

Shaping Pharmacy for the Future – What can you do locally?

Shaping Pharmacy for the Future campaign	RPS position	NHSE position/plans	What can you do locally?
Improving Urgent and Emergency care through the use of pharmacists	<p>NHS England should nationally contract all community pharmacies to provide a common ailment service.</p>	<p><i>“Build the public’s understanding that pharmacies...can help them deal with coughs, colds and other minor ailments”.</i></p> <p>NHSE are open to discussion – Dec 2014 NHS England board papers seem to support a national scheme</p> <p>NHS 111 have provided supportive words in this area</p>	<ul style="list-style-type: none"> • Contact your local commissioner with our template letter http://www.rpharms.com/our-campaigns/improving-urgent-and-emergency-care-through-better-use-of-pharmacists.asp • Contact your local MP with our template letter http://www.rpharms.com/our-campaigns/improving-urgent-and-emergency-care-through-better-use-of-pharmacists.asp • Make contact with the trusts that are engaging with the pilot in your LETB area. The LPF may be able to support the pilot in various ways, such as hosting an event for local members after the pilot to showcase the successes of the pilot
	<p>All A&E departments should incorporate a pharmacist to manage medicines-related issues, which will also add capacity to the clinical team</p>	<p>Jan 2015 HEE invited trusts to engage with a pilot (13 LETBs were asked to identify 1-3 trusts, this was increased later on due to popularity).</p> <p>RPS has provided a supportive statement.</p>	
	<p>NHS 111 should ensure that pharmacists are considered as an option to support urgent and emergency care at a local level, particularly around treatment of</p>	<p>There are currently pilots taking place:</p> <ul style="list-style-type: none"> - Pilot of emergency supply of meds via NHS 111 in London until 7 April (funding permitting). - PERM scheme in Yorkshire and North East England 	

	common ailments and emergency supplies of medicines.	<ul style="list-style-type: none"> - NHS 111 developing framework for all clinicians working in NHS 111 (call centres). - Phase 2 pilots for NHS 111 include pharmacy 	<ul style="list-style-type: none"> • Liaise with local NHS 111 provider to see how they are engaging with pharmacy (maybe via LPN) – urgent supply of meds and referral for minor ailments seem to be popular schemes via NHS 111
GP surgeries	GPs to embrace the potential that pharmacists can bring to the care of their patients	<p>Pharmacists to be involved in one of the new models of care, Multispecialty Community Providers (MCPs), outlined in the FYFV</p> <p>NAPC event will look at better collaboration between community pharmacy and general practice</p> <p>RPs working with RCGP to explore the role of pharmacists employed as part of the practice team</p>	<ul style="list-style-type: none"> • If there is evidence of good working relationship between pharmacists and GPs in your local area, host an event to showcase this and share the model with members and GPs • Share resources (Job specs / descriptions, business case etc) with local GP organisations (provided by RPS and partner orgs)
	Local commissioners to include pharmacist expertise in all care pathways that use medicines, including the formal involvement of community pharmacists in local care pathways	<p><i>“The NHS will [organise and simplify the system to help] patients get the right care, at the right time, in the right place...this will partly be achieved by... far greater use of pharmacists.”</i></p> <p>Need to highlight role pharmacists can play in the different models of care outlined in FYFV</p>	
	NHS England to support the spread of good practice and the dissemination of	NHSE supportive of role of pharmacists in GP practices	

	evidence which shows the benefits of pharmacist input in GP surgeries	FYFV states pharmacists should be part of MCPs	
Long-term conditions	<i>There is no specific call to action here, but we point out that pharmacist-led care of those with LTCs works and should be promoted and expanded.</i>	<p>Polypharmacy is a major issue for patients with more than one LTC</p> <p>NICE are developing guidance around multi-morbidity and we need to rethink how we support patients with multiple LTCs and not only condition specific.</p>	<ul style="list-style-type: none"> • Seek examples locally of innovative pharmacy services for patients with LTCs (RPS to supply template for recording these) e.g. anticoag clinics in pharmacies • Co-host an event with NICE (LRDMs have great links)
Care Homes	<p>Pharmacists should have overall responsibility for medicines and their use in care homes.</p> <p>All residents of care homes or those in domiciliary settings should have a clinical medication review from a pharmacist at least once a year</p>	<p>CHUMs report showed the problems with medicines use in care homes and not a lot has changed since then.</p> <p>Evidence of positive pharmacist intervention from Northumbria care home project. (and Leeds and others)</p> <p>NHSE domain 5 (patient safety,) interested in this but need to include in business plan .</p> <p>GPhC also interested in this area and undertaking scoping work</p> <p>FYFV planning guidance states enhancing health in care homes is something that will be prioritised</p>	<ul style="list-style-type: none"> • Contact your local care homes and facilitate an event to discuss how local pharmacists can assist in patient care including medicine reviews, training of carers / staff etc
	One community pharmacy and one GP practice should be aligned to a care home	Orchid View serious case review in Sussex is looking into standards,	

		contract T and C's between pharmacy and care home	
	Pharmacists should be given responsibility for patient safety, leading regular medicines reviews, working in an integrated team with other healthcare practitioners.	FYFV planning guidance states enhancing health in care homes through new models of care is something that will be prioritised.	
Patient Health Record	All professionals providing care to patients should have access to health records.	FYFV planning guidance states ambition for patients to have access to their record by April 2015. Urgent and Emergency care review talks about greater access to care records by pharmacy	<ul style="list-style-type: none"> • Those in or around the SCR pilot sites might want to host an event and invite the pilot schemes to share their experiences (100 pharmacies across Somerset, Northampton, North Derbyshire, Sheffield and West Yorkshire)
	NHS England should enable full read and write access to the patient health record for all pharmacists.	Results of pharmacy read-access SCR pilots due in March 2015. Patients due to get full write access by 2019. This might or might not give pharmacists write access by the back door.	<ul style="list-style-type: none"> • Perhaps invite local patient involvement groups to discuss the SCR and its merits at a local f2f event • Lobby local government (eg with a letter to your local MP)