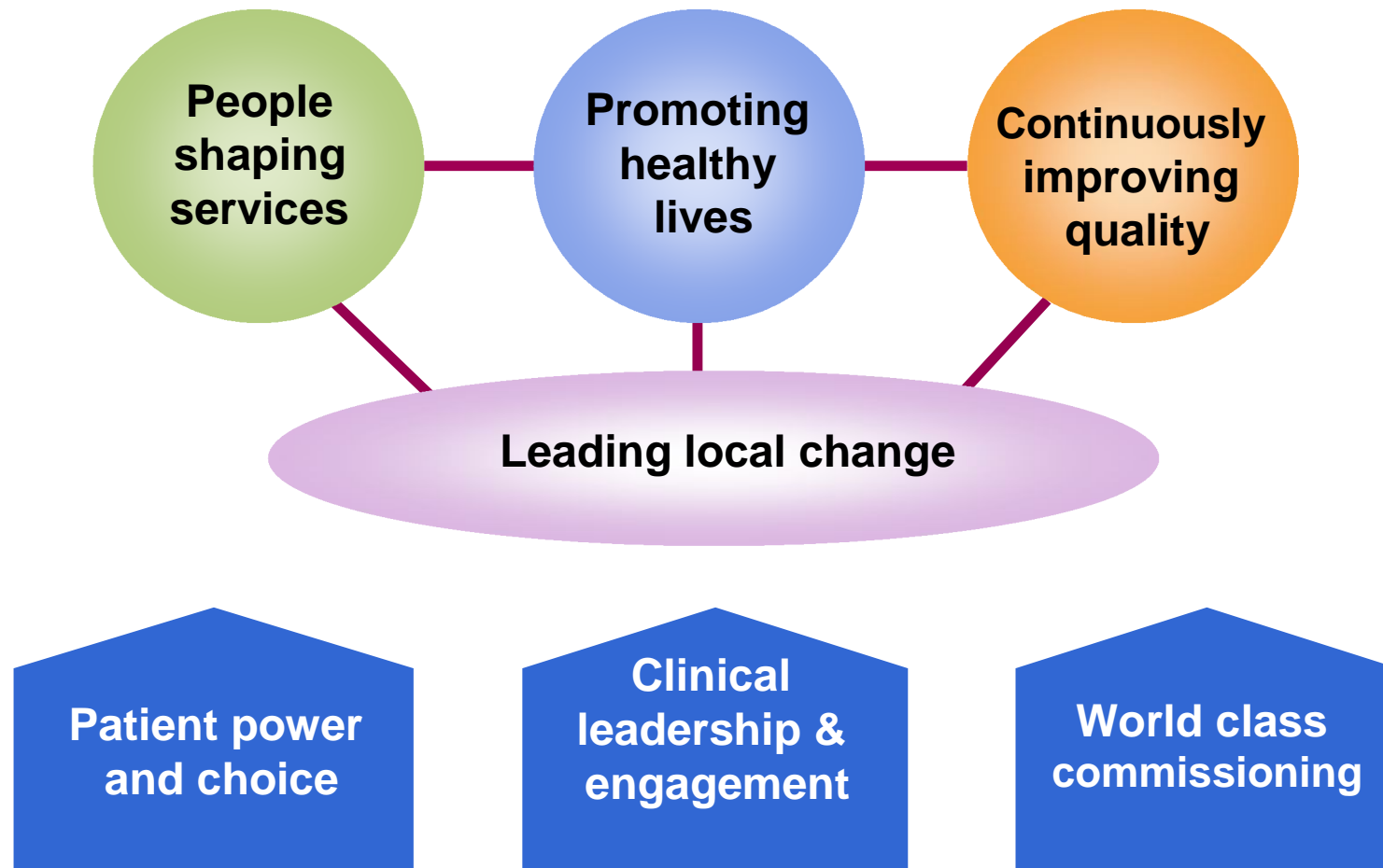


High Quality Care For All

*Primary Care & Community Services:*

Improving Pharmaceutical Services

# NHS Next Stage Review: our vision for primary care & community services



# Pharmacy in England


## Paragraph 2.5

**“... the Government will work with the NHS and relevant partners to identify how to apply the world-class commissioning competencies to the commissioning of pharmaceutical services, and how to support PCTs in developing their capability and capacity accordingly.”**



# Continuously improving quality world class commissioning for primary care

NHS  
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PrimaryCare&CommunityServices:  
Improving GP services

worldclasscommissioning

NHS  
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PrimaryCare&CommunityServices:  
Improving dental access, quality  
and oral health

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PrimaryCare&CommunityServices:  
Improving GP Access and  
Responsiveness


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PrimaryCare&CommunityServices:  
Improving pharmaceutical services

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PrimaryCare&CommunityServices:  
Improving community based eye  
health services

UK Vision Strategy

worldclasscommissioning

Expanding  
choice of GP  
practice

December

Increasing  
social inclusion

Dec / Jan

Improving  
primary care  
premises

January

# World class commissioning: improving pharmaceutical services

Leading local change

## Context

- High-quality health systems and healthy populations require strong primary care
- Healthy Living Centres – focussed on health & well being
- Support self care & those with LTC
- First port of call for minor ailments – more medicines at NHS expense

## Where are you and where are you going?

- 1 Mapping the baseline
- 2 Developing the vision
- 3 Making it happen


## How are you going to get there?

- Transparent use of performance information
- Comprehensive approach to managing performance
- Supporting performance & quality improvement
- Information for patients and the public
- Assuring minimum standards
- Developing the market
- Commissioning additional capacity
- Practice-based commissioning




# Why is pharmacy important?



- Medicines most common intervention
  - 33-50% medicines not taken as intended
  - 4-5% hospital admissions medicine related
  - 60,000 safety incidents involve medicines
  - 10,200 community pharmacies, 1,170 dispensing practices, 128 DACs
  - 99% of population can get to a community pharmacy in 20 minutes
  - 1.6m visits to community pharmacies daily
  - Convenient opening times; less formal environment; accessed by hard to reach
- 

# More than supplying medicines




- Improving medicine taking
  - Reducing medicine use safely
  - Addressing health challenges
  - Health and well being
  - Sustaining community resilience
- 

# Mapping the baseline



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- Five year strategic plan
  - Joint strategic needs assessment
  - Pharmaceutical needs assessment
    - Commissioning local enhanced pharmaceutical services does not currently reflect need
    - Health Bill 2009: replace current control of entry test with decisions based on PNA
    - PNA used to determine market entry for community pharmacies and dispensing appliance contractors
- 

# Developing the vision

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## – The patient offer

- Access
- Clinical quality
- Patient experience
- Advanced and extended services


## – The strategic service offer

- Choice & access
  - Setting, integration and co ordination
  - Specialist providers
  - Self care
-

# Making it happen

## transparent use of performance information



- Quality frameworks or ‘scorecards’
  - Pharmacy White Paper → pragmatic, measurable metrics/indicators
  - Quality accounts – testing in North East & East Mids
  - Local quality developments are important and will help inform national work
- 

# Making it happen

## Assuring minimum standards

- Care Quality Commission (CQC) – community pharmacies not routinely registered with CQC
- General Pharmaceutical Council
  - Regulate pharmacists, pharmacy technicians & premises
  - Expected to set minimum standards for pharmacy premises; introduced in 2010 with 2 year transition
  - Role for PCTs/pharmacy providers to inform standards
- Local enhanced services
  - Provided by suitably trained staff to appropriate standards
- Harmonisation of accreditation

# Making it happen

## Leadership



- Clinical Leadership & Ownership
  - Board Level oversight, challenge & support
  - Succession planning
- 

# Quality & Productivity Challenge

## WCC 11 – Ensuring Efficiency & Effectiveness of Spend

- QuIPP – Quality, Innovation, Productivity & Prevention
- QALY – per intervention – benchmarked
- Optimal economics –
  - Space utilisation
  - Overhead levels
  - Staff mix & utilisation
- Maximise reach into targeted population

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