

Summary: Community Pharmacy England roundtable at Labour Party Conference

The Heart of Primary Care: How Can Community Pharmacies Make Labour's NHS Fit for the Future? (co-hosted with the Fabian Society)

Date & Time: Monday, 9th October, 15:30 – 16:45

Location: Fourth Floor, Merseyside Maritime Museum, Royal Albert Dock, Liverpool

Chair: Rachel Sylvester (Chair, Times Health Commission)

Lead speakers: **Peter Dowd MP** (All-Party Parliamentary Group for Pharmacy), **Sir George Howarth MP** (All-Party Parliamentary Group for Pharmacy), **Janet Morrison OBE** (Chief Executive, Community Pharmacy England)

Opening statements by lead speakers:

Janet Morrison OBE, Chief Executive, Community Pharmacy England

- Community pharmacy stepped up during the pandemic, keeping doors open, and delivering for patients.
- Since 2010, 1000 pharmacies have closed – in addition to further planned closures across some of the large multiples. If this is happening to large providers, the impact will be even greater on smaller, independent pharmacies.
- Pharmacies are well positioned to help deliver on Labour's health priorities of reducing health inequality and preventing ill health.

Peter Dowd MP, APPG for Pharmacy

- The GP model for primary care has not been changed since 1948 – it requires an update to meet the rising demands on the NHS.
- Relationships between primary care providers are not robust enough – not because there's friction between them – but because the system is not set up in such a way to promote joined-up, integrated care.
- The needs of constituents in Bootle may be different to other parts of the country, so the primary care approach must be tailored to each area.

Sir George Howarth MP, APPG for Pharmacy

- The Pharmacy First scheme is good for the sector, however, without more core funding it is hard to see how every pharmacy will be able to provide extra services on top of their existing workload.
- There is a lack of interoperable IT systems between GPs and pharmacies. This must be addressed for the delivery of joined-up primary care.
- The medicines market requires urgent attention.
- The NHS must modernise or die and pharmacies could play a crucial role in this reforming agenda.

Key themes raised during roundtable discussion:

The Community Pharmacy Contractual Framework (CPCF):

- The CPCF contract is broken. It has resulted in a real-terms core funding cut of 30% since 2015, which has put extreme and intolerable pressure on community pharmacies.
- The extra £645 million in the [Delivery Plan for Recovering Access to Primary Care](#) is welcome, however, pharmacists need extra funding now, and at scale. Without this, there will be fewer pharmacies open to deliver the Common Conditions Service.
- A Labour Government must think about reforming the CPCF. Overdelivering on one service included in the contract means that funding is pulled back in another area. This is a perverse incentive which must be addressed.

Value for money:

- If pharmacies play their part in preventing ill health and delivering more clinical services, this will have upstream benefits to GPs and secondary care.
- The primary care budget is currently a very small proportion of the overall health and care budget. Small increases in this budget would have a considerable impact on the secondary care budget – although more work is required to demonstrate how much.

Patient records:

- The experience of frontline pharmacists is that patients expect pharmacists to have read/access to medical records.
- Pharmacists are highly qualified clinical experts, accessing patient records will only help them holistically understand the patients they serve.

Diagnosis:

- Pharmacies should be able to refer patients for diagnostic tests in hospitals as they are often the first port of call for patients.
- Enhancing diagnostic in pharmacies is one of the immediate ways in which pharmacies can help prevent ill health.
- Take the example of Crohn's disease – there are certain over-the-counter medications that a patient would repeatedly purchase that may indicate they have Crohn's. A pharmacist is well positioned to spot this and refer the patient for a diagnostic test.

Joined-up primary care:

- There has been a lot of focus on improving the interface between primary and secondary care. However, improving the interface between different primary care providers has largely been overlooked.
- Each sector should not be working in competition with each other. A more joined-up approach would be mutually beneficial to every provider of primary care – including optometrists, GPs, audiologists, and dentists.

Independent prescribing:

- Most pharmacists are currently unable to prescribe or make changes to NHS prescriptions, despite their expertise and some being qualified as independent prescribers.
- When all new pharmacists are independent prescribers, Labour should seek to enhance the service by allowing pharmacists to substitute medications, e.g. by altering dosages, where necessary (e.g. because of supply problems) and appropriate for their patients.

Local commissioning:

- Local buy-in should be secured at all levels to tailor the primary care offer to each community, who may have different needs. Services may need to be provided at different scales to match the health demands of each community.
- Community pharmacist representation on ICBs and ICSs is poor despite pharmacies being an integral part of primary care in each region of England.