London Pharmacy Matters event – 26th May 2016
Event write up

Group High Priority High Impact Barriers

IT

- Interoperability of IT
- Access to records

Culture

- OD (MDT and community Pharmacy)
- Bad Behaviours

Commissioning

- Volume of commissioners
- Funding availability
- What they want

Role Perception

- Existing cultures
- Mistrust of other professions
- Not seen as NHS
- Risk / appetite to do things
- Community pharmacists not seen as clinical
- Patients understanding of pharmacy role and complexity

Value

- Health Economics / Cost effectiveness / evaluation e.g. vaccinations
- Outcomes / Data flows
- Good news stories
- Minor ailments v's long term care focus

Primary Care / GPs

- GP's in competition with pharmacists
- Paying to seeing pharmacy v's seeing your GP for free

Collaborative working

- Fragmented Services (community)
- Setting up collaborative working – how?
- Silos - co-creation scale up

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Group Solutions

Table 1:
Technology

- Use patient held record
- Transform IT support system
- Patient held apps
- Allow NHS.net accounts
- Pharmacy could deliver telehealth and telemedicine

Careers

- Capacity building
- Career advice – use of workforce
- Rotations between career settings
- Encourage specialising

Table 2
Commissioning and Fragmentation

- Current changes to contracts
- Improve voice in a national context
- Fragmentation as an advantage to do things differently
- Using transformation programme to bring conversations to the table
- Joining up Public Health agenda

Table 3
Role Perception

- Improve profile of pharmacy on NHS Choices
- Improve accuracy of pharmacy information on NHS Choices
- Communications to public to educate them about A&E and 111
- System to sign post / triage service
- OD resource
- Promoting role of pharmacy
- NHSE pharmacy joint learning and relationship building
- Long term conditions management to include pharmacy as a part of the pathway early on
- Swapping ideas
- Co-design of self-care
- Case Studies of illness management

Table 4
Health Economics

- Understanding what commissioners want from pharmacy services
- Pharmacists involved in accountable organisations
- Sharing information in a joined up way so that pharmacists are included

Next steps

- Do these represent the high priority areas for Pharmacy in London?
- prioritise it and discuss what to do next

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Table 1

Barriers

High Priority – Low Impact

None

High Priority – High Impact

- Not per item of service
- Outcomes verses value for money
- Multiagency approach. LLP – challenges / barrier
- How money invested – payment by outcomes
- Outcomes verses risk appetite (comfortable with risk)
- Pharmacy image – patients don't understand value.
- Fragmented services / different specs / breadth
- Not well communicated too – good for business (range of new services info)
- Events – no gathering of clinical leads which includes pharmacy – only when MDT working or local
- Professional Silos and LMC / LPC. Attitudes and behaviours
- No single body representing profession. Cultural suspicions
- IT enabled – interoperability / health record access
- Conversation a barrier in itself
- Proposed changes to clinical pharmacy contract – new roles
- Relationships with commissioners
- NWL – changing attitudes but still exist. Strategic environments
- Multi agency approach – LLP challenges / barriers - Manchester wide pharmacy company
- Sharing what happens already – events key
- Knowing about what happens in community – extended roles
- Clarity of vision – not just pharmacy view, need to focus on NHS
- Pharmacy or blended teams & co-creation
- Co-creating interlinking meeting and networking with social care
- Blended team events are key
- Evidence – cost effectiveness and established evidence basis
- Local economic argument

Low Priority – Low Impact

None

Low Priority – High Impact

- Lack of standardisation of pharmacy services
- Professional apathy
- Difficult to access medical professionals for independent prescribing
- Issues of backfill – i.e. training at 2pm (tax deducted) (NHSE event)
- Backfill – difference in funding

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Solutions

Career

- Solution in themselves to providing capacity in primary care
- Non-prescribing 68 approved – support / indemnity
- Pharmacist prescribers
- HEE workforce data – review
- Demand Management – workforce exists
- Consultant pharmacist & PH - New roles?
- Federation Pharmacists different – community settings
- RPS Career Guidance
- Pharmacist with special interests
- Rotation – workforce segments / career pathway
- Pharmacy workforce – technicians / health champions

Tech

- Patient held records
- Telehealth / telemedicine
- Patients held apps
- NHS.net

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Table 2

Barriers

High Priority – Low Impact
- No clear career pathway for community pharmacists
- Commissioning contract of service currently set as volume based

High Priority – High Impact
- Public's understanding of pharmacy function and availability
- Primary care and community function
- Competition between primary care and pharmacy
- Difficult to access records for write access
- Funding cuts for pharmacy
- Pharmacy profile and understanding of role in NHS by clinical peers
- Lack of understanding of opportunities to collaborate and integrate
- Lack of local service for enhanced services
- Sufficient appropriate engagement of pharmacists in service transformation

Low Priority – Low Impact
None

Low Priority – High Impact
- Lack of standardisation of pharmacy services
- Professional apathy
- Difficult to access medical professionals for independent prescribing

Solutions
- Contract: move away from activity based to quality based (2yr timeframe)
- Locally recognising fragmentation will happen if need to recognise 1 size may not fit all
- Integrated commissioning across primary care for patients with long term conditions
- Increase influence on national organisations with regards to contracting
- Organisations working collaboratively across the system to commission pharmacy/integrated services
- Funding for secondary care to be reflective of funding for primary and community care

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Table 3

Barriers

High Priority – High Impact

- Pharmacists are misunderstood by other professions / public
- GPs do not understand what pharmacists can do
- Perceptions by other professions
- Pharmacists not seen as NHS
- Bad behaviours
- Commissioners need to decide what they want and how to pay for it
- The other part of the system need to understand the potential of pharmacy to support
- Commissioning intentions with appropriate funding attached to it i.e. lack of intent with funds
- Not seen as a clinical profession
- Existing cultures and mistrust
- Interoperability of IT systems in Community Pharmacy / General Practice and secondary care
- IT
- Write Access to Summary Care Record besides read access
- Considerable OD requirements
- Community Pharmacist – at scale working

High Priority – Low Impact

- Financial Model – the more items you do the more you earn

Low Priority – Low Impact

- Perception of shop keeper / business priority – multiple sites or independent
- Patient choice v's registration
- Public perception

Low Priority – High Impact

- Reluctance around integration
- Changing landscape of Community Pharmacy framework
- Space and confidentiality

Solutions
Short

- Bromley good example – promoting pharmacy to challenge perception
- Communication and promotion to pharmacy to the public
- NHS 111 – actively promoting pharmacies
- NHS choices – pharmacies should be more than a drop down choice
- System commitment to organisational design and development

Medium

- NHS Supporting pharmacy – promoting / communicating what pharmacy does

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- NHS England and pharmacists to promote / communicate – joint training / public health event
- Patient – how does their long term condition gets managed
- Teach the system and teach the people in the system

Long

- GP / Pharmacy – swap roles to learn what both do
- Pharmacists being part of the co-design of self-care / prevention pathway
- Case studies of how an illness is managed and everyone signs up to

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Table 4

Barriers

High Priority – Low Impact
- Intra and Inter Multi Professional Divisions
- GP & Pharm Protraction and Friction

High Priority – High Impact
- How do you improve outcomes and value for money (Quality)
- Equity and Access (access London Patients stories)
- Contracting (MCPs), representation & participation
- Local Voice – can we hear it. Federations?
- CPCF review

Low Priority – Low Impact
- Perceptions vs reality of behaviours

Low Priority – High Impact
- Premises?
- Fracture of commissioning – Las, CCG, NASE

Solutions

Short
- Enabling/Learning of new commissioning for value and outcomes
- Identifying learning and resources
- Accountable Care “Organisations” taking part

Medium
- Facilitation to play a role in ACOs

Long Term
- Integration and different contract models/ rewards
- IT solutions and interoperability and write access