



Pharmacy and the new NHS

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In a new series of articles exploring how community pharmacy can align with the changing landscape of the NHS, Johnny Skillicorn-Aston and James Roach of Conclusio start by looking at the key reforms already underway and assessing their implications for the sector

Community pharmacy is a pivotal part of the NHS. Yet, as the health service changes, is pharmacy playing a full part in driving that change or is it merely reacting to what is happening around it?

Community pharmacy is a trusted, local provider of a diverse range of primary healthcare services. Over the past few years, much has been said about its potential for playing a strategic role in managing the challenges faced by the NHS.

In terms of its place in the NHS clinical estate, pharmacy could usefully borrow the property market maxim 'location, location, location':

- Location: in terms of its community presence – often being nearer to people than other services
- Location: in its place in end-user approval ratings. A study published in March of this year revealed “high rates of patients’ acceptance, appreciation and satisfaction with primary care services post-discharge”
- Location: in the scheme of the nascent integrated care systems and its opportunity to provide the connecting rods between healthcare sectors and professionals.

Different words

However, it could be argued that community pharmacy has adopted three different words as its mantra – ‘conversation, conversation, conversation’:

- Conversation: which it continues to have with itself rather than focusing on building dialogue and developing strategic relationships across the entire healthcare sector
- Conversation: in terms of those missed with partners who can help shape new commissioning models, reducing the dependency on general practice
- Conversation: anchored in payment models and contractual arrangements rather than carving out new models of care that can innovate healthcare in the community, improve patient experience and outcomes, address health inequalities and add to the total sum success of system-wide working.

The changes we see at play across the NHS are significant for community pharmacy, namely:

- The arc of the NHS Long Term Plan and its removal of the partitioning walls between healthcare sectors
- The advent of integrated care systems
- The march of population health approaches
- The promotion of self-care and the emergence of the engaged and active patient
- The place of wellness and wellbeing, and the burgeoning attention being focused on the wider determinants of health.

All of this change offers community pharmacy the opportunity to position itself as a decision-maker and leader in the transformation and innovation required to deliver sustainable NHS services. Taking this leadership role means the sector having fewer conversations with itself and having a greater number with its partners in integrated healthcare systems.

Talk about flat funding lines, contractor pressures, building alternative revenue schemes and concerns over shortening returns from dispensing are all valid operationally but not the stuff upon which to build future-proofing strategic dialogue. However, left to industry representative bodies to pursue, it leaves community

pharmacists to combine for strength within their particular health and social care system.

Individual contractors could join forces to become cross-pharmacy collaborative provider groups, determining a joint offer that aligns with the needs and demands in their ICS footprint; an offer that is focused on whole pathways, not merely the medicines-based interventions along its way. Using this approach, community pharmacy could position itself as a lead provider, especially in pathways that reside chiefly in primary care, require multiple interventions from different healthcare practitioners and involve long-term conditions.

Provider models

The development of community pharmacy provider models is increasing and there are some very positive examples. In Manchester the LPC and CPGM Healthcare Limited has determined a local framework to manage non-core services. The strategy is aligned with local priorities and “designed to develop and implement services... appropriately remunerated for providers and [which] deliver positive outcomes for patients.” The offer is delivered through four programmes that centre on collaboration, innovation, empowerment and efficiency – approaches that demonstrate leadership and drive change.

Community pharmacy provider models are just one way in which the sector can show it is acting proactively in the changing NHS landscape. Whatever way it chooses to do this, the sector should focus on how it can support whole care pathways, not just engage at some of the way-points. It should leverage its clinical capital, capability and capacity in terms of ‘see and treat’, scanning and long-term management.

Community pharmacy’s access to the patient experience at ‘street level’ is a form of real world evidence that has significant strategic value for those planning and commissioning care. Moreover, pharmacy has the opportunity to position itself as a broker for innovative investment in new services, which will return a much needed dividend for patients and also health systems.