

Somerset Transformation Event

How Community Pharmacy can support integration and innovation in PCNs in Somerset

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- ▶ Community Pharmacy Somerset (LPC) Colleagues
- ▶ 9th April 2019

Session Summary

1. Introduction to us and the session
2. What's happening out there?
3. Community Pharmacy
(What's happening, Core and Nearly Here Services)
4. Community Pharmacy
(What's coming our way, New Contract and National with Local Opportunities)
5. Our important what nexts and close

Session Summary

2. What's happening out there?

- Long Term Plan - a glance back
- Somerset System - direction of travel
- Primary Care Networks/Homes

National direction of travel

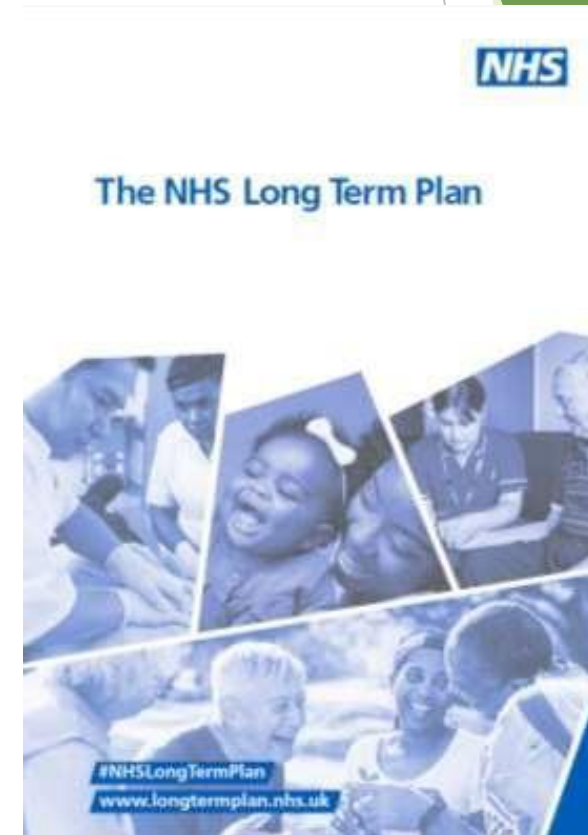
The NHS Long Term Plan places Primary Care at the centre ...

Aims:

- Everyone gets the best start in life
- World class care for major health problems
- Supporting people to age well

How:

- Primary care networks as the foundation for Integrated Care Systems
- Preventing ill health and tackling health inequalities
- Supporting the workforce
- Maximising opportunities presented by data and technology
- Continued focus on efficiency



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Long term plan and Community Pharmacy

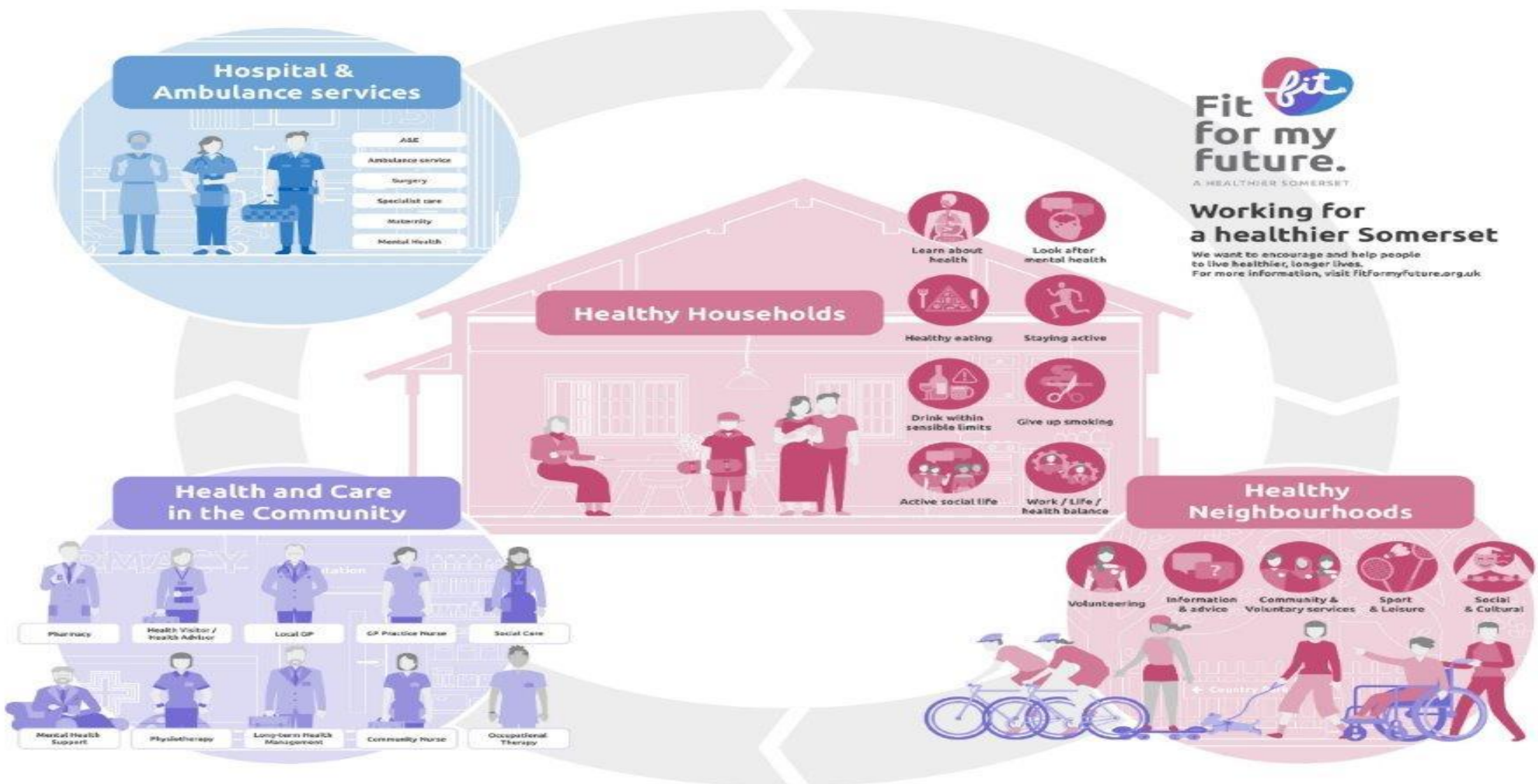
- ▶ Life stage programmes
 - ▶ Early life
 - ▶ Staying well
 - ▶ Aging well
- ▶ Clinical priorities
 - ▶ Cancer
 - ▶ Cardiovascular and respiratory
 - ▶ Learning disability and autism
 - ▶ Mental health
- ▶ Enablers of improvement
 - ▶ Workforce
 - ▶ Primary care
 - ▶ Digital innovation and technology
 - ▶ Research and innovation
 - ▶ Engagement

For Community Pharmacy, The Plan States:

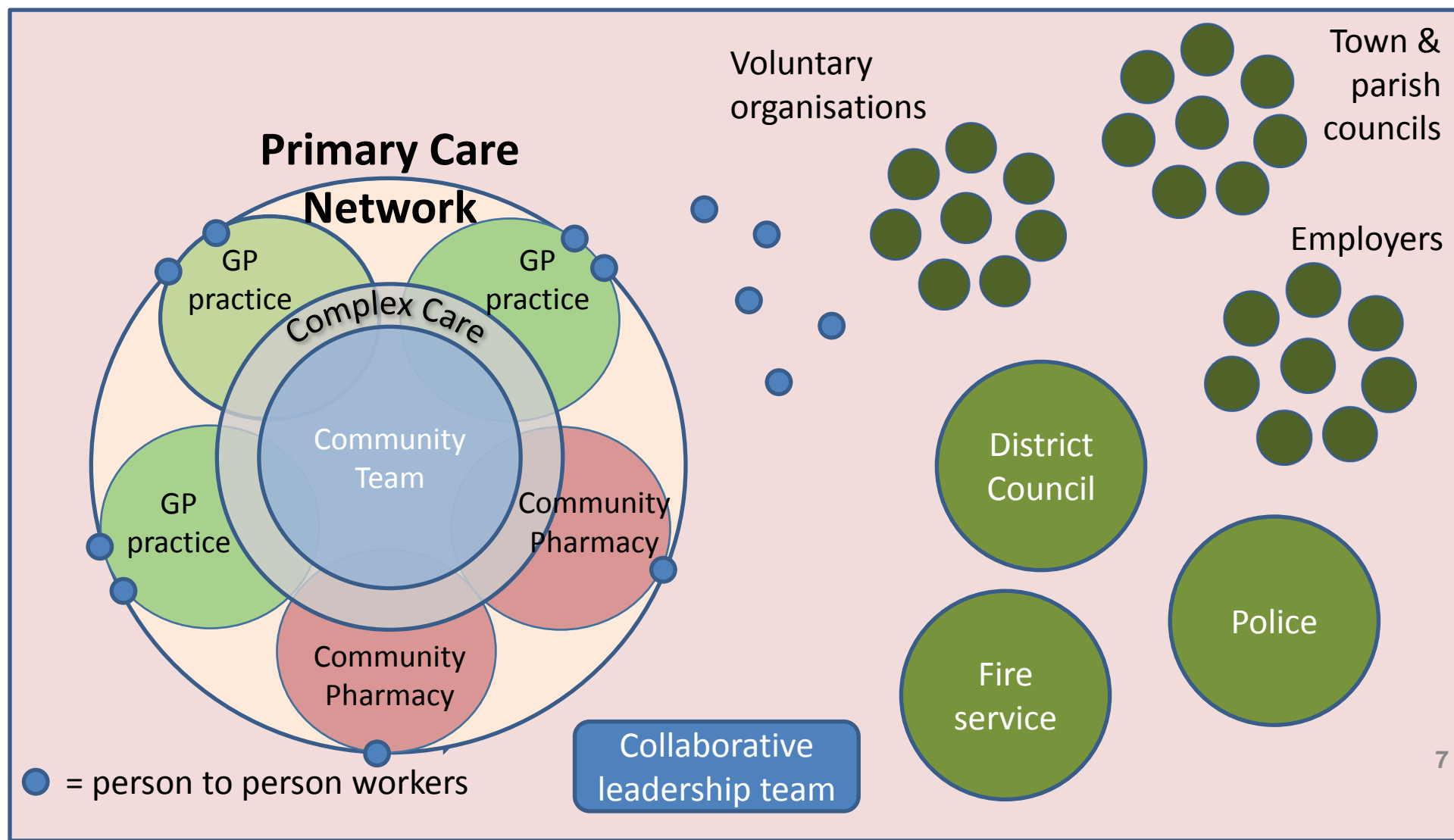
- NHS England will work with Government to make greater use of community pharmacists' **skills and opportunities to engage patients**;
- NHS England and the Government will explore further efficiencies through **reform of reimbursement** and wider supply arrangements;
- NHS England will work with community 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**.

The plan also makes several mentions of pharmacists the role that they will play in local **Primary Care Networks**. Pharmacists may be involved in helping to identify and treat people with **high-risk conditions**, undertaking a range of **medicine reviews**, including educating patients on the correct use of inhalers, and offering medicine reviews to **care home residents**.

Somerset direction of travel - Fit For Future



A neighbourhood

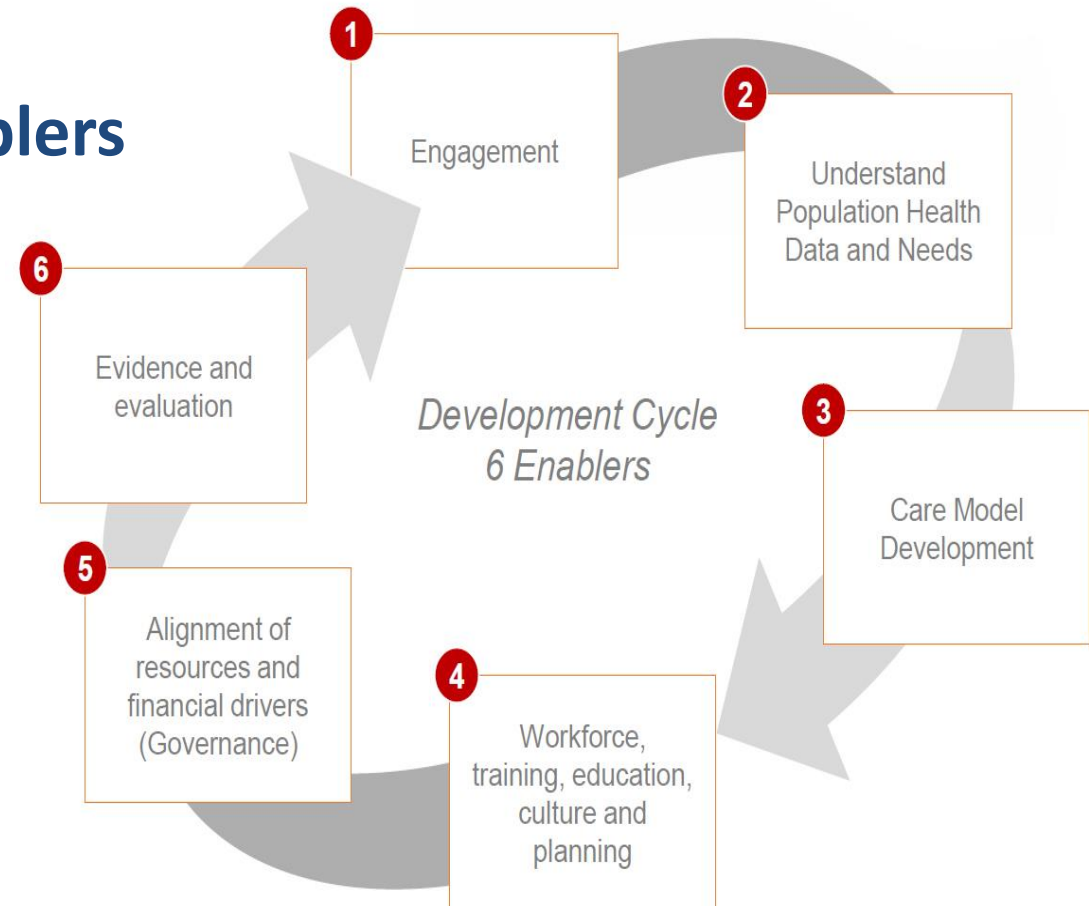


Somerset direction of travel

NAPC Primary Care Home model at heart of Neighbourhoods

PCH 4 key characteristics + 6 key enablers

- an **integrated workforce**, with a strong focus on partnerships spanning primary, secondary and social care;
- a combined focus on **personalisation of care** with improvements in **population health outcomes**;
- aligned **clinical and financial drivers**
- provision of care to a defined, registered population of between **30,000 and 50,000**.



PCH Forge coalition of the willing (and pharmacy is!)

Primary Care Home Development Grid

1	2	3	4	5	6
Engagement	Population Health	Service Models	Workforce	Governance	Evaluation
1.1 - All GP practice partners are committed to working in a highly collaborative way towards improving population health	2.1 - The population is a right size to care (approx. 30-50k)	3.1 - There is a good understanding of the services available across all local organisations and providers	4.1 - Current workforce skills, qualifications and capacity across all providers have been identified	5.1 - The PCH has a vision that has been developed with key partners, with key steps around how it will be achieved	6.1 - There is a clear definition of the outcomes desired and how these will be measured
1.2 - Secondary, community and mental health trust(s) are committed to working in a highly collaborative way towards improving population health	2.2 - There is a good understanding of the health, care and wellbeing needs of the local population and this understanding has been informed by all partners	3.2 - Services have been jointly reviewed with the aim of improving population health outcomes	4.2 - Current and future demands on the workforce are understood	5.2 - Governance arrangements to support collaborative working across the PCH and wider system agreed	6.2 - The impact of how outcomes contribute towards PCH and ACS priorities is understood
1.3 - Local Authority, social care and public health are committed to working in a highly collaborative way towards improving population health	2.3 - Data is available to develop an in-depth understanding and segmentation of the population health need and service operational needs	3.3 - New service models that emphasise proactive prevention, ongoing care and self-care as well as treatment, have been designed and tested (right care, right place, right time)	4.3 - There is a clear definition of what the future skills, capabilities and roles will look like based on population needs	5.3 - Accountabilities and responsibilities for delivery across the PCH have been agreed	6.3 - A balance of programmes and measures exist across the quadruple aim to inform progress and decisions
1.4 - Key local organisations e.g. employers, voluntary, charitable and private sector organisations are committed to working in a highly collaborative way towards improving population health	2.4 - There is a plan to share and link person-level data across partners in real-time with read/write access	3.4 - New service models that enhance access and care navigation to best meet demand, have been designed and tested	4.4 - There is a clear strategy for attracting and retaining the workforce in a sustainable way	5.4 - Local population and staff are involved in the co-production of strategic priorities	6.4 - There is a culture of rigorous (rapid, pragmatic) evaluation to learn and spread at PCH/Locality and Dorset level
1.5 - Public and staff are engaged, enthused and committed to working collaboratively across the community to improve population health			4.5 - There is a well articulated development (education and training) strategy for teams working across the locality	5.5 - The PCH has a strong voice in directing how resources are allocated as well as the way in which services are delivered	6.5 - Evidenced progress used to facilitate productive commissioning and incentive discussions with the system
			4.6 - The key challenges of collaborative team working across organisations have been identified and overcome		

Community Pharmacy working nationally with the NAPC (how we leverage locally?)

1. Integration Guide created by NAPC with pan-pharmacy input.

2. Next project phase started with 7 key goals linked to the GMS DES needs and with NHSE input

Development Opportunities:

- Integrated Flu Delivery
- HLP offer and Population Health
- LTC – CVD
- Clinical Pharmacy with GP via CP!

PCH: community pharmacy integration and innovation



Session Summary

3. Community Pharmacy

- Core Services in current CP National Contract
- What's coming our way (the known knowns)

CP services - “as is”

Essential Services – provided by all



Advanced Services – provided by most



With these ones being a little less common:



Local Services – provided on the basis of local need In Somerset include

Public Health Services

- Substance misuse
- Sexual health
- Stop smoking
- NHS Health Checks
- Alcohol IBA (pilot)

Other

- AF-Stroke (pilot)
- Palliative Care meds availability
- MDS-MAR Chart / Carer support

Optimise Advanced Services - what do they do?

MUR

(Medicines Use Review)

What Does it Do?

Reviews patients on an annual basis who regularly attend a pharmacy for their concordance with medicines and to assess any medicines issues

Reviews patients on an intervention basis where medicines issues are expected or risks exist

Explores contributory lifestyle issues with patients with a navigation opportunity if appropriate

What Could it Do?

Integrate with practices to assess and support higher risk patients in medicines use

Support practices in patients reviews in some LTC pathways to monitor patients collect data and support care (e.g. respiratory)

Medicines Use Review (MUR)



- An adherence focussed medicines review
- For patients taking multiple medicines
- Aims to help a patient use their medicines more effectively
- Patients can be referred into the service by GPs and nurses
- The pharmacist will contact the patient's GP if a relevant issue is identified

Optimise Advanced Services - what do they do?



NMS

(New Medicines Service)

What Does it do?

The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence and improve outcomes

Increase patient engagement with their condition

Reduce medicines wastage

Reduce admissions due to adverse medicines events

What Could it Do?

Reduce the need for medicines follow up by the practice

Utilised as a key intervention for lifestyle change

Used as a feature to support CCG medicines changes

Pharmacy First Channel Shift

NUMSAS

(NHS Urgent Supply Advanced Service)

What Does it Do?

Manages a referral from NHS 111 or an Integrated Urgent Care Clinical Assessment Service (IUC CAS) centre to a community pharmacy, where a patient needs urgent access to a medicine or appliance that they have been previously prescribed on an NHS prescription.

Significantly reduces demand into the OOH, releases capacity & improves resilience

What Could it Do?

Significantly increase capacity and impact if fully deployed, link with local urgent care providers/CCGs/111, switch off disposition

DMIRS

(Digital Minor Illness Referral Service)

What Does it do?

Provides a minor illness consultation in the pharmacy on referral from 111 diverting demand from GPs

The consultation follows NICE CKS guidelines and can result in the provision of advice or the sale of a medicine

The process supports the introduction of the low value medicine guidelines

What Could it Do?

Increase activity by introducing direct referral from practices (next step)

Expand capability to include broader spread of PGDs and other pharmacy first services

Healthy Living Pharmacy Offer

What is a healthy living pharmacy?



- **102/104 Healthy Living Pharmacies in our county**
- **Trained health champions on-site**
- **Great link potential with social prescribing & link workers**

PCNs will

By strengthening and redesigning health and social care by bringing together a range of professionals to work together to provide enhanced personalised and preventative care for their local community

NHSE asking “Where do we take CP role in prevention, given the success of the HLP roll out?”

Healthy Living Pharmacy Offer



The impact of Healthy Living Pharmacies

1

Healthy Living Pharmacies improve the public's health and drive improvements in service quality and innovation

2

People walking into a Healthy Living Pharmacy are twice as likely to set a quit date for smoking and then quit than if they walked into a non-Healthy Living Pharmacy

3

Healthy Living Pharmacies consistently deliver high-quality public health services – NHS Health Checks, weight management, sexual health, etc

4

Healthy Living Pharmacies reach out to local communities (universities, businesses, schools, community centres, etc) with health improvement advice and services

99%

of people are comfortable and happy with the service provided by Healthy Living Pharmacies

98%

of people would recommend Healthy Living Pharmacies to their families and friends

60%

of people would make an appointment with their GPs if the health improvement service was not available at a Healthy Living Pharmacy

20%

of people would not have gone to another provider (ie, they would have received no support for improving their health)

Transfer of care around medicines

What is being proposed?

We expedite the roll out of this provision to all acute trusts and as far as possible to community hospitals

We establish from further analysis a firmer understanding of the potential benefit levels with breakeven understanding of any service provision

In order to enhance throughput quality and safety we introduce a service approach to maximise levels of delivery with break clauses should this not be reached

We establish as an STP how we can deliver this programme given the costs will be born by an organisation that does not receive the benefit

What is the problem?

Currently the system does not deliver high completion rates and these require constant interventions

The approach utilises MURs a capped service as a delivery vehicle - not ideal for a quality and safety intervention and it also is potentially under review (murray report)

The major activity is carried out by a group who receive little benefit from doing it - STP issue?

What is the AHSN offering?

Support Trusts and LPCs to establish TCAM pathway and fund the PharmOutcomes license fee (Yr1 in first instance)

Project support and planning including organising events and meetings, supporting communications to raise awareness of TCAM and its rationale including with the public

CP Core Offer Summary

Build our processes and collaborate as a team of teams

- Support the provision of integrated urgent care services e.g DMIRS, NUMSAS - flow and workload
- Support our population to self-care - flow and workload
- Deliver prevention via provision of public health interventions, HLP services - capacity and workload
- Optimise the “business as usual” services - capacity and workload
- Prescribing & Medicines Safety - support for QoF and PIGP

Work together to Optimise Processes BAU WOW!

People	Finance
<ul style="list-style-type: none"> ✓ Increase trust and mutual support ✓ Reduce practice workload ✓ Improve operational communication ie. medicine stock issues ✓ Shared approach to prescribing processes ✓ Shared goals 	<ul style="list-style-type: none"> ✓ Support QOF achievement ✓ Reduce medicines wastage ✓ Reduced over ordering ✓ Reduced re-issue of 'lost' prescriptions ✓ Improve community pharmacy service utilisation
Operational	Care experience
<ul style="list-style-type: none"> ✓ Increase efficiency of prescribing processes ✓ Co-design new models of care ✓ Reduced pharmacy ordering, reduction in items ✓ Reduce practice workload ✓ Standardisation of prescribing processes ✓ Increase use of community pharmacy on day support for acute on day demand ✓ Reduced practice footfall ✓ Appropriate monitoring of patient medications ✓ Reduced re-issue of 'lost' prescriptions ✓ Improve community pharmacy service utilisation 	<ul style="list-style-type: none"> ✓ Improve patient communication materials across the practice and community pharmacy setting ✓ Increase patient safety <ul style="list-style-type: none"> ✓ Increase use of community pharmacy on day support for acute on day demand ✓ Reduce complaints ✓ More timely requests ✓ Appropriate monitoring of patient medications ✓ Reduced over ordering ✓ Reduced re-issue of 'lost' prescriptions ✓ Improve patient safety – reduce risk of prescribing errors

Session Summary

4. Community Pharmacy - What's coming our way

- The new National CP Contract?
- How might it fit together? (MAYA and a fuzzy framework)
- Building the coalition of the willing CPN Champions and a co-created vision?

Some questions NHSE asking of us?

1. How will community pharmacists build working relationships, centred around patients, with the local clinical pharmacists?
2. How will community pharmacy make a collective offer to PCNs?
3. Where do we take the role of pharmacy in prevention given the success of the HLP roll out?
4. How could technology, digital and automation contribute to the future of community pharmacy as part of an integrated system?

New NHSE GP Contract DES for PCNs and what next for NHSE CP contract?

Our opportunity to align?

1. Structured medication reviews & optimisation
2. Enhanced health in care homes
3. Anticipatory care (with community services)
4. Personalised care
5. Supporting early cancer diagnosis
6. Cardiovascular disease case-finding
7. Locally agreed action to tackle inequalities

Framing a future model
of community pharmacy

Front door to
HEALTH

PILLARS OF GROWTH

IUEC

Self-care optimised

NUMSAS improved and universal

DMIRS 111 and GP

M.A.S maximised

PREVENTION

HLP

Harm reduction

Digital activation

Social prescribing

LTC

Integrated care plan

Transfer of care

CLINICAL PHARMACY

New GMS contract

IPMO

Patient safety and quality improvement

Independent Prescribing

ENABLERS

Unified leadership
national and local

Alignment
avoidance of duplication,
dissonance and
divergence

Engagement
national and local

LPCs

Partnership
intra and inter

Workforce
retain and repurpose

Additional health
services

FOUNDATION STONES

Supply with clinical
and person-centred
care

Margin from care

New national
contract
framework

5 year deal

Local
innovation drives
national

Building a Vision

Case for Change Equation (warning mock science!)

$$D \times V \times F > R$$

Dissatisfaction
with the status
quo

Vision of a
positive
future state

First Steps in
the direction of
the vision

Resistance
to change

Community Pharmacy Somerset Path ahead

- ▶ Drive resilience and sustainability for community pharmacy in Somerset by growing integration with and bringing innovation to the Somerset STP-ICS system
 - ▶ Optimise BAU service delivery and then maximise pharmacy role in NMOC
 - ▶ Engage widely and then embed and enhance the role of community pharmacy
 - ▶ Develop IUEC, Prevention, LTC and Clinical Pharmacy service offerings by both National and Local System collaboration and means

Session Summary

5. Consider the important what nexts' and close session

- What have we shared and learnt together?
- What key next steps do you wish to see happening?

Community Pharmacy Somerset

Thank you for our time
together

Close and further questions

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