Pharmacy in England: Building on strengths – delivering the future – listening events

Summary report of views put forward at the listening events held in May 2008

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Executive summary

- On 3 April 2008, the Government published the pharmacy White Paper, Pharmacy in England, Building on strengths – delivering the future. In the foreword to the White Paper, Dawn Primarolo, Minister of State for Public Health, welcomed the opportunity to continue working with pharmacy and others to deliver plans for NHS pharmaceutical services. As a first step, with NHS Employers, the Department of Health hosted six national Listening Events in May 2008. Over 630 delegates attended six events held in London (twice), Birmingham, Bristol, Manchester and York.

- Delegates had the opportunity to discuss key White Paper themes and proposals at a number of workshops and provide feedback. We are grateful to all those attending the workshops for contributing to an informed, robust debate on ways of building on current achievements and ways of progressing and implementing further change.

- This debate has informed the development of the further consultation, promised in the White Paper, and published on the Department's website on Wednesday 27th August. This report is a summary of the key findings and views emerging from those workshops on the themes of:

  - Commissioning for Quality – **Appendix A**
  - Ensuring High Quality Services and Revising Payment Mechanisms – **Appendix B**
  - Market Entry: Pharmacy – **Appendix C**
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National Workshops – Overview

1. Those attending the workshops took part in interactive voting on the value of the national listening events. Of those who participated in voting, the majority considered the events as 'excellent' or 'good'.

	Excellent	Good	Satisfactory	Total excellent or good
London (1)	**27.2**	**63.6**	**9**	**90.8%**
Birmingham	**11.4**	**54.2**	**25**	**65.6%**
Bristol	**25**	**50**	**21**	**75%**
Manchester	**11.3**	**52.2**	**31**	**63.5%**
York	**5**	**62.2**	**25**	**67.2%**
London (2)	**14.7**	**58.8**	**20**	**73.5%**

2. We also asked all delegates to provide feedback on

- their job title;
- how positive they felt towards the subjects under discussion;
- the top three external factors they considered most likely to shape or affect the development of pharmacy and pharmaceutical services;
- which three chapters in the White Paper they considered to be the most relevant; and
- how good relationships were between health professionals in their area.

Job Titles

3. There was a wide-ranging mix of delegates, including pharmacists, GPs, and NHS staff (from both PCTs and SHAs). However, within these groups, there were not many community pharmacists and non-dispensing GPs, appliance contractors and those representing patient and public groups.

The subjects under discussion

4. At the start of each event, delegates indicated how positive they felt about the subjects for discussion. Again, views differed – ranging from an 80% positive vote at the York event to 46% in Bristol. When asked again at the end of the event, there was little change in how positive delegates felt about the issues discussed – except for Bristol where there was an increase from 46% to 53%.

The three external factors likely to shape pharmacy in the coming years

5. For most delegates the three external factors were

- Pharmacy's relationships with PCTs
- Public expectations
- Technology

The three most relevant chapters of the Pharmacy White Paper

6. For the majority of delegates, the most relevant chapter of the White Paper is Chapter 4 (More pharmacy services supporting healthy living) which sets out a vision for future service development, in particular those supporting healthy living, improving access to medicines, and better integrated services for those with long term conditions (LTCs). Chapter 8 (Structural enablers and levers) setting out ways of enabling change to secure the future provision of pharmacy services is also seen as particularly relevant to achieving progress in delivering this vision for pharmacy. Chapter 3 (Expanding access and choice through more help with medicines) which looks at how pharmacists and pharmacy staff can further improve access to medicines, safe and effective use of medicines and the need to make better use of pharmacists' expertise is also seen as an essential part of developing services.

Relationships between health professionals

7. Although 20-25% of delegates thought working relationships between health professionals in their areas were 'good' or 'excellent', about 58% of delegates felt there is room for improvement with a need to move on from 'satisfactory' to 'excellent'.

APPENDIX A

Commissioning for Quality workshops: summary

1. There is general support for the strategic approach to Commissioning for Quality, as set out in Chapter 8 of the White Paper i.e.

    - robust pharmaceutical needs assessment (PNA), integrated in Joint Strategic Assessments of Need and responded to in PCT commissioning plans;
    - payment mechanisms that reward quality and investment;
    - levers within national arrangements to better manage performance (e.g. similar to those available within a direct contractual relationship between the PCT and the pharmacy service provider); and
    - revised contractual arrangements, with the introduction of new contracted services such as directed enhanced services (DESs).

Key Points Emerging from Workshops

- It is essential for PCTs' overall service commissioning plans to include their assessment of local pharmaceutical service needs: a robust evidence base must inform commissioning for quality.
- Pharmacists, other providers of pharmaceutical services and the public must be able to inform the PNA. Patients and the public can help drive up quality – e.g. through improvements in patient information, education and feedback.
- PCTs must take a comprehensive and consistent approach to PNAs, supported by a national template and robust data. This also supports PNAs being jointly developed across PCT boundaries, as appropriate.
- An approach which facilitates quality standards and continuous improvement, and which is applied consistently across pharmacy and other providers, should motivate pharmacists as well as contractors.
- Clarity on service requirements and security of funding will support longer term service planning and investment in quality. 'Quality does not come cheap'.
- There is a need to achieve the right balance between:
    - ☐ national and local – national consistency versus responsiveness to local needs; and
    - ☐ between provider collaboration and competition.
- A new category of directed enhanced service would be welcomed but it must be clear as to how this would work within pharmaceutical services, including the fit with current contractual arrangements and the three tiers of essential, advanced and local enhanced services.

APPENDIX B

Ensuring high quality service and revising payment mechanisms: summary

1. Delegates focused on the provision of essential services when considering the proposals for future service developments outlined in chapters 4, 6, 7 and 8. Discussions focused on:

    - how contractors might demonstrate their competence and ability to provide quality services on an ongoing basis;
    - the level of PCT monitoring/audit that will provide assurance that service provision meets identified standards; and
    - how incentives (financial and others) can be more responsive - rewarding quality and services provision that meets local PCT priorities.

2. Delegates felt that payment structures in the longer term should reward successful patient outcomes to support the provision of high quality services – for example, a system along the lines of primary medical services' Quality and Outcomes Framework (QOF). They recognised this would take time to develop. In the meantime, payment mechanisms should support and reward a culture shift that encourages continuous quality improvement, including the development of staff and the collection and use of robust, meaningful, data that demonstrate key patient outcomes. The development of a national performance management toolkit would support a consistent PCT approach to monitoring contracts. PCTs also need greater flexibility in the use of sanctions – e.g. withholding or reducing payments. The current breach of contract sanction is a 'sledgehammer to crack a nut'.

Key Points Emerging from Workshops

- Critical to consider how pharmacy can capture meaningful data that demonstrates quality to support payment mechanisms, including rewards, and how this integrates with other IT systems.
- Payments systems should reward innovation, provide an incentive to move towards improving data collection that demonstrates outcomes (i.e. 'culture change not number crunching') and avoid perverse incentives.
- Continuing need to value high quality dispensing service as well as encouraging clinical service developments.
- Important to recognise that quality raises staffing issues – e.g. a perceived inconsistency in the quality and service between locum pharmacists, the development of skills in all pharmacy staff and the training requirements to support development.
- Need to ensure that any shift in approach fits with patient and public expectations of community pharmacy services.

APPENDIX C

Market entry: 100 hours per week pharmacy: summary

1. Delegates considered the four options relating to 100 hours per week pharmacies set out in chapter 8 of the White Paper (paragraphs 8.64 to 8.66).

- PCTs could use **Option 1** (introduction of a distance restriction on new 100 hours per week pharmacies) to control the location and clustering of 100 hours per week pharmacies but introduction required a more detailed look at related issues such as local authority planning priorities, as these pharmacies are often part of broader retail development plans.

- **Option 2** would require new applicants to justify the need for new 100 hours per week pharmacies (i.e. a continuing exemption to the main control of entry test but with tighter requirements). This has a number of strengths such as the assessment of applications against clear criteria in PCT PNAs. Further clarity however was needed on how an appeals system could be accommodated within this Option and how this applications for standard hour pharmacies would be affected.

- **Option 3** - a continuing exemption but with use of an LPS contract for successful applicants. This would allow PCTs the greatest contractual levers as service specification and pricing would be more directly within PCTs control. Delegates noted this option could carry potential additional administrative burdens associated with LPS commissioning although further guidance is now available and a model contract will follow in due course.

- **Option 4** - strengthening the requirements on a 100 hours per week pharmacy to provide specific services – offers PCTs opportunities to define and monitor service provision, supported by the PNA and 100 hours per week contracts.

Generally, delegates preferred a stronger contractual relationship for such pharmacies (either option 2 or 3 in combination with option 4), subject to satisfactory resolution of the drawbacks the options have.

Key Points Emerging from Workshops

- PCTs have not seen the full benefits of this reform e.g. considerable growth in numbers, the continuing viability of all such pharmacies where they cluster near each other, and the quality and consistency of services provided.
- There should be greater PCT control on the number of 100 hours per week applications, with a moratorium on new applications whilst developing options for change.

- There must be adequate geographical distribution of 100 hours per week pharmacies with greater emphasis on access and service needs. Contractors should be unable to vary the contract until the pharmacy had been operating for at least a year. Contractors should be limited to one such application a year.
- PCTs should be able to challenge applications and the quality of service provision, supported by a robust national performance management framework.

APPENDIX D

Market entry: dispensing doctors: summary

1. Delegates looked at the two linked proposals in chapter 3 and chapter 8 of the White Paper, i.e.:

    - the supply of over the counter (OTC) medicines to patients (chapter 3.32 to 3.48); and
    - the reform of market entry arrangements (chapter 8.67 to 8.74).

2. They considered:

    - the current system and possible arguments for retaining the status quo;
    - the need for reform to create a fairer, more transparent, system and how this might be achieved;
    - other options that might be put forward as part of further consultation; and
    - possible costs and benefits for a) patients and b) NHS services.

3. Many delegates expressed serious concern about changing the current arrangements, as patients liked the convenience offered by the GP dispensing service, which also offered opportunities to strengthen GP/patient relationships and continuity of care. Delegates were concerned about the capacity of the existing pharmacy network to absorb increased volumes of dispensing if this service were to be withdrawn from GPs altogether. Delegates agreed an equitable system should apply to both GPs and pharmacists. There were benefits in making better use of all available health professional skills to develop and extend service provision – through, for example, pharmacists working with GPs in practices. They favoured the proposal to change arrangements for selling OTC medicines where a GP practice has consent to dispense medicines – but recognised the need for suitably trained practice staff in relation to the safe sale of P (pharmacy) medicines equivalent to the procedures in pharmacies.

Key Points Emerging from Workshops

- The need to value the benefits of current arrangements – patient convenience, choice and responsiveness to local needs (e.g. in rural areas).
- Transferring GP dispensing to pharmacy would create a ‘free good’ for pharmacy providers in terms of being able to sell on the ‘goodwill’ this would bring, which is not available to GPs.
- Proposals for change should take account of the impact on the viability of medical services and the capacity and ability of pharmacies to absorb any additional dispensing

activity transferring from dispensing doctors, the regulatory changes this would involve, how GPs match pharmacy service provision (e.g. in terms of pharmacy opening times) and the market entry system for pharmacy etc.

- the likely effect on staff employment if the arrangements were to change i.e. not only dispensing staff but some salaried doctors may lose employment.
- the relationships between dispensing doctors and pharmacists are, generally, very good. Any move to change existing arrangements could damage those relationships.
- welcome proposal to allow GPs to sell OTCs but there is a need to differentiate between the requirements for GSL and P medicines. Patients would expect the same level of advice and support where dispensing staff sold P medicines as they expect from a pharmacy.

APPENDIX E

Healthy living centres/service development: summary

1. Chapter 4 of the White Paper sets out a vision for future service development, including pharmacies as centres promoting and supporting healthy living and offering a range of services such as treating minor ailments and medicines support for people with LTCs. Delegates considered the attributes needed for pharmacies providing a medicines support service for people with LTCs, a minor ailments service and being recognised, valued and re-positioned as healthy living centres (HLCs).

2. Delegates agreed the need for a national HLC brand recognised as such by the public and other healthcare professionals as convenient locations promoting health and wellbeing. For health professionals, the brand should indicate HLCs meet national minimum service standards (possibly with accreditation). For the public, the brand should provide a clear, consistent message on what they could expect from such pharmacies. Funding should support quality of service and investment in premises and staff, with HLCs extending minimum service provision that is rewarded appropriately. Pharmacists and pharmacy staff need incentives to take on significant new roles in supporting and encouraging people to improve their health and wellbeing - including investment in appropriate training and education.

3. A medicines support service for people with LTCs must be highly personalised with an emphasis on listening skills and tailoring the support that is available to the needs of the individual patient. Pharmacies might provide this service as an advanced MUR ‘plus’ type of service or a directed enhanced service. High quality training and/or mentoring should include consultation models, communication skills and practical examples in supporting people to take their medicines more effectively and to encourage lifestyles which adopt healthy behaviours.

4. There was widespread agreement that a minor ailments service required nationally accredited standards of service supported by a national payment system with a core national formulary of medicines and medical conditions. PCTs should have the flexibility to add or delete items to the formulary. Development of the service will need clear communications. Possibly, this could be included as an essential service with clear and consistent messages to the public, ‘Use your pharmacy as a first port of call for minor ailments’.

Key Points Emerging from Workshops

- Good communications are essential in developing all these services – aimed at both the public and health professionals – to support pharmacies in developing as HLCs and to provide information on pharmacy provision of medicines support and minor ailments services.
- Consistency in service provision and patient experience should be gauged against nationally agreed standards – e.g. the minor ailments services should be accessible to all and not just those exempt from prescription charges.
- High quality training is required, including coaching/mentoring, communication skills and the provision of consultation models.

APPENDIX F

Professional working relationships: summary

1. The Pharmacy White Paper states that good relationships between all healthcare professionals are an essential part of the delivery of personalised, high quality care. NHS Employers is leading work to identify further action to promote effective professional relationships. This workshop looked at improving professional relationships as part of improving patient care; collaborative working between pharmacies and general practice; local ways of improving relationships between pharmacists and other primary care clinicians, including the role of PCTs; and national action needed to support professional relationships.

2. All delegates considered mutual recognition and respect essential to good relationships between healthcare professionals. This is a vital part of GP/pharmacist relationships where close proximity or co-location can help. Nevertheless, this is an area in which there needs to be collective effort on the part of all health professionals. There is scope for PCTs to be more proactive at a local level in supporting joint working e.g. through incentives for attendance at workshops. PCTs could also do more to facilitate and encourage a multi-disciplinary approach to service delivery - emphasising the importance of integrated working – with commissioning having a strong role in fostering and supporting complementary and collaborative working. Multi-disciplinary audits, engaging both GPs and pharmacists, offered opportunities to improve relationships – involving both PCTs and health professionals. At a national level, the Department and professional bodies have an important role in promoting and fostering joint working.

Key Points Emerging from Workshops

- Greater clarity and understanding is needed on pharmacists' clinical role in delivering care and securing patient safety and outcomes – compared with, for example, the extended roles pharmacists already undertake in hospitals.
- Developing protocols and competency frameworks to support the delivery of care.
- Work needs to be done on the quality of information and the data exchange between GP and pharmacy systems (particularly for the exchange of MUR information which is predominantly paper-based).
- Essential to introduce changes in medicines legislation that allow pharmacists to use their clinical training to offer a wider range of services – combined with improved public access to medicines that support self care.
- Possible development of a joint Royal Pharmaceutical Society of Great Britain/General Practitioners' Committee approach that looked at quality and safety in practice dispensing. Delegates expressed broad support for similar quality systems across pharmacies and dispensing practices.

APPENDIX G

Communications/raising public awareness: summary

1. Chapter 5 of the White Paper described the Department's plans to develop a communications programme to raise patient and public awareness of the range of services that pharmacies can offer. Delegates looked at the primary target audiences, how best to communicate key messages, and measuring the success of this communications programme. They considered communications both from the perspective of pharmacists providing services and from the patients' and public perspective – both now and in the future.

2. Delegates considered that whilst the public has a high regard for pharmacy, more can and should be done to improve pharmacy's positive image – with a move to an image which equates with public perceptions of high quality, value for money services. A clear, consistent message about pharmacy and pharmacy services is central to a communications programme. There is a need to use all opportunities to promote this message, including for example a 'pharmacy hero' in prominent media stories or TV soap.

3. Target audiences should include people with LTCs; men (e.g. over 40s to encourage healthy living, screening); groups identified in programmes to tackle obesity, sexual health, health inequalities etc.; hard to reach groups; schools; and young mothers. In particular, a communications programme should target young people (i.e. 12-18 year olds) in using pharmacies as a complementary service to GPs and the 'healthy and unworried' using pharmacies as a first port of call for advice on prevention and healthy lifestyles. Any communications programme generating more visits to community pharmacies must take into account public/patient expectations and experience.

4. Suggested key messages and communication themes include:

   - 'Think Pharmacy…';
   - 'Pharmacists are medicine experts – see it, believe it!';
   - 'Community pharmacy is part of the NHS family';
   - 'Pharmacy offers a quality service'; and
   - 'You can be sure of our care and confidentiality'.

5. Possible measures for success might include increased footfall in pharmacies; reduced numbers of patients attending GP practices/A&E departments with minor ailments; and patient and public feedback on choice, quality, and convenience of services.