Increasing primary care capacity & developing new ways of working - Community Pharmacy Lancashire Digital Strategy

Background

The aim of this paper is to consider the benefits of involving community pharmacy in Lancashire and South Cumbria's Sustainability and Transformation Plan and digital platform from the outset. We look at how to harness both the existing, and future digital technologies to increase the overall maturity of the system. This will increase primary care capacity across the entire system, having technology that works for frontline staff, patients and the public, alike.

To this end collaboration and co-creation is required at the design stage, with a multi-disciplinary focus on workforce development to enable these core capabilities to be delivered.

The "Community Pharmacy Forward View" [1] states three areas of focus for community pharmacy:

➢ As the facilitator of personalised care for people with long-term conditions
➢ As the trusted, convenient first port of call for episodic healthcare advice and treatment
➢ As the neighbourhood health and wellbeing hub

The effective delivery of these three areas can be truly maximised by being part of the integrated digital platform to enhance the core capabilities, not only of community pharmacies yet to others in the whole system.

Community Pharmacy Lancashire (CPL) recently facilitated discussions which included the NHSE National SRO for Digital Medicines, Keith Farrar, national Pharmacy Voice CEO, Rob Darracott, Lancs and South Cumbria Digital Director, Declan Hadley, CPL and Lancashire Pharmacy LPN. Thus, we have the beginnings of a partnership steering group at both local and national level to share and accelerate our learnings, and develop advances that are scalable across the whole community pharmacy network, and beyond.

Where are we now in Lancashire

CPL is a committee of pharmacy contractors approved by NHS England under the NHS Act 2006 as the body representing the owners of the community pharmacies in the LPC area. We have 386 community pharmacies providing NHS services across the footprint area of Blackpool, Blackburn with Darwen and Lancashire.

In terms of Local Development Plans (LDPs) the distribution of community pharmacies is -

LDP	Number of community pharmacies
Bay Health & Care Partners	35
Central Lancashire	91
Fylde Coast	83
Pennine Lancashire	152
West Lancashire	25

With respect to the number of NHS prescription items prescribed in primary care within Lancashire for September 2016 –

Sep-16[2]		% of England total	% of total items	Ranking in England out of 24 Area teams
Total items prescribed	3,000,951	3.20%		16th/24
Total number of EPS items	1,745,464		58%	4th
Total number of paper items	1,255,487		42%	
Repeat Dispensing (RD)				
Total number of RD items	188,917		6.30%	16th
EPS driven RD items	129,210		7.40%	17th
Paper RD items	59,707		4.76%	

Summary Care Records (SCR) 12.12.16[3]	
Number of pharmacies with SCR access – some pharmacies have a project end date of 03.17 for delivery	245

Community Pharmacy Lancashire February 2017

Community Pharmacy delivering quality care closer to home

Suppliers of IT dispensing systems to community pharmacy

The main suppliers of IT systems to community pharmacies in England are:

- Cegedim Rx
- EMIS Health Community Pharmacy (Rx Systems)
- Helix Health
- Lloyds have a bespoke system – CoMPaSS
- Positive Solutions
- PharmaSYS UK

These I.T. system suppliers are collaborating at a national level to develop national inter-operability standards and are represented at the national Pharmacy Voice I.T. working sub- group. This group also includes representatives from all community pharmacy contractor organisations including independent and multiple contractors, providing representation for all the community pharmacy contractors in England. Through this group, it should be possible to facilitate all the necessary communications across the Lancs & South Cumbria (LSC) STP footprint.

As an NHS contractor, all community pharmacies are connected to the NHS spine via an N3 connection.

General Practice I.T. Systems

There is the advantage in Lancashire that all general practices are on EMIS.

There are local pilots in LSC STP where community pharmacists and GP's are working together on read/ write access via EMIS which will provide useful local learning and an integrated approach to managing patients.

Enhanced Pharmacy/ Healthcare I.T. Systems (for data collection)

1. **PharmOutcomes**

Every pharmacy in Lancashire has a sign-on, to a web based pharmacy system known as PharmOutcomes.[4] This is widely used across the STP footprint by NHS England and the three local authorities. Its functionality includes –

- Communications – send secure emails to pharmacy contractors
- Data base for locally commissioned service e.g. Service Level Agreements. As of 04.01.17 nationally 3,568 services are live on the system
- Automated reporting to a patients GP when a commissioned service has been delivered in pharmacy
- Real time updates to the commissioner
- Automated activity reporting systems, and bespoke reports
- Automated invoicing having processed £47M of payments in the last 12 months up to 04.01.17

Community Pharmacy Lancashire February 2017

Community Pharmacy delivering quality care closer to home

2. **Webstar**

Webstar is a web based system who design, implement and manage the operation of pharmacy services across England. They are represented in over 40 former PCT areas and each month, processes an average 130,450 consultations for a range of locally commissioned services.[5]

Electronic transfer of care to community pharmacy (eTCP) – at hospital discharge

In Lancashire two of our Hospital Trusts (Blackpool Teaching Hospitals NHS and East Lancashire Hospitals NHS Trust) are sharing patients records, using electronic transfer of data, at the time of a patient's hospital discharge, which is sent to the patient's chosen community pharmacy, in real-time.

This use of technology allows the community pharmacist to see the up-to-date discharge information, and enables them to follow up with the patient in a timely fashion. The NHS East Lancs Trust 's scheme has been running for just over a year, and they have made 5,176 referrals in yr. 1.[6] The next step would be to roll out eTCP to the other Trusts in the STP as part of large scale transformation.

This real-time transfer has accelerated the transfer of information from discharge to receipt at the community pharmacy, in a way that is auditable, clear and legible. This has increased patient safety and will avoid the number of medicine related hospital readmissions by having the right information at the right time.

A recent presentation from ELHT indicates this scheme delivered over a 6-month period January to July having reduced the number of readmissions from 3.8% in 2015 to 3.2% in 2016 at 28 days. This equates to 60 less people readmitted in the same 6-month period year on year, with Lord Carter indicating a cost of £3,500 per patient episode, so a total saving of £210,000. Appendix 1
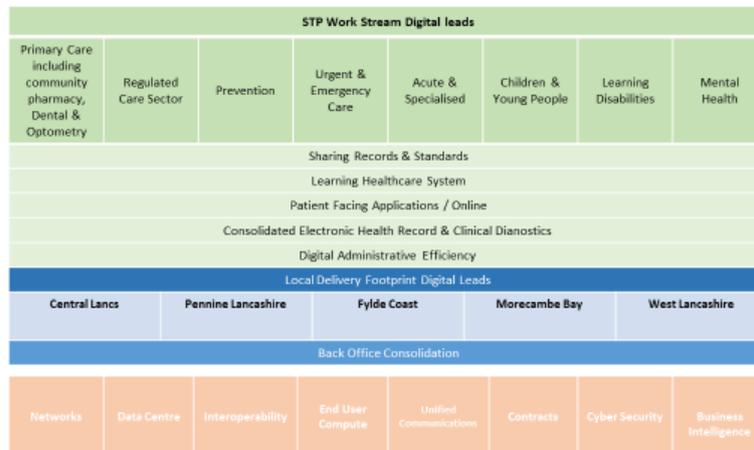
Lancashire Health information Exchange (LPRES)

The development of LPRES within this footprint provides the established platform from which to share information without the need to develop new databases.[7]

Through connecting community pharmacy to LPRES, it can develop it's potential to play a fully integrated and supportive role across health and social care; and in supporting patient/ public education, prevention, self-care and empowerment.

The diagram below highlights the integration of the systems across the LDPs, followed by a case study demonstrating this application in supporting a patient and community pharmacist.

Lancashire & South Cumbria Digital Health Collaboration Network (draft)

STP Work Stream Digital leads							
Primary Care including community pharmacy, Dental & Optometry	Regulated Care Sector	Prevention	Urgent & Emergency Care	Acute & Specialised	Children & Young People	Learning Disabilities	Mental Health

Sharing Records & Standards
Learning Healthcare System
Patient Facing Applications / Online
Consolidated Electronic Health Record & Clinical Dianostics
Digital Administrative Efficiency

Local Delivery Footprint Digital Leads				
Central Lancs	Pennine Lancashire	Fylde Coast	Morecambe Bay	West Lancashire

Back Office Consolidation							
Networks	Data Centre	Interoperability	End User Compute	Unified Communications	Contracts	Cyber Security	Business Intelligence

7

Amy is a 48-year-old single parent and she and her family (including two sons Richard and John) are dependent upon both the social care and healthcare services available in Fleetwood where she has lived all of her life.

Amy is overweight and a smoker who works full time in a local supermarket. She has recently been diagnosed with Type 2 diabetes and presents with frequent breathlessness and reports as having two recent chest infections. She has attended her local community pharmacy to talk to Peter, the pharmacist, about the recently announced minor ailments scheme that she heard about on the radio.

Peter is concerned about Amy's condition and also wants to talk to her about her new medicine that has been prescribed for treatment of her diabetes. He invites her into the consulting room to have a discussion about her diagnosis and her new medicine.

Peter asks her a series of questions as part of the New Medicines Services (NMS) and helps her to better understand her condition and how to take her medicine most effectively. During the discussion, Peter gains consent to access the digital health and care record (DHCR) which he does so on the computer within his consulting room. As part of his role as a healthcare professional he will keep a record of this on his own pharmacy system and at the same time this makes a contemporaneous entry in the DHCR. He discusses with her the importance of adhering to the prescription and also takes the opportunity to talk to her about her lifestyle choices, and how to keep well.

From this he notes that within the last month she has been referred to a third sector provider of dietary advice and support. When asking how this was going, Amy admitted that she did not go because she could not find child care for Richard and John in the early evening. Peter asked if an appointment with another provider at a more convenient time would be better and offered to make that appointment for her using the integrated appointment booking service.

Peter recognised that Amy needed ongoing support and as she is a regular attender at the pharmacy this provides great opportunity for him to continue to provide support for not only her weight management challenge but also an introduction to the smoking cessation service and the asthma education programme being piloted locally by the CCG and local GP surgery.

Amy also expressed concerns about her ability to cope with her day to day challenges with child care and providing a healthy safe environment in which to bring up her children. Peter was able to signpost Amy to the appropriate social care team at the Council by accessing the database of key contacts available.

Identifying the costs

Interoperability

At a local and national level, we need to understand how near or how far away the various system suppliers are to linking their systems into LPRES for example. At a national level the suppliers having agreed a set of common standards for their systems would facilitate such a move.

Thus, an understanding is needed of what needs to be achieved, and the costs associated with this identified.

Workforce development

To deliver this ambition the digital skills of the entire workforce need to be addressed (another piece of work will be required, in order to upskill the public, enabling a more joined up digital mature economy to be established).

It is anticipated that this training and engagement could be done at a multidisciplinary level supporting the behaviours of collaborative working and in accordance with the new models of care mandate. The opportunity presents itself to have standardised training packages so that each participant appreciates the training of their colleagues in other teams and professions to further foster trust, understanding and collaboration.

The development costs of such training and engagement packages could therefore be spread across the entire system**.**

CPL is linked to the HEE North pharmacy workforce development agenda, and are also members of the LSC STP workforce development group.

Local Professional Networks (LPNs)

The Lancashire Pharmacy Network, an LPN, is a body representing pharmacy across the footprint, whose aim is to inform and support the implementation of national strategy and policy at a local level, work with key stakeholders on the development and delivery of local priorities and provide local clinical leadership to commissioners and providers.

Their plan on a page (Appendix 2) identifies a key enabler of their work as that of NHS Pharmacy supporting Digital Maturity in many ways including EPS, SCR access towards read/write access to patient records, pharmacy network integration e.g. DOS

Using the existing networks of LPNs across Pharmacy, Dentistry and Optometry as a vehicle to is change across a range of allied healthcare professions.

Community Pharmacy delivering quality care closer to home

System Development

With the existing variations of having several pharmacy system suppliers, we would suggest the secondment of an IT expert in Pharmacy Systems to work with the Digital team in designing, building and delivering this interface and interoperability with existing systems, with additional trainer support to then give onsite training as to the functionality of the system.

Identification costs of IT expert and trainers.

Running costs and infrastructure

Existing costs, we understand are based currently on 9 organisations, each contributing £60K over 3 years to cover running costs, infrastructure etc. which are indicative, although once scaled up there can be economies of scale.

Thus, running costs & associated licensing costs need to be factored into the financial model

Innovation funding / system wide

As outlined above we have identified some of the costs associated with this transformation. Appropriate upfront support is required to spread and support the implementation of best practice quickly across front line staff so that it becomes embedded in the normal ways of working across the entire system.

Funding could be sought for example from the Innovation Agency, STP Transformation Fund, Pharmacy Integration Fund and other such agencies across the network, to deliver this large scale transformation across the system.

The Future

Benefits of linking in community pharmacy systems to the Health and Well Being platform include:

- ➢ **Integrated efficient systems**
    - o Allow the updating of records for Pharmacy Based Services e.g. Minor Ailments Schemes, Episodic Care, Opportunistic screening
    - o When a referral is needed being able to book patient's directly in
    - o Patients ordering of repeat prescriptions on line
    - o Support for patients with Long Term Conditions who can then be seen in the community pharmacy, this building capacity it the primary care system in terms of time, space and ease of access
    - o Furthering the access to SCR to include read write access to the full patient record to reduce the number of queries between general practice, pharmacy & urgent care.
    - o Supporting patients to access Health and Well Being approved information from the platform, including ORCHA, use of apps. etc.
    - o Enable the collating and sharing of Clinical and Health and Well Being outcomes across a locality, multiple localities and STP level
    - o Allows the identification of system improvements far more effectively as this platform is transparent and system wide, so can respond far quicker to patient safety and efficiency enhancements for example
    - o The effective interaction with the multidisciplinary team, real rime interaction working across health & social care services, neighbourhood teams, ICCs i.e. system wide

- ➢ **EMIS**
    - o Fylde and Wyre CCG are piloting in Fleetwood access to the EMIS system from community pharmacies; giving read write access to the patient's record
    - o Within the locality, we have the flexibility to investigate the use of EMIS and identify the benefits, stumbling blocks etc. as small projects and then very quickly these can be developed, and scaled up at pace

- ➢ **Use of technology**
    - o Telehealth – using devices for the remote exchange of data from a patient's home to their clinician – especially supporting those patients with long terms conditions, using phone lines or wireless technology
    - o Telecare – the use of technology e.g. sensors, home units around the home to monitor remotely the management of real time emergencies to support independent living
    - o Telemedicine – providing medical care using interactive audio visual and data communications e.g. SKYPE and other secure networks to support medical care, diagnosis, consultation and treatment the provision of medical care

Community Pharmacy Lancashire February 2017

Community Pharmacy delivering quality care closer to home

- ➤ **NEW MODELS OF CARE AND INTEGRATED PATHWAYS**

  - ➤ **Community Pharmacy Futures Project[8]**

    - o An evaluated and evidence-based Project demonstrating the value of community pharmacy for patients and with cost savings for the NHS. Phase 1 looked at two COPD services (case finding and supporting diagnosed patients) and also at a "Four or More Medicines" service. This demonstrated pharmacies ability to design pathways for pharmacy services providing patients and carers with the practical support they need for getting the best outcomes from medicines prescribed for long-term conditions. Phase 2 is a service designed around Care Plans, health coaching, patient activation measures. It was implemented in West Yorkshire and is currently being evaluated with the early reporting of some significant patient outcomes.
    - o These services are paper based which is not ideal for community pharmacy / GP communications. Templates for communication of these types of services can be incorporated into the digital platform, improving communications across health and social care. This will improve patient safety, develop seamless care and enable more rapid spread of best practice.

  - ➤ **Clinical Independent Review of Community Pharamcy[9]**
    - o An independent report of Community Pharmacy Clinical Services carried out by Richard Murray, Director of Policy at the Kings Fund published Dec 16 by NHS England
    - o It concluded that there needs to be renewed efforts to make the most of the existing clinical services that community pharmacy can provide, and to do so at pace
    - o It sets out how the skills of community pharmacists and their teams can be used to help people to manage long-term conditions and to embed medicines optimisation within care pathways, identifying the integrating of pharmacies into evolving models of care, recommending a raft of community pharmacy based clinical services
    - o The future of pharmacy is recognised at a national level, and the ability locally to increase the interoperability of pharmacy systems will only enhance the benefits that can be achieved by these services in supporting patients at a location close to home

  - ➤ **Health Coaching**
    - o Health coaching is identified as a key mechanism for delivery in the 5YFV[10] and a NHS England priorities is identified as a mechanism to gain more value for the NHS by involving patients and communities in their care, this will also enable people system wide to have better conversations to enable self-management, improve health, and make every contact count. Having a firm IT platform can support better decision making and manage demand across the whole system, releasing time to be more patient focused.

Conclusion

The Healthier Lancashire and South Cumbria Sustainability and Transformation Plan in its case for change states [11] "*If we do nothing different then we will find that demand for health and care will continue to outstrip the resources we have to deliver them, and our health outcomes will remain poor or possibly deteriorate.*" Therefore, we need to connect the whole system – professionals in health and social care, third sector, as well as patients/ public to improve the way we can all communicate and work together. This inclusive nature with ourselves and other partners allows the identification across the entire spectrum of high risk patients to those focused on keeping well, supporting the well-being agenda for everyone. Community pharmacies already contribute significant value to patients, public and the whole system[12] and by being "connected" this value will be significantly enhanced and recognised.

References

1. Community Pharmacy Forward View http://psnc.org.uk/wp-content/uploads/2016/08/CPFV-Aug-2016.pdf-
2. NHS Business Services Authority via NHS E: Repeat Dispensing Data for September 2016
3. NHS Digital: Summary Care Records current status across NHS England region Greater Manchester & Lancashire
4. Pinnacle Health LLP https://www.pharmoutcomes.org.uk/pharmoutcomes
5. Webstar Health http://www.webstar-health.co.uk
6. http://www.pharmacyworkforcenw.nhs.uk/news/237-refer-to-pharmacy-november-2016-newsletter
7. LPRES http://www.northwestsis.nhs.uk/lpres
8. Community Pharmacy Futures http://communitypharmacyfuture.org/
9. Murray Review https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf
10. Five-year Forward View https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
11. Heathier Lancashire and South Cumbria Sustainability and Transformation Plan draft version 7.7 21st October 2016 http://www.lancashiresouthcumbria.org.uk/sustainability-and-transformation-plan
12. PricewaterhouseCoopers LLP "The Value of Community Pharmacy" Sept 2016 http://psnc.org.uk/wp-content/uploads/2016/09/The-value-of-community-pharmacy-summary-report.pdf

Appendix 1

Refer-to-Pharmacy
presentation.pptx

Appendix 2 LPN plan on a page

Plan on a Page
Pharmacy 2017-19 Fi

Community Pharmacy Lancashire February 2017

Community Pharmacy delivering quality care closer to home