

London Pharmacy Matters

Event Outputs

June 2016



02

London Pharmacy Matter

Event

23rd March 2016

Purpose of this event

How can Healthy London Partnership support pharmacy to do the following:

- promote the role of pharmacy
- promote understanding for future workforce planning and development
- overcome the barriers to the better utilisation of pharmacy across London
- find collective solutions to barriers
- identify who could help implement

During the event delegates were asked to review the priorities of the Workforce Programme Board and Primary Care Innovation Group, and work through 3 questions:

1 What are the barriers that prevent the role of pharmacy being fully utilised?

2 How can we overcome these issues?

3 What should be the next steps we take across London?

Outcome: a clear, agreed action plan and agreement on the way forward for pharmacy in London!

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London Pharmacy Matters

Event Output

View of the day



Main barriers / themes

Table 1
IT – Interoperability and access to records and Pharmacy career structures and roles – recruitment and retention

Table 2
Commissioning / NHS contractual framework / complexity of market/risk appetite and Fragmentation and range of commissioners

Table 3
Role Perception (Public) and Perception and culture of the profession which leads to Professional Silos/Assumptions on work that can be done – competition/seen as NHS – needs more collaborative working include acute/cog professional groups

Table 4
Health economics and outcomes and value for money/good news story (e.g. Behaviours that make the profession)



High Priority NHS issues

Interoperability of IT
Access to records

- OD (MD) + Community Pharmacy
- Commissioning – value of services, focus
- NHS General Practice – safety availability
- Existing Culture + distrust of other professions
- Not seen as "NHS"
- Culture – Bad behaviours
- Health Economics / Cost effectiveness e.g. vaccination
- Good news story
- Community Pharmacy not seen as clinical role
- Reason for complexity of pharmacy role + complexity
- GP's in competition with government
- "Pay" in no pharmacy to work GP as "free"
- Other obstacles on long term care plans
- Fragmented Services (Commissioning)
- Setting up collaborative working – NHS
- Silos – to a certain scale up
- Commissioning – Pharmacy + Specialists
- Cost effectiveness, value for money, good news story



What is stopping Pharmacy being fully utilised?

“Our IT systems don’t talk to each other and we are unable to access patient records”

“Pharmacists often aren’t involved in redesigning services”

“Pharmacists are thought of as a shop keeper or private business rather than a clinician”

“Community Pharmacy has an image problem and we find it hard to recruit. Not enough young people are interested in the profession”

“There is a lack of good news stories about pharmacy.”

“There is a perception that pharmacy is not seen as Primary Care within the NHS.

“We need support to understand what commissioners want”

“Services are fragmented and there are multiple agencies – how do we work with them all?”

“Community Pharmacy has been seen as ‘less clinical’ than other pharmacists”

“We need support to understand how we can deliver to outcomes”



“Pharmacists are often left out of the conversations”

What is stopping Pharmacy being fully utilised?

“Patients don’t understand the care available from a pharmacy”

“Community Pharmacy has been seen as ‘less clinical’ than other pharmacists”

“Pharmacy need to be able to demonstrate their cost effectiveness and establish an evidence base”

“Community Pharmacy is not seen as ‘the NHS’ by the public and there is a lack of patient understanding of the services we can offer”

“Some GPs do not understand what pharmacists can do”

“There is a lack of understanding internally and externally of other professions”

“We need support understanding the future system”

“Conclude the discussion on the future of the Community Pharmacy contractual framework”

“We need ability to evidence value for money”

“We don’t feel part of the NHS family”



How can we help Pharmacy reach it's potential?

Wider System Understanding



- Improve pharmacy's voice nationally
- Promote to the profession and the sector that fragmentation can be an opportunity to do things differently
- Use the primary care transformation programme as an opportunity to discuss how pharmacy can be part of the solution
- Develop ways to promote understanding amongst pharmacists about what commissioners want from pharmacy services in the future
- Create a joining up public health agenda that includes pharmacy
- Share / swap ideas from other areas
- Share information in a joined up way so Pharmacists are included in the discussions
- Involve pharmacists in the design and development of Accountable Care Organisations

Proposed Actions

- Discuss with local pharmacy leads and identify who could influence locally
- Share with STP leads and link STP process
- Engage CEPNs

Perception



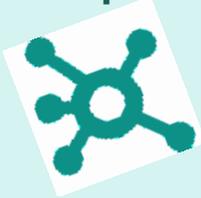
- Educate the public to visit pharmacy first
- Encourage the system to sign post / triage to pharmacy services
- Promote the role of pharmacy within primary care
- Increase collaborative working to include acute & CCG professional groups
- Undertake a joint learning and relationship building exercise with primary and social care
- Teach the system and teach the people in the system about pharmacy through joint training and public health events.

Proposed Actions

- Discuss with NHSE / RPS

How can we help Pharmacy reach it's potential?

Organisational Development



- Key areas of focus:
 - MDTs and community pharmacy
 - Culture – particularly attitudes and behaviour
- Provide an OD resource to work with Pharmacy
- Need for events which include both clinical leads and pharmacy as currently we only meet through MDT or when working locally with other professions

Proposed Actions

- Discuss with national new care models team
- Discuss with STP leads

Workforce



- Signposting pharmacists to career advice to support retention of the workforce and career pathways
- Enable opportunities to experience, train and develop in different settings
- Encourage advanced generalisation
- Promote new roles such as pharmacists in clinical settings, and in prisons, care homes and community clinics.
- Enhance the role that Pharmacy can play in demand management
- Develop further the number and capacity of training places for non prescribing pharmacists
- Support and implementation of consultant and public health pharmacists
- Develop the infrastructure to support community pharmacy such as technicians and health champions
- Share actions and findings from HEE pharmacy workforce data
- Develop blended community MDT teams which include Pharmacists

Proposed Actions

- Discuss with HEE academic institutions and RPS

How can we help Pharmacy reach it's potential?

Co-design and co-commissioning



- Involve pharmacy in the design of services / pathways early on - recognise that pharmacy is part of the solution and co-create with them
- Include pharmacy when co-designing solutions to long term conditions management and self care pathways
- Collate and share case studies of pharmacy undertaking illness management
- Move from a system which is pay per unit to a payment by outcomes which supports the delivery of objectives linked to JSNA
- Develop relationships with commissioners and knowledge of the STP process
- NHS 111 should active promote pharmacy services
- Improve the profile of pharmacy and the accuracy of information on NHS Choices
- Learn from the Bromley pharmacy model as example of good practice

Proposed Actions

- Share and discuss with STP leads

IT systems



- Transform the IT support system so that systems can talk to each other and interoperable
- Develop patient apps for pharmacy
- Ensure pharmacists have NHS.net accounts
- Deliver telehealth and telemedicine through pharmacies
- Enable write access to the Summary Care Record

Proposed Actions

- Liaise with HLP Digital Programme & National Interoperability Programme

Next Steps

1

From the 6 key themes, prioritise what should be approached first.

2

Validate the themes with stakeholders.

3

Find out if anyone is already undertaking work on this across the system.

4

Identify which pharmacy leads could take these actions forward within the system.

Event notes

Table Discussions



Table 1 - Barriers
& Solutions



Table 2 - Barriers
& Solutions



Table 3 - Barriers
& Solutions



Table 4 - Barriers
& Solutions

Group Feedback



Group Barrier
Feedback



Group Solutions
Feedback