

# Think like a responsible pharmacist now

The responsible pharmacist, the pharmacy White Paper, commissioning of services and financial instability were among the issues discussed at the AAH Pharmaceuticals 2008 convention. **Matthew Wright** reports

If pharmacy is going to deliver clinical services and the wider role it has been asking for, it is absolutely vital that it gets to grips with the issues surrounding the responsible pharmacist as soon as possible. So said Colette McCreedy, chief pharmacist and director of pharmacy at the National Pharmacy Association, at the AAH Pharmaceuticals convention in Cape Town, South Africa, last week.

She told participants that if pharmacy does not focus in on the responsible pharmacist legislation there could be great difficulty in delivering what is needed in the future.

"We don't have any definite details about how the responsible pharmacist is going to pan out. We have some legislation already in the Health Act, but we don't have the details." She added that discussions about supervision have not really gone beyond the concept stage and that the consultation on supervision is pending. Nevertheless, Mrs McCreedy believes that what has been proposed for the responsible pharmacist will fundamentally change the way pharmacy is practised in future.

She explained that, within the Health Act, there is now a statutory duty on pharmacists to ensure the safe and effective running of the pharmacy. She described how this is different to what is currently required: "This duty looks at the whole of pharmacy services. It is not just focusing on the supply of medicines, whether over the counter or on prescription. It is recognising that pharmacy is moving on. Pharmacists aren't just there to supervise and control the supply of medicines. It is about the whole safe and effective running of the pharmacy."

Mrs McCreedy said that this statutory duty would include making sure that appropriate standard operating procedures are in place — that they are both established and



**Colette McCreedy: individuals will know if they have enough experience to be the responsible pharmacist**

maintained and that they are reviewed often. She added: "There is no point having a standard operating procedure that is not working safely and effectively in practice. And part of that is making sure that the staff mix is right in the pharmacy so that they can work within those standard operating procedures."

Another pertinent point, she said, is that there would be a record kept of who the responsible pharmacist is at any given time in the pharmacy. Pharmacists would be required to sign in when they are taking responsibility and sign out when they are relinquishing it. "That is going to focus pharmacists' minds much more — they're signing up to those responsibilities."

Mrs McCreedy said that it was difficult to pass judgement on the issues surrounding absence of the responsible pharmacist from the pharmacy for periods of time until the outcome of the consultation on pharmacy su-

per vision is known. She added that there is an overall view that one pharmacist should be responsible for just one pharmacy at any given time. In terms of whether pharmacists will need additional qualifications — or a certain level of experience — to act as the responsible pharmacist, Mrs McCreedy believes such decision should be left to the profession and not be put in legislation.

"How do you know when you have enough experience to be a responsible pharmacist," she asked. "The individual pharmacist will know if they are capable or not — perhaps in consultation with their superintendent. You would not as a pharmacist under your ethical obligations undertake any role that you did not feel you were capable of doing."

Mrs McCreedy said that there are significant risks in developing models that will result in the pharmacist not being so freely available in the pharmacy. She stressed that the accessibility of the pharmacist is one of the things the profession has been promoting and selling. "If we leave the pharmacy completely then somebody else is going to come in and take our place," she stated.

"Personal control is going to be replaced by the concept of the responsible pharmacy," she made clear to participants. "You need to start thinking about how this is going to affect your pharmacy business and your operations and what changes you feel need to be put into place in your pharmacy. . . . You need to weigh up the impact of these changes on your present service against the potential for expanding your services by taking advantage of greater freedom."

She finished by advising participants that there is no need to wait for changes in legislation: "Start thinking like a responsible pharmacist now."

## White Paper offers great potential for pharmacy



**Mark James led the business sessions**

The pharmacy White Paper offers great potential rewards for the profession as part of healthcare delivery across the UK, AAH's Mark James said at his first convention as group managing director.

He said that the White Paper was a comprehensive review containing many of the elements for which pharmacy has been arguing for some time. However, the paper says that certain services should be provided by pharmacy, not that they definitely would, Mr James pointed out, adding that the paper "does seem to be fairly quiet" on the issue of funding.

He went on: "The financial situation in pharmacy has probably never been more pre-

carious and certainly never more unpredictable. However, the White Paper explicitly states that rewards in time will be better directed at those pharmacies that fully embrace the direction of change and that invest in staff and infrastructure to support high quality services. I think that's a laudable end. I just hope the timescales taken to develop that will not be so long that, by the time it's there, there will be no money left in pharmacy to invest."

This year's AAH Pharmaceuticals convention took place in Cape Town, South Africa, on 15–21 April. Matthew Wright attended the convention courtesy of AAH

# Consider what training is needed for new roles

Pharmacists need to take responsibility for the professional element of their work as well as business and service delivery, National Prescribing Centre chief executive Clive Jackson told participants.

He also suggested that pharmacists might need to be more involved in what is happening with the future of the Royal Pharmaceutical Society than they might feel they currently need to be. He went on to describe some of the issues looked at in the Clarke Inquiry's report into the new professional body.

"I think the future of pharmacy is very positive now," he said, "but it is not going to be handed to us on a plate. We clearly do need to make sure we are managing our own profession to allow us to get there."

Mr Jackson said that the more pharmacists move into clinical roles the greater the range

of skills they will need over and above what they already have. "That requires a different educational approach than we currently have. And if we think about the potential time it takes to change any educational approach in pharmacy then we need to be thinking about this sooner rather than later. The Society at the moment sets the curriculum, the curriculum then defines what schools of pharmacy do, they then have to change, and then it takes it five years before a pharmacist emerges with that new skill set. So even if we started today there would be a lag of probably seven years." He said that there is therefore an issue of training current pharmacists as well as making sure that the pharmacists of the future are appropriately educated.

Mr Jackson added: "If we move more into the clinical role then we'll have to get our minds round the fact that we will be working

closer to patients . . . and we will have to be comfortable with that."

He asked: "What can we achieve with limited additional training and support? And what actually requires wider training and development and fundamental reform of undergraduate and preregistration [education] and continuing professional development?"

David Colin-Thomé, national director for primary care at the Department of Health's commissioning and system management directorate, spoke about the commissioning process. He said that commissioners were in a difficult position because "all the power, status and often the technical knowledge resides with the providers". He added that many providers are not always objective in the use of resources. He said that the Government is keen to improve the skills of people involved in the "world class commissioning" process.

## "If you don't perform you're out"

It is important for pharmacists to better understand what the commissioning cycle involves, Mike Holden, chief officer of Hampshire and Isle of Wight Pharmaceutical Committee, told participants.

He said that pharmacists often suggest they can provide services that do not meet a local need, and that there is no reason why commissioners would wish to invest in such services. "Understanding the local health economy, understanding the strategies of our primary care trusts and our local health authorities, is very important. If you don't do that you will never get a service commissioned — or you shouldn't."

He also highlighted the need for pharmacy to "be at the table when it comes to service redesign". He said that this is more than just changing the model of who provides a service, it is about making the service better for the patient.

He stressed the importance of ensuring that pharmacy can performance manage the services it provides. "Unless you put performance management in to get quality outcomes then you will not get recommissioned."

Mr Holden added: "There is a very clear warning within the White Paper around poor performance — if you don't perform then you're out."

## Inpatient service improves in NI

Northern Ireland's integrated medicines management (IMM) programme has improved safety and reduced medicines wastage in secondary care, said Sheelin McKeagney, a pharmacist who represents the views of community pharmacy on the NI Pharmaceutical Services Improvement Programme.

The IMM programme involves hospital pharmacist input in contacting a patient's GP or community pharmacist when the patient is admitted to hospital to ensure an accurate drug history is obtained. The patient's own medicines are then used in hospital, and the pharmacist ensures the patient is properly educated on discharge. Communication with primary care when the patient leaves hospital is also key, Mr McKeagney pointed out.

He said that implementation of the programme reduced the average length of stay in hospital by two days and readmission rates by 20 per cent, and lengthened the time to readmission by over 20 days on average. Use of patients' own drugs produced a saving of some £13.30 per patient and an estimated 1,000 errors per ward per year were now being prevented.

"For every pound invested in this service at least £4.80 has been returned. . . . This is a win-win for commissioners," he said.

### Summary of business sessions

Mark James summarised some of the key issues identified in the business programme:

- Commissioning is crucial and pharmacy is going to have to get much better at playing the commissioning game.
- Patient choice is not so much about the patient having a choice of location for treatment, rather it is about the patient choosing how they want to be treated.
- Prevention of illness is talked about a lot but the challenge lies in convincing people who do not feel unwell to play a role in preventing future illness developing.
- It could be seven years before pharmacy graduates have the skills to support new roles — existing pharmacists will need to ensure they update their skills to provide services in the interim.

- There is a need for pharmacy to measure health outcomes to prove that its services are making a difference.
- The pharmacy White Paper signals a shift in focus from dispensing to clinical services. Reward will go to pharmacists who embrace the changes set out in the paper and provide high quality services to improve patient outcomes.
- Access to clinical records is necessary for pharmacists to engage fully with many of the new roles envisaged.
- More work needs to be done to establish effective interprofessional working at a local level — GP and pharmacist co-operation will benefit both groups, as well as the patient.
- Pharmacists have the location, tools and ability within their communities to identify what local health needs are. However, to benefit from this

- information they need to be part of an integrated healthcare plan in the local area.
- Engaging with the local pharmaceutical committee is important so that pharmacy is able to speak with one voice locally.
- To get the most from over-the-counter business pharmacies need to focus on giving appropriate advice and asking the right kinds of questions, because advice is one of the main incentives for people to go to their local pharmacy for a minor ailment.
- Pharmacists who experience a downturn in income from Category M cuts should consider whether they can get any tax back from the excess profits made in the first part of the year.
- The financial climate in pharmacy is getting tougher but there is still money to be made in the provision of new clinical services.