

# An independent contractor in England

The new pharmacy contract will transport community practitioners to uncharted realms of healthcare, says **Dipak Nandha**

I can pin down the birth of my aspiration to be a pharmacist to the age of 10, when a photograph of me was taken in a Willesden Green pharmacy.

My careers adviser tried to dissuade me from studying pharmacy and had I followed his advice, I would have been a nurse today.

After graduating from Portsmouth and a year of rigorous preregistration training with Boots, I decided the corporate shackles were not for me. I wanted to work for myself, and help patients in a positive way.

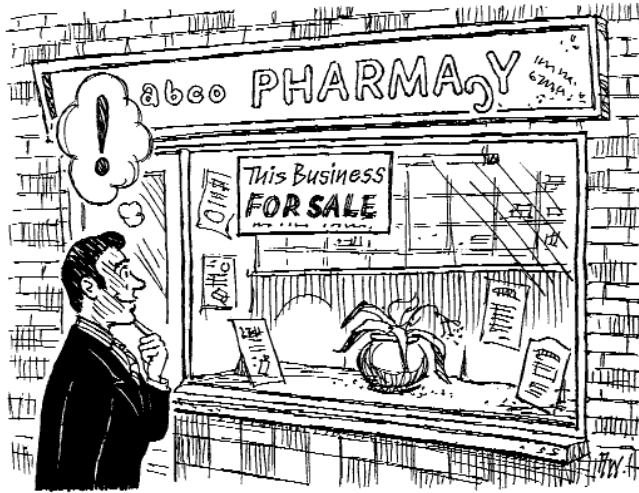
My career began with locum work. The difference between pharmacies was amazing and it highlighted how diverse they were. Towards the end of my first year as a pharmacist, I took charge of a busy store and that was the ultimate preparation for the plunge into ownership.

In 1985 I bought a rundown pharmacy in west London, with the support of my family. I attribute to them much of my subsequent success. Community pharmacy is still one of the best careers and mine, as an independent contractor, has been fulfilling.

The evolution of the community pharmacist's role places greater emphasis on competencies and skill mix, and we need to be on the ball to compete with the multiples. Independent contractors bring something unique to local communities. But their number is dwindling fast. Increasing workloads, eroding margins, the threat from 100-hour pharmacies, internet dispensing and Category M price reductions all require contractors to fight their corner.

Broadening clinical knowledge and using business acumen offer ways to survive. That is why I undertook an MSc at King's College London in 1996. This has had a huge impact on my career. Patients and customers recognise the expert advice they get and this has boosted growth in sales at my pharmacy.

The MSc provided fresh impetus for me to get involved in new initiatives and to work



more closely with my primary care trust. I was appointed to the area prescribing committee in 2000. I subsequently did some formulary work for the PCT in wound management, and helped develop its minor ailments scheme.

I have also contributed as an independent contractor representative on the pharmacy contract implementation group for the PCT and in the same capacity on the pharmacy development group. But it was the spell of work that I did as a coronary heart disease (CHD) facilitator in 2000 for the Ealing, Hammersmith and Hounslow Health Agency that gave me the greatest satisfaction.

In that role, which included the roll-out of the joint British Society guidelines on the prevention of CHD to GPs and implementing the national service framework guidelines, we facilitated healthy heart clinics for at-risk patients at GP practices. The sessions were jointly run with a nurse, and the role of the pharmacist was to review the patient's medication and address any pharmaceutical issues. An interesting facet of the work was the inclusion of an exercise adviser who provided individual behaviour change counselling. The multidisciplinary working between GPs, nurses, pharmacists and exercise adviser in tackling CHD provided benefits. The project demonstrated the impact of a pharmacist's intervention in disease prevention and chronic disease management.

Each day is different. It is not beyond the realms of possibility to have a patient having an acute asthma attack in your pharmacy, a queue of patients waiting for prescriptions, a GP seeking prescribing advice, a request for emergency hormonal contraception, and a client that needs his methadone dose, all at the same time. The ability of pharmacists to multitask amazes me. Most GPs and nurses have no idea how a pharmacy works and those that have spent a day with me acknowledge the difficult job we do.

I am now on the brink of a new chapter in my career. What I hope to do next is to work in a hospital pharmacy, perhaps for one day a week, with a view to carrying across all the good practice from secondary care to my community pharmacy.

Hospital pharmacists often see a patient's journey from admission to discharge. By viewing patients' medical and drug charts, they can ensure that better clinical assessments are made for the appropriateness of prescribed drugs. There is an opportunity for counselling and to attend designated ward rounds, and it will also allow me to interact with doctors, consultants and specialists.

The Government aims to shift more of the secondary care into the community, so there is likely to be an increased demand on community pharmacists to monitor and prescribe drugs. Gaining experience in hospital will help me prepare for such a role.

It is a barrier to best practice that community pharmacists cannot access patient medical records because that would enable them to make better clinical decisions. The electronic prescription service could develop so that basic patient notes are tagged to the electronic prescription. Even the mere inclusion of the clinical indication for each item sent to the spine could help. Thus, a prescription that is pulled down from the server for a drug such as co-amoxiclav could include a note to state "for dog bite". This would allow a pharmacist to check whether the drug is clinically appropriate.

The new pharmacy contract is a quagmire for many pharmacists. The spotlight has shifted from the patient to regulatory aspects, and that has meant that pharmacists spend more time grappling with administrative tasks than at the pharmacist/patient interface.

Despite the turmoil in our profession, I am convinced the new pharmacy contract can transport pharmacy to uncharted realms of healthcare. I am benefiting from the wealth of experience that is accumulated only over time, and this is reflected in the service my patients get. Who can deny the ring of truth in the words "The years teach much which the days never know."

## Dipak Nandha

June 1985 to present Director and pharmacy superintendent, Kanset Pharmacy (Peeredge Ltd), London.

1996 MSc Community Pharmacy, King's College.

1984–85 Manager, Valu Chemist, Acton, London.

1982–83 Partner/proprietor, Fountain Chemist, Wembley, Middlesex.

1981–82 Self-employed locum pharmacist.

1980–81 Preregistration trainee, Boots, Greenford, Middlesex.

## My career

Thinking of changing your career? This series profiles different careers in pharmacy. It is designed to provide a taster of work in different specialities. Any pharmacist who would like to contribute to the series should contact the editorial office on 020 7572 2429 or e-mail editor@pharmj.org.uk in the first instance.