

The All-Party Pharmacy Group inquiry: where now for community pharmacy?

This week the All-Party Pharmacy Group published the report of its inquiry into the future of pharmacy. Tom Moberly looks at the group's recommendations

Over the course of the past year, which saw a set of eight evidence sessions and dozens of written responses, the All-Party Pharmacy Group has taken a hard look at the current community pharmacy arrangements in England and Wales.

The resulting report is, Howard Stoaite, chairman of the APPG says, one of the most in-depth analyses of the arrangements for pharmaceutical care to have taken place for many years. Many of the group's suggestions chime with what pharmacy bodies have been proposing for some time. However, with new leadership at Westminster, this independent, cross-party report may have come at an opportune time to bring about real change.

Criticism

Dr Stoaite believes that the group has been tough in its assessment of the present system. "We have taken the line that there is a lot wrong with the current arrangements for pharmacy and a lot wrong with the current arrangements for primary care," he says. "In particular we are disappointed that pharmacy services are not developing fast enough or consistently enough." This means, he argues, that patients are not seeing the speed in improvement in primary care services they are entitled to expect.

In particular, the current enhanced tier in the community pharmacy contract is not

working as envisaged, the group believes. "Leaving primary care trusts to commission services locally is simply not delivering anything like a consistent system," Dr Stoaite says. "Many PCTs are not commissioning services at all and even when PCTs are, they are often short-term, they are haphazard and pharmacists are not able to plan far enough in advance."

Inconsistent and short-term funding has meant that pharmacists are unwilling to make big investments in enhanced services, and this is holding back the development of new clinical services, the group believes. "Local commissioning is causing fragmentation and services that are developing are patchy and inconsistent," Dr Stoaite says. New advanced services must, therefore, be developed and be nationally agreed and funded, the group says. All these services should be available in every PCT and be managed locally as MURs are at present.

Services

The new advanced services it proposes are designed to tackle a number of public health issues. They cover:

- Long-term conditions, building on the current MUR service to allow pharmacists to help manage the treatment of patients with stable, long-term conditions
- Sexual health, principally chlamydia screening and advice
- Minor ailments, including advice, treatment and management
- Diabetes screening, centred around finger-prick testing and referrals to GPs as necessary
- Obesity and weight management, including body mass index measurement, blood pressure monitoring, information, advice, regular reviews and referrals
- Other diagnostic and screening services, coupled to advice and referrals as necessary

Funding

The group recognises that national funding of these services will require an increase in overall funding for community pharmacy, but has not calculated how much more these



services will cost — this will be for the Pharmaceutical Services Negotiating Committee and the Department of Health to negotiate. Nonetheless, the implementation of these services would also lead to significant savings in health care costs elsewhere, the group believes.

"If we can start screening people for diabetes and start managing long-term conditions in pharmacy, there are significant cost savings for the NHS to be made," Dr Stoaite says. Secondary care services are extremely expensive and it is these that are stretching budgets to breaking point, he adds. "We believe that not only will there be huge cost savings to be made by keeping people away from hospital, but equally there is going to be savings in primary care just by preventing long-term conditions and managing them better."

Reallocation

As well as additional funding that could be made available by the DoH, there are also other funds available to PCTs which could be reallocated to pharmacy, Sandra Gidley, treasurer of the APPG, says. "There are public health budgets available as well, so some of this money is already in the system." Developing nationally agreed advanced services would send a clear message to commissioners that public health services can be funded and delivered through pharmacies, she adds.

The group's call for new advanced funded services has been warmly received by the PSNC, echoing as it does the committee's own demands for national funding for serv-

APPG inquiry and report

The All-Party Pharmacy Group launched its inquiry into the future of pharmacy last June (*PJ*, 24 June 2006, p739). It set out to assess recent developments in pharmacy, identify health care priorities that could be met by pharmacy, examine challenges for the profession, policy-makers and the NHS and examine what changes would be needed to realise pharmacy's potential. The group sought written evidence from a wide range of groups and supplemented this with eight evidence sessions, conducted between August 2006 and April 2007, at which evidence was heard from: Lord Hunt, Keith Ridge (chief pharmaceutical officer), Jeannette Howe (head of pharmacy at the Department of Health), the Company Chemists' Association, the National Pharmacy Association, the Pharmaceutical Services Negotiating Committee, the Royal Pharmaceutical Society and representatives of schools of pharmacy, primary care trusts, local pharmaceutical committees, multiple pharmacies, Which?, and the nursing and medical professions. The group's report, entitled "The future of pharmacy — report of the APPG inquiry" is available from the APPG's website (www.appg.org.uk).

ices such as minor ailment schemes. Sue Sharpe, chief executive of the Pharmaceutical Services Negotiating Committee, believes that patients and public need to know what services they can get from pharmacies. "The lack of national funding for services beyond the essential services means that many patients cannot access these services, while those in neighbouring primary care trusts can," she says.

Awareness

If attempts to increase access to health services through pharmacies are to be successful, members of the public will need to be aware of which services are available through pharmacies and national consistency will be crucial to this, Mrs Sharpe believes. "If patients do not know whether or not their local pharmacy provides a particular service, they will go to where they know they can access the service, which is likely to be their local GP surgery."

National provision will also be vital to the success of pharmacy-based sexual health and public health services, she adds. "There is an enormous need for these services and they can be provided cost-effectively and conveniently through pharmacies, but there is no value in a big national campaign promoting pharmacy availability if a large proportion of people cannot actually access those services at their local pharmacy."

Collaboration

Aside from problems with the development of enhanced services, the group's other main criticisms centre around the lack of collaborative working between community pharmacists and other health professionals, particularly GPs.

"Other professionals and pharmacists are not working effectively together," Dr Stoate says. "GPs are very resistant to change. GPs are often territorial and GPs are frankly sometimes resentful of pharmacy. There is still too much of the feeling of us and them, too much of a feeling of pharmacists trying to poach on their territory and a feeling that they are trying to poach the limited funds of PCTs." These resentments, concerns and failures are creating barriers to the development of new services.

Although the fact that GPs and pharmacists do not tend to collaborate enough is hardly news, the inquiry showed just how wide the problem is, Dr Stoate says. "We got a real feeling of the depth of this problem. Not just that there are isolated difficulties, but there really is a thorough, core problem of difficulties of collaborative working, of pharmacists getting their feet under the table of practice-based commissioning groups. They are not being listened to by PCTs and they are simply not able to develop the services that we think are absolutely essential. There are some examples where it has worked extremely well but there are far too many examples where it simply hasn't worked at all," he says.

Among the group's proposed solutions to this problem of non-collaboration is to make payments available to GPs, under the quality and outcomes framework, for collaborative working with other health professionals. The report also suggests that there should be integration between the community pharmacy contractual framework and the general medical services contract, that responsibilities and targets should be shared (to encourage partnership working as a normal part of daily practice) and that joint enhanced services should be developed.

GPs do recognise the need to work with pharmacists, Dr Stoate insists. "I don't think that GPs have any difficulties understanding the principle that, in order for them to make their job workable they have got to have professional help." What GPs do not want, however, is to lose funding, he says. "That is why we want the funding arrangements to be sorted out so that we are not directly in competition for the same pot of money. We need to make sure that, although they have similar funding structures, they are not directly competing for the same pot."

Outcomes

The report also suggests that some payments for pharmacists could be linked to patients' clinical outcomes. QOF payments have brought about positive changes in general practice, the group believes, and a similar principle should be introduced for pharmacists, by which practitioners who develop genuinely innovative services or make a difference to patient care would be given additional payments.

The group envisages patients being added to pharmacy lists for services once they have registered with a GP for the management of their long-term conditions. The pharmacist would then be reimbursed according to the number of patients registered and the clinical outcomes of those patients.

Focus

The group makes some recommendations that apply to pharmacists working in all sectors. For instance, it suggests that the independent prescribing qualification should be included in all undergraduate pharmacy courses. It says that there are shortfalls in leadership at all levels and that the profession's leadership groups should try, wherever possible, to speak with a single voice, although it does not go as far as to suggest any changes to current structures — this should be left to the bodies themselves, it says.

In addition, the report is complimentary about hospital pharmacy, which is, it says "moving in the right direction". It also suggests that measures should be taken to reduce staff turnover rates among hospital pharmacists, including introducing national recruitment and retention premiums.

Nonetheless, the bulk of the 100-page report focuses solely on community pharmacy. This is a missed opportunity to highlight valuable progress elsewhere, Paul Bennett,

chairman of the English Pharmacy Board believes. "The report title is broader than its content as it talks about the future of pharmacy as a whole. However, the main thrust of the content is on community pharmacy, with some mention of hospital pharmacy, but no acknowledgement of the work of pharmacists in primary care both in PCTs and working directly with patients."

Influence

In many ways the APPG's report simply repeats much of what the Society, the PSNC, the National Pharmacy Association and others have been championing for some time. However its status and timing may augur well for its potential to bring about real change.

"This should be an influential report," Mrs Sharpe says. "For the first time, a group of MPs has taken the time to have an in-depth look at the pharmacy sector. And it is a cross-party group, rather than one with a particular political agenda. It would be a strange government that did not pay serious attention to the report."

The report is also timely, she argues. "I would expect the incoming ministerial team to be reflecting on how to make cost-effective use of the money spent on health, particularly as Gordon Brown has said that the NHS will be his number one priority as Prime Minister. The PSNC has spoken many times about the potential for pharmacists to extend their reach so, with a new ministerial team poised to take office, I hope the report strikes a chord at just the right time."

Changes

Dr Stoate also believes that the report has come at the right time to influence Government thinking. "I think the Government recognises that there are problems in terms of delivering services. I don't think the Government is going to shy away from that," he says. There is also a desire to see more demonstrable signs of return from the investments that have been made in health care over the past seven years, particularly at primary care level, he adds, and so the Government may well be receptive to the group's recommendations.

The Government has no obligation to respond to the APPG report, but has said that it will consider and make a response to the recommendations, and the APPG will be having a series of meetings with the Government over the coming months to discuss the report's recommendations.

Dr Stoate believes that changes in leadership in the Government will put a different flavour on decisions and that if Lord Hunt retains responsibility for pharmacy he will be keen to see developments. "I think he would very much like a change of direction from the Department of Health. He is looking for evidence, I think, to make that more possible," he says. "I get the distinct feeling that the DoH wants a new look at this and actually wants some sensible suggestions as to how that might be achieved."