



The Fuller report was commissioned by NHS England to identify from the system what NHS England can do to support and how accelerate the implementation of integrated primary care. This was mainly driven by the current crisis in the GP practices. The full report can be accessed through the link below:

[NHS England » Next steps for integrating primary care: Fuller stocktake report](#)

The Association of Independent Multiple statement regarding the Fuller Stocktake Report

The report by Dr Claire Fuller whilst welcome, could have been more radical and substantive with respect to community pharmacy. We welcome the potential for future roles in urgent care and prevention including early-stage cancers and believe the capacity challenges and imperative for cost effective healthcare could and should have recognised the enormous potential of community pharmacy in the drive for improving efficiencies. When we think of the end game to integrated pathways namely, improving outcomes and population health, tackling inequalities, improving access whilst enhancing productivity and value for money, then, local pharmacies really do have the tried and trusted credentials to deliver within the communities they reside.

The report highlights the challenges of silo working, multidisciplinary integration and the need for change which drives the cultures that have been the barriers for decades. To add to that there needs to be a fundamental review into the IT systems as the IT structures within primary care do not speak with each other causing further barriers. With ICS now less than 6 weeks from operational status, AIMp is asking for leadership to take a more courageous leap of faith into community pharmacies unique access, convenience and infrastructure to direct the clinical leadership to pharmacy first.

Our sector's strengths lie in its ability to offer highly effective, trusted, cost effective care within communities. We accept the recognition that community pharmacy can play a more substantive role in urgent care and prevention but feel there are still barriers to pharmacy acceptance. Trust is a huge problem to integration at the best of times. Silo working is a problem across all strands of front-line multidisciplinary working. The frustration is even more acute because the system is right now not even giving pharmacy a fighting chance. The system is substantively underfunded, unstable, and demoralised at all levels.

The transformation of PCNs to neighbourhood teams will only exacerbate that instability and uncertainty. It feels like we are embarking on a jigsaw only to find the pieces are not making the picture, so we hurriedly redesign to make the pieces fit. The aspirations we believe is fine but community pharmacy needs real commitment at ICB and ICP level to ensure we are not overshadowed once again. That will require intervention and strong leadership which firmly believes in our sector's credentials. Integration can only move at the speed of trust. That trust needs a fast track to cultural change.