

# A new vision for pharmacy in the future

Last Thursday, the Government published a new strategy for pharmacy in England: "A vision for pharmacy in the new NHS".  
Clare Bellingham reports

ON THE same day that it responded to the Office of Fair Trading report on control of entry, the Government published a new pharmacy strategy for England — "A vision for pharmacy in the new NHS".

Trumpeted as a "strategy for taking pharmacy into the future", it sets out what community pharmacy could look like. But how much does it move on from the pharmacy plan published in 2000? And, coming on the same day as the Government response to the OFT report, is the new strategy merely a sweetener for pharmacy or will it help to move the profession forward?

In some ways, the strategy is a progress report on the pharmacy plan. Rosie Winter-ton, the health minister with responsibility for pharmacy, says that significant progress has been made since the publication of the pharmacy plan three years ago. "It is now timely to move on to the next stage. 'A vision for pharmacy' highlights success but also looks forward to how we can build on these achievements," she says.

So maybe this kind of review is not such a bad thing. John D'Arcy, chief executive, National Pharmaceutical Association, comments: "It shows just how much ground has been covered since 'Pharmacy in the future'."

## ROLES FOR PHARMACISTS

The document lists a "top 10" of important roles for pharmacy. These roles, intended to underpin the future direction of pharmacy, have been identified by the chief pharmaceutical officer for England, Dr Jim Smith (see Panel, right). He hopes that they will help pharmacists to broaden their contribution in meeting patients' needs.

One area that seems to have moved up the Government's agenda for pharmacy since the pharmacy plan was published is pharmacists' role in public health. "Pharmacists are well-placed to make an important contribution to improving public health and the wider promotion of health," the strategy states. It suggests areas such as smoking cessation, sexual health, reducing obesity and minimising health inequalities. "Pharmacists are probably the biggest untapped resource for health improvement," it adds.

The DoH plans to develop a framework for a pharmacy public health strategy by 2005. So strong is this new commitment to a public health role that it will be reflected in the new contract for pharmacy.

Prescribing — both supplementary and independent — was mentioned in the pharmacy plan. And although supplementary prescribing is progressing well, with the first pharmacists about to start their training and the expectation that they will be prescribing by the end of year, things have not been looking as rosy for independent prescribing. It rather seemed to have fallen off the agenda. So it is positive news that the DoH raises

the subject again in the strategy: "We will begin discussions in early 2004 with the professions, patient organisations and the NHS to develop a framework for independent prescribing by pharmacists."

Another area of development for pharmacists is in diagnostics and monitoring. In particular, a potential role in using genetic tests to tailor medicines to individuals is highlighted: "A suitably trained pharmacist, supported by genetic testing facilities, could select the best option."

The strategy also points out that further guidance on out-of-hours access to medicines will be published later in 2003.

Carrying on the theme of reclassifying more products as pharmacy medicines, mentioned in the pharmacy plan, the strategy says it will continue to expand the range of medicines pharmacists can supply without a prescription.

The Proprietary Association of Great Britain is pleased about this. The association's director of health policy and public affairs, Gopa Mitra, comments: "Widening access to medicines, by making more available over the counter, is a key part of expanding the pharmacist's role."

## FROM A VISION TO REALITY

The strategy document states that five things are needed to make the vision for pharmacy a reality. These are:

- Effective and appropriate arrangements for managing and paying for community pharmacy
- More staff working in different ways
- Better information management and technology
- A robust supporting infrastructure
- Strong professional leadership

How community pharmacists are to be paid in the future will be determined by the new contract (see Panel on p112).

In several places in the strategy, the increasing importance of the role of primary care organisations in developing pharmacy is stressed, particularly as funding is moved from central government to PCTs. Under the arrangements for the new contract and local pharmaceutical services (LPS), PCTs will have much more influence on pharmacy services. And pharmaceutical advisers will have a "key role in the effective implementation" of the new pharmacy contract.

But the document also asks whether pharmacy costs that are currently paid for by the centre should be transferred to PCT budgets. "If, in future, NHS pharmacy costs were to switch to being fully met by PCTs, it appears sensible to consider whether the national terms of service should continue in their present form or also be subject to contracts," it states.

## The 10 key roles



The chief pharmaceutical officer for England, Dr Jim Smith, has identified 10 key roles for pharmacy:

- To provide convenient access to prescriptions and other medicines
- To advise patients and other health professionals on the safe and effective use of medicines
- To be a point of first contact with health care services for people in the community
- To provide medicines management services, especially for people with enduring illness
- To promote patient safety by preventing, detecting and reporting adverse drug reactions and medication errors
- To contribute to seamless and safe medicines management throughout the patient's journey
- To support patients as partners in medicines taking
- To prescribe medicines and to monitor clinical outcomes
- To be a public health resource and provide health promotion, improvement and harm reduction services
- To promote value for money in the use of medicines to reduce wastage

Mr D'Arcy of the NPA is cautious. He comments that there is a need to retain national standards for services or there is a danger of a fragmented service.

Skill mix also needs to be considered. The strategy states: "We propose that, at all times, a registered and appropriately qualified technician need not be supervised personally by a pharmacist. However, there will need to be a pharmacist with responsibility for each pharmacy, and who is contactable and able to advise at all times." A consultation on this will take place in early 2004.

Andy Murdock, superintendent of Lloydspharmacy, says that the profession is

not ready for pharmacists to leave premises. "We have got more fundamental issues in skill mix to sort out, such as around the use of checking technicians," he comments.

And the NPA stresses: "Our view is that you cannot have a pharmacy without a pharmacist."

The issue of patient packs is touched on, but not resolved, in the strategy. "We support their use but have reservations about the appropriateness, practicalities and costs of moving to a situation where complete packs are the only form in which medicines are prescribed by doctors or dispensed in community pharmacies." Although it adds that the Government plans to consider rounding of the quantities prescribed, it fails to commit to the actual quantity, suggesting only "from 28 to 30 or vice versa".

Access to patient records is something pharmacists have long called for. And the strategy states that a consultation will take place about the need for pharmacists to access and share information with other health professionals.

It is good news that the strategy considers that community pharmacy should be — and be seen to be — an integral part of the NHS family. The DoH plans to explore ways in which pharmacies can use the NHS logo to help the public identify that pharmacies provide NHS services.

But the strategy says this should not just be a symbolic change: "We want to see community pharmacy fully engaged with PCTs in the planning and delivery of services." The services pharmacy offers should be integrated with other primary care services,

particularly with general practitioners, and for PCTs to draw up local development plans that include community pharmacy.

Information technology is mentioned in several places in the strategy but there is a distinct lack of detail. Mr D'Arcy comments: "It falls short of talking about resource or investment in an IT infrastructure."

#### POSITIVE NEWS

In general terms, the vision has been well-received by the pharmacy world.

Alastair Buxton, head of NHS services, Pharmaceutical Services Negotiating Committee, says: "Overall, the vision contains some really positive things but some parts need to be debated with the Department of Health."

Steve Dunn, group managing director of AAH Pharmaceuticals, says: "It is basically good news for pharmacy. Although there is nothing in it that has not been spoken about before, it has now been pulled together in one package."

The document was also welcomed by the Royal Pharmaceutical Society as a reaffirmation of the Government's commitment to pharmacy's future. The president, Dr Gillian Hawksorth, commented: "The document sets out in black and white how actively and effectively the Society is undertaking its roles in professional leadership and development. It shows that many of the programmes of work being taken forward by the Department build on original work done by the Society which has been adopted as part of the Government's agenda. Still more programmes of work to further the role of pharmacists are being developed and implemented with the Society's continuing input and involvement. I think that pharmacists reading this document can take pride in their Society and the work it is doing on the profession's behalf."

But what next for the vision? Mr Murdock asks: "It contains some very positive

## Questions to answer

At the end of the strategy, a number of questions are posed about the way in which pharmacy might develop. Responses are invited about these, and the whole document, before 17 October (see p106 for contact details). Some of the questions are:

- To what extent do the 10 key roles for pharmacy reflect your understanding and expectations of pharmacy?
- What are the most important factors to be considered in taking forward the proposed changes on skill mix?
- In what ways can it be ensured that community pharmacy is better recognised as an integral part of the NHS?
- How can closer working relationships be fostered between community and hospital pharmacy?

and powerful statements but how will it be transferred into action? How will it be paid for and implemented?"

On a similar vein, Mr D'Arcy says that the strategy cannot be considered in isolation but only alongside other issues — control of entry, the generics inquiry and the new contract. A solution to each has to be found. "Pharmacy has to be properly resourced to be able to deliver the vision," he adds.

The document itself certainly concludes with some encouraging phrases for pharmacy. "We fully recognise that pharmacists are skilled health professionals providing expert advice and support in making the best use of medicines," it states. "The value of their role within the NHS cannot be overestimated and must be retained."

Let us hope that the Government continues to make such positive noises as the vision is made reality.

## Hospital pharmacy

Although "A vision for pharmacy in the new NHS" concentrates on community pharmacy, it does highlight five issues in hospital pharmacy:

**Medicines management** The second edition of a hospital medicines management framework will be launched later this year.

**Working across the health community** More work is needed to strengthen communication about patients' medicines between hospitals, community pharmacists and general practitioners.

**Antimicrobial prescribing** To ensure that antimicrobials are used prudently, £12m investment is being made over the next three years to increase pharmacists' involvement in this area.

**Manufacturing** A programme of investment and reform of hospital manufacturing will continue (see p110).

**Harnessing new technology** The Government expects use of modern technology in hospital pharmacy to increase.

The strategy also wants to establish consultant pharmacist posts. These might be supplementary or independent prescribers or have other clinical specialities.

## Community pharmacy contract framework

Alongside the pharmacy strategy, the Department of Health also published a framework for the new pharmacy contract. It appears that the DoH viewpoint largely reflects the proposals made by the Pharmaceutical Services Negotiating Committee, described in last week's *Journal* (p77). Certainly the structure of essential, enhanced and additional services is the same.

The framework and strategy make a couple of interesting points. First, the importance of the role primary care organisations will play in determining what services community pharmacies provide. For example, some PCTs might decide that local need is such that a service which falls into the "additional" section should actually be moved to the "essential" category so all pharmacists will have to provide it.

Diversity is another issue. The new strategy suggests that not all pharmacists

will follow the same pattern. "Some community pharmacies may choose to focus their services on the provision of highly efficient dispensing services," it says. "By relieving other pharmacies of dispensing workload, such pharmacies will contribute to freeing up the time of pharmacists to undertake new roles."

Despite being generally happy with what is said about the new contract, this last area causes concern for Alastair Buxton of the PSNC.

"We see all pharmacies providing the same high quality service. Neither the PSNC nor the NHS Confederation wants a postcode pharmacy service where there is variability between pharmacies," he says. However, he points out that this does highlight the issue that, among all the talk of new roles, it should not be forgotten that prescriptions still need to be dispensed.