

## LPC Strategy 2014 – 2018

**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**

**Our strategy is to make  
this happen**

## LPC Strategy 2014 – 2018

### Pillar 1: Pharmacy - The First Point of Contact

Aim	Why	How
<p><b>A Common Ailment Service that is universally accessible</b></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><b>Pharmacists are <u>THE</u> experts on common ailments:</b></p> <ul style="list-style-type: none"> <li>• Accessible at the right place and time patients need them.</li> <li>• With an existing cost effective infrastructure.</li> <li>• 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.</li> </ul>	<p><b>Joint NHS England and CCG commissioning.</b></p> <ul style="list-style-type: none"> <li>• Local formulary built on a suite of National standards and PGDs.</li> <li>• Extensive library of self-care and health promotion materials to prevent further illness</li> <li>• Rapid and reliable referral mechanisms available to escalate cases that need more intervention, supported by direct booking of appointments.</li> <li>• Includes emergency supply on NHS</li> <li>• Seamless data flow with records access</li> </ul>
<p><b>The Public's Health Service</b></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/LARC after EHC, receiving brief interventions, being supported and signposted into other services.</p>	<p><b>The pharmacy network is extensive and skilled.</b></p> <ul style="list-style-type: none"> <li>• Excellent patient satisfaction combined with integration into the heart of communities.</li> <li>• Dealing with hard to reach patient groups and inequalities every day.</li> <li>• 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.</li> </ul>	<p><b>Local Authority led commissioning with AT support.</b></p> <ul style="list-style-type: none"> <li>• Healthy Living Champions in each Pharmacy (Understanding Health Improvements L2)</li> <li>• Leadership skills in each pharmacy.</li> <li>• Seasonal Flu service (including children).</li> <li>• Coordinated Public Health Promotion campaigns integrated with local needs.</li> <li>• EHC with LARC / Quick start COCs</li> <li>• Screening services as appropriate.</li> <li>• Access to a wide network of services to signpost and refer patients into.</li> <li>• Time to spend with people who need additional support (Health Trainer service)</li> </ul>

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### Pillar 2: Pharmacy - Experts on Medicines

Aim	Why	How
<p><b>Year of Care</b></p> <p>Instead of repeatedly visiting the GP practice, patients with certain LTCs agree a year of care with their partnership pharmacist. GP receives reports and updates but has no need to see the patient. LTCs: diabetes, asthma, simple hypertension, stable COPD, OA</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><b>Pharmacists are medicines experts. Stable patients can reduce GP workload if managed by pharmacists.</b></p> <ul style="list-style-type: none"> <li>• Truly patient centred</li> <li>• Pharmacy closer to patient</li> <li>• Better use of NHS resources</li> <li>• Making health improvements, not just treating illness.</li> </ul>	<p><b>LTC frameworks agreed locally</b></p> <ul style="list-style-type: none"> <li>• Accreditation / Competency Frameworks</li> <li>• Year of Care commissioned with named competent pharmacists as a patient partner</li> <li>• Menu of services developed by lead NTP</li> <li>• Seamless data flow</li> <li>• Independent Prescribing</li> <li>• Repeat Dispensing</li> <li>• Near patient testing / Phlebotomy</li> </ul>
<p><b>Medicines Optimisation</b></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 and MUR, 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><b>Up to half of all patients don't take their medicines correctly</b></p> <ul style="list-style-type: none"> <li>• Poor concordance costs the NHS £500m annually</li> <li>• When admitted to hospital most patients have a medicine omitted or a wrong dose recorded.</li> <li>• Patients taking several medicines for long term conditions are most likely to have errors</li> </ul>	<p><b>Use of MUR/NMS and management services linked to patient need not budget.</b></p> <ul style="list-style-type: none"> <li>• MUR (no fixed cap)</li> <li>• Domiciliary MUR</li> <li>• More open NMS, including discharge</li> <li>• Open error reporting (decriminalisation)</li> <li>• Revamped Medicines Management Support Service</li> <li>• Not dispensed service</li> </ul>

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### Pillar 3: Seamless Pharmaceutical Care across all care settings

Aim	Why	How
<p><b>Seamless care from Seamless IT and Integration</b></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><b>Seamless pharmaceutical care starts with seamless data that follows the patient.</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	<p><b>Pharmacy integrated into NHS IT , read/write access to records</b></p> <ul style="list-style-type: none"> <li>Two-way, improved SCR</li> <li>Reconciliation pre-/ post-/ and between care settings</li> <li>Domiciliary MUR (in fact all services)</li> <li>Seamless data quality and flow</li> </ul>
<p><b>Expert Pharmaceutical Care is built in to every service, no matter who the commissioner or the provider is.</b></p>	<p><b>Building patient centred services has to start with the person and their needs.</b></p> <ul style="list-style-type: none"> <li>Will encompass medicines, especially in LTCs</li> <li>Facilitating co-production prevents larger cost burdens later, but requires broader input at service design including pharmacy.</li> </ul>	<p><b>Pharmacy expertise at service redesign and commissioning</b></p> <ul style="list-style-type: none"> <li>Commissioned PhwSI (plural) available across the locality, accessible to all providers.</li> <li>Medicines Information Service accessible to all</li> <li>Flexible use of mobile pharmacy expertise</li> </ul>