

# **Community Pharmacy in 2016/17 and beyond:**

## **Initial response from Pharmacy Voice to the Department of Health & NHS England proposals**

**12<sup>th</sup> February 2016**

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Section one

# INTRODUCTION AND OVERVIEW

# Introduction

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This document sets out Pharmacy Voice's initial response to the proposals included in 'Community Pharmacy 2016 and beyond' (17/12/15) and the subsequent stakeholder briefing issued in January. We wish to:

- Highlight grave concerns about the content of the consultation, the way it has been conducted and the risks that are now posed to patient care and population health
- Set out proposals for a more constructive and forward-looking approach to realising the full potential of community pharmacy
- Provide responses to specific elements in the proposals

Pharmacy Voice is working closely with other sector bodies - in particular PSNC as the recognised body representing community pharmacies in the negotiation process and RPS - to provide a clear and coherent response from the sector that draws on the full scope of our insight and expertise.

This document provides a summary of our current position and an introduction to our own proposals for change. We look forward to discussing our members' views and plans in more detail with our sector partners, the Department of Health and NHS England.

# Context

## What the Government states it wants

Integrate community pharmacy more closely within the NHS, optimising medicines use and delivering better services to patients and the public

Modernise the system for patients and the public

Ensure the system is efficient and delivers value for money for the taxpayer

Maintain good public access to pharmacies and pharmacists in England.

Support cohesive local communities and a vibrant business and enterprise culture

## The offer within community pharmacy

Highly trained healthcare professionals using their expertise in medicines to deliver clinical services, help people stay well and self-care, liaise with and signpost to other providers, and facilitate seamless patient pathways

High levels of choice and convenience in where and how to access pharmacy services, including online; responsive to changes in service-user demand

Innovative solutions to reduce costs and improve efficiency across the whole healthcare system

The most accessible option for face-to-face contact with a healthcare professional: community-based, with long opening hours and no appointments necessary

A vital contribution to healthy highstreets; a central hub for public health services; significant private investment and thousands of employment and training opportunities

**Making sudden, arbitrary cuts in funding to the sector is inconsistent with stated Government policy**

# Consultation approach

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## A FLAWED CONSULTATION PROCESS

- Initiated out of the blue
- Very little detail
- No explanations
- No impact assessment
- No evidence base
- No route for public comment
- Unfounded assumptions about the current efficiency of community pharmacy
- No acknowledgement of changes required in other parts of the system

**The opportunity for constructive, informed policy engagement has been severely undermined by this approach**

# Our position summarised

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- Community pharmacy is a vital amenity for patients and the public. Pharmacy teams help people to stay healthy and well, and provide crucial clinical services when they are needed
- Community pharmacy is an ambitious, entrepreneurial and innovative sector embedded in every city, town and village in the country
- Community pharmacy leaders recognise the unprecedented demands facing the health and care system and understand the need for continuous improvement in efficiency, quality, outcomes and value
- We share the Government's stated ambitions for the sector to play an even greater role at the heart of the NHS, and want to work in partnership to achieve them
- The current set of proposals will not deliver the outcomes that the Government is demanding as they are ill-conceived and inconsistent
- The effective, safe and sustainable route to a better future is through sector-led change, strategic investment and partnership working
- Community pharmacy organisations are keen to play their part in delivering the Five Year Forward View for the NHS. We can help reduce demand on other providers, manage healthcare cost inflation and improve patient and population outcomes

**We need firm commitment and action from Government and the NHS  
to enable pharmacy teams to make their contribution**

# What we can deliver

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In our 2011 Blueprint for Better Health we said:

**“Our ambition is for a community based pharmacy service that works collaboratively with other primary care professionals, and that makes the most of the considerable skills and knowledge of pharmacists and the pharmacy team. It will help control costs, improving the effectiveness of prescribing through optimising the use of medicines and preventing ill health, benefitting the public, patients and the NHS alike... “**

Since then, our ambition has grown. We are working with members and partners to articulate this renewed ambition and vision, so there is a clear and common understanding of community pharmacy’s role within a modern health and care system

# What community pharmacy can deliver

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- ✓ Universally high quality public health and clinical services so people can confidently choose **Pharmacy First** for all support with medicines use, minor illnesses and healthy lifestyles advice
- ✓ Urgent care services at pace and scale
- ✓ Greater patient choice, convenience and personalisation
- ✓ Management of all aspects of pharmaceutical care outside hospital: including medicines management across general practice, care homes and domiciliary settings and at points of transfer such as hospital discharge
- ✓ Seamless patient journeys enabling access to other services and professionals when required by signposting, making referrals, booking patients directly into other services and providing online access to specialist support and advice
- ✓ Improved access to primary care services, making use of clinical expertise including pharmacist prescribing skills to improve medicines use
- ✓ Solutions to help address the crisis in GP access, by relieving the demand on general practice
- ✓ Innovation, taking opportunities presented by devolution of health and care responsibilities and the development of new care models and working with local colleagues to find ways of removing historical barriers to integration, efficiency and effectiveness

# What we need

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We call for the following commitments in return for the investment of resources, effort, expertise and time that the sector is willing to put into delivering the Government's stated vision and our ambition for the sector

## **FIVE COMMITMENTS TO ENABLE COMMUNITY PHARMACY TO BE FULLY INTEGRATED WITHIN A MODERN, EFFICIENT AND ACCESSIBLE HEALTH AND CARE SYSTEM**

- 1. Stop the planned disinvestment in community pharmacy in 2016/17**
- 2. Agree a sustainable long-term settlement with the sector**
- 3. Invest in service transformation in the same way as for other parts of the NHS**
- 4. Put in place a joint, coordinated approach to planning investment and implementing change, in partnership with national community pharmacy bodies**
- 5. Deliver the reforms that are required in other parts of the system, and in legislation, to enable community pharmacy to play its full role**

# What we need

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**A planned,  
coordinated  
approach to:**

Make progress at pace and scale toward nation-wide delivery of:-

- minor ailments schemes
- integration into NHS111
- e-repeat dispensing
- Development of a pharmacy care plan to support medicines optimisation

Initiate and manage a clear, funded plan for integrating community pharmacy into urgent care networks and services (including through enabling direct to community pharmacy referrals from NHS111; pharmacy teams accessing the DoS; and refer and book from community pharmacy into other services), within the next 6 months

Ensure the Pharmacy Integration Fund supports community pharmacy development and integration. This includes investing in new models of pharmacy-based care to demonstrate value, evaluating new approaches, supporting research into what works, and disseminating evidence and experience to build scale

# What we need

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## **Commitment from NHS England and the Department of Health to:**

- Take action to ensure local commissioning of community pharmacy services is managed effectively, in line with standard national frameworks, evidence and best-practice; and to address conflicts of interest within GP led commissioning of primary care provision
- Enable and enforce the use of EPS (including for CDs) and electronic repeat dispensing within general practice
- Secure a firm commitment from Public Health England and Local Government to invest in the public health services offered by community pharmacy
- Give community pharmacy professionals full read/write access to shared care records
- Implement original pack dispensing
- Change regulations to allow community pharmacy professionals to deliver advanced services outside the pharmacy
- Allow generic substitution
- Remove the bureaucratic burdens of administering prescription charges
- Stamp out prescription direction

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Section two

# **PROTECTING THE PUBLIC VALUE OF THE COMMUNITY PHARMACY NETWORK**

# Value of the community pharmacy network

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Damage from rushed, unplanned cuts to funding

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graph TD; A[Damage from rushed, unplanned cuts to funding] --> B[Decrease patient access to medicines support and advice]; A --> C[Increase patient safety risks]; B --> D[Diminish community assets and risk job losses]; C --> D; D --> E[Destroy the long-term potential of community pharmacy]; E --> F[Undermine existing health improvement plans and recent initiatives to integrate and develop community pharmacy services (for example in vanguard sites, PM Challenge Fund projects etc.)];
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Decrease patient access to medicines support and advice

Increase patient safety risks

Diminish community assets and risk job losses

Destroy the long-term potential of community pharmacy

Undermine existing health improvement plans and recent initiatives to integrate and develop community pharmacy services (for example in vanguard sites, PM Challenge Fund projects etc.)

Community pharmacy is a vital component of our country's health and care system, local infrastructure and economy. It is an underutilised resource which, with relatively small changes to policy and practice, could contribute even more to the health of the population and the sustainability of local communities

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# Value of the community pharmacy network

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## Community pharmacy plays a vital role in the health of the nation

- ✓ Medicines are the most common therapeutic intervention in health care. Dedicated and trusted community pharmacy teams ensure people get the medicines they need when they need them and support on how to use them safely and effectively
- ✓ Pharmacy teams help people make positive lifestyle choices, providing a wide range of services and information to promote health, wellbeing and self-care

## Community pharmacy delivers high value for the NHS and the public

- ✓ The NHS benefits from the private investment community pharmacy businesses have made over decades in their premises, supply chains, utilities and workforce
- ✓ Pharmacy businesses offer many high quality services to their patients for free, to help them manage their health and to order, receive and understand their medicines – services that involve far more than simply supplying a product

**In recent years, community pharmacy has delivered more than 4% savings for the NHS through both cost reduction and quality improvement year on year**

# Value of the community pharmacy network

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## The 'hidden' value of pharmacy teams

- ✓ Offering social contact, networks and support mechanisms for millions of people across the country, including services tailored to meet specific cultural and population needs
- ✓ Helping to safeguard vulnerable people - often the first to identify concerns and signpost or refer to health and social care colleagues
- ✓ Solving problems created in other parts of the system - identifying prescribing errors; dealing with IT failures; resolving medicines supply problems - to offer safe seamless and timely access to medicines for patients
- ✓ Providing employment for more than 100,000 people

## Taking pressure off other parts of the health and care system

- ✓ Community pharmacy can reduce the demand for general practice and out of hours services through minor ailment and urgent repeat management schemes. Pharmacy teams provide immediate and obvious answers to the crisis in GP recruitment and retention and increasing waiting times for urgent and emergency care.
- ✓ Public health interventions by pharmacy teams reduce the burden on the wider system by enabling early detection, management and treatment of health conditions

# Long term impact of eroding the network

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By putting the community pharmacy network at risk in this way through rushed and unplanned cuts and ill-conceived reform proposals, the Government is risking the value the network contains in terms of:

- Established safe systems for delivering high quality services
- Supply chain efficiency and continuity
- 1.6m opportunities daily for healthcare-based public health interventions
- The economic contribution of the sector, including local employment
- The social capital of the networks and connections between people that pharmacy teams provide
- The motivation of committed, expert pharmacy professionals
- The potential for community pharmacy to offer good value, safe and effective solutions to reducing demand on GP and urgent care services

# An alternative approach

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We recognise the need to change. The right way to manage change is to capitalise on the existing network and the investment it represents and take a planned approach designed to avoid unintended consequences. Change must be built on the foundations of a clear future funding settlement that supports the development of a sustainable forward view for the sector.

**Change must occur in the right way, for the right reasons and be guaranteed to improve patient experience and outcomes**

**We ask the Government to commit to an approach to change that starts with a shared vision of the future for community pharmacy as a fully integrated part of the NHS**

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Section three

# RESPONSES TO THE PROPOSALS

# Overview

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The proposals set out in your letter and stakeholder briefing have caused significant alarm and anger among our members and across the sector as a whole. This is not simply a knee-jerk response to the imposition of funding cuts. It reflects concern that the Government does not recognise what community pharmacy teams already do everyday in support of patients and the public; that the proposals for changing the sector are not thought-through, demonstrate a lack of understanding of the complexity and scale of the changes that are required and the realities of implementation, and fail to acknowledge that many other parts of the system need to change to enable community pharmacy to make its full contribution.

Our members have the knowledge and insight to anticipate the implications of what is being proposed, and to help the Government and NHS come up with better solutions. We want to do this, and are committed to working with partners in Government and across the sector to find a way forward.

First we set out the reason for our concerns about the existing plans.

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# Maximising choice and convenience for patients

We dispute the implication community pharmacy is “lagging behind” other parts of the economy in terms of its offer in online access and consumer choice of collection and delivery options.

Many community pharmacies already offer online access for customers. Most provide home delivery services for patients who request them, and have been doing so for years. Pharmacies frequently make medicines available in a matter of hours or less, when urgently required

Face to face interaction with health professionals in a pharmacy is extremely valuable, and highly valued. It is inappropriate and dangerous to commoditise medicines and suggest they should be treated like any other consumer item and to diminish personal contact between pharmacy teams and their patients



The community pharmacy network provides thousands of safe, secure collection points for medicines across the country. Digital access must be enhanced in a way that facilitates interaction between individuals and healthcare professionals, and encourages people to engage in their health and wellbeing

Some patients may want more choice in ordering and delivery options; others do not have online access or wish to use it

# Maximising choice and convenience for patients

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- We are not clear what evidence the Government has on how people who regularly use medicines want to access pharmacy services and products
- Many factors that currently prevent people from having a seamless online experience when ordering and arranging collection and delivery of prescriptions are outside the control of community pharmacy
- The community pharmacy sector already has the capacity to support the type of digital access that the Government is championing, but cannot capitalise on this without change in other parts of the system (e.g. universal use of EPS and electronic repeat dispensing by GP practices)



**Increased online access risks increasing prescription direction, a practice which reduces patient choice. If legitimate pharmacy businesses are to engage with and invest in online and delivery services, safeguards must be in place to protect them against corrupt practice and ensure there is a genuinely level playing field**

# Making efficiencies

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- Community pharmacy delivers the services and functions it is currently required to in a highly efficient way, within the context of existing systems and regulations
- Pharmacy owners and frontline teams see many ways in which they could contribute to improved efficiency across patient pathways and healthcare systems as a whole
- Such changes would not reduce operating costs of individual pharmacy businesses but could, for example, release time for pharmacy teams to undertake services that would cost more to deliver elsewhere, or help reduce the medicines bill for the NHS
- There are positive opportunities for pharmacy businesses to do things differently as well, in response to changing expectations of Government, commissioners and patients and the financial challenges in the NHS, but we need time to implement them
- We want a commitment that the Government and Department of Health will work with the sector to explore how the pharmacy network can contribute to new and more efficient models of healthcare delivery. This must be a conversation about whole-system service transformation, rather than a crude imposition of funding cuts in just one part of the system

**NHS England has recognised that changing delivery models in other parts of the NHS requires time and investment. The same principles should be applied to changes in community pharmacy**

# Pharmacy numbers and remuneration system

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- The sudden NHS funding cuts come alongside significant increases in operating costs in the sector, in particular the National Living Wage
- Increasing costs for the sector while reducing its income compounds potential damage to quality, safety and accessibility
- With little time to plan and no clear picture of the medium-long term forecast, the short-term option for pharmacy businesses looking to cut costs is to reduce staff numbers
- Job losses will in turn lead to a diminishing quality of service, but not necessarily to the rationalisation of pharmacy numbers that the Government appears to want to see
- Alongside this, pharmacy businesses may have to remove the excess NHS hours they offer (pharmacies typically open >50 hours per week, with an NHS contractual requirement of 40 hours)



# Pharmacy numbers and remuneration system

Market-based attrition will lead to the 'wrong' answers



We challenge the view that 'clustering' is inefficient or inappropriate. Pharmacies within clusters may serve distinct populations. The fact that people across the whole country can reach pharmacies within short journey times is one of the strengths of the network, providing access to healthcare professionals in every community for the people who most need support

Reducing the number of bricks and mortar pharmacies will not improve efficiency and outcomes in the way the Government has implied. To increase clinical service delivery within community pharmacy you need diversity and numbers of pharmacies

# Hub and spoke vs centralised dispensing

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- The letter and consultation document contain significant assumptions about the potential for hub and spoke dispensing to deliver efficiency savings, and a failure to clearly distinguish between hub and spoke and centralised dispensing has been a particular cause for concern
- We do not believe hub and spoke is a fundamental game-changer in terms of the economics of the sector and strongly challenge these assumptions. There is no evidence for the claims of financial efficiency savings. The experience of our members suggests that capacity, not cost, can be released when the model is working optimally
- Large investments and long lead times are needed for implementation where companies consider that hub and spoke arrangement could work for their businesses in the future, and there are complex legal and professional issues to be resolved
- We have significant concerns about the potential unintended consequences of moving to industrial-scale centralised dispensing, ranging from the risks of reduced competition within the supply chain and of consequent market failure through to the loss of interaction between patients and healthcare professionals within a centralised dispensing model

**Pharmacy Voice is opposed to centralised dispensing being adopted as a widespread model for the supply of medicines**

# Prescription duration

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- Medicines optimisation should start with patients. The goal must be to improve patient safety, experience and outcomes
- We support efforts to identify and manage appropriate (longer and shorter) prescription duration for individuals. We believe this is best achieved through partnership between patients and pharmacists
- People with long-term conditions require different levels of support to manage their health and medicines; some value very regular monitoring. You must enable community pharmacy teams to use their expertise to help patients make decisions about what is right for them
- A national programme of work on medicines optimisation should be supported through the Pharmacy Integration Fund, building on MUR and NMS and using the experience from initiatives such as the Community Pharmacy Future work
- We need a commitment that a transition plan will be agreed with the sector, to enable the consequences of changing prescription durations to be managed. Resources released by increasing the period of treatment for some patients must remain within the sector to be re-invested in enhanced patient care for those who would benefit

**A blanket approach to increasing prescription duration risks dramatically increasing the £300m pa bill for medicines waste**

# Pharmacy access scheme

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## CONSIDERATIONS FOR THE PROPOSED PHARMACY ACCESS SCHEME

- Funding for the scheme should not be taken from the community pharmacy funding envelope
- Rigid, nationally determined formulae will not work effectively as a way of identifying pharmacies to be included in the access scheme. The lack of discretion in considering eligibility for the scheme may lead to the wrong answers for local populations
- Pharmacies funded by the Scheme must meet quality standards to qualify
- A full impact assessment of the proposed Scheme must be carried out and published
- The Scheme, or related parts of an agreement, should be used in a way that removes the incentives to operate sham 'distance selling' pharmacies (DSPs). We ask that you remove the DSP exemption. Community pharmacy can provide online access

# Pharmacy Integration Fund

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We see the proposed Pharmacy Integration Fund as an opportunity to build, test, refine, grow and embed innovative approaches to making better use of the community pharmacy network. The sector itself must be involved in determining how the Fund is deployed

## RECOMMENDATIONS FOR BEST USE OF THE PHARMACY INTEGRATION FUND

- Enable implementation of the requirements we have set out in this submission
- Enhance the fund, including through access to other national and local transformation funds, and ensure it is used only to support community pharmacy development and integration
- It must not be used for developments that already have a funding stream, such as the creation of roles for pharmacists working in general practice. Using it in this way would severely damage efforts to engage community pharmacy teams in service transformation
- Change must be implemented at scale to deliver long-term and sustainable improvement in quality and efficiency. For this reason, national control and oversight of the Fund must be retained. Local engagement and implementation is clearly necessary, but decision-making on the use of the fund should not be fully devolved
- We support plans to invest some of the fund in evaluation

# Pharmacy Integration Fund

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Community pharmacy cannot integrate by itself. NHS England must help to facilitate meaningful partnerships between community pharmacy and other organisations, including CCGs, New Models of Care Vanguard sites, and local authorities. To date, pharmacy has struggled to engage with these groups as an ‘outside player’. A joint bidding approach with PIF investment matched with investment from other local transformation funds could help to build this type of commitment and partnership approach. In future community pharmacy must be included in whole-system service redesign and local sustainability and transformation plans and have access to investment in service development funding

**We look forward to discussing the proposals for the PIF with NHS England. We first need a commitment that NHS England will work with the sector in a meaningful way to agree how the fund will be allocated and accessed in year one and beyond**

# Next steps

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- There is a way to do things differently, and a route through the turmoil that has been created by the sudden announcement of cuts and the jumble of ideas included in the December 17<sup>th</sup> letter and stakeholder briefing
- Trade associations bring together sector experts to create solutions. Used effectively, we can help our members do things differently
- We can also help NHS England and the Department of Health identify and remove the barriers that stop pharmacy teams doing the right thing more often. But first, there must be a commitment to do so
- The Government must agree a roadmap for change with the national community pharmacy bodies, building on the best features of the service now and using the Pharmacy Integration Fund as one of the mechanisms for change
- This is the only way community pharmacy can be properly integrated into the health and care system and established as the front door to the NHS

