ROYAL PHARMACEUTICAL SOCIETY

10 Year Health Plan

RPS response

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

We would like to see the following:

- A focus on the value of medicines and how they support patient care including their role in secondary prevention of diseases.
- Support for a better-connected NHS.
- Investment in the pharmacy workforce across all sectors.
- Recognition of the role that pharmacists play in the NHS, including their prescribing role.

Getting the most from medicines

Medicines are an essential part of care, and pharmacy services and systems need appropriate support to maximise their benefit for patients and the NHS. Medication reviews and ensuring the best value from medicines can significantly impact hospital admissions, reduce medicine waste, and improve patients' understanding of their medicines[1]. It is estimated that at least 10% of current medicines used in the NHS are overprescribed, which can be addressed by sustained intervention[2].

Establishing a ring-fenced Chief Pharmacist role in every Integrated Care System (ICS) ensures that medicine safety remains a priority within the NHS. This Chief Pharmacist post, both within the ICS and within secondary care, should be mandated as statutory executive board roles to ensure that medicines are front and centre of decision making. The rationale is that as the hospital to community model grows and there is a renewed focus on prevention the key integration between the settings will be enabled via these two roles.

[1] Avery, A. J., Rodgers, S., Cantrill, J. A., et al. (2012). A pharmacist-led information technology intervention for medication errors (PINCER): A multicentre, cluster randomised, controlled trial and cost-effectiveness analysis. *The Lancet, 379*(9823), 1310–1319. https://doi.org/10.1016/S0140-6736(11)61817-5

[2] Department of Health and Social Care (2021) National overprescribing review report. Available at: https://www.gov.uk/government/publications/national-overprescribing-review-report (Accessed: 29 November 2024).

Investment in medicines optimisation and Structured Medication Reviews (SMRs)[3] ensure the best value for patients. There needs to be robust repeat prescribing processes in place in primary care to ensure people are only getting the medicines that are appropriate for them.[4]

There also need to be robust processes in place to support the discharge of patients from hospital to ensure that their medicines use is appropriate on discharge[5].

Medicines are the most common intervention in the health service but increasing supply issues are affecting clinicians' ability to provide the best care. Ensuring a good supply of medicines leads to productivity gains across the system. Changes in the way prescriptions are handled to enable pharmacists to make minor alterations will help with some medicine's shortages[6].

To secure patient access to medicines, reducing disparities in health of populations, it is essential to abolish the prescription charge and invest in medicines as a valuable resource rather than a cost. This approach ensures that patients can access the treatments they need without financial barriers. Prescription charges lead to health inequalities and additional healthcare costs. Scrapping charges for two health conditions would save the NHS £20m per year[7].

Although not highly visible to patients, NHS pharmacy aseptic manufacturing units and radio-pharmacy services are essential cornerstones of many critical services. These units provide sterile, controlled environments to prepare antibiotics, chemotherapy, monoclonal antibodies, and personalised cutting-edge medicines for cell therapy and clinical trials. Long-term sustained investment in these services is necessary. Without this investment, supporting innovative research and providing world-leading diagnostics will be challenging[8].

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[3] NICE (2015) Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. Available at: https://www.nice.org.uk/guidance/ng5/chapter/Recommendations#medication-review (Accessed: 29 November 2024). www.nice.org.uk/guidance/ng5/chapter/

[4] Royal Pharmaceutical Society (2024) Repeat prescribing toolkit. Available at: https://www.rpharms.com/resources/repeat-prescribing-toolkit (Accessed: 29 November 2024

[5] Nazar, H., Brice, S., Akhter, N., et al. (2016) New transfer of care initiative of electronic referral from hospital to community pharmacy in England: a formative service evaluation, BMJ Open, 6, e012532. https://doi.org/10.1136/bmjopen-2016-012532

[6] Royal Pharmaceutical Society (2024) Medicines shortages. Available at: https://www.rpharms.com/medicinesshortages (Accessed: 29 November 2024).

[7] Prescription Charges Coalition (2014) Economic evaluation of prescription charges in England. Available at:https://www.prescriptionchargescoalition.org.uk/uploads/1/2/7/5/12754304/economic_evaluation_report.pdf (Accessed: 29 November 2024)

[8]UK Government (2020) Aseptic pharmacy: guidance for the preparation of sterile medicines in healthcare settings. Available at: https://assets.publishing.service.gov.uk/media/5f9afdbdd3bf7f1e405d9a23/aseptic-pharmacy.pdf (Accessed: 29 November 2024)

Unlocking the potential of new advances in medicines involves building on the UK's position as a global leader in new medicines, including through clinical trials, research, innovation and advancements in personalised medicine, all of which pharmacy teams have the expertise to lead on, to deliver better outcomes for patients. Pharmacy needs to be involved in relevant discussions and there needs to be an expansion of the role of pharmacy professionals in leading clinical trials including within primary care settings.

Interoperable systems

Supporting a better-connected NHS involves funding IT infrastructure to enable all health professionals, including community pharmacists, to access and update patient records, promoting integrated and safer care. Having digital systems that are interoperable across the health and care systems allows patients to have a single care plan shared across systems.

The NHS needs to deploy technology and resources in such a way as to ensure that clinical expertise is used as effectively as possible to provide the best person-centred care for the largest proportion of citizens. This will best enable the NHS to deliver its targets as effectively as possible.

Enhancing accessible prescribing in local communities requires unlocking the potential of pharmacist prescribing (see Case Study's 3 and 4). This initiative needs investment in IT systems, workforce, and a prescribing budget to build prescribing capacity and ensure single episodes of care within pharmacy, preventing patients from being moved around the system. Enhanced community pharmacist prescribing services could build on the Pharmacy First initiative, better manage demand across the NHS, and deliver more care closer to home.

Pharmacy workforce

Pharmacists and the wider pharmacy workforce need to be recognised as integral to the NHS, in all their roles across the system. They need to be treated as equal healthcare professionals on a level with doctors and nurses. The numbers and development need to be recognised and supported, as described in the NHS Long Term Workforce plan[9].

We already have a strong pharmacy workforce with enhanced clinical skills, including prescribing, and many pharmacists are leading on reducing overprescribing. We also have an increasing number of consultant pharmacists, specialising in clinical areas and providing expertise in medicines use to patients in hight specialised areas.

Supporting the workforce to deliver better patient care involves passing long-awaited legislation on supervision in community pharmacies and hospital pharmacy aseptic

[9] NHS England (2023) NHS long-term workforce plan. Available at: https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/ (Accessed: 29 November 2024)

units, allowing pharmacists to deliver more clinical services[10]. We urge swift progress on implementing legislative change.

Investing in the education, training, and development of pharmacists, pharmacy technicians and pharmaceutical scientists is crucial to meet the growing demand for their expertise. Investing in the health and science workforce ensures they have the skills and capacity to make the most of new technologies, such as pharmacogenomics, gene and cell therapies and digital healthcare.

As pressures on the pharmacy workforce persist, fully utilising pharmacist prescribers to enhance patient care requires robust measures to support recruitment and retention. This entails strategic workforce planning, prioritising staff wellbeing, ensuring protected learning time, promoting diverse and inclusive leadership, and investing in education, training, and credentialling. With all newly qualified pharmacists set to become independent prescribers from 2026, it is vital to establish the necessary infrastructure and support systems to enable safe and effective prescribing, alongside advanced credentialling to further bolster their practice.

Investing in pharmacy teams, such as pharmacy technicians and support staff, is crucial to maximise pharmacy's contribution to person-centred care, public health, prevention, and medicine safety. Agreeing on fair funding for community pharmacy ensures patients get faster access to expert care and advice that is locally accessible, helping to prevent the closure of local pharmacy services. In the recent Darzi report he stated that 'pharmacies are now closing in significant numbers, around 1,200 pharmacies have shut their doors since 2017[11].

Ensuring there are sufficient healthcare professionals with the right skills to deliver the plan includes access to the Learning Support Fund for pharmacy students (MPharm) to develop the workforce needed. This was a recommendation supported by the Health and Social Care Committee[12].

Reclassification of medicines from prescription only status to pharmacy medicines is also necessary to keep up with advancements and ensure patient safety, as supported

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[10] Department of Health and Social Care (2023) Consultation on pharmacy supervision. Available at: https://www.gov.uk/government/consultations/pharmacy-supervision (Accessed: 29 November 2024)
[11] Department of Health and Social Care (2018) *Independent investigation into the National Health Service in England: Lord Darzi's report*. Available at: https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf (Accessed: 29 November 2024)
[12] House of Commons Health and Social Care Committee (2020) NHS charges: oral and written evidence. Available at: https://publications.parliament.uk/pa/cm5804/cmselect/cmhealth/140/report.html (Accessed: 29 November 2024)

in the Primary Care Recovery plan[13] . This also supports the move to selfcare and supporting people to live well closer to home.

Supporting clinical trials in the UK, which are currently moving to Europe, is also crucial. We need to ensure that a strong a robust science and research base remains in on UK shores as described in the life science vision[14].

Finally, maintaining the UK's global position in science involves ensuring the UK remains an attractive place for the world's best talent to live, work, and study, supporting healthcare services, universities, and industry. Continued support for funding the UK science and research community and international collaboration is essential to provide world-leading scientific research.

Shift 1: moving more care from hospitals to communities

This means delivering more tests, scans, treatments, and therapies nearer to where people live. This could help people lead healthier and more independent lives, reducing the likelihood of serious illness and long hospital stays. This would allow hospitals to focus on the most serious illnesses and emergencies.

More health services would be provided at places like GP clinics, pharmacies, local health centres, and in people's homes. This may involve adapting or extending clinics, surgeries and other facilities in our neighbourhoods, so that they can provide things that are mostly delivered in hospitals at the moment. Examples might include:

- urgent treatment for minor emergencies
- diagnostic scans and tests
- ongoing treatments and therapies.

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

Ensuring stability in primary care is crucial, and this begins with a fair funding package for community pharmacies. Recent data, such as that included in the Darzi

[13] NHS England (2024) Delivery plan for recovering access to primary care: update and actions for 2024/25. Available at: https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-update-and-actions-for-2024-25/ (Accessed: 29 November 2024)
[14] Department for Business, Energy & Industrial Strategy (2021) Life sciences vision. Available at: https://www.gov.uk/government/publications/life-sciences-vision (Accessed: 29 November 2024)

investigation into the NHS in England[15], highlights the impact of closures on community health services, underscoring the need for adequate financial support.

Further embedding self-care and pharmacy into primary and community care can help to address the biggest challenge of moving care to community which is capacity within primary care and by making greater use of *existing* over the counter (OTCs) medicines, we could free up £1.7 billion for the NHS[16].

As care shifts to communities, ensuring local services are not overwhelmed will be essential. By providing the public with the support, tools and information needed to self-care effectively for minor conditions, and ensuring people are aware of and able to navigate the wide array of primary care services depending on their care needs, the NHS can ensure primary and community care services do not become overwhelmed.

The issue of what service to use when needs to be addressed, particularly "in hours" and "out of hours" services. Expectations need to be managed as we are in an "immediate" culture and patients are looking for quick solutions to their issue, hence contacting 999/111 which may not be the most appropriate service for them.

Timely sharing of information is essential so that all healthcare professionals involved in a person's care can access their medical history before consultations. This promotes continuity and quality of care. The current interoperability standards (SNOMED-CT, PRSB record standards etc) and systems have a vital role in connecting the various elements of community-based care to make sure that care is efficient, clinically safe and coordinated, and connecting community-based practitioners with hospital specialists and departments in a granular way. Information sharing also enables care to become more mobile and delivered closer to the individual person.

A joined-up approach to commissioning across primary and secondary care, with aligned incentives and budgets, is necessary to create a seamless healthcare system.

A recognition that primary care is not just about general practice and that the other elements; community pharmacy, dentistry, and optometry, are of as equal value and importance to the overall system.

Understanding the use and value of medicines across different systems is also vital to optimise their benefits. More consideration needs to be given to stopping as well as

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[15] Department of Health and Social Care (2020) Independent investigation of the NHS in England. Available at: https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england (Accessed: 29 November 2024

[16] PAGB (2023) *Frontier PAGB OTC impact report*. Available at: https://www.pagb.co.uk/content/uploads/2023/07/20230712-Frontier-PAGB-OTC-Impact-Report-v1-0.pdf (Accessed: 29 November 2024)

starting medicines and pharmacists can play a significant role in deprescribing[17]. Pharmacies should be empowered to manage complete episodes of care, including prescribing, starting, and stopping medications. Medicines must be integrated into care pathways to ensure they are used effectively, and their value recognised. This will support the better use of medicines and patient safety.

To support the move from hospitals to communities, increased capacity is needed in primary care and community settings. This will need to include establishing formal referral pathways between all care providers to ensure patients receive comprehensive and coordinated care.

The National Clinical Homecare Association (NCHA) report [18] lays out the benefits to patients, the NHS and society that is available by maximising the use of Homecare Providers within the Clinical Homecare Medicines Services sector. There is capacity within this sector to support secondary care. The Homecare sector is often overlooked and requires focus and investment as part of the NHS but has the ability to provide clinical care in the community such as cancer care, weight loss management, aseptic compounding and many other clinical specialties and screening services.

The infrastructure to administer complex medicines e.g. day case infusions suites will need investment. Currently the system does not enable this which leads to access to care challenges and inequity, with patients having to travel long distances to tertiary centres. National transformation plans need to be developed in this area.

Whilst we recognise the need to be able to deliver services that are adjusted to the local needs there is still much that can be accomplished at regional and national levels. It is important to have national templates for services which takes into consideration extensive stakeholder engagement across multiple groups, and which can also have further local adaptation rather than expecting each locality to spend significant time in developing this. This do it once approach ultimately saves the NHS resources.

Having the right workforce is critical to making these changes happen. This involves understanding the current workforce, identifying gaps, and ensuring staff wellbeing through protected learning time. A diverse skill mix within and between professions is also important to meet the varied needs of patients.

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[17] Department of Health and Social Care (2021) *National overprescribing review report*. Available at: https://www.gov.uk/government/publications/national-overprescribing-review-report (Accessed: 29 November 2024)

[18] National Clinical Homecare Association (2011) Best kept secret. Available at: https://www.clinicalhomecare.org/bestkeptsecret/ (Accessed: 29 November 2024)

Addressing the ageing infrastructure of buildings, equipment, and resources is necessary to provide a safe and effective working environment for healthcare professionals.

Enhancing accessible prescribing in local communities involves unlocking the potential of pharmacists as prescribers. This requires investment in IT systems, workforce development, and a prescribing budget to build capacity and ensure patients receive continuous care without being moved around the system.

Case studies, such as those from pharmacy prescribing pathfinder sites and pharmacy vaccination services, demonstrate the positive impact of these initiatives. These examples highlight how pharmacies can play a pivotal role in delivering accessible, high-quality care in local communities.

Case Study 1: Aseptic unit

As part of the national NHS England funding, a new aseptic medicine production facility is being established for the North East and North Cumbria. The 'Medicines Manufacturing Centre' will be based at Seaton Delaval. It will work as a hub and spoke model with existing aseptic units in the region.

It will produce large quantities of ready-to-administer injectable medicines, including antibiotics, chemotherapy and 'over-labelled' medicines. It will safeguard the supply of vital drugs for patients in the region for the next 20 years by creating an in-house and sustainable supply chain within the NHS.

This will also help to free up valuable nursing time on our hospital wards to allow staff to provide other clinical care, rather than having to prepare medicines.

The aim of the new regional facility is to increase our overall capacity to manufacture more medicines.

The region's NHS plans to start operating from the new Medicines Manufacturing Centre in spring 2026 once full approval is granted from the Medicines and Healthcare products Regulatory Agency (MHRA).

Shift 2: Analogue to Digital

Improving how we use technology across health and care could have a significant impact on our health and care services in the future.

Examples might include better computer systems so patients only have to tell their story once; video appointments; AI scanners that can identify disease more quickly and accurately; and more advanced robotics enabling ever more effective surgery.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Whilst we have seen considerable progress in access to information across pharmacy, more still needs to be done. Community pharmacy access to the Shared Care Record has supported implementation of additional clinical services.

Investing in infrastructure is essential for modernising healthcare services. Many hospitals currently lack basic amenities such as Wi-Fi access and sufficient computers on wards, which are necessary for implementing digital changes. Ensuring that these basics are in place is the first step towards a more efficient healthcare system. In addition, there are times when wet signatures are still required, such as with homecare and controlled prescriptions in hospitals. Legislative changes need to be explored to enable digital signatures.

Investing in good digital infrastructure (powerful servers, fast networks, and reliable broadband) is vital to ensure the good connectivity needed for effective local care.

Centralised care records that are shared and accessible to all healthcare professionals can significantly improve patient care. This allows for seamless communication and coordination among different providers. Various interoperability initiatives are already in place (PRSB clinical records standards, GP Connect, Booking and Referral Service (BaRS)) and these need to be fully implemented across the NHS to ensure granular communications in primary care to support extensive healthcare services in the community, and timely and appropriate communications with relevant hospital-based professionals.

The digital transformation of the NHS has been a vital step in modernising the service with more patients increasingly utilising NHS digital tools as a virtual front door to the NHS. Pharmacists and their teams can support people and patients in navigating the healthcare system and signposting them to safe and helpful information and advice online. The NHS App will advance, and pharmacists can also support people on its use and functionality. There is potential for NHS digital tools to provide greater support for people to self-care through optimisation of the NHS App and website and by providing easier access to information and advice on minor ailments and self-care.

Investment in digital and automation technology for the manufacture of medicines within NHS units, particularly in aseptic pharmacy hubs, is crucial. This ensures that medicines are produced safely and efficiently. Pharmacies in all settings should have access to the technology and training to operate lean, safe, paperless processes.

Changes to digital infrastructure across community pharmacy will also need capital investment as we shift towards a digitally connected world. This will also enable and support progress in pharmacy. Such an investment would ensure parity across primary

care, making community pharmacy more efficient and creating additional capacity within the sector.

There are still hospitals that do not have 100% use of electronic prescribing and administration (ePMA) which should now be considered essential for safer prescribing and administration of medicines and for integrated digital communication on medicines between care providers. Digital Maturity assessments indicate that 20% of providers are yet to implement ePMA . There is significant variation in the implementation of ePMA systems in NHS Trusts. This includes some parts of services not using ePMA (e.g., specialist units) and for some groups of medicines (e.g., IV fluids) due to technical functionality limitations of the systems for more complex prescribing requirements[19].

In particular, ePMA systems and electronic prescriptions for homecare would streamline the prescribing process, making it more efficient and reducing errors.

Building trust in the system to share relevant information is vital. This includes ensuring the transfer of information across different systems, achieving interoperability, and supporting the use of personalised medicines and pharmacogenomics.

Creating roles for clinical informaticians within healthcare professions and providing support for these roles, including analytics, can enhance the use of data and technology in clinical settings. Alongside this there needs to be investment in the whole of the pharmacy workforce as we have outlined in our recent digital capabilities policy[20].

Empowering people to own their health and care records and share them with healthcare professionals can lead to more personalised and effective care[21].

Real-time prescribing and access to clinical information can enhance decision-making and patient outcomes.

The adoption of artificial intelligence (AI) in the delivery of health services, provided it is reliable and safe, can further revolutionise healthcare. AI technologies have the potential to transform the way that pharmacists and pharmacy teams work, and we will be publishing our statement on AI Early next year.

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[19] House of Commons Health and Social Care Committee (2022) *The future of healthcare workforce in England: oral and written evidence*. Available at: https://committees.parliament.uk/publications/41718/documents/206864/default/ (Accessed: 29 November 2024)

[20] Royal Pharmaceutical Society (2024) Digital capabilities for the pharmacy workforce. Available at: https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/digital-capabilities-for-the-pharmacy-workforce (Accessed: 29 November 2024)

[21] BMJ (2022) 'Patient empowerment through online access to health records', *BMJ*, 378, e071531. Available at: https://doi.org/10.1136/bmj-2022-071531

By addressing these areas, we can create a more integrated, efficient, and patient-centred healthcare system.

Case Study 2: Community Pharmacy Integration

The integration of community pharmacy services into the broader healthcare ecosystem has been identified as a critical strategy for enhancing patient care and improving service efficiency. Community pharmacies in England typically operate using standalone digital platforms, which limits their ability to contribute to integrated care delivery. In response, NHS England's East of England Region initiated a pilot study to evaluate the impact and feasibility of community pharmacies using an integrated clinical electronic health records system (SystmOne). The pilot aimed to facilitate real-time read and write access to patients' primary care records, improve communication between healthcare providers, and enhance service delivery. An evaluation report summarises the key findings from the pilot, which was conducted from November 2022 to December 2023 across selected sites.

The pilot demonstrated that it is feasible and acceptable for community pharmacy to use a clinical system as used in general practice. The findings highlighted the potential benefits of integrating community pharmacies into a shared electronic health records system, aligning their digital infrastructure with that of general practices. Key outcomes included enhanced interprofessional communication, improved clinical decision-making, and better service coordination, all contributing to improved patient care. However, scalability requires addressing technical barriers, streamlining data entry processes, and fostering greater engagement from both pharmacies and general practices.

Notable findings from the pilot showed improved efficiency and workload management by having real time recording of consultation notes into the patient record and using a shared appointment rota enabling general practice receptionists to book a patient appointment at the community pharmacy.

One of the participating pharmacies stated: Our relationships with our GP surgeries are stronger and we are working together better than ever before, we have formed new relationships with surgeries who previously were reluctant to engage as they felt using community pharmacy services increased their admin burden. (P8)

And feedback from a GP: Noting that as a practice we were overwhelmed (triage lists overflowing) last winter, if the pharmacies had not been able to provide this capacity it is not clear how we would have coped. This was only made possible by the SystmOne remote booking solution. (GP28)

https://healthinnovationeast.co.uk/wp-content/uploads/2024/12/Evaluation-Report-EoE-Community-Pharmacy-.pdf

Shift 3: Sickness to Prevention

Spotting illness earlier and tackling the causes of ill health could help people stay healthy and independent for longer and take pressure off health and care services.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Over the years, the impact of community pharmacy team in prevention and pharmaceutical public health has been published.[22] [23] [24] [25]

Ensuring capacity and access to community pharmacies is crucial, especially considering recent pharmacy closures. These closures have made it more difficult for people to access essential healthcare services locally.

Addressing this issue involves recognising the impact of prescription charges, which can be a barrier to preventive care and contribute to health inequalities[26].

Supporting people to self-care and lead healthier lives is essential. This includes early detection of long-term conditions (LTCs) and promoting community pharmacies that provide resources and support for maintaining good health. In addition, community pharmacies can help to signpost people to relevant support groups, charities, and voluntary organisations.

Recognising that the role of pharmacists, and other healthcare professionals in preventing deterioration rather than preventing an illness is also crucial (secondary prevention) as investment is needed in this area even though outcomes may not be so dramatic. Preventing deterioration also saves money for the NHS in the longer term.

Prescribing pharmacists play a vital role in primary care, helping to manage and prevent health issues, alongside other professionals.

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[22] UK Health Security Agency (2019) Pharmacy playing a pivotal role in prevention and public health. Available at: https://ukhsa.blog.gov.uk/2019/06/28/pharmacy-playing-a-pivotal-role-in-prevention-and-public-health/ (Accessed: 29 November 2024)

[23] Motlohi, N.F., Wiafe, E., Mensah, K.B. et al. (2023) A systematic review of the role of community pharmacists in the prevention and control of cardiovascular diseases: the perceptions of patients' *Systematic Reviews*, 12, 160. Available at: https://doi.org/10.1186/s13643-023-02338-7

[24] Thomson, K., Hillier-Brown, F., Walton, N., Bilaj, M., Bambra, C., & Todd, A. (2019) The effects of community pharmacy-delivered public health interventions on population health and health inequalities: A review of reviews, *Preventive Medicine*, 124, pp. 98–109. Available at: https://doi.org/10.1016/j.ypmed.2019.04.003

[25] San-Juan-Rodriguez, A. et al. (2018) 'Impact of community pharmacist-provided preventive services on clinical, utilization, and economic outcomes: An umbrella review', *Preventive Medicine*, 115, pp. 145–155. Available at: https://doi.org/10.1016/j.ypmed.2018.08.029

[26] Prescription Charges Coalition (2023) *Economic evaluation report*. Available at: https://www.prescriptionchargescoalition.org.uk/uploads/1/2/7/5/12754304/economic_evaluation_report.pdf (Accessed: 29 November 2024)

Enhancing the use of social prescribing, with referrals from community pharmacies, can further support individuals in managing their health. Building on the Pharmacy First service, as has happened in Scotland and Wales, to offer consistent and expanded services, including prescribing, can improve access to care. Currently over 10,000 community pharmacies in England provide this service and from Feb to May 2024 they saw almost 600,000 people with 79% of consultations resulting in a supply of medicines. [27]

In hospitals prescribing pharmacists help keep people well through prescribing long term specialist treatments and optimising treatments for patients with multiple conditions. They get people out of hospital as soon as possible by helping to preventing admissions at the front door and by enabling discharge at the back door. Discharge medication reviews in community pharmacy prevent hospital readmissions[28].

Screening services need to be expanded so that all citizens have the option of proactive screening for a range of common long-term conditions and serious illnesses. Furthermore, disease screening needs to be provided consistently across different localities and digital systems can help with this.

The role of community pharmacies in prevention services such as smoking cessation is well documented, and evidence shows these services are successful, so national commissioning needs to be considered. In addition, other services such as the supply of pre-exposure prophylaxis (PrEP) needs to be explored.

Contraception helps women to protect themselves from unplanned pregnancies, which carry significant financial costs to individuals, the health system, and the state. The Pharmacy Contraception Service, introduced in 2023, is an important enabler of accessible community-based prevention. The Pharmacy Contraception Service helps to keep up with patient demand, reduces waiting times, and makes it easier for women to access oral contraception, whether for the first time or as a repeat prescription. By providing women with the option to access contraception in more convenient and comfortable settings it empowers them to make decisions about where and how they access their reproductive health care.

There needs to be a coordinated system to notify citizens of vaccination eligibility and availability, and a national vaccine notification and data return system. Once more,

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[27] NHS Business Services Authority (2024) NHSBSA release NHS Pharmacy First clinical pathways data for February - May 2024. Available at: https://www.nhsbsa.nhs.uk/nhsbsa-release-nhs-pharmacy-first-clinical-pathways-data-february-may-2024 (Accessed: 29 November 2024)

[28] The Pharmaceutical Journal (2024) 'Discharge medicines service has prevented almost 22,000 hospital readmissions, government says', The Pharmaceutical Journal. Available at: https://pharmaceutical-journal.com/article/news/discharge-medicines-service-has-prevented-almost-22000-hospital-readmissions-government-says

digital systems could help with this, and this functionality could be developed as part of the shared care record offering.

Enhanced use of the NHS App, or an equivalent, to provide personalised messaging about healthy living and self-care to an individual's mobile phone, and to assist the person to find the best care when they know they need it.

It is important to consider the broader social determinants of health, such as poverty, social housing, language barriers, and mental health. These factors significantly impact health outcomes and must be addressed to reduce inequalities. Empowering people to take control of their health involves giving them more power and resources to look after themselves.

Changes in how healthy and unhealthy foods are taxed can also influence public health. Long-term planning is necessary, as investments in prevention may take several months or years to show a return on investment.

The current annual budget cycle of the NHS is not conducive to providing sustained preventative services, highlighting the need for a more strategic approach to healthcare funding.

Pharmacogenomics is expanding and there is a role for using this to assess which medicines or treatment will be best placed to prevent or treat conditions on an individualised basis.

By addressing these areas, we can create a more equitable and effective healthcare system that prioritises prevention, supports self-care, and ensures access to essential services for all.

Case Study 3: Independent Pharmacist Prescribing Pathfinder site – On the day illness

Evans pharmacy is a chain of 12 community pharmacies in the East Midlands. Emma, the clinical services director at Evans Pharmacy prescribes for a couple of sessions a week at one of their IP pathfinder sites. There are different models for IP pathfinders nationally and the model used at her site is "on the day illness". This means that Emma can prescribe for some people that are slightly outside of the range used for NHS Pharmacy First. Recently Emma treated a child four days before their first birthday, when the NHS Pharmacy First PGD starts for impetigo. She can also prescribe, when appropriate, for adults with ear pain and children with otitis externa and for chest infections.

The impact for prescribing in chest infections is that GPs refer up to 12 patients a day from the local respiratory hub to her. People using this service report high satisfaction. They get a 20-minute appointment with Emma and a follow up call a week after using the service. Some people do not need antibiotics and are reassured that they have been well examined. However, Emma has also seen people when their vital signs have been out of range and who have focal signs who need prompt treatment too. She has recognised that one person had atrial fibrillation, and another person had a Wells Pulmonary Embolism score of 2.5. People can access this service direct in the pharmacy as well as being referred by their GP. This is useful for people who are in the process of registering with a local GP or temporarily staying out of area.

During the summer months, Emma encountered more skin infections, including six cases of erythema migrans, but no other symptoms of Lyme disease. Some patients mentioned they would not have gone to the GP, not realising that if the condition is left untreated, it could result in chronic and debilitating complications.

Emma Anderson, Clinical Services Director, Evans Pharmacy

Case Study 4: Independent Pharmacist Prescribing Pathway – Mental Health

Andrew is a community pharmacist and independent prescriber from Tamworth in Staffordshire and is part of the NHS Community Pharmacy Independent Prescribing Service Pathfinder Programme. For four days each week he offers his mental health prescribing and talking therapy service. This service involves working closely with his local GP practice. It involves reviewing patients on antidepressants. This may then lead onto adjusting doses, switching antidepressants and deprescribing. Some of his patients will also be presenting to primary care for the first time with anxiety and / or depression and he will assess their mental health and initiate antidepressants if appropriate. He also offers a talking therapy service based on ACT – Acceptance and Commitment Therapy. This part of the service can be offered as well as or instead of prescribing medication. The next stage of the service is to introduce the deprescribing of drugs that are associated with dependence or withdrawal symptoms including Gabapentinoids, Benzodiazepines and Z-drugs.

In order to make a success of the service Andrew works closely with his local GP surgery who refer patients to the pharmacy and also the local ICB. The feedback so far from the patients, GPs and ICB is extremely positive.

Andrew Magrath, Community pharmacist, Staffordshire

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

The required strategy for change needs to be carefully scoped and articulated. Some of these changes can be made quickly using digital systems and services that are already available, or in the process of implementation (within the next year) but changes relating to management and new services may as long as five years to develop. In all person-centred care initiatives, systems will need to be designed appropriately, and communications made sensitively, to respect the personal autonomy of the citizen, and their freedom to choose the right care for them.

- **Quick to do, that is in the next year or so**

To enhance the role of community pharmacies and improve access to healthcare, it is essential to bring about the Supervision legislation for Community Pharmacy. This legislation will enable pharmacists to deliver more clinical services, ensuring that patients receive comprehensive care directly from their local pharmacy. Re-classifying medicines to support easier access in the community is another crucial step. This

change will allow patients to obtain necessary medicines more conveniently, reducing barriers to treatment and improving overall health outcomes.

Providing a stable funding basis for community pharmacies is vital for their growth and sustainability. With secure financial support, community pharmacies can expand their services, invest in new technologies, and better serve their communities. Ensuring fairer payment for community pharmacies and the services they deliver would ensure a robust community pharmacy network in the future.

Implementing regulations that allow pharmacists to make minor alterations to prescriptions will be of significant benefit in the current crisis of medicines shortages. This flexibility ensures that patients receive the most appropriate medications without unnecessary delays, enhancing the efficiency of care.

There should be a review of the impact of the Pharmacy First awareness campaign and opportunities to build upon and expand it into a long-term campaign that informs the public about the broader services, care and advice pharmacists can provide needs to be explored and implemented.

In hospital pharmacy a strategy for securing the future of aseptic manufacturing and radio-pharmacy services is critical to retaining timely diagnosis and treatment of cancer and having the capability and capacity to adopt innovative medicines into the NHS.

Essential training on care navigation for all Primary Care Network staff should be introduced, including members of the pharmacy team.

The increasing science and research capacity through pharmacy professions could be better utilised. For example, the expansion of clinical trials to enable the UK to capitalise on innovation. Prescribing pharmacists could lead clinical trials, particularly, but not exclusively, in primary care and also in community pharmacy. Consultant pharmacists could lead more cancer trials.

Finally, allowing pharmacy students to be part of the Learning Support Fund and access investment in their development and training is essential. This support will help cultivate a well-trained and knowledgeable pharmacy workforce, ready to meet the evolving needs of the healthcare system.

By addressing these areas, we can strengthen community pharmacies, improve access to essential medications, as well as specialised therapies and ensure that pharmacists are well-equipped to provide high-quality care.

- **In the middle, that is in the next 2 to 5 years**

In line with the newly developed strategy, long term investment and support are needed for manufacturing facilities within NHS Trusts, so they are able to deliver personalised medicines and supply world leading cancer treatments. This will support the

recommendations made in the Carter Review.[29]As mentioned previously, the expansion and transformation of aseptic production will provide more productivity within the NHS.

Investment and development of social care must be considered alongside changes in the NHS. Having a robust social care system will have a positive impact on the NHS.

The extension of community pharmacy write access to patient medical records to enable them to record to patient records for a wider range of conditions should be fast-tracked.

The accessibility and navigational pathway of the NHS App to better support users to find accredited information and manage self-treatable conditions needs to be explored.

Ensuring NHS contractors are aligned and have shared goals in terms of delivery of services will encourage a collaborative approach to care rather than a competitive, which is currently sometimes the case.

Having a longer-term budget within the NHS to enable delivery and outcomes over a number of years rather than a focus on annual budgets and outcomes, will enable forward thinking and more investment in preventative services. There is also currently a challenge of flow of funding through the system. NHS budget is not always in the right place so this needs to be addressed and the funding needs to follow the patient on their journey throughout the system – wherever the service is delivered the funding needs to accompany it.

As new services are developed the impact on other parts of the system need to be considered so that 'bottlenecks' are avoided. For example, if 'new' patients for any long-term condition are discovered then this currently can lead to a 'bottleneck' in the system when they are referred to their general practitioner for follow up.

Ensuring sufficient pathways and IT infrastructure are introduced to enable community pharmacists to refer patients directly to the full range of primary care services, and where appropriate to secondary care will improve care for patients.

- **Long term change, that will take more than 5 years**

Addressing key social and healthcare challenges requires a multifaceted approach. One important initiative is to tackle loneliness, which has significant impacts on mental and physical health. By creating community programs and support networks, we can help individuals feel more connected and supported.

Setting up drug consumption rooms is another critical step. These safe spaces allow individuals to use substances under medical supervision, reducing the risk of overdose

[29] Department of Health and Social Care (2015) *Productivity in NHS hospitals*. Available at: https://www.gov.uk/government/publications/productivity-in-nhs-hospitals (Accessed: 29 November 2024)

and the spread of infectious diseases. These rooms also provide opportunities for healthcare professionals to engage with users, offering support and pathways to treatment.

Increasing the use of social prescribing is essential for holistic healthcare. By linking patients with non-medical support in their community, such as exercise classes, volunteering opportunities, and social groups, we can address the root causes of many health issues and improve overall well-being.

Finally, linking primary and secondary care digitally is crucial for providing seamless care to patients. By ensuring that healthcare providers have access to comprehensive patient records, we can improve coordination, reduce duplication of efforts, and enhance the quality of care.

Together, these initiatives can create a more integrated and supportive healthcare system, addressing both medical and social needs to improve patient outcomes.