

# Hub & BeSpoke

## Welcome

Since our last newsletter the Department of Health has finally announced the introduction of a long-awaited Pharmacy First scheme in England, mirroring a similar scheme already well-established in Scotland. The detail is still being worked through but all indications are the scheme will be up and running by the end of this year.

It's a model that pharmacy has been crying out for, but the £645m funding fee will only be a drop in the ocean when you look at the core funding crisis for pharmacy which is also impacting pharmacies in Scotland. To survive in this challenging new landscape pharmacies need to look at more than funding if they want to free up time to deliver these new patient services.

This issue of Hub and BeSpoke focuses on how pharmacy stores can release themselves from the dispensing desk so that they can spend more time in the consulting room with patients.

We've spent time speaking to pharmacists who are already doing just this and who are now seeing benefits for both staff and patients.



**Paul O'Hanlon, Managing Director at Centred Solutions**

We hope you find the newsletter informative and insightful and we would love to hear your feedback so we can ensure future issues remain relevant.

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## The Long Read

### The Great Capacity Conundrum



The decision to introduce a fully funded Pharmacy First scheme in England has been a long-time coming and has the potential to make a significant impact to patients. However offering the service and providing money to make it a viable option for pharmacy is only part of the solution. It's no secret that pharmacy is overstretched, so how do you introduce a raft of new services when pharmacists and their teams are already working at capacity asks Centred Solutions' Head of Marketing, Shelley Dyer.

The pressures facing primary care are immense. General practice is delivering more than a million appointments every single day, that's an increase of half a million more appointments every week compared to before the Covid 19 pandemic. An ever-increasing ageing population means that the number of people aged 70 or over has increased by around a third since 2010 to 8.1 million, with this group having on average five times more GP appointments than young people.

Last year the Fuller Stocktake report found that, left as it was, the primary care system would become unsustainable in a relatively short period of time. The report set out its vision for primary care with three key elements:

- streamlining access to care and advice;
- providing more proactive personalised care from a multi-disciplinary team of professionals;
- helping people stay well for longer.

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Fast-forward almost 12-months and the Government has just published the “Delivery plan for recovering access to primary care”. The delivery plan states that before wider reforms can be implemented to achieve the Fuller Stocktake vision, the pressure needs to be taken off general practice and so the plan focuses only on streamlining access to care and advice.

For pharmacy this means the introduction of the long-awaited Pharmacy First scheme by the end of this year, with £645m of funding allocated over two years to expand the services offered by community pharmacy. Under the scheme pharmacies will be able to offer prescription-only medicine for seven common conditions including:

- sinusitis
- sore throat
- earache
- infected insect bite
- impetigo
- shingles
- uncomplicated urinary tract infections in women

The funding will also allow for the expansion of existing services including blood pressure checks and the recently launched oral contraceptive service for women. It is hoped that the expansion of clinical services offered by community pharmacy will empower patients to manage their own health and relieve pressure on general practice.

The introduction of a Pharmacy First scheme makes total sense. It's a scheme that pharmacists have been crying out for and the model has already proved successful in Scotland. Pharmacists spend five years studying and are experts in medication so they are more than qualified to carry out these clinical services.

However the recovery plan does not address one critical factor. While it speaks plenty about the pressure GPs are currently under, it doesn't address the fact that similar challenges are currently facing community pharmacy. The plan acknowledges that pharmacy's role has increased in recent years with them becoming the first port of call for many minor illnesses. However it makes no reference to the core funding crisis and workforce challenges that have left the sector at breaking point.

The question remains – if pharmacy are already overstretched, how are they going to find capacity to deliver a whole new raft of services? The newly published plan does touch on this briefly. It says they want to give pharmacy contractors more choice about how they deploy staff and release pharmacists time for more patient-facing services. Solutions to support this include extending the VAT tax relief scheme for medical services to cover staff supervised by registered pharmacists as well as the pharmacist themselves and consulting on plans to enable pharmacy technicians to administer and supply medicines under patient group directives.

It also says that the “Government will give pharmacists the flexibility to dispense medicines in their original packs and widen pharmacy hub and spoke arrangements, both of which aim to facilitate greater use of automation to increase efficiency, by progressing legislation following consultations”. It is automation and technology that will be the key to the success of the future of pharmacy. To stand any chance of delivering all these new services and take advantage of the funding available, pharmacy teams need to look at how to reduce the time currently spent on dispensing. Currently the majority of pharmacy staff time is eaten up by the medication dispensing process. It is a process that has remained relatively unchanged for decades and the logistical and administrative tasks involved in the process are now crying out for automation.

I strongly believe that to thrive in the future, pharmacy needs to embrace technology and new ways of working to streamline the dispensing process and make it more efficient. Failure to do so will mean staff never release themselves from the dispensing desk, leaving no time for patient facing services. There are a range of new dispensing models available for pharmacy that make use of accessible, affordable, scalable and even movable technology. Early adopters of these innovations are now seeing the benefits of moving to this model as it has allowed them to grow their business through both clinical services and dispensing volumes while delivering an improved experience for patients.

Those pharmacies who haven't already embarked on this journey really need to be thinking now about how they prepare their business to deliver these new services on top of their existing workload. This will allow them to hit the ground running when the Pharmacy First scheme launches towards the end of the year. This means looking at their existing pharmacy dispensing workflow and adapting it by implementing technology and automation as an extra pair of hands. This is the only way forward for pharmacy as the additional £645m investment isn't going to be enough for additional staffing.



It is important that pharmacy follows in the footsteps of other sectors and embraces technology to survive. **Those who fail to do so run the risk of being left behind.**

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## Focus on FLOWRx

When investing in technology for a pharmacy hub, the software used in the pharmacy is equally as important. FLOWRx InStore allows you to transmit your orders to the hub and then gives you full visibility on the status of patient orders, including any orders that you might need to pick locally for that patient in store. The system also provides a full end to end audit trail.

We asked some pharmacy users what they had to say about FLOWRx InStore – here's what they said:

“It reduced workload in our dispensary.”



“It's easy for us to see what items the hub doesn't have so we can plan an order.”



“It's giving us opportunities to work more efficiently and prepare everything in advance.”

“It's quick & reduces errors.”

“We can see exactly what is happening and being processed in the hub in real time.”

“It's stopped patients claiming we didn't give them the full quantity of medication because everything is now on record.”

“It's intuitive to use and gives clear visibility.”



“We like the fact that when we scan a tote it shows us which patient bags are in that tote.”



“We have the ability to dispense medication and ensure only the correct medication is being scanned without a pharmacist being present.”

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## Pharmacies need to be brave, push boundaries and take risks

AR Pharmacy is an award-winning family run business based in Totton, Southampton which has been in operation for about 40 years. It currently has two pharmacies, one of which is the tenth highest dispensing pharmacy in the country. The group is just in the process of onboarding another two pharmacies. Here their Superintendent Pharmacist James Tibbs explains why the group turned to automation to offer a helping hand.



“Our Totton branch has an incredibly high volume of original pack dispensing, roughly 45,000 items. As we became busier and busier in the dispensary we were finding that our pharmacists, dispensers and other technicians simply didn't have capacity to deliver the services that we needed them to. We all know there is a real emphasis right now on pharmacies doing more services and we knew we had to change the way we operate to survive. So we decided it was time to look into a sound automation solution for our medication dispensing

process, one that would allow us to free up the time of the pharmacists and the rest of the team so they could better support patients.

After a lot of research we invested in Centred Solutions FLOWRx Hub and InStore solutions which were installed late last year. It provides us with the whole package and has automated our entire dispensing process from picking to packing and labeling to checking.

Our situation was quite unique as we bought the system initially for our existing

high-volume pharmacy in Totton so the hub and the spoke are actually on the same site. People wouldn't usually look at a hub and spoke solution for that kind of set up but it has allowed us to significantly free up time in store for more services. What it has also done is allow us to look at other opportunities to grow and expand. The pharmacy landscape is changing and there are lots of opportunities coming up. We have found that having your technology and the right infrastructure in place to support your existing footprint before you expand

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is the ideal way to grow in a safe and controlled way.

We never thought that five years ago we would buy another pharmacy, yet we have already bought one and are now in the process of buying two more. I'm not worried about the increase in volume this expansion will bring because I know our technology is going to be able to support it. The pharmacies we are buying are struggling but having our solution already in place means we can support the teams from day one and take away the burden of having to stick another label on a box, because let's be honest that is what

pharmacists spend most of their time doing, so they can better spend their time supporting customers.

In our existing store we've already been able to significantly increase the amount of services we deliver and we are now topping the leader board for the most New Medicine Services (NMS) done in England. We were already doing a large number of NHS services so the biggest increase for us has been the number of private services we can now deliver. We've been able to move into areas like aesthetics, minor surgical procedures, blood testing, hormone replacement

therapy and travel clinics. We're now more of a health hub, not just a pharmacy that supplies medicines. Previously we had to signpost patients to services outside the pharmacy and they would often get lost in the system. Now we can do everything in the pharmacy we don't lose them and they get a better experience. From a business perspective it also offers opportunities. It means we can now cross-sell to these patients, we retain their custom and, because they are getting a good service, we often end up getting the prescriptions for their friends and family based on their recommendations.

It's not only about the efficiency and growth opportunities. There is the patient safety element too. The barcode technology we now use means that, as a pharmacist, I can confidently accuracy check and clinical check right at the beginning of the day and then not worry about that prescription again. The store process is very straightforward. The software uses barcode scanning which provides an additional safety net and because checks are done at the start of the process the pharmacists doesn't need to intervene when it comes to dispensing unless there has been an issue flagged by the system. The technology has all the checks and safeguards in place to reassure me that the bag of medication has gone to the right patient.

AR Pharmacy is at the forefront of a new movement. Technology is really going to be instrumental in the future of pharmacy. We can all see that, so far, additional or increased funding has not been forthcoming. It's essential that we look at different options and different ways of working to be able to deliver more services and thrive as a sector. To do that you have to be brave, push boundaries and take a risk. That's exactly what we have done and it has paid off."



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## Hub and Spoke Benefits Stores, Staff and Patients

Medipharmacy are one of the innovators shaking up community pharmacy. They understood early on that technology would play a key role in shaping the future of pharmacy. Here their Director of Pharmacy, Risha Bhuvad, explains how their approach is benefitting their stores, staff and patients.

“Success for us means streamlined operations that result in improved workflows and efficiencies. It’s about enhancing safety and compliance and freeing up time for pharmacy staff so they can focus on what matters most – the patient.

We made the decision very early on to embrace technology as we knew that automating laborious tasks in store would be crucial to us achieving that success and growing as a business. We were right and our approach has since won multiple awards. We were one of the first pharmacies in the country to install the Synmed XF blister pack dispensing robot which won us two industry awards in 2018. More recently, we became one of the first community pharmacies to introduce Centred Solutions FLOWRx Hub technology for our original pack repeat prescriptions and this won us the Association of Independent Pharmacies Innovation award in 2022.

One of the biggest wins for us has been the benefits in our stores as a result of moving to a central fill model for repeat dispensing. With both blister pack/ MDS trays and original packs fulfilled by our hub, staff in store are free to focus on our patients as well as their own personal development. That’s really important to us as a business.

We’re family-run with 25 pharmacy branches across London, Kent, Surrey and West Sussex, yet our entire company’s repeat prescriptions are done by a team of around 10 people at our hub in East Grinstead. That is only possible because of the technology we use.

What this means is staff in branch have the time and space to process all the other things they need to do. By moving to a hub and spoke automated model, we’ve noticed the improvement in capability across our stores which has really helped boost our team morale and maintain our excellent workforce. That’s refreshing to know



given the most recent C+D salary survey found 82% of respondents had suffered from stress due to work over the past year. Even when we do get shops struggling with sickness we know we have it covered and we’re able to catch up on any backlog rather quickly. I’ve noticed that there is now a lot more capacity within the teams and by ensuring all of our branches operate in a uniformed way this really helps if we ever need to move staff around to support.

Automation has enabled us as a company to ensure that our dispensary teams aren’t spending time completing monotonous tasks such as labelling boxes day in and day out. In these present times the number of drug shortages have significantly increased and therefore our branches now have more time to liaise with GP’s to amend prescriptions etc. to benefit our patients.

That being said, it’s no surprise that the increase in dependence of locum pharmacists is also on the rise. By implementing hub and spoke we’ve managed to retain our locum pharmacists because they prefer working in our branches which are perceived as “luxury” compared to traditional manual dispensing

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pharmacies. We also now have a much smoother operation and where pharmacist managers are not in place we do not have a disparity in performance compared to those with pharmacist managers in place which is a big win for us. We've used the benefits of automation to ensure all of our branches stay up to date and use their time to become more organised.

Our Centred Solutions line at the hub is currently dispensing an average of 13,500 items per week for an average of just over 6,000 patients. The workflow starts off at the spoke where our pharmacy teams receive the prescriptions, and the pharmacist carries out the necessary checks before sending it through to the hub. Once received at the hub we get patient specific pick lists which are aligned with our warehouse bay locations. Our colleagues will go and pick the stock and put it in the totes in accordance with that picklist. Each medication is then scanned in and labelled by the FLOWRx Hub automated labelling unit before colleagues are guided by the software

to sort the medication into patient specific baskets at the sortation shelves. Anything that the system flags up as needing a double check goes to the quarantine station where it is cleared by a pharmacist/ accuracy checking dispenser. Anything that is completed moves onto be bagged before being scanned using a handheld totting app and placed back in the relevant tote to be delivered back to the store. Our cut off for orders from branch is 4pm and then we guarantee a next day delivery. The only exception is any owings that we might need to order in so that can sometimes mean a 48-hour turnaround time. That is because the feedback from our branches was that they would rather have a complete patient bag rather than a partially filled patient bag.

However, we find our owings are few and far between. That is because we now centrally buy everything at the hub so we can bulk buy up to six months in advance. It means that if something goes out of stock in branch we have contingency at head office and we avoid unnecessary waste and out

of date medicines. It also means that in branch the stockholding on shelves is immaculate and we have clear work benches rather than huge stacks of baskets everywhere waiting to be checked.

Our throughput at the hub is growing in line with our business. Because our shops are now more efficient, they have been able to take on more patients and more demand. They are no longer limited when it comes to what they can fulfil. Even at the hub, when we do reach capacity we have the option to scale and invest in another quarantine shelf or sortation shelf. Having the hub has also allowed us to grow as a business and we are now in a great position to acquire more branches as the on-boarding process is much simpler with Hub and Spoke. For example we purchased a branch last year which was in approximately three months of backlog, we were able to clear all of this in two to three days by utilising the Centred Solutions capability

My advice to anyone thinking about hub and spoke automation is definitely do it, but plan your on-boarding in branches and utilise existing groups who are currently operating a model similar to yours so they can give you helpful tips on how to implement automation. I would be lying to say the first few weeks there are some late nights involved! That being said, as we are now up and running I can definitely see the benefit automation has brought to our company whenever I go into branches. Everything is clear and everyone is calm. It has allowed us to give more promotions to our staff and grow capability in leadership as well as allowing my pharmacist managers more opportunities to develop and deliver more clinical services.



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## Mandating Services for Future of Pharmacy

Every year for the last decade the Government has published a mandate to NHS England to make certain asks of the health system, often with lists of targets and tests that need to be met.

But this year's mandate, published in June, looks somewhat different. It's short, clear and concise, setting out three key priorities for NHS England to deliver on:



Cutting waiting lists,



Supporting the workforce,



The use of data and technology.

In a keynote speech to NHS Confed Expo, Health Secretary, Steve Barclay MP, explained that the mandate gives clear direction but backs it up with the freedom and flexibility to deliver it. His grand plan is to trust the new Integrated Care Systems with greater freedom brought about by devolved decision making and greater transparency. The hope is this will result in a place-based approach with decisions taken closer to patient needs.

For community pharmacy this is a step in the right direction. The mandate makes it clear that community pharmacy will play a key role in delivering the significant challenge that lies ahead to improve patient access to primary care. There is a real commitment to delivering this through a well-trained and well supported

workforce who adopt the latest innovations and technologies, and invest in the vital digital infrastructure needed to deliver health services.

The adoption of technology across the whole healthcare spectrum is a golden thread running through the mandate. It says it is crucial that the NHS makes progress in adopting the latest innovation and technology to digitally transform the NHS and help to ensure its long-term sustainability. It explains that the health and care system must utilise the power of technology and the skills, leadership and culture that underpins it, to drive a new era of digital transformation. This, it says, will allow the health and care system to thrive long into the future, delivering vast benefits for patients. The Health Secretary reinforced this commitment to innovation speaking at NHS Confed Expo. He explained that technology is a way to tackle many frustrations faced by staff working in the health sector. He also added it was time to move away from an approach that saw technology as the first thing to go when budgets are tight.

He's right of course. Often technology can be seen as a nice to have when there is no money available. But actually, this is when you need technology most. Technology improves outcomes and helps staff to do their job more effectively. The mandate itself points out that digitally mature NHS Trusts operate with 10% improved efficiency compared with their digitally immature peers. And at Centred Solutions we've seen the community pharmacies who have embraced original





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pack dispensing automation early on are now reaping the rewards with increased services, and therefore revenue, growth and have been less impacted by the wider staffing shortages in pharmacy. With community pharmacy due to play a major role in primary care recovery, it's vital the sector gets its house in order now by investing in technology so they are able to hit the ground running when the imminent Pharmacy First scheme is launched.

The mandate reinforces commitment to this scheme stating: "NHS England should develop and deliver the service specifications and patient group directions for the common condition service in community pharmacy and the necessary underpinning IT improvements." It goes on to say that NHS England should also support the Department of Health and Social Care in "negotiating funding arrangements with the sector" and "drive

take up and delivery of the common conditions service and expansion of blood pressure and contraception services by community pharmacy".

The mandate also gives a nod to the way repeat prescriptions will be ordered going forward. There is a clear vision to transform the use of the NHS App so it becomes a "digital front door" to the health service including increasing its use for booking and managing appointments, ordering repeat prescriptions and accessing patient records. The aim is for 75% of all adults in England to be registered on the NHS App by March next year.

Finally the mandate outlines that NHS England will need to continue to deliver the wider work of the NHS long term plan on top of the three new priorities. This includes preventing ill health and supporting Integrated Care Systems to tackle inequalities in access to healthcare. This is another area that community pharmacy will be able to play a key role by moving to a more service-based model delivering interventions such as smoking cessation and weight management. However, to be able to realise this new service-based model, community pharmacy needs to look to technology now to automate the dispensing workload and free themselves from the dispensing desk to create much needed capacity.

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## Want to know more?

If you are interested in learning more about Centred Solutions hub and spoke and tote-to-spoke offerings then visit [www.centredsolutions.co.uk](http://www.centredsolutions.co.uk) or [enquiries@centredsolutions.co.uk](mailto:enquiries@centredsolutions.co.uk) or call us on 0333 335 5023

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