

May 2023

National Voices' Submission to the Health and Social Care Select Committee's Expert Panel on the Evaluation of the Government's Commitments in the Area of Pharmacy in England

National Voices

National Voices is the leading coalition of health and social care charities in England. We have more than 200 members covering a diverse range of health conditions and communities, connecting us with the experiences of millions of people. We work together to strengthen the voice of patients, service users, carers, their families, and the voluntary organisations that work for them. Our mission is to democratise, equalise and humanise health and care.

Introduction

We are submitting evidence in response to the Expert Panel's evaluation of the Government's commitments in the area of pharmacy in England. We will be drawing on insights from our members and Lived Experience Partners, who we convened in October 2022, on behalf of the National Pharmacy Association, in order to discuss the future role of community pharmacy within primary care and more widely. The National Pharmacy Association is the representative voice of independent community pharmacies across the UK and a leading provider of services to the entire sector. National Voices' members in attendance included Allergy UK, Asthma + Lung UK, Friends, Families and Travellers, Crohn's and Colitis UK, the Caribbean and African Health Network, Diabetes UK and Alzheimer's Society. In addition, there were three people in attendance sharing their lived experience. Attendees were asked to share their insights and expertise on the current and future role of community pharmacy, specifically in relation to people living with ill health and disability.

In addition, we gathered insights about community pharmacy from our membership and other relevant stakeholders as we developed our *Vision for the Future of Primary Care*. As part of this work, we identified nine proposals for the reform of primary care which we believe would make a significant difference for people living with health conditions and disability, and in particular people from groups that experience health inequalities. While

developing and testing these proposals, we held a series of roundtables and conducted a formal consultation with our members and other relevant stakeholders, during which the role of pharmacy came up repeatedly.

The Role of Community Pharmacy – Trust and Continuity of Care

Community pharmacy plays an essential role within primary care and more widely. Our members tell us about the vital role pharmacists play in supporting people to access the care and support they need, especially people living with long-term conditions and multi-morbidity, and people at greater risk of experiencing health inequalities.

Pharmacists are often more accessible than other primary healthcare professionals, such as GPs, as people can walk into their local pharmacy and access help and support at a time and in a way which is right for them. Being in more convenient locations, with less travel time involved, being open for longer hours, providing faster access, and being more accommodating to community languages – all of these factors mean that community pharmacies can help patients get earlier diagnosis and better manage their health conditions. This is especially helpful when people need to discuss sensitive or otherwise taboo health problems

For example, our member charity Crohn's and Colitis UK told us that 25% of people living with Crohn's and Colitis do not speak to their GP about their condition as they are not comfortable, feel embarrassed, or are worried about getting an appointment. Offering greater patient choice in how, where and when these conversations can take place, will help reduce individual barriers people may have in making these conversations happen.

As such, pharmacists will often build relationships with their patients over an extended period of time, this can help to build trust and a friendly front door to the NHS. This ability to build trusting relationships is a very important aspect of community pharmacy. People living with ill health and disability are experts in their own health. Pharmacists often have conversations with people that feel 'high stakes' for the individual and so open conversation and mutual respect is important. People are more likely to feel seen, heard, and taken seriously when they trust their community pharmacist. This can help foster genuine partnerships between healthcare providers and people and communities.

Pharmacists are often able to build trusting long-term relationships with patients and can familiarise themselves with someone's health needs, medication, and wider social environment. As a result, many pharmacists can provide personalised and continued care, and help patients better manage their conditions. To make these contacts more effective it may be helpful for pharmacies to also have access to medical records. It would be

helpful if this could form part of the upcoming pharmacy consultation taking place as part of the Primary Care Recovery Plan to allow pharmacy to directly prescribe medicine to a defined set of health conditions.

Continuity of care within pharmacy is vital to support people with long-term conditions to manage their health, however, more work is needed to consolidate pharmacists' abilities to provide this service. For example, people living with Alzheimer's can often be affected by polypharmacy and in sudden crises, such as delirium, pharmacies could be the first point of call. We note that pharmacies can proactively undertake medicine reviews to proactively prevent crisis but the number each pharmacy can do is currently capped, meaning patients are not always able to access the care they need and want in the place that suits them. We would advocate for the removal of limitations that hinder patient choice and experience.

People with multiple long-term conditions should feel that their care is easy to navigate, personalised and joined-up. The continuity of care offered by community pharmacies supports that kind of joined-up care. It could be strengthened by ensuring community pharmacies are a key part of PCNs, not just an "extended" part of the system. We are not advocating for people to be designated a specific family pharmacist, which could limit their choices, but rather that we recognise and support the unique and welcome role that pharmacists can play in the primary care ecosystem. This more formal recognition would ensure that people and their carers are able to access the right treatment in a timely manner, making care less time consuming and easier to navigate.

How can Community Pharmacy tackle health inequalities?

Pharmacies are well placed to deliver holistic care, rooted in communities. Pharmacies are uniquely placed within the health and care system, as members of the public are usually able to access and get advice from a healthcare professional without having to book an appointment. The informality of a pharmacy environment can make it easier for people to access care and support. For example, people who work or have other commitments (i.e. carers) during traditional business hours may find it difficult to find time to book an appointment at their GP. It would be much easier to walk-in to their local pharmacy at a time which works best for them. We also know that even in the most deprived communities, people have a pharmacy within a twenty-minute walk radius ensuring the cost of transport need not be a barrier for some people experiencing a cost-of-living crisis.

Across our membership, we often hear examples of barriers to care that some groups experience. For example, members of National Voices have highlighted that some people feel locked out of health and care when services are delivered solely through digital modes. As another example, representatives from Friends Families and Travellers raised the issue of

Romani and Traveller people often being wrongfully refused registration at GPs. We also regularly hear similar insights from members representing people experiencing homelessness.

Community pharmacists are well placed to identify when individuals are struggling to access other forms of health and care, for example GPs, dentists or elective care. Pharmacists can use their clinical and health system knowledge to take on an advocate role for these individuals.

As part of this, pharmacies can take a 'no wrong door' approach in terms of access to care and information on health. In some cases, pharmacists may become aware that individuals are having difficulties or experiencing barriers in wider health and care services. Pharmacists can use their knowledge of the health system to ensure people are aware of their rights and to support patients to access the appropriate care and services. There is also a role for care navigators within pharmacy, as effective care navigation could help patients most at risk of being marginalised be directed to the most appropriate primary care services for them or towards the VCSE community where appropriate. This could help to tackle wrongfully refused registrations within primary care services and would help to address health inequalities, as well as issues associated with loneliness, cost of living etc.

Pharmacy can also play a key role in helping to support people while they wait for secondary or specialist care, particularly with advice about pain management or signposting to VCSE and other support services available within the local area.

Going forward, pharmacies could collect better data on the demographics of people accessing their services, which services they accessed, and what services they may need, to understand if there are communities their services aren't reaching and also to be able to provide more personalised and effective services. It is important that across the country we can have similar expectations about what pharmacies can offer and that initiatives that benefit people are not unfairly and unequally distributed across England. A consistent offer nationally, such as that laid out in the primary care recovery plan also ensures greater success in communicating with and educating the public on what local services are available.

The future of Community Pharmacy

We welcome the government's Primary Care Recovery Plan, released in May 2023, which states that *"for the first time ever, patients who need prescription medication will be able to get it directly from a pharmacy, without a GP appointment, for things like earache, sore throat, or urinary tract infections"*. We are relieved to hear that prescription charges will be identical, whether the prescriber is a GP or pharmacist, and that pharmacy consultation costs

will be covered by the NHS so increased accessibility will not be undermined by additional costs.

While this is a step in the right direction to help people access important medication in a more timely and more accessible manner, there remain a number of conditions which could benefit from similar provisions.

Pharmacies could be more fully deployed to provide community level care and support, including diagnostic tests and monitoring to help people manage their conditions. This could help to overcome issues with access to testing and support for some conditions.

For example, 1 in 3 people in the UK have an allergy and 95% of people with an allergy can receive care and support at community level - community pharmacy is key in this. We have also heard that one of the tests for Crohn's and Colitis only costs £9.50 and that it would be far more convenient if people could access these tests at a local pharmacy rather than only via a GP. It was also highlighted that tests for inflammation can help identify when someone with Crohn's and Colitis is having a flare up and that it would be more convenient for patients to be able to access such tests at a pharmacy so they can proactively manage their condition and request any specialist help they might need. As well as for Crohn's and Colitis, pharmacies could help people manage and monitor their conditions. For example, by providing pressure checks as outlined in the primary care recovery plan and people who have blood pressure monitors being able to talk to pharmacists about their results as part of extended health checks.

Patients must be able to access care and support in way that works for them. People must be given meaningful choices about how and when they access care. We also believe that all healthcare services, including pharmacy, should communicate with people in a way that suits them and that everyone should be able to choose how, where and when they receive communications. This includes D/deaf people, people who have low or no literacy, people who cannot or prefer not to use digital tools, people without a fixed address, people who do not speak English fluently, people with carers and more. It is important that people, especially those at greatest risk of being marginalised, feel seen, heard, and taken seriously as this will improve overall experience of care.

Implementing equity of access would need investment in improved systems to record and respond to people's access and communication needs (or genuine access to shared care records), better diversity training and support for staff, improved awareness within the public about their rights to inclusive healthcare, as well as stronger accountability where needs are not met.

We have also heard from our members that access to face-to-face services, such as pharmacies, are even more important as an increasing number of healthcare services become more digitised. Members of National Voices have previously highlighted that some people feel locked out of health and

care when services are delivered solely through digital modes. For example, repeat prescriptions are increasingly being managed online (via websites or apps) but this can exclude people who aren't able to access digital technology (due to costs or lack of training and skills). It is vital that walk-in, face-to-face services are still available, in addition to digital services. The Hewitt review also suggested that digital exclusion can in part be tackled by ensuring people can access online health services via tablets or computers in accessible venues. Given pharmacies have improved reach amongst communities experiencing socioeconomic inequality, locating online tech in these would be preferable.

Working with people, communities, and the voluntary sector

It is possible to tackle longstanding health inequalities by thinking about people and communities holistically, working in partnership with them to help prevent health crisis and by recognising the assets and potential that already exist within communities.

This can be achieved by strengthening mechanisms and levers for listening to users of pharmacy and wider primary care – particularly those who are not well served. For example, as part of the Core20PLUS5 NHS England plan, people living with COPD in the most deprived areas are proactively targeted to increase the volume of flu, Covid, and pneumococcal vaccines accepted within this cohort.

Pharmacies can and should take action to further embed patient voice in the design of their services and also to formally bring the insights they gather through their work into their wider Primary Care Network.

When done well, this would involve closer partnership with the voluntary sector who can provide expertise and support to complement what the primary care team can provide.

Pharmacies should also tap into the knowledge and expertise voluntary and community sector organisations offer. For example, by accessing and undertaking training on specific topics such as specific communication or accessibility needs. People with health and care needs also often have wider social and emotional needs. Pharmacies can partner with or co-locate with voluntary sector organisations, such as advice or debt organisations, to make this support more accessible and joined up.

Conclusion

As you can see, our members are overall very positive about the role and future potential of community pharmacy. They see it as a key part of primary care, and a way to make healthcare more accessible for more people. We welcome the recent announcement that patients who need prescription medication will be able to get it directly from a pharmacy, without a GP

appointment, for seven common conditions, and that prescription charges will be identical, whether the prescriber is a GP or pharmacist. That increased accessibility, without additional costs, is the future of community pharmacy and we hope that learnings can be taken from what works well, such as from the Core20PLUS5 plan, integrated care systems with better integrated pharmacy and the new primary care recovery plan.