

# Community pharmacy & collaboration

## How community pharmacy can create capacity in Secondary Care

**I**t is a widely held belief that the sector needs to understand the challenges faced by its colleagues in Acute Trusts. Secondary Care managers will know very little about community pharmacy and the opportunity it represents. The key is to whet their appetite by creating discourse on the very issues that keep them awake at night. For example, what capabilities does community pharmacy hold for helping to reduce patient attendance at hospitals, support early discharge and monitor patients post discharge? Community pharmacy needs to lead the conversation, opening up the opportunities and scoping the means by which co-designed, shared solutions will improve Trust performance, enhance patient experience and deliver better outcomes.

Community pharmacy is under-commissioned and forms a high-street healthcare asset. The sector's dependency on primary care commissioners has limited its opportunity to play a larger partnership role in addressing the wider challenges across health systems. As Local Pharmaceutical Committees (LPCs) articulate their 'other partnerships are available' offer, new relationships could flourish between community pharmacy, NHS Trusts and community providers.

Integrated care systems create a fertile loam for this future-scape planting and presents community pharmacy with an opportunity to play a leadership role in health systems.

However, dialogue between NHS Trusts and community pharmacy needs to be purposive. Community pharmacy is a strategic player in any integrated care system, with the capacity and capability to occupy a central position within NHS transformation.

### STRIKING A BALANCE

While there is agreement around shifting care out of hospital, if community pharmacy is to strike a new note with Trusts on how jointly designed approaches can secure this, it needs a firm appreciation of the key dynamics in hand at Trusts, including:

- Payment by results – the disincentivising of Trusts to part company with the patient.
- Confidence – securing parity of esteem between hospital and community clinical care.
- 'Too difficult' – changing services delivered by hospitals can be a challenging experience.
- Public perception – the idea that hospital is best for ongoing care.
- Care silos – creating a seamless and co-ordinated experience for patients.
- Restrictive practices – the effects of rigid practice boundaries between different health professional groups.



WORDS BY *Mike Proctor & Johnny Skillicorn-Aston*

### CLOSING THE GAP

Integrated Care Systems are speeding the pace of collaboration and associate working, and performance management is measured from the centre across the sum total of system outputs and outcomes. Where a shortage of professionals in clinical specialisms bites, a more panoramic focus has revealed opportunities to increase the licence of other allied professionals and clinicians to close the gap and increase capacity. New partnerships between Trusts and community pharmacy involves creating a continuum of developing new service offers to local hospitals in London. Ones that flex with the changes and where the unifying mantra is: "Your patient is my patient, your challenge is my challenge."

To crack the case of partnership working, consider the solution framework common in investigative processes and TV crime dramas:

- **Motive:** structural and financial changes are removing barriers and creating fresh motivation to join up around better patient outcomes.
- **Means:** The COVID-19 pandemic is driving new approaches in healthcare, spurring on innovation and fashioning new tools and methodologies.
- **Opportunity:** Is everyone's. All three are within the grasp of both Trusts and community pharmacy. To miss out may be considered a crime.

📖 *Mike Proctor is Non-Executive Chair & Johnny Skillicorn-Aston is Communication and Engagement Consultant at Conclusio. Go to [www.conclusio.org.uk](http://www.conclusio.org.uk)*