

Summary of Contractor, Committee and visit feedback for the Community Pharmacy Integration Project

Community Pharmacy Norfolk & Suffolk (CPNS) used a variety of methods to gain valuable insights into the current communications methods, provision of services, and additional support needed for local integration of the Primary Care Access and Recovery Plan (PCARP) services; Pharmacy First, Pharmacy Contraception Service and Hypertension Case finding Service. Discharge Medicines Service support is also being provided to pharmacies and Trusts as a separate but related workstream.

CPNS provided survey and workshop sessions with our Committee Members, a contractor survey for all staff working in pharmacies, offering a prize draw to encourage responses, and an introductory webinar. In November visits to 17 pharmacies were also conducted by our support officers to gain more expansive qualitative feedback.

Pharmacy Team Survey results:

The survey results reveal important insights into the preferences and needs of pharmacy team members regarding training and support. For online training, the majority prefer evening sessions, with a significant number also favouring on-demand recorded sessions. Face-to-face training is less popular, but weekday evenings and Sundays are the most preferred times for those who would attend. Email and newsletters are the dominant methods for support and communication, indicating a preference for accessible communication which can be read and responded at a convenient time. Instant messaging, such as WhatsApp and MS Teams have increased in popularity since the last surveys however these methods are sometimes difficult to moderate for larger cohorts, and some find the sheer number of these in use unmanageable.

In terms of support for delivering more services, respondents expressed a strong need for training and webinars, clinical skills sessions, and promotional materials. Confidence in the LPC's representation is generally high, with most respondents feeling extremely or somewhat confident. The overall rating of LPC support is quite positive, averaging 4.23 out of 5. These results highlight the importance of flexible training options and robust support mechanisms to meet the needs of the community.

Committee Member Feedback:

Committee Member discussion provided detailed feedback around the highlighted services and how to address specific issues but underlined that some pressures cannot be resolved locally while national negotiations were still ongoing.

Overall, the feedback highlighted the need for better integration, awareness, training, and promotional activities to enhance the delivery of these services. There are also concerns about funding, costs, and the stability of the medicines supply chain, which impacts the ability to deliver these services effectively.

Webinar and Visit feedback:

At our lunchtime drop-in session on the 27th of November, online and recorded, we heard a strong desire to link in with GP practices and work more closely on appropriate signposting and referrals. This theme was recognised throughout our conversations with key stakeholders, visits to pharmacies and from committee members.

The comments from pharmacy visits highlighted several key areas for support. Many respondents emphasised the need for better promotion of services to the public and clearer communication about eligibility criteria. There is a need for more engagement with GP practices to facilitate referrals and improve service delivery. Training and CPD needs were also mentioned, particularly for triage and clinical skills, with a preference for on-demand webinars and face-to-face sessions.

Those visited also mentioned national-level issues which need to be resolved or improved upon in order to facilitate the delivery of pharmacy services.

Key priorities:

Facilitation of Promotional Resources: Direct promotion to the public and access to promotional resources varied across the pharmacies visited but was high on the priorities list from all methods of feedback. Printed promotion materials (from a limited budget) will be made available where they are likely to have a high impact, such as at health fairs, and high footfall health service providers (e.g. walk-in centres, emergency treatment providers, GP practices engaging in referrals). Artwork and up to date resources for print are available for Pharmacy teams to print or order for self-promotion and will be highlighted to Pharmacy teams and updated, as necessary. Social media campaigns and digital resources will be actively shared and targeted to relevant sectors of the public and larger employers. A plan and proposals for social media activity will be discussed at the January CPNS meeting.

Engagement with GP Practices and Referrals: A referral toolkit is being made available alongside bespoke support in implementing referrals, where there is enthusiasm to do so. We will make these tools and further support available to pharmacy teams to encourage local engagement and relationship building. Sharing best practice and highlighting successful models will be essential to embedding effective patient pathways to pharmacy services.

Training and Service Resources: Many training resources are already free to access online and through pharmacy training providers, but work is needed to curate and promote the more useful resources for Pharmacists and their teams. Some specific areas where pharmacists and their teams would benefit from face-to-face or virtual support has been identified to boost confidence in delivery. We are already working with ICB teams to ensure in-person contraceptive workshops are made available locally, and working with ABPM manufacturers to ensure we can support best practice in fitting of their machines and increasing acceptance of the offer from patients. Visits are planned to continue both support and feedback regarding all PCARP services and timely responses to Discharge Medicines Service referrals.

Summary

By focusing on these supportive actions, pharmacies will be better equipped to deliver high-quality services, foster strong collaborations with GP practices, and effectively engage with their communities. This approach ensures that pharmacies have the resources, training, and support needed to succeed independently. Our focus in this project is to provide sustainable support, building on the existing relationships we have with key partners and enhancing the key function of our organisation through the additional funding and collaboration with the ICB Pharmacy teams.

This planning is one pillar of the wider support to integrate Pharmacy services into the local healthcare systems and communities of practice. Additional input has also been received from other Community Pharmacy representative bodies, our ICS partners, project commissioners and we are seeking patient feedback through Healthwatch and patient surveys following access to services.

Timeline:

