

Why can't we all just work together?

By Georgina Craig, Company Chemists Association lead for primary care and commissioning policy

At a recent meeting on the future of general practice, Kate Billingham, Deputy Chief Nursing Officer at the Department of Health, sought to broaden the debate by proposing that the key to the future of the NHS was to focus on the thing that brings people together; namely providing patient care. This struck a chord with the audience. It seems that the next big challenge for the NHS is marrying a philosophy of patient choice and competition (or plurality and contestability to use the jargon of the day) with the need for a range of providers to work together towards one common goal; delivering high quality services to the patients under their care.

The Government has pursued a deliberate policy over the past five years to break down professional boundaries. Even if all other things had remained equal, this pits one professional against another.

Doctors' representatives derided pharmacist prescribing when it was announced; although they supported nurse prescribing. The "GPs with a special interest" scheme quickly became the "practitioners with special interest" initiative. The general philosophy seems to be that professionals should be able to develop their practice, within their competence, as far as they would like to take it.

The relationship between community pharmacy and general practice specifically is worthy of further exploration. It is important to recognise that GPs and pharmacists have always been in competition, even before the days of dispensing doctors and GP-owned pharmacies. However, until now, most would probably say, it has mainly been about "business"; the business of dispensing. Now the tables have turned, and pharmacy seems to be encroaching on traditional GP service provision. This is new territory. And although GPs are more than happy to let pharmacists take minor ailments off their hands, they are a lot less comfortable to discuss the possibility of, say, a pharmacy-based anticoagulant service.

And yet, community pharmacy and general practice have so much in common: independent contractor status; the feminisation of the work force (today, 70 per cent of medical students are women) and the consequential rise in part-time working; shared challenges in providing services in deprived areas; a highly complementary skill set; and the list goes on. GPs and pharmacists could learn so much from each other if they worked together; in fact, they could be an unbeatable team.

Primary care providers face two key challenges over the next few years: shifting care



closer to home, and, as laid out by Gordon Brown in his first leadership speech on the NHS, the need to "fit services more around the lifestyles of working people and their aspirations". Both stem from a more consumer-focused approach to the NHS. Government recognises that most voters only use the NHS occasionally but, when they do, they want instant access in a convenient location. This is the reason why Gordon Brown wants general practice to extend its opening hours again. Key to a consumerist approach is delivering services to people where they live, work and shop; hence the location of most pharmacies today. Those charged with strategy within private health care businesses are recognising that the future lies in primary care; witness BUPA's recent announcement of the sale of its hospital division and its expansion into care homes. These strategists also see pharmacies as the ideal location for a range of health care services, as demonstrated by Boots The Chemists' decision to host a range of primary care services in its stores and Sainsbury's widely publicised discussions with Department of Health about housing GP surgeries in-store.

It may be that big business is quicker to recognise and respond to these changes. But imagine if general practices and community pharmacies across a primary care organisation could put their differences aside and enter into a new kind of business partnership, characterised by collaboration in both service development and delivery.

Collaboration with community pharmacy opens up a whole range of new delivery mechanisms for both traditional general med-

ical and secondary care services. Would you need a Saturday surgery if your practice nurse was working out of the local pharmacy? Together, general practices and community pharmacies could redesign primary care services, opening up access to urgent care in a range of high street and health care settings; offering a choice of services to people with long-term conditions, tailored to the needs of the working population, as well as those who would prefer to go to the surgery; and designing innovative care pathways to enable services to shift to the community — for dermatology, sexual health, cancer care and diabetes, to name but a few. And with the possibilities created by pharmacist prescribing, actively supported by general practice, they could create an integrated team who could transform primary care beyond all recognition. Everyone would win.

General practice has a good history of working collaboratively with its own kind to provide services; out-of-hours co-operatives being the most recent example. Community pharmacy does not. It is only just starting down this road, with a number of local pharmaceutical committees exploring how they might provide a locus for contracting for primary care services with local commissioners. There is virtually no history of GPs and pharmacists working together to develop and provide services. So how might it happen?

Oddly enough, the answer may lie in practice-based commissioning (PBC); but not PBC as we know it. At the moment PBC is almost exclusively the domain of general practice. And, on the back of PBC, GPs are, once again, forming collectives to share management costs and commissioning responsibilities. But it does not need to be that way. If PBC were more inclusive, things might be different. Working closely with community pharmacy contractors, as equal partners in PBC consortia, pharmacists and GPs could start to explore how, working in partnership, they could transform patient care.

It seems that there is a real danger, echoed in Gordon Brown's recent comments, that competition in primary care will lead to one profession being seen as a substitute for another in pursuit of efficiency savings. What primary care professionals need to recognise is that the really big win would be through collaboration. Then the possibilities are endless; it is just a question of imagination and a shared vision: delivering great patient-centred care to local communities. Let the collaboration begin!