



“Community Pharmacy – the public’s first choice for health care in the community”

OVERVIEW OF PHARMACY SERVICES IN BUCKINGHAMSHIRE

About the LPC

The Local Pharmaceutical Committee is an elected body recognised and specifically referred to in NHS legislation, set up to represent the interest of all local NHS Pharmacy Contractors which has to be consulted by the NHS England Area Team on all matters relating to the terms of service and contracts for Community Pharmacy. We work with the NHSE&I South East team.

The LPC is funded by a levy paid by all contractors in Buckinghamshire. The committee meets formally six times a year sometimes with other meetings in between.

The LPC is here to help and advice pharmacy contractors on all NHS matters and to improve pharmaceutical services to the local populations. Their primary aim is to accurately reflect and put forward the professional views and aspirations of all pharmacists engaged in community pharmacy that provide NHS pharmaceutical services in this area.

Buckinghamshire LPC is made up of 9 voting members and 1 chief officer. The committee has a Chair, Vice Chair and a Treasurer. The committee is a fair representation of interests of Company Chemists Association (CCA), Association of Independent Multiples (AIM) and Independent (IND) contractors.

We have 5 CCA members on the committee who represent multiples, namely Boots, Lloyds, Rowlands, Superdrug and Superstore pharmacies (Tesco, Morrisons, Asda). We have 1 AIM member on the committee who represent the mid-sized multiples, namely H A McParland, Jardines, Well, Butts & Hobbs. We have 3 IND members on the committee who represent the smaller independent pharmacies.

Please click on the link below to see our Constitution:

<https://www.bucksipc.org/about/constitution-governance-annual-reports/constitution/>

Please click on the link to see our latest Annual Report and Accounts:

<https://www.bucksipc.org/wp-content/uploads/simple-file-list/Annual-Reports/2020/Annual-Report-Buckinghamshire-LPC-31-March-2020-Amended.pdf>



“Community Pharmacy – the public’s first choice for health care in the community”

About the PSNC

The Pharmaceutical Services Negotiating Committee (PSNC) promotes and supports the interests of all NHS community pharmacies in England. They are recognised by the Secretary of State for Health and Social Care as the body that represents NHS pharmacy contractors. The PSNC works closely with Local Pharmaceutical Committees (LPCs) to support their role as the local NHS representative organisations.

Their goal is to develop the NHS community pharmacy service, to enable community pharmacies to offer an increased range of high quality and fully funded services that meet the needs of their local communities and provide value and good health outcomes for the NHS and the public.

The PSNC works with NHS England and other NHS bodies, and with the Department of Health and Social Care, to promote opportunities for the development of community pharmacy services, and negotiate the contractual terms for the provision of NHS community pharmacy services.

PSNC also operates the Prescription Audit Centre (PAC) which checks a percentage of all prescriptions sent to **NHS Prescription Services** and identifies any errors in pricing.

Please click on the link below as to PSNC Priorities and Negotiations Action List (August 2020)

<https://psnc.org.uk/psncs-work/psnc-briefings-psncs-work/psnc-briefing-025-20-psnc-priorities-and-negotiations-action-list-august-2020/>

About the PNA

Since April 2015, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep an up-to-date statement of the needs for pharmaceutical services for the population in its area, referred to as a pharmaceutical needs assessment (PNA). The PNA will be used by NHS England to determine whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The relevant local arm of the NHS England team will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision, NHS England is required to refer to the local PNA.

PNAs are also used by the NHS to make decisions on which NHS-funded services need to be provided by local community pharmacies. These services are part of local health care, contribute to public health and



“Community Pharmacy – the public’s first choice for health care in the community”

affect NHS budgets. The PNA may also be used to inform commissioners, such as Clinical Commissioning Groups and Buckinghamshire County Council, of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by those organisations.

The PNA includes information on:

- ❑ Pharmacy contractors in Buckinghamshire on the pharmaceutical list for Buckinghamshire’s Health and Wellbeing area and the essential and advanced services they currently provide
- ❑ other local pharmaceutical services, such as enhanced and locally commissioned services
- ❑ relevant maps relating to Buckinghamshire and providers of pharmaceutical services in the area
- ❑ services in neighbouring Health and Wellbeing Board areas that might affect the need for services in Buckinghamshire
- ❑ the population and health of Buckinghamshire
- ❑ potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

Please click on the link below to see both the Executive and Full PNA.

<https://www.bucksipc.org/professional/fmd/pharmaceutical-needs-assessment-pna/>

The LPC has a role to engage with the HWB in the development of the PNA and we have a consultative role when informing about any applications made or changes wanted to be made, by contractors ,using the PNA.

Pharmaceutical Needs Assessments are due to be renewed and published by local authority health and wellbeing boards in April 2021. This document is a statutory responsibility which records the need for pharmaceutical services within a specific area. Due to current pressures in response to the COVID-19 pandemic, the Department of Health and Social Care has today announced that the requirement to publish renewed Pharmaceutical Need Assessments will be suspended until April 2022. Your health and wellbeing boards will retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time. The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 will be updated in due course. You may wish to forward this announcement to your health and wellbeing teams, who I’m sure will welcome this reduced burden

<https://content.govdelivery.com/accounts/UKLGA/bulletins/28c92ef>



“Community Pharmacy – the public’s first choice for health care in the community”

Community pharmacies in the COVID-19 pandemic

Community pharmacies are continuing to support the UK’s COVID-19 response as a frontline provider of pharmacy services as a very important part of the NHS family. Community pharmacies have provided a critical service during the pandemic, ensuring patients had access to the medicines and healthcare advice that they needed. Community pharmacies have been both innovative and adaptable at their own cost to make substantial changes to make them COVID-safe for their staff and everyone visiting them.

KEY PUBLIC MESSAGING

- Pharmacy teams are working hard to maintain the health services that local communities need, despite some staff becoming ill or needing to self-isolate.
- Some pharmacies have had to and may need to make further changes where local outbreaks of COVID-19 occur – the public are asked to please check opening hours before you visit.
- During the pandemic there was very high demand for pharmacy services and advice and we expect the same in the second lockdown therefore we seek from the public to be patient if it takes a bit longer for prescriptions to be dispensed or to speak to a pharmacist.
- The public are asked to please respect pharmacy staff and help keep them and others safe by following any safety measures they have put in place – this includes keeping a safe distance from other people in the pharmacy and wearing a face covering if possible.

Medicine supply (including the Brexit and pandemic related impact)

PRESCRIBING

The CCG and LMC have strongly advocated GP surgeries to follow the 28 day prescribing advice which is understood to be the norm even during the pandemic. Despite the messaging GP surgeries were prescribing 56/84/168 day scripts. The problem was also compounded by patients who were not on regular medications such as inhalers were requesting prescription medicines. This caused tremendous pressure on community pharmacies in sheer volume of prescriptions being received and having to manage stock shortages.

LOCAL SERVICES IMPACTED

We have limited local services for community pharmacy.



“Community Pharmacy – the public’s first choice for health care in the community”

Many local services e.g. Emergency hormonal contraception were effectively discontinued during COVID lock down and subsequent social distancing, as they were face to face with patients. The shutting down of services not only affects patient care but influences income streams into community pharmacies adversely.

The services need to be reviewed in light of pandemic and payments for them need to be reviewed annually to ensure continued CP engagement with them. Public health has the leadership role here to help consider new COVID safe practice e.g. patient zoom access to meetings to ensure service continuation. LPC is not being communicated with by public health about these services.

Other face-to-face services which suffered are the issuance of Champix for smoking cessation service, unable to provide supervised consumption service in the same standard prior to COVID. The limited number of community pharmacy providers of the needle exchange service continued through the pandemic.

During COVID, we engaged and contracted with the CCG, where 14 community pharmacies across Buckinghamshire to hold a set quantity of Palliative Care Drugs and with some pharmacies engaged in 1 hour delivery service to patients.

The underlying concerns for the provision of local services are the lack of training to deliver and monitor the services under very complex contractual arrangements, enabling community pharmacy to make professional referrals to say Live Well Stay Well service of services which community pharmacy had previously provided. We have been contacted by the managing director of Parkwood Healthcare but have not had a follow up.

OPERATIONAL SOLUTIONS

COVID-19 has helped accelerate the use and benefits of some NHS digital solutions which pre-existed and the take up was slow. GP Prescribers are working towards converting from paper green scripts to EPS (Electronic Prescription Service) and eRD (Electronic Repeat Dispensing Service). Both of these solutions help manage the steady supply of medicines and reinforce the 28 day prescribing regime with built in reviews. eRD is very useful where patients are stable with regular use of up to 5 medicines. Both the rollouts continue with eRD requiring staged implementation as the right patients need to be identified for the use of the service.



“Community Pharmacy – the public’s first choice for health care in the community”

EPS is also being looked to be used for hospital use, dental use and from other community settings. Examples of primary and community care settings who can use EPS include:

- GP practices
- hospitals
- dental practices
- child health services
- community physiotherapy, occupational therapy, podiatry, speech and language
- community paediatric clinics, palliative care, mental health services
- district nursing, intermediate care
- specialist nursing services (for example, diabetes, heart failure, incontinence, tissue viability)
- sexual health services
- urgent treatment centres, clinical assessment services
- extended access hubs, GP out of hours

Community Pharmacy has handled lot of green scripts during the pandemic from the community settings especially dental scripts. The time and effort required to process paper scripts is considerable and there was reluctance in the beginning in physical handling of paper due to COVID.

REASSURANCE

- Community pharmacy teams are working hard to make sure that all patients continue to have access to the medicines they need, when they need them.
- In general, medicines supply routes via pharmacies work extremely well, ensuring that millions of patients in the UK receive the prescription medicines they need, safely and efficiently.
- Medicine supply issues are not a new phenomenon and the Department of Health and Social Care (DHSC), along with pharmacies, have well-established procedures to deal with them.
- HM Government is working with medicines manufacturers and suppliers to put contingency plans in place for the end of the transition period – this is a multi-layered approach including creating stockpiles and looking at alternative routes to bring medicines into the country.
- Patients are asked to only order the medicines they need so that everyone can continue get what they need.



“Community Pharmacy – the public’s first choice for health care in the community”

- If there is a delay in getting access to a medicine, patients can be assured that their local community pharmacy will be doing all that they can to help, working to solve problems that are out of their control.
- National pharmacy organisations are in regular contact with DHSC to help monitor the situation and resolve any issues when they occur.

Removal of services for shielding patients

- Medicines deliveries for shielding patients stopped when the Government’s shielding support package ended.
- Community pharmacies no longer receive any financial support from Government to help them to continue delivering medicines to patients’ homes – there is no NHS-funded medicines delivery service.
- It is reasonable for pharmacies to ask patients to cover the costs of non-NHS services themselves, or to refer them back to their general practice.
- Funding cuts in previous years mean that many pharmacies are struggling financially – to ensure that they can stay open and keep serving their local communities they have had to cut back on free services such as delivery and dosette dispensing aids.
- Pharmacy teams can help patients to make other arrangements – for example, by giving medicines to a patient’s relative or helping source a local volunteer to collect medicines.
- However, pharmacy medicines deliveries will be made available in local outbreak areas where clinically vulnerable patients have been advised to shield.
- The NHS also does not routinely pay community pharmacies to offer services such as checking patients’ blood pressure, or ordering repeat prescriptions.

“Community Pharmacy – the public’s first choice for health care in the community”

GOOD NEWS STORY



Hedgegrail Pharmacy, Stoke Poges, received the award in recognition of customer service and going above and beyond to care for the community. This was during the Covid period and also for the past few years.

Mr Bahra, Pharmacy Owner and Superintendent said “We look after our customers as local pharmacy have gained a reputation of going the extra mile to help our customers. During the covid period, we partnered with the local parish council and church to form a group of volunteers to help those vulnerable people and those who had to self-isolate. We provided free PPE, toiletries and sundries to this group and this was welcomed by the needy.

We have raised over £10,000 for different charities since I have been at the pharmacy through charity bike rides and Macmillan coffee morning. This year I cycled for a hospice charity and raised over £1,500 and our Macmillan coffee morning in September was £1,100.”



“Community Pharmacy – the public’s first choice for health care in the community”

FLU VACCINATION

We have already surpassed last year’s seasonal target in the 6/7 weeks into the flu season.

Figures as at 19th October of Community Pharmacy vaccinations already done in Bucks

Bucks	18008	
65 years and over	13786	76.55%
Asplenia or splenic dysfunction	19	0.11%
Carer	405	2.25%
Chronic heart disease	278	1.54%
Chronic kidney disease	40	0.22%
Chronic liver disease	20	0.11%
Chronic neurological disease	129	0.72%
Chronic respiratory disease	1428	7.93%
Diabetes	758	4.21%
Health and social care workers employed through Direct Payment of Personal Health Budget	38	0.21%
Hospice worker	16	0.09%
Household contact of immunocompromised individual	179	0.99%
Household contact of Shielded Patient	166	0.92%
Immunosuppression	321	1.78%
Learning disability	45	0.25%
Morbid obesity	55	0.31%
Person in long-stay residential care home/care facility	11	0.06%
Pregnant woman	139	0.77%
Social care workers	175	0.97%

VACCINE SUPPLY

Both GP surgeries and Community Pharmacies have to order the flu vaccinations late 2019 early 2020 ready for September 2020. Obviously this was pre-Covid so in most cases the new flu orders reflected the take up in the previous year, 2019/2020. Both GP and Community Pharmacies had exhausted all the placed order stock within few weeks of receipt of stock. There continues to be slow but continuous



“Community Pharmacy – the public’s first choice for health care in the community”

supply of vaccine stock to meet pre-booked appointments with both GP surgeries and community pharmacies.

We have been re-assured by NHSE&I that flu vaccine stock is not an issue and that it is an distribution and delivery issue. The terms for GP surgeries to access the DHSC National Stock have been published and we await an announcement of how community pharmacy will access that stock.

Community pharmacies have been prioritizing NHS patients over the private patients due to the pandemic.

Please click on the link below to see the latest news for community pharmacy

<https://www.bucksipc.org/public/flu-2020-21/>

PARTNERSHIP WORKING

COVID-19 has benefited us all to work closely within our local and regional partners. Community Pharmacy is now included in all System level discussions. We have the perfect ingredients in Buckinghamshire of 1 CCG, 1 BHT, 1 County Council, 1 STP, 1 NHS SE, 1 PHE regional team to enable local collaborative working. We have regular scheduled meetings.

COVID has enabled us to communicate closely with all Local Authorities in the county. We have had good working relationship with HealthWatch Bucks and we need to re-focus our efforts with engagement with patient groups.

We have been less successful with our engagement with local MP’s and the LPC would appreciate support in linking us with the MPs.

Please click on the link below to see who the LPC works with

<https://www.bucksipc.org/about/who-we-work-with/>

The partnerships have widened through the Network DES to meet local health needs via the Primary Care Networks (PCN). We have 12 PCNs in Bucks and we have 12 community pharmacy leads. Early engagement was great in Bucks facilitated by the CCG but with COVID it faded but has re-emerged in the last few weeks. The PCNs are maturing at different levels but there are PCN lead pharmacists who are actively engaging with community pharmacy leads.



“Community Pharmacy – the public’s first choice for health care in the community”

Please click on the link below to our Primary Care Networks page

<https://www.bucksipc.org/professional/primary-care-networks-pcn/>

CHALLENGES FOR COMMUNITY PHARMACY

Community Pharmacy has never shy’d of providing free health advice as part of the service they provide to their patients and this has worked to their detriment as the system expects them to continue to provide the free advice. The purse holders take this for granted and it makes it very difficult to agree for paid services. We have to be recognized as a frontline provider in remuneration for the services we provide. Services have to be outcome focused, with fair contracts, transparent and fair payment for doing the work.

Patient education is essential as to what to expect from their community pharmacy. COVID has taken its toll on the community pharmacy workforce, many struggling to survive in business and more importantly major concerns re the health and wellbeing of pharmacy staff. The pharmacy experience in the latest lockdown measures, in particular up North, we are hearing stories of patients being abusive, aggressive and demanding.

The latest Medicines Optimisation strategy (October 2020) expects:-

- Community pharmacy as the first port of call for self-care, prevention and minor illness consultation, working closely with general practices and within primary care networks, and always working to reduce health inequalities, including in people from Black, Asian and minority ethnic communities.
- Develop cross-system leadership teams (e.g. senior managers network comprising of community services, community pharmacy, secondary and primary care).
- Provide professional leadership for the pharmacy quality scheme and clinical services delivered through the Community Pharmacy Contractual Framework 2019 to 2024 (e.g. NHS Community Pharmacist Consultation Service and the New Medicines Service).