

**HEALTH AND WELL-BEING BOARD
27 FEBRUARY 2018****WORCESTERSHIRE PHARMACEUTICAL NEEDS
ASSESSMENT (PNA) 2018 UPDATE**

Board Sponsor

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Priorities

Mental health & well-being	Yes
Being Active	Yes
Reducing harm from Alcohol	Yes
Other (specify below)	

Safeguarding

Impact on Safeguarding Children If yes please give details	No
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Impact on Safeguarding Adults If yes please give details	No
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Item for Decision, Consideration or Information

Consideration

Recommendation

1. The Health and Well-being Board is asked to:
 - a) Note the content of the 2018 pharmaceutical needs assessment.
 - b) Accept the recommendations and review progress on actions annually.

Background

1. The Health and Social Care Act 2012 transferred statutory responsibility for the developing and updating of Pharmaceutical Needs Assessments to Health and Well-being Boards. The accompanying NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.
2. Health and Well-Being Boards (HWB) are required to publish a refreshed assessment within three years of publication of their first assessment. Worcestershire HWB first published a PNA in April 2015, and a refreshed PNA is required to be published in April 2018.

3. The PNA presents an opportunity for representatives of community pharmacy and service commissioners to explore together how the development of pharmaceutical services can further help to deliver the priorities of the HWB in Worcestershire.

4. Following the previous PNA report to this Board in July 2017, a working group was established to steer the development of the PNA. Survey work and consultation took place with service users and the public (614 responses), pharmacy contractors (83/101 responded), and dispensing GPs (21/21 responded). PNA documentation was drafted and put out for a statutory 60 day consultation period between October and December 2017.

Summary of findings and recommendations

5. The PNA has confirmed the importance of the strategic direction set by the HWB strategy. In particular, the growing numbers of older people who are living with frailty and the importance of ageing well both pose challenges to overcome in the drive to improve health and well-being in Worcestershire. To meet these challenges, a stronger emphasis on prevention, early intervention and early help is needed to protect and maintain people's health and independence. Community pharmacies have close links with their communities and are therefore well placed to support the HWB to deliver its priorities.

6. The dispensing of prescriptions remains the cornerstone of pharmaceutical service provision and is a vital local service. 14% of respondents to the survey stated that they visit a pharmacy or dispensing GP at least once per week, and another 50% visit at least once per month. The term "*pharmaceutical services*" however incorporates a range of services that can be commissioned from community pharmacy. It is acknowledged that the PNA presents an opportunity for representatives of community pharmacy and service commissioners to explore together how the development of '*pharmaceutical services*' can further help to deliver the priorities of the HWB in Worcestershire.

7. Contractors should be actively encouraged to address patient need as identified through the engagement survey. A number of respondents suggested allowing easier access to general information about location and times of availability of pharmaceutical services.

8. The total opening hours that contractors cover, provides access from early morning to late evening, during the working week and at weekends. Whilst access is more extensive during normal working hours over the working week, reflecting the rise and fall in demand that normally occurs, access is still considered adequate outside of normal hours and at weekends.

9. The dispensing service provided by pharmacies is complemented by the service provided by dispensing GPs in the more rural areas reducing the distance that users have to travel to access the service.

10. The PNA has found that the level of access to pharmaceutical services currently commissioned across Worcestershire generally meets the needs of the

population. A pharmaceutical service in Worcestershire is provided by a variety of contractors that are appropriately located to meet the needs of the vast majority of the population.

11. It was concluded therefore that the PNA has not identified any significant gaps or needs in terms of *pharmaceutical* service provision.

12. Specific recommendations derived from the 2018 PNA are presented below. Many of these recommendations complement the 'Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) deep dive for Medicines Optimisation'. Where new services are required and/or recommended, lead organisations should commission these appropriately:

Recommendations	Lead organisation(s)
Service quality improvement	
1. Actively support all community pharmacies to achieve standards set out in the national Quality Payments Scheme.	NHSE
2. Continue to consider how community pharmacy can address and respond to patient need as identified through the engagement survey, paying particular consideration to access issues (such as opening times), and accessibility of information about pharmacy services.	NHSE, WCC PH, CCGs, HEE
Access to and utilisation of pharmaceutical services	
3. Provide clear information on opening times, services offered (including provision of confidential consulting space), and alternative provision when pharmacies are not open. This information should be available in easy read form and attention should be paid to meeting the needs of people with visual impairments.	NHSE
4. Recognise that there are a number of information sources and websites which can be confusing to patients wishing to access pharmacy information. Explore the opportunity for creating a Worcestershire wide portal for pharmaceutical services which is user friendly and searchable by services offered (a feature lacking in NHS Choices).	NHSE, CCGs, WCC PH
5. Encourage the integration of pharmacy with the wider healthcare economy to create coherent, system-wide services and pathways through appropriate commissioning and frameworks, such as minor ailments scheme, Healthy Living Pharmacies and Care Navigation.	CCGs
6. Consider existing and new pathways to incorporate referral to community pharmacy, such as offering patients advice and treatment for minor ailments and self-care support. Such changes to services would benefit from a clear communications campaign.	CCGs
7. All providers of pharmaceutical services should consider wider access issues including translation and interpreting services for people whose first language is not English and staff training to increase awareness of the needs of different people using	NHSE, CCGs, WCC PH

the service (e.g. dementia awareness, learning disability awareness, deaf awareness, sight loss and others). Pharmacies should ensure that their communications with the public meet the Accessible Information Standard.	
8. Ensure the potential for community pharmacy to help improve the sustainability and transformation of services is not lost from STPs as they develop. The medicines optimisation workstream within our STP has a focus on community pharmacy which is acknowledged and endorsed.	NHSE, WCC PH, CCGs
Public Health and Primary Care services provided by community pharmacies	
9. As the primary care workforce changes, consider how community pharmacy can address gaps and need in primary care. The NHS five year forward view refers to 'far greater use' of pharmacists to help patients get the right care, at the right time and in the right place.	NHSE, CCGs, WCC PH
10. Continue to work with community pharmacies to support achieving level 1 healthy living pharmacy status (which involves complying with various standards, including pharmacies proactively promoting behaviour change, having an appropriate consulting room for services on offer, and participating in the provision of seasonal flu vaccination).	WCC PH
11. Consider how level 2 healthy living pharmacies could be more integrated into referral pathways, e.g. for minor ailments and self-care support.	CCGs, WCC PH
12. Where new services are commissioned from community pharmacy, ensure that these are related to health need across Worcestershire.	All stakeholders and partner organisations
Medicines optimisation service	
13. Encourage pharmacies to maximise 'Medicines Use Reviews' and the 'New Medicines Service' by targeting appropriate patients who are most likely to derive greatest benefit from these interventions. An example of this would be to focus MURs on patients with long term conditions prior to flu season, and for people in care homes. MURs should be recognised as being part of the management of long term conditions, and may particularly benefit patients who see their pharmacist regularly to collect medications (but who may not see any other healthcare professional regularly). Consideration should be given to extend funding of MURs to ensure sufficient capacity to review all patients in risk groups.	NHSE, CCGs
14. Consider how community pharmacy can be utilised to facilitate admission to and discharge from hospital, particularly their role in discharging efficiently and safely (in regards to prescribing).	CCGs
Information technology improvements	
15. Explore how to improve connectivity between community pharmacy and other services (including sending electronic notifications of flu vaccination in pharmacy settings to GP practice systems).	NHSE

Legal, Financial and HR Implications

13. The Health and Social Care Act 2012 transferred responsibility to develop and update PNAs from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013

The NHS Act (the “2006” Act), amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health (DH) powers to make Regulations. HWBs are required to publish a revised assessment within three years of publication of their first assessment.

Privacy Impact Assessment

14. Not applicable

Equality and Diversity Implications

THE COUNCIL MUST, DURING PLANNING, DECISION-MAKING AND IMPLEMENTATION, EXERCISE A PROPORTIONATE LEVEL OF DUE REGARD TO THE NEED TO:

- ELIMINATE UNLAWFUL DISCRIMINATION, HARASSMENT AND VICTIMISATION AND OTHER CONDUCT PROHIBITED BY THE EQUALITY ACT 2010
- ADVANCE EQUALITY OF OPPORTUNITY BETWEEN PEOPLE WHO SHARE A PROTECTED CHARACTERISTIC AND THOSE WHO DO NOT
- FOSTER GOOD RELATIONS BETWEEN PEOPLE WHO SHARE A PROTECTED CHARACTERISTIC AND THOSE WHO DO NOT

An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential equality considerations requiring further consideration during implementation.

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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Supporting Information

- Appendix 1: Executive summary

Background Papers

In the opinion of the proper officer (in this case the Director of Public Health) the following are the background papers relating to the subject matter of this report:

- Worcestershire Health and Wellbeing Board's Pharmaceutical Needs Assessment Update (2018) & appendices

Appendix 1

Executive Summary

This is the second pharmaceutical needs assessment (PNA) prepared on behalf of the Worcestershire Health and Well-being Board (HWB) and builds on the PNA published in 2015, being updated to reflect current initiatives and standards. Since the publication of the last PNA there have been significant changes to services commissioned locally from pharmacies making this assessment particularly important.

The dispensing of prescriptions remains the cornerstone of pharmaceutical service provision and is a vital local service, clearly valued by patients in Worcestershire and delivered by a range of contractors, including community pharmacies and dispensing GPs. The term 'pharmaceutical services' however incorporates a range of services that can be commissioned from community pharmacy. It is acknowledged that the PNA presents an opportunity for representatives of community pharmacy and service commissioners to explore together how the development of "pharmaceutical services" can further help to deliver the priorities of the HWB in Worcestershire.

The information included throughout is the most current available as of April 2018.

Background – What is a Pharmaceutical Needs Assessment?

A PNA presents a comprehensive picture of current pharmaceutical service provision, which includes dispensing of prescriptions by community pharmacies, dispensing doctors and other providers, as well as a range of other services provided by community pharmacies.

Community pharmacies are based in the heart of local communities, in rural as well as urban areas, where people live, work and shop. With the significant contribution that community pharmacy can make to improve healthcare, it is important to ensure that there are an appropriate number of pharmacies, that they are in the right places and offer an appropriate range of services. The PNA helps to achieve this, by providing a basis for decisions about future provision.

The responsibility for producing PNAs transferred from Primary Care Trusts (PCTs) to HWBs in 2012. The *NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (The 2013 Regs)* of April 2013 state that HWBs must produce their first PNA by no later than 1st April 2015, and every 3 years thereafter.

Process – how has the Pharmaceutical Needs Assessment been developed and what happens now?

The pharmaceutical services delivered by Worcestershire contractors including 101 pharmacies and 21 dispensing doctors have been evaluated by Worcestershire Directorate of Public Health. Services provided have been surveyed and opening times and locations mapped. The health and well-being needs of the local population are examined and key local strategies summarised. Public and service user views have been sought with 614 responses from the public to a questionnaire on pharmaceutical services.

The picture of current service provision is presented in **Part A** of the PNA. The next section, **Part B**, looks at local health needs and priorities. **Part C** considers the summary of current provision of pharmaceutical services alongside the health needs of the

population and identifies where current service provision may be deemed to be inadequate. This highlights potential gaps or “pharmaceutical needs”.

The PNA then considers how the needs and service gaps that have been identified could be met by the provision and development or extension of existing pharmaceutical services. In this way the PNA acts as a steer for planning and commissioning of relevant future services including whether new pharmacies should be allowed to open or GPs allowed to dispense.

HWBs must consult during the process of developing the PNA for a minimum period of 60 days. The responses received during this period have been considered and incorporated into this report.

Findings

Summary findings from the 2018 PNA are contained in the following table:

Access to pharmaceutical services	
Assessment	Opportunities / considerations
<p>Pharmaceutical services are provided by appropriately located contractors, delivering services over an appropriate period to allow reasonable access for the people of Worcestershire.</p> <p>There is a good mix of independent, supermarket and multiple pharmacy contractors providing a good level of choice for dispensing pharmaceutical services. Density of pharmacies, as one might expect, are largely related to density of population (e.g. greater numbers in Worcester & Kidderminster).</p> <p>Dispensing practices are fairly uniformly dispersed across Worcestershire and provide access to medicines in the more rural parts of the County, contributing to the provision of an integrated countywide prescription medicines service together with their pharmacy colleagues.</p> <p>Mapping of locations of pharmacies and travel times by car to pharmacies showed that access to pharmacies is good across the county. We believe that the majority of residents are able to access community pharmacy within 15 minutes by car. Within 20 minutes travelling by car, all residents in Worcestershire should be able to access a community pharmacy between 9am-5pm (though many pharmacies open for longer hours). A sizable proportion can also access community pharmacy within 25 minutes by foot. Some residents will choose to visit pharmacies in neighbouring authority areas.</p> <p>Around a quarter of respondents reported some issues with access in relation to parking. However,</p>	<p>The good levels of access to community pharmacy could be utilised further by Clinical Commissioning Groups (CCGs) or local authorities (LAs) to address local health needs.</p>

<p>the majority of pharmacy contractors and dispensing GP practices indicated that they provided free and disabled parking. Pressures on car parking will be variable depending on day and time of visit. Arguably pressure on car parks will be reduced during non-core times (i.e. pharmacies with extended opening). The vast majority of pharmacies indicate that they are accessible to wheelchairs, pushchairs and walking frames. Around 88% of pharmacies do not have steps to enter premises.</p> <p>No specific issues with access were identified currently for people of a particular race or culture (around 7% of service user survey responses), who are pregnant or who are a particular gender.</p> <p>Pharmacy contractors make an important contribution to services that are not remunerated or reimbursed and are not contracted services, but which are appreciated and relied upon by some service users. An example of this is the prescription home delivery service provided by many contractors which improves access to services particularly for the housebound and those with restricted mobility.</p>	
<p>Although the majority of respondents stated they were satisfied with community pharmacy or GP dispensers' opening times a significant proportion (around 10%) stated that they were either dissatisfied or were not content with these.</p> <p>Late night opening was deemed to be important to a around 33% of respondents. There was a desire expressed by respondents for out-of-hours support with a majority of respondents reporting that they would be very likely or likely to access this service.</p> <p>This provides an opportunity to further build on the service offered by community pharmacy and dispensing GPs.</p>	<p>There is demand and possible associated need with community pharmacies opening later and out of normal working hours. This may provide pharmacies with additional business, as well as being beneficial to patients and the wider health and care system.</p>
<p>What is the extent to which current service provision is adequately responding to the changing needs of the community?</p>	
<p>Assessment</p>	<p>Opportunities / considerations</p>
<p>Around 70% of respondents to the contractor survey said that their pharmacy would be willing to undertake consultations in patient's homes.</p>	<p>This prompts consideration of whether this facility could be further utilised particularly in regards to conducting Medicines Use Reviews (MURs) for housebound patients.</p>
<p>There is an increase in the population of Worcestershire and in particular the numbers of people in the older age groups, who may have multiple long-term conditions, is predicted (45.5%</p>	<p>Services need to be aware of changing demographics and an increase in the black, Asian and minority ethnic group population.</p>

<p>increase in people 75 years and older between 2017 and 2027, Office for National Statistics population projections). This means there are some significant challenges to overcome in the drive to improve health and well-being in Worcestershire.</p> <p>The majority of the population is 'white British' with increasing numbers of black, Asian and minority ethnic groups.</p>	
Public health services provided by community pharmacies	
Assessment	Opportunities / considerations
<p>Over half of community pharmacies reported that they were part of the Healthy Living Pharmacy programme. Of the pharmacies that were not part of this programme, the majority were planning to join the programme in the next six months.</p> <p>Some pharmacies are providing lifestyle services free of charge. Services provided by a number of contractors include weight and cholesterol management.</p>	<p>This provides an opportunity to positively impact health and well-being in local communities. If pharmacies are to become more central to prevention and primary care services there may be scope to increase the community pharmacy offer, such as commissioning pharmacies to treat a range of conditions and encouraging patients to see a pharmacist first, rather than a GP for these conditions.</p>
<p>Over 90% of patients knew that they could approach their pharmacist for general health advice on disease prevention. Around 280 people stated that they visit their GP for advice about these issues and around the same number sought the same advice from pharmacy.</p> <p>Over 60% of respondents stated that they would be likely or very likely to seek advice from community pharmacy on managing long-term conditions, out of hours support, vaccinations or blood tests.</p>	<p>This highlights a level of trust in pharmacy services and advice, and reinforced by 83% of patients and public stating that their trust in pharmacies was high or very high. This may indicated underutilised potential within community pharmacy to deliver additional advice and services.</p>
<p>Flu vaccination is an extremely important preventative measure that needs more work by partners to achieve the highest possible coverage in eligible and vulnerable groups.</p>	<p>Community pharmacies could play a larger role in achieving this. Locally and nationally, uptake is declining slowly and in Worcestershire the figures is around the 75% national target, but there are significant differences across the County.</p>
Medicines optimisation	
Assessment	Opportunities / considerations
<p>A high number of pharmacies are currently performing a high number of Medicines Use Reviews (MURs) with a maximum of 400 per pharmacy per year.</p>	<p>Targeting MURs at the most complex patients, and those with complex prescriptions may yield the greatest benefit.</p>
Information technology improvements	

Assessment		Opportunities / considerations	
The pharmacy contractor survey highlighted that around 30% of responding pharmacies do not have their own website.		This emphasises the need for NHS Choices to be up-to-date and prompts consideration of a local electronic solution to access information about local pharmacies. Specifically, pharmacies could be invited to use the 'Your Life Your Choice' (YLYC) website as providers.	
Service quality improvement			
Assessment		Opportunities / considerations	
The majority of patients stated they waited less than 10 minutes to have a prescription dispensed and a minority were waiting more than 30 minutes.		If the role and services offered by community pharmacy were to be extended it would be important that this does not impact on current pharmaceutical provision.	
Other findings			
Assessment		Opportunities / considerations	
A theme emerging from public and service user engagement was a desire for clear information on opening times, services offered and alternative provision when pharmacies are not open.		Clarity of provision of information is deemed to be of importance to patients and the public. GP surgeries, YLYC website and pharmacies themselves all have a role in facilitating access to information about the services offered at pharmacies.	
Around 60% of survey respondents return their unwanted medicines to community pharmacy or dispensing GP practice. However, a significant number of people stated that they were currently disposing of unwanted medicines through their household rubbish, down the sink or storing them in their home.		There is a cohort of people in Worcestershire who may benefit from improved awareness that unwanted or out of date medicines can and should be disposed of through their pharmacy.	

Conclusions

The PNA has found that the level of access to pharmaceutical services currently commissioned across Worcestershire generally meets the needs of the population, as described in the findings. A pharmaceutical service in Worcestershire is provided by a variety of contractors that are appropriately located to meet the needs of the vast majority of the population. However, it is clear that the role of community pharmacies in preventing ill-health and supporting self-care could be strengthened.

The total opening hours that contractors cover, provides access from early morning to late evening, during the working week and at weekends. Whilst access is more extensive during normal working hours over the working week, reflecting the rise and fall in demand that normally occurs, access is still considered adequate outside of normal hours and at weekends (particularly for those who are able to drive and have access to a car).

The dispensing pharmaceutical service provided by pharmacies is complemented by the service provided by dispensing GPs in the more rural areas reducing the distance that users have to travel to access the service.

The public, patient and service-user engagement process revealed a high level of satisfaction on the part of respondents. Although the response rate was good for this type of survey, this does only provide a sample of views from the population:

- 84% state that they have easy access to services with no problems
- Almost 70% did not identify any barrier to access for services
- Just under 40% need to travel less than a mile to reach a pharmacy
- 70% need to travel less than 2 miles to access a pharmacy
- Over 76% need to travel for less than 15 minutes to reach a pharmacy
- 90% are very or fairly satisfied with opening hours when pharmaceutical services are available, 7% were neither satisfied nor dissatisfied, and 3% were dissatisfied with opening times.

It was concluded therefore that the PNA has not identified any significant gaps or needs in terms of *pharmaceutical* service provision.

It was noted, however, that there is still some capacity within the existing service profile for community pharmacy to provide further support to help meet the needs and address the priorities of the HWB and the local Sustainability and Transformation Partnership (STP). There are also opportunities for service development in community pharmacy.

The developing public health advisory role for community pharmacy particularly within the structure of the Healthy Living Pharmacy programme offers further opportunity for community pharmacies to support the HWB and STP prevention platforms. These platforms are digital inclusion (such as pharmacies allowing public access to online health information, such as self care), making every contact count (MECC), social prescribing and specific behaviour change programmes, each of which can be delivered by pharmacies.

Specific recommendations derived from the 2018 PNA are listed below. Where new services are required and/or recommended, lead organisations should consider commissioning these appropriately:

Recommendations	Lead organisation(s)
Service quality improvement	
1. Actively support all community pharmacies to achieve standards set out in the national Quality Payments Scheme.	NHSE
2. Continue to consider how community pharmacy can address and respond to patient need as identified through the engagement survey, paying particular consideration to access issues (such as opening times), and accessibility of information about pharmacy services.	NHSE, WCC PH, CCGs, HEE
Access to and utilisation of pharmaceutical services	
3. Provide clear information on opening times, services offered (including provision of confidential consulting space), and	NHSE

alternative provision when pharmacies are not open. This information should be available in easy read form and attention should be paid to meeting the needs of people with visual impairments.	
4. Recognise that there are a number of information sources and websites which can be confusing to patients wishing to access pharmacy information. Explore the opportunity for creating a Worcestershire wide portal for pharmaceutical services which is user friendly and searchable by services offered (a feature lacking in NHS Choices).	NHSE, CCGs, WCC PH
5. Encourage the integration of pharmacy with the wider healthcare economy to create coherent, system-wide services and pathways through appropriate commissioning and frameworks, such as minor ailments scheme, Healthy Living Pharmacies and Care Navigation.	CCGs
6. Consider existing and new pathways to incorporate referral to community pharmacy, such as offering patients advice and treatment for minor ailments and self-care support. Such changes to services would benefit from a clear communications campaign.	CCGs
7. All providers of pharmaceutical services should consider wider access issues including translation and interpreting services for people whose first language is not English and staff training to increase awareness of the needs of different people using the service (e.g. dementia awareness, learning disability awareness, deaf awareness, sight loss and others). Pharmacies should ensure that their communications with the public meet the Accessible Information Standard.	NHSE, CCGs, WCC PH
8. Ensure the potential for community pharmacy to help improve the sustainability and transformation of services is not lost from STPs as they develop. The medicines optimisation workstream within our STP has a focus on community pharmacy which is acknowledged and endorsed.	NHSE, WCC PH, CCGs
Public Health and Primary Care services provided by community pharmacies	
9. As the primary care workforce changes, consider how community pharmacy can address gaps and need in primary care. The NHS five year forward view refers to 'far greater use' of pharmacists to help patients get the right care, at the right time and in the right place.	NHSE, CCGs, WCC PH
10. Continue to work with community pharmacies to support achieving level 1 healthy living pharmacy status (which involves complying with various standards, including pharmacies proactively promoting behaviour change, having an appropriate consulting room for services on offer, and participating in the provision of seasonal flu vaccination).	WCC PH
11. Consider how level 2 healthy living pharmacies could be more integrated into referral pathways, e.g. for minor ailments and self-care support.	CCGs, WCC PH
12. Where new services are commissioned from community pharmacy, ensure that these are related to health need across Worcestershire.	All stakeholders and partner organisations

Medicines optimisation service	
<p>13. Encourage pharmacies to maximise 'Medicines Use Reviews' and the 'New Medicines Service' by targeting appropriate patients who are most likely to derive greatest benefit from these interventions. An example of this would be to focus MURs on patients with long term conditions prior to flu season, and for people in care homes. MURs should be recognised as being part of the management of long term conditions, and may particularly benefit patients who see their pharmacist regularly to collect medications (but who may not see any other healthcare professional regularly).</p> <p>Consideration should be given to extend funding of MURs to ensure sufficient capacity to review all patients in risk groups.</p>	NHSE, CCGs
14. Consider how community pharmacy can be utilised to facilitate admission to and discharge from hospital, particularly their role in discharging efficiently and safely (in regards to prescribing).	CCGs
Information technology improvements	
15. Explore how to improve connectivity between community pharmacy and other services (including sending electronic notifications of flu vaccination in pharmacy settings to GP practice systems).	NHSE