

# General Practice and Community Pharmacy

Plymouth Health and Adult Social Care Overview and Scrutiny  
Committee

13<sup>th</sup> December 2023



**Pharmacy**

# Community Pharmacy – Current pharmacy situation

- Fuller Stocktake Report – May'22
- 2023/2024 Priorities and Operational Planning Guidance – Jan'23
- Change in commissioning arrangements to the Integrated Care Boards (ICBs) – Apr'23
- Primary Care Access and Recovery Plan – May'23
- NHS Long Term Workforce Plan – Jun'23
- A Vision for Community Pharmacy (King's Fund and Nuffield Trust) and associated Literature Review – Sept'23
- Community Pharmacy Independent Prescribing Pathfinder programme – Sept'23
- Healthwatch across Devon - Patient Experiences of Pharmacy Services – Oct'23 (in circulation for comment)
- Expansion of local Minor Ailments Services via a national Common Conditions Service – Nov'23
- New national Community Pharmacy framework - expected from Apr'24
- Plymouth School of Pharmacy (Bath University) – first intake Sept'24

# Community Pharmacy – Current pharmacy situation

Devon Community Pharmacy Contractors	Number of Contractors May'23	<b>Predicted</b> Number of Contractors Feb'24
Total Community Pharmacies	222	206
Total 40hr contracts	205	194
Total 100hr contracts	16	0 [3x72hr, 8x76hr, 1x82hr]

Devon Community Pharmacy Contractors	Number of Contractors May'23	<b>Predicted</b> Number of Contractors Feb'24
Independents/small chain	84/222 (38%)	106/206 (51.5%)
Multiples	138/222 (62%)	100/206 (48.5%)

# Community Pharmacy – Challenges

Challenge	
<b>Financial</b>	<ul style="list-style-type: none"> <li>▪ Overall flat funding since 2019 with no inflation increases.</li> <li>▪ Change in funding within envelope moving from supply (dispensing prescription items) towards clinical services.</li> <li>▪ Clinical services heavily dependent on referrals from another provider e.g. from NHS 111 and GP practices to Community Pharmacy Consultation Service (CPCS). Referrals are low compared to other ICBs; this represents a loss in income as previously this money would have been paid via dispensing fee.</li> <li>▪ Pharmacy becoming increasingly financially fragile leading to rationalisation of Community Pharmacies by multiples.</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>▪ Many Pharmacists and Pharmacy Technicians have moved from Community Pharmacy into Primary Care Network (PCN) roles.</li> <li>▪ High vacancy rates in Community Pharmacy, low undergraduate application rates.</li> <li>▪ Until now have had no school of Pharmacy in Devon and Cornwall. Now have the Plymouth School of Pharmacy (Bath University) but concern regarding the capacity to host training places for new Pharmacy graduates.</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>▪ Workforce shortages have resulted in short term closures and reduction in 100hr Community Pharmacies.</li> <li>▪ Financial pressures have resulted in increased numbers of permanent closures and reduction in 100hr Community Pharmacies.</li> </ul>
<b>Digital</b>	<ul style="list-style-type: none"> <li>▪ Lack of digital integration means unable to easily streamline communication between Community Pharmacy and General Practice.</li> </ul>
<b>Narrative</b>	<ul style="list-style-type: none"> <li>▪ Despite the challenges above, the narrative that every Community Pharmacy is too pressurised to provide additional services, combined with poor historical experiences, is understandable but unhelpful; it affects future referrals and does not facilitate integrated working. The existing positive relationships between Community Pharmacies and General Practice can be lost in this negative narrative, which is a great shame.</li> </ul>

# Community Pharmacy – Opportunities

- **Hypertension Case Finding Service** – Community Pharmacy and General Practice working together to find undiagnosed hypertension, treatment of which has benefit to the individual patient's health and the overall system costs.
- **Devon and Cornwall Discharge Medicines Service Network** - Includes acute, community and mental health providers and Community Pharmacy sharing best practice and learning to proactively review discharge medicines with the aim of reducing readmissions (and length of stay if readmitted).
- **Pockets of integration of the Community Pharmacist Consultation Service into General Practice triage or care co-ordination protocols** to manage demand and access to services for the management of minor ailments.
- Establishing and developing the **Community Pharmacy Primary Care Leads Network**.
- **Community Pharmacy Independent Prescribing Pathfinder programme** – awarded to 8 Community Pharmacies in Devon in Sept'23.

## Community Pharmacy – Priorities

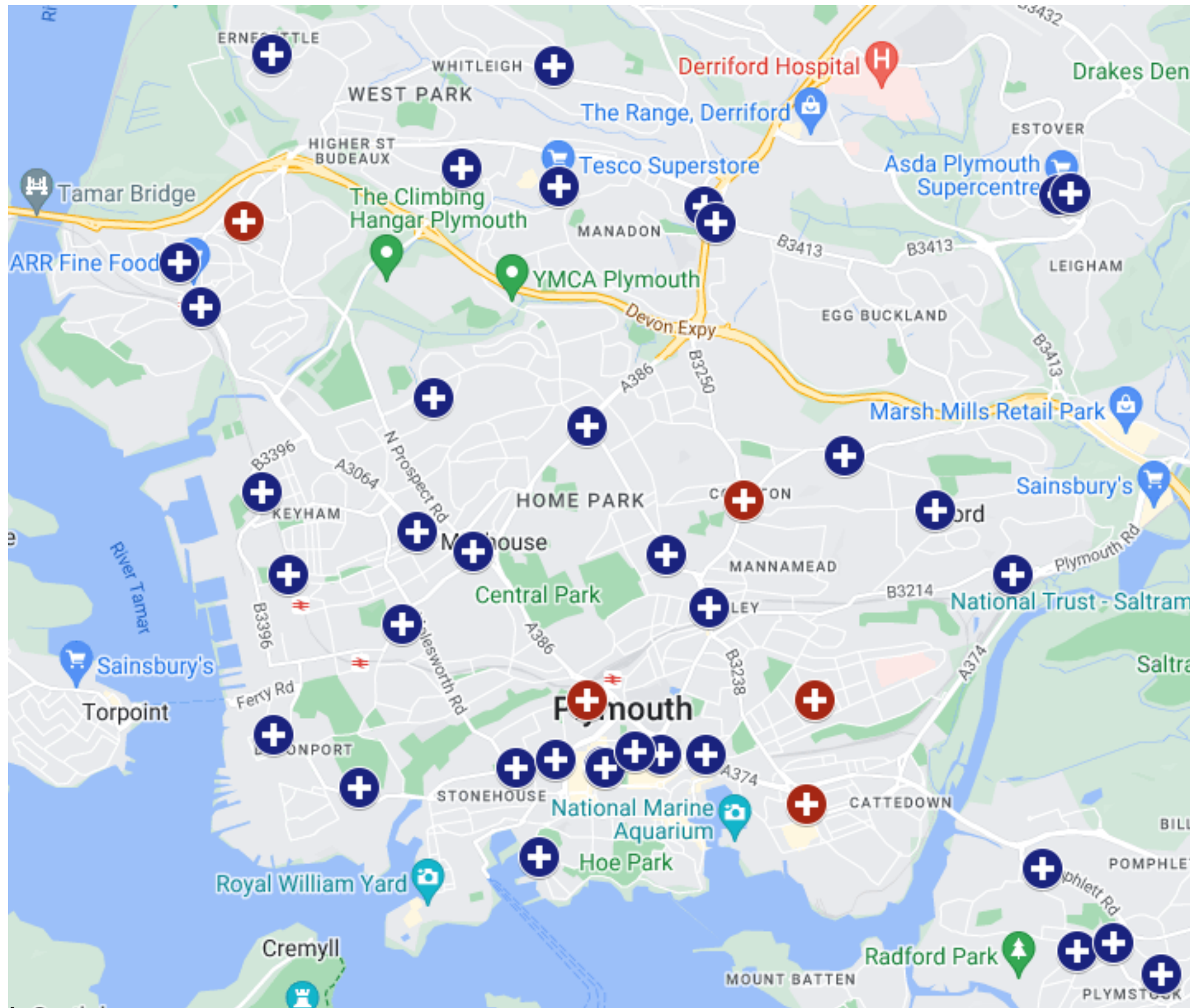
- Priority 1 – Develop strategy for longer term
- Priority 2 – Increase the resilience of the pharmacy network by maximising the potential of pharmacy services
- Priority 3 – Access (PCARP)
- Priority 4 – Community pharmacy independent prescriber (IP) pathfinder programme
- Priority 5 – Workforce

# Community Pharmacy Closures – Current Position

- Boots has recently announced their intention to close 6 pharmacies in Plymouth (note: pharmacy contractors are entitled to provide notice, there is no requirement for approving closures or consultation regarding a closure)
- These closures are in addition to Lloyds pharmacy closures earlier this year and some wider scale reductions to opening hours
- The map and following table on the next slides show the distribution of the pharmacies affected



# Mapping of Plymouth pharmacy provision



- This map shows the current pharmacies in Plymouth (marked with white crosses/navy background)
- The sites that are due to close are marked with white crosses/red background (5 shown on the map)
- Note: the sixth pharmacy in Plymstock has already closed)

# List of Plymouth pharmacy closures

- The following table shows the confirmed Boots closures in Plymouth in date of closure order
- No further exits from Boots are currently anticipated

Pharmacy location	Pharmacy postcode	Exit date	Days of Opening	Co-located with GP practice?	Current status
Plympton	PL7 1AD	18/11/2023	M-F, Sa (am)	Yes	<b>Closed</b>
St Budeaux, Plymouth	PL5 2UE	6/1/2024	M-F	Yes	
Mannamead, Plymouth	PL3 5HE	6/1/2024	M-F, Sa (am)	-	
Claremont St, Plymouth	PL1 5AQ	6/1/2024	M-F, Sa (am)	Yes	
Cattedown, Plymouth	PL4 0AY	22/3/2024	M-F	-*	
St Judes, Plymouth	PL4 8SY	23/3/2024	M-F, Sa (am)	-	

\* Note: this pharmacy is not co-located with a GP practice but is very close to Wycliffe Surgery

# Community Pharmacy Closures - Impact

- Patients are already starting to change their nominations to alternative pharmacies including switching to online/postal providers.
- For some patients, there will be an impact in terms of additional distance to nearest alternative, however, the distance to the nearest alternative pharmacy from each site closing is less than 1 mile and opening hours are similar
- Closures in areas of greater than average/areas of deprivation need might lead to increased health inequality gaps which we are monitoring
- The impact on alternative pharmacies will differ dependent upon the volume of prescription items per month

# Community Pharmacy Closures – Agreed Actions

- Normal process followed. Including contact being made with contractors closest to the closing sites to gain an understanding of their position (some positive responses noted, contractors are already making adjustments in anticipation of increased demand although staffing is a known issue for some)
- Continued liaison with pharmacy contractors to ensure safe closedown processes and ensure patient transitions and weekly meetings with Boots
- Consider what support can be given to other providers and discuss in future contact with providers, e.g., short term cashflow support to mitigate known 3-month payment lag, efficiency measures that could be promoted such as Electronic Repeat Dispensing and developing 'Pharmacy First'
- Commissioners to review weekend cover and review impact on areas of deprivation
- Commissioners to liaise with Boots to ensure vulnerable patients e.g. substance misuse are transferred – assurance has been provided. Will continue to monitor.
- H&WB Board to consider impact on the Pharmacy Needs Assessment
- Consider whether there are any further proactive measures, e.g. potential for identifying characteristics that might suggest pharmacies are at risk of closure – ICB setting up a small group to review