Community Pharmacy Lancashire Workforce Development Strategy 2018-2022

Community Pharmacy delivering quality care closer to home

Unlocking our potential

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Executive summary

This is the first time that CPL has produced a Workforce Strategy, written in recognition of the changing world of the NHS, people living longer with long term conditions, advances in medical care, a focus on prevention of disease underpinned by choices around life style and self-care, supporting the mental health agenda, along with the changing expectations of patients from service providers. All this balanced with the changing aspirations of members of our workforce, new emerging roles, the uncertainty around the make-up of the community pharmacy contract going forwards, shortages of GPs; these are just some of the factors that are influencing our world.

This document is designed to trigger discussion and debate around how we develop our community pharmacy workforce within Lancashire, an agile workforce that is open to change, able to adapt to the delivery of the best care we can for our patients and users of our services, all found in pharmacies close to where they live or work.

Developing a workforce to meet these future needs, some of which are unforeseen takes time, which is the purpose behind this document, to begin this journey.

We have over 380 community pharmacies, or walk in centres, within our footprint, where you will find a range of highly trained staff waiting to help patients, citizens who need help. How do we create aspirational roles for people to join our profession and develop? How can we fill vacancies, retain our staff and see them grow in their confidence and capability in helping and supporting patients and indeed their colleagues? Registered Technicians taking on roles previously only undertaken by the pharmacist, treatments and services delivered in your community pharmacy that you used to have to attend your general practice or the hospital for.

This strategy looks at the changes happening around us and looks at what we can do here in Lancashire to unlock the potential of our teams ready for the future.

Introduction

The vision[1] for Community Pharmacy Lancashire (CPL) is described in our strategy document where community pharmacies within Lancashire are the first port of call for all health and lifestyle needs, including support for long term conditions.

Through the delivery of a wide range of health and social care services, community pharmacy is fully integrated with doctors, the NHS, local authorities, care homes and the third sector, to deliver seamless care to our communities. This will be delivered through –

1. **Workforce development** - developing our Pharmacy teams to deliver a wide range of services to our patients
2. **Leadership** - leading community pharmacy through the healthcare reforms and beyond
3. **Advocacy** - championing the integration of the community pharmacy team into different patient care pathways to deliver seamless care
4. **Innovation** - leading the way for innovation, support and sharing of best practice
5. **Accessibility** - patients choose community pharmacy as the first port of call for health and lifestyle improvements

This document is an overview of our plans for the development of the community pharmacy workforce[2] for the next four years. We will be developing these plans in detail with our contractors, pharmacy teams, allied healthcare professionals, commissioners, and other stakeholders within Lancashire.

These plans aim to complement the work already being done in this field, for example by the CPPE, GPhC, HEE, NHS Leadership Academy, RPS etc; our aim is to support our contractors in navigating through these, and to accelerate the development of the community pharmacy workforce with the patient at its heart here in Lancashire.

We have in Lancashire a School of Pharmacy at the University of Central Lancashire (UCLAN) along with other local schools in the NW; John Moores and the University of Manchester. We are involved with the pharmacy school at UCLAN working with them in both the undergraduate and post graduate courses. Developing a vison of pre-

qualification education and training for pharmacists is critical for the succession of our workforce, however CPL sees the primary focus of this document in developing the existing teams found in community pharmacies thereby developing this workforce.

Some of our members fulfil the vital role of being a Tutor for Pre-Registration Pharmacists, there people are not only leaders in their field, they act as role models and play a key role in developing our future pharmacists. This pathway is structured and overseen by the GPhC, so considered out of scope for this document.

By workforce development we mean education, training and development[3] for all staff working within a community pharmacy. This means developing people in the pharmacy to ensure that they all have the relevant skills, values, competencies and are able to complete their work to the top of their licensed scope of practice, as well as considering how these people will be resourced. High quality education and training is fundamental to developing a capable workforce for delivering safe and effective pharmacy services for our patients.

Workforce Development can also positively influence recruitment, development of career pathways and retention of our pharmacy teams.

This document is about how CPL looks to support community pharmacy contractors in creating, and sustaining a viable workforce that can support current and future needs of a vibrant and active community pharmacy network, as we see new services being developed and new models of care emerging across Lancashire and beyond, all wrapped around the citizens in our local communities.

A day in the life of the community pharmacy team – 2022

The following vision is taken from the Lancashire & South Cumbria Sustainability Transformation Partnership Primary Care Delivery Plan 2017/18-2020/21[4], and is an outline of a potential 'day in the life' of a future community pharmacy team, providing a snapshot of the activities they might be undertaking on a daily basis working within a transformed primary care service in Lancashire and South Cumbria.

"All of the activities described might already be happening routinely in all or some parts of the community pharmacy network. In five years' time, we want to see these ways of working embedded across the system as a whole - happening frequently, and across Lancashire and South Cumbria. Helping to bring this about will be a key aim of the LPN plan to support the STP.

Our pharmacy is a Lancashire Healthy Living Pharmacy with a workforce engaged in proactive delivery of a health and wellbeing approach which provides a sustainable platform for delivery of the new model of integrated care. This model reflects Primary Care Home principles through a shared commissioning of services to meet local need alongside the NHS Pharmacy Contract.

The team arrives for their regular morning catch up before the pharmacy opens. The pharmacist acting as team leader that day runs through a list of all of the pharmacy's registered patients with planned admissions to hospital coming up and those who are soon due to be discharged using the Refer 2 Pharmacy interface. The team agrees the medicines optimisation priorities for each person; liaising with their carers, primary care clinical pharmacist and hospital pharmacists, as needed to make sure they have the right medicines before, during and after their admission. The team also reviews the list of regular patients who have appointments later that day for an individual review as part of their long-term conditions management service. Some of these people will also be joining the Type 2 Diabetes peer support group that meets on a monthly basis in the dedicated health education space at the back of the pharmacy, which is designed to help participants understand more about their condition and support each other with managing their medicines and implement lifestyle changes. A diabetes specialist nurse and dietician from the local community team will attend the session along with the 2nd pharmacist working in the pharmacy that day. The pre-registration trainee pharmacist reminds the team that later in the week they will be starting their practice-based audit to review appropriate and inappropriate prescribing of antimicrobial therapies and to facilitate the development

of local action plans with the wider health team and local GP practices to help combat antimicrobial resistance. Lastly, the lead pharmacy technician shares feedback with the team from last night's patient forum meeting, where members had raised ideas for how the pharmacy could improve their NHS e Repeat Dispensing service by allowing patients to select which medicines they have enough of using an online form which automatically updates their prescription. The pharmacy technician agreed that he would ask the pharmacist to discuss how this could work with the localities Primary Care Home forum.

Once open, local residents, and regular patients begin to stream into the pharmacy as usual. Prescriptions are safely dispensed to patients; expert advice is provided and self-care medications purchased. As each prescription is assembled in the dispensary, a pharmacist clinically assesses it for safety and appropriateness and an accuracy checking technician carefully checks all items for accuracy before these are handed out or delivered to patients in their homes. The pharmacy staff take the opportunity to ask each person how they or their family members are getting on with their medicines and whether they have any questions or have noticed changes in their health that they want to discuss. One of the pharmacists uses her clinical knowledge and medicine procurement skills to determine whether any medicines on the incoming prescriptions could be substituted for a more cost-effective equivalent where clinically appropriate.

One of the first people to come in that morning is a father with his son, who asks for some medicine for the toddler's high temperature. He has had to come out of work to collect the child from nursery as he is unwell Whilst they are talking, the father removes the son's blanket as he is getting increasingly hot and distressed. The pharmacist notices a rash across the boy's legs. Inviting them into the consulting area, the pharmacist explores the child's condition further including the rash. Determining that the rash does not blanche and the toddler has refused fluids in the last few hours, the pharmacist contacts the patients nearby GP practice who are able to provide parenteral penicillin and support whilst an ambulance arrives.

Mid-morning, one of the pharmacists leaves the pharmacy to make a home visit to an older gentleman who was discharged from hospital previous evening. She explains his new medicines to him and they agree to make some changes to his care and support plan, including removing the medicines that are no longer needed. With his permission, she accesses his online health record from her mobile device and makes a note of these changes. He shares some concerns about getting around the house by himself as he is still feeling unwell after his stay in hospital and is worried about falling. The pharmacist searches the Directory of Services (DOS) to find

contact details for his local community services team, sends through an electronic referral and books a home visit for him the next day. On her way back to the pharmacy, the pharmacist stops at one of the local GP practices to join the team there for their lunchtime practice meeting. They review the latest evaluation data for the COPD support service the pharmacy provides, which indicates that people using the service are reducing their visits to both the GP practice and A&E. They talk through ideas for encouraging more people to use the service and follow through with their care and support plans. She also takes the opportunity to have a brief conversation with the older gentleman's GPs about the changes to his medicines and the referral she has made to the community services team for him. Back at the pharmacy, a Medicines Counter Assistant (MCA) who is one of the pharmacy's qualified Health Living Champions (HLC), responds to a request from a middle-aged man who has come in complaining of a headache. He has recently started taking tablets to help manage his high blood pressure and can't get an appointment with his GP until the end of the week. Our pharmacy provides the locally commissioned BP monitoring and AF screening service; the MCA offers to take his blood pressure for him and notifies the pharmacist that it is quite high but with normal rate and rhythm. The pharmacist discusses this with the gentleman and asks about his general health and any other medicines he is taking. Having reviewed his online health record, as an independent prescriber, she makes the decision to change his medication and advises the man to return in a few days' time for a review. The pharmacist thanks the MCA, updates the man's shared electronic health record and uses NHS mail to inform his GP practice of this episode of care.

The patients arriving for the locally commissioned Type 2 diabetes outreach clinic indicate their arrival using the computer terminals at the entrance to the pharmacy. Whilst waiting for the session to begin, one of the patients uses the terminal to access online information about her new insulin and asks the pharmacist during the clinic to help explain why her medicine has been changed and what difference she should expect.

Later in the afternoon, someone the MCA sees regularly comes into the pharmacy. The woman has set herself a goal to lose weight, and as her health coach, the MCA is helping her with her plan. The woman tells the MCA that she feels like giving up because she hasn't lost any weight for a few weeks. The MCA asks if she has been tracking the sugar in the juices and smoothies she has been drinking and together they revise her healthy eating plan and arrange for another catch up in a few weeks' time. The MCA suggests that the woman try using a 'Track my Sugar' app that might help with her monitoring.

One of the pharmacists uses the private consultation room after the MCA has finished to hold a brief e video consultation with one of her regular patients who is unable to leave their home due to a recent injury. The pharmacist checks that the patient is managing the high dose pain medication they have been prescribed without any adverse effects and adds a note to their shared electronic health record.

Once the pharmacy has closed to the public, the team meet for their weekly debrief. They review any near-misses that have occurred that week and discuss how these could have been avoided. The lead pharmacy technician talks the team through the alerts that have popped up on their IT system for registered patients who have been prescribed new medicines. The team set out a plan for contacting these patients to arrange for their New Medicine Service (NMS) consultation and also run a search to identify any other registered patients who need contacting because their monitoring consultations are due soon. After the team meeting, one of the pharmacists gets ready to head to the village hall for a meeting of a local carers' group. The pharmacy has committed to being carer-friendly, and she wants to hear about any changes they could make to improve their support for carers. Just as she is locking up she hears the phone ringing; it is the father from this morning. He thanks the pharmacist for spotting the rash and prompt referral to GP. He explains that his son is now doing well, following admission, but if things had been left any longer, it could have been a lot more serious."

Objectives

Thoughts around how community pharmacy can play a wider role within the NHS is not new. A landmark in the development of new roles for pharmacy came in the 2008 White Paper[5], which stated an ambition for pharmacies not simply to dispense and supply medicines, but to offer an expanded range of clinical services. The white paper set out this vision, which has not been fully realised, and has been described in a series of further papers and articles.

The development of our pharmacy teams, based on the needs of our patients, fits in with NHS healthcare policies e.g. Five Year Forward View and the Next Steps on the NHS Five Year Forward View with a focus on disease prevention, new, flexible models of service tailored to local populations and needs; all of which requires integration between services with consistent leadership across the health and care system.

This need was recognised by the RPS in their vision document *Transforming the Pharmacy Workforce in Great Britain: The RPS Vision August 2015* in particular the development of the Foundation and Faculty Programmes[6] to support this direction of travel, and is described by the roadmap to advanced practice which outlines career pathways for pharmacy professionals in the context of changing needs and changing expectations of patients and the public.[7]

The GPhC will be replacing the current system of continuing professional development, and is introducing a system of revalidation for pharmacy professionals from March 2018[8], all pharmacists and pharmacy technicians in Great Britain will have to demonstrate that they are regularly reflecting on their learning and practice and keeping up to date explaining in each record how what they have done has benefited people using pharmacy services, to make sure improving the care people receive is at the heart of the process. The GPhC believes that the introduction of revalidation will further assure users of pharmacy services that pharmacy professionals will provide them with safe and effective care throughout their careers.

Community Pharmacy has its own USP being in the middle ground between that of primary and/or secondary care and that of the patient, and it is here where we can make the biggest impact for both allied healthcare professionals and patients alike.

With changing national health policy, revalidation, quality payment framework, the challenges facing GPs[9], an aging population and ever-increasing expectations of the NHS from the public, we have to change the way in which we work if we are to

occupy this middle ground. Taking on appropriately funded new roles or roles that have been traditionally found in secondary or primary care; working much more closely with pharmacists found in other care sectors and other healthcare professionals, community pharmacies and their people are seen as an integral part of the team. These activities however need to be balanced with the supply of medicines. Therefore, jobs and roles need to be redesigned across the whole system, and here are just some of the challenges in making this happen.

We believe that with the work that we are doing in supporting the Heathier Lancashire and South Cumbria Partnership, which is the Sustainability and Transformation Partnership for the region[10], working with our three local authorities, GP Federations, 8 Clinical Commissioning Groups and leading the Lancashire Healthy Living Pharmacy concept with our provider arm company Choose Health we are building a greater understanding of just what the community pharmacy network can do, and highlighting what this underutilised resource[11] that is community pharmacy can deliver within Lancashire.

The Community Pharmacy Forward View[12] described the vision for the future for community pharmacy as being centred around three core functions:

1. The facilitator of personalised care and support for people with long-term conditions
2. The trusted, convenient first port of call for episodic healthcare advice and treatment
3. The neighbourhood health and wellbeing hub

CPL would like to take this vision further with screening and diagnostic testing, urgent care services, health checks, PGDs & Independent prescribers to name a few services all happening in the community pharmacy network in Lancashire.

To support the transformation outlined in the Five Year Forward View, and to contribute to the Government's required efficiencies, the Pharmacy Integration Fund (PhIF) was set up in October 2016[13] with the aim to drive the greater use of pharmacists and pharmacy technicians in new, integrated local care models. The aims include –

- freeing up pharmacists, pharmacy technicians and their teams to spend more time delivering safe, effective clinical services and health improvement for their patients
- working as part of an integrated local primary team

- supported by advancements in technology e.g. sharing information

Innovation in digital technology is rapidly changing the way we live and work, and to this end we need to ensure that our people have the skills to respond to and adopt these changes, supported by training that facilitates the use of technology. We also need to recognise that these changes may become short lived as they too are superseded by new innovations, all with the aim of enabling pharmacists, pharmacy technicians and their teams to spend more time delivering clinical services and health improvements to provide better outcomes for patients.[14]

To this end we can see how other actors in the system, contractual frameworks, government policies, regulatory and professional bodies are all influencing the context within which we are working in, and this is changing shape. This is no big bang, it is a gradual transition[15] and this is why we need to be preparing our teams now for these changes ahead of their arrival.

Fit for our Future

CPL is clear that developing our workforce will not only make us fit for the future, working as a network it will also allow us to train and learn across organisational and professional boundaries; this we suggest will help resolve long-term tensions that exist in the system, as we begin to work more closely together with our teams and other colleagues. It also gives staff more opportunities to develop, using the skills they were trained for and improves morale.[16]

Allowing teams to learn together means they not only care for what they are doing, they can also respect each other's roles and responsibilities, giving them a sense of belonging as they see the role each one of them plays in the team. This leads to a sense of accomplishment and feeling of satisfaction in their jobs, as they wrap their activities around the patient.

Ultimately this will lead to a workforce with a skill set that includes a clinical capability, having generalist and specialist skills, with the flexibility to adapt to further changing needs, with its core roles and responsibilities modifying to meet the new and emerging needs of the NHS, patients and the public.

The challenges are clear as to how we deliver care and support to an aging population with increasingly complex medicine regimens within a cost constrained healthcare system; and is a core skill of the community pharmacy network, that of being able to adapt at pace to the changes facing us.

Making it happen in practice

Where to begin – 10 Questions

Here are some key questions that both CPL, contractors and others can consider to begin this journey, regardless of the size of the team. Beginning with the existing team, including them in this process will make them feel valued. Recognise and celebrate the team you already have, and allow them to learn together.

1. What are the local needs in our locality?

2. What are your desired objectives/outcomes in doing this? When do they need to be achieved?

3. Thinking about our current and future workforce, who will be needed to deliver the required service changes?

    - Who have we already got?
    - Who are they and where?
    - What skills and qualifications do they have?
    - How many are there?

4. Be clear about what the workforce for the future will look like, their capability and what will they be providing?

From here you can work out your skills gaps to establish the skills mix you will need, the behaviours needed, identify any new roles needed to free others up in the team, how many people you will need when and where. This is a key step in deciding how to begin

5. Where and how are you going to resource the skill gaps?

6. Are you clear on the challenges involved in leading and delivering this change with your people?

There are many programmes and papers around leading change; at the time of writing the NHS Leadership Academy, using monies from the PhIF, is running a programme on leadership for community pharmacies – The Mary Seacole

Programme which is open to prospective and existing leaders within community pharmacy teams[17]

7. How will you measure the success of these changes?

Establish a baseline so you can measure progress and celebrate success against your initial objectives. What evidence will you need to gather to do this?

8. How will you lead your team?

    - Who will own this process?
    - Who is responsible for its delivery?
    - Who can help you?
    - How will you share out responsibility for delivery across the team?
    - Who will keep it going?
    - What tools do you need?
    - Where will the training happen? On the job, courses, on-line etc
    - How will you communicate with your team about progress and share learnings with each other? e.g. daily huddles, cascade briefings, team WhatsApp

9. How will you keep your end point in your line of sight? Keep going back to the reason why you are doing this, and adapt your approach if needed

10. Identify quick wins, things that are simple, so you can just get started

These 10 steps take you through the what, why, how, when and where of starting on this journey

Delivery

CPL has a workplan designed to begin this journey of adaption within our footprint; derived from by feedback taken from our contractors on pharmacy visits, use of Survey Monkey, feedback at events and insights given by the members of the committee itself at a development day.

Our plan it must be stressed is a starting point and we will continue to seek feedback, involve others in our journey, learn by doing and making adaptions as appropriate. Progress is monitored quarterly. The plan encompasses the entire workforce found within a community pharmacy.

Across this whole strategy we are looking to work in partnership with other organisations to support our contractors, such as the CCGs, CPPE, GPhC, GP Federations, HEE, Local Authorities, Pharmaceutical Companies, Third Sector organisations and the RPS; this is a combined effort.

The plan for workforce development is divided into four sections, each with key deliverables:

1. Baselining activities
2. Identification of topics
3. Funding
4. Actions

Baselining activities

Look at data collection from A&E and UECN, discussions with CCGs and GP practices, results of clinical audit to understand when patients have been referred for ailments that could be dealt with a PGD in place for example, looking at properly funded & costed doable activities, understanding the IT system requirements & processes

Identification of topics

A broad range of topics has been identified including –

- Acute condition management
- Care Homes
- Combined training events with general practice teams
- Communications

- Fluenz
- Lancashire Healthy Living Pharmacies
- IT upskilling of teams
- Long Term Condition Management
- Non-Medical Prescriber training
- People e.g. Locums, ACTs, NVQs, MCA positions
- Upskilling people in their current roles – selling skills, confident conversations

Funding

When speaking to commissioners, training providers, consider the full implication of training delivery, looking for parity with primary care e.g. protected learning time, backfill. The delivery of properly costed services that releases capacity elsewhere within the healthcare system.

Using CPL, its staff, contractors and other Healthcare Professionals to act as coaches and mentors within a funded mentoring programme established by CPL would build the resilience and self-reliance of the workforce to develop itself, at a local level reflecting the changing needs of the external environment.

Actions

Identification of the actions is a guide as to what we want to achieve within our workforce development conversations –

- Bottom up approach – people do more so as to free up the pharmacist, include admin skills, leads in the team
- Develop a coaching/mentoring programme within CPL
- Develop 2 pharmacist models - full/part time
- Identify issues before they occur – robots, off site dispensing, falsified meds, pharmacy reforms, more prescribing in pharmacy NMPs/IPs
- Influence access to EMIS
- Influence the accreditation of Pharmacy Technicians to be listed as registered pharmacy professionals to do PGDs (Murray Report)
- Locums – training/desire to do it/funding – untapped resource
- Non-pharmacist leadership development programme to increase confidence
- Outreach to hospitals - rotation
- Retention – CP recruitment
- Skill mix/delegation – more around to best/cheapest place
- Specialise – role in a hub? Speciality per pharmacy
- Which role can do what service? ACT/Tech

Barriers

The main barriers to community pharmacies participating further within the NHS fall into 3 headings as described by Murray –

1. **Poor integration with other parts of the NHS** – hindered by the lack of interoperability of digital clinical systems

2. **Issues around behaviours and cultures** – including sometimes weak relationships between GPs and pharmacy, which in turn inhibit better integration

3. **System design issues** – including the existing contractual mechanisms for pharmacy, mechanisms that are complex and poorly understood

CPL is not able to influence all of these, yet at a local level we can promote the use of SCRs, and the pilot in Fleetwood where pharmacies have read write access to EMIS for example can be used as an example of future integration.

Supporting combined training sessions and helping community pharmacies to have quality conversations with their general practices is another way we can support.

Working with local commissioners to ensure existing services and new services are modified to allow the pharmacy to be more involved with service delivery. These are all areas that CPL can influence now.

Other barriers can be found within behaviours, skill mix, and constraints around contracts, contractors, & commissioners. Annex 2 of the Murray Report gives a comprehensive picture of the barriers and possible solutions to help overcome them

1. Having a **service provision** that is not consistent across the patch, this makes it harder for commissioners, clinicals and patients to understand the offer from community pharmacy, we are only consistently known for the dispensing of medicines.
   CPL raising awareness of the full range of services community pharmacies provide, promoting the use of NHS Choices entries and the NHS 111 Directory of Services will increase visibility of the service offer, along with campaigns to raise the profile within the local communities

2. **Dispensing** is the core activity, with reward currently volume based, so this influences staff training and development

3. **Confidence** this can be lacking as people deal with change and have to develop new skills
   CPLs activity of training and events, is designed to promote confidence across the pharmacy workforce in service delivery to patients

4. **Resistance to change** – contracts and regulation have meant that services may have been developed on top of the dispensing function, verses working alongside it leading to workload issues.

5. **Support staff not used effectively** - the legal framework puts responsibility and accountability with the pharmacist, which may make some people reluctant to delegate or in some cases unable to delegate, which hinders using the skill mix within the team
   CPL is developing training to skill up the workforce, and is working with commissioners to have services that make greater use of Registered Pharmacy Technicians and Health Champions

6. **Lack of trust** – driven in part by parties not really understanding what the other does. The Walk in My Shoes Project[18] in Lewisham allowed GPs, clinical and administrative practice staff to visit community pharmacies to gain some practical insight into the working environment of community pharmacy with community pharmacists and their team members also having the opportunity to spend time in GP practices to better understand the working environment of general practice. The aim of the project was to provide an environment that allowed GPs and their staff, and pharmacists and their teams to be more aware of the patient issues and gaps in the medicine prescribing, ordering and dispensing processes.
   CPL is talking to our CCGS and GP Federations about this project

7. **Security of Funding –** Pharmacies need assurance and clear plans from commissioners if they are to invest in service delivery, lack of clarity in future plans is a significant barrier to investment
   CPL reminds commissioners of the need for security about funding arrangements in our negotiations

Conclusions

This paper outlines the actions that CPL is taking over the next 4 years to support the development of a workforce designed for the future. We have described some of the many opportunities, barriers and possible solutions that need to be overcome, to deliver the best service we can to our patients.

Community pharmacy has the potential to help meet the challenges needed to deliver the outcomes that are needed within the wider healthcare system, and be an integral partner in the developing new models of care in a more integrated pathway that works for patients.

It is widely recognised that community pharmacists and their teams are an underutilised resource. In particular the role that Pharmacy Technicians could play can be expanded.

There have been many reports that describe a future vision of community pharmacy, whilst some progress has been made there is still a long way to go before we can have our teams working to the top of their licensed scope of practice. It is essential that the wider NHS system embraces community pharmacies as a way to deflect workload from over stretched parts of the system and be able to play a far greater role in supporting the health and wellbeing of our local populations that we serve.

Glossary of terms

A&E: Accident & Emergency departments

ACT: Accuracy Checking Technician

AF: Atrial Fibrillation is one of the most common forms of abnormal heart rhythm and a major cause of stroke

BP: blood pressure monitoring

Continuing Professional Development: CPD - a planned process to acquire knowledge, experience and skills, and develop personal qualities throughout a person's working life. CPD is more than just a training plan but, as the name suggests, it ensures a continuous process

COPD: chronic obstructive pulmonary disease

CPL: the name given to Community pharmacy Lancashire formerly known as Lancashire LPC

CPPE: Centre of Pharmacy Postgraduate Education

Directory of Service: NHS Pathways 111 Directory of Services (DoS)

GPhC: General Pharmaceutical Council

Health Champion: Health Champions are members of the HLP pharmacy team who will provide customers with advice on health and wellbeing within the communities they serve, providing information and signposting the public to pharmacy services or other NHS services that will help them to adopt healthier lifestyles. This is a mandatory qualification for HLPs

Healthier Lancashire and South Cumbria: is a partnership of organisations with a shared vision for health and care across our region, and is the Sustainability and Transformation Partnership for the region

HEE: Health Education England is the national leadership organisation responsible for ensuring that the education, training and development of the healthcare workforce support the highest quality public health and patient outcomes

HLP: Healthy Living Pharmacy – a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. Underpinned by three enablers: workforce development, improving health and wellbeing, and engagement with the local community & other health professionals

IP: Independent Prescriber - a pharmacist independent prescriber may prescribe autonomously for any condition within their clinical competence.

Lancashire: in terms of Lancashire in this document we mean the two unitary authorities of Blackburn with Darwen, Blackpool and Lancashire County Council

Local Professional Network - LPN pharmacy NHS Lancashire and South Cumbria

MCA: Medicines Counter Assistant - someone who has successfully completed a medicines counter assistant course, that is accredited by the GPhC

National Vocational Qualifications (NVQs): These are vocational qualifications that relate directly to a person's ability to do work. They include assessment of the practical aspects of work relevant to a particular area of employment. NVQs are not about going on courses, studying or sitting exams, they are about assessment at the normal workplace to national standards, which have been developed by industry and commerce to confirm how competently someone does a job

NHSmail - a secure email service approved for sharing sensitive information

NMP: Non-medical Prescriber - enables suitably trained healthcare professionals within the NHS to enhance their roles and effectively use their skills and competencies to improve patient care in a range of settings. Includes nurses, pharmacists, optometrists, physiotherapists, chiropodists or podiatrists, radiographers and community practitioners

NMS – New Medicine Service an Advanced Service of the pharmacy contract

PGDs: Patient group directions allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription. This guideline aims to ensure that patient group directions are used in line with legislation, so that patients have safe and speedy access to the medicines they need

Pharmacy Integration Fund (PhIF): to support pharmacy to transform how it operates across the NHS for the benefit of patients

Primary Care Home: a new model of care

Qualifications: Anybody undergoing training could obtain a qualification at the end of it. However, the relevance and importance of the qualification can only be gauged by how widely recognised the qualification is

RefertoPharmacy: electronic interface allowing hospital pharmacists and pharmacy technicians to notify community pharmacies about patient hospital admission/discharge activity

RPS: Royal Pharmaceutical Society

Skills Gaps: These are said to exist when the people in work do not possess the required skill levels to perform their role (also known as a training gap). An example of this would be a Pharmacy technician being promoted to a management position, but not having any experience of managing people. This person has a skill (or training) gap and will require training to become a competent manager

Training: A qualification may not be offered as a result of training and there are many different ways of receiving training. These include: distance learning, the Internet, mentoring, modular and via the more traditional, formalised delivery, being face-to-face with a tutor. Some training will offer a certificate at the end of the course or day, but this does not constitute a qualification

UCLAN: School of Pharmacy at the University of Central Lancashire

UECN: Urgent & emergency care network

USP: unique selling point

Pharmacy Workforce: The term pharmacy workforce refers to pharmacists, pharmacy technicians and pharmacy support staff. Pharmacists and pharmacy technicians are regulated by the General Pharmaceutical Council and pharmacists are professionally accountable for pharmacy assistants

Workforce Development: we mean education, training and development for all staff working within a community pharmacy. This means developing skills in the

pharmacy to ensure that all the staff have the relevant skills, are competent and are able to complete their work. Workforce Development can positively influence recruitment and retention (see also Skills Shortages)

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