

# Surveys compare what pharmacists do with what they want to do and why

Two surveys published in the past few days report the views of community pharmacists on current and future professional developments. Michael Thompson looks at what they say

PHARMACISTS are providing a wide range of extended services beyond those specified in the national contract. Many of these are provided without NHS payment.

These are the key findings of research conducted among all community pharmacists in charge of pharmacies with National Health Service contracts in the area of the North East London Strategic Health Authority.

The study, carried out for the King's Fund by Richard Lewis (visiting fellow) and Clare Jenkins (research officer), describes the provision of extended pharmacy services and the views of pharmacists on Government priorities.

Significant differences were found in the provision of additional services by independent and multiple pharmacies. Independents were significantly more likely to provide nicotine replacement therapy, health promotion schemes, advice to residential and nursing homes, advice to general practitioners and other health care professionals, health screening and diagnostic testing and prescription collection and delivery services. No significant differences were found in the likelihood to provide medicines management or repeat and instalment dispensing services.

Priority areas for future development most commonly identified were medicines management, health screening/diagnostic testing, and health promotion. To achieve these service developments, 57 per cent of respondents said that they would need help, particularly with funding and training.

Many pharmacists consider that they are already meeting the aspirations of the Government's "Pharmacy in the future" report (*Pf*, 16 September 2000, p384). Nearly half (49 per cent) of those who took part in the survey — 178 of the 355 pharmacists invited to take part did so — believe that their professional competence is already sufficient to do so. Most expect to be meeting these priorities within two years, with the exception of e-pharmacy.

Priorities that are already being met include patient counselling (for example, in relation to smoking cessation) and repeat dispensing. Far fewer pharmacists are meeting the priorities for e-pharmacy and medicines management.

However, the research found that the infrastructure required to support some of these service enhancements is less well developed. Only 24 per cent of respondents already have private consultation areas, while 31 per cent have neither a private consulting area nor the space to provide one. Independent pharmacies are significantly more likely to have private consulting areas than multiples.



Many pharmacists see their professional future in direct patient care

Many pharmacists have already implemented the principles of clinical governance. Although the researchers say that far more expect to do so within the next year, clinical governance is unlikely to be universal in pharmacies. Multiple pharmacies are significantly more likely to carry out clinical audit, undertake continuing professional development, use clinical guidelines and carry out risk management. Multiples are also more likely than independents to be undertaking clinical governance activities within the next year.

On the downside, the research found that morale among pharmacists is low. More (45 per cent) say that their current professional role is unsatisfying than find it satisfying (37 per cent). Over half (51 per cent) would not choose pharmacy again as a career and only 28 per cent would. Only 36 per cent are optimistic about the future (31 per cent are not optimistic and 33 per cent are neutral).

However, 56 per cent believe that the priorities in "Pharmacy in the future" will increase professional satisfaction and there is a high level of support for local pharmaceutical services schemes.

The researchers conclude that the range of services available from community pharmacies is variable and that, consequently, patient access to a valuable health care resource may be haphazard. They see significant implications for access and services arising from the increasing proportion of pharmacies owned by the multiples because independents are more likely than the multiples to offer extended services. Because multiples are more likely than independents to implement clinical governance, the authors see a trade-off between extended services and quality guarantees.

Also published this week is a report of an attitudinal survey "Realising the promise", by Professor David Taylor (professor of pharmaceutical and public health

policy) and Sarah Carter (research assistant) at the School of Pharmacy, London University. They found that 95 per cent of community pharmacists believe their future lies in clinical practice and direct patient care.

"From being a Cinderella among the primary health care professions, community pharmacy could within five to 10 years come to play a more central role in determining medically and self-initiated pharmaceutical treatment choices and promoting desired health outcomes," they say.

This is because the desire for role change of younger, better educated and more health orientated pharmacists is coinciding with complementary demand from government and the NHS.

But there are many obstacles to be surmounted, according to Professor Taylor. These include delivering medicines management and tangible service improvements by 2004. Also needed, he says, is a locally and nationally contractual framework that adequately — and flexibly — funds innovative approaches to practice.

Other changes that Professor Taylor's report says are necessary include reducing pharmacists' direct involvement in dispensing, better NHS information technology, modernised professional structures that include lay input, better understanding of self-care, dropping empty claims to be able to improve health where they are not true, persuading health commissioners of the importance of community pharmacy and forming stronger partnerships with others involved with primary care.

*Developing community pharmacy: what pharmacists think is needed. King's Fund, 11-13 Cavendish Square, London W1G 0AN.*

*Realising the promise: community pharmacy in the new NHS. Department of Practice and Policy, School of Pharmacy, 29/39 Brunswick Square, London WC1N 1AX. ISBN 0 902936 06 9. Price £12.*