ALL-PARTY PHARMACY GROUP
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ALL-PARTY PHARMACY GROUP INQUIRY INTO THE FUTURE OF PHARMACY QUESTIONNAIRE

The All-Party Pharmacy Group launched its Inquiry into the Future of Pharmacy on 21 June 2006. The Group welcomes views on issues relevant to the Inquiry from any interested organisations and individuals. The Group’s focus is pharmacy in primary and secondary care in England, though it will be interested to hear views about pharmacy in the other home nations.

This questionnaire is intended to provide a structure for responses, but it is not intended to be an exhaustive set of questions. The Group is interested to hear the views of stakeholders on the issues included below. Wherever possible please give reasons for your answers or views. Respondents may choose to write their own submission without using this structure and may focus on issues relevant to the Group’s Inquiry but not included in this questionnaire. Section 10 provides you with an opportunity to think radically about pharmacists’ role in entirely new health care services. The Group is particularly keen to hear new thinking.

Please ensure that your submission is as succinct as possible. The Group welcomes submissions by Friday 29 September 2006. Views submitted after that date will still be accepted but the Inquiry will have progressed by then and the Group may have already formed its views on some aspects.

Please send your submission by email to louiseappg@luther.co.uk or by post to Dr Howard Stoate MP, Chair All-Party Pharmacy Group, House of Commons, London SW1A 0AA.

Further information about the Inquiry is available on the Group’s website www.appg.org.uk

1. Pharmacy services

1a Do you believe pharmacy services should expand or would you prefer to see a period of consolidation? Please give reasons for your answer.

A period of consolidation for pharmacists, patients and GPs to understand the changes we would envisage a 3 year period

1b What are the priority areas for the development of pharmacy services: public health and well-being, medicine management, long-term management, prescribing, or others (please specify).

Public Health and well-being, managing long term conditions, expansion of medicines management it would be also possible for community pharmacy to provide a vaccination and diagnostic testing service

Contact: Dr Howard Stoate MP
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The Group receives administrative assistance from Luther Pendragon.
1c How can pharmacy help to address the four goals set out in the White Paper, *Our Health, Our Care, Our Say*?

**Achieve Wellness closer to Home**
- Reduce Health inequalities
- Maximise Self Care – help people to help themselves
- Better align social and health care activity
- Build up capacity and competition in primary care

Community pharmacy can help support all of the above by working through the LPC and close working with PCTs as an integral part of the healthcare team through buy-in and commitment from all parties. It is essential to have an accountable director at both SHA and PCT to drive progress.

1d What is your view of how the community pharmacy contract in England should evolve?

*Standardised enhanced services that are transferable between PCTs regarding training for pharmacists to deliver the services. Utilise pharmacy as the first point of contact with the public and develop minor ailments to involve all community pharmacies.*

1e What should the Essential Services list consist of?

*MRUs, Minor ailments, funded from a “global sum.”*

1f Which other services do you believe should be in the Advanced Services list?

*EHC enhanced services, supervised administration of methadone, needle exchange, care home services and smoking cessation.*

1g How can Enhanced Services be developed, and what more can be done to encourage the uptake of Enhanced Services?

*Standardisation across England. Funded and targeted to meet PNA.*

1h Should dispensing medicines remain the principal Essential Service in community pharmacy?

*Yes as it is the main function of community pharmacy – the public will always need to obtain their medicines from an accredited provider near where they work and live.*

1i Should pharmacists be providing more services away from the pharmacy (e.g. to patients at home)?

*No – there should be adequate funding for community pharmacists to provide services on their registered premises.*

1j In hospital pharmacy, is the role of consultant pharmacist likely to become the norm? What other service developments do you wish to see?

*Not able to comment as out of area of expertise*

1k What do you see as the main barriers to progress in the development of pharmacy services, and what are the actions you would take to remove those barriers?

*Funding – To facilitate make a director at PCT and SHA level accountable for driving the pharmacy agenda forward. Sufficient resource at PCT level to initiate involvement – Dedicate resource to community pharmacy at SHA and PCT level. GP opposition – gain buy in from GP who see community pharmacy mainly as a competitor and hence a threat to help eradicate initiate more joint working with both professions.*

1l How many PCTs have commissioned Enhanced Services. Is that number likely to increase this year and next?

*We only know from our own experience in East Sussex, where all 5 PCTs have commissioned enhanced services in 2005-06. We would suggest that this number will either remain static or decrease in the future due to budget deficits and loss of personnel within the new PCTs.*

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1m In community pharmacy, services are provided through contracts between the NHS and pharmacy companies, some of which are independents, some are multiples. Should this remain the case or is there merit in the NHS developing service contracts with individual pharmacists in the community? With PBC we feel it inevitable that service contracts will be developed with individual pharmacists, we feel that in the long term this may not be the best approach.

1n What will be the impact of the introduction of Pharmacists with a Special Interest? Initially very little, however over time their place is likely to sit within GP surgeries and not within community pharmacy.

2. Perceptions of pharmacy

2a Please summarise your perception of pharmacists as health professionals. Community pharmacists are not seen as part of the healthcare team, although have a high profile with patients which has not been capitalised.

2b Is the pharmacy profession seen as an integral part of the team of NHS healthcare professionals? If not, why not? No – they are perceived as shop keepers, this is promulgated by other members of the healthcare team including GPs.

2c In community pharmacy, is the combination of a retail and professional role a positive or negative factor in the way that the profession is perceived? A negative factor see above – money and profit is seen as the main driver and not patient care, which is not the case (how many GPs would have provided the oxygen service in the light of loss of their contract)

2d How do PCTs, GPs and other community health professions regard community pharmacists? What do they see as pharmacists’ area of expertise or strength? Have these perceptions changed since the introduction of the new community pharmacy contract? If they think of community pharmacists at all it as suppliers of medicines, the perception of younger GPs is better as they understand their expertise in medicines. With the introduction of the new contract there has been a mixed response particularly with regards to MURs. Where there is a strong PEC with pharmacy representation and a good PCT this has increased the profile of community pharmacy with more involvement in service provision.

2e In hospital pharmacy, how do Trust managers and other health professions regard pharmacists? How and why has this changed in recent years? Not able to comment as out of area of expertise

2f Whose responsibility is it to enhance perceptions of pharmacy? The DH, pharmacy bodies with particular reference to the RPSGB, Pharmacists and healthcare professionals.

2g What actions could the profession itself take to enhance the way pharmacy is perceived by stakeholders and the public? A PR campaign to encompass all stakeholders to promote the profession and the services provided by pharmacists.

2h Should all community pharmacies providing NHS services display the NHS logo prominently? Yes as they are in contract with their PCT to provide NHS services.

3. Financial arrangements

3a Are the remuneration and reimbursement arrangements under the contract clear and transparent, and do they incentivise pharmacy contractors appropriately? If not, what changes should take place?

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Yes are far as essential and advanced services. However with regards to enhanced services there is no standardisation, funding is variable SLAs are sometimes non existent and there is no guarantee of continuity of service provision.

3b What changes would you wish to see in the financial arrangements for pharmacy, given that overall NHS financial resources are under pressure?
*Standardisation across England and Central funding to ensure equity of service provision to meet local needs as defined by the PNA.*

3c Across pharmacy practice, how has the NHS overspend affected services? Please provide examples where you can.
*The greatest barrier to service development and ensuring a monitored service is provided. – Lack of monitoring of 100 hour contractor opening hours. Lack of purchase of services to meet locally identified needs.*

4. **NHS reforms**

4a How have the structural and organisational changes in the NHS affected pharmacy? What have been the positive effects?
*They have slowed progress with regards to any plans to integrate community pharmacy. It is hoped that some of the poorer performing PCTs with large deficits will have their performance improved. It is also hoped that the calibre of senior managers “Fit for Purpose” will enable better delivery of targets and budgets.*

4b Has the devolution of budgets to local level provided opportunities for service innovation? Would those opportunities be greater if budgets were consolidated regionally or nationally? If so, please explain why.
*No in most cases because of budget deficits. However some more innovative PCTs where LES budgets have been used more enhanced services have been commissioned. Consolidation of budgets would only be of benefit if there was buy in from all stakeholders to purchase services from community pharmacy, otherwise the situation could be worse.*

4c What effect will practice based commissioning have on pharmacy services? How can PBC be used to develop pharmacy services?
*Initially very little, however as PBC becomes embedded community pharmacy will in the main be excluded, except for entrepreneurs and large innovative multiples.*

4d How effectively do PCTs take account of pharmacy’s role and potential contribution to meeting local health needs? Are there any changes that you wish to see?
*This is very variable and down to the calibre of management and pharmacist personnel within each PCT*

4e To what extent does the forthcoming reorganisation of PCTs hinder the development of pharmacy services? What can be done to minimise the hindrance?
*Disruption to present service provision will hinder development. Minimisation could be achieved by appointment of an accountable director for community pharmacy inclusion.*

4f Are there any structural or organisational changes in the NHS that would assist the development of pharmacy services?
*Appointment of an accountable Director for pharmacy involvement at both SHA and PCT level.*

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5. Collaborative working

5a How well do pharmacists collaborate with other health professions in primary and secondary care?

*Not well within primary care as they are almost always left out of the loop as they are not thought as part of the healthcare team.*

5b Have working relationships between community pharmacists and GPs improved since each profession began working under its new contract? If so, how?

*In certain circumstances yes, but generally no. This is all down to communications at a local level between all parties – GPs, pharmacists and the PC.*

5c What steps should be taken to improve the working relationship between community pharmacists and GPs?

*More effort to include pharmacists in joint working and joint communication by the PCT – where this has happened relationships have improved.*

5d Are community pharmacists today undertaking more work that previously was done by GPs?

*No*

5e Are there elements of GPs' role that could and should be carried out by pharmacists?

*Yes with particular reference to minor ailments.*

5f What steps need to be taken to ensure that GPs, nurses and pharmacists provide 'joined up' services without unnecessary duplication?

*Accountability at SHA and PCT level by a director for making this happen*

6. Location and access to community pharmacy services

6a How accessible is community pharmacy for patients and the public?

*Very accessible – On the high street, in rural and deprived communities, in health centres, in out of town shopping centres – removal of control of entry could reduce this accessibility (reference loss of local post offices)*

6b What steps could be taken to improve access to community pharmacy services?

*Review of PNAs with a scheme such as ESPLPS to encourage open where a normal contract would not be viable – PCTs would need resource to enable this to be developed.*

6c Do the exemptions introduced in the Control of Entry regulations in 2005 increase access? Have they created any access problems?

*Yes they do increase access – re 100 hour contracts, however it is too soon to assess their impact on other service providers and the lack of monitoring of their opening hours is a big issue for existing contractors which the PCTs, due to lack of resource, are not addressing.*

6d Should the Department of Health's review of Control of Entry reforms result in any further changes to the regulations? Please give reasons for your answer.

*The only change which should perhaps be considered is the issue of GPs opening 100 hour contracts within their surgeries which will hugely affect existing community pharmacies. It may also be pertinent to look at a distance limit on granting new contracts.*
6e What changes do you want and expect to see regarding the location of community pharmacies? Should there be an increase in the number of health centre pharmacies, walk-in centres containing pharmacists or more internet pharmacy services?

_The more health centre pharmacies that are opened the more it will effect service provision in the community and cut the number of service providers. We do not feel that walk in centres and internet pharmacies will in the short term effect present service provision._

6f Should pharmacists be away from the pharmacy providing services to patients at home, and working with other health professions, or should they be based primarily in the pharmacy?

_They should primarily be based in the pharmacy – the major benefit to the public from community pharmacy is that of an available healthcare professional in the community for long hours. This would be undermined and confuse the public and dilute the benefits accrued from the new pharmacy contract._

6g Are there are any other factors affecting access to pharmacies?

_For the long term future probably not enough pre-registration places which will reduce the number of pharmacists registering_

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7. **Regulatory matters**

7a In the dispensing process, what justification is there for the final check by pharmacists?

*Patient safety*

7b How will the change from personal control to responsible pharmacist help in the development of pharmacy services?

_It will only help the development out side of the pharmacy – however for the future we feel there will be a lack of funding to pursue this activity as PCTs would use other less qualified and less expensive healthcare professionals to deliver a pharmacy related service._

7c How is it possible for a pharmacist to carry out remote supervision without compromising patient safety?

_It is NOT._

7d How should pharmacists be regulated in future? Should regulation and professional representation be entirely separate, as it is in the case of other health professions?

_Yes it should be separate_

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8. **Pharmacy education and development**

8a Are pharmacy degree courses producing pharmacists who can deliver a new range of services?

_Yes – however the pre-registration year is probably not._

8b What changes need to be made in pharmacy degree courses to ensure new pharmacists can meet the requirements of the NHS?

_We are not qualified to comment on this point_

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8c Is the current state of pharmacy practice in primary and secondary care likely to be attractive to today’s pharmacy graduates? If not, what needs to change?
More involvement with the healthcare team and more clinical involvement.

8d What are the professional expectations of today’s pharmacy students?
We are not qualified to comment on this point

8e Is continuing professional development in pharmacy adequate to ensure that pharmacists can take on a broad range of roles and responsibilities? How does CPD need to change?
As pharmacy becomes more specialised, CPD as at present will not meet the needs for broad knowledge across the full spectrum.

9. Information technology

9a What steps need to be taken to ensure pharmacists in primary and secondary care can access/provide information from/to NHS colleagues electronically?
Access to patients’ records and Nhs.net.

9b What steps has NHS Connecting for Health taken to consult the profession on the National Programme for IT? What further measures could be taken?
We are not qualified to comment on this point

9c What are the priority areas for action and whose responsibility are they?
Access to patients’ records and Nhs.net. The responsibility lies with CfH and the DH.

9d How will developments in NHS IT change or improve pharmacy practice to the benefit of patients?
Access to patients’ records will enable seamless patient care and a better service for patients

10. Blue sky thinking

Are there completely new areas of patient care and provision of services in which neither pharmacists nor any other health professionals are engaged, but could be undertaken by pharmacists? If so, are there barriers preventing such developments and what needs to be done to remove those barriers?
A much closer working with Social Care providers lack of communications and lack of thought “out of the box” by NHS leaders.