



Association of Pharmacy Technicians United Kingdom

Community Pharmacy in 2016/17 and beyond proposals

Consultation response – May 2016

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Introduction

The Association of Pharmacy Technicians United Kingdom (APTUK) is the professional leadership body for pharmacy technicians throughout the United Kingdom. As previously indicated, APTUK is also working with other pharmacy bodies and PSNC, the body representing community pharmacies in negotiating the community pharmacy contract, pulling on collective expertise and knowledge.

APTUK acknowledges and welcomes that NHS England are commissioning an independent review of community services to advise the Chief Pharmaceutical Officer and is providing a second response to the community pharmacy future proposals, in addition to the first response in February 2016. As before, APTUK are responding in keeping with our professional leadership role and, as highlighted on numerous occasions, with particular concern for safeguarding the current and future role of the pharmacy technicians.

Our additional response, although focused on moving forwards, again strongly considers the impact of the review of community pharmacy 2016/17 and beyond, on the skill mix of the pharmacy team. This is with particular regard to the future of pharmacy services and the need to utilise the second profession within the pharmacy team. APTUK raises and asks for consideration to be given to any unforeseen consequences that may potentially adversely affect pharmacy technicians. APTUK considers that any imbalance within the pharmacy team may have an effect on pharmacy services for patients and the public.

As before, APTUK continues to express our support for 'the vision for community pharmacy and the integration with the wider health and social care system'. APTUK expresses our understanding for the need for efficiencies across all of the NHS. APTUK continues to strongly believe that effective skill mix review and the utilisation of pharmacy technicians, as regulated, registered, accountable and responsible professionals, can contribute to supporting the pharmacy team in delivering quality pharmacy services. APTUK, as before, strongly considers that pharmacy technicians are integral to the Government's objective of a more clinically focused, modern and effective pharmacy sector.

APTUK, recognising the opportunity for change and better patient outcomes, are ready to work with the Government and other key stakeholders, in the best interest of the patient. APTUK considers that a properly resourced and sufficient pharmacy technician workforce is of upmost importance and urges the Government to consider this whilst reviewing any efficiency that may be made to service delivery, either by process change or technology changes.

Proposal considerations:

Bringing pharmacy into the heart of the NHS

The pharmacy workforce

Given the above and as before, APTUK seeks assurance that the role of the pharmacy technician is seen as pivotal to future pharmaceutical provision. APTUK believes that pharmacy technicians have a key role, within the community pharmacy team, in the delivery of high quality care and operationally managing the timely appropriate use and supply of medicines to patients and the public.

As previously highlighted, APTUK is aware that efficiencies already being applied are cutting staff or employing non-regulated staff at a lower cost. This is causing significant unease and APTUK forcibly raises the possibility of unintended workforce consequences, specifically for pharmacy technicians.



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Whilst the Government believes that the efficiencies can be made without compromising the quality of services and access to these, APTUK believes there are a number of factors that could adversely affect the pharmacy technician profession.

The effect of the reduction in the community pharmacy funding is already compounded by other financial burdens such as increases to the National Living Wage. It is being reported that a direct result of the future reduced payment is already leading to a fall in staffing levels and staff working hours as well as cheaper, non-registered staff being employed as an alternative.

In addition, APTUK has become aware that this is affecting the number of positions and opportunities for staff being put forward for training as pre-registration trainee pharmacy technicians. This could potentially decrease the pharmacy technician future workforce numbers. APTUK raise that there is already a deficit in the number of training places across the managed sector of the NHS and further reductions in the community sector, would compound this. APTUK highlights that this needs careful consideration, particularly at this time, as the future role of pharmacy technicians is being considered within the 'Rebalancing Medicines Legislation and Pharmacy Regulation' programme.

In turn as previously highlighted and discussed; APTUK is concerned that, as a direct result of non-registered staff taking on the roles of registered pharmacy technicians, this will impact on the quality of specific activities and services such as final accuracy checking of dispensed items. APTUK acknowledges that the final accuracy check as a technical process can theoretically be undertaken by any suitably trained and experienced person. However, the final accuracy check is the last step in the process prior to the medicine being given to the patient and provides an additional opportunity for a 'patient suitability check'.

APTUK again raises the question of responsibility and accountability and advocates that the final accuracy check of dispensed medicines should only be undertaken by suitably qualified, knowledgeable and experienced registrants of the Pharmacy regulator. Using staff who do not met these standards presents a risk for which the Responsible Pharmacist will be accountable. Ultimately it presents a risk to patient safety which APTUK believes is unacceptable. APTUK also advocates that the title Accuracy Checking Technician (ACT) be changed to Accuracy Checking Pharmacy Technician (ACPT) to reflect the professional standing of the individual as a regulated pharmacy professional.

APTUK believes that Community pharmacy does already take an essential role in the Dispensing of medicines. This includes providing advice on medicines use in addition to the promotion of good health, supporting self-care as well as public health services delivered through healthy living pharmacies. In addition, community pharmacy through the current Medicines Use Review (MUR) service and the New Medicines Service (NMS) also currently plays a major role in the optimisation of medicines usage and supports those with long term conditions.

The roll out of a National Minor Ailments scheme via all community pharmacies would provide the opportunity for pharmacists, pharmacy technicians and their teams to treat minor illness and injuries and also receive referrals from other care providers. Community Pharmacies already have the provisions in place to prevent ill health amongst its localities and have, for a number of years been supporters of good health. However, this will only continue to be possible with adequate funding and a highly trained workforce.

APTUK understands that currently most NHS funded pharmacies qualify for a variety of fees, despite the quality of service and levels of efficiency of that provider. However, the Government states that 'more efficient dispensing arrangements remain largely unavailable to pharmacy providers' but the decrease in funding will constrain this further and so potentially limit efficiency as a result.

The estimated numbers of pharmacies that could potentially close as a result of the funding reduction will no doubt impact on patient choice and therefore patient care.



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DH: What are your views on the introduction of a Pharmacy Integration Fund?

As before, APTUK acknowledges that a pharmacy integration fund will support the development and integration of clinical pharmacy roles. It also acknowledges and stresses that information provided in the background stakeholder pack can be supported by experienced and competent pharmacy technicians, such as, to name a few, COPD, asthma and hypertension including opportunities for health improvement and wellbeing; pharmacy technicians providing inhaler technique advice. However, the lack of detail still unavailable as to how this funding will be paid and apportioned fairly and appropriately is still a cause for concern, as is the fair allocation of training. APTUK believe that the funds should be fairly apportioned across services that can give the most impact on patient outcomes and not just focus on one particular area of service or staff.

APTUK agree with the Governments vision for community pharmacy to be integrated with the wider health and social care system thus relieving pressure on both GPs and A& E Departments but this can only be achieved by a highly trained workforce in the community pharmacy sector, delivered by pharmacists and supported by pharmacy technicians. APTUK believes that pharmacy technicians, as qualified registered professionals, are able to support 'Medicines Optimisation' and improve patient outcomes through defined training and a structured career pathway.

Many NHS pharmacy education and development providers deliver medicines management competency programmes. APTUK therefore emphasises utilising the pharmacy integration fund to support the development and competence of pharmacy technicians and the whole team.

A wide network and choice of pharmacies in locations available and accessible to the people is essential. This will guarantee best possible use of medicines so producing improved patient outcomes and value. Community Pharmacy already supports the promotion of healthy lifestyles and ill health prevention on top of contributing to the delivery of a seven day healthcare service.

DH: What areas should the Pharmacy Integration Fund be focussed on?

APTUK believe that the development and training of the whole pharmacy workforce to make patient facing roles the norm can only be achieved through adequate funding. The community pharmacy arrangement has already proved its worth in numerous ways and APTUK applauds the attributes of the sector and its evolution into the clinical network it has now become and can benefit from, across the whole of the UK. However, it is essential that the sector works in collaboration with Public Health England in order to expand the value proposition for community pharmacy to support the commissioning of local health and wellbeing services by local authorities and aspire to the Healthy Living Pharmacy image. This can only continue with sufficient resource.

APTUK acknowledges and informs that pharmacy technicians can support pharmacy services and pharmacists in a number of areas including supporting patients with long term conditions in community pharmacy, care homes, GP practices, out of hospital urgent care, NHS 111 to name a few.

APTUK agree that Pharmacists should be freed up to support patients to make the most of their medicines, promote health and provide advice to help people live better but this can only be achieved by utilising the skills of registered pharmacy technicians. This, in addition to the skills of the wider pharmacy team, will enable the support and delivery of high quality patient centred healthcare. APTUK supports and believes that this will mirror the medicines optimisation model employed in hospital pharmacy.

Services such as MUR and NMS, as mentioned above, currently optimises medicines so placing patients at the core of decision making and are able to follow this up with regular monitoring and review. The notion of 'Clinical pharmacists in GP practices, able to prescribe medicines and working side by side with GPs, supporting better health and prevention of ill-health' is essential, but this should be in addition to pharmacists based, as they are currently, in community pharmacies and not seen as a replacement of the latter.



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The concept of 'Clinical pharmacists working in care homes, working with residents and staff to make the most of medicines' is not something new; it is already in place and provided by community pharmacists, pharmacy technicians and their teams on a daily basis.

'Clinical' pharmacists in every pharmacy in the UK are already 'helping patients who have urgent problems, at the end of the phone or on the internet'. This service is currently being provided by community pharmacies free of charge, to their patients' every day. It is important that this vital valued added service continues and is funded accordingly.

The simplification of the NHS pharmacy remuneration payment system is needed as the present system is too complex and as the Government states, fails to promote 'efficient and high quality services'. The establishment payment of £25,000 per annum is currently received by all pharmacies dispensing 2,500 plus prescriptions per month. This is a fairly low prescription number which then gives the incentive for pharmacy companies to open additional NHS funded pharmacies at a cost to the UK taxpayer. As the Government proposes that the establishment payment is phased out over a number of years, APTUK proposes that the payment should be made proportionally based on workload and prescription numbers.

Modernising the system to maximise choice and convenience for patients and the public

DH: To what extent do you believe the current system facilitates online, delivery to door and click and collect pharmacy and prescription services?

APTUK believes that the current community pharmacy network already provides provision for patient and public choice and convenience. This is currently demonstrated by the vast network of community pharmacies and current competition within the sector.

Patients and the public already benefit from a range of ordering, collection and delivery services, from local pharmacies within their neighbourhood and have the freedom of choice to go wherever their preference.

Pharmacy is different to other sectors in that it is a healthcare service provision available to all.

DH: What do you think are the barriers to greater take-up?

APTUK understand that some patients find it easier to order their prescriptions online and via the internet where this proves convenient for them yet others prefer more conventional methods. APTUK believes that patient choice and convenience needs to be cognisant of the patients' need, based on gender, age, circumstances etc. This is to ensure there are no barriers to accessing their medicines, given that the national statistics inform of an increasing aging population who may have limited IT access. Greater choice will mean fewer barriers.

DH: How can we ensure patients are offered the choice of home delivery or collection of their prescription?

APTUK believe that online ordering, click and collect and home delivery are all services currently operated by community pharmacies, yet the current payment systems do not compensate for such advances in the network. The Government states that it 'wants to ensure that the regulatory framework and payments system facilitates online, delivery to door and click and collect pharmacy and prescription services' yet the reduction in funding further strains the sector with the provision of such advances. The promised promotion of patient choice and convenience when ordering prescriptions is conflicting to the potential reduced workforce and number of pharmacies available to the public.

APTUK believes that patients should be offered the choice of home delivery or collection when ordering their prescriptions. It is a concern that if the pharmacy funding is reduced in such a way, this could mean fewer pharmacies with potentially with less professional staff. This in turn could limit supply options and consequently compromise patient compliance.



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Making efficiencies

DH: What are your views of the extent to which the current system promotes efficiency and innovation?

APTUK acknowledges that pharmacies need to become more efficient and innovative by introducing more modern dispensing methods. However, failure to clearly distinguish between hub and spoke and centralised dispensing has been a particular cause for concern.

The recent consultation on changes to medicines legislation to allow the 'hub and spoke' dispensing model across different legal entities may enable independent pharmacies to apply the efficiencies of the larger-scale, automated dispensing and that this could enable the independents to reduce their stock holding and benefit from the economies of scale in purchasing and delivery of stock to the hubs.

The results of which could potentially help pharmacies lower their operating costs and enable pharmacists, registered pharmacy technicians and the wider team to make available added clinical services and so support and improve public health and wellbeing.

However, cost advantages may be open to abuse by increasing the scale of assembly and preparation which makes automation more viable. By this, larger hub pharmacies would be able to increase efficiency and lower operating costs significantly. This will impact smaller businesses.

DH: Do you have any ideas or suggestions for efficiency and innovation in community pharmacy?

APTUK are not aware of any published data to provide evidence that Hub and Spoke is more efficient and cost-saving. It can be assumed that Hub and Spoke will produce change not cost-savings.

The initial capital costs of Hub and Spoke automated dispensing, estimated to be between £35-180k may prove challenging for some businesses. Human resource for the provision of such an entity would possibly reduce in the long term which would impact on the workforce. Some duplication of work, where processes need to be repeated in the Spoke, will mean efficiency and cost saving will not be as anticipated. This could also have an adverse impact on the Pharmacy Technician workforce and any unforeseen consequences must be considered and addressed.

DH: What are your views on encouraging longer prescription durations and what thoughts do you have of the means by which this could be done safely and well?

APTUK understands the reasons behind the Government suggesting they would like to encourage longer prescription durations where clinically appropriate and is aware of the advantages but also of the potential disadvantages. An advantage is when there is no clinical need for a 28-day repeat prescription and this can prove to be an inconvenience for the patient. Repeat dispensing may be an option in this case and would require a clinical intervention from the pharmacist in order to make the supply. Currently this is not remunerated adequately and would require review.

Some prescribers do already prescribe 84-day repeat prescriptions when clinically appropriate but this can result in greater wastage of medicines. This is a substantial waste of tax payer's money. APTUK considers that pharmacy technician skills and competence could be utilised to manage the potential risk of increased waste, mirroring aspects of practise in secondary care and in the devolved countries.

Maintaining public and patient access to pharmacies

DH: What are your views on the principle of having a Pharmacy Access Scheme?



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APTUK disagrees with the Government when they state that 'these efficiencies can be made without compromising the quality of services or public access to them because there are more pharmacies than are necessary to maintain good patient access'. It is vital that the access to pharmacies in England remains as 'excellent' where 99% of the population can get to a pharmacy within 20 minutes by car and 96% by walking or public transport. We also note, from the Governments briefing paper, that access is greater in areas of highest deprivation.

Although the Government states that it is 'committed to maintaining access to pharmacies and pharmacy services, and will consult on the introduction of a Pharmacy Access Scheme, which would provide more NHS funds to certain pharmacies compared to others, considering factors such as location and the health needs of the local population', APTUK feels that an impact assessment is crucial to this and until this has been conducted, the proposal is unsupported and illusory.

DH: What particular factors do you think we should take into account when designing the Pharmacy Access Scheme?

APTUK are concerned about the proposal for a national formula to be used in order to identify pharmacies which are the most geographically important for patient access. We believe this needs to be more than just taking into account an isolation criteria based on travel times or distances, and also population size and needs. The proposal that includes the population needs variables which should be included are limited and APTUK disagree with this as no impact assessment has been undertaken to determine the consequences of such a scheme.

Further considerations:

DH: Do you have other views you would like to feed into the consultation process?

APTUK, in summary, support community pharmacy being at the forefront of patient care but disagree with the proposal for the 6% reduction in funding. This is due to unforeseen consequences and the impact this may have on the community pharmacy network and the staff working in this sector and the negative impact this will have on patient care.

APTUK feels that this will increase workplace pressure within the pharmacy team, as staffing levels and skill mix are reviewed and potentially compromised. This in turn will affect the motivation of staff, will reduce staff training and development and potentially destabilise the pharmacy workforce.

There is currently an under supply of pharmacy technicians and pre-registration trainee pharmacy technicians within both the managed and community sector. Reduction in community pharmacy funding will compound this and may affect plans for future pharmacy services. This will have a detrimental effect on the provision of pharmaceutical care for those with long term conditions and the elderly given the increase in population and changing demographics, at a time when there is the potential increased role for the community pharmacy team.

In addition to this, APTUK feels strongly that there should be parity of funding between both sets of pre-registration trainees to ensure pharmacy staff are competent to delivery future services as detailed in the DH stakeholder briefing sessions for community pharmacy 2016/17 and beyond. This needs to align with other national projects currently in progress such as the GPhC pharmacy technician initial education and training standards, the National Occupational Standards review and subsequent qualifications.

APTUK support the need for fully integrated care and are aware of pharmacy technicians currently working within community services. Pharmacy technicians are undertaking, alongside the integrated care pharmacist,



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domiciliary visits to those patients who require additional care and support, ensuring joint decisions are made to meet their individual needs.

To further support the role that pharmacy technicians can deliver, APTUK also feels strongly that 'Rebalancing Medicines Legislation and Pharmacy Regulation' programme outcomes, particularly those being considered within phase 2, should align with the Community Pharmacy 2016/17 and beyond.

APTUK supports the ideal of fully integrated information technology in order to provide patient opportunities for different supply and delivery models, however is conscious of the potential problems that can arise with online processes. As a consequence, we require assurances that the infrastructure and systems are reliable and fit for purpose to ensure continuing supply of medicines.

APTUK are pleased to have the opportunity for a second response to this consultation on behalf of the pharmacy technician profession and support the terms of reference for the community pharmacy services review to be conducted by Richard Murray, Director of Policy for the King's Fund.

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