

White Paper signals broad clinical role

The long-awaited pharmacy White Paper was published last week and has been described by chief pharmaceutical officer Keith Ridge as a landmark document for pharmacy and for patients. Dawn Connelly gives an overview of the wider role the Government proposes for pharmacists in England

A widely available minor ailments scheme is just one of the proposals put forward by the Government in its White Paper "Pharmacy in England — building on strengths, delivering the future", which sets out the Government's vision for pharmacies in England as healthy living centres — promoting health, preventing illness and providing a range of new services to complement the work of GPs.

The White Paper signals a review of the community pharmacy contract, and the Government has tasked NHS Employers, on behalf of primary care trusts, to work with the Pharmaceutical Services Negotiating Committee to examine how best to incorporate these new services into the contract.

Although the White Paper focuses mainly on community pharmacy, its context is wider, including hospital pharmacy, professional regulation, and education and training.

Minor ailment schemes

The Government proposes that minor ailment schemes are commissioned as directed enhanced services from community pharmacies in every primary care trust area. Unlike the voluntary mechanism for commissioning these schemes, which are currently provided in only 24 per cent of pharmacies, directed enhanced services will be compulsory for PCTs that identify a need in their area (see news p423). A goal of spring 2009 is set for detailed proposals to be made.

The White Paper also envisages pharmacies as playing a key role in the universal programme for vascular risk assessments announced by health secretary Alan Johnson this month (*PJ*, 5 April, p387). "Pharmacies offer an excellent point of contact with the general population, and also offer a place of access to services for groups who may not be registered with GPs," it says.

Communications

The Government believes that the breadth of services that pharmacies can offer needs to be more widely publicised. Over the coming months, it plans to develop a communications programme that will:

- Highlight the breadth of services and skills available within pharmacies
- Illustrate the role that pharmacies can play in promoting good health
- Raise awareness and knowledge of the role that pharmacy can play in managing long-term conditions and reducing health inequalities
- Increase the use of pharmacy services among target audiences



The Government wants pharmacies to take a much more visible and active role in improving the public's health through provision of smoking cessation services, NHS LifeCheck services, sexual health screening services, access to contraception and administration of vaccines. It also wants to see pharmacies giving timely and opportunistic advice on healthy eating, increasing physical exercise, weight management and reducing alcohol intake. To support this, the White Paper says, the Public Health Leadership Forum for Pharmacy will identify a work programme for 2008–10 to accelerate pharmacy's ongoing contribution to public health.

Capturing information centrally about interventions made or advice given about healthy lifestyles will help to identify pharmacists' contribution in this area and the Government has asked NHS Connecting for Health to scope arrangements for electronically capturing this data.

Further contributing to its aim of creating healthy living centres, the Government expects that in future more pharmacy staff will want to become accredited health trainers. It will be asking for proposals from pharmacy bodies and employers on how pharmacy staff can be supported to do this, the White Paper states.

Innovative services

One of the innovative services proposed by the Government is support for people who are newly prescribed a medicine to treat a long-term condition.

Appropriate information and advice when a patient first comes to the pharmacy should be supplemented with structured follow-up and further advice or referral if necessary, the White Paper says. It adds that pharmacies should develop support for patients with long-term conditions beyond what is cur-

rently offered by making an increased contribution at three levels: supported self-care, disease management and case management.

Another innovative service mooted is supporting cancer patients to receive oral chemotherapy from community pharmacies: "It is possible within a multidisciplinary clinical network for oral chemotherapy to be safely dispensed in the community." The Government expects PCTs to commission well designed, safe services to meet these patients' needs, says the White Paper.

Medicines use reviews

Medicines use reviews are currently remunerated based on the number completed, rather than on the quality of the reviews. This has led to some PCTs being concerned that MURs are not being targeted to local needs and patient priorities, and that their quality is inconsistent, the White Paper says.

The Government proposes to make stronger provision for PCTs to target MURs to meet their local health priorities. It also suggests that the funding structure needs to be reviewed to ensure that the service is targeted to those who might benefit most and to reward the health outcomes that are achieved.

The Government also suggests that new MUR audit arrangements are put in place so that there is an effective way for PCTs to monitor delivery and outcomes and to de-commission services from pharmacies that consistently fail to meet agreed standards.

To further improve effective use of medicines, the White Paper indicates that there will be a greater push to roll-out repeat dispensing.

Closer relationships

The Government believes that effective working relationships are important for the future development of services. It has therefore asked NHS Employers to put together and lead a working group of pharmacy and medical representatives and members of the public. The group will come up with an action plan to promote more effective professional relationships, which will include:

- Achievable and realistic goals
- Incentives and outcome measures for delivering services that ensure closer working and co-operation between pharmacists and GPs

The group will start by focusing on the repeat dispensing and electronic prescription service. The Government hopes that, in time, this approach will stimulate service providers to think about how they can work creatively together and contribute to shared care plans, integrated care pathways, shared information and clinical networks.

Although the Government recognises that release 2 of the electronic prescription service will bring benefits in this area, it says that there are elements that need to be considered now, such as patient recruitment and communication between prescribers and dispensers.

Expanding access to urgent care is another area addressed in the White Paper. "PCTs, as planners and commissioners of urgent care services, should ensure that pharmacy is playing a key role in a set of integrated, easily accessible services that best meet the needs and wishes of its local communities," it says. It adds that pharmacy also has a role in ensuring that it develops strong interfaces between other providers of urgent care services to ensure that people receive a seamless service.

To improve access, the Government says that it will consider extending the provision of emergency supply to enable 28 days' worth of medicines to be dispensed.

Electronic prescription service

Access to the summary care record is essential for pharmacists to carry out the wider role the Government describes in the White Paper. This is recognised, but the importance of addressing concerns about patient consent and confidentiality is also highlighted.

The Government makes a commitment to undertake further work with an early adopter PCT to consider the benefits, governance and practical arrangements of community pharmacists having access to the summary care record. The work will be used to inform a further programme, which will consider how access might be achieved, it says.

Hospital pharmacy

The Government believes that more joint working between hospital and community pharmacists is needed. The White Paper suggests that hospital pharmacists could practise in the community to provide clinical care closer to where people live or they could support others to undertake this role.

Dispensing doctors

The White Paper looks at dispensing doctors and appliance contractors as well as pharmacies. The Government believes that there are sufficient grounds to reform arrangements to allow dispensing doctors to sell over-the-counter medicines. This, it says, will provide a better service for patients, particularly in relation to pharmacy medicines.

In addition, the Government proposes that market entry for dispensing doctors is reviewed. At the moment, eligibility is based on the distance between a person's home and the nearest community pharmacy — this fails to identify the distance travelled when going from home to the GP and on to a pharmacy, it says. In addition, some people walk past a pharmacy to get to their dispensing practice. Both of these issues could be resolved by considering new control-of-entry equivalent rules for dispensing practices, for example, the distance between a surgery and the nearest pharmacy.

The Dispensing Doctors' Association claims that these proposals would leave 1,300 dispensing practices across England dependent on the decisions of contractors as to where they open a pharmacy. "While the DDA fully supports the role of pharmacists and is keen to continue working in partnership with their complementary profession, our view is that choice should remain with the patients as to where and from whom they receive their medicines. In their current form, the proposals threaten patient choice and risk making redundant thousands of dispensers working in rural practices," said David Baker, chief executive of the DDA.

The Pharmaceutical Services Negotiating Committee is also concerned about both of the proposals relating to dispensing doctors and says that further negotiations are needed around rural pharmacy. However, its chief executive Sue Sharpe commented that, against the background of the White Paper, pharmacists are now in a stronger position if the Government decides to undertake a review of regulations applying to dispensing doctors.

Health research

The White Paper makes several proposals to support research and innovative pharmacy practice. Chief pharmaceutical officer Keith Ridge will set up an expert panel to advise on research priorities and feed them into the National Institute for Health Research prioritisation process.

The White Paper says that the evidence underpinning the value of pharmacy services is patchy. Since future commissioning decisions will be based on sound evidence of improved health outcomes, further research is needed. The Government intends to explore how it can create a framework to evaluate pharmacy services, which is likely to focus on six key areas:

- Patient and public perceptions and satisfaction
- Impact on care and outcomes
- Quality of service provision
- Value for money
- Impact on workload and flow
- Pharmacy staff attitudes

The clinical expertise of hospital pharmacists should be used to help create virtual "health community clinical pharmacy teams", the Government says.

"The team will bring together the expertise and experience needed to support people with long-term conditions and provide an overview of medicines and health-related care across both primary and secondary care sectors. Such teams can impact on the number of admissions caused by problems with medicines," it adds.

Clinical leadership

The Government plans to appoint two new clinical leaders later this year, who will work directly with the chief pharmaceutical officer to champion the development of pharmaceutical services and to help implement the

White Paper. One will focus on community and primary care and the other on hospitals; a key part of their roles will be to encourage seamless care between the two sectors.

Pharmacy education

The White Paper highlights the need for clinical experience to be incorporated into the undergraduate MPharm curriculum to ensure that pharmacists have the clinical, professional and leadership competencies that will be demanded in future. It points out that the bulk of pharmacists' clinical training currently takes place during the preregistration year, with limited opportunity for students to develop a professional, patient-focused, clinical approach to practice to complement their scientific training.

The Government, working with all relevant parties, will begin planning to ensure that there is meaningful clinical experience throughout the undergraduate course, possibly by integrating the degree course with the preregistration year. It will also seek to ensure that an appropriate funding framework is in place to deliver the new programme and that there is sufficient capacity in the academic workforce and an appropriate infrastructure in clinical practice to provide high quality education, the White Paper says.

Structural changes and levers

The Government suggests a number of structural changes and levers to enable the White Paper proposals to happen. These include new directed enhanced services that encourage providers to invest, strengthening and refocusing commissioning to more clinical services and action to tackle poor performance. Proposals for revising 100-hour pharmacy exemptions are also put forward. These suggested structural changes and other key proposals will be consulted on this summer (see news p423).

The White Paper emphasises that an important part of developing the proposed services will be to identify secure and appropriate funding streams. "It is recognised that PCTs must be able to 'own' these new services. With different contracting options, funding may require different approaches depending on the types of services to be commissioned," it says.

The Government has identified a range of payment options for services within the current contract, which it says can be applied as appropriate, including fees set nationally, fees set within a range to give the PCT better control and reward those who deliver higher levels of service, and fees set locally. It is exploring the future development of tariffs for community-based health services, which it says would support greater transparency and consistency in commissioning arrangements. "In future, the payments for some enhanced services could reflect these tariffs," the White Paper says.

Future payment mechanisms to fund the proposed new services will be part of this summer's consultation.