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Improving Health and Patient Care Through Community Pharmacy - A Call to Action

1 How can we create a culture where the public in England are aware of and utilise fully the range of services available from their local community pharmacy now and in the future?

Text:
A strength of the community pharmacy network is that it is a widely available source of healthcare support to the public. Although much progress has already been made in this area, we believe there is great benefit for community pharmacies to position themselves as predominantly providers of NHS-linked healthcare provision and that this will help to address prevailing perceptions that pharmacies are simply high-street retail outlets. While there remains the option for community pharmacy to be embedded within larger retailing concerns, it is important that the services provided by community pharmacy retain a distinct identity. Furthermore, there is a need for members of the public to view pharmacy services as part of the wider healthcare provision if they are going to make full use of available provision. Government moves to fund pharmaceutical services as an integrated part of healthcare provision, rather than just for the basic supply of medicines, would help encourage and facilitate this.

Actions to promote and market the full range of services available from community pharmacies will also have the greatest chance of success if they are supported and reinforced by all health professionals. All health professionals need to be aware of the current and planned services provided by local community pharmacists in order to ensure that patients receive appropriate signposts to this provision. It is suggested that embedding this knowledge within undergraduate health profession degrees will ensure there is an understanding of the role of community pharmacy and it is suggested that there is the opportunity to support this through the development of inter-professional education. This is the process whereby two or more health professions learn with, and from, one another. Inter-professional education can help increase awareness of the role of each of the health professions, as well as address any negative perceptions. Inter-professional working should also be a feature of education provision post-qualification, as the majority of staff who will supply community pharmacy services in the next decade would have already graduated.

An example of inter-professional education in pharmacy can be seen by the Leicester School of Pharmacy at De Montfort University, which has received special recognition from the General Pharmaceutical Council. This model includes discreet inter-professional education events throughout the programme in collaboration with University of Leicester’s medical school, as well as a wide range of other professions in the De Montfort University Faculty of Health and Life Sciences, for example nursing, speech and language therapy and social work.

Many of the events are held outside of the University campus in both a hospital and community setting. The 'Leicester model' of inter-professional education has been widely evaluated and reported in peer reviewed publications, having gained an international reputation.

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2 How can the way we commission services from community pharmacy maximise the potential for community pharmacy to support patients to get more from their medicines?

Text:
Government funding for community pharmacy should focus more on the provision of enhanced services, rather than just the supply of medicines. There is a clear need for medicines optimisation within the UK, and pharmacies should be supported to provide the services needed to facilitate this, building on the provision of Medicines Use Reviews and the New Medicines Service. These enhanced services could fall into two categories, those required nationally to deliver national agendas, and those delivered to meet the needs of the local community. Clinical Commissioning Groups may also wish to directly commission individual pharmacists to deliver these specific services within a region, based either in community pharmacies, GP surgeries, where appropriate, or indeed elsewhere. It would seem appropriate that pharmaceutical services are integrated with other healthcare provision both nationally and regionally to best meet the needs of the public.

Pharmacy schools are heavily involved in research which contributes to the progression of the practice of pharmacy. Research in pharmacy can incorporate areas such as pharmaceutical science, including all aspects of drug design, as well as pharmaceutical practice which considers clinical pharmacy and the use of medicines. Research in this area could, for example, consider areas related to professionalism and the workforce, along with the evaluation of community pharmacy services.

Pharmacy schools have a vital role in developing the evidence base on what works in pharmacy services. An effective pharmacy sector will be dependent on effective commissioning which utilises this evidence base. Consequently, it is important that the commissioners of pharmacy services, whether this is NHS England on a national level, or local authorities and clinical commissioning groups on a local level, are encouraged to use and have access to the latest research findings on pharmaceutical practice. Pharmacy schools, working with other healthcare professional groups, can also provide the educational support for service development.

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3 How can we better integrate community pharmacy services into the patient care pathway?

Text:
The pharmacist is often the first point of call for patients and the development of new models of care through pharmacy offers an opportunity to save NHS resources by providing accessible services. The NHS Constitution rightly places an emphasis on integrated care structured around the needs of the patient. It is suggested that there is a real opportunity for community pharmacists to provide accessible medicines management programmes to help support patients achieve

the best possible health outcomes. In order to do this, community pharmacies need to be seen to be fully part of the healthcare infrastructure, rather than give the appearance of being another high-street retail outlet.

While there is an opportunity for pharmacists to further integrate within the patient pathway, this will be dependent on the articulation of a clear and shared vision as to the role of the pharmacist in future and how services should be structured to realise this role. The Royal Pharmaceutical Society's report, Now or Never: Shaping Pharmacy for the Future, reflects that despite the potential of pharmacy, the profession can appear quite insular and does not extend its reach to influence the wider health policy arena. Developing a clear vision is suggested to be one way in which this could be addressed.

Nevertheless for this vision to be enacted, the right conditions to aid integration between community pharmacy services and the patient care pathway are required.

The PhSC has formed a working group which is intended to work to raise awareness of the skills-set gained by MPharm graduates, along with articulating the contribution made to the UK economy by MPharm graduates. It is proposed that this working group will take into account the recommendations developed by Modernising Pharmacy Careers work streams I and II to reflect on the future role of the pharmacist.

Although many changes have been proposed for pre-registration pharmacy education, the majority of the workforce required to deliver this provision will have qualified within the existing education system, and schools of pharmacy and their home universities, located across the UK, are well placed to provide the education and training support needed to progress their patient-facing, inter-professional working and technical skills to provide these developed functions. In establishing the right conditions to promote integration, there is also a need to consider barriers which could inhibit integration.

It is suggested that the integration of community pharmacy with the patient care pathway has been inhibited by pharmacists lacking access to Summary Care Records. The NHS Constitution pledges "to ensure those involved in your care and treatment have access to your health information so they can care for you safely and effectively". Nevertheless, it is suggested that integration between pharmacy and patient care has previously been inhibited by a lack of access to patient records. Consequently, the PhSC would suggest there is an opportunity to consider whether partial access can be granted to patient records to further medicines optimisation and health promotion activities.

It has been previously referenced that the experience of those schools providing independent prescribing for pharmacists courses indicate that a higher proportion of hospital pharmacists access the programme compared to pharmacists working in a community setting, suggesting there is an opportunity to stimulate further demand in this area.

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4 How can the use of a range of technologies increase the safety of dispensing?

Text:
The evolving role of the pharmacist will become increasingly dependent on the effective implementation of technologies. Access to patient records and electronic prescriptions via appropriate and swift workstations will undoubtedly increase patient safety and promote the better integration of pharmacists into NHS provision, and will also inevitably lead to further automation of the dispensing process. Pharmacy education is focused on ensuring that MPharm graduates are ready to operate as pre-registration trainees and as part of this, pharmacy schools provide a central hub to teach the latest technological developments in pharmacy practice.

It will be essential that technological developments remain embedded within undergraduate pharmacy education. Due to the fast pace of these advances, it will become increasingly important for a pharmacists' Continuing Professional development (CPD) activity to also consider technological advances. The General Pharmaceutical Council's guidance on CPD states that there is a need to ensure that CPD is relevant to a registrant's practice and should be reflective of their day-to-day work. Consequently, there is a related need to consider how the skills of a pharmacist in the community can respond to these developments.

When reflecting on the range of developing technologies available, it is also important to consider how community pharmacists can maintain their skills and access training in this area. Schools of pharmacy and their universities may again be able to help in developing such skills post-registration.

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5 It would help our evaluation if you could provide some basic details.

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Are you providing a response as an individual, or on behalf of an organisation?:
Organisation

If you are responding on behalf of an organisation, which organisation is it? :
Pharmacy Schools Council

Professional organisation

If you ticked other please specify which organisation you are responding on behalf: