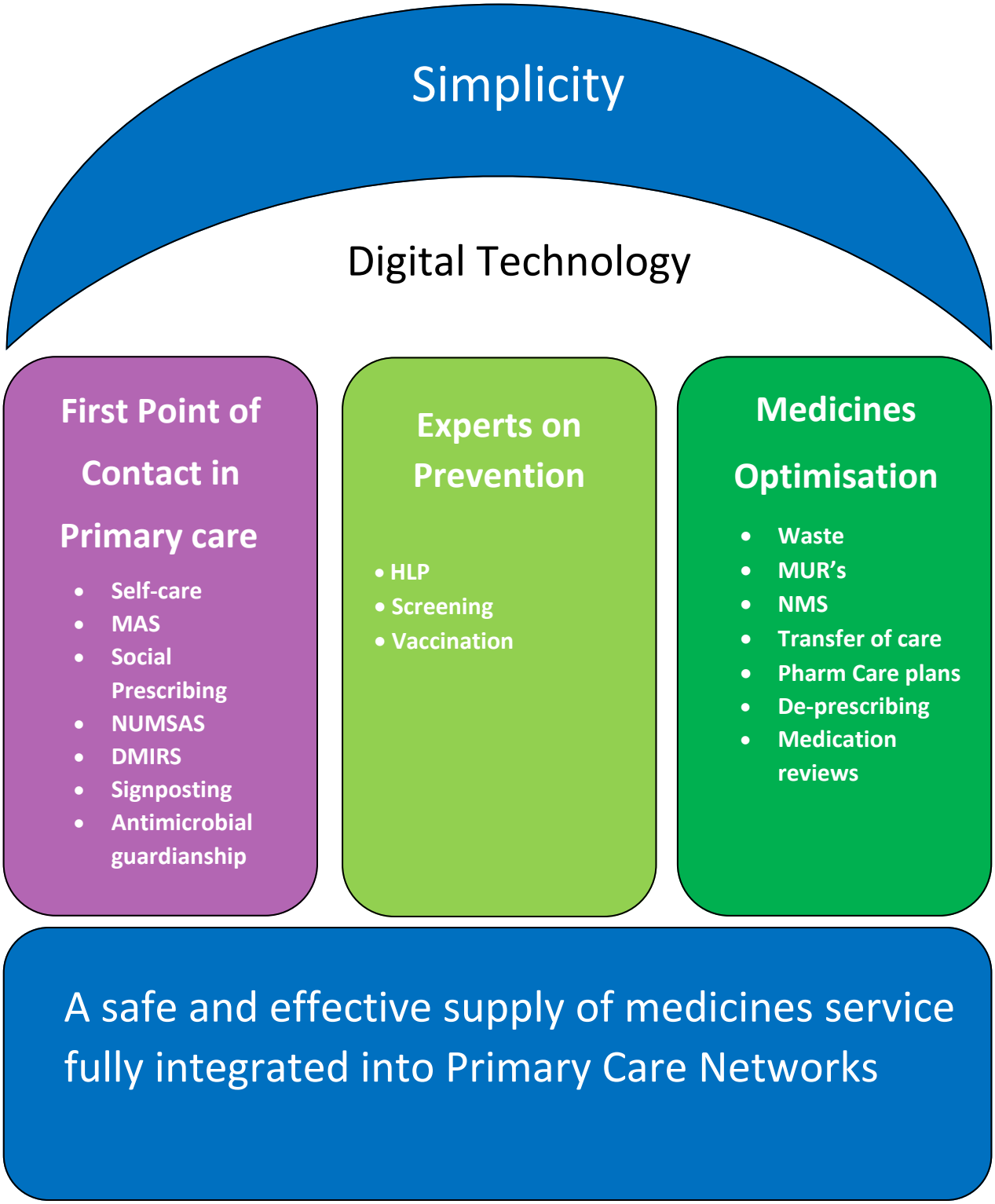
Simplicity
Digital Technology
First Point of Contact in Primary care
Self-care
MAS
Social Prescribing
NUMSAS
DMIRS
Signposting
Antimicrobial guardianship
Experts on Prevention
HLP
Screening
Vaccination
Medicines Optimisation
Waste
MUR's
NMS
Transfer of care
Pharm Care plans
De-prescribing
Medication reviews
A safe and effective supply of medicines service fully integrated into Primary Care Networks

Platform

This remains the bedrock of the community pharmacy service but we must embrace changes in customer demand e.g. online prescriptions, advances in technology such as robotics, eRD and FMD and change our approach and processes accordingly. The dispensing activity in community pharmacy should increasingly be seen as a foundation to add value to patients and generate additional revenue through services such as NMS and PODIS. Pharmacists need to utilise the skills in the workforce to free themselves up from the dispensing bench and operate at the top of their license. We need to continue to embrace quality indicators in the pharmacy contract. We must ensure that community pharmacy is seen as an essential partner in primary care networks.

Pillar 1 First Point of Contact in primary care

Community pharmacy should be the natural first point of entry to the healthcare for self-limiting conditions. We need to embrace the NHS desire for the population to take accountability for its healthcare needs without seeking help from a GP before other more accessible options have been utilised. We need to continue to develop our contractors to provide exceptional self-care services backed up by Minor Ailments schemes and Digital Minor Ailments referrals. We need to ensure we work with CCGs to ensure care navigation to community pharmacy is a high priority within all GP practices. NUMSAS or PURMs services provide access to emergency supplies of repeat prescriptions at NHS expense. We need to encourage community pharmacists to develop prescribing qualifications and activity.

Pillar 2 Experts on Prevention

We have made progress in this area and this need to be one of the main strengths of the community pharmacy service locally and nationally. We will continue to develop our Healthy Living Pharmacies through training interventions and co-ordinated campaigns with NHSE, CCGs and LAs. We will also look to create commissioned services designed specifically to be delivered through health champions in HLPs. For example screening services will be delivered and extended beyond the current early developments. This is seen as a key opportunity within community pharmacy in the NHS long term plan

Vaccination services need to be developed beyond influenza and we should lokk for ways to utise the pharmacy skill mix throughout our activity within the prevention agenda.

Pillar 3 Medicines Optimisation

The department of health needs value from the 14 billion a year it spends on prescription drugs in the UK per year. We need to develop community pharmacy input to address polypharmacy. MURs and NMS need to be rebranded as medicines optimisation services with a role to play beyond primary care. We should look to develop “MUR plus” services. We should embrace the opportunity to provide pharmaceutical care plans based on “a year of care” principles which will hopefully be key to a new contractual framework. We need to look to ways of reducing the wastage of prescribed medicines. The GP contractual framework modernisation indicates a requirement for all GP practices to embrace electronic repeat prescribing as default from April 2019. This should support a phased transfer from managed repeats to eRD and see the phasing out of PODIS services which was integral to the commissioning of this service.