appg All-Party Pharmacy Group

All-Party Parliamentary Pharmacy Group: AGM and "Making the Most of Pharmacy in Primary Care" Event
Wednesday 1st December 2021
Meeting Notes

Attendees

- Jackie Doyle-Price MP
- Bob Seely MP
- Rachael Maskell MP
- Bill Esterson MP
- Sir Peter Bottomley MP
- Nigel Mills MP
- Baroness Walmsley
- Office of Sharon Hodgson MP
- Office of Sir Ed Davey MP
- Baroness Gardner
- Baroness Masham

Election of Officers

After brief introductions from Chair of the APPG Jackie Doyle-Price MP, the meeting was deemed quorate for an AGM and parliamentary attendees agreed that Jackie would resume the role of Chair. It was also agreed that the officers would be as follows:

- Paul Bristow MP
- Feryal Clark MP
- Jason Mccartney MP
- Taiwo Owatemi MP
- Julian Sturdy MP
- Baroness Cumberlege
- Lord Clement-Jones
- Lord Grade

Income and Expenditure Statement

The Chair informed the Group that an income and expenditure statement had been circulated ahead of the meeting.

Introduction to the Meeting

Jackie Doyle-Price MP then introduced the event discussion and the speakers.

Pharmacy in Scotland

James Semple, Vice Chair of Community Pharmacy Scotland, set the scene for how pharmacy was run in Scotland. He said that he was not sure Scotland do it better but agreed that it is frequently said that they do. He cited the Pharmacy First scheme as an example of how Scotland's approach

was different. The scheme was relatively straightforward and drives everybody to pharmacy for everything people would normally go to A&E for. Pharmacy First is the evolution of the minor ailments scheme which was often seen as a way of going to pharmacy to get stuff driven mostly by prescribing. Within Pharmacy First the focus is on advice refer, treat – all with equal weighting – so pharmacy is the first port of call for referral or advice, and not just for prescriptions. He said the method by which Pharmacy First is paid for is quite complicated but clever in that there is a fixed budget, and it doesn't drive "bad behaviours". This works well for contractors.

He also spoke about the role of pharmacies in medicines care and review and the shifting of management of long-term conditions from GPs to pharmacy. This is designed to give GPs more time to do the stuff they should be doing by taking low hanging fruit and giving it to pharmacy.

He also stressed the importance of physical contact with patients and said the big difference between England and Scotland is that there is no internet pharmacy in Scotland. Jackie Doyle-Price MP said that this was an interesting point and highlighted the importance of the pharmacy/patient relationship. James Semple added that just this week academic research had been published that shows seven out of ten people said their relationship with their local pharmacy drove their decision to use pharmacies.

Dr Richard Vautrey

Jackie Doyle-Price MP then asked Dr Richard Vautrey, former chair of the BMA's General Practitioners Committee, to share his thoughts.

He said he was a big enthusiast for the role of Community Pharmacy and the relationship between Community Pharmacy and GPs. He was also a strong advocate for a pharmacist in every practice, saying it helps improve the quality of prescribing.

However, he said the policy of having more pharmacists in primary care networks was having an impact on the workforce and this needs to be addressed. He also had concerns around the systems which make it harder for GPs and pharmacies to interact. He gave the example of the Community Pharmacist Consultation Service (CPCS) where he said it is taking 10 minutes to work through individual referrals, whereas the previous minor ailment scheme was much faster, as GPs could just advise patients go to the pharmacy across the road. He was, however, aware of the need to monitor referrals and pay pharmacists appropriately but the bureaucratic process was making it more difficult.

He also highlighted difficulties with prescription charging discrepancies as well which need to be resolved.

With the Integrated Care Systems (ICS) arrangements, he said we need to see a system that was seamless and a consistency of service whereas the current system was fragmented and creates barriers between sectors.

He also said more needs to be done to "talk up" the value of pharmacy consultation as it was currently seen as a second-rate consultation in comparison to GPs. They should all be seen as an equally valid consultation.

Jackie Doyle-Price MP thought that this was a message that could be landed now more than ever as more people were able to see pharmacy as a complementary service and not a secondary one. She asked if Dr Richard Vautrey's view was shared across the GP sector. He responded that this depends on the relationship between individual GPs and pharmacies, though there was variation. There were historic difficulties between pharmacy and GPs in competing for vaccines for instance. An example of a good scheme was blood pressure management where cooperation had been mutually beneficial and good for patients.

Workforce

Jackie Doyle-Price MP also asked Dr Richard Vautrey to elaborate on workforce planning. She said the Department of Health and Social Care was drawing up a workforce plan and asked if Dr Vautrey was confident pharmacy would be included. He said he wasn't and emphasised that the BMA had been lobbying for workforce planning to be included in the Health and Care Bill. There can be a disconnect between what happens nationally and what happens on the ground, he added.

Pharmacy in Integrated Care Systems

Stuart Semple, Interim Chief Pharmacist at the North Central London Integrated Care System (ICS), outlined three broad responsibilities of his role within an ICS– COVID response, working with ICS around how to position medicines and pharmacy within ICS, and working with the wider network to create more effective pharmacy networks.

He said that historically there hadn't been a clear enough mandate for pharmacy networks to come together and this had been largely down to local leaders leading to inconsistency. Reforms around ICS and integrating pharmacy guidance has landed well on the ground and professional networking has already begun around the need to bring together people around the pandemic. It was not just Community Pharmacy that had been remote, he added, but also pharmacy staff in primary care. Networks in GP practices, for example, have not been fully embedded in pharmacy networks or gotten the right support.

National Pharmacy Association

Nick Kaye, Vice-chair of National Pharmacy Association (NPA), introduced the How We Can Help report and outlined its priorities. These include ensuring pharmacy plays a bigger role in COVID vaccine roll outs.

He said he was also interested in the Pharmacy First model and ways to empower pharmacy to take pressure off other parts of the health service.

Kaye addressed comments from Dr Richard Vautrey around the Community Pharmacist Consultation Service (CPCS) where GPs were the gatekeeper making the system bureaucratic.

He agreed there was a role for pharmacy in England managing long-term conditions in the way they do in Scotland but said this would need better connectivity. The clinical services and skillset, however, were present, he said.

He also agreed with comments from James Semple about the network of pharmacy and the importance of face-to-face relationships, saying it was particularly key in areas of high deprivation.

Nick Kaye also mentioned the threat of pharmacies closing and emphasised how much pharmacy can help the NHS and primary care catch up on some of the current NHS pressures.

Rural Areas

Baroness Masham asked a question about rural pharmacists, explaining that some are short of workforce and therefore reducing their opening hours. In response, Nick Kaye said that he understood these concerns living in Cornwall and emphasised that investment in Community Pharmacy workforce was key and important. Discussions around Pharmacy First and accessibility of healthcare will need to address the issues in rural areas.

Ventilation

Baroness Gardner raised a point about ventilation in pharmacies and the number of people waiting for treatment. Dr Richard Vautrey agreed that this was a real issue with COVID vaccinations especially where Pfizer and Moderna vaccines require 15 minutes of observation meaning pharmacies, and GPs, limited on space were restricted on how many can be done. The premises issue was real for both GP and pharmacists and investment in premises was required.

Nick Kaye clarified that all pharmacies administering COVID vaccines have all had to go through a robust system of approval. He agreed, however, that it's a key point and investment in sites was important.

Place Based Delivery of Services

Baroness Walmsley asked if the panel were worried about the role of pharmacies in the 'place based' delivery of services from the local ICS. Stuart Semple discussed the need for balance between preventing too much variation whilst accounting for localisation. He said he was not concerned around the actual question but that there may be concerns about what was happening on the ground.

Nick Kaye said the most important thing was for community pharmacy to be involved in the conversation. He stressed that this represented an opportunity but needed to be done in the right way. Nick Kaye added that having regular calls with CCGs and others can make sure decisions are right for the area.

Stuart Semple said pharmacies need to draw support from the system, and not be fragmented.

COVID Backlogs

On the subject of what pharmacy can do to take pressure off GPs in light of the COVID induced care backlogs, Dr Richard Vautrey said that the COVID backlogs were a major issue for all despite the big focus being on hospital care. He said there was a backlog in general practice where patients were presenting with lists of problems that have been going on for 6 months to a year. Pharmacy can deal with some of these problems, but it was a complex issue, he said. The health service needs to recognise that we are all in this together. He suggested that there were areas where it can be easier to work together if there was more alignment across the service e.g., same targets, priorities and objectives across GPs and Community Pharmacy.

Nick Kaye added that when patients present with a list of problems, Community Pharmacies are good at recognising what they can and can't do. The Community Pharmacist Consultation Service (CPCS) requires GPs to gatekeep referrals to an extent, but pharmacies should be able to refer walk ins back to GPs when needed.

Stuart Semple also highlighted the issues with communications between secondary care and primary care. Within secondary care there was pressure to get people out of beds in hospitals and not enough time spent on making sure things can be picked up by primary care.

The discussion was opened up to observers as part of a Q&A

Workforce

James Semple was asked about the barriers Scotland have experienced in expanding the clinical and Pharmacy First role of community pharmacy. He said there were no political barriers as both Community Pharmacy Scotland and the Scottish Government agree that they need to expand pharmacy's clinical abilities. The main issue, he remarked, was with workforce, the time it was taking to train independent prescribing and the fact these were then being taken out of Community Pharmacy by primary care, although this has been tackled with significant funding through Pharmacy First plus.

Malcolm Harrison, Chief Executive at Company Chemists' Association (CCA) agreed there was a real concern around workforce and said it was important for pharmacy to work with the NHS to understand the workload across primary care and map the workforce. There was a concern, he said, around moving pharmacists from one place to another as this doesn't unleash the potential of pharmacy. He implored the NHS to think about how we can use the pharmacy workforce to provide clinical care in primary care by asking what the clinical need was and how it can be delivered by Community Pharmacy.

Barriers to Doing More

Jackie Doyle-Price MP asked about the barriers to pharmacies doing more, Dr Richard Vautrey said that nationally NHS England needs to trust GPs and Community Pharmacy and not over manage. He commented that with a shared agenda, which we were increasingly seeing, the two can work together. He called for a stronger focus on key shared priorities across primary care, a narrow group of shared priorities and objectives and a way of doing them together. Whilst ICS do provide an opportunity, the need to count and measure gets in the way of engagement, he said.

Jackie Doyle-Price MP said the NHS manages services through process but this was not always linked to outcome. She asked Stuart Semple if ICSs can be more outcome focused and flexible. Stuart Semple agreed that whilst there was a big workforce challenge in terms of numbers, part of the issue was working smarter together. He said it wasn't easy to say at this stage what role ICS will play in shaping this. He added that it had, however, been left to local pharmacy networks to influence the ICS about what needs to happen.

Summarising Remarks

James Semple said that having been around pharmacy politics in both Scotland and England, there was a feeling it was always much more complicated in England.

Nick Kaye said frontline clinicians should decide the service. He remarked that Cornwall was the only place that still had walk in emergency supply medicines service and these local relationships are very important as was communication between leaders.

Baroness Gardner added that patients must be confident in the treatment they're getting and that she was very impressed by the services in pharmacies and what they could do.

Jackie Doyle-Price agreed that the COVID pandemic had shown the real capabilities of pharmacies, where people have seen their pharmacist instead of their GPs.

Dr Richard Vautrey added that electronic prescribing had been very important throughout the pandemic, a benefit of a system in England.

Jackie Doyle-Price summarised that the key issues discussed were workforce, leadership, and challenge the system so the good work of pharmacy was appreciated and valued.

The meeting was then concluded.