

Extracts from the NHS Long Term Plan in relation to Pharmacy

3.86. We will do more to support those with respiratory disease to receive and use the right medication. 90% of NHS spend on asthma goes on medicines¹³⁶, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. Pharmacists in primary care networks will undertake a range of medicine reviews, including educating patients on the correct use of inhalers and contributing to multidisciplinary working. As part of this work, they can also support patients to reduce the use of short acting bronchodilator inhalers and switch to dry powder inhalers where clinically appropriate, which use significantly less fluorinated gases than traditional metered dose inhalers¹³⁷. Pharmacists can also support uptake of new smart inhalers, as clinically indicated.

4.21 Pharmacists have an essential role to play in delivering the Long Term Plan. In hospitals, clinical pharmacists have for many years worked closely with other clinicians, seeing patients, taking part in ward rounds, and monitoring and reviewing treatment with medicines. In primary care, clinical pharmacists are now a key part of the general practice team in primary care networks, working alongside GPs and nurses, seeing patients and using their expertise to get the best health outcomes for people from medicines. The funding for the new primary care networks will be used to substantially expand the number of clinical pharmacists. In community pharmacy, we will work with government to make greater use of community pharmacists' skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements

5.21. If people need NHS advice or care, they will have increasing digital options. A secure NHS login will provide access and a seamless digital journey. The NHS App and its browser-based equivalent will enable people to follow a simple triage online to help them manage their own health needs or direct them to the appropriate service. If needed they will be able to be connected with their local services; get an appointment with an urgent treatment centre, out of hours services or GP, or be prescribed medicine to be collected from their nearest pharmacy. Increasingly, automated systems and AI will make these services smarter, but in-person services will always be there to do what computers can't and provide personal contact for those who need or want it. **And as set out in Chapter One, over the next five years, every patient will be able to access a GP digitally, and where appropriate, opt for a 'virtual' outpatient appointment.**

iv. The NHS will improve efficiency in community health services, mental health and primary care, which together cost around £27 billion a year. This Long Term Plan sets out the new investment we will make to improve these services. We will also support staff to increase the amount of time they can spend with patients to reduce the unacceptable variation as, for example, documented in Lord Carter's review of community services. To enable this, over the next three years, we want all staff working in the community to have access to mobile devices and digital services as set out in Chapter Five. Ambulance services will be able to reduce avoidable conveyance to A&E by accessing patients records, alternative services and have the right clinical support and training. We will also ensure primary care networks can be most effective by introducing extended roles such as physiotherapists, clinical pharmacists and pharmacy technicians as set out in Chapter One. The GIRFT programme has already started work in mental health and will be extended across to community health services and primary care from April 2019.

1.10. The result will be the creation – for the first time since the NHS was set up in 1948 – of fully integrated community-based health care. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. Community hospital hubs will play their full part in many of these integrated multidisciplinary teams. From 2019, NHS 111 will start direct booking into GP practices across the country, as well as refer on to community pharmacies who support urgent care and promote patient self-care and self-management. CCGs will also develop pharmacy connection schemes for patients who don't need primary medical services.