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LET'S DO IT

Hospital pharmacists have been doing it for years. Community pharmacists are just beginning to understand what it means. "It" is full integration into the health team and playing an equally important, yet complementary role to that of doctors, nurses and other health care professionals.

Further evidence of an integrated role for community pharmacy comes in this week's cover story (p568), which examines the part that pharmacists can play in providing out-of-hours services in innovative ways. These innovative ways do not simply mean that pharmacists can work out the local dispensing rota on spreadsheets, but rather they are welcomed fully into the out-of-hours services offered by general practitioners and nurses.

This pattern, and the opportunity for pharmacists, is set to be repeated all over Britain as, under their new contract, more and more GPs opt out of providing 24-hour cover for patients. This has been a difficult step for many GPs to take; for years the concept that they should provide continuity of care, 24 hours a day, 365 days a year was untouchable. Time and patient demands have moved them on, and primary care trust managers have also realised that high quality out-of-hours care can be provided by nurses and pharmacists working alongside GPs, which can answer the needs of their populations as well as taking some of the pressure off GPs.

This week also sees the publication of a report from the School of Pharmacy, University of London, entitled "Future partnerships. Primary care in 2020?" (p563). This report explores many other ways in which new partnerships will be forged between community pharmacists and GPs in the coming years.

Whether or not real partnerships will be sustained will depend on mutual trust. Many GPs still have relatively little contact with their local community pharmacists other than via the telephone when a prescription needs to be corrected or altered. They need to be convinced of the value that pharmacists can bring.

Maybe it is initiatives such as out-of-hours services on which trust is built when the two professions have a chance to work in the same place, with the same status, but performing complementary tasks. That is when community pharmacists will know they are doing it.