


Devon Community Pharmacy Strategy

Development Think Tanks

Purpose of Session

- Explain the national context in which Community Pharmacists are practicing.
 - Outline the number of Community Pharmacies in Devon, recent changes and the contracting arrangements for services provided.
 - Highlight the challenges facing this primary care contractor group.
 - Promote some good news stories.
 - Using the session and stakeholder survey questions to explore the opinions of key stakeholders regarding current Community Pharmacy service provision and the opportunities for developing Community Pharmacy services.
 - Enable generation of the Devon Community Pharmacy Strategy ready for May 2024.
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National (with a bit of Local) Context

- 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
- Royal Pharmaceutical Society (RPS) Workforce Wellbeing Roundtable Report – Sept'23
- Healthwatch across Devon - Patient Experiences of Pharmacy Services – Oct'23
- Expansion of local Minor Ailments Services via a national Common Conditions Service – 31/1/24
- New national Community Pharmacy framework - expected from Apr'24 – roll over expected
- Plymouth School of Pharmacy (Bath University) – first intake Sept'24

References

- [NHS England: Next Steps for Integrating Primary Care - Fuller Stocktake Report.pdf](#)
- [NHS England: Priorities and Operational Planning Guidance v1.1.pdf](#)
- [NHS England » Delivery plan for recovering access to primary care](#)
- [NHS Long Term Workforce Plan \(england.nhs.uk\)](#)
- [A vision for community pharmacy \(nuffieldtrust.org.uk\)](#)
- [Literature review - community pharmacy_FINAL.pdf \(nuffieldtrust.org.uk\)](#)
- [Workforce-Wellbeing-Roundtable-Report-Final.pdf \(pharmacistsupport.org\)](#)
- [Shared workforce model for pharmacists: optional guidance for employers](#)
- [Pharmacy supervision - GOV.UK \(www.gov.uk\) – end 29/2/24](#)

Overall Picture - Community Pharmacy in Devon


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

Challenges

Challenge	
Financial	<ul style="list-style-type: none"> ▪ Overall flat funding since 2019 with no inflation increases (pre–Pharmacy First and digital integration solutions). ▪ Change in funding within envelope moving from supply (dispensing prescription items) towards clinical services. ▪ 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. ▪ Pharmacy becoming increasingly financially fragile leading to rationalisation of Community Pharmacies by multiples.
Workforce	<ul style="list-style-type: none"> ▪ Many Pharmacists and Pharmacy Technicians have moved from Community Pharmacy into Primary Care Network (PCN) roles. ▪ High vacancy rates in Community Pharmacy, low undergraduate application rates. ▪ 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.
Access	<ul style="list-style-type: none"> ▪ Workforce shortages have resulted in short term closures and reduction in 100hr Community Pharmacies. ▪ Financial pressures have resulted in increased numbers of permanent closures and reduction in 100hr Community Pharmacies.
Digital	<ul style="list-style-type: none"> ▪ Lack of digital integration means unable to easily streamline communication between Community Pharmacy and General Practice.
Narrative	<ul style="list-style-type: none"> ▪ 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.

Good New Stories

- **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.
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Opportunities

- There are plenty of opportunities to work differently.
- Better digital integration is on the way – further detail any day.
- This Community Pharmacy Strategy survey builds on:
 - local examples of integrated working – past, present and future
 - the King's Fund and Nuffield Trust Vision.
- The rest of this session will discuss the questions and options for development of Community Pharmacy services.

The Role of Community Pharmacy

Q3 - Do you agree the following four principles are the key role of Community Pharmacists?

- **Preventing ill health and supporting wellbeing** - supporting people and communities to stay healthy and well, with a particular focus on reducing health inequalities.
- **Providing clinical care for patients** - much more clinically focused role, with members of the public consistently able to access care from community pharmacy teams for common conditions in a way that suits them and supports their health and wellbeing.
- **Living well with medicines** - supporting people to access and to live well with the medicines and treatments they are taking to improve outcomes, enhance safety and deliver better value.
- **An integrated primary care offer for neighbourhoods** - being an integral part of a local integrated primary care offer, working closely with local general practice, allowing people access to care in their own neighbourhoods, supporting patients with ongoing care needs in addition to preventive and on the day care.

Q4 - Any further comments on what a core role of Community Pharmacy should be?



What Does “ Good” Community Pharmacy Look Like?


Q5 - Given your role, what do you consider are the most important characteristics of ‘good’ Community Pharmacy for patients and the profession? (Rank answers)

- Accessible on the high street
- Co-located with other healthcare services
- Consistent service provision
- Efficient and timely supply of medicines
- Integrated working as part of local health and social care services
- Providing a wide range of services
- Providing on-line services
- Providing sound advice on the best use of medicines and how to use them safely
- Providing sound advice on the management of minor ailments and long-term conditions


Q6 - Do you have any comments on what the characteristics of ‘good’ Community Pharmacy are?



The Following Services are Provided by All Community Pharmacies:

- Dispensing prescriptions
 - Disposal of unwanted medicines and other prescription items
 - Providing public Health and healthy living advice and supporting Public Health campaigns
 - Reconciling medicines when a patient has been discharged from hospital (following a referral from the hospital)
 - Signposting patients to other health and social care service who may best help them
 - Support patients to look after themselves and those they care for
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Q7 - What Additional Services Do You Think Should be Consistently Provided by All Community Pharmacies? (Select your top 5)

- Advising on new medicines
 - Contraception services
 - Hepatitis C testing
 - Independent prescribing for minor ailments, acute conditions, some long-term conditions
 - Managing minor ailments after a referral from the doctor
 - Managing acute common conditions and supply of medicines i.e. for sinusitis, sore throat, earache, infected insect bite, impetigo, shingles and uncomplicated urinary tract infections in women
 - Measuring and monitoring blood pressure
 - Monitoring other long-term conditions e.g. diabetes and asthma
 - Near patient testing e.g. lateral flow tests, Strep A
 - Reviewing use of appliances and customising stoma products
 - Smoking cessation service
 - Vaccinations - Flu and COVID
 - Vaccinations – other e.g. travel
 - Weight management service
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Future Sustainable Models – Part 1

Q8 - Given your role, what do you see as the future sustainable models for Community Pharmacy are, for patients, wider healthcare system and the Pharmacy workforce? N.B. Certain changes to support sustainable models are outside the control of the local system e.g. regulatory changes regarding supervision requirements in the Pharmacy (you will be asked to indicate how strongly you agree or disagree with the model)

- Clinical check by Pharmacist, but all dispensing being done by Accredited Accuracy Checking technicians, supported by technology e.g. scanners or robotics.
- Most repeat dispensing done in central hubs and then distributed to local Pharmacies for collection (the hub and spoke model).
- Fewer, larger Pharmacies with more than one Pharmacist to provide clinical services and ensure the capacity to offer training and development placements in rotation.
- Integration with certain elements of GP clinical systems to increase efficiencies, and the transfer of information is secure and seamless to promote continuity of care.
- Increase electronic repeat dispensing to allow forward planning and economies of scale (this would also support hub and spoke dispensing).
- Utilise Local Pharmaceutical Services (LPS) contract opportunities to commission Community Pharmacy contracts in a different according to population, health and workforce needs of the PCN/Local Care Partnership, this could allow a Pharmacy to provide wider a range of clinical services where it is most needed.

Future Sustainable Models – Part 2

Q8 - Given your role, what do you see as the future sustainable models for Community Pharmacy are, for patients, wider healthcare system and the Pharmacy workforce?

- Walk-in service for management of minor ailments.
- NHS employed model similar to Primary Care Network Additional Roles Reimbursement Scheme to allow a flexible workforce across Practices, Networks or Local Care Partnerships to meet demand for same day service and the management of long-term conditions.
- Meaningful integrated working with fellow health and care professionals in delivery of services, patient engagement, learning organisations and research.

Q9 - would you like to expand further on any of the above models or offer an additional model not on the list?

Q10 - Does the current Community Pharmacy contract/service provision deliver what the patients and the Devon health and care service needs?

Q11 - Please give more detail as to why you have given this answer?



Funding, Workforce and Capacity Barriers

Q12 - What do you think are the main 'funding, workforce and capacity' barriers to Community Pharmacy fulfilling its full potential? (please rank)

- Current contractual funding structure is increasing the risk of closures.
- Rents for premises that do not reflect the change in Community Pharmacy funding/income streams.
- Pressure of workload on the remaining Pharmacies resulting from Pharmacy closures.
- Lack of space in smaller Pharmacies to accommodate additional workload from these closures.
- Workforce shortages from recruitment and retention issues across Pharmacy teams, including a competitive jobs market.
- Lack of placements/supervisors for trainee placements – both in Community Pharmacy and in PCNs as competing for placements with other healthcare professionals.

Q13 - what are your suggested ways to overcome these barriers?

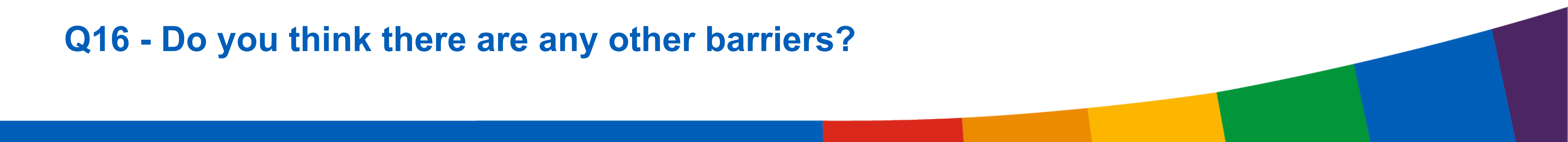
System Barriers

Q14 - What do you think are the main 'system' barriers to Community Pharmacy fulfilling its full potential? (please rank)

- Lack of cross organisation communication.
- Lack of digital integration with GP clinical systems.
- Stock shortages/medicines and appliance supply issues.
- Mutual lack of understanding of the challenges facing Community Pharmacy and PCNs/ICBs
- Mutual lack of understanding of the potential of Community Pharmacy and PCNs/ICBs.
- Increasing patient demand when there is limited workforce capacity.

Q15 - what are your suggested ways to overcome these barriers?

Q16 - Do you think there are any other barriers?



Integration within Primary Care Networks

Q17 - How could Community Pharmacy working in a more integrated way within PCNs enhance the patient journey? (please rank)

- Accurate and consistent signposting to other health and care services.
- Safe transfer of clinical information to encourage continuity of care.
- Provision of accessible services that support population health management and a reduction in inequalities.
- A way of providing services that can free up capacity across primary care to manage demand.
- Include the Community Pharmacy teams within PCN workforce planning and service development to address gaps in service provision and workforce across Primary Care.

Q18 - What else would you like to say about what works well and what doesn't work so well about Community Pharmacy?

Q19 - What do you think needs to change?



Responses and Queries

- The link to the survey will be sent out to all attendees as a follow-up to this session
- **Please ensure to submit responses to the survey by 29th February 2024**
- Any queries regarding the survey, please email: d-icb.medicinesoptimisation@nhs.net

Thank you

**Your input will help shape the Community Pharmacy
Strategy for Devon**