

NHS Devon Pharmacy Spotlight Review

Background

NHS Devon took over commissioning of NHS pharmacy in April this year from NHS England.

We have taken on board the recommendations provided to NHS England from Devon County Council Adult Health and Social Care Overview and Scrutiny Committee earlier in the year. Below we have provided an update against those recommendations:

Recommendation 1

That a new Devon communication strategy and campaign is developed to improve public awareness and perception of community pharmacy, which signposts the appropriate pathway in terms of accessing community pharmacy, GP and acute care.

We have a Primary Care Access Recovery Plan (PCARP) that will be published in the autumn and will include community pharmacy services. One of the objectives is to demonstrate to the public and staff how the NHS is transforming general practice and community pharmacy to better meet the needs of local communities and change public behaviour in accessing these services.

The areas it covers include:

- Expanding community pharmacy services
- Deliver Pharmacy First so that community pharmacies can supply prescription-only medicines for seven common conditions
- Expand pharmacy oral contraception and blood pressure services to increase access and convenience for millions of patients.
- There will be a national campaign to support the Community Pharmacy *New Common Conditions Service*
- We will link closely with the Local Pharmaceutical Committee and pharmacy development group on the community pharmacy consultation service (CPCS) planned messages and future campaign opportunities

Recommendation 2

That commissioners work with the Practice Plus Group to improve both the level and the appropriateness of NHS 111 referrals to community pharmacy.

The Community Pharmacist Consultation Service (CPCS) can take referrals for minor illness and urgent supply of medicines.

Whether, following a NHS111 consultation (online or by telephone), referral to the CPCS is a recommended option is dependent and driven by a national pathways algorithm. This is therefore not influenced by the individual NHS111 provider. Similarly, the Directory of Services (DOS) which specifies the services available within community pharmacies is managed nationally to ensure consistency with the national contract.

There are a number of potential reasons why a recommended referral to community pharmacy might not be taken forward e.g. the clinician at NHS111 is managing the patient or the patient has a personal reason to reject that referral.

In July 2023, across the seven South West NHS 111 providers, a recommended referral to community pharmacy for minor illness was selected in 40% of cases (range 35%-43%). Devon NHS 111 provider selected community pharmacy in 41% of cases.

For urgent supply of medicines, a recommended referral to community pharmacy was selected in 95% of cases (range 91-96%). Devon NHS 111 provider selected community pharmacy in 94% of cases.

NHS Devon continues to work with Practice Plus Group (PPG), our 111 provider, to understand in more detail the reasons for not selecting community pharmacy. NHS Devon has agreed with PPG as part of strategic intentions within their service development plan to achieve the highest percentage of selections for both minor illness and urgent supply of medicines in the South-West. PPG are currently undertaking a targeted audit focused on the reasons for not selecting community pharmacy in order to identify opportunities that can be taken locally to increase community pharmacy selection.

Recommendation 3

That all organisations work together to promote the establishment of a pharmacy school in the County to ensure that Devon and the far South West develops its own pharmacists and pharmacy technicians.

Good progress has been made on this recommendation. A partnership model has been established between Plymouth and Bath universities which allows the Bath course to be delivered on the Plymouth campus. The course has been set up and is now being marketed with an intended first intake in 2024. Numbers will be limited initially and grow as the course becomes established. Pharmacists, as they graduate and register, will be prescribers under the new syllabus.

Recommendation 4

That long term investment is needed in training and progression opportunities for community pharmacy and across all areas of health and social care. That

this includes use of bursaries, work experience and the delivery of regular health and social care careers days, which include a specific focus on community pharmacy.

Progress has been made on this recommendation but there is still much to do. Investment has been made in certain areas of the workforce pipeline. Due to the low application rate to undergraduate pharmacy courses and the arrival of the Bath-Plymouth programme referenced above, we have invested in engaging with young people and schools on the merits of entering the pharmacy profession.

This has been done in a number of ways:

- A social media campaign highlighting the lives and roles of pharmacists
- A programme of engagement with schools offering activities
- Supporting candidates with choices and linking into the developing careers hubs.

We have also been investing in prescribing training – all pharmacists will require this in the future and although we have increased the training capacity, it still remains constrained and is likely to become a factor affecting the flow of pharmacist trainees to their registration.

Other areas are being developed under the Initial Education and Training of Pharmacists (IETP) reform programme e.g. the new pre-registration training is changing to become rotational as is technician training. This is a positive move and will lead to pharmacy professionals being more able to work across different settings in future, but in the short term this requires considerable coordination.

Our ambition is to develop advanced clinical practitioners and pharmacist consultants and, in the process, establish professional communities of practice.

Recommendation 5

That work is undertaken with NHS England and NHS Improvement to develop the NHS App to introduce notifications including SMS texts when a prescription is ready to be collected. Other alternative technologies should be encouraged to provide multi-choice IT interface routes for ordering repeat prescriptions. That those not using IT still have access to a paper based repeat prescription.

Feedback from this Spotlight Review has been shared with NHS England & Improvement. As part of the Primary Care Access Recovery Plan work, there is a Digital Workstream looking at how technology can support patients in accessing services and maximise capacity of our service providers. We have highlighted the positive impact on patients and providers if community pharmacy are able to use the NHS App to communicate with patients in the same way that general practice does. In the meantime, some pharmacies have already decided to offer patients the option to receive a text message when their prescription is available in response to feedback from their service users and staff. Some pharmacies have also invested further to develop their own applications for ordering repeat prescriptions and notifying patients when items are ready for collection.

The review has highlighted, however, that not all patients wish or are able to use digital technology when accessing health services. Patients can continue to speak to their practice to order a repeat prescription and can still be issued with a paper prescription that they present to the pharmacy. There are, however, many patients who give permissions for the practice to send their prescription to their chosen pharmacy electronically. This does not require the patient to interact with the electronic transmission, other than to give their permission (verbally or via the NHS App), for this to happen.