

Community Pharmacy Arden Strategy Development 2025

Vision

To sustain a robust Community Pharmacy Network that is acknowledged as an equal primary care partner in delivering healthcare priorities across C&W. To strive to provide accessible, high-quality services within local communities, supporting the three-shift ambitions of the 10-year plan and aligning with the local primary care strategy.

Aims

- Promote a united voice for CP nationally and locally
- Equip pharmacy teams with the knowledge and skills to be actively involved with local health priorities
- **Improve local pharmacies and GPs relationships and understanding – cementing ambition to be equal partners in patients' health**
- **Gain representation for CP on Collaboratives at neighbourhood, district and place**
- **Engage and educate the public in where to access support and the services available through pharmacies**
- **Increase utilisation of the NHSApp and digital inclusion**
- Support the sickness to prevention, analogue to digital and hospital to community shifts in the NHS Plan

Actions for LPC

- Increase referrals to pharmacy services (DMS PhF, OC)
- **Marketing materials, presentations and physical meet and greets to engage patients**
- **Support local discussions to lessen impact of supply chain shortages and ICB changes**
- **Facilitate representation on Boards and Collaboratives**
- Support CP inclusion in local discussions
- Facilitate equal opportunity in suitable locally commissioned service provision
- **Pharmacy First promotion (3 linked services) and Booking App**
- **Promote Contraception Service**

Support required

- **LMC/ GP Federations to support improved GP – CP relationships**
- **ICB to support membership of Collaboratives and Boards**
- WTE, Workforce Lead and Faculty members to support DPP and training and development
- **ICB Pharmacy Integration Team – increase referrals, marketing, commissioning and data sharing**
- **Secondary Care to support DMS and ED / UTC to PhF**
- National bodies to support the single voice for CP
- NPA to facilitate private services and other support
- **ICB support for NHS App and Booking App**
- **ICB support for Supply Chain issue resolution**

Agreed Main Workstreams and Activities Planned from Workshops

- **Pharmacy's place in Primary Care Collaborative**
- **Pharmacy First promotion and Booking App**
- **Contraception Service Promotion**
- Patient engagement
- **NHSApp usage**
- Collated signposting information – who does what and how access
- **Supply chain – shortages – reducing route causes and managing urgent issues**
- DMS to support reduced readmissions

Progress to date

- **POD & M Collaborative Group set up alongside Primary Care Collaborative**
- **Booking App pilot over the summer for Pharmacy First – project support in place**
- Work needed to drive referrals which are more effective than walk in
- **Bus advertising for Contraception Service – June & October**
- Reviewing website / socials option to support
- Work on NHSApp and Signposting info
- **Supply Chain cross sector group set up**
- DMS / NMS & links to High Intensity Users – opportunity to increase usage and reduce admissions – pilot North Arden and Apollo
- DMS push from ICBs and Trusts and nationally

SWOT analysis

Strengths

- Access – no appointment needed
- How accessible is the pharmacist?
- Resilience (of the sale and supply of medicines) at the moment
- Foundation of local commissioning
- Trust and reputation with patients
- Appetite
- Capability to be agile and quick
- Appetite
- Engaged LPC
- Engagement (LMC, ICB, Healthwatch)
- Distribution of pharmacies
- Integration into communities especially in deprived areas
- Customer loyalty and trust
- Use of PGDs by pharmacy teams
- Size of the network

In some pharmacies the pharmacist available or tied up with other activities

Weaknesses

- Insular / isolated (profession & individuals)
- Competition
- Lack of professional trust
- Perceived by our weakest link
- Lack of quality improvement system
- Lack of enforcement of governance structure
- Lack of integration
- Variability in performance and engagement
- System not using Pharmacist Ips
- Not good at measuring success and driving quality improvement
- Lack of data & visibility
- DPP availability
- Efficiency projects – e.g. branded generics
- Part of offer provided as goodwill
- Imposter syndrome
- Lack of IT integration
- Lack of visibility of activity
- Pharmacist always expected to be available
- Patients aren't registered to pharmacy
- Reliance on others to refer services
- Get on with things – don't push back

Opportunities

- Private services
- Untapped potential
- Nationally funded services
- Independent prescribing
- Diagnostics
- Integration into local system
- Accelerated discharge system / transfer of TTOs for dispensing
- Left shift from hospital
- Providing access to primary care in deprived areas.
- Local system architecture
- Digital – shared records and data
- Opportunity for portfolio careers
- Better use of Ptech
- Prevention
- Integrated training across the area
- Training practices

Needs to be commissioned from 2nd care money



Threats

- Poor and inconsistent comms channels and infrastructure
- Poor relationships
- Private services (if these prove profitable will pharmacies leave the NHS)
- Ongoing viability
- on digital
- Not in control of DPPs
- Workforce fragility and ARRS
- Fiona retiring
- Lack of ability to succession plan
- Uncontrollable macro economics (NIC, NMW, government priorities, etc)
- Lack of progress on digital
- Arran leaving
- The influence of individuals in ICB

Community Pharmacy (CP) Priorities and timeline

Short term

Sustainable network
Increase Pharmacy First
Referrals and Uptake
Promote Contraception Service
DMS referrals drive
UTC etc – PhF
DPP Support
Patient engagement
Pharmacy Team and Contractor Engagement
Work on Booking App options
Stable workforce
Collated signposting for all PC
Refer to PNA recommendations
Local health campaigns
Promote NHS App
Supply chain stability
Better closure management

Medium term

Support integration of CP into Primary Care (PC)
Understand ICB changes and implications
Ensure enablers are in place and assumptions sound.
Digital inclusion for pharmacy – connectivity and records & data access
Technician Development
Cross sector placements
Local Services Review and expand to cover support and screening for LTC
Plan for IP services – start with sick day rules and exclusions from current services eg age ranges

Long term

Build on the Advanced Services – adding additional conditions
10 year Plan – Left Shift
Prevention – Primary and Secondary
Better use Technology
Link to Hubs
Discharge dispensing – with uplift in CPCF to account for increased Rx within global sum – 26-27
Trusted integral part of PC
Invest to save a reality
Support frequent fliers
Deprescribing

Aspirational

Financial support to increase consultation facilities and improve IT
Workforce and PLT
Private Services
Good range of well funded IP services through CP
Front Door for patients – for minor illness and minor injury
LTC – routine support through CP
Patient Lists – not just nominations
Portfolio working
AI utilisation
Protected learning time
Fully integrated part of the system

