# The NHS Long-Term Plan Consultation: CPL Response September 2018

## Overarching questions

### 1 What are the core values that should underpin a long-term plan for the NHS?

We fully support the principles and values set out in the NHS Constitution putting the patient at the heart while remembering to value those who work within the
NHS. We will highlight specific actions that could be taken to live to these meeting the needs of all.
Investment parity to develop all workforce providing NHS services when there are significant pressures on primary and secondary care including workforce
shortages and recruitment challenges. Utilise and upskill available and existing workforce, specifically in community pharmacy, whom with reasonable investment
could meet increasing needs of local populations in terms of acute, long term conditions management and prevention.
The NHS should support individuals to promote and manage their own health. Including reviewing the best place for service provision to patients. Achieved by
understanding their needs and recognizing health and social care assets already in communities and neighbourhoods and making best use these.
Working across organisational boundaries and in partnership with other organisations in the interest of patients. Create 'one seamless NHS organisation' all
healthcare professionals must be able to view/update patients' health records. The patient is not repeating themselves at every point of care leading to better
patient safety and outcomes.

### 2 What examples of good services or ways of working that are taking place locally should be spread across the country?

Care Navigators – reception staff in general practices in two CCGs signpost appropriate patients to community pharmacy for support with self-care and minor
ailments. One practice found from 120 cases; 80 GP appointments saved.
Fleetwood (Lancashire) – community pharmacies; given read write access to patient records. Enabling a pilot for COPD case finding by community pharmacy
teams who collaborate with general practice pharmacists. This access has provided the capacity to enable case finding and subsequent management in
community pharmacy improving patient outcomes due to early diagnosis.
Healthwatch – independent survey carried out by Healthwatch speaking with 326 people, across our three Health and Well Being Boards asking how they found
and valued the services the network of community pharmacies provide to their local communities – very positive report link to report
https://healthwatchlancashire.co.uk/reports/reports/
NHS Health Checks - Lancashire County Council commission NHS Health Checks from community pharmacies, allowing greater access for patients to these
services. This could be built on to include management with enablers as above.
NHS Urgent Medicine Supply Advanced Service (NUMSAS) pilot – in Lancashire over 50% of all calls to NHS111 are now signposted to community pharmacy,
evidence of how community pharmacists can deflect pressure away from other parts of the system.

### 3 What do you think are the barriers to improving care and health outcomes for NHS patients?

Lack of integrated IT systems; health professionals are unable to review and share patient records and 'task' care to the most appropriate healthcare professional
Slow adoption and roll out of innovation across the system both locally and nationally
Constant use of pilots – these are finance and time limited so work is rarely scaled up and rolled out due to lack of sharing and awareness or buy in across health

and social care boundaries
Local and national contracts that do not enable/disincentivise collaborative working
Investment and 'success' measures/metrics based on short term outcome measures, return on investment or cost savings. Leading to perverse incentivization of
certain actions. The prevention agenda, and quality of life improvement plus health economy savings requires a long-term view on investment.
Human behaviours in adapting to and dealing with a change process
Lack of capacity to embrace change due to existing workload
Limited use of patient group directions in community pharmacy. These could enable community pharmacists to treat minor disease in pharmacy; deflecting
pressure from general practice
Workforce development – the workforce is not yet developed to operate to the top of their license, needing adequately funded training to meet the gaps in service
provision.

## Life stage - Early life

### 1 What must the NHS do to meet its ambition to reduce still-births and infant mortality?

Support education from school age and onwards about the consequences of the consuming alcohol, smoking and the use of illicit drugs during pregnancy. Also, consideration of the appropriateness of prescribed medicines, over the counter medicines and supplements - reviewed by a prescriber or pharmacist as to their appropriateness during pregnancy e.g. sodium valproate
Maximise the support provided by the network of Community Pharmacies and the Healthy Living Pharmacy Programme for community pharmacy to provide information on self-care and deliver commissioned service pathways to promote good health during pregnancy e.g. supplying vitamins, especially in areas of deprivation
Using the team of pharmacists found in general practice and community pharmacy in educating diabetic patients in pre-conception planning & reviewing their medicines, prior, during & after pregnancy

### 2 How can we improve how we tackle conditions that affect children and young people?

Have NHS vaccination programmes accessible from the community pharmacy network e.g. target young school children for their seasonal flu vaccination, young people to have their Meningitis vaccine (Men ACWY) from their local community pharmacy. Community pharmacists in England administered 1,344,462 flu vaccinations to eligible patients over 18 via the national NHS Flu Vaccination Service in 2017/18, demonstrating the accessibility of this network and patient's acceptance of this as a suitable point of access for vaccination services and hence other more clinical services.
Maximise the support provided by the network of Community Pharmacies and the Healthy Living Pharmacy programme for community pharmacy to provide information on life style, healthy eating, children's oral health and have commissioned service pathways to support young children in areas of high deprivation e.g. supply vitamin drops
For local budgets to be able to tackle the wider determinants of health e.g. housing
Have performance measures that look at patient experience to monitor appropriateness of the service

### 3 How should the NHS and other bodies build on existing measures to tackle the rising issues of childhood obesity and young people's mental health?

Influence policy making bodies on their social policies around food; reviewing licensing arrangements for fast food outlets particularly near to schools and areas of health and social inequalities
Link up health, education, social care with targets requiring them to work together to achieve their outcomes with accountability for delivery
Work in school, not only focusing on the pupils, including the parents & extended family
Obesity is often diet and exercise related. Tackling at every level requires educating all generations, particularly in deprived areas. How to cook meals that are nutritious, quick, cost effective and

agreeable to the whole family. Enabling a shift from convenience food. Similar approaches for the integration of exercise providing examples and approaches that easily fit in to busy lives. Education explaining what constitutes exercise. This requires regular conversations along whole health spectrum. More formal services in line with principles of 'Making Every Contact Count' including follow up and support.
Pre-screening work capturing vulnerable individuals before these problems begin, including local communities, voluntary sector and faith groups, funded by monies from the NHS stopping people becoming sick in the first place
Parent education on the risks of social media and safeguarding their children

### 4 How can we ensure children living with complex needs aren't disadvantaged or excluded?

Children's health needs are linked into where they were born, the environment in which they live and other social factors. We also know that in areas of high deprivation there can be fewer general practices, so it is harder to access help via this route. The number of community pharmacies do not follow the inverse care law, you find more pharmacies in areas of higher deprivation compared to more affluent neighbourhoods.
Therefore, we would suggest that the community pharmacy network is far more closely incorporated into the design of services; supported by having read write access to the patients' medical record, this would allow the pharmacy team to be the first port of call for children, their parents and carers to access the help they require at a local level.

## Life stage - Staying healthy

### 1 What is the top prevention activity that should be prioritised for further support over the next five and ten years?

**What is the top prevention activity that should be prioritised for further support over the next five and ten years?**

Education to help us look after ourselves better, so keeping us healthy for longer; using tools such as patient activation measures and techniques to ensure that when someone undergoes treatment they have the knowledge and motivation to keep themselves healthy.

### 2 What are the main actions that the NHS and other bodies could take to:

The main action is to increase how the teams found within the community pharmacy network are used to support the health of the population, from both the NHS and Public Health. In our location there is 1 community pharmacy for every 4,000 people. No appointment is necessary to see these teams, and you find more community pharmacies in areas of high deprivation that you do compared to more affluent areas.
National statistics show that 89.2% of the population is estimated to have access to a community pharmacy within a 20-minute walk and in the most deprived areas this rises to 99.8% of people.
Our existing contract with NHS England includes the provision of opportunistic one-to-one advice on healthy lifestyle, signposting to other practitioners, and being able to support patients with how they take their medicines through a structured consultation and support for patients with new medicines initiated by their GP.
Some Councils via their Public Health teams also commission services e.g. emergency contraception, Stop smoking services, NHS Health Checks, needle exchanges and supervised dispensing, however provision depends on the local council rather than having a national position leading to fragmentation of delivery.

### 3 What should be the top priority for addressing inequalities in health over the next five and ten years?

**What should be the top priority for addressing inequalities in health over the next five and ten years?**

A focus on getting people to stop smoking

## 4 Are there examples of innovative/excellent practice that you think could be scaled up nationally to improve outcomes, experience or mortality?

The question is seeking to understand what is happening locally, and this is the first issue, the data bases evidencing what is happening locally, especially in community pharmacy are fragmented which stops the spread of innovation and good practice.
The NHS Health Check service is commissioned locally from pharmacies within one of our District councils, which means residents living in our two other Councils are not eligible. This service that can provide early detection of cardiovascular disease, diabetes and offer support and advice around adopting healthier life styles. This service could easily be scaled up to be delivered across the whole community pharmacy framework Sexual Health service - Emergency hormonal contraception (EHC) is being commissioned by 2 out of 3 of our local authorities in a certain number of community pharmacies. A nationally commissioned first contraception service through all community pharmacies, provided alongside national commissioning of EHC provision, would deflect pressure away from OOH, Urgent Care and general practice would have a positive social impact. This potential was demonstrated in a PwC report looking at community pharmacy who concluded that a total net value of £24.9 million of short-term societal benefit would be delivered due to the EHC
services alone.

## 5 How can personalised approaches such as paying attention to patient activation, health literacy and offering a personal health budget reduce health inequalities?

If community pharmacy services were to be upscaled, this would improve access for all communities, with a greater impact on those found in some of our most deprived communities. This would support the work in reducing health inequalities, with life style advice and support delivered by local people speaking to local people in local locations. Patients on medication need to come in and collect their prescription on a monthly basis, this gives the pharmacy team an opportunity to have regular conversation with their patients about their medication and provide other life style advice.
This role of community pharmacy was evidenced by a pilot in West Yorkshire, the pharmacy care plan service, where patients had regular access to structured consultations with a community pharmacist about their health goals. Results showed an improvement over 12 months in key clinical and process metrics, such as patient activation, adherence, blood pressure and quality of life.
The mean incremental cost associated with the intervention was estimated to be £202.91 (95% CI 58.26 to £346.41) and the incremental Quality Adjusted Life
Year (QALY) gain was 0.024 (95% CI 0.014 to 0.034), giving an incremental cost per QALY of £8,495.

## 6 What is the best way to measure, monitor and track progress of prevention and personalisation activities?

Digital innovation e.g. apps, devices that can be worn or placed in the home to monitor or be accessed remotely are the way forward; however, this requires support from the health care professional to the patient to possibly provide the device, and to ensure they understand and are comfortable with the technology and how to use it
This however does not replace encouraging patients to track and monitor their own progress themselves.
In both these scenarios the team in the community pharmacy are very well placed to support patient in this journey.

## 7 What are the main challenges to improving post-diagnostic support for people living with dementia and their carers, and what do you think the NHS can do to overcome them?

**What are the main challenges to improving post-diagnostic support for people living with dementia and their carers, and what do you think the NHS can do to overcome them?**

The first step is to educate people about dementia and how to spot the early symptoms, so that cases can be captured early on and appropriate steps taken.

Community pharmacy is an ideal vehicle to support the NHS in this approach. Community pharmacies are located within the communities they serve, with local people serving local people; and they are very easy to access. Most pharmacies in England have pharmacy staff who are trained as Dementia Friends. They also support Public Health campaigns in their pharmacies, as this is part of their NHS Contract. Heathy Living Pharmacies have Healthy Living Zones, so these combined means community pharmacies are ideally place to support NHS and Public Health campaigns and messages about dementia.

### 8 What is your top priority to enhance post-diagnostic support for people living with dementia and their carers?

**What is your top priority to enhance post-diagnostic support for people living with dementia and their carers?**

This answer does not just apply to dementia. Anyone with a long-term condition (including dementia) needs the healthcare professionals who support them to take a patient centred view in a way that treats them as a whole e.g. incudes their family and needs of their careres, and is able to see their treatment and care plan. The teams in community pharmacies know their patients and their families. The top priority for post diagnostic support is to enable access to community pharmacies to the patient record, so we can see at an early age what is happening to them and have read write access so we can add to their notes, and task activities needed for their care to the appropriate healthcare professional. In some cases, an early diagnosis is not apparent in the conversations had in the pharmacy or cannot be deduced from the medications prescribed, so access to the record is key if we are to be an integral part of the healthcare team.

## Life stage - Aging well

### 1 What more could be done to encourage and enable patients with long-term health issues to play a fuller role in managing their health?

The Community Pharmacy Forward View describes three key roles for the community pharmacy of the future:
1. As the facilitator of personalised care for people with long-term conditions
2. As the trusted, convenient first port of call for episodic healthcare advice and treatment
3. As the neighbourhood health and wellbeing hub

Patients with long-term conditions would benefit from regular support to help them get the best outcomes from their medicines, adopt healthier lifestyles and better manage their conditions. This role of community pharmacy was evidenced by a pilot in West Yorkshire, the pharmacy care plan service, where patients had regular access to structured consultations with a community pharmacist about their health goals. Results showed an improvement over 12 months in key clinical and process metrics, such as patient activation, adherence, blood pressure and quality of life.
This is just one way that using the network of community pharmacies and their teams can support patients with long-term health issues to play a fuller role in managing their health

### 2 How can we build proactive, multi-disciplinary teams to support people with complex needs to keep well and to prevent progression from moderate to severe frailty for older people?

The development of Primary Care Networks (PCNs), with funding from NHSE to do this needs to involve community pharmacists and their teams so they can be fully integrated within the multi-disciplinary team to facilitate the provision of better integrated primary care services. This therefore requires local support and NHS funding to provide time for local healthcare providers to meet, build relationships, plan and train together and ultimately to develop into a real multi-disciplinary team. This would be facilitated by other healthcare providers having read write access to the patients record to support multi-disciplinary working, and enable these individuals to be able to work in different settings as they have access to the records, which allows the healthcare professional to get closer to the patients e.g. at home especially if frail rather than go along to the practice or hospital.

### 3 What would good crisis care look like, that can help prevent unnecessary hospital admissions for older people living with various degrees of frailty?

There is definitely a role here for the patient/carer to have a conversation with their local community pharmacy about the medicines once discharged from hospital.
We have the refertopharmacy scheme in East Lancashire Hospital Trust, an electronic transfer of care scheme, where the patients' pharmacy is notified of the patient's admission and discharge from hospital, with data about the medications involved. The patient's community pharmacy is then able to provide them with expert advice and support with their medicines. Evidence show how having this real time link with the hospital team increased patients' safety and reduced hospital readmissions due to issues with their medicines. It is known that when care is transferred between settings, between 30 and 70% of patients have either an error or unintentional change to their medicines. So, a key opportunity for community pharmacy to be involved in this pathway

## Clinical priorities – Cancer

### 1 What should be the top priority for improving cancer outcomes and care over the next five and ten years?

**What should be the top priority for improving cancer outcomes and care over the next five and ten years?:**

From the perspective of community pharmacy - Prevention and diagnosis

### 2 What more can be done to ensure that:

There is a vibrant network of community pharmacies across England, with the higher the level of social deprivation the more pharmacies there are when compared to more affluent areas. Irrespective of location they all provide highly accessible healthcare. Overall 89.2% of the population is estimated to have access to a community pharmacy within a 20-minute walk, and in the most deprived areas this rises to 99.8% of people. An estimated 90% of people visit a pharmacy at least once per year. Community pharmacies provide highly accessible local support and advice for people with a whole range of health needs, and can do so much more. In terms of cancer, pharmacies already provide stop smoking services and advice, they could go much further by providing -

- Lifestyle advice to reduce the risk of cancer
- Education via public health campaigns, mandate for pharmacy to deliver to help people understand the risk and spot warning signs of cancer
- With read write access to the patients record we would be able to refer into the appropriate part of the system thereby enabling faster access to treatment for the patients and supporting delivery of targets
- Help people to understand and manage any medications or treatments

### 3 How can we address variation and inequality to ensure everyone has access to cancer diagnostic services, treatment and care?

There is a vibrant network of community pharmacies across England, with the higher the level of social deprivation the more pharmacies there are when
compared to more affluent areas, so there is a role for community pharmacy to play in primary cancer care.

## Clinical priorities - CVD and Respiratory

### 1 What action could be taken to further reduce the incidence of cardiovascular and respiratory disease?

The major risk factors for cardiovascular disease include diet, exercise and other lifestyle factors. Lifestyle factors such as smoking still contribute heavily to respiratory conditions. These all require education and support, including motivational interviewing and behavioural change support and early screening for detection to minimize risk of development or slow rate of progression.
Investment in screening in community pharmacies including via outreach, carried out for example by the teams found within community pharmacies, with read write access to the patient record, and ability to treat patients via Patient Group Directions in the first instance. By training up more community pharmacists to be independent prescribers this will create further capacity within the system to provide timely interventions and management of those diagnosed with these conditions. The patient supported by an intensive care plan from the community pharmacy that follows them up though their first-year post diagnosis, with the community pharmacy working with the pharmacists in general practice.
This could be enabled with very short lead time if read write access to patient records was granted with little workforce development even within current regulatory boundaries.

### 2 What actions should the NHS take as a priority over the next five to ten years to improve outcomes for those with cardiovascular or respiratory disease?

Up to 50% of medicines are not taken as prescribed, it is essential to understand what the patient's ideas, concerns and expectations are about both their conditions and treatment. Only once these have been understood and addressed will patients be prepared to effectively consider the information and support which is provided/available about actions they can take to improve their health outcomes and quality of life. There is not the capacity within general practice to take this labour-intensive approach nor is this potentially the best place to provide such interventions as more complex care should be provided from general practice.
All patients should have review(s) of how they are taking their medicines, conducted in their own homes, where necessary; to understand if the medicines being taken appropriately and medication adjusted for optimal use, including deprescribing if deemed appropriate. The review should include understanding and addressing patient concerns as described above and also to include domestic factors such as smoking status, housing, social prescribing etc.

## Clinical priorities - Mental Health

### 1 What should be the top priority for meeting people's mental health needs? Over the next five, and ten years?

**What should be the top priority for meeting peoples mental health needs? Over the next five, and ten years?**

To ensure that all patients with mental health problems are identified and directed to appropriate treatment options

### 2 What gaps in service provision currently exist, and how do you think we can fill them?

Mental health services are currently overwhelmed by the number of people affected by mental health conditions, and this continues to rise and demand for
services, particularly for children and adolescents, grows.
There is a vibrant network of community pharmacies across England, with the higher the level of social deprivation the more pharmacies there are when compared to more affluent areas. Irrespective of location they all provide highly accessible healthcare. Overall 89.2% of the population is estimated to have
access to a community pharmacy within a 20-minute walk, and in the most deprived areas this rises to 99.8% of people. An estimated 90% of people visit a pharmacy at least once per year.
Community pharmacies provide highly accessible local support and advice for people with a whole range of health needs, and can do so much more especially in supporting people with mental health conditions in how to get the best out of their prescribed medicines, which may have side effects and so support is needed.

Mental health as a group is not included in the new medicine service, so this is current gap in provision
Community pharmacies could also signpost patients to local specialist services and support groups.

### 3 People with physical health problems do not always have their mental health needs addressed; and people with mental health problems do not always have their physical health needs met. How do you think we can improve this?

Commissioning targeted community pharmacy services that look at meeting the physical health needs of people with mental health conditions could help tackle the poorer health that these people currently have in comparison to the broader population. These include
• Having a national commissioning of stop smoking services from community pharmacies would provide easier access to support for smokers who also have mental health conditions (smoking prevalence in this group of patients is higher than in the population overall)
• Provision of health checks from community pharmacies specifically targeted to people with enduring mental health conditions

### 4 What are the major challenges to improving support for people with mental health problems, and what do you think the NHS and other public bodies can do to overcome them?

One challenge in treating all patients, but perhaps particularly those with mental health problems, is they need time and a personalised approach so they can discuss their goals and outcomes. This is costly in terms of staff time, especially when mental health services are so stretched. Raising awareness and skills within the whole workforce of these needs would help alleviate some pressure

### 5 How can we better personalise mental health services, involving people in decisions about their care and providing more choice and control over their support?

The principles of patient activation could be applied to the planning of care and treatment for patients needing mental health services.

## Clinical priorities - Learning disability and Autism

### 1 What more can the NHS do, working with its local partners, to ensure that people with a learning disability, autism or both are supported to live happy, healthy and independent lives in their communities?

There is a vibrant network of community pharmacies across England, with the higher the level of social deprivation the more pharmacies there are when compared to more affluent areas. Irrespective of location they all provide highly accessible healthcare. Overall 89.2% of the population is estimated to have access to a community pharmacy within a 20-minute walk, and in the most deprived areas this rises to 99.8% of people. An estimated 90% of people visit a pharmacy at least once per year. Community pharmacies provide highly accessible local support and advice for people with a whole range of health needs, and can do so much more especially in supporting people with Learning Disability and Autism in how to get the best out of their prescribed medicines, which may have side effects and so support is needed.

### 2 How can we best improve the experiences that people with a learning disability, autism or both have with the NHS, ensuring that they are able to access the full range of services they need?

Community pharmacies can provide highly accessible support and advice for people with a whole range of health needs. In particular, pharmacies can provide expert advice on the use of prescription medicines, which may be crucial to ensure that people with learning disabilities or autism are only

taking appropriate medication. Pharmacies can also help to signpost people with specific needs to local support services or social prescribing options.
As is the case for all patients with complex needs, educational programs supported by Health Education England provide support in the workforce to understand the needs of the patient and how they can support them

## Enabling improvement – Workforce

### 1 What is the size and shape of the workforce that we need over the next ten years to help deliver the improvements in services we would like to see?

When thinking of developing the workforce this also needs to include those organisations that provide "arm's length" services to the NHS e.g. Community Pharmacy, Dentistry & Optometry. They are all providing NHS services and therefore are NHS staff, and so need to be included in the thinking of developing the workforce
The workforce needs to have been trained to work at the top of their license and have employment contracts that allow them to work in different locations providing their services, supported by digital access to the patient record e.g. in terms of pharmacists a flexible pharmacist workforce would include independent pharmacist prescribers who can work in a variety of locations across general practice, care homes and community pharmacy Community pharmacy for example therefore needs to develop a talent bank across the community that can be called on to address changing needs. Thus, the
NHS system needs to invest in appropriate training and protected learning for developing the workforce found in community pharmacy to deliver these, and indeed for other professions

### 2 How should we support staff to deliver the changes, and ensure the NHS can attract and retain the staff we need?

Staff retention relates heavily to job satisfaction. This is often achieved by empowering staff to make best use of their existing skills, developing their skills further, enabling them to have more varied roles and responsibilities and also valuing the work they do. All of these factors lead to a happy and fulfilled workforce. This can be further supported by reducing administration, duplication and regulatory burden which is often frustrating and reduces capacity to do above.
As the workforce develops its flexibility this impacts on healthcare partners who will see a shift of working practices which are essential for the NHS to be sustainable. This development means the workforce needs to be supported to deliver this change as described above ensuring that they feel empowered drive change. This includes leadership development at all levels as well as clinical and technological integration and development.

### 3 What more could the NHS do to boost staff health and well-being and demonstrate how employers can help create a healthier country?

To boost staff health and well-being the NHS will need to work on developing its workforce and that of allied professions who have contracts with the NHS e.g. Pharmacy, Optometry & Dentistry, as they too are NHS employees, so that staff are able to develop, have a career progression and work at the top of their license; and thereby setting a standard for other employers.
For the staff in community pharmacy we would like to see far more engagement from Health Education England in developing this workforce, one that is widely recognized as being underutilized. With subjects to include are
• the use of digital technology including apps. So, they are able to support their patients e.g. the digitally naïve in the use of these technologies in looking after their health
• skills and capabilities around taking patients histories and physical assessment as these combined with access to the patient's record would allow the teams in the community pharmacy to be able to contribute more to deflect work away from other parts of the system e.g. by doing near patient testing and updating the medical record.

## Enabling improvement - Primary Care

### 1 How can the NHS help and support patients to stay healthy and manage their own minor, short-term illnesses and long-term health conditions?

Commissioning NHS Health Checks through every community pharmacy, supporting self-care and screening for conditions e.g. cardio vascular, respiratory and diabetes
Pathways that use community pharmacists, technicians and pharmacy teams to deflect work away from general practice, out of hours, urgent care and A&E releasing capacity within the system. E.g. minor illness and minor diseases pathways delivered in community pharmacies. Community pharmacy being a disposition on NHS 111 to deflect this workload
Short term could be provided by patient group directions to provide appropriate medication; going forwards have independent prescribers in community pharmacy to address these needs
Care plans and health coaching techniques to support change in patient behaviour in managing their long-term conditions, delivered where they collect their prescribed medication. E.g. Pharmacy care plan service in West Yorkshire found community pharmacy can improve patients' quality of life, increasing levels of patient activation and empower people to manage their own conditions
Patients with stable long-term conditions e.g. Cardiovascular disease, diabetes (HbA1c and footcare), AF (INR test) being monitored with near patient testing in the community pharmacy, results that can be automatically added to the patient record by the pharmacy
Investment in the workforce and protected learning is needed to deliver these

### 2 How could services like general practice and pharmacy, work with other services like hospital services to better identify and meet the urgent and long-term needs of patients?

For community pharmacists to have read write access to the patient record, this opens up the opportunity to do near patient testing, other diagnostics and prescribing in the community pharmacy with actions added straight to the patients record, or tasked to the appropriate healthcare professional within the healthcare system
Services designed with effective contracting with all the partners, to maximise the potential of working together. Currently the contracting mechanism in some areas of primary care leads to tension and perceived conflicts of interest. Innovative new contracting arrangements will ensure that all elements of primary care and /or secondary working together, will deliver the best and safest care for the local community in the most cost-effective manner
Develop a flexible pharmacist workforce that includes independent pharmacist prescribers who can work in a variety of locations across general practice, care homes and community pharmacy
Expand the existing technology of electronic transfer of care systems that notify community pharmacy that a patient has been admitted or discharged from hospital. The discharge notification gives information on the discharge medicine and any follow up needed. E.g. Refer to pharmacy in East Lancashire Hospital Trust

### 3 What other kinds of professionals could play a role in primary care, what services might they be able to deliver which are currently delivered elsewhere, and how might they be supported to do so?

It is widely recognised that community pharmacists and their teams are an underutilised resource – Murray report, with an existing base of one community pharmacy for every 4,000 of the population
Services community pharmacies could provide over and above current provision:
• Near patient testing e.g. INR testing, diabetics HbA1c & foot checks
• Universal availability of NHS Health Checks and subsequent management of those diagnosed with high cholesterol, hypertension, diabetes or those with lifestyles and other factors which may lead to development of these conditions
• NHS Seasonal Flu vaccination for children
• Vaccination services e.g. meningitis (Men ACWY) for young people
• Case finding and management e.g. COPD using micro spirometry – as being piloted in Fleetwood and other diseases
• Funded Medicines optimisation activity to ensure patients get the best out of their medicines, and only the medicines needed are prescribed e.g. work with poly pharmacy prescribing

Enablers needed to achieve this:
• Have read write access to central patient record
• Appropriate funded training and protected learning time for workforce development in community pharmacy to deliver these services
• Funded training for community pharmacists to be Independent prescribers in community pharmacy linked into their local GP practice/s, so that patients can receive NHS care in community pharmacy

### 4 How could prevention and pro-active strategies of population health management be built more strongly into primary care?

Innovative new contracting methods so services are designed with all partners involved in the pathway, to maximise potential of working together, with related contractual levers around successful delivery
Combining health and social care into one and removing barriers between different organisations, with ring fenced funds for prevention, supported by social policies around food; reviewing licensing arrangements for fast food outlets particularly near schools and areas of health and social inequalities and social policy that drives out healthy eating and lifestyles
Following prevention services available from community pharmacy:
• Universal availability of NHS Health Checks and health checks type services to enable the early identification of people at risk but not yet with a condition and subsequent management with lifestyles interventions and support including support with other factors which may lead to development of these conditions • NHS Seasonal Flu vaccination for children
• Vaccination services e.g. meningitis (Men ACWY) for young people
• Sexual health services, including contraception and screening services
Targets that include patient experience, so learnings are obtained from how services are received by their target audience, and learning built into refining the strategies
Developing strategies including the wider determinants of health e.g. housing

## Enabling improvement - Digital innovation and technology

### 1 How can digital technology help the NHS to:

a) Using the example of community pharmacists, if they had universal read write access to the patient record, this would open up the opportunity to do near patient testing, other diagnostics and prescribing in the community pharmacy with actions added straight to the patients record, or any actions required to be tasked to the appropriate healthcare professional within the system. With this support and monitoring it ensures the patients medication remains effective and being used to its maximum effect, and maximises the services that can be accessed via the community pharmacy
Expanding the existing technology of electronic transfer of care systems that notify community pharmacy that a patient has been admitted or discharged from hospital. The discharge notification gives information on the discharge medicine and any follow up needed. Examples of the system is the Refer to pharmacy scheme found in East Lancashire Hospital Trust, that enable safer discharge from hospital and has reduced then number of readmissions due to medicines
b) It is essential to understand what people's ideas, concerns and expectations are about both their conditions and treatment. Only once these have been understood and addressed will patients be prepared to effectively consider the information and support which is provided/available.
c) All healthcare services rely on safe, effective, timely communication between healthcare professionals and patients. In community pharmacy much of this still happens by Royal Mail, phone or fax. There is a need for a standardised secure way of sharing information with allied healthcare professionals, and having access to the patients record if we are to increase our efficiencies, and also enhance patient safety by being able to see and add to the record in real time.
Digital communications allow for automation of routine or planned processes e.g. an app to help patients to remember to take their medication, use of skype for consultations – there is much potential in this area

### 2 What can the health and care system usefully learn from other industries who use digital technology well?

Look at examples where there are integrated, visible and good interoperability by both the recipient and deliverer of service across all interfaces of the service, that leads to seamless service delivery with high levels of service user satisfaction and also efficient cost-effective service delivery.
Not everyone will embrace technology and lessons can be learnt from other industries as to how they have integrated the old and the new to ensure they can communicate with all their clients

### 3 How do we encourage people to use digital tools and services?
**What are the issues and considerations that people may have?**

The tools themselves have to be free, easily accessible, secure, safe, easy to use, and be able to work with other technologies used in the system before the healthcare professional is able to assure people of their usefulness.
Not everyone will embrace this technology and provision needs to be made for multi-channel access for patients and healthcare professionals.

### 4 How do we ensure we don't widen inequalities through digital services and technology?

Already we see inequalities between different social economic groups, with deprived areas having fewer GPs and more community pharmacies compared to more affluent areas. So, if how people access healthcare services become more complicated and so becomes a barrier this will widen these inequalities.
Support to help patients struggling with these new ways of working can be delivered by community pharmacies and their teams, who can help on a "face to face" basis by supporting patients with these new ways of working at locations close to where they live or work i.e. community pharmacy teams become digital navigators. The pharmacies can also home terminals within the pharmacy so people without a computer or mobile device can access the services from here

## Enabling improvement - Research and innovation

### 1 How can we increase opportunities for patients and carers to collaborate with the NHS to inform research and also encourage and support the use of proven innovations (for example new approaches to providing care, new medical technologies, use of genomics in healthcare and new medicines)?

There is a vibrant network of community pharmacies across England, with the higher the level of social deprivation the more pharmacies there are when compared to more affluent areas. Irrespective of location they all provide highly accessible healthcare. Overall 89.2% of the population is estimated to have access to a community pharmacy within a 20-minute walk, and in the most deprived areas this rises to 99.8% of people. An estimated 90% of people visit a pharmacy at least once per year. Community pharmacies therefore provide highly accessible local support and advice for people with a whole range of health needs, and can do so much more especially in supporting e.g. help to publicise these opportunities

### 2 What transformative actions could we take to enable innovations to be developed, and to support their use by staff in the NHS?

Provide safe environments to try out innovation
Innovation encourage by senior and middle managers
Empower and inspire staff to innovate
Have team advocates to encourage the sharing of innovative ideas

### 3 How can we encourage more people to participate in research in the NHS and do so in a way that reflects the diversity of our population and differing health and care needs?

Produce a compelling narrative explaining the benefits of research
Provide incentives for patients of all backgrounds to take part in research
Include training on the benefits and practical elements of carrying our research

## Enabling improvement – Engagement

### 1 How can the NHS encourage more people to share their experiences in order to provide an evidence base for checks on whether changes introduced under the long-term plan are driving the changes people want and need?

Tools can include –

Listening exercises
Friends and Family Test
Feedback forms at the end of a consultation
Online options for people to share their view
Use of social media for patients comments e.g. Facebook
Involvement of Healthwatch to ask service users/patients for feedback
Engagement with local community groups
Structured conversations with workers from allied professions e.g. community pharmacists & their teams

### 2 How can the NHS improve the way it feeds back to people about how their input is shaping decisions and demonstrate that the NHS is the world's largest learning organisation?

Have a very clear mechanism as to how the NHS feeds back and responds across a wide range of multi-channel platforms