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Community Pharmacies

This Briefing Paper looks at recent health strategies in Northern Ireland that have led to a central role for Community Pharmacies in promoting health and wellbeing in their local communities, and in the delivery of primary care services to ease the growing pressures on GP surgeries and accident and emergency services. Three Community Pharmacy initiatives are outlined; Building Community Pharmacy Partnerships (BCPP), placing pharmacists in GP surgeries, and the accreditation of 'Health+Pharmacies'.

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Overview

The role that pharmacies play in delivering primary care and in educating and working with local communities is continually developing in both the healthcare and voluntary and community sectors. A key driver for closer integration of pharmacists is the growing complexity of medicine. For example, stratified medicine is a developing concept that uses medicines tailored to an individual patient's genetic make-up leading to specific targeting of drug treatment. Also, some medicines that could only be administered in hospitals can now be managed in a patient's home due to advances in the design of medicines and technology.[1]

The Patient and Client Council outlined the services now provided by pharmacists in the community, pointing out a range of services that include blood pressure checks, cholesterol and blood glucose level tests, pregnancy testing and sexually transmitted infection services. Colds and flu can also be treated by the pharmacist, avoiding a visit to the GP. However, despite the increased remit of community pharmacists, a recent YouGov. poll of over 2,000 people found that less than a third of respondents were aware of the range of services pharmacists offered. The Patient Client Council argues that this is despite pharmacy being the third largest health profession after medicine and nursing.[2]

Following the reform policy direction of Transforming Your Care[3] and the Donaldson Report[4], a five-year strategy specifically addressing the provision for pharmacy services was implemented. *Making it Better Through Pharmacy in the Community – five year strategy* [5] (2014) focused on the impact of pharmacies in local communities and in different environments. Community pharmacy covers a range of roles from providing a wider remit of services in local pharmacies; integrated partnerships in GP practices; to working in partnership with the voluntary and community sector in delivering local health and wellbeing projects. Health+Pharmacies will work with their local communities to offer advice and services to improve health and wellbeing. This can take place in pharmacies, or in community settings such as schools or community groups with advice issued on a range of public health issues including obesity and nutrition, or individuals can be signposted to other health services or organisations in the community. As approximately 10% of the population visit a pharmacy each day, many with long term chronic health conditions, there is potential for community

[1] Prescription for Excellence (September 2013) (p7).
[2] Patient and Client Blog Entry 55: The Community Pharmacy, February 2014 available: http://www.patientclientcouncil.hscni.net/news/view/patient-and-client-council-blog-entry-55-the-community-pharmacy
[3] Transforming Your Care: A Review of Health and Social Care in Northern Ireland (December 2011); Department of Health available: https://www.health-ni.gov.uk/topics/health-policy/transforming-your-care
[4] The Right Time, The Right Place: Expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland, Sir Liam Donaldson, Dr Paul Rutter, Dr Michael Henderson (December 2014); DoH available: https://www.health-ni.gov.uk/topics/health-policy/donaldson-report
[5] Making it Better Through Pharmacy in the Community – five year strategy (March 2014); Department of Health available: https://www.health-ni.gov.uk/publications/making-it-better-through-pharmacy-community

pharmacies to have an active role in health improvement through medicine management and review.[6]

This briefing covers the policy and strategies leading to the enhanced role of pharmacists in healthcare across the UK and RoI, including highlighting community pharmacy initiatives; pharmacies situated in GP surgeries, Health+Pharmacy accreditation, and Building the Community-Pharmacy Partnership (BCPP).

1. Community Pharmacies - Policy and Strategy for the Delivery of Healthcare

1.1 Development of health in the community

This introduced the concept of tackling health issues at community level in settings such as community pharmacies. Over the last ten to fifteen years the importance and influence of social, economic, environmental and cultural determinants of health have been recognised in the delivery of healthcare and public health outcomes in Northern Ireland. In 2002 the Northern Ireland Executive published a cross-cutting health strategy *Investing for Health 2002-2012*[7] that Sir Donald Acheson[8], the then Chief Medical Officer for England described as *"The best health policy document, at national level from a country in the English-speaking world, I have seen."* The importance of the cross-cutting strategy was that unlike public health strategies in other countries, the goals and objectives were not focused on disease, but on wider determinants of health. The following strategies demonstrate the history of this thinking. The view that health and wellbeing need to be addressed at community level is not new.

1.2 Making Life Better

In 2004 the then DHSSPS published a strategy that introduced services in local community pharmacies to improve public health, medicine use, and ease the burden on GPs. The services introduced in the *'Making it Better'* (2004)[9] strategy are still available in community pharmacies and include; a Minor Ailments Service allowing people to access medicines for common ailments without a GP consultation; a Repeat Dispensing Scheme to improve access to repeat medication; a Manage Your Medicines Scheme to carry out medicine reviews; and a 12-week Smoking Cessation Service. While the 2004 strategy delivered benefits, there remained significant opportunities to further develop what pharmacies in the community could offer.

Making Life Better – a whole system strategic framework for public health 2013-2023[10] (June 2014) is the Northern Ireland Executive's ten-year strategic framework for

[6] Transforming Your Care: A Review of Health and Social Care in Northern Ireland (December 2011)
[7] Investing for Health 2002-2012 (2002); DHSSPS
[8] Sir Donald Acheson, Chief Medical Officer in England 1983-1991 and author of 'Independent Inquiry into Inequalities in Health Report (1998) available: https://www.gov.uk/government/publications/independent-inquiry-into-inequalities-in-health-report
[9] Making it Better (2004) DoH available: https://www.health-ni.gov.uk/publications/making-it-better-through-pharmacy-community
[10] Making Life Better: A Whole System Strategic Framework for Public Health 2012-2023 (June 2014); DHSSPS available: https://www.health-ni.gov.uk/publications/making-life-better-strategy-and-reports

improving public health and reducing health inequalities. It builds on the original *Investing for Health* (2002-2012) strategy, retaining its focus on a broad range of social, economic and environmental factors that impact health and wellbeing. The aim of the *Making Life Better* strategic framework is to allow individuals greater control over their own health, enable them to reach their full health and wellbeing potential, and reduce health inequalities. The framework is not only about programmes at government level, but provides direction for work at regional and local levels involving public agencies, local government and communities working in partnership. *Making Life Better* represents a response to both the review of the *Investing for Health* strategy carried out in 2010[11], and a subsequent consultation in 2012 on *Fit and Well – Changing Lives*.

1.3 Caring for People Beyond Tomorrow

Caring for people beyond tomorrow[12] (2005) is a 20-year strategic framework for primary care which recognised the need for wider development of community-based alternatives to hospital admissions. It focused on 'integrated working' and introduced Primary Care Partnerships where healthcare professionals and community and voluntary sector bodies would work together. However, at the time when the strategic framework for primary care was published, the Community Development and Health Network (CDHN) had been commissioning projects since 2002, bringing together local pharmacies and community organisations to tackle local health and social issues (see Building Community Pharmacy Partnerships section 3.1).

1.4 Transforming Your Care and Donaldson Report

Transforming Your Care: A Review of Health and Social Care in Northern Ireland (2011)[13] ('TYC') recognised the contribution community pharmacies could make to public healthcare, particularly in the management of patients with long term conditions. Ensuring the correct administration of (often multiple) medicines is key to handling patient care, and community pharmacies are ideally placed to provide advice without the need to make an appointment. A key proposal in TYC was for an *"expanded role for community pharmacy in the arena of health promotion both in pharmacies and in the community."*[14]

Highlighting the link between some health conditions and levels of deprivation, TYC recognised the role for community pharmacies in enabling self-care and avoiding conditions becoming chronic. *"Support therefore begins with the GP, integrated community teams and the community pharmacy"*[15]. TYC saw pharmacy as having an enhanced role as part of a multi-disciplinary team involved in medicine management, health promotion at community level, and supporting individuals with complex needs.

[11] Investing for Health Strategy Review (2010); DHSSPS.
[12] Caring for people beyond tomorrow: strategic framework (October 2005) available: https://www.health-ni.gov.uk/publications/caring-people-beyond-tomorrow-strategic-framework
[13] Transforming Your Care: A Review of Health and Social Care in Northern Ireland (December 2011); Department of Health available: https://www.health-ni.gov.uk/topics/health-policy/transforming-your-care
[14] As above p.58
[15] As above p.73

This role was also highlighted in the subsequent consultation document implementing action: [16]

- Integrated Care Partnerships (ICPs) were envisaged as networks of clinical professionals and organisations that would work together through agreements to decide how they could better deliver all relevant aspects of care, e.g. HSC Trusts, GPs, pharmacies, and voluntary and community independent providers.
- The TYC consultation recognised the importance of community pharmacies as the first point of call for people with self-limiting conditions or illnesses.
- Pharmacists were highlighted as being under-utilised, with respondents to the TYC consultation report[17] calling for an increased role for pharmacists in delivering healthcare and providing advice and information to the public. The Pharmacy Forum highlighted the potential for pharmacists to have more responsibility, for example:
  - for vaccination services;
  - minor illnesses; and
  - making services more accessible in primary care.

The Pharmacy Forum stated:

There is a huge opportunity to make better use of the competencies and skills of pharmacists particularly when there will be a significant shift from provision of services in hospitals to provision of services closer to home; in the community and/or GP surgeries.[18]

Community Pharmacy NI also commented that *"Through community pharmacies key interventions could be delivered to 10% of the Northern Ireland population every day",* with pharmacy bodies stressing the contributions they are able to make to the health and wellbeing of patients with long-term conditions. In providing support and information to patients and their carers, pharmacists can ensure that medicines are used effectively and can support patients in managing their conditions and avoiding visits to GPs or A&E departments.

Pharmacy representatives and the voluntary and community sector highlighted unique opportunities where they can support patients. This not only applies to those with long-term conditions, but also the frail, elderly and socially isolated. Where transport is a problem, pharmacists pointed out that they routinely collect and deliver prescriptions for patients who are unable to do so.

[16] Transforming Your Care: Vision to Action A consultation document 9 October 2012 – 15 January 2013; HSCB available: https://www.health-ni.gov.uk/topics/health-policy/transforming-your-care

[17] As above

[18] As above p42

The under-utilisation of pharmacies was also highlighted in the Donaldson Report[19] in 2014 when it stated: *"…the opportunity for a much stronger role for under-appreciated disciplines like pharmacy on the boundary between hospital and population."*

1.5 Health and Wellbeing 2026: Delivering Together

Related to a recommendation in the Donaldson report, in 2015 the then Minister announced the appointment of an expert clinically led panel under the chairmanship of Professor Rafael Bengoa, to lead an informed debate on the configuration of Health and Social Care services in Northern Ireland. *Systems, Not Structures: Changing Health and Social Care*[20] ('the Bengoa Report') was published in October 2016. It highlighted the importance of people receiving care in their local community, pointing out that current health and social care models are not sustainable, and focus too much on a *"…paternalistic approach based on ill health rather than working with patients towards a model of self-care that is based on maintaining the health of the population."*[21]

Having considered the Bengoa Report, Health Minister Michelle O'Neill published a ten-year vision of health care in Northern Ireland. *Health and Wellbeing 2026: Delivering Together*[22] sets out a model of health care based on multi-disciplinary teams. Pharmacists will play a central role, both as pharmacists in multi-disciplinary teams based in GP practices (54 in post by December 2016), and as community pharmacists. Health teams will work in a more integrated way with community services in the area, and with community pharmacies having an important role in primary care services and helping to reduce pressure on other parts of the HSC. Future primary care will involve the HSC becoming *"better at tapping into the innovative ideas and energies in communities themselves, and in the community and voluntary sectors"*[23]

The role that pharmacies play in delivering primary care and in educating and working with local communities is continually developing in both the healthcare and voluntary and community sectors. Following TYC and the Donaldson Report a five-year strategy *Making it Better Through pharmacy in the Community: A Five Year Strategy for Pharmacy in the Community*[24] specifically addressing the provision for pharmacy services was implemented. This has focused on the impact of pharmacies in local communities in different environments. The key strategies and initiatives for community pharmacies are outlined below.

[19] The Right Time, The Right Place: Expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland (section 4.2.2), Sir Liam Donaldson, Dr Paul Rutter, Dr Michael Henderson (December 2014); DoH available: https://www.health-ni.gov.uk/topics/health-policy/donaldson-report

[20] Systems, Not Structures: Changing Health and Social Care (October 2016); DoH available: https://www.health-ni.gov.uk/publications/systems-not-structures-changing-health-and-social-care-full-report

[21] As above p22.

[22] Health and Wellbeing 2026-Delivering Together; DoH available: https://www.health-ni.gov.uk/publications/health-and-wellbeing-2026-delivering-together

[23] As above Chapter 3.

[24] Making it Better Through Pharmacy in the Community – five year strategy (March 2014); Department of Health available: https://www.health-ni.gov.uk/publications/making-it-better-through-pharmacy-community

2. Community Pharmacy Strategies

2.1 Making it Better Through Pharmacy in the Community

In 2012 the then Health Minister approved the development of a refreshed strategy for the provision of community pharmacy services and in March 2014 a five year strategy specifically focusing on pharmacy services; *Making it Better Through Pharmacy in the Community: A Five Year Strategy for Pharmacy in the Community* ('the 5-year strategy'), was published.[25] The then DHSSPS set up an Advisory Group on the implementation plan and the key actions to be delivered by the HSC Board,[26] and a summary of progress on implementation to March 2016.[27]

The strategy forms the main direction for the delivery of pharmacy services in Northern Ireland and enables pharmacists to play a greater role in supporting GPs, managing medicines and contributing to health and wellbeing in the community. Its aim is to facilitate fuller integration of pharmacy services across Health and Social Care (HSC) to ensure effective public health and safe medicine management while addressing the issues where an aging population, often with multiple and long term conditions, is putting a strain on healthcare resources such as GPs and A&E departments.

3. Community Pharmacy Initiatives

Community pharmacy covers a range of roles from integrated partnerships in GP practices, providing a wider range of services in community pharmacies, to working with the voluntary and community sector. These initiatives; Building the Community-Pharmacy Partnership (BCPP), pharmacists in GP surgeries, and Health+Pharmacy accreditation are outlined below.

3.1 Building Community - Pharmacy Partnerships

The Building Community Pharmacy Partnership (BCPP) programme in Northern Ireland was initiated in 2002, developed and managed by the Community Development and Health Network (CDHN) and the Pharmaceutical Branch of the then DHSSPS. Initially funded for three years from Executive Programme Funds, BCPP's current call for funding applications closes in February 2017. HSCB is the sponsoring department for the programme, while CDHN is responsible for its management and administration with direction from a multi-disciplinary steering group.

The aim of the programme from its inception has been to establish *"…stronger partnerships between local communities and community pharmacists and to address local health needs using a community development approach."*[28] A community development approach to health *"…uses the energy, leadership, skills and knowledge*

[25] Making it Better Through Pharmacy in the Community – five year strategy (March 2014); Department of Health available: https://www.health-ni.gov.uk/publications/making-it-better-through-pharmacy-community

[26] Making it Better Through Pharmacy in the Community – implementation plan (February 2015) available: https://www.health-ni.gov.uk/publications/making-it-better-through-pharmacy-community

[27] 'Making It Better through Pharmacy in the Community' Strategy: Progress on Implementation of the Key Actions'; DHSSPS.

[28] Building the Community – Pharmacy Partnership One Rear On – March 2003; CDHN

of people to tackle a community's health related problems", differentiating between a medical model that defines health as the absence of disease, and a social model that considers wider determinants such as socio-economic factors including income, housing and educational attainment.[29]

It was recognised that a key challenge for BCPP would be raising public awareness of the range of services available from community pharmacists, while also raising the awareness of pharmacists of the skills existing within the community sector.[30] The aims of the programme are to promote and support local communities to work in partnership with community pharmacists to address local health and social wellbeing needs using a community development approach and working towards:

- Increasing local people's skills, encouraging community activity and self-help;
- Increasing local people's understanding of health issues; and
- Encouraging local people to play a role in promoting health.[31]

Over the past decade BCPP projects have developed in order to address a diversity of issues. This includes work with early years, addiction and mental health programmes, and with women's and older people's groups. Three levels of funding are available administered and managed by CDHN. The BCPP is an ongoing programme and groups can apply for Level 1 - 6 months (£2,000), Level 2 – 2 years (£10,000) and Level 3 – 3 years (10,000) funding, depending on the project they want to run. Groups can apply for follow-on projects, although to apply for a level 3 project they will need to have completed several projects at level 2.

A Level 1 project over 6 months in 2013 developed a community pharmacy partnership for women in Ballybeen in Belfast. Ballybeen Women's Centre had delivered community services in the area for over 25 years. This project worked with a local pharmacist to promote health and health awareness among women, while assessing their educational and training needs around health and social care issues. The project covered mental health, minor ailments, smoking cessation, diet and physical activity through group and 1 to 1 sessions with the pharmacist. Links were also made with Action Cancer and Aware Defeat Depression.

A level 2 project (£10,000 for projects lasting 1-2 years) in Enniskillen was delivered by AMH, an organisation providing vocational and employment training for young people with mental health and learning disabilities. The organisation had already completed two level 2 projects and a level 3 project with BCPP. This Level 1 project was to combat social exclusion and improve the confidence, self-esteem, mental and physical health of a group of 15 – 20 young people in partnership with two pharmacists. The

[29] Building the Community – Pharmacy Partnership One Year On – March 2003; CDHN
[30] Making it Better (2004); DoH available: https://www.health-ni.gov.uk/publications/making-it-better-through-pharmacy-community
[31] Community Development and Health network website available: http://www.cdhn.org/

sessions focused on medication use, nutrition and physical exercise, and included any other issues that may have presented during sessions.

A Level 3 (a maximum of £30,000 over 3 years) that is ongoing is 'Shepherds View Young parents project in the Waterside in Derry/Londonderry. This is an organisation working with single people that had completed five level 2 projects. They wished to extend the scope of their work and build on their learning, giving support to young people, families, street drinkers and those who are, or are in danger of becoming homeless. Working in partnership with a pharmacy and other groups and agencies, they hold one-to-one and group sessions that include educating parents on childhood illnesses, vaccinations and making health life choices.

In March 2014, the 5-year strategy[32] stated that although progress had been made in recent years, health promotion messages had been less effective. This was even though the communities targeted by them were those where the greatest changes could take place. However, in one year CDHN allocated £360,000 to BCPP projects, 57% of which targeted participants from the top 20% of deprived areas. Participants reporting that their understanding of how to improve health increased from 60 – 81% and making healthy changes to how they lived increased from 47 – 70%.[33] An evaluation conducted in 2011-2012 found that following participation in BCPP funded projects, in general 77% of participants felt more in control of their health; 88% said the sessions had encouraged them to improve their lifestyle; and 87% of participants would take part in other similar activities. [34]

3.2 Pharmacists in GP Practices

In December 2015, Simon Hamilton the then Health Minister, announced a five-year initiative for additional investment of up to £2.6 million, rising to £14 million per year in 2020/21 to provide pharmacists to work alongside GPs. By year five (2020) it is intended that there will be approximately 300 (whole time equivalent) practice based pharmacists in post. The aim of the initiative is to allow GPs to access a practice based pharmacist, improve the safety of prescribing, and give GPs more time to spend with patients. The initiative was welcomed by the Strategic Leadership Group for Pharmacy,[35] established to provide leadership and direction for health and social care organisations delivering reform and innovation in medicines optimisation and in deployment of the pharmacy workforce.

[32] Making it Better Through Pharmacy in the Community – five year strategy (March 2014); Department of Health available: https://www.health-ni.gov.uk/publications/making-it-better-through-pharmacy-community

[33] BCPP Impact Card (2015); CDHN available: http://www.cdhn.org/

[34] BCPP Impact for Health +; HSC Business Services available: http://www.hscbusiness.hscni.net/pdf/BCPP_Imact_for_Health_plus.pdf

[35] Strategic Leadership Group for Pharmacy statement available: https://www.health-ni.gov.uk/publications/practice-based-pharmacists-statement

On a visit to a GP practice with integrated GP and pharmacy services in September 2016,[36] Health Minister Michelle O'Neill said:

"I appreciate the challenges facing GP-led services and the fact that demand for GP-led services is increasing. I am committed to developing a long-term plan to ensure that GP services continue to provide high quality care to the population on a sustainable basis. …I have invested £1.7 million in practice-based pharmacists this year to help ease some of the GP workload and improve the service for patients."

The role of pharmacists in GP practices will include repeat prescription management and medication reviews. It is intended to increase the number of pharmacists being trained as independent prescribers, and their role extended throughout the project. By March 2016 when the review of key actions was carried out[37], recruitment had not been commenced by the federations for this training and therefore phase 1 practice based pharmacists were not yet in place. However, it was anticipated that wave 1 and wave 2 recruitments would take place together and that the March 2017 timescale would still be deliverable.

3.3 Health+Pharmacy Northern Ireland

A recent innovation was the introduction of the Health+Pharmacy initiative announced by the then Health Minister, recognising the important role pharmacies play in keeping communities healthy. The initiative was officially launched in February 2015 and is managed by the HSCB and PHA.

To receive accreditation as a Health+Pharmacy, the pharmacy must demonstrate it meets 16 separate quality standards related to public health, including staff training, suitable premises, and carrying out work with a range of organisations to support health and wellbeing. A Health+Pharmacy will display a certificate and sticker and have a dedicated health and wellbeing advisor.

The Quality Standards for a Health+Pharmacy cover 1) environment, 2) staff development and 3) engagement with others in the local community. They contain the following principles:

Environment –

> The 'professional' environment reflects the impression and ethos of a Health+Pharmacy proactively promoting health and wellbeing to the public. The pharmacy gives the public a clear impression that free and confidential health and wellbeing advice, information and services are readily available.

[36] Health Minister sees first-hand the benefits of pharmacy in practice; DoH news web page available: https://www.health-ni.gov.uk/news/health-minister-sees-first-hand-benefits-pharmacy-practice

[37] Making It Better through Pharmacy in the Community' Strategy: Progress on Implementation of the Key Actions'; DHSSPS.

Staff Development –

1) All staff understand the concepts of health and wellbeing

2) All staff have some understanding of the public health needs in their area and how these may impact on the health and health-related choices of people living in the local community

3) Staff understand that every interaction is an opportunity for a health intervention

4) In recognising the need for equality and diversity, all staff are friendly, welcoming and sensitive to the need for privacy for different individuals seeking advice and health services

5) Members of the pharmacy team make appropriate use of resources from within and outside the pharmacy to best meet the health and well-being needs of their local population.

Engagement with others in the local community –

1) Relevant staff are active members of their local community and understand how to work with their communities and respond to their local needs

2) The pharmacy staff team is an integral part of local public health delivery and engages with other healthcare professionals, other statutory, community and voluntary organisations to contribute to the implementation of an integrated system

3) The pharmacy provides information that is relevant to all sections of the community.

A review of the implementation of key actions in March 2016[38] - one year on from its implementation, reported that eleven pharmacies had been awarded the accreditation of Health+Pharmacy. In October 2016, seventeen pharmacies throughout Northern Ireland had been awarded accreditation.[39] A pharmacist facilitator has also been appointed and, subject to funding, their position will be extended for 2016/17. In launching the scheme, the then Health Minister Simon Hamilton said, *"A growing and ageing population, along with an increasing prevalence of chronic illness and unhealthy lifestyles, is creating an unprecedented burden on our health services. We cannot afford to stand still and must continue to look for opportunities presented by new models of care, such as Health+Pharmacy, that will support people to manage their own health."*

[38] 'Making It Better through Pharmacy in the Community' Strategy: Progress on Implementation of the Key Actions; DHSSPS available: https://www.health-ni.gov.uk/publications/making-it-better-through-pharmacy-community

[39] Health+Pharmacies – Belfast x 2, Randalstown x 2, Carrickfergus, Portglenone, Lisburn, Strangford, Garrison, Newtownbutler, Enniskillen x 2, Derry/Londonderry, Stewartstown, Newtownstewart, Castlederg and Dromore (as of October 2016).

4. UK good practice

4.1 England

In December 2015 the Westminster Government set out a range of proposals for reforming the community pharmacy sector in England. As in Northern Ireland the proposals were intended to move the sector towards value-added services and stronger links to GP services. This was also intended to make a reduction to the £2.8 billion paid to the sector.

Following the announcement of budget cuts in October 2016, the Pharmaceutical Services Negotiation Committee (PSNC) refused the funding proposals for 2016-17 and accused the Government of threatening the role of community pharmacy services in England and forcing some pharmacies to close.[40] In a letter to the Department of Health the Chief Executive of PSNC wrote*, "The proposals were and remain, founded of ignorance of the value of pharmacies to local communities, to the NHS, and to social care, and will do great damage to all three."* During a debate in the House of Commons[41] it was noted the 2015 spending review had reaffirmed a need for the privately owned community pharmacy sector to make a contribution to the publicly owned NHS in order to deliver efficiency savings. It was also argued that community pharmacies are often in clusters, with up to a dozen pharmacies within half a mile of each other.

The NHS England overarching *'Five Year Forward View: Time to Deliver'* (2014)[42] makes a commitment to help people to stay healthy. A 10-point plan will underpin a new deal for primary care that will focus on recruiting, retaining and encouraging a return to practice for GPs. Utilising the resources of the voluntary and community sector (the Peoples and Communities Board), nationally action will be taken to create conditions where local leaders can deliver the 'Five Year Forward View'. In a commitment to prevent as well as treat illnesses, a national Diabetes Prevention Programme is being launched with Diabetes UK. Also a taskforce to improve cancer and mental health services will be led by Harpal Kumar of Cancer Research UK and Paul Farmer of Mind.

Engagement with the voluntary sector in England's 'Five Year Forward View' is happening at a national level involving key players in the voluntary sector. This differs from BCPP in Northern Ireland where the emphasis is on working with the voluntary sector at local community level. However, since 2013 in England local government has had responsibility for public health and wellbeing services. The Local Government Association advised local councils that they may wish to consider commissioning public health services more widely in their strategic approach, and consider using service

[40] PSNC website: http://psnc.org.uk/our-news/government-imposes-community-pharmacy-funding-reduction/

[41] House of Commons 17 October 2016, Urgent question on community pharmacy by Michael Dugher MP to Parliamentary Under-Secretary of State for Health, David Mowat.

[42] Five Year Forward View (October 2014); NHS England available: https://www.england.nhs.uk/ourwork/futurenhs/

providers such as voluntary sector organisations for certain services.[43] Given current disputes in relation to the future of community pharmacies between government and the PSNC, it would seem that involvement of community pharmacies with the voluntary sector may not be part of future strategy.

It would appear that community pharmacy health and wellbeing initiatives in NI are further progressed than in England. In relation to Healthy Living Pharmacies, PSNC states:[44]

> *Public Health England has committed their support for extending the role of community pharmacy in the delivery of public health services and accelerating the roll out of the HLP programme. Northern Ireland has adopted the principles of the model under its Health+ Pharmacy initiative and there is now increasing interest in the concept globally.*

The community pharmacy initiatives in England that have been announced recently are outlined below.

4.1.1 Pharmacists in GP surgeries

In March 2015 the Royal College of General Practitioners (RCGP) and the Royal Pharmaceutical Society (RPS) announced proposals to have pharmacists in GP surgeries. They argued that this would ease current pressures on GPs., reduce waiting times, and improve patient safety and care. It would also address the shortage of GPs compared to an over-supply of pharmacists. In October the Parliamentary Under-Secretary of State for Health, David Mowat said It is intended that services will be delivered differently with £112 million being used to recruit a further 1,500 pharmacists to be employed by the NHS to work in GP practices, with the intention of having 2,000 in place by 2020. This is part of the five year forward plan to link pharmacy more closely with GP services.[45]

4.1.2 Healthy Living Pharmacies

'Healthy Living Pharmacies'[46] (HLPs), similar to Health+Pharmacies in NI, aim to raise standards for community pharmacies to meet local need, improve health and wellbeing and reduce health inequalities. Community pharmacies wishing to become HLPs are required to consistently deliver a range of commissioned services based on local need and commit to and promote a healthy living ethos within a dedicated health-promoting environment. The HLP concept is a framework for commissioning public health services with three levels of increasing complexity and expertise requiring pharmacies to:

[43] Community pharmacy: Local government's new public health role (2013); Local government Association.
[44] Healthy Living Pharmacies, Further information on HLPs: The why, the how and the what; PSNC available: http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/
[45] House of Commons 17 October 2016, Urgent question on community pharmacy by Michael Dugher MP to Parliamentary Under-Secretary of State for Health, David Mowat.
[46] PSNC http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/

- undertake workforce development where staff pro-actively support and promote behavioural change to improve community health and wellbeing;
- have premises that are fit for purpose;
- engage with the local community and other health professionals, particularly GPs, other social care and public health professionals, and local authorities.

4.1.3 Pharmacy Urgent Care Pilot Programme

The Community Health and Care Minister announced a 'Pharmacy Urgent Care' pilot programme due to begin in December 2016. This will allow the public to go to their local community pharmacy for emergency repeat prescriptions and minor ailments. Community pharmacies will be able to provide emergency repeat prescriptions for medicines including asthma inhalers, insulin and pain killers. Patients will also be able to receive advice and medication for self-limiting illnesses and injuries including pain, constipation, indigestion, hay fever, sore throat, ear-ache, colds, flu, and bites and stings. The pilot aims to reduce the burden on GPs and prevent patients having to go to A&E if they run out of repeat medication. The minor ailments scheme has been operating in NI for some time.

4.1.4 Access Scheme

Government is also consulting on an access scheme to protect pharmacies and benefit communities in rural and deprived areas, with the aim of ensuring a baseline for distances people will have to travel to a pharmacy.

4.2 Wales

The number of community pharmacies in Wales has shown very little change since 2006-7. As in England, services are divided into three categories of essential services provided by all community pharmacies, advanced services based on accreditation, and enhanced services commissioned locally by Health Boards to reflect the needs of the local population.

Advanced services are part of the pharmacy contractual framework in Wales, and their provision is planned at national level. Advanced services include Medicine Use Reviews (MURs) carried out since 2006 to improve patient's knowledge of the medicines they use. Discharge Medicine Reviews (DMRs) were introduced in Wales in 2011 providing support to patients recently discharged from hospital to ensure any changes in medication are enacted.

Enhanced services are arranged by Local Health Boards which accredit community pharmacies to provide additional services. Enhanced services include emergency contraception, smoking cessation, administration of prescribed medicine, palliative care scheme, flu vaccination, syringe and needle exchange, out of hours, minor ailment schemes and common ailment services. From 2011-12 emergency contraception has

been the service the highest number of pharmacies have been accredited to provide (607), while only 36 were accredited to provide a Common Ailments Scheme.[47]

4.2.1 Common Ailment Scheme

Between October 2016 and March 2017 a trial is being rolled out across north Wales aimed at easing pressure on GPs by encouraging patients to seek advice from pharmacists. The Common Ailment Scheme has been trialled among 19 pharmacists over the past year who carried out 2,000 consultations with people seeking advice for common ailments such as head lice. The Betsi Cadwaladr University Health Board is the first in Wales to extend the Common Ailment Scheme to all its pharmacies.

4.2.2 Choose Pharmacy Project

In March 2016 the Welsh Government invested £750,000 in technology as part of the Choose Pharmacy Project. Its aim is to improve integration with NHS providers by for example, allowing patients' discharge information to be shared with a nominated pharmacy for a follow up review by the pharmacist when they leave hospital.[48]

4.3 Scotland

4.3.1 Strategy

The Scottish Government published *"Prescription for Excellence: A Vision and Action Plan",* [49] ('the pharmacy action plan') in September 2013. It is an action plan for pharmacy services in Scotland for the next 10 years. The pharmacy action plan complements the Scottish Government's '2020 Vision' which it set out in 2011.[50] The 2020 Vision wants a Scotland where *"…everyone is able to live longer healthier lives at home, or in a homely setting…"* . The vision is to have a healthcare system that includes integrated health and social care; a focus on prevention, anticipation and supported self-management; and day care hospital treatment as the norm with the focus on people getting back to their home or community environment as soon as appropriate with minimal risk of re-admission.[51]

The pharmacy action plan sets out the following vision:

> *All patients, regardless of their age and setting of care, receive high quality pharmaceutical care from clinical pharmacist independent prescribers. This will be delivered through collaborative partnerships with the patient, carer, GP and the other relevant health, social care, third and independent sector*

[47] Community pharmacy services in Wales, 2015-16 (19 October 2016) SFR140/2016; Welsh Government.
[48] BBC News Wales 10.10.2016 "Betsi health board pharmacy trial extended to help GPs, http://www.bbc.co.uk/news/uk-wales-37586646
[49] Prescription for Excellence (September 2013), The Scottish Government; available: www.gov.scot/resource/0043/00434053.pdf
[50] Strategic Narrative – Achieving sustainable quality in Scotland's healthcare (2012); Scottish Government available: http://www.gov.scot/Topics/Health/Policy/2020-Vision/Strategic-Narrative
[51] 2020 Vision (2011); Scottish Government, supporting documents available: http://www.gov.scot/Topics/Health/Policy/2020-Vision

professionals so that every patient gets the best possible outcomes from their medicines, and avoiding waste and harm.

The aim of the pharmacy action plan is *"…to create models of care that are safe, effective and person centred, provide long term sustainability and facilitate and design an environment for pharmacists to engage with other health and social care professionals."*[52]

The Pharmacy action plan acknowledges that NHS pharmaceutical care in the community will not be solely reliant on community pharmacies, but will require a *"distributed model from GP practices, the domiciliary setting or via remote consultations using telehealth are among the models that should be explored."*[53] It is also the intention that pharmacists should complement and support patients served by dispensing doctors in a distributed model ensuring all patients have equitable access to NHS pharmaceutical care.

There is a recognised need for healthcare teams, particularly in hospitals and in the community. By 2023 all pharmacists in Scotland will be required to be NHS accredited clinical pharmacists who will be referred to as 'general practice clinical pharmacists' regardless of the setting in which they work, and for long term conditions post diagnosis caseloads will be allocated to pharmacists. Part of the vision for future delivery of healthcare in Scotland points to a closer relationship between the NHS, Local Authorities and the third and independent sectors. This acknowledges future care issues such as inequalities in health, an ageing population, and increasing numbers of patients suffering from multiple conditions. Increasing expectations from the community relating to healthcare and the use of new drugs and treatments mean that pharmacies in the community will be of growing importance.[54]

4.3.2 Current provision

Contracted pharmacy services in Scotland achieve the aim of easing the burden on GPs. However, schemes are more regulated in respect of patient registration, making them less accessible than in NI as outlined below.

4.3.3 Minor Ailment Service

In NI people can attend any pharmacy offering a minor ailment service and be supplied with up to two products free of charge on the NHS. However, the Minor Ailment Service in Scotland is not available to everyone. Patients must register with a particular pharmacy they elect to use for the service and are only eligible if they are 16, or 19 years of age if in full-time education, aged 60 years or over, have a valid exemption

[52] Prescription for Excellence (September 2013) (p6).
[53] As above Executive Summary
[54] Establishing Effective Therapeutic Partnerships – A generic framework to underpin the Chronic Medication Service element of the Community Pharmacy Contract, Scottish Government, December 2009.

certificate, receive certain means-tested benefits, or are entitled to NHS tax credit exemption.

4.3.4 Acute Medication Service

The Acute Medication Service introduces the Electronic Transfer of Prescriptions that supports pharmaceutical care services for acute episodes of care and any associated counselling and advice.

4.3.5 Chronic Medication Service

The Chronic Medication Service introduces a systematic framework of working and formalises the role of community pharmacists in the management of individual patients with long-term conditions in a partnership with their GP. This allows patients to better understand their medicines and optimise their effectiveness. There are 3 possible stages.

- At stage 1 a patient can register to receive care from a pharmacist of their choice and give explicit informed patient consent for the elected pharmacy to provide their pharmaceutical care.
- Stage 2 introduces a generic pharmaceutical care planning framework allowing pharmacists to identify and prioritise registered patients or groups of patients who have unmet care needs and target patients most in need of support. A pharmaceutical care plan with needs, issues and desired outcomes is than documented in a pharmaceutical care plan.
- At Stage 3, the shared care element allows a GP to produce a 24 or 48 - week serial prescription dispensed at appropriate time intervals. Information about dispensing is electronically returned to the patient's GP. An end of care treatment summary details relevant information for the GP. This eases pressure on GPs and allows pharmacists to monitor patients and their medicines.

4.3.6 Public Health Service

The Public Health Service element of the pharmacy contract in Scotland encourages pro-active involvement of community pharmacists and their staff in supporting self-care, offering interventions to promote healthy lifestyles across the network of community pharmacies in Scotland. There is no accreditation scheme as in NI (Health+Pharmacy) and England (Healthy Living Pharmacy). Part of the Public Health Service includes the provision of a smoking cessation service and a sexual health service for the supply of emergency contraception.

4.3.7 Pharmacy Care record

The Pharmacy Care Record is a web application providing community pharmacists and pharmacy technicians with the capability to record details of a patient's care and medication that has been prescribed/dispensed. This forms a key part of delivery of the Chronic Medication Service. The service also supports the Smoking Cessation and

Gluten-free food service forming part of the community pharmacy Public Health Service.

4.3.8 Community Pharmacy Scotland recommendations

Community Pharmacy Scotland (CPS) represents community pharmacy contractors in Scotland. In response to the Scottish Government's pharmacy action plan in 2013, it published proposals for how current services already being delivered by community pharmacies could be enhanced. Recommendations include the removal of what they term 'out dated exemption criteria' from the Minor Ailment Service, making prescription only medicines available for common conditions, and allowing pharmacists to refer patients to other healthcare professionals where they deem necessary. In relation to the Public Health Service, commissioning flu vaccination through community pharmacies. [55]

5. RoI

As with other jurisdictions, the Republic of Ireland is facing healthcare issues in relation to rapid growth in volume, cost and complexity, and the Government is currently developing a 10-year plan for a new model of healthcare in RoI to meet changing demand. As with the delivery of healthcare in the other jurisdictions outlined in this paper, the aim is to have health care situated as close to a patient's home as possible. This will involve enhancing primary care and integration of primary and secondary care settings.[56]

The Pharmaceutical Society of Ireland (PSI) believes the only cost effective solution to meeting demand is to take a multi-disciplinary approach to healthcare and situate services as close to the patient's home as possible. This will involve enhancing primary care and the integration of care between primary and secondary healthcare settings. PSI acknowledges that legislative changes will be necessary to address some of the proposals they make for the more extensive use of pharmacists expertise to offer solutions and support patients in improving their own health.[57]

The Future Pharmacy Practice Project[58] commenced in the summer of 2015, to examine how pharmacy can contribute to the health and wellbeing of patients in an evolving health sector. The research and subsequent report *Future of Pharmacy practice – Meeting Patients' Needs* (pending) seeks to build on the *Pharmacy Ireland*

[55] Prescription for Delivery: The CPS action plan to deliver pharmaceutical care for patients in Scotland (June 2014); Community Pharmacy Scotland.

[56] A Programme for a Partnership Government, May 2016

[57] Submission to the Department of Health in preparation of a Statement of Strategy 2016-2019 (14 September 2016); Pharmaceutical Society of Ireland.

[58] Future Pharmacy Practice Project http://www.thepsi.ie/gns/pharmacy-practice/pharmacy_practice_reports/Future_Pharmacy_Practice_Project.aspx

2020 report.[59] The project has included individual interviews and focus groups, all overseen by a Steering Group chaired by the former Chief Pharmaceutical Officer at DHSSPS, representatives of the Department of Health and HSE in RoI, and academic and practicing pharmacists. The pending report will provide evidence for an enhanced role for pharmacists in supporting public health initiatives, being part of multi-disciplinary teams offering care in areas of chronic disease management and disease preventions.[60]

Conclusion

All of the jurisdictions examined in this paper have the same health and social care issues. These are caused by aging populations with an increase in long term and multiple conditions, and growing pressures on primary care services – GP practices and A&E services. The same approaches are also being adopted, namely resourcing community care initiatives meaning patients can be treated in the community leading to less pressure on hospital services.

Community pharmacies have a central role in delivering community based healthcare services. Northern Ireland is leading other jurisdictions in key initiatives such as BCPP, Health+Pharmacies, and placing pharmacists in GP surgeries. The Health Minister's recently published vision for the next 10-year period[61] shows a commitment to continue to develop and resource these community pharmacy based initiatives.

[59] Pharmacy Ireland 2020 report available: http://www.thepsi.ie/gns/pharmacy-practice/pharmacy_practice_reports/pharmacy-ireland-2020.aspx

[60] Submission to the Department of Health in preparation of a Statement of Strategy 2016-2019 (14 September 2016); Pharmaceutical Society of Ireland.

[61] Health and Wellbeing 2026-Delivering Together; DoH