community PHARMACIES

NHS

London Community Pharmacy: Our offer to London

Pharmacy Strategy 2020

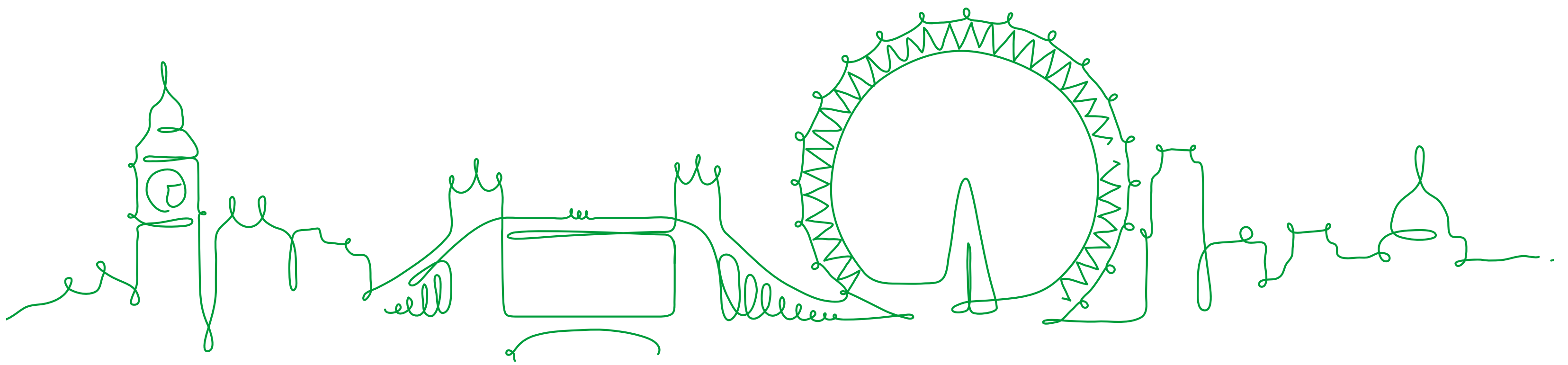


Table of contents

Executive summary **4**

Matrix of services currently delivered via CPCF and local commissioning 6

Purpose of this document 12

Commitment to support community pharmacy 14

Section 1: Setting the Scene **16**

Making London the healthiest city 17

Comprehensive population-based care 20

Digital healthcare 23

Challenges for primary care in 2020 25

Section 2: The Offer **26**

The role of community pharmacy in the NHS 27

Primary care network engagement and development 31

Estates and premises 36

Interoperability and digital pharmacy 36

Working at scale 39

Public perceptions and better use of local assets 47

Section 3: Conclusions and Next Steps **48**

Acknowledgements 50

Glossary 52

Bibliography 55

Executive summary

This document has been developed jointly by London's local pharmaceutical committees (LPCs), supported by NHS England and NHS Improvement – London region (NHS England London). It presents an ambitious, credible and workable service offer to primary care networks (PCNs), local authorities and other health, social care and public health stakeholders, and the people of London. In the interests of joint-working and service harmonisation; where there is an opportunity to support services on a pan-London approach (for example, sexual health services), this model will be encouraged. However, LPCs will work with community pharmacy, at a local level, to support their co-design and development of neighbourhood-based services, with local commissioners.

In summary, the offer from London Community Pharmacy is to:

- expand the range of clinical services
- increase the range of – and access to – wellness services
- develop community pharmacy as a social asset – working to increase the social capital of our communities
- integrate community pharmacy into primary care networks
- provide strong leadership within integrated care partnerships

This offer will form a portfolio that will include:

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

London Community Pharmacy: Impact of COVID-19 on 'Our Offer'

The COVID-19 outbreak has demonstrated the need for a network of trusted and accessible NHS healthcare professionals, available to address the health needs of Londoners, as shaped by the conditions and demands created by COVID-19. These demands have pushed the design and delivery of rapid healthcare responses to a point hitherto not experienced. Resilience in the system has been tested and, as high street healthcare practitioners, community pharmacy has stood up to numerous unprecedented challenges and proved itself capable each time. Moreover, community pharmacies have formed a much-needed vanguard, adjusting their normal practices to keep patients, customers and their staff safe. By making physical changes to premises to support social distancing; adopting changed working patterns and opening hours; addressing challenges in medicine deliveries and sustaining patient consultations, the sector has continued to meet both system and patient demand and focus on keeping Londoners healthy during an extraordinary period of time. In short, the community pharmacy sector has, without much notice, stepped up to work at the top of their professional competence with other health and social care professionals, and demonstrated its support and empathy for their local communities.

The pandemic has highlighted the need to have an effective community pharmacy sector which is accessible to all Londoners, through which patients are provided with a 'front door' to clinical assessment and appropriate referral, support for management and selfcare of a range of conditions, and access for the socially and economically vulnerable.

The table on pages 6-10 illustrates some of the elements within a pan-London offer.

Matrix of services currently delivered via Community Pharmacy Contractual Framework (CPCF) and local commissioning

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.
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	

CP Offer (CP activity based on current and proposed services)	Delivery Level	Current Status	Comment
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.

This service offer, which was developed prior to the COVID-19 pandemic, still stands. It is acknowledged that time and further experience of managing the virus could place additional demands on community pharmacy. In that event, just as the sector has demonstrated its versatility, resilience, innovation, and leadership throughout the pandemic, it will embrace emerging models of care as any future state and the 'new normal' requires.

Partner LPCs have agreed local consultation processes which will accommodate sense-checking and, ultimately, commitment from all our stakeholders. This consultation process has, in the main, focused on the following key groups.

1. Community pharmacy local contractors and pharmacy teams via LPC-led events.
2. Strategic partners via healthcare cabinets, system transformation boards, primary care commissioning committees, and local authority public health boards.
3. Public, patient/service users and carers via local Healthwatch groups and, where established, public pharmacy partnerships.

Our **vision** is that Londoners, supported by community pharmacy, will enjoy the best possible health and wellbeing.

The vision is supported by the framework of the quadruple aim.

- **Improving the health of the population:** the core contractual framework is aligned for the whole population, and the development of the PCN element is to align it to the local commissioning agenda.
- **Improving the experience of care:** the introduction of the Quality Payment Scheme in December 2016, and the revised Pharmacy Quality Scheme (PQS) in 2018/2019, is driving quality within community pharmacy and improving the experience of care by users.
- **Reducing the per capita cost of healthcare:** community pharmacy, with its network and staff, provide a cost-effective service to the NHS.
- **Improving staff experience:** community pharmacy provides jobs for local people that offer a wide range of opportunities within the local community, or working across multinational companies, providing care for pharmacy users.

This will be achieved by community pharmacies becoming the front door to health and wellbeing in London, within local integrated NHS teams; a high street point of contact for Londoners wanting clinical advice and help to stay well. The community pharmacy workforce, system and estate will be fully deployed to place London among the healthiest of cities. This will include making London the safest place to receive prescribed and over-the-counter (OTC) medicines.

The following points are included in the strategic context.

- The NHS Long Term Plan (NHS LTP), which introduces a new service model for the 21st century and includes action on preventative healthcare and reducing health inequalities, progress on care quality and outcomes, exploring workforce planning, developing digitally-enabled care, and driving value for money.
- Alignment with *The health and care vision for London*, which states a shared ambition to make London the healthiest global city; and makes commitments to reduce smoking, improve 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 and develops the role of pharmacies in urgent care, common illnesses, and prevention, aims to "develop and implement the new range of services that we are seeking to deliver in community pharmacy", making greater use of Community Pharmacists' clinical skills and opportunities to engage patients.
- The Network Contract Directed Enhanced Service (DES) specification, sees GPs playing a leading role in PCNs. The second year of the DES will see more stakeholder involvement, particularly within community pharmacy.
- The consistent support of patients within the development of pharmacy services (Healthwatch England).
- Plans for London's pharmacies to contribute to the World Health Organisation's (WHO) objective to reduce harm caused by prescribed medicines; in 2017, WHO launched its third global patient safety challenge *"Medication Without Harm"*, which aims to reduce the global burden of severe and avoidable medication-related harm by 50% over five years.

The following points provide the foundation for the London Community Pharmacy offer.

- **Convenience:** almost 2,000 community pharmacies within walking distance of most Londoners.
- **Quality:** the community pharmacy workforce is highly trained and comprises pharmacists and a range of healthcare professionals. This multidisciplinary team (MDT) asset has featured large in the management of long-term conditions during COVID-19.
- **Trust:** community pharmacy enjoys positive relationships across the healthcare systems; patients both like and value the contact they have with their pharmacy.
- **Assurance:** community pharmacy is an appropriately regulated area of healthcare and has shown itself as a critical partner in managing surge capacity in primary care during a pandemic.
- **Design principles:** community pharmacy is a health and social asset that is accessible and forms a hub for community services. The community pharmacy response to the COVID-19 outbreak has been a key enabler in the *'Journey to a New Health and Care System'*. 'Talk before you walk' delivery approaches, encourage patients to use virtual and online technologies to access consultations and services before seeking a face-to-face option. To realise the vision set out in this paper, several **key enablers** are currently being developed (for example, alignment to the clinical competence framework, interoperability and shared records), including:
  - workforce development.
  - engagement and operational alignment with primary care networks.
  - collaborative working – part of a system-wide, multidisciplinary, and evidence-led approach.
  - interoperability across the patient interface and health and care systems.
  - new contracting mechanisms, delivering better outcomes, based on the London Community Pharmacy offer described above.

Purpose of this document

To engage with all stakeholders on the London Community Pharmacy offer, facilitating dialogue that will inform and shape the implementation of the proposals in this document. Moving the plan from page to pharmacy to patients.

What is this document?

In the changing health and social care landscape, London's community pharmacists (supported by NHS England London) have identified the need to increase the range of services that Londoners can access through community pharmacies; helping citizens get the maximum benefits from their experience. The need for additional clinical services has been further highlighted during the COVID-19 crisis, particularly in terms of supporting capacity management in primary care and mobilising to provide an accessible healthcare 'front door' for all Londoners. For example, management of repeat prescriptions to ensure all patients have access to their medicines, and to support shielded patients.

The COVID-19 crisis also connected the local community pharmacy leadership to emerging ICS organisations, acute trusts, community providers and national pharmacy bodies through the use of available technology and virtual platforms. This allowed issues faced by community pharmacists to be escalated quickly, discussed at the appropriate level and a rapid response provided. This was the basis for the Pharmacy Leadership Cells.

Who owns this document?

The document is owned by the London Community Pharmacy network. It has been developed and adopted by the local pharmaceutical committees (LPCs) in London. LPCs are bodies recognised by statute that represent the interests and views of community pharmacies across the capital.

NHS England London recognise community pharmacy's role in:

- London's changing health and care landscape.
- delivering the NHS Long Term Plan.
- the need to clearly articulate what community pharmacists can be commissioned to provide, in terms of accessible clinical and public health services.

Community Pharmacy Leadership London

Local Pharmaceutical Committees in London

Barnet, Enfield & Haringey LPC
Bexley, Bromley & Greenwich LPC
Brent & Harrow LPC
Camden & Islington LPC
City & Hackney LPC
Croydon LPC
Hillingdon LPC
Ealing, Hammersmith & Hounslow LPC
Kensington, Chelsea & Westminster LPC
Lambeth, Southwark & Lewisham LPC
Kingston & Richmond LPC
North East London LPC
Merton, Sutton & Wandsworth LPC

Who is the document written for and what is the aim?

It is written for those who are interested in improving the health of Londoners. It aims to present to local health and care organisations (such as primary care networks (PCNs), local authorities (LAs), clinical commissioning groups (CCGs), sustainability and transformation partnerships (STPs), integrated care systems (ICSs), and primary care professionals) a clear and consistent offer on the healthcare services that community pharmacy can provide in London. In this way, Londoners and local healthcare leaders will benefit from the skills, experience, and services, within community pharmacy, which will improve integrated healthcare. This document will help commissioners to develop action programmes for community pharmacy to integrate into the new health and care system for London.

As well as supporting the development of PCNs, the reconfiguration of patient pathways, and service delivery, this document supports the work of social prescribing teams, public health teams, and other health and social care professionals. From vision to implementation, it highlights to local commissioners, health and care professionals, and the public, an improved offer of services that can be made available from community pharmacy; and will benefit Londoners.

The purpose of the offer is to:

- help improve the health and wellbeing of Londoners;
- clearly show the role of community pharmacy in the emerging health and social care landscape, and outline a community pharmacy offer for London;
- describe the evolution of the commissioning of community pharmacy, to acknowledge the role that community pharmacy plays in the delivery of clinical and public health services;
- detail community pharmacy's role in bringing care closer to home.

Commitment to support community pharmacy

The local leadership of community pharmacy, supported by NHS England London, is committed to improving health and wellbeing in the capital.

Over the next five years, all parts of the country, including London, will be required to increase clinical capacity to ensure an effective and appropriate response to the health and wellbeing needs of our local communities. This can only be achieved by enabling community pharmacy to take a proactive role and fully engage, as members of local PCNs, with a commitment to developing a "fully integrated community-based healthcare service". This integrated service will involve multidisciplinary teams, consisting of GPs, pharmacists, district nurses and allied professionals, working across all of London's NHS health settings.

London's citizens enjoy high-street access to a network of community pharmacy. However, the clinical competencies within community pharmacy can offer more through adopting a co-production model within commissioning. This will increase the range of benefits for Londoners through a stronger partnership between community pharmacies, the local health system, and health and care commissioners.

This builds on the traditional role of pharmacies – dispensing and providing public health services – but reflects the significant changes in public expectations and the strategic context. This has given rise to an enhanced offer, together with opportunities for community pharmacy to take a more significant role in delivering health and wellbeing to all Londoners and visitors to the capital. This is the ambition of London's pharmacy network, comprising of 1,860 pharmacies, and is articulated in this document.

In London, the work around improving population health, and the formation of ICSs, will benefit from a greater involvement of community pharmacy in commissioning decisions. This will result in wider integration of health and social care, and further development of place-based systems.

Statement of support from Primary Care Clinical Cabinet

The offer sets out clear steps to utilise the clinical skills of community pharmacists to deliver services within the community; realising the vision of NHS England and NHS Improvement (NHSE&I), for the sector to be "an integral part of the NHS, delivering clinical services as a full partner in local primary care networks (PCNs)."

The healthcare architecture has changed substantially in the past few years, and community pharmacy has recognised the need to develop and evolve its offer to match patient expectations and commissioner needs, while maintaining fiscal accountability. Working in collaboration with NHS England and NHS Improvement - London region (NHS England London), London's LPCs welcome this document; it provides a definitive blueprint for community pharmacy integration at neighbourhood, place, system and regional levels, through well-crafted commissioning in partnership with the pharmacy profession.

"This compelling offer from London's community pharmacy leadership group, made on behalf of the community pharmacy network, is a welcome initiative to help the 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 London and Clinical Cabinet member

---

"The LPCs are mindful of the pressures on the workforce but are confident of the profession's resilience to provide eloquent and innovative solutions to demonstrably contribute to the improvement of the health of the population.

LPCs would highlight "the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community." In addition, LPCs welcome NHSE&I's focus on quality improvement and to work in partnership with STP/ICS organisations to contribute significantly to the medicines safety and optimisation agendas.

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. Community Pharmacy in London has been put to the test during the COVID-19 pandemic, like at no other time, yet it has responded resolutely and not been found wanting. The resilience of the sector is testament to its priority to put patients first."

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

"Prior to the COVID-19 pandemic, community pharmacy was embarking on one of the most radical change programmes in its history. The high street pharmacist had been 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 common illnesses and providing essential advice on medicines safety. During the pandemic, the value of the healthcare advice that pharmacies provided has increased significantly, alongside the safe supply of medicines on which so many people rely to stay healthy. Pharmacies are now playing a critical role in supporting patients and taking pressure off the rest of the NHS – particularly GP surgeries and A&E – and truly have become the NHS on the High Street. Continued 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

Section 1: Setting the Scene

Making London the healthiest city

NHS England London, working with partners Public Health England, London Councils and the Greater London Authority, launched *The health and care vision for London (2019)*. The NHS, along with its partners, have a shared ambition for London to be the healthiest global city.

The report recognised the importance of:

- having the workforce to provide the care Londoners need;
- harnessing the power of digital innovation to proactively predict, manage and prevent poor health;
- transforming London's health and care buildings and land.

The health and care vision for London identified ten priorities which, through partnership, collaboration and innovative working, will address the capital's key health issues; and ensure that quality of life and life expectancy will match our aspiration to make London the healthiest global city.

Areas of focus for pan-London collaboration:

1. Reduce childhood obesity
2. Improve the emotional wellbeing of children and young Londoners
3. Improve mental health, and progress towards zero suicides
4. Improve air quality
5. Improve tobacco control and reduce smoking
6. Reduce the prevalence and impact of violence
7. Improve the health of homeless people
8. Improve services and preventative measures for HIV and other sexually transmitted infections (STIs)
9. Support Londoners with dementia to live well
10. Improve end-of-life care and support

Based on the experience gained during the COVID-19 pandemic, it has been seen as necessary to include two further priorities within the scope of this offer, they are -

11. New community-based approaches to managing long-term conditions and shielded patients
12. Robust network with capacity to flex and sustain surge capability during pandemics and other wide-scale public health challenges

Note: these pan-London actions will sit alongside, and are complementary to, actions at the neighbourhood, borough, and sub-regional system levels.

"The London Community Pharmacy Offer demonstrates the role of Community Pharmacists and their team's role in making London the healthiest city it can be. This has been demonstrated powerfully during the COVID-19 pandemic."

Raj Matharu, Chair of Pharmacy London

"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

NHS England has published four key documents which set the strategic direction for primary care pharmacy, that is, pharmacists working in clinical settings (PCNs, GP practices, care homes, urgent care) and community pharmacy.

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:

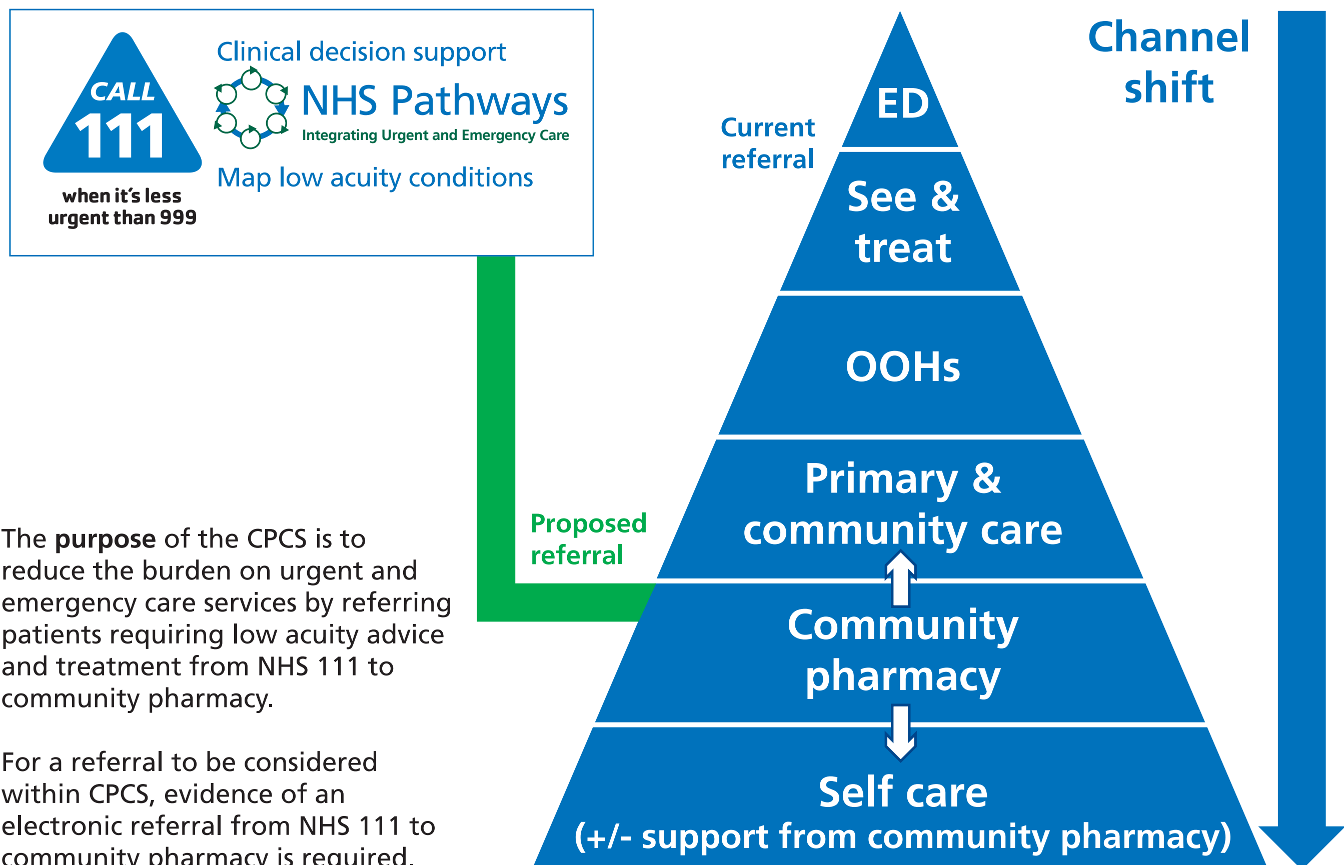
- recognises the clinical role and better utilisation of community pharmacists and their teams
- aligns the community pharmacy PQS with the GP Quality Outcomes Framework (QOF)

Five-year settlement	Commits almost £13bn to community pharmacy through its contractual framework, with a commitment to spend £2.592bn 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 £75m under a new name, the Pharmacy Quality Scheme (PQS), and includes important new requirements. PQS will support delivery of the NHS LTP and is designed to reward community pharmacies for delivering quality criteria in all three of the quality dimensions: Clinical Effectiveness, Patient Safety and Patient Experience. The aim is to move community pharmacy to a more integrated, service-focused function within the wider NHS system, providing even safer, accessible healthcare to patients.
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 a course of action that 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 PQS, the interim transition payment and the development of services complementary to the PCN service specifications.

The CPCF now addresses three areas:

- **Urgent care –** the new community pharmacist consultation service (CPCS) is designed to take pressure off GP services and hospitals by ensuring patients turn to pharmacies first for low-acuity conditions and support with their general health. This places community pharmacy as the first port of call for many patients.
- **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 conducted 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.

Channel Shift to Self-Care and Support from Community Pharmacy



Source: adapted from NHS England sources

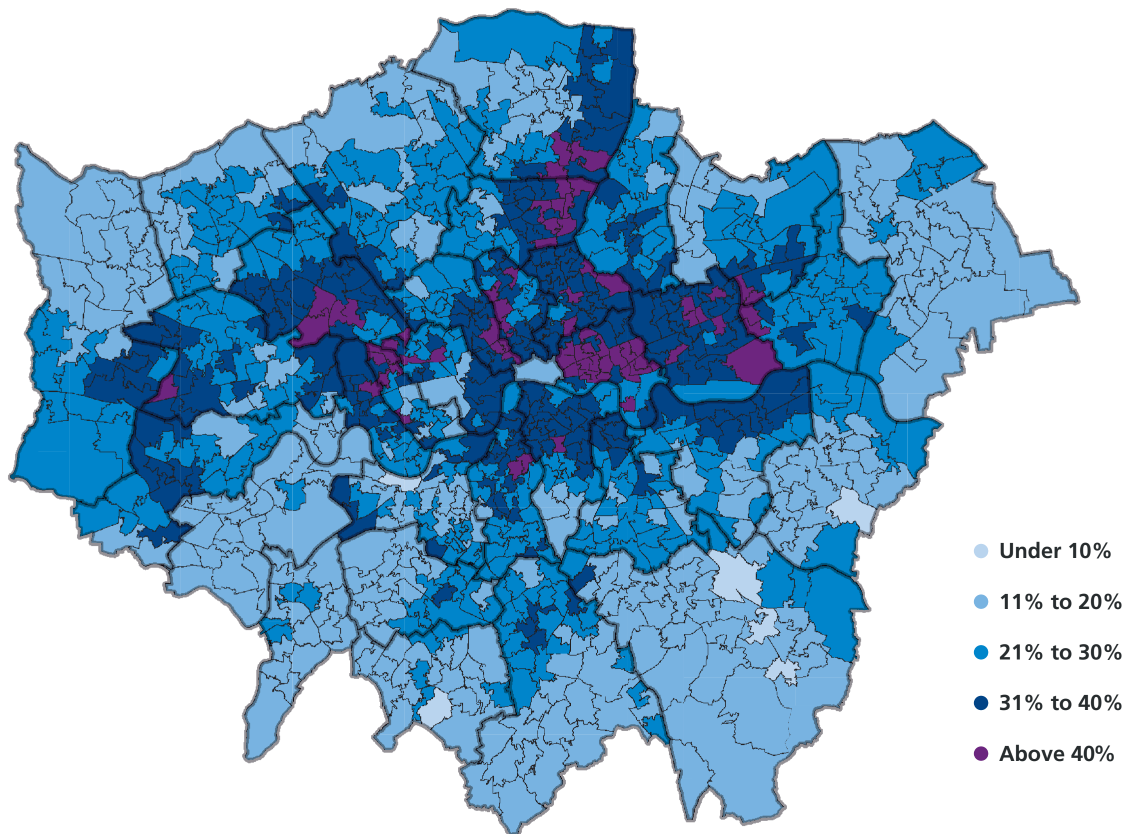
This will be a challenging time for community pharmacies in terms of the financial resource allocated to undertake such a rapid transformation. This mirrors the changes in the GP contract which promotes a shift away from a reliance on the core contract, towards offering new services. Community pharmacists can position themselves to make the most of these new services, some of which will involve joint working with PCNs. This will mean keeping pace with technology and automation, adapting to collaborating and working at scale with PCNs, and delivering more clinical services by freeing up pharmacist time and adjusting the skill mix in pharmacies.

This is achievable but will need underpinning with effective commissioning and support for organisational development (OD) at system, place and neighbourhood levels; and including community pharmacy leadership into local decision-making processes.

Comprehensive population-based care

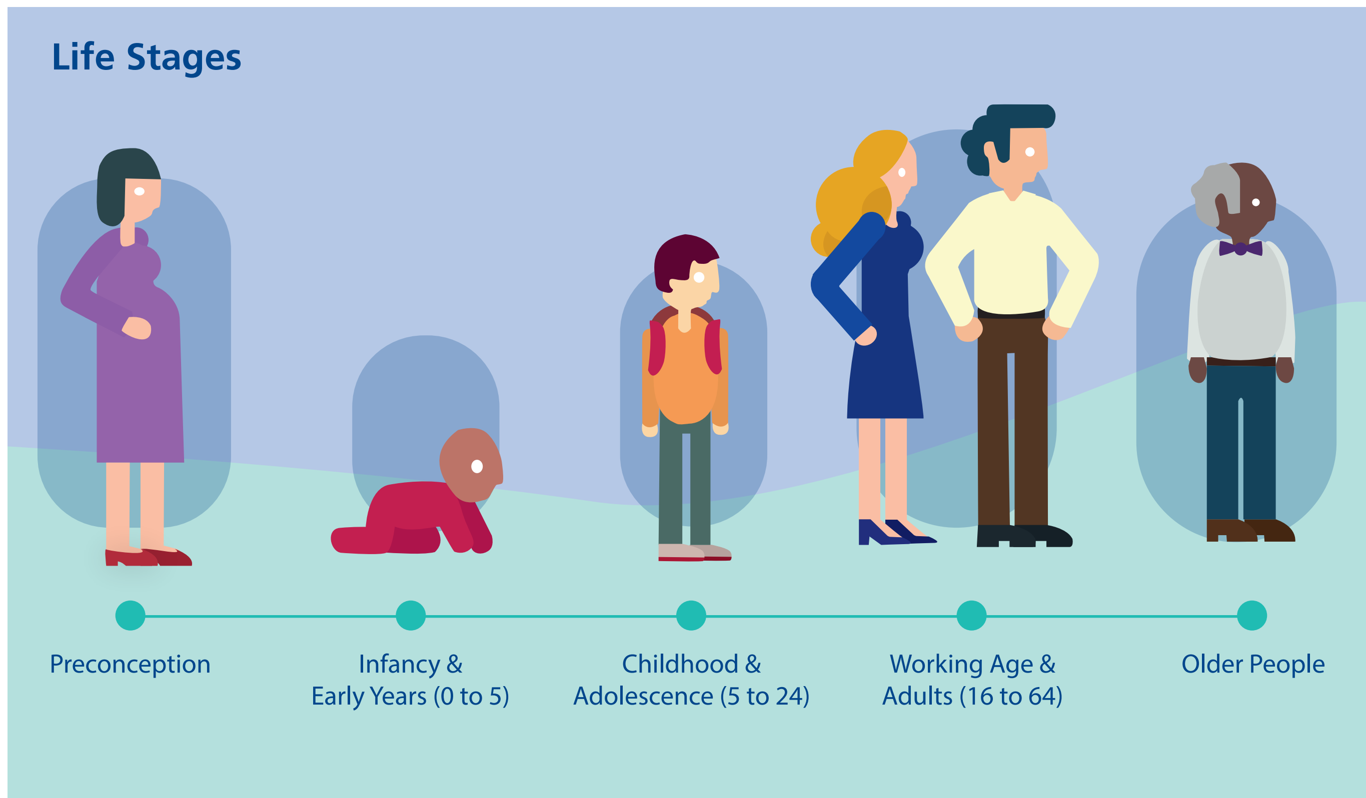
London's population was 8.8 million in 2016 and is projected to rise to 10 million by 2030. By 2031, there will be a 40% increase in those aged over 80 years old, which will bring further challenges to health and social care. London has a much higher proportion of people aged 25-44, and children under five, when compared to the rest of England. It also has a diverse ethnic mix with a BAME population of 41% compared to 10% for the rest of England. The number of children living in poverty has trebled in a decade, currently at 37%, highlighting the issues we have in addressing and reducing health inequalities across London. At the other end of the age spectrum, 19% of old age pensioners in London live in poverty.

Poverty rates across London



Source: Small area model-based households in poverty estimates for England and Wales, ONS.
The data is for 2013.

The Life Course Approach



Source: London Health Inequalities Strategy – A Life Course Approach.

This is our view on this:

Starting well: Healthy pregnant mothers and children – helping every London child to have a healthy start in life by supporting parents and carers, early years settings and schools.

Living well:

- Healthy communities – where all Londoners have the opportunity to participate in community life. People are empowered to improve their own and their community's health and wellbeing.
- Healthy minds – supporting Londoners to feel comfortable talking about mental health, reducing stigma and encouraging people across the city to work together to reduce suicide.
- Healthy living – helping Londoners to be physically active, making sure they have access to healthy food; and reducing the use of, or harms caused by, tobacco, illicit drugs, alcohol and gambling.
- Healthy places – working towards London having healthier streets and the best air quality of any major global city; ensuring all Londoners can access good-quality green space, tackling income inequality and poverty, creating healthy workplaces, improving housing availability, quality and affordability, and addressing homelessness and rough sleeping.

Dying well: Supporting end-of-life health and care services so that all Londoners have the opportunity to die at home, or in a place of their choosing, with dignity and in comfort.

This approach is the life-stage model and, within this consideration, the following needs to be factored in.

Medicines safety and optimisation

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, many of which are preventable

- antimicrobial resistance, through overuse of antibiotics, is a global issue
- up to 50% of patients do not take their medicines as intended, meaning their health is affected

Use of multiple medicines (polypharmacy) is increasing – over one million people, many of whom are elderly, take eight or more medicines a day. In addition:

- the national drugs bill is expected to grow;
- overall medicines spend in 2016/17 was £17.4bn, an increase of almost 38% from £13bn in 2010/11;
- cost of medicines prescribed and dispensed in primary care rose from £8.6bn in 2010/11 to £9.0bn in 2016/17, a rise of over 3.5%;
- cost of medicines used in hospitals increased from £4.2bn in 2010/11 to £8.3bn in 2016/17, a rise of 98%;
- between 5% and 10% of all hospital admissions are medicines-related;
- two thirds of medicines-related hospital admissions are preventable;
- the overall NHS drugs bill is £16.8bn a year;
- the NHS drugs bill is rising by 8% a year, which is more than the current annual increase in funding;
- a 2010 report estimated the national figure for pharmaceutical waste to be £300m.

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

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 healthcare system.
- There are 1,860 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 healthcare professional group in the NHS.
- It comprises a clinical workforce of registered healthcare professionals who have trained for a minimum of five years.
- Community pharmacies operate with pharmacy teams and can utilise a diverse range of skills to 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.

Medicine challenges for 2020

- rising drug costs
- polypharmacy
- antimicrobial resistance
- managing prescribing budgets
- continually improving medicines safety

Digital healthcare

The health and care vision for London identified the growth of digital health to:

> ***"Improve the experience of care; empower people in managing their own health and wellbeing; improve the experience of staff by reducing workload, offering more flexible working and strengthening teamwork; and deliver high value healthcare that improves the wellbeing of our population and reduces health inequalities."***

The document also shows that:

> ***"Londoners believe that information about their health is already shared between the professionals responsible for providing their care and are surprised to know that, at present, we are unable to connect their records between organisations."***

The reality is that information in the current health and social care system is fragmented and fails to actively support patient care pathways or clinical workflows. It is still common for information to be exchanged via post, fax, telephone and email. This impacts on the quality of care provision – reducing the efficacy and safety of care and resulting in a poor experience for patients and carers. A good example is the London acute trusts' change in procedure from faxing medication discharges to community pharmacies to using shared NHS.net accounts.

The government has planned to make all prescriptions electronic by 2021. The Health Minister, Jo Churchill said: "Digitising the entire prescription service is a key part of keeping up the drive to make the NHS fit for the 21st century. This will free up vital time for GPs and allow pharmacists to spend more time with their patients and save millions of pounds a year." The 2019 CPCF has highlighted further innovation through automation of dispensing and the new community pharmacist consultation service (CPCS). The experience of COVID-19 indicates that the CPCS needs some further review and development to meet extraordinary challenges as found within a pandemic; community pharmacy stands prepared to play a direct and dynamic role in this area.

London deserves a sophisticated CPCS similar to the Scottish model, 'Pharmacy First', to be able to respond to the new models of care which emerge from general practice post COVID-19.

NHS Pharmacy First Scotland service

This year, the Minor Ailment Service in Scotland was replaced by Pharmacy First. Its focus is on increasing access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long term conditions in and out of hours, and to improve pharmaceutical care and contribute to the multi-disciplinary team. A remuneration model replaces the existing capitation model and will move to an activity-based model, where the pharmacy team will be remunerated for the activity undertaken and reimbursed for dispensed items. The activity will be based on the principle of *advice: referral: supply.*

Services currently include advice, treatment and onward referrals for UTIs and impetigo.

Measures that would assist with the management of, and access to, data

- organise data with standard references so that it is easy to find – a little like a research library
- address interoperability issues between providers to improve connectivity and to facilitate transfer of patient data and improve care
- highlight interoperability issues with community pharmacy IT systems linking into the wider primary care IM&T network
- be mindful of the limitations of the take-up of summary care records (SCR) in community pharmacy

Pharmacists in England will be able to access patient information more effectively through the new summary care record (SCR) 1-click function. SCR access is via the community pharmacists' smart card, without any need to log on separately, making the process more efficient. SCR will become a more integral part of community pharmacy services, that is, NMS, MURs, and providing vaccinations and emergency supplies. This improvement in SCR will support the community pharmacy role in primary care by providing faster access to key information. NHS Digital and the Royal Pharmaceutical Society have recently updated guidance to support community pharmacists. Overall, community pharmacy needs to be planned in at an early stage to achieve joined-up healthcare in the new digital age.

Challenges for primary care in 2020

General practice is the bedrock of NHS primary care. Its success, and that of community pharmacy, are codependent.

The following points highlight the areas in which these codependencies operate.

- Boosting GP numbers – a national commitment to increase GP numbers.
- Extending access to GP services during evening and weekends – the employed London workforce includes part-time, full-time, self-employed, and hourly-paid patterns of working.
- Expanding multidisciplinary teams which include pharmacists working in general practice and PCNs.
- Modernising primary care premises and access – *The health and care vision for London (2019)* identified London as having some of the world's most advanced facilities, but also some of the worst GP and hospital buildings in Britain; a third of London's primary care infrastructure needs to be replaced. There is an ambition to transform the health and care estate to meet the needs of communities. An estimate of £8bn of new investment is required over the next ten years.
- Consolidating PCNs – a national priority in both the NHS LTP and supported in the five-year CPCF.
- Achieving better integration between GP surgeries and community pharmacies to improve patient care, system effectiveness and efficiencies, and achieve greater economies of scale.
- Configuring joint-working across the NHS and London-wide as part of wider integration, while retaining local autonomy.
- Maximising systems, responses and approaches developed as a bulwark to the pandemic, e.g. pharmacy leadership cells within ICS infrastructure to deliver aims of PCN.
- Delivering 'Our Offer' within the context of a 'new normal'. While the 'offer' remains as is, the operational context will inevitably change due to the consequences for the primary care landscape as it adjusts to changes in patient needs, and how patients access services, as a result of any recurring phases of COVID-19 and beyond.

In 2019-2020 the key focus will be the consolidation of PCNs. In London there are more than 7,000 GPs in 1,200 GP practices.

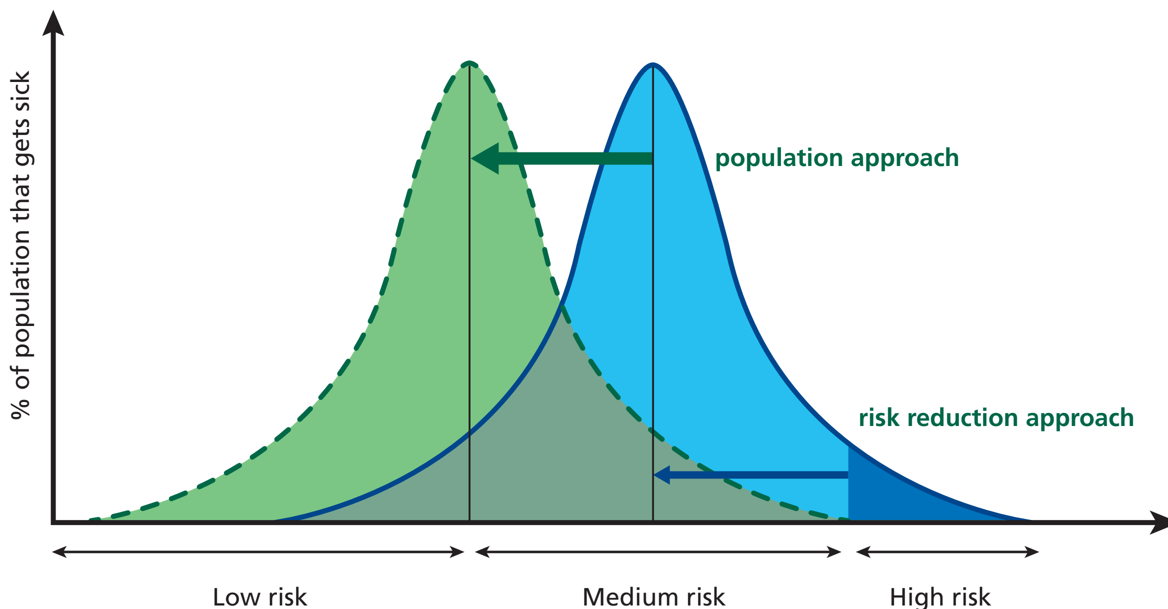
The London Community Pharmacy offer aims to provide solutions to these demands on primary care through better utilisation of the community pharmacy workforce, network of London pharmacies and better utilisation of community pharmacy premises.

Section 2: The Offer

The role of community pharmacy in the NHS

Community pharmacists and their teams can play a key role in securing a sustainable future for the health system. Several recent documents have highlighted the role of community pharmacy and the pharmacy profession in primary care integration. This has been articulated in articles and reports over the last five years.

Preventative health is an area where community pharmacy has been active and has more to offer. There is a well-expressed aetiological approach that combines preventative measures across population and personal health management. A fundamental approach within this is the application of stratification of high-risk patients who are already vulnerable and experiencing multiple conditions. 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 and manifest. 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 "shift-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 a 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, together with health and social care professionals, a pathway of behavioural change.

For community pharmacy, as a trusted and accepted partner in a multidisciplinary 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.

How this might be achieved in community pharmacy

Four things community pharmacists can do to align with the 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.

Accountability

Community pharmacy has governance structures in place which enable 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

At present, the 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, and
- be their companions on life-changing journeys.

Intelligence

For LPCs and community pharmacy to improve the quality and consistency of care, they must be engaged at inception of service design and system transformation. It is important that commissioners and partners share data appropriately with LPCs to allow for quality improvements. NHS England London 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, and
- having all relevant stakeholders around the table from the inception of any service redesign.

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

LPCs have a key role to play in the emerging primary care landscape through engagement with stakeholders. Regulations under the NHS Act require NHS England to consult LPCs on matters such as market entry and local enhanced services, so giving certain powers to LPCs. The development of Local Pharmacy Leadership Cells, which bring together pharmacy leaders from across all sectors, strengthens the position of LPCs to forge new professional relationships within the ICS structure.

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 conducted effectively and efficiently

LPCs may also provide support to contractors on contract compliance and monitoring, market entry and supporting local enhanced services and, where appropriate, other locally commissioned services. This would include promoting the place of local pharmacy through communication and lobbying.

LPCs are therefore committees with statutory powers and have significant influence as a local leadership body representing, promoting and supporting the community pharmacies that they serve.

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 effect 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 – Integrated Care Provider (ICP) where provider groups will decide patient outcomes and priorities. The benefits of community pharmacy being at the centre of this approach are manifold and highlighted throughout this document.

Neighbourhood – Supporting PCNs 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	✓	✓	✓		✓	✓		

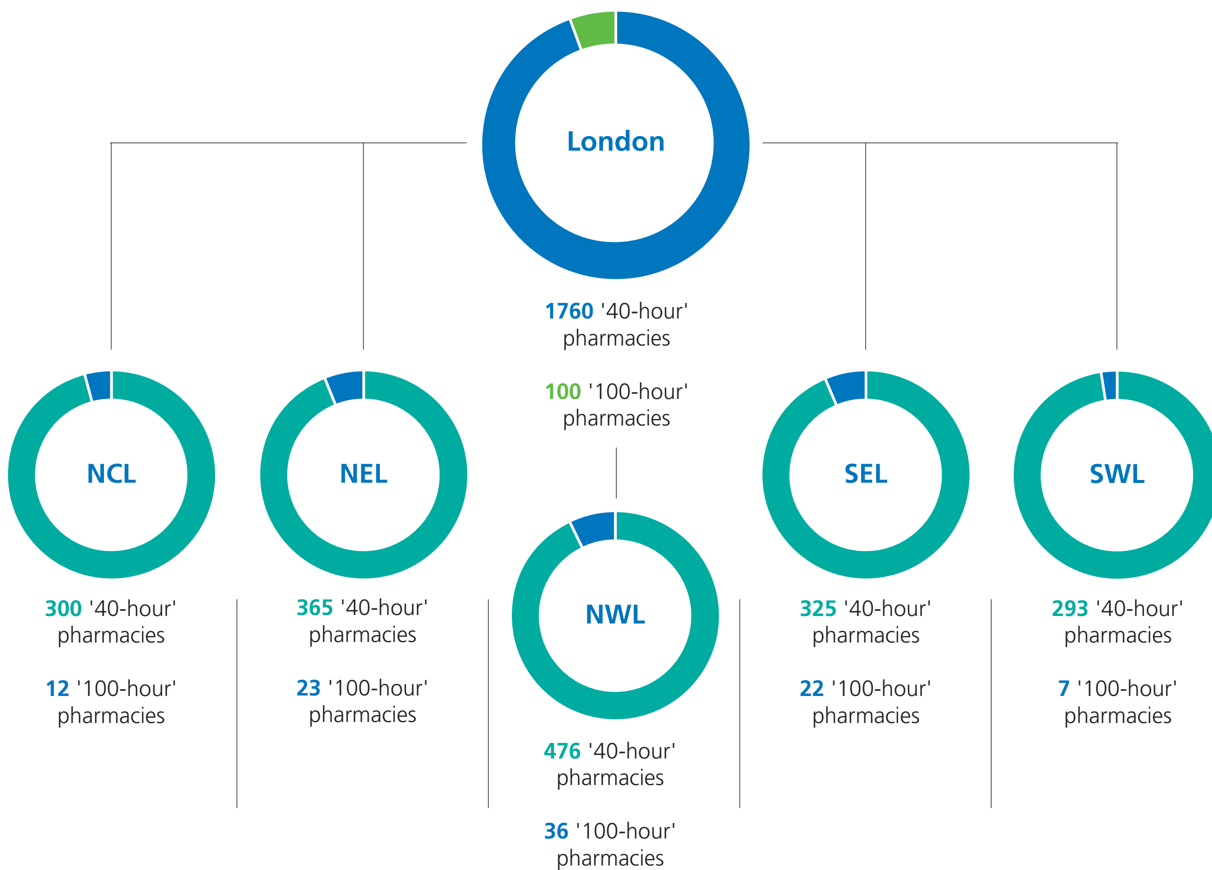
We have seen the development of leadership in general practice in a similar vein; through the *NHS Five Year Forward View*, the *GP Forward View*, *the General Practice at Scale*, and the leadership and improvement programmes centred within primary care. One benefit of all of this has been the breaking down of system barriers and the reduction of silo-working approaches. This learning needs to be shared across the wider primary care landscape to ensure that we are supporting the system to truly achieve the NHS quadruple aim, which is:

- improving the health of the population: the core contractual framework is aligned for the whole population, and the development of the PCN element is to align it to the local commissioning agenda;
- improving the experience of care: the introduction of the Quality Payment Scheme in December 2016, and the revised Pharmacy Quality Scheme (PQS) in 2018/2019, is driving quality within community pharmacy and improving the experience of care by users;
- reducing the per capita cost of healthcare: community pharmacy, with its network and staff, provide a cost-effective service to the NHS;
- improving staff experience: community pharmacy provides jobs for local people that offer a wide range of opportunities within the local community, or working across multinational companies, providing care for pharmacy users.

Accessibility

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. 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 a full day, and a limited number offer Sunday opening, based on locality needs.

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

NHS 111 has also proved a useful means of enhancing access for patients, and community pharmacy has taken a proactive role in ensuring that all services provided by different community pharmacies are appropriately profiled within the information that NHS 111 holds. Local LPCs have also worked with local NHS 111 providers to support call-handler training so that patients are made aware of the clinical competence and proficiency of community pharmacy and directed there when appropriate.

Primary care network engagement and development

PCNs are a key part of the NHS LTP; all general practices were required to be in a network by June 2019, with clinical commissioning groups (CCGs) being required to commit recurrent funding to develop and maintain them. The 2019 CPCF links into PCNs.

All London LPCs will commit to the following:

- engaging and working with PCNs
- supporting contractors locally to engage with PCNs in a structured and coherent way
- engaging with local medical committees (LMCs) to help facilitate joint discussions between pharmacies and PCNs at a time that works, and in a way that focuses on the right issues
- help pharmacies on a local footprint to engage collectively with a PCN

NHS England London recommends the following:

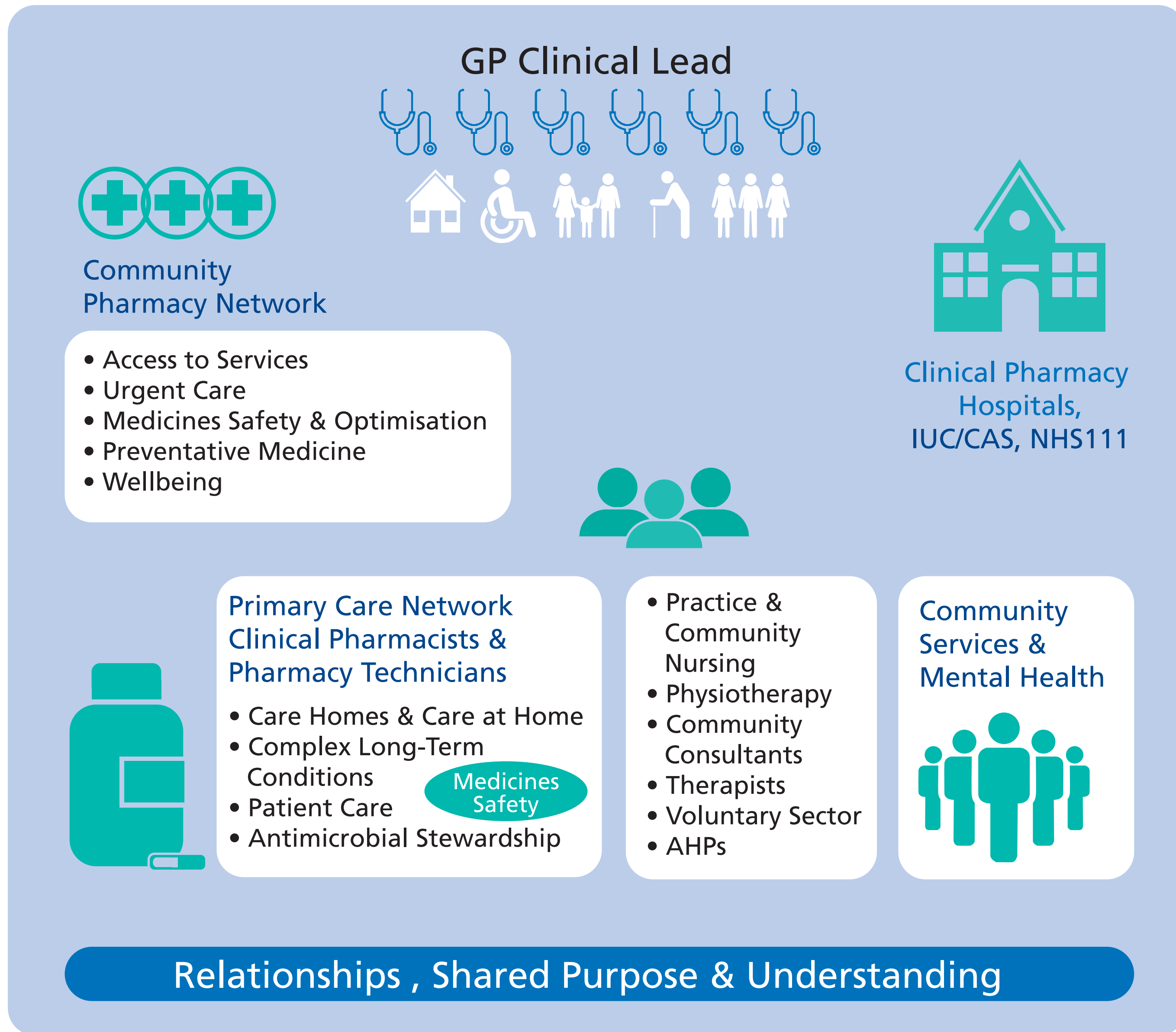
- NHS England and NHS Improvement will support PCN engagement with LPCs and community pharmacy, through networking and appropriate data sharing
- PCNs and community pharmacy should start early discussions on how they can work together to support primary care at scale
- PCNs are strongly recommended to work with LPCs and community pharmacies to align priorities jointly

The community pharmacy offer to PCNs could bring the following benefits:

- a strong community pharmacy voice in the provider landscape
- strengthened practice resilience and effective system partnerships
- ongoing quality improvement
- better economies of scale
- workforce development
- new population-based approaches to care
- innovative approaches to care provision and adopting new technology
- developing local community pharmacy networks

An integrated model of primary care including community pharmacy could look like this:

Multidisciplinary team



Source: NHS England

How this might be achieved in community pharmacy

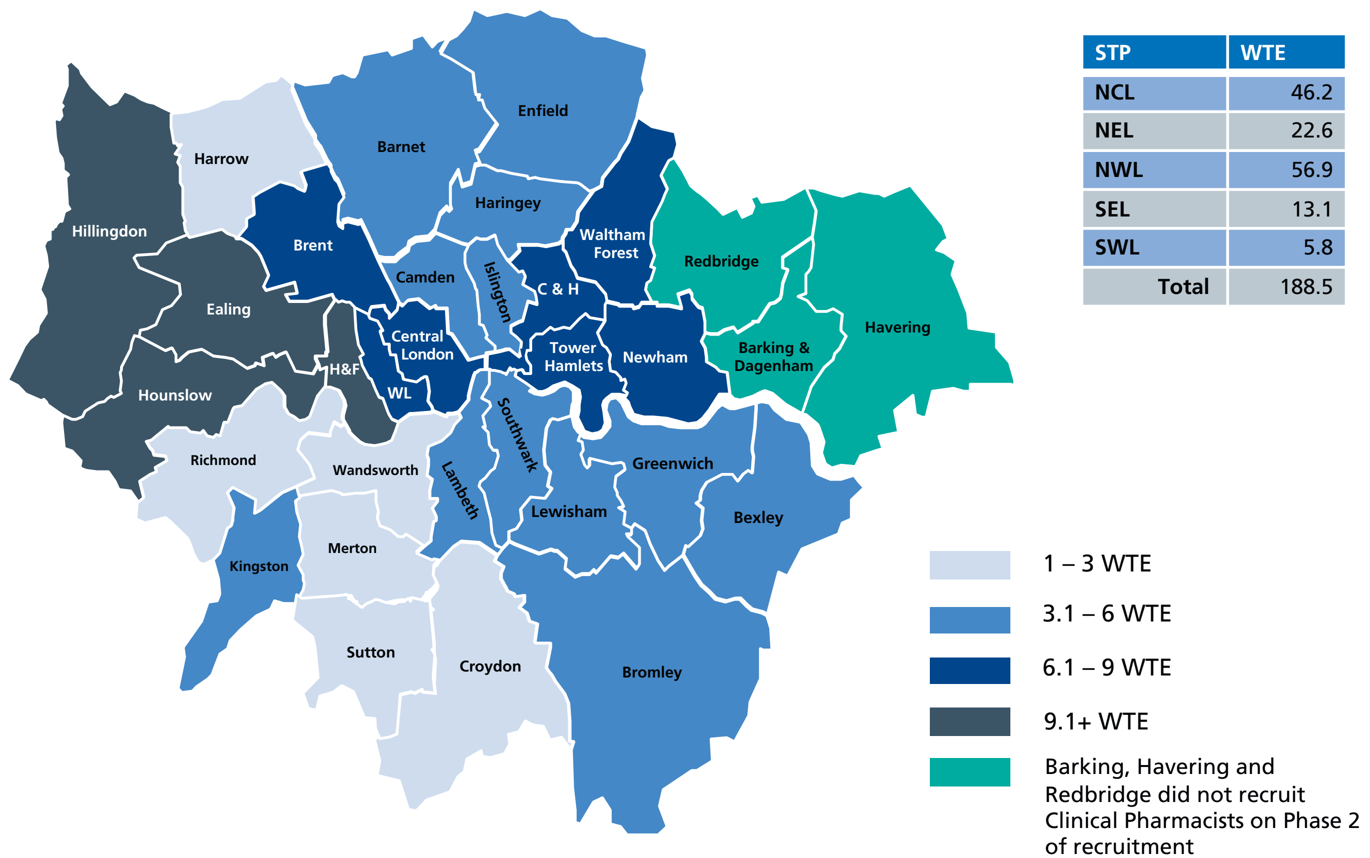
Four things community pharmacists can do to achieve this.

1. Speak to your community pharmacy colleagues within your local PCN and nominate a representative to meet regularly with the PCN clinical director, or as part of its MDT review meetings.
2. Regularly update your PCN on how patients are using your pharmacy.
3. Reflect their experience.
4. Offer to participate in patient participation group events, bringing in a pharmacy cohort – linking patient engagement at GP and pharmacy level.

Clinical pharmacists working in GP practices

Phase two of the clinical pharmacy programme saw 188 whole-time equivalent (WTE) pharmacists recruited into general practice. There are plans to recruit pharmacists to be part of PCNs, and into care homes with technicians. The growth of pharmacists, working at scale, across between 30,000 and 50,000 of the population will require joint working and the support of community pharmacists. LPCs played a key role in supporting GP federations and GP practices who applied for NHS funding applications; in some cases, they were on the recruitment panels as equal stakeholders. This is an approach that needs to be sustained.

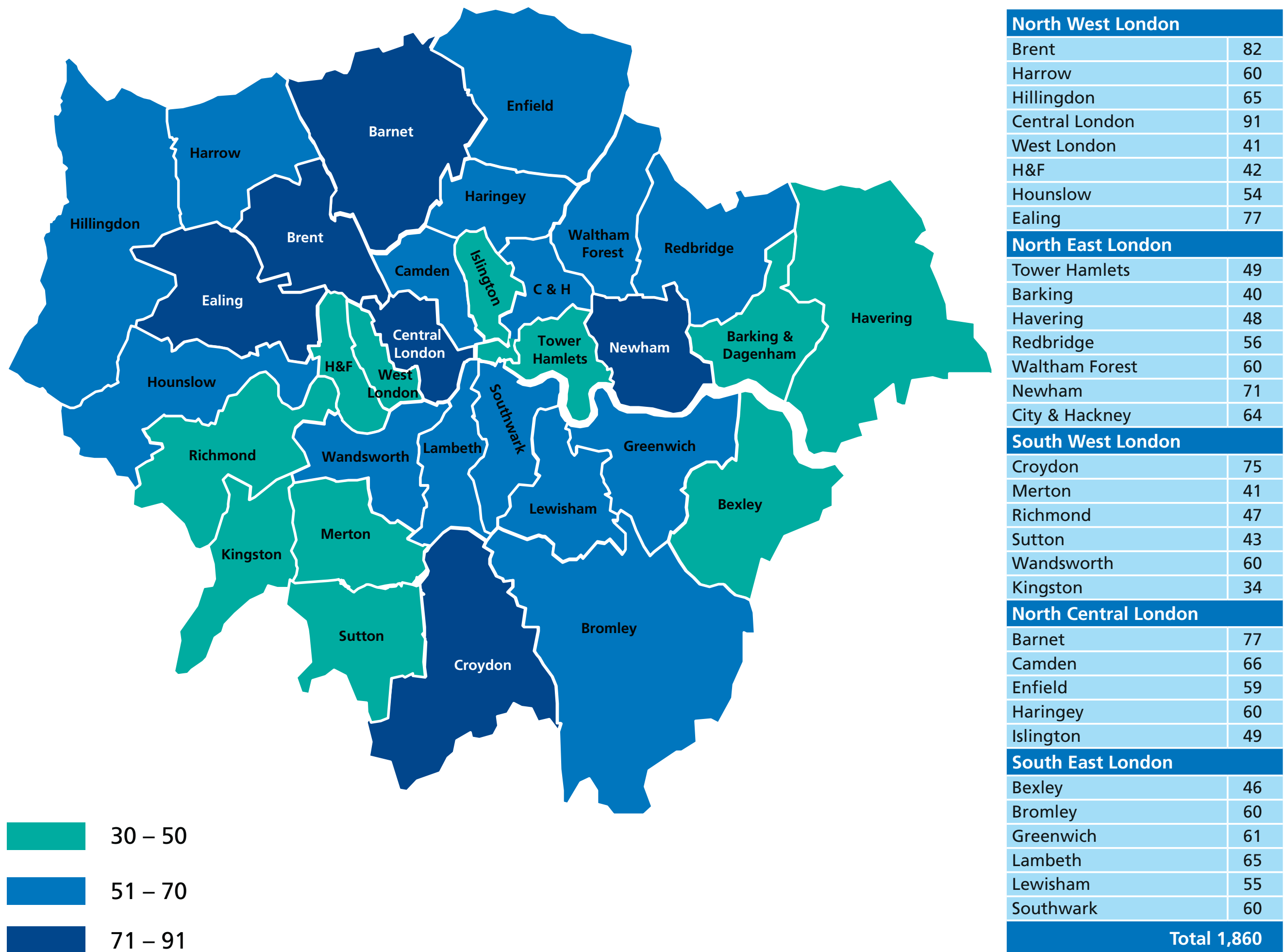
Number of Clinical Pharmacists



STP	WTE
NCL	46.2
NEL	22.6
NWL	56.9
SEL	13.1
SWL	5.8
Total	188.5

Source: Healthy London Partnership

Number of Pharmacies Per Borough



North West London	
Brent	82
Harrow	60
Hillingdon	65
Central London	91
West London	41
H&F	42
Hounslow	54
Ealing	77
North East London	
Tower Hamlets	49
Barking	40
Havering	48
Redbridge	56
Waltham Forest	60
Newham	71
City & Hackney	64
South West London	
Croydon	75
Merton	41
Richmond	47
Sutton	43
Wandsworth	60
Kingston	34
North Central London	
Barnet	77
Camden	66
Enfield	59
Haringey	60
Islington	49
South East London	
Bexley	46
Bromley	60
Greenwich	61
Lambeth	65
Lewisham	55
Southwark	60
	Total 1,860

Source: NHS England and NHS Improvement

Clinical pharmacists in PCNs and GP practices will be expected to undertake the following roles in general practice:

Clinical patient facing roles

Long-term conditions
Clinical medication reviews
Home visits/care homes
Others: common ailments, care plans, triage

Medicines optimisation

Repeat prescribing
Medicines queries/requests
Liaising with other health and care professionals
Patient safety
Reducing admissions
Signing prescriptions

Medicine support

Telephone
Medicines-related issues
Discharging/reconciliation
Medicines information
Clinical effective audits
CQC
Education for staff

Clinical post/Pathology

Checking and reviewing
Action
Signposting/triage

Productivity and access

Leadership/Management
Research
Health and social care
Vulnerable population
QOF/DES/LES
Extended hours
OOH

Integration

Further integration of GP with primary and secondary care
Community pharmacy
Hospital pharmacy

Currently, community pharmacists provide services under the CPCF (essential, advanced and enhanced) and locally commissioned services from CCGs and local authorities. There are opportunities for increased inter-professional joint working between community pharmacists and clinical pharmacists in primary care settings. Examples where community pharmacists can support the delivery of the functions of the clinical pharmacist role include:

- developing a joint framework to align support for medicines adherence;
- supporting appropriate use of NHS electronic repeat dispensing (eRD);
- opportunities for joint working around the delivery of quality improvement;
- developing a framework for repeat medication which encompasses patient safety and efficiency;
- aligning the five-year CPCF with the delivery of the seven PCN DES areas;
- designing locally commissioned flexible medicines optimisation services, conducted in community pharmacy that reflect population health needs.

All London LPCs will commit to the following:

- explore more innovative and efficient methods for PCNs to deliver the functions of clinical pharmacy;
- explore flexible employment models between general practice and community pharmacy;
- work with GP practices, federations and the broader system to improve patient care;
- support building professional links between NHS pharmacy (pharmacists in all care settings) and the wider workforce within PCNs.

NHS England London recommends the following:

- NHS England and NHS Improvement will support interprofessional relationships between all pharmacists working in primary care (community pharmacy, GP practices, care homes and PCNs);
- acknowledging the synergies and distinctions between clinical pharmacists (at GP, care home and PCN level) and community pharmacists, and foster closer professional working around medicines optimisation and patient care;
- help develop working relationships between hospital pharmacists and community pharmacists to improve discharge to communities and reduce hospital admissions and readmissions.

Case study: community pharmacist working in GP practice – go to www.pharmacylondon.org for all case studies.

Estates and premises

The *health and care vision for London* (2019) highlighted that a third of London's primary care infrastructure needs to be replaced, and the transformation of buildings and infrastructure will be central to transforming the London healthcare model. This elevated the importance of improving the collaboration between staff working in different organisations, and with voluntary and community services (VCS) partners, to ensure people receive coordinated support in the best setting for them; often this is in the community. One way to maximise this collaboration is to link into the trusted and reliable network of London community pharmacies and their premises, as part of a community asset. Community pharmacy has the highest patient footfall and patient contact in primary care. This offers improved access and premises capacity to primary care – more places to shape people's health and wellbeing.

The community pharmacy built-estate is not considered part of that of the NHS, however, there is an opportunity to explore making use of the community pharmacy estate by referring or outsourcing services to community pharmacy. This would increase the overall capacity of the network of primary care premises to deliver services to patients. Pharmacy consultation rooms are underutilised as a resource; at a time when the NHS is struggling to house its workforce within its current estate capacity. There are opportunities to bring community pharmacy premises into overall reviews of primary care premises to explore the competitive lower contract unit cost that community pharmacy can offer.

NHS England London and LPCs recommend and offer the following:

- to align community pharmacy premises to the NHS premises review;
- to agree a checklist to quantify the number of community pharmacy premises with consulting rooms and medical equipment.
- To explore jointly with STPs, CCGs and local authorities the outsourcing of services to suitable community pharmacy premises; that is, outreach clinics, local screening and similar schemes.

Interoperability and digital pharmacy

The vicissitudes of the COVID-19 crisis have highlighted the critical need for a robust IT infrastructure with interoperability to assist healthcare professionals to make clinical decisions in the best interests of patients.

The *health and care vision for London* (2019) identified the growth of digital health in improving the experience of care; empowering people in managing their own health and wellbeing; improving the experience of staff by reducing workload, offering more flexible working and strengthening teamwork; and delivering high-value healthcare that improves the wellbeing of our population and reduces health inequalities.

Most Londoners believe that their health information is already shared between the professionals responsible for providing their care and are surprised to know that, at present, we are unable to connect their records across organisations. The reality is that the joining up of information in existing health and care systems is inconsistent, cumbersome, and fails to actively support patient care pathways or clinical workflows. It is still common for information to be exchanged via post, fax, telephone and email. This impacts on the quality of care provision – reducing the efficacy and safety of care and resulting in a poor experience for patients and carers.

There will be a need to develop digital infrastructure that enables the exchange of information in a timely way. The key challenges will be:

- joining up information;
- having all of the relevant information in one place;
- organising with standard references, so that information is easy to find – similar to a research library;
- identifying interoperability issues between providers to help improve connectivity, and to facilitate transfer of patient data and improve care.

Digital First provides local STPs and London a collective opportunity to reassess how we direct patients within the system; maximising on opportunities to divert patients away from urgent and primary care, where appropriate, and into alternative services. However, in order to bring these solutions to life, it is imperative that we continue to co-design solutions alongside market innovators; exploring the prospect of integrated technology to develop interoperable and seamless platforms, where clinicians can access the correct information to make informed decisions.

The delivery of the community pharmacy offer is dependent upon a number of key enablers being in place at a system level. One of these being the information management necessary for effective integrated care, and an enhanced patient experience of accessing and navigating local care pathways.

The overall aim of our ambition is to provide seamless care across the health and care system, ensuring the right care, at the right place, the first time. Across London, LPCs are working at a system level to identify the necessary actions and IMT development (interoperability issues), that require addressing to ensure that community pharmacy across London is able to deliver against a range of patient pathways.

Specific aims for this development will be to:

- improve pharmacovigilance to support the collection, detection, assessment, monitoring, and prevention of adverse effects with pharmaceutical products; and ensuring the processes are in place to support patient safety in the prescribing, dispensing and use of these products;
- overcome obstacles to delivering the required level of access to data needed by the front-line clinicians in the community;
- access data – develop the necessary interface; rationalise the abundance of community pharmacy information; and identify system providers in the market that do not communicate with each other;
- ensure that the systems being used by data controllers (for example, GP, discharge nurse) are compatible with the data processor systems of community pharmacy; and that they are able to make the changes, at sufficient pace, to meet the needs of the system;
- develop a system whereby the use of devices at fixed sites (which are system-specific) are compatible with other IT systems (GP, Acute) to ensure effective access at the point of need. Therefore, a cloud-based store would be ideal. However, these come at a significant cost, not just for hosting the data but also for procuring and operating the hardware required for hosting. Discovery would help overcome these issues;
- develop the interoperability between community pharmacy systems and other systems to facilitate the real-time provision of data – supporting analysis of an individual patient's journey within the health and social care system.

While our local planning will reflect all patient pathways (primary, community, secondary and UEC), a key focus of community pharmacy delivery will also be in support of more generic population health and wellbeing. This is in recognition of our broader agenda and the NHS LTP to focus on public health and prevention, placing community pharmacy firmly at the "front door" of the delivery of health and wellbeing. Community pharmacy believes that there is greater scope for prevention and case-management of ill-health, than is currently performed within the model. The shift-left approach, as outlined earlier, is key to repositioning the conventional focus.

An important element of current planning is that of information governance. Local LPCs are working with IMT partners to identify the data management/sharing, information governance and consent requirements, to allow for robust and comprehensive management agreements and structures to be put in place to meet national data security and consent requirements.

All London LPCs have already identified relevant and appropriate IT system linkages to effect positive interoperability between community pharmacy and the broader health and social care system. This local system alignment recognises that the various services proposed are dependent upon data sharing, and this will be the initial focus; while at the same time reflecting what innovations, changes and developments this will bring to the identified population.

The following feature as considerations in taking this forward

- Utilisation of joint strategic needs assessment (JSNA) and other health needs assessment (HNA) datasets – identify populations of need, level of socioeconomic deprivation, comorbidity of LTCs, impact on health and social care economy.
- Kaiser Permanente (or similar model) – across case management, disease management, supported selfcare and prevention.
- Long-term conditions

- Adding clinical capacity to the system by identifying specific patient pathways that can be delivered via community pharmacy teams.
- Offering demand-management options by targeting appropriate cohorts and providing admissions avoidance initiatives (for example, NHS 111, community pharmacy, Dx), streaming away from A&E front door

It is anticipated that the benefits of London-wide interoperability and IMT development will have a range of benefits to patients and the system, among which the following feature.

- Patient experience – improve by providing the right care at the right time.
- Patient safety – access to history to facilitate appropriate and safe clinical decisions. Ensures system-wide remote access to patient data when need arises.
- Reducing potential medication-related harm.
- Saving money – reducing medication errors, saving bed days, more cost-effective medication and improved use.
- Reducing duplication – diagnostics, assessment and screening.
- Improving efficiency of provision of treatment – fewer delays, fewer hand-offs.
- Using existing smartcard technology for gaining secure access to data – improves access and provides consistent formatting.
- Supporting integrated working at patient level.
- Improving communication between HCPs along the pathway, supporting collaboration and joint working.
- Using remote devices enhances patient experience of care – supports case for increased telemedicine and virtual consultations.
- Saving money in data handling, storage and security.
- Supporting analysis of an individual patient's journey within the health and social care system.
- Identifying reports and assessing real-time issues in delivery of treatment plan, medication use, change in condition and similar activity.

NHS England London and LPCs recommend and offer the following:

- to work with STPs and PCNs to identify data flows between GP and community pharmacy IT systems and identify interoperability issues;
- to bid for funding to address system connectivity, working with community pharmacy IT suppliers, GP IT systems and the NHS;
- to work with other commissioners, local authority and CCG levels to explore common IT platforms for services, sharing costs and improving economies of scale; and
- to agree Memorandums of Understanding (MoUs) for sharing community pharmacy contractual data with LPCs, CCGs and local authorities, to improve commissioning of services from community pharmacy.

Working at scale

Larger-scale collaborative community pharmacy organisations

In line with NHS England and NHS Improvement guidance for LPCs working with PCNs (June 2019), the LPCs representing London community pharmacies commit to:

1. Engage with CCGs and LMCs
2. Start the conversation between local contractors
3. Understand mutual benefits and local priorities
4. Agree ways of working between community pharmacies
5. Agree collaboration between cross-sector pharmacy professionals working in primary, secondary and tertiary care

These organisations consist of multiple community pharmacies working via formal collaborative arrangements across a large, geographically coherent, population. This enables them to develop and train a broad workforce, and to create shared operational systems and quality-improvement approaches, including use of locally owned data. It also creates opportunities to: support the delivery of collective back-office functions that reduce duplication and enhance efficiency, develop integrated unscheduled and elective care services for the whole population, and provide professional leadership through which a strong voice for community pharmacy can be heard across conventional care sectors. These organisations are not intended to replace individual community pharmacies, nor to diminish practice autonomy, but will support several vital functions that can best be achieved at a larger scale. In London, the footprint will match that of individual boroughs.

This document acknowledges that there is a spectrum of variance in community pharmacy delivery and aims to provide a vision of best practice to improve both contractor performance and increase contractor participation in primary care delivery. This will create a pathway for quality improvement and a reduction in variance through a model of "Pharmacy at Scale", which is informed by the success of "General Practice at Scale" and the NHS Five Year Forward View. This will utilise the learning to enable community pharmacy to effectively engage and deliver.

The role of local pharmaceutical committees (LPCs)

It is anticipated that there will be an average of 10 to 11 community pharmacies per network. Local pharmaceutical committees (LPCs) are well positioned to play a pivotal role in the new emerging models of primary care through the following:

- supporting contractors locally to engage with PCNs in a structured and coherent way;
- engaging with local medical committees (LMCs) to help facilitate joint discussions between pharmacies and PCNs at a time that works, and in a way that focuses on the right issues;
- helping community pharmacies to engage collectively within a PCN footprint.

There needs to be a paradigm-shift in culture; one that supports collaborative working for the benefit of patients. LPCs should help facilitate discussions at a local level so that pharmacies, within a PCN footprint, can engage with the PCN with one voice.

The power of collaboration to strengthen community pharmacy

Community pharmacy, together with all independent contractors and other clinicians and managers, in both health and social care, need to collaborate to meet the challenge presented by the advent of PCNs. They need to address the dynamics of the concentric circles of population health management and socialise the NHS LTP within the continuing integration agenda of establishing ICSs and promoting joint commissioners. The vision is to see the service provided in community pharmacy, and the wider pharmacy estate (that is, PCN clinical pharmacists, CCG pharmacists, urgent care pharmacists and specialist pharmacists within mental health and acute settings), wrapped around the patient.

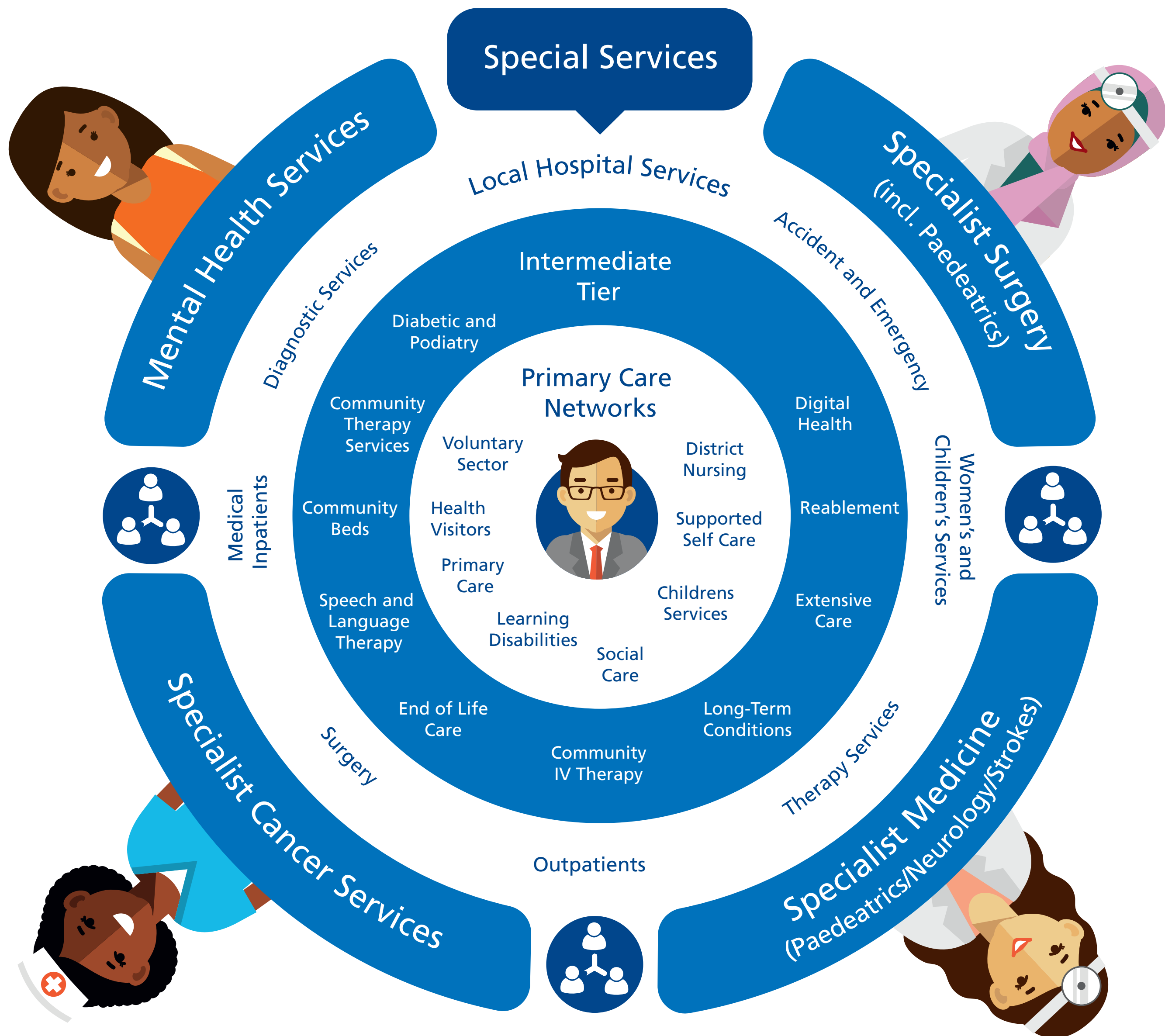
The goal is for community pharmacy teams to "deliver consistent, high-quality illness care and to support the public to live healthier lives, and with a capacity to deliver". The potential collaboration needs to be initiated at a local level by: PCNs (neighbourhood commissioning), integrated providers (place commissioning), integrated care systems (system commissioning), third sector and NHS England London (regional

commissioning). Therefore, the initial collaboration needs to be between the different commissioners and the community pharmacy sector to develop engagement, leadership and patient pathways. The presence of community pharmacy in the design phase of patient pathways will result in better service design, ease of and greater delivery of the service to the end user.

As the confidence of the PCNs develops and evolves, partnership working will develop within the community pharmacy sector. There are community pharmacy collaborations operating within some London areas, for example, BBG LLP and NEL CIC.

Case study: PharmaBBG LLP – go to www.pharmacylondon.org for all case studies.

Current models of collaboration



Source: NHS England

Benefits to the system of working in collaboration with community pharmacy

- Trusted partner
- Geographical spread and reach
- Accessible for hard-to-reach communities
- Existing trained staff ready to mobilise models of MDT working (for example, independent prescribing

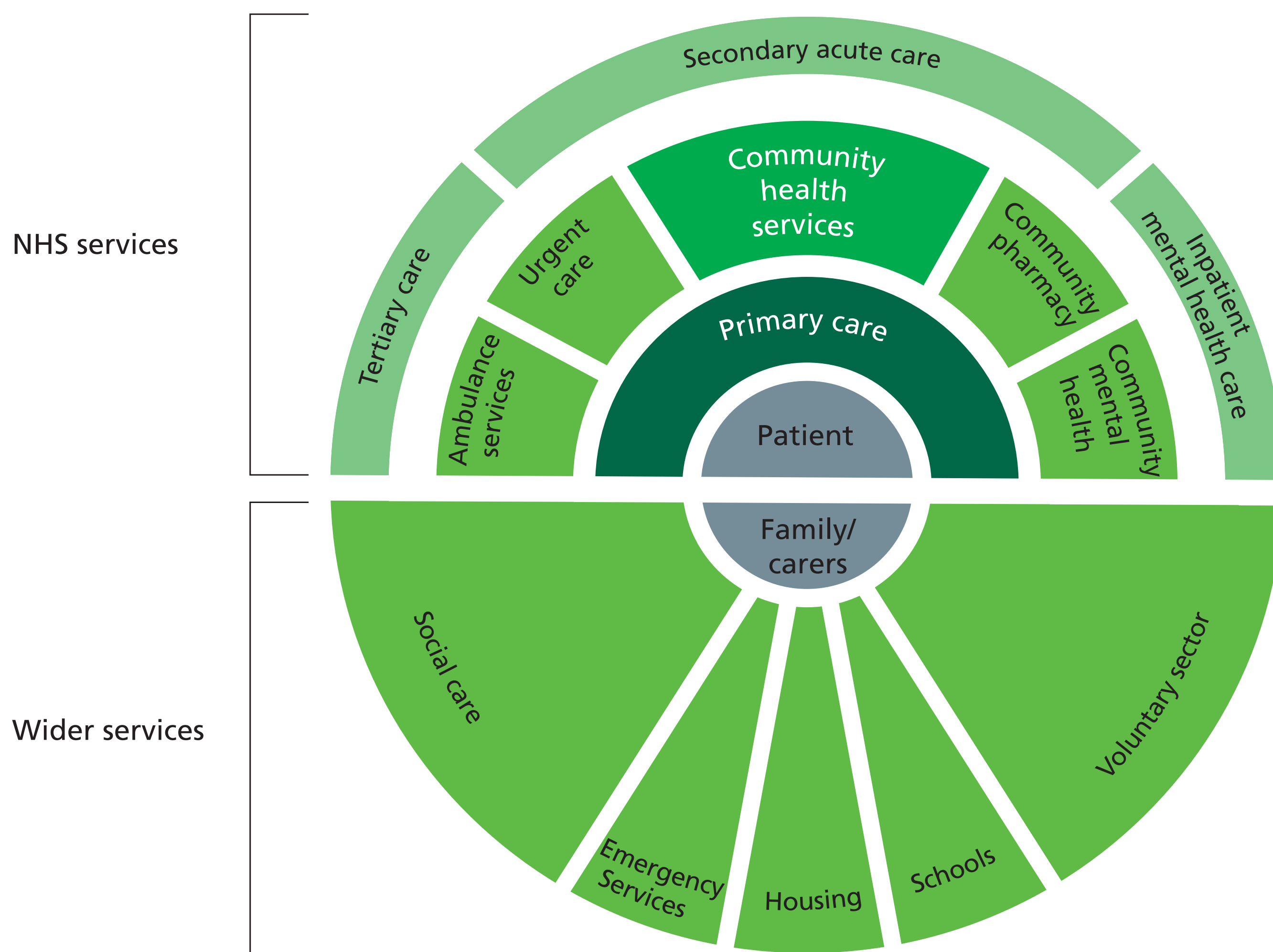
Local pharmaceutical committees and community pharmacy federations

LPCs are increasingly considering and implementing collaborative arrangements with neighbouring LPCs, in local geographic areas, to allow cross-sector working and delivery "at scale". These arrangements serve to mobilise local community pharmacy to enable more effective use of resources, time and capacity to support integrated working and service delivery within emerging NHS structures, such as PCNs. Collaborative arrangements within a network could be varied, and currently, there are a number of LPC areas that have already set up collaborative arrangements to achieve efficiencies, share intelligence and enable "at scale" delivery of key initiatives, developed in partnership with local NHS stakeholders.

Some of the LPCs in London have either merged or federated. Examples include the Middlesex group which is a federated group of four LPCs across parts of North West and North Central London. An example of the merged model is North East London (NEL) LPC, formed by the merger of three LPCs in 2002 and now covering six boroughs. In addition, there is Pharmacy London which is a group of 13 LPCs across London that meet bi-monthly, with a collaborative agreement to share intelligence, develop strategy and implement London-wide initiatives.

Supporting collaboration

Low income households make, on average, twice as many annual visits to the doctor than high income "professional" households (ONS). Community pharmacy is in an ideal position to support the health of London, reducing inequalities and improving the health of its residents. The development of the CPCS along the lines of the Scottish 'Pharmacy First' model, evolved to include Patient Group Directive and Independent Prescribing Pharmacists, would assist in reducing the capital's inequalities. This in turn, will support the role of the Healthy London Partnership in supporting collaboration at scale, which is positive for both patients and the health and wellbeing systems. This means that wider determinants of health and wellbeing are an important consideration, and community pharmacy's role, as an integral part of the system, also needs appropriate consideration in context of health and care. The King's Fund, in its reimagining community services, clearly recognises the pivotal role of community pharmacy to reduce hospital admissions and GP appointments.

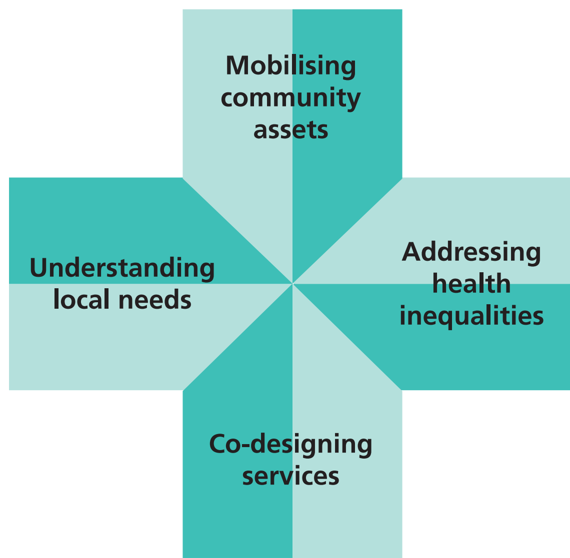


Source: Charles, A. (2019) Community health services explained. The King's Fund.

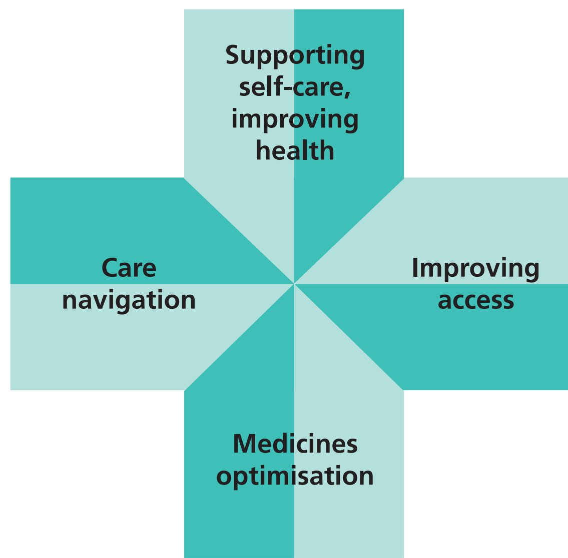
Community pharmacy's unique combination of health and business settings need to be viewed with a new perspective. Not only as a local "walk-in centre" for information, cognitive services to manage health, and to supply medicines and appliances, but also as one of the three important businesses necessary for a healthy high-street economy – essential for a community to remain viable and self-sufficient. Community pharmacy is also the first setting where the social and the medical models of health can come together to improve health and reduce inequalities. Community pharmacies are present in all of London's deprived communities and are generally open from 9am to 7pm. Much more than that, their potential for contribution to relieve pressure on a very stretched GP surgery network is underestimated, at a time of GP and nurse vacancies and growing demand. The potential for collaboration between the GP and pharmacy networks, by creation of a "clinical hub-and-spoke system", needs exploring. The proposed "clinical hub-and-spoke system" of GP surgeries and community pharmacy, collaborating at scale, can allow GP surgeries to concentrate on complex patients and more out-of-hospital care; while community pharmacy can concentrate on prevention, urgent care, and patients with stable long-term conditions, to improve effectiveness of use of resource and efficiency of the system as a whole. Repeat prescribing for stable long-term conditions and monitoring patients for change can be transferred to community pharmacies to reduce errors in prescribing and de-prescribing.

There is a need for collaboration at scale within the community pharmacy network and within the wider health and social care services. This opportunity can be maximised by doctors, nurses and other healthcare professionals, increasing their awareness of each other's role.

Community Pharmacy and PCNs



Planning



Delivery

Evidence of closer working practices across the community pharmacy estate rests in the work done to help Londoners achieve better flu vaccination rates, improve their sexual health, and enable them to access mobility and daily living aids. 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, for example, better management of repeat prescribing and pharmacovigilance.

There is a need to re-evaluate how prevention and early detection of long-term conditions, optimisation of prescribed pharmaceutical treatments, urgent care, and independent living (using, for example, medication reviews to reduce falls and assessing needs for mobility aids) can be made possible. Other examples include:

- atrial fibrillation (AF) detection and blood pressure (BP) monitoring;
- flu vaccination and childhood immunisations;
- spirometry;
- medicines optimisation;
- sexual health;
- chlamydia testing;
- helping to identify unmet needs.

All of which would form part of a “shift-left” approach, detailed earlier in this document.

Enablers of collaboration

The key aims of collaboration are to help deliver the quadruple aim, support the creation of PCNs, and enhance integrated and responsive multidisciplinary teams. The key enablers are:

- IT and digital enablement;
- premises and new layouts, to reflect a clinical setting;
- workforce development and mobilisation to adopt a new mindset; and
- commissioners and resources –
    - community pharmacy workforce and local networks,
    - NHS,
    - local authority,
    - service users and the public,
    - voluntary and third-sector providers.
- all the above as stakeholders and influencers;

The whole-person approach is not the sole domain of any one profession and requires a multidisciplinary approach. This can be provided by easier transfer of information and digital enablement, as well as by better demonstration of timely response for urgent care and managing risks due to medicines. London’s population is among the most diverse in the world. London’s community

pharmacy workforce, which is drawn from the local communities, is also equally diverse and well suited to taking greater responsibility to help Londoners. Consequently, there is a need for a strategy that equips the workforce to take responsibility for individuals who are in need of care, as well as collaborating with the rest of the complex and evolving systems.

Community pharmacy would need to work with PCNs, STPs, Acute Trusts and ICSs, to identify points of contact in each of these organisations and develop and strengthen relationships over the coming year. These relationships are pivotal to medicines optimisation, medicines discharge and improving patient safety around medication. Furthermore, prevention and early diagnosis of long-term conditions require a very different approach to team collaboration.

Partnerships

Community pharmacy needs to develop collaborative system partnerships with the following stakeholders:

Primary care networks – there are just over 200 PCNs in London, each led by a local clinical director, and although not exclusively, many of these leads will be GPs. Given the way in which PCNs are being locally developed, community pharmacy engagement should start with the GP federations, through which, PCNs will:

- provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve;
- agree delivery of local commissioning intentions – what, how, who, and for how much;
- lead development of network contracts (based on local network agreements: DES 7 National Service Specifications) – this requires a strong voice;
- support local training hubs (CEPN) to develop joint (MDT) learning and support for local delivery.

As part of this structure, the operational role of the community pharmacy will be in:

Planning		Delivery	
Local need	Understand local need, including predictive analysis, and feed this into the broader picture.	Care coordination	Coordinating care for the defined population of local people, including screening, prevention, LTC management.
Inequalities	Addressing inequalities and unmet needs.	Access	Improving service access and quality of care for local people.
Social asset	Mobilising the community assets to improve health and wellbeing.	Co-design	Co-producing and co-designing health services with patients and the public as part of structured self-care support and patient empowerment.
Self-care	Supported and structured self-care – helping local people to stay healthy to include the wider determinants of health and positive mental wellbeing.	Personalised interventions	To support care navigation, for example, social prescribing/ personal health and care budgets.
Pharmacovigilance	Community pharmacy has an important role to play to reduce harm due to medicines.	Enhanced services	Long-term condition management at PCN level, enhanced medicines optimisation based on MVP.

"Community pharmacy has an important role in a digitally enabled pharmacovigilance system connected to a suitable NHS IT system that links GPs, hospitals and community pharmacy with the patients as empowered stakeholders contributing data to make health systems safer."

Hemant Patel, Secretary of North East London LPC

Provider alliances – The role of the provider alliance will be to organise, at a system level, and work in collaboration with system transformation and local PCNs to design and deliver pathways of care that reflect local commissioning intentions and network agreements. The way the provider alliance is configured is at different stages of development in different parts of London, and this is an opportunity for respective LPC and provider-arm leads to engage with this development and ensure that the role of community pharmacy, as a key provider, is appropriately and effectively articulated.

In most systems in London, the core membership of the provider alliances are GP federations, the local acute and community trust(s), and local authority; with additional members including, Healthwatch, OOH providers, voluntary sector and community pharmacy. It is essential that community pharmacy engage fully with these alliances. Again, given that GP federations will most likely be in the majority of in any one provider alliance, local network agreements and contracts (DES) will have to be signed off by the lead GP practice. Community pharmacy will need to engage with the alliance development as part of the broader engagement with local GP federations.

System transformation and transformation boards – London pharmacies and the LPCs want to demonstrate not just community pharmacy input and support, but also their own achievement across key areas of system development, including:

1. Improvements in quality and performance
2. Progression to integrated care
3. Developing our local workforce
4. Innovation and service development

The LPCs now want to show how community pharmacy is focused on its commitment to deliver against the ambition of the NHS LTP, particularly in its understanding of the key issues and where the focus could be, for example:

- community pharmacy supporting personalisation, and developing a consistent social prescribing approach; drawing together the development of personal health budgets and the clear linkage with personal budgets in social care;

- the role of community pharmacy in the development of personal-care records and person-centred care planning;
- developing the community pharmacy workforce to engage in a partnership approach with GP federations, PCNs, local councils and other partners; supporting the development and use of volunteers and apprentices;
- in terms of primary care, engage with the development of a PCN infrastructure to support improved service delivery, develop initiatives to support prevention and lifestyle management, and provide support to patients as part of MDTs;
- informing the design and delivery of prevention and support to self-care and building local resilience, with an emphasis on health inequalities (linked to London Mayor's Health Inequality Strategy);

Resources will be required for community pharmacy to engage with whole systems transformation.

Service users and public pharmacy

- Community pharmacies are havens at the centre of communities, where people can seek help and advice from trusted professionals who provide that kind of help every day as part of the endeavour to reduce health inequalities.
- Over 90% of community pharmacies have a private consultation area, in which to provide confidential one-to-one advice and support for customers and patients. This privacy, together with the flexible and informal environment of the community pharmacy setting, is an added benefit that people value. Pharmacy teams play a pivotal role in improving the health of people in this country, especially those living in deprived communities, by offering convenient and equitable access to health improvement services and are often significant social and community assets. Ninety-five percent of the population is within a 20-minute walk of a local community pharmacy and access is greatest in areas of highest deprivation.
- Optimising the use of medicines is at the heart of the pharmacy's role; supplying medicines includes giving advice about safe and effective use, together with provision of health promoting advice where appropriate, for example, people presenting prescriptions for the treatment of diabetes, heart disease, hypertension and so on. Almost by definition, everyone with a long-term health condition will have an ongoing relationship with a member of their community pharmacy team when they collect their repeat prescriptions on a regular basis.
- Community pharmacy has the trust and support of the public (PHE, 2017).

Local authorities, health and wellbeing boards and public health – Much of the emerging role for community pharmacy is still embedded in the broader public health agenda. Community pharmacy will need to have a much more proactive role in collaborating with local authorities via the integrated care system, particularly PCNs, where the delivery of local prevention and early detection initiatives will sit. Traditionally, community pharmacy has delivered against a range of services commissioned via the local authority, which has been directed nationally (diabetes, smoking cessation, substance misuse, EHC provision and so on). But now, pharmacists will need the skills to understand local population health management data, and to offer solutions as part of a broader view of prevention and public health. It is essential that community pharmacy develop the necessary local engagement with LAs and PH teams to ensure relevance and effectiveness.

In summary, to support Londoners, the NHS needs to support collaboration at scale in London, and support community pharmacy to:

- develop local relationships with the key stakeholders, including the CCGs, PCNs, ICSs and local authorities;
- design and use enablers (for example, workforce, digital enablement and organisational development), and determine how this is going to contribute to quality improvement and person-centred care;
- develop in terms of contracting to provide services; community pharmacy needs to consider how to ensure it is part of an "alliance agreement" and is capable of delivering segments of "network contracts".

Public perceptions and better use of local assets

The emerging enhanced role of community pharmacy requires an assessment of public and patient/service user perception and experience, looking specifically at to what extent the public are aware of this enhanced role. It also needs to measure the public's confidence in our clinical competence to deliver this role. It has been acknowledged that, in some cases, clinically appropriate referrals from NHS 111 to community pharmacy, are not taken up. In a significant proportion of cases, initial referrals of this type are overhauled in favour of a direction into either an urgent treatment centre or a GP next day appointment option.

The public and patients are comfortable with the traditional role of community pharmacy, but there now needs to be a structured and focused strategy to communicate this change to the public. Community pharmacy needs to be marketed as the clinically competent, first point of care. In addition, the public confidence in accessing most healthcare via community pharmacy needs to be enriched and developed.

Section 3: Conclusions and 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 denude the experience of pharmacy professionals and patients alike, obtained from the resulting interactions each day.

This document takes that collective experience, together with the place community pharmacy occupies in the lives of Londoners, and puts it at the disposal of the commissioned health and care system. However, it does so with an offer of collaboration and cooperation. Determining a new model that sustains the convention of the dispensing model and 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 CPCF with a suite of services which can be integrated at neighbourhood, place, system and regional levels, reflecting the needs of the population. The following highlight the opportunities

- 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 dispensing 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 PCNs 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, which 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.

The above will be underpinned with a training framework for the workforce, working in conjunction with Health Education England (HEE).

The community pharmacy London leadership, through this document, would like to highlight the opportunities available to commissioners to tap into this extensive London estate network and the vibrant, hardworking people that make up the pharmacy teams. London LPCs offer to collaborate with commissioners and stakeholders at all population levels in co-production and co-creation of services and joint collaboration.

Acknowledgements

We would like to take this opportunity to thank everyone who has provided support and input into the production of this document. Your feedback and contribution have been key in helping us to develop a meaningful strategy for the London community pharmacy network. We are not able to name all individuals here, but we would like to extend a special thanks to the following individuals, groups and organisations.

Core membership of the London Community Pharmacy Strategy Task-and-Finish Group:

Amit Patel, Pharmacy London (Author)

David Tamby Rajah, NHS England London (Author)

Hemant Patel, North-East London Local Pharmaceutical Committee (Author)

Janaka Perera, North-East London Local Pharmaceutical Committee (Author)

Jeremy Wallman, NHS England London (Reviewer)

Johnny Skillicorn-Aston, Skellig Consulting (Editor)

Mandy Murdoch, Murdoch Health Consulting Ltd (Project Manager and Co-author)

Raj Matharu, Pharmacy London (Author)

William Cunningham-Davis, NHS England London (SRO and Reviewer)

Our thanks go to the following individuals, groups and organisations for their feedback and contributions:

Amalin Dutt, NHS Islington CCG

Amie Tilford, NHS England London

Ash Soni, NHS England London

Atif Shamin, Health Education England (HEE)

Funmi Worrell, Healthy London Partnership (HLP)

James Hempsted-Kingham, NHS England London

Jonathan Sampson, Healthy London Partnership (HLP)

Natalie Hagan, NHS England London

Richard Goodman, NHS England London

Shamin Ahmed, Healthy London Partnership (HLP)

Stephen Fishwick, National Pharmacy Association (NPA)

Tal Mahmud, GP Federation representative

Tony Carson, NHS England London

Health Education England (HEE)

Healthy London Partnership (HLP)

Representatives of the London-wide Local Pharmaceutical Committees (LPCs)

National Pharmacy Association (NPA)

NHS Business Services Authority (NHS BSA)

Patient Leadership Board – NHS England London

Pharmaceutical Services Negotiating Committee (PSNC)

Pharmacy London

Primary Care Clinical Cabinet – Healthy London Partnership and NHS England London

Primary Care Management Board (PCMB) – NHS England London

Primary Care Delivery Oversight Group (PCDOG) – NHS England London

Royal Pharmaceutical Society (RPS)

Glossary

Access: Facilitating access is concerned with helping people to command appropriate healthcare resources in order to preserve or improve their health. If services are available and there is an adequate supply of services, then the opportunity to obtain healthcare exists, and a population may "have access" to services.

Advanced services: There are seven advanced services within the NHS Community Pharmacy Contractual Framework (CPCF): Community Pharmacist Consultation Service (CPCS), Flu vaccination service, New Medicine Service (NMS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC), NHS Urgent Medicine Supply Advanced Service (NUMSAS), Medicines Use Reviews (MUR). Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

Association of Independent Multiple Pharmacies (AIM): A membership organisation representing community pharmacy businesses with multiple pharmacies.

Care Quality Commission (CQC): The independent regulator of health and social care in England.

Carer: A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person.

Clinical Commissioning Group (CCG): Clinically led statutory NHS bodies responsible for the planning and commissioning of healthcare services for their local area.

Community Pharmacy Contractual Framework (CPCF): A five-year deal setting out how community pharmacy will support delivery of the NHS Long Term Plan.

Company Chemist Association (CCA): The trade association for large pharmacy operators in England, Scotland and Wales. Members include Asda, Boots, LloydsPharmacy, Morrisons, Rowlands Pharmacy, Superdrug, Tesco and Well.

Community Education Provider Network (CEPN): A localised model for the planning and delivery of education and training for the health and social care workforce within the community. The model has been supported by Health Education England and rolled out across the country. Also known as "Training Hub".

Community Interest Company (CIC): A limited company, with special additional features, created for the use of people who want to conduct a business or other activity for community benefit, and not purely for private advantage.

Emergency care: Life-threatening illnesses or accidents which require immediate, intensive treatment. Services that should be accessed in an emergency include ambulance (via 999) and emergency departments.

Emergency Hormonal Contraception (EHC): Pills taken after unprotected sexual intercourse or breakage of a condom. Also referred to as emergency contraceptive pills (ECPs).

Electronic Prescription Service (EPS): Enables prescriptions to be sent electronically from the GP practice to the pharmacy and then on to the Pricing Authority for payment.

NHS Electronic Repeat Dispensing (eRD) service: An integral part of EPS which allows the prescriber to authorise and issue a batch of repeatable prescriptions for up to 12 months with just one digital signature.

Essential services: Services offered by all pharmacy contractors as part of the CPCF – dispensing medicines, dispensing appliances, repeat dispensing, clinical governance, public health (promotion of healthy lifestyles), disposal of unwanted medicines, signposting, support for self-care.

Flu vaccination: 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.

Integrated Care System (ICS): NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. Local services can provide better and more joined-up care for patients when different organisations work together in this way.

Local Authority (LA): A local government organisation responsible for a range of services for both individuals and businesses, including health services, social services, education, planning, housing, environmental health.

Locally Commissioned Services (LCS): Services commissioned locally either by Clinical Commissioning Groups (CCGs) or Local Authorities/ Public Health teams (LAs).

Local Enhanced Service (LES): NHS England regional team or CCG, where delegated, enhancement/ extension to existing contract arrangements can be offered at practice, CCG, SPG or regional level for GMS/PMS/APMS practices.

Local Pharmaceutical Committee (LPC): Represent all NHS pharmacy contractors in a defined locality. LPCs are recognised by local NHS Primary Care Organisations and are consulted on local matters affecting pharmacy contractors.

Local Medical Committee (LMC): LMCs are statutory bodies in the UK which are recognised by successive NHS Acts as the professional organisation representing individual GPs and GP practices as a whole to the primary care organisation. The LMC represents the views of GPs to any other appropriate organisation or agency.

Multidisciplinary Team (MDT): A group of healthcare workers and social care professionals who are experts in different areas with different professional backgrounds, united as a team for the purpose of planning and implementing treatment programs for complex medical conditions.

Medicines optimisation: A person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines. Medicines optimisation applies to people who may or may not take their medicines effectively.

Medicines Use Reviews (MURs): A part of the advanced services of the community pharmacy contract. It involves the pharmacist conducting a structured review with patients about their medicines use. The aims of this service are to improve patients' knowledge, concordance and use of medicines.

National Pharmacy Association (NPA): The trade association for independent community pharmacy professionals in the UK.

New Medicine Service (NMS): Provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on particular patient groups and conditions.

NHS Community Pharmacist Consultation Service (CPCS): A national advanced service to refer patients requiring low-acuity advice, treatment and urgent repeat prescriptions to community pharmacies.

NHS 111: People in England can call 111 when they need medical help fast, but it is not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. NHS 111 staff take details of the caller's problem and use a clinical decision support system to help assess people over the phone, make appropriate referrals and give health advice to enable patients to manage their symptoms.

NHS England: An executive non-departmental public body (NDPB) of the Department of Health and Social Care. NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012.

Office for National Statistics (ONS): UK government department that collects information about the country's society and economy.

Out-of-Hours services (OOH): Arrangements to provide access to healthcare at times when general practitioner surgeries are closed.

Over-the-counter (OTC) medicines: Medicines sold directly to a consumer without a prescription from a healthcare professional, as opposed to prescription drugs, which may be sold only to consumers possessing a valid prescription.

Patient pathway: The patient pathway refers to the route that a patient will take from their first contact with an NHS member of staff, though referral, to the completion of their treatment. Similarly, a patient pathway may refer to the journey that a group of patients takes when using a (community pharmacy) service.

Pharmaceutical Services Negotiating Committee (PSNC): Promotes and supports the interests of all NHS community pharmacies in England. It is recognised by the Secretary of State for Health and Social Care as the body that represents NHS pharmacy contractors. PSNC work closely with LPCs to support their role as the local NHS representative organisations.

Pharmacovigilance: the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other drug-related problem.

Population health: An approach to health that aims to improve the health outcomes of an entire population and to reduce health inequalities among population groups. In order to achieve this, it looks at and acts upon the broad range of factors and conditions that have a strong influence on health outcomes.

Preventative medicine: Focuses on avoiding diseases rather than treating them.

Primary Care Network (PCN): A grouping of practices in the same area that gives comprehensive, multidisciplinary care to populations of 30,000-50,000, in partnership with other local community providers.

Quality improvement: The use of methods and tools to continuously improve quality of care and outcomes for patients.

Quality and Outcomes Framework (QOF): A voluntary reward and incentive programme which rewards GP practices in England for the quality of care they provide to their patients and helps standardise improvements in the delivery of primary care.

Social capital: The networks of relationships among people who live and work in a particular society, enabling that society to function effectively.

Sustainability and Transformation Partnerships (STPs): Partnerships in 44 areas, covering all of England, where local NHS organisations and councils have drawn up plans to improve health and care in the area. STPs are now beginning to evolve into Integrated Care Systems. STP can also stand for "sustainability and transformation plan", which are the plans drawn up in each area.

Urgent care: An illness or injury that requires urgent attention but is not a life-threatening situation. Urgent care services include a phone consultation through the NHS 111 Clinical Assessment Service, pharmacy advice, out-of-hours GP appointments, and/or referral to an urgent treatment centre (UTC). If unsure what service is needed, NHS 111 can help to assess and direct to the appropriate service(s).

Wellbeing: The experience of health, happiness, and prosperity. It includes having good mental health, high-life satisfaction, and a sense of meaning or purpose.

Bibliography

BMA and NHS England (January 2019) Investment and evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan. Available at: https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf (accessed 30 December 2019)

BMA and NHS England (April 2019) Network Contract Directed Enhanced Service – Contract specification 2019/20. Available at: https://www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-specification-2019-20-v1.pdf (accessed 30 December 2019)

Buck, D., Baylis, A., Dougall, D. and Robertson, R. (November 2018) A vision for population health: Towards a healthier future. The King's Fund. Available at: https://www.kingsfund.org.uk/sites/default/files/2018-11/A%20vision%20for%20population%20health%20online%20version.pdf (accessed 30 December 2019)

Charles, A. (2019) Community health services explained. The King's Fund. Available at: https://www.kingsfund.org.uk/publications/community-health-services-explained (accessed 8 January 2020)

Department of Health & Social Care, NHS England and NHS Improvement, and PSNC (July 2019) The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf (accessed 30 December 2019)

Department of Health & Social Care, HM Treasury, and The Rt Hon Jeremy Hunt MP (19 June 2018) Prime minister sets out 5-year NHS funding plan (press release). Available at: https://www.gov.uk/government/news/prime-minister-sets-out-5-year-nhs-funding-plan (accessed 30 December 2019)

Greater London Authority (September 2018) The London Health Inequalities Strategy. Available at: https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf (accessed 30 December 2019)

Health Education England (HEE) (July 2018) The Community Pharmacy Workforce in England 2017 – Survey Report – July 2018. Available at: https://www.hee.nhs.uk/sites/default/files/documents/The%20Community%20Pharmacy%20Workforce%20in%20England%202017%20-%20survey%20report.pdf (accessed 30 December 2019)

Healthy London Partnership (2018) The next steps to the strategic commissioning framework: A vision for strengthening general practice collaboration across London. Available at: https://www.healthylondon.org/resource/the-next-steps-to-the-strategic-commissioning-framework/ (accessed 30 December 2019)

Healthy London Partnership (2019) *The health and care vision for London*. Available at: https://www.healthylondon.org/vision/ (accessed 30 December 2019)

Healthwatch (17 March 2016) What do people think of community pharmacists? Available at: https://www.healthwatch.co.uk/news/2016-03-17/what-do-people-think-community-pharmacists (accessed 30 December 2019)

HM Government and Department of Health (April 2008) Pharmacy in England: Building on strengths – delivering the future. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf (accessed 30 December 2019)

Institute for Healthcare Improvement (IHI) The IHI Triple Aim (web page). Available at: http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/default.aspx (accessed 30 December 2019)

Institute for Healthcare Improvement (IHI) (15 December 2016) WIHI: Moving upstream to address the quadruple aim (podcast). Available at: http://www.ihi.org/resources/Pages/AudioandVideo/WIHI-Moving-Upstream-to-Address-the-Quadruple-Aim.aspx (accessed 30 December 2019)

Mohdin, A. (19 October 2019) NHS to fully digitise prescriptions under plan to save £300m. The Guardian. Available at: https://www.theguardian.com/society/2019/oct/19/nhs-to-scrap-paper-prescriptions-under-plan-to-save-300m-over-two-years (accessed 30 December 2019)

Monitor (September 2015) Moving healthcare closer to home (guidance). Available at: https://www.gov.uk/guidance/moving-healthcare-closer-to-home (accessed 30 December 2019)

NHS (January 2019) The NHS long term plan. Available at: https://www.longtermplan.nhs.uk (accessed 30 December 2019)

NHS Digital. Summary Care Records (SCR) (web page). Available at: https://digital.nhs.uk/services/summary-care-records-scr (accessed 30 December 2019)

NHS England and NHS Improvement (September 2019) Pharmacy Quality Scheme: guidance 2019/20. Available at: https://www.england.nhs.uk/wp-content/uploads/2019/09/pharmacy-quality-scheme-guidance-v1.4.pdf (accessed 30 December 2019)

NHS England and NHS Improvement (June 2019) Guidance for Local Pharmaceutical Committees (LPCs) – How to help contractors get involved with Primary Care Networks. Available at: https://www.england.nhs.uk/wp-content/uploads/2019/06/guidance-for-lpcs-how-to-help-contractors-get-involved-with-pcns-v2.pdf (accessed 30 December 2019)

NHS England (March 2019) Network Contract Directed Enhanced Service Contract specification 2019/20. Available at: https://www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-specification-2019-20-v1.pdf (accessed 30 December 2019)

NHS England. Medicines optimisation (web page). Available at: https://www.england.nhs.uk/medicines/medicines-optimisation/ (accessed 30 December 2019)

NHS England (June 2019) Designing integrated care systems (ICSs) in England: An overview on the arrangements needed to build strong health and care systems across the country. Available at: https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf (accessed 30 December 2019)

NHS England. Clinical pharmacists (web page). Available at: https://www.england.nhs.uk/gp/our-practice-teams/cp-gp/ (accessed 30 December 2019)

NHS England. Population health and the population health management programme (web page). Available at: https://www.england.nhs.uk/integratedcare/building-blocks/phm/ (accessed 30 December 2019)

NHS Improvement. National medicines safety programme (web page). Available at: https://improvement.nhs.uk/resources/national-medicines-safety-programme/ (accessed 30 December 2019)

Office for National Statistics (ONS) (April 2017) Small area model-based households in poverty estimates, England and Wales: financial year ending 2014. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/bulletins/smallareamodelbasedhouseholdsinpovertyestimatesenglandandwales/financialyearending2014 (accessed 30 December 2019)

Office for National Statistics (ONS) (February 2019) Average household income, UK: Financial year ending 2018. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/bulletins/householddisposableincomeandinequality/yearending2018 (accessed 30 December 2019)

Pharmacy First - Scottish service model in community pharmacy. Available at: https://www.cps.scot/nhs-pharmacy-first-info-hub/

PSNC (September 2016) The value of community pharmacy – summary report. Available at: https://psnc.org.uk/derbyshire/wp-content/uploads/sites/8/2017/01/PAPER-H-PwC-summary-report-Sept-2016.pdf (accessed 30 December 2019)

PSNC. LPCs (web page). Available at: https://psnc.org.uk/lpcs/ (accessed 30 December 2019)

Public Health England (September 2017) Pharmacy: A way forward for public health – Opportunities for action through pharmacy for public health. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643520/Pharmacy_a_way_forward_for_public_health.pdf (accessed 30 December 2019)

PricewaterhouseCoopers LLP (July 2011) Cost of Service Inquiry for Community Pharmacy - Appendices. Available at: https://www.pwc.co.uk/assets/pdf/cost-of-service-inquiry-for-community-pharmacy-appendices.pdf (accessed 5 February 2020)

Royal Pharmaceutical Society. Summary Care Records – England – Pharmacy guide (web page). Available at: https://www.rpharms.com/resources/quick-reference-guides/summary-care-records-england (accessed 30 December 2019)

Rose, G. Sick individuals and sick populations. Int J Epidemiol. 1985; 12: 32-38.

Tinson, A., Ayrton, C., Barker, K., Born, T.B. and Long, O. (October 2017) London's Poverty Profile 2017. Trust for London and New Policy Institute. Available at: https://www.npi.org.uk/publications/income-and-poverty/londons-poverty-profile-2017/ (accessed 30 December 2019)

World Health Organization (WHO) (May 2017) WHO Global Patient Safety Challenge: Medication without Harm. Available at: https://www.who.int/patientsafety/medication-safety/medication-without-harm-brochure/en/ (accessed 30 December 2019)

For further information, please contact:

Hemant Patel, Secretary, North East London (NEL) LPC
Tel: 01277 849219
Mobile: 07973 312890
Email: info@nellpc.org.uk

Raj Matharu, Chair of Pharmacy London
Mobile: 07914 769 218
Email: bbglpc@gmail.com