



NAPC | National Association  
of Primary Care



# Role of Community Pharmacy in Building the Primary Care Home

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NAPC Pharmacy Forum

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# Our definition of Primary Care

Patients' first point of contact with the health and social care system

Provides the majority of our preventative and curative health needs, health promotion and care monitoring requirements

Personalised approach rather than disease focused

Comprehensive services delivered by multi- professional teams focus on population health needs

Co-ordinates the integration of care in partnership with patients and care providers.





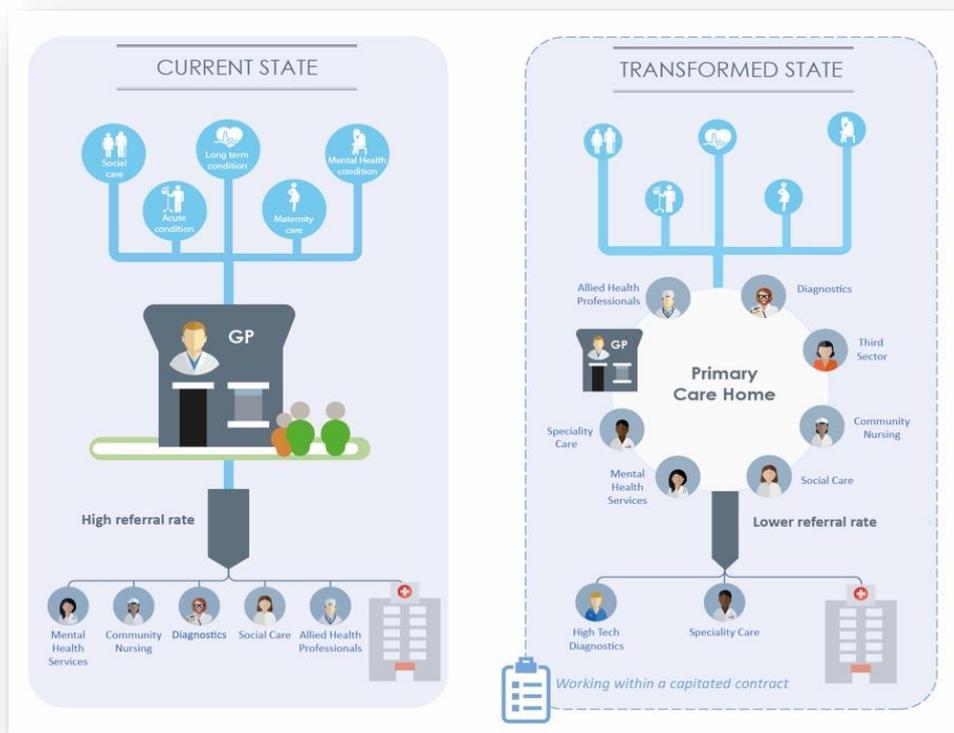
# Guiding principles for the PCH project

- **Support bottom up transformation:** Encourage the bottom up development of the PCH model by rapid test sites, only recommending 'top down' solutions where it supports PCH development
- **Be facilitative, not prescriptive:** Facilitate and advise rapid test sites on the development of their PCH model, linking them to best practice, learning and thought leaders, to help shape their development
- **Be behaviour focused:** Prioritise the culture and clinical/managerial behaviours required to transform local health and social care services, not just the organisational and process changes
- **Be driven by network and shared learning:** Prioritise networking and peer to peer engagement as the most effective means of sharing knowledge and developing capability wherever possible.
- **Plan, do, study, act:** Supporting innovation and development through plan, do, study and act cycles to test an idea by temporarily trialing a change and accessing its impact.



# Four core characteristics of a Primary Care Home

- 1 The provision of care to a defined, registered population size of 30,000 to 50,000 people
- 2 A combined focus on personalisation of care with improvements in population health planning, provision and outcomes
- 3 An integrated, multi-disciplinary workforce, with a strong focus on partnerships spanning primary, community, secondary, third sector, mental health and social care
- 4 Financial drivers aligned with the health needs of the whole population.



# The PCH Model and Resource Utilisation

- Proactive care approach to the health and well being of the local population, **reducing demand on local services**
- **Increasing patient access** to a wider range of provider services, reducing the number of queues in the system and optimising patient flows
- **Removing the need for outpatient attendances**, increasing care provision in the right care setting
- Application of a systematic approach to care of people with long term conditions **leading to lower referral rates to hospital**
- Increasing access to key diagnostic tests to enable **more completed episodes of care within the PCH**
- Increasing the range and reliability of therapeutic interventions through a PCH on-site 'care bundle' approach, **reducing prescribing costs**
- Extending roles and responsibilities within the PCH in line with efficient 'care bundles' to **attract and retain an effective workforce**
- **Optimising early discharge of patients** admitted by PCH clinicians collaborating with acute care specialists.



# Role of Community Pharmacy in Building Primary Care Homes

NAPC formed a Pharmacy Forum with the purpose of producing a guidance document for aspiring Primary Care Home sites to pragmatically:

1. Build and engage to grow trust and effective ways of working and generate “Team Primarycare”. Mobilise the local leadership (LPC+LMC)
2. Understand the skillset Community Pharmacy can bring to your local workforce and how that will benefit your population and patient -care
3. Provide blue-prints of already established, tried and tested Community Pharmacy led innovations – Service Directory with case studies
4. Explore and guide on main enablers in the delivery of aligning community pharmacy in the primary care sector via the Primary Care Home
  - IT Inter-operability
  - Contracting and Finance
  - Workforce Development





# The Pharmacy Forum – Who we are

The forum aims to be representative of both front line staff, independent Pharmacies and large corporates and the key stakeholders. The group is currently made up of :

Michael Lennox – NAPC Council, CEO Somerset LPC

Dr James Kingsland – NAPC President

Liz Stafford – External Relations & Policy Development, Rowlands Pharmacy

Alastair Buxton – Director of NHS Services, PSNC

Malcolm Harrison – Senior Manager, Projects and Contract Development, Boots

Ash Soni – NAPC Board member, RPS President

Clare Kerr – Head of Healthcare Policy and Strategy, Celesio

David Bearman – Chair, Devon LPC

Gary Warner – South Central Regional Representative, PSNC lead on IT



# Community Pharmacy Integration

## 5 key enablers, who, why and how?

### 1. Who and why?

Build the BELIEF, take ACTION, use RESULTS

Enable – Engage – Entice – Enrol – Enhance (PCH+LPC+LMC)

### 2. What?

Service Directory – CP5YFV and Murray report (the go-to-guide of the tried and tested in pharmacy)

### 3. How?

IT – Integrate and optimise the BAU and build the new!

### 4. How?

Workforce

### 5. How?

Contracting and payment systems





# Pharmacist Role in Multi-Professional Team Care

Experts in medicines (pharmacology/pharmacokinetics etc.)

Integrated member of multidisciplinary team

Patient facing role

Medicines Governance

Long-term conditions

Polypharmacy

Common ailments

Efficient and effective medicines procedures

- Repeat prescribing
- Medicines reconciliation for example



# Examples of Pharmacist Patient Care

Repeat Prescribing – review of process

Repeat Prescription authorisation/reauthorisation

Medication Optimisation (enquiries, alerts/information, reviews)

Therapeutic Drug Monitoring

High Risk Medicines search and monitoring i.e. methotrexate, lithium

Minor ailments

Independent prescribing responsibilities, up-titrating, optimising therapy

Care home reviews

Clinical Audit – e.g. antimicrobial surveillance

Education delivery – other HCP's, patients



# Community Pharmacy Forward View

- Community pharmacy provides the **most accessible healthcare** in local communities –especially in under-doctored areas.
- Successive Governments have called for community pharmacy to provide more health services in the community and relieve the pressure on GPs and A+E, but **have not provided the resources or vision to achieve this.**
- The **CPFV is the first sector-wide vision for the future of community pharmacy.** It renews the dialogue between the community pharmacy sector, the NHS and Government, and provides the basis for working together more effectively in future.



# Community Pharmacy Core

## **The trusted, convenient first port of call for episodic healthcare advice and treatment**

- Seamless triage to and referral from community pharmacy
- ‘Pharmacy First’ ingrained in people’s behaviour
- Ability to add to an individual’s shared care record
- Diagnostics, point of care testing and prescribing all within community pharmacy setting



## **The neighbourhood health and wellbeing hub**

- ‘Go-to’ location for support, advice and resources on staying well
- Build on Healthy Living Pharmacy model
- Safe and efficient supply of medicines will remain core but recognised as one component of services available
- Work with community leaders to understand local needs and develop services
- Great connections with other local organisations

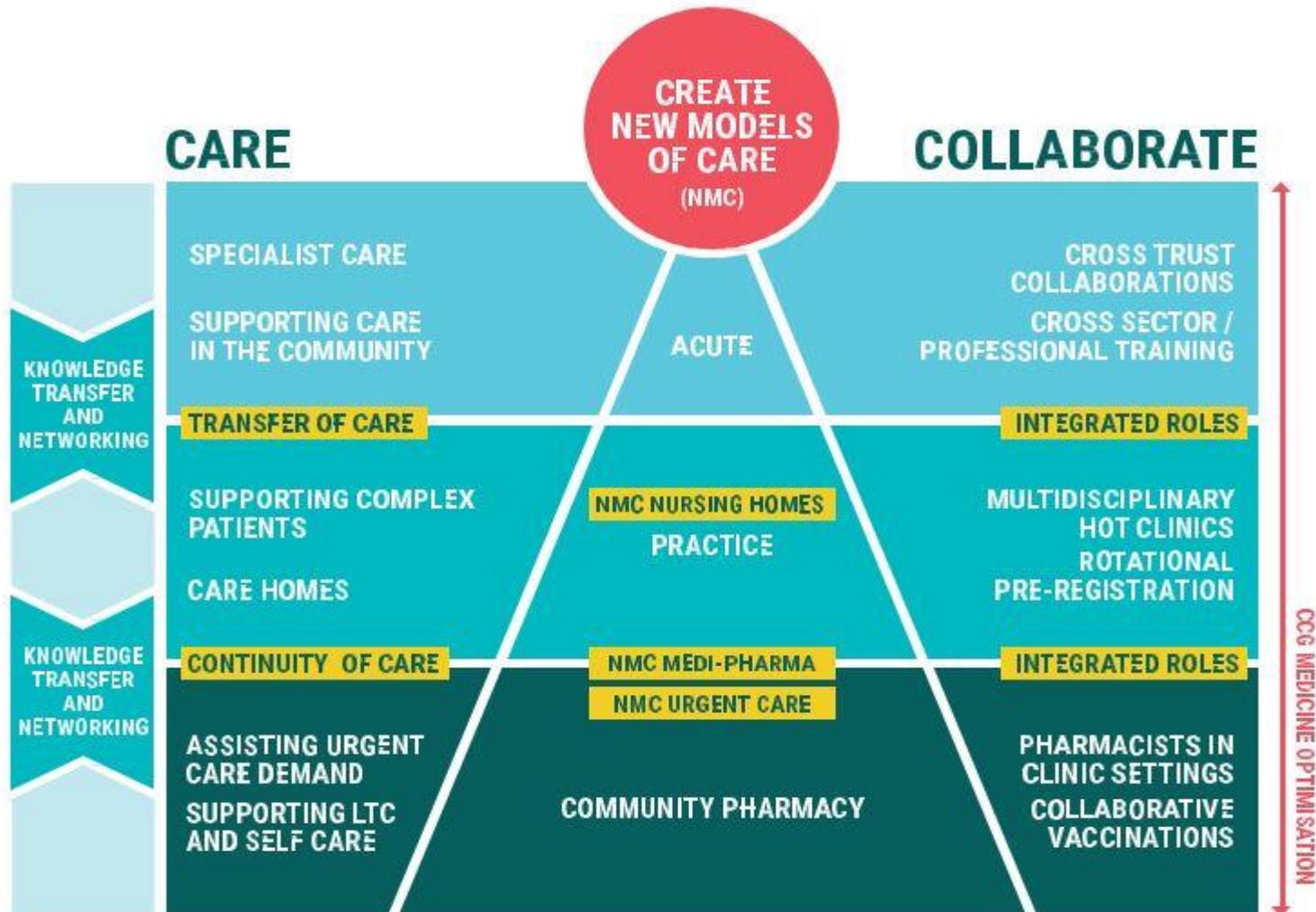


## **The facilitator of personalised care for people with long-term conditions**

- Enhance and expand services
- Based around principles of medicines optimisation
- Personalised care and support plans
- Cost effective use of medicines
- Better health outcomes, controlled costs and reduced demand
- New approach to funding needed



# Building the Clinical Pharmacy System





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[www.napc.co.uk/primary-care-home](http://www.napc.co.uk/primary-care-home)

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