

NHS England South Central: Integrating pharmacy into primary care

Strategic Direction

NHS England has announced a £42million Pharmacy Integration Fund (PhIF) to support pharmacy to transform how it operates across the NHS for the benefit of patients over the next two years, as set out in the Five Year Forward View, for the NHS.

The PhIF has been created through the community pharmacy review that is led by the Department of Health as part of the package of proposals under consideration to transform the way pharmacy and community pharmacy services are commissioned from 2016/17 and beyond. A [joint letter](#) from the Department of Health and NHS England announced a consultation which completed on 24 March 2016, to consider how the fund should be used. Stakeholder engagement continues and it is anticipated that further consultation will take place over the next five years. The PhIF is the responsibility of NHS England and is separate to any negotiations related to the Community Pharmacy Contractual Framework (CPCF). It will be used to validate and inform any future developments of the CPCF going forward. NHS England is the national commissioner for community pharmacy services and the role of the organisation is to ensure the NHS provides safe, effective, high quality patient care and services within community pharmacy and to ensure the NHS lives within its means.

NHS England intends to use the recommendations of an Independent Review of Community Pharmacy Clinical Services, commissioned by the Chief Pharmaceutical Officer, to inform its approach to commissioning NHS Pharmacy Services, within the agreed contractual framework, once the review recommendations have been properly considered.

The review is examining the evidence base of the clinical elements of the current Community Pharmacy Contractual Framework and other clinical services. It will make recommendations for commissioning models and clinical pharmacy services aimed at ensuring community pharmacy is better integrated with primary care and making for greater use of community pharmacy and pharmacists.

The Independent review is chaired by Richard Murray of the King's Fund and was commissioned by the Chief Pharmaceutical Officer in April 2016 following the opportunity presented by the publication of the Five Year Forward View in October 2014 and the General Practice Forward View in April 2016, both of which set out proposals for the future of the NHS based around the new models of care. The review is due to be completed by the end of 2016.

The need for an in-depth pharmacy review was determined by the present context in which pharmacy operates:

- The changing patient and population needs for healthcare, in particular the demands of an ageing population with multiple long term conditions.
- Emerging models of pharmaceutical care provision from the UK and internationally.
- The evidence of sub-optimal outcomes from medicines in primary care settings.
- The need to improve value through integration of pharmacy and clinical pharmaceutical skills into patient pathways and the emerging new care models.

The Pharmacy Integration Fund will support community pharmacy as it develops new pharmacy clinical services, working practices and digital platforms to meet the public's expectations for a modern NHS community pharmacy service. NHS England is not asking community pharmacy to do more, but rather to work together over the next five years to develop how things can be done differently. The profession will have to change and as the national commissioner and corporate body of the NHS, NHS England will be working closely with them to support and enable this process.

The aim of the PhIF is to support the development of clinical pharmacy practice in a wider range of primary care settings, resulting in more integrated and effective NHS primary care for patients. In particular, the fund will drive the greater use of community pharmacists and pharmacy technicians in new, integrated care models, in line with calls from commentators within the sector to make better use of the pharmacy skill set. This will improve access for patients, relieve the pressure on GPs and accident and emergency departments, ensure best use of medicines, drive better value, improve patient outcomes and contribute to delivering a seven day health and care service.

Public Health

Public Health England is developing a 'value proposition' to inform the local commissioning of community pharmacy services by local authorities, while NICE is expected to publish a guideline in 2018 about the role of community pharmacy in promoting health and well being. This work is separate to the PhIF but will inform the future local commissioning of services for public health services from community pharmacy.

An independent review of community pharmacy clinical services, which was commissioned by the Chief Pharmaceutical Officer of England, Dr Keith Ridge, will be used to determine how the fund will be spent over the next two years. The review is due to report by the end of the year.

Funding

The joint letter from the Department of Health and NHS England shared details of the £42m Fund to be used over the next two years.

Through the business planning process, NHS England has identified the need to achieve efficiency savings that has impacted on all transformation and new care models programmes. Some of the PhIF has been set aside to achieve those efficiency savings in the first year in line with all other NHS England funding streams.

For 2016/17, NHS England has allocated £2m to roll out two initiatives to integrate pharmacy into urgent care: a national urgent medicines supply pilot as a referral from NHS 111; and work to improve access to pharmacy minor illness services via NHS 111.

For 2017/18, £40m will be used to fund a range of workforce developments for pharmacists and pharmacy technicians working in a range of settings to better integrate pharmacy into NHS primary care services. Work continues with organisations involved in indemnity insurance to ensure pharmacy professionals have access to the insurance they need to enable them to adopt new ways of working. The Fund will also continue to support the national urgent care pilot and commission an evaluation.

Although some schemes that are funded by the Pharmacy Integration Fund have been announced for 2016-18, other will be funded in consultation with stakeholders once the Chief Pharmaceutical Officer's Independent Review has been published. The Independent Review of Community Pharmacy Clinical Services is planned to report at the end of 2016 and this will inform how the Fund will be used to invest in shaping the integration of community pharmacy clinical services.

There has been a commitment to use up to 5% of the PhIF for evaluation of any programmes of work supported by the Fund and following consultation this will also be available to support evaluation where the integration and transformation of clinical pharmacy is underway led by local teams as part of Sustainability and Transformation Plans.

Ongoing planning and engagement with stakeholders will help to shape and determine the further deployment of the Fund beyond 2018. A pharmacy integration stakeholder reference group will be established in 2017 to ensure engagement with a wide range of stakeholders. This will be in addition to the two task and finish groups that have already been established for care homes and integrated urgent care. The work on urgent care will also be reported through to the Pharmacy Reference Group for the Keeping People Well and Stable work stream of the NHS England Out of Hospital Urgent Care programme.

The governance of the Fund is overseen by an NHS England Pharmacy Integration Oversight Group that includes representation from CCGs, NHS England regions,

General Practice, Patients and Carers, Department of health, Health Education England and Public Health England.

Pharmacy priorities

The initial priorities for the fund in 2016-18 are;

- Deployment of clinical pharmacists and pharmacy services in community and primary care settings including groups of GP practices, care homes and urgent care settings such as NHS 111.
- Development of infrastructure through the development of the pharmacy professional workforce, accelerating digital integration and establishing the principles of medicines optimisation for patient-centred care.

Workforce Development

Health Education England (HEE) is producing a workforce plan for pharmacy professionals for March 2017 that covers the whole health care system. This will be bringing together the work they have already done for secondary care with a fresh piece of work to develop a plan for primary care. This combined plan will inform future investment in developing staff pre and post registration.

The following initial workforce development has already been commissioned through the Fund to develop the post-registration pharmacy workforce:

- April 2017-March 2018: Educational grants for community pharmacists to undertake post-graduate clinical pharmacy certificate training that potentially can lead to a clinical pharmacy diploma for 1,000 community pharmacy-based pharmacy professionals.
- April 2017-March 2018: Pharmacy technician clinical leadership programme
- April 2017-March 2018: Training and development for 150 pharmacists working in care homes – to include independent prescribing qualification.
- Training and development for 120 pharmacists working in integrated urgent care clinical hubs including NHS 111 and GP Out of Hours – to include independent prescribing qualification.

Urgent Care

Pilot studies to evaluate the role of the clinical pharmacist working within the NHS 111 contact centre have been undertaken. This together with the NHS 111 Phase 2 Learning and Development programme have shown that pharmacists can add value to the clinical skill mix working within the Clinical IUC hub, completing calls and providing self-care advice across calls that involve the use of medicines. The following areas of development have been identified;

- Development of pharmacists into IUC Clinical Hubs to roll out with the IUC clinical hub development. The role within the hub will be evaluated to identify the impact on referral rates and patient outcomes.

NHS England wants to further integrate community pharmacy into the NHS' national urgent care system and develop a national pharmacy urgent care programme. This will be piloted in two work streams to run from December 2016 to April 2018.

Urgent Medicines Supply Service:

- Tested as a national pilot, it will be a direct referral from NHS 111 to community pharmacies. This will speed up access to urgently needed repeat prescriptions because they will no longer need a GP out of hours appointment and route patients away from A&E who might attend looking for urgent medication.
- This will be evaluated to inform the development of a national service.

Urgent minor illness care:

- This will develop an evidence-based, clinical and cost-effective approach to how community pharmacists and their teams contribute to urgent care in the NHS, in particular making the referral of people with minor ailments from NHS 111 to community pharmacy much more robust. This will make support for people with minor ailments a core part of NHS pharmacy practice and pharmacy an integral part of the NHS' urgent care system.
- This will reduce waiting times and free up GP's who it is estimated spend approximately 40% of their time advising patients with minor illnesses.

Clinical pharmacists in general practice and care homes

As a result of new ways of working in general practice, 500 pharmacists are currently working in GP practices and care homes, reducing both the pressure on general practice and accident and emergency admissions. Now NHS England wants to extend this type of innovation into community pharmacy using the PhIF as the catalyst for transformation.

The roll out of clinical pharmacists in General Practice is set to start from April 2017. There are other models already in place in parts of England. The intention is to work with the NHS England Primary Care Transformation team to look at other models and use the PhIF to undertake a more detailed evaluation during the roll out.

The following areas for care homes have been identified for development:

- Mapping the range of services provided by community pharmacies to care homes and how they are commissioned.
- Deployment of pharmacy professionals into care homes and evaluation of the models of integrated clinical pharmacy that achieve the best outcomes for patients.

Digital

NHS Digital has responsibility for delivering the Medicines Digital Strategy.

Pharmacy Integration through digital technologies is key to achieving efficiencies and

modernising community pharmacy to link it to the rest of the health care system. The following priorities will be supported by the PhIF:

- Developing the adoption of messaging and transfer of care data to community pharmacy from NHS 111 and hospital care settings and the sending of a post event message from community pharmacy to other care settings
- Supporting the uptake of NHS Mail2 by community pharmacies
- Supporting the uptake of the Electronic Prescription Service tracker by NHS 111 and IUC clinical hubs

The review is examining the evidence base of the clinical elements of the current Community Pharmacy Contractual Framework and other clinical services and will make recommendations for commissioning models and clinical pharmacy services aimed at ensuring community pharmacy is better integrated with primary care.

Pharmacy Access Scheme

The Government believes efficiencies can be made within community pharmacy without compromising the quality of services or public access to them. The Department of Health's new Pharmacy Access Scheme provides sufficient funding to protect pharmacies identified as essential, in more rural and isolated areas where there are fewer pharmacies with higher health needs and ensure accessible NHS pharmacy services across England. In addition, the new digital platforms will increase rather than decrease convenience for patients. Analysis shows that 40% of community pharmacies are now located in clusters of three or more, within a ten minute walk of each other, which are not providing value for money for the NHS.

NHS England will be publishing details of the implementation of the pharmacy access scheme, quality payments and market entry rules in December 2016. Our local team in South Central will be working with contractors to offer support and ensure everyone is prepared for the changes.

The Pharmacy Access Scheme will run from 1 December 2016 to 31 March 2018. Qualifying pharmacies will receive an additional payment, meaning those pharmacies will be protected from the full effect of the reduction in funding in December 2016.

A list of those [pharmacies identified as eligible](#) for the Pharmacy Access Scheme has been published by the Department of Health. This is subject to review. A further briefing will be shared in December by the NHS England South, South Central team, which will contain further details on the implementation of the pharmacy access scheme and confirm those pharmacies that are part of the scheme in South Central (Berkshire, Buckinghamshire, Oxfordshire, Bath, Gloucestershire, Swindon and Wiltshire).

The scheme will be paid for from the funding for the community pharmacy contractual framework (CPCF). The PhAS will be an additional monthly payment

made to all small and medium sized pharmacies that are a mile or more from another pharmacy. These payments will mean that those pharmacies make a smaller efficiency saving than other pharmacies, 1% in 2016/17 and 3% in 2017/18. Pharmacies dispensing the largest prescription volumes (the top 25%) will not qualify for the scheme – these pharmacies are large businesses which are expected to continue to be viable.

Quality Payments

A quality payments scheme will be introduced for the first time. Up to £75m will be available in 2017/18 and will reward quality of service provided, so that we can target improvement in people's health nationwide. This will also mean the public will see how well their local pharmacy is delivering care. The Quality Scheme provides the opportunity for a pharmacy to publish its patient satisfaction survey and to list its nationally and locally commissioned services which is a huge step forward for the profession. What is not paid out in quality payments will be paid out in other fees and allowances. To qualify for a payment, pharmacies will have to meet four gateway criteria;

1. Provision of at least one advanced specified service
2. NHS Choices entry up to date
3. Ability for staff to send and receive NHS mail and
4. Ongoing utilisation of the Electronic Prescription Service.

Pharmacies passing more than one of a list of gateway criteria, will receive a payment. There are two review points for payment in 2017; end of April and end of November. Further information is available on the [Department of Health website](#) in 'Community Pharmacy in 2016/17 and beyond: Final Package'. Further guidance on the Quality Payment Scheme will be published in December 2016.

Market entry

The Department of Health are proposing to make regulations which provide some protection for two pharmacies that choose to consolidate on a single existing site, where this does not create a gap in provision. Subject to Ministerial and Parliamentary approvals, the aim is for the changes to come into force in December 2016.

For further information, please contact

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