

East of England Partnership Strategy for Community Pharmacy

Rolling 5 years from December 2022









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East of England Partnership Strategy for Community Pharmacy

Vision	 <p>COMMUNITY PHARMACY IS INTEGRATED INTO PRIMARY AND COMMUNITY CARE WITH BETTER ACCESS AND IMPROVED OUTCOMES</p>	 <p>COMMUNITY PHARMACY SERVICES ARE PATIENT CENTRED AND THE FIRST POINT OF CALL FOR MANY PATIENTS</p>	 <p>COMMUNITY PHARMACY IS EMBEDDED IN PATHWAYS ACROSS THE WIDER HEALTH AND CARE SYSTEM</p>		
	 <p>COMMUNITY PHARMACY SUPPORTS SELF CARE AND IMPROVES POPULATION HEALTH</p>	 <p>COMMUNITY PROFESSIONALS AND WIDER TEAMS ARE VALUED AND RESPECTED</p>	 <p>COMMUNITY PHARMACY IS INTEGRAL TO REDUCING HEALTH INEQUALITIES</p>		
Priorities	Increase health system integration and partnership		Optimise services and outcomes	Improve population health and address health inequalities	Develop the workforce for delivery
Actions	<p>Work in partnership with GP practices, Primary Care Networks, Local Authorities and other healthcare providers</p> <p>Develop integrated service models and whole system approaches to delivering services and reducing inequalities</p>	<p>Promote community pharmacy as a clinical provider</p> <p>Collaborate on pathway redesign</p> <p>Support extension of services to address unmet needs</p>	<p>Ensure services are consistently delivered, visible and actively promoted</p> <p>Consider innovative approaches to increase accessibility</p> <p>Develop greater understanding of the characteristics and needs of the local community</p>	<p>Optimise use of workforce skill mix within services</p> <p>Focus on the recruitment, retention and wellbeing of the community pharmacy workforce</p> <p>Develop an integrated workforce strategy for primary and community care</p>	
Enablers	IT and digital infrastructure and data services		Communication and engagement		
	Financial and contractual arrangements		Estates		

Foreword

The NHS Long Term Plan – a blueprint for the future of the NHS which provides the right care at the right time and in the right place – recognises that good health is about more than treating people when they fall ill. It presents a vision of health and care that is driven by prevention and tackling health inequalities. Central to delivering this is the creation of fully integrated community-based health care system. This includes community pharmacy playing an important and integrated role as recognised in the *Next steps for integrating primary care: Fuller Stocktake report*.

The East of England Partnership Strategy for Community Pharmacy outlines our strategic visions and goals to support and enable community pharmacy in the East of England to realise its full potential. Supporting integration and transformation, building on the strong foundations in place and to deliver on the vision of the NHS Long Term Plan. Playing a part in prevention of diseases, reducing health inequalities, helping to tackle obesity and high blood pressure, and providing enhanced public health care as part of a whole system approach. The Strategy represents the collaborative efforts of partners across the East of England including Local Pharmaceutical Committees, Local Authorities, Integrated Care Boards and Systems, and other key stakeholders. We would like to extend our thanks to all colleagues involved in the development of the document, whose contributions have been incorporated and without whom this would not have been possible.

Community pharmacy is and continues to demonstrate resilience, engagement and innovation in the services it provides to patients, communities and populations. This is evident in their ongoing contribution to the Covid-19 vaccination programme for example. To ensure that community pharmacy continue to build on this, health and care systems in the East of England collectively support a vision where:

1. Community pharmacy is an integral and integrated part of primary care, leading to improved outcomes for patients and facilitating better access
2. Community Pharmacy is part of integrated care pathways for primary care and urgent care
3. Community Pharmacy is the first point of contact for many patients
4. Community Pharmacy is integral to the delivery of self-care and avoiding ill health
5. Community Pharmacy is integral to addressing health inequalities
6. Community pharmacists are valued and respected as clinicians in their own right

Through the identified priorities, actions and enablers that underpin these six vision statements, our overall goal is to increase health system integration and partnership, optimise services, improve population health and reduce health inequalities, address workforce issues; all for the benefit of the patients, communities and population we are here to serve.

By realising the potential of community pharmacy and the expertise of the pharmacy teams within them, with the collaboration of partners across the East of England, we can be confident that community pharmacy will cement its position as a valued and essential component for healthcare delivery in primary care.

William Rial, Regional Chief Pharmacist

Introduction

This strategy has been developed to help give focus and direction for community pharmacy in the East of England over the next five years.

The strategy aims to facilitate collaboration across health, social, primary and community care teams in designing and delivering transformation programmes, reconfiguring services and redesigning pathways to deliver integrated community pharmacy services.

The creation of Integrated Care Boards (ICBs) in July 2022 and the delegation of the commissioning of community pharmacy to them in April 2023 now affords more opportunities. This strategy identifies a range of priorities and actions, which will be implemented at differing levels, such as neighbourhood, Integrated Care System (ICS) or region. By having an agreed regional strategy it will:

- Ensure a level of consistency in the implementation of national programmes and avoid unwarranted variation
- Identify and prioritise regional resources
- Maintain a focus on prevention and reducing health inequalities
- Enable regional and national support in areas such as workforce and infrastructure development, to avoid duplication of effort and maximise economies of scale
- Drive quality and oversight

This is a rolling strategy written at a point in time where structure, governance and commissioning responsibilities are still being defined and agreed for the ICBs and local partnerships. The intention is to regularly review and update to ensure it delivers improvements for patients, community pharmacy teams and wider stakeholders alike.

NHS England established 42 statutory ICBs on 1 July 2022 in line with its duty in the Health and Care Act 2022. This was as part of the Act's provisions for creating ICSs. ICSs are partnerships that bring together NHS organisations, local authorities and others to lead the delivery of NHS care and improvements for patients set out in the NHS Long Term Plan. See <https://www.england.nhs.uk/integratedcare/integrated-care-in-your-area/> for more information.

For the purpose of this strategy the term “system” has been used to reflect both the ICS and the ICB where the implications are across the ICS.

Vision

This strategy supports a vision where community pharmacy is a core part of health and care services, integrated into systems, and providing an essential contribution to system-wide health protection and improvement.



Community pharmacy is an integral part of primary and community care, leading to improved outcomes for patients and facilitating better access



Community pharmacy is embedded in pathways across the wider health and care system



Community pharmacy is a patient centred service that is the first point of contact for many patients



Community pharmacy is integral to the delivery of self-care, avoiding ill health and improving population health



Community pharmacy is integral to addressing health inequalities



Community pharmacy professionals and wider teams are valued and respected

Community pharmacy will support and strengthen wider health and care services by undertaking key roles in improving the use of medicines, treating common clinical conditions, managing long term conditions, and addressing health inequalities, population health and wellbeing.

To realise the potential of community pharmacy, development of the role and services needs to be underpinned by:

- Collaboration with partnership organisations to integrate strategies and services
- Increased public and health professional awareness of community pharmacy capabilities and services
- Sustainable workforce models which maximise the skill mix of community pharmacists, technicians and wider pharmacy teams
- Improved system and digital infrastructure with shared patient records
- Better use of data to inform decisions, monitor outcomes and improve services
- Good access to community pharmacies
- Investment and practical support in community pharmacy to realise full potential

Strategic context

This strategy is aligned with national and local policies and plans which aim to strengthen the role of community pharmacies as anchor institutions in local communities.

The [NHS Long Term Plan](#) (LTP) (Jan 2019) states that the NHS will focus on its aim to make the population fit for the future by:

- Enabling everyone to get the best start in life
- Helping communities to live well
- Helping people to age well

The plan commits to developing more joined-up and coordinated care across primary and community health services and a more proactive approach in the services provided. It supports expanded community multidisciplinary teams aligned with primary care networks (PCNs). It determines to make greater use of community pharmacists' skills and opportunities to engage patients; and identifies community pharmacies as being able to support urgent care and promote patient self-care and self-management as a key part of developing a fully integrated community-based health care system.

The LTP sets out a new service model offering patients more options, better support and joined-up care at the right time in the optimal care setting. It strengthens the focus on prevention and reducing health inequalities, and on improving care quality and outcomes. It also looks to address current workforce issues, support staff and to upgrade technology for digitally enabled care.

ICSs and ICBs are central to the delivery of the LTP through enabling service integration to meet local needs, bringing together providers and commissioners of NHS services with local authorities and other local

partners, to make shared decisions on population health, service redesign and implementation.

The [Fuller Stocktake Report](#) (May 2022) describes a vision of integrating primary care, improving the access, experience and outcomes for communities, which centres around three essential offers:

- Streamlining access to care and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
- Providing a more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions
- Helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention

Community pharmacies are contracted and commissioned in England under the national [Community Pharmacy Contractual Framework](#) (CPCF) (Jul 2019, updated September 2022). The CPCF is an agreement between the Department of Health and Social Care (DHSC), the Pharmaceutical Services Negotiating Committee (PSNC) and NHS England (NHSE) and describes the joint vision for pharmacy to be more integrated in the NHS, provide more clinical services, be the first port of call for healthy living support as well as minor illnesses and to support managing demand in general practice and urgent care settings.

The CPCF supports:

- Better utilisation of the clinical skills of the teams that work in pharmacies
- Doing more to protect public health
- Taking on an expanded role in urgent care
- Continuing to prioritise quality in community pharmacy and promoting medicines safety and optimisation

2022/23 is year four of the five-year framework. The agreement for the two remaining years ([Community Pharmacy Contractual Framework 5-year deal: year 4 \(2022 to 2023\) and year 5 \(2023 to 2024\)](#)) continues to support measured and incremental expansion in clinical service provision from community pharmacies, in line with the sector's ambitions, but recognising current capacity pressures.

Years 4 and 5 of the service development plan will introduce services that build on existing services, including:

- Expanding the Community Pharmacist Consultation Service to enable urgent and emergency care settings to refer patients to a community pharmacist for a consultation for minor illness or urgent medicine supply
- Expanding the New Medicines Service to include antidepressants to enable patients who are newly prescribed an antidepressant to receive extra support from their community pharmacist
- Introducing Tier 2 of the Pharmacy Contraception Service, enabling community pharmacists to also initiate oral

contraception, via a Patient Group Direction, and provide ongoing clinical checks and annual reviews

- The service specifications for the Blood Pressure Check Service and Smoking Cessation Service will be amended to allow delivery by pharmacy technicians, helping pharmacies to make best use of their skill-mix

The [Pharmacy Quality Scheme](#) (Sep 2021, updated Oct 2022) forms part of the CPCF. It rewards community pharmacies for delivering quality criteria in all three of the quality dimensions: clinical effectiveness, patient safety and patient experience.

Integrated Care Systems

ICSs have four key aims:

- Improving outcomes in population health and health care
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development

The responsibility for community pharmacy commissioning is being delegated from NHSE to ICBs in April 2023 in the East of England. The CPCF will continue to be negotiated and set nationally, systems will have delegated responsibility for the commissioning and contracting locally.

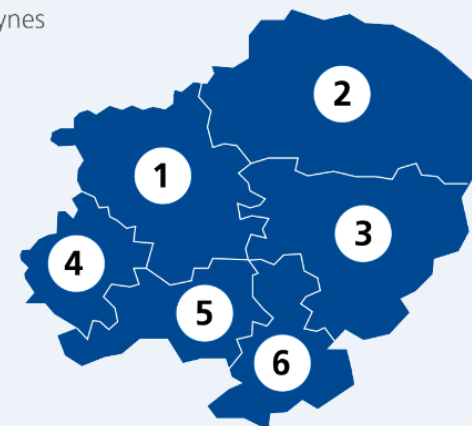
Giving ICBs responsibility for direct commissioning is a key enabler for integrating care and improving population health. It allows the flexibility to join up key pathways of care, leading to better outcomes and experiences for patients, and less bureaucracy and duplication for clinicians and other staff.

Systems vary in size and have differing priorities according to local needs, underpinned by developing structures and strategies. Each system has produced a summary (see Appendix A) of their current position and approach to community pharmacy. These reflect the differing approaches and need to ensure that this strategy is as flexible as possible to support system implementation.

The East of England has an estimated population of 7.1 million and as of April 2022 there were 1,144 community pharmacies (figures from NHSE – East of England).

There are six systems in the East of England.

1. Cambridgeshire and Peterborough
2. Norfolk and Waveney
3. Suffolk and North East Essex
4. Bedfordshire, Luton and Milton Keynes
5. Hertfordshire and West Essex
6. Mid and South Essex



ICS	Registered pharmacies
Cambridge and Peterborough	145
Norfolk and Waveney	178
Suffolk and North East Essex	170
Bedfordshire, Luton and Milton Keynes	158
Hertfordshire and West Essex	291
Mid and South Essex	212
East of England Total	1154

Views from service users

In Spring 2022 NHSE ran a patient and public survey throughout the East of England region to support development of this strategy. The survey 'Have your say in the future of community pharmacy' sought to identify views of need and priority areas from a patient / public perspective.

“Pharmacies are vital to communities and a very valuable [community] asset”

Clear themes emerged in the analysis of the survey results.

The role of community pharmacies has been especially valued during the pandemic, when the perception of reaching a GP was that it could present a challenge. However, there is a key theme indicating that pharmacies cannot and should not replace GPs. Rather, people wished for better communication and improved systems between the two.

There was strong agreement and support for :

- The pharmacy having good links with the doctor's surgery and working together to look after patients and their community
- Pharmacies taking a bigger role in patient healthcare by providing services to help their health and/or health conditions
- Pharmacies supporting vaccinations, pain management, routine blood tests and hypertension monitoring

The patients and public that responded to the survey expressed some concerns around understaffing, and areas identified for improvement included:

- Queues, long wait times and insufficient opening hours
- Communication and advertising of available services

It should be noted that the survey took place shortly following COVID-19 restrictions and social distancing had been in place.

Service users expressed that they see an ideal pharmacy as a perfect combination of **three S's** - **Staff** (including quality customer service), **Service/s** (including accessibility) and **Space** to give privacy.

- **Staff:** Many mentioned that on top of being friendly and helpful, pharmacy staff are providing or should provide excellent customer service and a personal touch taking the time to get to know their customers and community and often go above and beyond
- **Service:** Responders identified extended hours, specifically evenings and weekends, and an efficient, well-organised and well-staffed pharmacy as ideal
- **Space:** as commented on to a lesser degree than staff and service/s, but confidentiality and privacy is highly important when mentioned

An additional 'S', not directly stated but implied, is **Safety** – safe practice must underpin all community pharmacy services.

These findings have helped to shape the priorities and actions included in this strategy.

Views from pharmacy teams and healthcare professionals

In Spring 2022 a series of surveys and events sought the views of community pharmacy teams and other stakeholders involved in community pharmacy.

There were high levels of support for better integration of community pharmacy, primary, urgent and acute care, and for improving joint working across services to:

- Provide easier access to healthcare services for patients
- Ensure community pharmacy becomes the first point of call for minor ailments
- Manage long-term conditions with routine tests and enhanced monitoring
- Enable improved patient outcomes

The survey results have been summarised in four key areas – workforce, clinical services, digital and IT and pharmacy integration.

Workforce: community pharmacy teams feel there is a need for joined-up workforce planning that:

- Increases recognition of community pharmacy and community pharmacists to be valued and respected as clinicians
- Raises awareness about different roles in provision of healthcare services and the expertise of community pharmacy teams
- Increases workforce numbers, particularly accredited checking technician and pharmacist roles
- Enables workforce training and development time to be protected and funded
- Provides more opportunities to support flexible, portfolio working

Clinical services: community pharmacy teams identified that development and integration of services requires:

- Improved communication between services and ensuring close collaboration
- Ensuring adequate funding for community pharmacies
- Formal referral routes between community pharmacies and other healthcare services
- Improved referral processes, including potential for self-referral, into services

Digital and IT: community pharmacy teams agreed that a digitally enabled and improved system architecture is required to support:

- Integrated IT systems and/or single system use across pharmacies and GPs and wider services e.g. hospitals for discharge
- Shared healthcare records
- Improved referral tools and standardised data templates and data entry
- Increased application of digital solutions for example remote consultation capabilities, and electronic prescribing

Pharmacy integration: survey respondents highlighted that to be successful pharmacy integration will need to:

- Improve communication between services
- Have a clear roadmap and a shared vision
- Consider sustainability of programmes with adequate funding and incentivisation

Vision, priorities and actions

The six vision statements below were developed using the wider policy context and the views of the patients, public, and community pharmacy teams, as well as each system. Each system has identified priorities, potential actions and enablers to support the delivery of each vision statement. Below are the combined summaries which form the basis of this strategy.

The vision	Strategic priorities	Potential Actions	Enabled by
<p>1. Community pharmacy is an integral part of primary and community care, leading to improved outcomes for patients and facilitating better access</p>	<p>Align community pharmacy strategy with primary and community care strategy and system strategic priorities</p> <p>Embed community pharmacy into PCNs and integrated neighbourhood teams</p> <p>Raise the profile of community pharmacy across the system and gain insight and visibility of capacity, pressures and opportunities, gaps and variation</p>	<p>Include community pharmacy leads in all levels of system leadership, strategic planning and pathway design</p> <p>Develop the designated PCN Community Pharmacy Lead role</p> <p>Map current services for improved understanding of community pharmacy provision and incorporate into wider system resilience and capacity planning</p> <p>Develop integrated service delivery models</p> <p>Collaborate on optimised use of agreed pathways</p> <p>Monitor service delivery data to improve health outcomes and identify gaps in care</p>	<p>Funding for the PCN Community Pharmacy Lead role and community pharmacy participation in integration design and implementation activities</p> <p>Better communications platforms/services</p> <p>Improved interoperability of IT systems (including appropriate access to patient records)</p> <p>Shared data, insights and intelligence on current and planned provision, demand and capacity</p>

The vision

2. Community pharmacy is embedded in pathways across the wider health and care system

Strategic priorities

Establish community pharmacy as a core service element of the primary care system enabling patients to access care at the right time in the optimal setting

Provide better access to assessment, advice and medicines for patients requiring treatment for low acuity conditions

Increase reach of community pharmacy to promote self-care and preventative strategies for ill health

Potential Actions

Promote the expertise and knowledge of community pharmacy, including services offered to the public to encourage uptake and to other healthcare professionals to support referral

Further implementation and optimisation of currently commissioned services

Local commissioning of Patient Group Directives and independent prescriber-led services for the treatment of low acuity conditions in all community pharmacies

Review the range of services currently offered by community pharmacies and support extension of services to cover gaps

Enabled by

Community pharmacy involvement in health awareness campaigns

Peer network to share best practice, review learning and determine potential for local implementation

Better communications platforms/services

Improved interoperability of IT systems (including appropriate access to patient records)

Data sharing

Sufficiently funded pharmacy workforce (pharmacists and other staff)

The vision

3. Community pharmacy is a patient centred service that is the first point of contact for many patients

Strategic priorities

Improve public and patient awareness of community pharmacy expertise and services

Enable onward referral or signposting between community pharmacy and other healthcare teams such as general practice, NHS 111 or A&E

Improve service accessibility

Optimise the Community Pharmacist Consultation Service

Potential Actions

Promote community pharmacy as a clinical provider

Ensure services are consistently delivered, visible and actively advertised to patients/other healthcare providers

Review demand against current provision to identify accessibility issues and options to address inaccessibility

Consider innovative approaches to service provision to increase accessibility

Enabled by

Better communication platforms/services

Improved interoperability of IT systems (including appropriate access to patient records)

Funding for piloting and implementation of new service technologies and approaches

Sufficiently funded pharmacy workforce (pharmacists and other staff)

Contractual support for alternative service provision approaches

The vision

4. Community pharmacy is integral to the delivery of self-care, avoiding ill health and improving population health

Strategic priorities

Give people more control over their health and wellbeing

Provide wider support for prevention and detection of ill health, to help people stay healthy and moderate demand on the NHS

Potential Actions

Promote community pharmacies as 'healthy living' centres providing prevention support, advice and services

Work with Local Authority public health teams and PCNs to develop greater understanding of the characteristics and needs of local populations

Maximise delivery of existing clinical services including hypertension case finding, weight management and smoking cessation

Consider extending currently commissioned services or implementing new services to address unmet needs

Enabled by

Better communications platforms/services

Improved interoperability of IT systems (including appropriate access to patient records)

Funding for piloting and implementation of new service technologies and approaches

Sufficiently funded pharmacy workforce (pharmacists and other staff)

The vision

5. Community pharmacy is integral to addressing health inequalities

Strategic priorities

Develop services to tackle local population health inequalities and address unwarranted variation

Maximise community pharmacy contribution to Core20PLUS¹

Potential Actions

Work in partnership with GP practices, PCNs, Local Authorities and other healthcare providers to develop whole system approaches to inequalities

Assess and understand local population health inequalities and unmet need

Enabled by

Availability and accessibility of population health data

¹ Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort - the most deprived 20% of the population as identified by the Index of Multiple Deprivation – plus ICS-chosen population groups experiencing poorer-than-average health access and focuses on 5 clinical areas for accelerated improvement

The vision

6. Community pharmacy professionals and wider teams are valued and respected

Strategic priorities

Maximise the skills of community pharmacists, pharmacy technicians, wider pharmacy teams and associated healthcare professionals

Address workforce shortages

Create a structure that offers workforce development and opportunities

Potential Actions

Review commissioning arrangements to actively encourage and optimise appropriate use of workforce/skill mix within services

Develop a community pharmacy workforce strategy which is integrated into wider system workforce planning and resourcing

Focus on recruitment, retention and wellbeing of the community pharmacy workforce

Consider flexible, cross-sector workforce models including shared posts with GP practices and hospitals

Reinforce positive image through public messaging, communications and engagement

Embed the Quality Improvement approach to learn and expand best practice

Enabled by

Collaborative working with Health Education England (HEE), professional leads (including Local Pharmaceutical Committee) and higher education institutes

Promotion of careers in Community Pharmacy

Changes to pharmacy training and qualifications

Increased community pharmacy placements for trainees

Protected learning time

Multidisciplinary training opportunities

Pharmacy Integration Fund² investment

Facilitation of independent prescriber training

² [NHS England » Pharmacy Integration Programme](#)

Delivery of actions

The vision statements and the actions to deliver these have been grouped into four key pillars of work.



The successful delivery of these four key pillars of work requires a number of enablers to be in place and challenges overcome, these include:

- Improved interoperability of IT systems and appropriate access to patient records
- Shared data, insights and intelligence
- Improved communication and engagement platforms and services
- Fit for the future facilities supporting operational efficiency and patient orientated service needs
- Appropriate funding and contractual arrangements – nationally and within systems

Pillar 1 Increase health system integration and partnership

Why is this important?

Partnership and shared ownership for improving local population health is at the core of the new way of working.

Whilst ICBs have been legislated as legal entities, it is important to recognise the limitations of what this legislation can realistically achieve. It is not possible to legislate for collaboration and co-ordination of local services; this requires changes to behaviours, attitudes and relationships among staff and leaders right across the system.

As ICBs take on commissioning of pharmacy they will need to take an integrated approach to working and co-ordinating with stakeholders including NHSE, LAs, Healthwatch, acute and community providers, professional representative groups, and contractor representatives.

What needs to change?

Community pharmacy integration must be embedded into system and primary care strategies going forwards. Support is needed for the development of strategic and operational community pharmacy leadership and this leadership must be formally recognised in the governance structure and process.

ICBs and ICSs are responsible for providing system leadership and bringing commissioners and providers together in new collaborative ways of working. Building a culture of collaboration and alignment of community pharmacy with PCNs, GPs and other primary care teams requires protected time and space in which to plan and problem solve together. **Cross service referrals and multi-disciplinary teams will**

need to be developed to provide agile service delivery teams and treatment pathways. This will need to be supported with the sharing of expertise and insights, and the pooling of data and information. Multi-disciplinary teams will combine learning, best practice and case studies in determining what 'good' may look like.

Central to enabling collaboration will be the recruitment of pharmacy roles to the ICB, funded by the Pharmacy Integration Fund for the first two years. These roles will work with system partners and key stakeholders to develop and support integration and transformation and are a dedicated resource to champion community pharmacy integration.

Another key enabler for ICBs is the appointment of a Community Pharmacist to the ICB Board, this person will also be a member of the Primary Care Commissioning and Assurance Committee thereby providing oversight, leadership and a different perspective on opportunities for integration and collaboration.

Actions to be delivered under this pillar

- Include community pharmacy leads in all levels of system leadership, strategic planning and pathway design
- Develop the designated PCN Community Pharmacy Lead role
- Map current services for improved understanding of community pharmacy provision and incorporate into wider system resilience and capacity planning
- Develop integrated service delivery models
- Work in partnership with GP practices, PCNs, Local Authorities and other healthcare providers to develop whole system approaches to inequalities

Pillar 2 Optimise services and outcomes

Why is this important?

Over recent years, community pharmacies have already developed and implemented a wide range of clinical and public health services which support integration and collaboration with other parts of the NHS.

Current community pharmacy services are largely a mix of Essential and Advanced services delivered as part of the CPCF. Please refer to Appendix B for more details.

What needs to Change?

Community pharmacy will continue and where necessary augment, existing services to ensure resilience and to deliver equitable access to services. Alongside this is the need to capture service outcomes to ensure continuous improvements in the quality of care, disease prevention and health inequalities.

Priority clinical areas in the LTP include:

Prevention
Smoking
Obesity
Alcohol
Antimicrobial resistance
Action on health inequalities
Hypertension

Better care for major health conditions
Cancer
Cardiovascular disease
Stroke care
Diabetes
Respiratory disease
Adult mental health services

In addition to the services within the pharmacy contract there are provisions for:

- Nationally commissioned services by NHSE to a national specification
- Locally commissioned services contracted via a number of different routes and by different commissioners, including Local Authorities, ICBs and NHSE local teams

ICBs may want to consider in their primary care strategies the opportunity to develop and commission innovative local services directly, either as a locally commissioned service or by making use of the Local Pharmaceutical Services regulations. There are good opportunities for collaboration and for reducing fragmentation of commissioning, for example in the wider rollout of oral contraception supply.

Local health partnerships, including PCNs and Integrated Neighbourhood Teams (INTs), will need to determine how community

pharmacy teams best contribute to preventing ill health, early detection of disease and population health management and improvement.

Taking a holistic view will be important, for example, embedding the principles of 'making every contact count' into more services with community pharmacies being able to refer directly to other neighbourhood services.

Actions to be delivered under this pillar

- Promote community pharmacy as a clinical provider
- Collaborate on optimised use of agreed pathways
- Monitor service delivery data to improve health outcomes and identify gaps in care
- Further implementation and optimisation of currently commissioned services
 - Maximise delivery of existing clinical services including hypertension case finding, weight management and smoking cessation
- Local commissioning of Patient Group Directives and independent prescriber-led services for the treatment of low acuity conditions in all community pharmacies
- Review the range of services currently offered by community pharmacies and support extension of services to cover gaps
- Consider extending currently commissioned services or implementing new services to address unmet needs

Pillar 3 Improve population health and address health inequalities

Why is this important?

Local health and care organisations and partnerships are increasingly focused on population health. It is not just about putting in standard services to a generic specification but combining local insights and data to ensure that service delivery is appropriate to local population needs.

The CPCF underlines the key role of community pharmacy as an agent of improved public health and prevention, embedded in local communities. For example, community pharmacy will play an increasingly important role in prevention, detection and screening, and case-management in primary care. Support can be targeted at communities with social and economic inequalities and poorer health outcomes and services designed to achieve improvements in population health.

Creating healthy communities

The Fuller report identifies the opportunity that integration of primary care presents to re-balance focus from treating people who have already become sick to helping people to stay well for longer. This aligns with the Core20PLUS5 programme addressing health inequalities with five clinical areas of focus requiring accelerated improvement:

- Chronic respiratory disease
- Early cancer diagnosis
- Hypertension case-finding
- Maternity

- Severe mental illness

This will not only have the greatest impact on the future sustainability of health and care services overall but can genuinely help to transform lives.

What needs to change?

When planning on how to address identified inequalities and developing preventative health and healthy lifestyle programmes, systems and PCNs need to consider the opportunities presented by community pharmacy. Community pharmacy services that target areas such as prevention of unplanned pregnancies and reduction from drug use harm (needle exchange, supervised consumption, provision of naloxone) can help provide appropriate provision in the right setting. Community pharmacies also offer unique geographical reach for addressing accessibility issues, as was seen in the successful approach to the COVID-19 vaccination programme which made the service more accessible and convenient for patients and therefore improved outcomes.

Actions to be delivered under this pillar

- Promote the expertise and knowledge of community pharmacy, including services offered to the public to encourage uptake and to other healthcare professionals to support referral
- Ensure services are consistently delivered, visible and actively advertised to patients/other healthcare providers
- Review demand against current provision to identify accessibility issues and options to address inaccessibility

- Consider innovative approaches to service provision to increase accessibility
- Promote community pharmacies as 'healthy living' centres providing prevention, support, advice and services
- Work with Local Authority public health teams and PCNs to develop greater understanding of the characteristics and needs of local populations
 - Assess and understand local population health inequalities and unmet need

Pillar 4 Develop the workforce for delivery

Why is this important?

It is recognised that a resilient and sustainable workforce plays a fundamental role in delivering the aims and goals of the strategy.

The LTP describes the ongoing training and development of multidisciplinary teams in primary and community hubs and making greater use of community pharmacists' skills and opportunities to engage patients.

NHSE and ICBs are working with Health Education England to further clinical education and development for pharmacists and pharmacy technicians. This collaboration is important to deliver the vision and actions and to avoid duplication of effort.

What needs to change?

Pharmacy workforce recruitment, retention and development will need to be a clear and ongoing focus. Each system is aiming to attract, retain, develop and equip a flexible and responsive workforce. Service models will be increasingly based on collaborative working across the primary healthcare system, bringing opportunities for new roles and new ways of working. A region-wide working group is providing the focus on workforce issues, and actions needed to support the required workforce transformation. The working group aims are to:

- Identify capacity and skills gaps and support staff in moving beyond traditional roles to meet changing needs
- Identify new workforce models that consider the roles of different pharmacy team members including pharmacy technicians,

prescribing pharmacists, multi-sector foundation pharmacists and opportunities for portfolio working across service teams

- Consider how development of digital and IT infrastructure will change the composition and skill requirement of the future workforce
- Identify how to reposition community pharmacy and its developing workforce models as a compelling service to work in
- Ensure commitment to supporting the emotional, mental and physical health and wellbeing of staff working in community pharmacy

A summary of development priorities is given at Appendix C.

Actions to be delivered under this pillar

- Review commissioning arrangements to actively encourage and optimise appropriate use of workforce/skill mix within services
- Develop a community pharmacy workforce strategy which is integrated into wider system workforce planning and resourcing
- Focus on recruitment, retention and wellbeing of the community pharmacy workforce
- Consider flexible, cross-sector workforce models including shared posts with GP practices and hospitals
- Reinforce positive image through public messaging, communications and engagement
- Embed the Quality Improvement approach to learn and expand best practice

Enablers

The Fuller Report (2022) identified that a consistent thread throughout successful case studies is that change was locally led and nationally enabled. Therefore, systems working together, and with NHSE, DHSC and PSNC, will be the most effective route to integration.

IT and digital infrastructure and data services

Key to enabling integrated care is the development of an information management and technology (IM&T) infrastructure that will:

- Increase system interoperability to provide shared care records and e-referral across service boundaries
- Enable community pharmacists and GPs to access the same system
- Support pharmacies to become digitally enabled
- Enable enhanced data and analytic capabilities around population health, service availability, capacity, demand and outcomes
- Improve access to services for patients and transform pharmacy processes including:
 - on-line appointment booking
 - remote access to health advice and guidance
 - video consultations
 - wearable technology to collect monitoring data (such as medicine use, lifestyle, blood pressure)
 - electronic prescribing and dispensing
 - automated stock control

- Transform communication and integration through remote, collaborative working and virtual networking between healthcare teams

During the COVID-19 pandemic digital technologies transformed the delivery of care in various services. There is opportunity now to build on this and use the potential of digital technologies to help address both long-term challenges and immediate pressures.

Care must be taken however, to ensure that health inequalities are not increased due to inability of population segments to access digital services.

The current picture in terms of community pharmacy digital capacity and effective use of data is complex. An understanding of the current baseline along with national priorities being embedded into the local digital strategy will be key to establishing next steps.

It may be more efficient for certain activities in this area to be coordinated at regional and national level for example:

- Standardisation of data items/definitions
- Production of data sharing agreements to overcome the problem of data-sharing liability
- Engagement with Information and Communications Technology (ICT) suppliers for value for money delivery

Communication and engagement

There is a need for greater patient and public awareness raising on what community pharmacy services offer in order to increase understanding and improve uptake.

At all levels, national, regional, system and place, more needs to be done to inform patients and empower them to seek the most appropriate care for their needs. Joint communication strategies to align approaches to patient communications, maximise effectiveness of available resources and make every contact count will be key. National campaigns should be underpinned by clear local signposting.

Financial and contractual arrangements

Delivering required service changes within the current funding envelope is a recognised challenge. For example, the CPCF has flat funding until 2024 which does not reflect increasing costs and inflationary pressures.

Contracting needs to reflect the requirements of a new integrated system. More responsive funding mechanisms may enable clinical interventions to be made within community pharmacies. This could include:

- Demonstration of the return on investment of locally commissioned pharmacy services
- Development of robust business cases to support appropriate and sustainable funding streams
- Moving away from non-recurrent short-term funding

It is recognised that some level of IT capital investment may be needed to achieve the level of infrastructure required and workforce development will also benefit from additional funding.

This investment will need to be provided at a national or system level through a combination of reprioritisation and efficiencies.

Estates and facilities

The infrastructure needs to meet the demands of an expanded community pharmacy role within an integrated primary and community care landscape:

- Fit for the future facilities supporting operational efficiency
- Dedicated patient orientated facilities for confidential consultation
- Increased evening and weekend use of facilities
- Accessibility for all

One challenge is that the expansion and / or improvement to estates provision within community pharmacies is not part of current contracting arrangements or funding models.

Future opportunities for community pharmacy

To inform this strategy a rapid scan of published literature was undertaken to identify key developments relating to community pharmacy. Please refer to Appendix D for a list of references.

Looking into the future, advances in medicine could radically change the way illness is managed. For example, drug treatment will be personalised to each individual ensuring the most effective treatment with the minimum risk of adverse effects.

At the same time the delivery of healthcare will need to evolve. The reasons for this are multifactorial and include the changing needs and expectations of the population and the ability of the public purse to fund services to meet those expectations.

Community pharmacy will have a key role in making patient care personalised, enabling patients to be involved in choices about their medicine treatment, deprescribing if appropriate and having direct referral to a range of other services.

The report by the Kings Fund - *A professional Vision for pharmacy practice in 2032*, sets out the possibilities for community pharmacy in the next 10 years envisioning an integrated multidisciplinary system enabled by IT and automation, supported by artificial intelligence. This technology supports safer medicines supply and releases clinical time within community pharmacy for one-to-one interaction, virtual or in-person, with patients.

Community pharmacy is already the easy access health hub within a community but additional clinical input can be used to enhance population health, for instance through early detection of illness and prevention of ill health.

The key themes identified in this strategy document: workforce; digital enablement; system integration; and development of clinical services; provide the steps to achieving the long term (5-year plus) vision.

The international horizon scanning indicated that throughout the world there are similar intentions to modernise the way pharmacy is delivered with a greater emphasis on clinical service delivery within integrated systems. With a few notable exceptions, such as Canada getting pharmacists to deliver long-term condition management and Estonia's digital integration of pharmacy, no country has made significant progress at scale. Most examples are small scale pilots or professional group's strategic intentions that require wider buy-in.

There has been progress where the health economies are well integrated and have a unified approach to care, so the recent formations of ICSs bode well for UK pharmacy development.

The Health Education England's initial training and education of pharmacists' reform programme culminates in 2026 with all newly registered pharmacists being able to independently prescribe medicines. This initiative will require all systems to have a strategic plan for how these new pharmacists, and already practising independent prescribers (PIPs), will support the systems prescribing priorities in a fully integrated way. Due to community pharmacy having access to the most deprived parts of the community there are opportunities to utilise pharmacists' independent prescribing qualifications to address health inequalities. Development of the existing workforce, to become independent prescribers, will require sufficient designated prescribing practitioners (DPPs) and designated medical practitioners (DMPs) to support the training programmes. Community pharmacy Scotland have funded community pharmacy DPPs to work with two pharmacists undergoing independent prescribing training.

There is currently a contractual obligation for all community pharmacies to complete the annual pharmacy workforce survey and this will provide an opportunity for each ICB to fully understand the complete local pharmacy workforce priorities and opportunities.

The successful scheme “walk in my shoes” has demonstrated the power of job shadowing to improve collaboration and integration between different practitioner groups. This model could be applied to improve patient care and reduce duplication of effort.

A number of proof of concept pilots are already underway to trial new ways of working to deliver improved services and outcomes for patients and service users. For NHSE East of England are piloting a scheme across the region to provide community pharmacies read and write access to consenting patients’ primary care records. The Community Pharmacy IT Integration Pilot (TPP Pilot) aims to:

- Enable community pharmacies and GP practices to send each other tasks via the system, and where permission is given, book appointments for patients in each other’s settings
- Improve integrated working between GP practice teams and community pharmacies by providing an audit trail of activity where patients have been referred from one setting to another
- Enable healthcare professionals to follow-up on tasks as required, and thereby create potential to improve patient care. Previously referrals would be sent via phone, e-mail or by asking patients to make appointments directly – with no way of primary care professionals following up on activity post-referral

The pilot will be implemented using SystmOne with up to 40 pharmacies being involved. The pilot is expected to commence in November 2022.

Next steps

To move from vision; to prioritisation; to action, systems need to develop local strategies, working pan regionally where it makes sense to “do once” or collaboration around a regional issue is needed.

Recognising that systems have differing priorities and timescales; it is recommended that systems:

- Work to understand the needs and priorities of the local population; and which and how priorities and actions identified in this strategy can be implemented to support local needs

This will be supported by reference to the area Pharmacy Needs Assessment (PNA), Joint Strategic Need Assessment (JSNA) products and the Joint Health and Wellbeing Strategy (JHWS)

- Make evidence-based decisions on service priorities focused on key issues and priorities
- Assess current status of digital infrastructure and system interoperability, and improvements required to support integration of community pharmacy
- Identify challenges for development and opportunities to address these challenges
- Develop detailed operational and implementation plans for short- and medium-term actions in line with the strategic priorities on the pathway to longer-term strategic changes
 - This will include revising commissioning arrangements, moving away from isolated commissioning to joint commissioning by local authorities and health organisations

- Implementation of new services, or of new models of delivery for existing services, will need to be done within capacity and capability constraints





A Regional Community Pharmacy Strategy Board, comprising of the six systems, NHSE and wider stakeholders, will remain in place to help coordinate actions delivered across the East of England, provide networking of good practice and support systems. The Board will also agree within six months of the publication of this strategy the measurable outcomes for each of the vision statements:

1. Community pharmacy is an integral part of primary and community care, leading to improved outcomes for patients and facilitating better access
2. Community pharmacy is embedded in pathways across the wider health and care system
3. Community pharmacy is a patient centred service that is the first point of contact for many patients
4. Community pharmacy is integral to the delivery of self-care, avoiding ill health and improving population health
5. Community pharmacy is integral to addressing health inequalities
6. Community pharmacy professionals and wider teams are valued and respected

This strategy will be refreshed and updated on a regular basis to align with national development and system plans.

Further information

For further information please contact:

 Cambridgeshire & Peterborough Integrated Care System  Cambridgeshire & Peterborough Integrated Care Board Contact us - Cambridgeshire & Peterborough Integrated Care System (cpics.org.uk)	 Improving lives together Norfolk and Waveney Integrated Care System  Norfolk and Waveney Integrated Care Board Contact - Norfolk & Waveney Integrated Care System (ICS) (improvinglivesnw.org.uk)
 Suffolk & North East Essex Integrated Care System  CAN DO HEALTH & CARE  Suffolk and North East Essex Integrated Care Board Contact - Suffolk & North East Essex Integrated Care System (sneeics.org.uk)	 Bedfordshire, Luton and Milton Keynes Health and Care Partnership  Bedfordshire, Luton and Milton Keynes Integrated Care Board Contact us - Bedfordshire, Luton and Milton Keynes Integrated Care Board (icb.nhs.uk)
 Hertfordshire and West Essex Integrated Care System  Hertfordshire and West Essex Integrated Care Board Contact us - Hertfordshire and West Essex Integrated Care System (hertsandwestessexics.org.uk)	 Mid and South Essex Integrated Care System  Mid and South Essex Integrated Care Board Contact - Mid and South Essex Integrated Care System (ourpeopleyourfuture.co.uk)

There are two versions of the Strategy, one for the Profession and another patient facing strategy. These can be accessed via the NHS Futures Site ([FutureNHS Platform - FutureNHS Collaboration Platform](#)) and specifically the Pharmacy and Optometry (P&O) Workspace. If you have not accessed Futures before, you will need to register for the site. Also included on the site are other associated documents that were key in producing the strategy.

Appendix A – East of England integrated care systems

Systems vary in size and have differing priorities according to local needs, underpinned by developing structures and strategies. Each system has produced a summary of their current position and approach to community pharmacy. These reflect the differing approaches and need to ensure that this strategy is as flexible as possible to support system implementation.

Our integrated care system is committed to working together to improve the health and care of our local people throughout their lives. Our services will be designed to fit together around people and as such we recognise that community pharmacies represent the healthcare services that our people choose to use more frequently than any other.

As pharmacies are embedded in the heart of our communities, perfectly placed to address inequalities, we will jointly develop pharmaceutical services to help improve the lives of people in our communities.

Our healthy living pharmacies will help create an environment that is easily accessible giving our people the opportunities to be as healthy as they can be.

We will listen to our patients and develop local pharmacy services to meet the needs of both our population and the system through the commissioning of clinical services. We will enhance our programme of early intervention and detection of long-term conditions to help support improved outcomes.

Recognising that whilst prescribing is the most common intervention made in healthcare and yet can also cause significant harm, we will prioritise medicines safety through utilising the community pharmacy workforce expertise in medicines optimisation.

We will ensure that the full range of care professional and clinical leaders from diverse backgrounds are integrated into system decision making at all levels. As such community pharmacy leaders will be involved and invested in planning and delivery at system, place and neighbourhood level.

Our Plans for Community Pharmacy



Increase the use of the Discharge Medicines Service



Improve digital connectivity between providers through the local and national SystmOne pilot



Maximise the use of community pharmacy PGDs e.g. the insect bite service



Increase referrals via the Community Pharmacy Consultation Service



Supporting pharmacies to deliver self-care & self-management for both minor ailments & long-term conditions



Make best use of prevention services – vaccination services, hypertension case finding, smoking cessation, weight management etc.



Increase the number of prescriptions ordered via the electronic repeat dispensing service.



Expand the current oral contraceptive pilot



Support workforce to minimise unexpected closures

Norfolk & Waveney ICB benefits from long-standing and extremely positive relationships between system leadership and staff and the community pharmacies in our area and their representatives at the LPCs. This has led to the long-standing commissioning of pioneering services such as our local direct-access Urgent Medication Supply Service, the Medicines Support Service, and Palliative Care service.

This collaboration continues to develop as we moved to devolved commissioning. Alongside early integrated pharmacy and medicines optimisation (IPMO) work, which highlighted accelerating the uptake of community pharmacy services, our N&W Community Pharmacy Integration Group has been meeting bi-weekly for over 12 months. With a membership including our Deputy Head of Medicines Optimisation, GP Clinical Lead, LMC and LPC representatives and additional resource drawn from digital etc., this group has effectively led on developing pharmacy service integration to date.

A good example of the benefits of this group's work is the support they have provided to pharmacies and surgeries alike in terms of guidance on dealing with pressures, including how these partners can help each other. These N&W resources have now been incorporated into national guidance.

<https://norfolk.communitypharmacy.org.uk/pharmacy-contract-it/regulatory-matters/unauthorised-closure-of-pharmacies/pharmacy-surgery-pressure-guidance-and-resources-for-pharmacy-display/>

Recognising that our community pharmacies are, facing significant and challenging workforce shortages, we have been developing a pharmacy workforce plan, which is now well-advanced and is currently being

integrated into our wider workforce planning. It is unfortunately true, though, that the pharmacy workforce shortage has and is affecting the sector's ability to consistently engage with some developments, and has had an impact on service delivery, and perhaps confidence in some pharmacy services. Supporting pharmacies through this challenging time and seeking to maintain and improve working relationships between our pharmacies and surgeries/PCNs are fundamental to securing the foundations for future integration and development.

Building on the national picture, we recognise that integrating community pharmacy is and will increasingly be integral to the delivery of seamless high-quality patient care as set out in the Long Term Plan. It is therefore vital that across all levels of the ICS for Norfolk and Waveney that we include senior sector representatives in emerging structures, such as membership of the new Primary & Community Care Programme Board. As our network develops, we will seek to support further engagement and integration and Place and PCN level as appropriate.

It is recognised that plans for working with and developing community pharmacy services cannot and should not "stand alone", and so such plans will be intrinsically linked to our wider system strategies and planning.

Our Norfolk and Waveney landscape

Community Pharmacy in Norfolk and Waveney comprises 182 contractors, all of whom work largely independently of each other. We also have 105 GP practices and 17 Primary Care Networks (PCNs), all at different stages of maturity and development. Community Pharmacy

are involved in PCNs to varying degrees across the patch and the newly formed ICS offers opportunities to developing relationships across system, place and PCNs.

Norfolk and Waveney has a unique geography potentially impacting on recruitment and specifically attracting new workforce to the area. As depicted by the map below, Norfolk and Waveney is the furthest easterly point in the East of England region, with vast coast line and a mix of rural and urban landscape.

Pharmacy sectors have always collaborated well across the Suffolk and Northeast Essex (SNEE) ICS footprint, but this has been strengthened over recent years as the ICS structures continued to form. This will be key as the system prepares for the devolved commissioning of the community pharmacy contract and is being supported with increased capacity through the appointment of a Community Pharmacy Clinical Integration lead.

Successes

Recent initiatives include work on developing an Integrated Pharmacy and Medicines Optimisation (IPMO) Strategy and laying the foundations for the integration of nationally commissioned community pharmacy services into patient pathways. This has led to growing support for the use of community pharmacies as the experts in the management of minor ailments, as an accessible entry point for prevention and public health services and as a fundamental part of the primary care team.

The pandemic has demonstrated without doubt, the benefits that further development and integration of the community pharmacy network would deliver for our local population. The sector showed itself to be resilient, engaged, and innovative in the way that it rose to the challenge and the ICS has continued to work with the sector to build on this. This has led to involvement in innovative NHSEI service pilots such as the Oral Contraceptive Management Service, which is providing important insights as to how such a service could be commissioned nationally. A further pilot on IT integration through SystemOne is also being supported and community pharmacy continues to play an important role in the Covid Autumn Booster Campaign.

System partners are also clear that integration needs to happen, not only in terms of service development but also the enablers that underpin

true integration. SNEE has supported an initiative around the integration of community pharmacies with Primary Care Networks across the ICS and this will be developed further over coming years. Community pharmacy has been included in the Digital Strategy for the system so that the unique challenges the sector has around digital interoperability and data sharing can be addressed. The ICS has agreed and adopted a comprehensive pharmacy workforce strategy across all pharmacy sectors. This will ensure we have a sound foundation for optimising the role that pharmacists can play in all sectors in improving the health and wellbeing of our population. We are also starting to see the commissioning of locally funded community pharmacy services targeted to the support of patient need such as the Palliative Care Service.

There is also a recognition that community pharmacy should be involved at a strategic level and the ICB has welcomed community pharmacy representation as part of the ICP. As ICS strategies continue to develop, the contribution that community pharmacy can make to primary care can be fully recognised and this strategy will be used to feed into that wider strategic planning.

Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System is committed to embedding integrated working and sees the transition of community pharmacies services to the ICB as a key enabler to support this.

In preparation for the transition a community pharmacist has been appointed to the ICB Board and the Primary Care Commissioning and Assurance Committee. The ICB has long standing, collaborative relationships with community pharmacies and has been able to build on this through funding and supporting community pharmacy representation at each of our four place-based boards representing our commitment to ensure the voice of the community pharmacy is at every level of the system.

BLMK will work with patients, voluntary sector, clinical networks, local authorities and community pharmacists to review and redesign clinical and social care pathways to address local health inequalities. We will do this by planning a targeted approach on the community pharmacy enhanced service programme to ensure the services offered will have the most impact and beneficial outcomes that supports our initiatives to “start well”, “live well” “age well” and “growth”.

BLMK was a national early implementer utilising our community pharmacists to successfully deliver the covid vaccination programme and this was and continues to be a catalyst for change and has enhanced relationships with our GP practices and Primary Care Networks which we will develop further.

Community pharmacies are at the centre of our communities and are one of the only primary care providers where a patient can directly access advice and support from a clinician. In BLMK we believe that access to health services is a system approach and we will commit to increasing the number of referrals to the Community Pharmacy Consultation Scheme. This is an opportunity to support GP contractors and Community Pharmacies. We will do this by aiming to transition 6%

of all appointments from General Practice to our community pharmacies over forthcoming years.

Fundamental to our strategy is digital programme to enable community pharmacists to have access to patients’ clinical records held on GP practice systems. This is an ambition that the ICB would like to pursue. It is in a strong position as all BLMK practices use SystmOne. To support this ambition the ICB has agreed to pilot this option and the learning from this will be further developed to see what is potentially feasible whilst ensuring that robust information governance is in place and patient consent.

The ICB is currently rolling out “Shiny Mind” app to our GP contractors this is a new national programme that provides training to clinical staff through a train the trainer model. The app is a wellbeing resource to promote self-management and self-efficacy utilising virtual prescribing at scale to chosen conditions, specific patient cohorts via a portal which uses content management system. This includes behaviour change nudges tailored by the clinician through communications with patients, supported by a messaging service. Evidence has shown that ‘positive behaviour nudges’ results in improved clinical outcomes e.g. population health. Research found that patients with diabetes sent personalised text messages had a positive outcome and saw HBA1C levels fall. Behavioural nudges have the potential to expand into wider public health programmes and the ICB is keen to explore the opportunities and aim to offer to our community pharmacies over the next 1-3 years.

Underpinning this the ICB will work in collaboration with Bedfordshire and Buckinghamshire Local Pharmaceutical Committees, whose role is to advise pharmacy contractors, to improve pharmaceutical services to our local population. This will include discussions on how we can support contractors, take forward our system plans ensuring the intended outcome is beneficial for contractors and the local community.

Successes

- Community pharmacies across Hertfordshire and West Essex (HWE) have been pivotal in embracing the COVID vaccination programme. An increased number of patients have been able to be vaccinated due to the longer opening hours of community pharmacies. In some cases, extra clinics have been set up on a Sunday to accommodate for patient demand. A number of pharmacies providing the vaccination service, are also situated in areas of inequality. This has vastly helped to meet the needs of the local population and in turn has helped increase accessibility to the vaccination service.
- Community pharmacies are central to their communities. They are recognised locally by the public and the wider system for their continued efforts and invaluable contributions, supporting throughout the pandemic in what has been a continuously changing and challenging environment.
- Pharmacists worked closely with voluntary organisations to ensure all patients including those most vulnerable had access to their medicines. Many pharmacies set up a home delivery service with the help of volunteers delivering medicines. Some pharmacists also tapped in to the support of St John's Ambulance volunteers and community nursing teams to help vaccinate patients. This brought about a more joined up working approach and helped alleviate pressures that pharmacists were faced with in their day to day job.
- Existing established pharmacy networks in west Essex have brought pharmacists together from all sectors. Cell network set ups across HWE by pharmacy leaders have enabled pharmacists to feel supported when faced with challenges. Conversations have focussed on providing solutions and the sharing of best practice.
- Some community pharmacies played an important role in supporting local GPs by vaccinating care home residents and ensuring the supply of medicines to care homes was still maintained during the pandemic.
- HWE ICB works closely with the Local Pharmaceutical committees (LPCs) for Hertfordshire and West Essex. Both LPCs are active members of various committees and provide input and community pharmacy leadership on numerous work streams. Working with the LPCs has made a tangible difference to the involvement of Community Pharmacists in existing and new enhanced services such as GP CPCS. All practices within HWE were trained on GP CPCS by the LPCs. GP practices were also provided with a number of reference resources to guide them. The LPCs continue to support pharmacies with this service. GP CPCS has been successful across HWE and the vast majority of GP practices are referring to pharmacies.
- Some Pharmacists will also be involved in the NMS anti-depressant pilot and the SystemOne pilot. These NHSE pilots are providing a great opportunity for pharmacists to work more closely and collaboratively with primary care.
- HWE ICB had funding approved by Health Education England (HEE) to pilot a lead Community Pharmacist in each PCN locally. Other PCNs within the East of England, will also have the opportunity to be involved in this pilot.

- HWE ICB is proactively considering the part community pharmacy plays or could play in all pathways through its nationally commissioned services such as hypertension.
- HWE as part of the East of England prioritised the transfer of hospital discharge medicines information to community pharmacies. Acute Trusts have been involved since 2018 and this is now embedded as the Discharge Medicines Service.

Quotes from Community Pharmacists across HWE

Quadrant Pharmacy has been privileged to be part of the Covid-19 vaccination programme since January 2022, and our whole team is looking forward to supporting the Autumn booster programme for our local community.

The whole community pharmacy network has pulled together throughout the Covid pandemic, and the vaccination programme is one example of where we have worked with each other, and our local CCGs/ICB, to give integrated care to our population. We welcome the support we have had from the local NHS teams, and look forward to continuing collaborative working with our GPs and PCNs. Hopefully by expanding the community pharmacy network of vaccination hubs, we will be able to give a wider spread of local sites for vaccinations on all of our patients' doorsteps.

-Rachel Solanki

Superintendent Pharmacist, Quadrant Pharmacy & Chair, Community Pharmacy Hertfordshire.

Easter pharmacy has been working closely with the local PCN enabling the housebound patients to receive their Covid and Flu vaccinations promptly. We are starting to also work closely with local surgeries regarding monitoring of blood pressure. We provide advice and

assistance to local patients via GP CPCS with regards minor ailments ultimately saving GP appointments.

-Babatunde Sokoya

Easter Pharmacy, West Essex and committee member, community Pharmacy Essex

Challenges

Challenges outlined in the strategic priorities document include, digital interoperability, workforce and funding. Conflicting commissioning arrangements can inhibit collaboration. The key aim is to build trust across primary care providers. HWE ICB, has developed a number of actions and enablers to address these challenges as part of the Community Pharmacy East of England five-year strategy.

- CPCS has been successful in some areas but there is further progress to be made in other areas
- For both CPCS and hypertension service addressing the requirement for formal referral to be able to action, if that can be removed or amended then pharmacies will be able to provide a wider service.

The Mid and South Essex (MSE) Primary Care Strategy -will be updated for 2022/23 following receipt of the NHSE response to the Fuller Report and will drive integration of community pharmacy building on local successes to date.

Nationally commissioned Services

- **NHS 111-CPCS-** The majority of community pharmacies across MSE are signed up to provide this advanced service.
- **GP-CPCS-** In the first 6 months of 22/23 approximately 2,500 CPCS referrals were processed by community pharmacies across MSE, only 5% of which required urgent redirection to a GP. The local focus is on promoting the adoption and spread of CPCS referrals across a larger number of GP practices to more fully utilise the benefits this pharmacy service offers.
- **Discharge Medicines Service-** The ICB is working closely with MSE hospitals to overcome local implementation challenges in order to increase DMS referrals above current relatively low levels due to workforce and IT issues. Local community and mental health providers are also able to refer, including from Virtual Frailty wards. There remains significant scope to increase the local benefits.
- **Smoking Cessation Advanced Service-** 75 pharmacies across MSE are signed up to provide this service and will be linked with the Hospital Health Managers currently being recruited.

Locally commissioned services-

- **Sexual Health Services-** commissioner-local authorities
- **Smoking Cessation Services** -commissioner- local authorities-
- **Substance Misuse Service** -commissioner- local authorities

Integration of community pharmacy and GP practices through the framework and PCN DES contract: e.g. CPCS, hypertension case

finding; vaccinations; NMS; IIF- carbon inhalers and DOACs.

Innovation within MSE

- **Community Pharmacist PCN Leads** - during 2021/22 MSE funded protected time for 27 PCN leads to link with PCN clinical directors and develop local working relationships; and will be continued in 2022/23.
- **SystemOne pilots:** Chelmsford West PCN and one community pharmacist linked with a practice in Southeast Essex are taking part which provides read/write access to patient records, includes the pilot oral contraceptive service and is due to go live in September 2022.
- **New Medicines Service Pilot for antidepressants** - pharmacies in Aveley, South Ockendon and Purfleet PCN in Thurrock will be completing training in Sept and going live late Sept/Oct. This has been achieved through joint working with mental health, local authority and health taking a multiagency approach.
- **HPV-MSM and Monkeypox vaccination pilots** - 6 pharmacies are providing the HPV vaccinations, of which 2 are also providing Monkeypox vaccination.
- **Community Ear Health service- part of Audiology Pathway-** shortly to be piloted in three community pharmacies spread across MSE to support initial assessment for hearing loss which will include wax removal if necessary, using commercial technology.
- **Community Pharmacist Independent Prescribing-**there are a small number of IP community pharmacists currently providing private services, providing an opportunity to commission services to utilise this workforce in the NHS.
- Additional **Pharmacy First** initiatives are under consideration.

Appendix B – CPCF services as of 2022/23

Essential services - offered by all pharmacy contractors as part of the pharmacy contract
Discharge Medicines Service Provide extra guidance around prescribed medicines to patients referred by NHS Trusts
Dispensing Appliances
Dispensing Medicines and Electronic Prescription Service
Disposal of unwanted medicines Accept back unwanted medicines from patients
Healthy Living Pharmacies Provision of a broad range of health promotion interventions. All pharmacies were required to become Level 1 HLP by April 2020
Public Health (Promotion of Healthy Lifestyles) Participate in up to six health campaigns at the request of NHS England and prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation
Repeat Dispensing and electronic Repeat Dispensing Dispense repeat dispensing prescriptions issued by a general practice; ensure that each repeat supply is required; and seek to ascertain that there is no reason why the patient should be referred back to their general practice
Signposting Help people who ask for assistance by directing them to the most appropriate source of care and support
Support for Self Care Help to manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS 111

Advanced services – community pharmacies choose whether or not to provide these services
Appliance Use Review
Community Pharmacist Consultation Service
Flu Vaccination Service
Hepatitis C Testing Service
Hypertension case-finding Service (NHS Blood Pressure Check Service)
New Medicine Service
Pharmacy Contraception Services
Smoking Cessation Service
Stoma Appliance Customisation

Locally commissioned services and Patient Group Direction based services – community pharmacies choose whether or not to provide these services
Interventions to reduce alcohol use
Substance misuse support, supervised consumption and needle/syringe exchange service
Support services for self-management of long-term conditions e.g. diabetes
Weight management
Pain management
Early cancer detection
Mental health support
Women’s health services and sexual health including, chlamydia screening and treatment, menstrual health and menopause
Infected insect bites
NHS health checks
Emergency supply
Palliative care
Collection and delivery services (non-funded - temporarily funded as a pandemic service)

Appendix C Workforce development priorities identified by the East of England task and finish group

Strategic planning priorities	Population health need now and in the next five years	Skills and capability in the primary care workforce to meet the health needs	Ensuring that trained and competent healthcare professionals stay in the primary care workforce	Identify capacity and skills gaps and support staff in moving beyond traditional roles to meet changing needs
Consistent, high quality and integrated healthcare provision in primary care	Future workforce needs Vision for CP services and integration	Training and upskilling Improve uptake of HEE offer for existing workforce training e.g. IP for pharmacists	Workforce retention Wellbeing of the community pharmacy workforce (Maslow and safety factors)	Recruitment Attracting people into pharmacy – at all levels
	Describe how new skills will be utilised to improve local healthcare. Prioritise plans for deployment of pharmacist independent prescribers.	Reduce professional isolation, mechanism for periodic review and clinical supervision/mentoring	Promotion of pharmacy to other healthcare professions and the public feeling valued (belonging)	Skill mix needed to deliver clinical services efficiently
	Most appropriate clinician – working at top of license	System capacity to support new and developing workforce	Equality, Diversity and Inclusion	Vision of career progression
	Impact of technology, AI and robotics	Technician development programmes Foundation pharmacist programme support requirements	Improving working conditions and job satisfaction (purpose) Flexible & agile workforce able to work across sectors, portfolio working	
	Underpinned by	Designated Prescribing Practitioner (DPP) capacity	Protected time. Multidisciplinary learning environments	Transformation, innovation and contractual change
Develop a community pharmacy workforce strategy which is integrated into wider system workforce planning and resourcing				

Appendix D - Horizon Scan Review

The ambitions for community pharmacy within this strategy align with the recently published [A vision for pharmacy practice in England \(rpharms.com\), Jun 2022](https://www.rpharms.com/news/a-vision-for-pharmacy-practice-in-england) commissioned to support the Royal Pharmaceutical Society working with The King's Fund, which aims to capture the key changes in the landscape from 2016 to inform the development of the vision of the future for pharmacy. References are made to key areas of development in the devolved nations and further afield within community pharmacy, and these include increasing focus on professional clinical services, including prescribing; increasing adoption of technology, particularly electronic health records and e-prescribing but also prescription dispensing machines and remote dispensing robots; contract reform in community pharmacy, and increasing the proportion of capitated and service-related payments as opposed to dispensing.

A review of the community pharmacy workforce 2021 and beyond (cpwdg-report-a-review-of-the-community-pharmacy-workforce-final.pdf (wordpress.com), June 2021) looks at the future direction of community pharmacy, how it can support the NHS and assesses how, with the requisite investment, the pharmacy workforce can meet these demands. Recommendations include a collaborative approach to ensure that community pharmacy is an attractive career choice for future pharmacists; development of frameworks and infrastructure, including services, to allow pharmacists and pharmacy technicians to use their clinical skills, a collaborative approach to ensure the updated Initial Education and Training standards [Standards for pharmacy education | General Pharmaceutical Council \(pharmacyregulation.org\)](https://www.pharmacyregulation.org/standards-for-pharmacy-education) are implemented in a way that meets the needs of colleagues, employers, the NHS and most importantly, patients.

As part of the HEE [three-year programme of education and training for post-registration community pharmacy professionals](https://www.hee.nhs.uk/news/education-and-training/2022/03/2022-03-23-education-and-training) and in preparation for 2026, when all pharmacists will be able to independently prescribe at registration, almost 3,000 funded training offers will be available from Autumn 2022 for current pharmacists eligible to undertake independent prescribing training [Independent Prescribing | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/news/education-and-training/2022/03/2022-03-23-education-and-training). In addition to this, new 'pathfinder' sites will be launched across England from the beginning of 2023 which will include NHS-funded pharmacist prescribing services based in community pharmacies. The sites will be based in integrated care organisations and will become a "test bed" for a potential wider rollout of independent prescribing services through the community pharmacy contract in England [Pharmacist independent prescribing pilots will begin across England from 2023 - The Pharmaceutical Journal \(pharmaceutical-journal.com\)](https://www.pharmaceutical-journal.com/news-features/industry-news/pharmacist-independent-prescribing-pilots-will-begin-across-england-from-2023).

Community pharmacists in England will also be offered funded clinical skills training, expected to start in December 2022.

Key learnings, principles and priorities for transformation of the pharmacy profession are outlined in *The Future of Pharmacy in a Sustainable NHS: Key Principles for Transformation and Growth (Future of Pharmacy Policy Asks.pdf (rpharms.com), Jul 2020)* developed in response to the COVID-19 pandemic. It describes the need for Community pharmacy to be fully integrated into, and supported to deliver, NHS services as a valued and recognised NHS provider. Pharmacy teams must be fully integrated and utilised across primary and secondary care to support a seamless patient journey through mobilisation of the whole of the pharmacy workforce, ensuring clinical expertise is used across the system.

Pharmacy in Place. The Future for Community Pharmacy in Integrated Care Systems (SME v1 (bbi.uk.com), June 2021) provides a blueprint for

ICSs to develop Community Pharmacy in a way that takes account of the critical issues that have arisen for post pandemic, the shift in commissioning to ICSs, NHS LTP priorities and emergent and innovative technologies that are set to radically change the delivery of health care and population health management. The spheres of activity relevant to Community Pharmacy include:

- Restoring service delivery in primary care and community services
- Maximising diagnostic capacity
- Enhanced discharge arrangements
- Reducing pressure on A&E through the national NHS111 programme
- Increased capital to support urgent care
- Addressing health inequalities

The key areas for an ICS in the deployment of community pharmacy services will include:

- Extending the Community Pharmacist Consultation Service
- Personalised medicine and improving diagnostic pathways
- Developing pharmacogenomic services

Better integration and interoperability across healthcare settings requires digital health care solutions to enable community pharmacy to manage demand and meet patient needs.

A new pharmacy in Letchworth, Hertfordshire, has considerably invested in new technologies to improve efficiency and their dispensing robot frees up pharmacists' time. *Automation and services: 'Pharmacy of the 21st century' opens in Letchworth* ([Automation and services: 'Pharmacy of the 21st century' opens in Letchworth](#)|[Chemist+Druggist](#) ::

[C+D \(chemistanddruggist.co.uk\), February 2022](#)). After a patient requests their prescriptions electronically, the pharmacy dispenses it and sends the patient a text once it's ready. Patients can then collect their prescription from collection points which operate 24 hours a day.

A next generation patient medication record system that works with a centralised Hub and Spoke model and supports the pharmacists to manage their workload has unlocked potential for new services, providing a more service-led community pharmacy offering for patients. *How one team rolled out a bespoke dispensing model to 700 pharmacies* ([How one team rolled out a bespoke dispensing model to 700 pharmacies](#) :: [C+D \(chemistanddruggist.co.uk\), June 2021](#)). New handheld devices help staff in branches track and locate medicines and patients are updated via an SMS system.

Read and write access to a full and integrated electronic patient record will enable pharmacists to provide better advice to patients, the ability to improve medicines optimisation, make more informed clinical decisions and improve medication safety. A pharmacy explains how read-write medical record access and the ability to instant message doctors in surgery has derived huge benefits. ([The award-winning pharmacy with full read-write patient record access](#) :: [C+D \(chemistanddruggist.co.uk\), January 2020](#))

Patients and other health professionals will increasingly rely on the clinical knowledge and skills of community pharmacists who will deliver a wider range of clinical services as part of cross-sector, multi-professional teams, working to deliver joined-up, integrated patient care pathways.

A good example of this is provided by the team at Fferyllwyr Llyn Cyf explain how their innovative acute conditions service has demonstrated

that community pharmacies are ideally placed to offer high quality, timely healthcare to patients thereby reducing pressure on GP practices. Under the scheme, patients can walk in, phone for an appointment or be referred by their GP. They can be seen in a matter of minutes for a range of minor ailments including skin conditions, migraines or headaches, and urinary tract infections. *How one pharmacy team rolled out an acute conditions service.* ([How one pharmacy team rolled out an acute conditions service and bagged two C+D Awards in the process :: C+D \(chemistanddruggist.co.uk\), September 2021](#))

There also needs to be an increasing awareness of climate impact and delivering sustainable, greener services for example:

- Reduction of plastic packaging
- Re-usable devices
- Referral of patients to green initiatives such as walking and cycling outdoor activities
- Electric service vehicles

