ROYAL PHARMACEUTICAL SOCIETY

Developing a Vision for Community Pharmacy

RPS response

Thinking about the future of community pharmacy, what would "good" look like, from either a community pharmacy, NHS or patient perspective?

- Community pharmacy being properly integrated into health and care system, seen as a normal part of patient pathways
- Community Pharmacy seen as a health hub in the community, an accessible first point of contact for the NHS and for minor ailments and local urgent and out of hours services. They would provide access to prevention, health improvement, wellbeing and self-care support and would link to other parts of the system such as social prescribing, local authorities etc
- Health promotion advice given routinely and proactively
- Use community pharmacies more effectively for local and national public health campaigns
- Direct commissioning of local services at neighbourhood and place level to meet needs of the population
- Community pharmacists using their independent prescribing skills daily to support patient care
- Community Pharmacy providing more clinical roles and clinical services being commissioned, via a national contract, from community pharmacies
- Community Pharmacy being directly involved in the delivery of health inequalities programmes at all levels both nationally and locally
- Pharmacists are the first point of contact for medicines support as part of a multidisciplinary team
- Pharmacy teams will use genomic information to improve early detection and overall population health. Point of care sequencing technology will be used in pharmacy settings, for example, to rapidly sequence pathogens, allowing targeted treatment to be prescribed if appropriate and reducing antimicrobial resistance.
- Community pharmacies provide point of care testing and other diagnostics on a regular and routine basis
- Community pharmacies are a local hub for administration of vaccination and immunotherapy
- Pharmacy teams are the recognised systems leaders of the medicines digital health agenda that ensures clinical safety. This includes digital apps, wearables, diagnostics, and disease and medicine management tools.
- Patient-facing digital technology, remote monitoring and Artificial Intelligence are routinely used without creating barriers for people who are unable to use these technologies.
- Consistent services commissioned and provided from community pharmacies across England so patients and the public know what to expect from their community pharmacy wherever they live
- Community Pharmacists provide targeted interventions to improve individual and population health – they are able to do this with access to relevant data
- Community Pharmacies host specialist services as they have more than one consultation room
- Better use of skill mix within the community pharmacies with a pharmacy team being made up of staff working to the top of their qualifications
- Potentially two pharmacists per pharmacy depending on what services are beng provided
- Community pharmacists and their teams are automatically be treated in the same way as other healthcare professionals, for example continued access to NHS wellbeing services

- Community pharmacists and their teams have a good work / life balance, pharmacies are adequately staffed, and all the team have good mental health and wellbeing
- Community pharmacies are seen as an exciting place to work and have enough space and privacy to provide clinical services
- Adequate remuneration is provided to community pharmacies to enable them to provide the required services
- Community pharmacists are able to refer to other parts of the system as appropriate such as secondary care, physios etc

What are the key building blocks that need to be in place to achieve that ambition?

For example, the approach to commissioning of community pharmacy; the key metrics for pharmacy services; the approach to the use and development of the workforce, skill mix and technology; the role of remote provision of services and digital engagement with patients and the public.

- Making best use of the skills of the entire pharmacy team– better use of all those involved in the team including pharmacy technicians and support staff
- Different models of delivery should be explored such as having two pharmacists in the pharmacy depending on services provided
- Upskilling of the whole team where necessary in both clinical areas and person-centred care approach
- Infrastructure to support change, critically to enable independent prescribing within community pharmacies
- Having a defined career structures from foundation through advanced to consultant pharmacists
- Having systems and processes in place to enable referral from community pharmacies to other parts of the system and vice versa
- Enabling sharing of data to and from community pharmacies on both the local population as well as individual data. Pharmacy professionals in community pharmacies ahould have read/write shared access to the clinical record
- Embedding a culture of continuous professional development and learning
- Adequate workforce, resources and funding to enable community pharmacies to provide the services they are commissioned to provide
- Changes to legislation to enable appropriate medicines that have been clinically checked, dispensed, and accuracy checked, to be given to a patient or their representative when the pharmacist is signed in as RP but absent
- Supporting the recruitment and retention of community pharmacy staff through supporting workforce wellbeing and creating a culture of belonging
- Enabling pharmacy teams to work across a system including joint models of employment, including joint models between the different elements of primary care
- Every pharmacist should be willing to train others as part of their role
- Quality assured education that enhances the provision of postgraduate education and vocational support for pharmacy professionals to enable progression through foundation, advanced and consultant practice

Thinking about past policies and developments in pharmacy practice and possible future developments, what are the key barriers to change?

For example, what has stopped good practice being rolled out further? Are the right incentives in place? Do the views of pharmacy held by the public and other healthcare professionals have an impact? Are the right IT systems and connectivity in place?

- Leadership at a local level – community pharmacists need support to take on these roles. Structured leadership development is embedded within pharmacy professional practice so

that pharmacists and pharmacy technicians can take up leadership roles within pharmacy and the wider health and care system.
- Support for the legacy workforce that would like to undertake independent prescriber training, both funding for courses and tackling the scarcity of DPPs/DMPs
- Having time to learn and develop during working hours i.e., protected learning time
- Protected time to meet with other healthcare professionals
- Having the right environment to work in which means having adequate staffing, flexibility around working hours, uninterrupted rest breaks and protected learning time to create a sense of belonging
- IT systems need to be interoperable with the wider health and care system
- PMR suppliers need to be more reactive / proactive to change
- Contract is currently too restrictive and fee per item of service largely based on dispensing volumes
- Lack of patient registration at a pharmacy, which could help with the delivery of clinical services
- Varied local commissioning leading to different services in neighbouring areas
- Having to undertake pilots even if the pharmacy service is proven to work in Wales and Scotland
- Doing research then implementing services before research findings complete and then ignoring them and carrying on even if unproven
- Stopping smoking service being commissioned via hospital referral rather than available to all
- There should be the possibility to self-refer in to CPCS
- Prescription charges may be linked to above as free in Wales and Scotland who have better services in Choose Pharmacy and Clinical Community Pharmacy Service in Wales and Pharmacy first and Pharmacy First Plus
- More research in to community pharmacy should be commissioned I
- Prescribing training needs to move away from a university certificate for more experienced pharmacists there should be a competency-based pathway

Thinking about past policies and developments in pharmacy practice and possible future developments, what are the key enablers of change?

For example, are there past policies that have been successful in progressing the role of community pharmacy to support patients and the wider NHS? What are the potential levers and incentives for commissioners, pharmacies or patients to adopt or utilise new approaches and services?

- Having accurate and up to date data on the pharmacy workforce and using this to ensure the pharmacy workforce is in the right place to deliver the best care to patients across a system.
- Have a comprehensive pharmacy workforce strategy
- Pharmacy workforce data used in conjunction with wider workforce data across the health and social care system to ensure the right level of workforce within each ICS
- Having a culture within pharmacy where everyone feels like they belong, with an environment that attracts, develops and retains future generations of pharmacy staff.
- Having protected and structured learning/research time with equality in development opportunities, and access to funding for professional development and leadership training.
- Ensuring the pharmacy workforce has the digital skills to enable them to capitalise on the data and digital revolution that will provide opportunities for targeted interventions to improve individual patient and population health.
- Integrated Care System strategies for the planning and commissioning of pharmacy services are informed and developed in collaboration with pharmacy teams from across the system.
- workforce to prepare for widespread pharmacogenomic testing and personalised prescribing
- Creating opportunities of growth and development, potentially to have consultant pharmacist roles within community pharmacy - a whole career approach for all the pharmacy team and for pharmacists from foundation through to consultant

- A capitation-based funding model for community pharmacy
- Representation and pathways for opportunities for a representative workforce is also key to success.

Are there innovative models of the delivery of community pharmacy services that you are aware of that should be explored during the development of the vision?

- Specialist outreach services from hospital pharmacists to support colleagues in primary care
- Cornwall LPC walk in service
- Genomic services
- Welsh and Scottish community pharmacy services
- Social community activities such as at Greenlight Pharmacies