Health on the high street
Rethinking the role of community pharmacy

A paper from the task group of the Pharmacy and Public Health Forum on where community pharmacy sits in the new system architecture
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Executive summary

This paper discusses how best public health services might be commissioned from community pharmacy within the new system architecture. It outlines the recommendations of a task group of the Pharmacy and Public Health Forum. The task group was chaired by Mike Farrar, chief executive of the NHS Confederation, and included representatives from across public health, local government, commissioning organisations and pharmacy.

The task group believes, and evidence is emerging, that the potential role community pharmacy can play in improving and maintaining the nation’s health is undervalued. As trusted and professional partners in supporting individual, family and community health, sitting at the heart of our communities, effective community pharmacy services have a significant and increased role to play in ensuring we have a sustainable healthcare system and that the NHS is able to survive and thrive over the coming decades.

However, this will require commissioners, providers, patients and the public to be more aware of community pharmacy’s role alongside other primary and community care services. The new health and public health commissioning system needs to invest a greater proportion of resources strategically in community pharmacy as a supplier of public health services.

A coherent approach to commissioning public health services from community pharmacies is vital – this will need to balance the need for national consistency and efficiency with the necessity for local innovation and customisation to local circumstances. The principles for commissioning public health services from community pharmacy should include:

- integration of community pharmacy’s role with that of other elements of the health and public health system
- strong information flows between providers and commissioners
- local flexibility in commissioning from community pharmacy alongside other providers
- patient and public involvement in decisions
- a robust evidence base to underpin decisions.

It will also be important for commissioners to stimulate innovation to maximise the opportunities for community pharmacy to support the improvement of the public’s health. Public Health England, the Department of Health, NHS England, clinical commissioning groups (CCGs), public health organisations, the NHS Confederation and others should work together to make available best practice and examples of innovative service design. Practical issues such as short-term contracting need to be addressed. We would like to see the Healthy Living Pharmacy concept and thinking adopted and accelerated across the country.

Key points

- We need to improve the public’s health to help ensure our healthcare system is sustainable. Community pharmacy teams could play a major role in this by providing more effective and accessible public health services.

- In order to play this role, community pharmacies need local authorities, NHS England and clinical commissioning groups to develop a coherent approach to commissioning them. This approach needs to balance national consistency and efficiency with local innovation and customisation to local circumstances.

- It will also be important to invest strategically in community pharmacy, and raise awareness among commissioners, providers, patients and the public of how it can help improve people’s health.
Background

This paper was produced by the task group of the Pharmacy and Public Health Forum, on “Where community pharmacy sits within the new system architecture for the NHS, public health and social care”. The task group was chaired by Mike Farrar, chief executive of the NHS Confederation, and included organisations and individuals from across pharmacy, public health, local authorities and the NHS.

The task group was commissioned by the Department of Health to consider how best public health services might be commissioned from community pharmacy within the new system architecture. This paper describes the key issues considered by the task group and outlines its recommendations to the Pharmacy and Public Health Forum.

The task group had three meetings between April and September 2012, as well as a stakeholder workshop in June 2012 at which attendees considered how public health services could be commissioned from community pharmacy contractors in the future, within the new system architecture.

The task group was established by the Pharmacy and Public Health Forum, chaired by the then chief executive of the Royal Society for Public Health, Professor Richard Parish.

The Forum currently reports to the Department of Health. However, the expectation is that this will transfer to Public Health England at the appropriate time. The Forum provides leadership for the development, implementation and evaluation of public health practice for pharmacy and is taking the lead on developing the pharmacy contribution to public health, taking into account both the Government’s and local public health priorities.

**The Pharmacy and Public Health Forum**

Organisations represented on the Pharmacy and Public Health Forum include:

- Royal Pharmaceutical Society
- Public Health England
- Company Chemists’ Association
- National Pharmacy Association
- Pharmaceutical Services Negotiating Committee
- Faculty of Public Health
- Association of Directors of Public Heath
- Royal Society for Public Health
- General Pharmaceutical Council.
Context: how community pharmacy is commissioned in the new system

Currently, community pharmacies are commissioned to provide public health services under the NHS community pharmacy contractual framework (CPCF), the details of which are agreed between the Pharmaceutical Services Negotiating Committee, NHS England and the Department of Health. The contractual framework has three different service levels.

**Essential services**

All community pharmacies are required to deliver essential services. These include some public health services, such as public health campaigns, signposting, the provision of prescription-linked healthy lifestyle advice and support for self care. NHS England commissions these essential services.

**Advanced services**

Community pharmacies can also deliver advanced services, which include services to support patients’ adherence to medicines. These involve the provision of associated lifestyle interventions that may support improved health outcomes.

**Locally commissioned services**

Community pharmacies can also be commissioned to deliver locally commissioned services, previously known as enhanced services, either through the CPCF or outside the framework (that is where local arrangements have been made for service level agreements, tariffs and quality). This includes services such as supervised administration of methadone, stop smoking services, emergency contraception and needle and syringe exchange services. The majority of locally commissioned enhanced services through the CPCF were public health services. From 1 April 2013 responsibilities and funding for commissioning public health services have transferred to local authorities who are now commissioning some public health services from community pharmacies. CCGs and NHS England can also commission locally commissioned services. Services commissioned by local authorities fall outside the definition of enhanced services, unless a local authority asks NHS England to commission on their behalf.

In the new health and care architecture, responsibility for the range of community pharmacy issues (complaints, accountable officer for controlled drugs, commissioning, contract monitoring, pharmaceutical needs assessments, public health services, medicines optimisation and integration into care pathways) that were formerly the responsibility of the primary care trust (PCT) has been split between local authorities and NHS England. It should be acknowledged

‘This is a more complex system, with more bodies responsible for commissioning different services from community pharmacies.’
that this is a more complex system, with more bodies responsible for commissioning different services from community pharmacies:

- **NHS England** is now responsible for commissioning NHS pharmaceutical services and for monitoring the national CPCF.
- **Local authorities** commission public health services, with funding transferred to local authorities from PCTs for those public health services that were commissioned by PCTs.
- **CCGs** could commission minor ailments, palliative care and other health services that could be delivered through community pharmacies.
- **Health and wellbeing boards** are responsible for developing and updating pharmaceutical needs assessments as well as promoting integrated care.

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**Strategic and system leadership**

Strategic and system leadership also looks very different post April 2013.

- Health and wellbeing boards are responsible for system leadership locally in the new system.
- Area teams of NHS England will commission local primary care, including pharmaceutical services.
- NHS England needs to work with the Department of Health and Public Health England to join up different elements of commissioning community pharmacy at a national level.
Overall findings

The NHS has historically undervalued the role that community pharmacy can play in improving and maintaining the public’s health. Community pharmacies sit right at the heart of our communities, and are trusted, professional and competent partners in supporting individual, family and community health. Effective community pharmacy services enable shared decision-making between service users and professionals and contribute to health improvement. We believe they have a significant and increased role to play in ensuring we have a sustainable healthcare system and that the NHS is able to survive and thrive over the coming decades.

However, this will require a rethink about the role of community pharmacy in the health and care delivery system, and a repositioning of its place alongside primary medical care. It will also require greater imagination and awareness on the part of both commissioners (NHS England, CCGs and local authorities) and providers, if community pharmacy is to fulfil its potential to provide more accessible and effective provision of public health services.

There is a huge opportunity for the new health and public health commissioning system to secure an early win and signal its assertive and radical intentions to transform healthcare, by investing a greater proportion of resources in community pharmacy as a supplier of public health services. We believe that additional investment in community pharmacy, despite the resource constrained environment that we are in, would be strategically and financially beneficial to the NHS and local government by improving primary and secondary prevention of disease, access and patient empowerment and satisfaction. An enhanced role for community pharmacy as a supplier of public health services should run alongside and not detract from its important existing roles in supplying medicines and optimising medicines use, and should be properly resourced.

It will also be important that community pharmacy’s role in public health is integrated with that of the whole system. This means coordination between different commissioners and providers in order to avoid fragmentation and improve efficiency, including strong information flows between providers and commissioners of public health services. There should be a clear signposting system as well as formal referral mechanisms to and from community pharmacy services to other health professionals and health and wellbeing services. Community pharmacy’s position in the community places it in an ideal position to act as a ‘triage’ service for access to other healthcare services and public health services.

If we are to exploit these opportunities, three elements will need to be present in the new NHS and local government architecture, detailed below.

A coherent approach to commissioning community pharmacy services that aligns across localities and between local and the national contracting process

NHS England should look at how the CPCF fits with general and personal medical service contracts to deliver common outcomes, which are incentivised and remunerated appropriately. Locally, CCGs and commissioning

‘Community pharmacies sit right at the heart of our communities, and are trusted, professional and competent partners in supporting individual, family and community health.’
support units need to be cognisant of the role of community pharmacy as they develop plans and pathways for community and hospital services.

There are opportunities for local authorities to commission community pharmacy as a key element of their health improvement strategies, based on their Joint Strategic Needs Assessment and the priorities agreed in the Joint Health and Wellbeing Strategy. The Pharmaceutical Needs Assessment, linked to the Joint Strategic Needs Assessment, should be the basis on which commissioners and providers build their understanding of the contribution of community pharmacies and support their development as providers of public health services. This approach must balance the need for consistency and efficiency, where the evidence base supports it, with the necessity for local authorities, health and wellbeing boards and CCGs to innovate and customise their approaches to address local circumstances.

A facilitating and engaging approach to community pharmacy providers, to incentivise new models of delivery

There is an opportunity to incentivise the roll-out of the Healthy Living Pharmacy model, informed by the evaluation of the pathfinder work programme, and encourage its evolution into further public health services.

Evaluation of the Healthy Living Pharmacy pathfinder work programme demonstrates that through changing culture and ethos and having health champions on site in premises that are fit for purpose for a health promoting environment, Healthy Living Pharmacies really make a difference to population health locally. The evaluation also shows that pharmacy staff have at least as much impact as pharmacists in delivering outcomes such as stopping smoking. This means delivery of such services through Healthy Living Pharmacies is not only effective but potentially also cost effective if a different skill mix can be used appropriately.

Learning from the past, short-term and small-scale commissioning of services from pharmacy has limited the ability of pharmacy to invest in service development and training. In order for innovation to be incentivised sufficiently, more substantial contracts are needed.

Concerted efforts to raise awareness of community pharmacy

To stimulate access and utilisation of community pharmacy, sustained efforts will be needed to drive understanding of the value and services provided by community pharmacy, both among patients and the public and across the health and care system.

This report focuses mainly on the first element – developing a coherent approach to commissioning community pharmacy services. Subsequent work may be needed to consider how to incentivise new models of delivery and inform and engage the public.

‘Sustained efforts will be needed to drive understanding of the value and services provided by community pharmacy.’
The task group’s discussions were structured around a framework of our vision for pharmacy and public health, shown below. The task group agreed some principles for public health services commissioned through community pharmacy. Many of these principles are common to services commissioned from other providers but need to be highlighted in this context to ensure commissioning public health services from pharmacy is connected to other parts of public health, local authority and health services commissioning.

The principles

- The whole system of public health should work in an integrated way to serve the interests of patients and the public. There should be coordination between different commissioners and providers in order to avoid fragmentation and improve efficiency.

- Strong information flows between providers and commissioners of public health services are needed. There should be a clear signposting system as well as formal referral mechanisms to and from community pharmacy services and other health and care professionals and health and wellbeing services.

- The new public health system should ensure that there is local flexibility in commissioning from a range of providers, including community pharmacy.

- Patients and the public should be involved in the commissioning decisions for public health services from community pharmacy and other providers. It will be important for commissioners to understand what patients and the public need and want. In addition, patients and the public will need to be able to understand what services are available from community pharmacies and how to access these.

- Commissioning of public health services from all providers should be underpinned by a robust evidence base of people’s needs and the effectiveness of interventions and services.

‘Patients and the public should be involved in the commissioning decisions for public health services from community pharmacy and other providers.’
Developing a coherent approach

One of the key challenges the task group faced was agreeing a balance between ensuring local flexibility to tailor services according to local needs and priorities and ensuring consistent quality standards. Community pharmacies often work across different commissioner boundaries and therefore value consistent service specifications and systems. To inform an evidence base, there is also a need to collate data across areas. In framing its recommendations about the future commissioning of public health services from community pharmacy, the task group tried to ensure a balance between consistent quality and flexible delivery of services based on local need.

Regarding commissioning, the task group’s discussions focused on locally commissioned services but we noted that there had been variations in the delivery of the public health essential services. NHS England is now responsible for the performance management of the essential services in the CPCF, including the public health components of the essential services. NHS England should collaborate with Public Health England and local authorities to ensure that the national performance management processes of these national public health services are understood and recognised by others to avoid duplication of effort and excessive bureaucracy. It will be important for local authorities to be aware that these public health services are being provided by local community pharmacies.

Community pharmacy is a significant part of the primary care response and therefore commissioning will also need to join up with NHS England area teams’ commissioning of primary care GP services. For more information, see Securing excellence in primary care commissioning.

The task group believes the principles of subsidiarity and localism are essential to ensure the new system works to meet the needs and build on the assets of local communities. Local authorities welcome support in commissioning public health services from community pharmacies, such as the provision of case studies, but consider top-down directives to be inappropriate and ineffective in supporting the development of services that are tailored to local needs. Community pharmacy providers similarly welcome national support for commissioning but only where this adds value locally.

Community pharmacies could be used to tackle a wide range of local public health priorities and we agreed there is untapped potential for community pharmacies to deliver effective and efficient public health interventions. Through patient choice, community pharmacy is now the main route of access for emergency hormonal contraception and has been successful in delivering Chlamydia screening and treatment programmes. Community pharmacies have also been used innovatively, in Wigan, to support two key public health challenges: fuel poverty and people at risk of domestic abuse. Opportunities for community pharmacies to help tackle the social determinants of health should be exploited, alongside their role in improving health through primary prevention services such as hormonal contraception and delivering treatment and secondary prevention services.

‘The principles of subsidiarity and localism are essential to ensure the new system works to meet the needs and build on the assets of local communities.’

To utilise fully community pharmacies’ potential to tackle a number of local public health priorities, we recommend:

- Community pharmacies should be more clearly recognised by commissioners, both nationally and locally, as a key part of the public health system to address public health delivery, including the wider determinants of health. If this happens, we would expect them to be commissioned to provide more public health services than they are currently providing.

- The public should be offered choice of access to such services based on where and how they wish to access them rather than where providers have historically delivered them. This is relevant not only for the range of settings in which community pharmacies are currently found but also other settings and providers such as schools, children’s centres, wellness centres and one-stop shops.

- Each local area needs sufficient local capability and capacity to ensure that community pharmacy plays an integral part in the delivery of public health services.

- Community pharmacy should be seen as an integral component of primary care as a service to improve the public’s health. NHS England and local authorities will need to ensure that the value of community pharmacy is maximised and coordinate commissioning of primary care and public health in collaboration with CCGs, through health and wellbeing boards (HWBs). The Pharmaceutical Needs Assessment (PNA) is a stand-alone document which HWBs are required to produce under the NHS Act and the 2013 Regulations. However, PNAs are informed by and inform the wider joint strategic needs assessment (JSNA). The JSNA should refer to the assessment of the need for pharmaceutical services. The development of PNAs will involve the HWB working with NHS England via their area teams and Local Professional Networks (LPNs), and Public Health England (PHE). An information pack, drawn up by the Department of Health with input from the Local Government Association is available on: https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack
Transformation

Local commissioning

To stimulate innovation and enable health and wellbeing board partners to work together to maximise the opportunities for community pharmacy to support the improvement of the public’s health, we recommend:

• National bodies should work together to make available best practice and examples of innovative service design. This could include key areas for effective commissioning from community pharmacy and illustrative model service specifications. It could also look at pricing mechanisms for different services using existing evidence, as well as developing the evidence base and case studies to demonstrate the value of community pharmacy’s role in the public’s health, health and care system.

• Implementation of the Healthy Living Pharmacy concept and thinking should accelerate across the country. Complementary tools or guides on public health work in pharmacy should be cost-effectively produced nationally by Public Health England in collaboration with local areas, using the learning from existing pilots and services.

The task group was aware that many PCTs had previously developed their own accreditation requirements for pharmacists delivering local enhanced services, and this had created problems for contractors and for the many community pharmacy locums who move across commissioner boundaries finding themselves having to hold multiple (similar) accreditations. Stakeholders agreed that different accreditation requirements across the country represent a barrier to successful implementation of services as these are inconsistent with a ‘high trust, reducing bureaucracy’ culture, and felt the system should recognise that pharmacists are healthcare professionals and clinicians who should be accountable for their scope of practice.

The task group heard concerns that community pharmacies were not always identified as potential providers of some public health or other services.

All commissioners should be encouraged to consider community pharmacies as viable and effective locations for public health services, alongside other providers and settings, when public health services are commissioned.

National commissioning

While it is the responsibility of local authorities to commission local public health services, it could be beneficial for some public health services that are currently commissioned from community pharmacies as locally commissioned services to be commissioned on a national basis in the future. This route could be pursued where it is clear that there is a demographic and economic basis for this, for example where there is both universal need and other things, such as easy and standard access, are important. National commissioning of these services could only occur if the funding flows allowed this, sufficient funding were available to make it happen and it were agreed between local authorities, CCGs, Public Health England and NHS England at both local and national levels that this should be done. This should remain as a possibility for the future, rather than a change to be made now. If there is not a clear case for commissioning a service on a national basis, or there is a question about where the service should be commissioned from, it should be commissioned locally.

To support local authorities, a number of factors could be considered in deciding whether specific services should be commissioned on a regional or national basis rather than just a local one, categorised into three broad areas:

• the nature of the public health problem
• economic factors
• consumer choice elements (see page 12).

Local authorities, in discussion with Public Health England, NHS England and the Department of Health, should outline which public health
Key questions to ask when considering whether to commission locally or nationally

The following questions provide key issues for local authorities to consider when commissioning public health services. Local government will need to think about these questions and related decisions in partnership with NHS England, Public Health England and the Department of Health.

The nature of public health needs and assets

• Is it a universal need or a local one? Does it apply to the entire population or to different population groups?
• Is there a strong evidence base for a commissioned service or does this need to be developed (for example, through local innovation)?

Service related factors

• What is the nature of the intervention? Is it a one-off or ongoing?
• What population size does the service need to cover?
• What is the cost of commissioning the service?
• What is the capacity and capability of the workforce? Is training required to deliver the service?
• Does the service need to be integrated with services delivered by other local providers? Does the service link to other services generally commissioned from community pharmacies?
• What is the anticipated impact of the service?
• What is the cost effectiveness of the service compared with other interventions? Will this reinforce and add to the effectiveness of other interventions?

Consumer choice factors

• Where would people use the service? Should we ‘nudge’ people towards using the services within community pharmacies?
• What are the demographics and groups of patients who would access this service? Do these support a business case for commissioning the service from community pharmacies? Could these people access services elsewhere or do community pharmacies provide added opportunities and value to access certain populations that other settings don’t provide or where people prefer to use community pharmacies compared to other conventional NHS services?

services will be commissioned nationally from community pharmacies. This should include a consideration of the factors listed above and should follow the principle of subsidiarity.

Specifications for NHS telephone advice services need to take community pharmacy into account and include community pharmacy as a health service provider where appropriate.
Measuring outcomes

In order to strengthen the integration of care, we recommend merging the outcomes frameworks for the NHS, public health, adult social care and children and young people, and ensuring that the quality and outcomes framework for GPs and other relevant mechanisms such as Commissioning for Quality and Innovation (CQUIN) are aligned with this single outcomes framework. This will ensure national bodies and local areas through health and wellbeing boards are brought together to strategically plan to achieve shared outcomes. This should help to reduce silo working by ensuring it is clear how and where community pharmacy will contribute towards achieving outcomes and that each part of the system understands and works together to achieve shared goals. Commissioners will need to performance manage the system against the outcomes framework.

NHS Confederation viewpoint

Although the NHS Confederation does not directly represent community pharmacy providers, our members see them as key partners in improving the public’s health, with a crucial role to play in improving the quality, efficiency and sustainability of the system as a whole.

As the reforms to the NHS and public health bed in, there is a clear need to consider how best to enable community pharmacy to deliver on this potential within the new system architecture. We were therefore pleased to chair this task group, and look forward to a positive response from Government to its recommendations.
The task group’s discussions were structured around a framework of our vision for pharmacy and public health, shown below.

A framework for a vision for community pharmacy and public health

The purpose of the vision is to articulate how community pharmacy fits in the new system to improve the public’s health, how it can be incentivised to improve health and build on community assets and meet needs. The framework for the vision will need to include how to shape and regulate community pharmacy to improve the public’s health. Incentives will need to be aligned so they both benefit local population health and work well for suppliers.
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Health on the high street

The NHS has historically undervalued the role that community pharmacy can play in improving and maintaining the public’s health. Community pharmacies sit right at the heart of our communities, and are trusted, professional and competent partners in supporting individual, family and community health.

This paper discusses how best public health services might be commissioned from community pharmacy within the new system architecture. It outlines the recommendations of the task group of the Pharmacy and Public Health Forum, chaired by Mike Farrar, chief executive of the NHS Confederation, which included representatives from across public health, local government, commissioning organisations and pharmacy.