

Pharmacy in the Future – Implementing the NHS Plan

A programme for pharmacy
in the National Health Service

NHS Core Principles

1. The NHS will provide a universal service for all based on clinical need, not ability to pay
2. The NHS will provide a comprehensive range of services
3. The NHS will shape its services around the needs and preferences of individual patients, their families and their carers
4. The NHS will respond to different needs of different populations
5. The NHS will work continuously to improve quality services and to minimise errors
6. The NHS will support and value its staff
7. Public funds for healthcare will be devoted solely to NHS patients
8. The NHS will work together with others to ensure a seamless service for patients
9. The NHS will help keep people healthy and work to reduce health inequalities
10. The NHS will respect the confidentiality of individual patients and provide open access to information about services, treatment and performance.

Foreword

In his foreword to the NHS Plan, published in July this year, the Prime Minister said that the Plan was an opportunity to prove that the NHS as a universal public service can deliver what people expect in today's world.

Based on ten core principles, the NHS Plan set out a radical and challenging programme of reform, backed up by the largest ever sustained investment in NHS funding. It described how we will

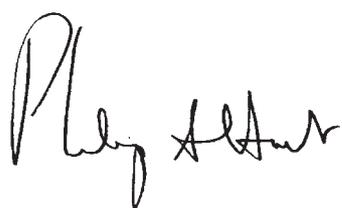
- re-shape care around the patient
- improve quality
- make better use of the skills and dedication of the NHS's staff.

The Plan was based on intensive discussion and consultation with the people who work in the NHS and the people whom it serves. Their priorities are our priorities. They include more, better paid staff and new ways of working. Reduced waiting times and high quality care centred on patients. A truly national service providing better local services. More emphasis on prevention and helping people maintain their own health.

As one of the primary health professions in the NHS, pharmacy has a vital part to play in delivering the plan. Pharmacists are an integral part of most people's experience of NHS care, whether in the community or in hospitals. Indeed, one of the messages to come from the consultation was how much more use the public thought could be made of the skills and expertise of pharmacists.

This document is our vision for the place of pharmacy in the new NHS in England. The programme it sets out draws on what we have been told by patients, on experience of what is good and less good about pharmacy at the moment, and on what we have been told by many pharmacists about the enhanced contribution they can make to the NHS.

I very much look forward to working with the pharmacy profession and others to implement this programme.

A handwritten signature in black ink, appearing to read 'Philip Hunt', written in a cursive style.

Philip Hunt
Lord Hunt of Kings Heath
Parliamentary Under Secretary of State

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Introduction and Summary

A Programme for Pharmacy in a Fast Changing World

- 1.1** We live in a world which is changing faster than ever before. It is one in which science and technology promise great advances for health and health care, not least through developments in pharmaceuticals.
- 1.2** In July the Government published its plan for the new NHS. A plan which, through investment and reform, will deliver a service fit for the new century, whilst remaining true to the core principles of the NHS. A plan which welcomes and rises to the challenges of the changing world in which we live.
- 1.3** Pharmacy, too, will have to rise to those challenges. In this document the Government is setting out its vision of how pharmacy can play a full part in delivering the vision of the new NHS – an NHS which offers people fast and convenient care, available when people require it, tailored to their individual needs and delivered to a consistently high standard.

Meeting the Changing Needs of Patients

- 1.4** The first challenge is to meet the changing needs of patients. For pharmacy this means three things above all:

first, making sure that people can get medicines or pharmaceutical advice easily and, as far as possible, in a way, at a time and at a place of their choosing;

second, more support in using medicines. Extra help for those who need it to get the best out of their medicines – help which will mean fewer people being ill because they are not using their medicines properly, and which will cut the amount of medicine which is simply wasted;

third, giving patients the confidence that they are getting good advice when they consult a pharmacist.

Responding to the Changing Environment

1.5 The second challenge is of particular relevance to community pharmacy and to the need for easy access to medicines and pharmaceutical advice. It is to respond positively to the ever-changing and increasingly competitive retail environment in which community pharmacists will find themselves. There are also, of course, issues more specific to community pharmacy. One such is the review we are undertaking of the NHS's arrangements for securing and paying for generic medicines, following last year's price increases.

1.6 Pharmacy will inevitably have to respond to a world where people will demand a greater variety of ways of accessing services, at times convenient to them. Whilst many will undoubtedly value face to face contact with a pharmacist, others will be looking to services such as NHS Direct or NHS Direct On-line for information about medicines and will want the convenience of electronic ordering and home delivery. Digital technology may mean that even face to face contact will soon often be possible "on line" from home, work or even while walking down the street.

Enhancing Public Confidence in the Profession

1.7 The third challenge is for the pharmacy profession as a whole and is crucial to the ability of the profession to provide patients with more support in using medicines and to the need for patients to be confident in the advice they are getting. Put simply, it is to ensure that public confidence in the profession is maintained and enhanced. This means more than modernising the arrangements for dealing with things that go wrong. It means making sure that professional education and training meets the needs of tomorrow's world. And it means making sure that pharmacists are keeping their skills up to date.

The Programme

1.8 This document sets out the Government's programme for pharmacy, to give patients the right care at the right time, in the right way and of the right quality.

Section 2 is about Better Access to Services – Building on the Strengths of Pharmacy:

- patients will be able to obtain a growing range of medicines over the counter from pharmacies;
- when patients need medicines out of hours, they will get them easily;
- by 2002, wherever people live, NHS Direct will refer them to their local pharmacist if that is the best way of getting them the help they need;
- a substantial number of the 500 new one-stop primary care centres which will be open by 2004 will include a community pharmacy, giving patients access to the services of doctors, nurses, pharmacists and others under one roof;
- by 2004, repeat dispensing will mean that patients will be able to get repeat prescriptions from a pharmacy, without having to contact their surgery each time;
- by 2004, electronic prescribing will reduce the scope for incomplete and illegible prescriptions and open the door to getting prescriptions dispensed by “e-pharmacies”.

1.9 Section 3 is about Helping Patients Get the Best from their Medicines:

- starting with at least £5m in 2001/02 and rising to a minimum of £15m by 2003/04, the Government will invest at least an additional £30m in total over the next three years to secure better use of medicines;
- by 2004, in every part of the country, patients will be getting extra help from pharmacists in using medicines, reducing the amount of illness caused by medicines not being used correctly, and cutting waste;
- there will be an Action Team within the new NHS Modernisation Agency which will create a cadre of people with expertise in developing such medicines management services. This will include a national pilot scheme based exclusively in community pharmacy;
- prescribing and medicines taking will increasingly be seen by patients and professionals alike as a partnership between them. A Joint Task Force will implement a strategy to give patients more of a say in and greater commitment to their treatment.

1.10 Section 4 is about Re-designing Services Around Patients – Getting the Structures Right:

- pilot Local Pharmaceutical Services schemes will demonstrate new ways in which to organise and pay for community pharmacy, to deliver a wider range of services than under the current national contract, enabling local needs to be met more effectively;
- the national contract for community pharmacies will be developed to reward high quality services at the expense of those prepared only to provide the basic minimum;
- the control of entry arrangements for community pharmacy will be changed if they block the development of better services for patients and where they are clearly inappropriate;
- patients will see changes to hospital pharmacy systems as well. Within a new performance management framework, hospital pharmacists will be working to ensure that in-patients' medication is got right early in their stay and that they have the medicines they need as soon as they are ready to be discharged. There will be a Collaborative Programme to spread best practice;
- patients' needs will be better met by some pharmacists being able to prescribe medicines for them directly. For example pharmacists might prescribe anti-coagulation therapy. Others will be supplying medicines under patient group directions, a route which is already giving women new ways to get prompt access to emergency hormonal contraception from pharmacies.

1.11 Section 5 is about Ensuring High Quality Services, Getting the Most from Staff:

- by April 2003, all NHS employers are expected to be accredited for putting the new Improving Working Lives standard into practice, so all pharmacists who work for NHS employers will know that they are valued in deed as well as word;
- NHS hospitals will offer many more pre-registration pharmacy training places. Over 500 are planned in 2001/02 – at least 50% more than ten years ago;
- there will be a debate that leads to better use being made of pharmacy technicians and other support staff, in both community and hospital pharmacy;

- local frameworks for clinical governance will fully include community pharmacy services – and the Government will provide Health Authorities with guidance and additional resources;
- there will be a high standard of professional regulation. The Royal Pharmaceutical Society’s disciplinary procedures will be modernised and pharmacists will have to demonstrate that they are still competent if they wish to remain on the register.

What this Programme Means

1.12 Implementing this programme will bring changes for patients, for pharmacists and for pharmacy services.

1.13 Patients will

- suffer fewer adverse reactions or have to put up with ineffective treatment because of inappropriate management of their medicines and so enjoy better health and less need for admission to hospital,
- have more and better information about their health and minor ailments, which is convenient, accessible and has a guarantee of quality,
- use both over the counter and prescribed medicines better,
- waste less of their time in unnecessary visits to the doctor and in getting their prescriptions dispensed,

and benefit overall from the more efficient use of NHS resources.

1.14 Pharmacists will

- work more flexibly alongside other professionals and support staff,
- spend more time focussing on individual patients’ clinical needs and, in particular, helping them get the most out of their medicines,
- work in a system that promotes life-long learning and their continuing professional development, and that offers patients certainty that services are quality assured,

and pharmacy services will

- be designed around the needs of patients, not organisations,
- be integrated with other services,

- make best use of all staff and their skills,
- take advantage of modern technologies,

and operate within more flexible contractual arrangements which promote and reward high quality, convenient access and good service, while tackling poor quality.

2

Better Access to Services – Building on the Strengths of Pharmacy

- Supporting Self-Care
- One-Stop Primary Care Centres
- Access to Medicines Out of Hours
- Repeat Dispensing – Reducing Waste and Improving Convenience
- Electronic Prescribing – Using Technology to Make Access More Convenient
- E-Pharmacy – A New Choice

2.1 Pharmacists are highly qualified professionals, whose skills the NHS has been under-utilising for too long. In the new NHS, pharmacists will spend more time focussing on the clinical needs of individual patients, helping them stay healthy, deal with minor illnesses, and get the most out of their medicines.

Supporting Self-Care

2.2 Community pharmacists, in particular, are well placed to help people cope with everyday health problems. A key part of the Department of Health's "Choose the Right Remedy" campaign last winter was that in many cases the best course of action is to "Ask Your Pharmacist". This same message will figure prominently again in the Department's new campaign this coming winter.

2.3 To assist pharmacies in offering people as much support as possible in caring for themselves and their families, the Government will continue to encourage makers of medicines to apply for over the counter status for their products when it is safe and appropriate to do so. This will ensure that pharmacies have a growing range of medicines to offer people.

2.4 NHS Direct has opened up a convenient new way in which patients can access NHS services. In future, community pharmacies and NHS Direct will work side by side. By 2002, all NHS Direct sites nationally will be able to refer callers to their local pharmacy where appropriate.

2.5 This will build on the arrangements already operating in Essex, where NHS Direct and local community pharmacies have been collaborating on a pilot scheme under

which NHS Direct nurses refer callers to pharmacies to get further advice and, if appropriate, purchase an over the counter remedy. About 5% of callers are referred to pharmacies.

- 2.6** In addition, pharmacies will be among the places where patients will be able to use NHS Direct Information Points to access information on health and health services.
- 2.7** By demonstrating their accessibility and expertise, community pharmacists will also become increasingly involved in promoting good health in other ways. Changes to legislation have already opened up new ways in which women can access emergency hormonal contraception from pharmacies at the time when it is most effective. There will be further opportunities for pharmacists to become involved in offering counselling and support as part of local specialist smoking cessation services. And as nicotine replacement therapy and the newly available smoking cessation treatment bupropion (Zyban) become available on prescription, a growing number of smokers determined to quit will be having regular contact with their pharmacists.
- 2.8** In addition, pharmacists will continue to play a major role in services for drug misusers. Since 1988, a main priority for the use of the additional funds the Government has been investing in drug misuse services has been the extension of supervised consumption of methadone and other substitute medication. This prevents accidental overdoses and reduces the risk of medicines being diverted to the illicit market.

One-Stop Primary Care Centres

- 2.9** Patients find it convenient to have a community pharmacy very close to their GP's surgery. Co-location of pharmacies and GPs is also one (although by no means the only) way of fostering better co-operation between doctors and pharmacists for the benefit of their shared patients.
- 2.10** By 2004, record investment in NHS facilities will allow for 500 new one-stop primary care centres. This brand new type of centre will be one way in which pharmacists can work alongside GPs, dentists, opticians, health visitors, and social workers under the one roof. The Government expects to see community pharmacies located in a substantial number of these centres.
- 2.11** The priority for investment will be those parts of the country – such as the inner cities – where primary care services are in most need of expansion. Primary care centres will allow patients to benefit from the combined skills of different professionals and from real partnership between the public and private sectors.

Access to Medicines Out of Hours

2.12 While most people find it easy to get medicines during normal shopping hours, this is far less true out of hours. Health authorities will be required to review local arrangements, in partnership with NHS Direct, primary care trusts, local pharmacies and patient representatives, so that:

- there is more easily available and more reliable information for patients on the opening hours of local pharmacies;
- wherever possible, patients who need to start taking common medicines out of hours are able to obtain them at the same time as the consultation;
- arrangements for dispensing other drugs urgently out of hours are well co-ordinated and reliable, and readily accessible by those who need them.

Repeat Dispensing – Reducing Waste and Improving Convenience

2.13 Repeat dispensing allows patients to obtain prescriptions from their GPs which they can then have dispensed in several instalments, rather than having to go back to the surgery each time for a new prescription. When patients collect their instalments, pharmacists have an opportunity to confirm that the prescription still meets their needs, and to answer any questions they may have.

2.14 Evidence from pilots has shown that many patients with chronic conditions find repeat dispensing more convenient. It also reduces waste of medicines. Repeat dispensing schemes will be in place nationwide by 2004, with many people benefiting as early as 2002.

Electronic Prescribing – Using Technology to Make Access More Convenient

2.15 As a result of the NHS Plan, the NHS will have the most up-to-date information technology (IT) systems to deliver services faster and more conveniently to patients.

2.16 By 2004, electronic prescriptions will be routine in the community as well as hospitals. Transfer of prescription data between GPs, pharmacies and the Prescription Pricing Authority will be carried out electronically, using the NHSNet, in the large majority of cases by 2008, or even earlier.

2.17 Electronic prescribing offers exciting possibilities for more convenient services for patients, and for more timely and complete information about prescribing and use

of medicines. Electronic prescriptions will have the same legal force as prescriptions signed in writing. Patients will benefit from easier ordering of repeat prescriptions. Pharmacists will benefit from the new opportunities to use information technology to support their practice. And it will also mean an end to illegible and incomplete prescriptions, which waste everyone's time, as well as being a risk to patient safety.

2.18 As a first stage, the NHS Executive has invited IT companies to come forward with proposals for pilot schemes for the electronic transfer of prescriptions in NHS primary care. Up to three pilots will start in 2001, the first to be up and running no later than June. They will each run for six months and be fully and independently evaluated by the end of 2002. From that, NHS-wide standards will be developed to allow routine electronic transfer of prescriptions.

E-Pharmacy – A New Choice

2.19 Alongside electronic prescribing, there will inevitably be other developments in the way that technology is used to get people their medicines when and where they want them. As technology develops it may, for example, open up ways in which NHS Direct could play a role in arranging for people to get their prescriptions conveniently, alongside its many other services.

2.20 The Government believes the law permits the distance sale and supply of medicines, provided that normal safeguards are met. This means, for example, that sales of Pharmacy only (P) medicines by electronic means are acceptable provided they are made under the supervision of a registered pharmacist and from a registered pharmacy.

2.21 The Government's view is that, if proper safeguards and professional standards are in place, there is no reason in principle why medicines should not be sold or dispensed electronically, or by other forms of distance sale and supply, like mail order or home delivery.

2.22 Already, "e-pharmacy" is offering people new ways of purchasing over the counter medicines and having private prescriptions dispensed. The Government believes that this new choice should also be available to people with NHS prescriptions. It will therefore be reviewing current NHS rules to remove obstacles to pharmacies wanting to offer this kind of service.

2.23 In the short-term, e-pharmacy will allow people to consult their pharmacist electronically to seek advice and make arrangements for the delivery of their prescriptions, but they will still need to supply their prescription form before being sent their medicines. But, in due course, electronic prescribing is likely to mean that often the prescription too will be transferred electronically.

2.24 All pharmacists involved would, of course, be expected to observe the same high standards of professionalism as their colleagues elsewhere. While current legislation and existing professional codes of ethics already offer significant safeguards against the abuse of electronic prescribing and supply of medicines, the Government will work with patient groups and the professions to introduce further controls if they prove to be needed, or if providers of electronic services cannot demonstrate their own quality and security of service.

3

Helping Patients Get the Best from their Medicines

- Medicines Management Services – Targeted Support for Patients
- Spreading Expertise – Medicines Management Action Team
- Patient Partnership in Medicine Taking

3.1 While the NHS has developed good systems to support doctors in making cost-effective prescribing decisions, it is very much less successful at involving patients as partners in those decisions, or in giving them extra assistance if they need it to get the most out of their medicines.

3.2 As a result, there is considerable avoidable ill-health and waste. It is thought that as many as half of all patients with chronic conditions end up using their medicines in a way that is not fully effective. Estimates of the number of hospital admissions that are due to problems with medicines typically range from 6% – 10%. Each year the unused medicines returned to pharmacies are probably worth in excess of £100m – while a survey in 1995 found that 11% of households had at least one medicine on their shelves no longer being used.

Medicines Management Services – Targeted Support for Patients

3.3 The Government will invest additional resources specifically to secure better use of medicines in the NHS. This will start with at least £5m in 2001/02 and rise to at least £15m in 2003/04, making a total investment over three years of a minimum of £30m.

3.4 Leading edge health authorities and primary care trusts have already begun to invest in services like medication review, ongoing support for patients with particular medication needs and other kinds of pharmaceutical care. This kind of investment needs to be replicated across the country.

- 3.5** Not everyone needs such services, and not everyone will benefit. But there are many people receiving less than optimal care because they find their medicines difficult to take or hard to remember, because they don't have anyone to talk to about their medicines, or because they have complicated medication regimes involving several different drugs which are not being reviewed often or well enough.
- 3.6** By 2004, every primary care group and trust across the country will have schemes so that people get more help from pharmacists in using their medicines.

Spreading Expertise – Medicines Management Action Team

- 3.7** The Department of Health will establish an Action Team specifically to promote such medicines management services.
- 3.8** The Action Team will involve leaders from pharmacy and medicine, NHS managers, patients and carers. It will identify a number of health authorities and primary care trusts with the capacity to develop good ideas and offer them extra support to do so. This in turn will create a cadre of people with expertise in setting up medicines management services, who will then pass on that expertise to others.
- 3.9** The Action Team will draw on the success of the Primary Care Development Team in re-shaping primary care services locally. Like that team, it will fall within the work of the NHS Modernisation Agency, a new body which is to be created specifically to help local clinicians and managers redesign local services around the needs and convenience of patients.
- 3.10** Through the Action Team, the Government also wishes to support a national pilot trial of a structured medicines management service based exclusively in community pharmacies. The Pharmaceutical Services Negotiating Committee (PSNC) has already developed a possible model for such a scheme. The Department of Health will be starting discussions with the PSNC very shortly, with a view to a trial starting next year.

Patient Partnership in Medicine Taking

- 3.11** A key theme of the NHS Plan is empowering patients to take an active role in managing their own care. Patients are not passive recipients of prescribing decisions. They have their own beliefs about medicines, how they work and how they are best used. Moreover, medicines taking has to fit within their normal daily lives.
- 3.12** Under the Chairmanship of Professor Marshall Marinker, the Royal Pharmaceutical Society's Concordance Co-ordinating Group has brought together

leaders from the professions, patients and the pharmaceutical industry, and has done a huge amount to define and promote the concept of “concordance”.

- 3.13** This is the idea that prescribing and medicine taking needs to be based on informed agreement between the patient, their doctor and other health professionals. In other words, partnership in medicines taking.
- 3.14** The Government believes this needs to be pursued rigorously. It will therefore be inviting the professions, the pharmaceutical industry and patient groups to join it in a national strategy for integrating partnership in medicines taking into the way that the NHS works at all levels. From the £30 million it plans to invest in making better use of medicines, the Government is ready to contribute at least £1m over the next two years specifically to the work of this joint strategy.
- 3.15** The strategy will ensure that partnership in medicine taking is built into key policy initiatives, like the implementation of National Service Frameworks for the key clinical priorities and the training in communication skills which will form part of the core curriculum for NHS professional staff from 2002. It is already a concept that features in the work of the Expert Patient Programme.
- 3.16** The Department of Health will shortly be appointing a new Chief Pharmaceutical Officer, whose responsibilities will include bringing together a Joint Task Force to lead implementation of the national strategy. The work of the Joint Task Force will complement that of the medicines management Action Team.

4

Re-designing Services Around Patients – Getting the Structures Right

- A New Way of Organising NHS Community Pharmacy – Local Pharmaceutical Services
- Modernising the National Contractual Framework for Community Pharmacy
- Re-engineering Hospital Pharmacy Services
- Extending Prescribing Rights to Make Better Use of Clinical Skills

4.1 As barriers are broken down throughout the NHS, patients can expect to see pharmacists working more flexibly alongside other professionals. With the establishment of primary care groups and primary care trusts, the number of pharmacists working as prescribing advisers has grown ten-fold over the past few years. Already pharmacists working alongside GPs in surgeries are a common sight in some parts of the country. The continued need for high quality prescribing support, and the growth of medicines management described above, is likely to make this even more common.

4.2 Whether they consult them in hospital wards, GP surgeries or community pharmacies, patients should expect to be receiving the best available pharmaceutical care. It is therefore important to have organisational structures and incentives which will promote the highest quality pharmaceutical care.

A New Way of Organising NHS Community Pharmacy – Local Pharmaceutical Services

4.3 Many health authorities have already begun to contract locally for additional services from community pharmacies, above and beyond those required by the national contractual framework. The developments in medicines management described above may well see this happening more frequently.

4.4 When parliamentary time allows, the Government will introduce legislation to allow a new form of agreement between the NHS, pharmacists and pharmacy owners. Local Pharmaceutical Services will be similar to Personal Medical Services and Personal Dental Services. They will allow pharmaceutical services to be

provided under locally tailored arrangements, free from the restrictions of the rigid national remuneration system and terms of service.

- 4.5** Once the legal framework is in place, the Government will invite proposals from health authorities for pilot schemes to test out innovative new ways of contracting for pharmacy services. These schemes will not be limited to dispensing. They will be able to cover other services, including medicines management, health promotion and disease prevention, all within a single agreement. Contracts will focus on the outcomes they want to achieve for the local population and on the quality of the services provided.
- 4.6** Typically, Local Pharmaceutical Services schemes will be collaborations between health authorities, primary care trusts and existing pharmacy contractors. But they may also provide an opportunity to bring in new pharmacy services to meet local needs. Local contracting will also make it possible for the first time for agreements to be made with individual named pharmacists, as well as pharmacy owners.
- 4.7** Patients will see the benefits not just in a wider range of services, but in services which have been designed with their needs in mind. And pharmacies will be rewarded according to how well they meet those needs, not just for doing what every other pharmacy has to do.

Modernising the National Contractual Framework for Community Pharmacy

- 4.8** At the same time, the existing national contractual framework for community pharmacy will be modernised.
- 4.9** A good community pharmacy service is one where the patient comes first. Where medicines are available conveniently when patients want them. Where pharmacists make themselves available to respond to requests for advice and take the initiative in offering help where appropriate. Where patients can discuss personal matters in privacy if they wish, and with the absolute confidence that their pharmacist is equipped with up-to-date expertise and skills.
- 4.10** This is the kind of community pharmacy service that should be available everywhere – in areas of social exclusion as much as areas of affluence. The Government, and many within pharmacy itself, do not believe that current contractual arrangements contain the right obligations and incentives to deliver this service.
- 4.11** The Department of Health will discuss with the Pharmaceutical Services Negotiating Committee changes in the terms of service and the distribution of the Global Sum for community pharmacy to establish minimum standards and

to promote and reward high quality services, not just volume of prescriptions. Pharmacies which provide the best services, should gain at the expense of those who are prepared only to provide the minimum. No pharmacy should have the option of standing still while standards elsewhere are rising.

- 4.12** Among the issues those discussions may address are: the clinical quality of services, as well as their speed and efficiency; the standard of premises and provision of private consultation areas; good record keeping and information for patients; the continuing professional development of pharmacists and other staff employed to provide NHS services; participation in clinical governance.
- 4.13** In addition, the Government will be prepared to change the current “control of entry” rules which limit the award of NHS dispensing rights, where there is evidence that they present an obstacle to providing better services, for example through dedicated out of hours pharmacies or new one-stop primary care centres. Control of entry may be removed entirely in places where the restrictions it imposes on competition between pharmacies clearly cannot be justified. This may be the case in major retail complexes, such as Bluewater or Meadowhall, or similar centres in or out of town.
- 4.14** The revised contractual framework will continue to ensure ready access to community pharmacies throughout the country, including incentives to open in areas which would otherwise not be well served.

Re-engineering Hospital Pharmacy Services

- 4.15** Hospital pharmaceutical services have come a long way over the past twenty years. Whilst remaining the focus for the efficient procurement, distribution and safe and secure handling of medicines around the hospital, clinical pharmacy services have become an established part of hospital healthcare. However, there is still more that can be done to make the most of medicines in hospitals, both today and as the service delivery model for hospital care changes. So hospitals, too, will need to review their systems to make them more efficient, timely and safe, and more patient focused.
- 4.16** In some hospitals, pharmacists work on admission wards to help make sure a patient’s medicines are right early in their stay. Sufficient medicines are supplied at the outset, so that when patients are well enough to go home, their medicines are ready to go too. Where appropriate, the medicines patients bring into hospital are being used, rather than wasted. And self-administration schemes are being introduced, allowing patients to continue to take their medicines as they would at home. Nurses and pharmacists can then check if patients are having problems taking their medicines. Add on better communication between hospitals, GPs

and community pharmacists, which can lessen all too frequent unintended changes in medication after discharge, and the result is a much better way to use medicines.

- 4.17** To achieve these changes requires more input from pharmacy staff, particularly pharmacy technicians. Use of modern automation technology can remove some of the repetitive tasks and even make the process more accurate. It should also free up hospital pharmacists' time to focus on clinical care.
- 4.18** To see that changes are made, NHS Executive Regional Offices will be rolling-out a medicines management performance management framework specifically for hospitals later this year, and the Department of Health will be establishing a Collaborative Programme in order to spread and share best practice.

Extending Prescribing Rights to Make Better Use of Clinical Skills

- 4.19** The NHS Plan makes clear that patient care should not be constrained by rigid demarcations between professions.
- 4.20** In August this year, the Government brought in new legislation to establish patient group directions as an alternative way of authorising the supply of medicines. Normally drawn up by a doctor and counter-signed by a pharmacist, patient group directions permit named health professionals to supply medicines to patients within strict protocols, but without the need for an individual prescription. Various pilot schemes for the supply of emergency hormonal contraception have already demonstrated how patient group directions can open up new ways for pharmacists to be involved in front-line health care.
- 4.21** When parliamentary time allows, the Government intends to introduce new legislation to extend prescribing rights to new groups of professionals, which is likely to include certain groups of pharmacists. This will build upon the success of nurse prescribing and the recommendations of the Review of Prescribing, Administration and Supply of Medicines chaired by Dr June Crown.
- 4.22** Extension will begin with “supplementary prescribing”, under which professionals such as pharmacists will be responsible for the continuing care of patients who have been clinically assessed by an independent prescriber. Subject to the development of supplementary prescribing we will step this up to full “independent” prescribing.
- 4.23** This will open up new opportunities for suitably qualified pharmacists to add a prescribing role to their existing responsibilities, in order to provide a better, and more efficient, service for patients.

- 4.24** This might include, for example, areas like anti-coagulant therapy where the treatment requires careful monitoring and adjustment of doses, or where the treatment is specialist products, like parenteral nutrition.
- 4.25** Other possibilities include allowing hospital pharmacists to prescribe take home medication to help prevent delays for patients being discharged from hospital.

5

Ensuring High Quality Services, Getting the Most from Staff

- Improving Working Lives
- Education and Training
- Making Best Use of the Pharmacy Workforce
- Clinical Governance
- Protecting the Public – Professional Regulation of Pharmacy

5.1 Responses to the major consultation exercise that was undertaken as part of the NHS Plan contained a clear message from patients that they trust, value and admire the dedication, expertise and compassion of NHS staff. At the same time, it is clear that patients expect every effort to be made to ensure that the care they receive is always of the highest quality.

Improving Working Lives

5.2 About 20% of pharmacists working in England are directly employed by NHS trusts or other NHS organisations.

5.3 NHS employers will in future be assessed against an explicit Improving Working Lives standard. By April 2003, all NHS employers are expected to be accredited as putting the standard into action. That will mean that all pharmacists and their support staff employed in the NHS can be sure they belong to an organisation which can prove it values its staff in deed as well as word.

5.4 There are many examples of good practice in pharmacist recruitment and retention. By April 2001 the NHS Executive will work with NHS employers and staff to bring these together in an Improving Working Lives tool-kit, specifically dealing with pharmacists and pharmacy support staff, so that others can gain from those good ideas.

5.5 Hospital pharmacy has been experiencing particular shortages, with the increase in demand for pharmacists coinciding with the move to a four year undergraduate pharmacy degree. That makes it particularly important for NHS employers both to attract and retain new staff, and to invest in their existing staff.

- 5.6** There will be many more pre-registration pharmacy training places in NHS hospitals. Over 500 are planned for 2001/02 – at least 50% more than were available ten years ago. Hospital pharmacists will benefit from steps to modernise NHS pay, to reward clinical as well as managerial progression. The new Leadership Centre for Health, which will be in place by 2001, will offer new opportunities for those pharmacists working in the NHS who are its current and future leaders.

Education and Training

- 5.7** High quality services require expert professional staff, well trained in the skills they need, and up to date in their knowledge.
- 5.8** The NHS Plan announced significant developments in the core curriculum for all professions, including a new emphasis on common training in communications skills and NHS principles and organisation. As the body responsible for setting the standards for undergraduate and pre-registration training, the Government will look to the Royal Pharmaceutical Society of Great Britain (RPSGB) to ensure pharmacy keeps pace with other professions.
- 5.9** The Government will also work with RPSGB to promote life long learning. Its Centre for Pharmacy Postgraduate Education (CPPE) will produce new training materials to meet new health priorities, such as medicines management. CPPE will also be increasing the use of modern delivery methods, such as internet- and CD ROM-based learning, to provide more flexible, interactive support for work-based learning.
- 5.10** Like other professionals, pharmacists who are employed by NHS trusts and other NHS bodies will receive support from their employers for their continuing professional development, and to meet the requirements of clinical governance and registration. Other employers who want to attract and retain pharmacists will have to provide similar support.

Making Best Use of the Pharmacy Workforce

- 5.11** Unprecedented increases in pharmacy student intakes, with 25% more new students in 1999 compared to 1993, point to a significant medium-term growth in the pharmacy workforce. Indeed, predictions suggest a 12% increase in the pharmacy workforce between 1998 and 2003, despite the change to a four year undergraduate degree course.
- 5.12** However, more needs to be done to analyse and predict workforce supply across all sectors. With the Government's support, RPSGB has been actively addressing this, but cannot do it alone. The largest number of pharmacists work in community pharmacies and while many of those are self-employed, a majority work as

employees. If community pharmacy employers want to continue to benefit from a stream of well qualified new recruits, they need to work with RPSGB and the Government to get a good picture of the workforce as a whole.

- 5.13** Given the many new roles for which pharmacists may be in demand, it will also be important to ensure that skill mix within pharmacy is appropriate. Hospital pharmacy has a good track record of making best use of pharmacy technicians and other support staff. Indeed, pharmacy technicians are increasingly taking on more responsible roles. Like other health support workers, pharmacy support staff working for NHS organisations will benefit from new investment in NVQs and Individual Learning Accounts.
- 5.14** The Government believes that the time is right for a more focussed debate on the respective roles and responsibilities of pharmacists and their staff, so that the talent and skills of pharmacy technicians and other support workers are fully utilised in all pharmacy services, not just in hospitals. The Department of Health's new Chief Pharmaceutical Officer will be specifically charged with taking forward this debate.

Clinical Governance

- 5.15** Since this Government took office, it has introduced clinical governance throughout NHS services to deliver quality standards locally.
- 5.16** In hospitals, pharmacists have played an important role in establishing and underpinning clinical governance, not just within the pharmacy itself, but wherever medicines are used in hospitals. The NHS Executive Controls Assurance standard "Safe and Secure Handling of Medicines" issued earlier this year, clearly identified hospital chief pharmacists as responsible for all aspects of the safe and secure handling of medicines throughout the organisation.
- 5.17** However, there is more work to be done to ensure that community pharmacy is fully included in local, multi-disciplinary clinical governance strategies. The NHS Executive will expect all health authorities to demonstrate that local frameworks for clinical governance include both community pharmacy services themselves and the contribution pharmacists can make to the clinical governance of other services.
- 5.18** The Government will back this up with guidance and additional resources. From the investment it plans to make to secure better use of medicines there will be additional funds of up to £2m a year available for health authorities specifically to support the clinical governance in community pharmacy.
- 5.19** The Chief Medical Officer's expert group report "An Organisation with a Memory" stressed the need for the NHS to learn from its mistakes. The NHS

Executive will ensure that serious incidents and near misses involving pharmacists or the use of medicines are reported, as required, within the new mandatory reporting scheme for adverse healthcare events. The new system will complement the existing “yellow card” scheme for reporting suspected adverse drug reactions to the Committee on Safety of Medicines, in which pharmacists are already playing a key role.

- 5.20** The NHS Plan indicated that the NHS Tribunal is to be abolished and replaced with a new system to ensure that health authorities can prevent unsuitable people providing primary care services on behalf of the NHS. This new system will include community pharmacy.

Protecting the Public – Professional Regulation of Pharmacy

- 5.21** Change in the NHS will need to be matched by developments in the profession itself. The Royal Pharmaceutical Society of Great Britain is the body responsible for setting the standards for entry to the pharmacy profession, for ensuring continuing professional competence and for dealing with pharmacists who fall below acceptable standards. Like other regulatory bodies, its procedures require modernisation, and like other bodies it will benefit from involvement in the new UK Council of Health Regulators, which is being created to improve co-ordination across the professions.
- 5.22** As a first step the Government will be working with the Society to implement new procedures to deal with and support pharmacists whose performance is impaired by mental or physical ill-health. These procedures should be in place by the middle of next year.
- 5.23** The Government also intends next year to consult on an Order to amend the legislation which governs the Society’s disciplinary procedures. These changes will improve the speed and efficiency with which the Society can deal with cases, particularly those cases where there is a clear risk to the public. At the same time, the Government will be looking to the Society to improve the transparency of its systems for dealing with complaints from the public and others about the performance and conduct of its members.
- 5.24** The Society has set up a Working Party to review other aspects of its regulatory role. The Government strongly supports the Society’s initiative. It looks forward to receiving proposals which match the best practice in modern professional self-regulation, and which demonstrate proper accountability to the public and to the NHS.

6

Conclusion

- 6.1** In this document the Government has set out its vision of how pharmacy can play a full part in delivering the vision of the new NHS.
- 6.2** That vision, contained in the NHS Plan, is an NHS which offers people fast and convenient care, available when people require it, tailored to their individual needs and delivered to a consistently high standard.
- 6.3** This programme for the future of pharmacy in the NHS is a challenging one. But its implementation will bring major benefits for patients and pharmacists alike, and the Government has every confidence that pharmacy as a whole will rise to the challenge.

This document can be found on the internet at www.doh.gov.uk/medicines.htm

The NHS Plan itself can be found on the internet at www.nhs.uk/nhsplan

Further copies of this document and copies of a Summary of the NHS Plan are available free of charge from:

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