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## IT IS TIME TO CONVINCe DOCTORS OF YOUR WORTH

Rosie Winterton, health minister, answered questions at the All-Party Pharmacy Group meeting held this week. The room was packed with representatives from all branches of the profession, including the Royal Pharmaceutical Society, the National Pharmaceutical Association, the Pharmaceutical Services Negotiating Committee, the Company Chemists' Association, the Guild of Healthcare Pharmacists and various primary care trusts — to name but a few. Dr John Chisholm, chairman of the General Practitioners' Committee, was also present. As Ms Winterton said, the APPG always has the best-attended meetings, compared with other all-party groups.

This is good news for pharmacy because it ensures that the profession's interests and concerns are heard and understood by members of parliament, irrespective of their political affiliations. In addition, there are strong advocates for pharmacy in both Houses of Parliament: Lords Fowler, Newton and Hunt have given the profession great support over the years, and Kenneth Clarke and pharmacist Sandra Gidley, as well as the members of the APPG, have played their part. And, over the past year, grassroots pharmacists have been adept at lobbying MPs over the Office of Fair Trading report.

So what more can the profession do? The answer is all of the above again, and much more. Although pharmacists may now be on the national political agendas in England, Wales and Scotland, there is still much to be gained at a local level.

Ms Winterton suggested that pharmacists should also lobby local politicians and leaders of primary care organisations in order to gain a fair share of the funds being distributed. Now that 75 per cent of NHS money is being devolved to PCTs in England, for example, there are opportunities for pharmacists to apply for extra funds. There is money available through local pharmaceutical services contracts, and even funds earmarked for general medical services may not be beyond pharmacists. To achieve success, however, pharmacists will have to convince GPs in general, not just the Dr Chisholms of this world, how much of an asset they can be.

A good resolution for 2004 may be for each community pharmacist to convince three GPs of their worth. Pharmacists need to emphasise that they have much to offer when they telephone the surgery to query a prescription, and that patient welfare will be enhanced if the GP and the pharmacist work together. They should also point out that they are no more motivated than many GPs are by commercial concerns. In short, community pharmacists are the missing link in the extended NHS team.