

Sue Ryder Submission: Health and Social Care Committee Pharmacy Inquiry July 2023

About Sue Ryder

Sue Ryder supports people through the most difficult times of their lives. For almost 70 years our doctors, nurses and carers have given people the compassion and expert care they need to help them live the best life they possibly can.

We take the time to understand what's important to people and give them choice and control over their care. This might be providing care for someone at the end of their life, in our hospices or at home. Or helping someone manage their grief when they've lost a loved one. Or providing specialist care, rehabilitation or support to someone with a neurological condition.

We want to provide more care for more people when it really matters. We see a future where our palliative and neurological care reaches more communities; where we can help more people begin to cope with bereavement; and where everyone can access the quality of care they deserve.

What does the future of pharmacy look like and how can the Government ensure this is realised?

Pharmacists play a vital role in the delivery of palliative and end-of-life care (PEoLC), which aims to improve the quality of life and wellbeing for people with life-limiting conditions. PEoLC includes specialist medical care to manage pain and other symptoms, and timely provision of the correct medication(s) is integral.

In England, demand for specialist palliative care is projected to rise by 55% in the next ten years.¹ This is due to a number of factors, including an ageing population and increased mortality rates. The proportion of people dying in the community is also rising, with deaths at home and in care homes projected to overtake the number of deaths in hospitals and hospices by the 2030s.²

Looking forward, Government must take account of the growing demand for specialist PEoLC and consider pharmacy's role within this. This should include better support and funding for pharmacist and technician posts within the hospice sector. Government must also plan for the critical role of community pharmacies in enabling a good death at home.

Additionally, as medicines and medicine regimens become more complex and expensive, Government should seek to improve pharmacy support in areas such as: medicines

¹ Sue Ryder (2021), Modelling demand and costs for palliative care services in England.

https://www.sueryder.org/sites/default/files/2021-03/Modelling_Demand_and_Costs_for_Palliative_Care_Services_in_England%20%281%29.pdf

² The King's Fund (2023), Dying well at home: Commissioning quality end-of-life care.

<https://www.kingsfund.org.uk/sites/default/files/2023-02/dying-well-at-home-report.pdf>

reconciliation, medicines optimisation, deprescribing of unnecessary medicines, medicines safety and counselling patients on their medicines.

What are the challenges in pharmacy workforce recruitment, training and retention, and how might these best be addressed?

The NHS Long Term Workforce Plan sets out an ambition to increase training places for pharmacists by nearly 50% by 2031/32, to help meet demand for pharmacy services.³ It is essential that the number of university places are aligned with this increase in training places, to ensure that posts are filled.

Whilst the ambition to increase pharmacist training places is positive, the NHS Long Term Workforce Plan does not specifically address recruitment challenges in lesser-known sectors, such as hospices. Charitable hospices are an essential part of the health and care service. They are the main providers of specialist palliative and end-of-life care in the UK, and currently support 300,000 people every year across all settings.⁴ Failure to tackle the deepening workforce crisis and ensure a sufficient supply of skilled staff in the hospice sector will result in increased unmet need, as well as greater demand on the NHS.

To address this, Government must produce independent projections of future demand for the palliative and end-of-life care workforce and a properly resourced plan for meeting projected demand. Projections and plans should both include pharmacists. Specifically, plans should seek to improve links to allow junior staff from local hospitals/community pharmacies to rotate to hospices, increasing exposure to the speciality.

Finally, with regards to retention within the pharmacy workforce, true seven day working with appropriate days off given during the week would support staff to have a better work/life balance.

To what extent are digital systems used in pharmacy sufficiently interoperable with those in general practice and hospitals?

Pharmacy systems for ordering, stock control and dispensing are often separate to those used by hospitals for blood results, scans and prescribing and administration of medicines. These also not do directly interface with primary care. We recommend that Government explore the feasibility of one system, or one which is better integrated, though recognise the potential challenges this may present.

A single/better integrated system would also likely improve the transfer of medicines-related information from primary to secondary care, and potentially to hospice care. This would help to ensure that prescribers in all sectors have the most up-to-date medicines information, including any recent changes to medicines and the rationale for the change.

³ NHS England (2023), NHS Long Term Workforce Plan 2023. <https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.1.pdf>

⁴ Hospice UK and Nuffield Trust (2022), Support at the end of life: The role of hospice services across the UK. <https://www.nuffieldtrust.org.uk/sites/default/files/2022-06/hospice-services-web-1-.pdf>

What factors cause medicine shortages and how might these be addressed in future?

Medicine reuse can significantly reduce wastage, helping to alleviate shortages and support a greener agenda. It can also deliver cost savings, at a time when the cost-of-living crisis is exacerbating financial pressures within the health system.

Sue Ryder has seen around a 10% increase in the costs to keep our palliative services running over the last year. This is not reflected in the Government funding we receive via the NHS to deliver these services, which have increased by only 1%, on average. Through an audit at Sue Ryder's Duchess of Kent Hospice in August 2022, we estimate that savings of around £1,000 a month could be made by reusing items such as Oxycodone and Midazolam (providing they had not left the premises).

In response to the COVID-19 pandemic and supply chain concerns, DHSC and NHS England issued guidance on how to run a safe and effective medicines reuse scheme in a care home or hospice during the coronavirus outbreak.⁵ This guidance has since been withdrawn.

We recommend that DHSC and NHS England explore options for reintroduction of the scheme on a permanent basis, including an assessment of the potential benefits and risks, and an examination of what must be put in place ensure the integrity and safety of medicines is not compromised.

Are there the right number of community pharmacies in the right places, and how can we ensure that is the case across the country?

People with palliative or end-of-life care needs must be able to access 24/7 care to support pain and symptom management. The importance of 24/7 services is recognised by NHS England in the PEOLC statutory guidance for Integrated Care Boards (ICBs),⁶ which outlines the need for ICBs to “engage in defining how their services will operate population needs 24/7”. For people who wish to be cared for or die at home, community pharmacies play an essential role in the delivery of 24/7 PEOLC.

There are, however, notable gaps in the provision of 24/7 PEOLC support across the UK. For example, Marie Curie research from 2022 found that just 25% of areas had a pharmacy open all night that was able to dispense palliative medicines.⁷

ICBs must address shortcomings in 24/7 access to PEOLC when planning and commissioning services for their local populations. In doing so, they should adhere to NHS England's good practice guidance, which states that 24/7 face-to-face PEOLC services should be “coordinated

⁵ DHSC, NHSE and NHI (2020), Coronavirus (COVID-19): reuse of medicines in a care home or hospice. <https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice>

⁶ NHS England (2022), Palliative and end of life care: Statutory guidance for integrated care boards (ICBs). <https://www.england.nhs.uk/publication/palliative-and-end-of-life-care-statutory-guidance-for-integrated-care-boards-icbs/>

⁷ Marie Curie (2022), The Better End of Life Report. [The Better End of Life Report 2022 \(mariecurie.org.uk\)](https://www.mariecurie.org.uk/the-better-end-of-life-report-2022)

with other care teams who have contact with the person e.g., community nursing, district nursing and personal assistants”.⁸

As well as facilitating better pain and symptom management for people with PEOLC needs in the community, this can in turn help to alleviate the chronic pressures on emergency services.

To what extent are funding arrangements for community pharmacy fit for purpose?

To what extent are commissioning arrangements for community pharmacy fit for purpose?

Community pharmacies are the front door to the NHS for many patients and are essential in supporting good pain and symptom management for people receiving PEOLC care at home. As the number of deaths at home continues to rise, demand on community pharmacies will also increase.

However, thousands of pharmacies of all sizes are at risk of closing during the next few years due to the impact of high inflation and reduced funding, amongst other factors.⁹

We support recommendations put forward by the APPG on Pharmacy in their manifesto report, The Future of Pharmacy¹⁰, around funding and commissioning arrangements for community pharmacies. This includes the recommendation that Government take urgent action to relieve funding pressures on the community pharmacy sector in the short term and review long term funding model for pharmacy.

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⁸ NHS England (2023), 24/7 Care and Specialist Advice for Palliative and End of Life Care: Commissioner’s good practice guide.

<https://www.yhscn.nhs.uk/media/End%20of%20Life%20Care/CYP%20Resources/247%20commissioner%20guidance%20for%20PEoLC%20March%202023.pdf>

⁹ APPG Pharmacy Group (2023), The Future of Pharmacy: Manifesto report.

<https://static1.squarespace.com/static/5d91e828ed9a60047a7bd8f0/t/63cdc65dbf546769ad3858df/1674430052934/Website+APPG+The+Future+of+Pharmacy+230223.pdf>

¹⁰ Ibid.