

PRIMARY CARE

# Tensions visible between community and primary care pharmacy

*This year, the British Pharmaceutical Conference practice programme featured a day aimed at pharmacists working in primary care settings. Sessions — chaired by Clive Jackson, chief executive, National Prescribing Centre — included a discussion on attitudes involving primary care pharmacists, straw polls, question time with a panel from the Royal Pharmaceutical Society and a debate. Lin-Nam wang draws out the main themes*

Several recurring issues emerged during the primary care pharmacy sessions, but underlying all of them was the question of what a primary care pharmacist (PCP) is. A variety of names are often used synonymously, including PCP, pharmaceutical adviser, prescribing support pharmacist and community services pharmacist, said David Morgan, consultant in pharmaceutical public health, Velindre NHS Trust, Cardiff, and he asked other Conference participants for their definitions of a PCP.

Clive Jackson, chief executive, National Prescribing Centre, offered: "Pharmacists employed within National Health Service organisations delivering primary care services". Mr Jackson said that when the NPC had looked at competencies for PCPs, it had looked to pharmacists working in general practitioner surgeries and primary care trusts. In contrast, Sally Greensmith, a member of the Royal Pharmaceutical Society's Council and a primary care pharmacist, gave a far wider definition: "The Society and PCTs need to recognise that community pharmacists are as much PCPs as those directly employed by PCTs."

## TENSION

Whatever the definition of a PCP, it is clear that in practice, there is a gap between community pharmacists and PCT pharmacists. Alison Tennant, specialist in pharmaceutical public health, Dudley Beacon and Castle PCT, spoke of a tension, in some areas, between contractor pharmacists and PCT pharmacists. "Agendas do not match. Community pharmacists are trying to ensure a consistent and reasonable funding stream and PCT pharmacists are trying to deliver services that are seen to be quality driven and value for money. What community pharmacists and PCPs see as being needed locally can be very different," she explained.

According to Mrs Tennant, one cause of this tension is the way in which community pharmacy is paid, but it is hoped that this will be tackled by the new community pharmacy contract. A more difficult hurdle is the attitudes of community pharmacists and pharmaceutical advisers. "Trying to build bridges and facilitate discussion with both groups can be difficult. There are some areas where views are becoming more and more entrenched and the PCT is moving on and leaving community pharmacy contrac-



*Straw polls using a cordless response system were conducted throughout the day at the sessions*

tors behind," Mrs Tennant warned. Furthermore, there is the difficulty of getting community pharmacists to attend communication workshops.

Ann Lewis, Secretary and Registrar, Royal Pharmaceutical Society, agreed that communication is a real problem and said that every opportunity, including continuing professional development and local branch meetings need to be used to talk things through.

Clive Jackson said that a system to cascade information to people who are busy is needed and that perhaps pharmacy development groups could do this.

In a vote, 76 per cent of participants thought that there is a distinction between community pharmacists and primary care pharmacists and 47 per cent said that they believe that PCPs do not understand the potential of community pharmacy in delivering the new NHS agenda.

## SEGREGATION

However, Sally Greensmith told the audience that some PCTs are beginning to realise the potential of community pharmacy to help them reach their targets and deliver the services necessary to achieve Commission for Healthcare Audit and Inspection (CHAI) ratings. However, in some areas, only selected pharmacies are being allowed to deliver services that all pharmacies should be allowed to deliver.

Dr Angela Alexander, speaking as a local pharmaceutical committee secretary, told

the session that one PCT in Berkshire has introduced an accreditation scheme for community pharmacies and is refusing to allow pharmacies that are normally managed by locums or part-time pharmacists to take part in the scheme and, therefore, to take part in primary care service developments. "This is further 'ghettoising' the pharmacies that are managed on a part-time or locum basis and those are the pharmacies we need to put more, not less, input into," Dr Alexander said.

A solution needs to be found by which all pharmacies provide the same services, commented Andrew Burr, a member of the Society's Council. And perhaps pharmacists would not provide the services themselves, but allow others to deliver services from the premises. Excluding people and not taking them forward would be counter-productive further down the line, Mr Burr said, and he urged PCTs to think again. "If you start to exclude service sites, you are diminishing access," he warned.

In response to an invitation to a panel of the Society's Council and senior staff to state its views on accreditation, especially in areas with a large locum population, Professor Bob Michell, a Privy Council nominee member of the Society's Council, said that most members of the public would become extremely confused over who was accredited and who was not: "[The public] assume that if someone is wearing a white coat, in the right department, then that person is a pharmacist and they will receive advice without being critical as to the level of

training of the person giving the advice." In addition, Professor Michell asked if accreditation would apply to professional excellence as the profession sees it or to things that mean a lot to service users.

According to Sally Greensmith, this unequal treatment could also affect basic clinical governance. "PCTs and community pharmacists have a joint responsibility to work together to make sure that locums are up to speed and understand what is going on in the PCT. I feel strongly that resource has to be made from the PCTs to facilitate this process so we do not get this 'ghettoising'. Everybody needs to be on the same level — not just for an accreditation scheme," Mrs Greensmith said.

Alison Ewing, the Society's Vice-President, suggested that the use of standard operating procedures could help locums.

However, Philip Green, deputy secretary and registrar of the Society, said that although the locum issue is important, it "should not be a show stopper". Mr Green accepted that service provision is easier if there is continuity of care, but said it really ought to be possible, as it is in the hospital service, for a consistently good service to be provided even with different people working on different days. "Problems in community pharmacy are slightly different, but not insurmountable. In fact, there is not continuity of care in any part of the health service as it is a 24-hour-a-day, 365-days-a-year operation," he said.

When polled, only 13 per cent of the session participants said that they believed

that PCT support for locum pharmacists is improving.

#### WORK FORCE AND SKILL MIX

Graham Hill, professional development pharmacist, East Riding and Hull LPC, expressed his concern that even if equal treatment for all community pharmacies is achieved, the lack of pharmacists in some areas could make it difficult to "introduce extended services at the coalface".

Ann Lewis said that although there has been a steady increase in pharmacists in recent years, because of new and extended roles and longer opening hours, skill mix issues and preregistration places need to be looked at.

In addition, in the afternoon debate Wally Dove, a member of the Society's Council, argued that some of the best pharmacists with clinical skills have been "siphoned off to become PCPs and to perform what is really a fiscal function" (see Panel below).

On the other hand, the restructuring of the NHS has resulted in many more PCTs than there were health authorities, said Sally Greensmith, and during the restructuring, key, experienced pharmaceutical advisers had moved on to other roles, leaving many PCTs without pharmacy expertise. Clive Jackson added that he had seen an increase in the number of technicians being taken on to PCTs. Alison Ewing said that hospitals had lost huge numbers of pharmacists and technicians to primary care, and this forced a skill mix review. This meant retraining

support staff. "We've noticed the skill gap at the moment is higher up," she said.

Regarding preregistration trainees, Ms Ewing described difficulties in having four or five students and those who split their year between community and hospital, because of the shortage of pharmacists able to spend the time to train them. "Novel ways of using pharmacy staff are needed," she said.

#### THE ROLE OF THE SOCIETY

Peter Johnstone, head of medicines management, North Liverpool PCT, said that he saw pharmacy as a hub-and-spoke model, with NHS bodies as spokes, but believed that the hub that brings good practices together is missing. Mr Johnstone asked whether the Society sees itself as an obvious candidate for the hub. In response, Ann Lewis said that because many organisations are not directly connected to the Society, perhaps the Society could better support primary care by acting as a facilitator. She saw the model as a Venn diagram where organisations overlap.

Dr Gill Hawksworth, the Society's president, reassured participants that PCPs are "absolutely crucial to developing the NHS agenda" and said that the Society will be seeking assurances from Government for support of the PCP role.

In a final vote, 66 per cent did not think that the Society understands the roles or responsibility and influence on health care of PCPs, but 53 per cent thought that the Society is starting to listen.

## For debate: are primary care pharmacists leading or leaving the profession?

With the population of primary care pharmacists increasing to over 1,300, a debate entitled "Primary care pharmacists: leading or leaving the profession" was held during the session. Proposing that PCPs are leading the profession were Joe Asghar, regional pharmaceutical adviser, regional directorate of health and social care (north), and Professor Tom Walley, department of pharmacology and therapeutics, University of Liverpool. The opposition, proposing that PCPs are leaving the profession were Wally Dove, a member of the Society's Council, and Professor Liz Kay, head of pharmacy services, Leeds Teaching Hospitals NHS Trust.

Some of the key statements made by the debaters included:

**Joe Asghar** "Primary care pharmacists have demonstrated the qualities to be considered effective professional and political leaders and have assisted in delivering the vision for a modern health service.

"Community pharmacy has changed relatively little in 30 years. The new contract will be interesting and challenging and may give community pharmacists the chance to show their worth, but at present, we cannot call them leaders of the profession."



**Joe Asghar: PCPs are effective professional leaders**

**Tom Walley** "The term primary care pharmacist covers a whole range of roles. Primary care pharmacists are out there, actively becoming part of multidisciplinary teams and helping to develop a changing profession."



**Wally Dove: PCPs have not delivered original promise**

**Wally Dove:** "I do not believe that [primary care pharmacists] have delivered what was originally promised — in the main they have not facilitated the development of community pharmacy.

"Instead, they have become part-time accountants, hell bent on reducing the drugs bill for their masters. Their main activity is tinkering with formularies and nagging doctors to rein in their prescribing habits. They are a side

show — a distraction from the real task, which is caring for patients in and from community pharmacy."

**Liz Kay** "Primary care pharmacists should be finding means to increase the prescribing of new drugs and patient access to improve public health as independent professionals and not on saving money. Primary care pharmacists are doing little to improve the quality of prescribing, reduce dispensing errors and establish safe systems."