HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM National Pharmacy Association Ltd

The National Pharmacy Association

1. Considering the Health and Sport Committee's report on the public panels, what changes are needed to ensure that the primary care is delivered in a way that focuses on the health and public health priorities of local communities?

The National Pharmacy Association Ltd (NPA) is the body which represents the vast majority of independent community pharmacy owners in the UK. We count amongst our members independent regional chains through to single-handed independent pharmacies. This spread of members, our UK-wide geographical coverage, and our remit for NHS and non-NHS affairs means that we are uniquely representative of the independent community pharmacy sector. In addition to being a representative voice, we provide members with a range of professional services to help them maintain and improve the health of the communities they service. Pharmacy premises, pharmacy technicians, pharmacists and their pharmacy teams are regulated by the General Pharmaceutical Council using standards to provide safe and effective care. Scottish pharmacy services are being developed in line with the Achieving excellence in pharmaceutical care: a strategy for Scotland for “achieving excellence in improving and integrating the provision of NHS pharmaceutical care in order to support people through their healthcare journey”.

There are 1257 community pharmacies across Scotland, with distribution more closely matched to the needs of patients in deprived areas than GP surgeries as identified by Audit Scotland. Access to healthcare services is a well-established social determinant of health: disadvantaged areas often lack access to the level of NHS services that their health needs require. This has been termed as an Inverse Care Law, as proposed by Tudor Hart in 1971, who stated “the availability of good medical care tends to vary inversely with the need for it in the population served”. Community pharmacy is a part of the health service that bucks the inverse care law – there are more pharmacies per head of population in deprived areas than in more affluent areas.

At the recent NPA member forum, Scottish pharmacy owners covering over one hundred of independent community pharmacies discussed this call for views. They welcomed the review and perceived it to be an opportunity to identify aspirational pharmacy practice for the benefit patients and the NHS.

We would be happy to discuss the points raised in this response in more detail. To arrange this, please contact Janice Oman NPA Scotland Representation Manager at independentsvoice@npa.co.uk
NPA members identified the following areas of change to improve primary care service provision with regards to community pharmacy:

- **Community Pharmacists**, are the expert in medicines with their highly trained and regulated pharmacy teams in accessible locations where they are needed. Community pharmacists require timely access to appropriate patient medical notes, to access the information required to understand if prescribing is appropriate and to record significant pharmacist interventions. Read-write access to a single shared patient record from community pharmacy would enhance the digital interoperability between all health and care settings and would allow pharmacists timely access to the relevant clinical information required for safe medicines optimisation including particularly vulnerable situations such as hospital discharge. It would also enhance the opportunity for collaboration between secondary care, GPHubs and community pharmacy. In a recent [survey](#) 62% of patients believe pharmacist access to patient medical notes would enhance the care the pharmacist is able to provide.

- Community pharmacies should be included in pathways to implement a system-wide approach to tackling inequalities. Integration of NHS and Social care in Scotland is already providing opportunities to increase the variety of support available in pharmacies to their local population, with examples identified by Audit Scotland’s report on [Integration of Health and Social care](#) published in November last year. The increased use of pharmacist independent prescribers in community pharmacy settings would also improve the efficient provision of person centred pharmaceutical care, efficiently for NHS Scotland.

- Pharmacists and pharmacy support teams have often frequent contact with patients within a professional health care setting with confidential areas available without appointment, local and convenient to the patient. Community pharmacy teams are trained to identify the early symptoms of minor illness and major disease. Community pharmacists could play an enhanced role in the prevention agenda, in detecting cancer early, cardiovascular disease prevention, alcohol interventions, weight management support and identifying mental health issues.

Community pharmacy already provides successful national [NHS services](#) for minor Illness, long term conditions, substance misuse patients, palliative care, care home medicine advice and supply services, stoma care, provision of emergency hormonal contraception, smoking cessation services and unscheduled care medicine supply, advice and referral. Local NHS services in pharmacy include support for frail and elderly patients, patients at risk of falls, support for COPD exacerbations, needle exchange and sexually transmitted disease test and treat services. Non-NHS services such as the provision of medicine compliance support, delivery of medicines, weight and blood pressure monitoring services, and flu and travel vaccinations are frequently provided by community pharmacy.

Adapting existing service protocols to provide additional NHS services such as contraception initiation and monitoring, flu vaccination, weight loss support, alcohol interventions, pain relief clinics and mental health signposting with medicine compliance support would provide extension to existing NHS primary care services and reduce burden on GP Hub and A&E services. [Evidence](#) suggests that 60% of
patients using the Minor Ailment Service would have used a GP appointment if the NHS pharmacy service was not available.

- Initiation and appropriate dose titration of certain medicines by the community pharmacist would be of benefit to the patient and reduce the workload within the GP Hub. With standard NHS approved protocols and monitoring equipment, contraception, weight management and hypertension medicines could be initiated and concordance supported using the pharmacist medicine expertise and the professional clinical environment of the pharmacy consultation room. Pharmacists currently prescribe medicines for minor ailments and with the use of NHS patient group directions also provide acute urinary and impetigo infection treatment. This suite of patient group directions could be widened nationally. The use of independent pharmacist prescriber skills in the community pharmacy would further extend the prescribing capacity in primary care.

- Pharmacy staff are ideally placed to provide public health messaging and signposting to other service provision in direct consultations with patients and by using the waiting and supervision areas of the public areas of the pharmacies. Direct patient referral as an outcome from these interventions to health and social care services including other health professionals, GP link workers, social care or third sector organisations would support patients to access the correct service promptly. Early detection of cancer pharmacy public health messaging and referral to diagnostic services would be an example of a primary care service that could benefit health inequalities.

2. What are the barriers to delivering a sustainable primary care system in both urban and rural areas?

- The lack of IT community pharmacy direct access to appropriate patient notes hinders the pharmacist promptly having the appropriate information to optimise medicine use.

- Community pharmacy absence of IT integration with other health and social care professionals causes some patients to miss appropriate referral and can result in serious illness requiring A&E attendance with possible unplanned admission to hospital.

- Successful pharmacy services require very close planning between local community pharmacy committees and social care and healthcare agencies. Many pharmacy owners have invested in providing the best possible environment and pharmacy staff capability within their pharmacies to support their patients. Due to the complexity of reimbursement and remuneration for Scottish pharmacy owners, any changes to service provision for any patient group may financially impact on further investment. We urge those responsible for the future development of primary care to liaise closely with representative bodies for community pharmacy and in particular the Scottish community pharmacy negotiating organisation, Community Pharmacy Scotland.
• Community pharmacy teams are expert in procurement and supply of medicines, as shown by the annual profit sharing revenue returned to the NHS Scotland. Equity in patient medicine supply is complicated and fragile to balance, requiring transparency from wholesalers, consistency from prescribers and responsive drug tariff amendment. The NPA has for many years been working to improve transparency with medicine wholesalers, and would welcome the opportunity to discuss further. The supply of medicines to patients is complex and can be adversely affected by any change in supply route or frequency. The reimbursement process to community pharmacy for medicine supply is also complex with any minor changes having a potentially significant impact on the pharmacy network. Any primary care service development involving medicine supply should be modelled to forecast any risk to the stability of the medicine supply chain and the community pharmacy network.

• With the development of pharmacotherapy services from the GPHub, GP practice pharmacy teams need to collaborate with their community pharmacy colleagues to provide clarity of service provision, avoid duplication or omission of pharmacy intervention opportunities.

• Demand and supply of pharmacists may affect the contribution of community pharmacy to the review of primary care as currently GP Hubs are significantly drawing pharmacists and technicians from the community pharmacy network. Brexit and the capacity for providing pharmacy graduates may also impact on the number of pharmacists in the community.

3. How can the effectiveness of multi-disciplinary teams and GP cluster working be monitored and evaluated in terms of outcomes, prevention and health inequalities?

• Community pharmacy services in the main are electronically claimed from NHS National Services Scotland which enables close monitoring and scrutiny of costs.

• Patient surveys for GPHub, A&E, unplanned hospital admissions and Community pharmacy services can be analysed.

• Pharmacy direct referrals to and from other health and social care agencies will demonstrate the contribution community pharmacy teams make to reducing demand on GP and A&E appointments

• Independent research can be undertaken to determine the value of pharmacy, such as the PCW report in England published in 2016.