

Written evidence submitted by NHS Greater Manchester Integrated Care (APE0016)

Policy Area	Government Commitments	NHS GM IC Response
Community pharmacy	1. Maintain a Pharmacy Access Service (PhAS) within the CPCF to continue to protect access	NHS Greater Manchester Integrated Care is fully committed to protecting access to Community Pharmacy for our citizens. We currently have no Community Pharmacy providers that meet the eligibility for the (PhaS), however we continue to maintain appropriate governance process to review (PhaS) applications, should the situation change.
Community pharmacy	2. Review the funding model and the balance between spend on dispensing and new services within the CPCF as part of creating the capacity and funding necessary to deliver the wider shift towards a greater emphasis on service delivery	NHS Greater Manchester Integrated Care agrees that the funding model for community pharmacy needs to be urgently reviewed to ensure community pharmacy has the funding and capacity to deliver more clinical services as outlined in the CPCF and beyond. GM values the place of community pharmacy services within our ICS and needs the government to ensure funding is sufficient and appropriate so this will continue in perpetuity.
Integrated care (including patient safety)	3. Deliver a new Community Pharmacy Consultation Service with referrals from NHS111, GPs and A&E	NHS Greater Manchester Integrated Care, fully commits to the Community Pharmacy Consultation Service and recognises the benefits this service brings to patients and to the healthcare system. Referral pathways from each service have been supported and will continue to be supported within GM.
Integrated care (including patient safety)	4. Introduce a medicines reconciliation service to ensure that changes in medicines made in secondary care are implemented appropriately when the patient is discharged back in the community ('Discharge Medicine Service')	NHS Greater Manchester Integrated Care, fully commits to the Discharge Medicine Service and recognises the benefits this service brings to patients and to the healthcare system. DMS is a focus for GM to ensure the service is embedded and used to its potential.
Hospital pharmacy	5. To eliminate paper prescribing in hospitals and introduce digital prescribing across the entire NHS by 2024	NHS Greater Manchester Integrated Care fully supports this proposal, in line with the Primary Care Access Recovery Scheme.
Hospital	6. To optimise NHS aseptic services to	GM has been named as one of five national pathfinder sites to help

pharmacy	<p>deliver better clinical outcomes for improved patient experience and to achieve productivity gains. Various targets around standardisation, automation via hubs to increase capacity to 40 million units of aseptic preparation</p>	<p>support this agenda and £12 million pounds has been allocated to support the development of a GM aseptic pharmacy hub. There are a number of workstreams set up to support the GM aseptic work. Stockport NHS Foundation Trust has been named as the hub for increasing capacity to make injectable products. Other workstreams that have commenced include clinical standardisation, technical standardisation and workforce.</p>
Workforce, education and training	<p>7. A further 3-year programme of education and training for PCN and community pharmacy professionals is being commissioned from Health Education England and it will include independent prescribing training for existing pharmacists</p>	<p>NHS Greater Manchester Integrated Care welcomes this much-needed commitment, however there are further considerations which we feel should be included:</p> <ul style="list-style-type: none"> • The funding should be provided on an individual trainee basis which should include clinical skills, funding for a Designated Prescribing Practitioner and/or organisation backfill • 38 days of study time (26 days of university study days and 12 days of supervised prescribing practice) over a 6 months is significant • A pre-prescribing assessment should be conducted to assess suitability as part of the gap analysis which should include the numeracy assessment but also patient management for common LTCs and not just the consultation skills • Protected time is needed for DPPs to ensure consistency for student learning • Basic skills should be mandatory for all and include being able to do basic assessment - Basic Obs, Sepsis risk. Training requirements will differ but should be identified as part of the gap analysis and feature as part of the individual's personal development plan • Post-completion personal development plan should be completed to enable specialist training around LTCs will further benefit the workforce • Access to a central repository of diabetes, cardiovascular, respiratory training modules or masterclasses • Central repository for DPP registration and matching to students who are unable to identify a DPP • Future funding needs to consider what good preceptorship

		<p>training in practice looks like for those graduating with the IP qualification</p> <ul style="list-style-type: none"> • There needs to be a clear recognition of the skills and experience of pharmacists and technicians who haven't been on the CPPE pathway but have many years of primary care experience • Equally, those that have undertaken the PCPEP course, this should be accredited so there is a recognition of post-graduate training • Community pharmacists undertake many CPPE modules and other ad-hoc training to ensure they are competent to provide essential, advanced and enhanced services, however, it would be good for these to be recognised to count towards a post-graduate qualifications e.g. complete 5 modules and it would be equal to 10 credits or weighted appropriately. They could APEL these credits to achieve a certificate, diploma etc.
Workforce, education and training	8. Propose legislative changes that will allow for better use of the skill mix in pharmacies and enable the clinical integration of pharmacists	<p>NHS Greater Manchester Integrated Care recognises this is required to enable integrated, cohesive working across sectors and organisational boundaries. Clear pathways and routes to entry should be promoted for all levels of pharmacy professionals in any sector.</p> <p>Increased awareness and inclusion of the pharmacy technician role and attraction to the role so there is a secure pipeline of technicians entering the workforce.</p> <p>Other pharmacy/technical support roles should be able to access funding and training to be able to upskill to free up capacity for pharmacy technicians (ACTs and others) and pharmacists.</p>
Extended	9. Test a range of additional prevention and detection services through the Pharmacy Integration Fund, which if found to be effective and best delivered by community pharmacy, could be mainstreamed within the CPCF	<p>NHS Greater Manchester Integrated Care has actively supported the piloting of new services through the Pharmacy Integration Fund in recent years and will continue to do so. GM recognises the value of testing of new services prior to them being mainstreamed and welcomes the opportunity to have input into nationally commissioned service planning and implementation.</p>

