



Community Pharmacy

FORWARD VIEW

PharmacyVoice
Speaking up for community pharmacy



Supported by the Royal
Pharmaceutical Society English
Pharmacy Board



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Introduction

The health and care system in England is facing major challenges and undergoing significant change. The NHS Five Year Forward View (5YFV), published in October 2014, outlined the possible futures on offer and the choices to be made in a world where people are living longer, with complex health issues; where science and technology are transforming our ability to predict, diagnose and treat disease; where traditional divisions between patients and professionals are being broken down; and where health spending growth remains tightly controlled following global recession and austerity.

As set out in the introduction to the 5YFV, one possible response to these challenges would be to attempt to muddle through the next few years, relying on short-term expedients to preserve services and standards. Instead, the NHS's national leaders, working with each other, with patient groups, clinicians, local communities and frontline NHS leaders, have taken a different approach. In the 5YFV they have set out a vision of a better NHS, the steps to be taken to get there, and the actions needed from actors across the whole system.

Community pharmacy has a central role to play

As a core provider of essential healthcare and public health services, community pharmacists and their teams are facing the same scenarios and choices as their colleagues across the wider NHS, and have a central role to play in finding solutions that will secure the best possible future for the system as a whole. The purpose of this document is to outline how community pharmacy owners and leaders see their contribution to this task: how we believe a thriving pharmacy network can best support the high performing, affordable health and care system envisaged in the 5YFV, as well as the wider economy, and what we believe needs to happen to make this a reality.

Forward View for Community Pharmacy

Our ambitions and proposals are not all new. They build on previous work including PSNC's 2012 vision for the sector, 2015 Five Point Plan and the service development proposals submitted in 2016 to the Department of Health (DH), Pharmacy Voice's 2011 Blueprint for Better Health and its

Dispensing Health reports (2014, 2015, 2016), as well as themes emerging from the Royal Pharmaceutical Society's (RPS) commission and report *Now or Never: Shaping Pharmacy for the Future* (2013) and a range of other strategies, statements and reports. In this Community Pharmacy Forward View we bring together, refresh and develop this thinking, setting out the common vision of the national pharmacy bodies, and making a commitment to engage with, lead and support the sector through change.

Creating a better future

We have begun to sketch this picture of the future through discussions bringing together our members, local community pharmacy leaders, the RPS and colleagues from the wider health and care system. But we have only made a start. In publishing this document, we invite colleagues and partners to respond to our ideas, help us improve them and bring them to life by sharing stories and examples of existing practice that demonstrates the potential of community pharmacy. We want readers to start conversations with us and each other on how community pharmacy can play its part in creating a better future for the NHS and the population's health, and to get involved in our plans.

Working together will help take us forward

We know that we need to work with frontline pharmacy teams, with patients and service users, with our professional colleagues, with NHS and local government commissioners and a wide range of other partners, ranging from researchers, Academic Health Science Networks and education and training providers to IT system and other pharmacy suppliers, as we take this forward. By working in this way, the community pharmacy sector can and will develop better solutions to the challenges we face ourselves, while contributing to the development of a more integrated, efficient and effective health system.



Who we are

Pharmacy Voice

Pharmacy Voice is an association of trade bodies which brings together and speaks on behalf of community pharmacy owners in England. We seek to influence government policy, legislation and regulation that affects our members, and work to increase public knowledge of community pharmacy so that more people are aware of the services that pharmacy teams can provide. Our founding members are the Association of Independent Multiple Pharmacies (AIMp), the Company Chemists' Association (CCA) and the National Pharmacy Association (NPA).

PSNC

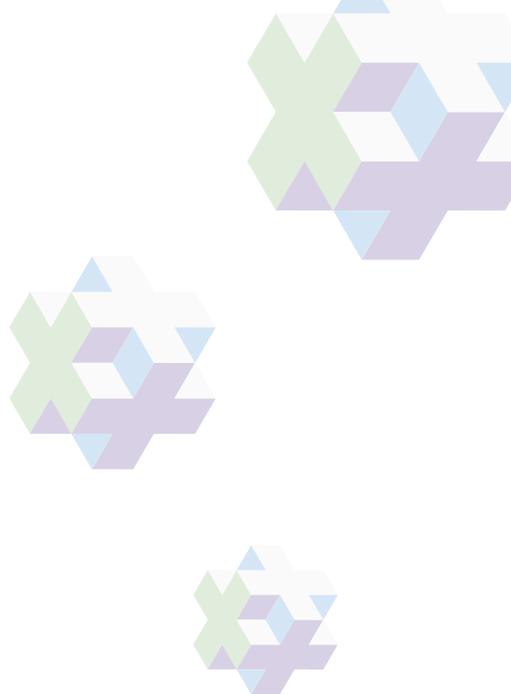
The Pharmaceutical Services Negotiating Committee (PSNC) promotes and supports the interests of all NHS community pharmacies in England. We are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. We work closely with Local Pharmaceutical Committees (LPCs) to support their role as the organisations representing pharmacy contractors at a local level. We work with NHS England and other NHS bodies, and with the Department of Health, to promote opportunities for the development of community pharmacy services, and negotiate the contractual terms for the provision of NHS community pharmacy services.

Royal Pharmaceutical Society

The Royal Pharmaceutical Society is the professional membership body for pharmacists and pharmacy in Great Britain. We advance the profession of pharmacy for public and patient benefit to secure the future of the profession and our members. We lead and promote the advancement of science, practice and education in pharmacy to shape and influence the future delivery of pharmacy driven services. We support and empower our members to improve health outcomes for society through professional guidance, networks and resources.

Our objectives with the Community Pharmacy Forward View are to:

- Demonstrate our understanding of the aspirations of Government, the public and patients for health and healthcare in England, and set out a clear, shared vision for how community pharmacy can help deliver them
- Demonstrate our commitment to working as an integrated part of the NHS and wider public health system, and to helping deliver improvements in quality, efficiency and outcomes
- Develop and share credible and constructive ideas for the medium to long term that will enable these improvements to be achieved while maintaining a thriving community pharmacy network that continues to generate wider economic and social value
- Show our commitment to working together with Government and with other partners to develop and implement tangible plans for turning these ideas into reality, and seek a similar commitment in return
- Demonstrate how the various resources of our sector at large can be brought together and deployed constructively, as part of this partnership, to achieve the desired future



Our messages

We have worked together on this Community Pharmacy Forward View because there are important messages that need to be heard right now as the sector, along with the wider health and care system, confronts some of the most significant challenges it has ever encountered.

For community pharmacy colleagues:

As the NHS and public health system evolves, and as people's needs and expectations change, we must ensure that the contribution of the community pharmacy network remains relevant, that its unique value is clear, and that a consistent case is made by all those who speak for the sector nationally, regionally and locally.

We want to work with and support you in making that case, setting out a positive vision of the future, and implementing sector-led change. We recognise that doing this means making sure those organisations working to represent and support you do so with a common purpose, to help you deliver community pharmacy's unique value to our communities.

For policy-makers, commissioners and local system leaders:

The community pharmacy network delivers huge value to the NHS and wider society, but the true extent is often unrecognised or misunderstood. The contribution we make to the healthcare system is unique, and underutilised. The structure and infrastructure of the network adds value to the professional service it delivers in ways no other part of the healthcare system could replicate.

Community pharmacies are the nation's most accessible healthcare providers: c.90% of the population live within 20 minutes walking distance of a pharmacy, and pharmacy services are available without an appointment.¹ With even greater access in the most deprived areas, the community pharmacy network bucks the inverse care law, and is an invaluable resource in the fight against widening health inequalities. The diversity of the mixed market offers people choice in when, where and how they access primary healthcare services and this helps to promote and maintain quality.

Community pharmacy teams have contact with large numbers of people, including those who may not regularly use other health services, and the ability to convey health messages, support self-care and provide advice opportunistically to 1.6 million people every day.

Pharmacy businesses bring investment through the public-private partnership that constitutes the community pharmacy network, providing capital, facilities and equipment the NHS could not afford alone. Community pharmacists and their teams provide essential, independent checks and balances within the medicines supply chain, intervening on a daily basis to correct prescribing errors and deal with other issues that could otherwise put patient safety or outcomes at risk. They also use their expertise in medicines procurement to deliver purchasing efficiency, helping the NHS manage the total cost of medicines.

As the NHS and society as a whole change over time, new approaches to delivering primary healthcare and supplying medicines will undoubtedly evolve. Right now, the community pharmacy network provides the vehicle that can deliver much of what the health system needs, in particular to address the workforce and capacity pressures in other parts of the primary care system. We want to do even more, to help the NHS, national and local government to achieve their future objectives and what is best for patients and the public in the long term. Community pharmacy leaders and representative bodies are committed to working with Government, service users, commissioners, other providers and each other to help achieve these objectives, as partners in outcome delivery. To ignore and undermine this offer would be short-sighted and irresponsible.

We are calling for a strategic partnership approach to building the future between the sector, Government and the NHS – one that reflects and respects local autonomy and relationships, is more closely aligned to the NHS and its goals, but does not leave implementation and delivery to chance.



Context

Healthcare policy, practice and technology are continually evolving, at an ever more rapid pace. In producing this report, we recognise the broad and increasingly complex context in which we need to set the future of the community pharmacy service. Numerous policies, strategies and declarations have, in recent times, sought to reframe the relationships between health and other public service providers, and the people who use and pay for them. Meanwhile, wider economic and social trends determine the environment in which such policies are developed and implemented. Since the global financial crash of 2008, austerity has been a particularly dominant factor shaping healthcare delivery and planning – with spending increases for the NHS significantly constrained for the foreseeable future – but it is not the only factor driving change.

The refocusing of the system on care and compassion following the inquiry into services at Stafford Hospital, signalled in the Government response *Hard Truths*, has reminded all of us of the first duty of health professionals: to do no harm and keep people safe. For pharmacists, the importance of ensuring the right medicines get to the right patients with the right information and advice to use them effectively has always been front and centre. That has now been taken a step further with the concept of *Right Care* and the shift toward shared decision-making with service users, and the challenge this brings to re-examine the role of professionalism in the care of patients.

In recent years we have seen increasing devolution of decision-making powers within the NHS and local government. The *New Care Models* programme within the 5YFV has also set local leaders free to experiment and redesign the system to do things differently, with grand coalitions of health professionals, the public, NHS and other system leaders coming together to improve outcomes for their populations. Public health services have been transferred to local government, with a locality based approach increasingly led by Health & Wellbeing Boards. At its most advanced, devolution now sees huge chunks of central government spending, including for health and social care, devolved to regional or local government-led groups, to facilitate the redesign of whole systems and local economies.

At the same time, the *General Practice Forward View* signals a very different approach to contracting, and a shift to a population-based model with expectations of collaborative whole systems delivery at scale. This is itself a response to a crisis in general practice recruitment and retention, which is undermining the system's capacity to provide effective support for people managing long-term conditions, a challenge that community pharmacy can help to address.

For patients and the public, the shift towards personalisation and personal responsibility has accelerated, as attempts have been made to move faster from a culture in which institutional care was provided to patients, to one in which people are helped to keep well and independent through supported self care. The rise of consumerism across society in general has been matched with similar raised levels of interest and expectation among patients and users of health care services; in particular among those living with long-term conditions, who are the experts in managing their own health, and rightly demand more autonomy and control over decisions about their care than ever before. As medicines form a major part of long-term conditions management, medicines optimisation as a concept has grown, and pharmacists' skills, as the experts in medicines, are increasingly in demand as system leaders recognise the waste inherent in over-prescribing, poor adherence and iatrogenic disease.

At the same time, science continues to bring us new products and technologies. Pharmacy teams of today are faced with whole new classes of medicines with greater specificity in action than ever before, new delivery mechanisms, and an array of diagnostic and other tools (often identified by patients themselves) that facilitate self-care. Over the next decade, advances in personalised medicine and medicines production processes could change current practice beyond recognition. For the profession itself, the strategic context is changing too. Opportunities are fostering greater professional aspiration, which is driving a shift towards greater clinical skills development in education, and promoting a re-examination of the nature of the pharmacy team, including how best to utilise pharmacy technicians.



The future for community pharmacy

The healthcare environment is rapidly evolving in the ways described, and community pharmacy will need to continually evolve and adapt along with the rest of the system. However, we believe there is a clear role for the sector in any future model of care, and in this section we outline what this might begin to look like over the next five years. We focus on three core domains for community pharmacy as:

- The facilitator of personalised care for people with long-term conditions
- The trusted, convenient first port of call for episodic healthcare advice and treatment
- The neighbourhood health and wellbeing hub

Much of what is described in these future scenarios is already happening across all or part of the community pharmacy network, or could be if we had the right supporting systems, processes and incentives in place. What will be different in future is consistency of quality, delivery and impact across the whole country, enabled by effective planning and

commissioning and a rigorous focus on implementation and continual improvement within the sector.

Some of the ideas involve more fundamental changes in the roles of community pharmacists and pharmacy teams and their relationships with patients, communities and other health and care providers. The transformation initiatives currently underway as new care models and large-scale prevention programmes are developed across the NHS, and as cities and regions take on new responsibilities for planning and integrating local services, provide opportunities to explore how these ideas might be implemented.

The three domains described here are interdependent, and all are underpinned by the professional knowledge and expertise of the community pharmacist and their leadership of the pharmacy team.

The scenarios are our starter-for-ten. We want to work with colleagues and stakeholders to define and develop these into a collective vision of the future.



Empowering patients and supporting people to manage their own health

Community pharmacy as the facilitator of personalised care for people with long-term conditions

The rising number of people living with multiple long-term conditions has become the dominant challenge to developed health and care systems. About 26 million people in England have at least one long-term condition (LTC), with 10 million having two or more and 1 million living with frailty.²

While people living with LTCs feel, on the whole, that the care they receive is good only 64% say they feel supported and many find that the system is not set up to meet their needs. 80% of carers report that caring for someone living with a LTC has had a negative impact on their own health. People deserve better than this, and the system cannot sustain the status quo. As medicines are the most common method of managing LTCs, community pharmacy must have a central role to play in delivering the change that is required.

We want to radically enhance and expand the services that community pharmacies currently provide to help people obtain medicines safely and efficiently and use them as effectively as possible. Our vision is that, as a result of doing this, individuals will have better health outcomes because they have a better understanding of their condition and are able to manage it in ways that suit them. The costs of managing LTCs will also be better controlled because we will be using professional skills, services and facilities more efficiently, ensuring maximum value is gained from the NHS's investment in medicines, and improving outcomes within primary care thereby reducing demand for more specialist or higher cost services.

What will this look and feel like for people using our services

The enhanced role for community pharmacy teams in supporting people with LTCs and their carers will be based around the principles of medicines optimisation and personalised care and support planning.

Principle 1 – Aim to understand the patient's experience

- Community pharmacists will work with individuals with LTCs to understand their goals and aspirations and how their use of medicines contributes to these, and will help to build effective medicines use into their personalised care and support plan. Community pharmacists will work closely with an individual, their carers (as appropriate), GPs, and wider healthcare team to ensure medicines-related elements of their personalised plan are regularly reviewed and adjusted as necessary.
- Pharmacy team members will be skilled in health coaching, able to help people set and achieve their personal goals, including via optimal use of their medicines. They will help people to choose and use technology, apps and devices that support adherence, providing training and advice to individuals and their carers as necessary.
- People with LTCs and their carers will be able to access support and advice from their pharmacy team flexibly, at times and in ways that are convenient and accessible to them (including in and from their own homes) and that embrace modern communications technologies.
- As part of their care and support plan, people will be able to choose how and when they order and receive their medicines. Methods and routines for supply will depend on their needs and preferences, but will always maintain safety and enable personal interaction between patients and their community pharmacist when it is needed.



- The regular, personal interaction that people have with their community pharmacist and pharmacy team will help them feel more confident in managing their own LTCs or supporting those they care for, and will contribute to their wider wellbeing.
- Community pharmacists and their teams will work closely with other service providers, including mental health teams, to keep their own knowledge and skills up to date and to share information as required, ensuring people receive consistent, holistic support and advice.
- Other professional services (e.g. podiatry, dietetics and counselling) may also be available from pharmacy premises on an outreach basis, to enable 'one-stop' access to professional support for individuals managing LTCs.

Principle 2 – Evidence based choice of medicines

- Community pharmacists will use their clinical knowledge and medicines procurement skills to promote evidence based and cost effective use of medicines. They will do this through their own prescribing, and through using their expertise to make prescribing interventions (including adjustment of medicines regimens and substitution) and recommendations to their colleagues.
- Community pharmacists will work with medicines optimisation teams within local healthcare management organisations and support the day-to-day work of general practice colleagues, including practice-based pharmacists, to achieve maximum value from prescribing. This will be achieved in different ways across the country according to local needs and circumstances, but will include community pharmacists working part-time in GP surgeries, participating in practice team meetings, contributing to professional development activities and using technology to support regular interaction between pharmacy and practice-based staff.

- Community pharmacy teams will routinely collect evidence of the impact of their services and interventions on patient safety, outcomes for individuals and health and care system efficiency.

Principle 3 - Ensure medicines use is as safe as possible

- The safe and efficient supply of medicines will remain as the foundation of community pharmacy practice, on which a wider range of services to help people optimise their use of medicines and management of LTCs is built.
- Community pharmacists and their teams will help to keep patients safe at times when they are most at risk, including when care is transferred between other providers. As a member of the multidisciplinary team, and working closely with colleagues in hospitals, community pharmacists will support safe discharge and facilitate reablement by participating in virtual wards and care planning, and taking responsibility for medicines reconciliation.
- Community pharmacy employers will promote a patient safety culture within their organisations, and all staff will work to agreed principles and standards for reporting and learning from patient safety incidents.

Principle 4 – Make medicines optimisation part of routine practice

- Pharmacy teams will work with patient groups and user forums to plan and continuously improve their services.
- Community pharmacies will provide a one-stop hub for people who use medicines regularly to obtain advice, treatment and coordination of care related to medicines. This will include support following diagnosis, prescribing of a new treatment, medical review and hospital discharge.



- The workload of managing the majority of repeat prescriptions will move from GP practices to community pharmacy, utilising electronic repeat dispensing (eRD) and prescribing by pharmacists.
- Community pharmacy services will be consistently high quality, valued by patients and other professionals and will have a demonstrable impact. People living with LTCs will associate community pharmacy with the provision of effective, personalised support and will feel empowered and enabled to make informed decisions about their own health and medicines use.

Community pharmacy integration and new care models

To achieve this vision, community pharmacists and their teams will need to work in partnership, not just with each other and the people they support but with their colleagues across the wider health and care system. Pharmacies should be operating as part of integrated primary care networks, their staff meeting regularly with GP practice teams to align and monitor their approach to medicines optimisation, and with colleagues in urgent care centres to ensure systems for referring people to and from community pharmacies for unscheduled care are in place and working well. Community pharmacists should be connected with and able to refer directly to specialist colleagues such as consultant pharmacists, and work alongside hospital staff to help plan safe admissions and discharge for their patients. This must all be supported by IT and communications systems that enable information to be shared by and with people who use their services and other healthcare professionals.

With community pharmacists performing as part of their extended network in this way, GPs, practice nurses and practice-based pharmacists will have confidence in community pharmacy teams taking responsibility for supporting people with LTCs to optimise their use of medicines and manage their condition. This support will include independent prescribing by community pharmacists allowing them to make changes to patients' medicines when appropriate. In turn, general practice teams will have more time to focus on people who need diagnosis, medical review and coordination of more complex or specialist care. There will be a variety of different approaches to achieving this new way of working, depending on local priorities and circumstances.

In some areas, people will be able to register with a community pharmacy to coordinate their care and support them with management of their LTC, where this is agreed as appropriate between the individual, their GP and community pharmacist. As when registering with a general practice, they will have the right to choose an alternative pharmacy for the provision of such services if in the future they wish, and they would still be able to receive episodic care from other pharmacies. Over time, there may be differentiation of community pharmacy types to cater for different populations and cohorts, although people will be able to expect common standards and experiences of care across the country.

Community pharmacies will need to work together across an area, and may do so through joint ventures with other types of providers. This may include the use of a shared cohort of specialist staff, which could, for example, support provision of domiciliary and other 'out of pharmacy' care or access to specialist services in all community pharmacies across a patch. Some community pharmacy businesses may expand into the provision of other primary care services, integrating GPs, nurses and physician assistants into their own service delivery model.



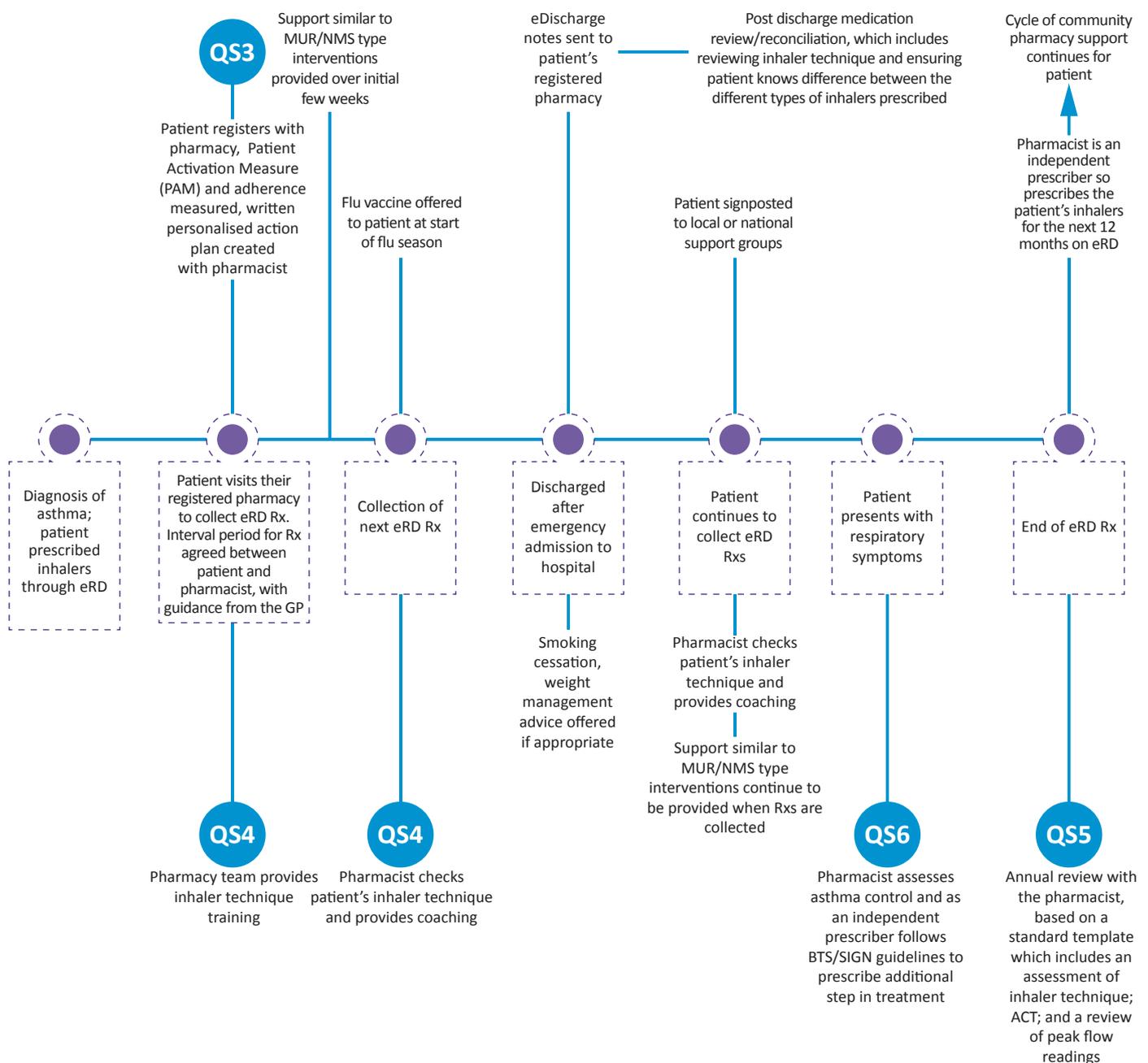
Illustrative pathways

The following diagrams illustrate the interventions and support that community pharmacists and their teams could provide to help people manage LTCs. The specific interventions, services and support provided would vary, dependent on the individual's goals, aspirations and personal care and support plan.

The first diagram illustrates how a community pharmacy team might support the care plan of someone with a single LTC, making reference to the NICE Asthma Quality Standards,³ and the second describes the support that could be provided for a person with multiple conditions.

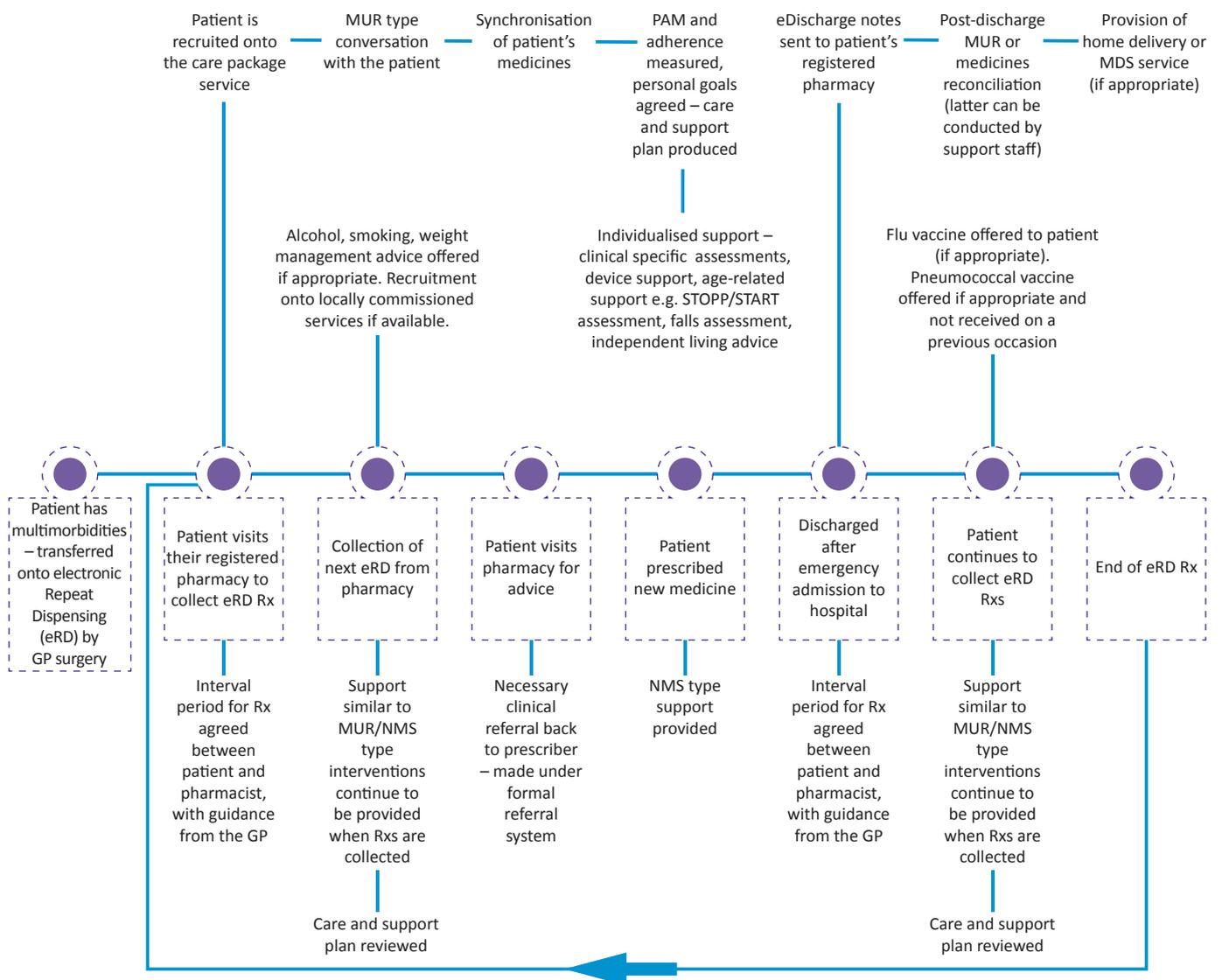
A new approach to community pharmacy funding will be necessary to enable pharmacy teams to work in this way. This may comprise payment of a care fee with both process and outcome-based components as part of a 'community pharmacy medicines optimisation framework', which would evolve over time in line with evidence-based practice.

Illustrative care pathway for person with asthma





Illustrative care pathway for person with multimorbidities





Improving access, choice and integration

Community pharmacy as the trusted, convenient first port of call for episodic healthcare advice and treatment

A community pharmacy is often the best place to receive safe and effective advice and treatment for minor ailments and injuries and self-limiting conditions, to get hold of regular medicines in an emergency (for example if they are lost or have run out) and to find information about other local health and care services. Asking a community pharmacist for help in these situations is more convenient than making an appointment with a doctor or practice nurse, and helps to reduce pressure on general practice and emergency services so they can focus on people with more serious or acute health issues. But the expertise of community pharmacy teams is not always used in this way. There are many reasons for this, ranging from lack of knowledge, awareness and confidence amongst the public, to the absence of effective systems for joining community pharmacy up with other healthcare providers.

Our vision is that in future the habit of using or signposting to 'pharmacy first' for non-emergency episodic care will be ingrained in patient, public and professional behaviours, because people know they will receive a prompt, helpful and effective response whenever they make a community pharmacy their first port of call.

To facilitate this, systems that enable seamless triage to and referral from community pharmacy will be included in all local urgent care pathways and in the NHS 111 service. With their consent, information about people's health and healthcare will be available to community pharmacists, who will be able to add data to an individual's shared care record about advice they have given or products supplied. Diagnostics and point-of-care testing will be routinely available in community pharmacy settings as will facilities for making appointments with or speaking directly to other professionals and service providers. Pharmacists will be able to prescribe, and to supply products to people on the same terms as if they had received a prescription from a GP.

As a result, public access to high quality primary care will be maintained and satisfaction improved despite growing demand, and people will find it easier to take responsibility for managing their own health and self-care.

What will this look and feel like for people using our services?

- Whenever someone visits a community pharmacy for help with a minor injury or ailment, an urgent problem with their medicines or a query about an immediate health concern, they will be dealt with quickly by courteous and knowledgeable staff, will be listened to carefully, and will receive a personalised response.
- All community pharmacies will feel like professional healthcare environments. When people seek self-care advice, information or treatment from a community pharmacist or member of their team they are able to discuss this in an appropriate, private setting.
- People will be able to access 'pharmacy first' services via a variety of routes, including online as well as face-to-face.
- People can give community pharmacists and pharmacy technicians permission to both review and add information to their personal health record, so that advice and treatment they receive for urgent care takes into account their general health, any underlying conditions and medicines use.
- Community pharmacists and their teams will help people spot and address any patterns in when and how they access urgent care – for example, the recurrence of a minor condition which might need further investigation or regularly running out of medicines which might need to be managed differently.
- If someone visits a community pharmacy following referral from another service provider (e.g. NHS 111, their GP or A&E) the pharmacy will be expecting them when they arrive, and will have relevant information about why they are attending.
- After any self care consultation with a community pharmacist, people will understand the advice they have been given and how to use any products they have been supplied, feel confident on how to manage their condition and well informed on when and how to seek further help if necessary.
- When people do need to see another healthcare professional or service after speaking to a community pharmacist, because their condition is more serious or less clear-cut than they thought, organising this from the pharmacy will be quick and straightforward. Community pharmacists and their teams will be able to refer and book people directly into other services, fast-tracking them if they believe this is necessary.



Engaging communities, helping people stay well and independent and improving health and wellbeing for the whole population

Community pharmacy as the neighbourhood health and wellbeing hub

Community pharmacies already make a significant contribution to improving public health and wellbeing through the commissioned public health services that they deliver, the social support and contact they provide and their wider role as employers and responsible businesses. However, there is significant potential to expand and enhance this contribution.

Our vision is that, in future, all community pharmacies will operate as neighbourhood health and wellbeing centres, providing the 'go-to' location for support, advice and resources

on staying well and independent. Building on the development of the Healthy Living Pharmacy model, the safe and efficient supply of medicines managed by pharmacist-led teams, will remain at the core of this community pharmacy offer, but will be recognised as one component of a broader set of resources and services available within these health and wellbeing centres.

To ensure these services are responsive, effective and valued, pharmacy teams will work closely with community leaders to identify and understand local assets and needs, to develop interventions and services based on this intelligence, to collect data on impact and outcomes and use this to continually improve their offer.

Community pharmacy services that enhance health and wellbeing

- Contraception and emergency hormonal contraception services
- Sexually Transmitted Infection (STI) screening, treatment and advice
- NHS Health Checks
- Blood pressure monitoring
- Stop smoking
- Healthy eating and weight loss
- Supervised consumption of medicines
- Needle and syringe programmes
- Alcohol brief interventions and advice
- Vaccinations, e.g. seasonal influenza

Seen as a local community resource and trusted source of information and advice, community pharmacy teams will have great connections with other organisations that support health, wellbeing and independence – ranging across local community groups, charities, places of worship, leisure and library facilities, social care, education, employment, housing and welfare services – and will be able to refer and signpost people to them. Some pharmacies will host outreach or drop-in facilities for these partner organisations, and community pharmacy team members will be routinely involved in any community-based health and wellbeing activities they organise.

As employers in both the public and private sector take greater responsibility for maintaining and improving the health of their workforce, a wide range of organisations will commission wellness services from community pharmacies as part of their occupational health programmes.

Due to the strength of these networks and connections across local communities and businesses, enhanced by their trusted online presence, the community pharmacy network will be one of the most effective channels for delivering social marketing messages about health and wellbeing to the public.

Community pharmacy teams will routinely participate in collaborative research with public health colleagues, academics and local communities, to help develop knowledge and understanding of what messages and interventions are most effective.

As a result of supporting a more aware, engaged and informed population, local people and communities will have better health outcomes.

What will this look and feel like for people using our services?

- Everyone will be able to rely on a community pharmacy to provide information and advice about healthy lifestyles in a safe, professional and friendly environment. They can expect community pharmacy team members to be well informed about and connected to other local services and sources of

health, wellbeing and social care support.

- Every time someone receives a supply of a medicine from a community pharmacy, they will be given the opportunity to ask questions and receive information and advice about how to improve their overall health and wellbeing. They know community pharmacy team members will be supportive and knowledgeable, and will help them take their own decisions about how to manage existing conditions, reduce their risk of developing other health problems and stay as well as possible.
- Anyone can access high quality, personalised support for lifestyle and behaviour change from a community pharmacy team, at convenient and flexible times and in a welcoming, supportive environment. This face-to-face interaction is enhanced and reinforced with access to online resources, apps and other digital tools.
- Community pharmacists will be familiar with the wide range of products and resources that people are increasingly adopting to help them keep well – from wearable devices and apps to online health forums – and are trusted to provide evidence-based advice that helps people maximise the benefit, ensure their safety and align their use as necessary with medicines and any NHS or local government funded public health services.
- People receive help in maintaining their mental, as well as physical, health and wellbeing from community pharmacy teams. Community pharmacies are locations where people who might otherwise be isolated can always have regular social contact and interaction. For those experiencing or at risk of mental health problems, their community pharmacy team – familiar with the individual's circumstances and usual routines – operates as part of their extended community support network, observant and responsive to any changes in mood or behaviour and offering signposting and referral for further support if required.



A day in the life of the future community pharmacy team

Below we outline a potential 'day in the life' of a future community pharmacy team, providing a snapshot of the activities they might be undertaking on a daily basis when their three core domains are effectively combined. All of the activities described might already be happening routinely in all or some parts of the community pharmacy network. In five years' time, we want to see these ways of working embedded across the system as a whole - happening frequently, and everywhere. Helping us to bring this about is the challenge we set out for our national and local partners.

The team arrives for their regular morning catch up before the pharmacy opens. The pharmacist acting as team leader that day runs through a list of all of the pharmacy's registered patients with planned admissions to hospital coming up and those who are soon due to be discharged. The team agrees the action plan for contacting each person and liaising with their carers, GPs, ward staff and hospital pharmacists to make sure they have the right medicines before, during and after their admission.

The team also reviews the list of regular patients who have appointments later that day for an individual review as part of their long-term conditions management service. Some of these people will also be joining the Type 2 Diabetes peer support group that meets on a monthly basis in the dedicated health education space at the back of the pharmacy, which is designed to help participants understand more about their condition and support each other with managing their medicines and implement lifestyle changes. A diabetes specialist nurse and dietician from the local community team will attend the session along with the 2nd pharmacist working in the pharmacy that day.

The pre-registration trainee pharmacist reminds the team that later in the week they will be starting their practice-based audit to review appropriate and inappropriate prescribing of antimicrobial therapies and to facilitate the development of local action plans with the wider health team and local GP practices to help combat antimicrobial resistance.

Lastly, the lead pharmacy technician shares feedback with the team from last night's patient forum meeting, where members had raised ideas for how the pharmacy could improve their

NHS Repeat Dispensing service by allowing patients to select which medicines they have enough of using an online form which automatically updates their prescription. The pharmacy technician agreed that he would ask the pharmacist to discuss how this could work with the community's local GP practice managers' group.



Once open, local residents and regular patients begin to stream into the pharmacy as usual. Prescriptions are safely dispensed to patients, expert advice is provided and self care medications purchased. As each prescription is assembled in the dispensary, a pharmacist clinically assesses it for safety and appropriateness and an accuracy checking technician carefully checks all items for accuracy before these are handed out or delivered to patients in their homes. The pharmacy staff take the opportunity to ask each person how they or their family members are getting on with their medicines and whether they have any questions or have noticed changes in their health that they want to discuss. One of the pharmacists uses her clinical

knowledge and medicine procurement skills to determine whether any medicines on the incoming prescriptions could be substituted for a more cost-effective equivalent where clinically appropriate.

One of the first people to come in that morning is a new father with his son, who asks for some medicine for the toddler's high temperature. Whilst they are talking, the father removes the son's blanket as he is getting increasingly hot and distressed. The pharmacist notices a rash across the boy's legs and calmly explains that the two need to go to A&E immediately to have it checked out.



Mid-morning, one of the pharmacists leaves the pharmacy to make a home visit to an older gentleman who was discharged from hospital previous evening. She explains his new medicines to him and they agree to make some changes to his care and support plan, including removing the medicines that are no longer needed. With his permission, she accesses his online health record from her mobile device and makes a note of these changes. He shares some concerns about getting around the house by himself as he is still feeling unwell after his stay in hospital and is worried about falling. The pharmacist searches the online directory to find contact details for his local community services team, sends through an electronic referral and books a home visit for him the next day.

On her way back to the pharmacy, the pharmacist stops at one of the local GP practices to join the team there for their lunchtime practice meeting. They review the latest evaluation data for the COPD support service the pharmacy provides, which indicates that people using the service are reducing their visits to both the practice and A&E. They talk through ideas for encouraging more people to use the service and follow through with their care and support plans. She also takes the opportunity to have a brief conversation with the older gentleman's GPs about the changes to his medicines and the referral she has made to the community services team for him.

Back at the pharmacy, a Medicines Counter Assistant (MCA) who is one of the pharmacy's qualified Health Champions, responds to a request from a middle-aged man who has come in complaining of a headache. He has recently started taking tablets to help manage his high blood pressure, and can't get an appointment with his GP until the end of the week. The MCA offers to take his blood pressure for him and notifies the pharmacist that it is worryingly quite high. The pharmacist discusses this with the gentleman, and asks about his general health and any other medicines he is taking. Having reviewed

his online health record, as an independent prescriber she makes the decision to change his medication and advises the man to return in a few days' time for a review. The pharmacist thanks the MCA, updates the man's shared care record and sends an electronic note to his GP practice informing them of this change.

The patients arriving for the locally commissioned Type 2 diabetes outreach clinic indicate their arrival using the computer terminals at the entrance to the pharmacy. Whilst waiting for the session to begin, one of the patients uses the terminals to access online information about her new insulin and asks the pharmacist during the clinic to help explain why her medicine has been changed and what difference she should expect.

Later in the afternoon, someone the MCA sees regularly comes into the pharmacy. The woman has set herself a goal to lose weight, and as her health coach, the MCA is helping her with her plan. The woman tells the MCA that she feels like giving up because she hasn't lost any weight for a few weeks. The MCA asks if she has been tracking the sugar in the juices and smoothies she has been drinking and together they revise her healthy eating plan and arrange for another catch up in a few weeks' time. The MCA suggests that the woman try using a 'Track my Sugar' app that might help with her monitoring.

One of the pharmacists uses the private consultation room after the MCA has finished to hold a brief video consultation with one of her regular patients who is unable to leave their home due to a recent injury. The pharmacist checks that the patient is managing the high dose pain medication they have been prescribed without any adverse effects, and adds a note to their electronic health record.

As the day is coming to an end, the pre-registration trainee pharmacist makes his way to the nearby care home to meet up with a group of local pre-registration doctors and nurses for the second session of their multi-disciplinary training in dementia care.

Once the pharmacy has closed to the public, the team meet for their daily debrief. They review any near-misses that have occurred that week and discuss how these could have been avoided. The lead pharmacy technician talks the team through the alerts that have popped up on their IT system that day for registered patients who have been prescribed new medicines. The team set out a plan for contacting these patients to arrange for their New Medicine Service (NMS) consultation and also run a search to identify any other registered patients who need contacting because their monitoring consultations are due soon.

After the team meeting, one of the pharmacists gets ready to head to the village hall for a meeting of a local carers' group. The pharmacy has committed to being carer-friendly, and she wants to hear about any changes they could make to improve their support for carers. Just as she is locking up she hears the phone ringing; it is the father from this morning. He thanks the pharmacist for spotting the rash and signposting them appropriately. He explains that his son is now doing well but if things had been left any longer, it could have been a lot more serious.

Conclusion

This Community Pharmacy Forward View sets out a clear ambition for the future of community pharmacy, focusing on three key roles for the network: as the facilitator of personalised care for people with long-term conditions; as the trusted, convenient first port of call for episodic healthcare advice and treatment; and as the neighbourhood health and wellbeing hub. We hope that our partners in the NHS, national and local government recognise and share this ambition. We also hope that it resonates with the people who lie behind it: those pharmacists and their teams who have told us they want to be recognised for the contribution they make now, but also want to see how those skills can be embedded in a modernised, person-centred and technologically advanced health system, so that pharmacies remain relevant and sustainable and the network remains vital to the neighbourhoods and communities they serve. Most importantly, we hope our ambition reflects the needs and aspirations of the people who use our services: all those who live and work in the communities we support and rely on their local pharmacy team for medicines, health advice, social interaction and coordinated care.

Of course, setting out a picture or vision for the future is easy; turning it into reality is not. As the document sets out, the future we have illustrated is, in fact, already here. Everything we have described is being delivered or developed somewhere today by community pharmacy teams across England; teams who are striving day-in, day-out, to deliver existing services safely and effectively and work with partners to find new ways of improving health care and outcomes for their local communities, while grappling with the financial pressures facing the sector. The difference we want to see over the next few years is the consistency of the picture across the country, built on a renewed relationship between the community pharmacy sector, NHS and Government, and a consistent

approach to involving community pharmacy's leaders in both national and local planning and decision-making. In order to achieve this there are some things community pharmacy needs to do differently; we accept that. There are things the sector can fix for itself with the right attitude, a clear commitment to work collaboratively and coordinated support to deliver change at pace and scale. But our partners must also be willing to change.

This Forward View represents our vision for the future of community pharmacy, but we of course want to hear the views of key stakeholders - including patient groups, contractors, community pharmacists and members of pharmacy teams, local commissioners, other healthcare providers and the Government. This will help us to turn a shared vision for the sector into a reality that will be good for patients, the public, local communities and the NHS, as well as for the community pharmacy network and all those who work in it.

Please get in touch to:

- Give us your feedback on this vision for community pharmacy
- Share stories and examples that illustrate how community pharmacy teams are already leading the way in improving care, support and health outcomes, as part of integrated local health systems
- Make suggestions on what steps need to be taken to help ensure this vision becomes a reality
- Discuss the Community Pharmacy Forward View in more detail or to arrange for a speaker to discuss it at a local meeting you are organising

You can email us via: contact@cpfv.info

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