

# PHARMACISTS AND THE MODERN NHS

## KEEPING PARLIAMENTARIANS INFORMED

The Royal Pharmaceutical Society of Great Britain (RPSGB) is the regulatory and professional body for pharmacists. The RPSGB works to keep Parliamentarians and their committees briefed on its activities. Along with a number of other organisations, the RPSGB is a supporter of the All Party Pharmacy Group, through which Parliamentarians can discuss how pharmacists contribute to the nation's healthcare.

## REGULATION OF THE PHARMACY PROFESSION

Being a member of the RPSGB means that an individual is registered to practise as a pharmacist.

The RPSGB was granted its first Royal Charter in 1843, giving it an important public interest role in improving the educational standards of the profession. It received its power to maintain a statutory register of pharmacists in 1933 and subsequent Acts of Parliament added to its powers and responsibilities, which it has since exercised in synergy with its role as a professional development and leadership organisation. The RPSGB is not a trade union; it does not conduct negotiations on remuneration or terms and conditions; nor does it represent individual pharmacists' interests.

The regulation of all healthcare professions is currently under the spotlight. Today, it is accepted that the modern definition of health professional regulation needs to encompass all the processes that assure the public of the competence and fitness to practice of individual professionals. This broader role includes much of the professional development and leadership activity already within the RPSGB's remit.

The NHS Reform and Health Care Professions Bill creates a new overarching Council for the Regulation of Healthcare Professionals with the power to direct a regulatory body to change its rules, subject to the agreement of both Houses of Parliament.

The RPSGB is currently reviewing and, where necessary, reforming its remit, powers, structures and functions to ensure that they are in accordance with the best principles of modern health professional regulation. The RPSGB wants to make Parliamentarians aware of this work and hopes that they will be ready to support the pharmacy profession where legislation is required.

## PLANNING FOR THE FUTURE WORKFORCE

The NHS spends over £6 billion on medicines every year. Pharmacists are health professionals whose unique knowledge of medicines and their therapeutic uses means that they have a growing contribution to make to the nation's healthcare. The plans to modernise the NHS emphasise the management of the choice and use of medicines as the key to ensuring the best results for patients. As the NHS seeks to get the most out of the resources available to it, pharmacists are working at the forefront of medicines management and are becoming involved in new aspects of care.



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By 2003, the pharmacist workforce will have grown by 12 per cent over 1998 figures, according to the Department of Health. In 2000, 27 per cent more students began a pharmacy degree than in 1993. There are, however, concerns that there may not be enough pharmacists to meet the needs of healthcare today, let alone in the future, when pharmacists' skills will be deployed more widely. To support planning for the future, the RPSGB is working to help map the optimal future size and shape of the pharmacist workforce.

## HELPING PEOPLE LOOK AFTER THEIR OWN HEALTH

In primary care, pharmacists with their specialist knowledge of medicines and their use are supporting moves to involve patients more closely in their own healthcare and give people improved access to medicines.

A growing selection of formerly Prescription Only Medicines for the treatment of a wide range of conditions can now be obtained from community pharmacies, where expert advice is also available. Recently available products include medicines for the treatment of indigestion, hay fever and viral cold sores as well as emergency hormonal contraception for women aged 16 and over. Now, a streamlined new process will help more medicines become available in this way. Further products being considered for reclassification include medicines to help tackle some forms of angina and high blood pressure, treatments for respiratory illnesses such as asthma and flu and certain contraceptives. Any reclassification must, of course, be carefully considered by the appropriate expert authorities and widely consulted on to ensure public safety.

## REPEAT PRESCRIPTIONS FROM THE PHARMACY

The vast majority of NHS prescriptions are issued for repeat medication and pharmacists are preparing to take on the management of repeat medication for the treatment of long-term, stable medical conditions. This will be more convenient for patients, will free up GPs' surgery time and ensure that patients have access to a health professional each time they collect their prescription instalment.

## PRESCRIPTION ONLY MEDICINES ON THE NHS THROUGH PHARMACIES

Pharmacists already supply Prescription Only Medication under the NHS through a mechanism known as a "patient group direction". This is a professionally-devised protocol that allows people to get NHS-funded treatment for selected conditions – conveniently but appropriately – through the pharmacy. Emergency hormonal contraception and smoking cessation products are among those that are supplied by this route.

## PHARMACISTS TO PRESCRIBE ON THE NHS

The RPSGB has welcomed the recent government proposal for supplementary prescribing by pharmacists because it makes rational use of pharmacists' expertise for the benefit of patients. The consultation document, published in April, would allow pharmacists throughout the UK to prescribe Prescription Only Medicines to those patients who have a written clinical management plan, agreed by both patient and GP. Instead of going back to the GP, a patient with a condition such as diabetes or asthma will be able to go their pharmacist instead. The scheme will only operate where the pharmacist is appropriately trained and both the patient and GP have agreed that it should apply.

With consultation ending in July, it is expected that the first pharmacists will begin prescribing in 2003. Dr June Crown, who chaired the Department of Health's working group on the prescribing and supply of medicines, is working with the RPSGB to prepare the pharmacy profession to take up the challenge of these new roles.

## PHARMACISTS AND NHS DIRECT

Pharmacists are now an integral part of NHS Direct, NHS Direct (Wales) and the new NHS24 in Scotland, the telephone and on-line health advice services. Research published in 2000 by the University of Sheffield, two years after the service was first piloted in England, found that over 7,000 calls a week to the helpline asked about medicines and around 40 per cent of all calls included some advice about medicines.

NHS Direct appointed its first pharmacist in June 2001 to provide advice to the network of call centres and to help the new NHS walk-in centres understand issues relating to medicines and other pharmacy issues. A new pharmacy support network helps to improve communications between the various healthcare professionals working within these and more traditional NHS institutions.

## DEVELOPING PUBLIC HEALTH GAIN

Pharmacists' advice on and support for healthy lifestyles – such as smoking cessation services – already make a proven contribution to public health. Initiatives announced in the plans to modernise the NHS will enable pharmacists to increase their potential contribution to improving the health of the population. New developments include:

- the development of partnership approaches to medicines taking
- the introduction of medicines management
- more support for self care
- measures to improve access to pharmacists and medicines out of hours
- the management of repeat medication by pharmacists
- the introduction of electronic prescribing.

## A WIDER ROLE FOR HOSPITAL PHARMACISTS

In secondary care, pharmacists are taking increasing responsibility for devising and managing drug treatments, working closely with doctors and nurses to ensure that patients get the safest and most effective formulation and dose of medicine.

Many patients move from hospital to home while still taking medication. Pharmacists work with other health professionals planning patient discharge to ensure that patients can continue to enjoy the benefits of treatment once they have left hospital.

In its report, *A Spoonful of Sugar*, the Audit Commission revealed that adverse drug reactions and medication errors currently cost the NHS £1/2 billion each year in terms of longer stays in hospital. The report called for pharmacists to have a central role in redesigning services around patients' needs and in ensuring the optimal use of medicines and recommended that, therefore, hospital pharmacy should be seen as a core clinical function. The report called for investment in electronic prescribing and automated dispensing systems to reduce errors and free up pharmacists' time to help optimise care.

## PHARMACISTS AND PRIMARY CARE IN THE DEVOLVED ADMINISTRATIONS

The RPSGB is the regulatory and professional body for pharmacists in England, Wales and Scotland. In Wales, the RPSGB's Welsh Executive implements policy, working with the National Assembly and other stakeholders in Wales. The RPSGB's Scottish Executive implements policy in Scotland, working with the Scottish Parliament and other key stakeholders in Scotland.

The UK Department of Health's *Pharmacy in the Future* document set out the direction of travel for pharmacy services, with the key theme of improving access to pharmacists' support for patients, professionals and NHS institutions. This theme has been developed in Wales and Scotland to meet the needs of Welsh and Scottish populations.

In Northern Ireland, where pharmacists are members of the RPSGB's sister body, the Pharmaceutical Society of Northern Ireland, it has been announced that pharmacists will have seats on the management boards of primary care organisations. This is also the case in Wales, where pharmacists sit by right on Local Health Boards.

The RPSGB believes that pharmacists have a genuine contribution to make through the governing structures of primary care organisations across the UK. The RPSGB is also seeking assurances that each of the new Strategic Health Authorities will have access to an appropriate level of pharmacist input when drawing up and implementing policy.

## PROMOTING UNDERSTANDING OF HOW PEOPLE USE MEDICINES

The NHS invests over £6 billion in medicines every year, with nearly 587 million items dispensed. But there is more to effective treatment than just providing the right medicine: to be effective, medicines need to be used in the right way. It is known that there are many issues that may affect how people use medicines but there is currently very little knowledge about these issues. The Department of Health and the RPSGB have worked for some years to promote this evidence base to support health policy makers and health professionals in achieving best results for patients from the nation's massive investment in medicines.

A welcome recent development has been the establishment of the Pharmacy Practice Research Trust, an independent research charity with a broad objective to promote and develop this important field of knowledge, known as pharmacy practice research.

If you would like further information about the pharmacy profession or any of the issues in this briefing, please contact

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