

More haste, more speed

The Government White Paper setting out plans to extend the healthcare services available through community pharmacies in England (p423) has been generally welcomed by pharmacy bodies, by other health professions, by the pharmaceutical industry and by the media. And *The Journal* welcomes it, too. But, although we applaud the direction of travel, we are concerned about the speed of progress.

The long-awaited document includes an action plan setting out 56 actions. But few of these will lead to any enhancement of community pharmacy's contribution to the delivery

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of patient care in the short term. Many of the planned actions are merely "to consider", "to discuss" or "to examine", or in some cases to convene a group to consider, etc, or to ask others to do so — or even to ask others to convene a group to do so.

Other actions include "to commission research", "to identify a work programme", "to undertake further work", "to further review", "to come forward with options", "to invite proposals" and "to seek further views". Slightly more practical sounding actions are "to plan" (or at least "to begin planning"), "to develop", "to devise" and "to identify and agree mechanisms".

The action plan gives a timetable for most of these intended activities but, in many cases, the endpoint is merely the production of more proposals or the initiation of another consultation. Not one timetable actually ends with the implementation of a new pharmacy service. How much longer do we have to wait for some real action? The profession needs to press the Government to find ways of speeding up the process.

One key action in allowing community pharmacists to provide a stronger contribution to healthcare is to give them access to information from patients' medical records so that their interventions can be as safe and effective as possible. At the very least, pharmacists must be able to see the electronic summary care records (SCRs) that are to be produced for every patient in England by the NHS Care Record Service. But this essential requirement gets a surprisingly brief mention in the White Paper, and its relevant "action" is merely to "undertake further work . . . to consider the benefits, governance and practical arrangements of community pharmacists having access to the SCR" — in other words, more talk but again no timetabled implementation.

The main stumbling block in regard to accessing patient records appears to be the issue of patient confidentiality. Paragraph 6.44 of the White Paper seems to suggest that community pharmacists' high street setting might somehow compromise confidentiality. But why? Like other NHS employees and contractors, community pharmacists are obliged to maintain confidentiality, and we are not aware of any evidence that they are less likely to do so than other healthcare professionals. This issue needs to be nailed now, so that community pharmacy does not miss the boat when the national SCR database is launched in 2010.

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