ROYAL PHARMACEUTICAL SOCIETY
England

napc
national association of primary care

Improving patient care through better general practice and community pharmacy integration

A CONSULTATION DOCUMENT

AUGUST, 2015

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PURPOSE OF THIS CONSULTATION

Improving patient care poses a significant challenge to the health system in England. In an environment where there is a growing population with complex health needs, coupled with stretched financial and manpower resources, there is an imperative to examine new models of working that can optimise patient care at their point of need.

Primary care is the key gateway to NHS healthcare. The Royal Pharmaceutical Society (RPS) and the National Association of Primary Care (NAPC) are listening to stakeholders from across pharmacy, general practice, the wider NHS and, most importantly, people who use and rely on the NHS, to consider how better integration of the roles and aspirations of the community pharmacist and general practitioner can improve patient care.

This short consultation will lead to the production of policy and ideas that will inform policy makers, commissioners and NHS care providers about the potential benefits of greater integration of the work of community pharmacists and general practitioners and how this can be implemented at national and local levels.

PURPOSE OF DOCUMENT

This document is designed to set out how, in the view of the RPS and NAPC, significant improvements to patient care could be achieved through better integration of the community pharmacist with general practitioners. We also seek to explore barriers to implementation and how these may be overcome in practice.

We have proposed some areas where we believe the greatest impact could be made, as well as how this could happen. These will form the foundation of new policies for integrated working.

To facilitate your feedback we have posed a series of questions and we welcome your responses by **Friday October 9th, 2015**.

WHY CHANGE?

The evolution of the modern NHS means that the effective management of medicines is substantively different to the era when the basic building blocks of the primary care contracts with general practitioners and pharmacists were devised.

The number of people with three or more long-term conditions is rising and is estimated to be **2.9 million by 2018**[1]

Every day community pharmacy is the primary health contact for **1.6 million patients each day** – a total of **438 million contacts per annum** in England alone[6]

Between 30% and 50% of prescribed medicines for long-term conditions are not taken as recommended[2]

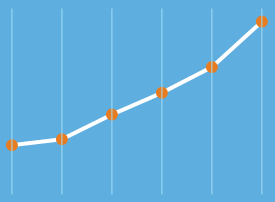
A third of GPs are considering retiring from general practice within the next five years[7]

Increasing numbers of people (around 27 million) are waiting one week or more to see their GP[3]

More than **9 out of 10** GPs say workload has adversely affected the quality of patient care[7]

Data show that for every £1 invested in pharmacy interventions in care homes, £2.38 is saved to the NHS[4]

The pharmacy workforce is expanding, with a potential oversupply of between **11,000** and **19,000 pharmacists by 2040**[8]



156,000 per day

There are 57 million GP consultations for minor ailments each year, costing the NHS approximately **£2 billion**[5]

Qualified pharmacists complete a four-year, full-time degree course and one year of pre-registration training to demonstrate their competence in practice.

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WHY NOW?

With the increasing complexity of medicines use by patients, allied to the new models of care initiative from NHS England, the time is right for a re-evaluation into how improved integration of the community pharmacist in primary care can enhance patient outcomes. We also believe these benefits will go beyond primary care and lead to a reduction in hospital NHS costs.

The idea of integration, greater collaboration or a more joined up approach between general practice and pharmacy is not new. While a profession-to-profession approach is to be welcomed, structural, organisational and misaligned incentives often undermine the natural instincts of professions to work together.

In particular, the community pharmacy structure does not facilitate easy engagement with new care delivery models, while workforce pressures have previously prevented better use of community pharmacists.

Work from NHS England and other parts of the health system provides ample stimulus. The Five Year Forward View proposes that new "Multispecialty Community Providers" could operate at scale across localities offering a broader range of services. Pharmacy and general practice could consider, indeed in some areas are, forming networks and federations to allow this vision of care to be realised.

The review also promotes the integrated "Primary and Acute Care Systems" and better care for people in care homes that will, at the very least, require pharmacists to work more closely with other providers.

WHAT IS THE SHARED AMBITION OF THE NATIONAL ASSOCIATION OF PRIMARY CARE AND THE ROYAL PHARMACEUTICAL SOCIETY?

- We believe NHS care, delivered close to home, is where the majority of our preventative and curative health needs, health promotion and care monitoring services should be provided.
- We believe that closer working between general practitioners, community pharmacists and other community-based healthcare professions will improve medicine use and reduce waste.
- We believe general practitioners, community pharmacists and other community-based healthcare professions should provide joined up, holistic, person-centred care.
- We believe NHS care will be best delivered through a combination of universal access and comprehensive services delivered by multi-professional teams in a variety of settings who work to address the health needs of the population.
- We believe the integration of patient care involves a sustained partnership with patients and formal and informal care givers.
- We believe that general practitioners and community pharmacists can play a significantly greater role in supporting people with long-term conditions, as well as helping people stay well by developing collaborative, innovative medicines-related programmes.
- We believe that additional funding is required across the whole general practice/ community pharmacy infrastructure to enable better use of medicines and reduce waste.

HOW CAN WE MAKE THE DIFFERENCE?

Working together, and with input from other stakeholders, we have proposed some core principles to improve the integration of the community pharmacist with general practice. We are seeking your feedback on these principles as these will steer the direction and form the foundation of future policy development.

Further detail on these is provided below, but, in summary, the core principles are:

- To develop an underlying approach that binds the contractual frameworks of community pharmacies and general practices together
- To develop potential schemes and programmes that could increase collaboration between general practitioners and community pharmacists.

Q1: Do you agree with these principles?

☐ Yes ☐ No

Please let us know if there any principles you would add or change.

Change principle(s):

Add additional principle(s)

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PRINCIPLE 1:

To develop an underlying approach that binds the contractual frameworks of community pharmacies and general practices together: the need for a new Joint Population Health Framework.

We believe that commissioners should move to focus to what is needed for the local population, rather than commission against a provider framework.

This requires a more holistic approach to healthcare provision, with general practitioners, community pharmacists and other health and social care providers working together within a Joint Population Health Framework to deliver defined outcomes through high quality patient pathways, e.g. public health and prevention, better care for people with long-term conditions and health and social care improvement.

For general practice, with its registered list of patients per practice, such an approach is a natural evolution. For community pharmacy, however, this is a radical shift from the existing payment by drug purchasing efficiency, volume dispensing and service provision approach.

Moving to a Joint Population Health Framework that rewards community pharmacy for its role in holistic patient care is a huge challenge, but we believe aligning financial incentives with improved population health will enable community pharmacy to play a fuller role in health provision.

A joint approach would focus on providing and improving care to a population of diagnosed and undiagnosed patients in a way that is more effective and better suited to their needs. The better management of a whole population of patients would be contracted for and rewarded with local healthcare professionals organising services in the most appropriate way to suit their patient population's needs.

For example, the pathway could start with early identification of long-term conditions within a designated population via multiple primary care providers, including community pharmacists, with support jointly provided by general practitioners and community pharmacists. This could include regular reviews of patients by GPs and on-going monitoring and support provided by the pharmacy team, aimed at supporting self care through education and regular contact.

It should be noted that the concept of population is not fixed, i.e. people registered with a specific general practice, a geographical area, commissioning area or certain defined groups.

Q2: Do you agree with a joint population health approach to the provision of NHS care?

☐ Yes ☐ No

Additional comments:

Q3: Do you agree that holistic services require holistic person-centred, rather than provider-centred, commissioning?

☐ Yes ☐ No

Additional comments:

Q4: Do you think a joint population health framework will encourage and facilitate integration of general practice and community pharmacy?

☐ Yes ☐ No

Additional comments:

PRINCIPLE 2:

To develop potential schemes and programmes that could increase collaboration between general practitioners and community pharmacists.

We have outlined below approaches that could have maximum impact in improving patient care through better integration of general practitioners and community pharmacists.

Often there may be practical actions that could be taken now by local commissioners, pharmacy business owners and general practices to enable the provision of integrated care for patients; in others a broader, system-wide change is required.

In every scenario, we believe there is a need for both local and national action and, crucially, neither is dependent on the other.

- **Community pharmacy as the first port of call for minor self-limiting conditions**
  Community pharmacy has the capacity and capability to provide "first port of call" advice for minor self-limiting conditions. This is supported by a large and growing evidence base. Minor ailments account for 57 million GP consultations per annum; costing the NHS approximately £2 billion.[5] A number of local minor ailments schemes have been commissioned throughout England and a national scheme should be considered to widen the availability of such schemes, while simultaneously allowing patients the option to see their GP if they would prefer.

Q5: How important is the need for a national minor ailments scheme, operating through community pharmacies, to provide a consistent standard of service for patients and the NHS that is available throughout the country?

- ☐ Vital
- ☐ Very important
- ☐ Little importance
- ☐ Not important

- **Joint management of high-risk patients**
  General practitioners already identify 2% of patients at high risk of serious health issues. Pharmacy can play a critical part in their on-going care, by either maximising existing services (e.g. Medicines Use Reviews, New Medicines Services) or the commissioning of new services to support patients to get optimum benefit from their medicines, e.g. clinical pharmacy reviews, managing polypharmacy patients.

  We believe we should intensify the support for these vulnerable patients, particularly after discharge from hospital, and for those living in residential care and supported domiciliary settings through co-ordination via a personally-selected key worker and two-way referral of patient care by both community pharmacists and general practitioners.

Q6: Do you agree that community pharmacists and general practitioners could collaborate more to play a greater role in supporting high-risk patients, who are often taking multiple medicines?

- ☐ Vital
- ☐ Very important
- ☐ Little importance
- ☐ Not important

- **Pharmacists working within GP surgeries**
  We believe there are real benefits to patient care from having a pharmacist as part of the general practice team. It is important to note that we consider that these pharmacists will come from a variety of backgrounds, including local community practices.

  There is a need, however, to evolve existing practice into multiple models of care for the benefit of patients at their point of need. By taking a patient-centric approach we can develop models that harness the wide variety of pharmacist expertise alongside the wide accessibility of community pharmacy.

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This will improve day-to-day resolution of medication issues, as well as improving understanding of the capability and untapped potential of community pharmacists.

Q7: How important are pharmacists working within GP surgeries to integration of general practice and community pharmacy in improving patient care?

- ☐ Vital
- ☐ Very important
- ☐ Little importance
- ☐ Not important

- **Care records and empowering patients**
  Work has been undertaken to allow access to the summary care record by community pharmacy. There is consensus among both professions that patient care can be enhanced by pharmacists in community pharmacy being able to access, and also add to, patients' records (known as read/write access).

  It is vital that patients are involved in and lead this change. We believe that empowering patents and their carers to be in charge of their own medical information will allow people to choose when and how their care can be improved through sharing this with the appropriate health professional.

Q8: Do you believe that patients should be enabled to allow community pharmacists full read/write access to their health records?

- ☐ Vital
- ☐ Very important
- ☐ Little importance
- ☐ Not important

- **Contractual frameworks and incentives**
  Incentives to help bring community pharmacy and general practice into ways of collaborative working, rather than being competitive, would be a helpful signal to both professions about their future role.

  The community pharmacy contractual framework and general medical services framework are currently set independently. However, as both contracts are now negotiated through NHS England, there is an opportunity to align services and incentives in a way that delivers patient benefit.

  We understand that negotiating of contractual frameworks may take some time; however, the intention to drive the closer working and integration of pharmacy and general practice should now be made clear by NHS England.

Q9: How important are contractual frameworks and incentives that integrate general practice and community pharmacy in improving patient care?

- ☐ Vital
- ☐ Very important
- ☐ Little importance
- ☐ Not important

- **Recognising those who are leading change**
  The integration of community pharmacy and general practice is happening already in some areas. Local leaders are moving ahead with plans and services that are orientated around local needs. *The Five Year Forward View* provides mechanisms for change all of which are driven through local initiatives.

  This means that innovation and change are most likely to be adopted from the bottom up as local initiatives have the ability to be nimble and flexible in order to adapt to local needs and demands. Although there are challenges in delivering at a national level, the NHS is increasingly taking a local approach and this should be recognised by community pharmacy to get the most from locally commissioned and delivered projects.

  We believe that local solutions that are already delivered by practitioners should be recognised and supported by national organisations. In this way best practice and good ideas that make a difference to patient outcomes can be spread.

Q10: How important is the recognition and support of local leaders who are already improving patient care through the alignment of general practice and community pharmacy?

- ☐ Vital
- ☐ Very important
- ☐ Little importance
- ☐ Not important

- **Joint educational initiatives and local meetings**
  We want to create an environment in which it becomes increasingly natural for pharmacists and general practitioners to come together to address the health needs of the populations that they serve.

  To deliver patient-centric education, there is a need to consider joint training that runs throughout pharmacy and medical education, at both undergraduate and postgraduate level. For the latter, approaches could include a programme jointly owned and delivered by community pharmacists, general practitioners, NHS England, patients and their representatives within the health system. We would hope the current pharmacy general practice NHS and public representatives across the system would consider leading this approach.

Q11: How important is it that joint educational initiatives and local meetings between community pharmacists and general practitioners becomes the norm?

- ☐ Vital
- ☐ Very important
- ☐ Little importance
- ☐ Not important

We are also actively looking for case studies that could add real life examples of where joined up general practice and community pharmacy services are already benefitting patients.

WHAT NEXT?

Responses to this consultation will be collated and form the basis of a formal report to raise interest, stimulate debate and press for beneficial changes in primary care.

We are also actively looking for case studies using the supplementary response form that could add real life examples of where joined-up general practice and community pharmacy services are already benefitting patients.

Please send all replies and case studies using the supplementary response form to **Heidi Wright, Royal Pharmaceutical Society** by **October 9th, 2015** via email at: **Heidi.Wright@rpharms.com**.

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The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain.

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The National Association for Primary Care is a leading national membership organisation representing and supporting the interests of all healthcare professionals, both clinicians and managers, working across the breadth of Primary Care. We help them deliver effective and efficient patient centred care through our continued guidance and support services including training, events and knowledge sharing.

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