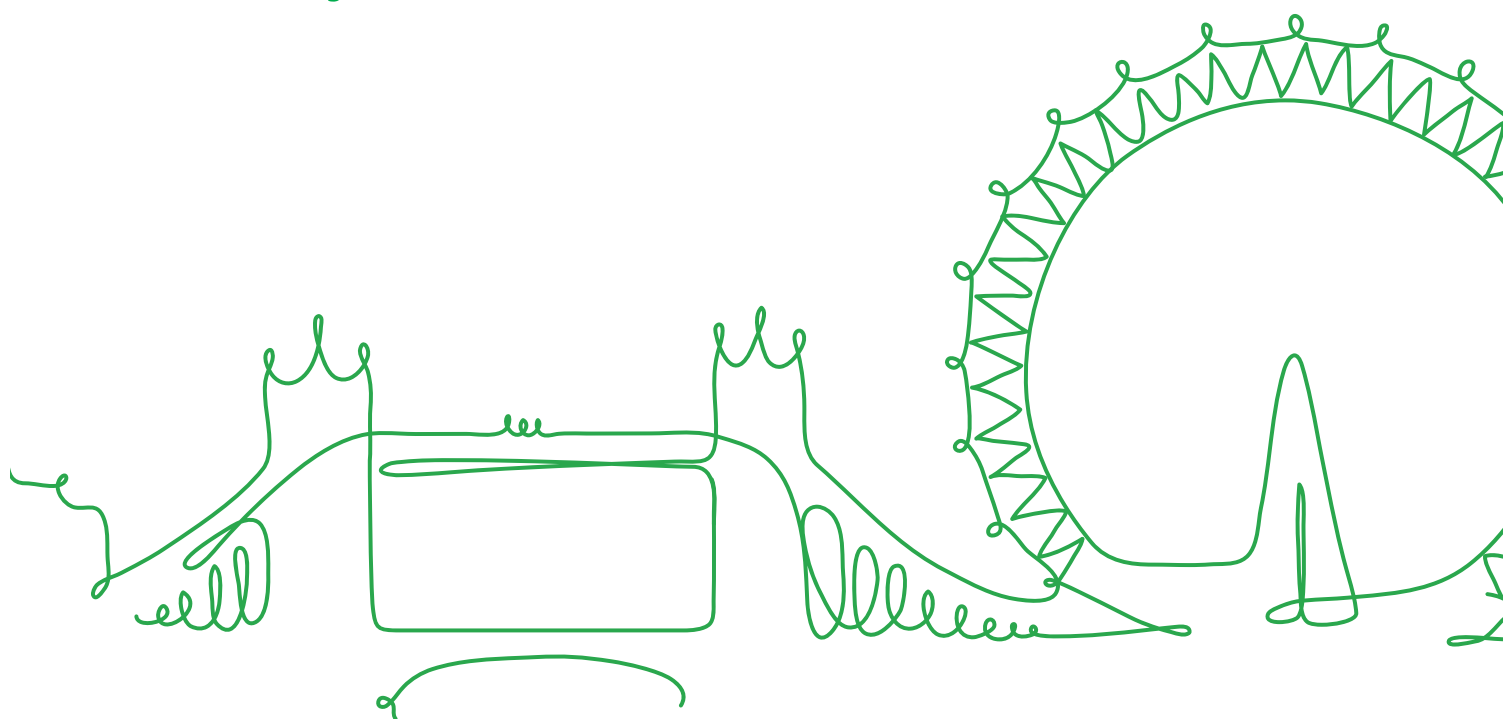


London Community Pharmacy: Our offer to London

Pharmacy Strategy 2020

Summary





Preface

This summary serves as a companion to 'London Community Pharmacy: Our offer to London - Pharmacy Strategy 2020'; a strategy conceived, developed and published before the advent of the COVID-19 pandemic.

While the current public health situation does not change our offer, it does underline further its primary aim, which is stated on the following page.

It would be a failing of this summary if it were to pass over the effects and impacts felt by patients and pharmacy professionals alike as a result of the pandemic. Firstly, I want to pay tribute to Londoners for the way they have supported their local pharmacy teams during these extraordinary times. Community Pharmacy has shown resilience, remained open, and continued to serve its communities; none of which could have been achieved without the understanding and cooperation of local people.

Londoners have been in the frontline and pharmacy professionals have stood alongside them in a joint endeavour to keep Londoners well and get them through the COVID-19 pandemic and its many vicissitudes. As a sector, our sympathies are with all those who have lost a loved one to this terrible virus. We pay our respect to all those who have contributed to the ongoing need to keep services running and maintain 'business as usual' as much as possible.

As we recover from this pandemic, the way it has changed daily life and the need to manage the risk of its return makes it clear that there will be a host of 'new normals' in the way that healthcare is provided.

Examples of this will be found in the

- Digitalisation of healthcare
- The need to keep as much of the healthcare estate local to the people that use it
- The opportunity to deliver more primary care services on the high street and in people's homes

Community Pharmacy in London is more than ready to contribute to delivering both the 'old' and the 'new' normal. Our strategy pre-dates COVID-19 but it is as fit for purpose now as when conceived. The underpinning service matrix, to be found on page 11, stands as does our determination and commitment to work with patients, health care professionals across all sectors and commissioners to deliver our quadruple aim, which appears on the next page, and we will do so by applying our key strengths as a sector, which sits beside our aims.

Thank you

Raj Matharu
Chair of Pharmacy London
(on behalf of all London LPCs)

Summary

This summary articulates how Community Pharmacy will deliver its overarching vision:

Londoners will enjoy the best possible health and wellbeing, supported by Community Pharmacy.

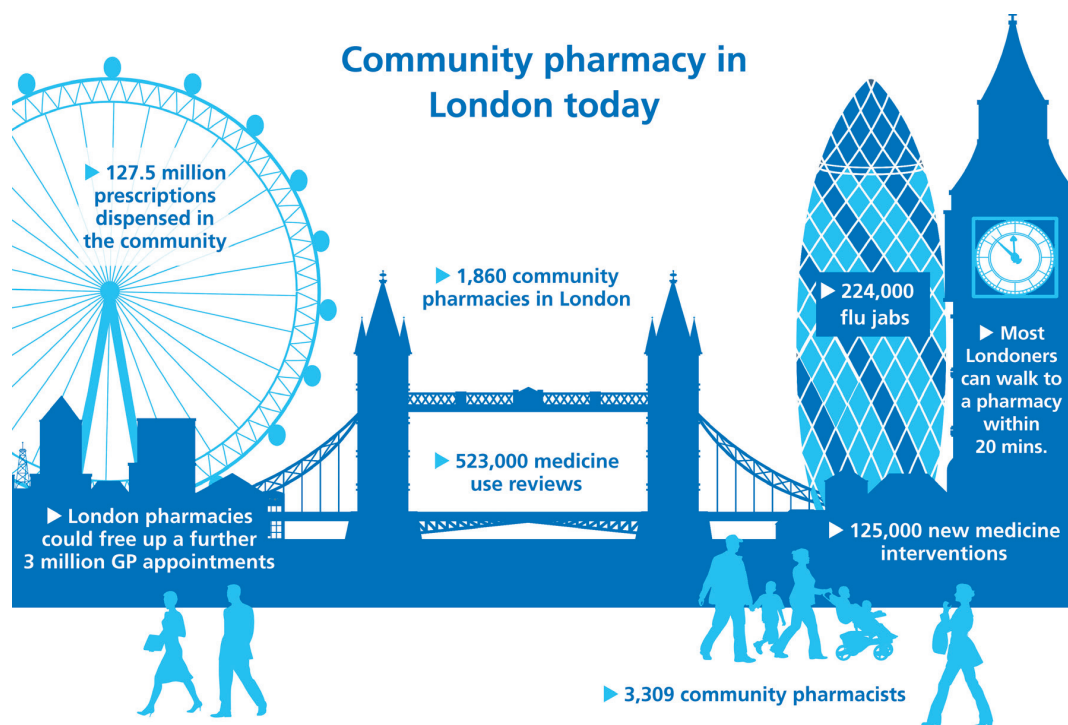
It represents a workable offer of joint-working and service harmonisation that will improve health outcomes for all local citizens.

We will do this by

- expanding the range of clinical services
- increasing the range of, and access to, wellness services
- developing Community Pharmacy as a social asset – working to increase the social capital of our communities
- integrating Community Pharmacy into primary care networks
- providing strong leadership within integrated care partnerships

It will operate across

- access to services
- urgent care
- medicines safety and optimisation
- preventative medicine
- wellbeing
- supporting behavioural change



Source: NHS England and NHS Improvement (data accessed October 2019)

“As a community of independent pharmacies, our offer will be delivered by the entire Community Pharmacy workforce, utilising the pharmacy estate to provide neighbourhood-based services. We will work within, and strengthen, primary care networks; we will work with local authorities and other health, social care and public health stakeholders. Joint-working and co-design of services will happen at both a pan-London and local level. It is an ambitious but credible offer and framed within the NHS Quadruple Aim and founded on our strengths”

Raj Matharu, Chair of Pharmacy London

Quadruple Aim

- improving the health of the population
- improving the experience of care
- reducing the per capita cost of healthcare
- improving staff experience

The core contractual framework is geared for the whole population and the local commissioning agenda is aligned with the emerging primary care networks. The Quality Payment Scheme and the revised Pharmacy Quality Scheme (PQS) in 2018/2019, is driving quality within community pharmacy and improving the patient experience. Community Pharmacy, with its network and staff, provide a cost-effective service to the NHS and provide jobs for local people.

Community Pharmacy Strengths

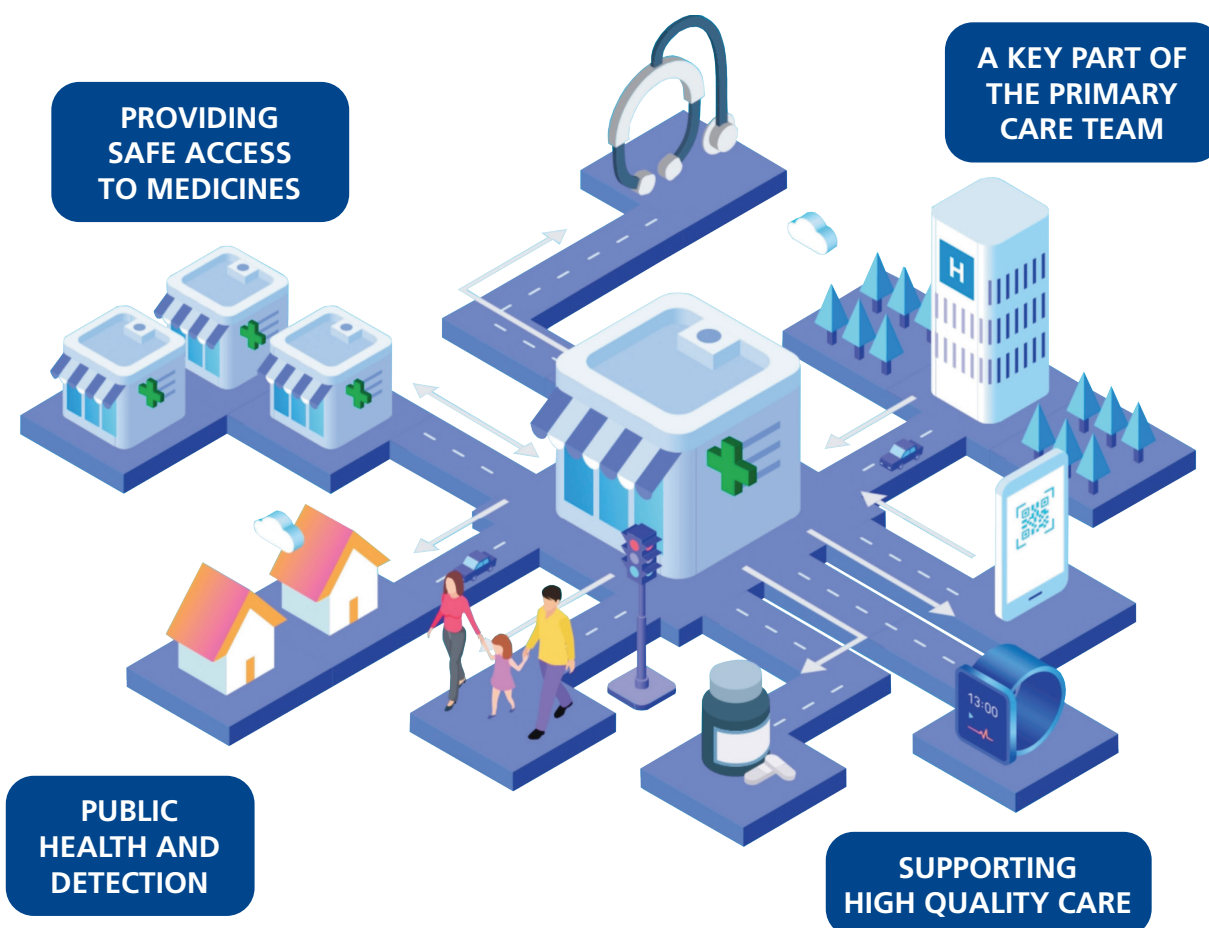
- convenience
- quality
- trust
- assurance
- design principles

Almost 2,000 community pharmacies are within walking distance of most Londoners. The Community Pharmacy workforce is highly trained and comprises pharmacists and a range of healthcare professionals. Community Pharmacy enjoys positive relationships across the healthcare systems; patients both like and value the contact they have with their pharmacy. It is an appropriately regulated area of healthcare and provides a health and social asset that is accessible and forms a hub for community services.

“Community Pharmacies are the most accessible and trusted local healthcare resource for everyone from the newborn to the elderly. They provide advice on improving health, treating minor illnesses and managing acute and long term conditions.”

Hemant Patel, Secretary of North East London LPC

An 'offer' geared toward the changing Community Pharmacy landscape



“Community pharmacy is embarking on, arguably, one of the most radical change programmes in its history following the agreement of the July 2019 Contractual Framework. The high street pharmacist is being asked by NHSE&I to become more clinical in outlook in order to provide patients with enhanced guidance on how to stay healthy, as well as diagnosing and treating minor ailments and providing essential advice on medicines safety. In doing so, community pharmacies will alleviate pressures from other parts of the primary care infrastructure – particularly GP surgeries and A&E – and truly become the NHS on the High Street. Success will require community pharmacists to work more closely than ever with other pharmacists, GPs, nurses, physiotherapists and other healthcare professionals in local Primary Care Networks. Initiatives which encourage local collaboration and better partnership working in healthcare can only be good news for patients and the NHS more widely.”

Simon Dukes, PSNC Chief Executive

The 'Offer' in its strategic context

The strategic context includes:

- the NHS Long Term Plan (NHS LTP) includes action on preventative health and reducing health inequalities, progressing care quality and outcomes, exploring the workforce opportunities, developing digitally enabled care, and driving value for money
- alignment with *The Health and Care Vision for London*, with its shared ambition to make London the healthiest global city; and commitment to reducing smoking, improving sexual health, supporting Londoners with dementia, and improving end-of-life care. **Community Pharmacy has a track record in these areas of healthcare and has the potential to do more**
- the Community Pharmacy Contractual Framework (CPCF), which highlights developing Community Pharmacy's role in urgent care, minor illnesses and prevention; seeking to make "greater use of Community Pharmacists' clinical skills and opportunities to engage patients"
- the Network Contract Directed Enhanced Service (DES) specification, oversees GPs playing a leading role in Primary Care Networks. The second year will see more stakeholder involvement, such as Community Pharmacy
- the consistent support of patients in the development of pharmacy services (Healthwatch England)
- plans for London pharmacies to contribute to the World Health Organisation's (WHO) objective to reduce harm caused by prescribed medicines. WHO third global patient safety challenge "*Medication Without Harm*", which aims to cut by 50% over five years the global burden of severe and avoidable medication-related harm

These priorities are reflected in the five-year Community Pharmacy Contractual Framework (CPCF), which redefines the architecture in which we will deliver the ambitions set out in the NHS LTP by making Community Pharmacy an integral part of the NHS.

The CPCF:

- recognises the clinical role and better utilisation of community pharmacists and their teams
- aligns the Community Pharmacy PQS with the GP Quality and Outcomes Framework (QoF)

Five-year settlement	Commits almost £13 billion to Community Pharmacy through its contractual framework, with a commitment to spend £2.592 billion in each of the next five financial years.
Delivering clinical services	A new NHS community pharmacist consultation service (CPCS), connecting patients who have minor illnesses with a community pharmacy (which should be their first port of call). Continues to promote medicines safety and optimisation, and the critical role of Community Pharmacy as an agent of improved public health and prevention.
Continuing to prioritise quality	Recognising the success of the Quality Payments Scheme, this continues for the next five years at its current value of £75 million under a new name, the Pharmacy Quality Scheme, including important new requirements.
Retaining access	Underlines the necessity of protecting access to local community pharmacies through a pharmacy access scheme.
Including a programme of enabling reforms	The deal commits all parties to action which will maximise the opportunities of automation and developments in information technology and skill mix; to deliver efficiencies in dispensing, and services that release pharmacist time.
Promoting engagement with PCNs	Through the Pharmacy Quality Scheme, the interim transition payment and the development of services complementary to the PCN service specifications.

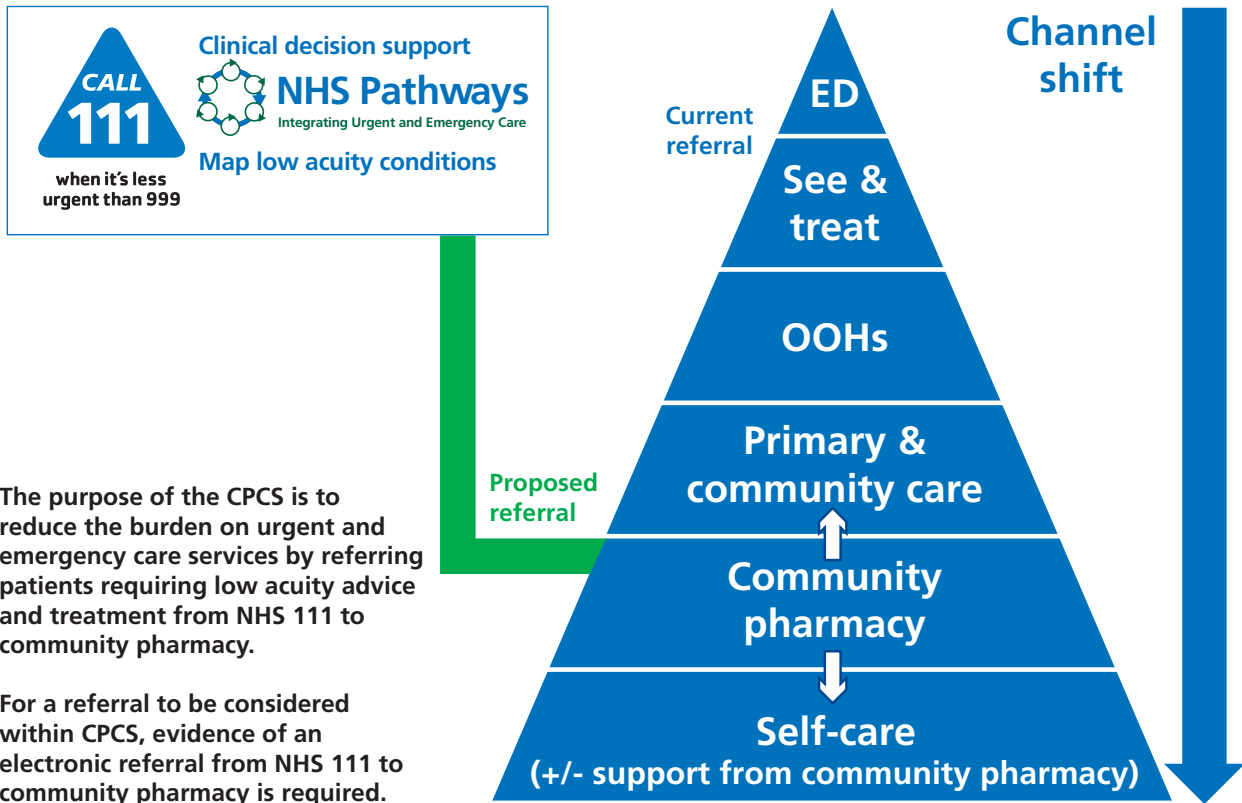
The Department of Health's aim is to develop a future vision for community pharmacy and expand their role across key areas such as prevention, urgent care and medicines safety, workforce and raising quality. A summary of CPCF 5-year deal is presented below:-

The CPCF now addresses three areas:

- **Urgent care** – the new community pharmacist consultation service (CPCS), commissioned to progress the integration of community pharmacy into local NHS urgent care services, providing more convenient treatment closer to patients' homes. Re-directing from Urgent Care services into community pharmacy is helping to alleviate pressure on GP appointments and emergency departments.
- **Prevention** – All community pharmacies will be required to be a Level 1 Healthy Living Pharmacy which recognises the preventative health agenda. There will be new services targeted to address obesity, alcohol misuse, smoking cessation and other public health priorities. There is also an enhanced prevention role in tackling some of the big health issues defined in the long-term plan, such as cancer, dementia and diabetes. Point of care testing will be developed within the contractual framework, with guidance from NHSE&I.
- **Medicines optimisation** – medicines' use reviews (MURs) will be phased out, replaced by enhanced structured medication reviews carried out by clinical pharmacists in PCNs, and funded through the GP contract. There will be a new medicines reconciliation service established to ensure that changes in medicines, made in secondary care, are implemented appropriately when the patient is discharged back into the community.

Supporting the new agenda: self-care and right time, right place

Channel Shift to Self-Care and Support from Community Pharmacy



Source: adapted from NHS England sources

“The healthcare architecture has changed substantially in the past few years, and Community Pharmacy has recognised the need to develop and evolve our offer to match patient expectations, and commissioner needs.

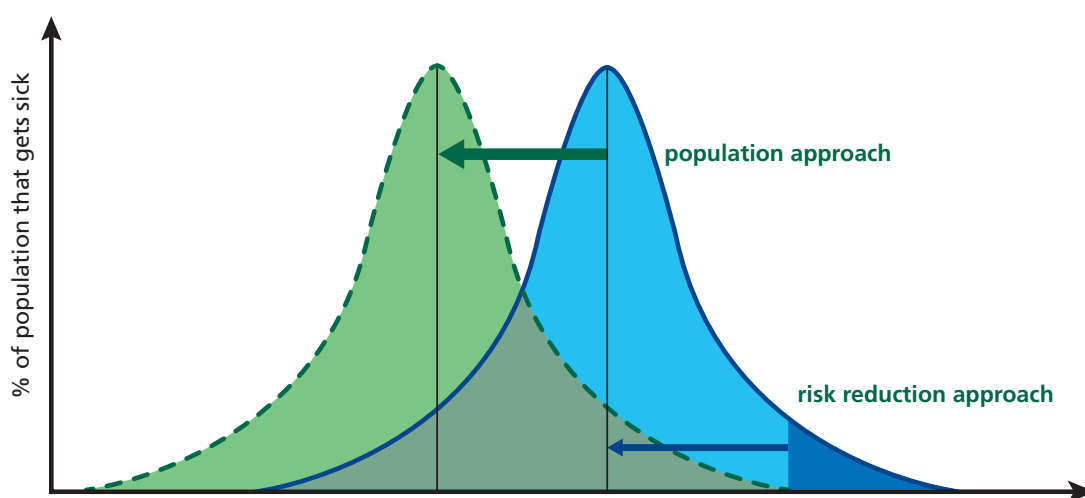
Community pharmacists are trusted to provide convenient access to safe and effective health services. This offer builds on the twin assets of trust and convenience.

LPCs will be the catalyst for pharmacy teams and commissioners to form effective partnerships; designing and implementing services around the needs of the community.”

Raj Matharu, Chair of Pharmacy London

Supporting this new agenda means that Community Pharmacy will play an increasingly more important role in prevention, detection and screening and case-management in the community. Community pharmacists and their teams are not strangers to this role and there is scope to do more. Preventative health services promote wellbeing, avoid and/or reduce ill-health and its symptoms and reduce demand on health care services. Community Pharmacy is already delivering benefits to patients and savings within health care systems in this arena.

The current trend in prevention is along “high-risk” lines. It seeks to identify those with the characteristics of risk or manage those for whom the risk is realised. This has limitations as it is an “after-the-fact” measure. Population-based approaches attempt to control the determinants of incidence, lower the mean level of risk factors and shift the whole distribution of exposure in a favourable direction. In conventional “public health” methodology this has involved mass environmental control methods; in its revised form it is attempting (less successfully) to alter some of society’s norms of behaviour. The “community pharmacy left” model is illustrated below.



Source: Adapted from Rose, G. (1985)

The approach moves the prevention measures away from risk reduction among the smaller cohort of those already manifesting disease and serves to address the wider determinants of incidence, that is, delivering effective support in identifying disease indicators and potential, well before they manifest. It introduces the risk to individuals at the point when they can do something, with support, about it. Rather than prevention measures acting on reducing exacerbation and decline, it switches the active point left to operate on reducing and preventing incidence. It engages with the individual

well in advance of morbidity and gives them the opportunity to co-design, with health and social-care professionals, a pathway of behavioural change.

For Community Pharmacy, as a trusted and accepted partner in a multi-disciplinary team (MDT) based health economy, this creates an opportunity to support screening and detection at neighbourhood level as part of PCNs, partner place-based populations at ICS (and PH) level and contribute to systematic efficiencies and gains.

Four things community pharmacists can do to align with local preventative health agenda

1. Pharmacy PCN leads and PCN clinical director making contact.
2. Speak to them about identifying a patient cohort that shows pre-indication of CVD, diabetes, COPD.
3. Agree a joint approach to conduct medicine reviews and engage with patient cohort on issues such as preventative health and lifestyle changes.
4. Agree case-management approach for patient cohort in community pharmacy, sharing information as part of the PCN MDT.

Service Offer Matrix

Key to current status:	
Delivery	Currently being delivered.
Delivered	Evaluation to inform re-commissioning.
PID	System agreed service proposals currently being developed for delivery.
Proposed	Proposed via system, based on: STP/ICS system intentions, transformation agenda, Local Incentive Scheme (LIS) development and PCN local agreements.

CP Offer (CP activity based on current and proposed services)	Delivery Level	Current Status	Comment
London Enhanced Services (current)			
London Community Pharmacy Vaccination Service	Regional	Delivery	Delivery via CP improves accessibility and uptake among a broader audience. In addition, both workforce and estate are ready to deliver the anticipated COVID-19 vaccine.
London immunisation service	Regional	Delivery	As above.
Extended hours rota	Regional	Delivery	Provides greater accessibility - right care in the right place delivered by the right HCP. That is, CP allowing commissioner to ensure services are available at specific times of the year, e.g. Christmas period. Community pharmacy and commissioners need to determine an approach that delivers optimum service, while maintaining wellbeing of the pharmacy workforce.
Palliative care (beyond supply of medicines)	Regional	Proposed	To provide a pan-London access to end stage palliative care medicines and provide clinical support as part of an MDT within the palliative care pathway.

CP Offer (CP activity based on current and proposed services)	Delivery Level	Current Status	Comment
Public Health: Health Promotion and Prevention			
Identifying and supporting childhood obesity and related issues	PCN/CCG/LA	Delivery	Improving accessibility and patient outcomes.
Supporting childhood illness (examples include fever, cradle cap)	PCN/CCG/LA	Delivery	As above and reduces reliance on UEC.
Screening services - Mental health (examples include anxiety, depression)	LA/MHT	Delivered	
Screening services - CVD (hypertension, AF)	STP	Delivery	Identifying appropriate cohorts for treatment and reducing demand on primary care.
Screening services - Sexual Health (examples include HIV, chlamydia)	STP	Delivery	
Screening services - Diabetes	National	Delivery	
Screening services - Respiratory (COPD, asthma)	PCN/CCG/LA	PID	
Screening services - Cancer (examples include bowel, breast, prostate)	National	Proposed	
Smoking cessation support/services	National	Delivery	Eradicating a key risk factor in several health conditions (for example, CVD and COPD).
Latent TB - screening and management	PCN/CCG/LA	Delivery	Identifying appropriate cohorts for treatment and reducing demand on primary care.
Support for workplace health training, prevention, vaccinations, testing and screening	PCN/CCG/LA	Delivery	Focussing on frontline health and social care workers and improving accessibility and coverage.
Falls prevention service	PCN/CCG/LA	Proposed	As part of Medicines Optimisation (and self-care), improve patient safety, their experience of care, and save on avoidable urgent care demand.
Pharmaceutical waste management	National	Delivery	Delivered as part of the national contract.

CP Offer (CP activity based on current and proposed services)	Delivery Level	Current Status	Comment
Management of LTC			
Structured and supported self-care and management	PCN/CCG/LA	Delivered; currently being evaluated	Improving patient safety and the patient experience, outcomes, and longer-term savings to the system.
Diabetes, e.g. London-wide coverage of the NDPP	National	Delivery	
COPD, e.g. supporting local asthma planning performance	PCN/CCG/LA	Proposed	
CVD, e.g. anti-coagulation service	PCN/CCG/LA	Delivery	
Hypertension	National and PCN/CCG/LA	Delivery	
Health coaching - supporting behavioural change	PCN/CCG/LA	Delivered; currently being evaluated	Promoting patient empowerment by providing a person-centred approach to care planning, appropriate and effective self-care tools and space/time/opportunity to reflect on behavioural change.
Medicines optimisations			
Structured Medication Reviews	National and PCN/CCG/LA	Proposed	The SMR conducted by the clinical pharmacist within the GP network – supplementary model of delivery to enhance capacity.
Medicines Value Programme	National	Proposed	As per the national specification.
Supporting STPs /CCGs managing their prescribing budget	CCGs	Proposed	Community Pharmacy supports appropriate switching to OTC medicines.
Safer discharge of medication from acute and specialist pharmacy teams, TCAM/Discharge	National and PCN/CCG/LA	Delivery	Improving flow and access to community provision and reducing re-admittance.
Direct Observed Therapy, e.g. supervised consumption	National and PCN/CCG/LA	Delivery	Supporting the harm reduction agenda and reducing impact of preventable transfer of care into the community.

CP Offer (CP activity based on current and proposed services)	Delivery Level	Current Status	Comment
Urgent and Emergency Care			
Redirection service, e.g. streaming nurse	PCN/CCG/LA	Proposed	Right care, right place, right time with right health care professional.
Emergency contraception	PCN/CCG/LA	Delivery	Patient anonymity and improved and enhanced access.
Treating under-fives febrile conditions (part of operational resilience and winter planning)	PCN/CCG/LA	Delivered; currently being evaluated	Care closer to home - marketed service to direct parents away from UEC and general practice to deal with febrile conditions, supported via NHS 111 Clinical Advisor role.
NHS 111: CPCS - taking appropriate referrals	National	Delivery	Improving flow and access to community services to deliver care in the right place, by the right HCP in a timely way.
Independent living			
Health coaching- supporting behavioural change	PCN/CCG/LA	Delivered; currently being evaluated	Promoting patient empowerment by providing individual approach to improving motivation; appropriate and effective self-care tools; and, facilitating space/ time/opportunity to reflect on behavioural change.
Signposting	PCN/CCG/LA	Delivery	Enabling patients, service users and the public to access a range of local support networks.
Community equipment service	PCN/CCG/LA	Delivery	Provides improved access for patients in support of independent living.
Social prescribing	ICS	Proposed	Supporting the utilisation of social prescribing as a vehicle to support structured and supported self-care, access non-clinical provision, e.g. fitness programmes.

CP Offer (CP activity based on current and proposed services)	Delivery Level	Current Status	Comment
Note: The following two sections are not part of the offer, but refer to the National DES Specifications and the key enablers that underpin delivery			
Adding capacity: PCN DES opportunities			
Structured medication review and optimisation	PCN/CCG/LA	Proposed	Clear opportunities for delivery of the expected outcomes in these specifications via community pharmacy. This will be achieved in our engagement with Primary Care Networks, based on a structured engagement framework which is open, transparent, and equitable for all providers.
Enhanced Health in Care Homes	PCN/CCG/LA	Proposed	
Anticipatory care	PCN/CCG/LA	Proposed	
Personalised care	PCN/CCG/LA	Proposed	
Supporting early cancer diagnosis	PCN/CCG/LA	Proposed	
CVD prevention	PCN/CCG/LA	Proposed	
System enablement			
Engagement and joint working (e.g. PCNs and CP sector)	STP	Currently under development	
System Enabler - IMT	STP	Currently under development	This plan recognises the significance of community pharmacy engagement with system enablers to ensure effective and appropriate delivery. As such, community pharmacy is fully engaged in local planning to develop the system enablers.
System Enabler - Workforce	STP	Currently under development	
System Enabler - Premises	STP	Currently under development	Local plans may in time coalesce into pan-London plans, for example IMT and interoperability.
System Enabler - OD support	STP	Currently under development	
Community Pharmacy Provider Arm development	STP	Currently under development	
Marketing, engagement, and communications plan	National	Currently under development	Profile the role of CP - improve public/stakeholder perception, experience and understanding.

Community Pharmacy London – Key information

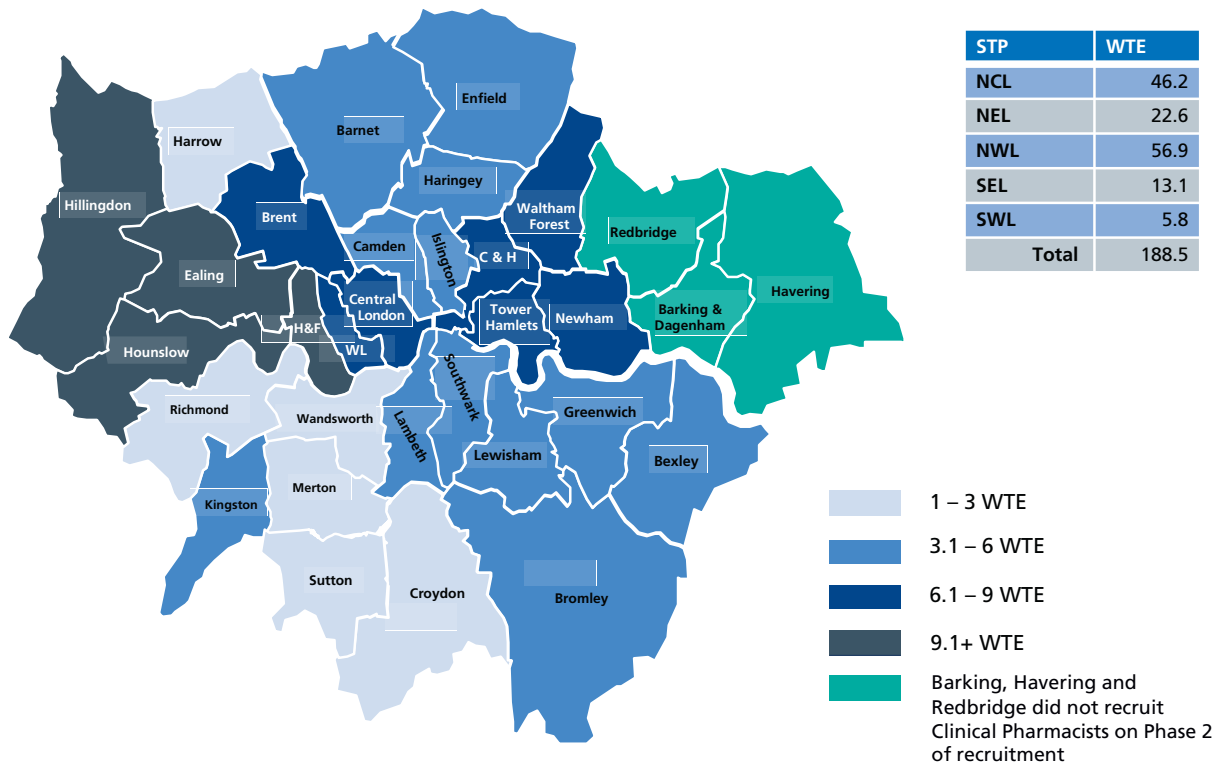
Patient-centricity

- Every day 1.6 million people visit a community pharmacy in England.
- 89% of people live within a 20-minute walk of a community pharmacy.
- Community pharmacies reduce pressure in the urgent and acute health care system.
- There are 1,844 community pharmacies across London, and pharmacy teams typically comprise; pharmacists, dispensers and counter assistants.
- London's community pharmacies dispense tens of millions of prescriptions every year.
- Community pharmacies deliver safe and effective medicines.
- Community pharmacies are a fixed point, high street place for medicines and healthcare.
- Community pharmacies offer advice, vaccinations, screening services, wellbeing support and clinical treatments.
- Community pharmacies are walk-in and are often available during evenings and at weekends.
- Many of London's pharmacies are open for more than 100 hours per week.

People

- The pharmacy profession is the third largest professional group in the NHS.
- Comprises a clinical workforce of registered healthcare professionals who have trained for a minimum of five years. Pharmacy teams comprise a diverse range of professionals and skills that benefit patients.
- Pharmacists are experts in medicines, providing advice and treatment for a wide range of conditions.
- Pharmacy professionals represent a valuable clinical resource across the integrated care system.
- The number of clinical pharmacists working directly from GP practices will increase rapidly over the coming years; there is also an increasing demand for clinical pharmacists in secondary care.
- The number of registered pharmacists, resident in London, is currently increasing at a slower rate than in other parts of England, so it will be challenging to fill these new roles without impacting on other parts of the care system.

Number of Clinical Pharmacists



Source: Healthy London Partnership

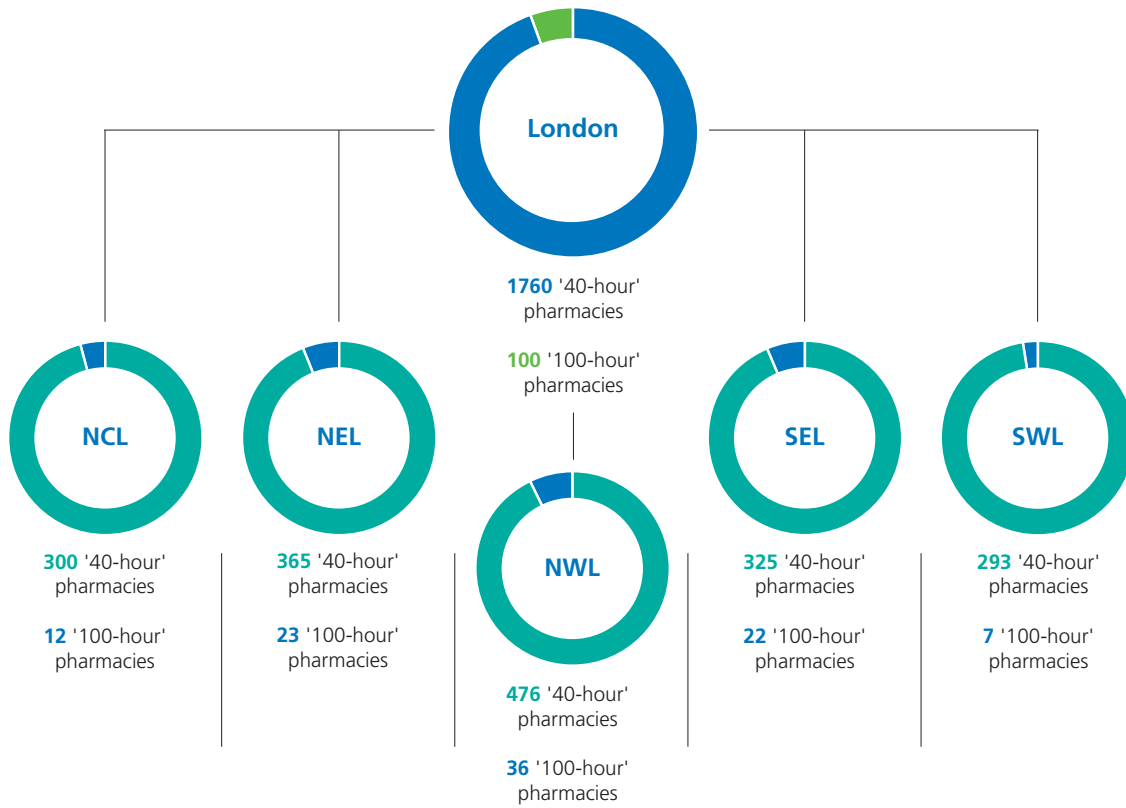
There will be a new medicines reconciliation service established to ensure that changes in medicines, made in secondary care, are implemented appropriately when the patient is discharged back into the community.

The NHS relies on the clinical skills of Community Pharmacy professionals to achieve its vision for better safety, outcomes and value from medicines. Community pharmacists will work alongside their professional counterparts, such as clinical pharmacists (based in GP practices, PCNS, care homes and urgent-care settings, together with colleagues who are hospital based), to improve medicines safety and to support patients’ adherence.

Medicines are an important part of NHS care and are essential for many people’s health and wellness. This has to be balanced within the following national trends:

- quality, safety and increasing costs continue to be issues
- around 5-8% of hospital admissions are medicines related, and many are preventable
- antimicrobial resistance, through overuse of antibiotics, is a global issue
- up to 50% of patients do not take their medicines as intended and this impacts on their health
- medicines optimisation – medicines use reviews (MURs) will be phased out, replaced by enhanced structured medication reviews carried out by clinical pharmacists in PCNs, and funded through the GP contract.

Accessibility



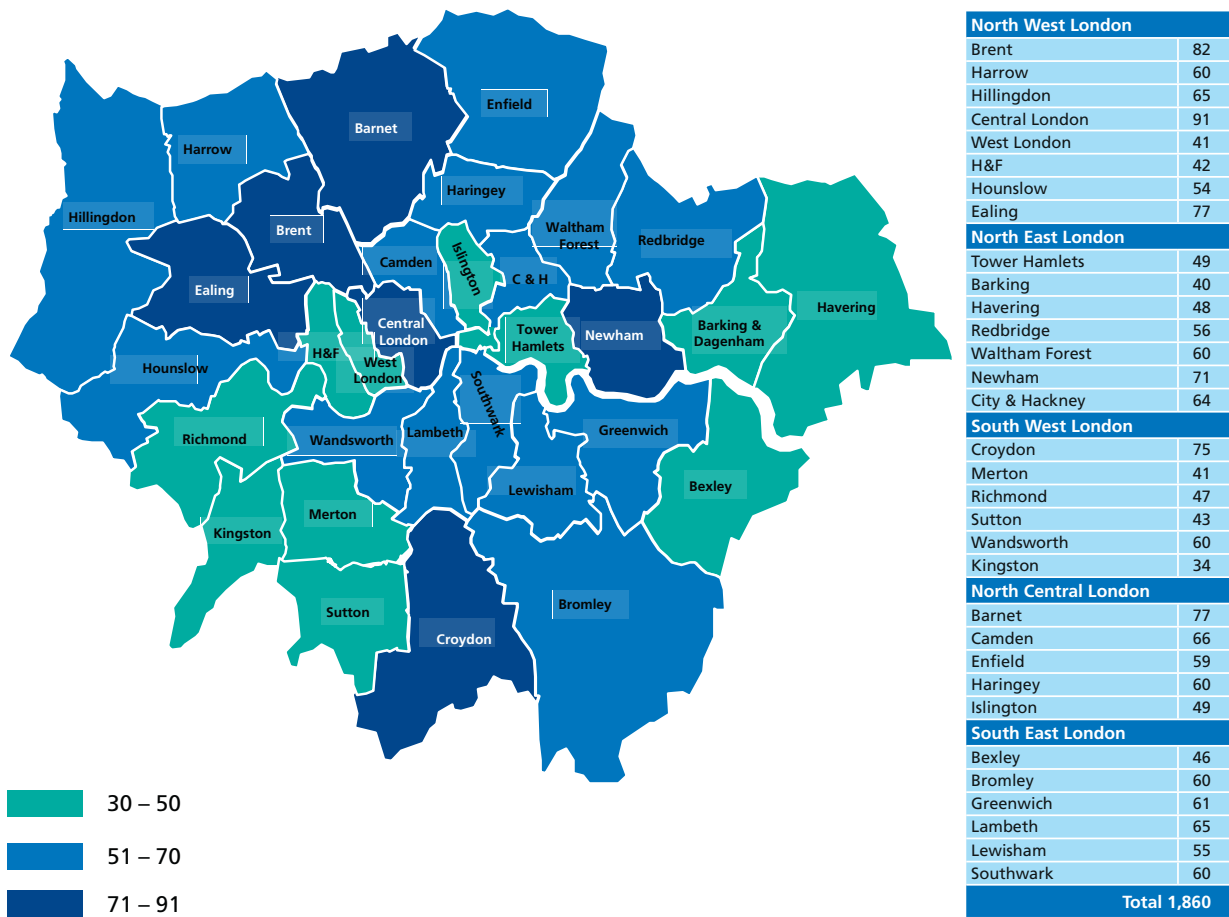
'40-hour' pharmacies are pharmacies which are open for a minimum of 40 hours per week. '40-hour' pharmacy figures include pharmacies with DAC and LPS contracts. However, 99% of these are community pharmacies.

Source: NHS England and NHS Improvement

Traditionally, community pharmacy has offered regular opening times, that is, 9am to 6pm, but this has changed dramatically over the past five to six years; many community pharmacies are now delivering an enhanced offer of opening hours to reflect social factors such as shift-working and extended opening in other NHS services, e.g. GP Practices 8am to 8pm and the role that community pharmacy plays in the redirecting of walk-ins to A&E and urgent treatment centres.

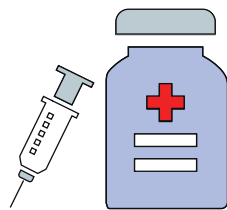
A significant proportion of community pharmacies now offer regular opening hours of 8am to 8pm, while 100-hour pharmacies are open to the public and patients from 9am to 11pm (some 7am to 10pm). These are both supermarket-based and independent pharmacies operating on the high street, enabling effective geographical coverage. Most pharmacies, particularly those in highly-populated areas, also provide weekend opening varying from 9am to 1pm to the full day, and a limited number offer Sunday opening, based on locality needs.

Number of Pharmacies Per Borough



Source: NHS England and NHS Improvement

Each year from September through to January the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. These include people aged 65 years and over, pregnant women and those with certain health conditions.



Evidence of closer working practices across the Community Pharmacy estate rests in the work done to help Londoners achieve better flu vaccination rates. However, with better local planning, we can extend this work to support best practice, develop new models of care, and better joint-learning and working. GP practices can benefit by better integrating work with community pharmacy.

Accountability

Local accountability as part of working at scale with emerging structures such as PCNs and ICSs, and in addition:

- LPCs
- PSNC
- National Pharmacy Association
- Company Chemist Association (CCA)
- AIMp (Association of Independent Multiple Pharmacies)
- Local Commissionable Federated Entities

LPCs are the only constituted organisations working at scale within Community Pharmacy. LPCs are recognised within the NHS regulations to represent Community Pharmacy contractors.

Culture

The *Next Steps to the Strategic Commissioning Framework* (2018), states that the best place to receive care is also the place where healthcare professionals, who deliver the services, most enjoy working.

- it also directs that healthcare professionals should consider patients as people
- be moved by their suffering
- be their companions on life-changing journeys

Intelligence

NHS England and NHS Improvement are committed to sharing appropriate Community Pharmacy contractual data to support local service commissioning and improve quality.

The key enablers to ensure the delivery of proper quality improvement are:

- having access to the relevant data, underpinned by strong information governance
- having all relevant stakeholders around the table from the inception of any service redesign

Transparency

Organisations should work transparently, with partners and patients, to decide which measures they will use to assess themselves, and they should share agreed outcomes to support quality improvement.

Leadership at all levels

Already playing a role in the emerging primary care landscape through engagement with stakeholders, NHS England is required to consult LPCs on matters such as market entry and local enhanced services.

The LPC constitution sets out the duties of the LPC that include:

- representing their contractors in local and national consultations relevant to pharmacy contractors
- making representations to NHS England, Health and Wellbeing Boards and PSNC
- providing support, resources and guidance to pharmacy contractors
- ensuring committee business is carried out effectively and efficiently

Leadership on the ground

As the model of community pharmacy evolves, there is an emerging need to further develop leadership to ensure appropriate engagement at all levels to affect better population outcomes.

Region – Continue to evaluate and develop the role of local pharmacy networks as part of primary care.

System – ICS level engagement will be needed to ensure commissioning decisions are deliverable, the best-fit for our populations and local pharmacy contractors, and support and enhance MDT working.

Place – ICP where patient outcomes and priorities will be decided by provider groups. The benefits of Community Pharmacy being at the centre of this approach are manifold and highlighted throughout this document.

Neighbourhood – Supporting PCN's to achieve the best they can through appropriate and functioning leadership at MDT level. Leading PCN pharmacies and supporting the wider pharmacy and care network.

Aspirations for community pharmacy leadership

Population / Support needed	Change management	Building relationships	Inspiring shared purpose	Pathway development	Quality improvement	Effective engagement	Health economics	Programme management
Region	✓	✓	✓	✓	✓	✓	✓	✓
System	✓	✓	✓	✓	✓	✓	✓	✓
Place	✓	✓	✓	✓	✓	✓	✓	✓
Neighbourhood	✓	✓	✓		✓	✓		

Next Steps

Community Pharmacy is recognised by government and its health and care agencies, as a valuable asset; often referred to as underutilised. However, the Community Pharmacy London leadership contends that Community Pharmacy is under-commissioned.

To rest at “underutilised” would deny the evidence of a daily footfall of hundreds of thousands of Londoners who visit community pharmacies and it would denude the experience of pharmacy professionals and patients alike, derived from the resulting interactions each day.

This summary, based on the full Community Pharmacy London Offer Strategy, serves to pick out the salient issues and opportunities facing digital health. It is not an exhaustive list of ‘must have’ and ‘must do’, rather it seeks to stimulate dialogue that can be added to by all involved in Community Pharmacy. By combining our collective experience, reflecting on the place Community Pharmacy occupies in the lives of Londoners and holding up their needs, we can put our services – existing and new – at the disposal of the commissioned health and care system.

However, we do so in the spirit of patient-first and collaboration and cooperation; to craft a new model that sustains the convention of the dispensing model and yet creates a new partnership dynamic in modelling new services that secure wellbeing and promote good health; while screening, detecting, preventing and managing ill-health when Londoners become sick.

The London LPCs see the future for London community pharmacies as augmenting the community pharmacy contractual framework (CPCF) with a suite of services which can be integrated at neighbourhood, place, system and regional levels, reflecting the needs of the population.

- Enhance the dispensing supply function of community pharmacy to ensure that patients have access to safe and effective medicines and have the best outcome in addition to ensuring the best value for the NHS.
- Relocate electronic repeat prescribing to community pharmacies from surgeries and add monitoring for safety, effectiveness, patient-friendliness and cost-effectiveness. Modern IT systems can help support those who audit the outcomes from the set objectives. Support community pharmacy to become local centres for urgent (non-life-threatening) care and help reduce GP and A&E workload.
- Support improved pharmacovigilance to reduce harm to Londoners and system costs.
- Develop working relations with London primary care networks via the London LPC network.
- Construct with London PCNs a framework for developing and integrating London PCN services.
- Develop the community pharmacy PCN leads to innovate and integrate services at a local level – NEIGHBOURHOOD
- Scale up the successful PCN services to the STP/ICS level – PLACE (ICP) and SYSTEM (ICS)
- Coordinate and integrate STP/ICS services into London-wide service provision – REGION. An example of this is the London LPC offer to work collaboratively with STPs/ICSs and PCNs to develop a consistent pan-London minor conditions service, that is mainly patient-group direction and independent prescribing driven. This service will respect and comply with the recent guidance on de-prescribing of medicines that are available over the counter. The additional offer would be to deliver this service through the CPCS platform.

Community Pharmacy in London commends this offer to its members, patients, stakeholders and local and regional commissioners. We believe that we have the key enablers in place to support the London pharmacy community to achieve this ambitious strategy.

“This compelling offer from London’s community pharmacy leadership group, made on behalf of the community pharmacy network, is a welcome initiative to help focus on care outside hospitals and GP surgeries and to help enhance care in the Capital’s primary care sector. The recent public health challenges introduced during the COVID-19 outbreak, have emphasised the importance of community pharmacy in the lives of Londoners; and its place in keeping them well. In many ways COVID-19 has highlighted the value of the community pharmacy offer – the NHS on your doorstep. I highly commend this document and hope to see changes to see greater integration of London’s community pharmacy network to benefit Londoners and those who visit London.”

Liz Wise, Director of Primary Care and Public Health Commissioning, NHS England and NHS Improvement (NHS England London) and Clinical Cabinet Member

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