



**Bedfordshire, Luton
and Milton Keynes**
Integrated Care Board

BLMK Integrated Care System Community Pharmacy Event

Thursday 25th January 2024



Trust



Respect



Integrity



Accountability



Care and
Compassion

Agenda

- 1 Welcome and Introduction
- 2 Vision of Community Pharmacy in BLMK-Felicity Cox, Sarah Whiteman, Nicky Poulain, Fiona Garnett
- 3 Pharmacy Integration Programme - Funmi Balogun
- 4 Community Pharmacy England- BLMK& Northants- Anne-Marie King
- 5 Prevention –The Role of Community Pharmacy- Craig Lister and Megan Gingell
- 6 Community Pharmacy Independent Prescribing Pathfinder - Alex Hill, C&H Barton Ltd, Bedford
- 7 Pharmacy Contraception Service - Mahesh Shah, The Mall Pharmacy, Luton
- 8 Hypertension Case Finding - Paras Maroo, Westbourne Pharmacy, Luton
- 9 Q&A Session
- 10 Close and Networking



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Vision of Community Pharmacy in BLMK

Felicity Cox - Chief Executive BLMK ICB

Nicky Poulain - Chief Primary Care Officer

Dr Sarah Whiteman - Medical Director, BLMK ICB

Fiona Garnett - Associate Director Pharmacy and Medicines
Optimisation



Who are we?

Our Integrated Care System is called the **Bedfordshire, Luton and Milton Keynes Health and Care Partnership**.

We comprise of:

- 4 councils
- NHS organisations
- Voluntary and community organisation



Our priorities



Our partnership

Proud to be working together for better, more integrated services in Bedfordshire, Luton and Milton Keynes Integrated Care System



The Vision in BLMK

The Vision is for everyone in our towns, villages and communities to live a longer healthier life.

Our goal for primary care is to ensure a responsive and accessible primary care service, delivered by those best able to understand – and meet – the health and wellbeing needs of the local communities they are proud to serve.

Primary Care in BLMK

As of 25th January 2024, we have

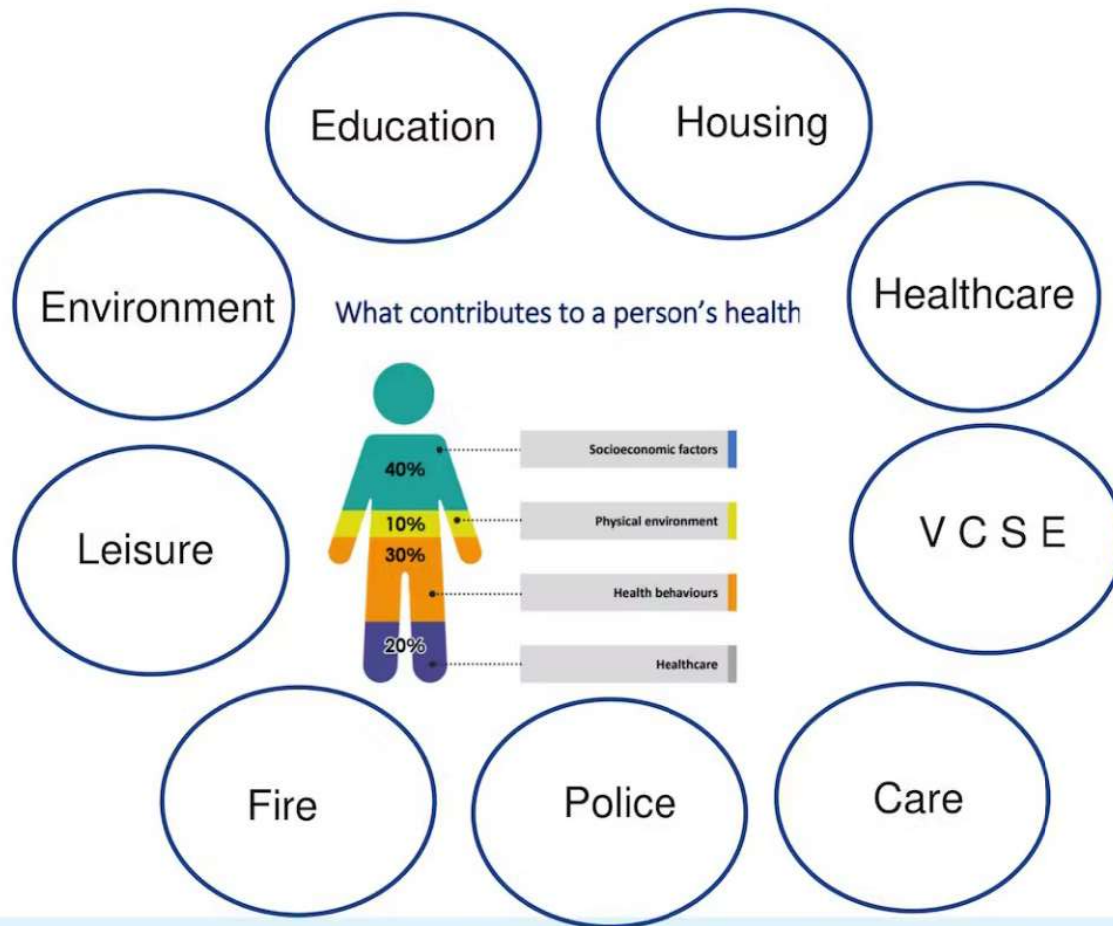
- **153 Community Pharmacies,**
 - **89 General Practice Teams,**
 - **78 Opticians,**
 - **120 dental contractors**
-
- Providing NHS services across **4 places** that include **25 Primary Care Networks.**

There are **2 Integrated Urgent Care Providers,** (NHS111, 24/7 CAS, GP OoH's), and 4 providers delivering Primary Care Urgent Care Services.





Integrated Neighbourhood Working



Data integration & sharing

Coordination

Population Health Management

Delegated Commissioning Of Community Pharmacy



Empowered Local Care

- Local knowledge, local solutions: Empowering ICBs and communities to tailor care to specific needs.
- Joining the dots: Integrated care pathways across different services for better patient experience.

Building Stronger Partnerships

- Patient at the heart: Communities actively involved in shaping and delivering services.
- Collaboration is key: ICBs working with stakeholders, closer to the ground, adapting to local challenges and opportunities.

Future of Healthcare

- Innovation & flexibility: Enabling ICBs and communities to test new approaches
- Resilient & responsive: Building adaptable healthcare systems for future challenges.



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Community Pharmacy Integration Programme

Funmi Balogun - Pharmacy Integration Lead, BLMK ICB



Community Pharmacy Integration Workstream

National Priorities

- Community Pharmacy Advanced Services-Pharmacy First
- Hypertension Case Finding
- NHS Pharmacy Contraception Service
- Population Health Management-Projects

Aims

Community Pharmacy Integration lead

Leading integration projects
Community Pharmacy Transformation Plans
Integration, Implementation, Assurance and Clinical Governance of Community Pharmacy Advanced Services

ICS Priorities

Integration

System Leadership

Health Inequalities

BLMK Community Pharmacy

1. Pharmacy First
2. Hypertension Case Finding
3. Pharmacy Contraception Service
4. National Pilots and Programmes-PHIF
5. Integrating Community Pharmacy Services

Prevention

Fuller Neighbourhood Program

System enablers

Projects

1. NHSE pilots and projects- Systm1 Pilot, CPIP Pathfinder Program
2. BLMK Pilot-DPP
3. East of England Community Pharmacy/PCN Lead Pilot

- Start Well
- Live Well
- Age Well
- Growth
- Reducing Inequalities

Stakeholders



Community Pharmacy Integration

Objectives

- Local Integration, Stronger Partnerships

Actions

- Each community pharmacy to nominate a named lead /deputy- to be shared with PCNs and practices.
- Establish local communication process e.g. drug shortages, closures and feedback for clinical services provided
- Develop an understanding of the working model for PCNs to enable development of shared goals

Outcome

61% Participation Rate

Audit/Evaluation May/June 2024



Community Pharmacy Independent Prescribing Pathfinder



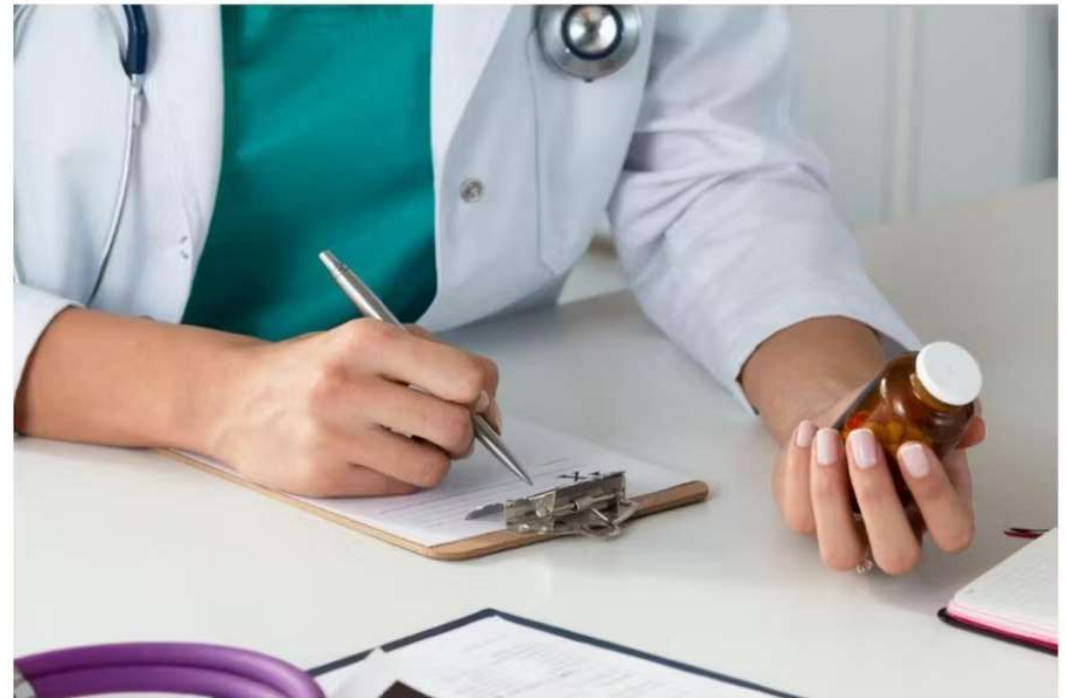
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Strategic Drivers for Change

New IP Graduates in 2026

Integrated Care Pathways

Inform Future Policy and Commissioning
of Services



Independent Prescribing pathfinder Programme

Strategic aim

Develop a framework for commissioning NHS community pharmacy clinical services with independent prescribing for primary care.

Objective

- Launch pilot sites across the UK to test independent prescribing in community pharmacies. This includes finding the best ways to govern, reimburse, and equip these services.
- Develop quality standards and training for pharmacists to ensure safe and effective independent prescribing within community pharmacies.
- Inform future policy and funding decisions for community pharmacy services based on the pilot's findings. This includes understanding the impact on patients, pharmacies, and other healthcare professionals.

Independent Prescribing pathfinder Programme Cont'd

- **Four Community Pharmacy Pathfinder Sites(Beds, Central Beds, Luton and MK)**
 - Village Pharmacy, -Caritas PCN
 - Birdsfoot Pharmacy, Medics PCN
 - Rainbow Pharmacy, Milton Keynes
 - C&H Barton Ltd- Hilton PCN
- **Four Approved Clinical models**
 - Hypertension- Treatment Initiation
 - Initiation of Oral Contraception
 - Infected insect bites
 - Acne Treatment Service
- **Clinical pathways, site readiness, governance processes in progress**

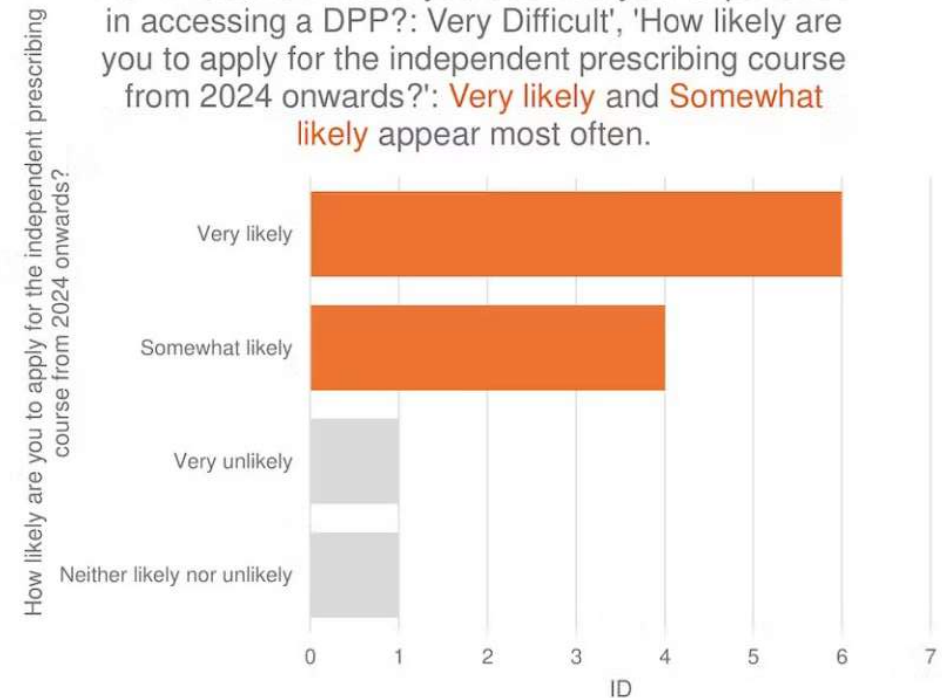


Access to Designated Prescribing Practitioner Project

Local Integrated and Innovative Solutions

- Community Pharmacy and General Practice Survey
- Innovative Joined up working approach with MKUCS
- Positive Collaborative Outcomes:
 - General Practice and MKUCS
 - 10 Community Pharmacists Matched to DPPs

For 'If Yes, how would you describe your experience in accessing a DPP?: Very Difficult', 'How likely are you to apply for the independent prescribing course from 2024 onwards?': **Very likely** and **Somewhat likely** appear most often.



Community Pharmacy Integration

East of England Community Pharmacy PCN Lead Pilot

- 3 Community Pharmacists in BLMK on the programme
- A PCN successfully employed a Community Pharmacy Lead to engage with community pharmacies aligned to their PCN

System1 Pilot in Community Pharmacy

- 13 Community Pharmacies expressed interest.
- Concluded in December 2023
- Continued use in Pathfinder programme



Destination Integration

Anne-Marie King
Chief Officer Community Pharmacy BLMK & Northants





Overview

LPC evolution

We want to get to...

Behind the scenes

Are you ready for destination integration?





Evolution

You voted, we changed

Community Pharmacy is key to Recovering and Resetting services within the local health systems.

You are the front door.





We want to get to...

Boosting “out of hospital care” to dissolve the historic divide between primary and community health services

Redesign and reduce pressure on emergency hospital services

Deliver more personalised care when it is needed to enable people to get more control over their own health

Digitally enable primary and outpatient care to go mainstream across the NHS





Collaboration behind the Scenes

- **National Services-** Vision, goals and skills needed to deliver the objectives with advocate at ICS level.
- **Workforce capacity and gaps;** IT, communications, clinical quality redesign
- **Establish/reinforce Change management infrastructure-** Quality Improvement, Project management, Leadership, monitoring and evaluation, Communication





Destination Integration

Not Ready

Variable Business Planning
Providing Essential services
Signed up for advanced and enhanced but not functional

In-Between

Infrastructures in place.
Poor link with other local services (PCNs, GP)
Delivering advanced and enhanced services inconsistently.

Functional and Consistent

Good Relationship with PCNs and GP practices, the LPC and Services Manager
Delivering advanced and enhanced services consistently
Commissioned services aligned with population health management needs





Prevention - The Role Of Community Pharmacy

Craig Lister - Associate Director Primary Care,
Prevention Lead BLMK ICB

Megan Gingell - Public Health Consultant

A Delivery Plan for Prevention in Primary Care Settings across BLMK

An ambitious and joined up approach to prevention
(Fuller Programme - Integrated Neighbourhood Working)

BLMK Community Pharmacy Event

Craig Lister AD Primary Care Transformation
Faith Haslam Prevention Programme Manager

Three components

- This delivery plan focuses on primary, secondary and tertiary prevention within primary care settings across BLMK.
- It is comprised of three components:
 - **Prevention delivery plan**
 - A guide to general prevention principles and key areas of focus for the ICS
 - **Prevention supporting document**
 - Expanding on the above in greater detail, including the current picture of each topic area across BLMK
 - **Prevention action plan**
 - An Excel format plan containing the detail of what/when/how

The following areas have been considered in this delivery plan

Modifiable risk factors

- Promoting physical activity and reducing physical inactivity
- Reducing isolation
- Supporting healthy weight
- Reducing drugs and alcohol usage
- Reducing tobacco dependency and promoting smoking cessation
- Contraception and sexual health
- Immunisations and vaccination

Screening and case finding

- NHS Health Checks
- Severe Mental Illness and Learning Disability annual Health Checks
- Cancer screening
- Non-cancer screening

Long term condition management

- Cardiovascular disease, including hypertension and atrial fibrillation
- Respiratory disease, including asthma and COPD
- Type 1 and Type 2 Diabetes Management
- Cancer
- Mental health and suicide prevention
- HIV
- Medicines and polypharmacy

Key actions



Maximise use of pharmacy, optometry, density, PH, leisure services and other NHS/LA touch points with coordinated narrative



Deliver a two-year campaign to increase physical activity and reduce inactivity based around the Better Health brand, include smoking cessation and other target behaviours as campaign develops



Increasing physical activity and reducing inactivity is an easier sell to our population and has wider positive benefits within a realistic timeframe than targeting obesity



Make much greater use of the VCSE, especially the Active Partnerships and **social prescribing**, in a robust, equitable partnership



Using the Better Health brand, Healthier Together, VCSE colleagues, Healthwatch and others, support the population (back) into greater responsibility for their own health, with a constant awareness of not introducing blame

Key actions



More brief conversations with people about the importance of healthy behaviours in preventing future illness and improving current wellbeing



More (appropriate) referrals into preventative services



More proactive management of diagnosed long-term conditions, particularly hypertension and care processes for people with diabetes



Utilise a PHM approach to target interventions and work to reduce health inequalities

Key actions

- Have more brief, focused and high-quality conversations with people about the importance of healthy behaviours in preventing future illness.
- More referrals into preventative services (e.g., stop smoking, weight management, drugs and alcohol), either making the referrals or signposting as appropriate.
- More proactive management of diagnosed long-term conditions, following evidence-based care processes and pathways.
- Improved management of people with hypertension and care processes for people with diabetes (particularly completing urine albumin creatine ratio).
- Offer more fitting of more LARC devices in primary care settings and smoking cessation services in-house.

Primary
Care

- Have more brief, focused, and high-quality conversations with people about the importance of healthy behaviours in preventing future illness.
- Increased awareness of the local and national preventative services (such as stop smoking, drugs and alcohol, weight management services) and refer into these services or signpost as appropriate.
- Offer case finding for hypertension within pharmacy settings to support with improved identification and recording of hypertension and monitoring of blood pressure.

Pharmacy

- Have more brief, focused, and high-quality conversations with people about the importance of healthy behaviours in preventing future illness.
- Increased awareness of the local and national preventative services (such as stop smoking, drugs and alcohol, weight management services) and refer into these services or signpost as appropriate.
- Further discussion with LDC to agree additional interventions.

Dentistry

- Have more brief, focused, and high-quality conversations with people about the importance of healthy behaviours in preventing future illness.
- Increased awareness of the local and national preventative services (such as stop smoking, drugs and alcohol, weight management services) and refer into these services or signpost as appropriate.
- Further discussion with LOC to agree additional interventions.

Optometry

Monitoring

- One of the main challenges of prevention is demonstrating that due to specific actions certain things that would have happened, have not (i.e., a stroke)
- Detailed actions for how the ICS can more strongly embed these prevention priorities are outlined in a live action plan
- This work programme will be monitored by the BLMK Primary Care Commissioning and Assurance Committee (PCCAC) using outcome measures outlined in the action plan
- A process evaluation of the primary care prevention work programme will be conducted in a year

Bedford Borough, Central Bedfordshire and Milton Keynes Public Health Luton Public Health

Community Pharmacy Event 25th Jan 2024

Luton



BEDFORD
BOROUGH COUNCIL

Central
Bedfordshire

MK Milton Keynes
City Council

Public Health:
Working together to improve the health
and wellbeing of our communities



Aims

1. Be aware of the roles and responsibilities of the LA Public Health teams, our current priorities and work collaboratively across BLMK

2. Be aware of local and national preventative services that are available for support and where you can find more information

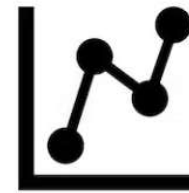
3. Tell us how we can support community pharmacy and how you'd like to work together

The role of Local Authority Public Health

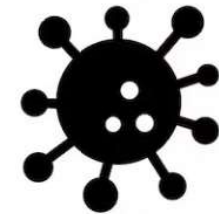
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Collaboration across ICS



High quality evidence and data



UKSHA- infectious diseases and environmental hazards



Health improvement services



Work with NHS to focus on prevention and reducing health inequalities

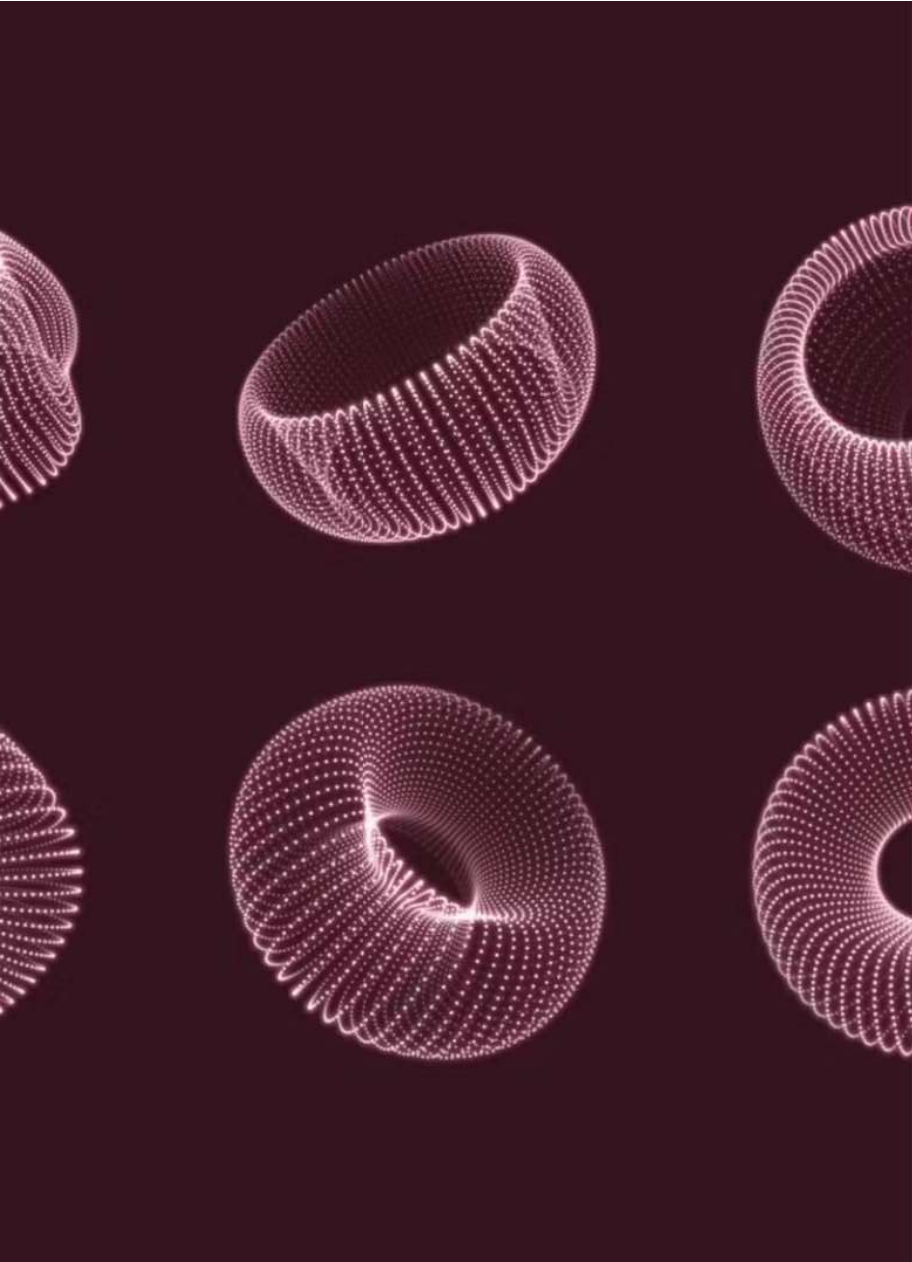


Work with planning, transport, housing, workplaces

Improve health and wellbeing and reduce health inequalities

Commissioned services

Smoking cessation	Weight management	Physical activity
Drug and alcohol services	Contraception and sexual health services (integrated services)	0-19 children's services
NCMP	Mental wellbeing services	NHS Health Checks



NHS Community Pharmacy Independent Prescribing Pathfinder Programme

Alex Hill



The future of community pharmacy and what is happening right now

The Future:

- From September 2026 newly qualified pharmacists will enter the General Pharmaceutical Council register as independent prescribers
- work towards an integrated workforce model in primary care
- commission pathways that widen access to care

The Pilot:

- establishing pathfinder sites across England to identify and test the delivery of pharmacist independent prescribing.
- To identify the optimal processes, including governance, reimbursement, and digital requirements, required to enable NHS commissioned independent prescribing services in community pharmacy

C&H Barton

PHARMACY & TRAVEL CLINIC

- Brief overview
- Current services and why we offer them
- Collaboration with local surgery
- The support of BLMK ICB
- What sparked an initial interest?



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What it is like?



Supported by the ICB to upskill and learn in preparation for clinics to come



The small group of pharmacies involved meet every other week on teams.



Being involved gives us the chance to shape the service, how it's implemented locally, and work with surgeries so that they believe in this too.



ICB provide support, and invest in IT to solve integration problems, but you do need to be able to lead for example when it comes to collaboration with the relevant local surgeries to get this started.

The NHS Pharmacy Contraception Service

Mahesh Shah
Mall Pharmacy, Luton



What is it?

- Dec 2024 – can Initiate, supply or switch
 - Must follow the 2 PGD's (Combined OC & Progesterone only) & SOPs
 - BP & BMI if clinically deemed necessary (trained and competent HCAs)
 - Consent mandatory, notify GP. No consent = No service
 - Gillick Competency & Frazer Guidelines
 - Menarche to 49 (COC) or 54 (POP)
- Training
 - Safeguarding Level 3 is mandatory
 - Other training is strongly recommended based on your knowledge
- Need to have Clinical IT system (eg PharmOutcomes, Sonar)
- Patients can be referred or self-refer
- Remote provision allowed

Practicalities of providing the Service

- Use whole pharmacy team – recruitment, booking, BP & BMI
 - Walk in vs Booking.
 - Manage expectations – initially ~20mins. Initiation longer.
- Service Provision - sign up via MYS
- Update NHS Profile Manager
 - Consider hours of provision
- Competency & Training – CPPE etc , Safeguarding Level 3
- Contractor takes responsibility – keep documentary evidence
- Consent
 - Safeguarding
- Safety Netting

Funding

- £18 per consultation (regardless of supply or not)
- Set-up Fee £900 paid in instalments (£400 sign-up) £250/5 consultations, £250/next 5 consultations
- CANNOT CLAIM TWICE FOR SAME ACTIVITY ie cannot claim for Clinic BP Service
 - Can claim ABPM service if provided

Is it worth doing? YES,

From strategic perspective: shift mindset to provision of services – NHS in crisis, GP capacity, patients frustrated

but.....

- Just covers costs
- Consultation time 15-20mins depending on complexity
- Consider impact on other services
- Initially – Supplies >> Initiation or Switch
- Greater participation in meeting population health needs
- Establishes Pharmacy as credible & trustworthy clinicians in neighbourhood

Consultation

- SOPs & Clinical IT System
- Consent is verbal – make sure patient aware of sharing of info
 - No Consent to share info with GP = No Service
- Inclusion & Exclusion Criteria – as per PDGs
- If young, are they competent? Do they have the capacity?
 - Don't assume. Record your decision to supply/not supply in notes
- Initiation: Shared decision making. Discuss options – beware time
 - Online decision-making tools
 - Pre-questionnaire
 - Confirm Referral process for LARC with GPs & Sexual Health Team
- Safety Netting – always document for every consultation
- All Supplies as per ICB Formulary, must be labelled. Choose right product from platform
- <https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/categories/formulary/>
- Counsel Patient, give them record of BP & BMI, s/e to look out for etc

Background to Service

- NHS Long term Plan – Part of provision of prevention Services
- A Tiered service
 - Supply to those already on OC
 - Tier 2 –initiation via PGD
 - Tiers 3 – ongoing monitoring and management of longterm **oral** Contraception service (LARC)
 - Tiers 4 – initiation of LARC
- 2021 Test Pilot via small cohort
- Oct 2022 – initiation
- Apr 2023 - Launch of Tier 1 – delivery plan for accessing Primary Care Services May 2022
- Dec 2023 – expanded to include Initiation of OC
- Expand OC service including Initiation – prime aim is to improve access & Service
- Initiate and continue - can use first time users, restarters and switches
- Provide extra capacity in Primary Care

Awareness & Promotion

- Meet/inform GP practices
- Posters, leaflets, Social Media etc
- Text messages to all females upto 54
- Accurx
- NHS Profile Managers



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Hypertension Case Finding Service

Paras Maroo
Community Pharmacist



Hypertension - Symptoms and Signs are often silent

Early Identification is Key at Reducing CVD Risk and Organ Damage

QR CODE for SERVICE
SPEC



Main Points

- Inclusion Criteria
- Pharmacy Team - CPPE Training module
- Processes Involved - Flow charts and Referral systems

Inclusion criteria

4.2 For the service to be a success, potential patients who meet the opportunistic inclusion criteria should be proactively identified.

The inclusion criteria for opportunistic blood pressure checks are as follows:

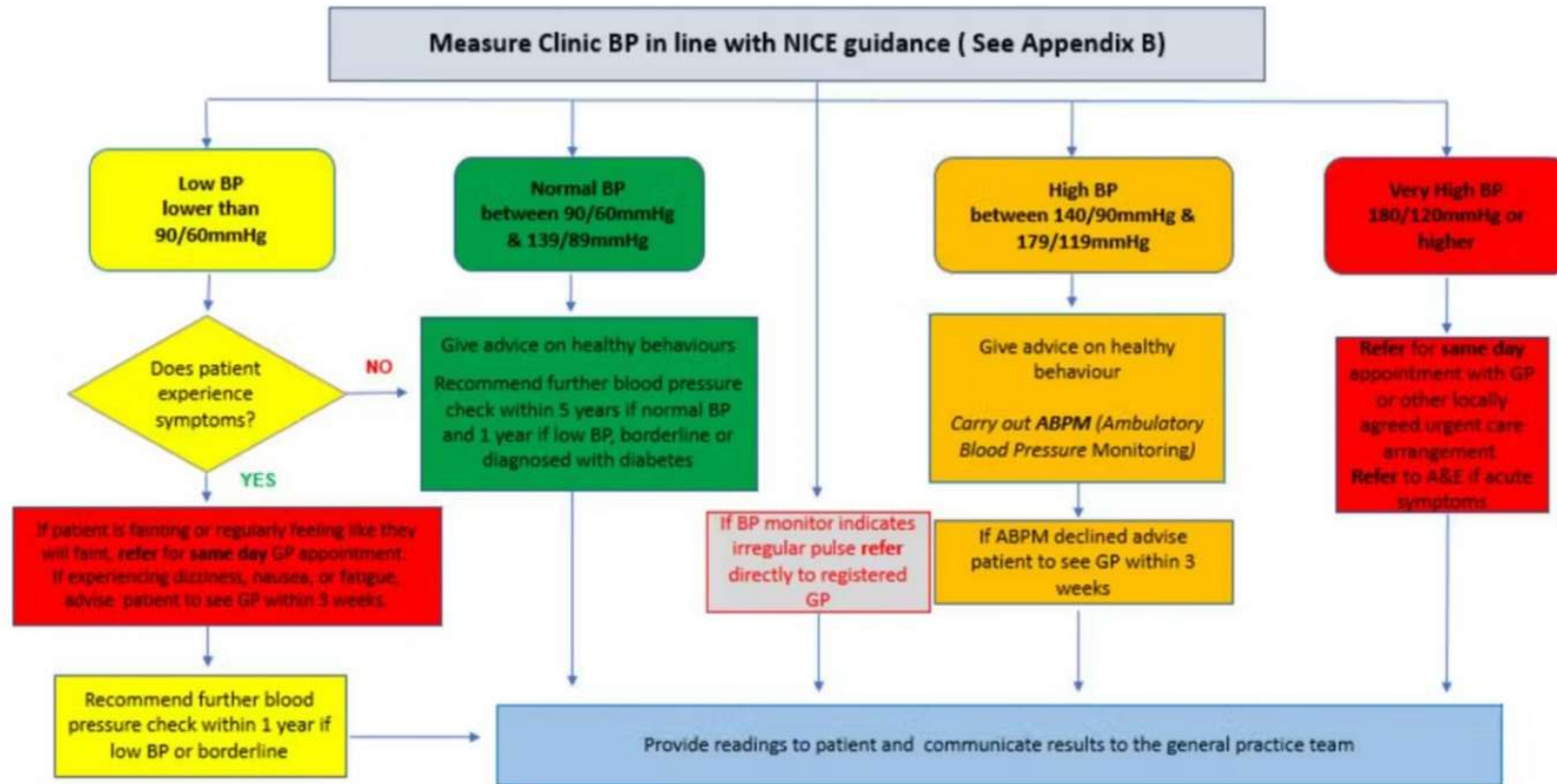
- Adults who are 40 years old or over, who do not have a current diagnosis of hypertension.
- Patients, by exception, under the age of 40 who request the service because they have a recognised family history of hypertension may be provided the service at the discretion of pharmacy staff.
- Patients between 35 and 39 years old who are approached about or request the service may be tested at the discretion of the pharmacy staff.

The inclusion criteria for patients referred from the GP are as follows:

- Adults, of any age, with or without a prior diagnosis of hypertension, specified by a general practice for the measurement of blood pressure (clinic and ambulatory blood pressure checks). This process should be agreed locally with general practices.



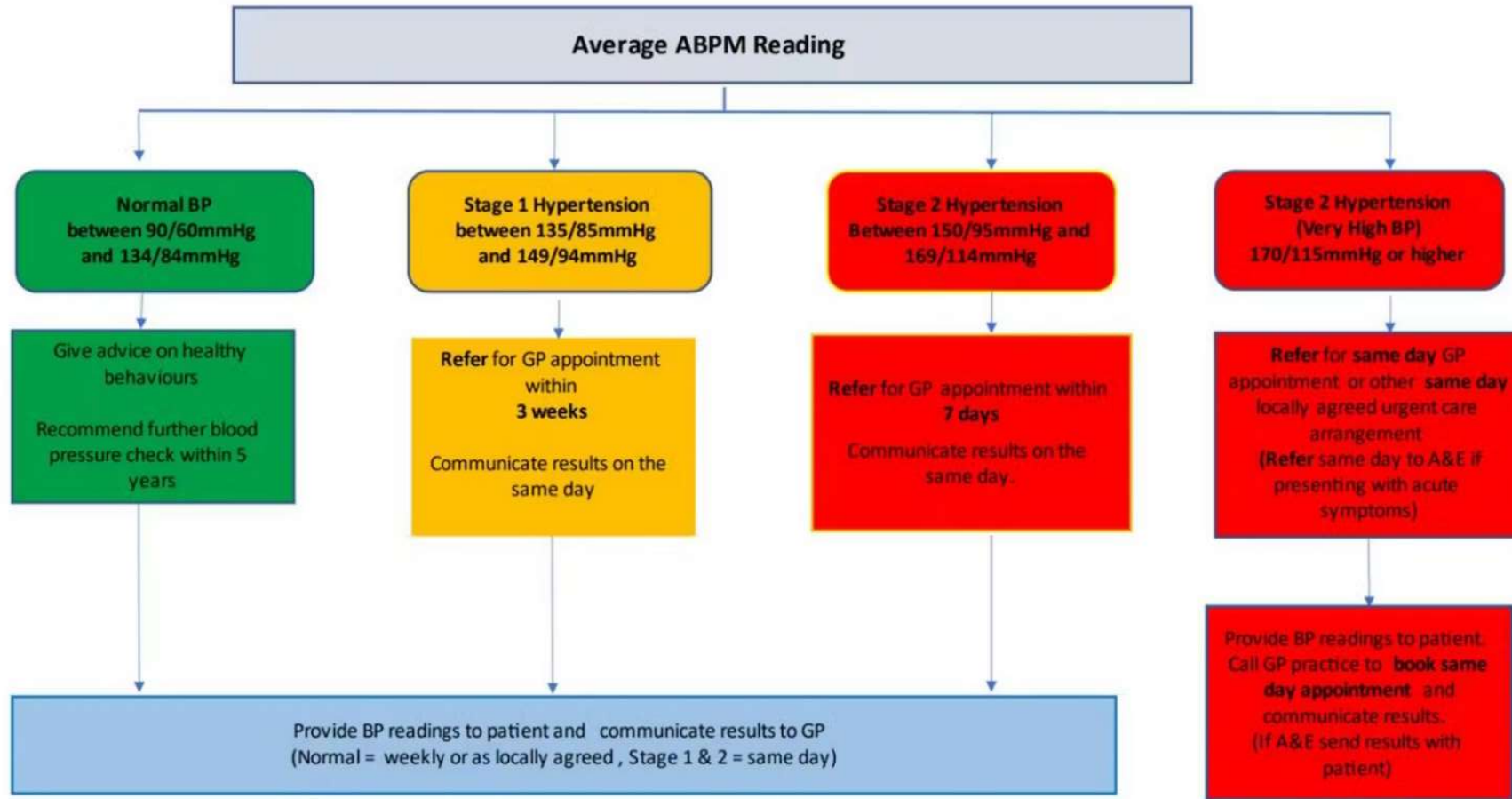
Annex C: Clinic BP flowchart



END



Annex D: ABPM flowchart



NB. Unregistered patients: Give blood pressure result to the patient and refer to locally agreed urgent treatment centre if blood pressure is high

END

END



Lifestyle Communications

- 1) Diet
- 2) Salt Intake
- 3) Exercise
- 4) Weight Reduction
- 5) Smoking Cessation
- 6) Alcohol Intake

<https://patient.info/heart-health/high-blood-pressure-hypertension/lifestyle>



Challenges and Suggestions

Recruitment of Patients

- Team effort - incentives?
- Stickers with collections bags
- SMS

Appointments

- Booking software e.g. PMR, Setmore, Pabau, Jelly Software, Diary

Referral Process with surgeries

- Active conversations - follow up especially if ↓ referral numbers

ABPM machines

- Managing demands, is it worth investing in another machine?





Q&A



Questions for the panel -
Community Pharmacy event
Thursday 25th January 2024



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