HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM COMMUNITY PHARMACY SCOTLAND

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?

Community Pharmacy Scotland welcomes the public’s response to the Health and Sport’s primary care enquiry. We believe that Community Pharmacy has the potential to support the health and public health priorities of local communities and we have explored below the many ways in which Community Pharmacy already addresses some of these points.

We believe that Community Pharmacy can play a greater role in supporting Scotland’s primary care provision and welcome the work of the Health and Sport committee in this area. Below we have listed the changes that we believe are necessary to support a better delivery of primary care in Scotland.

Use of Technology

The computer systems used in primary care need to be able to share relevant patient information

- Community Pharmacy Scotland is supportive of role-based access to patient records.
- Currently, there are a range of technology manufacturers who supply the computer systems used in Community Pharmacies. These systems are not currently enabled to interact with GP systems to share relevant patient information.
- In addition to this, Community Pharmacies are not routinely informed of changes to patient prescriptions when people are released from hospital. This creates a high-risk transition of care and can lead to wastage of medicines.
- There is siloed medical information for every patient across GP surgeries and Community Pharmacies. This creates extra work for pharmacists who often need to call a patient’s GP if they have any queries or problems with the medication which had been prescribed. It can hinder the supply of medication, especially if the patient needs an ‘emergency supply’ of their regular prescription medicine, which happens if a person is travelling and has forgotten their medicines for example.
- We note and welcome recent local developments which have extended clinical portal access to community pharmacists and continue in our calls to extend this across the country. However, until such times as this access includes the ability to record pharmacy interventions, it is inevitable that no single member of the primary care
multidisciplinary team will have a full picture of the patients’ health – nor will the patient have a single record of their care.

- The long-term viability of our primary care system requires further integration, especially where technology is involved.
- Community Pharmacies provide a range of services which can be of huge benefit to people, such as the Minor Ailment Service or the Pharmacy First Service (further details of these below). Both of these allow pharmacists to offer patients free NHS consultations and to prescribe or provide medication to people who have specific symptoms, yet pharmacists would be able to give much more tailored advice if they could have better access to information about patients. In addition, being able to add details of any care interventions (e.g. Minor Ailment consultations or vaccinations) on to a patients’ record will give everyone involved in their care a holistic view of their health status.

### Wearable devices and digital development

- Community Pharmacy Scotland is looking to work closely with partners such as the Digital Health Institute to look at innovative ways to harness wearable technology and the role that Community Pharmacy can play in monitoring and managing hypertension as well as other long-term conditions.

### The development of NHS services delivered by Community Pharmacies

#### The Minor Ailment Service is a world-leading service which is set to be extended in March 2020

- The Minor Ailment Service (which is currently restricted to certain qualifying groups, such as the over 60s, under 19s and those in receipt of certain benefits) is available in every Community Pharmacy in Scotland and is intended to allow people to receive advice from a trained healthcare professional. This service is aimed at helping people with common complaints such as colds, gastro-intestinal issues or throat issues.
- The Minor Ailment Service is due to be expanded to everyone registered with a Scottish GP from March 2020. This extension will also incorporate the Pharmacy First Service and will result in a combined service which is intended to provide significant front-line healthcare. The Pharmacy First service allows people who are suffering from an uncomplicated urinary tract infection or a common skin complaint, impetigo, to go to their pharmacy and after a consultation from their pharmacist, they can receive prescribed medication which is normally only available from prescribers from their pharmacist directly.
- From independently commissioned research, we can show just how useful and popular the Minor Ailment Service is with those who have used it. Close to 90% of participants rated the service 10 out of 10 and 60% of those who used the service...
said they would have gone to their GP if they could not have accessed this service at their community pharmacy. Please see: https://www.cps.scot/nhs-services/core/minor-ailment-service/mas-report/

More Community Pharmacists trained as Independent Prescribers

- The Scottish Government recently offered fully supported funding for an independent prescribing course specifically tailored for community pharmacists. On completion, this allows pharmacists to prescribe any medication within their scope of competency and gives them advanced consultation and patient assessment skills.
- Our vision for the use of this qualification in the community pharmacy network is to develop a ‘common clinical conditions’ service which further increases the ability of pharmacy teams to address episodes of acute illness in the course of a single patient interaction e.g. assessing patients for suspected chest infections. This model is much less restrictive than the current Pharmacy First services and in the fullness of time will replace them entirely.
- There are already a few common clinical conditions services led by independent pharmacist prescribers in the community across Scotland, and in these areas the service has transformed the way that members of the local community access care, leaving GP colleagues to focus on their role in managing patients with more complex health issues.
- In order to realise this vision, we will work with colleagues in Scottish Government, Health Boards and HSCPs to establish a sustainable funding model and workforce plan.
- The Scottish Government are working with us and other stakeholders to overhaul the current initial education and training of pharmacy students from the 4-year MPharm undergraduate degree and 1-year pre-registration training to an integrated 5-year degree. Executed well, this will have graduates/registrants entering the workforce more ready to engage with these future services to meet the changing healthcare demands of the nation.

Medicine Care and Review Service

- The Medicines Care and Review Service will replace and build on the success of the Chronic Medication Service (CMS).
- This further develops the role of community pharmacists in the management of individual patients with long term conditions.
- The model is based on patient need, clinical practice and quality improvement
- It is patient centred, supports self-management, promotes a partnership approach between the pharmacist, the patient and other healthcare professionals, ensures systems are in place to help minimise adverse drug reactions and address existing and prevent potential problems with medicines. It also provides for structured follow-up and referral interventions as, and when, necessary.
Patient-centred approaches to accessing services

Community Pharmacies are accessible, located in almost every community throughout Scotland and provide continuity of care to local people

- There are 1257 Community Pharmacies in Scotland. Almost all Community Pharmacies are open 6 days a week, with some being open 7, and cover more hours than a traditional working day.
- We believe that Community Pharmacy is one of the most accessible parts of the primary care system, operating almost entirely without appointments even where access to a healthcare professional is required. When it is not, people are triaged and seen by the most appropriate member of the team who is trained to address their needs. The times when appointments may be used are for specialised clinics that pharmacies may run, such as for private travel vaccinations.
- When you visit your community pharmacy you will see the same pharmacy team and they will be able to build up a record of the medicines which have been dispensed and the advice that has been given. This means that they will be able to build up a more complete picture of an individual’s health, as well as getting to know that person.
- Most community pharmacies have consultation rooms, where patients can have a private consultation with the pharmacist or a member of the pharmacy team, if required.

Community wide approach to well-being

- We believe that pharmacy teams are in an ideal position to help inform people on how to better manage their health and conditions proactively. The location of Community Pharmacies in the heart of almost every community means that they are the ideal location to support people to live in healthier ways. For example, there is a Scotland-wide service to help people stop smoking, which involves people going back to their pharmacy to receive support to quit. Many pharmacies are able to offer diet and lifestyle advice, as well as signposting to local community provisions that can help support a healthier lifestyle.
- They are an easy to access resource in every community and have the clinical expertise to provide advice - they are not only the experts in medicines but are trained to help people to manage their own conditions in many ways. The upcoming extension of the Minor Ailments Service will fundamentally change the way people access care, and we’d love to discuss this in greater detail with you.
- Better linkage and referral pathways to and from other local services would help to make navigating the care experience easier for patients and healthcare professionals alike. Ideally these would be electronic referrals.
- Social prescribing would be an area of action that we could support from our Community Pharmacies – pharmacies are a great resource to find out about local
services, have many services linked to supporting people to live a health lifestyle and are easy for people to pop in to and discuss any well-being issue that they may be facing. We would welcome the opportunity to be part of the delivery of social prescribing, although as it stands at the minute Community Pharmacies do not take part in social prescribing and so CPS will not put in a response to the consultation on social prescribing.

**More effective triage for primary care services**

- There is a significant amount of non-urgent medical care and advice that a Community Pharmacist can provide.
- We would like to see Community Pharmacies as a location that patients are referred to when they have a medical concern which does not require a GP’s appointment – the first port of call. A considerable amount of NHS resources can be saved through people seeing the correct healthcare professional for their needs and so improving the public’s understanding that Community Pharmacy is best for non-urgent medical care and advice will help to alleviate some of the pressure on our GPs and A&E.
- They are a great local hub for the dissemination of information and they already display posters about services they provide or for awareness raising around common health concerns. In a more informal capacity, all members of the pharmacy team should be in the position to signpost people to local services.

**We are, however, concerned when it comes to service/workforce planning:** the implementation of the new GP contract has created roles for NHS pharmacists within GP surgeries to provide pharmacotherapy services from there. While this service development will undoubtedly be beneficial to patients, the problem is that a huge number of pharmacy posts have been created without planning the workforce requirements of the whole system (including secondary and community care). We are seeing a pressure on recruitment and retention in Community Pharmacy in rural and urban areas, and in large pharmacy chains and small independents alike.

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

There is a level of divergence in services provided by health and social care partnerships (HSCPs) across Scotland, which is leading to a confusing system with different types of care are available in different areas. This is a problem as there appears to be siloed information across Health Boards and resources tend to get spent on developing services in each Health Board, when best practice could be shared among them to save considerable time and resources.
When the new GP contract was negotiated in 2018, the Scottish Government and HSCPs agreed to help refocus GP workload so that they were able to spend most of their time coordinating care for patients who have complex needs, as this is precisely what GPs are trained to do. As detailed in the section on workforce pressures, while this development is an innovative way for GP surgeries to develop, it has resulted in a situation where there are not enough qualified pharmacists or pharmacy technicians available for the vacancies across community, hospital or GP practice pharmacy. We don't believe that the impact on Community Pharmacy was taken into account when the new GP contract was negotiated, and it demonstrates clearly the danger that making major changes to part of the primary care system can pose when a holistic view of the sector is not taken.

As detailed in the previous answer, there are considerable communication barriers in terms of sharing relevant patient information across different primary care providers. A more integrated computer technology system would have the potential to greatly improve this situation.

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?

We believe that primary care clusters should be established, with community pharmacy, GPs, optometrists and dental teams amongst others able to work together to design and implement meaningful service change. These clusters should have access to data analysts/ISD to figure out how to evaluate outcomes – it is not the primary skill set of the people working in clusters so support will need to be provided e.g. ISD LIST teams.

Support for service planning should also be provided and crucially a platform for recording, reporting and sharing change initiatives should be made available. This can be populated with evidence of impact on outcomes including anecdotal reports of improvement or failure and learning from cluster teams.

Knowing that improvements actually have an impact on outcomes will in itself drive further improvement and engagement of teams. Publicising improvements or unsuccessful changes properly on a national platform will see good practice spread, rather than the learning be confined to a local area, only to be repeated again in several other places across the country, wasting time and effort.