

Community Pharmacy and its place in creating capacity in Secondary Care

Mike Proctor, Non-Executive Chair of Conclusio, a former Acute Trust chief executive, says that the sector needs to understand the challenges faced by its colleagues in Acute Trusts.

Firstly, 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 are the community pharmacy capabilities for helping to reduce patient attendance at hospitals, support early discharge and monitor patients post discharge? These are challenges where community pharmacy and Trusts could combine for strength in engineering a shared solution, and it will get attention.

Trusts do not always understand the full capabilities of community pharmacy and, in turn, are not well-sighted on its potential for true partnership working. Community Pharmacy needs to lead and direct the conversation, opening up the opportunities and scoping the means by which co-designed, shared solutions will improve Trust performance, improve patient experience and bring better outcomes.

Conclusio believes that community pharmacy is under-commissioned and forms a high street healthcare asset. Through its work with community pharmacy, Conclusio sees a case building that 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 (LPC) 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 increasing opportunity to play a leadership role in health systems.

An example can be found in London, where the LPC representative body, Pharmacy London, has launched the *London Community Pharmacy Strategy 2020*¹. This formalises an approach, which aligns with the NHS Long Term Plan. Its scope includes an enlarged plan for long term and multi-morbidity management in community pharmacy, medicines review and optimisation, and details a scale of approach that could contribute significantly to shouldering the burden of NHS Trusts. This kind of fresh partnership will make a real difference to patients.

This level of organisation and response is ripe for playing into the issues that nag at Trusts. However, dialogue between NHS Trusts and community pharmacy needs to be purposive. Conclusio views community pharmacy as a strategic player in any integrated care system with the capacity and capability to occupy a central position within NHS transformation.

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, and outlook on, the key dynamics in hand at Trusts.

- **Payment by results** – a consequence of the current tariff system, where money and patient are companions along the secondary care journey, is the disincentivising of Trusts to part company with the patient. The risk of stranded fixed costs and reduced income drives this outlook.
- **Confidence** – securing parity of esteem between hospital and community clinical care.
- **‘Too difficult’** - Changing services delivered by hospitals can be a challenging and ‘damaging’ experience for those charged with the task.
- **Public perception** – Hospital is best! Certainly, for those acutely ill but not always for ongoing management of care.
- **Care silos** - Creating a seamless and coordinated experience for patients.
- **Restrictive practices.** The effects of rigid practice boundaries between different health professional groups.

Change is happening. The move toward block contracts is altering the motivations of hospital leaders. COVID-19 has reduced hospital attendance and we are learning to operate within new models.

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”

Raj Matharu, pharmacist and chair of Pharmacy London, a representative body of London Local Pharmaceutical Committees, and co-author of the London Community Pharmacy Strategy 2020

“Community Pharmacy is developing a new outlook on the partnerships it builds and how it is commissioned for the vital work it does in the community. We will be building on our opportunities to forge new working relationships with secondary care.

We know we can do so much to help our colleagues in NHS Trusts by sharing in their challenges, making them our own and joining them in a common endeavour to improve the experience and outcomes of patients.”

To crack the case of new partnership working between Trusts and community pharmacy, we need to consider the solution framework common in investigative processes and TV criminal procedurals. That is, who has the motive, means and opportunity?

- **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. Wasting the opportunity might be considered a crime.

Ends

Words: 915

References

1. London Community Pharmacy 'Offer to London' Pharmacy Strategy 2020
<https://psnc.org.uk/pharmacylondon/london-community-pharmacy-our-offer-to-london-pharmacy-strategy-document-2020/>

Authors:

Mike Proctor- Non-Executive Chair of Conclusio Limited

Mike is former chief executive of York Teaching Hospital NHS Foundation Trust, from which he retired in 2019 after 45 years' service in the NHS. Following this he was asked to take up an interim role at North Cumbria NHS Trust as chief operating officer, seeing the Trust through a very challenging time. A highly experienced NHS leader, during his career Mike has performed the roles chief nurse, chief operating officer, deputy chief executive and chief executive.

- In July of this year, Mike was appointed as Chair of Conclusio, a leading health transformation consultancy.
<https://www.conclusio.org.uk/news>
- In September, Mike was appointed to the Board of North Lincolnshire and Goole NHS Foundation Trust as a non-executive director. <https://www.nlg.nhs.uk/news/trust-appoints-new-non-executive-director/>

Johnny Skillicorn-Aston – Communication and Engagement Consultant with Conclusio

- Johnny is a communication professional, specialising in collaborative and partnership working across complex organisations and sectors. He has 25 years' experience working in the private, public and voluntary sectors, 10 of which have been spent in the NHS.

Conclusio is in the vanguard of the transformation that is sweeping the health and social care sector. Conclusio is well placed to drive innovation and transformation. Conclusio works in the UK and internationally, across the whole health and care supply chain within the health, social care, pharmaceutical, civil society, digital and academic landscape.

www.conclusio.org.uk

@conclusioglobal