HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM The Company Chemists' Association

About the Company Chemists' Association (CCA)

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland and Wales. Our membership includes ASDA, Boots, LloydsPharmacy, Morrisons, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate over 600 pharmacies in Scotland, which represents nearly half the market. Our members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing over 54 million NHS prescription items every year.

The CCA represents the interests of its members and brings together their unique skills, knowledge and scale for the benefit of community pharmacy, the NHS, patients and the public. Our vision is that everyone, everywhere, can benefit from world class healthcare and wellbeing services provided by their community pharmacy.

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?

In line with the public responses we believe that Community Pharmacy is ideally placed to help deliver an improved Primary Care system for the next generation. With over 1,200 community pharmacies in Scotland there is an existing network of registered health care professionals that are highly trained and easily accessible to the public.

Use of Technology – The computer systems used in Primary Care need to share relevant patient information.

A - Current community pharmacy / GP computer systems do not allow the sharing of relevant patient info. We would call for appropriate and relevant read access along with structured write access to patient records. Currently there is no access to, for example, patient discharge medication details often resulting in a high risk to care and a wastage of medicines.

B - Community Pharmacy currently provide a wide range of services including The Minor Ailments Scheme, and Smoking Cessation. Currently the IT systems do not allow Pharmacists to add to the GP patient record. To do so would help inform a wider range of HCPs involved in an individual patient care. We are calling for community pharmacy teams to be given access only to relevant information from the GP record to enable them to provide effective care to the patient, and to be able to populate the record with the relevant data regarding outcomes and service interventions.
A Community Approach to Wellbeing - The Development of NHS services (delivered by Community Pharmacy)

The Minor Ailment Scheme, due to be extended and available to the Scottish population in 2020, allows people in their community to access healthcare advice and diagnosis for a minor ailment often at times when their GP is closed or not available. With a private consultation area available in every pharmacy this allows the public to access this service, in a confidential, manner for common ailments such as headaches, headllice and fever from a trained healthcare professional.

Independent research commissioned by Community Pharmacy Scotland showed that almost 90% of respondents scored this service 10 out of 10 and more than half said they would have gone to their GP had this service not been available.

Patient Centred Approaches to Accessing Services

There are over 1200 pharmacies in Scotland located within communities, on the high street and in some retail parks. Often the pharmacy is open many more hours than the GP surgery with many operating all day Saturday and Sunday. This makes community pharmacy one, if not the, most accessible healthcare service, very often without appointment. Pharmacy staff are trained to help patients deal with common conditions requests and to refer to a Pharmacist when needed. Being based within the community and often seen as a ‘go to’ destination for advice many people are extremely loyal to one pharmacy which allows a trust and confidence to be built which is essential as means of gaining a bigger picture of an individual’s health and wellbeing. Many pharmacies are ideally placed to offer lifestyle advice diet and weight management and on smoking cessation thereby we would be fully supportive of Social prescribing as part of a multi-disciplinary team.

Pharmacists are experts in medicine. Improved pathways to other healthcare professionals would help both the patient and HCP to navigate best outcomes for patients. To enable community pharmacy to support the wider health system, by dealing with minor ailments and low acuity urgent care needs, we believe that an electronic referral solution should be implemented across primary care in Scotland.

Service and Workforce Planning

The Scottish Government recently announced fully supported funding for an independent prescribing course aimed at community pharmacists. On completion this will allow a Pharmacist to prescribe any medicine within their scope of competency. Our view mirrors that of Community Pharmacy Scotland to look at a ‘Common Clinical Conditions’ service for example for a throat, chest or urinary tract infections. Again, an example of better access to community services and the freeing up of GP time.
2. What are the barriers to delivering a sustainable primary care system in both urban and rural areas?

There appear to be variance in priorities across the Health and Social Care Partnerships in Scotland resulting in not only different ways of working but duplication of task and a lack of learning or shared experiences.

100s of new primary care pharmacist positions have recently been created to help alleviate GP workload pressures. Most of these new roles have been filled from the Community pharmacy workforce which has had a negative impact on the availability of professionals in the sector.

Communication challenges remain between Pharmacists and other HCPs in the differing primary care settings. We would call for access to, or the development of, more integrated digital communication solutions.

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?

GP clusters were established as part of the new GP contract (2018) and it would seem logical to extend these to ‘primary care clusters’ as a way of ensuring all relevant primary care providers are part of service development, planning and evaluation. There should be a platform available for the recording and the sharing of learnings and evaluations to prevent duplication of task (and mistakes).

We would suggest the creation of a case study database and the use of multi-media channels to promote much of the good work being done locally, great examples of outcomes and improvements and examples of positive patient experiences.