Written evidence submitted by the Department of Health and Social Care (APE0039)

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Introduction

The HSCC Expert Panel has selected 9 commitments from across 5 broad policy areas to focus it inquiry. These policy areas include:

1. Community pharmacy

2. Integrated care (including patient safety)
3. Hospital pharmacy
4. Education, training and the pharmacy workforce
5. Extended services

This document summarises the delivery outcomes and the work done to meet these for the specific Government commitments. This report is submitted as a joint response from the Department of Health & Social Care (DHSC) and NHS England.

Policy area 1: Community Pharmacy

Commitment 1- Maintain a Pharmacy Access Scheme (PhAS) within the Community Pharmacy Commitment Framework (CPCF) to continue to protect access to local physical NHS pharmaceutical services, in areas where there are fewer pharmacies. Update and improve the PhAS.

This commitment has been met in full.

The aim of the Pharmacy Access Scheme (PhAS) is to support patient access to NHS community pharmaceutical services in areas where there are fewer community pharmacies. Following the Year 3 (2021 to 2022) negotiations of the Community Pharmacy Contractual Framework (CPCF) with the Pharmaceutical Services Negotiating Committee (PSNC), we refreshed the PhAS, linked here. The aim of this refresh was to create a scheme that is more representative of the current pharmacy market and that better targets support to pharmacies that are deemed essential for local provision of physical NHS pharmaceutical services. We commissioned new distance analysis, using the updated pharmaceutical lists and improved travel data from Ordnance Survey on walking routes to establish pharmacy contractors' eligibility that is more representative of patient walking journeys. The updated PhAS scheme eligibility criteria also includes a lower walking distance determination for areas of high deprivation (0.8mile rather than 1 mile) to reflect the potential for lower mobility for patients in the more deprived areas. In 2022, around 1,150 pharmacies were deemed eligible for the scheme, and 14% were in areas of high deprivation (IMD decile 1 or 2).

A new payment model was also developed to encourage growth for smaller pharmacies and minimise reliance on this additional support for larger pharmacies deemed more able to remain viable through the provision of larger volumes of NHS pharmaceutical services. The new PhAS started on 1 January 2022 with the first payment of the 2022 PhAS made with the January reconciliation payment on 1 April 2022.

£20 million is allocated to fund PhAS, reserved from the overall CPCF funding envelope of £2.592billion. This is in line with the funding from previous years and agreed in consultation with the PSNC.

Since its launch there has been a smaller closure rate of pharmacies on the PhAS scheme compared to those not on the scheme. From the start of the 2022 scheme, around 0.3% of PhAS pharmacies have permanently closed compared with 1.6% of non-PhAS pharmacies. We will continue to monitor impact of the scheme.

Commitment 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

This commitment has been met in full.

The funding model is under constant joint review between DHSC, NHSE and the PSNC. Fees are adjusted as required depending on the forecasted levels of service uptake and prescription items. The funding agreed in the CPCF five-year deal is £2.592 billion per year. This funding covers dispensing activity and other pharmaceutical services.

Concerns have been expressed by the PSNC and others that the CPCF funding is not enough. For 2022/23 and 2023/24 an additional £100 million was secured, link here. Additionally, on the 9th May 2023 a further investment of up to £645 million, link here, over 2023/24 and 2024/25 was announced as part of the Delivery plan for recovering access to primary care to support pharmacies in delivering more services.

Policy area 2: Integrated care including patient safety

Commitment 3- Deliver a new Community Pharmacist Consultation Service with referrals from NHS111, GPS and A&E

This commitment has been met in full.

The NHS Community Pharmacist Consultation Service (CPCS) facilitates patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine, following a referral from a GP or NHS 111. CPCS therefore helps to alleviate pressure on GP appointments and emergency departments, in addition to harnessing the skills and medicines knowledge of pharmacists. Should the patient need to be escalated or referred to an alternative service, the pharmacist can arrange this. The Service was launched by NHS England on the 29 October 2019 for NHS 111 referrals and was expanded to cover GP referrals in 2020. The CPCS has just been expanded to cover referrals from other urgent and emergency care as of 15th May 2023.

Since the service started over 2 million referrals have been made to CPCS, with a split of about 80% from NHS111 and around 20% from GP. Patient satisfaction remains high (greater than 85%). 90% of patients who are referred to pharmacy are treated satisfactorily by the pharmacist with 10%

escalated to more urgent care. There was a noted drop in referrals as a consequence of the Covid-19 national response in the year 2020/21, However referrals numbers improved post-pandemic and are now exceeding pre-pandemic levels. With around 80% of people living within 20 minutes walking of a pharmacy this service helps to ensure access to this advice and support to communities across England.

The CPCS is funded as a National Advanced service under the Community Pharmacy Contractual Framework (CPCF), and agreed through negotiation with the Pharmaceutical Services Negotiating Committee (PSNC).

The service is viewed positively by providers, seeing it as a natural extension of the skills and service provided every day to walk-in patients; and supporting channel shift to community pharmacy from urgent care and primary care releasing clinician time for more appropriate patient care. Each CPCS referral releases a 10-minute clinician appointment for treatment of more complex patients. To date over 10,500 pharmacies in England (<94% of estate) have signed up to deliver the service.

Toolkits have been published for GP and Primary Care Network staff along with briefing notes and videos to help support them to adopt CPCS and drive referrals to the service, link here. This is further supported by the recent announcement in the Delivery plan for recovering access to primary care, to invest additional funding and to ensure the highest standard of care for patients. The delivery plan sets out an intention to invest to significantly improve the digital infrastructure between general practice and community pharmacy. As -part of this, NHS England will work with community pharmacy suppliers and general practice IT suppliers to develop and deliver interoperable digital solutions. These will streamline referrals, provide additional access to relevant clinical information from the GP record, and share structured updates quickly and efficiently following a pharmacy consultation back into the GP patient record.

Evidence collected to date supports a channel shift via NHS 111 from urgent care to primary as relieving pressures and avoidance of emergency departments at high times of surge demand. CPCS has so far seen over 2 million referrals since it's launch, all of which would otherwise have had to go straight to a GP. Evaluation from the pilot estimated that 7,400 patients per month could be streamed away from ED/ UTC site to the CPCS in community pharmacies. This evaluation also showed that only 7% of patients referred to CPCS were escalated for urgent care, with 93% successfully completed in a community pharmacy setting. Evidence also supports a slow change in future patient behaviour, and more informed patient access choices, demonstrating the impact of the service.

Commitment 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').

This commitment has been met in full.

The NHS Discharge Medicines Service (DMS) was launched on 17th Feb 2021. The service was aligned to CCG operational guidance and a Commissioning for Quality and Innovation framework (CQUIN) was developed for 2022-23. DMS is funded as an essential service as agreed within the CPCF, with no cap on the numbers that can be provided, and as such is available from all community pharmacies.

Hospitals were busy in 2021 dealing with recovery from the pandemic, circulating covid and flu. This had an impact on developing the hospital referral pathways to community pharmacy and maximising the impact that this service could make. However, NHS England has continued to support the implementation of this service with the development of case studies, how to videos and guides and communities of practice. An automated claims processes for community pharmacy is also in development to improve ease of claims and data collection.

As of January 2023, community pharmacy had claimed for around 216,700 patient referrals from hospital through the DMS service, with more referrals seen for patients from lower indices of multiple deprivation. There is a strong evidence base for NHS DMS with one 30-day readmission avoided for every 10-23 admissions. Extrapolating our data to Jan 2023, we estimate between 9,420 to 21,667 readmissions have been avoided since the service started.

Policy area 3: Hospital Pharmacy

Commitment 5- To eliminate paper prescribing in hospitals and introduce digital prescribing across the entire NHS by 2024.

This commitment is on track to be met.

The implementation of Electronic Prescribing and Medication Administration (EPMA) systems in hospitals began in 1998, as signalled in the publication of Information for Health. By 2013, 13% of hospitals had an inpatient e-prescribing system. In 2016, The Global Digital Exemplar (GDE) Programme provided targeted funding and support to over 51 sites over a three-year period. In 2018, following the WHO Global Health Medicines Safety Challenge, £75m funding was made available to implement EPMA systems and NHS Trusts were invited to bid, over a three-year period.

The Frontline Digitisation Programme, which is led from NHSE Transformation Directorate, currently holds responsibility for levelling up digital maturity, which involves NHS Trusts meeting core standards, of which the use of EPMA is one. At time of this enquiry, a Digital Maturity Assessment (DMA) across NHS trusts is being carried out. The following data, which is subject to validation, was obtained from this assessment:

- ~ 20% of providers have a high proportion of paper-only prescriptions
- at least 80% of providers have some form of electronic prescribing – varying degrees of maturity but on the journey to meet the 2024 commitment
- ~ 20% of providers have up to 80% of services with all parts of the medicines process electronically
- 3% have achieved the commitment of e-prescribing across all appropriate NHS services with sophisticated systems

There have also been a series of reports outlining the learning from implementation of e-prescribing systems, and their benefits including:

- NIHR study looking at ePrescribing adoption; whilst it demonstrated reduction in medication related error following the introduction of systems, results for similar systems across different sites were variable. The team concluded that local configuration could produce very different results. https://pubmed.ncbi.nlm.nih.gov/36223444/
- Development of a tool (the ePRaSE (Electronic Prescribing Risk and Safety Evaluation) tool) to help Trusts to identify where their local configuration might be improved is underway. Early results from the 2022/23 pilot look to be showing similar issues as found in the US, with opportunities to improve local configuration.
- The Health Service Investigation Branch has also investigated medication related error resulting from poor system configuration and integration, making a number of recommendations to mitigate others making similar configuration errors. https://www.hsib.org.uk/investigations-and-reports/electronic-prescribing-and-medicines-administration-systems-and-safe-discharge/
- In 2018, The University of Birmingham were commissioned to investigate the impact of EPMA on high-risk medication errors (iMPACT study). During COVID, data collection was limited (if any) as hospitals could not focus on conducting the audits. There is an intention to partially complete this work over the coming financial year.

Funding has been made available through the various national programmes to support the implementation of this. It is not clear the total amount of funding that has gone into providing e-prescribing to hospitals, as it would have been a combination of national and local funding routes. The funding that has been made available, has largely been focused on supporting the costs of the IT systems. Dedicated funding has not been provided for digital teams within NHS Trusts to support the implementation and on-going deployment and optimisation of e-prescribing systems.

The response to the Covid-19 pandemic has meant some NHS Trusts have delayed plans for implementation of EPMA systems. The pandemic and the subsequent focus on recovery has meant the timeline of 2024 for implementing EPMA has needed to be pushed out to 2025. However, the implementation of e-prescribing remains a key and appropriate deliverable as part of the vision to digitally transform the NHS.

The combination of these policies and programme initiatives have supported the delivery against this commitment. Additionally, in response to the Covid-19 pandemic, and the increase in remote consultations, there is a now a commitment to make this service available to NHS Trusts by March 2025. Due to the medium to long term nature of the commitment, there has not yet been full benefit realisation commission, however this commitment is in progress and is currently on track to be met.

Commitment 6- To optimise NHS aseptic services to 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.

This commitment has been partly met and remains in progress

The DHSC commissioned report 'Transforming Pharmacy Aseptic Services in England' published in October 2020. It set out 18 recommendations to ensure safe, high quality and resilient supplies of aseptically compounded medicines by 2026/27. Full implementation of the 18 recommendations would enable a ten-fold increase in aseptic production capacity across England from 4 million to 40 million doses per year. This would release over 4,000 full time equivalent ward nurses time through reduced medicines preparation time, and over one million bed days per year from moving infusion services out of hospitals

The Infusions and Special Medicines (ISM) Programme was established by NHS England in 2021 to implement the 18 recommendations which each have different timelines for delivery but are interdependent. The recommendations are distributed across six workstreams within the programme which are at different stages of delivery, with significant progress made to date.

Significant progress has been made in delivery of the recommendations and in securing capital funding. A business case was submitted to the HMT 2021 Spending Review requesting £275m capital for the years 2022-25 to implement the full hub and spoke model envisaged in the report. Business cases for revenue to fund the ISM Programme were also submitted within NHS England. This secured £75m capital for the period 2022-25 to fund a small number of pathfinder hubs (with supporting workstreams) to develop a proof of concept and track whether the anticipated benefits materialise.

The new NHS England reorganisation has impacted programme management resource during 2022/23 with some workstreams initiated later than anticipated. However, **the majority of the recommendations are either on course to be completed in time or have already been met in full**. Specifically:

Aseptic hubs

This links to recommendation 11 of the Transforming Pharmacy Aseptic Services in England report and aims for high volume, low risk medicines preparation to be moved from ward areas into regional aseptic compounding hubs, producing more ready-to-administer injectable medicines for use in hospitals, homecare and in the community, releasing nursing time for care, improving patient safety and experience and improving productivity. Local hospital aseptic units will continue to make essential bespoke and complex medicines for individual patients, conditions and clinical trials

The Infusions and Special Medicines programme is supporting the development of five 'pathfinder' aseptic hub facilities covering the following areas: Greater Manchester, West Yorkshire, North East and North Cumbria, Devon, Hampshire and the Isle of Wight. These projects are being managed by ICBs or Provider Collaboratives and host NHS trusts.

This is funded through £75 million Public Dividend Capital allocated for the years 2022-25 to support these five ‘pathfinder’ aseptic hubs. A further capital bid will be submitted in the 2026/27 Spending Review to support the funding of additional hubs for full national roll out estimated to cost £275 million, and dependent on the learning and benefits being realised from these hubs, should enable the tenfold increase projected. **These pathfinder hubs are expected to be operational by 2026-27 and automation features in the plans**.

Standardised products

A programme has been established to develop national guidance for standard injectable medicines, and **this commitment is in progress and is expected to be met in full as expected by 2026/27**. An expert panel has been established to produce standard product specifications, the first of which will be published in Q1 of 2023-24. Thereafter, multiple batches of product specifications will continue

to be published throughout the lifecycle of the Infusions and Special Medicines programme. Additionally, commissioning policy on reimbursement of aseptically prepared systemic anti-cancer treatment is being reviewed during 2023-24 through the programme's finance and contracting workstream, for implementation in 2024-25.

Product standardisation is essential to enable production at scale using automation in aseptic hub facilities. The capacity created by aligning to standard product presentations will enable existing aseptic units to contribute to the 4 million to 40 million dose ambition. The implementation of standard products will enable greater data insight into the supply of aseptic medicines and error tracking.

Outpatient antimicrobial therapy

This programme is looking to address the recommendation that NHS England should incentivise contracts for outpatient antimicrobial therapy (OPAT) to care for people closer to home or at home, reducing pressure on hospital beds and improving patient experience.

This action is being taken forward through the antimicrobial prescribing team in NHS England. A commissioning framework and business case template are being developed to support ICBs to increase OPAT service provision. **This commitment is in progress and is expected to be met in full by 2026/27**.

Strengthen governance

Work has been undertaken to Strengthen accountability and responsibility around the unlicensed preparation of aseptic medicines under EL(97)52 guidance and the role of the Chief Pharmacist.

This has been met in full. 'NHS England Assurance of aseptic preparation of medicines - guidance to replace EL(97)52 in England' was published in March 2023. It describes the accountability and responsibility for NHS organisations from trusts, through ICBS and Regions to national level, as well as the role of CQC in the assurance arrangements. A new digital quality assurance tool (iQAAPS) will enable sharing of quality audit reports with trusts, ICBs, Regions and CQC

This work is funded through the NHS Infusion and Special Medicine programme budget, an initial evaluation will be possible to conduct from Autumn/ Winter 2023.

Technology

A short life working group with appropriate expertise (including NHS quality assurance) is being formed to develop guidance on automation and semi-automation in collaboration with the MHRA. The guidance is expected to be published in Q3 of 2023/24. Digital workflow management systems will also be explored through the ISM programme through 2023-25.

Pharmacy assessment has been identified as one of the factors impacting speed of clinical trial set up in hospitals. Pharmacy teams often have inadequate information and/or concerns about aseptic preparation of clinical trial products during trial set up stages. This workstream will seek to understand and improve the process to optimise safety and efficiency.

This commitment is in progress and is expected to be met in full by 2026/27.

Commercial collaboration

The NHS England Commercial Medicines Unit is collaborating with NHS Regional Medicines Procurement Hubs to develop new standard terms and conditions for aseptically compounded

product contracts. This will include a review of contract duration and KPIs. Some of these changes will be implemented in new frameworks from 2023.

A series of workshops with commercial compounders have begun to identify key contract requirements for both compounders and the NHS to ensure that expectations and strategies are aligned. The workshops are expected to be complete by autumn 2023 with resultant recommendations implemented during 2023/24.

Pathfinder aseptic hub developers have been encouraged to explore commercial partnerships and joint ventures in their option appraisals. **Work against this recommendation is progressing and is expected to be met in full by 2026/27**.

Monitoring

The new digital quality assurance tool (iQAAPS) will monitor quality of services and produce reports for transparency and benchmarking. All applicable trusts will be actively using this system by 2023-24 with Quality Indicator data being submitted by Q2 (2023-24).

The NHS Infusions and Special Medicines Programme metrics are yet to be established on the Model Health System, however it is anticipated metrics be live in 2024-25. Visible metrics will be essential to monitor the impact of the Programme on service delivery, productivity and patient care.

Funding arrangements are in place to support this work however the NHS England recruitment freeze has impacted progress. Despite this the **work is being progressed and is expected to be met in full for the 2026/27 timeline**.

Implementation board

In line with the recommendation The NHS Infusions and Special Medicines Programme has an established expert stakeholder Advisory Board and a decision-making Executive Group at national level. A number of workstreams have been formed, some of which have established working groups. The Advisory Board and working groups work to ensure utilisation of expertise and representative stakeholder input from across NHS systems. A national oversight Programme Board will also be established in Q2 2023/24 once additional programme support has been secured. In addition, the national programme team and NHS England regional teams are supporting ICBs to develop strategic plans and business cases for aseptic services, and to implement pathfinder aseptic hub projects where applicable.

This programme is fully funded, and a review is planned following the new NHS England programme. **This recommendation has been met in full**.

Policy area 4: Workforce education and training

Commitment 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

This commitment is in progress to be met

An initial timescale of three years from April 2021 to 31st March 2024. Full analysis will not be available until late 2024. This work complements the initial education and training reforms, to ensure that the post-registration workforce is appropriately skilled to deliver services alongside a

clinically ready workforce who will be independent prescribers from 2026. In this way we hope to achieve a sustainable, competent and confident workforce model at system level, ensuring that patients are still able to access quality care close to home, in a timely way. This also meets the commitment, as set out in the NHS Interim People Plan 2020.

Funding for this commitment was set out in an MoU agreed between NHS England (NHSE) and Health Education England (HEE). This MoU outlined the deliverables and financial envelope available between 2021-2024 including £15.9 million in funding over three years. This funding model enables the eligible pharmacy workforce to apply for fully funded courses. All funding decisions are agreed jointly by the NHSE/HEE Collaborator's Board. The Chief Pharmaceutical Officer for England is responsible for signing the business case that deployed HEE for this programme.

Community Pharmacy was fundamental in supporting the Covid- 19 response, with a focus around supporting patients and service delivery. As a result, education and training was deprioritised, and contributed to delays in starting the programme and completing procurement processes. It is anticipated that the final procurements will have commenced within the next couple of months. As a result of these delays, further evidence is being prepared for the affected commitments into 2024/25.

Generally, the commitment has been received positively, with community pharmacy supportive in principle of the training programmes. However, challenges around supporting staff development against concerns around pharmacy closures demonstrate the backdrop to conversations. Multiple discussions centre around the need for backfill or dedicated time for pharmacy staff to support development/training that aligns to the GP model. For example, significant challenges around backfill, and designated prescribing practitioner (DPP) training support have been highlighted.

Data about Pharmacy Technician uptake of funded spaces on Independent Prescriber courses demonstrate demand within the system. For Pharmacy Technicians in March 2023, we saw all 100 Pharmacy Technician places available for Pharmacy Technicians working in Primary Care through Pharmacy Workforce Development South GP Pharmacy Technician Medicines Optimisation Training Programme training being filled.

These education and training initiatives have supported the development and improvement of the clinical skills of a large part of the pharmacy workforce, shifting the balance of pharmacy activity and funding from dispensing activity towards clinical activity. This has enabled pharmacists, and other pharmacy professionals and their teams, to make better use of their skills in line with calls from various commentators within the sector over the years. This has supported the delivery of stronger primary care services, managing the growing number of older people, as well as those people with long term health conditions. By increasing independent prescribing capacity, we aim to improve patient pathways and increase patient choice. Additionally, clinical skills training for Pharmacy Technicians and Pharmacists will also support the delivery of patient care and improve the quality and safety of consultations with onward referrals where required. This work has also reduced pressure on other healthcare services as pharmacy teams are able to utilise their newly learnt skills and redirect appointments, freeing up capacity.

Further work is planned for year 2023/24, when much of the delivery of this work is due to occur. This will include work to explore portfolio recognition routes for pharmacists working in primary care. Work is also planned to consider an extension and expansion of clinical examination skills training for community pharmacists as well as increasing education and clinical supervision access, capacity and capability for pharmacy workforce and trainees. Access will also be increased for

Pharmacy Technicians in primary care, through developing a system of course accreditation to increase accessibility for those professionals.

Commitment 8- Propose legislative changes that will allow for better use of the skill mix in pharmacies and enable the clinical integration of pharmacists.

This commitment is on track to be met

The Government and pharmacy commissioners have made clear the intention to expand the delivery of clinical patient facing services via community pharmacy, to relieve pressure on other parts of the health system. To achieve this there is a clear need to make more effective use of the whole pharmacy workforce. Removal of legislative barriers is critical to ensure the legislation is fit for modern pharmacy practice. The Government therefore committed to take forward legislative changes by the end of the 5- year CPCF which concludes in 2025 and **is progressing to meet this commitment**. The proposed legislative changes will enable pharmacy contractors to make better use of pharmacy professionals and free up pharmacist time to deliver more clinical services.

In preparation for this work, on 1 December 2022, the Department enacted changes to provide powers to the pharmacy regulators (The General Pharmaceutical Council and The Pharmaceutical Society of Northern Ireland) to set out the role and responsibilities of statutory pharmacy roles critical to system governance in pharmacy – The Responsible Pharmacist (primary care), Superintendent Pharmacist (primary care) and Chief Pharmacist (secondary care). Now the first phase of this work is done, the Department is committed to consulting on draft legislative proposal by summer 2023 to amend primary legislation to clarify pharmacy supervision. This will enable better skill mix in pharmacy and allow pharmacists to take on more clinical roles in primary care. The outcome of this consultation will help inform how to best deliver this commitment and inform legislative proposals taken forward. Resultant legislation will then need to be approved by Parliament and the Privy Council, before commencement in 2024.

As part of policy development, the Department is also working with the regulators, professional leaderships bodies and representatives of the sector to discuss and agree what support is required to effectively implement proposals e.g. education and training needs, regulator/professional leadership body guidance etc.

We also remain committed to pursuing legislative change as set out in our consultation published last year to level the playing field and enable all community pharmacies to make use of hub and spoke arrangements. Hub and spoke models facilitate greater use of automation which has the potential to bring about economies of scale and efficiencies. Further, we expect there will be synergistic efficiencies gained by using hub and spoke dispensing and original pack dispensing. The more prescriptions that can be fulfilled with an original pack and so be assembled using an automated process which is likely to be utilised by hubs, the more prescriptions a hub can assemble and the more efficiencies there should be, freeing pharmacists and their teams from the assembly aspects of dispensing in spoke pharmacies so they can provide more clinical services to patients. We are currently finalising a consultation response. It remains our aim to publish the consultation response as soon as possible.

This process has been impacted by the Covid-19 pandemic which delayed the laying of the first phase of this legislative programme, **however the Department is on track to deliver the legislative**

changes by the end of 2024 as committed. Once delivered the policy aims to improve the system governance around the dispensing of pharmacy and prescription only medicines, to benefit all patients.

Policy area 5- Extended Services

Commitment 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

This commitment has been met

A number of clinical services have been piloted and evaluated through the Pharmacy Integration Fund (PHIF), and the commitment to testing new clinical services through the Pharmacy Integration Fund has played a significant role in improving the healthcare system in a number of key areas. This has included urgent care and access, preventing Illness and tackling health inequalities, providing digital, data analysis and insights as well as Medicine optimisation and safety. The funding for these new services is incorporated within the global sum of £2.592 billion per annum for the 5 years of the Community Pharmacy Contractual Framework (CPCF).

Every pilot has been designed and implemented in collaboration with the Pharmaceutical Services Negotiating Committee (PSNC), Department of Health & Social Care (DHSC), NHS England (NHSE) and the Business Services Authority (BSA) as well as involving patient representatives and other stakeholders. These pilots have involved a number of workstreams including service specification development, Patient Group Directions (PGD) and Application Programming Interface (API) development and determining training requirements and IT system requirements. The evaluation of the pilots includes review and analysis of a combination of quantitative and qualitative data sources, with consideration as to operational feasibility; patient, GP, community pharmacy, other stakeholder acceptability; digital readiness and governance. Evaluations include the views of both pharmacists and patients, general practice and secondary care staff.

The Pharmacy Integration Fund (PHIF) is based on four broad aims:

- Development and integration of clinical pharmacy workforce across primary care;
- Development and integration of clinical pharmacy services across primary care;
- Inform future policy and strategy for the community pharmacy contract
- Inform future policy and strategy for the Primary Care Network (PCN) clinical pharmacy workforce

Key enablers to these aims include training and education; digital infrastructure through integration and innovation; and evaluation and monitoring.

As part of considering a pilot for investment under the PHIF the following principles are applied:

- There must be evidence that the idea has been tested successfully leading to improvements in health care delivery and positive indicators of health outcomes;
- There should be distinct and overwhelming reasons why an idea should be developed and potentially commissioned nationally rather than locally;
- Whilst commissioned nationally, proposals will need to be designed to be delivered through primary care networks with pharmacy professionals fully integrated at a local level;

A proposal must then:

- Present a feasible care model that can be run across multiple sites within a region and which delivers value for money;
- Demonstrates community pharmacy integration within primary care networks / health care systems;
- Be able to be evaluated within a six-month timeframe;
- Be able to be rolled out nationally if successful.

Clinical services that have been successfully piloted and implemented within the CPCF are outlined below:

<u>Community Pharmacist Consultation Service (CPCS)</u>

The CPCF committed to introducing the CPCS initially with referrals from 111 and to progress to referrals from GP practices, 111 online and UECs, following successful pilots. These various referral routes into CPCS were successfully piloted and have been included within the CPCF, with the final referral route from UECs went live on the15th May 2023. This will enable urgent and emergency care settings to refer patients to a community pharmacist for a consultation for minor illness or urgent medicines supply.

<u>Contraception service</u>

There was a commitment in Year 4 of the CPCF to launch Tier 1 of the Community Pharmacist Contraception Service and this was launched on 24th April 2023. This will enable community pharmacists to provide ongoing management, via a Patient Group Direction, of routine oral contraception that was initiated in general practice or a sexual health clinic. This will allow people greater choice and access when considering continuing their current form of contraception. It is planned that Tier 2- initiation of contraception via a Patient Group Direction, and provision of ongoing clinical checks and annual reviews will be launched in October 2023.

<u>Hypertension case-finding service</u>

The hypertension case-finding service was introduced in October 2021 as an advanced service to support the NHS Long Term Plan ambitions for prevention of cardiovascular disease. This service has 2 stages- the first stage is to identify people at risk of hypertension and offering them blood pressure monitoring and the second stage is to offer ambulatory blood pressure monitoring (ABPM). The service specification has also been recently amended to allow pharmacy technicians to deliver the service (to be published imminently).

<u>Smoking cessation</u>

The Smoking Cessation transfer of care service was launched in January 2022 as an advanced service. This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required; in line with the NHS Long Term Plan care model for tobacco addiction The service specification has also been recently amended to allow pharmacy technicians to deliver the service (to be published imminently).

NHS New Medicines Service

The number of therapeutic areas in the NHS NMS was expanded and now includes:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Type 2 diabetes
- High blood pressure
- High cholesterol
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson’s Disease
- Urinary incontinence or retention
- Heart failure
- Coronary Heart Disease
- Atrial Fibrilation
- Unstable Angina or heart attack
- Stroke or Transient Ischaemic Attach (TIA)
- Long term risk of blood clots or blocked blood vessels, including DVT (Deep Vein Thrombosis)

Further developments to NMS will enable patients who are newly prescribed an antidepressant to receive extra support from their community pharmacist. This expanded service is currently being piloted, and subject to positive evaluation, will be launched in Autumn 2023.

NHS Discharge Medicines Service

DMS was introduced into the CPCF from Year 2 (2020/21) to improve medicines safety on discharge from hospital. From February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around prescribed medicines for provision of the DMS at their community pharmacy.

Other pilots

There are a number of pilots currently in progress including referrals from maternity services to the smoking cessation service, and cancer referrals from community pharmacies to secondary care. A pathfinder programme for Independent Prescribing is also being developed. These services are being evaluated and will be considered for future community pharmacy contractual arrangements.

The impact of Covid 19 resulted in delays to the implementation of some pilots including NMS, and also led to slower uptake of the CVD service within the pilot. The pilot for Point of Care Testing was not taken forward due to resources being focused on existing pilots during Covid.

PHIF has already funded and delivered the Medicines Optimisation in Care Homes programme; learning helped shape the PCN pharmacy services including Structured Medication Services.

The Integrating Pharmacy and Medicines Optimisation (IPMO) pilots across 7 regions have helped deliver guidance for Integrated Care Boards and pharmacy leadership; many ICBs now have recruited pharmacy and medicines directors or chief pharmacists.

May 2023