

Opportunities and threats

With the risk of *The Journal* becoming boring and repetitive, pharmacists in England who have hopes that the profession will have a significant part to play in the future of primary health care and primary care trusts can take action today. The consultation on the future structure and function of professional executive committees — following publication of the review of PECs commissioned by the Department of Health from the NHS Alliance last week — is an excellent opportunity for pharmacists to communicate their views and they should respond accordingly.

The disappointing conclusion in the review — as far as some pharmacists will be concerned — is that it does not recommend that pharmacists should have a reserved place on a reformed PEC (the team that currently takes the PCT lead on clinical issues). In fact,

Visionary pharmacists can prove they have much to contribute

the review suggests that no professional group should have a place as of right and that individuals who want to participate should have to prove their suitability by demonstrating that their skills and experience match the new job descriptions that will be drawn up for PEC members. Successful candidates will not be appointed simply by virtue of being a doctor, dentist, nurse or

pharmacist (or a member of another allied health care profession) but by what they will be able to bring to the party in helping focus the strategy of their PCT.

At the launch of the review last week several existing PEC chairmen were concerned that reformed PECs would still be dominated by GPs with little input from other professionals, although the primary care lead at the DoH said that he wanted to encourage a broad church of professionals to become involved (p657).

Nevertheless, most individuals appointed to the new PECs (expected to be more streamlined and with different priorities) are likely to be those who have previous experience. And with 60 per cent of former PECs having appointed a pharmacist since 2004, there is still an opportunity for visionary pharmacists to prove that they have as much understanding of the needs of their community as any other health professional and a great deal to contribute.

So much for the opportunities.

This week also saw the publication of revised guidance for practice-based commissioning — of much more practical concern to the average community pharmacist. Winning a contract to provide a pharmaceutical service at the moment seems to mean an ability to persuade GPs that it will not detract from any services that GPs provide and will bring benefits to patients over and above anything GP practices may offer. This is an uphill struggle because there is not yet sufficient UK-based evidence to support the pharmacy case (p655). And, until commissioning enhanced pharmaceutical services become the norm, there is a likelihood that pharmacists will continue to struggle.

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