

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

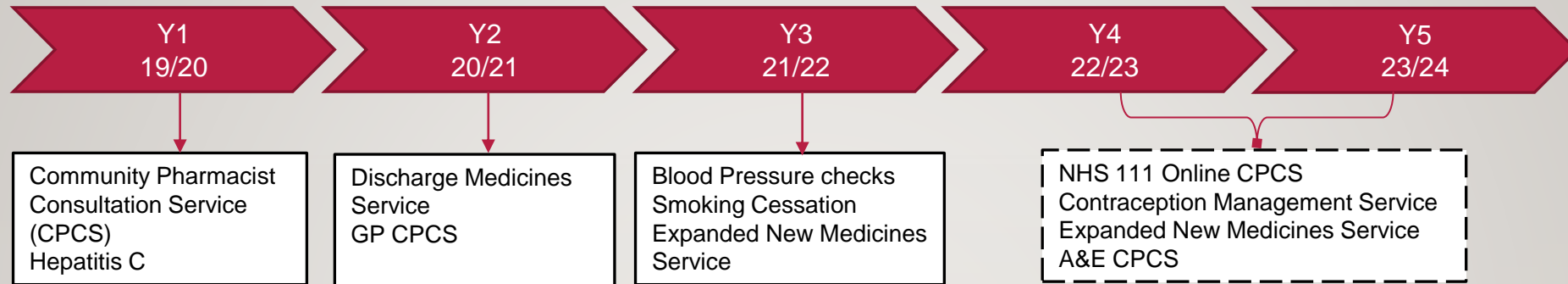


# COMMUNITY PHARMACY CONTRACTUAL FRAMEWORK 2019-2024

- 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

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- 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

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- 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

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- **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;

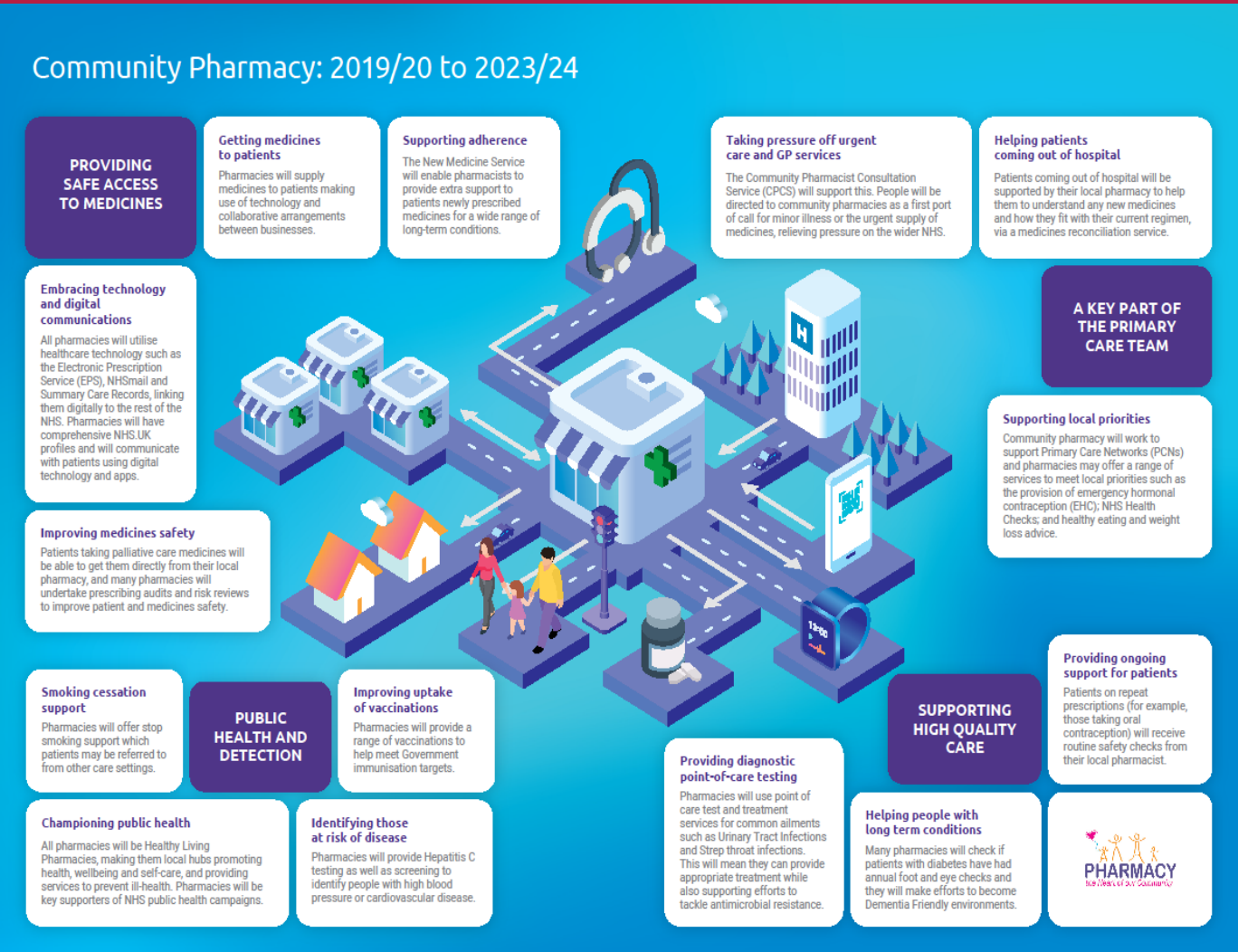
**March 2023:** Expansion of the CPCS to include referrals from Urgent and Emergency Care settings;

**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)