Services and Commissioning

December 2016

PSNC Briefing 072/16: A summary of the Murray Review of Community Pharmacy Clinical Services

This briefing summarises the main elements of the report of the Community Pharmacy Clinical Services Review which was commissioned by the Chief Pharmaceutical Officer in April 2016 to help inform him about the future provision of clinical pharmacy services. The report from the independent review undertaken by Richard Murray, Director of Policy at the King's Fund, was published by NHS England on 14th December 2016.

The report made several recommendations to renew efforts to make the most of the existing clinical services that community pharmacies can provide:

Services

- Full use should be made of the electronic repeat dispensing service. Except for patients not yet stabilised on their medication, electronic repeat dispensing should become the default for repeat prescribing and its use should be incentivised both for community pharmacies and for GPs.
- This redesign should ensure that they are an integrated part of a multifaceted approach to helping people with long-term conditions that includes medicines optimisation, providing advice and helping people stay well. Such a service should be able to utilise transfer of care and referral schemes and electronic repeat dispensing (ERD), and have a focus on patients at high risk and those with multiple co-morbidities as well as those with single conditions that are clinical priorities such as diabetes, hypertension and COPD where evidence is already strongest. It should also include consideration of appropriate prescription duration to optimise outcomes and convenience for patients. Ultimately MURs should evolve into full clinical medication reviews utilising independent prescribing as part of the care pathway. For these to be safe and effective they would require access to a patient's full medical record which may not be possible immediately in all situations.
- NHS England should set out how it intends to deliver on its commitment that a minor ailments scheme should be locally commissioned across England by 2018.
- Consideration should be given to smoking cessation services becoming nationally commissioned.

New models of care

Existing Vanguard programmes and resources should be used, in conjunction with the Pharmacy Integration Fund to develop an evidence base for community pharmacists within new models of care, including:

- integrating community pharmacists and their teams into long term condition management pathways which implement the principles of medicines optimisation for residents of care homes. This should include pharmacist domiciliary visits to care home patients and full clinical medication review utilising independent pharmacist prescribing;
- community pharmacists being involved in case finding programmes for conditions which have significant consequences if not identified (e.g. hypertension) and for which the pharmacist can provide interventions (including referral) to prevent disease progression; and
- utilising existing contractual levers and developing new ways of contracting, with individual or groups of pharmacists, to provide clinical services that utilise their clinical skills in ways that mitigate any perceived conflict of interest whilst providing the incentives for more rapid uptake of independent prescribing.

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Overcoming barriers
• NHS England and its national partners should consider how best to support Sustainability and Transformation Plans in integrating community pharmacy into plans and overcome the current complexities in the commissioning landscape alongside further support for local commissioners in contracting for services now. Specifically this should look at the changes necessary to make Local Pharmaceutical Services (LPS) Contracts easier to use. • Digital maturity and connectivity should be improved to facilitate effective and confidential communication between registered pharmacy professionals and other members of the healthcare team so pharmacy professionals can see, document and share information with clinical records held by other healthcare professionals. • Regulations should be amended to allow registered pharmacy technicians to work under Patient Group Directions. • Community pharmacists should be actively engaged to help explore and develop pathway approaches that integrate community pharmacists and their teams into primary care, and make best use of their skills in the identification and management of patients who will benefit most from their expertise. The leaders of the profession both at national and local level should consider what support is needed to pharmacists to build their professional confidence and break down barriers to new ways of working. • The Royal Pharmaceutical Society, Royal College of General Practitioners, the British Medical Association and PSNC should come together to explore the practical steps that could be taken to unravel professional boundary issues and promote closer working between the professions. This would include consideration of professional responsibility and accountability, as well as how to conceptually put the patient at the centre of both professional worlds in a way that allows common objectives to be focused on patient outcomes. Initiatives involving pharmacists working in General Practice, and in some case becoming partners in those practices, should be encouraged and expanded as a way of contributing towards achieving this objective. • Community pharmacy leaders and trade bodies across the sector should come together with NHS England and Public Health England as a formal group to keep oversight of progress and recommend further action where necessary.

Introduction

NHS England intends to use the recommendations of the review to inform its approach to the commissioning of community pharmacy services, once the recommendations have been fully considered. It will also inform how the Pharmacy Integration Fund will be used to invest in shaping the integration of community pharmacy clinical services.

The report acknowledges that community pharmacy has the potential to help meet both the short term and long term challenge to provide better outcomes as part of wider integrated services that are efficient and that work for patients.

Approach taken to the review

A rapid review of the peer-reviewed literature on community pharmacy services was commissioned from Professor David Wright at the University of East Anglia, to examine the evidence base, value and operationalisation of the clinical elements of the current community pharmacy contractual framework (CPCF) and other clinical services provided by community pharmacy.

An advisory group was established to help consider the evidence provided by this rapid review of the evidence and to act as an expert panel to explore and discuss the issues raised as part of the overall review. The members of the advisory group are listed at the end of this PSNC Briefing.

The evidence base for current clinical services

The review of the literature found that:

- there has been poor take-up of repeat dispensing in England, despite the evidence that supports it;
- looking beyond the evidence around MURs and New Medicines Service, there is evidence supporting the wider role for pharmacy in supporting patients with long-term conditions;
- the provision of minor ailments services by community pharmacy is supported, which is important given the current pressures on other parts of the urgent and emergency care system and particularly on GPs;
- there is support for a wide range of public health services provided by community pharmacy. Given the importance of stopping smoking to the health of the population, there is an argument for making smoking cessation a national service offer; and
- as a general point, it should be noted that the evidence for (or against) specific clinical services within the peer-reviewed literature is often relatively sparse.

Barriers that prevent best utilisation of the current workforce

A sub-group of the expert advisory group developed a paper on the barriers to community pharmacy when developing new clinical roles and a set of potential solutions.

Along with the barriers to providing more clinical services, this extended to considering the ways in which to fully integrate community pharmacy into the primary care team and maximise the input of pharmacy teams to clinical and health outcomes through the new models of care outlined in the NHS Five Year Forward View (5YFV). The paper identified three key thematic barriers to community pharmacies providing clinical services:

1. poor integration with other parts of the NHS – hindered by the lack of interoperability of digital clinical systems;
2. issues around behaviours and cultures – including sometimes weak relationships between GPs and pharmacy, which in turn inhibit better integration; and
3. system design issues – including the existing contractual mechanisms for pharmacy - mechanisms that are complex and poorly understood.

On regulation, to make the most of the skills of pharmacists, pharmacy technicians and their teams, the report says there needs to be a shift in the balance of work such that pharmacy technicians can take over more of the day to day management of the dispensary and this should include enabling them to make supplies under Patient Group Directions.

Current Commissioning models

The evolution of commissioning

The report says the complexity of current commissioning routes risks being a barrier to integrating community pharmacy alongside general practice. It also risks leaving community pharmacy on the outside as new care models develop, thereby leaving it a relatively standalone service. Over time STPs may provide the vehicle to ensure community pharmacy (alongside other professions) is `at the table' as a matter of routine. However, the report notes that STPs are at a fairly early stage of development and already have a daunting to-do list. Interim measures to make better use of community pharmacy are likely to work through existing commissioning routes whilst at the same time they need to adjust to the new opportunities offered by STPs.

The wider context within the NHS: opportunities for community pharmacy

The 5YFV and the Vanguards

The report notes that the 5YFV has spurred a process of change across the NHS and it is important that community pharmacy is integrated into this process of change and not isolated from them and critically this includes both the Vanguard programme and STPs.

There are five new care models being developed in the Vanguard programme of which four are particularly relevant for community pharmacy:

1. Integrated primary and acute care systems (PACs) that are joining up GP, hospital, community and mental health services;
2. Multispecialty community providers (MCPs) that are moving specialist care out of hospitals into the community and establishing better out-of-hospital integration;
3. Enhanced health in care home models that are offering older people better, joined up health, care and rehabilitation services; and
4. Urgent and emergency care models that are supporting new approaches to improve the coordination of urgent and emergency care services and reduce the pressure on A&E departments.

The report says there are examples of community pharmacy or pharmacists in all the above new care model Vanguards and in urgent and emergency care these can build on a long-standing role in minor ailments.

However, while a few MCPs in particular have community pharmacists as part of the team, across the Vanguards as a whole community pharmacy is more noticeable by its absence or by the relatively minor role it plays. This risks being a great lost opportunity, not least as there are exciting examples of the expanded roles pharmacists are taking on in England outside of the Vanguard programme.

STPs

The report suggests that STPs could hold great opportunity for community pharmacy. At their best, they offer the opportunity to provide a coherent strategy toward the commissioning of pharmacy services, currently split across multiple commissioners. Along with other services, they also offer the chance to develop coherent, system-wide services and pathways to deliver better care. However, they also represent a challenge: community pharmacy has sometimes struggled to be seen as part of the NHS `family' and STPs carry the risk that they may be inadvertently missed out of plans. Public Health England, working alongside the Pharmacy and Public Health Forum, already have plans to help overcome this problem. They intend to publish a suite of quality-assured case studies that will support the mobilisation of pharmacy in respect to public health delivery, in particular for areas where pharmacy has been identified as contributing to the STP's on prevention. However, notwithstanding this welcome start, the report says that renewed efforts will be needed to ensure the potential for community pharmacy to help improve the sustainability and transformation of services at local level is not lost from STPs as they develop

Conclusions

The report reaches the following conclusions:

New models of care

Reliance on operating primarily as a supply function will not serve patients, the taxpayer or the NHS well in future years and it is in everybody's interests to ensure that the skills of community pharmacists and their staff are better deployed and utilised. Much greater pharmacist support to people with long-term conditions should be the ultimate aim, but only as one element of a patient's care and alongside measures to improve public health. To achieve this is likely to require action to overcome long-standing professional boundaries in primary care as well as provide more support to pharmacists to make the changes necessary.

Access to information

The poor availability of the information needed to inform clinical decision making is a critical barrier. To overcome it will require greater digital maturity and interconnectivity to allow pharmacy staff to see, document and share clinical information about patient care with the clinical records held by other healthcare professionals. This is a fundamental requirement if new services are to be safe and effective so that the whole multidisciplinary team, with responsibility for direct care of an individual patient, can see and understand the rationale for actions taken and recommendations made by pharmacy staff

Independent prescribing and workforce skills

Independent prescribing by pharmacists can make a great contribution to a convenient and integrated pathway approach to patient care that makes full use of the clinical skills and expertise of the pharmacist in implementing the principles of medicines optimisation.

Other registered pharmacy professionals are also poised to take on new roles and this is critical to making the best possible use of a skilled workforce.

Commissioning

Community pharmacists often find it difficult to 'get a seat at the table' when commissioning strategy and decisions are developed, notwithstanding some examples from across the country that have been more successful. Current NHS and public health policy indicates a move away from national commissioning and towards local commissioning of services that better meets the needs of individual communities yet patients will not be well served unless community pharmacists are involved and influential in those discussions.

While the direction of travel is toward local commissioning, cultural barriers often prevent effective working between professions and national levers can sometimes help overcome these by setting a clear direction of travel. This includes work with the public and patients to ensure they are aware and ready to use new services.

In the future, evolving STPs may be able to provide the broader, whole-health economy oversight that would enable the system to unlock the potential of community pharmacy.

PSNC's view on the report

PSNC believes that the report includes some positive and welcome proposals for developing the community pharmacy service; we are ready and keen to work with the NHS and others to implement these as soon as possible. The events of the last year have badly dented the confidence of pharmacy contractors, but energy in moving forwards with implementing many of the proposals set out in the report would do a lot to restore contractors' confidence in the future of the sector.

If you have queries on this PSNC Briefing or you require more information please contact Zainab Al-Kharsan, Service Development Pharmacist.

Members of the Advisory Group

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