

PHARMACY NOW



Royal
Pharmaceutical
Society
of Great Britain

English Pharmacy Board



THE OFFICIAL NEWSLETTER OF THE ENGLISH PHARMACY BOARD

ISSUE 4 AUGUST 2007

BRINGING PHARMACY TO CENTRE STAGE

Paul Bennett, Chair of the English Pharmacy Board explains how the Board has reacted positively to *The future of pharmacy*, the report by the All Party Pharmacy Group (APPG) launched in June 2007.

In the last issue of Pharmacy Now I explained how the English Pharmacy Board (EPB) has adopted seven key objectives that will help us provide strategic leadership and support for pharmacy development in England.

The June publication of the APPG report, *The future of pharmacy* underlines how important this work will be if we are to successfully promote the current and future potential of the pharmacy profession.

At our last EPB meeting, on 18 July, we discussed a number of priorities. Foremost on the Board's agenda was the urgent need to address the barriers restricting pharmacy that were identified by the APPG report. Collaboration and leadership are two of the key areas the Board sees as being vital to overcoming many of these barriers.

It is time for pharmacy to move onto centre stage and our work, combined with the vital support of members and Society initiatives such as *Pharmacy 2020* will go a long way towards helping realise the true long-term potential of pharmacy and will show commissioners that we are ready to deliver new, improved services.

At the last meeting the Board pledged to take action to:

- Increase the level of collaboration between healthcare professions
- Improve engagement between Primary Care Trusts (PCTs) and community pharmacy
- Promote stronger working relationships and collaboration between pharmacy bodies
- Strengthen local leadership
- Push for integrated IT systems

Immediate actions include holding meetings with the Department of Health (DH) and organisations that represent GPs to promote collaborative working across our two professions. We will also be promoting the Society's *Leading Across Boundaries* initiative to develop the leadership potential of pharmacists in both the public and private sectors.

The Board also agreed to contact local MPs as well as local authorities and councillors in England throughout the summer recess. It is vital we have politicians and decision makers on board if we are to raise pharmacy's profile, affect national policy in England and to address the issues of collaboration and engagement that were raised in the APPG report.



EPB Chairman Paul Bennett

Enhanced services accreditation across England was identified as another key objective of the Board. Currently, pharmacists accredited to provide an enhanced service in one PCT may not have this accreditation recognised in a neighbouring PCT. This is being addressed in the North West and the Board would like to see this approach rolled out across England. Board member and Chair of the Harmonisation Accreditation Group (HAG), North West, Gail Thomas, will produce a full report on the issue which will then help the Board to highlight the issue, so watch this space.



NEWSROUND

A CHANCE TO CATCH UP ON THE LATEST NEWS

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NEW CHIEF EXECUTIVE AND REGISTRAR FOR SOCIETY

Jeremy Holmes will become the Society's new Chief Executive and Registrar on 1 September 2007.

A distinguished health economist, Mr Holmes is seen as an intelligent leader who has the skills to steer the Society through change and help transform the organisation into a world class pharmacy body.

He was most recently a director of strategy company PMSI and was Managing Director of the Economists Advisory Group for 14 years, leading a number of high profile policy impact studies. He has worked with the Department of Health (DH), the Department of Trade and Industry (DTI), the Commonwealth Secretariat and the European Commission, as well as major pharmaceutical companies including GlaxoSmithKline, Pfizer, Schering-Plough and Sanofi-Aventis. Mr Holmes also led the evaluation of the recent DH funded "Joining Up Self Care" initiative.

He says: "I am very much looking forward to joining at such an important time for the Society and the pharmacy profession. I see the role of the Society as providing leadership for the profession through a clear voice championing pharmacy to government, the healthcare sector and the public. We must also serve the profession by providing important and innovative services to support our members and by actively engaging with them as we develop over the coming years."

NEW CODE OF ETHICS

The Royal Pharmaceutical Society's new *Code of Ethics for Pharmacists and Pharmacy Technicians, and its supporting documents*, came into effect on 01 August 2007.

A fundamental review of the previous Codes for pharmacists and pharmacy technicians was undertaken in response to the changing roles, responsibilities, and working practices of the pharmacy profession.

The new Code applies to both pharmacists and pharmacy technicians and has been designed to promote and support the use of professional judgement and accountability. It also reflects the professional considerations facing modern pharmacy.

English Pharmacy Board member Jonathan Buisson said: "The pharmacy profession has developed considerably since the Code of Ethics was last reviewed. Pharmacist prescribing, medication reviews and repeat dispensing schemes are just a few of the developments which have seen pharmacists take on an increasingly clinical role. The revised Code reflects and supports modern pharmacy practice while continuing to ensure patient safety and public confidence in the pharmacy profession."

PHARMACY FIRST FOR SEXUAL HEALTH

Sexual health continues to be a major issue across England and community pharmacists are ideally placed to play a leading role.

Beth Taylor, Vice Chair of the English Pharmacy Board, has been involved in several pharmacy developments in sexual health. She says:

"With practice-based commissioning a reality, now is the ideal time for commissioners and those working in GUM clinics and specialist sexual health centres to consider how community pharmacy can help them meet their sexual health targets."

The Society has updated its leaflet Ask about sexual health, promoting the specialist services available from community pharmacies. To order copies of the leaflets please contact the Society's PR team via pr@rpsgb.org. The leaflets are free of charge but a postage fee will apply. A Welsh language version is also available.



NEWSROUND

A CHANCE TO CATCH UP ON THE LATEST NEWS

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BOOK YOUR PLACE AT BPC 2007

The British Pharmaceutical Conference (BPC) is the UK's premier conference and exhibition for those involved in pharmacy and the pharmaceutical sciences, attracting over 1000 delegates from the UK and abroad.

Organised by the Society (with the science programme produced in association with the Academy of Pharmaceutical Sciences) this year's event, BPC 2007, takes place from 10-12 September at Manchester Central (formerly MICC).

The BPC exhibition is open **free of charge** to all pharmacists, pharmaceutical scientists and students. Here you can network with senior executives from the main pharmacy organisations and compare the latest services and equipment on offer to pharmacists from all disciplines.

The BPC-PJ Careers Forum is also open **free of charge** and is an ideal venue for exploring exciting careers opportunities with leading players from the UK pharmacy sector, the pharmaceutical industry and NHS employers.

Society members enjoy special rates to the fascinating programme of over 20 presentations and workshops focused on the practice of pharmacy, and the unique Science into Practice workshop sessions where they can learn more about the science underpinning the practice of pharmacy.

The event is a great opportunity to explore how primary care organisations are working with pharmacists via practice based commissioning. There is also an excellent and packed programme of social events.

To see the full programme or to book your place, visit www.bpc2007.org or call Health Links on 0121 249 3399.



PRIMAROLO HANDED PHARMACY BRIEF

Bristol South MP Dawn Primarolo is the new Minister of State for Public Health with responsibility for pharmacy, medicines and the pharmaceutical industry.

She was appointed in July 2007 and also has responsibility for health improvement and health protection issues including such areas as tobacco, obesity, drugs and sexual health, as well as international business and research and development.

Alan Johnson, MP for Hull West and Hessle, has replaced Patricia Hewitt as Secretary of State for Health.

Alongside Ms Primarolo, other members of Mr Johnson's new ministerial team include Ben Bradshaw (Exeter) Minister of State and Minister for the South West who has been given responsibility for the regulation of health professionals; Lord Ara Darzi, Parliamentary Under-Secretary of State; and Ann Keen (Brentford and Isleworth), Parliamentary Under-Secretary of State.





TALKBACK

HAVE YOUR SAY ON ENGLISH PHARMACY

TALKBACK: WE WANT YOUR VIEWS

One of the main aims of the English Pharmacy Board (EPB) is to actively engage with members and to ensure that their views are heard. In this issue of *Pharmacy Now* we introduce

a new feature called *TalkBack* which includes questions we've received from members in England – grouped into themes and answered by members of the EPB.



In this issue Jonathan Buisson and Chris Morris answer a few searching questions from members.

THE RELATIONSHIP BETWEEN THE BOARD AND COUNCIL

In its current format, does the English Board know what it may or may not do without the consent of the RPSGB's Council, and if so, can they draw that line in the sand clearly so that we can all know where it lies?

Jonathan Buisson: The relationship between the Boards and the Council is set out in a concordat that defines which issues are to be discussed by each group. There is a liaison group, consisting of the Board chairmen, the Officers of the Council and senior directors, to discuss how the Boards and Council work together. The relationship between the new English Board and the Council will be defined in practice over time. It will change as the Society evolves into a future professional body.

THE COMPOSITION AND EXPERIENCE OF THE BOARD

Is there a lack of experience on the Board?

JB: The Board is fortunate in having members with a wide mix of age and experience. A relative lack of "career politicians" is no bad thing for a new board in establishing its own ways of working.

There is a serious under-representation of Community Pharmacists on the Board. This has often been said about Hospital Pharmacists on Council. Do two wrongs make a right?

JB: In terms of community pharmacists, the EPB includes an independent

proprietor, employee pharmacists from both branch and head office settings and locums. This seems to cover the full range of positions. The development of any future professional body will allow a review of representation on the Boards and Council.

LOBBYING

If the English members of the profession wanted to see, for example, cancer patients have free-prescriptions and those on levothyroxine have to pay for theirs, would the English Board be willing to take this case to Council or lobby directly on its members' behalf?

Answered by Chris Morris: The board is trying to get pharmacy moving in the right direction. We are all prepared to push hard for what the profession wants. All we need now is to know what they want. If the issue is relevant to pharmacy in England and the case is strong then we will lobby for it.

What kind of issues is the English Pharmacy Board planning to tackle for the specific benefit of English pharmacy in the future?

CM: The issues that we discuss can be referred to Council and we regularly discuss items brought to our attention by various groups in pharmacy. I have spoken to my local MP Dan Rogerson to try to get an answer from the Department of Health on whether the Society will be getting any money from the Government for the costs of separation. I have written to Health Minister Dawn Primarolo myself asking

about the makeup of PRLOG and e-mailed Chief Pharmacist Keith Ridge regarding these two issues. At our most recent Board meeting we had a presentation from the Society's public affairs team and we will be striving to lobby our MPs and the Government directly as a result.

GENERAL

Does the English Board have a vision for English pharmacy along the lines of the Pharmacy 2020 vision for British pharmacy?

JB: The Board has agreed that it will take charge of the English part of the Pharmacy 2020 programme with the aim of producing a vision for pharmacy in England. This will form part of the wider vision to be produced under Pharmacy 2020. Producing this vision will require the Board to engage with the members and we have already had discussions as to how this will happen over the next few months.

Pharmacy Now is keen to encourage two-way dialogue between members in England and the EPB so send your questions to pr@rpsgb.org.

We can't guarantee to answer them all (due to space restrictions) but we will group questions into relevant topics for each issue and ensure that as many as possible are answered by Board members.



PRACTICE BASED COMMISSIONING: GET INVOLVED!

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PRACTICE BASED COMMISSIONING: GET INVOLVED!

In October 2004, the Department of Health (DH) published a relatively short and low-key paper entitled *Practice based commissioning: Engaging practices in commissioning*, setting out proposals for involving GP practices in commissioning local healthcare services.

The paper's summary opened with: "There is nothing new in the concept of Practice based commissioning. The 1998 white paper, *The New NHS*, stated that, 'over time, the Government expects that ... PCTs will extend indicative budgets to individual practices for the full range of services'."

The document mentioned the idea of GPs commissioning services from nursing but not from pharmacy. Today a number of PCTs have started the move to fair share budgets for 2007/08 and many practices are being encouraged to take on commissioning budgets by their PCTs. Some practices have chosen to pool their budgets and operate as consortia, with shared responsibility and decision making.

An increasing number of community pharmacists are now starting to switch on to the opportunities that Practice based commissioning (PBC) holds. It is clear that PBC is a key part of improving the NHS, but what does it actually mean for pharmacy?

Paul Bennett, English Pharmacy Board (EPB) Chairman, says: "For primary care as a whole, PBC means more choice and empowerment for patients because they will be able to choose from a wider range of services secured by practices from new areas - such as pharmacy. GPs will be paid on a payment by results

basis, meaning that where practices are able to provide or commission services locally, as patients choose to use these services, the funds will follow. There is also the increasing importance being placed on supporting people with long term conditions. Practices are able to direct funding into packages of care that best meet the needs of patients. It is now recognised that pharmacists have a greater role to play in the care of people with long term conditions - so this new funding stream could be directed towards pharmacy."

All of this adds up to the pharmacy profession playing a much more central, clinical role within the NHS. But is it as simple as that? What does PBC actually mean for pharmacists on a day-to-day basis and what help and resources are the Society and the English Pharmacy Board offering to English pharmacists to understand and take advantage of this new way of working?

Gail Thomas, a PCT-based Pharmacist and EPB member says: "Community pharmacy is already involved in service re-design in a number of areas such as sexual health, minor ailment schemes, smoking cessation, weight management and prescribing. However under PBC, it is now GPs, and not solely PCTs, who are leading the commissioning process. Both are tasked with ensuring that there are a plurality of providers

offering quality, choice and appropriate cost effective services along the patient's 'care pathway'.

"Pharmacists need to ensure that, in this respect, their contribution is defined and recognised. Community pharmacists could offer a lot more such as support for the management of long term conditions in particular and in supporting GP initiatives to help make prescribing savings. I see PCT based pharmacists, like myself, having a key role in helping GPs to understand what pharmacy has to offer and ensuring that such services get included in the 'care pathway' commissioning process.

"But PBC brings with it challenges that must be managed by pharmacists who are also busy with the day-to-day running of their businesses. One of the main issues pharmacists must address is the continuity, consistency and quality of service provision, there is little point offering a service which is only available on an ad hoc basis."

So why haven't pharmacists been quick to pick up on the opportunities of PBC? What is holding them back? Richard Daniszewski, Community Pharmacist and EPB member says: "In theory, PBC is a huge opportunity for pharmacy but in practice it is also a huge challenge. Community pharmacists can play a key role in delivering local healthcare

PRACTICE BASED COMMISSIONING: GET INVOLVED!

services to the community. To be able to effectively engage in PBC, community pharmacists need to be liaising, networking with, and communicating with GPs. Dialogue with GPs on PBC and what community pharmacists can offer in terms of local healthcare service provision will be a key step towards overcoming some of the challenges that community pharmacists are facing. The Society's branches and regions can play a key role in the PBC challenge by holding joint meetings for pharmacists and GPs on PBC, and help facilitate awareness of this opportunity for the profession."

A new document, *Practice based commissioning: A resource for community pharmacists in England*, was launched in late July of this year by the Society. The resource provides local pharmaceutical committees and community pharmacists with the knowledge to effectively engage with PBC. It was developed with support from the National Pharmacy Association, the Company Chemists Association, NHS Primary Care Contracting and the Pharmaceutical Services Negotiating Committee.

At a local level there is much that can be done by local pharmaceutical committees to help pharmacists get closer to their clinical and commissioning leads both individually and via the all-important PCT Professional Executive Committees (PECs). It is important to encourage pharmacy representation on the PEC as these groups will have responsibility for approving expenditure plans and have significant input into commissioning decisions.

Community Pharmacists can also start talking to their GP colleagues to find out what their plans are around PBC whilst ensuring that clinical governance is an integral part of all the services they offer. Most importantly pharmacists



need to be innovative, to find out what the local needs are and then approach the PBC consortia or PCT with solutions to their problems.

Says Paul Bennett: "PBC is a huge challenge, there is no doubt about that. However, it is clear that pharmacy must not miss the opportunities that PBC offers. If it does, new services that pharmacies could provide will be awarded to other organisations and professions, we will lose patient loyalty and end up isolated from other primary care providers. We cannot allow this to happen and the EPB will be doing all it can to ensure that the benefits of PBC are made available to as many pharmacists in England as possible."

The EPB is keen to receive feedback from pharmacists on the Society's new PBC resource, *Practice based commissioning: A resource for community pharmacists in England*. If any pharmacist has any comments that they would like to make on the document, or if there are any other areas around PBC that pharmacists would like the EPB to look into further, they should contact the Society.

Useful resources:
*Practice based commissioning:
Engaging practices in commissioning*

Download *Practice based commissioning: A resource for community pharmacists in England*

PHARMACY WORKS TOGETHER TO LOBBY MHRA

Although the outcome of the Medicines and Healthcare products Regulatory Agency (MHRA) consultation into the proposed reclassification of all pseudoephedrine and ephedrine containing medicines is yet to be known, the profession should welcome the way the national pharmacy bodies jointly lobbied on behalf of the profession.



The Society joined forces with the Company Chemists' Association (CCA), Association of Independent Multiples (AIMp) and the National Pharmacy Association (NPA) to strongly oppose the proposal to reclassify all pseudoephedrine and ephedrine containing medicines from Pharmacy (P) to Prescription Only Medicine (POM) status.

Despite concerns raised by police chiefs that pseudoephedrine and ephedrine can be extracted from common cold remedies relatively easily and used in the manufacture of methylamphetamine (known as crystal meth) the Society and its partners felt there were a number of reasons why control of these medicines should remain with pharmacists.

The pharmacy representatives joined forces and attended meetings with the Commission on Human Medicines (CHM) and the MHRA where they explained why the switch from POM to P should not take place and offered instead their own proposals for the management of these medicines.

These proposals included:

- Sales restriction to one pack per transaction
- Products unavailable for self-selection
- Robust awareness programme for all pharmacists and pharmacy staff
- Professional press articles
- Dedicated training programme
- Pack size reductions to max 720mg PSE
- Supply chain monitoring of sales trends

To get these messages across, a concerted public affairs programme was undertaken (including the distribution of an RPSGB Parliamentary Briefing which elicited a number of supportive responses from MPs to the Society's own recommendations) to ensure that MPs were fully briefed on the key issues.

Written evidence was submitted to All-Party Parliamentary Groups and the NPA prepared a draft letter for volunteer members to send to their MPs to ask them to sign Early Day Motion No.1826 (Howard Stoate): *Proposed reclassification of products containing pseudoephedrine and ephedrine*

(3 July 07) and to lend their support to the effort to stop the pseudoephedrine switch. Media support from all three organisations and direct communication with members around the issue added weight to the overall campaign.

Says Sadia Khan: "The pseudoephedrine work has set a real precedent and the same pharmacy bodies have already started to work together on other similar campaigns. For example, the MHRA recently held a consultation into reclassifying azithromycin, an antibiotic used for the treatment of chlamydia, and once again the key pharmacy bodies united in their support of it switching from POM to P.

If the MHRA agrees with the Society and its partners when it publishes the results of its consultation, azithromycin will become the first oral antibiotic to be available in pharmacies for the treatment of this increasingly common sexually transmitted disease."

More information on the proposal to reclassify all pseudoephedrine and ephedrine containing medicines is available at www.rpsgb.org.

DOCTOR IN THE HOUSE

Dr Howard Stoate MP is the only practising GP in the House of Commons and chairs the All Party Pharmacy Group (APPG).

In June the APPG published a report following a year-long inquiry into the future of pharmacy. In an exclusive interview with Pharmacy Now, Dr Stoate explains what the report means for pharmacists in England.

PN: In brief, what were the main problems highlighted by the inquiry into the future of pharmacy and the subsequent APPG report?

Dr Howard Stoate MP: We found that there is a huge amount of expertise and goodwill in pharmacy and pharmacy as a profession has come on tremendously in the last few years. There are a lot of very enthusiastic people who want to engage clinically and provide more clinical services direct to patients - there is clearly an enormous sense of pressure from pharmacists to do this.

The problem is that many pharmacists across the country have found it extremely difficult to turn that into actual services. They find it difficult to engage with GPs and PCTs and difficult to get their message out there.

So although during our inquiry we found pockets of really excellent work going on, we also found a huge amount of frustration. Effectively the expertise of many thousands of trained pharmacists was not being put to best use.





THE BIG INTERVIEW

DR HOWARD STOATE MP

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I think that's what really drove us to start the inquiry in the first place, the fact that pharmacists could and should and would love to do more than they are currently doing - but for all sorts of reasons are finding it very hard to turn these aspirations into reality.

“...Many pharmacists found it difficult to engage directly with GPs. There was still this sense of rivalry - that somehow pharmacists were trying to poach work off GPs - which I think is absurd.”

What were the main reasons for these problems?

We found all sorts of difficulties with relationships. Many pharmacists found it difficult to engage directly with GPs. There was still this sense of rivalry – that somehow pharmacists were trying to poach work off GPs - which I think is absurd - but many pharmacists found that and we found evidence of it when we interviewed people. There was still a feeling of territorial tribalism, that some GPs felt pharmacists had no business getting involved with clinical work at all and should just be sitting behind the counter and handing out prescriptions written out by the GP.

The second factor was that we found evidence that pharmacists found it difficult to engage directly with Primary Care Trusts. In some cases PCTs saw them as being at the bottom of the pile when it came to allocating resources. And although there was obviously plenty of good work going on and the contract was working very well in pharmacy, nevertheless the extra stuff – the enhanced and

advanced services – were not being developed in the way they should have been, either because a) the PCT didn't have the imagination, b) didn't have the expertise or c) they had run out of cash before they got to pharmacy. So services were not being developed in the way they should have been.

So those types of things would be - for example - public health work?

Yes, absolutely. For example, we found evidence where pharmacists wanted to set up a minor illness service but found it impossible to get the PCT to engage with them. They also wanted to provide public health services like Chlamydia, blood pressure and diabetes screening – and although everyone seemed to think it was a good idea, few had managed consistently to translate that into direct action.

In other words there were lots of small examples where pilots had been set up but then as soon as they got running the money tended to run out, the focus changed, the PCT had different priorities and the contract wasn't renewed. So a pharmacy may, for example, have trained its staff, brought in new equipment and provided a nice consulting area, only to find out that in one or two years the focus had changed, public health had other priorities and the contracts weren't being renewed.

So it's about the frustrations of not being able to translate good intentions and good ideas into reality.

And is your gut feeling that these issues are due to a communications breakdown, or are they due to a lack of funding or a lack of leadership?

It's a mixture of all sorts of things. I think pharmacy does suffer from the difficulty of not having a single voice. There are several organisations that look after pharmacy but there isn't an

'obvious voice' - unlike doctors who have the BMA and nurses who have the RCN. It's much more difficult therefore for PCTs to engage with one single voice locally - there isn't an obvious focus of where you go to do business with pharmacy as there is with medicine and nursing.

Another factor is that for far too long pharmacy has been seen as a service that's an 'add on' to everything else. You have the hospital consultant and the GP but the pharmacist has somehow been bolted onto the end. We need to change that perception, and get pharmacy to the table having an equal voice with all the other professions. This is one of the great difficulties we must try to overcome. Pharmacists need to be at the table with commissioners, getting involved in practice based commissioning.

“...You have the hospital consultant and the GP but the pharmacist has somehow been bolted onto the end. We need to change that perception, and get pharmacy to the table having an equal voice with all the other professions.”

Have you found that pharmacists have been reticent in coming to the table?

Yes. I think for so long pharmacists have been seen to be the 'add on service' that they've almost come to see themselves as the 'add on service'. So you get this feeling that pharmacists don't think it's their place to be too forceful or too assertive and that they should wait to be asked. But unfortunately, in today's fast moving



THE BIG INTERVIEW

DR HOWARD STOATE MP

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NHS it's no good waiting to be asked, you've actually got to be in there making your case very forcefully. And the pharmacists we've spoken to who have taken this attitude have been pleasantly surprised at the results – they have been taken much more seriously. So I think everyone wants the same thing to happen, it's just the frustration of trying to move it into action.

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“...When this inquiry started off we envisaged we would probably take a couple of sessions, and a month or six weeks to write the report. But the whole thing grew exponentially and suddenly we found we had huge interest.”

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The Chair of the English Pharmacy Board, Paul Bennett recently said that, “the main thrust of the content of [your] report is on community pharmacy, with some mention of hospital pharmacy, but no acknowledgement of the work of pharmacists in primary care both in PCTs and working directly with patients.”

Did the APPG consider the other many areas where pharmacy is really adding value?

Well that's certainly a valid criticism and there were some areas where we didn't go as far as we could have. What happened is this. When this inquiry started off we envisaged we

would probably take a couple of sessions, and a month or six weeks to write the report. But the whole thing grew exponentially and suddenly we found we had huge interest.

We had hundreds of written submissions, dozens of people who wanted to come forward and give oral evidence and we extended it out to eight quite heavy duty parliamentary sessions, which were very successful. The whole thing took us over a year to complete.

So while it's a fair criticism to say we could have gone further, in the end we had to make a decision as to when we had done as much as we reasonably could with the limited resources we had.

We didn't look as hard as we could at hospital pharmacy, PCT or practice-based pharmacy as we would have liked, but in the end it was just about the logistics of how long it would take us. We are a voluntary group of MPs who fitted this onto the many other duties we have as MPs – and we did what we felt we were able to do.

The report was five times longer than we originally envisaged but we didn't have the luxury of having the back-up of a select committee which is staffed full-time by civil servants.

What are the next steps following the publication of the future of pharmacy report?

Starting in the autumn we will be looking at each aspect of the report in some detail, meeting with key stakeholders and holding discussions with those who are in a position to make things happen.

We need to move each aspect of our report forward into action.

The good news is that the Government has already responded very positively and I think we can claim a massive victory in that our work is being taken so seriously by ministers who are obviously keen to engage with us - it can only be a good thing for the pharmacy profession and it has already begun to produce results.

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“...What pharmacy has shown is that it is able to be adaptable, it is able to provide innovative patient-focused services but this is just the beginning and there is much more that pharmacists are able to contribute.”

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What would be your main message to pharmacists in England?

It has to be that they can go an awful lot further than they have gone so far. What pharmacy has shown is that it is able to be adaptable, it is able to provide innovative patient-focused services but this is just the beginning and there is much more that pharmacists are able to contribute. I think pharmacy is entering a fascinating era where pharmacists will move from behind the shop counter and into mainstream clinical medicine and I think it's an exciting time to be involved.