

BREAKFAST SESSION

An emerging role: professional executive committee pharmacists on PCTs

What pharmacists can offer the professional executive committees of primary care trusts was discussed at a breakfast meeting at the British Pharmaceutical Conference on 16 September. Clare Bellingham reports

THE role of pharmacists on professional executive committees (PECs) of primary care trusts is not just emerging, but has emerged, participants at a breakfast session on 16 September were told.

Colette McCreedy, director of pharmacy practice, National Pharmaceutical Association, reported that there are now 165 PEC pharmacists and that, after doctors and nurses, pharmacists are now the most represented health professionals on PECs.

"As PCTs control increasingly more of the NHS budget, there is no doubt of the importance of having an effective voice on PECs," she said.

ROLE FOR PHARMACISTS

Dr Michael Dixon, chairman of the NHS Alliance (a representational organisation for primary care and PCTs), said that previous statements about putting doctors and nurses into the "driving seat" must have been offensive to the rest of primary care. "Those days are over and now we see pharmacists taking their rightful place and making an enormous difference to the way the NHS and primary care is run," he said.

Pharmacists could offer PECs an enormous amount. "The obvious one is their specialist knowledge of pharmacy which is clearly needed. But they also have specialist knowledge of the local population that is different from that of doctors: pharmacists see people on their own terms so have a different perspective from other professionals," said Dr Dixon.

Other strengths of pharmacists include the fact that they are entrepreneurs and are independent practitioners, both of which give them a "can-do" approach. In addition, pharmacies are part of an open market and so pharmacists can provide insight about business to the rest of the primary care team, Dr Dixon pointed out.

Potential areas that PEC pharmacists could be involved in include the redesign of pharmacy services, prescribing formulary design, addressing the local health agenda, clinical governance and integrating orthodox and complementary medicines.

However, Dr Dixon added a word of caution: "You have got to be corporate when joining a PEC." He explained that pharmacists would not be appointed solely to represent pharmacy. "You have to be fair to your peer group but remember that you are there for the public not your profession," he said.

WORKING IN PRACTICE

How the role of PEC pharmacists works in practice was described by Iain Tulley, chief executive, and Alison Hayes, PEC pharmacist, both of East Devon PCT.

Ms Hayes explained that she was appointed as a member of the PEC in 2001 and has recently had her contract extended for another two years. She is involved in various working groups within the PCT including the prescribing task group, the pharmacy development group, the pharmacy forum and the clinical governance committee.

"I am a community pharmacist. That is my day job," she said. "So one of the biggest challenges for me is keeping up to date clinically when PCT business takes up all my spare time." The PCT pays Ms Hayes' employer an honorarium to cover locum costs when she needs to be away from the pharmacy for PCT business.

"It is important to get these arrangements in place before taking up a PCT role," she advised other pharmacists.

Mr Tulley is supportive, believing that he has to invest resources to reap benefits. "If the PCT wants to involve people then we need to pay," he commented. "I would not expect anyone to come to work tomorrow for less than they are getting today: it is important to build on a baseline."

Some of the skills Ms Hayes said that she has had to develop include team building and influencing skills for use at meet-

ings. "You have to learn to cope with failure," she added. "As the lone pharmacy voice it is easy to feel that you are not getting anywhere. It helps to take a step back and look at the bigger picture. You need to be realistic about how much you can do."

One thing Ms Hayes found useful was developing a standardised format for bids. "When I was first appointed I spent lots of time preparing papers and bids so the standardised format has helped," she said.

Ms Hayes said that her closest working relationships are with the PCT prescribing adviser and with the local pharmaceutical committee. "At the moment I take the lead for pharmacy but the role is becoming more strategic," she said. "So perhaps we need a pharmacist lead in the way that there is a nursing lead."

She added that some PCTs are asking prescribing leads to take on the role of pharmacy lead in addition but she warned that they might not be the right people to do this if they had not had experience of community pharmacy.

Finally, Ms Hayes said that it is important that members of PCTs are practising clinicians. "What tends to happen over time is that they take on more managerial roles," she explained. And this was a good reason for involving more practising pharmacists.

Georgina Craig, head of professional development at the NPA, said that it is important to recognise that there is a difference between the strategic role of the PEC pharmacist and the role of employees of the organisations, such as pharmaceutical advisers.

"There are some things that PEC members can do, or fight for, that it is hard or inappropriate to do as an employee," she said. "Every PCT deserves good people in both roles."



Alison Hayes: be realistic about how much you can do



Michael Dixon: pharmacists are making a difference



Iain Tulley: PCT needs to provide financial support