

All-Party Pharmacy Group: Community Pharmacy Reforms Investigation Final Recommendations

In January 2017, the All-Party Pharmacy Group launched an investigation into the Government's reforms of community pharmacy. The aim of this investigation was to scrutinise aspects of the package announced in the House of Commons on 20th October 2016, to better understand the detail of what has been implemented, as well as the impact that the reforms will have on patient services, community pharmacy numbers, and the future direction of the sector.

The investigation heard evidence from a number of stakeholders including practising pharmacists, clinical commissioning groups, NHS England, patient representatives, national pharmacy organisations and others. This investigation took place over six evidence sessions, with each session focused on a different element of the Government's reforms:

- 1. Pharmacists in GP surgeries**
- 2. Minor ailments services**
- 3. Access to community pharmacies and the Pharmacy Access Scheme**
- 4. Digital pharmacy**
- 5. The Murray Review**
- 6. The views of national pharmacy organisations**

The reforms have dented confidence in the sector, and raised questions about the Government's commitment to developing community pharmacy services. The Group heard, however, that community pharmacy remains well placed to address some of the NHS's biggest challenges. In this report, the Group makes recommendations that will strengthen the sector's ability to serve patients and mitigate some of the negative impacts of the reforms. The overriding priority, though, is for community pharmacy and the Government to come together again to develop and realise a shared vision of clinical services in community pharmacies.

The Group heard about pharmacists working in GP surgeries, the current effectiveness of the various locally commissioned Minor Ailments Services, the need to provide community pharmacists with full access to patient records, as well as the limitations of the Pharmacy Access Scheme, barriers between health professionals, and the future direction of community pharmacy.

The Minister for Community Health and Care, David Mowat MP, agreed to attend a final evidence session with us. This would have allowed the Minister and the Group to discuss some of the key points which had emerged over the course of the investigation, and helped to inform the Group's final recommendations. However, following the Prime Minister's decision to call a General Election, announced on 18th April 2017, the Group took the decision to cancel the meeting. The officers of the Group have therefore decided to publish the recommendations, based on the evidence received over the previous six meetings, with the intention that a reconstituted All-Party Pharmacy Group meets the relevant minister in the new Parliament.

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Recommendations

1. A minor ailments service should be available throughout England on a consistent basis to bring to an end the chaotic and inefficient postcode lottery of services.

- a. In England, minor ailments schemes are commissioned by individual clinical commissioning groups, rather than nationally, unlike in Scotland and Northern Ireland. The result is an inconsistent patchwork, with different CCGs commissioning different versions of a minor ailments service – with differing names, formularies, remuneration arrangements and qualifying rules – and many commissioning none. Some CCGs that do commission such services are prone to withdrawing them in light of changing financial circumstances. There are currently 67 different minor ailments schemes in commission. The Group understands that these services are popular and cost-effective. Contrary to the Government’s ambitions, however, services are being decommissioned just as commissioning wheels are being reinvented, shifting from CCGs to STPs. Furthermore, the public are likely to be confused by the postcode lottery effect, with differing services and branding in different areas creating an inconsistent picture.
- b. The Department of Health has committed to ensuring that all CCGs commission minor ailments services by April 2018, but it is not clear what is being done to achieve this. We are not confident that the deadline will be met. We recommend that NHS England either commissions a national minor ailments scheme as part of the Community Pharmacy Contractual Framework, or, should this not be possible, it positively requires CCGs to commission a service. Either way, NHS England should require consistent branding to raise awareness and ease understanding among the public, a core formulary and a core set of conditions that can be treated under the minor ailments scheme. The core formulary and core conditions should be capable of being extended by CCGs to take account of specific local needs.
- c. An evaluation of this new approach should be completed by NHS England and published by April 2018. This evaluation should consider the cost effectiveness of such a scheme, in particular assessing whether the scheme leads to fewer GP appointments for minor ailments.

2. Policy makers should better understand how community pharmacies are currently used

- a. The impact assessment for the Government’s funding changes makes it clear that the Government is not able to accurately predict how the changes will affect services, or where pharmacies will close. We heard concerns throughout the investigations that community pharmacies would withdraw services it provides patients for free, and increasingly focus on dispensing medicines rather than providing services following the changes.
- b. Policy for a sustainable, clinical future should be informed by an in-depth understanding of how the public uses pharmacies today. The Department of Health

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and NHS England should commission a study of the services which regular community pharmacy users benefit from, aside from dispensing medicines. These may be NHS services like Medicines Use Reviews, or informal services such as deliveries or advice for non-English speakers.

3. Integration with primary care in general and community pharmacy in particular should be an objective of the GP practice pharmacist programme.

- a. Practice pharmacist pilots have been successful. Many hours of GP time have been released through in-house pharmacist interventions, and patients have benefited from pharmacist's unique expertise in the use of medicines. Many practice pharmacists have continued to work as community pharmacists. This arrangement has allowed them to function as a liaison between community pharmacies in the area and GP practices. This helps different parts of primary care to work together.
- b. NHS England should continue to encourage these pilots to help relieve immediate pressures on GPs and promote integration in primary care. NHS England has also commissioned an evaluation of the project. This evaluation should consider the extent to which the project has promoted integration as a core objective.
- c. References to practice pharmacists as 'clinical pharmacists' should be discouraged. All pharmacists, whether in secondary care, community pharmacy or elsewhere are clinically trained and the use of this descriptor risks creating inaccurate and unhelpful distinctions.

4. All community pharmacists should have the opportunity to become prescribers.

- a. All community pharmacists should be supported by the Royal Pharmaceutical Society and other professional training bodies to qualify for independent prescriber status. This would allow for community pharmacists to better manage patients with long-term health conditions, and make changes to their prescriptions as required. This would enable community pharmacy to relieve pressure on GP surgeries and allow patients to lead more independent lives.
- b. As numbers of independent prescribers increase, and patients come to expect prescribing capability in community pharmacies, prescribing training can be incorporated into post-foundation pharmacist development. Eventually, access to an independent prescriber could be built into the community pharmacy contract, and prescribing rights could be a condition of professional practice. Every pharmacist should have the opportunity to become a prescriber by 2022.

5. Steps should be taken to encourage the use of shared patient records to accommodate greater joint working within and between primary and secondary care.

- a. All pharmacists, based in whatever setting would be able to better provide services to patients if they had access to the same records that GPs use. That the

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Government announced in 2015 that pharmacists would have access to Summary Care Records shows that it already recognises the benefits that access to patient records would bring.

- b. Providing pharmacists with full read and write access to patient records is a logical next step, and was supported by all those who gave evidence in our investigation. This would improve patient care by enabling pharmacists to play an even greater role in the provision of care and also allow other healthcare professionals to be aware of interventions made by pharmacists. The All Party Pharmacy Group previously called for the Government to set out plans to accomplish this by April 2017. Now that the roll-out of Summary Care Records has been completed, the Government should set out its proposal on providing full read and write access for pharmacists in community pharmacies and GP surgeries.

6. NHS England should outline their strategy for implementing the recommendations of the Murray Review into Community Pharmacy Clinical Services.¹

- a. The Review into Community Pharmacy Clinical Services reported its findings in December 2016. However, NHS England has yet to outline whether or how it will implement its recommendations. This hiatus is unhelpful. NHS England must set out its strategy for implementing the Review's recommendations by Autumn 2017.
- b. The Department should also outline how the Review's recommendations will align with the newly announced NHS Delivery Plan. This will provide greater clarity as to the future role of community pharmacy and its place within primary care. The Department and NHS England should also provide clarity as to how community pharmacy services will be integrated alongside GP Hubs and Sustainability & Transformation Plans.

7. Sustainability and Transformation Plans should engage more closely with community pharmacy.

- a. Sustainability and Transformation Plans bring together providers, clinical commissioning groups, local authorities and NHS England in order to improve collaboration between health and social care. This has changed the way in which services will be commissioned. Community pharmacy is an important primary care provider and needs to be a key element of STPs as they work to achieve this integration.
- b. Community pharmacy should work closely with STPs through Local Professional Networks as they outline their strategy for integrating health and social care. Community pharmacy should emphasise the role it can play in relieving pressure on primary care and treating patients suffering from long-term health conditions.

¹[Review into Community Pharmacy Clinical Services.](#)

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- c. Community pharmacy representatives told us it is difficult to engage with STPs on a decision-making level. It is important for community pharmacy to reach out and offer their services and expertise, it is equally vital that STPs make their decision making processes inclusive and transparent as plans move from the concept to the design and delivery phases.

Commentary

The recommendations outlined in this report are linked to the evidence the Group has received from witnesses selected according to their experience and expertise. Some of these recommendations were suggested by witnesses across different evidence sessions. This highlights the consensus that exists as to the need to safeguard access and invest in new services. This is crucial to meet the NHS's urgent need for capacity in primary care, to free up GP appointments and beds in A&E. In the longer term, it will help patients to stay healthy and manage their own conditions, helping the NHS on the path to sustainability.

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