

Improving health and patient care through Community Pharmacy: a Call to Action



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About Community Pharmacy Humber

Community Pharmacy Humber Local Pharmaceutical Committee (LPC) is the local voice of Community Pharmacy contractors within its Health & Wellbeing Board areas.

The Local Pharmaceutical Committee is an elected body recognised and specifically referred to in NHS legislation, set up to represent the interest of all local NHS Pharmacy Contractors, which has to be consulted by the NHS England Area Team on all matters relating to the terms of service and contracts for Community Pharmacy. The LPC (Local Pharmaceutical Committee) is funded by a levy paid by all contractors in the area of the LPC (Local Pharmaceutical Committee).

Community Pharmacy Humber LPC (Local Pharmaceutical Committee) represents contractors within the four Health and Wellbeing Board areas: East Riding of Yorkshire Council, Hull City Council, North Lincolnshire Council and North East Lincolnshire Council.

The LPC (Local Pharmaceutical Committee) helps and advises pharmacy contractors on all NHS matters and works to improve pharmaceutical services to the local populations. Our primary aim is to accurately reflect and put forward the professional views and aspirations of all pharmacists engaged in Community Pharmacy that provide NHS pharmaceutical services in this area.

The LPC (Local Pharmaceutical Committee) is also involved in local negotiations for additional services such as smoking cessation services, Emergency Hormonal Contraception (EHC) services, medication support services and health promotion.

We have recently been consulting with our members to develop a vision for pharmacy looking forward to what contribution Community Pharmacy can offer to the NHS. Our vision looks to bring services closer to patients, working in partnership with them and other health care professionals to deliver better outcomes in a cost effective way.

Our vision is included here. When viewed with the specific answers to the consultation questions we believe it gives NHS England a true mandate to deliver the Community Pharmacy service we believe can make a transformational change to the NHS and to patients.

In responding to this consultation we have sought feedback from the 208 Community Pharmacy contractors we represent in addition to the feedback from the local Call to Action events held by NHS England North Yorkshire and Humber Area Team.

Community
Phar+macy
Humber

Vision for Pharmacy

April 2014

Pharmacy Fully Integrated Into NHS & Social Care

Safe, Efficient, Cost Effective
Supply of Medicines

First Point of Contact

Universal Common
Ailments Service

The Public's Health
Service

Vaccination

Medicines Experts

Year of Care

Medicines
Optimisation

Seamless Care

Seamless
pharmaceutical care
across all sectors

Expert Pharmaceutical
Care across all services

Pharmacy as Gateway To The NHS, Making Every Contact Count

Pillar 1: Pharmacy - The First Point of Contact

The Vision	Why	How
<p>A Common Ailment Service that is universally accessible</p> <p>A comprehensive service offering advice on symptoms and appropriate treatment for a range of common ailments. Including emergency supply at NHS expense.</p>	<p>Pharmacists are <u>THE</u> experts on common ailments:</p> <ul style="list-style-type: none"> • Accessible at the right place and time patients need them. • With an existing cost effective infrastructure. • The provision of a universal service allows GPs, NHS 111, Minor Injuries Units and Emergency Departments to confidently refer patients to the correct service for their needs. 	<p>Joint NHS England and CCG (Clinical Commissioning Group) commissioning.</p> <ul style="list-style-type: none"> • Local formulary built on a suite of National standards and PGDs (Patient Group Directions). • Extensive library of self-care and health promotion materials to prevent further illness • Rapid and reliable referral mechanisms available to escalate cases that need more intervention, supported by direct booking of appointments. • Includes emergency supply on NHS. • Seamless data flow with records access

<p>The Public's Health Service</p> <p>Pharmacy is the first point of contact for people who want health advice, are thinking about changing their lifestyle, considering vaccinations or screening etc.</p> <p>You will see patients being vaccinated, started on COCs (Combined Oral Contraceptive)/LARC (Long Acting Reversible Contraceptive) after EHC (Emergency Hormonal Contraception), receiving brief interventions, being supported and signposted into other services.</p>	<p>The pharmacy network is extensive and skilled.</p> <ul style="list-style-type: none"> • Excellent patient satisfaction combined with integration into the heart of communities. • Dealing with hard to reach patient groups and inequalities every day. • In an age where more services are becoming centralised into primary care centres, the community pharmacy network is the only one that can still democratise health care. 	<p>Local Authority led commissioning with AT (Area Team) support.</p> <ul style="list-style-type: none"> • Healthy Living Champions in each Pharmacy (Understanding Health Improvements L2) • Leadership skills in each pharmacy. • Seasonal Flu service (including children). • Coordinated Public Health Promotion campaigns integrated with local needs. • EHC (Emergency Hormonal Contraceptive) with LARC (Long Acting Reversible Contraceptive)/ Quick start COCs (Combined Oral Contraceptives) • Screening services as appropriate. • Access to a wide network of services to signpost and refer patients into. • Time to spend with people who need additional support (Health Trainer service)
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Pillar 2: Pharmacy - Experts on Medicines

The Vision	Why	How
<p>Year of Care</p> <p>Instead of repeatedly visiting the GP practice, patients with certain LTCs (Long Term Conditions) agree a year of care with their partnership pharmacist. GP receives reports and updates but has no need to see the patient.</p> <p>LTCs (Long Term Conditions): diabetes, asthma, simple hypertension, stable COPD (Chronic Obstructive Pulmonary Disease), OA (Osteo Arthritis)</p> <p>Also suitable for some mental health conditions.</p> <p>You'll see patients working in partnership with their pharmacist to achieve life changing goals. You'll see patients attending services from Non-Traditional Providers to improve outcomes, planned and booked with their pharmacist.</p>	<p>Pharmacists are medicines experts. Stable patients can reduce GP workload if managed by pharmacists.</p> <ul style="list-style-type: none"> • Truly patient centred • Pharmacy closer to patient • Better use of NHS resources • Making health improvements, not just treating illness. 	<p>LTC (Long Term Condition) frameworks agreed locally</p> <ul style="list-style-type: none"> • Accreditation / Competency Frameworks • Year of Care commissioned with named competent pharmacists as a patient partner • Menu of services developed by lead NTP (Non-traditional Provider) • Seamless data flow • Independent Prescribing • Repeat Dispensing • Near patient testing / Phlebotomy

<p>Medicines Optimisation</p> <p>Helping patients make the most of their medicines is something all pharmacies can do irrespective of a Year of Care Model</p> <p>You'll see universal provision of NMS (New Medicine Service) and MUR (Medicines Use Review), adding value to prescribing.</p> <p>You'll see reduced medicines waste, better concordance and reduced admissions due to medicines issues.</p> <p>You'll see pharmacists helping patients understand complex medication regimens, use of reminder charts and other compliance tools.</p>	<p>Up to half of all patients don't take their medicines correctly</p> <ul style="list-style-type: none"> • Poor concordance costs the NHS £500m annually • When admitted to hospital most patients have a medicine omitted or a wrong dose recorded. • Patients taking several medicines for long term conditions are most likely to have errors 	<p>Use of MUR (Medicine Use Review)/NMS (New Medicine Service) and management services linked to patient need not budget.</p> <ul style="list-style-type: none"> • MUR (Medicine Use Review) (no fixed cap) • Domiciliary MUR (Medicine Use Review) • More open NMS (New Medicine Service), including discharge • Open error reporting (decriminalisation) • Revamped Medicines Management Support Service • Not dispensed service
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Pillar 3: Seamless Pharmaceutical Care across all care settings

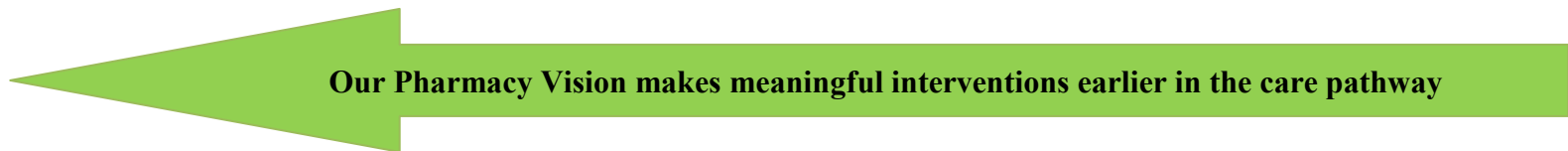
The Vision	Why	How
<p>Seamless care from Seamless IT and Integration</p> <p>Patients across all care settings have equal access to high quality pharmacy care.</p> <p>You'll see an accurate Pharmaceutical Care Record for each patient.</p> <p>You'll see patients away from home having the same access to pharmacy services as if they were walking into their local pharmacy.</p>	<p>Seamless pharmaceutical care starts with seamless data that follows the patient.</p> <ul style="list-style-type: none"> • Whether a patient is on holiday and needs self-care support, or a patient is being discharged from Hospital to intermediary care, there is an accurate record of what medicines that patient takes at all times. • Pharmacy services should be given to the people that need them at the right time and right place for them, irrespective of the care setting. 	<p>Pharmacy integrated into NHS IT , read/write access to records</p> <ul style="list-style-type: none"> • Two-way, improved SCR (Summary Care Record) • Reconciliation pre-/ post-/ and between care settings • Domiciliary MUR (Medicine Use Review) (in fact all services) • Seamless data quality and flow
<p>Expert Pharmaceutical Care is built in to every service, no matter who the commissioner or the provider is.</p>	<p>Building patient centred services has to start with the person and their needs.</p> <ul style="list-style-type: none"> • Will encompass medicines, especially in LTCs (Long Term Conditions) • Facilitating co-production prevents larger cost burdens later, but requires broader input at service design including pharmacy. 	<p>Pharmacy expertise at service redesign and commissioning</p> <ul style="list-style-type: none"> • Commissioned PhwSI (Pharmacists with Special Interest) available across the locality, accessible to all providers. • Medicines Information Service accessible to all • Flexible use of mobile pharmacy expertise

Pharmacy: First Point of Call - Case study – COPD (Chronic Obstructive Pulmonary Disease)

Claire is 55 years old working part time and living with her sister, who like Claire, has smoked since childhood. Claire has been suffering from 'flu like symptoms which have quickly deteriorated.

Claire's journey starts here

Current Pathway	Self-care	Home based care	Community based care	Hospital care	Centralised care
This is an example of a traditional pathway	Both sisters are still smoking next time they pick up their repeat prescriptions for inhalers at the local pharmacy.	Once at home Claire is looked after by her sister, who is still smoking.	After discharge, Claire is seen at her GP practice to check her COPD (Chronic Obstructive Pulmonary Disease) symptoms are stable. She promises to quit smoking (again).	After stabilising Claire's COPD (Chronic Obstructive Pulmonary Disease) she remains in hospital whilst her influenza resolves and her COPD (Chronic Obstructive Pulmonary Disease) symptoms can resolve.	Claire is admitted to hospital with a severe exacerbation of COPD (Chronic Obstructive Pulmonary Disease), in conjunction with a suspected influenza infection.



Claire's journey starts here

Future Pathway	Self-care	Home based care
In the future, with the pharmacy delivering the services as described in our vision, interventions can be made much earlier in the pathway.	Whilst collecting their inhaler prescriptions, Claire and her sister are offered annual Medicine Use Reviews that include a full inhaler technique check. During the MUR (Medicine Use Review) they are recommended seasonal 'flu vaccinations and offered help to stop smoking, which they accept.	

First Point of Contact
Medicines optimisation services including established services like the MUR (Medicine Use Review) service offer real value to patients and the NHS ensure that patients get the most from their medicines.
Healthy Living Pharmacies work in partnership with patients to achieve real change and improvements in their health and lifestyle. Smoking cessation services, advice on healthy eating and signposting to local pulmonary rehabilitation services enable these interventions to be life changing. Seasonal 'flu vaccination through pharmacy raises awareness and targets vulnerable patient groups of working age.

Pharmacy: Medicines Experts - Case study – Diabetes

John is 43 years old, and morbidly obese. He has been a Type II diabetic for 8 years and is distressed after being told that he needs to commence treatment with daily injections of liraglutide.

John's journey starts here

Current Pathway	Self-care	Home based care	Community based care	Hospital care	Centralised care
This is an example of a traditional pathway	John is now controlling his diabetes better and is making progress towards his weight loss and physical activity targets.	John has agreed a calorie restricted diet with the dietician and has 3 monthly follow up appointments. John has also been signposted to the local health trainer service to find way of becoming more active	After seeing the consultant, John has a follow up appointment with his GP where John agrees to be referred to the dietician.	John was referred to the local endocrinology department at his hospital as his diabetes was poorly controlled on metformin and sulphonylureas.	

Our Pharmacy Vision makes meaningful interventions earlier in the care pathway

John's journey starts here

Future Pathway	Self-care	
In the future, with the pharmacy delivering the services as described in our vision, interventions can be made much earlier in the pathway.	John's pharmacist has a Special Interest in diabetes and agrees a 'Year of Care' model with John and his GP. This plan includes agreeing physical activity targets and diet plans with John as well a care plan covering John's prescribed medicines. John's GP is pleased and commissions a second year, at the end of which, John has lost weight is able to reduce his medication.	

Year of Care

Year of Care allows a patient to work in partnership with a healthcare professional to plan a program of managing their long term condition. Working with the pharmacist the patient agrees the improvements in diet, physical activity and self-care.

Pharmacists with prescribing qualifications allow the Year of Care model to be delivered entirely away from the GP surgery but in full partnership with the patient's Doctor. Although John doesn't need to visit his doctor to manage his long term condition, his GP is kept fully informed about John's progress throughout the year.

With the ability to directly refer John into local physical activity, weight management, and food education courses, John's Year of Care is tailored specifically for him.

Question 1

How can we create a culture where the public in England are aware of and utilise fully the range of services available from their local Community Pharmacy now and in the future?

As the representative of local contractors the LPC (Local Pharmaceutical Committee) is aware of the capability of pharmacy contractors to deliver services and their commitment to do so. Experience has taught us that unless coherent communication campaigns are employed to educate and inform the public of the availability of services from community pharmacies then the uptake of such services will be patchy at best.

There is sufficient evidence that the commissioning of Minor Ailments Services and the Emergency Hormonal Contraception Services alleviates pressure from General Practice and other primary care services. However, a cultural change can't be established if the public aren't aware of these services and it is difficult to advertise these services if the message is complicated because of patchy commissioning.

Similarly, the nationally commissioned Medicines Use Review and New Medicines Services offer great value to patients and the NHS by helping patients make the most of their medicines.

In Public Health, the Healthy Living Pharmacy concept offers a great opportunity to communicate to the commissioners, other health professionals and the public the extensive range and quality of services available from community pharmacies up and down the country. Indeed, our experience as part of the national pilot of Healthy Living Pharmacies was generally a positive one and Healthy Living Pharmacy is a concept that we feel all pharmacies can engage in without risk to any existing corporate brand value. Unfortunately, different local adaptations and lack of consistency has led to the HLP (Healthy Living Pharmacy) concept being diluted and variable in delivery, with much of its value being lost as a result. This was revealed in the difficulties experienced by researchers from the University of Portsmouth and the Royal Pharmaceutical Society in trying to analyse feedback on the differing HLP (Healthy Living Pharmacy) pathfinders.

As an LPC (Local Pharmaceutical Committee) we have been working on the development of a local vision for Community Pharmacy that looks towards what pharmacy can become. Our vision sees a unified pharmacy brand that operates across the NHS and has the following key themes:

- The first point of contact for patients into the NHS
- Pharmacists are medicines experts
- Pharmaceutical care is seamless

Our vision looks forward to consistent commissioning and delivery of a key range of services including, but not limited to,:

- A universal, common ailments service including emergency supply at NHS expense
- An integrated public health service built on the principles of Healthy Living Pharmacy
- Vaccination and screening services

- The commissioning of a 'Year of Care' model to support patients with long term conditions
- A suite of medicines optimisation tools
- Seamless access to care records
- Seamless access to pharmacy expertise

To create a cultural shift, and embed Community Pharmacy services at the forefront of the NHS in the minds of the public, requires the NHS to first embed Community Pharmacy at the forefront of its commissioning plans. Community pharmacy needs to have a place of right in decision making bodies to ensure that commissioning decisions are made in a properly informed way, making proper use of the Community Pharmacy network. As an LPC (Local Pharmaceutical Committee) we welcome the development of a Local Professional Network for pharmacy, but representation of pharmacy on Health and Wellbeing Boards and Clinical Commissioning Boards needs strengthening and the LPC (Local Pharmaceutical Committee) believes a place of right is the correct way forward.

Community pharmacy services need central leadership and national commissioning. Only then can national campaigns, to promote the use of pharmacy, make inroads in educating the current and future users of the NHS that using pharmacy as their first point of access into the NHS is the normal way of accessing health services. While we believe that many services benefit from local knowledge and local commissioning, too much is at risk to not coherently coordinate a national program of medicines services and public health services that are available from Community Pharmacy.

Healthy Living Pharmacy has much to offer and we believe that with the strong national leadership it has the ability to deliver a core set of quality standards on which more local and national services can be built.

Coordinating commissioning and core standards leads to the ability to deliver public health campaigns both nationally and locally, with the knowledge that the public can receive the same quality service across the extensive Community Pharmacy network. A combination of national and local advertising and social media campaigns can help spread awareness of a pharmacy brand if its core values built on a cohesive set of principles such as the Healthy Living Pharmacy concept.

It is not only the public who need to have a greater awareness of the skills and expertise available in community pharmacies. Other health and social care professionals need to be made aware that they can call on the support of pharmacists whenever they have patient care issues that revolve around medicines.

We would like to see NHS England do more to raise awareness among health professionals about the work of community pharmacies, allowing them to make medicines-related referrals to pharmacists. Giving pharmacists access to medical records and electronic communications would further support integrated working between professions.

Question 2

How can the way we commission services from Community Pharmacy maximise the Potential for Community Pharmacy to support patients to get more from their Medicines?

The dispensing of medicines remains the number one reason people access a Community Pharmacy and the most successful services harness those regular interactions patients have with the members of the pharmacy team. Locally, these services include Medicines Use Reviews (MUR) and the New Medicines Service (NMS). This picture is being replicated nationally with 2.8million MURs (Medicine Use Review) delivered in England in 2012/13 and the service is still growing.

We were pleased to see the adoption of a national policy for domiciliary MURs (Medicine Use Reviews) by NHS England but feel more needs to be done to support pharmacies in delivering these services and in making patients and other healthcare professionals aware. We would also like to see appropriate use of funding mechanisms to enable pharmacies to reach out and extend this and other important Community Pharmacy services to people who struggle to get out of their house.

We would like to see the arbitrary cap of 400 MURs (Medicine Use Reviews) reviewed, if not lifted altogether, then consideration must be given to a more appropriate way of administrating such a cap.

The New Medicines Service has been extended for 2014-15 while NHS England awaits the review of the service. As an LPC (Local Pharmaceutical Committee) we would like to see the service extended to cover more conditions and be more closely integrated with General Practice, such that it is routine for pharmacies to complete follow up care for new medicines for long term conditions.

It is pleasing to see sustained progress in the delivery of these national services, but we do feel that more could be done by NHS England to help other healthcare professionals understand them and how they can integrate more effectively into existing care pathways.

Moreover, we believe that NHS England should ensure that there is a place for pharmacy in any service pathway where medicines are involved. National and local commissioning needs to develop from a few discrete, individual services to a pattern of long-term, regular support for people who need to use medicines.

One model that could be adopted is the concept of a Year of Care, where patients choose a pharmacist and work in partnership with them to support their long term condition and agree their goals for the coming year. This person-centred approach empowers the patient while significantly reducing the workload of General Practice associated with long-term conditions. A pharmacist would be able to take the patient through an entire year of supporting their long-term condition, including prescribing, monitoring and where appropriate referral to other locally commissioned programs such as activity starter classes or weight management services.

We would like to see a commitment from NHS England to develop the commissioning frameworks to support such models, including better integration of Community Pharmacy IT systems with our primary care colleagues to enable appropriate messaging between the pharmacy and the GP.

Effective commissioning at local level is about using an existing menu of evidence based frameworks that have already been developed according to national priorities and applying them locally. This removes the task of re-inventing new bespoke services from local commissioners and instead allows them to focus on making informed decisions about commissioning. It also means professionals working in the system are more likely to remain familiar with the care pathways, as the frameworks will remain consistent; something that will become ever-more important as the professional workforce becomes more mobile.

We see our Local Professional Networks taking on a key role in both collating and disseminating best practice amongst pharmacy teams. The burden of service design can be shared effectively amongst groups of LPNs (Local Professional Networks) to rapidly develop a suite of best practice.

The administrative burden of pharmacy being bound to written prescriptions is restrictive for the pharmacy, the GP and the patient. We would like to see more progress towards the commissioning of services that unbind the patient from the prescription. We would like NHS England to lead in the development of national service frameworks that allow care to be prescribed, not just medicines. With coordination from Health Education England and its Local Education and Training Boards to facilitate the correct skill mix, Community Pharmacy can take on more prescribing and support for long term conditions in partnership with patients and GPs.

In the short term we would like to see a national focus on the tools that already exist to reduce this burden on prescription writing. National GP incentives to properly utilise the existing Repeat Dispensing service should be considered alongside a more rapid engagement with Electronic Prescribing.

The Electronic Prescription Service has great potential to free up time in General Practice and Community Pharmacy, as well as being transformative for patients in the way they have to manage their long term conditions. However in its current form, instead of lifting a significant administrative burden from both pharmacy and General Practice, it merely shifts the burden from General Practice to pharmacy. The system is not robust and we are consistently receiving feedback from contractors about how frequently the system is inaccessible. Furthermore, it lacks the support for messaging and accessing Summary Care Records that would enable further integration of Community Pharmacy services with the rest of the NHS.

We believe NHS England has a mandate to work with HSCIC (Health and Social Care Information Centre) to properly define a new specification for the Electronic Prescription Service that addresses these issues and delivers a service fit for purpose that enables, rather than burdens, Community Pharmacy.

These measures will develop capacity for doctors, with pharmacists spending more time talking to and helping patients, rather than dealing with unwieldy administrative hurdles.

Question3

How can we better integrate Community Pharmacy services into the patient care pathway?

Pharmacy care should be built into any service involving medicines at the service design stage of the pathway. To some extent this is dependent on the commissioner understanding pharmacy and a pharmacist being present on the relevant decision making body.

At the point of care, other healthcare professionals should be actively referring to a pharmacist at any point where medicines are changed, prescribed or considered as part of a person's treatment. Similarly, pharmacists should be asking themselves what GPs, social workers and other healthcare professionals are contributing to the care of the patient in a way that allows each professional involved in the patient's care to use their skills appropriately.

Specifically, when patients move across care settings, all professionals, including pharmacists should be able to query the patient's journey so far and understand their part in the patient's care. Too many times, Community Pharmacy works blind to the information readily accessible to other healthcare professionals, preventing them from properly providing seamless pharmaceutical care.

Seamless pharmaceutical care relies on seamless data and proper access to electronic patient records is required in a way that is efficient, timely and proportionate. The supply of medicines should not need to be delayed because a Community Pharmacy has to wait to access a patient record. Equally, pharmacies need to be able to quickly and timely contribute to the patient record such that other health care professionals can see what actions pharmacy has taken.

Community pharmacy needs to be seen as a place where clinical pathways can start. There is much talk of using pharmacy as the first point of contact for the NHS, something the LPC (Local Pharmaceutical Committee) wholeheartedly supports, and to do so pharmacy needs to be able to act as the start of some of these pathways. For example, a universal common ailments service will be greatly enhanced by Community Pharmacy that can offer rapid referral and priority GP appointments where it is clear that the patient needs to see a doctor. But Community Pharmacy's role is much wider than minor ailments. Where pharmacies are used for large scale screening it is appropriate, if not essential, that that screening is able to be followed up with an appropriate referral to the correct care pathway. Such case finding by pharmacy enable patients to start on care and treatment pathways at a much earlier stage which in turn saves money by improving long term outcomes.

Good working relationships between healthcare professionals are essential in making any integrated pathway functional and it is particularly important that pharmacists and general practitioners have good relationships as so much of their work is interdependent. We see the Local Professional Networks (LPNs) as the catalyst for developing professional partnerships by holding regular meetings open to all primary care professionals. It is important that the LPNs (Local Professional Networks) have good standing with local Clinical Commissioning Groups (CCGs) and Local Medical Committees (LMCs) as an enabler in good inter-professional working.

There is also a key role for Health Education England in facilitating integrated placements throughout the Medical degree and the Pharmacy degree, starting future professionals with a better understanding of their colleagues.

Question 4

How can the use of a range of technologies increase the safety of dispensing?

Community pharmacy offers a medicines supply network to the NHS that is already carried out in a very safe way, with very low error rates for the volume of prescriptions handled every day. Where technology can help is where it makes the most impact on the process, allowing pharmacists to spend more time with patients at the point of medicine hand out and dealing with the exceptional, complex situations that arise.

Technology should not be seen as a way of decreasing the cost of dispensing medicines, but instead of increasing the capacity of the service to be reinvested in delivering more services from Community Pharmacy that relieve pressure on other areas in the NHS.

However, as a point of principle any technology that allows a pharmacist to focus more on the care they are giving to their patient and less about the administrative processes of dispensing, remuneration and reimbursement is a good thing and to be welcomed.

It should be understood that to properly develop more automation and safety technologies in Community Pharmacy, the entire medicines regulatory process needs to be properly reviewed and a holistic, systemic approach to the underpinning regulations needs to be adopted such that automation can work from manufacturing plant to patient. Currently, a pharmacy investing in automation cannot escape the manual tasks and processes that add additional risk to the dispensing process. Without clear progress made on pack sizes, labelling, 2D barcodes for batch number and expiry dates, special container provisions, parallel importing, prescription rules, endorsing rules and the electronic prescription service, to name but a few hurdles, moving forward with automation will not have a direct impact on safety.

Such regulatory change takes time and, unlike existing systems such as the Electronic Prescription Service, it is imperative that appropriate representatives from Community Pharmacy are deeply involved in that process of change.

In the meantime though, there are some step changes that NHS England can lead to improve patient safety.

The National Reporting and Learning System (NRLS) should be improved so that it is easier for Community Pharmacy to submit reports. Increased openness works two ways and the NRLS (National Reporting and Learning System) should report more often and more promptly about the types of errors that pharmacies report such that the sector can improve the safety of its service. This must be done in conjunction with appropriate moves to decriminalise simple dispensing errors and it will make a significant change to the culture of reporting in Community Pharmacy.

Existing IT solutions can be adapted to give better reach to Community Pharmacy services to help improve the quality and safety across the system. Use of innovative services such as Skype to help patients access the expertise of their pharmacist when they are unsure about their medicines will enable better and safer care.

Pharmacists should have more freedom in addressing prescription anomalies and errors including prescription synchronisation, prescribing intervals and pack sizes. These steps are important to make it simpler for pharmacists to work with patients and help them manage their medicines.

The care record should be made accessible to all pharmacies and there needs to be the ability for pharmacies to input to the information on the record so that the information from the pharmacy can reach other professionals involved in that patient's care in a timely fashion.