

PRESIDENT'S ADDRESS

Pharmacists need support for new roles

In his Presidential address to the British Pharmaceutical Conference in Manchester on 25 September, Marshall Davies, speaking in front of Health Minister David Lammy, said that pharmacists need support, access to relevant clinical information and a degree of certainty in their future if they are to take on the roles envisaged for them in the plans for the National Health Service

The National Health Service is in the process of being modernised in ways that meet the specific needs of the people of the four countries of the United Kingdom. This brings opportunities but also uncertainty, the President told the Conference. It has also created the need for the modernisation of the regulation of health professionals.

"This year, we have been working on a major programme of consultation and thinking to support the process of modernising the Royal Pharmaceutical Society. There has, as you may know, been much debate within the profession. Some pharmacists have voiced concern that the Society will no longer be in a position to exercise its leadership, professional development or advocacy roles. Our modernisation team has been at pains to discuss these concerns, because they are unfounded."

In some cases, the concerns appeared to be based on a misunderstanding of what "regulation" means in the modern context, the President said. Modern regulation added up to a complex, interrelated remit rather than separate streams of activity. In this context, it was not just about exercising sanctions against professionals — although the public clearly must be protected from bad practice. Much of the work of a modern regulator was about supporting professionals, about helping good people do their jobs even better.

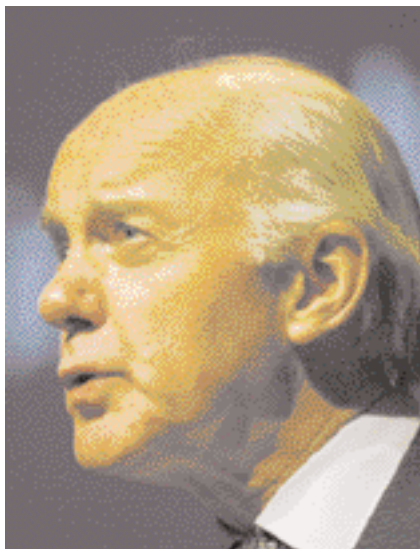
"It also, Minister, means knocking on your door to let you know when the Government needs to act in the interests of a safe and effective pharmacy service. The role of a modern regulator most certainly includes that of advocate and lobbyist.

"We want the Society to be a world class regulator and also the professional body for the profession. This is no small aspiration but it is a prize worth working for," Mr Davies declared.

ACCESS TO INFORMATION

"Minister, I should like to turn to where we have an issue of considerable concern. This is how community pharmacists are to access information about patients. We have welcomed the Government's policies on such innovations as medicines management and pharmacist prescribing.

"Pharmacists will make judgements based on their skills and experience, and, of course, on the information that they have about the patient and their medication. It is important that we identify the appropriate records for pharmacists to share. We need proposals to work through the complex ethical patient consent issues. We need



Marshall Davies: The profession has concerns about where we go from here

access to the information technology that will be required to make this available," he said.

Community pharmacists need access to the NHSnet to enable them to play their part in achieving NHS team objectives.

"So, Minister, we will be seeking to discuss these matters at our forthcoming meeting because we believe that so much depends on a solution," the President said.

Another issue that Mr Davies drew the minister's attention to was the Office of Fair Trading's imminent report on the control of NHS community pharmacy dispensing contracts. "I wish to point out that the current arrangement provides the public with stable access to community pharmacies and pharmacists on the high street, on housing estates, in shopping malls and villages. Our research tells us how important for people easy access is, particularly important for those who depend on them most, such as mothers of young children, older people and those struggling on low incomes.

"In considering change, we should look to the value of what we have. It would be counterproductive to substitute locally planned provision of pharmacy services with an alternative that could leave many people with no local access to a pharmacy. And we must remember that the pharmacist workforce is already stretched very thin in some parts of the country, even before the planned new roles come on stream."

It was now two years since Lord had Hunt launched the pharmacy plan for England at the Conference, the President noted. Since then there had been a plan for

Scotland last December, outlining a programme of actions to the end of 2005. This week, the Welsh Assembly had launched "Remedies for success", a consultation document on a strategy for pharmacy in Wales (see p434).

PLANS IN TO ACTION

"We remain fully supportive of the aims of these plans. These will bring benefit to the public. It is worth considering how much of the plans have been put into action:

- 1 There will soon be over 100 medicines management collaborative sites
- 1 The Pharmaceutical Services Negotiating Committee's medicines management pilot is funded and under way
- 1 Pilot sites for the electronic transmission of prescriptions are in operation in both England and Scotland
- 1 Applications have been invited for 30 pathfinder sites for repeat dispensing
- 1 The first few local pharmaceutical services contracts have been signed
- 1 The first pharmacist prescribers are expected to be seen next year

"We welcome the progress that has been made. But we do have some concerns about where we go from here," the President said.

Progress and development had to be sustainable. However eager the profession may be to get on board — and they were eager — they could not do so without resources. In the past 10 years, the volume of NHS dispensing had risen by 40 per cent. This meant that just about the same number of pharmacists were coping with a massively increased workload even before they tackled the new agenda.

"Minister, the Government recognises that pharmacists can help the NHS deliver the safer, more effective, more patient-friendly, more cost efficient use of its £6bn investment in medicines. But pharmacists can only take up their roles in medicines management and repeat dispensing if they have time and resources," Mr Davies said.

"Pharmacists need to be able to develop both themselves and their staff. They need to delegate some of their existing work and many will need to recruit new staff before they take on these exciting new roles. We are leading a debate in the profession about how to modernise supervision in community pharmacies. But unless local commissioners can compensate pharmacists for their time, they will not be in a position to deliver the services that the Government wants," the President concluded.