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Embrace the Government's agenda to avoid pharmacy doomsday scenario

"Philosophy, politics and pharmacy" was the theme of the AAH convention held in Athens this week. **Dawn Connelly** reports

The money and the opportunities for community pharmacists are there but the profession needs to wake up and embrace the Government's new agenda to avoid a doomsday scenario, Bart Johnson, former chief executive of Chiltern and South Buckinghamshire Primary Care Trust, told participants at the convention.

The way to extract money out of PCTs is to understand their agenda and what they are obliged to deliver, he said. Chief executives within the NHS have had a lot of Government strategy documents land on their desks over the past few years. "What you have to deal with is mind-blowing. Targets are linked into Government promises and re-election of politicians, so they have got to be achieved." He believes that targets are a good thing — they have changed the way services are provided within the NHS and have delivered benefits.

Mr Johnson explained that it is difficult to frontload investment in the NHS because its budget operates on a year-by-year basis. "If you frontload investment in preventive medicine then you are going to [see] benefit down the road. But the NHS is not in a position to do that as much as it should." Sustained investment in the prevention agenda pays dividends and this is an important area where pharmacists can be involved, he added.

However, Mr Johnson warned that if pharmacists are expecting the Government to say, "We spent £8.4bn on the GPs, we have now got a few billion for you in the pharmacy world", then they are mistaken. "When I was a chief executive, I was not looking for a growth agenda around pharmacy. I was looking for pharmacists to spread their wings, move into a different environment and do stuff that doctors have traditionally done but pharmacists are better placed to do," he said. "I was really praying that pharmacists would walk through the door and say 'We want to do this'. It never happened," he added.

Bart Johnson: difficult to frontload investment in the NHS

Mr Johnson explained that when the chief executive of a PCT is considering a proposal, he or she asks: "How is working with you going to help me deliver my agenda?" He believes that pharmacists can help PCTs meet many of their targets by providing services that result in less unscheduled admissions to hospital.

"The real growth agenda is in enhanced services. There are lots of things that GPs have been doing for years that pharmacists could do as well," he said. Under practice-based commissioning, if you can work with GPs to make them subcontract work to you, there is a business opportunity there, he added.

Mr Johnson highlighted that care in the community costs a fraction of unscheduled care — the average emergency admission costs a PCT £3,000. "Use of the emergency services is crippling the NHS financially," Mr Johnson said. He argued that unplanned admissions are a failure of the system. "As far as I am concerned, it is the patient that is at the centre of everything and what you need to do is devise services with a competitive advantage. I believe that the best qualified, lowest cost health care professional should provide the service to the patient. That is how you run a decent system."

Steve Dunn, group managing director of AAH, also commented on the opportunities for pharmacists in the Government's new agenda. "If the Government seeks greater efficiencies and less expenditure on expensive hospital stays then surely this is a situation that pharmacy — with its ease of access, community knowledge and, soon, prescribing powers — can capitalise on," he said.

Referring to opportunities and threats for community pharmacists, Mr Johnson also warned that, in his opinion, deregulation of licensing to some extent is inevitable "I think you need to plan for that to happen."

Strong collaborative professional leadership needed

Pharmacy, like other professions, needs to think more about how it behaves, said Keith Ridge, Chief Pharmaceutical Officer for England. "As a profession that interacts directly with patients, just like the medical profession, we need to think about how the modern profession should work with patients," he said.

The public expects high standards through strong regulation, something that is currently being addressed through the Government's consultation on the Section 60 Order.

However, Dr Ridge believes that strong, high profile, professional leadership is as important as strong regulation. "That professional leadership needs to happen right now at all levels," he said. He emphasised that this did not exclude other professions and said that collaborative leadership, where organisations work together to a core set of key principals, is a way forward.

Health promotion

In difficult financial times it is easy to forget that one of the core ways to deliver clinical and cost-effective care is through health improvement, said Dr Ridge.

Dr Ridge reminded participants that six is the minimum number of health education campaigns that pharmacists should be running as part of the new contract. "Why not take the opportunity to do more," he challenged them.

But pharmaceutical public health goes way beyond health promotion campaigns, he said. Providing healthy lifestyle advice linked to prescriptions, for example for patients with diabetes and heart disease, could have a major impact on the health of the population, he added.

Dr Ridge acknowledged that times are difficult in the current financial climate but emphasised that an element of calm is needed. "But that does not mean retreating into your bunker," he warned participants. "Continue building for the future," he said.

The **AAH Pharmaceuticals** convention took place in Athens, Greece, from 2 to 7 June. **Dawn Connelly** attended the congress courtesy of AAH Pharmaceuticals

How will rise in demand for health care be funded?

Purely market-based or purely government-based health care systems do not provide the best models, said Chris Ham, professor of health policy and management at the Health Services Management Centre, in a presentation that addressed why health care systems around the world are being reformed.

Professor Ham explained that governments are always searching for new and better ways to organise health care provision. "As we get richer, as individuals and as countries, we want to spend more of our disposable incomes on health care and medical advice," he said. The question is how future increases in demand will be funded in an era of tax resistance. And what will be the balance between what we pay for ourselves, what governments pay for and what we insure against?

Professor Ham then described the benefits and disadvantages of three health care systems operating in developed countries.

- The market-based systems, which exist in the US, where health care is bought and sold like a commodity. The government has a limited role in these systems and private health insurance predominates. "Markets in health care do not work very well." They can drive innovation and produce greater efficiency but information is not evenly distributed between buyers and providers, he said. There are also issues with risk selection, ie, insurance companies choose young, healthy individuals leading to inequity of access.
- The Beveridge systems, operating in the UK and Nordic countries, are based on taxation mandated by governments. The governments have a big role in owning and running hospitals, either nationally or locally. Private provision exists but it is supplementary to the public arrangement. Markets also exist but are at the margins of the publicly owned organisations. These systems tend to result in poor access.
- The Bismarckian systems, operating in countries like Germany and the Netherlands, are funded by compulsory social insurance. Facilities are often privately owned but not-for-profit organisations and government have a role as regulators rather than owners of the system. Again, markets exist at the margin but are becoming more significant in some systems. These systems provide lots of choice but are relatively inefficient.

In reality, the ideal system depends on how its success is measured, said Professor Ham, be it in terms of health outcomes, patient safety, cost, efficiency or choice.

Reforms that have generally worked over the past 30 years include prospective global budgets for hospitals, controls over hospital buildings and equipment, limits on doctors' fees and restrictions on the number of doctors being trained, explained Professor Ham. In the 1980s, efficiency and responsiveness became more important, and market-like mechanisms, management reforms and new financial incentives were implemented and had mixed impacts. Countries around the world are now pursuing quality and safety and policies such as measuring clinical outcomes and publishing the results, setting standards and inspecting health care providers, and creating new agencies to oversee quality and safety, are works in progress, he said.

Chris Ham: how will health care be funded in the future?

A bright future for IT and pharmacy in Scotland

There is a bright future for pharmacy in Scotland. There pharmacy is patient-focussed and enabled by IT, said George Romanes, a pharmacist and former chairman of the Scottish Pharmaceutical General Council.

Mr Romanes gave an overview of the new contract in Scotland and described the e-programme which underpins it. He said that registration for the electronic minor ailment service (eMAS), one of the four core services within the new Scottish contract, started this week. He talked participants through the registration process (*PJ*, 6 May, p534) explaining that two of the four core services in Scotland are dependent on patient registration, something he considered to be a unique selling point.

Referring to the core requirements of IT in the new Scottish contract, Mr Romanes said: "We need reliable robust networks, we need remote access, we need a patient-centred record and we need consent and confidentiality. We also need sharing based on need and relationship." But, he said, some questions remain. Is there long-term sustainability? How will this access to information happen? And what level of access will we get to the electronic record?"

What is clear, he said, is that pharmacists will need to work in partnership with each other, with GPs and with suppliers in the future.

George Romanes: pharmacy in Scotland has taken a different direction

Galen Will, of Burrells Pharmacy near Aberdeen, and a participant at the conference, told *The Journal* that he had registered 70 of his regular customers for the eMAS service on the first day of registration. "We had very positive feedback," he said.

Five steps to effective category management

Five steps to front-of-shop success were presented to participants by Dave Wendland, vice-president of Hamacher Group, a global retail health care firm.

Mr Wendland explained that effective category management is encapsulated in two questions: what business am I in, and what do customers want from my business? He said that there are opportunities outside the dispensary that meet the new contract obligations of providing access to self-care. The five steps to success are:

- Make a good first impression — walk through the front door of your pharmacy and spend seven seconds noting what you see
- Get out in front where self-care happens — this demonstrates to your staff that you are committed to the front-of-shop area
- Define the proper product range — this overcomes shopper confusion
- Implement a logical placement strategy — arrange products on the shelf by location and category
- Make your pharmacy a knowledge centre for your customers — keep aware of new trends and needs within the community