



Response to the RPS/ NAPC consultation on Improving patient care through better general practice and community pharmacy integration

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Introduction

Q1: Do you agree with the two core principles outlined to improve the integration of the community pharmacist with general practice? Please let us know if there are any principles you would add or change.

No

Change principle(s):

PSNC supports principle two but is opposed to principle one (*'To develop an underlying approach that binds the contractual framework of community pharmacies and general practices together'*).

PSNC supports alignment of the general practice and community pharmacy contractual frameworks in order to better incentivise high quality patient care and collaboration. We have been pressing the NHS to do this for a number of years as set out in our [vision and work plan](#). However, we believe the suggestion to do this via a 'radical shift from the existing payment approach' is a dangerous one that underestimates the value of community pharmacy services to patients and undermines the viability of future services. We are therefore strongly opposed to this principle as set out in the consultation.

The national core community pharmacy contractual framework ensures that patients do not face a postcode lottery for core pharmaceutical services and it is the backbone from which pharmacies offer many of the services the RPS and NAPC would like to see extended. The arrangements offer protection for key patient services and they in no way inhibit the development of integrated working; indeed they make it far simpler. Abolishing this system in favour of an untested and unknown alternative would be reckless and could cause great damage to community pharmacies and the local populations that they serve.

This consultation asks broad questions and is not framed in a way that allows responders to explain their support for the national contract and closer integration. We hope that the RPS and NAPC will reconsider the proposals and their implications very carefully and we would very much welcome dialogue with them on this topic.

Add additional principle(s): N/A

Principle 1

Q2: Do you agree with a joint population health approach to the provision of NHS care?

No

Additional comments:

PSNC supports calls to ensure that NHS care is designed around patients and their needs, but this consultation document is vague and it is not clear exactly what is meant by a 'joint population health approach' nor how this would work for community pharmacy contractors. We believe it is irresponsible to try to gain agreement for such a major change without providing all the facts or any analysis whatsoever of the possible implications and risks. PSNC is therefore opposed to this approach.

PSNC believes that changes to the community pharmacy contractual framework to better join up care must be brought about through evolution and development of the existing framework and funding system rather than through major transformations that are untested. We recently set out how this could be achieved in our [Pharmacy 5 Point Forward Plan](#). To bring about change and improve patient care community pharmacy owners need the confidence to invest in their businesses and PSNC is really concerned that this consultation document does not give sufficient assurances on this or recognise the importance of national funding and the essential protection it provides. Without this protection, key local pharmaceutical services could be under threat.

Q3: Do you agree that holistic services require holistic person-centred, rather than provider-centred, commissioning?

No

Additional comments:

Person centred services are of course desirable, but again, the detail in this consultation document is unclear and we are very concerned that it appears to encourage respondents to support radical changes without offering any analysis of the facts and what they may mean to community pharmacies and their patients. PSNC is therefore opposed to this approach.

PSNC believes that all patients must be assured that they can receive the same core pharmaceutical services from any pharmacy of their choice and we will fight to protect this principle. The existing national community pharmacy contract allows this as well as providing scope for local flexibility and service commissioning. PSNC supports LPCs working to design local services to meet the needs of particular populations and we have seen many examples of innovative local services. But these developments have taken time, effort, investment and risk, none of which would have been possible for businesses without the support of the national core funding.

Having a strong national contract has been an enabler of service development rather than an inhibitor, as well as offering vital protection for pharmacies where local commissioning has been poor. If at any point in the future this changed we would work to make any necessary adjustments.

Q4: Do you think a joint population health framework will encourage and facilitate integration of general practice and community pharmacy?

No

Additional comments:

Rather than sweeping away the current contractual framework and funding, these should be retained but with the GP and community pharmacy frameworks better integrated. This would allow pharmacists and GPs to offer complimentary patient care, with the network of community pharmacies being utilised to a higher degree, without introducing major shocks to either health system which could adversely affect patient services and care.

PSNC is very cautious about the consultation suggestion to transfer the community pharmacy network into multi-disciplinary care settings. While community pharmacy can clearly have a role in some if not all of these settings, a core benefit of community pharmacy is its accessibility particularly in some of the most deprived communities. Community pharmacy teams often have contact with vulnerable patients who rarely see other health professionals and threatening the network by absorbing it completely into larger care settings could have serious consequences for the ability of some populations to access healthcare.

Principle 2 (multiple choice answers)

Q5: How important is the need for a national minor ailments scheme, operating through community pharmacies, to provide a consistent standard of service for patients and the NHS that is available throughout the country?

Vital

Q6: Do you agree that community pharmacists and general practitioners could collaborate more to play a greater role in supporting high-risk patients, who are often taking multiple medicines?

Vital

Q7: How important are pharmacists working within GP surgeries to integration of general practice and community pharmacy in improving patient care?

Little importance

Q8: Do you believe that patients should be enabled to allow community pharmacists full read/write access to their health records?

Vital

Q9: How important are contractual frameworks and incentives that integrate general practice and community pharmacy in improving patient care?

Vital

Q10: How important is the recognition and support of local leaders who are already improving patient care through the alignment of general practice and community pharmacy?

Very important

Q11: How important is it that joint educational initiatives and local meetings between community pharmacists and general practitioners becomes the norm?

Very important

About PSNC

PSNC promotes and supports the interests of all NHS community pharmacies in England. We are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. We work closely with Local Pharmaceutical Committees to support their role as the local NHS representative organisations.

Our goal is to develop the NHS community pharmacy service, and to enable community pharmacies to offer an increased range of high quality and fully funded services; services that meet the needs of local communities, provide good value for the NHS and deliver excellent health outcomes for patients.