

To start with a quote from the Pharmacy in England White Paper:

“8.23 Community pharmacists and PCTs have a long-established history of working together to identify innovative ways in which community pharmacists’ skills and accessibility can be used to address local priorities.”

My assertion is that this is not strictly true, in some areas it is more correct to start the sentence with “Some community pharmacists...”.

Background

Because a great deal of liaison between PCTs and pharmacists is to do with contract matters, in many PCT areas there is only effective communication between the PCT and the pharmacy rather than the individual pharmacist.

This leads to the owners and managers of the pharmacies being fully ‘in the picture’ but other pharmacists working in the area having to suffer a ‘hit and miss’ approach to information. For example, should a PCT decide to initiate Chlamydia testing in pharmacies, there may be an initial meeting to discuss the project and then training sessions run to enable pharmacists to participate. Employee pharmacists, although they may not receive information reliably from the PCT, will generally be included as their employer will make sure they are fully involved. Locum pharmacists however are frequently excluded due entirely to lack of information.

Looking at the future as outlined in the White Paper it would seem that relationships between PCTs and pharmacists will become even more important, as the Government will no doubt be using PCTs to implement parts of its strategy.

At the recent London White Paper event I asked the panel what was being put in place to ensure that pharmacists working as locums would be included in these new and exciting innovations. In turn I was challenged as to how this might happen. As you would imagine I have thought a great deal about this and decided that to achieve this aim it is vital to encourage better communication between PCTs and locum pharmacists.

Therefore I would ask the Board to support my quest for improving this communication link.

Action

This has to be a many-pronged attack.

1. Contact the pharmacy lead at each PCT to check that there is a procedure in place to ensure that relevant information is sent to each pharmacist working in the area who has asked to be included.
2. Contact the LPC secretaries and ask that they consider requesting their members to leave appropriate information in the locum folder.
3. Contact relevant pharmaceutical journals and use web-based pharmacy forums to encourage pharmacists who are not currently receiving information from their PCT to contact the PCT and ask to be included.

4. Contact locum agencies and let them know the situation.

I am indebted to Sid for the list of information which is currently in danger of being overlooked : “some prescribing guidelines issued from our PCT, CPD training events, LPC flyers, ADR, accreditation training, local GPs missing scripts, local alerts of suspected thefts, drug abusers and so on.”

I am particularly interested in training events and new services, particularly as my role is ‘to assist pharmacy practitioners to develop their clinical and professional practice’.

The Benefits

This better information and access to local training etc. will advantage pharmacists as it will enable them to keep up to date with innovatory practice in the areas in which they work.

It will advantage the public as the services offered to them will be ‘seamless’ regardless of whether the regular pharmacist or a locum pharmacist is on duty.

It will advantage the PCTs as it will enable them to run a more coherent and streamlined service for their local population.

Lindsey Gilpin
Member, English Pharmacy Board