

Something to celebrate

Last week, with the continued generous support of GlaxoSmithKline, *The Journal* was able to celebrate the 12th annual Pharmaceutical Care Awards. In previous years, the awards have been divided into three categories: community care, hospital care and shared care but this year, following a number of queries in the past two years from would-be entrants not sure where their projects should be placed, all entries were considered in one group. Two of the judges remarked that they believed the general quality of entries had increased markedly and that this year's batch was the best ever. (The report on this year's celebrations starts on p12.)

There could be a number of reasons for the increase in quality. As more pharmacists and other health care professionals grasp the potential benefits of pharmaceutical care, more of

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them are trying out new ways of working and developing projects — pharmaceutical care is no longer a rare commodity. In addition, as the Government places more emphasis on supporting patients with chronic diseases — many of whom are prescribed complicated drug regimens — high quality pharmaceutical care increasingly looks less like an option and more an essential part of a patient's total care package. And, maybe, a small contribution has been made by the awards themselves. Over the years we have noted that many of the winning or commended projects can be replicated in other communities for patients suffering from a similar disease or condition, or adapted for the care of patients with quite different chronic conditions.

However, for pharmaceutical care to take off in a big way — particularly in community pharmacy — there is still much to be done. The keynote speaker at the awards conference, Foppe van Mil from the Netherlands, provocatively suggested that many community pharmacists have neither the time, the space nor the money to be able to carry out pharmaceutical care effectively. Furthermore, the latest issue of *Prescribing & Medicines Management* (see centre pull-out section) reveals that the early pharmacist supplementary prescribers working in the community are finding it an uphill struggle to reach their full potential for similar reasons. In addition, they are having to surmount the barrier of access to patient records. A great deal, it seems, depends on the new pharmacy contract to resolve these issues, both for the development of pharmaceutical care and to ensure supplementary prescribing does not stall in community pharmacy even before it really gets into gear.

Nevertheless, the Pharmaceutical Care Awards prove there is much to celebrate in pharmacy. We salute all those people who entered this year and encourage others to start planning now for future years.

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