

Draft Vision & Strategy Document – RAW DATA

Key:

Group 1 (closest to project)

Group 2

Both groups

| Key areas of action | Outcomes | |
|---|---|---|
| | Medium-term (2011-2013) | Longer-term (2014-20) |
| 1. Preparing the profession | | |
| 1. Education, training and CP 2. Workforce development (e.g. career pathways and skill-mix) 3. Improving integrated working between pharmacists in different sectors 4. Inter-professional/ multi-disciplinary working 5. Establishing clinical supervision & mentoring | Prescribing – undergrad training; CPD for industrial pharmacists | Want to have better pharmacists |
| | Proper clinical education, IT training for pharmacists | Standards more workable & more aligned with the future of pharmacy + to achieve fit for purpose practitioner |
| | Introduction of pharmacy equiv of medical deanery (to get a proper education infrastructure for pharmacy) & resources to achieve it - e.g. Funding mechanisms, integrating 5 year pre-reg + implementation strategy for undergrads Culture change in existing infrastructure in community | National accreditation standards - harmonisation |
| | Influence regulation of education – PLB involved in drafting standards | |
| | Better career structures for pharmacists vs. competencies – so that remuneration is more aligned with achievement and competence | |
| | Vast majority of pharmacists use RPS CPD website - supporting pharmacists' with CPD | Prescribing in undergraduate courses |
| | Multi-disciplinary training | Supporting pharmacists' with revalidation |
| | Developed career structure for CP | Integrated under-graduate & pre-reg course |
| | Mentoring role for LPFs | Pharmacists fully integrated members of healthcare teams |
| | RCGP work re inter-professional relationships | Flexibility to move between specialisms |
| | Shared care records for pharmacists | Fitness for purpose across the profession |
| | Communication strategy to prepare the profession | Referrals as routine by pharmacists |
| | | Learn lessons from hospital and apply to CP |
| | Balanced pay & clinical roles between sectors | |

| 2. Creating the necessary framework & infrastructure | | |
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| 1. Legislation & regulation | Comprehensive and integrated reform of the Medicines Act and every aspect of medicines - connection into our vision <ul style="list-style-type: none"> · Widening the PCTs · Regulation of clinical services Pharmacists playing a more influential role in what needs to be regulated or re-regulated | Ultimately safer world with patients taking drugs more safely - through: Better integrated medicines chain with pharmacy playing a leading role |
| 2. Professional standards for cognitive / clinical services | Build credibility Better accreditation framework and infrastructure to provide progressive opportunities for pharmacists with appropriate rewards | Improvement to patient knowledge Enables pharmacists to more appropriately advise on medication à better patient safety |
| 3. Accreditation of practitioners and services | Appropriate level read-write access to patient records & process for appropriate intervention | |
| 4. Patient records / information (clin & lab data, etc.) | Ensure pharmacists can interpret records (link to education section) + better integrated clinical teams (more important in CP) | |
| 5. Technology (other than for patient records – e.g. auto-mation, near-patient testing) | Sustainable funding mechanisms which are aligned with clinical outcomes à connected to pharmacist infrastructure | |
| 6. Financial viability & sustainability models to pay CP to deliver cognitive / clinical services & support necessary scale, scope & sustainability of services) | Learn from other countries | Patient held records – patients determine who can see / use it |
| | Integrated secondary & primary care EPS | Sharing good practice & develop evidence |
| | More enhanced services to be commissioned <ul style="list-style-type: none"> · On a more regulated basis · Nationally directed / national standards Services should be contracted for a reasonable length of time e.g. 3 years | Professional premises for all pharmacies <ul style="list-style-type: none"> · Funding opportunities · PC in consultation room Increased use of robotics in CP – links to patient safety / barcoding / original pack dispensing |
| | Engagement with patient groups + advocates | Electronic patient record access |
| | HAG taken across England | |
| | Clarify what requires regulation | |
| | PLB to own advanced & specialist practice | |
| | Develop professional standards & good practice across sectors | |
| | Good working relationships with GPhC, PSNC, LPG,LPFs | |
| | MUR results + other consultations onto patient records | |
| 3. Spreading good practice | | |
| 1. Accessible guidance, tools / resources to support cognitive / clinical services | Accessible user-friendly database on good practice <ul style="list-style-type: none"> · Weekly / monthly alerts to say what services have been added · Map on website · With robust criteria moderated – profession / pharmacist / patients IAS – what they can & can't answer to be clarified and disseminated to the profession | Collation of good practice awards from PLB |
| 2. Disseminating knowledge & promoting uptake of good practice & new models of care in pharmacy profession | Patient safety alerts / portal with NPA and DH <ul style="list-style-type: none"> · Good practice around medicines safety issues Messaging to the public about the role of pharmacists – expert on meds & patient safety angle <ul style="list-style-type: none"> · Can see their books e.g. warfarin Consideration of format of practice guidance | |
| | Members sign up for text / email alerts – plus others such as Twitter / Facebook etc | |

| 4. Building the evidence base to convince other stakeholders | | |
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| 1. Pharmacy practice R&D (e.g. to demo quality, cost-effectiveness & improved health outcomes delivered by cognitive / clin pharmacy services) | Connected to education agenda – not consistently in undergrad courses – need consistent practice research in all courses | |
| | Proper government driven multi-million ££ funding for pharmacy practice research | Effective training, infrastructure and resource to do practice research |
| | LPFs playing a key role in finding the evidence – creating infrastructure in LPFs to support practice research Identify & provide a mechanism to tap into available funding | Efficient networking for practice research |
| | LPFs linked to CLRNs – collaborations and strong links with LPC Identifying & using the research and being able to access what's been done National database of practice research that everyone can use | High quality practice research in the pharmacy profession to support evidence-based decisions |
| | Also connected to wellness and not just illness – pharmacy strategy for end of life and for Quality of life | A wellness agenda – better QoL overall for the patient |
| 5. Strategic partnerships & Influencing | | |
| 1. Aligning objectives & improving collaboration between national pharmacy organisations 2. Other strategic alliances & partnerships 3. Communications (including influencing key stakeholders - both individuals & groups) | Comms – internal and external approached in different and appropriate ways Links and communication with pharmacy organisations & other healthcare professions and with patient groups | Improve our credibility in the profession and with the patient |
| | Need to involve patient advocates in discussions – embed the idea of patients in all our deliberations and ensure we have a mechanism to do that | Involvement of public & patients in the deliberations of the PLB |
| | Multi-disciplinary patient-centred NHS – integrated care | Integrated voice of the medical and pharmacy professions + the patients + the politicians |
| | Put models of care and models of payment in place that support that integration Get the patients behind us to understand that there is no integration at the moment Set up a patient centred debate – “Making Britain Safe” campaign | |