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Involving community pharmacy in building the primary care home

Michael Lennox, Chief Executive, Somerset Local Pharmaceutical Committee
and Ashok Soni OBE, Executive Member, NAPC

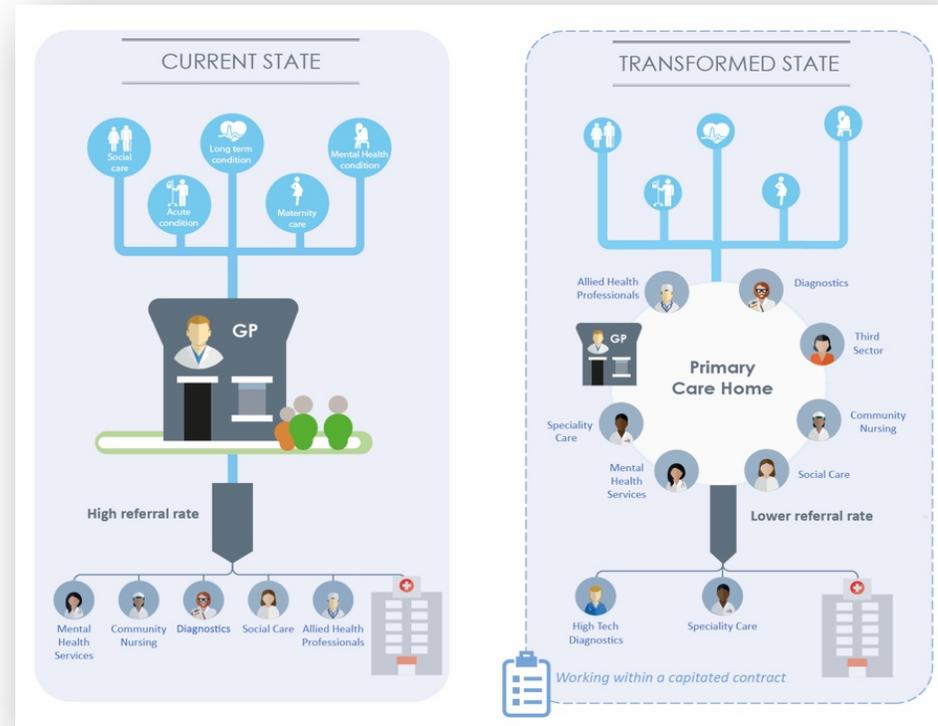


Our definition of primary care

- 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.

Four core characteristics of a Primary Care Home

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



Guiding principles for the PCH project



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- **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.



The PCH Model is expected to drive improved resource utilisation

Resource utilisation benefits will be dependent on local priorities, but could include:

- 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.

How to involve community pharmacy?

The NAPC Pharmacy Forum work



The forum was set up with the purpose of producing recommendations for aspiring primary care home sites on how they can engage with community pharmacy.

The skillset community pharmacists can bring to your workforce and how that will benefit your population.

Showcasing already established, tried and tested community pharmacy led innovations – what worked and what did not.

The forum was also tasked with raising the profile of primary care home within community pharmacy front line staff and key stakeholders within the industry.

The intent is to explore main enablers in the delivery of aligning community pharmacy in the primary care sector via the primary care home.

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

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 – Board member, RPS

Clare Kerr – Head of Healthcare Policy and Strategy, Celesio

David Bearman – Chair, Devon LPC

Gary Warner – South Central Regional Representative, PSNC



The Pharmacy Forum – what we focused on “five key areas of integration”

These are not set in stone but are emerging from the needs of PCH sites, patients and the professions.

1. Enable – Engage – Entice – Enrol – Enhance
“Walk in my shoes” (LMCs and LPCs)
2. Service Directory – CP5YFV and Murray report
(the go-to-guide of the tried and tested in pharmacy)
3. IT – Integrate and optimise the BAU and build the new!
4. Workforce development and dynamic
5. Contracting and payment systems

System context for workforce and policy?

System Changes

- *Local vs National
- *STP and MCP development
- *Workforce supply and demand
- *Financial pressures
- *Provider collaborations
- *Move to care in the community

Workforce Implications

- *Enabling change, devolve and control
- *Integration, multidisciplinary
- *New roles, joint planning
- *Revised management and incentives
- *Joint and portfolio roles
- *Multiple settings of care

We require greater development in capacity, competence, confidence, collaboration and communication along with an ability to manage complexity to respond to these challenges



Pharmacist role in MDT

- 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 enquiries
- Medication alerts/information
- Medication 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
- Efficient medicines processes
- Education delivery – other HCPs, patients

Some workforce issues arising

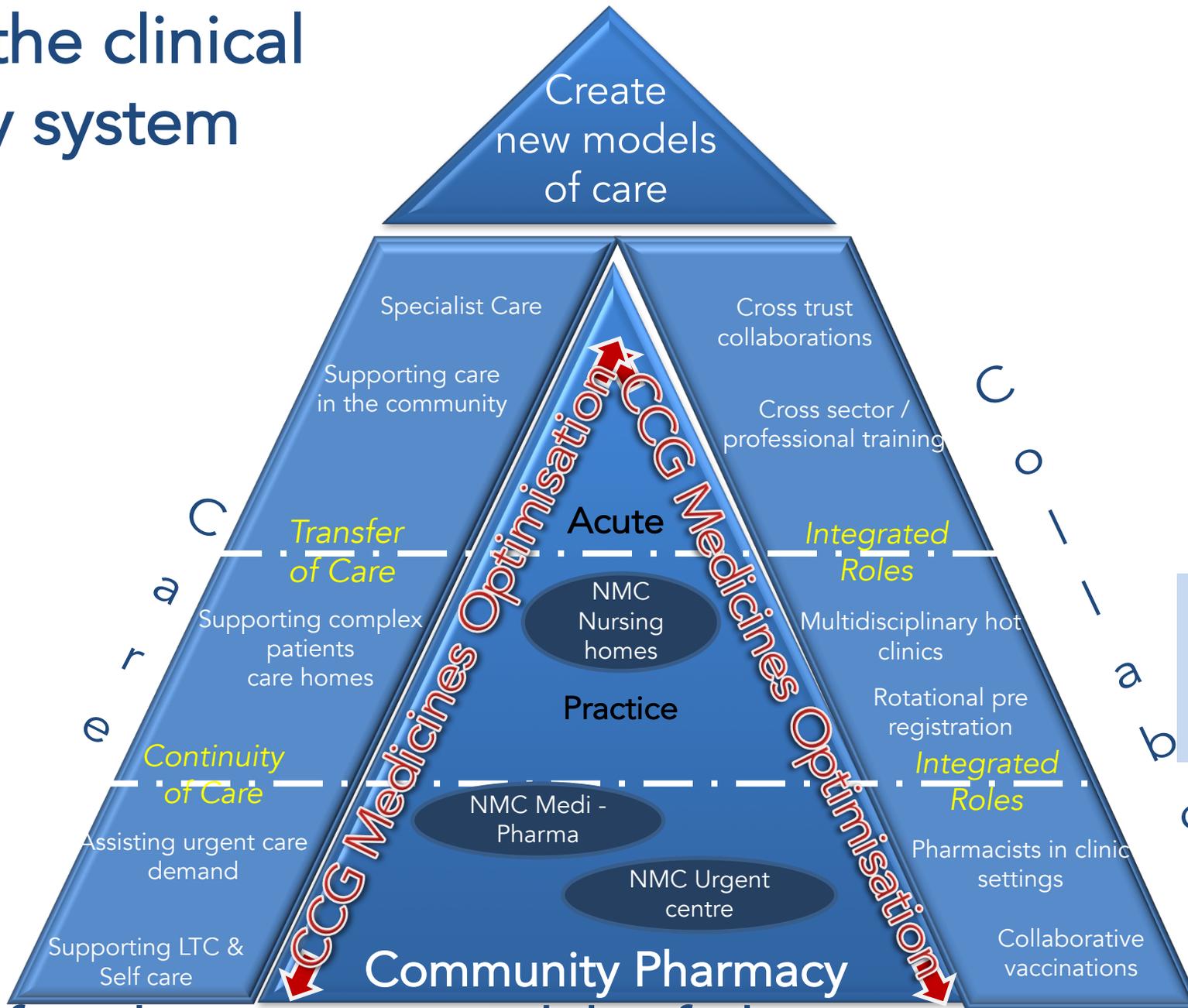


- Attracting and developing a diverse workforce
- Maximising existing skills and capabilities
- New ways of working
- (New roles only if needed)
- Inter-professional workforce development
- Inter-professional education and training

Building the clinical pharmacy system



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New ways of working + new models of pharmacy



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.

Core functions of community

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

Core functions of community

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

Core functions of community

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



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