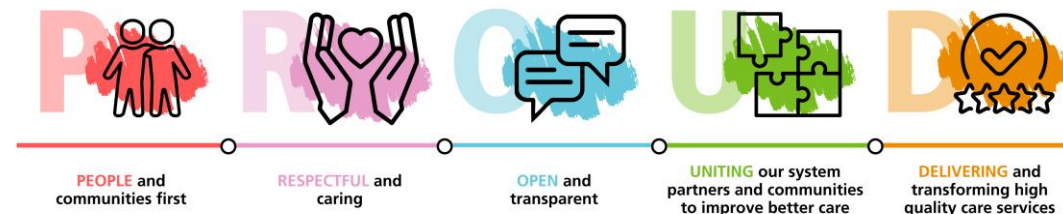


Pharmacy Access Programme

Amy Lepiorz, Associate Director Primary Care
Kath Gulson, Local Pharmacy Network Chair

June 2024

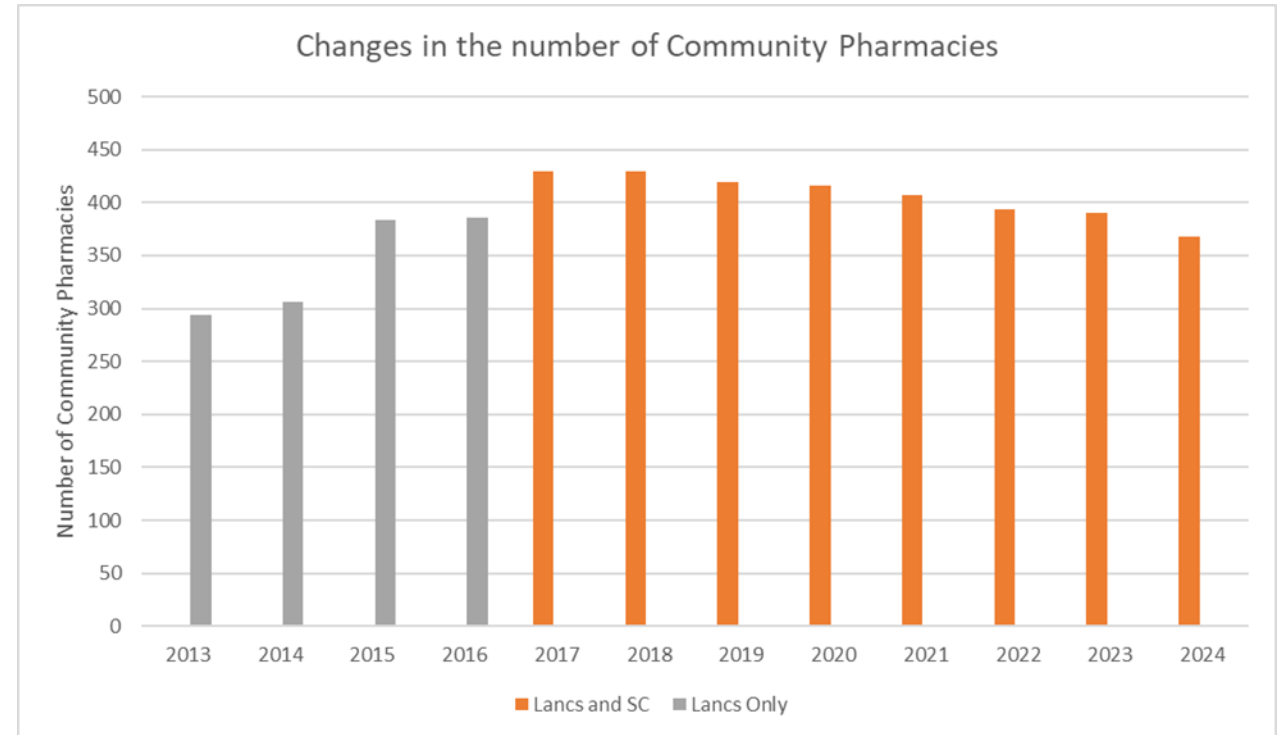


Community pharmacy commissioning

- The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended articulate the 'market entry test'.
- Since 2013, Local Authorities have been responsible for assessing and defining the need for pharmaceutical services in their area.
- The ICB assesses applications against any needs identified within the LA's Pharmaceutical Needs Assessment.
- There are some exemptions to the market entry test- primarily distance selling pharmacies.
- Prior to 2013, applicants needed to demonstrate that a new pharmacy was 'necessary or desirable' or meet one of the former exceptions- primarily '100 hour' pharmacies.

Market changes

- Currently the market is made up of 70% independent providers/single or small chains, while the other 30% are larger national organisations such as Boots.
- Currently no gaps in service provision identified in the PNAs.
- Over the last 12 months there have been 22 closures.
- 8 Community Pharmacy providers have reduced their hours from 100-hour delivery.



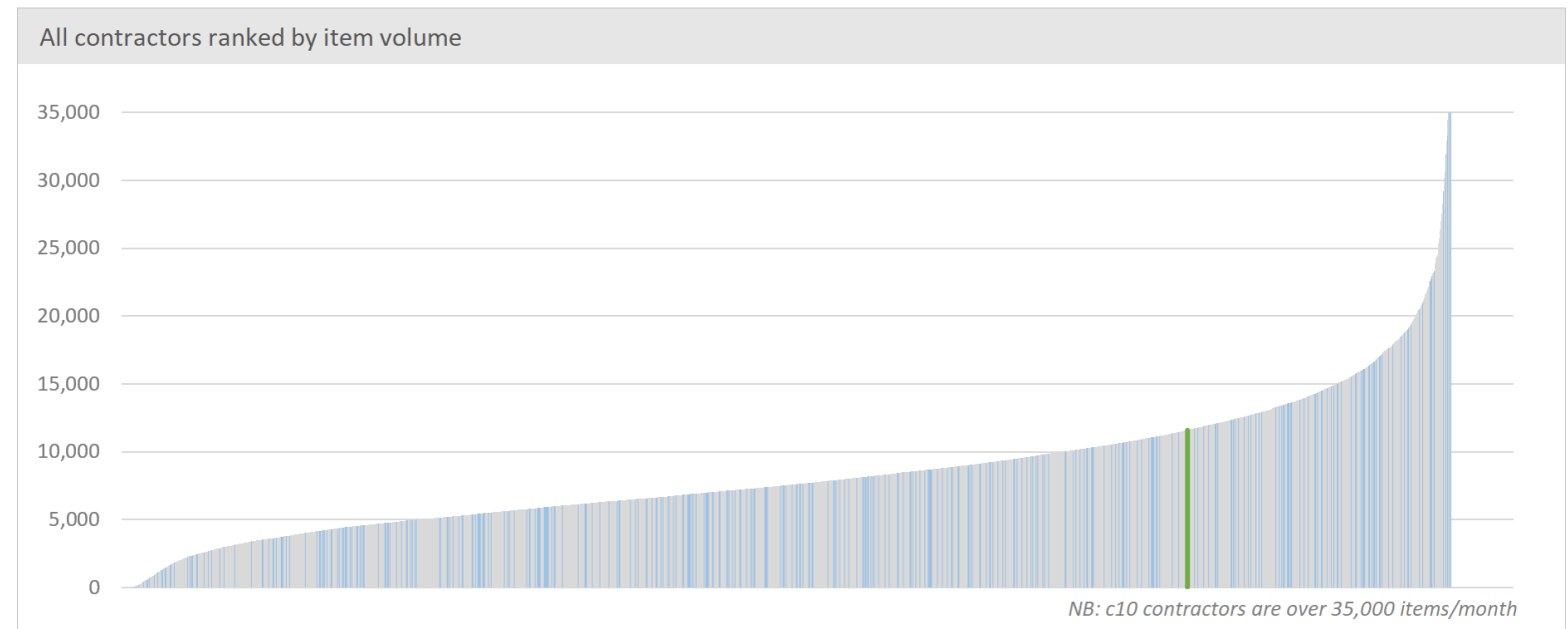
Overview of community pharmacy services

- The regulations define a pharmacy's terms of service
- There are three tiers to the terms of service
 - **Essential services-** all pharmacies must provide, includes things like the dispensing of prescriptions and the promotion of healthy lifestyles.
 - **Advance services-** all pharmacies have the ability to provide, includes service like Pharmacy First, flu vaccination, new medicines service.
 - **Enhanced/locally commissioned-** ICBs have the discretion to develop and commission, includes services like the provision of palliative care drugs.
- Funding for essential and advance services is nationally negotiated, with pharmacies receiving funding for the cost of medicines they dispense (reimbursement) and the services they provide (remuneration).
- The total value for this funding is referred to as the Global Sum and currently stands at £2.592bn.
- There is no fixed or guaranteed minimum income for Community Pharmacy.

Community pharmacy challenges - finance

- In 2017, £170m was removed from the Global Sum. The strategic aim was to allow market forces to reduce the number of pharmacies following an increase over the previous years and to encourage a shift from a supply based model to a service base model
- In 2019 further changes to Community Pharmacy reinforced the strategic aims of the reforms.

This chart illustrates the volume of prescription items that each Community Pharmacy dispensed in Q3 2023/24



Community pharmacy challenges- other

- **Reliance on referrals** - a number of services require a person to be referred into the service by other health care professionals. Difficult to predict demand.
- **Workforce**- average locum rates for pharmacists in the NW have increase by 50% since 2020. Introduction of PCN pharmacist/technician roles – more competition.
- **Estates**- premises no longer fit for purpose due to increased dispensing and service demands, plus closures of nearby pharmacies
- **Medicines supply chain**- the instability of supply chain puts operational and financial pressures on the pharmacy, and for patients worrying delays in supply
- **Prescribing budget pressure** – work undertaken to support the management of the prescribing budget can sometimes have a detrimental impact on the cost of dispensing medication, leading the Community Pharmacy making a loss on some medications, and create difficulties for pharmacies to maximise their earning potential.

Community pharmacy access programme

- The aim of the Community Pharmacy Access programme is to improve access to Community Pharmacy services.
 - Develop a governance and reporting structure to support the programme.
 - Use data to measure the success of outcomes from the programme
 - Provide a more consistent Community Pharmacy service by increasing referrals and availability to services

Community pharmacy access programme

- Access to Community Pharmacy services are challenged nationally and locally, and we are seeing a reduction in premises.
- The programme aims to address the current challenges facing Community Pharmacy. Outcomes achieved through the programme are constrained by national factors outside of local control and they require close working with stakeholders from across the ICB.
- The programme aims to improve Community Pharmacy access to members of the population and address inequalities in provision and outcomes, by using data measures to referrals, provision of services delivered and outcomes of patient consultations.
- There are three main Community Pharmacy services the programme is initially focussed on:
 - Pharmacy First
 - Medicine Supply Service
 - Hypertension Case Finding
 - Contraception

Progress Tracker

Service	Description	Comments	Go live	Universal roll out	Targeted Support	Quality Improvement	BAU
Pharmacy First	Replaced GPCPCS with pharmacists able to prescribe for the '7 common conditions', accepts walk-ins as well as referrals from GP practice, 111 and UTCs.	Promising start with large numbers of referrals. No consistency across the ICB, with areas of both high and low referral activity.	Feb 2024	Feb 2024	July 2024	Jan 2025	
Medicine Supply Service	Building on Pharmacy First, this local referral only enhancement allows for the supply of over-the-counter therapies that would have previously been required a visit to the GP practice.		July 2024	July 2024	Nov 2024	May 2025	
Hypertension Case Finding	Blood pressure checks for patients over age 40 both walk-ins and on referral. For patients with elevated BP an ambulatory BP check is offered.	To date approx. 64,000 patient blood pressure checks across the ICB	Dec 2023	Dec 2023	Aug 2024	Feb 2025	
Oral Contraception	The service includes both initiation and on-going supply of oral contraception.	Numbers are low with approx. 100-200 consultations per month.	Dec 2023	Dec 2023	Sep 2024	Mar 2025	

Outcomes/Success

What stakeholders want	Reality/Constraints	Programme will deliver
Reduction in pharmacy closures	Many factors that lead to closures are out of the ICBs control	The programme will support Community Pharmacies to deliver more patient services, delivering a more sustainable offer
Improved equity of access across the ICB	Service provision is voluntary	The programme will increase service referrals making Community Pharmacy service delivery more attractive and viable as a business decision
Increased access trajectory	Many services are dependent on GP practice making referrals	Support for general practice to make referrals into Community Pharmacy
Workforce to deliver schemes	There is increase competition for pharmacy staff from GP practice and PCNs	The programme will increase referrals making Community Pharmacy an attractive and vibrant place to work



**Lancashire and
South Cumbria**
Integrated Care Board

Web lancashireandsouthcumbria.icb.nhs.uk | **Facebook** [@LSCICB](https://www.facebook.com/LSCICB) | **Twitter** [@LSCICB](https://twitter.com/LSCICB)