

### PART II - MAKING IT HAPPEN







### Introduction

In September 2016, Pharmacy Voice and PSNC, with the support of the English Board of the RPS, published the Community Pharmacy Forward View (CPFV) - our shared vision for the future of community pharmacy. This Forward View is the sector's response to the challenges and opportunities facing our health and care system over the coming years, as set out in the NHS's own Five Year Forward View. It also reflects the many other reports and analyses describing how demographic and social trends, combined with technological change, will demand a fundamentally different approach to health and care service delivery in future.

The CPFV presents the ambitions of community pharmacy leaders in this context: to radically enhance and expand the personalised care, support and wellbeing services that individuals can access in community pharmacy settings as part of integrated local health and care systems, and so help the NHS and Government achieve better quality, efficiency and outcomes for all.

The CPFV outlines 3 core roles for the community pharmacy of the future:

- As the facilitator of personalised care for people with long-term conditions;
- As the trusted, convenient first port of call for episodic healthcare advice and treatment; and
- As the neighbourhood health and wellbeing hub.

Much of what is described in these future scenarios is already happening across all or part of the community pharmacy network, or could be if we had the right supporting systems, processes and incentives in place. What we want to see in future is consistent quality, delivery and impact across the whole country, enabled by effective planning and commissioning and a rigorous focus on implementation and continual improvement within the sector.

In the CPFV we call on our national and local partners to help us to bring this about.

The CPFV vision and call to action has been well received by community pharmacy leaders, by patient groups and politicians and by our colleagues in the NHS, local and national Government. We have received examples of how community pharmacists are already working in the ways described in the Forward View, feedback and suggestions on how the ideas in the report can be enhanced, and many invitations to explore and test them with frontline pharmacy teams and their local partners. We would like to thank everyone who has taken the time to help develop and improve our vision for community pharmacy in this way.

Alongside this support for the CPFV vision, the things we have perhaps heard most loudly over the past few months, in varying shades and tones, are the questions: 'when', 'how' and 'who'? We might all agree this is a positive direction for travel for the sector and for the wider health and care system, but what are the first steps toward making it a reality? Can we expect the sector to embark on this journey right now, and are our partners really on board?

These questions come, of course, at a time of great uncertainty and challenge for community pharmacy owners and their teams. After a year which ended with funding cuts and contract changes imposed on the sector, it is no surprise that pharmacy teams are looking for a different set of answers to those recently received from Government and the NHS.

But this is also why the CPFV is essential; it provides the backdrop for a renewed relationship between community pharmacy leaders, the NHS and Government, and the foundations for genuine involvement of community pharmacy's leaders in both planning and delivering the health services we will need for the future. And while the current climate for the sector is undeniably grim, there are some signs that the messages are getting through.



The Independent Review of Community Pharmacy Clinical Services (<u>The Murray Review</u>), published in December 2016, reflects on the evidence for and recognises the value of a wider range of clinical services being delivered through the community pharmacy network. It includes a number of recommendations that chime with and directly support the aspiration and vision set out in the CPFV, in particular that:

- Full use is made of the electronic repeat dispensing service, as the default for repeat prescribing
- Medicines Use Reviews (MURs) are redesigned to ensure they are an integral part of care pathway for patients managing long term conditions
- NHS England quickly sets out how it intends to deliver on its commitment that minor ailment schemes should be commissioned across England by April 2018
- Digital maturity and connectivity across the sector should be improved to facilitate effective communications between community pharmacy and other healthcare teams
- The resources of the NHS England Vanguard programme should be used, alongside the Pharmacy Integration Fund, to support the involvement of community pharmacists in the development and testing of new care models

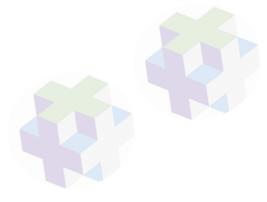
Crucially, Richard Murray also makes the following observations in his report:

"There is little point in developing recommendations unless there is a reasonable expectation that they can be implemented in a pragmatic way... Implementation itself is dependent on cooperation and collective experience from both within and external to the sector..."

A new approach

Murray recognises that policy-makers need to set the right conditions for community pharmacy teams to be able realise their full potential, and outlines specific steps that national bodies could take to enable the sector to overcome barriers that have to date prevented full integration. However, he also notes that "it is imperative that the sector is able to bring its membership with it on a journey to effect change..." In short, he concludes that "Only by policy makers and practitioners working together will change be made in a sustainable and robust way that achieves the overall objectives."

We agree.



# A framework for change

Working with colleagues across the community pharmacy network, and based on the feedback on the initial vision document, we have been developing an outline implementation framework for the Community Pharmacy Forward View. We believe this can also provide a roadmap for delivering the Murray Review recommendations, but as part of a much more radical programme for integrating community pharmacy services into local health and care systems.

As with the CPFV vision, we are publishing this framework as a work in progress; a starter for ten which we want others to review, refine and expand. In particular, we invite local leaders to share their own stories of taking steps along the pathways described, and the lessons learned on how progress can be accelerated and barriers removed.

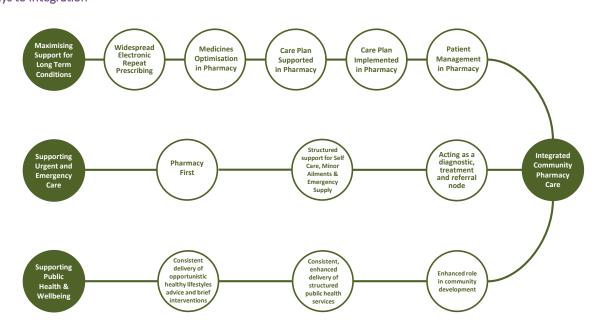
The draft framework sets out implementation pathways for the three future roles for community pharmacy that are described in the Community Pharmacy Forward View, in the form of 'network diagrams'.

Pathways to integration

These pathways, which are summarised below, can be viewed in full on the Community Pharmacy Forward View microsite <a href="mailto:cpfv.info/making-it-happen/">cpfv.info/making-it-happen/</a>

In each diagram, a central pathway outlines staging posts of community pharmacy development, moving from where we are now to how pharmacy teams will be operating in the future when the Forward View is fully realised.

The boxes in between that connect these staging posts summarise the type of actions required to move from one stage to another. In each case, they group together interventions and changes that would help accelerate progress. As such, they provide a menu of options at each step in the pathway, from which national and local decision-makers can choose. Different options will have different costs and benefits and will facilitate change at different rates. The intention is to demonstrate that while the sector sees some options providing a faster, more effective route than others, it will always proactively seek and develop alternatives when this is necessary.





#### Decision support for acceleration

When the end point is the right place to aim for, how do you get there as quickly and safely as possible whilst expending the minimum of resource? There is a balance to be struck between Benefit, Speed and Cost







Expensive but worth it



Expensive but urgent



Quick wins



Long term benefits

Some categories of activity, such as supporting local leadership and change management, are common to and underpin all three pathways. Others, including workforce development, establishing new commissioning models and developing national standards, apply in all cases but may involve different actions in each scenario.

We do not claim to have identified every accelerator or option available to providers and commissioners; indeed, for some steps the options are wide. However, we have tried to elicit the most tangible and achievable ones.

## To deliver the Community Pharmacy Forward View, we need to:

- Raise awareness of community pharmacy services with the public, and strengthen relationships with service users
- Support local leaders to build partnerships with colleagues across the health and care system
- Harness technology and secure digital integration
- Empower the workforce to develop their skills, manage change and work effectively within new structures, cultures and systems
- Establish new ways of working and delivering integrated care, supported through appropriate funding and contracting mechanisms
- Proactively support and facilitate sectordevelopment and change management

The actions will all require some degree of coordinated effort from leaders within the community pharmacy sector, local and national commissioners, health and care partners, national pharmacy bodies and other stakeholders. Effective communication and partnerships between pharmacists working in different care settings will be particularly important facilitators for change. Actions will have to be taken forward simultaneously, at different levels, and some local areas will take different pathways than others. However, the implementation framework will provide a map to guide that activity, thereby reducing both complexity and duplication. Most importantly, it provides a starting point for discussion with both national decision makers – about the actions that require a consistent approach and/or a change in policy, and with local partners – about those that depend on relationship building, partnership and new ways of working.

We certainly do not see this framework as anywhere near complete. The intention is to develop further detail regarding each of the options, and to categorise them according to likely benefits, cost and ease of implementation and who can do what to contribute at each stage. We recognise that guidance will be needed to help people understand the framework and navigate the pathways. We also plan to collate resources and examples to show how colleagues are already making progress along them in different parts of the country. We are publishing the framework in this outline version in order to test the concept, and get the dialogue going on how we implement the Community Pharmacy Forward View.



## A commitment to partnership

In publishing the Community Pharmacy Forward View, we demonstrated that community pharmacy sector leaders have ambition and vision. The response we have received from community pharmacists and their teams across the country shows, if anything, that frontline practitioners have even more. We have ideas and options for implementation, and we are inviting feedback and collaboration to help us develop them. We know that national representative bodies need to continue working together to provide united leadership across the sector, to enable community pharmacy to make the case for the implementation of the vision. Community pharmacy owners and professionals also need to play their part, and be willing to do things differently. We are committed to working with community pharmacy teams and partners to make this happen.

We are meeting our side of the bargain that Richard Murray, rightly, identifies as needing to be struck between the sector, policy makers and local and national partners — one that involves cooperation, draws on collective experience, and supports sustainable change. We now ask for a commitment in return from national partners in Government and the NHS to work with us, supporting the translation of this sector-led change framework into a shared delivery plan.

Over the past year, the community pharmacy sector has repeatedly called for a different type of dialogue with the Department of Health and NHS England; a partnership approach to implementing change that is based on a shared vision for the future, and builds from the existing strengths and value of the community pharmacy network.

We have now set out our vision, and a framework to guide the decisions and actions of stakeholders in the process of realising it. We have the starting point for a different conversation about community pharmacy in 2017/18 and beyond; about how we can truly put community pharmacy at the heart of an efficient, effective and thriving NHS.

We call on the Government, NHS and public health leadership to join this conversation, with a commitment to work collaboratively with the community pharmacy sector to design and create the future together.



### To community pharmacy colleagues, patient leaders, local commissioners and other providers:

- We would like to receive your feedback on the implementation pathways and the accelerator options they set-out, so that we can refine and add to them
- We would also like to hear about your own stories and examples of progress in integrating community pharmacy into local health and care systems, including what has facilitated that progress and how you have overcome any barriers
- We encourage you to use the outline implementation framework in discussions with your own teams and local partners as the starting point for conversation on how these, or alternative, pathways could be laid in your area

You can share your feedback via the <a href="CPFV microsite">CPFV microsite</a>

## Our messages

#### To the Department of Health and national NHS bodies:

- We would like to hear a commitment from the Government, and from national NHS bodies, to work with the community pharmacy leadership bodies in a new way, and to agree a partnership approach to implementing a shared vision for the sector. NHS England's response to the Murray Review recommendations will provide an opportunity for this commitment to be made
- We would like to meet with representatives of the relevant national bodies and policy-makers early in 2017, to establish this partnership approach, agree an implementation framework and start work on the actions that require a whole-sector approach