

Pharmacy's contribution to Greater Manchester 2017-2021



Pharmacy contributing to the fastest and greatest improvement in the Health & Wellbeing of the population of GM

Greater Manchester

Health and Social Care Partnership

FOREWORD

‘Taking Charge of our Health and Social Care in Manchester’ – the strategic plan for Greater Manchester outlines the vision, ‘to deliver the fastest and greatest improvement in the health and wellbeing of the 2.8million population of Greater Manchester, creating a strong, safe sustainable health and care system for the future’.¹

This document describes the approach to transforming the use of pharmacy teams from all sectors to improve the health and wellbeing of the population of Greater Manchester through proactively providing healthy living advice, support for acute and long-term conditions and medicines use. Clinical, patient-focused services are available from all pharmacy sectors across Greater Manchester. Pharmacy teams are located in all settings where patients and the public live. This includes primary care and the community, secondary care and mental health and the secure environment.

This document builds on work already delivered through the previous Pharmacy Local Professional Network² (LPN) strategy and includes outputs from the Community Pharmacy Call to Action and the Greater Manchester Pharmacy Think Tank in 2015. It starts with a description of the importance of optimising the use of medicines, the public health role of pharmacy teams and how pharmacy roles are changing to deliver new models of care. The pharmacy LPN work streams are described alongside an explanation of how they align to the Greater Manchester transformation themes.

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¹ Taking Charge of our Health and Social Care in Manchester, GMHSCP, 2015

² LPN Single Operating Framework – NHS England 2013. Local Professional Networks (LPNs) were established in 2013 in each area covering pharmacy, dentistry and eye health communities. They ensure that the contribution of these professional groups is maximised in the improvement of outcomes and reduction in inequalities. LPNs work closely with Strategic Clinical Networks, Academic Health Science Networks, Clinical Senates as well as commissioners, providers and patients.

Background and case for change

Medicines use and optimisation

Pharmacists across all sectors, including community pharmacy, primary and secondary care, deliver clinical roles. Pharmacists are experts in medicines use and key health care professionals to support patients get the best outcomes from their medicines. The clinical impact that pharmacists can make in primary care has been recognised in Building the workforce – the new deal for general practice³ and the General Practice Forward View⁴. This has been demonstrated by NHS England making a significant investment through the Clinical Pharmacists in General Practice pilot.

The administration of a medicine is the most common therapeutic intervention in healthcare. Expenditure on medicines within the NHS is second only to that on staff. Medicines use can bring many benefits but is often sub-optimal. NICE has defined medicines optimisation as 'a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines'.⁵

The Royal Pharmaceutical Society has described four guiding principles underpinning medicines optimisation⁶:

1. Aim to understand the patient's experience
2. Evidence based choice of medicines
3. Ensure medicines use is as safe as possible
4. Make medicines optimisation part of routine practice.

Some of the key issues with medicines use have been summarised in the guidance:

- Adherence to newly prescribed medicines is poor with only 16% of patients taking a new medicine as prescribed, receiving as much information as they need and experiencing no problems when taking their new medicine.
- Almost a third of patients are non-adherent ten days after starting a medicine and over half of these people do not know they are not taking their medicines correctly. Patients should be supported to make informed decisions about whether taking a medicine is the best option for them.
- Medicines may also contribute to patient safety incidents. At least 6% of emergency re-admissions to hospital are caused by avoidable adverse reactions. In 2010 at

³ NHS England & Health Education England. Building the workforce – the new deal for general practice, London, NHS England, 2015

⁴ NHS England. General practice forward view. London, NHS England, 2016

⁵ NICE. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. NICE guideline (NG5)., London, NICE, 2015

⁶ Royal Pharmaceutical Society. Medicines Optimisation: Helping patients to make the most of medicines. London, Royal Pharmaceutical Society, 2013

least 1.7 million serious prescribing errors occurred in general practice.⁷ An error was identified in almost 9% of hospital medication orders⁸. Care home residents are particularly vulnerable to medication errors and this includes prescribing, dispensing and administration errors.⁹

One of the most risky times for medication errors is when patients are transferred between care settings. Between 30 and 70% of patients experience an error or an unintentional change to their medicines when transferred across care interfaces.¹⁰

The Royal Pharmaceutical Society recommended the national implementation of effective methods of signposting patients treated in secondary care to community pharmacy services such as the post discharge Medicines Use Review (MUR) Service and New Medicine Service (NMS).¹¹ NICE recommends that people discharged from a care setting have a reconciled list of their medicines in their GP record within one week of the GP practice receiving the information, and before a prescription or new supply of medicines is issued.¹²

It is clear that medicines-related problems contribute to demand for acute and emergency care. As well as hospital admissions associated with adverse drug reactions there are significantly more resulting from exacerbations of conditions when medicines have not been prescribed or used optimally. People taking specific types of medicines such as benzodiazepines are more likely to fall and injure themselves.¹³ In a recent study, patients on four or more medicines benefited from a reduction in risk of having a fall due to the intervention of a community pharmacist.¹⁴

The number of medicines prescribed for people in England has increased over the last ten years.¹⁵ Some of the increase is due to the implementation of evidence based guidelines which may focus on single diseases rather than considering the patient as a whole. There may also be missed opportunities to stop medicines that are no longer required.

Problematic polypharmacy has been defined by the King's Fund as the prescribing of multiple medications inappropriately, or where the intended benefit of the medication is not realised. The consequence of this is an increased risk of drug interactions, adverse drug

⁷ Avery, T., Barber, N. and Ghaleb, M. Investigating the prevalence and causes of prescribing errors in general practice: The PRACTiCe Study, London, GMC, 2012

⁸ Dornan, T., Ashcroft, D., Heathfield, H. *et al.* An in depth investigation into causes of prescribing errors by foundation trainees in relation to their medical education. EQUIP study. London, GMC, 2009

⁹ Alldred, D., Barber, N., Buckle, P. *et al.* Care home use of medicines study (CHUMS), Birmingham, University of Birmingham, 2009

¹⁰ National Patient Safety Agency and National Institute for Health and Clinical Excellence. Technical safety solutions, medicines reconciliation. London, NICE, 2007

¹¹ Royal Pharmaceutical Society. Keeping patients safe when they transfer between care providers – getting the medicines right. London, Royal Pharmaceutical Society, 2012

¹² NICE. Medicines Optimisation NICE quality standard 120. Statement 5: Medicines reconciliation in primary care, London, NICE, 2016

¹³ Richardson, K., Bennett, K. & Kenny R. A. Polypharmacy including falls risk-increasing medication and subsequent falls in community-dwelling middle-aged and older adults. *Age and aging* 2015; 44: 90-96

¹⁴ Community Pharmacy Future: Achievement and results. Available from:

http://communitypharmacyfuture.org/pages/four_or_more_medicines_248974.cfm (Accessed 24/01/17)

¹⁵ HSCIC. Prescriptions dispensed in the community. England. 2005 – 2015. London, HSCIC, 2016.

reactions, impaired adherence and quality of life.¹⁶ As well as the cost to people's quality of life, prescribing medicines that are not required also adversely impacts on the prescribing budget.

Health and wellbeing

The Five Year Forward View outlined how the NHS has dramatically improved over the last fifteen years but highlighted that there is still variation in the quality of care, health inequalities and widespread preventable illness.¹⁷ The NHS is taking action to address obesity, smoking, alcohol and other major health risks.

Every day more people visit community pharmacies for health related reasons than other health care settings.¹⁸ All community pharmacies are required to provide healthy living advice to patients as part of the *public health* element of the Community Pharmacy Contractual Framework.¹⁹

In 2014 the Royal Pharmaceutical Society produced Professional Standards for Public Health Practice for Pharmacy.²⁰ The standards support pharmacists and their teams to improve public health services, and shape future services and pharmacy roles to deliver quality patient care and improve health outcomes.

Healthy Living Pharmacies (HLP) must demonstrate a proactive approach to health and health improvement. The National Pharmacy and Public Health Forum HLP task group aims to accelerate the number of HLPs nationally, and create a movement for a national sustainable programme that allows for local flexibility, encourages innovation and builds on achievements to date, whilst at the same time providing a national framework for consistency of quality and delivery. The new community pharmacy quality payments scheme has a public health domain with gaining Healthy Living Pharmacy Level 1 status as one of the criteria.²¹

Changing models of pharmacy

Pharmacists and pharmacy teams already do much to support patients and the public within both the medicines optimisation and health and wellbeing agendas.

There have recently been a number of initiatives to increase the utilisation of pharmacists' clinical skills. *Now or never: shaping pharmacy for the future* described the goal of pharmacists becoming care-givers and moving away from a purely medicines supply

¹⁶ Duerden, M., Avery, T. and Payne, R. Polypharmacy and medicines optimisation. London, King's Fund, 2013

¹⁷ NHS England. Five year forward view. London, NHS England, 2014

¹⁸ NHS England. Improving health and patient care through community pharmacy – a call to action, 2013. Available from: <https://www.england.nhs.uk/wp-content/uploads/2013/12/community-pharmacy-cta.pdf>. (Accessed: 24/01/17)

¹⁹ Department of Health. Community pharmacy contractual framework. London, Department of Health, 2016

²⁰ Professional Standards for Public Health Practice for Pharmacy. London, Royal Pharmaceutical Society, 2014

²¹ Community pharmacy in 2016/17 and beyond. Final package. London, Department of Health, 2016

role.²² This was followed up a year later with *Now more than ever* which described some of the key challenges in implementing this goal.²³

The profile of the clinical role of pharmacists has been raised across Greater Manchester by the ongoing work of the Greater Manchester Medicines Management Group (GMMMGM). GMMMGM is the coordinating group for local decision making around medicines, in particular high cost medicines. The group also identifies and disseminates information relating to the appropriate use of medicines across Greater Manchester taking into account cost effectiveness, quality, equity and patient safety. GMMMGM also has a role in monitoring prescribing performance across the GM health economies. GMMMGM is co-chaired by a GP and hospital chief pharmacist and is made up of pharmacists and GPs and other key healthcare professionals and managers. It is accountable to the GM collaboration of CCGs.

The profile of the clinical role of pharmacists has also been raised in a variety of other areas including:

- Urgent and emergency care, for example the minor ailments and minor eye conditions services. The minor eye conditions service resulted from collaboration between the Eye Health and Pharmacy Local Professional Networks,
- Public health services, including sexual health services such as supply and advice about emergency contraception, substance misuse and smoking cessation,
- Seasonal influenza vaccination programmes.

In December 2016 the Department of Health implemented a two year funding settlement for community pharmacy services. They also announced plans to move community pharmacists into a more clinical role.²⁴

Following on from this the Community Pharmacy Forward View described three interdependent key roles for community pharmacy teams²⁵:

- Facilitator of personalised care for people with long-term conditions
- Trusted, convenient first port of call for episodic healthcare advice and treatment
- The neighbourhood health and wellbeing hub.

Hospital pharmacy teams are under similar scrutiny. The Carter review of productivity in NHS hospitals included hospital pharmacies and again promoted pharmacists spending more time on patient facing rather than back office activities.²⁶

Expanding the use of the clinical expertise has also been highlighted in a number of general practice workforce initiatives. The GP ten point workforce plan describes how the

²² Royal Pharmaceutical Society. *Now or never: shaping pharmacy for the future*. London, Royal Pharmaceutical Society, 2013

²³ Royal Pharmaceutical Society. *Now more than ever*. London, Royal Pharmaceutical Society, 2014

²⁴ Department of Health. *Community pharmacy in 2016/17 and beyond*. London, Department of Health, 2016

²⁵ Pharmacy Voice. *Community pharmacy forward view*. London, Pharmacy Voice, 2016

²⁶ Lord Carter of Coles. *Operational productivity and performance in English NHS acute hospitals: Unwarranted variations*. London, Department of Health, 2016

skills of other healthcare professionals will be utilised to address workforce issues in general practice.²⁷ Following the publication of this, NHS England launched a pilot project to recruit over 400 clinical pharmacists to work in general practice. The GP forward view described a plan to recruit a further 1500 clinical pharmacists in general practice.²⁸

The expansion of clinical pharmacy across all sectors is intended to ensure that patients achieve appropriate outcomes from their medicines and are saved from harm. To enable this, better communication is needed between pharmacy teams in different sectors and with other health care professionals. In particular there are now a number of pharmacy teams working in primary care including CCG medicines optimisation teams, community services, community pharmacy, mental health, out of hours, NHS 111, ambulance services, intermediate and care home teams. It is now more important than ever that these teams work collaboratively towards shared goals.

Alongside the DoH 2016/17 community pharmacy funding settlement, NHS England announced plans for a national quality payments scheme for community pharmacy and a new Advanced Pharmacy Service,²⁹ Up to £75 million will be paid to community pharmacies for meeting a number of quality criteria. The Quality Payments Scheme will reward community pharmacies for delivering quality criteria in all three of the NHS quality dimensions: clinical effectiveness, patient safety and patient experience. The NHS Urgent Medication Supply Advanced Service (NUMSAS) is the new advanced pharmacy service. This enables patients who contact NHS 111 for an urgent supply of medicines to be referred to a community pharmacy. If clinically appropriate the community pharmacist can supply the medicines required. This service is free of charge to those exempt from NHS prescription charges. This is a unique Advanced Pharmacy Service as it involves direct referral to community pharmacies and includes community pharmacy as part of the urgent care pathway. The service will also reduce existing pressure on GP Out of Hours services as many patients will no longer be directed to them for an urgent supply of medicines.

Greater Manchester Health & Social Care Policy

The Greater Manchester primary care strategy outlines the ambition that by 2021 everyone in Greater Manchester will have the opportunity to proactively manage their own physical and mental health and wellbeing.³⁰ As described above pharmacy teams are well placed to provide health and wellbeing advice, support patients to take their medicines and advise prescribers about possible treatment regimen improvements.

However, pharmacy initiatives should not be considered in isolation but integral to other strategies designed to meet the wider health and social care transformation such as the GM Strategic Plan, the Primary Care Strategy and the NHS Five Year Forward View.

²⁷ NHS England and Health Education England. Building the Workforce – the New Deal for General Practice. London, NHS England, 2015

²⁸ NHS England. GP Forward View. London, NHS England, 2016

²⁹ NHS England Pharmacy Quality Payments Quality Criteria Guidance, available from <https://www.england.nhs.uk/wp-content/uploads/2017/02/quality-payments-quality-criteria-guidance-1.pdf> (accessed 28/03/17)

³⁰ GM primary care strategy, GMHSCP, 2017

Work has recently started on developing a medicines optimisation strategy for GM. This describes how the use of medicines will be optimised, building on the work of the Greater Manchester Medicines Management Group (GMMM) and further development of GMMM's role. The key themes within the medicines optimisation strategy are:

- Keeping patients safe through learning from medication errors.
- Enhancing the use of shared decision-making techniques to ensure that patients are partners in any decisions about their medicines.
- Driving the implementation of evidence-based and cost-effective prescribing using tested models.
- Raising the profile of medicines optimisation by ensuring it is taken into account in commissioning decisions or service redesign programmes.
- Measuring medicines activity to identify and address variation in practice.

This document complements the medicines optimisation and describes specifically how pharmacy teams will contribute to the medicines optimisation agenda. This will focus on ensuring that medicines use across GM is evidence based and that the introduction of innovative new medicines is managed effectively. The Pharmacy LPN will link into this work.

The transformation outlined in Commissioning for Reform will not be achieved through incremental change or by localities within Greater Manchester acting independently.³¹ Therefore, all stakeholders must work together to deliver the transformation required.

The Greater Manchester transformation themes are outlined in the figure below:



Local Care Organisations (LCOs) are being developed across GM. These community service models will have the same essential characteristics but will vary depending on the local objectives. Health and social care providers will work collaboratively to provide care to a defined population based around the Registered List.

This will be a proactive, preventative, population health model that will enable conditions to be managed in community settings and support people to take more control of their own

³¹ Commissioning for Reform , GMHSCP, 2016

health. Pharmacy teams have been identified as members of multi-disciplinary community based teams.

The Pharmacy Workforce response to Commissioning for Reform

The pharmacy workforce needs to respond to meet the demands of the changing landscape for our patients and deliver excellent healthcare. The approach for transforming pharmacy services for Greater Manchester is already responding to meet these demands and to be aligned to these transformational themes:

- Developing and promoting the role of pharmacy teams to deliver **health and well-being advice** to prevent ill-health.
- Supporting people with dementia and their carers to live well with dementia.
- Improving patient and public **safety** by acting on and sharing information about medication incidents relating to controlled drugs, identifying medication related admissions to hospital and promoting antimicrobial stewardship.
- Application of **medicines optimisation** principles in key therapeutic areas of priority.
- Better **transfer** of information across care interfaces and referral to services to support patients to take their medicines.
- **Standardising pharmacy services** across Greater Manchester to improve efficiency ensuring that patients receive the same quality of service irrespective of where it is accessed.
- **Standardising clinical support and back office services.**
- **Engaging the pharmacy workforce** to raise awareness of their individual role in delivery of the implementation plans to improve patient care and outcomes.

The Greater Manchester Pharmacy LPN engaged with healthcare professionals and the public to explore the best way to use what community pharmacy has to offer in response to the 2014 national *Improving care through community pharmacy* call to action.³²

The network has revised its strategy in response and developed a six-point implementation plan (Appendix 1). This plan recognizes how pharmacy can contribute to transforming health and social care services. With every local person visiting a pharmacy on average five times a year there are real opportunities to deliver healthcare messages to the public directly.

³² NHS England. Improving health and patient care through community pharmacy – a call to action, 2013. Available from: <https://www.england.nhs.uk/wp-content/uploads/2013/12/community-pharmacy-cta.pdf>. (Accessed: 24/01/17)

Key Priorities

Pharmacy teams are ideally placed to support improvements in medicines use and patient outcomes. This is by:

- Talking to patients about their medicines and supporting them to make shared decisions.
- Intervening when inappropriate medicines use, including prescribing, is identified.
- Taking the opportunity to talk about healthy living choices at every opportunity.
- Liaison with colleagues in other pharmacy teams to ensure seamless care when patients are transferred across interfaces.
- Improving quality and reducing variations in care so that the citizens of Greater Manchester can expect the same high quality of pharmacy service irrespective of where they live.
- Ensuring appropriate skill mix in pharmacy teams.
- Raising the profile of community pharmacies as the first port of call for health related issues not requiring GP or secondary care services.

It is important to note that pharmacy teams operate across all care settings within Greater Manchester. The direction of the primary care strategy is to care for patients outside hospitals whenever possible. The pharmacy LPN response recognises that patients may need to attend hospital for both urgent and routine care and therefore outlines plans to increase collaboration and communication between pharmacy teams across care interfaces to improve patient outcomes.

The following sections outline the work of the Pharmacy LPN and draws out how the implementation plan is aligned to the Greater Manchester Transformation Themes.

Theme 1 – Radical upgrade in population health

Health and wellbeing

There is a growing number of accredited Healthy Living Pharmacies (HLPs) in Greater Manchester. The central concept of HLP is the commitment to delivering health and wellbeing advice and services to a consistently high quality.

At the heart of the HLP concept is community pharmacy's commitment to delivering public health and signposting services to a consistently high quality. HLP teams have trained 'Health Champions' who are immediately identifiable to everyone visiting the pharmacy. They are specially trained to provide services such as helping patients to stop smoking reduce their alcohol intake or change their diet.

The Healthy Living Framework will be rolled out to all community pharmacies in Greater Manchester by April 2017. This will increase the number of outlets where people are able to access health improvement advice and services.

All pharmacies undertaking HLP accreditation will also be required to achieve the Dementia Friendly Pharmacy framework. This framework was developed to raise the awareness of the support that could be provided by pharmacy teams to people with dementia and their carers to help them live well with dementia. This aligns to Theme 1 of the GM Primary Care Strategy to promote people powered changes in health and behaviour.

GM Target - Enhance the role of pharmacy teams in keeping people well

- To roll out the healthy living pharmacy framework
- To launch the dementia friendly pharmacy framework
- To roll out dementia friends in every pharmacy

The number of pharmacy teams engaging with and completing the dementia friendly pharmacy and health living pharmacy frameworks will be monitored and views of patients and carers sought.

As part of the nationally commissioned pharmacy quality payments scheme, pharmacies can achieve a payment for ensuring that 80% of all pharmacy staff working in patient facing roles are trained 'Dementia Friends'.

Theme 2 – transforming care in localities

Patient safety

The goal of the Pharmacy LPN patient safety working group is to identify and disseminate learning to prevent harm from medicines. There are many risks associated with the use of medicines. Medicines which are designated as 'controlled drugs' because of their potential to cause harm, are implicated in a large proportion of patient safety incidents involving medicines.³³

The use of antimicrobial agents has also been highlighted as a high priority by Public Health England because of the risks associated with the development of antimicrobial resistance.³⁴ We know inappropriate use of medicines can result in hospital admissions but there is currently no national process for recording medicines related admissions.³⁵

³³ Cousins, D., Gerrett, D. and Warner, B. A review of Controlled Drug incidents reported to the NRLS over seven years. *Pharm J* published online 1 Sep. doi:10.1211/PJ.2013

³⁴ Public Health England. Available from <https://www.gov.uk/government/collections/antimicrobial-resistance-amr-information-and-resources> (accessed: 24/02/17)

³⁵ Pirmohamed, M., James, S. Meakin, S. *et al.* Adverse drug reactions as cause of admission to hospital: prospective analysis of 18 820 patients. *BMJ* 2004;329:15

The objectives of the Patient Safety group are to:

- Encourage reporting and share the learning from controlled drug incidents
- Develop merchandise for antibiotic awareness day and beyond
- Encourage all primary care contractors of Greater Manchester and staff at the Partnership to become antibiotic guardians
- Inform patients at risk of acute kidney injury the dangers their medications are causing; building on the work started in the Greater Manchester Clinical Commissioning Groups
- Identify actions that can be taken to reduce inappropriate benzodiazepine prescribing and support patients in withdrawal

These areas have been prioritised for action by pharmacy teams to deliver *Consistent high-quality care* (theme 3 - GM primary care strategy) and also align to standard 7 of the GM primary care medical standards *Embedding a culture of medication safety*.

In response to these themes, the following has already been achieved:

GM Target - Encourage reporting and share the learning from controlled drug incidents

- The patient safety working group is chaired by the Greater Manchester Controlled Drug Accountable Officer. Controlled drugs are associated with an increased risk of harms and the group has initially focused on this area.
- The Pharmacy Voice *Share, learn and act* template has been adapted and used as a framework for learning from reported controlled drug incidents. Reports are reviewed by the working group and the learning and action points are shared with providers.

GM Target – Raise antibiotic awareness day and beyond

- Encourage all GM primary care contractors and staff to become antibiotic guardians
- A public awareness campaign has been developed in collaboration with the communications team to support key messages around taking antibiotics appropriately
- Promotional stickers for medicine bags were designed focusing on three key messages (completing the course of antibiotics, not sharing antibiotics and returning unused antibiotics to a pharmacy)
- Community pharmacies will be surveyed to obtain feedback on the effectiveness of the Antibiotic campaign

Community pharmacies can achieve a payment from the quality payments scheme by producing a written safety report which includes an analysis of incidents and incident patterns. The information should be taken from an on-going log of patient safety incidents.

Community pharmacies are also required to provide evidence that they have sharing learning from patient safety incidents both locally and nationally and actions taken in response to national patient safety alerts.

Seamless Care

Community pharmacies can help to reduce the pressure on other areas of the health economy such as demand for GP appointments and A&E attendances.

Community pharmacy should be the first port of call for people with conditions appropriate for consultation by a pharmacist. This includes people with minor ailments or common conditions and support people with long-term conditions requiring medicines to achieve the best outcomes for them. This will require development of excellent consultation skills as we move from telling people about their medicines to a process of shared decision-making to find out what patients' issues, concerns and expectations.

The Pharmacy LPN, in collaboration with the Pharmacy Advisory Group and the Local Pharmaceutical Committees, encourages pharmacy teams to proactively support patients with medicines related issues. This should help to raise public awareness of the role of pharmacy teams in supporting health and wellbeing.

Pharmacy teams can reduce demand on other urgent care services by providing both nationally commissioned and locally commissioned services. These may include supporting people with long-term conditions to get the most benefit from their medicines, providing emergency supplies of prescription medicines, supporting self-care of minor illnesses and reducing repeat prescription workload in general practice through repeat dispensing.³⁶

Pharmacy team members work across all care areas in Greater Manchester. For example pharmacy technicians from CCG or community services teams provide services to intermediate care settings. This may include assessing and supporting self-administration of medicines as part of the rehabilitation process. Pharmacists may also provide clinical services to care homes, including medication review. Pharmacy services are also provided to the prison population. Many of those in prison have poor health and may not be able to access the same level of care as in primary care.

Some of the medicines related problems that occur at care interfaces could be improved by better collaboration and transfer of information. This could potentially impact on the number of patients readmitted to hospital with medicines related problems. Hospital inpatient stays are now much shorter, which means that not all of a patient's pharmaceutical care issues may be resolved during the admission. An improved handover to a community pharmacist colleague would allow ongoing care and support for the patient. Better sharing of information about medicines will also help to improve the

³⁶ Quick Guide: Extending the role of community pharmacy in urgent care, NHS England, 2015

medicines reconciliation process when patients are transferred across care interfaces. Good practice identified in individual services where handovers to other pharmacy teams are already effectively working should be shared across Greater Manchester.

Currently 85% of Greater Manchester community pharmacies actively provide the advanced Medicines Use Review (MUR) service and 57% the New Medicines Service (NMS) (April – August 2016). These services could be better used to support patients with long-term conditions or those recently discharged from hospital. There are currently no mental health conditions or medicines included in the national specifications.

We will make better use of technology to support transfer of information (including repeat dispensing) to increase convenience and reduce waste, the electronic transfer of prescriptions and information transfer when care interfaces including the summary care record. Consideration will also be given to using this to enable better transfer of information when care is shared across interfaces particularly when shared care guidelines for medicines are in place. This could include the prison population to reduce transfer of care issues at the interface between the prison, primary care and substance misuse services.

The Pharmacy LPN has established a Seamless Care working group with one central theme to be delivered:

- Implement an effective system for transferring information about medicines between pharmacy teams³⁷
- Develop a briefing document outlining the rationale for introducing an electronic referral system between pharmacy teams across Greater Manchester
- If the concept of electronic pharmacy referral is approved, to develop a business case and procurement specification.

In response to this theme, the following has already been achieved:

GM Target - Implement a system for transferring information about medicines between pharmacy teams

- Understanding of the results of the brief survey to secondary care pharmacy departments to find out how information is currently transferred to community pharmacy and use of summary care record.
- Draft briefing document written for consideration by the working group and the Pharmacy LPN steering group.
- Linking with Salford Royal FT which already has funding to implement an electronic referral system about medicines. Learnings from this project will be taken to develop a system across the whole of Greater Manchester
- Encourage the uptake of Summary Care Record by pharmacy professionals

³⁷ Nazar H, Brice S, Akhter N et al. New transfer of care initiative of electronic referral from hospital to community pharmacy in England: a formative service evaluation. *BMJ Open* 2016; 6: e012532. Available from <http://bmjopen.bmj.com/content/6/10/e012532> (accessed: 24/02/17)

A Medicines Optimisation working group has also been established. This group works closely with the Seamless Care working group to ensure that effective services provided by community pharmacies are in place when electronic information transfer is enabled.

GM Target - Improve impact of and outcomes from MUR and NMS consultations

- Identify and address barriers to quality MUR / NMS consultations
- Improve wider healthcare professional understanding of and engagement with MUR and NMS.
- Develop a toolkit to support pharmacists to overcome barriers to delivery of MUR and NMS and effectively engage with patients.
- Facilitate GPs and Practice Nurses to refer patients to a community pharmacy for a MUR or NMS as part of their condition management.

Service Delivery

In addition to the essential services and advanced services commissioned from community pharmacies across Greater Manchester, via the national Pharmaceutical Services Terms of Service. Enhanced and locally commissioned services from community pharmacies are typically commissioned via individual CCGs and public health services by local authorities. These services may differ across individual CCG and local authority footprints, which can be confusing for patients who may be able to access different service offers.

A national declaration of competence (DoC) scheme has been published to support pharmacists in assuring commissioners that they are service-ready and have the appropriate knowledge, skills and behaviours to deliver high-quality, consistent services.³⁸ This DoC scheme has been utilised for a number of locally commissioned services across Greater Manchester, including the Greater Manchester minor ailment service (MAS).

The Pharmacy LPN has established a Service Delivery working group with the aim of developing consistent service specifications, which commissioners can utilise to commission both local and enhanced services. This will support patients to access the same levels of services across the various localities within Greater Manchester.

There has already been successful work to develop consistent service specifications for locally commissioned community pharmacy services. Seven of the twelve CCGs have signed up to the Greater Manchester minor ailments scheme.

³⁸ Declaration of competence. Available from : <https://www.cppe.ac.uk/services/declaration-of-competence> (accessed 24/02/17)

The working group has updated and further developed the specification for a service commissioned to support patients to use their inhalers to better effect and improve their control of respiratory conditions. This links to the Greater Manchester medical standards to improve care for people with long term conditions. A children's asthma inhaler education project is also being supported to improve awareness of correct inhaler technique in children and their parents / guardians.

The GMHSCP has commissioned a community pharmacy care plan pilot project, which is being piloted in 50 pharmacies across Greater Manchester. This project is a proof of concept and includes a full academic evaluation to validate patient outcomes and determine the viability to commission a full Greater Manchester wide service. This project will assess whether more structured support by a pharmacist for patients with specific long term conditions improves a number of patient outcomes. This includes investigating if patient activation scores are increased which is an indicator of whether patients will take and continue action to maintain and improve their health.³⁹ The Pharmacy LPN is a key stakeholder in this pilot and has supported the development.

The Greater Manchester medical standards have been developed and published. Therefore, in response the Pharmacy Advisory Group has been tasked with developing standards for delivery of community pharmacy services across Greater Manchester. These standards will support the delivery of quality community services, over and above the requirements of the core elements required as part of the pharmaceutical services terms of service. The Pharmacy LPN is a key stakeholder in this pilot and is supported the development of the community pharmacy standards for Greater Manchester.

Theme 4 – Standardising clinical support and services

A Greater Manchester Hospital Pharmacy Transformation Collaborative (GMHPTC) has been established and is challenged / tasked with delivering hospital pharmacy recommendations from the Carter report.²⁶ GMHPTC is a distinct project with Transformation Theme 4 and reports to the GMHSC Strategic Partnership Board via the Theme 4 Programme Board.

GMHPTC must submit Hospital Pharmacy Transformation Programmes to NHS Improvement by March 2017 ensuring there is a plan in place to achieve Carter recommendations by April 2020. A GMHPTC strategy document will follow this submissions providing additional detail on priority reviews which have already begun or are scheduled for 2017/18.

Although the Carter report and Hospital Pharmacy Transformation Programme does not involve mental health nationally, the Greater Manchester group has included mental health from the start. The group is proposing and testing mental health indicators as part of this

³⁹ Supporting patients to manage their health. An introduction to patient activation. 2014. London. The King's Fund

work. Following a review of these Transformation Plans further work required will be prioritised and implemented.

GM Target - Hospital pharmacy response to Carter review

Review and implementation of Hospital Pharmacy Transformation Plans.

Underpinning programmes

Workforce

Health Education North West is currently working to scope the community pharmacy workforce across the North West. This will help identify workforce gaps, risks and opportunities so that we can work towards having an appropriate workforce to deliver new models of care and services.

Hospital pharmacists have long practiced a model of clinical pharmacy whereby they spend more time focused on patients and their medicines than in back office functions such as procurement of medicines. However, as highlighted by the Carter review³⁵ there is still more to be done to utilise the clinical skills of hospital pharmacists and enable them to spend more time on these activities. Nationally 45% of hospital pharmacy resource is invested in clinical patient facing roles. This must increase to 80% by 2020 and has to be delivered across seven days. This is a significant challenge for the hospital pharmacy workforce. The Pharmacy LPN is looking at how community pharmacy could support the hospital agenda with services being available in the community, closer to patients at home.

Pharmacists can also play an increased clinical role as non-medical, independent prescribers. There is potential to utilise pharmacists in this role in all sectors of pharmacy (community, hospital and primary care) to further improve patient access to medicines. Pharmacists enrolled as part of the NHS England Clinical Pharmacists in General Practice Pilot will gain a prescribing qualification as part of the programme and can be utilised to deliver clinics to reduce pressure on the GP workforce. There are a number of pharmacists prescribing in patient facing clinics in the secondary care setting and there is scope for a role in GP out of hour's services. As part of the December 2016 community pharmacy funding settlement, the Pharmacy Integration Fund was announced. This is a £42 million fund from NHS England with the aim of further integrating community pharmacy services into wider primary care. One of the key priorities for the fund is workforce development for community pharmacists, including the funding of post graduate and prescribing qualifications.

GM Target - Workforce

- The Pharmacy LPN will support the completion of a community pharmacy workforce assessment by Health Education England (North West) to determine current and future workforce needs
- The development of a plan to transform the workforce following the assessment

Engagement

Pharmacists, like many clinicians within the NHS, are experiencing workload and funding pressures. Better engagement will encourage and support the transformation necessary to increase patient access to clinical pharmacy services. Pharmacy teams across all sectors will be supported to overcome operational challenges within their unique pharmacy setting.

Pharmacy professionals working in different sectors, for example hospital and community, often undertake separate continuing development pathways. This may lead to differing perceptions between pharmacy professionals about their roles and responsibilities.

Following the NHS England Clinical Pharmacists in General Practice Pilot and a number of practices employing their own pharmacists there is an additional workforce of general practice pharmacists who need to network. An improved awareness of how pharmacy teams in each sector can support patients and carers may lead to more collaboration and interaction in the form of signposting patients to the most appropriate health care professional or find out information about medicines prescribed or supplied. Cross sector pre-registration training should be utilised to increase awareness of the roles and responsibilities across sectors.

This is also true of other members of the NHS workforce. Clarifying the pharmacy team's role would enable others to signpost to and encourage utilisation of services. Better engagement with the public and patients will also raise awareness of when consulting with a pharmacist would be the most appropriate action. The Pharmacy LPN has considered how to engage others more widely with its work.

The Primary Care Advisory Group has recently been established and is already demonstrating when the various primary care professions can work better together. There has also been joint working across the LPNs, for example with the introduction of a minor eye conditions service with the Eye Health LPN and an antimicrobial resistance campaign also including the Dental LPN. All three LPNs are also working together on becoming more dementia friendly.

Information technology

The Electronic Prescription Service (EPS) has been available for a number of years and increases the accessibility to prescription medicines for patients. It enables the electronic transfer of prescriptions between GP practices and pharmacies. This reduces the number of visits patients will have to make between their GP practice and nominated pharmacy when obtaining a prescription for medication and also reduced the possibility of a prescription being lost in transit. All community pharmacies across Greater Manchester are enabled to and are delivering EPS; they also actively promote the service to patients. Developments are underway with service leads and providers of GP practice and pharmacy patient management software providers to extend the service to enable electronic transfer of prescriptions for Schedule 2 and 3 controlled drugs.

NHS England commissions an electronic Repeat Dispensing (eRD) service from GP practices and community pharmacies across England. This allows the electronic transfer of batch prescriptions for patients on suitable regular repeat medications. This service improves patient access to their regular repeat medications and enables both GP practices and community pharmacies to more efficiently manage workloads for their core activities. It is recognised that the average uptake of the eRD service is significantly lower across Greater Manchester than the England average. The Pharmacy LPN is supporting a joint project between the GP and Pharmacy Advisory Groups to improve the uptake of and health professional / patient understanding of the eRD service.

Shared information is fundamental to enabling pharmacy teams to provide holistic care to patients and the public. Community pharmacies and many hospital pharmacy teams already have access to the Summary Care Record (SCR).

This is a good start but there are limitations to this, not least the inability for pharmacists to document their consultations and interventions within the SCR, allowing other health care professionals to continue the care plan. Work is already starting to look at systems for referring information about medicines across the hospital / community pharmacy interface. This has been linked into the connected health record (Datawell) work that is being led by the Greater Manchester Academic Health Science Network.

This will enable hospital pharmacy teams to identify patients who would benefit from more support with their medicines in the community and refer them to a community pharmacy of the patient's choice. In time this could be developed to enable referral involving general practice pharmacists and other pharmacy teams such as those working in intermediate care too.

This document outlines the pharmacy response to the Greater Manchester strategic plan. The implementation plan for the pharmacy response is outlined in the Greater Manchester Pharmacy Implementation Plan in appendix 1.

Appendix 1 - Implementation Plan for Pharmacy's contribution to the Greater Manchester Strategic Plan

The following describes the Greater Manchester Pharmacy Local Professional Network (LPN) implementation plan in response to the Pharmacy's contribution to the Greater Manchester Strategic Plan to enable pharmacy to meet the requirements of the Greater Manchester population.

Pharmacy is an all-encompassing world that includes all sectors of the profession, working in various settings as providers e.g. hospital pharmacy, community pharmacy; as commissioners of health care e.g. medicines optimisation pharmacists; clinical pharmacists in GP practices and those in development and research roles, such as academia.

The plan builds on the key challenges but considers the interventions that may be useful at a locality and Greater Manchester level to the use of medicines and thus health and wellbeing overall in Greater Manchester. Seven key priorities have been identified to meet these challenges together with six underpinning work programmes that are recognised as critical for the successful delivery of the transformation change.

It is acknowledged that the whole health care system needs to change to meet the growing requirements of the population. The shift in healthcare and the Devolution Manchester Programme are driving the opportunity for pharmacy to adapt and fulfil its potential.

This transformation plan and its component work programmes are built on the ideas and concepts from key stakeholders. Views captured are those developed during the Local and National Call to Action and other local stakeholder engagement opportunities.

Vision and Values

All of the goals and objectives of the working groups are aligned to meet the ultimate vision of 'Improved eye health across Greater Manchester'.

This will be achieved by all stakeholders adopting the values of:

- Working together for the patient
- Respect and dignity
- Commitment to quality care
- Compassion
- Improving lives
- Everyone counts
- Providing value for money
- Being flexible to change

To support the delivery of the Pharmacy contribution, The Pharmacy Local Professional Network (LPN) has developed an implementation plan with nine working groups aligned to the Greater Manchester Primary Care Strategy.

The working groups report to the Pharmacy LPN Steering Group at regular intervals. The purpose of the steering group is to take a strategic overview of the activities undertaken by the working groups. The steering group is chaired by the Pharmacy LPN chair supported by pharmacy teams drawn from a wide section of the profession.

Purpose

The transformation plan's purpose is to deliver improved use of medicines and health and wellbeing to benefit the population of Greater Manchester'; whilst building on good practice, NICE guidance, and fully articulating and embracing the opportunities devolution brings.

Transformation Theme	Working Group	Service Outcomes	Action
Population Health and Prevention	Health and Wellbeing – development of: <ul style="list-style-type: none"> • Healthy Living Pharmacy Framework • Dementia Friends • Dementia friendly environment 	Improving the quality and integrating pharmacy within the health and wellbeing agenda to improve population access, education and self-care and reducing inequalities. To support a happy and healthy workforce	Roll out all three initiatives across Greater Manchester by December 2017.
Transforming Care in Localities	Patient Safety	Encourage reporting and share the learning from controlled drug incidents Develop materials for antibiotic awareness day and beyond Encourage all GM primary care contractors and Partnership staff to become antibiotic guardians Support Community Pharmacists to inform patients at risk of acute kidney injury the damage their medications cause; building on the work started in the GM CCGs Identify actions that can be taken to reduce inappropriate benzodiazepine prescribing and support patients in withdrawal	Roll out the CD reporting tool to the rest of England. Use the extensive database of incidents to identify learning and share with providers. Continue to work with Public Health England Work with Superintendent pharmacists, Directors of pharmacies and Medicine Optimisation teams to encourage sign up. Hold a lunchtime event at the Partnership to raise awareness in house Build on existing materials in CCGs and experts from Acute Trusts Joint working with Providers, CCGs, Local Intelligence Network and Controlled Drug Liaison Officers

Transforming Care in Localities	Seamless Care	Improved patient outcomes for medicines as patients move between care settings	Roll out SCR to community Pharmacy by Sept. 2017. Electronic post discharge summaries routinely sent to GP Practices and Community Pharmacies with pharmacists in both care settings working together with patients to improve medicines taking and adherence. Pilot to be undertaken by September 2017. Roll out April 2018.
Transforming Care in Localities	Medicines Optimisation	Improved patient understanding of the role of medicines.	Identify and address barriers to quality MUR / NMS consultations. Develop quality standard and medicines optimisation toolkit to support quality MUR / NMS consultations by October 2017.
Transforming Care in Localities	Service Development	Consistent offer to GM population of services to be delivered by pharmacy. Patients choosing to use pharmacy services recognised for quality and ease of access.	Roll out of a GM Minor Ailments Service by December 2017. Consistent standardised service specifications to be embedded in localities.
Standardising Clinical support	Workforce development	Set standards for providers of locally commissioned services. Focus on increasing the role of pharmacy including the clinical pharmacists in GP practice and Urgent and Emergency Care.	Support the completion of a community pharmacy workforce assessment by HEE (NW) determining current and future workforce needs by September 2017. The development of a plan to transform the workforce following the assessment by December 2017.
Standardising Clinical support and back office functions	Carter Review of Hospital Pharmacy		GM hospitals submit their Hospital Pharmacy Plans for Transformation by March 2017.
Enabling Better Care	Communication and Engagement	To support all the working groups to deliver the pharmacy LPN plans by increasing awareness of the role of pharmacy to the GM population	Produce a targeted and segmented communication and engagement plan. Mapping and grouping stakeholders. Development of the pharmacy message by September 2017.
Enabling Better Care	Information Technology	Raise awareness of IM&T for community pharmacy	Roll out of SCR, NHS Mail and electronic repeat dispensing.