

Solid recommendations

There are few surprises in "The future of pharmacy — report of the All-Party Pharmacy Group Inquiry", published earlier this week (p757). Chairman of the group, Howard Stoate, said at the launch that the investigation had taken a year, rather than the originally planned six months, and the resulting report was a hefty document.

Let us deal with the gripes first. The inquiry was not really into the future of pharmacy. It related only to England and Wales and it focused on community pharmacy — sidelining hospital pharmacy, primary care pharmacy and other sectors. As a result the story is a partial one. Having said that, the recommendations (p763) made for community pharmacy in England and Wales are solid (something that was acknowledged by Lord Hunt, who spoke briefly at the launch). Were the recommendations to be implemented, pharmacy would be confirmed in those parts of the UK as a primarily clinical profession and not simply a medicines dispensing service for the NHS.

The central plank of the inquiry's recommendations is that GPs, primary care trusts and pharmacists should work together for the benefit of patients. GPs do nothing, however, unless they are given an incentive, so the proposal to embed inter-professional collaboration into their quality and outcomes framework (QOF) makes sense — as does the creation of a QOF for pharmacy.

Whether the new Health Secretary and ministerial team — whose identities were still to be revealed as *The Journal* went to press — will be more than simply sympathetic to the pharmacy cause is the issue. Gordon Brown has made some positive remarks about the place of pharmacy in health care during the run up to his accession but the new Government needs to put some proper financing in place and iron out the outstanding IT problems in the NHS (and overcome the barriers, as Lord Hunt called them) if the pharmacy dream is to be realised.

Buoyancy and uncertainty in jobs market

Our annual recruitment feature (p766) paints an uneven picture of the state of pharmacy. Although the community pharmacy market is buoyant, the hospital scene is uncertain and primary care, in particular, is not thriving.

Despite good growth in the sector in recent years, as a result of the NHS struggling with budget cuts (and some pharmacists doing well out of Agenda for Change) it seems that many hospital pharmacists are choosing to hang on to their existing jobs. Coupled with either a loss of some posts or a freeze on recruitment, this means that there is little mobility in the sector.

The groups worst affected are primary care pharmacists and pharmaceutical advisers in England, among whom morale is at rock bottom. Not only have they had to contend with the NHS squeeze they have also suffered losses as a result of primary care trust mergers. A clearer picture of the state in primary care should emerge in the next few months (p761).

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