

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

### **Foreword**

A consultation was launched on 17th December 2015 with the Pharmaceutical Services Negotiation Committee (PSNC), pharmacy stakeholders and others on community pharmacy in 2016/17 and beyond. This marks what I believe is a crucial moment in ensuring the pharmacy sector and the pharmacy professions position themselves at the heart of the NHS in England. I believe the consultation offers a significant opportunity for the sector to collaborate on shaping a set of proposals that can truly transform community pharmacy. At the same time I recognise that some of the proposed changes will be difficult, and create uncertainty within the sector.

Meetings are now taking place with pharmacy stakeholders and others to receive feedback and discuss the proposals set out. The slides we are publishing today provide further detail about those proposals, and outline the consultation process and timetable, including how feedback from the stakeholder meetings will be fed into the formal discussions with the PSNC.

A number of issues raised in this first round of meetings have shown that some aspects of the proposals require further clarification. I hope what follows will be helpful in ensuring all those feeding into the consultation process (through the PSNC and through other representative bodies) are appraised of the facts, and of what the proposals outlined on 17 December are seeking to achieve.

The direction of travel we are setting for pharmacy is not new, and builds on ideas and input from across the sector in recent years. Numerous reports have pointed to the important role pharmacy has to play in wider out of hospital care. The Now or Never report from the Nuffield Trust, November 2013, highlighted that if real change was to be achieved for improving patient-centred care it needed to continue to change the balance of funding from dispensing and supply towards medicines optimisation and the provision of new care models. Integrating community pharmacy and the wider workforce into primary care was identified as a key enabler to achieve this.

The NHS Five Year Forward View and the contingent funding requirements have been agreed with Government as the way forward to deliver the necessary transformation of the NHS and so it is now time for pharmacy to play its part.

### **Pharmacy Integration**

I believe we can go much further in integrating pharmacy into the NHS. However, I do not believe we have all the right infrastructure and the right skills in the right place to be able to achieve integration, and I am determined that we change this.

A new Pharmacy Integration Fund (PhIF) will be established to help transform how pharmacists, their teams and community pharmacy will operate in the NHS. The fund is set at £20 million in 2016/17 rising by an additional £20 million per year. By 2020/2021 we will have invested £300 million in the PhIF. This is a significant resource, demonstrating the commitment that the Government has to pharmacy and

the benefits it can provide to patients and the public. The PhIF will help enable clinical pharmacy practice in a range of primary care settings.

The proposal for year one of the PhIF will be to focus particularly on the key enablers to achieve integration of community pharmacy. This will include supporting the deployment of clinical pharmacists in a range of community care settings, including groups of GP practices and multi-speciality community providers and with better links to care homes and urgent and emergency care, taking into account, where appropriate, the evaluation of the pilot of clinical pharmacists in General Practice. The “action research” approach used in the New Care Models will be used to encourage the spread of good practice. In parallel, it is critical that there is development of an IT infrastructure to enable interoperability between community pharmacy and the rest of primary care.

We believe this will be fundamental to fully integrating community pharmacy into the NHS through the creation of professional links to community pharmacists, together with referral pathways that currently do not exist. This will also support the wider primary care team approach with the increasing workload in general practice. How the fund is prioritised and used to bring about real long term transformational change is where we are very keen to hear ideas and proposals from stakeholders, linked to the development of new care models, local sustainability and as part of transformation plans.

### **Medicines supply**

We hear from pharmacy contractors that pharmacies are working efficiently to ensure the supply chain gets medicines to patients in a safe and timely way, but we also know that the funding system as currently designed does not promote efficient, high quality services, and can actually inhibit the allocation of resources to support a more clinical service. We must ensure we are efficiently allocating NHS funding, and that the system delivers value for patients and the taxpayer. We are open to proposals for how we achieve that efficiency within the £2.63 billion that has been allocated to community pharmacy for 2016/17, and the slides set out initial proposals for how it could be achieved – you will have others and we invite you to put them forward.

I know that references to hub and spoke or centralised dispensing are causing some anxiety across the sector, and think it is helpful to clarify what we are referring to here. Primarily, this is about opening up the option of hub and spoke to those who cannot currently access it. Further, advances in technology provide the opportunity to safely dispense medication in a way that is not only efficient for the taxpayer but also frees up pharmacists’ time to spend with patients. We must, as a profession, embrace that opportunity. There are already lessons to learn and we need to work collaboratively across and beyond pharmacy to ensure these new models are implemented well and safely, but also provide transparency in value for patients and taxpayers. But, at the same time, we are committed to ensuring there is a robust network of high quality, clinically focussed community pharmacies across England – the two are not mutually exclusive. It is, for example, important to understand how hub and spoke arrangements will work in particular with the local spoke applying the

principles of medicines optimisation at all stages along the way. A consultation on the relevant legislation will be taking place from spring 2016.

The details of a Pharmacy Access Scheme have been set out to ensure we can maintain patient access to pharmacies and pharmacy services. To ensure openness and transparency a robust and sophisticated national formula has been proposed in a similar way to how funding is allocated to CCGs for the medicines budget. The proposal is to take into account distance criteria combined with the health needs of the local population when deciding which pharmacies would qualify. This scheme would be applied and administered nationally and thus differs in its purpose from schemes such as the Essential Small Pharmacies Local Pharmaceutical Services arrangements.

### **Maximising patient choice and convenience**

What we are talking about here is nothing 'new'. It already exists within the sector. Patients are already ordering repeat medication through GP Online services and this already represents the most frequent online transaction with the NHS. Whilst there is more to do to make sure the Electronic Prescription Service is universally available, it is effectively offering a click and collect service for patients using it. However, a seamless digital journey for prescriptions is far from the norm and we want to ensure all patients have greater choice how they can order repeat medication. The proposals for consideration are not suggesting that we move to a fully online system for pharmacy. We wish to modernise and encourage patient choice whilst at the same time maintaining a network of community pharmacies for face to face high quality clinically focussed services. We recognise the significant support already provided by some pharmacies for home delivery and we want to understand how the choice for home delivery or collection at a pharmacy can be achieved transparently for patients at the point they reorder their medication.

### **The consultation process**

The process outlined in the slides is underway and we would encourage feedback to the consultation process through your various local networks which might include: Local Professional Networks, Local Pharmacy Forums and Local Pharmaceutical Committees. As stated in the letter 17<sup>th</sup> December 2015 this consultation is an important opportunity to further develop the proposals and inform the decisions taken by the Department of Health Ministers, which will shape community pharmacy's role in the NHS in the future.

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