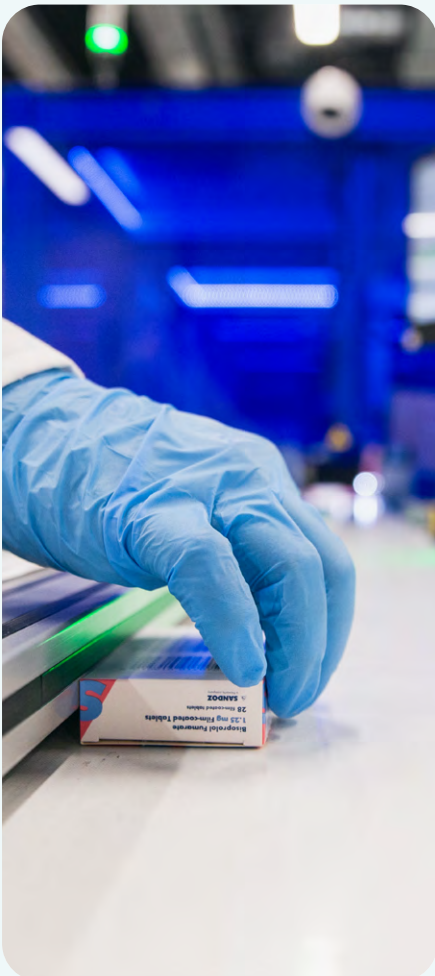


# Hub & BeSpoke

## Welcome

This is the first issue of Hub and BeSpoke of this year, providing you with the latest information on hub and spoke across the UK.

It's almost two years since the consultation was opened on proposals aimed at widening hub and spoke legislation yet there has been no indication on when to expect a formal response to the consultation. Despite this, work does appear to be going on behind the scenes in relation to the consultation.



Last month we spent time with policy leads from the Department of Health who are working on the consultation response. You can read more about this on page four.

Hub and spoke has also been a popular topic in the Health and Social Care Select Committee's inquiry into pharmacy, with a range of representatives giving their thoughts on the subject. There is real recognition amongst some that prescription volumes need to be taken out of the retail pharmacy model so that pharmacies can become centres for primary care services. There's also acknowledgement that, when used in the right way, automation has the potential to maximise pharmacy efficiency and in a way that enhances patient safety.

Worryingly though, there remains a lack of knowledge about the types of hub and spoke models available in the market. There are still too many people working in the pharmacy sector who think that hub and spoke can only be done at significant cost, on a large scale and is only an option for the biggest pharmacy groups.

As we have said previously, time and technology has moved on significantly in the past five years and there is actually a range of options for pharmacies considering hub and spoke, all of which are affordable and scalable.



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

Pharmacy is at crisis point and a lot of the conversation is quite rightly focused on inadequate funding models which absolutely needs addressing.

But there are solutions available right now that will help to address the capacity problems faced by pharmacies up and down the country. It's crucial that those working in the pharmacy sector start to educate themselves on the differing models for hub and spoke and their affordability so we start to change the narrative.

Hub and spoke is not the golden panacea for all the problems facing pharmacy – but it is one solution that is available right now to help ease some of the pressure.

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.

You can contact us at [enquiries@centredsolutions.co.uk](mailto:enquiries@centredsolutions.co.uk)

# Hub & BeSpoke

## The Long Read

## How Hub and Spoke could help with medication shortages in store

Medication shortages are continuing to cause a serious headache for community pharmacists. Figures published by the Pharmaceutical Journal show there has been a 70% increase in shortages in the past two years. Louise Laban, Director of Sales and Marketing, explores a solution which would remove this issue from pharmacy stores so pharmacists can focus their attention on face to face patient care.

A freedom of information request by the Pharmaceutical Journal has revealed medication shortages have grown from an average of 82 reports a month in 2021 to 137 reports a month in 2023. That's an increase of 70%. It will come as no surprise to those working on the pharmacy frontline who now seem to spend as much time sourcing medication as they do dispensing it.

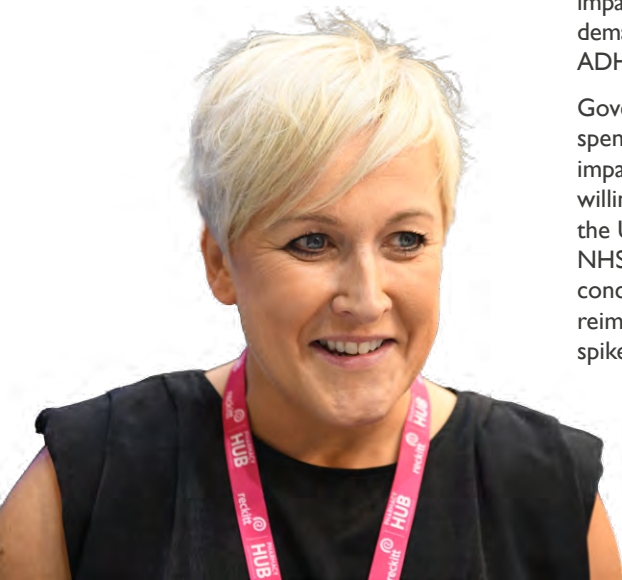
Janet Morrison of Community Pharmacy England (CPE) has called the shortages currently seen by pharmacy unprecedented. She said while pharmacy teams had been struggling to get hold of prescription medicines for many months, the problem is now "worse than ever".

Speaking at the Health and Social Care Select Committee's inquiry into pharmacy earlier this year, Mark Koziol of the Pharmacists' Defence Association (PDA) said he was aware of some pharmacist members spending four and a half hours a day trying to source one medicine from suppliers. It goes without saying that this is not a worthwhile use of pharmacists' time. Many pharmacies are already at breaking point, this is another headache that they simply don't need.

### Cause of drug shortages

The factors causing the medication shortage crisis are multi-faceted. For example, some medication has been impacted as it is simply now in higher demand than it was previously, for example ADHD and menopause medication.

Government policy to limit NHS spending on branded drugs is said to be impacting the pharmaceutical industry's willingness to invest in supplying to the UK. Then there is the fact that the NHS is increasingly having to issue price concessions to increase the level of reimbursement to pharmacists due to spikes in demand and market prices.



# Hub & BeSpoke

## The Long Read



With such levels of complexity at the very heart of the shortages, there is no one quick fix that will solve the medication shortage issue pharmacists and patients face on a daily basis. It will take partnership working at the highest level to tackle the cause of these shortages before we can expect to see any improvement.

### Mitigating actions pharmacy can take

However one thing is very clear. Pharmacists should not be spending all their time sourcing and purchasing medication. This is not what they were trained to do and it certainly won't help them to find time, which is already in short supply, to deliver new services like Pharmacy First. Speaking at the Health and Social Care Select Committee into pharmacy, Mark Koziol of the PDA said we needed to move away from the pharmacists being involved in the purchasing, the sourcing and the buying of medication:

“If we could move to a situation where all of the prescriptions are generated electronically, if when the pharmacist arrives in the morning and those medicines are already in the pharmacy pre-bagged, pre-checked and pre-labelled, and there is technology out there that can enable that to happen, pharmacists will spend all of their time on clinical issues as opposed to assembly and preparation.”

Speaking at the same inquiry, Nicola Stockmann, Vice President of the Association of Pharmacy Technicians UK (APTUK) was also quick to agree that technology had a key role to play:

“If there are certain elements of the pharmacy service that can be automated safely then that frees up the pharmacy professionals to best utilise their skills in patient facing care which would then reassure the patients' confidence in pharmacy, which can only be a good thing.”

As Mark Koziol points out there is software and technology available which will allow the fulfilment and assembly of medication for repeat prescriptions to be done off site, releasing capacity in the pharmacy store. For example, under a hub and spoke model medication can be delivered to the pharmacy checked, bagged and labelled ready for dispensing to the patient. For smaller pharmacies there are also Tote2Spoke solutions which allow suppliers to send medication to stores in patient specific totes, with software that guides pharmacists seamlessly through the bagging and labelling process.

By centralising the fulfilment process the issue of sourcing medication doesn't go away but it does end up being centralised at one location. So instead of numerous pharmacy stores spending hours and hours online or on the phone trying to track down medication, it's all done at one location at the hub. This means you release much needed capacity in store, creating more time for patient facing services.

# Hub & BeSpoke

## DOH visit to Pearl

Earlier this year we hosted a visit for a group of senior pharmacy policy leads from the Department of Health and NHS England at Pearl Chemist Group's hub in Tooting, London. The policy group are currently working on the response to widening of the hub and spoke legislation following a public consultation in 2022.

They made contact with the team at Centred Solutions after reading our response to the consultation. Our response had focussed heavily on the fact that time and technology had moved on since the initial consultation into hub and spoke dispensing in 2016. Despite this the impact assessment published alongside the 2022 consultation did not reflect the advancement in technology and as such we felt it wasn't an accurate reflection of the hub and spoke market.

We had an initial meeting online with the policy leads last year where we were able to talk them through our consultation response in more detail. We explained to them exactly how the market had changed and the different technology that was now available which made hub

and spoke an accessible and affordable solution for many pharmacies.

Following that successful meeting, we invited the policy leads to see Centred Solutions' FLOWRx hub technology in operation at one of our early adopter sites. We were delighted that they took us up on the offer to visit Pearl Chemist Group in their quest to learn more.

During the visit the team were given a full demonstration of the FLOWRx Hub line at the pharmacy and spent time discussing the process and benefits with owner and superintendent pharmacist, Mike Patel and his team. Mike was one of the pharmacy owners who was ahead of the curve when it came to hub and spoke and technology and three years on he is now reaping the rewards of his investment by being able to

deliver an increased number of profitable services. [Learn more about that here.](#)

Director of Sales and Marketing at Centred Solutions, Louise Laban said: "It was great to spend an afternoon with the teams from the Department of Health and NHS England and to discover how keen they were to learn about the options now available for all pharmacies when it comes to a hub and spoke model.

"Affordable hub and spoke technology and business models do exist for all pharmacies, allowing for a higher degree of competition and greater share of benefits for spoke pharmacies. We are hopeful that now the teams from the Department of Health and NHS England have seen this, it will be reflected in the consultation response. Like the rest of the pharmacy sector we look forward to seeing that response, hopefully in the very near future. Changes need to be made to hub and spoke legislation sooner rather than later so Pharmacy First can succeed.



# Hub & BeSpoke

## Three reasons why embracing pharmacy automation and technology is crucial this year.



This year is already shaping up to be a year of major change for community pharmacy. It began at the outset of 2024 with pharmacists taking on responsibilities for delivering patient care for seven minor conditions under the Pharmacy First scheme.

There are also some major changes afoot regarding the way community pharmacies dispense medication. This year we can hopefully expect to see the long awaited changes to legislation which will broaden access to hub and spoke for all pharmacies.

And it's just recently been announced that pharmacy technicians will be able to supply medicines via PGDs and potentially administer vaccinations and provide consultations under Pharmacy First.

It's great to see pharmacies continuing their transition from the "place to collect your medicine" to hubs in the local community providing support to patients with long-term conditions and minor ailments. But as with any change, this transition is not without its challenges. Issues with the pharmacy funding contract are widely documented and it continues to cause significant problems for pharmacies. Recruitment and retention of staff is another issue causing major concerns. As pharmacies embark on a significant journey of change, here's three reasons why technology could be their new best friend.

### Reason one: Create Capacity for Pharmacy First

The new Pharmacy First scheme is a key component of the Delivery Plan for Recovering Access to Primary Care. But when it was published in May last year the document talked about hub and spoke and supervision changes as just some of the ways to release capacity in pharmacy to deliver the services. Despite this Pharmacy First has launched ahead of any changes to supervision and hub and spoke. This has left many pharmacies in the position of delivering a whole new raft of services without two of the key elements cited as a way of freeing up their time.



# Hub & BeSpoke

There is however a cost effective solution. There is new software coming to market which allows smaller pharmacies to automate their original pack dispensing process for repeat prescriptions in store.

The software works by allowing branches to process multiple patient orders at once rather than one at a time with clinical and accuracy checks are done at the start of the process, freeing up the pharmacist's time.

There's also wholesaler to store dispensing options. This solution allows pharmacies to work in partnership with a wholesaler or warehouse who can batch pick medication on the pharmacy's behalf and deliver it back to the store in patient-specific FLOW Totes. Pharmacies can then scan, label, and sort medications directly from the Flow Tote into patient-specific baskets and then bag with no need to unpack onto shelves.

Pharmacies need to explore all the options out there as this type of software could create more efficiencies, make more of an impact and be significantly cheaper than a dispensing robot which is often seen as the go to solution for transforming the original pack dispensing process.

## Reason two:

### Create a safety net for proposed supervision changes

The Department of Health recently ran its consultation into supervision which proposed pharmacists authorise (without directly supervising) registered pharmacy technicians to perform tasks that would otherwise need to be performed by or under the supervision of pharmacists. It also proposed that checked and bagged prescriptions can be handed out in a retail pharmacy in the absence of a pharmacist, where the pharmacist has authorised this.

But by its own admission, in an impact assessment published alongside the consultation document, the Department of Health said the proposed changes pose a "potential risk to patient safety" and said that "the reduced pharmacist supervision could increase the number of errors made". They went on to point out the risk is mitigated "by the fact a pharmacy technician is a registered and regulated healthcare professional in their own right". It also said that as well as technicians having education and training to undertake the dispensing of medicines the pharmacist "retains overall responsibility for the pharmacy premises".

Software and automation exists to mitigate this patient safety risk even further. This solution uses barcode and RFID technology to "check" medication at every stage of the dispensing process to ensure the right dose of the right medication is dispensed to the right patient. The technology is designed to guide staff through the entire dispensing process in store, alerting them to any potential errors and acting as a crucial safety net.

## Reason three:

### Create your own hub and spoke set up

I'd encourage those pharmacies already in a position to move forward with hub and spoke to start exploring their options now. At the recent Health and Social Care Select Committee inquiry into pharmacy, membership bodies were quick to point out that a hub and spoke model wouldn't save money. There is evidence to suggest the contrary (more on that in our next issue!). But these representatives missed a really crucial point. What hub and spoke can do is save time and there is evidence that can back this up. An average pharmacy can save up to four and a half hours per day by automating their original pack dispensing process for repeats. This time saving can then be used by pharmacies to increase revenue by delivering NHS or private services.

There is still a misguided perception that hub and spoke technology is hugely expensive and comes as a "one size fits all" model. That really is no longer the case. There are a range of scalable and modular hub and spoke options that make this model of dispensing a viable option for pharmacy groups of all shapes and sizes operating within the same legal entity. Financing options also now exist which will allow pharmacies to pay for any solution out of the efficiencies generated.



# Hub & BeSpoke

## Don't Lose £1000 A Month

### A quick guide to reaching 30 Pharmacy First Consultations by October

It may seem a long while off but by October this year pharmacies will need to be delivering 30 Pharmacy First Consultations per month to qualify for the fixed monthly payment of £1000 in addition to the fixed service fee of £15 per consultation.



Those pharmacies who fail to reach the 30 consultation threshold will only be paid the service fee and will lose £1,000 per month. That means pharmacies in England have about 6 months to find an extra 2 hours 10 minutes per week to deliver this minimum number of consultations and the patients to fill those slots.

Community Pharmacy England chief executive Janet Morrison has already expressed concerns regarding the

minimum number of Pharmacy First consultations pharmacies are required to deliver by October. Speaking at the Sigma Conference she admitted to 'major concerns' around capacity and 'how people will ramp up and whether or not they are going to get to that 30'.

**This quick guide outlines some simple steps pharmacies can take today to reach the 30 consultation target by October.**

#### A switch in focus

Many pharmacies are still heavily focused on getting their income from dispensing. But those pharmacies who want to be profitable and successful need to look outside the core dispensing function and move their attention towards services.

The Government has made it clear that the future of pharmacy is service-led with medicine optimisation (New Medicine Service/Discharge Medicines Service) common ailments (Pharmacy First) and prevention (blood pressure checks). Despite this too many pharmacies are still spending too much time chasing prescription numbers and procuring medicines.

There is a way to maintain, and even grow, dispensing volumes while freeing up more time to deliver services. Investing in automation and moving to a hub and spoke model could help resolve this. It frees up the time to deliver these services, which also presents you with the opportunity to increase dispensing volumes at the same time.

Having the right dispensing model and technology in place to do this will ensure you are well placed to meet any new demand.

>>>

# Hub & BeSpoke

## Why automation is the solution

With time currently at a premium in pharmacy and significant resource challenges, investing in technology and changing the dispensing workflow is the only way to deliver the time saving required to deliver 30 consultations by October.

As we've mentioned, an average pharmacy can save up to 4 hours 27 minutes per day by centralising and automating their original pack dispensing process. That time can be used to deliver as many as 13 Pharmacy First consultations per store, per day based on a 20 minute consultation. That of course relies on pharmacies having the demand for the service and if all that freed up time was spent delivering consultations – not a realistic prospect currently but it does illustrate what is possible and achievable in the future and it certainly frees up time to achieve the 30 consultations per month target right now.

Automation is the only realistic option available that is going to provide pharmacies with the time they need to deliver the consultations. The existing funding deal offered for Pharmacy First will not be enough to cover additional staff costs to provide these new patient facing services. The only solution is for pharmacies to look at where they can create efficiencies in their dispensing workflows.

Pharmacy time is currently monopolised by the dispensing process. It accounts for 88% of an average pharmacist's time in an average store. The bulk of the dispensing process is spent on repeat prescriptions for original pack medication (70%). Embracing

technology which automates or semi automates the original pack dispensing process will be crucial to the success of Pharmacy First. This technology creates significant efficiencies and opportunities for growth, liberating pharmacists from routine aspects of the pharmacy dispensing process so they have time to focus on clinical patient facing services.

It automates various elements of the dispensing process from picking to checking, labelling to sorting and even bagging. Automated solutions can process between 360 packs an hour for a manual system and up to 1500 packs per hour for an automated system. These solutions are also scalable and adding more systems increases throughput further. The checks and balances offered by the technology mean many of these solutions can often be operated by non-clinical staff freeing up pharmacist capacity in store. Financing options are available meaning businesses can pay for the solution out of the efficiencies generated.

## The Importance of Promotion

Once you have freed time for consultations, you need to ensure you have the demand for Pharmacy First at your branch. There is no point having time to deliver a service if your local community aren't aware of it. While policy makers put together a slick advertising campaign for the launch of Pharmacy First, it will be up to local pharmacies to maintain momentum for their own stores.

So it's crucial to promote services in store to your existing customer base either visually or by word of mouth. Digital channels such as your own optimised pharmacy website and social media channels will also be crucial for promoting the new services you can offer. It's also worth speaking to local GP practices and integrated care boards to establish if there are opportunities for you to do joint promotions of the services that a pharmacy can now provide.



## 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

*Opt out:* To opt out of receiving this newsletter email us at [enquires@centredsolutions.co.uk](mailto:enquires@centredsolutions.co.uk)

