

Reflections on pharmacy during 2002

The past year has seen much preparatory work done for expanding the roles of pharmacists. Jonathan Buisson looks back on 2002

IN OUR look back over 2001, we suggested that pharmacy had taken "one step forward and three steps back" that year (*PJ*, 22/29 December 2001, p878). We also suggested that 2002 might be a year in which much would change in pharmacy.

In some ways little appears to be different in pharmacy at the end of this year. However, much preparatory work has taken place and it is likely that in the future many changes will be seen to have started during this period.

Extensive pilot trials have, after some slow starts, got under way for electronic transmission of prescriptions (ETP), medicines management and, in Scotland, pharmacist prescribing and repeat dispensing. A number of pharmacy companies have also been looking at open displays of pharmacy medicines.

Results from these trials should be available next year and will inform the discussions on new contracts for community pharmacy in England, Wales and Scotland which should be in place for April 2004.

STRATEGIES AND CONSULTATIONS

Scotland launched its pharmaceutical care strategy "The right medicine" in February (*PJ*, 9 February, p161). Key points of the strategy are pharmacist prescribing and repeat dispensing, developing model pharmacies and extending pharmaceutical care. Money for modernising some pharmacies accompanied the strategy.

Wales in turn launched a consultation on a draft pharmacy strategy "Remedies for success" which was unveiled at the British Pharmaceutical Conference in Manchester (*PJ*, 28 September, p434). The strategy is being accompanied by a push for patient pack dispensing and automated dispensing in hospitals.

The BPC also saw the launch by Dr Jim Smith, chief pharmaceutical officer at the Department of Health, of a discussion paper on skill mix, "Pharmacy workforce in the new National Health Service" (*PJ*, 5 October, p469). The most controversial proposal in this was for the relaxation of supervision within community pharmacies. Under "protocol medicines supply schemes", appropriately trained technicians would be allowed

to dispense or supply medicines without the personal supervision of a pharmacist. However, this proposal has been criticised by both the National Pharmaceutical Association and the Pharmaceutical Services Negotiating Committee which has questioned the need for pharmacists to leave their premises for long periods in order to carry out some of the extended roles the discussion paper suggests.

One reason why things have failed to change much during 2002 is the continued non-appearance of the report from the Office of Fair Trading on the control of entry regulations governing the granting of pharmacy dispensing contracts. Having spent the early part of the year intensively questioning most of the players in the pharmacy market, the OFT has seen the publication date for its report slip from the autumn to "early in the new year" (see p877). As the report's conclusions have the potential to destabilise the whole community pharmacy market, this hiatus has resulted in negotiations on the new contract stalling and a slowdown in the acquisition of pharmacies by the major multiples.

Also failing to make an appearance in 2002 have been the Government's long-term proposals for reimbursing generic medicines purchases and the delivery strategy for the National Service Framework for Diabetes.

CLINICAL DEVELOPMENTS

Trial data have continued to shape clinical practice during 2002. Statins are still making the headlines and hormone replacement therapy is no longer the panacea that it was once heralded to be.

A number of innovative products have been launched this year (see Panel). Some have been scrutinised by the National Institute for Clinical Excellence, which continues to advise the NHS in England and Wales. NICE has cleared the way for the TNF α inhibitors infliximab (Remicade) and etanercept (Enbrel) to be used in rheumatoid arthritis and atypical antipsychotics for newly diagnosed schizophrenia.

Still on the horizon are medicines derived from cannabis for multiple sclerosis and inhaled insulin for diabetes.

THE SOCIETY

The Royal Pharmaceutical Society's sometimes prickly relationship with its members has continued throughout the year as the Society pushed ahead with its modernisation plans. During the year greater detail emerged on how the Society plans to reform itself and how its new Council structure will operate.

The Society also unveiled its plans for continuing professional development for pharmacists (*PJ*, 5 October, p478). It sent an introductory video to all working pharmacists and enrolled 5,000 on the first phase of its CPD project. It also announced plans to register pharmacy technicians from 2007 (*PJ*, 14 December, p863).

IN AND OUT

New arrivals in 2002 included the Association of Independent Multiples (AIMp) and its Scottish counterpart. This body seeks to represent groups that own between 10 and 200 pharmacies. The Company Chemists Association, representing the largest multiples, took on a higher profile, appointed full-time executives and gained ASDA as a member.

The NHS produced a new crop of acronyms, including SHAs (strategic health authorities) and NPSA (National Patient Safety Agency) and a new junior health minister, David Lammy, to look after them.

On the way out were the old health authorities. Dr John Evans stepped down after nearly 15 years of sterling service as a Privy Council nominee to the Society's Council and pharmacy lost a friend with the death of Terry Norris, the former managing director of the independent community pharmacy group Numark.

LOOKING AHEAD

All of the preparatory work undertaken this year means that the pace of change in pharmacy, already quite frenetic, is likely to step up a gear next year. Pharmacist prescribing should become a reality and repeat dispensing and medicines management should be extended further. Reports on control of entry, implementing ETP and, probably, generics, should outline how pharmacy will work and be remunerated and allow discussions on a much needed new contract to resume.

In addition, the Society's modernisation plans, the subject of much heated discussion this year, will need to be formally implemented next year.

Thus 2002 has been a year when things began to change markedly in pharmacy, but perhaps without many people noticing how much. During 2003, the changes should become apparent to everyone.

Some of the new products launched in 2002

- Anakinra (Kineret) for rheumatoid arthritis
- Insulin glargine (Lantus) for diabetes mellitus
- Oseltamivir (Tamiflu) for the treatment and prevention of influenza
- Peginterferon alfa (Pegasys) for chronic hepatitis C
- Pimecrolimus (Elidel) for atopic dermatitis
- Tacrolimus ointment (Protopic) for atopic dermatitis
- Tiotropium (Spiriva) for chronic obstructive pulmonary disease