

Actions for the new government's first 100 days

*Building patient care and public health
through pharmacy*

More people visit pharmacies each day than any other part of the health service. Pharmacy teams provide expert advice and support not just to help people manage a condition but to improve lifestyle and stay healthy, and so avoid costly ill-health. Pharmacies are also the most accessible source of healthcare – they are easy to find, open long hours and operate without an appointment system. And they represent the most cost effective service; a pharmacy visit costs the taxpayer significantly less than a visit to the GP, or worse still to A&E.

It is vitally important that we nurture the role of pharmacy – it's a win-win for patients, the wider public, the NHS and the taxpayer.

There has been progress in recent years and we have been pleased to play our part in encouraging and enabling changes that have benefited the public.

Many more people can now protect themselves from 'flu by getting immunised in a local pharmacy, and at a time that suits them.

More and more people wanting to quit smoking are being supported by pharmacy teams, and the same is true for people managing their weight and their alcohol intake, and for people who need sexual health services.

More people with long term conditions are being helped by their local pharmacies to use their medicines wisely and to get the most out of their treatments.

And people who are newly diagnosed with a range of conditions are now receiving guidance and support from pharmacy teams shortly after diagnosis.

All of this and more shows what is possible, but progress has been patchy. The new government has a fresh opportunity to go further and faster.

The first 100 days of any government is the time when intent is turned into action, and the direction of travel for the new Parliament is set. This document is our cross-party message to the next government; the measures we are proposing should be taken in those first 100 days after the new government has taken office. More will need to be done after this, but implementing our proposals will set the course towards a fully integrated pharmacy model of personalised healthcare fit for our country's needs in the next decade and beyond.

The Rt Hon Sir Kevin Barron MP, Chair of the All-Party Pharmacy Group

Oliver Colvile MP, Vice Chair of the All- Party Pharmacy Group

Baroness Julia Cumberlege CBE DL, Vice Chair of the All- Party Pharmacy Group

Margot James MP, Treasurer of the All- Party Pharmacy Group

Stephen Lloyd MP, Secretary of the All-Party Pharmacy Group

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1. Consistent access to a wider range of health services from pharmacies

As pressure on the NHS grows, and social care faces huge challenges, community pharmacies should be the first port of call for advice and treatment for a wide range of conditions, and for help in improving public health and maintaining healthy lifestyles. The new government must -

- Commission a national minor ailments service, based on existing well-proven local services, so that people across the country can access an NHS service that helps them self-manage minor conditions and avoid unnecessary GP or A&E attendance.
- Commission a national 'flu immunisation service from pharmacies, so that the clear benefit of such a service, currently available to Londoners and in some other areas, is available to all.
- Begin work on extending the range of conditions covered by the Medicines Use Review and New Medicine Service for implementation in 2016, so that more people suffering with long term conditions get the support they need with their medicines.
- Agree in principle with community pharmacy representatives:
 - robust outcome measures for these new services
 - outcome-based funding that both protects the core dispensing service, and provides incentives to deliver new services on a sustainable, long-term basis and in a manner that represents good value to the taxpayer.

2. Ensure local commissioners make best use of pharmacy in all communities

Commissioning is at its best when it is conducted on a collaborative community-wide basis. In localities where that already happens, the public benefit through integrated, high quality services. The new government must -

- Conduct an analysis of the level and quality of engagement, by pharmacy in shared decision making by CCGs and local authorities since April 2014.
- Act on the findings of that analysis to ensure that commissioning decisions by CCGs and public health commissioning by LAs is community-wide and collaborative. In the case of pharmacy, this means ensuring that every CCG and LA has access to pharmacy expertise, and demonstrably makes use of it in reaching decisions.
- Develop a package of service templates designed to tackle major public health challenges for use by local commissioners. These templates will help commissioners adapt services to the requirements of their populations. Services should include:

stop smoking	weight management
managing alcohol	sexual health

3. Strengthen integration between pharmacy teams and other providers in primary and secondary care

Integrated services and good information sharing between GP practices, secondary care and community pharmacy teams is essential in delivering high quality care to patients. It also enables each profession to play to its strengths. Commissioning the services we are calling for will in itself improve integration and collaboration between GPs and community pharmacies but without better information sharing progress will be limited. The new government must -

- Commit to and begin the roll-out of access to the Care Record for all pharmacy teams. This roll-out should be complete by April 2016.
- Set out a plan to achieve read-write access to the patient health record by all community pharmacies by April 2017.

Integration between community pharmacy and secondary care will also benefit from information sharing. But by addressing the often poor quality of post-discharge arrangements, the government can not only improve integration but really make a difference to the quality of life for patients recovering from hospital treatment and reduce the risk of readmission. To do so, it must –

- Carry out a scoping exercise on a community pharmacy post-discharge care plan – in which pharmacy teams manage the medicines needs for discharged hospital patients and liaise with GPs and secondary care colleagues (including hospital pharmacy teams) to reduce the risk of readmission. This scoping exercise can be completed within 100 days and a decision on whether to commission it nationally or develop service templates for use by local commissioners taken by the end of 2015/2016.

4. Decriminalise dispensing errors

The threat of criminal conviction for making an honest mistake is a shadow over the pharmacy profession, and it is directly contrary to the interests of patients because it discourages error reporting and undermines efforts to learn from mistakes. The new government must -

- Introduce, and secure cross-party support to pass, legislation to decriminalise dispensing errors made by pharmacists. This legislation should be on the statute book in 2015/2016.

5. Safeguard patient safety by making avoidable medicines shortages 'never events'

Shortages of prescription medicines continue to impede the smooth operation of the medicines supply chain. Patients are inconvenienced, stressed and can be harmed by shortages. Some shortages may be unavoidable, but others are not. The new government must -

- Establish a system that accurately monitors medicines in the supply chain, detects the shortage risks and helps supply chain participants alleviate the impact of shortages where they do occur.
- Publish updated supply chain guidance specifically addressing best practice in quota setting and management to ensure that all participants in the supply chain act in the interests of patients and the NHS at all times.