



**Community
Pharmacy**

**Staffordshire &
Stoke-on-Trent**

Communications Strategy

Strategy

MISSION: Lead community pharmacies in Staffordshire and Stoke-on-Trent to partner with commissioners and represent the best interests of pharmacies and patients

2023-24 Operational Plan

1. Support the implementation and monitoring of new national and local services as they come online and promote and ensure high quality services are delivered from community pharmacy during all opening hours
2. Identify and make submissions to external/NHSE/ICB funding bids that strategically align with CPSSOT strategic plan, in collaboration with other stakeholders when appropriate
3. Strengthen working relationship with the ICB to ensure all services and digital initiatives are effectively used to benefit patients
4. Actively seek to work collectively with CPE and Regional LPCs by identifying areas and bring together crucial pieces of information and working collaboratively to deliver efficiencies

SUPPORT & DEVELOP

- Use and develop digital communications to support pharmacies to provide services
- Support contractors and their teams, via training event, to enhance clinical knowledge and delivery of services
- Support the pharmacy team, including locums, on new initiatives such as eRD and Pharmacy First to ensure financial sustainability
- Support contractors to meet their contractual and governance requirements
- Equip contractors with tools and information to allow them to maintain good working relations with other healthcare professionals
- Identify profitable opportunities and highlight to contractors; support the renegotiation or decommissioning of unfavourable services

LEAD

- Work with other LPCs across the NHSE to share resources
- Use CPSSOT as an effective voice to represent pharmacy contractor interests
- Inspire and lead contractors to deliver new and existing initiatives to a high standard e.g. Pharmacy Quality Scheme
- Lead pharmacies to embrace the digital expansion of the NHS
- Work with pharmacies to ensure they are knowledgeable about the changing face of the NHS
- Ensure consistency of local pharmacy services
- Work with stakeholders to involve pharmacy with regards to the primary care recovery strategy

PROMOTE

- Develop, implement and maintain a communications strategy
- Promote community pharmacy to the public
- Engage with relevant opinion-formers and other public bodies e.g. MPs, local council & Healthwatch
- Work with Integrated Care Systems to support patients discharged from hospital using the DMS service to reduce readmission
- Promote all pharmacy services to wider healthcare professionals
- Ensure community pharmacy is well represented on relevant stakeholder boards
- Identify, create and utilise key performance indicators to focus contractor support and measure engagement

UNDERPINNING GOVERNANCE

- ✓ Complete CPE self-assessment annually and review regularly
- ✓ Support new members with induction and robust documentation
- ✓ Review declaration of interest regularly and at least at bi-monthly meeting

- ✓ Effective appraisal systems are in place for all employees
- ✓ A budget for the LPC is set and reviewed by the finance sub-committee
- ✓ The Nolan Principles are adhered to at all times by all committee members
- ✓ Ensure the principles of competition law are observed at all times
- ✓ Work with CPE to adopt best practice

Why have a communications strategy?

Community Pharmacy Staffordshire must engage with a wide variety of stakeholders in order to deliver its wider strategy

Community Pharmacy Staffordshire Mission Statement:

Lead community pharmacies in Staffordshire to partner with commissioners and represent the best interest of pharmacies and patients

Stakeholder groups



Contractors and pharmacy teams



Allied Professionals

NHS

Staffordshire and
Stoke-on-Trent
Integrated Care Board

Commissioners



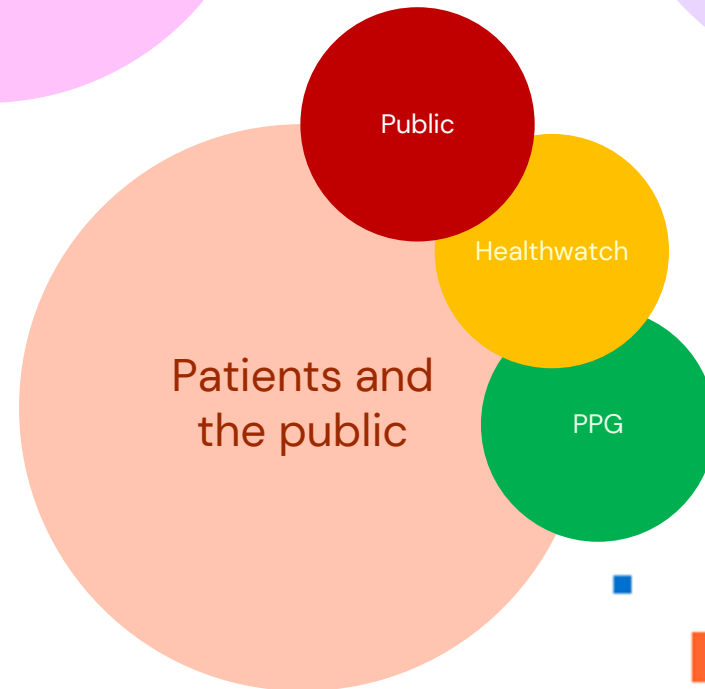
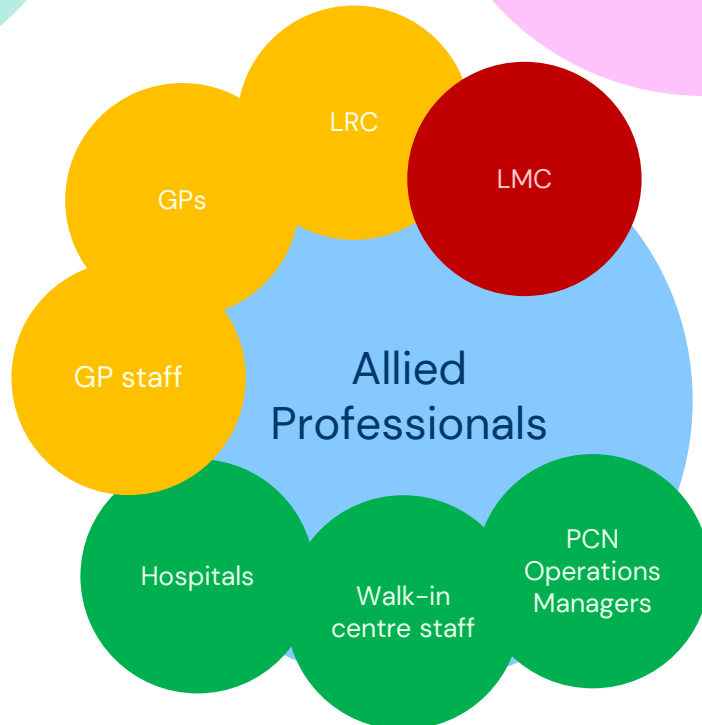
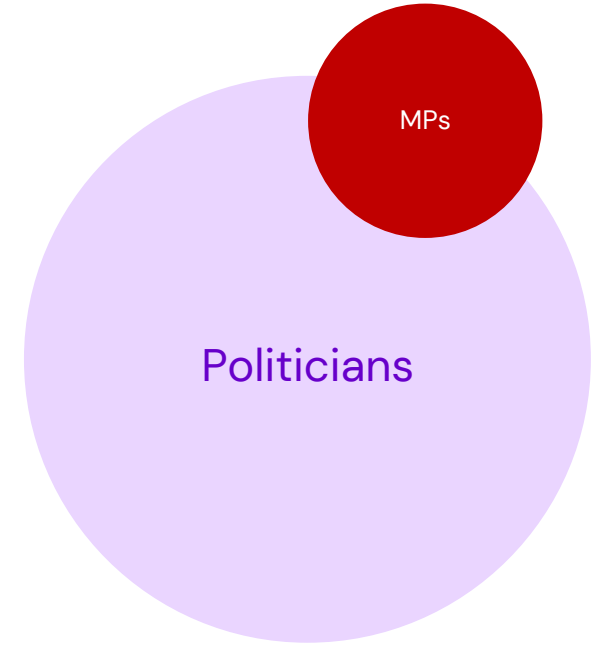
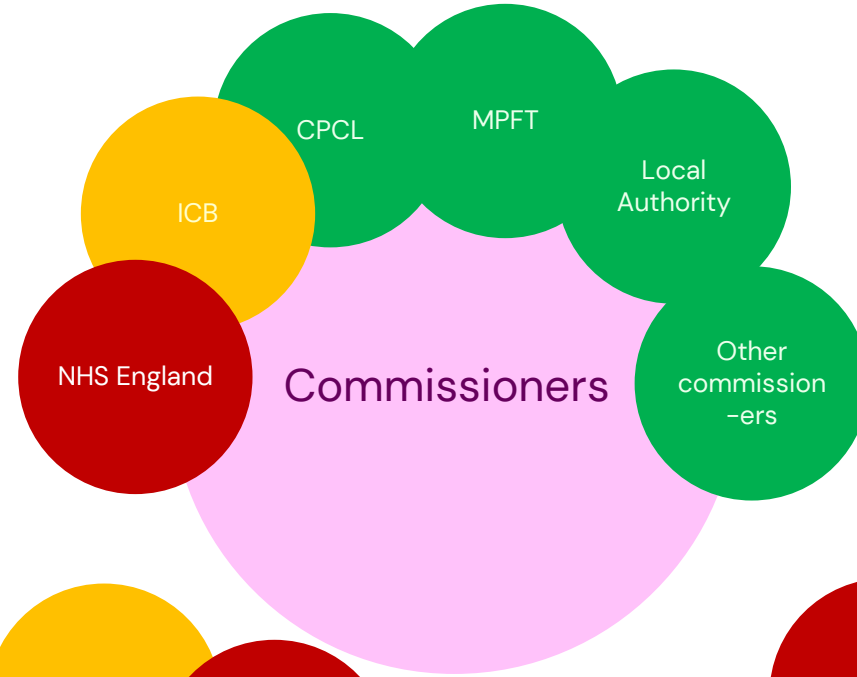
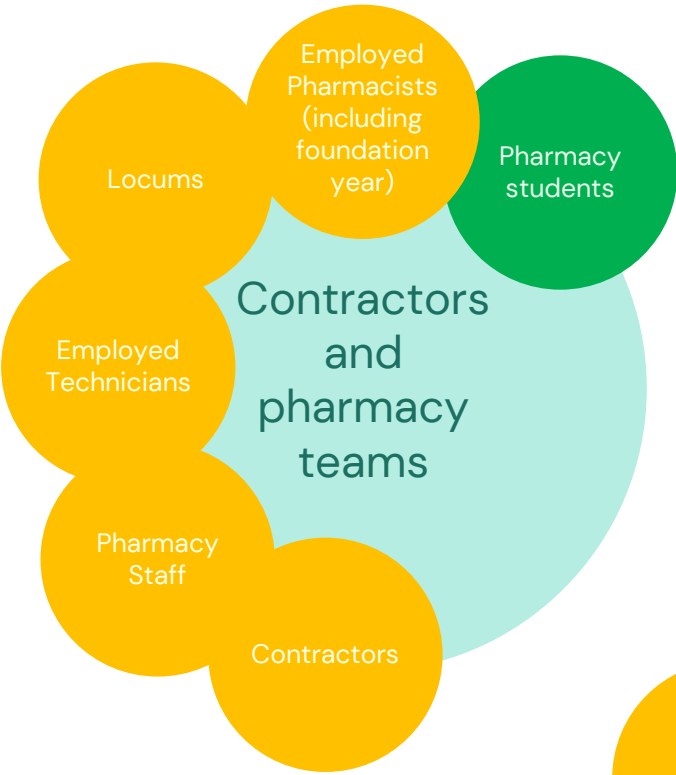
Patients and the public



Politicians



Stakeholders



PESTLE

Labour Government newly elected
Concerns about post-Brexit trade and 'selling off' NHS
Focus on 'in person GP appointments' often links to role of community pharmacy
Climate change and biodiversity crisis
Equality, diversity and inclusion part of NHS organisation strategies

POLITICAL

Community pharmacy highly regulated; GPhC, CQC, MHRA, trading standards, HSE, NHS, employment and consumer laws
Equality Act 2010 requires 'reasonable adjustments'
Changes expected in law (supervision, hub & spoke) to enable efficiency through technology or wider roles for supporting staff; Government attaches a monetary value associated with NHS contract
Regulations and guidelines from NICE, MHRA and NHS require patient safety specific actions (e.g., valproate)
Waste regulations complex

LEGAL

Growing consumer awareness of environmental issues
Significant driver of choice
Multiplicity of issues; carbon/climate, plastic, biodiversity, medicines wastage
Historic medicines support solutions have negative environmental impact
Poor air quality and climate driven weather effects e.g., heatwaves worsen chronic conditions
Environmental issues a trigger for negative mental health and wellbeing
NHS focus on both products (e.g., inhalers) and optimisation to reduce wastage

ENVIRONMENTAL

Community pharmacy costs recognised but ongoing funding real terms cut from NHS
New funding focused on service provision
Labour costs growing
'Cost of living crisis'
Energy costs volatile
Numerous pharmacy closures
Withdrawal of 'free' services e.g., delivery

ECONOMIC

Pharmacy funding model expects technology enabled hub and spoke operation
Digital solutions popular with users and can gamify health e.g. Fitbit and reduce isolation e.g., Zoom
Digital solutions typically financed personally and targeted at younger 'tech-savvy' consumers; less available to those with limited incomes, disabled or less technologically adept
Increasing involvement of AI and automation solutions
Numerous competing solutions relating to medicines
Large tech company interest in UK pharmacy
IT development can be slow and costly
Health outcomes and patient safety hard to equate to financial benefit

TECHNOLOGICAL

Ageing population; more years of poor health
Social care funding model in question
Pandemic has widened existing health inequalities
Greater public awareness of inequalities and cost of living

SOCIOCULTURAL





Contractors and pharmacy teams

Owners of community pharmacies and their employees will understand the role of the LPC, share our objectives and use the LPC as a source of support and development



Allied Professionals

GPs and their staff will recognise the role of community pharmacy and proactively partner to provide primary care

Other allied professionals will recognise the opportunities presented by working with community pharmacies



Staffordshire and Stoke-on-Trent
Integrated Care Board

Commissioners

Commissioners will understand that community pharmacies are part of the NHS, how remuneration works, the relevant regulations that affect us, and look to proactively explore expanding the clinical services possible in community pharmacies



Patients and the public

Patients will be aware of the expanding role of the community pharmacy and see our role as the first port of call for most health needs



Political engagement

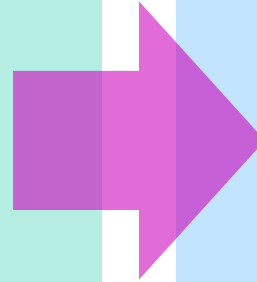
Members of parliament and councillors will recognise and promote the benefits of community pharmacy within their communities, whilst escalating the issues facing us and promoting future opportunities



Reality → Future

Reality

- Some communications with contractors but engagement hard to assess
- Survey of contractors and pharmacy teams
- New LPC and new brand
- Previous engagement in predecessor LPCs was broad and lacked quantitative success measurement
- Website continues to evolve
- Stakeholders expect multichannel engagement and this is not currently provided/optimised
- Current focus on contractors



Future

Communications activities will bring about the LPC strategy goals



Each stakeholder will understand the benefits community pharmacy can provide

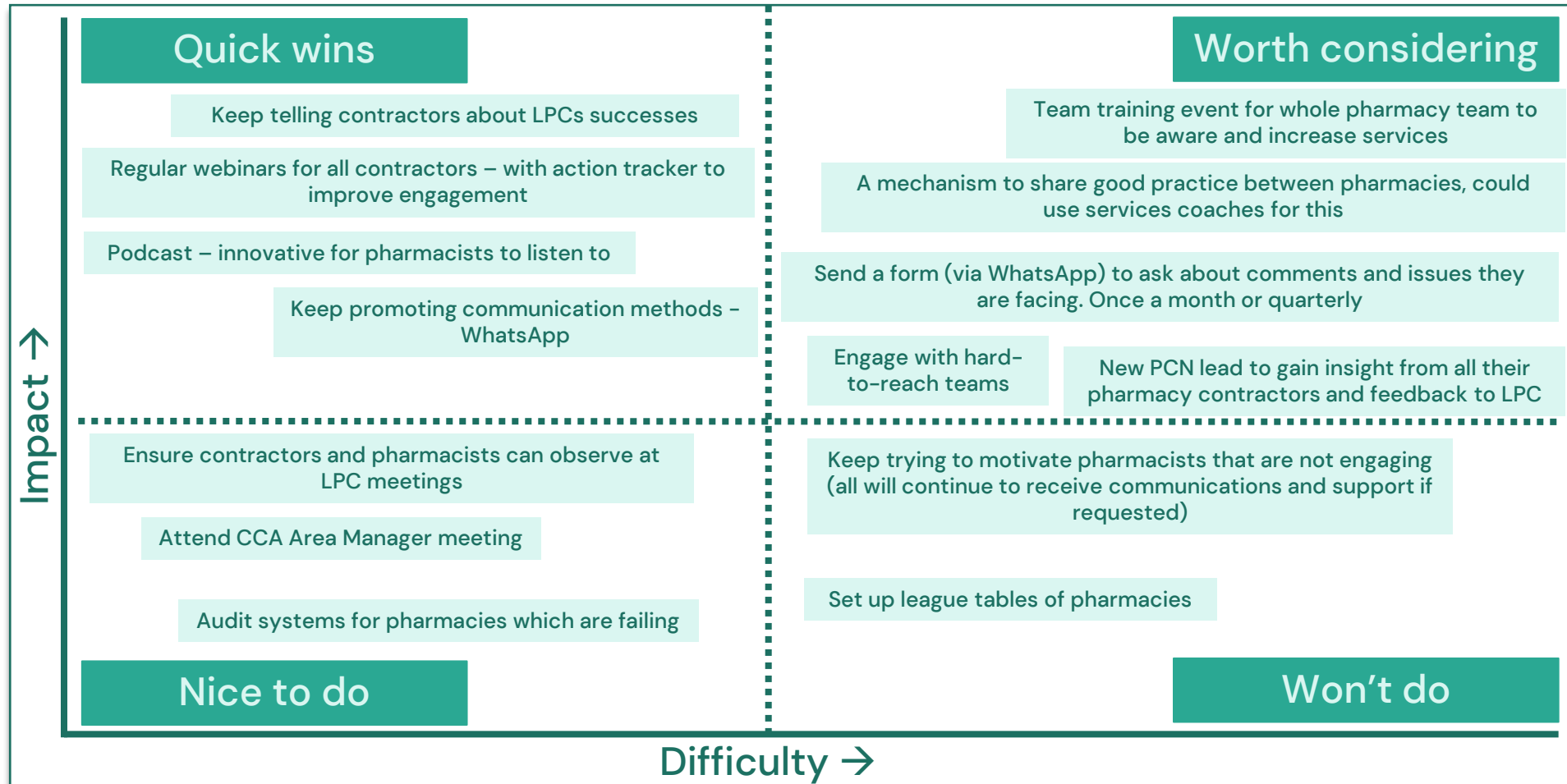


- Different stakeholder groups will have SMART engagement objectives
- Multichannel options to maximise reach
- Focus will be on measurement and feedback
- Clear brand



Contractors and Pharmacy Teams

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YEAR 1 OBJECTIVES

1. Decide an engagement scoring criteria and categorise all pharmacies according to the criteria
2. Using the scoring criteria to identify outliers and determine the engagement approach
3. By the end of the year one webinar meeting will be created, contractors invited, recorded and podcast generated
4. By the end of the year each newsletter will contain one LPC success
5. By the end of the year each newsletter with contain website and WhatsApp group joining information

YEAR 2 OBJECTIVES

1. Following the webinar, evaluate and provide feedback on its success
2. During the year the Services and Engagement officer to attend at least one CCA area managers meeting
3. Review scoring criteria to ensure any updates are addressed
4. Based on the scoring criteria explore the possibility of PCN lead

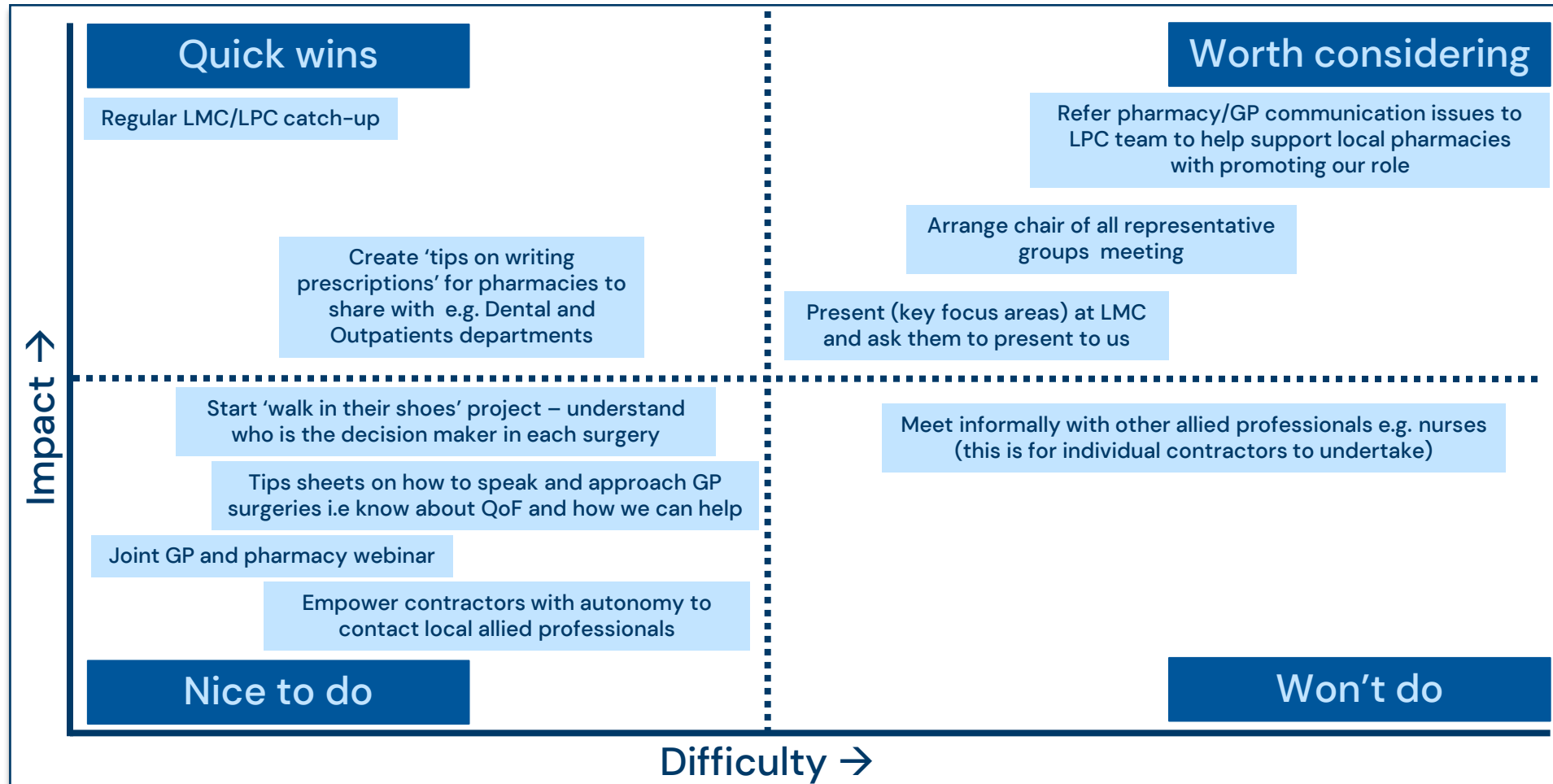
YEAR 3 OBJECTIVES

1. Implement a mechanism for sharing good practice between pharmacies



Allied Professionals

GPs and their staff will recognise the role of community pharmacy and proactively partner to provide primary care
Other allied professionals will recognise the opportunities presented by working with community pharmacies



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YEAR 1 OBJECTIVES

1. Organise minimum 4 meetings per year between LMC and LPC, and develop an action log to ensure actions are met/achieved
2. Write a section on the website (with easily downloadable / printable content) about prescription writing best practice and ensure pharmacy teams know where to find this
3. Obtain all paperwork/documents and understand how to implement the 'walk in my shoes' project

YEAR 2 OBJECTIVES

1. Review the success of LPC/LMC meetings by reviewing the actions achieved from action log
2. During this year ensure LMC attend at least one LPC meeting and vice versa
3. Map pharmacies that would like to take part in 'walk in my shoes' project

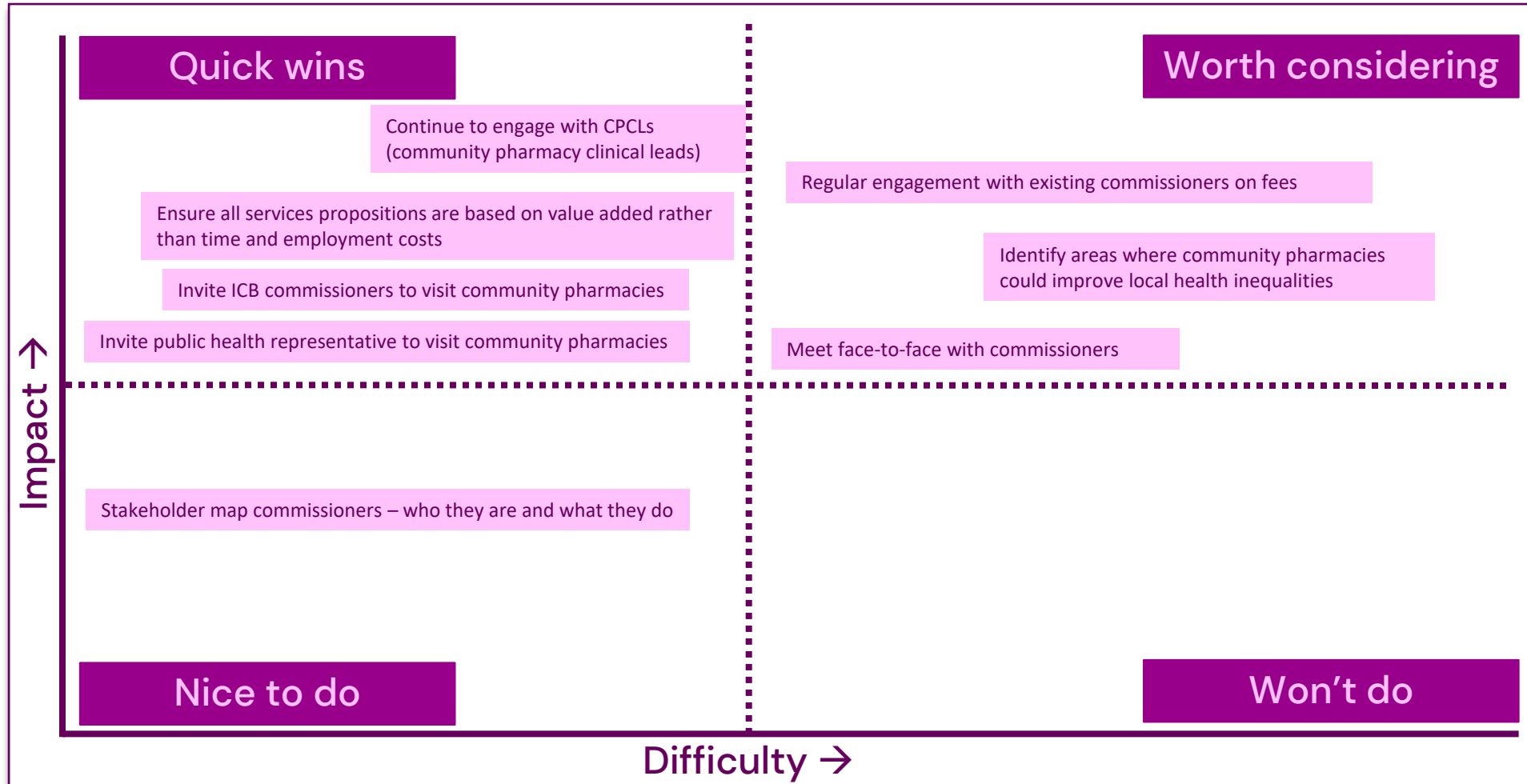
YEAR 3 OBJECTIVES

1. Start roll out of 'walk in my shoes' project and review its success



Commissioners

Commissioners will understand that community pharmacies are part of the NHS, how remuneration works, the relevant regulations that affect us, and look to proactively explore expanding the clinical services possible in community pharmacies



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YEAR 1 OBJECTIVES

1. Identify at least one commissioner from the Integrated Care Board (ICB) and invite to visit a pharmacy
2. Identify at least one local authority official/commissioner and invite to visit a pharmacy
3. Maintain relationships with CPCLs at the ICB by inviting to all LPC meetings, with a written report should they not be able to attend

YEAR 2 OBJECTIVES

1. Ensure that expiry dates for tenders are diarised
2. Keep in regular contact with commissioners to ensure paid fees are applicable and highlight the need for fee uplift

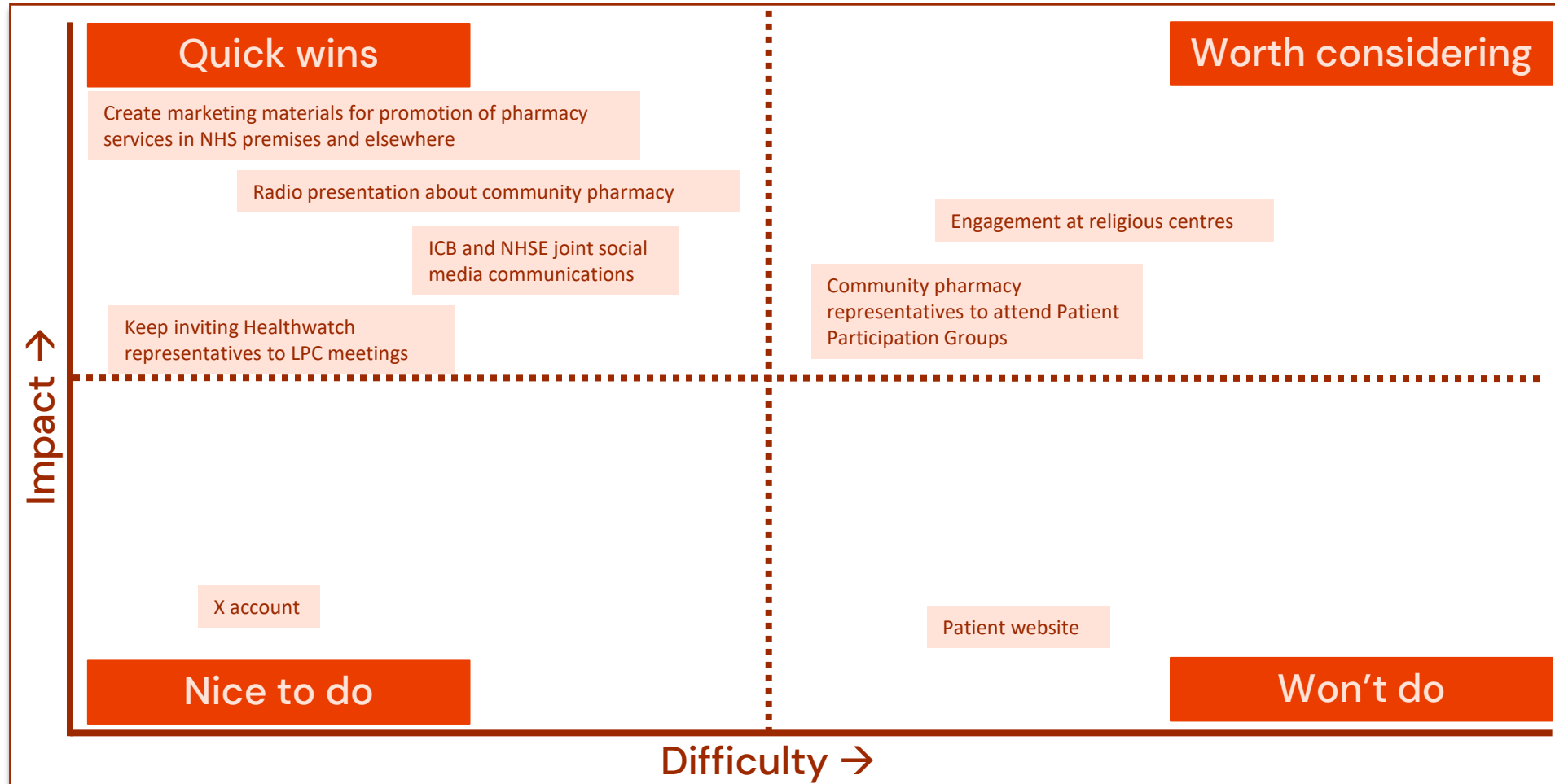
YEAR 3 OBJECTIVES

1. Maintain regular contact with commissioners to ensure appropriate fee uplift for services
2. Identify Staffordshire areas in the bottom 10 Index of Multiple Deprivation (IMD) and map to the appropriate pharmacies
3. With the IMD mapping speak to commissioners to review population need



Patients and the Public

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YEAR 1 OBJECTIVES

1. Create marketing materials for promotion of pharmacy services in NHS premises and elsewhere
2. Deliver at least 6 radio interviews
3. Continue to engage with Integrated Care Board and NHSE communications board and ensure pharmacy campaigns are appropriate

YEAR 2 OBJECTIVES

1. Devise a list of Patient Participation Groups for contractors so they can liaise with them should they wish to
2. Continue to engage with HealthWatch and invite them to LPC meetings at least once a year

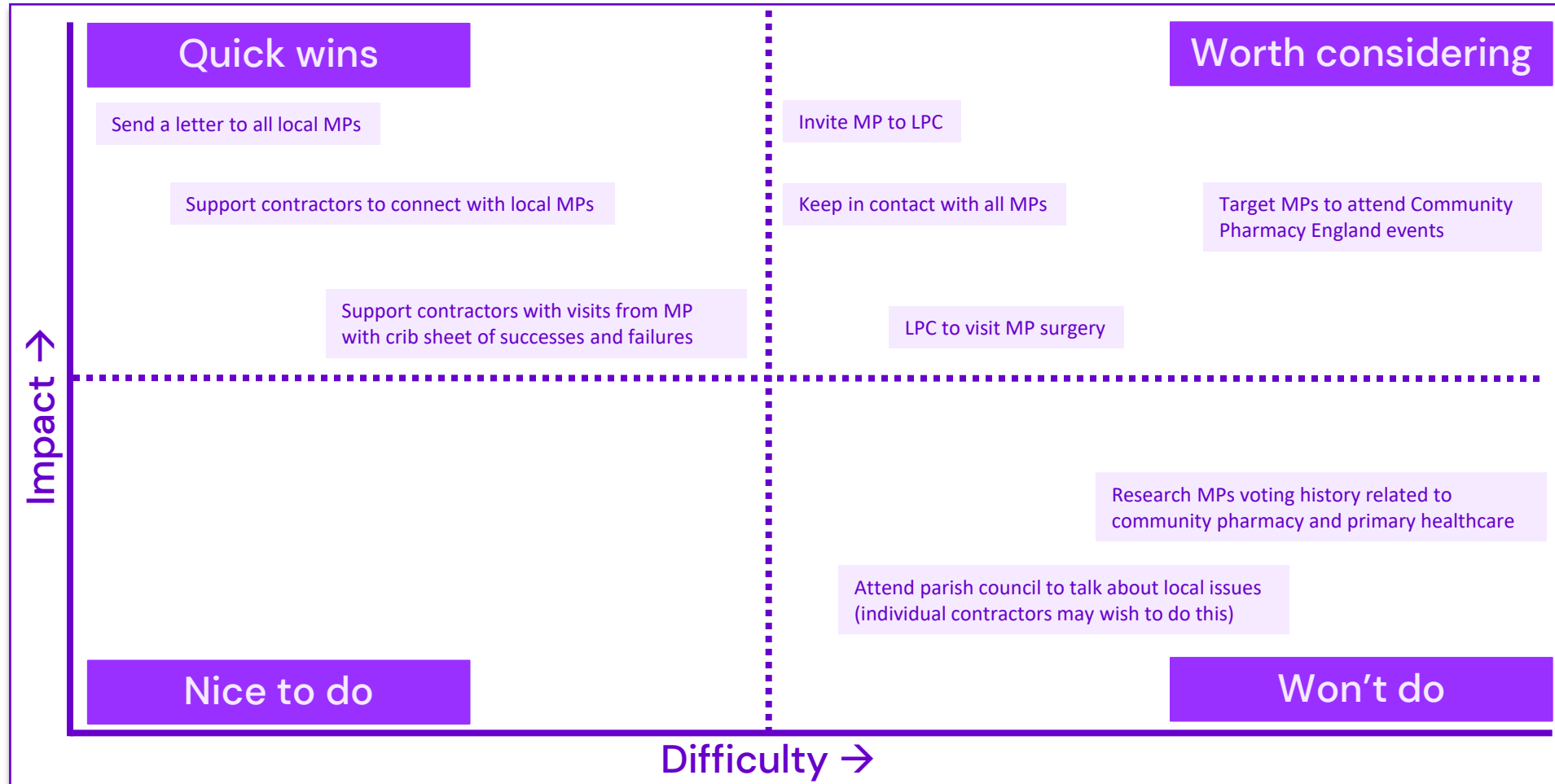
YEAR 3 OBJECTIVES

1. Review social media accounts and develop LPC social media if appropriate



Political engagement

Pharmacy trade, organisational bodies, members of parliament and councillors will recognise and promote the benefits of community pharmacy within their communities, whilst escalating the issues facing us and promoting future opportunities



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YEAR 1 OBJECTIVES

1. Using CPE documents contact local MPs to outline key pharmacy struggles and successes
2. Select and visit at least one MP to discuss community pharmacy
3. Using the LPC newsletter direct pharmacies to their local MP

YEAR 2 OBJECTIVES

1. Review the success of MP engagement

YEAR 3 OBJECTIVES

1. Remain in contact with local MPs
2. Map voting tendencies of local MPs with pharmacy matters and inform contractors



Appendix

The image features a light teal background with a white gradient. The word "Appendix" is centered in a blue, sans-serif font. There are several clusters of small, solid-colored squares (magenta, orange, blue, and green) scattered across the page, primarily in the top right and bottom left quadrants. A larger teal square is partially visible in the top right corner.

Pharmacy Facts

- **1.3 million people a week** are now having their healthcare needs addressed by community pharmacies, with 70% asking for advice on clinical symptoms
- Community pharmacies dispense **1.1 billion prescriptions** a year
- 89% of the population in England has access to a community pharmacy within a **20 minute walk**;
- Over 99% of those in areas of highest deprivation are within a 20 minute walk of a community pharmacy; and
- As the accessibility of community pharmacies is greatest in areas of higher deprivation, they may have an important role to play in **reducing inequalities**.
- Community pharmacies are situated in high street locations, in neighbourhood centres, in supermarkets and in the heart of the most deprived communities.
- Many are **open long hours** when other health care professionals are unavailable
- Pharmacists have been developing **clinical services** in addition to the traditional dispensing role to allow better integration and team working with the rest of the NHS
- Most pharmacies now have a **private consultation area** specifically for confidential or sensitive discussions.



Glossary

AI	Artificial Intelligence
CCA	Company Chemists Association
CPCL	Community Pharmacy Clinical Lead
CPE	Community Pharmacy England
CPSSOT	Community Pharmacy Staffordshire & Stoke-on-Trent
CQC	Care Quality Commission
DMS	Discharge Medicine Service
eRD	Electronic Repeat dispensing
GP	General Practitioner
GPhC	General Pharmaceutical Council
HSE	Health and Safety Executive
ICB	Integrated Care Board
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee

LRC	Local representatives committee
MHRA	Medicines & Healthcare products Regulatory Agency
MP	Member of Parliament
MPFT	Midlands Partnership Foundation Trust
NHSE	National Health Service England
NICE	National Institute for Health and Care Excellence
PCN	Primary Care Network
PPG	Patient Participation Group
QoF	Quality Outcome Framework
SMART	Specific, measurable, achievable, timebound