

In their second article exploring how community pharmacy can align with the changing NHS, Johnny Skillicorn-Aston and James Roach of Conclusio look at opportunities for the sector within the new local decision-making health environment

[Read the first article in this series here.](#)

Whatever community pharmacy does to try to secure its future is always going to be impacted by decision-makers elsewhere... but that doesn't have to be the case.

The advent of integrated care systems (ICS) offers the sector the opportunity to discuss change at a larger scale and for community pharmacists to collaborate in providing a strengthened offer.

The sector has shown, through the pandemic experience, its capacity and capability for sustaining and improving physical and mental health outcomes. It has played a significant part in the sharpening of focus on the wider determinants of health, so the sector might do well to sharpen its pencil in drafting schemes and designs that meet with changing healthcare demands, factor in lifestyle and avoidance of preventable disease, and reduce health inequalities.

Time to take the lead

It is time for community pharmacy to really take the lead in developing pathways and designing new models of care and delivery. Such an approach would serve to bring pharmacies together, the very weight of which could provide a form of representation at ICS level and leverage leadership in the halls of decision-making hitherto not experienced. As a collective body, the scope for attracting new commissioners and new offerings could increase as a result.

At this scale, it is possible to target new opportunities and new funders through the analysis and application of data. It provides a larger platform for shared endeavour in areas like professional development and the potential for workforce alignment – not just across the service delivery demands of the local pharmacy sector but in line with the priorities of the ICS itself.

Just the start

Knowing where decision-making sits – and who the decision-makers are – is just the start. Becoming one of them should be the objective. Across the country, there are examples of community pharmacy being instrumental in leading transformation and innovation, for instance in reducing polypharmacy and the risk of hospital admission.

Community pharmacy must create dialogue that is leadership focused, not parochially driven. It must render its value to the people it looks after, and the system of which it is part, in terms of the benefits it provides. A good approach is to align with:

- Capacity realising: A vital frontline healthcare service near to patients and reducing the demand burden elsewhere
- Capability realising: Managing people's health at both population and place level focusing on prevention, condition management, right care, right place, self care and safe medicines use.

An example for tying capacity and capability together could be found in managing allergies, where an accessible healthcare option is much better for people living with these conditions. Through dialogue with commissioners, a referral pathway within the Community Pharmacist Consultation Service can be added to the existing 'see and treat' approach for minor illnesses

- Societal: A health and social asset, engaged in people's lives and the wider determinants of health.
- Unmonetisable: The value community pharmacy adds through being the third largest healthcare provider.

Articulated collectively in the form of an impact assessment, such a strategy would demonstrate clear leadership: a value proposition for the future created by future leaders.