ROYAL PHARMACEUTICAL SOCIETY

House of Commons Health and Social Care Committee
The future of General Practice

1. The Royal Pharmaceutical Society is the professional body for pharmacists in Great Britain, representing pharmacists working in all sectors. Pharmacy is the third largest health profession after medicine and nursing, with more than 56,000 pharmacists and 24,000 pharmacy technicians on the General Pharmaceutical Council register.[1]

Pharmacist roles in primary care

2. Pharmacists and pharmacy teams have been on the frontline of COVID-19 and have shown enormous dedication to supporting the nation's health. They will continue to play a crucial role in the success of the COVID-19 and flu vaccination programmes, alongside delivering vital clinical services across primary and secondary care.

3. Pharmacists are increasingly being employed as part of the general practice multidisciplinary team. A 2019 survey for the General Pharmaceutical Council showed that in England 9% of pharmacists cited primary care as their main place of work[2], up from 5% in 2013[3]. 62% worked mainly in a community setting and 22% mainly in secondary care.

4. In 2015 NHS England launched its Clinical Pharmacists in General Practice programme to support the introduction clinical pharmacists working in GP practices, as part of a wider expansion of the general practice workforce.[4] This programme evolved with the introduction of Primary Care Networks (PCNs), which are now able to claim reimbursement towards the cost of a clinical pharmacist to work across the PCN. NHS England set out the ambition for a typical PCN of 50,000 patients to be able to have its own team of approximately six whole-time equivalent clinical pharmacists.[5] This would equate to more than 7,000 pharmacist roles across 1,250 PCNs.

5. Within primary care, clinical pharmacists work as part of a multi-disciplinary team in a patient-facing role to clinically assess and treat patients, using their expert knowledge of medicines. They will undertake structured medication reviews to proactively manage people with complex polypharmacy, especially the elderly, people in care homes, those with multiple co-morbidities, frailty and people with learning disabilities or autism. Clinical pharmacists play a key role in helping to deliver the new network service specifications, particularly the delivery of the structured medication reviews, enhanced health in care homes, delivering personalised care and supporting the work on cardiovascular diagnosis and prevention. They also have a significant role in supporting further integration of PCNs and general practice with wider healthcare teams, particularly with their clinical colleagues in community, mental health and hospital pharmacy.[6]

Supporting patient access to care

6. While the Committee's call for evidence focuses on "access to general practice", this should be considered in the wider context of supporting patient access to care. As we head into winter and look ahead to the NHS recovery, the Government and NHS must ensure it uses the expertise of the whole of the workforce to support the health service. This should include maximising referrals into the Community Pharmacist Consultation Service, exploring a 'Pharmacy First'

[1] www.pharmacyregulation.org/sites/default/files/document/gphc-annual-report-2020-21.pdf
[2] www.pharmacyregulation.org/sites/default/files/document/gphc-2019-survey-pharmacy-professionals-main-report-2019.pdf
[3] www.pharmacyregulation.org/sites/default/files/gphc_registrant_survey_2013_main_report_by_natcen.pdf
[4] www.england.nhs.uk/gp/expanding-our-workforce/cp-gp/
[5] www.england.nhs.uk/wp-content/uploads/2019/06/pcn-briefing-for-pharmacy-teams.pdf
[6] www.rpharms.com/Portals/0/Documents/RPS-0115%20PCN-ClinicalPharmacists-001.pdf?ver=2019-09-09-100626-570

approach to minor ailments in England, as is already the case in Scotland, and utilising and growing the numbers of Pharmacist Independent Prescribers[7], supported by investment in education and training.

Collaboration across primary care and the Community Pharmacist Consultation Service

7. With continued pressures on teams, it is more important than ever to support collaboration across primary care to deliver the best outcomes for patients. A significant percentage of GP time is spent treating common ailments that could be self-managed or managed in pharmacy. The Community Pharmacist Consultation Service (CPCS) is just one example of how we can use the skills of teams across community pharmacy, general practice and the wider NHS to help patients see the right clinician at the right time. It was launched by NHS England in 2019 to progress the integration of community pharmacy into local NHS urgent care services and provide more convenient treatment closer to patients' homes.[8] Patients were initially referred via NHS 111. This was expanded in November 2020 to include all GP practices in England.

8. However, while there are positive examples of where CPCS is working well locally, there is significant regional variation in the speed of implementation and referral rates. With this in mind, and with a view to making the CPCS a success, the RPS and RCGP hosted a workshop in October 2021 which brought together pharmacy, general practice and patient representatives to examine how to maximise its potential.[9] Recommendations included:
    a. Additional investment in local system project management support and resources to drive CPCS implementation.
    b. Streamlining referral pathways to make it easier for patients and staff.
    c. Engagement and communications to support uptake of CPCS, aligned with wider public messaging on primary care.
    d. Expanding the role of community pharmacists in the management of minor illness.
    e. Evaluation of CPCS service and its impacts on general practice workload, patient outcomes and health inequalities.

    While the workshop focused on CPCS, some of the themes could equally be applied more widely when commissioning new services or encouraging collaboration across the health service, such as funding to support implementation, training for staff, and minimising bureaucracy.

9. Recent developments as part of the Investment and Impact Fund for PCNs aim to encourage working with community pharmacy in developing and commencing a plan for increasing CPCS referrals. In 2022/23, PCNs will be incentivised to increase their referral rates. Some localities have expanded the current service to include the provision of some Prescription Only Medicines via Patient Group Directions, like that of the 'NHS Pharmacy First Scotland' service.

10. The £250 million Winter Access Fund for general practice included a requirement for practices to sign up to the CPCS by 1 December 2021, alongside a wide range of requirements and actions for practices to meet in order to receive additional funding. However, in some areas this requirement and timeline is being relaxed, according to local discretion, due to some of the challenges of implementation.

11. Pharmacists will be central to supporting the NHS recovery, including through increasing use of Pharmacist Independent Prescribers and commissioning innovative services to enhance patient

[7] www.rpharms.com/recognition/all-our-campaigns/policy-a-z/pharmacist-independent-prescribers
[8] www.england.nhs.uk/primary-care/pharmacy/community-pharmacist-consultation-service/
[9] www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs

care. This should include using pharmacists' expertise to improve prescribing and reduce medicines waste, as well as expanding the role of community pharmacists in medication reviews.

12. With growing numbers of people living with long-term and often multiple conditions, the Government and NHS should also explore how community pharmacists could support the management of long-term conditions outside of general practice.[10] Once a patient has been diagnosed with a long-term condition and stabilised, ongoing support should be provided by an appropriate multidisciplinary team to provide patient-centred, integrated care.

Workforce

13. The committee has previously raised the issue of workforce modelling.[11] Policy experts and professional bodies are united on the need for a comprehensive workforce strategy, backed by appropriate investment, to meet the ambitions of the NHS Long-Term Plan. Neither the 2021 Budget nor the Spending Review allocated funding for a multi-year workforce strategy.[12]

14. The pharmacy workforce is under significant pressure in every sector across Great Britain,[13] with inadequate staffing cited as the leading factor for poor mental health in the pharmacy workforce (70%).[14] The Government's proposed workforce plan should consider the essential core roles and responsibility that must be delivered across all sectors of pharmacy to ensure a consistent level of service for the public.

15. Workforce planning must include collating transparent data around current roles and services which make up current workforce activity. Data should include workforce establishment, vacancy rates/ turnover broken down by grades/roles, sector and geography. These data are required in order to provide the bigger picture alongside further information such as reasons for leaving roles, age profiles and Equality, Diversity and Inclusion metrics. These data, alongside specific country ambitions, should be used to inform future workforce models and what workforce will be required to deliver it.

16. Investment is needed to train new pharmacy staff and upskill existing members of the team, matching skills to tasks. Career pathways, supported by credentialing, should continue to be developed and adopted to make all roles more attractive and rewarding, allowing all staff to develop and work to the top of their competence and ability.

Patient records

17. While the COVID-19 vaccination programme has highlighted the need to ensure a more integrated approach for health professionals across care settings, pharmacists in community settings have historically had limited ability to update a clinical record when they treat a patient. If we are to better manage demand across the health service, making the most of the whole of the workforce in primary care, pharmacists who are providing care to patients must have read and write access to a clinical record, wherever they may work. This is a long-awaited enabler for pharmacists in community settings to better utilise their clinical skills and improve patient safety. While work is underway to enable Shared Care Records in community pharmacy, there should be a renewed sense of urgency across Government and the NHS to deliver this.[15] We

[10] www.rpharms.com/resources/reports/making-a-difference-for-people-with-ltcs
[11] committees.parliament.uk/publications/3746/documents/37686/default/
[12] www.kingsfund.org.uk/press/press-releases/kings-fund-responds-comprehensive-spending-review
[13] www.rpharms.com/recognition/all-our-campaigns/policy-a-z/workforce
[14] www.rpharms.com/recognition/all-our-campaigns/workforce-wellbeing
[15] pharmaceutical-journal.com/article/news/nhs-to-publish-blueprint-for-shared-care-records-by-end-of-2021

would look for assurances that the incorporation of NHSX and NHS Digital into NHSE will help, rather than hinder this transformation.

Collaboration within primary care and beyond

18. We have welcomed recent efforts to support general practice and align work across primary care, such as through the PCN contract and Directed Enhanced Services. However as we look ahead to the NHS recovery, there is still a need to consider primary care more holistically, managing workforce, workload and funding, so that the system improves as a whole. PCNs are somewhat limited by contracting and administration requirements, and could have been better enabled to allow more innovative approaches to commissioning support from community pharmacy.

19. The new Discharge Medicines Service is a welcome move to enhance patient outcomes, collaborative working and reduce the burden on GPs. This is an essential service for community pharmacy contractors to ensure better communication of changes to a patient's medication when they leave hospital and to reduce incidences of avoidable harm caused by medicines. By referring patients to community pharmacy on discharge with information about medication changes made in hospital, community pharmacy can support patients to improve outcomes, prevent harm and reduce readmissions.[16] Its success has been welcomed by colleagues in primary care and is a positive example of how health professions can better collaborate across the health service. However, as with the CPCS, implementation is not yet consistent across the country and would benefit from funded digital platforms in all parts of the system.

20. The Health and Care Bill proposes that the NHS ICS statutory body would have "stronger responsibilities for commissioning primary medical, dental, ophthalmology and pharmaceutical services". NHSE has said that it expects all NHS Integrated Care Boards to have taken on delegated responsibility for pharmaceutical services by April 2023.[17] As yet there is little detail on the extent of these potential changes, what services would move from national- to ICS-level commissioning, and how this will improve patient access to care.

Leadership and governance

21. With a need to ensure appropriate clinical advice when making decisions, there is to a clear place for pharmacists at ICS level. This would support safe use of and the best value from medicines for patients and the NHS and should align with NHS England's Integrating NHS Pharmacy and Medicines Optimisation programme.[18]

22. Experience of local NHS bodies has shown that community pharmacy and other primary care providers have at times been marginalised in decision-making. If we are to develop innovative approaches to patient care within an Integrated Care System, working across primary and secondary care settings, pharmacy must be included alongside other partners.

23. We are encouraged to see the proposal for all ICSs to establish a pharmacy and medicines optimisation governance framework and adopt a system pharmacy leadership model. New ICS chief pharmacists must be supported to develop an integrated approach with primary care and across the system.

[16] www.england.nhs.uk/primary-care/pharmacy/nhs-discharge-medicines-service/
[17] www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2021/07/PAR817-NHS-England-and-NHS-Improvements-direct-commissioning-functions.pdf
[18] www.england.nhs.uk/primary-care/pharmacy/system-leadership/

Public health and prevention

24. With the abolition of Public Heath England, the Government must ensure it delivers a compelling vision for public health and prevention. This will go beyond the role of general practice and must include making most of pharmacy to reduce the backlog of care from COVID-19 and better manage demand across the health service. Pharmacy teams play a vital role in supporting prevention, healthy living and tackling health inequalities, including in communities at a higher risk from COVID-19. The Secretary of State has committed to embedding health improvements across government and the NHS – this now needs to be supported by funding after years of cuts to public health.

25. As a member of the Inequalities in Health Alliance we recognise how COVID-19 has also highlighted the urgent need to reduce health inequalities. Pharmacy will be central to reducing health inequalities and improving public health, including through enhancement of Healthy Living Pharmacies, and can support smoking cessation, blood pressure checks and overcoming vaccination hesitancy. Pharmacy teams can play a key role in reducing avoidable disease and should be a part of a nationally-promoted post COVID-19 health check service.

26. There is a clear opportunity to reduce rates of HIV infection by expanding provision of pre-exposure prophylaxis (PrEP) to community pharmacies and GP practices.[19] The Government's HIV Action Plan stated that it will develop a plan for provision of PrEP in settings beyond sexual and reproductive health services, such as drug and alcohol services and pharmacies.[20] This should be brought forward at the earliest opportunity.

27. Pharmacists understand the challenges in their local areas and can offer rapid access to health and care, including to groups in deprived communities. They play a key role in role in reducing harm and preventing drug deaths and we would support expanding access to naloxone via community pharmacies where appropriate as part of a package of care.[21] The expertise of pharmacists and pharmaceutical scientists will key to supporting UK Health Security Agency priorities such as new disease variants, diagnostics and testing, sexual health, environmental harms, and addressing the growing threat of antimicrobial resistance.

Reducing bureaucracy and burnout

Supporting patient access to medicines and reducing burden on GPs

28. COVID-19 demonstrated the importance of empowering health professionals to put patients first, as the NHS looked to respond to unprecedented pressures and challenges. We engaged extensively with the profession and stakeholders on lessons learned during the pandemic.[22] This included a recommendation to enable pharmacists to make minor changes to prescriptions when a medicine was out of stock, which was supported by GP, pharmacy and patient organisations.

29. Pharmacists and GPs are having to spend increasing time dealing with medicines shortages, with community pharmacists legally obliged to contact prescribers or refer people back to prescribers to amend original prescriptions, even for minor adjustments. This is frustrating for the patient,

[19] www.rpharms.com/about-us/news/details/Pre-exposure-prophylaxis-should-be-available-from-community-pharmacies
[20] www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025
[21] www.rpharms.com/recognition/all-our-campaigns/policy-a-z/drug-deaths-and-the-role-of-the-pharmacy-team
[22] www.rpharms.com/Portals/0/RPS document library/Open access/Future of Pharmacy/Future of Pharmacy Policy Asks.pdf

pharmacist and prescriber. The process can cause significant delays in patient access to medicines and take up valuable health professionals' time.[23]

30. The introduction of Serious Shortage Protocols in 2019 aimed to mitigate the impact of serious national shortages in certain medicines. It enables community pharmacists in the UK to supply a medicine against the protocol. The protocol can authorise a supply of a different formulation, strength and/or quantity of medicine. Consistent and widespread feedback from our members suggests that SSPs are rarely used and when they are issued, they are bureaucratic, professionally frustrating and inflexible. They are not supporting continuity of care or minimising the burden across the healthcare system as intended. A more pragmatic approach is required.

31. Effort to reduce bureaucracy in general practice should include enabling pharmacists to make minor changes to prescriptions when a medicine is out of stock. This would improve patients' experience of care, empower pharmacists to use their expertise, and allow GPs to focus their time where it's needed most.

Actions to improve culture and reduce burnout[24]

32. Ensure protected time for rest breaks and learning: Workforce planning must include time for appropriate rest breaks, both for the welfare of pharmacists and for patient safety. With increased clinical roles, pharmacists must have dedicated protected learning time within working hours. Protected learning time should be equitable for all health professions, including those supporting primary care.

33. Support flexible working and portfolio careers: Pharmacy teams must be supported to enable them to benefit from flexible working and portfolio career options. Enabling pharmacists to work in different settings allows access to pharmacists with the right skills at the right time regardless of setting.

34. Improve access to wellbeing services: Our written evidence to the committee's inquiry on burnout highlighted the urgent need to support staff retention. We have called for all pharmacists working for, or delivering services to, have access to national wellbeing services. We welcomed staff wellbeing support developed as part of the COVID-19 response and the Government's commitment that all pharmacists will be able to have continued access, including to new Wellbeing Hubs.[25] ICSs must ensure that all health and care staff are equally support by local wellbeing offers. Employers in all settings must offer wellbeing support and encourage employees to access it.

35. Widening access to pharmacy roles: Consider how to make pharmacy roles more accessible, ensuring a strong and diverse pipeline to better reflect the communities we serve. This work must include all roles within the pharmacy team, ensuring a strong skill mix for future service provision.

36. Improve public understanding: Supporting both the public and other health professionals to better understand the roles of pharmacy teams and to manage public expectations of access to health and care services to reduce pressures on teams.

[23] www.rpharms.com/recognition/all-our-campaigns/policy-a-z/shortage-policy
[24] www.rpharms.com/recognition/all-our-campaigns/policy-a-z/workforce
[25] www.rpharms.com/about-us/news/details/Supporting-your-health-and-wellbeing

37. Fostering leadership and embedding career pathways: Clear competency-based career pathways for post-registration professional development aligned to the RPS curricula for foundation, advanced and consultant credentialing should be introduced to support pharmacists' development and professional leadership.

The Royal Pharmaceutical Society

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