Pharmacy Workforce Summit

Ravi Sharma
Programme Clinical Lead (Clinical Pharmacy)

Twitter: @RSharmaPharma
A collaborative approach

- *Five Year Forward View* – Oct 2014
- NHS planning guidance, Dec 2015: Every health and care system in England to create a local plan for implementing the *Five Year Forward View* and to close three gaps: health and wellbeing, care quality and financial sustainability
- Local leaders to think **beyond organisational boundaries** to find innovative solutions for local needs
- 44 areas (‘footprints’) covering England and working across health and social care
- Developing proposals with tangible benefits for patients: **sustainability and transformation plans**
The problems

Lack of investment

Insufficient workforce

Unfunded work

Rising demand

Bureaucracy

Inadequate infrastructure and I.T.
Jan 2015: NHS invited organisations and partnerships to apply to become ‘vanguard’ sites for the New Care Models Programme, to help deliver the *Five Year Forward View*.

There are now 50 vanguard sites focusing on:

- Integrated primary and acute care systems
- Enhanced health in care homes
- Multi-speciality community providers
- Urgent and emergency care
- Acute care collaborations

Footprints are now looking at new ways of delivering care in the vanguards.
Pharmacy’s involvement

Where we are:
• Individual LPN chairs and CCG lead pharmacists have been involved in the local planning process in some footprints
• Pharmacy is involved in several Vanguard sites

Pharmacy’s strength:
• The solutions are about preventative care; finding new ways to meet people’s needs; and identifying ways to do things more efficiently
• Pharmacy is uniquely placed

Size of the challenge:
• This is significant change for the system - the transition process will not be straightforward
• A ‘one size fits all’ approach from the centre will not work. We need a tailored approach

Engaging with footprints:
• Local pharmacy professionals to engage with local networks: LPNs, HWBs, Health Watch
• Need a catalyst for change to inform local decisions / transformation
Pharmacy Integration Fund
What is the Pharmacy Integration Fund?

- Announced on 20\textsuperscript{th} October 2016. \textbf{£42m Pharmacy Integration Fund (PhIF) to support pharmacy to transform} how it operates across the NHS for the benefits of patients over the next two years.

- To integrate and support \textbf{the development of clinical pharmacy practice} in a wider range of primary care settings… resulting in a more effective NHS primary care patient pathway.

- To \textbf{develop the commissioning landscape} through embedding evidence-based, high quality clinical pharmacy practice to support better outcomes for patients.
Integration is about optimising the patient journey...

Our aim is to enable pharmacy to become more integrated into the NHS system so pharmacy professionals can:

1. Take on new clinical roles
2. Help better patient care
3. Relieve pressure on general practice and hospital admissions

Better co-ordination better NHS primary care and secondary

Alignment with the NHS’ Five Year Forward View

A strengthened and joined up NHS-pharmacy service
Community Pharmacy Clinical Services Review

- Key recommendations under consideration by NHS England include:

1. **Medication Use Review** redesign
2. Within **Vanguard Sites**, develop the evidence base for community pharmacy services within new models of care
3. Integrate community pharmacy into **Sustainability and Transformation Plans**
4. Regulation amendment to allow pharmacy technicians to work under Patient Group Direction
5. Integration of community pharmacists into **LTC management pathways for residents of care homes**
6. Leaders of the profession to consider what support is needed for pharmacists to **build professional confidence and break down barriers to new ways of working**
7. Stronger partnerships between the RPS, RCGP, BMA and PSNC to **unravel the boundary issues between the professions**.
Pharmacy Integration Fund

£42 million Pharmacy Integration Fund for 2016-18

• Support development of clinical pharmacy practice in a wider range of primary care settings
• Drive use of community pharmacists and pharmacy technicians in new, integrated local care models
• Independent review of community pharmacy clinical services by NHS England will help determine how funding spent

Initial priorities:

Urgent care

• National ‘urgent medicine supply service’ pilot → reducing pressures on GP OOH
• Urgent minor illness care pilot → direct referral from 111 to pharmacy and onto local MAS, freeing GP time
• Deployment of trained prescribing pharmacists in integrated urgent care clinical hubs/NHS 111

Care homes

• Deployment of pharmacy professionals into care homes

Workforce

• Grants for post-graduate clinical studies to diploma level for community pharmacists
• Prescribing qualification and development for pharmacists working in urgent care hubs and care homes
• Workforce plan for pharmacy professionals developed by Health Education England by Spring 2017

Digital

• Adoption of messaging and transfer of care data to community pharmacy from hospitals, GP, social care
• Uptake of Electronic Prescription Service tracker by NHS 111/integrated urgent care clinical hubs
• NHS Mail for all community pharmacies by April 2017
Pharmacists in General Practice Update
Building the Workforce – the New Deal for General Practice

8 New ways of working

NHS England, HEE and others will work together to identify key workforce initiatives that are known to support general practice - including e.g. physician associates, medical assistants, clinical pharmacists, advanced practitioners (including nursing staff), healthcare assistants and care navigators. We will agree a shared programme of key pilots at scale in primary care, to invest in and trial new ways of working for these roles, demonstrating how they work across community, hospitals and within GP surgeries to support safe and effective clinical services for patients. This will support current GPs in managing their workload, as well as piloting new ways of working for the future.
The role of pharmacists in general practice

• Pharmacists will form part of MDT in a patient facing role to clinically assess and treat patients using their expert knowledge of medicines for specific disease areas

• Proactively manage people with complex polypharmacy – especially elderly, care homes, multiple co-morbidities

• Medicines advice – helping address both public health and social care needs

• Leadership on medicines optimisation and quality improvement

• Further integration of general practice with wider healthcare teams including community and hospital pharmacy

• Pivotal role to improving the quality of care and ensuring patient safety
Pharmacists in General Practice Pilot

• Launched in **July 2015**

• Investment of **£36 million over three years**

• In October 2016: **491 pharmacists in 658 practices across 89 pilot sites**

• Deadline for practice involvement: **30th September 2016**

• Evaluation
Challenges and lessons learned from pilot

- Conducted **two internal and external lessons learned workshops** with key stakeholders and pilot sites

- Key outcomes:
  - Clear guidance on roles
  - More engagement
  - Application support
  - Flexible models
  - Better communications
  - Indemnity Insurance
General Practice Forward View (GPFV)

- The GPFV includes a commitment to deliver an additional 5,000 clinical and non-clinical staff in general practice.

- A commitment to have ‘a pharmacist per 30,000 of the population’

- Central investment of £112m to extend pilot programme.

- Additional 1,500 clinical pharmacists in general practice by 2020/21
General Practice Forward View (GPFV)

- **Flexible and innovative** approaches to having pharmacists in general practice to **meet local solution**

- Ensure that pharmacists in general practice **work closely** with **wider pharmacy teams** (e.g. community and hospital pharmacy)


- Applicants **can now apply** for funding via online portal.
“I can do things you cannot, you can do things I cannot; together we can do great things”

Mother Teresa
Thank you for listening