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Briefing for MPs: Community Pharmacy and the NHS Long Term Plan

In January 2019, NHS England published the NHS Long Term Plan, setting out its priorities for healthcare over the next ten years and showing how the £20.5bn funding settlement will be used. The plan was shortly followed by a five-year funding settlement for General Practitioners (GPs).

This briefing document focuses on the NHS Long Term Plan, but it is worth noting that some of the key changes described for community pharmacy were also covered in the GP contract.

Community pharmacy in the NHS Long Term Plan

For community pharmacy, the NHS Long Term Plan made several pledges including that:

- NHS England will work with Government to make greater use of community pharmacists' skills and opportunities to engage patients;
- NHS England and the Government will explore further efficiencies through reform of reimbursement and wider supply arrangements;
- NHS England will work with community pharmacists and others to provide opportunities for the public to check their health, through tests for high blood pressure and other high-risk conditions; and
- From 2019, NHS 111 will start direct booking into GP practices across the country, as well as referring on to community pharmacies who can support urgent care and promote patient self-care and self-management.

What this means for community pharmacy

NHS England's statement that it will **"work with Government to make greater use of community pharmacists' skills and opportunities to engage patients"** is positive; and we hope it reflects the fact that the NHS recognises the skills of community pharmacists and wants to make better use of them. However, we need further clarification as to how this will be achieved, and we would like to reach a multi-year funding arrangement with the NHS, so that pharmacies can have certainty about what will be expected of them in the future and what they will be paid for delivering that.

The plan also talks about **referring patients from NHS 111 directly to pharmacies** where patients have minor conditions that could be managed in the pharmacy. This will help to take pressure off GPs, and we are pleased that this workstream will also include a pilot of GP referrals of patients with minor conditions to pharmacies. Taken together, these represent a move towards community pharmacies becoming the key healthcare location for people with minor conditions.

The plan also states that **community pharmacists will be used to offer more tests such as blood pressure checks**; which is again something we very much support.

We have been reassured that the reference to efficiencies in reimbursement refers to some improvements to payment mechanisms which we have long been calling for. However, we recognise that for community



pharmacy to make a meaningful contribution to the NHS Long Term Plan as outlined, we will need transformative change in the sector, shifting our funding from a focus on the dispensing of medicines to patient care, and freeing up pharmacists' time to offer more clinical services to patients. PSNC has been pressing for reform of community pharmacy's reimbursement arrangements for a number of years so we are keen to begin discussions on this and on funding more generally.

Our hopes for community pharmacy

Pharmacies already offer many services that prevent illness, including: early detection and management of blood pressure; NHS Health Checks; smoking cessation; weight management services; and the NHS Flu Vaccination Service. We would like to see existing community pharmacy prevention and public health services upscaled and commissioned more widely, to increase access for patients and support the aims of the NHS Long Term Plan.

As up to 18% of GP consultations and 8% of A&E visits are for minor health conditions, we would like to see the wider use of pharmacies as a place to treat minor illnesses such as coughs, colds and rashes. Medicines optimisation is also a key area in which community pharmacists can support primary healthcare and we are keen to work with NHS England to pilot this.

While we know that many of these developments will happen locally, we are keen that NHS England and the Department of Health and Social Care:

- Support pharmacies with a long-term funding plan for the sector;
- Put in place levers to facilitate further commissioning of pharmacy services (e.g. agreeing template service specifications and piloting some of the services in Primary Care Networks with us);
- Help to facilitate and pilot community pharmacy's integration with the PCNs;
- Set out a vision for what Government wants from pharmacies – which would enable the sector to plan more effectively for the future.

Conclusions

The NHS Long Term Plan presents some clear opportunities for community pharmacy, but the risk is the sector is unable to engage fully – whether by fault of its own, or because the barriers to successful integration are great. Community pharmacies are relied upon by patients across England and they will need support to guarantee that their future role in primary care delivers what the Government wants it to.

Outstanding questions about this include:

- How does Government plan to use community pharmacies to assist the prevention agenda?
- How will community pharmacies be used to reduce pressure on urgent care services, in light of the most recent A&E figures which show how much this is needed?
- How does the Government expect GPs to engage with community pharmacy? How will it facilitate this integration?
- Is it the Government's intention to agree a multi-year funding commitment and a revised contract for community pharmacy to ensure it helps deliver the NHS Long Term Plan?
- What are the Government's top priorities for community pharmacy?