

A busy year, but there is still a lot to do

From the disastrous handover of the home oxygen service in February to the Royal Pharmaceutical Society's decision to review its professional and regulatory roles, it has been a hectic year for pharmacy, but much remains to be done. **Tom Moberly** looks back over 2006

In 2006, pharmacists became, in the words of *The Daily Mail*, "super-chemists" as a framework for the establishment of pharmacists with special interests was launched (*PJ*, 9 September, p299). Andy Burnham became the eighth minister to have responsibility for pharmacy affairs since the Labour Party came to power in 1997 (*PJ*, 13 May, p555). Boots Group and Alliance UniChem became the Alliance Boots group (*PJ*, 5 August, p151). And, although none had qualified by the end of the year, pharmacists became legally allowed to prescribe independently (*PJ*, 6 May, p523).

Oxygen

The year had barely begun when pharmacy was dragged into the news by the debacle over the handover of the home oxygen service (*PJ*, 11 February, p155).

As inadequate preparations and over-confidence in support systems put patient safety at risk, pharmacists were the only real heroes in newspapers' coverage. Their response to the crisis was described as "tremendous" by MPs, but repeated calls to allow them to continue to provide the service went unheeded.

Problems were compounded by an underestimation of the number of patients to be transferred — by July the new regional suppliers were supplying 75,000 home oxygen patients in England, when the Department of Health had estimated there were only 60,000.

The handover of patients dragged on through the year. A transition period from February to August, which regional suppliers said had always been planned (though others disputed this), came and went and cylinders continued to be supplied to pharmacies into December.

Supply chain

As well as losing the home oxygen service, community pharmacists also faced financial uncertainty later in the year when manufacturers announced plans to change their distribution arrangements.

In October Pfizer revealed that, from March 2007, UniChem would act as its sole distributor in the UK (*PJ*, 7 October, p413). The move outraged community pharmacy bodies and, although Pfizer said the changes were designed to secure the supply chain against counterfeit medicines, many doubted the company's motives. Nonetheless, Pfizer was not alone in contemplating changes to its supply chain — in December, AstraZeneca, Lilly UK and Novartis all confirmed that they were also examining their distribution arrangements and considering

making changes to them (*PJ*, 16 December, p725).

Scottish contract

The introduction of a minor ailment service marked the beginning of Scotland's new community pharmacy contract on 1 July (*PJ*, 1 July, p5). For the first time the public had to register with a pharmacy to receive an NHS service and, ahead of the service's introduction, over 250,000 patients had done so.

Scotland was able to move ahead with such clinical services by rejecting a volume-based funding structure, Frank Owens, then chairman of the Scottish Pharmaceutical General Council, said just before the contract's introduction. "Scotland is, without doubt, at the forefront of pharmacist prescribing, not just across the UK but perhaps even globally," he said. "None of this would have happened, I believe, if we had not had the courage to move away from an individual payment per item based contract."

Regulation

The profession as a whole faced a barrage of regulatory developments in 2006. Changes were made to the prescribing and dispensing of Controlled Drugs in April and legislation to underpin changes came into effect on 7 July in a staged process across England, Scotland and Wales (*PJ*, 18 March, p307, and 19 June, p709).

Details about the long-delayed Pharmacists and Pharmacy Technicians Order — made under Section 60 of the Health Act 1999 and set to repeal the Pharmacy Act 1954 — were published in April and the draft order itself was published as a draft Statutory Instrument in December (*PJ*, 1 April, p371 and this issue, p759).

There was disappointment that the proposals failed to provide a GB-wide regulatory system for pharmacy technicians and this remained the case in the draft Order.

The Society was concerned that April's draft did not line up closely enough with the Society's Charter, but the final draft included a number of the alterations requested by the Society's Council (*PJ*, 17 June, p707).

One such change was to the definition of pharmacy or pharmacy technician practice. This will now include working in or giving any advice in relation to the practice of pharmacy. Another is that GB-registered pharmacists who work overseas will be able to be on the non-practising part of the Society's register.

However, all other regulatory changes this year were overshadowed by Andrew Foster's and Sir Liam Donaldson's reviews of health care regulation (*PJ*, 22 July, p91), looking at

non-medical and medical regulation, respectively.

The two reviews called for far-reaching changes to regulatory bodies and their operations in order to introduce consistency of regulation and increase public confidence.

Mr Foster's report on non-medical regulation called for the Society to merge with the Pharmaceutical Society of Northern Ireland and to separate clearly its regulatory and professional leadership functions.

The PSNI was unconvinced that a merger would benefit patient care (*PJ*, 21 October, p469) and the need to separate its regulatory and professional leadership functions was no less contentious.

Keith Ridge and Bill Scott, the chief pharmaceutical officers of England and Scotland, respectively, both argued that professional leadership and regulatory roles do not need to sit in the same body.

The National Pharmacy Association and the Pharmaceutical Services Negotiating Committee argued that there should be a split in the Society's professional and regulatory roles (*PJ*, 9 September, p299, and 18 November, p595). And in December the Society decided to launch an independent review to look into how best to separate these functions (*PJ*, 16 December, p723). The review group is expected to publish a progress report in March 2007 and complete the initial stage of its review by next summer.

Future

Questions about where the profession should be heading were also asked this year by the Society and the All-Party Pharmacy Group. The Society launched Pharmacy 2020, seeking to identify the challenges and drivers that affect the profession's ability to fulfil its potential in health care provision, to identify good practice in pharmacy and to prepare a strategy to take pharmacy to the year 2020 (*PJ*, 26 August, p260).

The All-Party Pharmacy Group launched its inquiry into the future of pharmacy in response to its concerns that insufficient consideration has been given to how pharmacy should develop its contribution to health care (*PJ*, 24 June, p739).

The APPG's evidence sessions provided some tough lessons for the profession as the group heard how public perceptions of pharmacy need to be brought up to date, how insufficient co-operation between GPs and pharmacists threatens service improvements, how evidence of the benefits of pharmacy-based services is needed and how the quality of continuing education has to improve.

It may have been a busy year, but there is still a lot to do in 2007.