

Strategic direction for
Community
Pharmacy Clinical Services in
Somerset 2023/24



Agenda

1. Introductions
2. Session over-view and objectives
 - Enhance awareness and understanding of com pharm contract future
 - Build service opportunity buy-in and take-up across Somerset with Prescribing Leads championing in frontline general practice
3. Contract direction of travel
4. Service development and deployment at present
5. Building base and beliefs to optimise opportunities

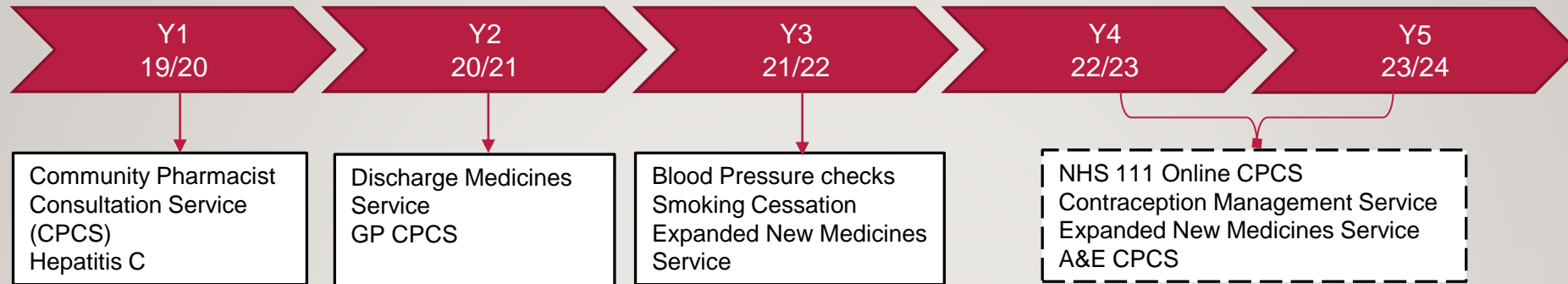


COMMUNITY PHARMACY CONTRACTUAL FRAMEWORK 2019-2024

- NHS committed almost £13 billion to community pharmacy through its contractual framework, with a commitment to spend £2.592 billion over five years from 2019-2024. This significant investment recognises the contribution that community pharmacy has committed to making towards the delivery of the NHS Long Term Plan.
- Is in line with the GP contract, providing 5-year stability and reassurance to community pharmacy. This should allow businesses to make long term business decisions.
- Builds upon the reforms started with the introduction of the Quality Payments Scheme to move pharmacies towards a much more clinically focused service.
- Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local primary care networks (PCNs).
- Describes new services which will immediately be offered through community pharmacy as well as a programme to develop evidence-based additions to those services. Foremost amongst the new services is the new national NHS Community Pharmacist Consultation Service, connecting patients who have a minor illness with a community pharmacy which should rightly be their first port of call.
- Underlines the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.
- Recognises that an expanded service role is dependent on action to release pharmacist capacity from existing work.
- Continues to prioritise quality in community pharmacy and to promote medicines safety and optimisation.
- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme.
- Commits to working on a range of reforms to reimbursement arrangements to deliver smoother cash flow, and fairer distribution of medicines margin, and better value for money for the NHS.



COMMUNITY PHARMACY CONTRACTUAL FRAMEWORK 2019-2024



Community Pharmacy Agreement, years 4 and 5, to end 23/24

Clinical Services

- New **Contraception Service**
- **Referrals from A&E/UTC** for urgent meds and/or minor illness (CPCS)
- Expanding new medicine service to patients with **newly prescribed antidepressants**
- Amendments to service specifications (starting with blood pressure checks and smoking cessation) to support **delivery by pharmacy technicians**
- Outside of the contract, **pilots for cancer referrals**, and clinical services offering an **independent prescribing** element

Pharmacy Quality Scheme

- Improved access to **palliative and end of life care** medicines
- Improved early **cancer** diagnosis
- Level 3 **safeguarding** skills
- **Domestic abuse** training
- Outside Year 5 will include local system working on health inequalities, re-auditing safe use of anticoagulants, and awareness, availability, and use of defibrillators
- Outside of the contract, an independent **evaluation of PQS** and its outcomes

Regs, Funding and Reviews

- New **mandatory workforce survey**
- A non-recurrent investment of £100m
- Review of the price concession process (DHSC)
- An independent **economic analysis** to build the evidence base for investment in clinical services
- Outside legislative changes on hub and spoke dispensing, original pack dispensing, technicians operating under PGDs, skill mix
- Outside of the contract, inclusion of criteria supporting pharmacy in NHS incentive schemes, for example, CQUIN supporting DMS

CURRENT DELIVERY OF SERVICES

- CPCS: GP and NHSI 11 (MAS + Supply)
- Flu vaccinations
- COVID vaccinations
- BP/Hypertension Case Finding
- New Medicines Service
- Discharge Medicines services
- NHS Smoking cessation
- Public Health/Prevention (EHC, Health-checks, Drug and alcohol, local smoking)

FUTURE DELIVERY OF CURRENT SERVICES

- CPCS: Optimise GP and NHS111 (both MAS + Supply via online and telephony), Front-door of A+E/UTC, Walk-in version?
- BP/Hypertension Case Finding: universal and higher volume, meshed with practice system/workload planning
- New Medicines Service: maximised and connected to Meds Opt back at practices
- Discharge Medicines Service: optimised across all system hospital sites
- Public Health/Prevention/Population Health (build on local EHC, Health-checks, Drug and alcohol, smoking, and/or land the national well ie BP Case Finding)

DEVELOP POPULATION HEALTH AND DRIVE TO REDUCE HEALTHCARE INEQUALITIES

REDUCING HEALTHCARE INEQUALITIES



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



Target population

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



CORE20 PLUS 5

Key clinical areas of health inequalities

1



MATERNITY
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2



SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3



CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4



EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

5



HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management



SMOKING CESSATION
positively impacts all 5 key clinical areas

STRATEGIC PLANNING OF FURTHER CLINICAL SERVICES FOR 2023/24

- **Expanding** New Medicine Service: eg **newly prescribed antidepressants**
- Amendments to service specifications (starting with blood pressure checks and smoking cessation) to support **delivery by pharmacy technicians**
- Contraception service (combined with locally the PGDs for Aspirin and Folic acid)
- **Pilots for cancer referrals:** early symptom recognition
- **Pathfinding Independent Prescribing:** clinical/medicines optimisation services development
- **Population Health/Public Health/Prevention:** Tackling health inequalities
- **POCT:** Enhanced case finding and health checks: based on easy-access to POCT eg HbA1c
- **Healthy Living Pharmacies:** future of wider pharmacy role
- **Vaccinations:** Broader offering?
- **Out of hospital agenda:** GP shift in focus from minor and lower license care

HOW TO SYSTEMISE SUCCESS IN SOMERSET

- **Delegated contract shift:** April 2023 cradled locally
 - **Integration:** Political and practical integration with parity of inclusion
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- **Primary Care Strategy:** New ways of thinking and doing drive new ways of caring
 - **QI:** Quality and quantity mapping of services already being delivered, leveraging best practice to improve cross-Somerset consistency (draw on outside agencies and insights)
 - **Implementation of services:** Proper plans, properly deployed
 - **Interfaces: People/Platforms/Processes/Pathways:** New models of care enabled by collaboration and connectedness



OPPORTUNITIES AND NEXT STEPS

Population Health Management - How can community pharmacy support local priorities and use big data to help focus activity?

Fuller Implementation - How can pharmacies support prevention, urgent and episodic care and LTC management, and address health inequalities? (CORE20PLUS5)

Opportunities for local integrated commissioning - Bringing local authorities and NHS commissioning together (neighbourhood, place or ICS level)

- Local **workforce planning** and best use of current workforce

SOME KEY DATES:

11th January 2023: Launch of the initial tier of the new PCS;

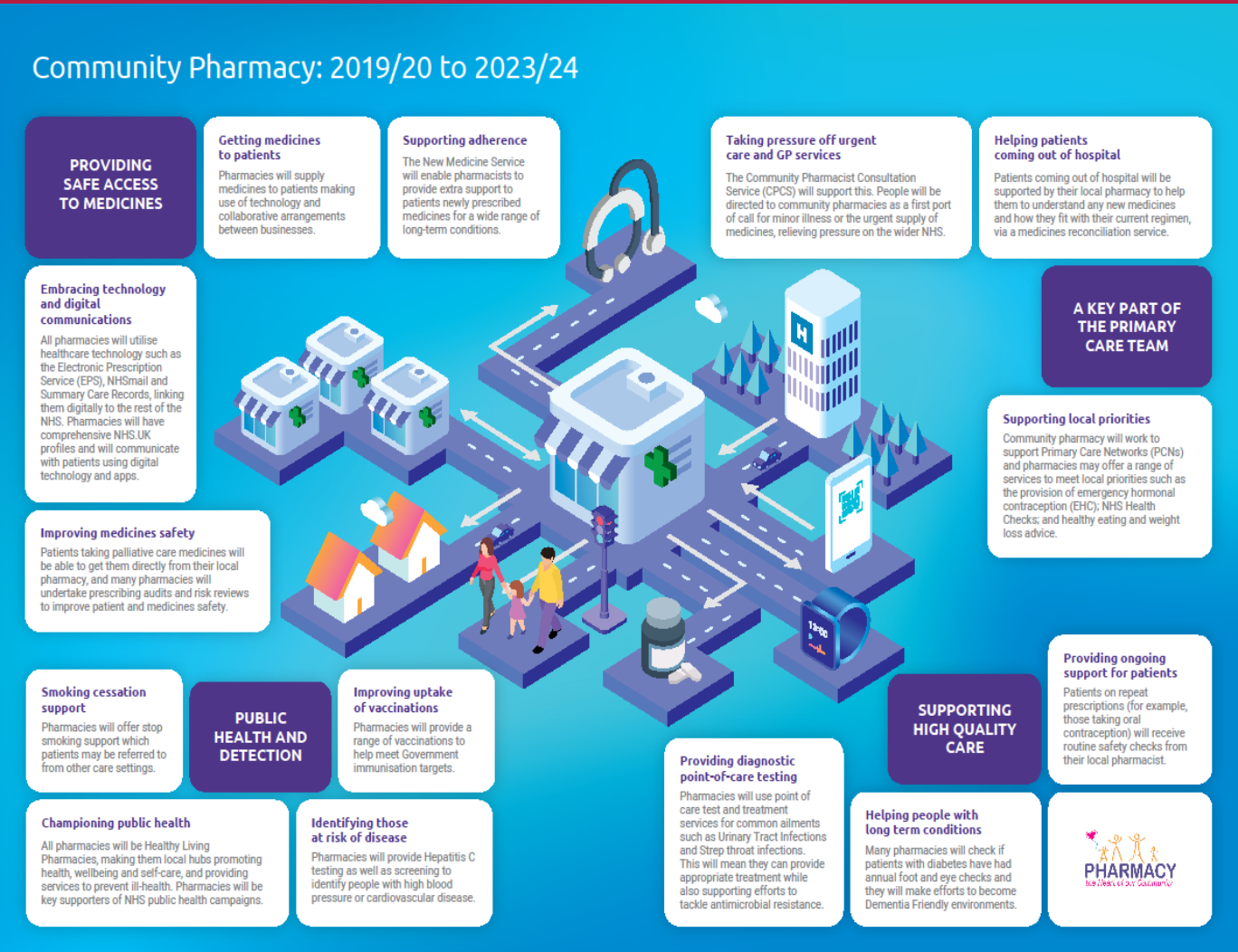
March 2023: Expansion of the CPCS to include referrals from Urgent and Emergency Care settings;

19th April 2023: Expansion of the NMS to include anti-depressants; and

4th October 2023: Launch of the second tier of the PCS



SUMMARY SLIDE COMMUNITY PHARMACY: HOW AND WHERE WE FIT THE HEALTH SYSTEM



THE VITAL ROLE OF ICS/B

Integration of community pharmacy services and whole system approach across an ICS to **Population Health Management**

Driving local commissioning with a **focus on local priorities** to address unwarranted variation and inequality in health outcomes

Requires strong **clinical leadership** and robust and resilient governance frameworks

Supported by investment in **new regional and ICS roles**

Neighbourhoods

PCNs and multi-agency neighbourhood teams working together across GP practices, community services, social care and others to deliver more co-ordinated and proactive care

Places

Partnerships of health and care organisations in a town or district to join up the planning and delivery of services, redesign care pathways and address health inequalities

Systems

Joint working across health and care on overall system strategy, resources and performance management, specialist services management, and strategic improvement (e.g. workforce, digital, infrastructure, estates)