NOW OR NEVER: SHAPING PHARMACY FOR THE FUTURE

The report of the Commission on future models of care delivered through pharmacy
Why a Commission on pharmacy

Unprecedented era of economic, demographic and technological change

Significant reforms to the NHS in England

Narrative for the pharmacy profession’s role in the reformed NHS in England

Royal Pharmaceutical Society (the leadership body for pharmacists) sets up a Commission on future models of care delivered through pharmacy

Independent Chair  - Dr Judith Smith, Director of Policy, Nuffield Trust
Now or Never – key messages

Widespread consensus that pharmacists are an underutilised resource – 40,000 plus in England and numbers are increasing

Pharmacists are well placed to help address many of the pressing issues that the NHS is facing by:

• Supporting the care of older and vulnerable people
• Helping people to manage multiple long term conditions
• Helping people to stay healthy through public health interventions
• Supporting urgent and out of hours care
• Helping people to get and stay out of hospital – treating them closer to home

But the profession must make the shift to being seen as providers of care. The public and other healthcare professions primarily see pharmacists as suppliers of medicines
Now or Never – key messages

Pharmacists has a once-in-a-generation opportunity to capitalise on a highly trained professional workforce, with locally accessible premises and an understanding of local communities.

BUT this is a long talked about extension of pharmacists roles and there is a risk that if the profession doesn’t make the shift now the opportunity for change will be lost as the wider NHS loses confidence in the pharmacists ability to deliver.

The window of opportunity is open now but it may not be for long.
Now or Never- key messages

“The future is already here – it's just not evenly distributed”  Gibson 2003

There are innovative models but the examples remain relatively rare and the spread of innovative practice, as with the rest of the NHS, is poor

Much more can be done
Recommendations for action – what needs to be done!

“Now or Never” highlighted action in ten key areas and targeted recommendations toward specific groups:

• pharmacists
• NHS England, Public Health England and the Department of health
• local commissioners
• the Royal Pharmaceutical Society and leaders of the profession
What needs to be done
Themes from the Commission on Future Models of Care

- Pharmacy must act as an advocate for its own future
- Pharmacy must continue to develop direct patient services
- Stronger local and national leadership of pharmacy is needed
- Bold commissioning of pharmacy services is vital
- There is a range of contractual opportunities for pharmacists
- Local authorities are important new commissioners of services
- New roles and consortia must be developed by pharmacists
- There is potential for hospitals to extend their pharmacy services into the community
- Pharmacists must seize the opportunities of technology and skill-mix
- There has been more than enough analysis of pharmacy — now action is needed
What progress has been made?

Advocacy in action

“There is a relative lack of knowledge from both the public and wider NHS about the role of pharmacists in the NHS”

RPS has been participating in meetings with key health think tanks such as the Kings Fund, Nuffield, Health Foundation, Reform

RPS is developing links to identify joint priorities and work streams with the

- Royal College of General Practitioners
- Royal College of Physicians
- Royal College of Nursing
- Academy of Medical Royal Colleges

Pharmacy must act as an advocate for its own future
What progress has been made?

**Innovative Practice**

RPS created the “Innovators Forum”

Examples of innovative practice were shared at the first IF meeting in February for example:

- “Refer to Pharmacy”
  [http://www.youtube.com/watch?v=2OMFmSFkLIc](http://www.youtube.com/watch?v=2OMFmSFkLIc)
- Frail elderly – pharmacists solving medicines issues to prevent admissions

The innovators forum will prioritise ideas and look at how to use and develop networks to encourage spread.
What progress has been made?

Patient expectations

“Pharmacy has to find ways to deliver its future” through creating a demand for pharmacists as caregivers.

To enable this the RPS have been working with patient groups on the development of a medicines charter:

- A meeting between patient groups and the RPS was held in early March.
- Key expectations from patients about community pharmacy were gained and will go out for consultation in June.
- Hospital and care home charters to follow....Watch this space!

A full “Medicines Charter for Patients” aligned with the NHS Constitution will be produced by mid-2015.
What progress has been made?

Leadership

“Pharmacy needs strong, assertive and consistent leadership”

RPS’ English Pharmacy Board have been acting as strong leaders and advocates of our profession

Meeting with government health advisors to inform on RPS’ top 10 changes to pharmacists’ practice

Board members have been promoting leadership through dissemination of key ideas from the “Now or Never” report at;

- LPF events
- LPN events
- LPC events

Stronger local and national leadership of pharmacy is needed
What progress has been made?

Call to Action

“Focusing on the delivery of care during commissioning for the future of primary and community health and social care”

The community pharmacy “Call to Action” called for the debate over how pharmacists could integrate into the changing NHS

RPS developed a robust position statement addressing keys areas for change, some examples include

- Changes to the community pharmacy contractual framework
- Merging of GP and pharmacy contracts

Bold commissioning of services is vital
What progress has been made?

**Consortia**

“Commissioning should have the possibility of being undertaken with individual pharmacists – through consortia as well as through provider groups”

RPS are holding a workforce summit which will

- explore innovative pharmacy service delivery to patients
- explore how pharmacists can take an integrated approach to working with other HCPs

RPS are working with other key groups to develop a study day to fully understand consortia and how it may operate in practice
What progress has been made?

Local authorities

“Pharmacy has the potential to be commissioned by local government social services and/or CCGs”

RPS have been ensuring active communication with LA’s
  • Local Government Association

RPS has developed and inputted into the NICE guidance
“Managing medicines in care homes”

Consultation has completed and the guidance was published on 14th March 2014
  • Shared decision making around medicines
  • Pharmacists should be involved with
    o medicines reconciliation
    o medicines reviews
What progress has been made?

Pharmacists in primary care

“Primary care pharmacists in general practice have the ability to greatly influence good patient care”

RPS has engaged both the NAPC and the NPCN in discussions surrounding the key outcomes from “Now or Never”

RPS’ C2A response highlighted roles for primary care

- Enhanced clinical role
- Funding for pharmacists as key MDT members in care homes and GP practices
- Pharmacists having responsibility for LTC

Exciting opportunities for pharmacists in primary care were explored during the Innovators Forum

- Independent prescriber clinics managing LTC
- Benchmarking biologic prescribing

New roles and consortia must be developed by pharmacists.
What progress has been made?

**Joined-up care**

“There is a need for NHS Trusts to develop local primary care pharmacy services”

There are many examples of this practice occurring across the country already

- RPS are working closely with the Innovators Forum to provide templates for models of care
- RPS will be actively involved in spreading this innovation across England though work with NHS England and LPNs

The C2A highlighted areas of joint work, for example;

- Funding secondary care to enable pharmacists to work with community colleagues
- Patient record access
- Contract for joint working across a locality

There is potential for hospitals to extend these pharmacy services into the community.
What progress has been made?

**Technology and health**

“Technology is changing the structure of the supply and dispensing role of pharmacy...Technology is the potential saviour of community pharmacy”

The RPS has been working closely with the HSCIC on a briefing for access to the Summary Care Record for community pharmacists

The RPS has gained supportive statements for this access from:

- Royal College of General Practitioners
- Royal College of Nursing
- Patient groups

The C2A response highlights the need for pharmacists on H+WB
Progress has been made!

Where else can we go?

There has been more than enough analysis not action is needed
Rhian inserted the photo wall that Neal's team has produced.

Better Patient Care: It starts with you #NoworNever
In summary

RPS is absolutely committed to the ideas in Now or Never providing the narrative for the professions future.

We want to work with the willing to ensure that together we move the pharmacy professions toward a future where they are an integral part of the care patients receive and expect to receive.

Monthly updates on RPS activity on the key recommendations will be disseminated to pharmacists and other key stakeholders.
Download a copy of the report at: www.rpharms.com/futuremodels
The Royal Pharmaceutical Society

The Royal Pharmaceutical Society is the professional body for pharmacists in Great Britain. The Royal Pharmaceutical Society Future Models of Care Commission brought together expertise from across health and social care to provide a coherent narrative for the pharmacy profession’s role in the reformed NHS in England.

You can find out more at:
www.rpharms.com/futuremodels
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