

NUCARE

Pharmacies will have to choose between a future in service or volume

Future models for community pharmacy practice under the new contract were discussed at the Nucare convention at Forest of Arden on 10 May. Jonathan Buisson reports

Community pharmacies will have to choose between being high service/low prescription volume centres or high volume fulfilment centres, a senior pharmaceutical industry manager suggested at the convention.

Dr MICHAEL ZAIAC, associate medical director for Pfizer's prescription medicines business in the United Kingdom, said that the key question for the pharmaceutical industry was whether community pharmacists would remain largely suppliers of medicines or whether they would develop towards being advisers and partners in managing medicines.

"We want you to become advisers — you are the most accessible part of the health care system — but it is up to you to choose to develop this role."

Dr Zaiac said that supplementary prescribing and patient group directions offered huge opportunities for pharmacists to play an active part in the rising market for prescription medicines. For example, the requirement in the National Service Framework for Older People for annual medication reviews "offers an opportunity for pharmacists and an opportunity for the pharmaceutical industry to have access to patients through pharmacists".

In terms of supplementary prescribing, there are still many barriers to community pharmacists delivering this. In particular, lack of registration of patients with pharmacies and of patient records in pharmacies are perceived as problems.

However, when pharmacists do become prescribers, "they will become a target audience for the pharmaceutical industry and we will need to talk in much greater depth about prescription only medicines".

Dr Zaiac believes that an expansion of supplementary prescribing will become much more important than the use of PGDs over the next five years. "It will change the way in which chronic diseases are managed in the National Health Service and pharmacists will play an important part in that."

Dr Zaiac said that the new contract for community pharmacy will be service-driven rather than the current model in which payment is volume-driven. No new money is expected so there will be a re-engineering of the current fee structure.

"We see two types of pharmacy evolving — service centres and volume centres."

Service centres would be based closer to patients and to other clinicians, located either in one-stop centres or medical practices. They would have a low prescription

volume and would be involved in the initiation and review of medicines only. Funding would come from primary care trusts in order to maintain access for patients and through reductions in inappropriate prescribing and waste. There would also be collaborations with the industry for patient education and services.



Michael Zaiac: industry wants you to choose advisory role

Volume centres would undertake centralised supplies of medicines, possibly through mail order and home delivery. They would have high prescription volumes made possible through increased automation and technician dispensing. Volume centres would undertake bulk purchasing of medicines and "PCT wholesaling".

Dr Zaiac suggested that in the future patients would be able to consult a GP, pharmacist or nurse at a variety of locations. A diagnosis would be made and a treatment plan agreed. Patients would either be given an initial supply of any necessary medicines or arrangements would be made for a volume centre to supply it. Once the initial response to the medicines had been assessed a decision would be made about ongoing treatment.

For long-term treatment, a central supplier could be authorised to make supplies for a set period. The supplier would automatically make supplies and review compliance. There would be liaison with a service provider for patient monitoring and support. Prescribers would be alerted to any deviations from the treatment plans.

NEW CLINICAL ROLES

JOHN D'ARCY, chief executive of the National Pharmaceutical Association, said that pharmacy will be vulnerable if it continues to rely on simply supplying medicines. "PCTs and the National Assembly for Wales are already considering direct supply

and tendering for medicines." Mr D'Arcy said that pharmacists need to improve their clinical skills and set themselves out as clinicians, not retailers. "Clinical quality isn't the size of your prescription bundle, it is the value you add to the bundle."

In order to provide new clinical services through pharmacies there is a need to install consultation areas. Unfortunately, only about a quarter of community pharmacies have such an area at present. "We cannot do all of these services over the counter. If you do not have a consultation area then you will not even be on the grid when PCTs are looking to contract out new services," he warned.

NEW CONTRACT

BARRY ANDREWS, chairman of the Pharmaceutical Services Negotiating Committee, emphasised that the PSNC wants to establish a national menu of service templates which can be contracted at a local level.

"There is a great advantage in having nationally agreed service templates," Mr Andrews said. "They allow us to provide the work in developing the service at national level, together with materials including audit and reporting forms, all of which can be provided more cost-effectively by developing a national template."

The PSNC wants the new contract to be based on "fair funding" for pharmacy services, but what constitutes "fair" has yet to be agreed. The Department of Health wants to have a full understanding of the income streams for pharmacies as a precondition to agreeing new funding streams. "This is a £1bn-plus contract we are negotiating with the Government and it will want to ensure it is getting value for money."

Mr Andrews said that around 450 pharmacies will be included in a full cost survey this year and he called upon Nucare members to be among those volunteering.

TWO-TIER LOCUMS

During a question and answer session, the issue of how locum pharmacists could be involved in new clinical services was raised. SUE SHARPE, chief executive of the PSNC, said that it may be that locums themselves lead the market. Some pharmacists may wish to specialise in offering clinical services rather than general coverage.

"I can see a two-tier locum market where pharmacies will be able to buy in specialist services," Mrs Sharpe said.