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What might pharmacy be like in five years' time?

What will pharmacy be like in the future? Clare Bellingham looks into a misty crystal ball

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Pharmacy is in the middle of a significant transformation. Many of the roles that pharmacists have been talking about for years are, at long last, becoming a reality. This means that it is an excellent time to be qualifying as a pharmacist.

For years, pharmacists have campaigned for extended roles. And although a few have succeeded in setting up clinical services that go beyond what is considered usual, the masses have been stuck in traditional pharmacy roles.

The good news is that this is changing. Real progress has been made in the past couple of years and the pace of change

still seems to be accelerating. By 2010, pharmacy will be a different profession from what it is today.

One of the significant points in this process of change was the publication, in 2000, of "Pharmacy in the future" by the Department of Health. It describes how pharmacy in England will contribute to the modernisation of the NHS, something that had been set out in the "NHS plan" earlier that year. Health is a devolved issue and, soon afterwards, Scotland and Wales came up with their own pharmacy strategies: "The right medicine" in Scotland and "Remedies for success" in Wales. All three strategies are templates for the future development of pharmacy.

Why is change needed?

Change is unsettling and some might argue that pharmacists are better off as they are now, in a job they know well. But this is not an option: pharmacy has to change because the world around it is changing.

In the health service, the boundaries between the traditional roles of each health profession are breaking down. For example, nurses are carrying out

functions that might previously have been considered the responsibilities of doctors, and some aspects of care are being shifted from outpatient hospital clinics into GP surgeries. So pharmacists in all care settings need to adapt to offer a service that these changes demand.

But perhaps it is public expectation that is the greatest force for change. The population is ageing and this is bringing an increasing burden of long-term conditions. This is why recent Government policy has focused on introducing new systems to improve the management of long-term conditions, encourage self-care and to keep people healthy and out of hospital. On top of this change is the fact that people are a lot more demanding than they were 50 years ago.

How will pharmacy change?

Having established that pharmacy needs to change, how will it actually happen? It comes down to a whole raft of developments. New IT, new pay systems, new clinical roles, new responsibilities and new NHS systems will be key. But the picture is complicated by the fact that devolution means that pharmacy is taking slightly different paths in each of the home countries.

So where to start? Perhaps money is as good a point as any. In both community and hospital pharmacy, new pay systems are being introduced (see articles on p60 and p62). It is in community pharmacy where this pay system — the new contractual framework — is going to have a more substantial impact on pharmacists' day-to-day roles.

Community pharmacists in England and Wales are sharing the same new contract but pharmacists in Scotland will have a different one. Although many of the services are the same in both contracts, there are some crucial differences. So by 2010, when both new contracts have had a chance to bed in, community pharmacy practice will have diverged.

An aim of both contracts is to improve the efficiency of dispensing. Repeat dispensing, in which the GP writes a "master" prescription and a number of "repeats" to cover six months or a year of treatment, is a new service that will help pharmacists manage their workload better. Importantly, repeat dispensing will make pharmacists more involved in patients' long-term care since part of the process is to check that the medicine is still appropriate for the patient each time it is dispensed.

Efficiency will also be improved by a new programme of IT to be introduced in the next couple of years. Prescriptions will be transmitted electronically and electronic prescribing will take over in hospitals; paper prescriptions will become a thing of the past. In time an electronic national patient care record service is to be introduced. It is hoped, although this is still to be decided, that pharmacists in all sectors will be able to access these records and add notes to them. The read-write access will be vital in allowing pharmacists to take on new clinical roles such as providing medication reviews. Apart from making life easier for pharmacists, improved IT has another role. It will result in pharmacists becoming more involved in the rest of the health care team, no longer isolated by geographical location.

A new role that became a reality this year for a few pharmacists, and for

which pharmacists need access to patient records, is supplementary prescribing. This development allows a supplementary prescriber to manage a condition within the parameters of a clinical management plan agreed with the independent prescriber (usually the patient's doctor) and patient. It makes sense: the doctor diagnoses the condition and the pharmacist takes over the drug management. It is an ideal set-up for the management of long-term conditions but it is not just limited to this area and innovative hospital pharmacists are already using supplementary prescribing in acute settings such as intensive care. By 2010, many more pharmacists will have had the chance to undertake supplementary prescribing training and this role will become commonplace. In addition, some pharmacists will also have independent prescribing rights by then, an exciting development that will have a major impact on all sectors of pharmacy.

Minor ailments services provide pharmacists with another opportunity to prescribe. These services allow pharmacists to supply treatments for minor ailments on the NHS free of charge to people who are exempt from prescription charges. The service is offered in pockets around the UK now but in future all community pharmacists in Scotland will provide it as part of their new contract. This is not the case in England and Wales where the service will have to be commissioned locally.

Linked in with the new prescribing roles, and with management of long-term conditions, are extended roles in diagnostics. For instance, checking blood pressure and testing cholesterol or glucose levels will become commonplace in pharmacies. This could be combined with supplementary prescribing and repeat dispensing to provide an all-encompassing service to manage long-term conditions.

One of pharmacy's key advantages that should not be overlooked is its accessibility. With the public's health still leaving much to be desired — people smoke, drink too much, eat the wrong foods and do not take enough exercise — pharmacists have an important role to

play in promoting healthy lifestyles. In the past year, there has been a growing realisation at government level of the need to tackle public health and pharmacists, like all health professionals, will find themselves playing a greater role than at present. People who would not dream of ever visiting their GP will pop into a community pharmacy and this gives pharmacists an opportunity to pass on public health messages. This is why public health is a service recognised in both new community pharmacy contracts. In future, participating in public health campaigns will be a normal activity for pharmacists in all care sectors.

Taking on so many roles means that pharmacists will have to give up some of their traditional ones. This is where better use of skill mix fits in. For example, technicians will take over the mechanics of dispensing, although pharmacists will still be needed to complete a clinical check, to allow pharmacists to spend more time on extended roles.

A bright future

To summarise, pharmacy in 2010 will be different from pharmacy today. Pharmacists will not be stuck in the dispensary. They will be talking to patients, be it in a consultation area in community pharmacy or on the wards of a hospital. They will be responsible for managing patients' medicines. Many will be prescribing for patients and nearly all will be conducting regular medication reviews.

Pharmacists will be recognised and remunerated for their professional roles. They will have close links with other health professionals who will regard them as equal colleagues. And they will be key to meeting government targets in public health, management of long-term conditions and helping patients to get the best from the medicines. Pharmacy students today have a bright career to look forward to. ✎