

PHARMACISTS – A VITAL CONTRIBUTION TO THE NEW 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 increase their understanding of how pharmacists contribute to the nation's healthcare.



**Royal
Pharmaceutical
Society**
of Great Britain

1 Opportunity

A modern regulator and professional body for pharmacists

The public rightly expects health professionals to be competent, fit to practise and accountable. As the regulatory and professional body for pharmacists, the Royal Pharmaceutical Society of Great Britain (RPSGB) has a good track record of safeguarding the public and working to promote excellence in practice. But, like other health professional regulators, the RPSGB recognises the need to bring its powers, constitution and ways of working up-to-date.

1 Challenge

Legislative reform

The RPSGB is currently producing proposals for the Government to consider as the basis of an Order in Council under Section 60 of the Health Act 1999 as a mechanism for bringing forward necessary reforms. Issues under consideration include: a role and remit that will meet modern expectations; increased lay membership of the RPSGB's governing Council; and the introduction of mandatory continuing professional development for pharmacists. The RPSGB hopes that Parliamentarians will support its new legislation as it comes before them.

2 Opportunity

Bringing medicines expertise to the health team

Pharmacists undergo five years' education and training to acquire a unique understanding of medicines and their use. The plans to modernise the NHS place great emphasis on the need to make the most of pharmacists' skills and expertise. Across healthcare, pharmacists are evolving new ways of working to help improve the quality and cost effectiveness of treatment, while making an important contribution to patient safety by identifying and driving down errors.

The NHS invests some £7 billion a year on medicines – 1 per cent of the UK's gross domestic product. The science of medicine is developing at a great pace. A greater understanding of genetics will soon enable

treatments to be more appropriately chosen for individuals, improving effectiveness and cost effectiveness and reducing adverse reactions. In the longer term, new drugs deriving from genetic research are likely to mean that some of today's most feared diseases will become treatable. More people will be living longer and those living with long term illnesses will be encouraged to manage them in partnership with health professionals and carers.

2 Challenge

Workforce, workforce, workforce

As with many other health professions, there are simply not enough pharmacists to fill all the current – let alone future – roles that the NHS needs to develop. A shortage of pharmacists and suitably qualified support staff has caused difficulties in both hospital and community pharmacy. The RPSGB is working with the Department of Health to establish a workforce advisory group to inform future planning.

The RPSGB recognises that new ways of working – including improving the use of all staff in the pharmacy team – will help pharmacists make better use of their skills and time. The RPSGB therefore welcomes the Government's recent discussion document on skill mix, *Making the best use of staff to deliver the NHS Pharmacy Programme*, which deals with the issue of how to make the most of the pharmacy workforce as a whole. Having agreed in principle to take on the role of regulating pharmacy technicians, the RPSGB is now exploring how it can take this forward.

3 Opportunity

Pharmacist prescribing

The RPSGB believes that pharmacists could make an increased contribution to healthcare by being able to prescribe in a broad range of circumstances. The recent announcement by Lord Hunt that supplementary prescribing by pharmacists will be introduced in 2003 is, therefore, a very welcome step.

It is envisaged that pharmacists would eventually take over a large part of routine and discharge prescribing in hospitals. Pharmacists also have a role in prescribing for long term conditions in primary care.

3 Challenge

Information gap

Community pharmacists currently have no access to NHS patient records. Trained prescribing pharmacists will require accurate information about patients to make quality decisions.

The RPSGB believes that there is an urgent need to identify the requirements for patient information to enable community pharmacists to take on new and extended roles in prescribing and medicines management. This work will need to encompass patient consent, the sharing of information with other healthcare professionals, security and confidentiality, training and the information technology needed.

4 Opportunity

Better medicines management in primary care

There are currently 106 pilot schemes being undertaken in the NHS to evaluate new ways in which pharmacists can help people get the most out of their medicines and help the NHS deliver treatments more effectively and cost effectively.

A key role for the pharmacist is medication review, advising patients and their carers on aspects of their medication and its use. This can be especially important for older people, who may need to take several medicines and therefore run the greatest risk of suffering an adverse reaction. Adverse reactions to or between medicines are a serious health threat to older people and account for up to 17 per cent of acute admissions of older people to hospital.

4 Challenge

Priorities in primary care

Medicines management services can bring real health gain but they will require investment. Primary care organisations, with their many pressing priorities, will need to develop strategic capacity in order to be able to recognise the long term value of investing in sustained medicines management services.

The RPSGB is concerned that, in England, Primary Care Trusts may not have access to the advice they need to enable them to include an appropriate level of pharmaceutical care in their service planning and provision. It will therefore be important for Strategic Health Authorities to ensure that pharmacist input informs planning for local services.

5 Opportunity

Better medicines management in hospitals

In hospitals, a new framework for medicines management is developing more efficient services and better care for the patient.

On admission to many hospitals, patients now keep and administer their own medicine instead of it being discarded and new medicine dispensed unnecessarily. This reduces wastage and administration errors, improves continuity of care and maintains self-care skills. Pharmacists are now becoming involved in the admission process, taking medication histories, carrying out medication reviews to improve the accuracy of information and providing pharmaceutical support to the medical team. Pharmacists are also involved in discharge planning, including patient counselling to support patients' understanding of what their medicines are for and how to take them to best effect.

More use of automation in the dispensary can release staff to undertake other duties more appropriate to their training and skills – for instance, helping reduce the number of medication errors. Greater use of IT and electronic prescribing together with pharmaceutical support in decision-making help reduce the risks associated with inappropriate prescribing.

5 Challenge

Investment gap

In some NHS trusts, there is a poor level of investment in pharmacy services. The national shortage of suitably qualified and experienced pharmacy staff is a critical factor in some NHS trusts. There remain considerable communication challenges at the interface between primary and secondary care.

6 Opportunity

More appropriate handling of minor ailments and public health gain

GPs spend a great deal of surgery time seeing patients with minor ailments who do not need medical attention. Some of these patients could be treated using an "over the counter" preparation from the pharmacy. But these patients seek a prescription because they are exempt from prescription charges and cannot afford to buy medicines. New schemes are being introduced to allow patients to obtain free NHS treatment from the pharmacy for certain minor ailments – proving convenient for patients and freeing up useful surgery time for GPs. In Scotland, there are plans to roll out such schemes across the country.

Pharmacists are also increasingly involved in activities to promote healthy living. There is now a strong evidence base to demonstrate the value of pharmacists' interventions in a range of areas such as smoking cessation and testing for such indicators as high blood pressure, body mass index and cholesterol. Pharmacies are now a key point of access for emergency hormonal contraception and more general advice on contraception.

6 Challenge

A new framework for community pharmacy services

A number of structural barriers will need to be addressed if pharmacists are going to be in a position to deliver their full potential. It is generally recognised that the terms of the current pharmacy contract for dispensing NHS prescriptions need updating in order to provide a better framework for the pharmacy service of the future. Discussions have begun on how an improved, quality-focused service might be rewarded and sustained. A positive outcome to these negotiations would move pharmacy in the community setting away from the economics of volume-based dispensing towards rewarding services that demonstrably meet people's needs.

There will also be a growing trend for individuals and groups of pharmacists to contract with primary care commissioners and providers to supply additional services to meet specific local health needs.

Community pharmacies are a good example of private investment supporting NHS services. During a time of considerable change, it will be important for pharmacy

businesses to maintain the confidence to continue to invest in developing their services and for new service models to be sustainable. New frameworks need to recognise what is good about the current model and build on this foundation.

7 Opportunity

Medicines partnership

Evidence shows that up to 50 per cent of medicines for long term conditions are not taken as prescribed. This represents a huge burden of avoidable ill-health for patients and cost for the NHS. Although much is known about the scale and consequences of this non-compliance, there has been much less success in understanding its causes and finding solutions. "Concordance" is a new approach to the prescribing and taking of medicines that puts the views and preferences of patients at the centre. The Task Force on Medicines Partnership, supported by the Department of Health and the RPSGB, is an opportunity for the NHS, patient groups, health professions and the pharmaceutical industry to work together to implement concordance in the NHS.

7 Challenge

Implementing true patient-centered care

Putting concordance into practice means a profound cultural change within the NHS, from a paternalistic model of care to one that centres on the needs and preferences of patients. This is very much in line with key health policies, but is much easier to describe than to achieve. Added to that, the sheer number of targets within the NHS plan and other health policy initiatives – something over 400 – means that, for those planning healthcare, experimenting with further new ideas poses a real challenge. The RPSGB hopes that Parliamentarians will support the aims of the Task Force.

If you would like to know more about the work of the Royal Pharmaceutical Society of Great Britain, discuss any of the issues mentioned in this briefing or arrange a visit to a local pharmacy, please contact:

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