

2005: a year of change for pharmacists

With the announcement of independent prescribing by pharmacists and the introduction of a new community pharmacy contract in England and Wales, it has been a year of change for pharmacists. Tom Moberly looks back on 2005

Once legislative changes announced in 2005 come into effect, pharmacists will be able to prescribe any licensed medicine for any condition — with the exception of Controlled Drugs — and to benefit from the relaxation of strict supervision requirements. And with a new pharmacy contract being introduced in England and Wales and the start of electronic transmission of prescriptions, 2005 has seen many of the important developments proposed for community pharmacy over the past few years come to fruition.

The launch of “Choosing health through pharmacy” in the spring showed some of the services the Government envisaged pharmacists taking on, by identifying public health targets that pharmacists can have an impact on, such as smoking, obesity and sexual health, and describing how pharmacists could become health champions over the next decade (*PJ*, 9 April, p409).

Changes were not confined to community pharmacy, however. Through the year hospital pharmacists saw their pay restructured as part of the Agenda for Change programme. By July, 70 per cent of NHS employees had been matched to their appropriate AfC payband, although progress with switching to the new scheme was less dramatic — less than half of all staff had actually been switched to the new pay system by then and evidence emerged that NHS trusts were abusing the job evaluation process because they could not afford to implement AfC in full (*PJ*, 27 August, p245 and 8 October, p429).

Contracts

The new community pharmacy contract for England and Wales came into effect in April, albeit with a six-month transition period, meaning that full implementation and monitoring by primary care trusts only began in October. The contract enabled contractors to be paid to provide advanced and enhanced services to patients — a move which saw pharmacists' income tied to high-quality services rather than dispensing large volumes of prescriptions.

From its foundations in essential services, the contract began to expand as the first enhanced service specifications were announced in September (*PJ*, 10 September, p299).

Plans for a new community pharmacy contract in Scotland continued to progress in 2005. The Scottish Executive explained in November how the contract would be introduced through a phased implementation, from April 2006, over the course of a year (*PJ*, 3 December, p677). And this week saw

the announcement of the first of the four core service specifications to be agreed by the Scottish Executive Health Department and the Scottish Pharmaceutical General Council.

In advance of the new contract funding arrangements, GlaxoSmithKline revised its discount terms, ceasing to offer discounts on products with no price competition, a move that was mirrored by IVAX and which raised concern from contractors throughout the UK as well as from the Pharmaceutical Services Negotiating Committee and the National Pharmaceutical Association (which saw change itself this year, becoming the National Pharmacy Association in June) (*PJ*, 19 February, p197 and 2 April, p381).

Changes to contracts for the supply of oxygen to patients at home also threw up difficulties for contractors, who had to conduct audits of their cylinders ahead of the planned introduction of monthly rental charges on cylinders (*PJ*, 19 February, p197). New regional contracts for the supply of home oxygen were awarded to Air Products, Allied Oxycare/Medigas, BOC and Linde. The new arrangements — which both the PSNC and NPA warned could compromise patient care — were due to come into effect in October, but a legal challenge by an unsuccessful bidder meant that they will be delayed until February 2006.

Regulations

Ripples from the Shipman Inquiry also continued to stir pharmacy during 2005. Although in February the Royal Pharmaceutical Society's Statutory Committee found that the pharmacist involved in the Shipman case had no case to answer, in March the DoH announced a review of all UK health regulators, including the Society (*PJ*, 19 March, p323). Initially dismayed at not being asked to join the review's advisory committee, the Society welcomed its subsequent invitation to be included.

In August, the Home Office began to consult on how the prescribing and auditing of CDs needed to be changed in response to recommendations of the Shipman Inquiry. The Government also proposed requiring pharmacies in England to make regular declarations about CDs and allowing pharmacists to amend prescriptions for CDs where there is a technical error but the intention of the prescriber is clear (*PJ*, 16 July, p71 and 6 August, p155). The Society warned, however, that patients' clinical needs might be ignored as health care professionals try to avoid the use of CDs in order to reduce the potential harm from misuse.

Tighter regulation of the promotion of new drugs was also called for this year — by a report from the House of Commons Health Select Committee on the influence of the pharmaceutical industry. The committee also argued that an urgent review was needed of the Medicines and Healthcare products Regulatory Agency, which, it said, lacked the discipline and leadership needed to protect patients' health needs (*PJ*, 9 April, p410).

Politics

Following the general election in May, in which junior health minister Melanie Johnson lost her seat, a new team was appointed to the Department of Health. Former Secretary of State for Trade and Industry, Patricia Hewitt, took over as Secretary of State for Health from John Reid, who became defence secretary.

Jane Kennedy, the newly appointed minister of state for quality and patient safety, was given the pharmacy portfolio, which had previously been assigned to Rosie Winterton.

In the Society's Council election in April, 13 of the 17 pharmacists elected to the Council were supporters of the Save Our Society campaign — no candidate who declared open support for the SOS campaign failed to be elected and only one unreserved place and the three regional representative places went to non-SOS supporters.

In May, Stephen Denyer, head of the school of pharmacy at Cardiff University, was appointed as the academic member of the Council and the number of lay members of the Council was increased from three to 10.

At the first meeting of the Society's new Council, in June, Hemant Patel was elected President of the Society, Gerald Alexander was elected Vice-President and John Jolley was re-elected Treasurer.

The Society saw other changes in 2005. In August it accepted its Devolution Review Group's proposal to establish separate boards to provide strategic leadership and support for pharmacy practice development relevant to each home country (*PJ*, 6 August, p155). And in January, Linda Hopkinson, Alan Hunt, Clair Moore and Lesley Morgan became the first four technicians to be registered with the Society — by the end of the year over 2,300 had done so.

Even after a year full of important developments, the continued expansion of pharmacists' roles in patient care and changes to supervision requirements will mean that there are plenty of changes to pharmacy practice lying ahead in 2006.