

INSTITUTE OF PHARMACY MANAGEMENT INTERNATIONAL

Integrate information provision

The spring conference of the Institute of Pharmacy Management International took place in York on 5 and 6 April

Communicating with patients about their medicines will become more important as patients become more involved in decisions about their treatment, Alan Jones, head of process excellence and strategic planning support, Janssen-Cilag, told conference participants.

He pointed out that information is available from a wider range of sources than in the past and that Janssen-Cilag receives as many requests from members of the public for information about medicines as it does from general practitioners. "Information has a big impact on how medicines are taken and indeed whether medicines are taken," he said.

He agreed that patients should have access to information about medicines, but said they would benefit most from that information if they were supported by a health care professional at key points in the treatment cycle.

He suggested that the community pharmacist is the most accessible health care professional but said that the busy, cramped nature of many pharmacies restricts the ability of pharmacists to provide in-depth

information or advice. "The receptiveness of patients is difficult in this scenario."

Mr Jones pointed out that general practitioners and pharmacists deal with many types of medicines and that there is an abundance of associated information. However, he suggested that providing information about medicines is not best suited to their working environment. "[The use of information sources] depends very much upon local availability and the awareness by the health professional of their existence."

Mr Jones said he believes information could be more valuable if it were better integrated. He went on to describe a possible future scenario in which information provision to patients is organised in a much more structured way.

He suggested that during a medication review, and on initial prescription for a new product, pharmacists would consult a central web-based register of product specific patient compliance support materials provided by industry, and disease support materials from various professional or patient organisations. Determined by the needs of patients, pharmacists would be able to sign-up patients to the services on offer or down-

load support materials that can be used by patients.

Mr Jones added that "good connectivity" would be required. Pharmacists' access to the internet would need to be constant (rather than via a dial up service) for services to flourish.

"Back to the future" scenario is one possibility for pharmacy

One possible future for community pharmacy services is an aggregation with general practice in primary care, according to Professor David Taylor, professor of pharmaceutical and public health policy, School of Pharmacy, University of London. Giving the keynote lecture at the conference, he described this medical integration model as "back to the future".

"Maybe pharmacy [will] integrate with general practice and pharmacists become a lot like apothecaries of the past," he said.

He suggested that as the pressure for specialisation in medicine becomes more pressing, there would be an integration of hospital medicine and what is currently called general medical practice. "That opens up generalist roles for people like community nurses and pharmacists," he said.

Alternatives to this model would be to keep the status quo or to adapt it marginally, keeping the existing network. Professor Taylor suggested that community pharmacies should start forming pharmacy partnerships and integrated local networks.

Another possibility is to explore a model more focused on the private sector. However, Professor Taylor is not convinced that this would be a good thing. He cited the example of nicotine replacement therapy provision as a service that benefited from

public money. "What blasted NRT off the ground was allowing doctors to prescribe. Having public money and a subsidised service is incredibly important," he said.

Professor Taylor does not believe continuing professional development will be the driver for change in the National Health Service. "What is changing is consumer demands, the public's demands, government policies, the NHS strategy — those are the things to understand."

He thinks current pressures for primary care integration will be the real drivers for change. PCTs are pushing towards having larger general practices and larger primary care centres. "The question is whether pharmacies will be in those centres. Or will we be able to have virtual integration," he asked.

He suggested the default position will be that pharmacies drift into general practices. "Traditional independent community pharmacy will disappear and nobody is going to cry that much." He added that, because of all the extra money being put into the health service, now would be a good time for pharmacy to get its act together.

A report by Professor Taylor about the future of pharmacy — "Future partnerships: primary care in 2020?" was published earlier this week (see p563).

Statutory control of pharmacy sets profession apart

The statutory control of pharmacy sets community pharmacists apart from other health care professionals, Professor Joy Wingfield, professor of pharmacy law and ethics, University of Nottingham, told participants. She explained that current supervision rules are governed by a mix of statute law and professional control. Professional control is more nebulous than statute but could be flexible.

Professor Wingfield went on to look at different options for the regulatory control of pharmacy and the processes that might be put in place should supervision rules change. She argued that there is a case for "not sweeping everything away". She pointed out that pharmacy, as a profession, has spent a long time promoting the value of access to a pharmacist. "We have conditioned the public to expect us to be there."

She also questioned whether pharmacists would be protected if supervision rules were reinterpreted. "If a patient suffers harm because a pharmacist is absent would they bring a private prosecution," she asked. And if arrangements were made to allow pharmacists to leave the pharmacy, would the Royal Pharmaceutical Society and Department of Health publicly endorse these arrangements?