Pharmacy in England

Building on strengths, delivering the future

Pharmacists are a crucial part of the NHS, delivering better access to high-quality services for patients, but they are currently an under-used resource. The Government has published a white paper – *Pharmacy in England: building on strengths, delivering the future* – outlining plans to build on the strengths of pharmacy services for the NHS in England. Its proposals link in with the NHS Next Stage Review and a primary and community care strategy due in the summer. When the strategy is completed a consultation will be published on some of the key proposals from this white paper.

This *Briefing* outlines the main points of the white paper.

**Key points**

- PCTs need to consider how they commission pharmacy services as part of their wider strategy for commissioning primary and community services, and broaden the range of what they commission.
- Pharmacists in the future could be commissioned to provide a wider range of preventative healthcare and screening.
- A network of local pharmacy clinical champions will be created by two new pharmacist clinical directors.
- NHS Employers has been asked to lead a working group of pharmacy, medical and public representatives to promote more effective relationships between doctors and pharmacists.
- Dispensing doctors could be allowed to sell over-the-counter medicines.
- Pharmaceutical needs assessments should be included as part of the PCT’s overarching needs assessment programme.

**Background**

In the community, there are three groups of contractors who currently provide NHS pharmaceutical services:

- more than 10,000 community pharmacies
- 1,170 dispensing practices with 4,300 dispensing doctors, mostly for patients living in rural areas
- 128 appliance contractors (suppliers of appliances such as incontinence and stoma aids, not medicines).

In England, many people see a pharmacist solely at their local community pharmacy on the high street, in a shopping centre or near their GP surgery. Dispensing doctors and appliance contractors complement the delivery of pharmaceutical services. However, pharmacists, pharmacy technicians and other support staff play a major role across the whole NHS, including hospitals and clinics, GP practices, primary care trusts (PCTs) and strategic health authorities (SHAs), and in education and research.

Pharmacists already make a strong contribution to delivering patient care, providing not only safe and effective dispensing of prescriptions but also promoting health and well-being. The white paper says that pharmacy has the potential to offer even more.

Strengths of the current system

Strengths of the current system include:

- a network of health professionals based in the community, offering health promotion, advice and easy access to medicines
- pharmacies open at times that suit patients and consumers
- quick, safe and efficient provision of prescribed medicines
- a highly trained and experienced pharmacy workforce
- hospital pharmacists with specialist experience, including prescribing.

Future potential

Improvements could include pharmacies:

- becoming ‘healthy living’ centres, promoting health and well-being
- prescribing certain common medicines and being the first port of call for people with minor ailments – saving up to 57 million GP consultations a year
- expanding the range of medicines available over the counter
- providing support for people with long-term conditions
- screening for vascular disease and sexually transmitted diseases
- providing stop smoking services
- working more closely with hospitals to provide safe, seamless and clinically-focused care
- playing a bigger role in vaccination and contraception programmes
- increasing the number of independent and supplementary prescribers or pharmacists registered as defined specialists on the UK Public Health Register
- being involved in developing clinical pathways that support integrated care.

Health and social challenges

The white paper sets out some of the major health and social challenges currently being faced in tackling health inequalities and securing improved health and well-being for the whole nation. It identifies reforms, such as those in Our health, our care, our say, which are designed to promote good health and prevent and treat illness, and outlines the impact these reforms will have on pharmacy and the delivery of pharmaceutical services. It highlights some key changes, including:

- better commissioning of services to meet local needs
- more effective use of resources to deliver the best outcomes
- the need to harness new and developing technologies, such as the Electronic Prescription Service (EPS).

‘Both patients and the NHS can make better use of medicines’

For example, South Birmingham PCT commissioned a “heart MOT service” – an opportunistic testing service for vascular disease provided by a community pharmacy. The service has now been extended to 24 pharmacies, including independently owned pharmacies.

As part of the ongoing world-class commissioning programme for the NHS, the Government will identify competencies under the programme which can be used to improve commissioning of pharmaceutical services.

Expanding access and choice

Both patients and the NHS can make better use of medicines, so the white paper makes a number of proposals.

By February 2008, more than 1.25 million medicines use reviews (MURs) – one-to-one conversations between patients and pharmacists to identify any problems they are experiencing with their medicines – had been carried out, but PCTs are concerned that they are not being targeted to meet local needs and patient priorities and that their quality is variable. The white paper proposes improving the targeting of MURs and the health outcomes achieved.

Nationally, levels of repeat dispensing are disappointing, with only 1.5 per cent of all prescriptions issued to be dispensed. This is despite the fact that 70 per cent of all prescriptions issued a year are repeats. The white paper proposes that NHS Employers should work with pharmacy and medical representatives to develop closer and better professional
working between the two professions to address this and other issues.

Pharmacy is a key provider of urgent care and out-of-hours services to people, and should be seen as an important provider of PCTs’ integrated urgent care systems locally. PCTs should, therefore, as planners and commissioners of urgent care services, ensure that pharmacy plays a key role in a set of integrated, easily accessible services that best meet the needs and wishes of local communities.

The white paper proposes to broaden access to over-the-counter (OTC) medicines for people in rural areas by allowing dispensing doctors to sell OTC medicines. The Government is due to begin discussions with representative

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Key action points from the white paper

- Medicines use reviews between patients and pharmacists should be prioritised to meet health needs. The Government has asked NHS Employers to discuss with the Pharmaceutical Services Negotiating Committee (PSNC) a mechanism for delivering this and ensuring that funding rewards health outcomes.

- A working group is to be convened by NHS Employers, including pharmacy and medical representatives, to develop better professional working and consider specific issues such as the implementation of repeat dispensing.

- The Government will commission research during 2008/9 to establish the extent to which medicines are not used and to determine the reasons why people do not take their medicines as intended.

- The Government will consider extending the provision of emergency supply of medicines to enable a 28-day supply to be made, subject to full consultation.

- There are sufficient grounds to reform arrangements for selling over-the-counter medicines where the GP practice has consent to dispense.

- The Public Health Leadership Forum for Pharmacy will identify a work programme for 2008–10 to accelerate pharmacy’s contribution to health and reducing health inequalities.

- The Government will examine with PSNC and NHS Employers how minor ailments schemes can best be incorporated within the community pharmacy contractual framework.

- The Government will publish a national template later in 2008 to support PCTs’ commissioning of Chlamydia screening from community pharmacies as part of the National Chlamydia Screening Programme.

- Two clinical leaders will be appointed to champion development of pharmaceutical services.

- The Government will commission further qualitative research to develop a better understanding of the particular needs of people with long-term conditions and people most affected by health inequalities.

- SHAs must ensure that there are appropriate arrangements in place to consider applications from organisations that wish to establish consultant pharmacist posts.

- The Government wants to review and strengthen the structure of and data requirements for PCT pharmaceutical needs assessments (PNAs) to ensure they are an effective and robust commissioning tool that supports PCT decisions.

- The Government will, in consultation with NHS Employers and PSNC, direct all PCTs that they have to commission certain services from pharmacy contractors according to the local needs they identify and subject to suitable accreditation requirements and service quality standards.

- The Government will work with PSNC and NHS Employers to devise proposals to ensure that effective arrangements are in place to address unwarranted variations in standards and quality of pharmaceutical service delivery.
bodies on professional standards for appliance contractors.

While hospital pharmacies have long supported the safe care of patients with cancer, oral chemotherapies could be safely dispensed in the community. The Government expects that PCTs should commission safe services to meet the needs of people with cancer who could benefit from receiving oral chemotherapy from their community pharmacy.

Pharmacists can play a vital role in promoting the safe use of medicines, thereby reducing inappropriate hospital admissions and ensuring that integrated care supports patients as they move between hospital and the community. Pharmacists’ expertise should be used to tackle persistent problems relating to adverse effects and poor use of medicines, including the costs associated with unused medicines and their safe disposal. The white paper also proposes closer working between hospital and community pharmacists in local health community clinical pharmacy teams.

**Service development**

The white paper outlines a new vision for world-class pharmaceutical services, and details how services should develop. This includes pharmacies as healthy-living centres which offer patients and the public healthy-lifestyle advice and support on self-care and a range of pressing public health concerns such as smoking, sexual health, diet and nutrition.

The vision includes pharmacies expanding and improving the range of clinical services they offer, particularly to those with minor ailments and long-term conditions, through routine monitoring, vascular risk assessment and support for making the best use of medicines. More support should also be given to people with long-term conditions, with routine check-ups and monitoring, available on a drop-in basis, together with a new service for those who are starting to take regular medicines to treat their condition for the first time.

Supporting all of these developments will be two new clinical leaders, who will be appointed later this year, to champion the development of pharmaceutical services in the community and in hospitals. One will focus on pharmaceutical service delivery in the community and primary care and the other on delivery in hospital pharmacy. They will be responsible for supporting the development of local clinical champions, identifying and spreading best practice across the country.

**Communications**

A communications programme is being planned to help ensure the public are aware of, and can choose, services in community pharmacies. A working group will also promote closer working between GPs and pharmacists, through a shared understanding of how their respective roles can help deliver more effective and personalised care for patients.

**Research and innovation**

Research into pharmaceutical services is relatively new. Research carried out to date has focused on acceptability and uptake of services by the public. Measures have mostly been expressed in terms of inputs and outputs rather than in terms of service quality, outcomes and cost-effectiveness.

The white paper outlines proposals to support research and innovative pharmacy practice. Principal areas of research will be:

- patient and public perceptions and satisfaction
- impact on care and outcomes (including clinical and cost-effectiveness, safety and people’s understanding of their medicines)
- quality of service provision
- value for money
- impact on workload and flow
- pharmacy staff attitudes.

Pharmacy needs to be open to new ways of working, building on good progress in the use of new technologies and systems in hospital pharmacy and on the experience in community pharmacy of the roll-out of EPS and other initiatives.

**The pharmacy profession**

Pharmacists are seen as a “significant untapped resource”, particularly in terms of delivering accessible services. Accordingly, the approach to the regulation of pharmacists must be similar to that for other clinical professions, and the white paper details action to establish a new professional regulator – the General Pharmaceutical Council (GPhC) – which should be fully functional by 2010.

There are also plans to look at adapting the pharmacists’ undergraduate programme to ensure that future pharmacists have the clinical, professional and leadership competencies to deliver services in the future. The Government is working with all relevant parties to ensure there is meaningful clinical context and experience throughout
the undergraduate programme and to see whether this can be maximised by integrating the degree course with the pre-registration training year.

The profession is expected to develop strong professional leadership to support and sustain pharmacy at this time of change, including opportunities now available to pharmacists:

- to become prescribers – there are now over 900 supplementary prescribers and 300 independent prescribers in England
- to develop special interests in defined clinical areas
- to practise as consultant pharmacists.

To support the deployment of pharmacists’ clinical skills, the Government is legislating to promote the better use of the pharmacy workforce – pharmacists, pharmacy technicians and other pharmacy staff.

**Enablers and levers**

A number of proposals for changing the current structure to drive change are put forward, including the Government’s response to the review of NHS pharmaceutical contractual arrangements carried out last year by Anne Galbraith, former chair of the Prescription Pricing Authority.

‘Control of entry’ (see box) was reformed in 2005, but although public access to a pharmacy remains high, the regulatory system is still seen as complex to administer and unfairly driven by the providers.

Service commissioning by PCTs is not seen as being good enough, and PCTs believe they have insufficient influence to commission services or to exercise control over where services are provided to meet the greatest needs. Ms Galbraith’s review, which was commissioned as a means of tackling these problems, found that:

- there is a need to strengthen PCTs’ commissioning roles
- PCTs should undertake a more rigorous assessment of local pharmaceutical needs and should set out the requirements for all potential providers to meet, but be flexible enough to allow PCTs to contract for a minimum service
- PCTs should be able to terminate contractual rights for poorly performing service providers
- there should either be complete devolution of contracting responsibilities to PCTs, or the introduction of the concept of ‘any willing provider’ for the provision of essential services, with more contestability for local enhanced clinical services.

The Government agrees with the first three points but says commissioning development is not yet at a stage that would allow PCTs to have full responsibility for contracting. It wants to refocus commissioning away from dispensing services, although these remain important, to a system that rewards high-quality and innovative pharmaceutical services.

A number of structural changes are needed, in terms of contractual reform to remove poor performers and funding reform to reward quality.

The white paper sets out proposals to reform 100-hour-a-week pharmacies (see box) to stop the NHS being over-committed in funding these. Proposals include introducing a distance restriction on new 100-hour-a-week pharmacies to allow for a better spread of pharmacies, and strengthening the requirements for the services that a potential 100-hour-a-week pharmacy would offer.

The white paper also considers the special position of market entry arrangements for dispensing doctors and appliance contractors.

The Government is planning a formal public consultation on these proposals this summer.

**Pharmacy – control of entry**

Control of entry is the system for determining whether a pharmaceutical contractor can provide NHS pharmaceutical services. Under this system no new contractor can be added to an NHS list unless it is necessary or desirable to secure the adequate provision of pharmaceutical services locally. The four exemptions to this test are:

- pharmacies which open for at least 100 hours per week
- pharmacies in designated out-of-town large shopping centres
- pharmacies in new one-stop primary care centres
- internet-based and wholly mail-order pharmacies.

The issues with 100-hour a week pharmacies are:

- there has been a lack of PCT control over where such pharmacies are located
- there is no match between the better access that such a pharmacy delivers and the need for such an improvement locally
- the clustering of these pharmacies close to each other or around income sources.
NHS Employers’ role

The white paper gives NHS Employers a specific role in leading discussions with pharmaceutical, medical and public representatives on some of the key policy proposals. These focus on:

- medicines use
- professional relationships between hospitals and community pharmacies and between community pharmacy and general practice
- extending the services provided in community pharmacy (including the introduction of minor ailments schemes)
- commissioning issues
- quality and safety
- dispensing doctors.

Confederation viewpoint

The NHS Confederation sees the white paper as an opportunity to include community pharmacy services as an integral part of primary care commissioning. The proposals in the white paper need to be considered in tandem with the development of world-class commissioning and the Next Stage Review primary and community care strategy.

Pharmacies often provide the first point of call for people with healthcare needs, yet the clinical skills of community pharmacists are largely untapped. There is huge potential to contribute to the policy objectives of alleviating health inequalities and promoting self care.

To realise the vision of the white paper, pharmacists and general practitioners will need to develop closer working relationships. PCTs have a key role to play in promoting inter-professional working.

For more information on the issues covered in the Briefing, contact elaine.cohen@nhsconfed.org

Further information


The Primary Care Trust Network

The PCT Network was established as part of the NHS Confederation to provide a distinct voice for PCTs. We work to raise the profile of the issues facing PCTs and to improve the influence of PCT members.

The NHS Confederation is the independent membership body for the full range of organisations that make up the modern NHS. Its ambition is excellence for patients, the public and staff by supporting the leadership of today’s NHS. As the national voice for NHS leadership, it meets the collective needs of the NHS and addresses the distinct needs of all parts of the NHS through its networks and forums. The PCT Network is one of these.

For further details of the PCT Network, visit www.nhsconfed.org/PCTs or email david.stout@nhsconfed.org