

The gap still exists — how can we bridge it?

By Ray Fitzpatrick, Msc, PhD, MRPharmS

The title of this year's *Hospital Pharmacist* annual conference was "Pharmacy at the interface — bridging the gap". In theory there should be no gap for us to bridge, as we have been talking about seamless care for at least a decade.

However, gaps do exist and have existed ever since the NHS was fragmented in the early 1990s.

Some commentators have referred to the interface of primary and secondary care as the "careless seam" rather than seamless care. If we as health care professionals perceive there is a gap, how must our patients feel?

NHS changes

It is timely and no coincidence that the interface was the focus of this year's conference, as there are major changes being implemented within the NHS which will impact on interface working. In England we are seeing the merging of strategic health authorities which in many cases bear a striking resemblance to old regional health authorities.

Primary care trusts are also set to merge in order that their boundaries will be more similar to those seen in social care. Here again, the similarity to old district health authorities is not lost on some of us.

Furthermore, some trusts have been granted foundation status with much more freedom

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to manage their health care business. However, not only are the organisational structures changing, but also the systems and processes which work between the various organisations.

Although the concept of money following the patient has been at the centre of the NHS agenda before, only now do we have a funding system emerging — payment by results, where this actually happens in practice.

The Government has talked about a primary care led-NHS for a number of years, and with the advent of practice-based commissioning, there is the opportunity for real, and perhaps radical change in the models of care for patients. There is also a real drive from the Government that patients should have more choice in where they want to be treated, and a plurality in secondary care providers.

Practical examples

Therefore, this year's conference was not only timely in its content, but provided a line up of speakers with considerable expertise in various areas of practice to discuss some of these issues in the context of medicines management across the interface.

Richard Seal from the National Prescribing Centre described tips for effective working across the interface, derived from the experience of participants in the NPC's hospital pharmacy medicines management collaborative. Not surprisingly, communication featured as one of the key issues.

Sharon Hems from Lothian Health Board presented a practical approach to developing a joint formulary for primary and secondary care.

Lothian Health Board has been in the vanguard of formulary development for many years, so this was an excellent model of good practice.

Another practical presentation came from Anita Hogg, clinical services development pharmacist from Antrim Area Hospital in Northern Ireland, who described her hospital's approach to integrated medicines management across the interface.

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The emphasis changed a little when Sue Ashwell, director of medicines management at Hinchingbrooke Health Care NHS Trust and Huntingdonshire Primary Care Trust and Val Shaw, chief pharmacist, Greater Peterborough Primary Care Partnership and pharmacy services manager at Peterborough and Stamford Hospitals NHS Foundation Trust, described their pioneering roles as senior pharmacy managers straddling both primary and secondary care. What they described was in fact the role of director of medicines management for a

whole health community. Could this be the vision of the future, many of us pondered.

The vision theme continued with Keith Farrar, clinical specialist at CSC Computer Services explaining how the use of IT as part of Connecting for Health could facilitate better medicines management across the interface. Mr Farrar emphasised that IT merely facilitated better practice, it did not change practice per se — that is our job.

The final presentation, from Duncan Jenkins, specialist in pharmaceutical public health from Dudley PCTs, gave delegates a glimpse of the future, albeit the near future, when he described practice-based commissioning and payment by results. Although these issues may seem like the domain of NHS managers, the audience was left in no doubt that they would impact on day-to-day hospital pharmacy practice.

Delegates at the conference benefited from the experience of practitioners from a range of different perspectives explaining why and how we could bridge the interface between primary and secondary care. However, they were given the clear message that the NHS landscape is subtly (or not so subtly) changing. Clearly we must move out of our silos in primary and secondary care, and start working together to take a more holistic approach to medicines management across the whole health community.

Conference coverage

Coverage of this year's *Hospital Pharmacist* conference can be found on pages 429–443.