A QUESTION OF BALANCE

By A. Karr, MRPharmS, MBA

The recently launched NHS and pharmacy plans herald the start of a change process that will undoubtedly alter and improve our professional roles beyond recognition. The scale of changes proposed are so massive that it is difficult, even for the well informed, to imagine and appreciate their full impact. Although there will be many service developments, such as increasing numbers of prescribers, and electronic prescribing and transfer of data, the danger is that the new NHS and pharmacy plans may flounder in the hospital sector. The scarcity of detail and limited funding may hamper the implementation process like many other health care strategy policies circulated in the past. Some may argue that this may not be so in this case. After all, we have been promised significant sums by the Government to fund the work. However, it is doubtful whether there will be sufficient financial support given directly to the hospital pharmacy service. There may well be higher priorities found in other sectors of the health care system.

Whatever the apparent benefits of the reforms, should we perhaps take a considered step back to contemplate the direct implications of the proposed changes for the hospital pharmacy service, before ploughing ahead? There are many critical questions we could ask. For example, what resources have been given to us to pump prime the change process? How will we manage the transition when we are running the current service with depleted workforces? What should be done to increase the hospital supply of professional and technical staff needed? Should we continue to put up with manpower planning proposals founded upon desperate tactics to maintain services? How can we obtain funding or direction to develop hospital pharmacy IT systems to achieve Government targets?

It is essential that the hospital pharmacy service produces its own strategy to answer these and many other questions. Many senior managers will benefit from sound support and advice to assist in managing the change process, and to control their expanding workloads. Delays in establishing satisfactory answers may result in further stress and the extension of the existing brain drain out of this important sector of our profession. Time is not on our side.

Any strategic review will inevitably look at the various options available to us, such as:

- Service development, for example, pharmacist prescribing
- Market development, for example, medicine information services to primary care
- Consolidation, for example, automation
- Diversification, for example, pharmacists on primary care trust boards, managing trust non-pharmaceutical services
- Market penetration, for example, clinical directorate pharmacy service in all UK hospitals
- Joint ventures, for example, a national medicines information structure
- Withdrawal, for example, buying in non-sterile manufactured products from commercial suppliers
- Do nothing — not an option!

There are many problems in developing a comprehensive hospital pharmacy strategy because the existing service is not just limited to one service, but involves many, such as, dispensing, production, supply, clinical, medical information. A hospital pharmacy service can therefore be broken down into smaller service units that may vary in their life cycle, development opportunities and competition that they face. Here, balancing a strategy that incorporates the service as a whole, as well as defining different strategies for each type of pharmacy service unit, will no doubt be challenging to policy makers. A thorough and detailed investigation into the strategic position of each service will be crucial. The problem in developing a comprehensive strategy increases further because so many other external factors need also to be taken into account. The technical revolution, manpower planning problems, change in prescribing practices and shifts in Government policy are but a few issues. Also, within any strategic proposal the inclusion of how we can influence our environment will be vital.

We cannot afford any errors in our strategic thinking as they could have detrimental effects on our profession that may be impossible to reverse. For example, as we embrace newer roles, should we actively withdraw from some of our older and more traditional services, or are any of them of strategic importance, for example, production, radiopharmacy, dispensing, purchasing and distribution? The attraction of a hospital drug expenditure of £1.6bn per annum, and control of parts or all of a hospital pharmacy service may be too great for a number of external agencies to ignore. Divesting some or all of our services may not improve or solve our manpower situation. External agencies will inevitably seek out our best staff and so only serve to increase our staffing problems. Also, the impact of fragmenting the service may provide additional co-ordination and communication problems to our already too complex lives.

The driving force towards embracing new services and developments are strong. After all, it is what many of us have been working towards and it is what the Government wants us to do. So how can we resolve all these issues and achieve so much in a short period of time?

A possible solution to the dilemma is to consider increasing the amount of collaboration between pharmacy departments from different trusts. More and more joint ventures within the NHS will increase the effective use of limited resources and manpower. Neighbouring trusts may even consider merging services or some of their pharmacy service units, for example, procurement and distribution, medicines information, production. This centralist approach should release staff while cutting costs and therefore prevent the necessity of contracting out services.

We must also increase the sharing of more strategically important information, so that workloads can be reduced further. The London Region's "Formulary and Medicines Evaluation (FAME)" group, for example, has recently started sharing details of drug and therapeutic committee decisions to reduce the efforts required by formulary pharmacists in preparing local submissions. Other initiatives such as using automation and information technological enhancements will increase our efficiency as well, and so are vital for us to explore as soon as possible. We have also yet to see the level of reduction in the number of clinical and formulary interventions required, when the new computer prescribing systems come on stream in the next few years.

Our future is uncertain. Whatever path we tread must be considered carefully to avoid needless disposal of our profession's jewels which have been nurtured over many years. Now is the time not just to work harder but smarter. It is just a question of balance.

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