

Pharmacy in England - *building on strengths, delivering the future*

This White Paper¹ affirms pharmacy's place in the NHS and its role as a leading clinical profession in delivering better access to high quality services to patients and the public. While the focus is mainly on community pharmacy, its context is wider including hospital pharmacy, professional regulation and education and training.

Why does pharmacy need to change?

An aging population and increasing lifestyle disease linked to smoking, alcohol and obesity are increasing demands on the NHS and extracting more value is critical to sustain the service. The key drivers for change acknowledged in the pharmacy White Paper are:

- address health inequalities and secure improved health and well-being for all
- impact of current NHS reforms, including quality, access and choice for patients
- focus on better commissioning of services to meet local needs
- make better use of resources to deliver the best outcomes and harness new technologies

What are the Government's aims for pharmacy?

- a shift from dispensing to clinical services
- a wider range of services, exploiting opening times and location
- greater use of clinical skills and pharmacy staff

To achieve these aims, pharmacy will:

- become '**healthy living centres**' – promoting health and self-care
- be the first port of call for minor ailments and supply of common medicines
- support patients with long-term conditions

How can pharmacy support patient care?

Expanding patient access to medicines and their effective use and management is recognised as a core role for pharmacy:

- Improve access to medicines:
 - Increase implementation of repeat dispensing to deliver benefits for all
 - Implement a national Minor Ailment Scheme with access to medicines for common conditions
 - Improve access to medicines and information between secondary and primary care interface and the establishment of '**health community clinical pharmacy teams**'
 - Overcome the challenges associated with accessing medicines out of hours
 - Commission safe services for delivery of oral chemotherapy within community pharmacy
 - Dispensing doctors may sell OTC medicines²
- Effective use of medicines:
 - Medicines Use Reviews (MURs) remain a high priority area for the NHS
 - Improvements in service quality through peer review, CPD, research and audit
 - PCTs may decommission MURs from those failing to meet quality standards
 - Reduce medicines waste through improved management and adherence
- Safe medicines practice will be embedded in primary care to reduce unplanned hospital admissions related to medicines

What clinical services will be offered?

Pharmacies will deliver more patient clinical services that support health living and better care:

- Minor Ailments Scheme
- Stop-smoking services
- Chlamydia (screening and treatment) and contraceptive services
- Vascular risk assessment
- Enhanced role in the care of patients with diabetes
- Extended medicines use support for patients on new treatment for the management of LTCs
- Support early detection and prevention of some cancers

What needs to change?

There are a number of actions needed to support the change within community pharmacy and build on the current strengths. Some of these include:

- More robust standards and metrics for Essential and Advanced services
- Harmonised accreditation for pharmacists to perform services
- Financial incentives for quality, with penalties and sanctions for poor performers
- Communications programme for patients, the public, NHS and other stakeholders on the breadth of services and skills available within pharmacies
- Appointment of two clinical leaders – one hospital, one community pharmacy
- Improvement of inter-professional relationships
- Access to patients' Summary Care Records
- Legislative changes to optimise deployment of whole pharmacy workforce
- Need for professional, clinical and leadership competencies
- Major consultation in Autumn 2008 on the control of entry regime resulted in no changes to contractual arrangements for dispensing doctors but the remainder of the outcomes have yet to be determined

What does this mean for you?

This significant change in role needs support from the pharmaceutical industry support to provide clinical information on how your medicines work and how they are best used by the patient. Partnership working, where engagement and outcomes deliver benefits for all parties whilst complying with regulations, guidelines and governance arrangements is the way forward because:

- Pharmacy services will increasingly impact on the choice of and compliance with treatment, delivering improved health outcomes and reduced unplanned attendances and admissions
- Pharmacy will be more actively engaged in the early identification of long-term conditions through integrated screening and risk assessment programmes with an associated increase in pharmacotherapy interventions for these new patients in line with national and local guidelines
- Extended public health initiatives including smoking cessation, weight management and sexual health services may involve appropriate provision of Prescription Only Medicines

It should be recognised that the White Paper is a *Command Paper* which lays out Government policy and intent. There are a significant number of actions that must be undertaken by several organisations and the profession to deliver this intent over the coming months and years, but this time it will happen.

¹ Pharmacy in England – building on strength, delivering the future. April 2008, Department of Health, London

² Pharmacy in England – building on strength, delivering the future - proposals for Legislative Change. September 2008, Department of Health, London