

Report to the Somerset Primary Care Commissioning Committee Meeting on 9 June 2021

Title: Community Pharmacy Update	Enclosure G
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Summary and Purpose of Paper

To provide the Somerset Primary Care Commissioning Committee with an update on community pharmacy and to provide the Committee with the strategic direction of travel and a brief overview of the risks and opportunities that are associated with this.

Recommendations and next steps

The Primary Care Commissioning Committee is asked to note the update.

Impact Assessments – key issues identified

Equality	No impact identified			
Quality	No impact identified			
Privacy	No impact identified			
Engagement	No impact identified			
Financial / Resource	No impact identified			
Governance or Legal	No governance or legal risks			
Risk Description	Not applicable			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref

COMMUNITY PHARMACY UPDATE

21 May 2021

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COMMUNITY PHARMACY UPDATE

1 Introduction

- 1.1 Community Pharmacy makes up one of the four aspects of the primary care system alongside general practice, dentistry and opticians. It is known for the dispensing and retailing of medicines but it has a much broader role than this and includes other NHS and publicly funded services. There are currently 101 community pharmacies run by 29 different contractors within Somerset CCG.
- 1.2 Community Pharmacy operates on a contractor model similar to general practice, which means community pharmacies are usually independent businesses contracted by the NHS to provide services for local populations. NHS England and Improvement currently has responsibility for commissioning community pharmacy services using the national Community Pharmacy Contractual Framework (CPCF) in local areas. The CPCF sets out the services that need to be provided, how quality is assured and other expectations, such as safety.
- 1.3 Until recently the CPCF has been negotiated nationally on an annual basis. However it was agreed in 2019 contract negotiations to move to a multi-year agreement, like the GP contract, in order to fulfil the ambitions of the NHS Long Term Plan. The national budget for community pharmacy is £2.592 billion per year; there is no specific budget set by NHS England and Improvement at a local level for the Somerset area.
- 1.4 NHS England and Improvement are also responsible via Primary Care Support England (PCSE) for the control of market entry and relocation of pharmacy regulations meaning that they make the decision if and where a new community pharmacy can open or whether or not an existing community pharmacy can move locations. As a stakeholder in these decisions, Somerset CCG is invited to comment on any such applications alongside other stakeholders such as Public Health England and other community pharmacy contractors.
- 1.5 NHS England and Improvement commissioning decisions, including where new pharmacies are needed, are informed by the pharmaceutical needs assessment. The pharmaceutical needs assessment is a comprehensive review of the current and future pharmaceutical needs of the local population. This is refreshed every four years by local systems via the Health and Wellbeing Boards.

What types of service does community pharmacy provide?

- 1.6 The CPCF outlines three types of services

1. Essential services – these are nationally set, mandatory services that community pharmacies must provide as part of their NHS contract. It includes the dispensing of medicines and medical appliances, the disposal of medicines, self-care advice, healthy living advice and medicines support following hospital discharge.
2. Advanced services – Optional services that are nationally set and specified that any pharmacy can opt into as long as they meet certain minimum requirements. Examples of current advanced services are flu vaccinations, the New Medicine Service and the Community Pharmacist Consultation Service.
3. Enhanced services – These are optional services that only NHS England can commission. This route is not often used as most areas use locally commissioned services to commission these types of optional services.

1.7 Community pharmacies can also be contracted to provide locally commissioned services by CCGs or local authorities to meet the needs of particular local populations outside of the nationally set and specified services. Somerset CCG currently commissions a Minor Ailments Scheme local enhanced service which 94 of our 101 community pharmacies are signed up to deliver.

1.8 Community pharmacies may also provide private services, for example, travel health advice.

2 **Developing community pharmacy in Somerset – Risks and Opportunities**

2.1 The development of Integrated Care Systems (ICS), which are due to come into being in April 2022, gives us the opportunity to review how community pharmacy is placed in the Somerset system. The potential delegation of the remaining primary care provider contracts to ICS' has opened the conversation to how we can best maximise the opportunities available to us within community pharmacy whilst remaining mindful of the potential risks.

Risks

2.2 The current negotiated CPCF sees a shift in how community pharmacies are funded. Previously dispensing fees made up a large proportion of the contract funding. In the new multi-year arrangement, the emphasis has shifted to the provision of clinical services. A reduction in profit allied to centralisation of dispensing via robot hubs and home delivery could render the high street pharmacy model unviable leading to pharmacy closures.

- 2.3 The shift towards providing a greater number of clinical services is only possible if there is the clinical pharmacist capacity available to undertake this. This means relying on contractors to invest in technology to enable the clinical pharmacists to undertake the new services. There also needs to be a sufficiently trained workforce who is able to deliver the services to the population.
- 2.4 Building relationships as part of the wider neighbourhood team (defined in the NHS Long Term Plan as General Practice, Community Pharmacy and NHS Community Services) is an important enabler to be able to deliver on the contents of the CPCF. If these close relationships do not develop then we may not be able to fully deliver on any new initiatives.
- 2.5 Developing and expanding the number of clinical services being offered in community pharmacy will require access to dedicated private consultation space from which to provide these from. This will be a challenge in some premises due to the limited space available for separate consultation rooms.
- 2.6 Should the contract be delegated to ICS level, then we would need the associated resource (budget and workforce) moved into our local ICS in order to deliver the contract successfully. The knowledge and expertise to commission and contract community pharmacy services currently sits at NHS England and Improvement regional level.
- 2.7 Delegation of the community pharmacy contract will not necessarily bring more flexibility with how we commission services. If the community pharmacy contract is still negotiated nationally with current budgets and rules in place then there may not be much room to do innovative programmes of work.
- 2.8 Due to the current pandemic, a number of the planned services in the CPCF have been delayed. There is a risk that due to the need to divert resources to supporting the pandemic response that not all of the planned service changes will be able to be implemented in this contract period.

Opportunities

- 2.9 An increase in clinical services available to patients in community pharmacy would mean an increase in capacity in primary care in general. This would allow GPs time to concentrate on complex patients and those who need to see a GP or other general practice staff member.
- 2.10 Developing the relationships and communication between community pharmacy and general practice as key partners in primary care networks (PCNs) should lead to an enhanced level of care for patients.

- 2.11 Community pharmacies are widely spread across the county. Developing and maximising the services delivered via this network could be a key component to addressing health inequalities as well as promoting a preventative public health programme. For example expanding sexual health services or the NHS health check programme.
- 2.12 Maximising the opportunities in the national contract will allow for professional development of other key community pharmacy colleagues, for example, pharmacy technicians working at the top of their professional license.
- 2.13 Moving towards the ICS model may give us the opportunity to commission specific services to meet the healthcare needs of the Somerset population and allow us to link into and enhance the service offers from other parts of the ICS.
- 2.14 As an active member of the ICS community pharmacy will feed into the system wide conversations on what services to provide and how to provide them. There is already a Somerset Integrated Pharmacy Medicines Optimisation Group (IPMO) that are working together at a system wide leadership level to look at a new way of working for all of the different types of pharmacy provision in order to support better patient outcomes & true medicines optimisation.
- 2.15 There is also an opportunity to look at the development of all pharmacy workforce at a system level to address workforce concerns. This is currently in development and has the full backing of the different workforce boards. It has the potential to look at completely new ways of working including portfolio working and shared employment models to make the most out of what is currently a limited resource.
- 2.16 CPCF may still be negotiated nationally but delegation to local level will mean we are able to better deploy and optimise it. An example of this is the partnership working between Somerset CCG and Somerset Local Pharmaceutical Committee to create and deploy a training programme to implement the General Practice Community Pharmacy Consultation Service (GP-CPCS) in Somerset. This training programme is now being sought after by other CCG areas to use in order to implement GP-CPCS.
- 2.17 The Covid pandemic has shown the speed at which community pharmacy in Somerset can react, adapt and innovate. This was shown by the speed in which a new medication service for oral “Just in Case” (JIC) medications for end of life care was set up to support patients at the beginning of the pandemic in the space of a few days when there were concerns that there would be a shortage of injectable JIC medications.

3 Discussion

3.1 Somerset CCG recognises that developing the community pharmacy offer in the county is a way of increasing the overall capacity within primary care particularly within general practice. This will lead to better patient experience and outcomes.

3.2 Whilst some risks have been identified we believe that the opportunities available outweigh these risks and it is beneficial to the system as a whole to explore these opportunities to their fullest.

3.3 We therefore ask the committee to note the content of this paper and to support this strategic direction of travel as we work towards the ICS.