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Improving Health and Patient Care Through Community Pharmacy - A Call to Action

1 How can we create a culture where the public in England are aware of and utilise fully the range of services available from their local community pharmacy now and in the future?

Text:
It is the LPC's belief that Pharmacy Services are poorly understood by other Healthcare Professionals and our patients. This is due in part to a lack of publicity of these services a reversal of which would encourage good patient practice.

National Services allowing for national service templates along with national promotion of these services.
There are many services offered across the country e.g. Minor Ailments, Emergency contraception, Vaccinations, Monitoring of Long Term Conditions. These are all offered with different specifications. National Templates would ensure consistency of the service and allow the patients and healthcare professionals to better understand what is on offer. National accreditation would also be possible giving consistent services across NHS England borders. The services could have national advertising campaigns encouraging patients to access appropriate care in the correct most cost effective settings.

Pharmacy should be promoted as an integral part of the Primary Health Team.
This should be carried out by promoting the services offered by Community Pharmacy enabling a sustained approach to the marketing of services. Public perception of what pharmacists can deliver needs to be changed and we must educate the general public to what pharmacy can deliver. This message needs to be consistent and the commissioning of national services will enable this to be carried out nationally. National promotion could use many different forms of media including TV advertising and magazines. This could also include better use of technology e.g. local services apps including opening hours, signposting etc. The use of social media, pharmacists appearing on local radio would also be useful in promoting self-care with hard to reach groups.
NHS websites e.g. NHS Choices and patient information websites need to direct patients to pharmacies as a source of information and assistance for self-care and in managing their long-term conditions.
Integration into the PHSE school curriculum should be explored to educate children in Primary and secondary schools to what the health professionals including pharmacy do. Promotion of self-care and age appropriate education will help to instil personal responsibility at an early age to access care at the right place.
An extension to this using a target specific approach would also see benefits. The targeting of specific hard to reach groups of the population who visit pharmacies less frequently and so are less aware of the services offered. For example men aged 40+ or 16-25 year olds without long-term conditions. Many of these individuals are making choices that will adversely affect their long term health and would benefit from healthcare services or advice. The range of services, delivered by pharmacies, which are more relevant to the 16 – 25 age group e.g. sexual health services should be increased.
More local promotion can be achieved by engaging with local patient participation groups, patient groups dealing with specific conditions and support groups identifying where pharmacy can help them manage their medication/condition and develop services to improve long-term management and overall support for their condition. This could also be achieved by more prominent advertising of pharmacy services in A & E, walk in centres, out of hours providers and in GP waiting rooms via display screens or other media

All healthcare professionals need to see Community pharmacists as part of the Integrated Healthcare team.
There needs to be a culture of trust between healthcare professionals where referral into local pharmacies for commissioned services becomes common place e.g. it is very rare on Wirral for GPs and hospitals to refer eligible patients to their community pharmacy for the New Medicines service. GPs should also be identifying patients who would benefit from a Medicines use review (MUR) and refer into the pharmacy.
Practices have a lack of understanding of the services provided by their local pharmacies and have been reluctant to promote the role that a pharmacist can play in managing the health of patients. A mind set shift is needed for healthcare professionals to appreciate the benefits that the community pharmacy can offer and to enable referral pathways to become the norm. Referral from the local surgery reinforces the role of the community pharmacy as a first point of call which would reduce the number of GP appointments lost to patients with conditions that could have been treated effectively via a community pharmacy.
A Healthcare professional Engagement Network set up by the Area Team including representatives from the Local Representative Committee's, secondary care and Area teams. Topics relevant to all sectors could be tackled such as service transformation e.g. admittance and discharge in secondary care, integrated patient pathways, joined up responses to NPSA safety alerts with joined up solutions being found for the benefits of patients.

Healthy Living Pharmacies
Healthy Living Pharmacies should be rolled out nationally to a national specification with the opportunity to include locally commissioned services reflecting the local Joint Strategic Needs Assessment.
Over the past few years Pharmacy has made moves away from treating and advising people who are already sick with more and more emphasis on health promotion. The patients visiting pharmacies are trying to incorporate healthy habits and dietary supplements into their lives. We need to be able to engage with this population. A HLP would promote health and wellbeing and offer brief advice on a range of healthcare issues such as smoking, physical activity, sexual health, healthy eating and alcohol consumption. This would change the public perception of pharmacy from a place where they can get their prescriptions to a place where they can have a very useful advice about any health condition. To support such a service a fully integrated IT platform is needed to inform all those involved in the patients care. Part of the service could include healthy living check-ups routinely carried out in the pharmacy.
Furthermore pharmacy has a significant role in the promotion of public health. Public health campaigns can be launched with short notice preventing optimum training and engagement of pharmacy staff. Notification of a public health campaign schedule should be provided at least 12 months in advance to enable appropriate planning and effective delivery. These campaigns should be national campaigns, with resources and training being readily available to all contractors. This would also support the public's awareness of the role of pharmacy.

NHS 111
Patient pathways such as those in NHS 111 should be reviewed to include Pharmacy as the patients' initial starting point for self-care. This would include accessing advice on medicines in particular for long term conditions, self- management of minor ailments and advice on health related topics.
Increasing the number of end points within the NHS 111 algorithms would fit with urgent care agenda and winter pressures identified this year.

The experience of Wirral pharmacies shows NHS111 referral is minimal.
In addition to the NHS 111 service on Wirral patients attending A & E are triaged to ensure they are accessing care in the correct setting. At present patients are only being referred to GP surgeries (when open), Out of Hours and walk-in centres. We feel this should be extended to Pharmacies. They have the added benefit of extended hour pharmaceutical provision which would support Out Of Hours and A&E. We are currently working with our Urgent Care board to facilitate this.
The LPC also feel a triage within the GP surgeries would promote and educate patients to access the most appropriate care Pathways need to be redesigned with a view to changing and clarifying the roles healthcare providers have. This would involve some professionals ceasing to carry out some of their existing roles and passing them to other healthcare providers e.g. community pharmacies would have the responsibility for Minor Ailments where GPs would no longer carry out consultations for Minor ailments and pharmacy would take on the responsibility. This would provide an added benefit of increasing the amount of time GPs can spend on more complex cases, reducing patient visits to hospital and reducing overall costs to the NHS.

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2 How can the way we commission services from community pharmacy maximise the potential for community pharmacy to support patients to get more from their medicines?

Text:
Alignment of contracts
The GP and Pharmacy Contract should have the same core values for patient care removing competition between GPs and pharmacy, complementing each other to deliver care for patients with LTC. This will be up to both sets of national negotiators.

National Standard Contract for Pharmacy Services
At the present time the contracts required to be completed for Pharmacy locally commissioned services for NHS England, Clinical Commissioning Groups and Local authorities do not represent the simplicity of pharmacy services. They are cumbersome and time consuming. The financial implication of all the contractual obligations required to complete and participate are prohibitive for simple, value for money services. Payments and contractual obligations must be fair and reflect payments received Legislation should be changed to allow LPC's to hold contracts allowing contractors to work together. Another solution would be to allow Local Authorities and Clinical Commissioning Groups to instruct the local Area Teams to commission pharmacy services to a standard National specification which the Area Team could then manage and the costs associated with the service could be re-billed to the LA and CCG.
Whilst the LPC is in favour of National services we are aware we should remain mindful of the local healthcare needs. There should also remain the opportunity for Local Commissioning based on JSNA to complement national services, aligning our goals with GMS and public health policy to reflect the needs of the changing demographic. Our local population has very diverse health needs and services to reflect this.

Repeat Dispensing
Pharmacy is well placed to identify patients who would be suitable for the Repeat Dispensing Service and management of this process should be shifted to community pharmacy where ordering of patients medication is routine. The repeat dispensing process allows a GP to issue a number of repeat prescriptions for a patient which are then dispensed in sequence across a number of months, usually as defined by the GP. The patient doesn't need to reorder medication each month, they can simply collect from their pharmacy and the GP practice saves time due to reduced processing of monthly prescriptions. Since its introduction this service has received an inconsistent uptake and is under- utilised in many areas across England. The current mechanism for selection of suitable patients lies with GP practices, many of which have not fully engaged in the process resulting in poor uptake of the service. The new processes within EPS2 make the management of this process much easier for both the Pharmacy and GP. A particular benefit is the GP's ability to cancel and reissue a repeat prescription to the spine should a clinical reason become apparent during a patient consultation. This provides the GP with rapid control of the repeat prescription unlike the previous paper based system. A reminder service utilising text messaging from mobile phones or emails to the patient would prompt patients to collect their medication once dispensed. This technology is already available on some pharmacy systems. Patient compliance would be improved and this would avoid the need for interventions from other healthcare settings.

As previously outlined, the LPC feel the majority of services provided in a community pharmacy should be commissioned at a National level.
These services should have nationally defined standards and specifications.
Listed below are a number of services currently commissioned at local levels that the LPC feel would be ideal for national services.
♦ Minor Ailments Service (MAS) – At the present time there is a lot of confusion for patients regarding Minor Ailments Services. The service differs in CCG areas throughout the country, some are commissioning a comprehensive service, others a service for a few conditions whilst some commission no service at all. This means patients living on the same street may or may not be eligible to access a MAS service. There is also a variation in the medicines available from area to area. We would propose a Tiered national minor ailments service commissioned across England. Level 1 treats the same basic minor ailments with the same medicines. Level 2 would include prescription only medicines (POM) to treat a number of minor conditions and a small number of local POM medicines at level 3 as required by the commissioner. A number of commissioners have had concerns regarding abuse of the system however IT solutions have been developed to prevent this.
♦ A National Stop Smoking service to include Champix. Pharmacy has long been involved in Stop Smoking Services. There is a great deal of evidence supporting the high quit rate in community pharmacy compared to other settings.
♦ A Sexual Health service incorporating Emergency Hormonal Contraceptive, Chlamydia testing and treatment service and a contraceptive service. This would be supported by National Patient group directives ensuring consistency across the country.
♦ Four or More Medicines. Poly Pharmacy is evidenced as being a major factor in hospital admittance. Pharmacists already have expertise in reviewing medication and a recent pilot utilising these skills of a four or more medicines service has shown benefits and recognised that there is a potential saving from reduced prescribing costs and hospital admissions from adverse drug reactions of up to £36 million pounds. In additional there is a potential saving of £34 million in hospital costs by reducing falls associated with fractures. The service utilises STOP/START medication review process which specifically targets high risk medicines. This service is aimed at patients over 65 and ensures the patient has been prescribed the most suitable medication, is able to take the medication in its prescribed format, understands when and how the medication should be taken in order to provide the best results. Adherence can also be problematic with multiple medicines and pharmacist intervention helps to improve this. Other benefits of such a service would include improved self-management of long- term conditions and reduction in wasted medicines and reduced exacerbations resulting in fewer GP appointments, fewer hospital admissions and a more empowered patient.
♦ Patient Support Services.
Patient Monitoring and Support has been trialled in some of the larger multiple pharmacies. Blood Pressure Monitoring, Cholesterol testing and a COPD support

service are some of the more recent trials. On Wirral the COPD support service has recently completed its trial period. The amount of patient support and monitoring done in community pharmacy could be increased to ensure that currently dispensed medication is appropriate. For example a patient who takes medication for high blood pressure could have a requirement to have their blood pressure (BP) checked bi-monthly. This would be recorded in the pharmacy and then paid accordingly. The pharmacist could receive additional payments for the identification of patients who appear to have uncontrolled blood pressure. This may require further tests at closer intervals to confirm that the patients BP is outside of NHS target values.
♦ A National structured Emergency Supply Service should be set up to allow pharmacies to make emergency supplies of medication to eligible patients free of charge, with an associated mechanism to reimburse the pharmacy. At present patients often choose to consult an out-of-hours service or accident and emergency department to obtain an emergency supply of medication. For those patients who don't usually pay for their medication this is due to the cost of obtaining the emergency supply. Community pharmacy could be commissioned to provide a free, NHS funded service, to eligible patients, thus relieving pressure on out of hours and Emergency services and reducing the associated costs. This service is already commissioned in Scotland.

Community pharmacy needs to utilise systems which are able to capture the range of services provided, the interventions made and the positive outcomes to patients resulting from such interventions. The use of PharmOutcomes was significant in providing sufficient data to enable the commissioning of the NMS service beyond April 2013. Greater use of this type of electronic data capture systems would provide an evidence base for commissioners looking to develop additional services. This data could be used to provide evidence for the further development of services.
National Services allow a stronger message to be delivered to patients. Enhanced services to national specifications with national competency declaration and national fee structures will enable the public to increase the access and uptake of services.

Self-declarations of competencies for Essential services The commissioning of a greater number of advanced or enhanced services to national specifications should include the adoption of Community Pharmacy Competence Group as a national structure and self-competence declarations by pharmacists as competent to deliver the advanced service. By streamlining this training for services it will become more accessible and transferrable across boundaries to allow continuity of service. A consideration should also be made to include training for national services in the graduate training programme to allow pre-registration students (under supervision) and newly qualified pharmacists to be able to deliver services from day 1 qualified.

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3 How can we better integrate community pharmacy services into the patient care pathway?

Text:
Any pathway where a primary care medicine is involved a link should be made to community pharmacy. Pharmacist should be working in partnership with the patient, GP, nurse, social care worker and any other professional involved in a patients care to ensure the best outcomes for them. E.g. Robust discharge processes
Hospital discharge pathways must be reviewed with a view to ensuring that the patient's community pharmacy is provided with discharge information. The information supplied on discharge information must be complete (i.e. Stop and Start medicines) and must be available to community pharmacy in a timely fashion. This would allow for interventions and further embed community pharmacy in the patient pathway. Added on to this a planned admissions service whereby the community pharmacist carries out a pre admission MUR/meds reconciliation which allows the patient to be admitted for a routine admission with a complete up to date medicines history. This can be followed by a referral to a community pharmacy to receive an MUR on discharge as part of the hospital discharge pathway thus ensuring the correct medicines information can be transferred to both pharmacy and GP. This might also include a new medicine review if applicable. Any questions that have arisen since discharge, non- adherence due to side effects or difficulty in taking the medication could be addressed. Issues would be tackled more quickly resulting in less harm to the patient, less likelihood of re-admission to hospital and reduced medicine waste. Current evidence from MUR data collection provides evidence that this model of referral is rarely utilised.

In answer to question one we discussed local Area Teams creating Healthcare Engagement networks responsible for developing new patient pathways that include representation from community pharmacy. These networks would identify opportunities to deliver care differently with the reallocation of funding from existing budgets to provide care in the most cost effective way. This should include the creation of more pathways that redirect patients into the pharmacy and away from overstretched or more expensive NHS resources. Ideally data from these Networks would feed directly to NHS England for dissemination of ideas to other Area Teams and ultimately the redesign of patient pathways.

Services need to be redesigned to eliminate duplication and free up existing resources to allow the delivery of care more effectively to all patient groups.
The current Community Pharmacy Contractual Framework and General Medical Services contract fails to effectively link services. They support duplication of effort and gaps in service provision. For example, a relatively mobile patient may receive a medicine review in their surgery and then shortly afterwards a Medicines Use Review (MUR) within their pharmacy. The standard pharmacy contract only allows for the provision of an MUR in the pharmacy, therefore an elderly or house bound patient who is unable to visit the GP surgery or pharmacy receives no service at all. A better way to deal with this would be for the Pharmacy to carry out the MUR referring any patients they have concerns about into the surgery for a Medicine Review. MUR's should be available to all with additional payments for domiciliary MUR's allowing access for all.

Wirral LPC was involved in the "Leading Across Boundaries" Programme run by the RPSGB. A pilot service was designed enabling referral into to the MUR process for vulnerable patients. The referrals came in many ways from people who interacted with patients. This included the fire service, physiotherapist, sheltered housing wardens e.g. A referral to pharmacy was made by a physiotherapist who had identified a vulnerable patient needing help and advice in relation to the management of their medication. This might have been identified through a patient stock piling their medicine. A home based pharmacy visit was arranged from their usual pharmacy to provide an MUR or Medicines optimisation review. This was shown to reduce waste and has the potential to reduce hospital admissions, improving patient outcomes and prevent the patient from requiring greater access to the health and social care system.

New Medicines Service (NMS) should be retained and developed to require GP's and hospitals to refer a patient for a consultation following the prescribing of a new medicine. The list of drugs that are currently part of the service should be expanded. Referrals would help to increase uptake of this service with the benefits of reduced wastage of medicines, improved patient adherence and better patient outcomes. The NMS service is written in a way that precludes patients receiving their medicines in hospital receiving the service. This needs to be addressed.

Services should be redesigned with an emphasis on maintaining the health and wellbeing of patients and allowing greater self-management of conditions. They

should prevent deterioration in the patient's condition resulting in reduced input from hospital services or social care services.
The role of community pharmacy should be better integrated into the wider healthcare system if patient pathways started with the pharmacist managing long-term conditions and referring into the GP as required. The recent COPD support service undertaken on Wirral with Community Pharmacy Futures is a good example of this working in practice. More than 300 patients with COPD in the Wirral were recruited to the service across 34 pharmacies both independent and multiple pharmacies. Pharmacists helped patients get the most out of their medicines by improving understanding, adherence and technique. They also encouraged the uptake of rescue packs thus preventing admission to hospital.
This has been shown it could generate a potential annual savings of £134.5m to the NHS, and societal benefits of £4.5m. A further £86.3m could be saved by prompting people to stop smoking.
A further COPD case finding service screened 238 patients for COPD. Of those screened, 57 per cent were deemed to be at risk of developing the condition. The Potential cost savings if rolled out nationally showed the service could save the NHS £264m a year by diagnosing patients earlier. It could also generate a further £214.7m of savings by prompting people to stop smoking.
Many community pharmacies provide services such as Emergency Contraception, Contraception and Chlamydia screening and treatment. All these services could be integrated into patient pathways dealing with Sexual Health.
The current pharmacy payment structure is volume led based predominantly on the number of prescriptions dispensed. The General Medical Service Contract has a greater element of practice based payments to cover populations with payments based on specific outcomes. If Pharmacies move to a more service led structure there needs to be a full review of the payment structure for community pharmacy to allow for changes in direction.

Access to the Summary Care record in read and write format would make a huge impact to how a community pharmacy can improve the level of care provided to a patient and been seen more fully as a key healthcare partner with patients GPs and hospital staff. At the moment community pharmacists are responsible for clinically checking prescriptions with limited access to the patient's history yet they will often have greater patient contact than the GP.
Access to the Summary Care record would allow greater ability to identify patients who are potentially at risk, but not apparent due to lack of information. It would enable issues with their medication to be resolved more quickly using information directly from the patients record. It would reduce significantly the amount of time that GPs and practice staff spend resolving queries and would reinforce the message that the community pharmacy is working in partnership with other NHS services. It would clearly identify those patients who have recently been discharge from hospital enabling any new issues to be dealt with in a timely manner, and where necessary could allow for a pharmacy based referral to social care for assistance thus minimising the risk of re-admission to hospital.

For the Pharmacists role to be truly integrated it is necessary to change the way in which the community pharmacy is perceived and operates.
The role of the pharmacy support staff including technicians, dispensers and healthcare assistants should be developed and expanded. Healthcare champions could be developed as seen in the Healthy Living Pharmacies such as in the Portsmouth scheme.
The Responsible Pharmacist regulations must fit with NHS Pharmaceutical Regulations to allow the pharmacist to be absent from the pharmacy without breach of contract enabling pharmacists to carry out their professional duties. Pharmacy technicians could be allowed to supervise the transfer of bagged up prescription medication to the patient in the absence of a pharmacist freeing up time for pharmacists to developing and delivering services to patients.

Training
Pharmacy workforce development needs to link into existing structures such as Health Education England (HEE) and their Local Education and training boards. This would ensure that the pharmacy workforce plans are integrated and linked to future developments in healthcare services.
Community pharmacists should be given the same opportunity to train and gain access to training without having to pay large fees, or request GP's and others to mentor them or give up time as other healthcare professionals. Hospital pharmacists training is paid for by the NHS whilst community pharmacists have to provide negotiate and plead for training. Community Pharmacists would gladly offer prescribing services to offer contraception clinics, or minor infection clinics, or asthma clinics within the community pharmacy if someone would assist in funding courses. This sort of service should be encouraged (and suitably rewarded financially) again to take the strain off the GP waiting room. How easy would it be to notify the pharmacy of a refusal to supply an inhaler as a patient had not been to see the asthma nurse (at the clinic on a Tuesday morning when the patient is working)? That patient is now in your pharmacy - "hello Mr. Smith, I see you've not been to the asthma clinic for a while - let me check your peak flow, are you ok? The Pharmacist could carry out all the required checks and supply the patient with their medication. Most importantly a suitable fee would be required for this. Pharmacies are still significantly cheaper than the current nurse led clinics in GP surgeries.

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4 How can the use of a range of technologies increase the safety of dispensing?

Text:
Summary Care Record Access
Wirral LPC feels that access to the summary care record is Key if we want to maximise the use of pharmacists into patients care and is a fundamental requirement to ensure patient safety in the dispensing of medicines. By having access to this they would be able to clarify medication queries that result during the clinical checking of the prescription, have access to test results such as INR results without having to rely on the patient. If a mechanism could be developed by which medication prescribing and supply could be managed or captured on the same system it would enable all involved in patient care can see what was prescribed and what was actually dispensed.

Electronic Prescription Service
The roll out of Electronic Prescription Service (EPS 2) needs to be fully implemented and developed so that it works effectively all of the time. There must be high quality training for all and an extension to the project to incorporate two way communications, full utilisation of repeat dispensing. The electronic prescription should be the default option without the offer of a paper prescription. The system should be further developed to allow the dispensing of controlled drugs a particularly high risk area for dispensing errors. The electronic prescription would eliminate the opportunity for transcription errors produced during the labelling process and subsequent errors which result due to the ordering of an incorrect medication.
There should be consideration given to further extend the EPS service to allow sharing of data both ways. The pharmacy should be able to advise a GP of items that have not been dispensed at the request of the patient thus ensure the patient record is complete. There should also be the functionality to allow Pharmacists to message the GP surgery with any concerns. EPS is improving however out of hours services will still cause issues when "acutes" are dispensed at a different pharmacy. A system where by a message is relayed back to a patients' nominated pharmacy to allow an update on their records is important and should be available via the spine.
Wider use of the EPS system would also allow for Repeat Dispensing to be widely utilised. The use of repeat dispensing has been shown in parts of the country

to reduce waste, improve adherence whilst allowing the pharmacy to plan their workload removing peaks and troughs in work load.
A further option would be to develop a system which allowed for information such as medication allergies, the patients most recent INR reading or Lithium levels being sent to the pharmacy when an Electronic prescription is drawn.

Safety Alerts
There needs to be an improvement in the way Near Misses and safety incidents are reported nationally. This would need to be made simpler and any issues or concerns should be highlighted to all pharmacies, nationally incorporating both independent contractors and the multiples. A no blame culture needs to be attached to this allowing staff to feel confident to report near misses allowing all staff involved in the dispensing process to learn from reported incidents.

28 day original pack dispensing
Greater consistency in the dispensing process would be achieved if 28 day Original Pack dispensing was always used. In conjunction with this the maximum number of days treatment for each prescription should be 28 days. This has been shown in a number of studies to reduce waste and to improve patient compliance.

Counterfeit Medicines
Patient safety from counterfeit medications could be improved if the recommendations of the Falsified Medicines Directive were implemented. This requires tamper evident packaging and a unique identifier so that the medicine's identity can be verified.

Other Technologies not directly involved with the dispensing process.
Patient education on their medication could be improved through the use of technology e.g. video call/ health apps particularly for people not able to come into pharmacy, scanning QR codes for patient info – this could be different languages to suit our diverse population. Apps could be further utilised instead of the paper based recording systems. E.g. they could be used for the patient to log INR readings. This would ensure the most accurate information was available for the GP and the pharmacist.

Hospital systems should issue computer printed prescriptions in out-patient settings. This would avoid errors in reading poor handwriting and improve the speed at which a patient receives their medication as fewer delays would occur querying missing or ambiguous information on prescriptions.

Computer printed discharge medication sheets that are passed to both the GP and pharmacy. Discharge communication between primary and secondary care is poor. By adopting a national discharge protocol incorporating the use of medication discharge sheets would make it easier for the GP and pharmacist to identify changes to the medication due to improved clarity and fewer issues relating to poor handwriting. Experience suggests that errors are spotted when a patient passes a copy of the discharge medication summary to the pharmacy and this is cross checked against the prescription. Alternatively, current NHS systems e.g. EPS 2 could be further developed to allow them to be printed in the dispensary with the prescription.

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5 It would help our evaluation if you could provide some basic details.

What is your name?:
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What are the first three or four digits of your postcode?:
CH63

Are you providing a response as an individual, or on behalf of an organisation?:
An Organisation - Wirral Local Pharmaceutical Committee

If you are responding on behalf of an organisation, which organisation is it? :
Wirral Local Pharmaceutical Committee covers 95 contracts in the Cheshire, Wirral and Warrington Area Team footprint operated by 38 contractors. This document has been prepared by the LPC in response to NHS England's "Call to Action" campaign. It contains the views of the Committee members and Officers within the LPC.

The LPC recognises the provision of services will be necessary in order to fully utilise the un-tapped resources and skills that Community pharmacies possess and this will represent a change away from the current service.
We recognise the need to fundamentally change the way all health services are currently provided and that Community Pharmacy needs to be fully integrated into newly created health and social care pathways.

Primary care services (including community pharmacy)

If you ticked other please specify which organisation you are responding on behalf: