



## Community Pharmacy Cheshire and Wirral



Community Pharmacy Cheshire and Wirral Local Pharmaceutical Committee represents in excess of 300 pharmacy contractors across our footprint and due to the diverse nature of Cheshire these community pharmacies serve local populations in city centres, shopping centres, towns and sparsely populated rural areas.

We recognise that the country is experiencing a period of austerity and accept that community pharmacy has its part to play in reducing the costs associated with healthcare provision. However, we feel that rather than reducing the funding to community pharmacy the Government should work with community pharmacy, patients and primary healthcare practitioners to implement measures which would enable community pharmacy to eliminate waste and reduce costs in the wider healthcare system.

The government has highlighted that an anticipated 1,000 to 3,000 pharmacies will close as a result of the funding cuts, without any clear mechanism by which these cuts will be implemented. It therefore risks the excellent access patients have to medicines and healthcare advice, where people live work and shop. We are particularly concerned about the impact that this could have on vulnerable and elderly patients in rural areas such as the Eddisbury ward which is comprised of the villages of Tarporley, Kelsall, Tarvin, Tattenhall and Malpas.

Pharmacies are the most easily accessible health service. Local community pharmacists and their teams are trusted healthcare providers within their communities, often providing support to patients' which extends far beyond that of the simple supply of medication. Patients receiving regular monthly prescriptions may visit their pharmacy 13 times per year to collect medication, but may only visit their GP once or twice a year. This increase in contact allows the patient to gain regular healthcare advice and for the pharmacist and their team to identify patients with declining health and make the necessary intervention or referral. For example, one of our contractors recently identified a patient in the early stages of dementia and was able to refer the patient to their GP.

Pharmacies already provide free delivery services to the most vulnerable, housebound and elderly patients at no cost to the NHS. One of our contractors has estimated a typical community pharmacy provides 450 deliveries per month with an average cost to the contractor of £1.60 per delivery. Clearly these deliveries are under threat if the proposed cuts to funding are implemented. Yet it is unclear how the government would fund the additional costs of a large scale centralised delivery system approach.

Local community pharmacy delivery drivers provide valuable support to patients. Some have found patients in distress and have been able to call for help which has saved lives. Community pharmacy staff frequently deliver urgent medicines for acute conditions to housebound patients at the end of the working day to ensure the patient does not go without their medication. All of which could not be replicated by a wholesale shift to delivery via a commoditised centralised dispensing and delivery system.

The Government would like to see a click and collect model of community pharmacy. However, community pharmacies already provide this service in a way that meets the needs of our customers and will continue to develop this in line with customer expectations. Pharmacies already offer prescription collection services with patients able to order their prescriptions via methods which they are most

comfortable with. These services help patients to remain adherent to their medication, are unfunded and at risk if cuts in funding take place, with the danger that patient outcomes will be affected.

The inverse care law highlights that pharmacies are often located in areas with the highest level of deprivation. We have a number of deprived areas within our footprint such as Birkenhead, Crewe and Dallam. Pharmacies in these areas are vital to the fabric of the community, often being the only accessible provider of healthcare. These pharmacies play a key role in supporting the Public Health agenda providing services such as Emergency Hormonal Contraception, Smoking Cessation, Alcohol Screening and Brief Intervention advice and Supervised administration. Pharmacists providing supervised administration services ensure a joined up approach to the care of clients and are able to provide support and refer as appropriate to support workers. Many clients can't afford to travel via bus to access such services and therefore a reduction in the number of community pharmacies would significantly disadvantage individuals who access these services within our communities.

However, with decreasing Public Health budgets many of these services barely cover the cost of the delivering of the service. Provision of such services without the income from dispensing of medication would be insufficient to sustain community pharmacies. Therefore, the destabilisation of the existing funding model and anticipated pharmacy closures would adversely impact on the most vulnerable in society and those with the worst predicted health outcomes.

Pharmacies are an essential part of the fabric of local communities. Community pharmacy is one of the core businesses which can make the difference between a viable high street and one that fails commercially. We are particularly concerned about the effect that proposed pharmacy closures will have on local communities. Pharmacies have a valuable place on the high street, employing local staff and paying local business rates. Cuts in funding that result in reductions in staffing levels or pharmacy closures would have a significant impact on council and welfare budgets.

At a time when A&E departments such as Warrington and Arrowse Park Hospital are struggling with capacity issues and patients are struggling to access GP appointments, it seems contradictory that the government is looking to reduce patient access to local community pharmacies who are ideally placed to reduce this burden and able to see patients without appointments.

Community pharmacies in Eastern Cheshire, West Cheshire and Wirral provide valuable minor ailments services to patients, which contribute significantly to the Urgent Care agenda. In 10 months the Wirral service alone has provided 15,700 consultations, with 98% of those treated requiring no onward referral. Of those accessing the service 3,140 patients were referred by GPs and 1,366 by A&E. Of those patients accessing the service 14,287 patients would have attended their GP practice and 500 a walk in centre.

Arrowse Park Hospital Wirral, has recently integrated the Minor Ailments service provided by the on-site, extended hours, community pharmacy, as a referral pathway within its triage process. This has streamlined the care pathway for patients, eliminated unnecessary delays for patients, and reduced the number of patients accessing A & E services with the associated cost savings to the NHS.

However, we observe significant inefficiency and inequalities with the local commissioning model with only 3 out of the 4 of our local CCGs commission a Minor ailments service. For example, patients in the Warrington area are unable to access a Minor Ailments service at the community pharmacy which is co-located at the Hospital, due to the absence of a locally commissioned Minor ailments service in the area. Patchy commissioning of services makes it difficult to promote community pharmacy and the services they deliver across the wider Cheshire footprint.

The current local commissioning model is inefficient with each commissioning body duplicating activity in the development of service level agreements and Patient Group Directions. In addition, the variation in service models between CCGs or Local Authorities makes it complicated and time consuming for pharmacists to achieve accreditation necessary to deliver each commissioner's service.

Pharmacies have a significant role to play in the Urgent Care agenda, which is due to their location and accessibility. Across our footprint there are 32 pharmacies, operating on a 100 hour contract, which provide immediate access to healthcare advice and medicines in the evening and at weekends. These local community pharmacies play a significant role in reducing the ever increasing burden on primary care and A & E services.

Pharmacies contribution to the Urgent care agenda should be expanded with the introduction of a National Emergency supply service. Pharmacies in Eastern Cheshire recently piloted this service, eliminating the need for patients to attend an Out of Hours appointment in order to obtain a prescription for repeat medication. The introduction of the Summary Care record to community pharmacies will support pharmacists in the delivery of this service and a further reduction in urgent care appointments could be achieved if pathways within NHS 111 were developed to include referral to community pharmacy as an end point.

Community Pharmacies are already playing a significant role in the management of waste and the optimisation of patient medication via the provision of the Medicines Use Review service and the New Medicines service. Community pharmacies are ideally placed with an excellent knowledge of local patients to expand this role. An innovative pilot of domiciliary Medicines Use Reviews has recently taken place in the Warrington area which involved the pharmacist, GP and social care providers working together to identify high risk patients who might benefit from an MUR at home. This pilot focussed on medicines optimisation, inhaler technique and identification of waste. It demonstrated the real benefit of community pharmacists, with improved adherence to medication, reduced medication waste, improved patient safety and an estimated cost savings of £30,000 due to avoidance of hospital admissions across a group of 35 patients. However, wider implementation of the pilot has stalled for a year, due to a lack of identifiable local funding to support its roll out to a wider number of pharmacies.

A similar example of a valuable clinical service, which supported patients with long term conditions, is that of the Community Pharmacies Future Project. Pharmacies in the Wirral area provided support to patients with Chronic Obstructive Pulmonary disease to improve adherence to medication, improve inhaler technique and better manage exacerbations. Patients reported improvements in quality of life and analysis of the study estimated annual savings of £139m to the NHS. It is therefore disappointing that this service has not been commissioned on a local or national level, given potential cost savings to the health economy.

Given our experience of local commissioning of services, and the extensive budgetary pressure that CCGs and Local Authorities are experiencing it is unclear how a future model of care with community pharmacies focussed on locally commissioned clinical services could sustain community pharmacies if the dispensing element were to be stripped or separated out from the funding model.

Local community pharmacies play a valuable role in supporting the Public Health agenda via health promotion campaigns, the delivery of locally commissioned public health services and lifestyle interventions during Medicines Use reviews and New Medicines service consultations. In addition, community pharmacies are increasingly be utilised for screening of patients. Community pharmacies have been identified by the Cheshire and Merseyside Blood pressure Strategy group as a key enabler in the identification and management of patients with hypertension and atrial fibrillation.

Community pharmacies within our area are keen to embrace the Healthy Living Pharmacy model with over 40% recently signing up for the HLP training and accreditation. This provides further opportunities to extend the role of community pharmacies in preventative healthcare, make every contact count, keep people healthier and reduce the costs to the NHS associated with poor lifestyle choices.

It is essential that a proper consultation takes place with community pharmacy stakeholders and patients to formulate a long-term road map to achieve the desired changes in the community pharmacy model.

The LPC is concerned at the lack of patient involvement in this consultation process. We are aware that Warrington Healthwatch has responded to the consultation and note that many patients felt that there had not been a full and meaningful consultation regarding the proposed changes and that the timescales for implementation were too short.

The number of vaccinations provided in the first year of the National NHS Flu Vaccination Service demonstrates the desire of community pharmacy to deliver new services and have a positive and meaningful impact on the health of local communities. We would like to see greater utilisation of community pharmacy to reduce the burden on GP practices and A&E via the introduction of more nationally commissioned services, the first of which should be National Emergency supply and National Minor Ailments services.

The wider use of national service specifications available for local implementation would reduce duplication and inefficiencies in commissioning of services and allow for greater promotion of community pharmacy service.

The accessibility of community pharmacy to communities should be maximised and the role of community pharmacies as the first port of call for self-care and minor illness should be developed along with an expansion of community pharmacies role in supporting the Public health agenda via a Healthy Living Pharmacy model.

Greater use should be made of community pharmacists' clinical skills in the management of patients with long term conditions such as COPD, asthma, diabetes and hypertension but this can only happen with a simpler commissioning model and clearly identified funding streams which facilitate, rather than block, the development of new community pharmacy services and models of care.

A rapid roll out of Electronic Repeat dispensing would reduce the burden of repeat prescriptions on GP practices, reduce waste and enhance the role of the pharmacist in supporting patients with long-term conditions. No change should be made to the period of treatment on prescriptions until an academic study has been completed into the effect of changing from 28 to 90 days on medication waste and patient safety. In addition, we would like to see the greater development of the skill mix in pharmacies and pharmacies allowed to carry out original pack dispensing and brand-generic switching.

The proposed Pharmacy Access Fund needs defined criteria and a clear application process. If pharmacy closures must occur then it should be made easier to merge pharmacies with the necessary amendments to the regulations to prevent other pharmacies opening where a pharmacy has closed and must take into account the role of Local Councils in the development of Pharmaceutical Needs assessments.

The Community Pharmacy Integration Fund should focus on the integration of community pharmacy with primary, acute and social care providers and the development of patient pathways which integrate and expand the role of community pharmacy. Significant improvements to patient outcomes could be achieved via integration of community pharmacy in the hospital discharge process.

Future innovation of IT systems must include community pharmacy as key stakeholders in the development of systems rather than at the end of the process as this has resulted in systems which are inefficient and increase the administrative burden in community pharmacies.

Community pharmacy is a key element in the provision of primary care services and opportunities must be taken to develop and integrate the sector in a manner which builds on the existing strengths, whilst reducing costs in the wider health and social care system.