The Voice of Community Pharmacy
pharmacy

Pharmacy & the new NHS: Do commissioners see us as an 'add on'?

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In their latest article exploring how community pharmacy can align with the changing landscape of the NHS, Johnny Skillicorn-Aston and James Roach of Conclusio ask whether the ambition and strength of the community pharmacy offer is really known outside the sector.

A couple of recent conversations, one with a PCN clinical director and another with a NHS trust chief executive, highlighted a significantly different view on, and experience of, the place of community pharmacy in integrated care systems.

The PCN clinical director's view could be described as seeing community pharmacy as a clinical appendage; an extension of GP-led place-based care, souping up 'delegated' activity and preserving capacity in GP-land.

The casual ear would be forgiven for inferring that pharmacy is not seen as an equal partner or one with which to collaborate and combine for strength; more a convenient clinical sump.
The NHS trust chief executive spoke of his epiphany and a shift from a 'bottom line' and silo approach in his organisation towards a more joined-up mission.

All very encouraging but, when asked about community pharmacy, he wanted to know more about the sector, what it does, where it fits and how secondary care can work with it.

Setting out pharmacy's stall

Two very different outlooks but the ground between them is a good place to set out the sector's stall.

Community pharmacy is rich in patient experience, clinical advocacy and extended services, provided by a diverse range of healthcare professionals. It supports home care, long-term condition management, and public health and health promotion.

Is that reflected in the clinical director's comments? Does it reflect a received opinion due to how the sector positions itself alongside general practice, taking on its clinical overspill?

We have just had Christmas – a time when old films fill the TV screens. One favourite is Oliver! Not a bad analogy for the relationship between community pharmacy and general practice. Isn't it time the sector stopped extending its plate with a plaintive request for more and asserted its clinical prowess and professional credentials?

Open door — just push!

In secondary care, the door would appear to be open. A seemingly low understanding of community pharmacy is actually a great place to work from. It is an opportunity to build strategic relationships across the sector, shape new commissioning models and reduce community pharmacy's dependency on general practice.

Between five and 10 per cent of all hospital admissions are medicines-related and two-thirds of these are preventable – so there is increasing scope for integration between community and hospital pharmacy, which can improve discharge to the community and reduce admissions.

There is also a role for digitally enabled pharmacovigilance systems that bridge primary and secondary care.

In July last year, the NPA and the NHS Confederation convened a round-table, 'Working collaboratively in an ICS: freeing up opportunities in community pharmacy'. It examined the opportunities for greater collaboration in integrated care systems.

While its recommendations are valid, they show the same themes and tropes that have driven the dialogue for years. Looking beyond the frontier is missing; pushing for new operational and strategic partnerships absent.

Returning to Christmas films, a firm festive favourite is Groundhog Day. Does it remind you of anything?

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