

With a bit of carrot

Repeat dispensing schemes that enable patients to bypass their GP surgeries and leave pharmacists in the driving seat, only dispensing medicines that are required and directing patients back into general practice at appropriate times, are generally thought to be a good thing. So much so that schemes are an essential service in the pharmacy contract for England and Wales and funds have been distributed since October 2005 for pharmacists to provide the service. However, by the end of the year, less than 1 per cent of all dispensed items were issued under such schemes.

There is at least one part of England that bucks this trend. In Bristol North Primary Care Trust 11 per cent of dispensed items in December came from repeat dispensing schemes. In this week's **Vision for pharmacy** (p294) we examine how that has been achieved. There seem to be two key elements, easily replicated in other parts of the country: provide incentives to all parties concerned, and make them talk to each other.

The lessons that can be learnt go beyond establishing an effective repeat dispensing scheme and could be applied to the introduction of other new services as outlined not only in the pharmacy contract, but also in the general medical services contract and through practice-based commissioning. In other words, primary care services can be developed as the Government envisages (see also p285).

In the case of the repeat dispensing service operating in Bristol, pharmacists and GPs have access to additional ring-fenced funds in order to ensure they participate. And the way that the incentive schemes have been established ensures that GPs and pharmacists have to work closely together and in the process both sides now recognise the benefits for patients.

Whether or not there will be savings in the form of less wastage of medicine and better use of GP time remains to be seen but, without doubt, new ways of working can be achieved — when there is enough carrot on offer.

Where are the hospital candidates?

After the results of last year's election of the Royal Pharmaceutical Society's Council were announced, the Guild of Healthcare Pharmacists and the Society's Hospital Pharmacists Group raised their concerns that representation from hospital pharmacy had been reduced and only one pharmacist member — representing Wales — had a hospital background (23 April 2005, p479 and p488).

So it is something of a surprise to discover that of the eight candidates to the five pharmacist vacancies for this year's election not one is based in a hospital (p299). Six have a community pharmacy background, one is a pharmaceutical journalist and one works in primary care. If hospital pharmacists feel disenfranchised, then who is to blame? Could the Hospital Pharmacists Group and the guild really not, between them, find a candidate prepared to put his or her name forward?

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