evidence for
better health care

nuffieldtrust

Now more than ever

Why pharmacy needs to act

Judith Smith, Catherine Picton and Mark Dayan

December 2014

Commissioned by:

ROYAL PHARMACEUTICAL SOCIETY

About this report

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain. The RPS Future Models of Care Commission, chaired by Dr Judith Smith, Director of Policy at the Nuffield Trust, brought together expertise from across health and social care to provide a coherent narrative for the pharmacy profession's role in the reformed NHS in England. The Commission published its conclusions in *Now or Never: Shaping Pharmacy for the Future* in November 2013.

A year later, the RPS commissioned the Nuffield Trust to undertake an independent assessment of progress made in implementing the recommendations of *Now or Never*. The findings of this review are set out here, along with recommendations about how pharmacy can seize the opportunities presented by NHS England's Five Year Forward View and ensure that pharmacists assume a central role in the development of new models of health and social care.

Contents

In 2013 the Royal Pharmaceutical Society (RPS) established a Commission on Future Models of Care Delivered Through Pharmacy, and its report, *Now or Never: Shaping Pharmacy for the Future*, urged the RPS to take the lead in enabling pharmacists in England to assume much more of a care-giving role in health and social services.

A year later, the RPS commissioned the Nuffield Trust to undertake an independent assessment of progress made in implementing the recommendations of *Now or Never*. Our findings are set out here, along with recommendations about how pharmacy can seize the opportunities presented by NHS England's Five Year Forward View and ensure that pharmacists assume a central role in new models of health and social care.

Key points

- The RPS has taken on the goal of pharmacists becoming care-givers and has made significant advocacy efforts within pharmacy and the wider NHS. The drive towards a broader role for pharmacists, however, has been undermined by the continuing divided leadership of the profession, and a tendency to look inwards; missing vital opportunities to be part of wider NHS plans and priorities.
- At least initially, *Now or Never* seemed to have greater impact on practitioners and policy-makers beyond pharmacy than within the profession itself. Those outside pharmacy have described how *Now or Never* clarified the potential contribution of pharmacy to health and social care in the future, and got the 'pharmacy message' to a much wider audience. However, whilst the pharmacy world largely welcomed the report, the initial enthusiasm for the messages has not endured.
- The care-giving role of pharmacy has gained particular traction in the following areas over the last year: urgent and emergency care, and the potential for pharmacies and pharmacists within these networks; public health, including initiatives such as pharmacies delivering flu vaccination programmes; and pharmacists taking up roles within new general practice organisations and networks.
- As described in *Now or Never*, pharmacists at a local level continue to persuade some local commissioners to fund innovative services to support health and social care, but such progress remains patchy and lacks scale. At a national level, there has been disappointingly little progress over the last year in shifting the balance of funding and commissioning away from the dispensing and supply of medicines toward the delivery of direct patient services; perhaps reflecting the complex and often fractured nature of pharmacy leadership in England.

Looking forward, we make the following recommendations:

1. **The different professional, owner/employer and policy stakeholders in pharmacy must speak as one voice about the role that pharmacists can play** in the new models of care advocated by NHS England. Policy-makers and practitioners need to hear a consistent and 'can-do' message about how pharmacy can be a crucial part of the answer to challenges such as urgent care, supporting people with complex long-term conditions, and treating common ailments.
2. **There is a need for national funding and coordination to enable pharmacists to assume a wider care-giving role in areas such as common ailments, within urgent care networks.** This will show that NHS policy-makers mean business about pharmacists assuming this wider role. Such backing needs to come through changes to the national community pharmacy contract, and/or the new payment mechanisms being put in place to support the Five Year Forward View.
3. **National action will not suffice – there must also be change and funding at a local level. Pharmacists must be relentless in making the case locally** for their vital contribution in the future, including support for frail older people, managing medicines to help avoid hospital admission, and supporting work on prevention and public health. They need more guidance and support from the RPS, employers and other national bodies about how to become part of local primary care federations and networks, and the new multi-specialty community providers and other care models set out in the Five Year Forward View.
4. **The Five Year Forward View presents many opportunities for community, primary and secondary care pharmacy.** New provider organisations will be formed and roles developed as part of new models of care. Pharmacy leaders must be at the centre of this national and local debate and planning. If they fail to do this, community pharmacy in particular risks being overtaken by the inexorable expansion of technology-driven dispensing and supply, and local pharmacy services being delivered by new NHS organisations.
5. **The RPS was prescient in commissioning work on new models of care some 18 months ahead of the Five Year Forward View – the challenge to pharmacy is to seize the opportunities on offer.** NHS England has set out a direction of travel that is about integrated local care providers, working in new networks that maximise the use of technology and new professional roles. If pharmacy fails to rise to this challenge, its role in the community beyond 2020 looks bleak. It is indeed 'now more than ever'.

Introduction

The Review

In November 2013, the Commission on Future Models of Care Delivered Through Pharmacy published its report *Now or Never: Shaping Pharmacy for the Future* (Smith and others, 2013a). The Commission had been established by the Royal Pharmaceutical Society (RPS) to help them identify and shape the future role of pharmacy in the English NHS.

The Commission was independently chaired by Dr Judith Smith, Director of Policy at the Nuffield Trust. She was asked to ensure that the Commission focused on the current and projected needs of patients and the population in health and social care in England, and the role that pharmacy could play in meeting them.

Now or Never set out a clear imperative for the pharmacy profession to shift its core activities from the dispensing and supply of medicines, towards providing services that help patients to get the most from their medicines, manage their own care, and stay well. It identified opportunities for pharmacists in helping to address some of the most pressing NHS concerns: the pressure on urgent and emergency services; coordinating and improving health and social care for the frail elderly; and helping people access preventive health services.

The report focused on what needed to be done if pharmacists were to take on this role. It concluded with recommendations for NHS England, the Department of Health, local commissioners, leaders of pharmacy and pharmacists themselves. One of the recommendations was that the RPS should assume a stronger leadership role within pharmacy, advocating for its future in the NHS and society more generally. As part of this, it suggested that the RPS review progress toward the *Now or Never* recommendations six and 12 months after the launch of the report.

The RPS's initial response to *Now or Never* demonstrated that they embraced the spirit and direction of the report (RPS, 2013a). A review of progress by the Nuffield Trust was commissioned in 2014.

This paper outlines our findings one year on from the publication of *Now or Never*, and sets out what now needs to be done.

How we worked

This review was undertaken in two stages: an initial six-month assessment took stock of progress between November 2013 and May 2014; we then worked with the English Pharmacy Board to refine the priorities for the 12-month review.

For the six-month review we:

- conducted telephone interviews with members of the Commission's advisory group (see Appendix 1), seeking views on progress made, suggested objectives for the 12-month review, and how these might be measured

- reviewed policy documents and press coverage of the *Now or Never* report
- held an extended meeting of the Commission's advisory group.

Findings from the interviews were discussed, and members of the English Pharmacy Board gave a presentation on their perception of progress to date. After refining the scope of the review at the six-month mark, we then:

- Performed a detailed analysis of media, social media, parliamentary and policy literature.
- Carried out 39 interviews (by phone or face-to-face) with stakeholders within and beyond pharmacy, exploring the impact of the *Now or Never* report, actions taken (or not) in response to the report, what remains to be done, and the barriers and enablers to progress (see Appendix 2 for details of those interviewed).
- Surveyed all those invited to the parliamentary launch of the *Now or Never* report in November 2013. This included civil servants, MPs, professional and stakeholder representatives from pharmacy, policy-making, and the NHS. We received 60 responses to the survey, out of 274 original invitees to the launch event.
- Took samples from the parliamentary record over the first ten months of both 2013 and 2014, to compare mentions of pharmacists before and after the launch of *Now or Never*. This excluded devolved parliaments and committees other than Public Bill Committees. It included both houses of the Westminster Parliament, written ministerial statements and Westminster Hall debates.
- Took samples from the websites of three newspapers (*The Independent, The Guardian* and *The Times*) to track mentions of pharmacists, both generally and in a care-giving context. These broadsheet newspaper websites, across the political spectrum, were chosen as stable, comparable media sources with a readership including many MPs and policy-makers. The *Financial Times* was excluded because such a high proportion of mentions were international, while the *Daily Telegraph* was excluded because changes in the overall volume of articles kept and uploaded made comparisons difficult.

We brought data and insights from both stages of the process together to form our overall assessment of progress made, and to identify priorities for the future. These were used as the basis for the conclusions and recommendations set out in this report. The views are those of the authors alone, as befits an independent assessment.

The scope of this report

The review was commissioned by the RPS from the Nuffield Trust to provide an independent assessment of progress one year on from *Now or Never*. The report is therefore aimed primarily at the RPS and their partner organisations providing national leadership of the pharmacy profession. The messages in the review will also be highly relevant to local leaders of pharmacy and should resonate with all pharmacists working in England.

The review assessed the extent to which progress is being made with the ideas in *Now or Never*. In doing so, it recognises that there are many other policy processes and factors at play. *Now or Never* set out significant challenges, many of which we would not expect to be delivered in a year. The scope of this review is therefore to provide a reality-check about signs of progress in actions and mind-set at a national level, whilst trying to gain a sense of local developments as they emerge.

Context: health policy since *Now or Never*

The *Now or Never* report was published at a time when major challenges were beginning to make themselves felt in the NHS. The report asserted that pharmacy had an historic opportunity to widen and secure its role by offering solutions to core NHS concerns such as urgent and out-of-hours services, the pressures facing general practice, public health priorities, and supporting people living with long-term conditions.

A year later, NHS financial and waiting-time indicators have worsened considerably (NHS England, 2014a; National Audit Office, 2014). The health service has now taken steps towards developing a strategic response to such pressures. The crucial new element in the policy environment is the development of a new funding settlement for primary care, supported by a narrative about greater multidisciplinary support in the community for patients with complex needs, provided through networks of diverse health and care providers.

For pharmacy, this process began in late 2013 with the 'Call to Action' (NHS England, 2014b) exercise by NHS England. There were four 'Calls to Action' to major primary care professions, with community pharmacy having the most extensive response. This reflected an unprecedented level of ambition about what pharmacy could provide in and for the NHS and social care. The 'Calls to Action' were not however designed to spark a specific implementation process, but rather to encourage a debate that would shape pharmacy plans locally and identify where national enablers may be required.

The Department of Health's Transforming Primary Care plan (Department of Health and NHS England, 2014) was published in April 2014, following a lengthy process of engagement on the care required for vulnerable older people. This set out plans to improve both the quality and efficiency of services led by primary care, and included a call for pharmacists to take a wider role in supporting the management of long-term conditions, both under the current community pharmacy contract and through newly commissioned, multidisciplinary teams. The specific contractual changes accompanying the plan, however, addressed general practice contracts and not those for community pharmacy.

The Better Care Fund (BCF; NHS England, 2014c) is another policy intended to encourage and incentivise new forms of local support across professional boundaries for vulnerable and frail people in the community. *Now or Never* highlighted the BCF as an important opportunity for pharmacy to advocate its potential in helping to reduce unacceptable levels of medicines-related emergency admissions, and to reduce the high level of pharmaceutical errors within care homes. Many local BCF plans, however, contain relatively little on new roles for pharmacy within residential and domiciliary social care, although some recognise and seek to expand the role of both hospital and community pharmacists as part of care transfer and community support

teams. Pharmacy has a significant role within integrated community services for some of the fast-tracked BCF plans considered by the Department of Health to be the most advanced (NHS England and Local Government Association, 2014).

The last and most influential of the NHS policy milestones from the last year is NHS England's Five Year Forward View (NHS England and Partners, 2014). This sets out plans for radical new models of care across every part of the health service, intended to help meet the financial and demographic challenge faced by health and social care over the term of the next parliament (2015–2020).

The Five Year Forward View included support for proposals in NHS England's Urgent and Emergency Care Review (NHS England, 2014d) to identify pharmacists to the public as a vital resource for urgent care. It also contains a commitment to more funding and priority for new models of primary care, including 'multi-specialty provider organisations' led from primary or secondary care. Pharmacists are specifically mentioned as a profession who may be employed, or serve as full partners, in these new bodies at the heart of the NHS in the future. Crucially for pharmacists working with the wider NHS, the Five Year Forward View goes beyond the commitment to sharing the summary care record, to suggesting that all records could be shared at patients' discretion.

Themes and findings: overview

We found evidence of a shift over the last year in the policy debate about pharmacy within broader models of care. This applies across those areas where *Now or Never* concluded that the profession could offer more: long-term conditions; public health; medicines optimisation for those with complex needs; the diagnosis and treatment of common ailments; and emergency and urgent care. There is now a policy consensus that the time is right for pharmacists to take on a broader role in the NHS and social care, and that in doing so the profession can meet important needs, both for patients and for the increasingly strained wider health and social care system.

Now or Never highlighted excellent examples of innovative practice by pharmacy teams, but found these were spreading slowly and unevenly. There is some evidence that new services and roles involving pharmacy continue to be developed at a local level: pharmacists are working in general practices (or their new GP networks) as part of the core primary care team; and community pharmacies are developing federations and/or working cooperatively to bid for services from clinical commissioning groups (CCGs) and local authorities. These developments still appear, however, to be localised, exceptional, and dependent on local relationships and the commitment of specific CCGs or local authorities.

At a national level, there is now significant support for pharmacists diagnosing and treating some patients needing urgent and emergency care services (NHS England, 2014d). Community pharmacists are now seen as part of the solution to the winter pressures faced by the NHS (NHS England, 2014e), and are being included in plans to address the longer-term challenges facing hospital A&E (Hughes and others, 2014).

Despite the development of a stronger and clearer policy focus on the role and potential of both community pharmacies and pharmacists (especially by NHS England and Public Health England), and some innovative local developments, what stands out is the relative lack of movement on funding, commissioning or contractual initiatives to support the delivery of direct patient services. Community pharmacy is subject to a particularly complex set of commissioning arrangements, which appear to support the status quo and inhibit innovation at scale. Furthermore, the majority of community pharmacists are employed by commercial organisations, for whom business imperatives are critical. Levers for change need to take account of these factors.

Impact on pharmacy and its leaders

Now or Never clearly had an impact on the leaders of the pharmacy profession. It was seen by many as a useful and timely re-statement of the need for the profession to move towards a broader care-giving role. Almost 90 per cent of respondents to our survey expressed the view that the report had had a strong or very strong impact on the thinking of the RPS and leaders of the profession (Figure 1), and over 70 per cent rated the extent to which this had carried through into action as three out of five or more (Figure 2).

Figure 1. Survey responses: Impact of *Now or Never* on the thinking of the RPS and leaders of the profession

To what extent do you feel that the ideas in the report have had an impact on the THINKING of the Royal Pharmaceutical Society and leaders of the profession, on a scale from 1 (no impact at all) to 5 (very strong impact)?

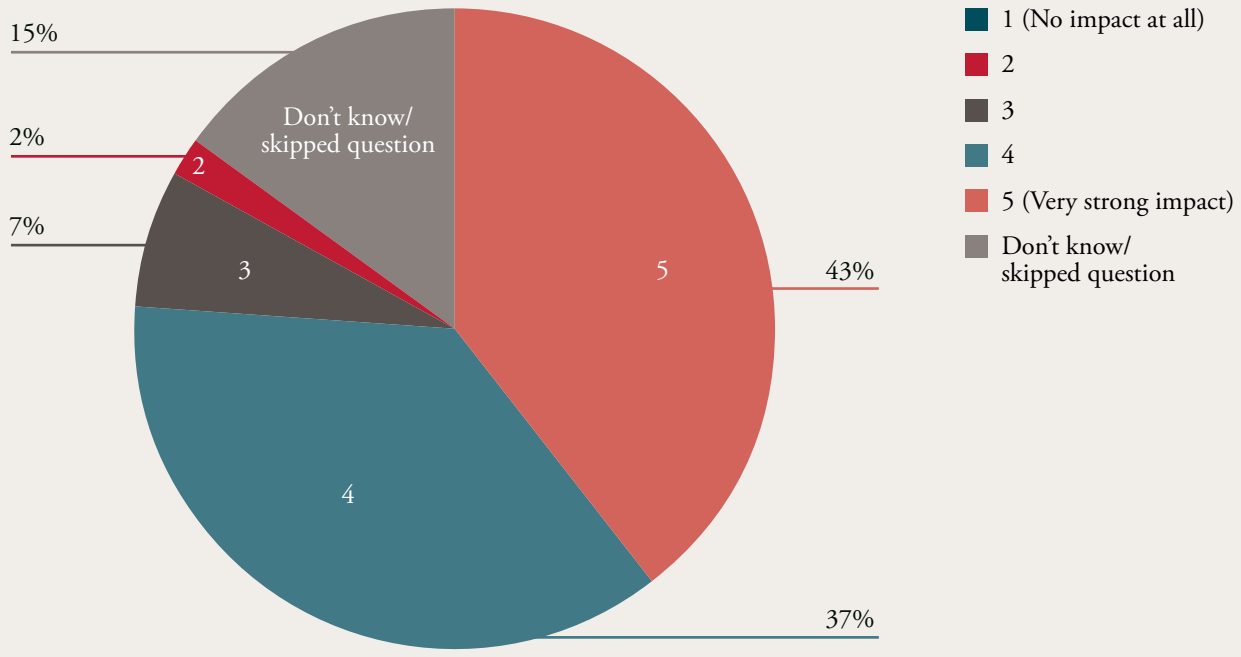
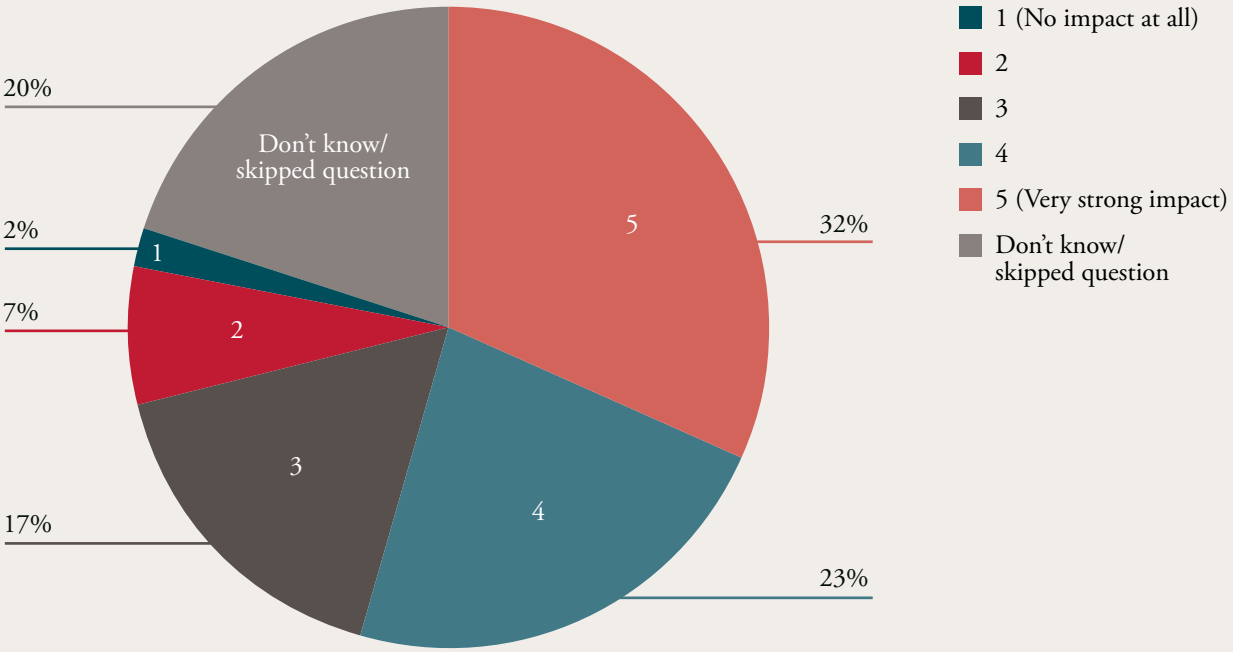


Figure 2. Survey responses: Impact of *Now or Never* on the actions of the RPS and leaders of the profession

To what extent do you feel that the ideas in the report have had an impact on the ACTIONS of the Royal Pharmaceutical Society and leaders of the profession, on a scale from 1 (no impact at all) to 5 (very strong impact)?



For some of those interviewed from within pharmacy, there was frustration that the report represented 'yet another vision' and did not go further in calling for radical changes to the funding, contracting and provision of pharmacy services.

Many saw the report as having achieved what was perceived to be a difficult task in capturing the attention of groups and interests beyond pharmacy. The RPS received credit for its boldness in setting up the Commission in the first place, supporting the findings and recommendations, and being prepared to have a one-year review. Indeed, some interviewees commented on the Commission being 'a good start' for the RPS taking on the role of thought-leadership. Some noted that its Innovators' Forum and campaigns (RPS, 2013b), which include urgent and emergency care, pharmacists improving care in care homes, and pharmacists and GP surgeries, were evidence of the RPS taking *Now or Never* seriously.

However, some felt this momentum had been hard for the RPS and other major bodies to sustain following the initial excitement and energy of the launch:

> People were talking about it everywhere and we got high-level opportunities to engage, but it didn't sustain – why?
>
> Interview respondent

> We dropped back down the agenda, and we are not sure how to get back up.
>
> Interview respondent

When we asked for the reasons why they felt that initial attention to *Now or Never* had not been sustained or led to significant action, many survey and interview respondents pointed to the need for more coordinated and coherent leadership of pharmacy as a profession – a key concern raised in *Now or Never*. Despite almost all leaders of pharmacy acknowledging the importance of a wider care-giving role, respondents were concerned that national organisations continued to often be fragmented, and seemingly unable to speak with a single authoritative voice to policy-makers and commissioners.

The divide between owners/employers and other pharmacy organisations about how to move towards an extended role for pharmacists was seen to be a particular hindrance. The multiples (large companies employing pharmacists) were strongly opposed to the proposal in *Now or Never* that commissioners might wish to consider contracting with individual or groups of pharmacists to deliver patient services in settings such as care homes, or within GP federations. For these companies, this was reported to have compromised the overall utility of *Now or Never*.

Reflecting on our work for this review, we believe this tension between the priorities and needs of large employers, and those of individual pharmacists, needs to be confronted and worked through by the RPS and leaders of the profession. Until this happens, these internal divisions will continue to frustrate progress and sustain the relative inertia that pharmacy has experienced over decades. It has to be borne in mind that the conclusions of the 1986 Nuffield Foundation Review of Pharmacy (The Nuffield Foundation, 1986) reached much the same conclusions as *Now or Never*.

Looking at this from another perspective, many interviewees pointed out to us that the large pharmacy employers have the power to lead significant change to the role and scope of pharmacy and pharmacists. For example, they have the scale and resources to push hard on electronic dispensing and supply through pharmacy hubs, and to offer a much wider range of medicines optimisation and pharmaceutical care services.

> If they [the multiples] really got behind safer pharmacy and medicines management, they could make much more impact than NHS England.
>
> Interview respondent

Our interviews with pharmacists and commissioners working at a local level revealed some hopeful signs. We heard about local pharmacists linking up with GP organisations to bid to provide additional primary care services, and examples of mentoring and support being provided for smaller independent pharmacies wanting to collaborate in that way.

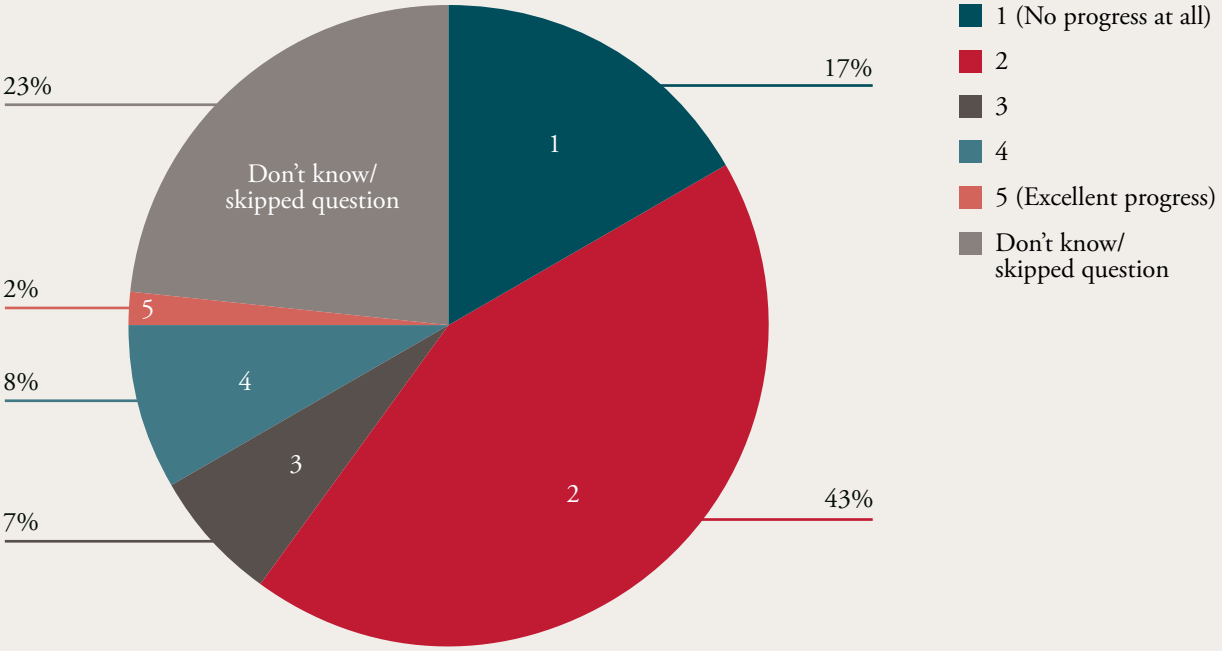
Some interviewees pointed to the continued progress and expansion of Healthy Living Pharmacies (National Pharmacy Association, 2014), and others reported that some

local pharmaceutical committees were actively encouraging and supporting pharmacists to offer new services to local commissioners. In some areas, such as Kent, Hampshire and Devon, community pharmacists were found to be forming federations, partly to enable them to plan and bid for new local services. In this way, they appeared to be working very much as envisaged in *Now or Never*.

These developments still appear, however, to be patchy. Only ten per cent of survey respondents believed much progress had been made with pharmacists developing new roles and consortia at a local level, while 60 per cent saw little or no progress (Figure 3).

Figure 3. Survey responses: Progress made in new roles and consortia developed by pharmacy

How much progress has been made in the area of new roles and consortia being developed by pharmacy, on a scale from 1 (no progress at all) to 5 (excellent progress)?



We were told of local pharmaceutical committees resisting changes to the commissioning of additional services at a local level, or of it being 'just too hard' to make progress when there is a 'day job' to get on with.

As a reminder of the challenge facing the RPS and other leaders of the profession, we heard of lingering doubts as to how far pharmacists really want to work in the ways suggested in *Now or Never*. As one respondent noted:

> There is something about pharmacists themselves needing to make a bit more of a noise: I haven't heard it. You don't need to be very hawk-eyed to notice the clamour from GPs.
>
> Interview respondent

Overall, we gained a strong sense that despite almost unanimous agreement about the value of pharmacists assuming a care-giving role, there are fundamental differences as to how such change might be enacted, both within the profession, and across those who commission services and employ pharmacists.

> We are on the lips of many different organisations and ministers, but how do we get on to the lips of local commissioners?
>
> Interview respondent

Whilst some progress has been made, there has been no sign of a step-change in the profession and its leaders seizing the opportunities summarised in *Now or Never*. Given the apparent persistence of divisions and competing interests within community pharmacy, the question remains about how change will happen.

> We need the national pharmacy organisations to agree who is best placed, either politically, or in terms of skills and ambition, or in terms of relationships and processes, to be the 'first among equals' for each of a range of key areas; we need those organisations to work together for the good of patients and the profession, and we need some of the egos in play to be put back in their box.
>
> Interview respondent

If change does not happen, there is a very real risk that events will overtake community pharmacy. Various changes on the horizon threaten the current community pharmacy model: technology that enables electronic prescribing and dispensing; GPs employing more pharmacists in practices and federations; and hospitals developing multi-specialty organisations to deliver a broad range of community health and social care (Smith and others, 2013b; p.16), including pharmaceutical care. As one senior figure within pharmacy warned:

> We must not end up writing our own miserable future.
>
> Interview respondent

Views from beyond pharmacy

In *Now or Never*, we noted that: "pharmacy – and particularly community pharmacy – is marginalised in the health and social care system at both local and national level. It is seen by others as a rather insular profession, busy with its own concerns and missing out on debates and decisions in other health and social care organisations and the wider world of health policy."

Perhaps the most crucial question for this one-year review is whether that view has changed among non-pharmacy stakeholders.

There is a widespread sense that 'pharmacists doing more' has become an accepted ambition, at least in theory, for NHS England. Interviewees told us they were encouraged by the 'Call to Action', and the prominence of the medicines optimisation agenda within NHS England policy. Likewise, some of strategic work of Public Health England was seen to be strongly supportive of the role of community pharmacy. Some respondents felt that there may now be some national policy and management traction for the agenda of pharmacists as care-givers, and in particular for the idea that the profession could offer solutions to well-documented pressures in urgent and primary care. They pointed to work by NHS England on urgent and emergency care, campaigns to encourage people to go to their pharmacist about common ailments, the inclusion of pharmacy in some Better Care Fund plans, and some local Joint Strategic Needs Assessments drawing in the role of pharmacists in multidisciplinary care.

However, there is the important caveat that much of this work took place at a national level. There is a question about the extent to which it has reached Area Teams of NHS England, whose importance for pharmacy will increase as they become key partners in co-commissioning. Indeed, the move towards co-commissioning may well see CCGs commissioning local community pharmacy services (NHS England, 2014f).

To look at how pharmacy's public visibility changed, we reviewed coverage on three newspaper websites – *The Independent, The Times* and *The Guardian* – and compared their mentions of pharmacy, and pharmacists in a care-giving role, from April to July 2013, and in 2014. Comments from readers, photo captions and non-relevant references were excluded.

We did not detect any clear trend towards more discussion of pharmacy. *The Guardian* and *The Independent* did mention pharmacists more in the 2014 sample period, but the increase was hard to disentangle from the general effect of slightly more articles being uploaded as these papers increased their online output. There was no clear increase in the number of times pharmacists were mentioned as care-givers, performing roles beyond dispensing and supply.

We likewise analysed mentions within parliament of pharmacy and its actual or potential role in health and social care. This revealed a slight but marked increase in discussion of pharmacists, who featured in 39 debates or written statements in the Houses of Commons and Lords in the first ten months of 2013, compared to 46 in the

first ten months of 2014. Most encouragingly, there is a particular rise in the number of instances of pharmacists being discussed as care-givers and as an element in NHS reform.

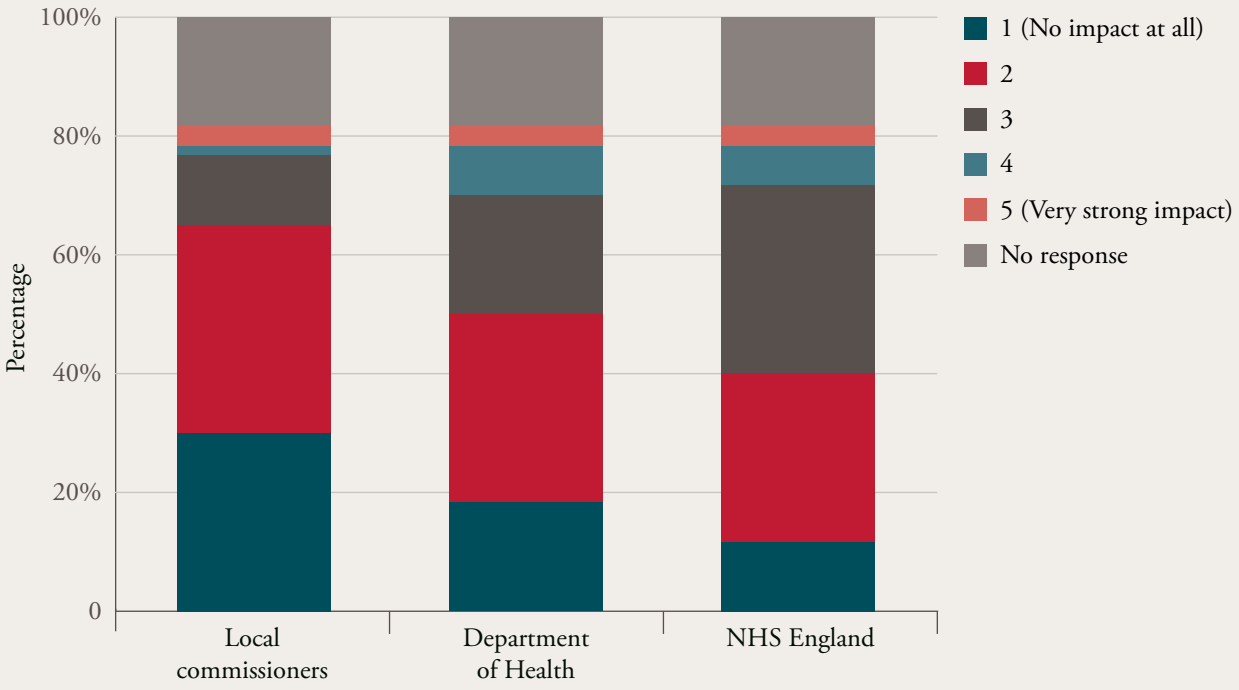
Overall, however, our review has concluded that whilst there has been a raising of awareness about the potential of pharmacists with a wider audience, the ideas have yet to secure significant wider traction.

> For me, the jury is still out on impact, specifically the impact it has had outside pharmacy – so the people who fund and commission, and those who set local and national policy.
>
> Interview respondent

Our online questionnaire of people who attended the 2013 launch of *Now or Never* revealed a fairly clear consensus that local commissioners (both CCGs and local authorities) have to date been less influenced by *Now or Never*, and the agenda related to it, than national commissioning and oversight bodies (Figure 4). This is in many senses unsurprising, as CCGs and Area Teams are still just 18 months into their new existence, and we know from other research that they are taking time to get to grips with their new and complex roles (Holder and others, 2014). We heard from interviewees that local commissioners have very variable understanding of the potential of pharmacy, albeit that there are some patches of good engagement.

Figure 4. Survey responses: Impact of *Now or Never* on actions beyond pharmacy

To what extent do you feel that the ideas in the report have had an impact on the ACTIONS of the following groups, on a scale from 1 (no impact at all) to 5 (very strong impact)?



With widely reported concerns about pressure on general practice, and NHS England's plans to have CCGs actively involved in 'co-commissioning', that is the planning and funding of primary care (NHS England, 2014g), we heard about CCGs increasingly focusing on the development of GP and primary care federations. This accords with forthcoming Nuffield Trust and King's Fund research which shows a shift in CCGs towards taking a stronger role in developing and commissioning local primary care and community health services (Holder and others, forthcoming).

The development of new models of general practice, and primary care more widely, was seen by some of our respondents as a real opportunity for primary care pharmacy (pharmacists working in or for general practice and related organisations). Several mentioned the work done over the last year by the RPS and the National Primary Care Network of the National Association of Primary Care, in exploring how pharmacists might become involved in the work of federations and other new models of primary care.

In interviews, some senior stakeholders from beyond pharmacy commented on *Now or Never* and its launch as having been a rare opportunity for them to hear about the actual and potential role for pharmacists and pharmacy teams within health and social care. However, it was notable that some of these respondents said they had not been aware of much subsequent debate.

> I haven't heard much since the publication of *Now or Never*, there hasn't been any great awakening.
>
> Interview respondent

> Nothing else has hit my radar since *Now or Never* – the report was very helpful, but I haven't been aware of much since.
>
> Interview respondent

This suggests that work to raise and sustain the profile of pharmacists as providers of direct patient services is in its infancy, and that the RPS was wise to take the initiative and start to look outwards to the wider policy and management world in making the case for a expanded role.

In *Now or Never*, we argued that pharmacy needed to also make its case with the public in relation to the expanded role it might play in health and social care. In this review we continued to hear that patient groups and the public remain largely unaware of how pharmacists can enable them to optimise their use of medicines, deliver care for long-term conditions and minor ailments, and help them to stay healthy. Furthermore, national patient groups are often unclear about how best to work with pharmacy bodies to drive change for patients.

> The biggest issue though is public perception – the public still see us in white coats counting tablets from big containers into small ones. A strong PR campaign is needed to illustrate the clinical services that we can and do offer.
>
> Interview respondent

Progress in planning, funding and contracts

In *Now or Never* we highlighted that national commissioning arrangements for community pharmacy are complex and do not sufficiently incentivise the development and delivery of direct patient services through pharmacies. Whilst NHS England has responsibility for the community pharmacy contractual framework, it is the Department of Health who retain responsibility for remuneration for medicines and making changes to the regulations that support the framework.

By far the largest proportion of the global sum negotiated for community pharmacy is directly linked to the volume of prescriptions dispensed, with significantly less money going to support the delivery of patient services. In September 2014, the national community pharmacy contract for 2014/15 was agreed, showing no significant shift in the balance of funding, and this was considered by many interviewees to be a missed opportunity.

> The changes to the pharmacy contract this year have been minor so nothing changes, again.
>
> Interview respondent

> The national contract needs some real rebalancing and challenge.
>
> Interview respondent

Our survey revealed that respondents felt that there had been very limited progress in bold commissioning of pharmacy at a national level since *Now or Never*. Seventy-four per cent said there had been little or no progress at all, with just 11 per cent seeing positive change. Others added that financial constraints in the NHS mean that hoping for additional funding within the national community pharmacy contract is likely to be in vain. Any allocation of resource towards the provision of pharmaceutical care services is likely to be taken from money previously earmarked for dispensing and supply.

Despite the 2014/15 contract apparently set to continue squeezing income for community pharmacies in real terms, some interviewees told us that the full extent of the financial constraints the NHS faces are not yet understood fully within community pharmacy. We heard the view that some pharmacy owners still believe they can continue to make a profit through dispensing and supply indefinitely. Our work suggests that this is not a secure position to take: if the pharmacy profession relies heavily on nationally commissioned change, and sees this as a route to additional resource, they may find themselves waiting until it is too late. One interviewee cautioned about complacency in this regard:

> Pharmacies are in a dangerous place – the high street – costs are high and people go there less and less.
>
> Interview respondent

As a challenge to those who focus on the need for changes to the national community pharmacy contract, we heard a consistent message that the 'policy flow' is towards local commissioning and decision-making. Indeed, the defining argument of the Five Year Forward View is that the best form for NHS services to take will differ by local area. There are likewise signals in the Five Year Forward View about new forms of funding to incentivise local accountable care providers and systems.

Yet, as highlighted earlier, our interviews have indicated that local commissioning of services from pharmacists and community pharmacies has not yet seen any significant change. This is despite pockets of progress, for example through the Healthy Living Pharmacy and flu vaccination services. A range of reasons were given for this slow progress, including the continued pressure in primary care and a lack of support available from NHS England Area Teams.

> NHS England wants pharmacists to be commissioned locally to provide services but it doesn't have the systems or people to support change locally. Support from Area Teams is very variable.
>
> Interview respondent

The variety and complexity of local contracting processes remains challenging for community pharmacy. There was a sense that in some localities the argument for a wider role, in particular for community pharmacists, had yet to be won, especially with GPs.

In secondary care, NHS England's new models of hospital-led integrated care providers mean hospital pharmacists need to be ready to think about how they could coordinate pharmaceutical care services across a local health system. This may mean much closer working with pharmacists in other settings, or even hospital pharmacists starting to provide services which overlap with their colleagues in the community, as is already the case in some areas (Smith and others, 2013b; p.16).

The Five Year Forward View suggests that there will be much more of a focus on 'at scale' models of primary integrated care that can support people in out-of-hospital settings, and there is no reason to believe that pharmacists will be excluded from these. Recent guidance about payment mechanisms (Monitor and NHS England, 2014) to support these new models of care is an important signal that new forms of commissioning are much more likely to operate at a local level, than be enacted through national contracts. Wise pharmacists and owners/employers will be thinking hard about how to ensure that they can play a central part in multi-specialty community providers, primary and community care systems, and urgent care networks. To wait for major change to the national community pharmacy contract may be to wait in vain.

Conclusion

Progress has been made in advocating many of the ideas from *Now or Never* over the last year. Urgent and emergency care is where this is most apparent, with strong leadership from NHS England. Two other areas have also seen clear traction nationally. The first is the role that community pharmacy can play in public health, which has been strongly advocated by Public Health England and has an example of a model growing at scale in the Healthy Living Pharmacy initiative. The second is pharmacists working with, or within, general practice organisations. This development is supported by the NHS Alliance and the RPS is working actively to promote and support pharmacists in these roles (NHS Alliance and the RPS, 2014; RPS, 2013b).

Despite these areas of progress, the need for significant change remains, in particular for community pharmacy. The national contract for community pharmacy has to change to enable there to be a shift away from dispensing and supply, towards pharmacists as care-givers. Although this may go against the policy grain of a focus on local commissioning, it is needed as a powerful signal to all in community pharmacy that the model of care has to change, and at scale. Changes to the community pharmacy contract will of course have to be aligned with other contracts, for example general practice and the new accountable care contracts set out in the Five Year Forward View.

If such national contract developments are to work, the pharmacy profession has to unite behind strong leadership and show that it is up for the challenge of new roles, advocating loud and strong with the public, professions and policy-makers. Only then will general practice, local commissioners, hospitals and patients understand and enable the involvement of pharmacy in new models of care.

Federations, networks and super-partnerships will continue to employ pharmacists, or contract with pharmacies, to deliver patient services within new models of care (Smith and others, 2013b). Likewise, local government will continue to commission public health and social care support services involving pharmacy. At the same time, hospitals will expand into the provision of primary and community health care services, as they act on ideas from the Five Year Forward View. These developments need to be embraced and driven by the local leaders of pharmacy in order to ensure that they are active partners in setting the agenda for change.

Meanwhile, the Five Year Forward View, and recent announcements from the Department of Health, make it clear that shared patient records and much greater use of technology in health care are a high priority for policy-makers as they plan new models of care. Access to the summary care record, and then to full patient records with patient consent, opens up new opportunities for pharmacists to optimise medicines, and to safely and effectively support people with long-term conditions. Technology is already changing the supply and dispensing elements of pharmacy within hospitals (and to some extent in the community), and this will accelerate, meaning that the time has come for pharmacists to deliver patient services.

Pharmacy still suffers from fractured leadership and continues to spend too much time rehearsing well-known disagreements. There must be more external and united advocacy of the future direction for pharmacy as a solution to health and social care challenges. The RPS was prescient in initiating work on future models of care 18 months before the Five Year Forward View. It was bold in commissioning an independent review of progress with a full commitment to publish this. Are pharmacists and the leaders of pharmacy up for the challenge and ready to unite and speak with one voice? It really is 'now more than ever'.

Appendix 1: Members of the expert advisory group to the Commission on Future Models of Care Delivered Through Pharmacy

Professor Tony Avery	Professor of Primary Health Care, School of Medicine, University of Nottingham
Professor Nick Barber	Director of Research, The Health Foundation
Professor Alison Blenkinsopp	Professor of the Practice of Pharmacy, University of Bradford
David Chandler	Patient representative
Professor David Colin-Thomé OBE	Former GP and independent health care consultant
Chris Howland-Harris	Community Pharmacist
Clare Howard	Former Deputy Chief Pharmaceutical Officer, England, now Medicines Optimisation Lead Wessex Academic Health Science Network and Medicines Optimisation Lead Pharmacy Management
Professor Sue Latter	Professor of Nursing, University of Southampton
Dr Johnny Marshall	GP, Director of Policy, NHS Confederation, Senior Advisor to NHS Clinical Commissioners
David Martin	Patient representative
Cllr Jonathan McShane	Public Health Lead, Local Government Association
Martin Stephens	Chief Executive, Wessex Academic Health Science Network
Dr Tracey Thornley	Senior Manager (Contract Framework and Outcomes), Boots UK
Dr Nicola Walsh	Assistant Director, Leadership Development, The King's Fund
Helen Williams	Consultant Pharmacist for Cardiovascular Disease, Southwark Health and Social Care/South London Cardiac and Stroke Networks

Appendix 2: Individuals interviewed by the review project team

Dr Sue Ambler	Head of Education and Training, Health Education England
Dr Kate Ardern	Director of Public Health, Wigan Council
Dr Maureen Baker	Chair, Royal College of General Practitioners
Dr David Branford	Chair, English Pharmacy Board of the Royal Pharmaceutical Society
Howard Catton	Head of Policy and International Affairs, Royal College of Nursing
Professor David Colin-Thomé OBE	Former GP and independent health care consultant
Rob Darracott	Chief Executive Officer, Pharmacy Voice
Dr Paul Deffley	General Practitioner
Dr James Davies	Health Bridge Ltd
Sally Greensmith	NHS England, Local Professional Network Chair for Pharmacy in Surrey and Sussex
Alison Hemsworth	National Programme Lead Pharmacy Contracts and Projects National Support Centre, Commissioning Operations, NHS England
Mike Holden	Chief Executive, National Pharmacy Association
Clare Howard	Former Deputy Chief Pharmaceutical Officer, England, now Medicines Optimisation Lead Wessex Academic Health Science Network and Medicines Optimisation Lead Pharmacy Management
Deborah Jaines	Head of Primary Care Policy, Commissioning Operations, NHS England
Tricia Kennerley	Healthcare Public Affairs Director, Alliance Boots
Mark Koziol	Chair, Pharmacists' Defence Association
Roy Lilley	Health policy analyst, writer, broadcaster and commentator
David Martin	Patient representative
Jim Mackey	Chief Executive, Northumbria Healthcare NHS Foundation Trust
Dr Dean Marshall	GP Executive Lead for Clinical and Prescribing, British Medical Association

Fin McCaul	Chair, Independent Pharmacy Federation
Margaret MacRury	Superintendent Pharmacist, Rowlands
Simon O' Neill	Director of Health Intelligence, Diabetes UK
Janice Perkins	Pharmacy Superintendent, The Co-operative Pharmacy
Dr Keith Ridge CBE	Chief Pharmaceutical Officer, supporting NHS England, Department of Health, and Health Education England
Jenny Ritchie-Campbell	Director, Services Strategy and Innovation, Macmillan Cancer Support
Mark Robinson	Medicines Management Partnership, Special Advisor (Pharmacy, Medicines and Medicines Optimisation), NHS Alliance
Duncan Rudkin	Chief Executive and Registrar, General Pharmaceutical Council
Gul Root	Principal Pharmaceutical Officer, Department of Health and Lead Pharmacist, Health and Wellbeing Directorate, Public Health England
Professor Bill Scott	Chief Pharmaceutical Officer, Directorate of Finance, eHealth and Pharmaceuticals, Scottish Government Health Department
Ravi Sharma	Primary Care Pharmacist and Quality Assurance Lead, DMC Healthcare
Sue Sharpe	Chief Executive, Pharmaceutical Services and Negotiating Committee
Ash Soni OBE	President, Royal Pharmaceutical Society
Rick Stern	Chief Executive, NHS Alliance
Suma Surendranath	Professional Engagement and Education Manager, Parkinson's UK
David Taylor	Emeritus Professor of Pharmaceutical and Public Health Policy, University College London
Jeremy Taylor	Chief Executive, National Voices
Leo Watson	Policy and Campaigns Adviser, Parkinson's UK
Paula Wilkinson	Chief Pharmacist and Primary Care Lead, Mid Essex Clinical Commissioning Group

References

Department of the Health and NHS England (2014) *Transforming Primary Care: Safe, proactive, personalised care for those who need it most*. Department of Health.

Holder H, Robertson R, Bennett L, Ross S and Gosling J (2014) Clinical Commissioning Groups – One year on. Nuffield Trust. Available at: www.nuffieldtrust.org.uk/talks/slideshows/holly-holder-clinical-commissioning-groups-one-year

Holder H, Robertson R, Ross S, Bennett L, Gosling J and Curry N (forthcoming) *Will Clinical Commissioning Groups Drive the Reform of Primary Care?* [working title]. Nuffield Trust and The King's Fund.

Hughes E, Aiello M and Terry D (2014) 'Clinical pharmacists in urgent and acute care: The future pharmacist...', *Commissioning* 1(6), 48–53.

Monitor and NHS England (2014) *Reforming the Payment System for NHS Services: Supporting the Five Year Forward View*. Monitor.

National Audit Office (2014) *The Financial Sustainability of NHS Bodies*.

National Pharmacy Association (2014) Healthy Living Pharmacy. Available at: www.npa.co.uk/business-management/service-development-opportunities/healthy-living-pharmacy/

NHS Alliance and The Royal Pharmaceutical Society (2014) *Pharmacists and General Practice: A timely part of solving the primary care workload and workforce crisis*.

NHS England (2014a) *Consultant-led Referral to Treatment Waiting Times Data 2014–15*. Available at: www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2014-15/

NHS England (2014b) *Improving Care Through Community Pharmacy – A call to action*. Available at: www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/

NHS England (2014c) *Better Care Fund Planning*. Available at: www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/

NHS England (2014d) *Transforming Urgent and Emergency Care Services in England: Update on the Urgent and Emergency Care Review*.

NHS England (2014e) *Community Pharmacy: Helping provide better quality and resilient urgent care*.

NHS England (2014f) *Next Steps Towards Primary Care Commissioning*.

NHS England (2014g) 'Primary Care Co-Commissioning'. Available at: https://www.england.nhs.uk/commissioning/pc-co-comms/

NHS England and Local Government Association (2014) *Better Care Fund Planning Template – Part 1*. Available at: www.england.nhs.uk/wp-content/uploads/2014/09/bcf-plan-nottinghamshire-prt11.pdf

NHS England and Partners (2014) *Five Year Forward View*.

The Nuffield Foundation (1986) *Pharmacy: The report of a committee of inquiry appointed by the Nuffield Foundation*.

Royal Pharmaceutical Society (2013a) *Now or Never* report response. Available at: www.rpharms.com/models-of-care/report.asp

Royal Pharmaceutical Society (2013b) 'Shaping Pharmacy for the Future – Our campaigns'. Available at: www.rpharms.com/what-we-re-working-on/models-of-care.asp#campaigns

Smith J, Picton C and Dayan M (2013a) *Now or Never: Shaping pharmacy for the future*. Royal Pharmaceutical Society.

Smith J, Holder H, Edwards N, Maybin J, Parker H, Rosen R and Walsh N (2013b) *Securing the Future of General Practice: New models of primary care*. Nuffield Trust.

About the authors

Dr Judith Smith

Judith is Director of Policy at the Nuffield Trust. She is an experienced and widely published health services researcher and policy analyst. Before joining the Nuffield Trust in 2009, Judith spent 14 years working at the Health Services Management Centre, University of Birmingham, where she was Senior Lecturer and Director of Research, and Academic Director of the NHS Management Training Scheme. Prior to that, she was a senior manager in the NHS.

At the Nuffield Trust, Judith leads a team whose research focuses on primary care policy and management, the role and potential of new models of service delivery, the development of commissioning in the NHS, and the quest for better-integrated care. Judith's other roles include: Non-executive Director, Birmingham Children's Hospital NHS Foundation Trust; member of the board of the UK Health Services Research Network; Chair of the Royal Pharmaceutical Society Commission on future models of care; expert advisor on NHS organisation and commissioning; and policy assessor to the Mid-Staffordshire NHS Foundation Trust Public Inquiry.

Catherine Picton

Catherine is a pharmacist and experienced health care consultant/project manager who has worked with the Department of Health, local and national NHS organisations and health care professional bodies and organisations.

Particular areas of interest include health policy that supports the optimal use of medicines, with a focus on practical application and sustainability (policy to practice), as well as competency development for organisations, teams or individuals. Catherine has authored a wide range of practical guidance and tools that support health policy implementation, as well as leading on the set-up of several associated programmes. Most recently, she has worked on documents on transfer of care, medicines optimisation and hospital standards with the RPS; previously she produced a wide range of policy guidance and framework documents for the National Prescribing Centre.

Mark Dayan

Mark is a Policy and External Relations Officer at the Nuffield Trust. He works across the Policy and Communications teams. Mark is responsible for developing consultation responses and briefings for stakeholders and the media alongside research leads, applying the Nuffield Trust's research to inform major decisions in health and social care policy.

Before joining the Trust, Mark gained experience in policy roles for the New Local Government Network and the Scottish Civil Service.

evidence for
better health care

nuffieldtrust

For more information about the Nuffield Trust, including details of our latest research and analysis, please visit www.nuffieldtrust.org.uk

Download further copies of this report from www.nuffieldtrust.org.uk/publications

Subscribe to our newsletter: www.nuffieldtrust.org.uk/newsletter

Follow us on Twitter: Twitter.com/NuffieldTrust

Nuffield Trust is an authoritative and independent source of evidence-based research and policy analysis for improving health care in the UK

59 New Cavendish Street
London W1G 7LP
Telephone: 020 7631 8450
Facsimile: 020 7631 8451
Email: info@nuffieldtrust.org.uk

www.nuffieldtrust.org.uk

Published by the Nuffield Trust.

ISBN: 978-1-905030-95-8