referrals. As outlined in the Medicines Optimisation section above our core role in the nation's safe supply of medicines is the basis upon which community pharmacists can regularly review and manage long term conditions and offer diagnostics and laboratory tests where appropriate to enable treatment decision-making.

10. Digital Health

The coming years will see many more patient health and care contact platforms and points of access go digital. The Primary Care Access plan features an enhanced service offering in this area as a core enabler to access. Not all patient groups and demographics will be able to self-navigate this. Community pharmacies can act as the patient link to the NHS, supporting people to manage their health online or in person.

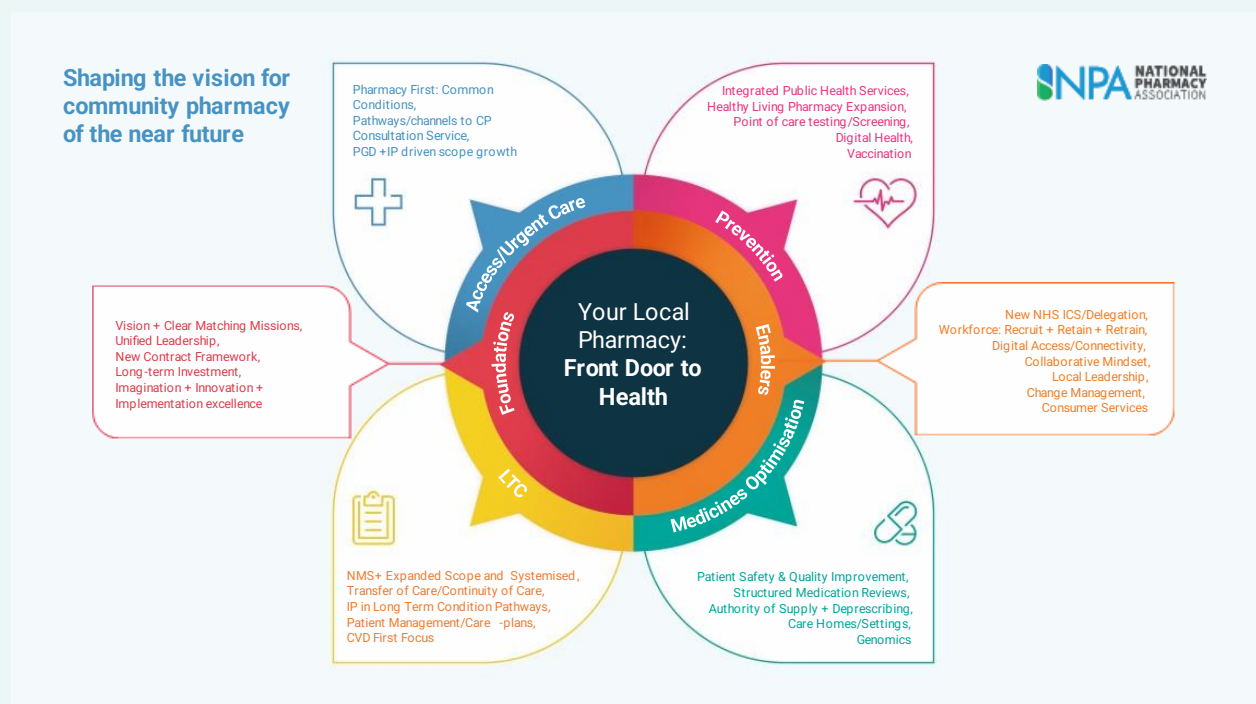


Long term potential reform

A decade of renewal, harnessing emerging opportunities

Medicines optimisation, prevention, same day urgent care and long-term conditions should all be in scope for pharmacy service development over the coming years.

NHS Community Pharmacy could develop much further as a clinical care and safe medicines supply service in ways that benefit patients, the NHS and health of the nation.



Much of what we are proposing can be expanded incrementally as NHS Community Pharmacy capacity and capability grows. For instance, it will be possible to continue adding to the Pharmacy First portfolio to deal with first aid and minor injuries.

Independent prescribers could allow the expansion of NHS Community Pharmacy in dermatology, wound-care and early case-detection saving costly complex care later on.

Patients often come to pharmacists saying their medicines are “not working”. Perhaps they are right because their genomes are not necessarily compatible with the drug in question. Pharmacogenomic medicine has the capacity to revolutionise healthcare, minimise wastage of medicines and support patients to adhere with their treatment regimen.

Re-imagining the role of NHS Community Pharmacy in data gathering and research would benefit the national drive to grow life-sciences.

Conclusions

Community pharmacy, like the rest of the NHS, needs fixing. And fixing now.

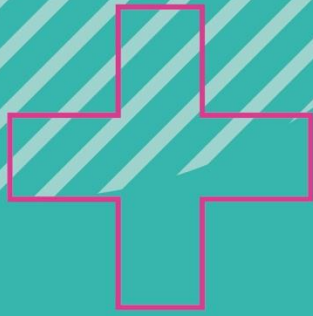
But many of those fixes are achievable in the short to medium term.

Ending the crisis in NHS Community Pharmacy needs significant, but not overwhelming investment.

The good news is that it would yield significant improvements for patients in the short to medium term, leading to better health outcomes

Essential reading

- Kings Fund/Nuffield Trust <https://www.nuffieldtrust.org.uk/research/a-vision-for-community-pharmacy>
- <https://votepharmacy.org/>
- HealthWatch England, Pharmacy: What People Want. <https://www.healthwatch.co.uk/report/2024-04-30/pharmacy-what-people-want>
- Making Changes Meeting Needs. National Pharmacy Association
- NPA/CCA roundtable on medicines optimisation
- Health Select Committee. <https://committees.parliament.uk/committee/81/health-and-social-care-committee/news/201769/mps-hear-that-community-pharmacy-funding-model-is-broken/>
- <https://assets.publishing.service.gov.uk/media/66e1b49e3b0c9e88544a0049/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England.pdf>



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The National Pharmacy Association is a not-for-profit membership body which represent independent community pharmacies in the UK, from regional chains through to single-handed independent pharmacies.

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