

English Pharmacy Board 16 April 2008

PUBLIC BUSINESS

Pharmacy 2020: Update for National Boards

Purpose

To consider the results of the consultation into Pharmacy 2020 and how the Board can be involved in promoting Pharmacy 2020.

Strategic objective domains

- An organisation that consistently performs as a regulator, professional representative leader and publisher

Action required

The English Pharmacy Board is asked to:

- i. agree the recommendations listed at the end of the report.

1. Background

The aim of Pharmacy 2020 is to identify where pharmacy will be in 10–15 years time. The project will look to achieve similar goals to the Pharmacy in a New Age (PIANA) project that took place about 10 years ago. The PIANA project set out where pharmacy wanted to be in 10–15 years' time. The profession had a key part in PIANA and in developing the vision of the future. This buy-in from the profession gave that project credibility. The strategy that PIANA set out for the profession has now largely been achieved in policy terms, although full implementation has some way to go.

The Pharmacy 2020 project will develop a vision of what pharmacy could look like in 2020, with an aim to consolidate pharmacy's position as a clinical profession whilst highlighting the huge social role that pharmacists play in millions of lives every day. Through the project, pharmacists will have the opportunity to shape their own future. There are a huge number of changes taking place in pharmacy, with practice transforming all the time. The Society's Council recognises this and identified the need to refocus on what pharmacy does, and highlight the social benefits it brings as a profession. The Pharmacy 2020 initiative is a strategy for the whole profession.

2. Update

2.1 Pharmacy 2020 Steering Group

The Pharmacy 2020 Steering group last met on 14 December 2007 and the next steering group will be held on 17 April 2008. At these meetings, strategic vision papers from the Industrial, Hospital, Veterinary and Community sectors have been submitted by representatives and special interest groups.

2.2. Consultation

The Pharmacy 2020 consultation was launched in October 2007 and members and various pharmacy bodies and also organisations representing patients and the public responded online at the RPSGB website up until the end of January 2008. Prior to the launch, a series of thought provoking articles appeared in *The Pharmaceutical Journal*. These focused on a broad range of factors that may affect pharmacy in the future including: social capital, IT, economics, the European dimension, science and politics.

Over 50 branch meetings and regional meetings were attended by the 21 trained pharmacy 2020 champions and over 1,000 people have been reached through the Society's Branch and Regional network.

A version of the consultation form was also sent out to public and patient groups addressing key areas such as clinical services, advice and information and accessibility. We worked closely with Vanda Thomas, Patient & Public Involvement Manager (PPI), at the RPSGB and engaged with PPI groups through their online group websites. 58 different people from various organisations responded to the consultation.

Responses were received from 1,400 pharmacists, and another 150 from pharmacy technicians, patients and members of the public. The 2020 champions also gathered the consensus from the Branch meetings that they attended and captured any feedback and comments using the online forms.

Main themes and findings are:

In your opinion what three changes need to happen in order to deliver the aspirations of the profession?

Roles/duties of a pharmacist

- Split between giving more delegation to technicians and not
- Increasing clinical roles
- Moving away from dispensing
- Reducing paperwork/admin
- Enable pharmacists access to patient medical records
- Pharmacists who want to stay 'checking' and 'dispensing' should take up ACTechnician roles
- Pharmacists need to become true 'experts on medicines' and true healthcare professionals
- Pharmacists need to become clinicians
- Free up time for pharmacists to see patients and spend time with them
- Re-establish the distinction between prescribing and dispensing
- Give more pharmacists more control of prescribing
- Hand over repeat prescription provision more to pharmacists rather than trying to become prescribers

More funding

- For new, enhanced, advanced, supplementary services
- For extra roles beyond the dispensary
- Clear, defined, dedicated source of where funding comes from
- More influence in government to provide IT
- Funding/sponsorship to allow pharmacists to do independent and dependent prescribing
- PCTs need more money to fund services
- Guaranteed new funding to a level which will allow enhanced patient care

Remuneration

- To help fund second pharmacist and quality staff
- Pharmacists need to be salaried in order to be able to concentrate on the professional and not the commercial - more like GPs and nurses
- Lobby for fair pay for hospital pharmacists
- Improvements to health that pharmacists deliver should be well remunerated
- Remuneration should not be based on script volume

More training

- More support available from PCTs and RPSGB
- For improved collaboration with primary care
- For better consulting skills/clinical skills

- Increased development of support staff i.e. technicians, counter staff
- Ease of access to training e.g. via web link, CD-rom

Better/stronger leadership

- Need strong, professional leadership
- To be more unified – be able to stand together on simple issues

Working with other healthcare professionals

- They should have better understanding of pharmacist's role in patient care
- Framework needs to be set up to improve interaction with other HCPs
- Pharmacists have to get used to working in teams - with each other and other professions in health and social care
- Improved collaboration, relationships and responsibilities with GPs
- Needs to be a greater interaction between primary and secondary care pharmacists, the patients, GPs and the PCT

Issues with the RPSGB (the Society) fees, government role

- Large rise in retention fees, nothing to show for it
- Start defending the profession
- Make the public more aware about pharmacists
- Let go of its regulatory function
- Society needs to promote pharmacy as a united profession
- Influence the government in funding and national services agendas
- Should engage with the medical profession
- Should have more power to regulate the profession without government interference
- Change RPSGB fee system for a fairer one. Include all staff and students in system at a reduced cost
- RPSGB is promoting technicians more than pharmacists

More PR/public awareness

- The profession needs to be given a higher profile
- Communicate our success clearly within and outside the profession so that achievement and the value of the profession is recognised
- Public needs to be made aware of our professionalism - not shopkeepers
- PCT/PBCs need to be engaged and recognise our role - patients already know
- Higher promotion of pharmacy and pharmacy skills
- Promote public and professional acceptance of pharmacy as healthcare in the high street
- Acceptance by general public that pharmacists are experts in medicines and should be first port of call to determine whether they need to see another HCP
- Some respondents do NOT want extended roles

The Steering group has asked that the group explore the possibility of running '*scenario playing workshops*'. This would involve identifying future scenarios and using potential stakeholders to play out these roles to test the viability of potential changes. This is a very powerful technique and one known as the '*rubber windmill*' was developed by Laurie McMahan at the OPM. David Puce and Amanda King are currently exploring the potential cost and benefits and risks of employing this technique.

The next stage will be to produce an initial vision document and going back to the membership on what they have told us so far for further feedback and consultation. This will be published in the Pharmaceutical Journal on 26 April 2008. During the coming period of change for the Society and the pharmacy profession it is now more important than ever to have a clear vision for the profession for 2020, and beyond, to ensure that the

pharmacy profession plays its part in securing a mainstream role for pharmacy services and to help make Britain the safest place in the world to take medicines. A final vision document will be launched in the autumn to define the strategy. The profession can then work together to make the vision a reality. The implementation of the strategy will sit with the National Pharmacy Board in each country.

3. Recommendations

A 2020 update will be added in to the standard EPB presentation that is used for Branch meetings to highlight key points and ensure that the Membership are kept up to date with the development of the project.

It is asked that the Board support the earlier mentioned scenario planning stage of the project following the publication of the initial *'This is what you told us'* document. At the last EPB in February, the 6 objectives were agreed for 2008. One of these objectives was *'Developing the work of the English Pharmacy Board in line with role in future professional body.'* This has implications for the 2020 project and Steve Wicks and Richard Daniszewski are going to be leading on this. There was also mention of possible roadshows on the response to the Clarke inquiry and 2020.

Once the analysis of the responses has been completed and the vision document has been back to the membership, Board members will be asked to identify issues that are pertinent to pharmacists in England. The English Pharmacy Board will then be responsible for implementation of the final programme. It is Board members are asked to identify other ways of getting involved in this exciting project to shape the future of pharmacy.

Amanda King
Pharmacy 2020 Project Manager.