



A vision for pharmacy professional practice in England

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**ROYAL
PHARMACEUTICAL
SOCIETY**
England

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Contents

Foreword	3
Executive summary	4
1. Introduction	5
2. Why we did the work	6
2.1 Changing structures of health and care systems	6
2.2 The changing pharmacy workforce	7
2.3 Changing service delivery models	8
3. How we did the work	9
4. A vision for pharmacy professional practice	10
4.1 Supporting people and communities to live well for longer	11
4.2 Enabling people to live well with the medicines that they take	13
4.3 Enhancing patient experience and access to care	15
5. How the vision can be enabled	17
5.1 Our pharmacy people	17
5.2 Data, innovation, science and research	20
5.3 Leadership, collaboration and integration	22
6. Next Steps for future collaborative work	24
7. References	26
Appendix 1. People who contributed to the vision	28
Appendix 2. Short-term implementation goals	31

Foreword

This vision document is published at a time of significant workforce pressures and increased demands on health and social care services following the Covid-19 pandemic but also with a real sense of excitement about what the future of pharmacy professional practice could mean for enhanced patient care. The pandemic put a strain on everyone. All health and social care professionals, including pharmacy teams, had to adapt to the demands placed upon them and strive to find new ways of working to benefit patients and the public.

The healthcare service needs to re-build for now and for the future, addressing the health inequalities exposed by the pandemic, and the capacity and demand challenges that the NHS faces. We think that pharmacy teams can increasingly play a key role.

Pharmacy teams are already more integrated within multidisciplinary teams across all sectors, now is the time to step up the pace and scale of this integration, to ensure that all members of the pharmacy team are using their skills and knowledge to the maximum for the benefit of people across the breadth of England.

As pharmacy professional practice evolves, there are not only exciting new roles for the pharmacists and pharmacy technicians of tomorrow, but opportunities to be embraced today. This vision includes best practice examples of where pharmacy teams are already innovating in the best interests of patients.

The vision for pharmacy professional practice also includes both goals and measures to help bring about the change that is needed. We are grateful to everyone who has contributed their time and expertise to help shape this vision and want to work across pharmacy and with other professions and the wider health and social care system to make it a reality.

Thorrún Govind
Chair of the RPS English Pharmacy Board

Executive summary

Over the last two decades, the expertise of pharmacists has increasingly been used to deliver better use of medicines, support for public health and more clinically focused care to people. In parallel, pharmacy technician roles have become registered, and expanded to include a breadth of technical and clinical practice.

More pharmacy professionals are being integrated into multidisciplinary teams and local systems across primary care, in general practice and in community and hospital pharmacy. The shift towards pharmacy teams delivering personalised care is becoming more visible to the healthcare system. As the value of this shift is realised it has the potential to create the pace and momentum for change.

Integrated Care Systems (ICSs) can enable the integration of pharmacy teams with the wider health and care system in a way and at a scale previously not achieved, resulting in improved access to care for patients.

Changes in pharmacist education, enabling pharmacists to prescribe on registration with enhanced clinical, population health and consultation skills, alongside the use of skill mix in pharmacy teams, will unlock the potential to increasingly take on leadership, public health, diagnostic and treatment roles across health and social care.

If supported to succeed, pharmacy teams over the next ten years can transform the way that they provide care to every community in England. This vision identifies how patients and the public could experience pharmacy professional practice in the future using three person-centred themes. Which are:

- **Integration of pharmacy teams across health and care systems that enable them to support people to improve their health and stay well** (theme 1). For example, we want pharmacy teams to help transform the lives of people living in deprived communities, those experiencing health inequalities, or anyone excluded from care.

- **Person-centred care and shared-decision making that enables all people to live well with the medicines they take** (theme 2). For example, we want to see prescribing pharmacists and pharmacy technicians embedded as part of digitally connected multidisciplinary teams supporting anyone living with complex medicines needs and long-term conditions.
- **Pharmacy teams that enhance patient experience and access to care** (theme 3). For example, we want to see people get care from pharmacy teams in a way that suits them using innovations in patient-facing digital technology, remote monitoring and Artificial Intelligence.

We also identify what is needed to enable the vision (in three enabling themes) which are:

- **Our pharmacy people** (theme 4) work at the top of their abilities to deliver increasingly integrated care to patients and the public, and to provide expertise to the wider healthcare system. For example by, routinely collecting workforce data nationally and locally, to inform a one system approach to workforce planning for all pharmacy staff groups.
- **Data, innovation, science and research** (theme 5) used by pharmacy teams to personalise care and medicines use. For example, by developing skills to capitalise on the data and digital revolution to provide targeted interventions and service improvements that improve individual and population health. Delivering genomic testing and personalised medicines to improve outcomes for people.
- Pharmacy professional practice across the healthcare system transformed by **leadership, collaboration and integration** (theme 6). For example, through collaborative and diverse leadership, with pharmacy organisations working together, pharmacy leaders as part of multidisciplinary leadership teams working across systems, and pharmacy professionals developed and supported to become local leaders.

To facilitate collaboration and support implementation of the vision we have developed 19 short-term goals to be used as a starting point for collaborative action. Alongside these goals we then recommend next steps for collaborative work aimed at the organisations representing pharmacy in England, ICSs and Integrated Care Boards and for pharmacy professionals themselves.

1 Introduction

The health and care needs of the population are changing and pharmacy, like all other parts of the health and care system, needs to change to meet those needs. The Covid 19 pandemic highlighted and exacerbated both health inequalities, and capacity and demand challenges in the health and care system.

It is in this context that a vision for pharmacy professional practice in England is needed. There are so many opportunities for pharmacy teams¹ to provide better support to patients and the public to prevent ill health, improve health and reduce health inequalities. These can build upon the strengths of a profession that spans the hospital sector, general practice, community pharmacy, commissioning and leadership, industry and academia. Some of this potential has been realised in examples of innovation across England before and during the pandemic but more is needed at scale to realise the full potential of pharmacy in supporting the healthcare system.

Organisational and education and training reforms in England are already supporting a gradual shift towards better use of pharmacy teams skills to improve health, but despite these examples, and the fact that the potential of pharmacy teams to provide more direct patient care has long been acknowledged (Smith *et al* 2013) innovations have lacked pace and been difficult to spread.

This document aims to provide a concise and compelling long-term vision for pharmacy professional practice that stimulates action to address these challenges. We identify the barriers and enablers that will ensure pharmacy can achieve this vision and use these to identify implementation goals. These implementation goals, to be delivered over the next 3/5years, are aligned with the current changes in NHS structures thinking through actions needed at neighbourhood, place and at system level. They also identify what needs to be done to allow pharmacy teams to acquire the capacity, knowledge and skills to enable them to deliver personalised care in a more integrated system.

1. Pharmacy teams can comprise pharmacists, pharmacy technicians, pharmacy support staff, administrative support and potentially other health professional staff.

2 Why we did the work

Now is the time for a new vision for pharmacy professional practice in England. The three main drivers that support this vision are:

- **changing structures in the health and care system**
- **changing pharmacy workforce**
- **changing service models**

2.1 Changing structures in the health and care system

Integrating health and care services has been an objective of national policy for more than three decades, but progress towards delivering it has been slow (Jabbal and Baird 2022). The Health and Care Act 2022 established a new organisational structure and a system built on collaboration rather than competition. Integrated care systems (ICSs) bring together providers and commissioners of NHS services with local authorities and other local partners in 42 areas across England. A key opportunity offered by ICSs is to improve the health of the population at local level through genuine partnership working between the NHS, local government, the voluntary and community and local communities.

These changes have the potential to help pharmacy services to work together across a system and to enable integration of pharmacy with the wider health and care system in a way and at a scale and pace previously not achieved. ICSs will have more ability to deliver services that meet the specific needs of their populations, including local commissioning from community pharmacy.

Much of the activity to integrate care and improve population health will be driven by commissioners and providers collaborating over smaller geographies within ICSs (often referred to as 'places'). Primary care networks (PCNs) bring general practices, and wider primary and community services, together at the

'neighbourhood' level. Clinical pharmacists and pharmacy technicians are already delivering care at the heart of multidisciplinary teams working across PCNs. The Fuller Stocktake (Fuller 2022) set out the next steps for integrating primary care, including pharmacy, at neighbourhood level, and specifically reflects on the potential to increase the role of community pharmacy.

Community pharmacy will continue to become increasingly important at neighbourhood level, supported by direct commissioning of local services to meet local need which can be used to unlock the full potential of community pharmacies as anchor organisations in their local communities. Joined up commissioning will enable local systems to make the most of these integrated community pharmacy teams. The walk-in access community pharmacies maintained during the pandemic has increased the public's awareness of, and confidence in them as an accessible first point of contact not only for minor illnesses but for local urgent and out-of-hours services. The way in which pharmacy teams were able to address vaccine hesitancy in their communities underscored their role in supporting the public's health and helping to address inequalities in their neighbourhoods (Equality Hub and Race Disparity Unit 2021).

At the same time, NHS provider collaboratives are bringing together NHS trusts to work together in partnership and at scale to benefit their populations, for example, by making better use of a limited workforce and tackling variations in care across different sites. This may see specialist pharmacy roles previously available only in hospitals spanning primary and secondary care as part of an integrated team. Some of the work of provider pharmacy teams following the Carter Review (Carter 2016) and subsequent Hospital Pharmacy Transformation programme and the review of aseptic services (NHS England 2020) may also be taken up by provider collaboratives.

2.2 Changing pharmacy workforce

A comprehensive workforce strategy for pharmacy is needed that provides a framework and infrastructure for the entire pharmacy workforce to ensure that there are enough pharmacy professionals and support staff with the right training, knowledge and skills (Health and Social Care Committee 2022) now and in the future.

ENABLING THE PHARMACIST WORKFORCE

Despite the lack of a workforce strategy, the education and training of pharmacists is changing (General Pharmaceutical Council 2021), providing the necessary foundations for pharmacists to deliver more direct patient care and allow pharmacy teams to integrate into local health systems.

Pharmacists will qualify with enhanced clinical, population health and consultation skills. They will have the confidence to provide the clinical care expected by patients, the public and the healthcare system, and to work in multi-professional teams across local health systems. This will enable pharmacists to play a much greater role in providing clinical care and public health interventions (NHS England 2019a). All pharmacists will qualify as independent prescribers, creating a more flexible workforce, able to move across the system, and allow for a more flexible and rounded career structure.

Science will remain core to pharmacist training, with research training improved so that there are more clinical academic careers, and the health service, patients and the public will benefit from more pharmacists who engage in clinical research, for example, genomics. It is also important to recognise that these changes will support pharmacists involved in the research and development of new medicines and novel therapies as well as those providing and advising on essential technical pharmacy services (HM Government 2021).

DEVELOPING PHARMACY TECHNICIAN ROLES

Making best use of the skills of the entire pharmacy team will be necessary to support a shift at scale toward more integrated, patient centred care. Pharmacy technicians have already expanded their roles into traditional pharmacist practice,

such as medicines reconciliation, final accuracy checking, and dispensary and aseptic service management. Their initial education and training standards (General Pharmaceutical Council 2017) also now provide a more clinical and patient focus to support further post registration education. In order to develop further, structured post registration career frameworks and pathways for pharmacy technicians that mirror those developed for pharmacists will be required along with supporting infrastructure.

MORE USE OF THE WIDER WORKFORCE

In addition, pharmacy support roles, including new technical qualifications, such as science manufacturing technicians, will need to develop in tandem with pharmacist and pharmacy technician roles to ensure that pharmacy teams can continue to support local communities and hospital services with the safe and effective preparation and supply of medicines. Education, training and development opportunities for these roles are also required.

THE SHIFT TOWARD CLINICALLY FOCUSED ROLES

Some progress has been made in enabling pharmacy teams to shift toward providing the more clinically focused care that the health system needs from pharmacy. Government investment in additional roles in general practice (Baird *et al* 2022) has seen the numbers of pharmacists and pharmacy technicians working in primary care networks increase significantly. In community pharmacy, funding arrangements have signalled a shift toward more clinical service delivery, with pharmacy teams initially focused on minor illness, and the prevention and detection of ill health (Department of Health and Social Care *et al* 2019) and supporting safe transition from acute to primary care services. In hospitals, pharmacy teams increasingly work as embedded members of multidisciplinary clinical teams undertaking a range of clinical roles.

Whilst this progress is encouraging, the need to go further and faster with pharmacy teams working together in a more integrated way across a system still remains.

2.3 Changing service models

The shift toward pharmacy teams delivering personalised care to patients and the public is already happening in some areas (as described below). As these services are shared this has the potential to create the pace and momentum for change more widely.

IMPROVING PEOPLES ACCESS TO CARE

In many areas community pharmacy teams are part of integrated urgent care pathways allowing people access to urgent care in their own neighbourhoods, avoiding unnecessary trips to GPs, A&E or walk in centres. In some places community pharmacists are already prescribers, able to treat people with self-limiting conditions, such as, uncomplicated urinary tract infections or strep throat, avoiding unnecessary waits to see GPs. Increasingly, contraception services are accessed through local community pharmacies avoiding the need to visit general practice.

DELIVERING PROACTIVE, PERSONALISED CARE TO PEOPLE WITH MORE COMPLEX NEEDS

Pharmacists (including pharmacist prescribers) and pharmacy technicians are working across Primary Care Networks and in specialist secondary care outreach clinics (e.g. diabetes or cardiovascular). They are using their expertise in the effective use of medicines to enable people to live well with the medicines they are taking and at the same time improving patient safety. Examples include structured medication reviews with patients taking large numbers of medicines to reduce unnecessary prescribing and the risk of unwanted effects. Or, working with patients to reduce the long-term use of potentially addictive medicines with regular follow up, and signposting to further support, such as social prescribers or to alternative therapies.

IMPROVING HEALTH AND REDUCING INEQUALITIES

Integrated Care Boards are looking at population health management to focus priorities and services, using medicines as both an indicator and driver of health inequalities. All community pharmacies are Healthy Living Pharmacies, with qualified health champions² who are often drawn from their local communities with a long-established role in supporting people to improve their health by adopting healthy behaviours. Services include programmes such as blood pressure checks for over 40s, checks for type 2 diabetes, sexual health services such as emergency and on-going contraception, skin cancer checks with direct referral to hospitals, vaccination programmes and signposting to other support services. Increasingly these services are being viewed as part of an integrated neighbourhood approach to public health and prevention.

SUPPORTING THE HOSPITAL CARE THAT PATIENTS NEED

In hospitals, pharmacists, pharmacy technicians and pharmacy support staff work alongside nurses, doctors and other healthcare professionals. They work in same day emergency/ambulatory care, in specialist clinical areas as advanced practitioners and across the system in virtual wards. They also work in highly specialist technical services to produce aseptic and specialist medicines. Hospital pharmacy teams are also working in a more integrated way with primary care and community pharmacy teams to help support early discharge and safe transfer of care, and to reduce unnecessary readmissions due to avoidable medicines related incidents.

2. Community pharmacy Health Champions have completed the Royal Society for Public Health Level 2 award, Improving Health. <https://www.rsph.org.uk/qualifications/level-2-understanding-health-improvement-for-healthy-living-pharmacies.html>

3 How we did the work

The work to develop a vision for pharmacy professional practice in England in partnership with The King's Fund was commissioned by the RPS English Pharmacy Board, and launched in April 2022. The vision scope was to examine the future of pharmacy professional practice and development, and how the health and care system in England can maximise the support pharmacy teams provide to patients and the public³.

An advisory group with members from within pharmacy, across the wider healthcare system and patient representatives was constituted (see appendix 1) and chaired independently by Richard Murray, Chief Executive at The King's Fund⁴.

To support the development of the vision, The King's Fund completed a rapid review (Jabbal and Baird 2022) of the policy context covering the years since the publication of a report from the independent commission into new models of care delivered through pharmacy (Smith *et al* 2013). The rapid review examined key changes in the policy landscape from 2016, providing insights and updates where these were available on the evidence of the future for pharmacy.

Initial draft themes for the vision were developed using insights from the literature review, the advisory group and three open virtual engagement events. In addition, several targeted stakeholder interviews and meetings were held, including one 'deep dive' with community pharmacy organisations.

An online consultation on the draft themes, via a survey questionnaire, was open for seven weeks. In addition, five open virtual events were held over August and September 2022, along with five specialist online engagement events with the Association of Pharmacy Technicians UK, UK Clinical Pharmacy Association (two webinars), College of Mental Health Pharmacy and Neonatal and Paediatric Pharmacists' Group. Summaries of the consultation survey responses and the virtual engagement events can be found on the RPS website.

Alongside the consultation, a call for good practice case studies provided further insights into current practice and several submissions were developed to highlight the vision's key themes. The themes were also discussed at the Royal Pharmaceutical Society Annual Conference 2022.

The draft vision was further developed from the comments and debate stimulated by the consultation engagement. This draft was shared for comment with both the advisory group and the RPS English Pharmacy Board on two further occasions before being finalised.

All contributions to the development of the vision are acknowledged in appendix 1.

This report now sets out the vision for pharmacy professional practice, illustrated by examples of how professional practice might look in ten years and examples of how current practice is already supporting this. The report also outlines 19 short term implementation goals to be used as a focus for collaborative work to implement the vision.

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3. The primary focus of this work is the development of professional pharmacy practice, consideration of current commissioning and funding arrangements for the community pharmacy sector form part of the Pharmaceutical Services Negotiation Committee work with Nuffield Trust and The King's Fund. psnc.org.uk/psnc-and-negotiations/about-psnc/psnc-vision-and-work-plan
 4. The group met four times over the duration of the project. The group's terms of reference can be found on the RPS website. www.rpharms.com/england/vision-for-pharmacy-practice-in-england/advisory-group

4 A vision for pharmacy professional practice in ten years

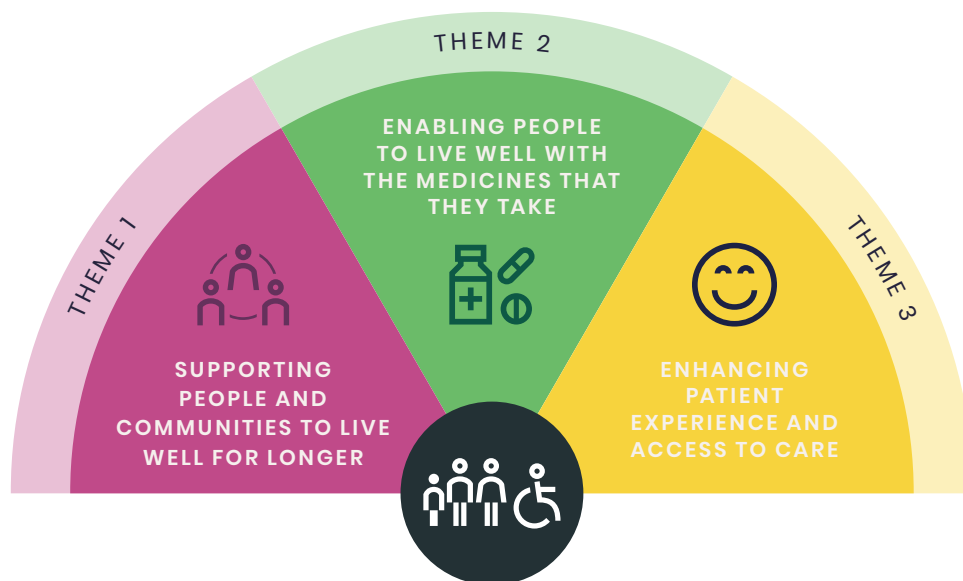
Pharmacy teams over the next ten years can transform the way that they provide care to every community in England, and do much more for patients and the public. The vision for pharmacy professional practice outlined here, if embraced by the pharmacy professions and the wider health and social care systems, will support this transformation (see figure 1).

The vision for pharmacy professional practice has three person-centred themes, so that even in a changing and dynamic health and care system, the core of pharmacy professional practice will remain focused around people and patients.

Transforming pharmacy professional practice cannot be done by pharmacy teams alone and will require coordinated and sustained effort across the healthcare system, linked to other workstreams and system enablers both within and outside the NHS. The vision therefore also has three enabling themes.

To support pharmacy practice to transform, and to provide a focus for action by pharmacy and the system, short term implementation goals have been developed for each of the vision themes. The goals are included after each of the vision themes and in appendix 2. These goals should be part of a system wide collaboration to support implementation of this vision over the next three to five years (see section 6. Next steps for future collaborative work).

Person-centred themes



Enabling themes



Figure 1. The vision for pharmacy professional practice

4.1 Theme 1

Supporting people and communities to live well for longer

OUR AIM

Patients and carers, the public, health and social care teams and local government embrace the key role that pharmacy teams play in supporting people and their communities to stay healthy and well. All pharmacy teams proactively use their community leadership role to engage with their local communities to improve health and address inequalities. They build high quality, trust-based relationships over time. People routinely use, and are signposted by health and social care teams to community pharmacies as 'health hubs' to access prevention, health improvement wellbeing and self-care support.

HOW WE SEE PROFESSIONAL PRACTICE IN TEN YEARS

- People are actively supported by all pharmacy teams to live healthy lives and take a proactive approach to improve their health and wellbeing. Pharmacy teams across the system promote healthy behaviours and physical activity, support self-care and provide other tailored interventions that can prevent ill health. They link seamlessly into services that can support health and wellbeing, such as, social prescribing, social care, housing and the voluntary sector.
- Through their community pharmacies, people have walk in access to health improvement services that meet local needs, such as, provision of advice, digital therapies and prescribing of medicines for communicable and non-communicable diseases, women's health and vaccination programmes
- Pharmacy teams proactively provide people with opportunities for early detection of ill health through targeted interventions that use population health data and maximise ongoing advances in technology, such as wearables, 'inside-ables' and point of care testing.

- Following on from early detection, prescribing pharmacists use shared decision making to initiate treatment and either complete the patient's episode of care, or refer people directly into other healthcare services.
- People in under-served populations have high levels of access to community pharmacies in their neighbourhoods. Pharmacy teams work with communities to design culturally competent and tailored approaches to healthcare delivery that enable action on the wider determinants of health.
- People who fall out of the formal health care system or have no way into health care services, for example, due to digital poverty, or social factors linked to inclusion health groups, are identified and pharmacy teams work with multidisciplinary teams to facilitate access into pathways of care.

SHORT TERM IMPLEMENTATION GOALS – A FOCUS FOR ACTIVITY

- People living in deprived communities, those experiencing **health inequalities** or anyone excluded from care are supported by pharmacy teams working in partnership with other local organisations to improve their health (Public Health England 2018) for example, people in the Core20PLUS5 priorities group (NHS England 2021).
- People are **referred directly** to other services, such as, diagnostic services, other healthcare professionals, social prescribing or social care by pharmacy teams who are integrated into local care pathways. This referral can also happen the other way around.
- People using community pharmacies are routinely encouraged to use **early detection programmes** to help detect early signs of illness and to use **prevention programmes** for long-term conditions as part of a systems approach to improving the public's health that uses the expertise and **accessibility of community pharmacy teams** (Public Health England 2022).



HOW IT WILL LOOK

PREVENTING ILL HEALTH AND TACKLING HEALTH INEQUALITIES

In ten years, pharmacy teams have a pivotal role as public health and community leaders, working alongside other public health professionals. They understand the needs of their local population and are involved in local decision making. They reach out to community and faith leaders and advocate for their population to help address the social determinants of health and health inequalities, preventing ill health and promoting healthy behaviours.

Pharmacy teams, in particular qualified health champions, refer to other health and social care professionals and are linked through into local referral pathways that include social prescribers, housing and the voluntary sector. Referrals for debt management support or to groups that support isolated and underserved communities are made.

Pharmacy teams work to reduce the barriers that prevent people accessing care, giving advice on using devices and support for digital consultations, or providing outreach into people's homes or at local events.

Local pharmacy teams collaborate to provide people with rapid access to health improvement services that meet local needs such as accessible diagnostics (such as point of care testing) and prevention programmes. Pharmacists prescribe to initiate medicines and alongside pharmacy technicians they monitor treatment and medicines as part of a digitally connected multidisciplinary team.

Community pharmacies are used routinely by the public as easily accessible 'health hubs', for example, for women's health, minor illnesses, monitoring of long-term conditions and administration of medicines. In particular they provide accessible support to underserved communities.

At a system level, population health management and health intelligence information inform policy development and local decisions about the commissioning of pharmacy services necessary to prevent ill health and tackle health inequalities.

HOW IT IS ALREADY HAPPENING

PHARMACY TEAM REFERRALS TO SOCIAL PRESCRIBING

Pharmacy teams are increasingly linking with their social prescribing teams to help people with the social issues that can impact on health and wellbeing. Mental health, housing, social isolation, poverty and debt support services can be identified often via local, voluntary or charitable organisations.

In Prestwich, the Social Prescribing Team is working with a local community pharmacy and GP practice to facilitate a weekly community living room where people waiting for a prescription can meet to reduce social isolation and discuss health related issues.

In Camden, a walking for health group starts from a local community pharmacy and follows a route through Regents Park. It brings together women from the community to socialise whilst being physically active.

In Doncaster the Social Prescribing team received a referral from a community pharmacist for a man at risk of homelessness following a bereavement. He was then supported by voluntary organisations to go through probate processes, benefits applications and housing applications.

In Northumberland a patient was referred to community link workers after attending for a routine medication review with a PCN pharmacist. In discussion, the patient said she was struggling with her mental health and spending a lot of time on her own, she agreed to be referred for support. She now attends a local craft group several days a week and reports this has improved her mental health.



4.2 Theme 2

Enabling people to live well with the medicines that they take

OUR AIM

Person-centred care and shared decision making (NHS England 2019b) underpin all interactions with patients and the public. The pharmacy team practice through a shared vision “What matters to you, not what is the matter with you” (Personalised Care Institute 2022). Pharmacy teams take a leadership role in prescribing and medicines optimisation, enabling people to live well with the medicines and treatments they are taking, including new and advanced therapies as they emerge, and are the first point of contact for medicines support within the multidisciplinary team.

HOW WE SEE PROFESSIONAL PRACTICE IN TEN YEARS

- People feel supported and confident in their medicines use and when they no longer need or benefit from medicines, they are supported to stop taking them. Pharmacy teams work collaboratively across the system so that when people use medicines, they get the best outcomes and that the negative effects of overprescribing are minimised.
- People with common clinical conditions or acute presentations of illness, right through to people with (often multiple) long-term conditions expect to, and have, complete episodes of care managed by pharmacy teams where appropriate. Led by pharmacist prescribers, these teams are connected seamlessly with colleagues in the wider healthcare system.
- All pharmacy teams have the expertise necessary to support and advise patients on starting new medicines, monitoring and adjusting doses, and working with specialist teams to follow up patients after appointments/inpatient stays.

- Health care professionals (including pharmacy teams) refer people who need more specialist pharmacy support to specialist, advanced or consultant pharmacists or to specialist pharmacy technicians.
- Patients with more complex medicines needs expect to be, and are, routinely identified and prioritised for pharmacy support by teams collaborating across the system. This includes, people who are frail or receive care services (either at home or in a care home), people using high risk medicines or combinations of medicines, patients taking complex or multiple medicines at risk of problematic polypharmacy and overprescribing.
- At transitions of care, or interfaces between care settings, pharmacy teams collaborate across the system to ensure patients continue to get the right medicines. For example, at hospital admission and discharge, transitions from private care to NHS services, move to a care home or following any unscheduled care.

SHORT TERM IMPLEMENTATION GOALS – A FOCUS FOR ACTIVITY

- Person-centred care is embedded in pharmacy teams by improving access to education and training resources around **shared-decision making** (NHS England 2019b) and work to **identify and remove communication barriers** that prevent people accessing care.
- The current pharmacist workforce is supported to **prescribe, optimise and deprescribe medicines** (Department of Health and Social Care 2021) within a patient’s pathway as autonomous professionals working in their areas of competency (Royal Pharmaceutical Society 2021).
- Anyone living with **complex medicines needs** and **long-term conditions** can have their treatment and medicines use supported by **prescribing pharmacists** and pharmacy technicians working across the system as part of a connected multidisciplinary team (Royal Pharmaceutical Society 2019).



HOW IT WILL LOOK

ENABLING PEOPLE WITH MENTAL HEALTH PROBLEMS TO LIVE WELL WITH THE MEDICINES THEY TAKE

In ten years, people getting care from pharmacy teams in any setting (community pharmacy, primary care or hospitals) see staff with a core level of training in mental health, ensuring that their mental health needs are treated with equal priority to any physical health problems. Specialist mental health pharmacists and pharmacy technicians are integrated into local systems and collaborate to support and train both pharmacy and wider multidisciplinary teams.

All people referred into mental health services (including addiction and intellectual disability) have a specialist mental health pharmacist as a core member of their specialist team. People are empowered, through person centred care, to make informed decisions about their mental health medicines and to manage their mental health. Specialist mental health pharmacists help people to optimise their medicines, they prescribe and adjust mental health medication, including stopping medicines when necessary.

Pharmacists work closely with pharmacy technicians to monitor physical health for unwanted effects related to mental health medicines and to interpret tests such as those needed for clozapine monitoring. Pharmacists and pharmacy technicians are a key part of the multidisciplinary team, ensuring people are supported to manage both their mental and their physical health and prevent ill health.

People get their physical health and mental health medicines from the same place and pharmacy teams collaborate to enable this to happen including for people excluded from the formal healthcare system.

Pharmacists and pharmacy technicians have access to mental health training and credentialling throughout their career appropriate to their role, for example, from undergraduate, foundation, advanced through to consultant level practice. Students have access to mental health placements to encourage and inspire the future workforce.

HOW IT IS ALREADY HAPPENING

PHARMACISTS AND PHARMACY TECHNICIANS EMBEDDED IN GENERAL PRACTICE

Increasingly people are being supported by pharmacists and pharmacy technicians embedded as part of a multidisciplinary workforce within GP practices. They are liaising with pharmacy colleagues and other clinical staff across the system to optimise medicines and care for patients. Their roles vary, but they can include system wide leadership, such as, digital safety or medicines safety officer, as well as undertaking clinical roles within their practice.

Examples of pharmacist roles include: using clinical and diagnostic skills to manage acute presentations and long-term conditions, prescribing for patients where appropriate; structured medication reviews to optimise medicines, reducing unwanted effects and overprescribing; and specialising to provide advanced practice level care in addition to taking on roles such as chairing weekly care home rounds or multidisciplinary team meetings.

Examples of pharmacy technicians' roles include; medicines reconciliation when patients are discharged from a care setting; acting on outpatient clinic letters with medicines recommendations; support for patients and carers, along with the wider multidisciplinary team with medicines advice and queries; and ordering and monitoring blood test results to ensure that patients are not adversely affected by their medicines.

General practice pharmacy teams can also lead on quality improvement in medicines optimisation and medicines safety enabling learning to be implemented back into improving patient care and provide education and training for the wider multidisciplinary team.



4.3 Theme 3

Enhancing patient experience and access to care

OUR AIM

People receive holistic, person-centred care from pharmacy teams as part of a digitally connected, wider multidisciplinary team. Avoiding the need for people to repeat themselves with every healthcare professional and allowing different healthcare professionals to share the care they have provided.

Pharmacy teams across the system collaborate to provide people with safe, effective and rapid access to the care and the medicines that they need, when they need them. They provide accessible, consistent health care for people closer to home and support access to urgent and primary care services as well as supporting the hospital care that patients need.

HOW WE SEE PROFESSIONAL PRACTICE IN TEN YEARS

- People have access to community pharmacy, general practice, primary care or specialist hospital pharmacy teams who actively collaborate to provide joined-up care and continuity between one care setting and another. This includes sharing the expertise and experience of pharmacists and pharmacy technicians in non-patient facing roles, such as, technical services or education and training
- Pharmacy teams are integrated into the wider health system and, as part of a multidisciplinary team, refers seamlessly to other health (including pathology, blood, diagnostics/imaging etc), social care and third sector providers. They have access to relevant clinical records to support patient care.
- People own their clinical records and share them with pharmacy teams who have read write access into one, shared, real time electronic health record.
- People access care from pharmacy teams in a way that suits them. Innovations in patient-facing digital technology, remote monitoring and Artificial Intelligence are routinely used without creating

barriers for people who are unable to use these technologies.

- Whenever a medicine is supplied or a medicines intervention made, all people have the opportunity for a conversation with the pharmacy team to support them with their medicines use and to help them to stay healthy and well.
- The barriers that prevent timely access to specialist and non-specialist medicines for patients are broken down enabling them to be supplied in a way that meets their needs wherever they are located. This might be in-pharmacy collection, online and delivery services, remote collection, homecare, or administration of injectable therapies in community pharmacies.
- Technological advances, logistical and communication systems routine in other industries improve the safety and efficiency of the medicines supply process alongside Artificial Intelligence automation and scanning technology.

SHORT TERM IMPLEMENTATION GOALS – A FOCUS FOR ACTIVITY

- Pharmacy teams have access to patient records necessary to support care and can record their interventions contemporaneously on an **electronic health record** that all healthcare professionals use. Regardless of whether they are in primary or secondary care.
- Community pharmacies in England offer **consistent core services**⁵ so that people know pharmacies can be used as a **first point to access care** and be supported by prescribing pharmacists and the wider pharmacy team.
- Collaborative **system working and technology allow greater integration of supply models** across the health and care system, ensuring that people get **safe and timely medicines**.
- Skill mix and development of innovative roles enable **delegation and greater diversification of roles** within pharmacy teams. Skill mixed teams **working at the top of their professional abilities** provide the capacity for pharmacy teams to deliver more for the healthcare system.

5. There will always be some variation in the services provided through community pharmacies to deliver on local population health needs.

HOW IT WILL LOOK

VIRTUAL WARDS ENABLE PEOPLE TO STAY AT HOME

In ten years, virtual wards will be commonplace, with people previously treated in hospital being treated at home for acute care and chronic conditions, avoiding unnecessary hospital admissions and helping people to maintain independence in their own home.

Community trusts, hospitals and primary care teams will work together with social care to enable seamless services to be delivered. IT systems will speak to each other to enable a one team approach to care, everyone involved in the patient's care will have appropriate role-based access to a single care record.

Pharmacy teams will be one part of a wider multidisciplinary team supporting virtual wards. Pharmacists supporting virtual wards will prescribe and optimise patients' medicines either through remote monitoring, virtual consultations or face-to-face consultations depending on the patient's needs. Pharmacy technicians will support patients to access their medicines, and to manage and adhere to their medicines safely at home.

Pharmacy teams can also reduce the number of healthcare professional visits by providing advanced assessment skills and/or observations, which supports action on reducing NHS carbon emissions.

The pharmacy team supporting patients will be determined by patient need, and organisations will collaborate to make sure that the right professional with the right skills and knowledge is available.

Paperless prescriptions will be generated through joined up electronic systems and medicines will be supplied through community pharmacies, homecare or hospital depending on the model or medicines in use. Dispensaries will be operated predominately by pharmacy support staff and pharmacy technicians. Pharmacy teams will be responsible for the medicines safety and medicines governance systems that underpin virtual wards as they develop.

HOW IT IS ALREADY HAPPENING

COMMUNITY PHARMACIES – THE FIRST POINT TO ACCESS CARE

People in Cornwall can directly access a community pharmacy walk-in consultation service as a first point of care. It is based on the national Community Pharmacist Consultation Service but eliminates the need for a referral from a GP. From December 2021 to November 2022, over 5,500 consultations took place across 85 community pharmacies. Over 80% of walk-ins were managed entirely within the pharmacy, supported using Patient Group Directions (Jenkins 2020). It enables people to have timely access to treatment and reduces the demand for GP appointments, with over 4000 appointments saved. All consultations are recorded on PharmOutcomes and shared automatically with the GP practice.



5 How the vision can be enabled

Alongside the vision themes, three enabling themes have been identified as essential for pharmacy teams to be part of an integrated care system. Some enablers are specific to pharmacy professional practice and the organisations that support pharmacy both within the NHS and outside. Others require the support of different parts of the healthcare system, and need pharmacy to be included in wider system strategies and subsequent developments.

As with the first three vision themes, short term implementation goals have been developed and are included after each theme.

5.1 Theme 4 Our pharmacy people

OUR AIM

The pharmacy workforce has the motivation and capabilities to advance the delivery of care to the public and patients. Pharmacists and pharmacy technicians can apply clinical and non-clinical capabilities wherever they work, whether within pharmacy, as part of a wider multidisciplinary team across a care system, in research and development or in academic roles. The pharmacy team can transition seamlessly between different care settings and geographies, with recognition of their level of practice by multi-professional colleagues.

HOW WE SEE PROFESSIONAL PRACTICE IN TEN YEARS

- The pharmacy team come from diverse backgrounds and experiences, working environments create a culture of belonging with inclusion underpinning everything they do.
- The health and wellbeing of the pharmacy team is supported, working practices provide the best opportunities for a healthy home and work life balance.
- Workforce planning ensures the right number of people become pharmacists, pharmacy technicians or pharmacy support staff (including for new and emerging roles). They use a range of different access routes that maximise the appeal of pharmacy as a career.
- Data on the pharmacy workforce is routinely collected nationally and locally, and used to inform a one system approach to enable workforce planning for all pharmacy staff groups, clinical and non-clinical, on an ongoing basis, considering the development of new roles across the NHS, independent and other sectors.
- There is a structured post-registration career roadmap for pharmacists and pharmacy technicians with post registration curricula and frameworks recognised and funded by employers and regulators. Curricula and frameworks

are embedded in multisector training and development pathways linked to remuneration and the delivery of advanced levels of care and services.

- As patient need evolves and professional practice develops, skills acquired through initial education and training are updated along with post-registration curricula. This is supported by a culture of pharmacy professionals as educators in the workplace.
- Formal recognition of post-education registration and training, for example, through credentialing, is integrated into career progression to assure pharmacist and pharmacy technician capabilities for the public, patients and system.
- Interdisciplinary training is routine within and across systems for undergraduates and trainees and the wider pharmacy workforce.

SHORT TERM IMPLEMENTATION GOALS – A FOCUS FOR ACTIVITY

- **A comprehensive pharmacy workforce strategy** for pharmacy that includes pharmacists, pharmacy technicians and pharmacy support staff, and students/trainees is developed nationally to provide the right number of people, with the right knowledge and skills across the pharmacy workforce (Health and Social Care Committee 2022). Pharmacy team workforce planning is part of every ICB people plan.
- Pharmacists, pharmacy technicians and pharmacy support staff have **protected and structured learning/research time** with equality in development opportunities, and access to funding for professional development and leadership training.
- A culture within pharmacy is created where everyone feels they belong, with an environment that attracts, develops and retains future generations of pharmacy staff. A **one pharmacy team ethos** is built that crosses pharmacy sectoral boundaries and teams work collaboratively to celebrate **pharmacy's diversity** and be inclusive to everyone (NHS England 2022a), (Royal Pharmaceutical Society 2020a).

HOW IT WILL LOOK

DEVELOPING THE PHARMACY WORKFORCE – DELIVERING PHARMACOGENOMICS

In ten years, people can opt to have genotyping, capture panel or their whole genome sequenced and stored securely in their electronic health record. Healthcare professionals, including pharmacists and pharmacy technicians will, with the patients consent, access and use interpretive tools to process this information alongside other clinical data.

Pharmacy teams will be embedded in pharmacogenomic pathways at different levels. They will have the knowledge and skills to be competent in their role, starting at undergraduate or trainee level through to foundation, advanced and consultant level.

Patients will be advised how genomic results will enable their medicines to be fully optimised using a shared decision-making approach. Pharmacists will provide tailored treatment with the assistance of intuitive clinical decision support tools, prescribing if necessary. They will advise other prescribers on medicine-gene interactions or use genetic variation data to guide medicine choice. Screening programmes will be directed using genomic information.

Pharmacists will co-lead on genomic medicines service implementation and research within healthcare and be a key member of the genomic multidisciplinary team. They will lead on and contribute to genomic research, providing equitable access to address unmet need. As other advanced therapy personalised medicines are introduced, the pharmacy team will ensure appropriate leadership, governance and medicines safety.

Pharmacy teams will use genomic information to improve early detection and overall population health. Point of care sequencing technology will be used in pharmacy settings, for example, to rapidly sequence pathogens, allowing targeted treatment to be prescribed if appropriate and reducing antimicrobial resistance.

HOW IT IS ALREADY HAPPENING

DEVELOPING THE PHARMACY WORKFORCE - EXTENDED ROLES FOR PHARMACY TECHNICIANS IN RENAL TRANSPLANT SERVICES

Patients taking immunosuppression after a renal transplant are supported by the renal transplant pharmacy technician team at Leeds Teaching Hospitals NHS Trust. Pharmacy technicians contact patients before clinic appointments to confirm their immunosuppression, update their medicines list and address any adherence issues that may have arisen since their last review. In 95% of cases patients are supported by pharmacy technicians to address their adherence issues, with the remaining referred to pharmacists for support. At the same time, patients are reminded to have their blood tests, weight and blood pressure readings updated and their vaccination status is confirmed.

In addition to pre-clinic reviews, pharmacy technicians follow up all transplant patients after they have been discharged from hospital to complete post-discharge medicines reconciliation and support transfer back to primary care. To support person-centered care, transplant medicines counselling is given predominantly post-discharge when people are more open to receiving information about the medicines they will be taking long term. Counselling now follows a person centered 'Better Conversations' framework to structure discussions rather than an earlier checklist approach (The Health Coaching Coalition 2016).

HOW IT IS ALREADY HAPPENING

DEVELOPING THE PHARMACY WORKFORCE - EXTENDED ROLES FOR PHARMACY SUPPORT STAFF

At Northumbria Healthcare NHS Foundation Trust, the pharmacy bases its 'Ward Medicines Assistants' (WMAs) on the wards where they work. The WMAs highlight to the wider pharmacy team new medicines, planned discharges and changes to a patient's health which may impact on their medicines enabling faster targeted support for patients and ward staff. They also help nursing staff with medicines administration, so patients have improved medicines availability and streamlined discharge planning. At the same Trust the production unit employs pharmacy production assistants to support the preparation of 91,000 pre-filled antibiotic bags per annum which improves patient safety and saves 583 nursing hours per week.



5.2 Theme 5

Data, innovation, science and research

OUR AIM

Data and information are used to personalise care, including medicines usage, drive service improvements to meet population health needs, and improve outcomes. The use of this information also supports innovation and research. Innovation in science and technology is embraced by pharmacy teams, and they lead on its safe introduction into practice, supporting patients in its use. As leaders and supporters of research, pharmacy team members routinely contribute to the development and sharing of the research base on medicines and pharmacy professional practice.

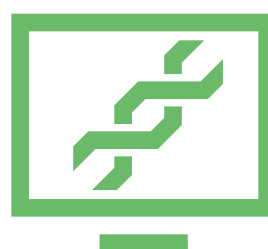
HOW WE SEE PROFESSIONAL PRACTICE IN TEN YEARS

- Population-based decisions informed by data, including from pharmacy interventions, are made at system and local level to tackle health inequalities, plan services and prioritise pharmacy resources in response to local needs.
- The availability of real time clinical and prescribing information, available in a single patient electronic record drives improvement in clinical decision making by pharmacy and the wider multidisciplinary team and improved quality of care.
- Technology is utilised to empower people to prevent ill health and get the best from medicines. Pharmacy teams are the recognised systems leaders of the medicines digital health agenda that ensures clinical safety. This includes digital apps, wearables, diagnostics, and disease and medicine management tools.
- Pharmacy teams adapt their services to incorporate new healthcare technology, such as, Artificial Intelligence, 3D printing of medicines, nanotechnology.

- Pharmacy teams are the clinical and technical leaders of new services and pathways which benefit patient care. They lead on the development and safe introduction into the healthcare system of innovations such as pharmacogenomics, advanced therapy personalised medicines, radioligand therapy and precision medicine.
- A research culture is embraced across pharmacy that recognises research-active professionals provide better care. Clear pathways ensure education and research opportunities and career pathways for pharmacy research leaders.
- Interventions are evaluated and learning from this research implemented rapidly back into improving patient care.
- Pharmacists and pharmacy teams are leaders in clinical research involved in secondary and primary care-based clinical trials.

SHORT TERM IMPLEMENTATION GOALS – A FOCUS FOR ACTIVITY

- The pharmacy workforce has the digital skills to enable them to capitalise on the **data** and digital revolution that will provide opportunities for **targeted interventions** to improve **individual patient** and **population health** (Department of Health and Social Care 2022).
- The pharmacy workforce is developed across systems ready for the large scale roll out of **pharmacogenomic testing and personalised prescribing** (NHS England 2022b), (Royal Pharmaceutical Society 2022a).
- **A research, quality improvement and clinical audit culture is embedded**, into undergraduate and early years careers in all settings with support for pharmacy teams to access funded research programmes.



HOW IT WILL LOOK

TARGETING UNMET NEED THROUGH BETTER USE OF DATA

In ten years, people will own their clinical records which will be available, with their permission, to all healthcare professionals on a read and write clinical portal that gives a 'single version of the truth' patient record. This will revolutionise the way in which care is provided allowing people to be offered targeted interventions at every touchpoint within the healthcare system.

These interventions will take place in different settings. Community pharmacies will review a patient's clinical information when their medicines are dispensed and perform interventions based on the wider clinical condition or needs of the patient. General practice/PCN pharmacy teams will review patients at their appointments, or remotely and proactively as part of population health screening or targeted interventions. Hospital teams will review patient's clinical information when they are admitted or discharged or at out-patient appointments.

Patient and population dashboards (which may also be linked to patient wearable technology) will highlight where interventions can be made to optimise patients care. For example, highlighting safety issues where use of an alternative medicine might improve a patient's outcome. Or where annual blood tests or a vaccination are overdue. Or where a patient's risk factors mean they should be tested for diabetes or other long-term conditions or targeted for lifestyle interventions.

Teams in PCNs and community pharmacy will be able to provide diagnostics and genomic testing there and then through point of care testing or receive referrals from multidisciplinary team colleagues.

Pharmacist prescriber led teams will be able to optimise medication or initiate treatment if indicated. All interventions made will be entered into the patient's real time clinical record for the multidisciplinary team to see.

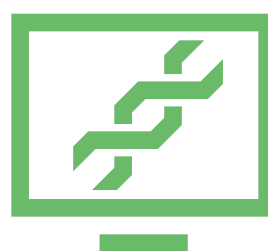
HOW IT IS ALREADY HAPPENING

SYSTEM COLLABORATION TO TARGET AND CONTINUALLY IMPROVE DIABETES CARE

In Leeds there is focus on using a population health management approach to care, ensuring valuable resource is placed in areas of the city where outcomes for people are poorer. This offers a streamlined approach and targets resource to do the most for people needing support.

People living with diabetes and its complications benefit from joined up working between healthcare teams in general practice, primary care and integrated hospital pharmacy teams who collaborate to provide gold standard care. The teams communicate and work across the system to optimise care for diabetes, high cholesterol and heart failure enabling people with long term conditions to self-care more effectively, delaying and preventing complications.

Consultant pharmacists alongside other lead clinicians from across the city make up an expert reference group, which is chaired by a consultant pharmacist, allowing the model of care to constantly evolve and change to reflect best practice guidance. Mentorship and education are provided in a 'train the trainer' way and this enables resilience within a stretched workforce.



5.3 Theme 6 Leadership, collaboration and integration

OUR AIM

Pharmacy across the healthcare system is acknowledged as a critical partner in the development of medicines and the delivery of health and care. Collaboration enables pharmacy professionals to integrate in local teams and across systems. Pharmacy leaders are developed to take senior leadership roles within pharmacy, the healthcare sector more widely, academia, science and research, and in national leadership organisations.

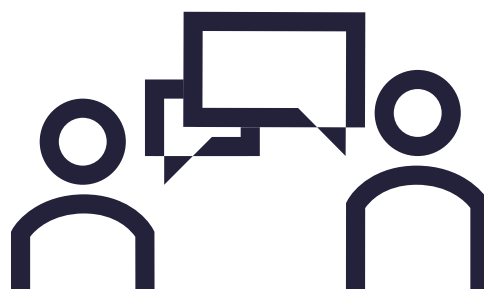
HOW WE SEE PROFESSIONAL PRACTICE IN TEN YEARS

- Every level of pharmacy leadership reflects the diversity of the profession and the populations they serve.
- Pharmacy leaders work inclusively to create working environments and teams where people feel they belong and can be their authentic selves to deliver high quality patient care.
- Consultant, advanced practice, and specialist pharmacists and pharmacy technicians work at the highest levels of leadership and advanced practice supporting the healthcare system with policy, teaching, and research design and delivery, and working collaboratively in multi-professional teams of clinical and care professionals.
- Pharmacy professionals lead transformational strategies for medicines development and use across systems and nationally that improve the quality, sustainability and value of medicines.
- As new models of care and new medicines/novel therapies are introduced, pharmacy teams lead on medicines safety and medicines governance across the system.

- Structured leadership development is embedded within pharmacy professional practice so that pharmacists and pharmacy technicians can take up leadership roles within pharmacy and the wider health and care system. This includes being system leaders in integration.
- Pharmacy professionals routinely work across care pathways with their skills recognised wherever they practice. Portfolio roles are the norm supported by employers and career development structures.
- Pharmacy teams are champions in sustainability with an active role in embedding the principles of sustainable healthcare across all aspects of pharmacy practice.

SHORT TERM IMPLEMENTATION GOALS – A FOCUS FOR ACTIVITY

- **Advanced, specialist and consultant pharmacy leadership roles** (Royal Pharmaceutical Society 2020b), (Royal Pharmaceutical Society 2022b) are present in all settings across the system, including the operational and technical roles that support medicines governance and patient safety.
- Integrated Care System strategies for **the planning and commissioning of pharmacy services** are informed by **the ICB chief pharmacist** and developed in collaboration with pharmacy teams from across the system.
- **Shared pharmacy team roles** working across integrated care systems are developed supported by joint training and development and sharing of models across England.



HOW IT IS ALREADY HAPPENING

ENCOURAGING SYSTEM WIDE PHARMACY LEADERSHIP

The Southeast London ICS developed a system wide leadership programme in collaboration with The King's Fund, bringing together pharmacists from a broad range of settings. They formed inter-sector relationships leading to an understanding of differing needs and priorities. The programme outcomes included development of networking abilities, increased understanding of ICS's and pharmacy integration, as well as enhancing leadership skills. A multidisciplinary neighbourhood network supporting people with their medicines was enabled to provide better care to patients, across primary and secondary care.

DEVELOPING HEALTH SERVICE LEADERS THROUGH PHARMACY

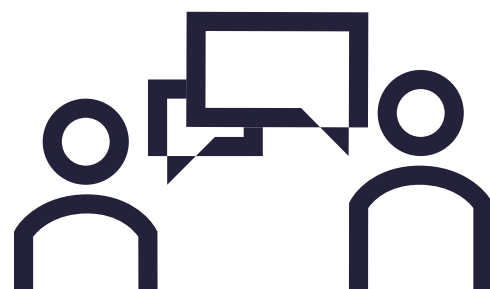
The health service needs leaders from diverse professional backgrounds to provide collaborative leadership (West *et al* 2015) and pharmacy professionals to have the skills necessary for wider healthcare leadership roles (Centre for Postgraduate Pharmacy Education 2022), (Faculty of Medical Leadership and Management 2022), (NHS Leadership Academy 2022).

Already we see pharmacy professionals working as Chief Executives and Chief Operating Officers of provider trusts and Integrated Care Boards. They are also established in diverse local leadership roles such as Chief Clinical Informatics Officers or as Head of Service or Divisional director for a clinical area within a Hospital Trust, or chairing network wide multidisciplinary expert reference groups.

HOW IT IS ALREADY HAPPENING

LEADING A LOW CARBON APPROACH TO ASTHMA CARE

Collaboration with Gloucestershire Integrated Care Board, local GPs and secondary care consultants led to a pharmacist from Gloucestershire Greener Practice group promoting a high quality, low carbon approach to asthma care. The carbon impact of inhaler use was reduced using tools such as practice league tables on the Investment and Impact Fund (IIF) environmental sustainability inhaler targets, plus education and sharing resources relating to the carbon footprint, appropriate use and disposal of inhalers, with the PCN pharmacy team. Conversations about environmental sustainability were included in consultations with patients. The ICB has been successful in reducing the carbon impact of their salbutamol inhaler prescribing – Gloucestershire is currently in top position for the lowest carbon footprint inhaler prescribing and has increased prescribing of dry powder inhalers.



6 Next steps for future collaborative work

This vision sets out a future for pharmacy professional practice that can transform the way pharmacy teams provide care to every community in England and do much more for patients and the public. For this to happen, it needs to be embraced by pharmacy professionals and the organisations representing them, as well as the wider health and social care systems. Patients and the public need to be confident that the care they receive from pharmacy teams not only meets their needs but is safe and joined-up with other services when necessary.

ORGANISATIONS REPRESENTING AND SUPPORTING PHARMACY IN ENGLAND

Making this future vision for pharmacy professional practice a reality must have collaboration from all the organisations that lead, support, educate, commission, provide and regulate pharmacy in England.

The 19 short-term goals identified in this vision are a starting point for collaborative action. They include immediate priorities, such as, developing the skills of pharmacy teams and releasing capacity within the workforce to allow professional practice to evolve.

Transforming pharmacy professional practice cannot be done by pharmacy teams alone and will require coordinated and sustained effort across the healthcare system. The Royal Pharmaceutical Society should play a leading role in operationalising this work. It should bring together national pharmacy organisations, commissioners, representatives from other professions and patient groups to collaboratively lead implementation of the vision. Moving forward, these organisations together should have oversight of the vision and support the delivery and updating of implementation goals.

INTEGRATED CARE SYSTEMS (ICSS) AND INTEGRATED CARE BOARDS (ICBS)

There are so many opportunities for pharmacy teams to provide better support to patients and the public to improve health and reduce health inequalities, as well as ensuring the best use of medicines and using a population health management approach to target interventions. ICBs and ICSSs, including local authorities, are key to unlocking and enabling these opportunities. They need to use a one system view that connects pharmacy teams from hospital, primary care, general practice, community services and community pharmacy to each other and to multidisciplinary teams in their wider systems.

ICBs and ICSSs, however they are configured, need to work with their pharmacy leaders and teams, which span hospital, primary care, community services and community pharmacy to identify how their systems can make the most of these opportunities. At the same time, ICBs and ICSSs need to ensure pharmacy teams are helping drive the commissioning and redesign of system wide pathways, building in evaluation of locally commissioned services and sharing their experience on what works and what doesn't.

PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE [SOON TO BE KNOWN AS COMMUNITY PHARMACY ENGLAND]

Community Pharmacy England working with Nuffield Trust and The King's Fund are developing a specific vision for the community pharmacy sector. Community Pharmacy England should make the links between their work and this vision for system wide pharmacy professional practice giving the opportunity for pharmacy to work collaboratively and to speak with one voice.

The vision for community pharmacy is expected to touch on many of the necessary enablers for transformation mentioned in this report, for example, workforce capabilities and skill mix. It will also address those things that are unique to the sector and that were commonly raised during the development of this report as barriers to transformation including current commissioning and funding arrangements.

PHARMACY PROFESSIONALS

Pharmacy professional practice in ten years will look substantially different to how it looks today and pharmacy professionals need to be ready for this change. They need to develop and enhance the skills that they will need in the future now, and to promote their capabilities to the wider workforce and the healthcare sector.

From digital skills necessary to capitalise on the data and digital revolution that will provide opportunities for targeted interventions to improve individual patient and population health, through to qualifying as a prescriber to support people with complex medicines needs or long-term conditions, or preparing for the large-scale role out of pharmacogenomics and precision medicine. The skills pharmacy teams will need are changing and the pharmacy workforce, supported by its leadership, needs to be ready for these future roles.



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Appendix 1

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OUR THANKS GO TO:

The project advisory group who gave their time and expertise to help shape the development of this vision. As well as all the individuals and organisations who submitted a written response, a good practice example, or attended a webinar or interview to contribute to the development of the vision. They are listed below.

We engaged with around 600 people in the development of the vision, 400 people attended online engagement events and the online consultation alone generated over 670 additional comments from pharmacists, pharmacy technicians, patients and users of pharmacy services, and organisations.

ROYAL PHARMACEUTICAL SOCIETY:

Elen Jones, Heidi Wright, Jenny Allen, John Lunny, Melissa Dear, Sarah Crawshaw and Yvonne Dennington supported the effective running of the project, the consultation, drafting and production of the report.

THE KING'S FUND:

Beccy Baird and Joni Jabbal provided the literature review and contributions throughout the project.

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Association of Independent Multiples (AIMp)
Association of Pharmacy Technicians UK (APTUK)
Boots UK
British Medical Association, GP England Committee
Building the Community Pharmacy Partnership
College of Mental Health Pharmacy (CMHP)
Community Pharmacy Humber
Company Chemists' Association
Doncaster Social Prescribing Team
ESC Management Services Limited
Expert Advisory Groups
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Global Solutions Executive, Verizon Business Group
GP England Committee, British Medical Association
Healthwatch County Durham
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Healthwatch Sandwell
Integrated Care System Pharmacy Forum,
Royal Pharmaceutical Society
Kensington Chelsea & Westminster LPC
Maxwellia Limited
National Pharmacy Association (NPA)
Neonatal and Paediatric Pharmacists Group (NPPG)
NHS Confederation
Parkinson's UK
Pharmaceutical Services Negotiation Committee (PSNC)
Pharmacy2U Ltd
Pharmacy Declares
Royal College of General Practitioners (RCGP)
Stroke Association
Taskforce for Lung Health
Teva UK
The English Pharmacy Board, Royal Pharmaceutical Society
Sunderland PCN Clinical Pharmacy Team
The Self Care Forum
UK Clinical Pharmacy Association (UKCPA)
University Hospitals of Leicester NHS Trust
Well Pharmacy

Appendix 2

Short-term implementation goals

Transforming pharmacy professional practice cannot be done by pharmacy teams alone and will require coordinated and sustained effort across the healthcare system, linked to other workstreams both within and outside the NHS. To support pharmacy practice to transform, and to provide a focus for action by pharmacy and the system, 19 short term implementation goals have been developed for each of the vision themes. This appendix contains a table of all 19 goals.



SUPPORTING PEOPLE AND COMMUNITIES TO LIVE WELL FOR LONGER

1. People living in deprived communities, those experiencing **health inequalities** or anyone excluded from care are supported by pharmacy teams working in partnership with other local organisations to improve their health (Public Health England 2018) for example, people in the Core20PLUS5 priorities group (NHS England 2021).
2. People are **referred directly** to other services, such as, diagnostic services, other healthcare professionals, social prescribing or social care by pharmacy teams who are integrated into local care pathways. This referral can also happen the other way around.
3. People using community pharmacies are routinely encouraged to use **early detection programmes** to help detect early signs of illness and to use **prevention programmes** for long-term conditions as part of a systems approach to improving the public's health that uses the expertise and **accessibility of community pharmacy teams** (Public Health England 2022).



ENABLING PEOPLE TO LIVE WELL WITH THE MEDICINES THAT THEY TAKE

4. Person-centred care is embedded in pharmacy teams by improving access to education and training resources around **shared-decision making** (NHS England 2019b) and work to **identify and remove communication barriers** that prevent people accessing care.
5. The current pharmacist workforce is supported to **prescribe, optimise and deprescribe medicines** (Department of Health and Social Care 2021) within a patient's pathway as autonomous professionals working in their areas of competency (Royal Pharmaceutical Society 2021).
6. Anyone living with **complex medicines needs** and **long-term conditions** can have their treatment and medicines use supported by **prescribing pharmacists** and pharmacy technicians working across the system as part of a connected multidisciplinary team (Royal Pharmaceutical Society 2019).



ENHANCING PATIENT EXPERIENCE AND ACCESS TO CARE

7. Pharmacy teams have access to patient records necessary to support care and can record their interventions contemporaneously on an **electronic health record** that all healthcare professionals use. Regardless of whether they are in primary or secondary care.
8. Community pharmacies in England offer **consistent core services**⁵ so that people know pharmacies can be used as a **first point to access care** and be supported by prescribing pharmacists and the wider pharmacy team.
9. Collaborative **system working and technology allow greater integration of supply models** across the health and care system, ensuring that people get **safe and timely medicines**.

10. Skill mix and development of innovative roles enable **delegation and greater diversification of roles** within pharmacy teams. Skill mixed teams **working at the top of their professional abilities** provide the capacity for pharmacy teams to deliver more for the healthcare system.



OUR PHARMACY PEOPLE

11. **A comprehensive pharmacy workforce strategy** for pharmacy that includes pharmacists, pharmacy technicians and pharmacy support staff, and students/trainees is developed nationally to provide the right number of people, with the right knowledge and skills across the pharmacy workforce (Health and Social Care Committee 2022). Pharmacy team workforce planning is part of every ICB people plan.
12. Pharmacists, pharmacy technicians and pharmacy support staff have **protected and structured learning/research time** with equality in development opportunities, and access to funding for professional development and leadership training.
13. A culture within pharmacy is created where everyone feels they belong, with an environment that attracts, develops and retains future generations of pharmacy staff. A **one pharmacy team ethos** is built that crosses pharmacy sectoral boundaries and teams work collaboratively to celebrate **pharmacy's diversity** and be inclusive to everyone (NHS England 2022a), (Royal Pharmaceutical Society 2020a).



DATA, INNOVATION, SCIENCE AND RESEARCH

14. The pharmacy workforce has the digital skills to enable them to capitalise on the **data** and digital revolution that will provide opportunities for **targeted interventions** to improve **individual patient** and **population health** (Department of Health and Social Care 2022).

15. The pharmacy workforce is developed across systems ready for the large scale roll out of **pharmacogenomic testing and personalised prescribing** (NHS England 2022b), (Royal Pharmaceutical Society 2022a).

16. **A research, quality improvement and clinical audit culture is embedded**, into undergraduate and early years careers in all settings with support for pharmacy teams to access funded research programmes.



LEADERSHIP, COLLABORATION AND INTEGRATION

17. **Advanced, specialist and consultant pharmacy leadership roles** (Royal Pharmaceutical Society 2020b), (Royal Pharmaceutical Society 2022b) are present in all settings across the system, including the operational and technical roles that support medicines governance and patient safety.
18. Integrated Care System strategies for **the planning and commissioning of pharmacy services** are informed by **the ICB chief pharmacist** and developed in collaboration with pharmacy teams from across the system.
19. **Shared pharmacy team roles** working across integrated care systems are developed supported by joint training and development and sharing of models across England.

**We put pharmacy at the
forefront of healthcare**

