Royal Pharmaceutical Society of Great Britain

Conservative Research Department consultation on public health policy

Response from the Royal Pharmaceutical Society of Great Britain

1. Introduction

The Royal Pharmaceutical Society of Great Britain (RPSGB) is the professional and regulatory body for pharmacy in England, Scotland and Wales. The RPSGB leads, develops and represents the profession in the public interest, and works to advance the practice and science of pharmacy. In addition to its professional leadership role, the Society sets standards for pharmacy education and practice, and holds the statutory register of pharmacists. Pharmacy technicians are currently regulated on a voluntary basis, which is expected to become statutory under anticipated legislation.

In the recent White Paper *Trust, Assurance and Safety - The Regulation of Health Professionals in the 21st Century the Government* announced its intention to establish an independent regulator for pharmacy (a General Pharmaceutical Council), which will take over statutory regulation of pharmacists, pharmacy technicians, and pharmacies in Great Britain. The separation of functions is not immediate, however, and this response reflects the Society's current integrated role in regulation and professional leadership.

In the consultation document *Public Health: Our Priority*, the Conservative Research Department demonstrates a strong commitment to effective and efficient delivery of public health outcomes, such as health promotion, protection and education. The document is not an attempt to redefine what constitutes good public health outcomes, or diminish or exaggerate current public health challenges, and the RPSGB welcomes the opportunity to comment on the proposals from the perspective of pharmacy. We emphasise the increasing importance of pharmacy in the delivery of public health services, and encourage the Party to adopt policies that acknowledge the significant contribution which pharmacists and pharmacy support staff (i.e. pharmacy technicians, medicines counter assistants and dispensing assistants) should make to the health of the nation.

In the course of past decades, pharmacy has come to play an increasingly important role in public health, and community and hospital pharmacies are now a crucial component of the delivery of public health care in the UK. Pharmacy is indeed a core resource in the health economy, and must be at the centre of any public health strategy. We have already come a long way in developing the roles of the pharmacist and pharmacy technician in this area, but expansion of those roles will need to continue to happen, so that current and future challenges are addressed effectively and efficiently. We would therefore urge the Conservative Party to consider ways in which pharmacists could be assigned prominent and strategic roles in the planning and delivery of public health care, and our responses to the proposals for consultation will centre on this point.

In what follows, we briefly outline the main reasons why pharmacy is such a significant player in public health (Section 2), and indicate some of the major milestones in the development of pharmacy in this area over the last few decades (Section 3). We also take the opportunity to outline the nature of extended and future roles in pharmacy practice (Section 4) and the future of pharmacy in public health (Section 5). Finally, we set out a number of recommendations for future strategies in public health (Section 6).

2. Pharmacy and public health

2.1. Pharmacy is a healthcare profession regulated by statute and an important part of the healthcare workforce. Pharmacists are health professionals who, in Britain, undergo a four-year degree course and one year's competency based training before taking the registration examination. Currently in Great Britain, around 22,000 pharmacists work in the community sector providing services from 12,250 pharmacies. Some 6,000 work in hospitals and 3,000 are employed in the pharmaceutical industry, universities and other sectors. A further 3,000 pharmacists work in primary care organisations and general practice to optimise the use of medicines at a population level and to provide face-to-face patient services. Most pharmacy technicians assist the pharmacist and undertake tasks such as labelling, dispensing and manufacturing of medicines under supervision. Senior technicians can specialise in for example quality control of medicines, and technicians also work in education, management, IT, procurement, clinical trials and drug information services. The main route to a qualification as pharmacy technician is a 2-year employer-run training programme, which combines on-the-job training with part-time studying.[1]

2.2. In the course of the last decades, governments have come to realise the significance of the pharmacy workforce in the health economy, and have started to tap into this resource for service delivery in public health and primary care. There are a number of reasons why patient facing pharmacists are well placed to take forward strategies for improved public health:

- **Accessible** – pharmacists are ideally located in the heart of communities and are able to reach those parts of society, which have difficulty accessing GP services, such as the homeless, etc. Pharmacies are often the ONLY health outlet in areas of high health inequality. 79% of people in Great Britain have a pharmacist within 1km of their home. 98% of GPs have a pharmacist within a 1 km radius of their practice.[2]

[1] Royal Pharmaceutical Society of Great Britain (2006) *Hospital Pharmacy in the 21st Century, Pharmacy Briefing*

[2] Office of Fair Trading (2003) *The control of entry regulations and retail pharmacy services in the UK - A report of an OFT market investigation*

- **Proactive** – pharmacists see a broad spectrum of patients and carers and can be proactive in the provision of opportunistic health advice and health promotion e.g. encouraging patients purchasing cough medicines to consider stopping smoking. The pharmacy contract in England and Wales includes promotion of healthy lifestyles as an essential service.
- **Reliable** – Every day, around 2.3m prescriptions are safely and reliably dispensed to patients.[3] Pharmacies have been proactive in introducing new technologies such as automated (robotic) dispensing and electronic prescribing, which have reduced errors, improved safe storage and made pharmacy more effective and reliable
- **Trusted** – Consumer research consistently shows a high regard for and trust of pharmacists as the healthcare professional on the high street with specialised expertise on medicine and medicines management[4]
- **Cost-effective** – Pharmacy in Great Britain is highly efficient and effective. In the last ten years, the sector has seen a 52% growth in workload accommodated by a network of pharmacies that has stayed virtually static in number.[5] This has been achieved by introducing smarter and more efficient ways of working in pharmacies across the country, and developing the skill mix of the pharmacy team.

3. Milestones in the development of public health pharmacy

3.1. Proactive regulation and professional leadership has been crucial for a successful extension and increased flexibility of professional roles in pharmacy.

Pharmacy in a New Age

3.2. Back in 1995, it was the RPSGB that initiated the development in the role of the pharmacist in a large-scale future mapping exercise. This project, known as Pharmacy in a New Age effectively engaged the pharmacy profession in

[3] http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/pharmacies/general-pharmaceutical-services-annual-bulletin-2005-06
[4] Which (2006) Memorandum from Which? to All-Party Pharmacy Group Inquiry: *The Future of Pharmacy* 9 August, 2006,
[5] Numbers of pharmacies in England indeed reduced by 0.5% in the period 1995 - 2005

consultation, deliberation and discussion about the future; it identified five key areas of activity where pharmacists could make the greatest contribution; and mapped out a set of future roles in each:

- **Management of prescribed medicines** - advising and supporting patients; prescribing in a wide range of circumstances
- **Management of long term conditions** - comprehensive support for patients; managing repeat prescribing
- **Management of common ailments** - for pharmacies to be the first port of call for advice on minor and common ailments
- **Promotion and support of healthy lifestyles** - providing integrated NHS support services
- **Advice and support for other healthcare professionals** - providing a key role in healthcare teams

3.3. If these aspirations are compared to governments' strategies for pharmacy in GB, it is clear that everything we envisaged for the profession in 1995 has been achieved – and more: ten years ago we would not have thought that pharmacist prescribing would come to pass by 2007.

Pharmacy 2020

3.4. The Society is now building on the success of Pharmacy in a New Age in a new work programme – known as *Pharmacy 2020*. This work involves extensive consultation with the profession in order to identify a vision of what the profession wants pharmacy to look like in fifteen years' time. As part of this work, the Society is developing a Practice framework in order to describe the components of good pharmacy practice. The framework will define what members of the pharmacy team do and what they therefore need to know, what skills they must acquire and how they need to behave. It will involve a definition of the key roles which pharmacist and members of the pharmacy team perform; broad functions that enable pharmacists and members of the team to fulfil each role; daily activities that contribute to each function; and specifications of the knowledge, skills and attitudes pharmacists and pharmacy team members need.

3.5. Evolving and expanding professional roles also mean that pharmacists and pharmacy technicians must meet extended professional requirements and expectations. Pharmacists and pharmacy technicians work in a range of different settings and their roles, responsibilities and ways of working are constantly evolving. In this changing environment, pharmacists and pharmacy technicians need to be able to use their professional judgement and be accountable for the decisions they make; the Society, as the statutory regulator, must continue to ensure that pharmacy practice is safe and fit for purpose. For this reason, the RPSGB has recently conducted a fundamental review of the codes of ethics for pharmacists and pharmacy technicians, which all pharmacists and technicians are required to follow. The revisions were based on extensive consultation with members of the profession, in order to ensure that regulation is driven from the bottom-up, and not just handed down from above. The work, which marks a shift from a 'rule-based' to a 'principle-based' approach, is now complete and the new Code will be launched later this year

4. Extended and future roles in practice

4.1. *Specific initiatives*

Working closely with the pharmacy profession, the Department of Health launched *Choosing Health through Pharmacy*, a strategy for pharmacy and public health in 2005.[6] The strategy identified a wider role for pharmacists and their staff and a number of areas in which pharmacy could make a significant contribution to public health. The strategy introduced ambitions for, for example, dedicated space in community pharmacies for one-to-one consultations, identification of people with risk factors, closer working arrangements between community pharmacists and other public health providers (such as local authorities, PCTs and voluntary organisations), a specific focus on long-term conditions, and better IT systems. Pharmacists are ideally placed to offer timely and non-judgmental advice on ways to help men adjust their lifestyles so that they can be healthier and more active despite a specific long-term condition. Since then, pharmacy has made significant progress in a number of public health areas:

[6] Department of Health (2005) *Choosing Health through Pharmacy – A programme for pharmaceutical public health 2005-2015*

4.2. **Obesity** Since 2006, Primary Care Trusts have been able to commission community pharmacies to offer weight reduction programmes, with signposting to other services and the potential to refer to personal health trainers. Pharmacies are also able to refer people directly on to Exercise on Prescription schemes, rather than indirectly through GPs[6]. in England, a service specification for this is currently being developed by the Pharmaceutical Services Negotiating Committee (PSNC) and the Department of Health

4.3. **Sexual health/pregnancy** Research has shown that pharmacists now play a crucial role in helping to prevent unwanted pregnancies by providing their patients with fast and convenient access to Emergency Hormone Contraception, which increases this medicine's effectiveness by as much as 10 per cent. The number of women obtaining EHC from a pharmacy increased from 27 per cent in 2003–04 to 50 per cent in 2004–05. The statistics mean that pharmacists have become the most popular source of this form of contraception since the Government's decision in January 2001 to allow EHC to be available without a prescription from community pharmacists[7]. Pharmacists are also ideally placed at the frontline of healthcare to provide further expert health and advice about practicing safe sex as well as preventing unwanted pregnancies and linking into existing local networks for family planning services.[8] Pharmacists are also providing chlamydia screening services.

4.4. **Substance misuse** Many pharmacists are involved in needle exchanges schemes which enable substance misuers to inject in a safe a manner as possible. There are also a large number of pharmacists involved in supervised administration of methadone schemes which prevent controlled drugs from reaching the illicit market. These services are important, not just for the individual misusers but also as a means of crime reduction since it allows substance misusers to be successfully managed in the community. Pharmacists are a source of information and advice on a number of issues, to substance misusers[9].

[7] Office of National Statistics http://www.ic.nhs.uk/pubs/contraceng2005
[8] Lewington, G., Marshall, K. (2006), Access to emergency hormonal contraception from community pharmacies and family planning clinics, British Journal of Clinical Pharmacology 61 (5), 605–608.
[9] Exchanging views of needle exchange Pharmaceutical Journal Vol 277 No 7413 p185-186

4.5. **Smoking** All commercially available forms of nicotine replacement therapy (NRT) are equally effective in promoting smoking cessation, increasing quit rates 1.5- to 2-fold regardless of setting.[10] And smoking cessation is a particularly appropriate role for the community pharmacist because NRT in most formulations is available without prescription in the UK. The community pharmacist is unique among health care professionals in having regular interactions with large numbers of patients[11] AND members of the public and this provides an excellent opportunity for pharmacists to contribute to health promotion and disease prevention. The draft NICE guidance on Smoking Cessation Services states that pharmacy-delivered interventions have the potential to reach and treat large numbers of smokers – especially those from disadvantaged areas. [12]Success rates in community pharmacy have been very good, and demonstrate that community pharmacists are as effective as both doctors and nurses in achieving quit rates.[13]

4.6. **Self Care** The RPSGB's self care strategy, which was published early in 2006, sets out the potential for pharmacists in all sectors of primary care to make a meaningful contribution to supporting patients with self care.[14] It outlines opportunities for pharmacy to develop self care support in five key areas: staying fit and healthy; taking action to prevent illness; achieving better use of medicines; managing minor ailments; improving care of long term conditions. An important contribution to the success of self care advice and services through the pharmacy comes from the increase in the range of products which no longer requires a prescription (prescription only medicines) and can be obtained from the pharmacist (pharmacy medicines). Products reclassification means that pharmacists can offer fast and convenient access to effective self care options for those who may need it. The consultation provides an opportunity to discuss other risk factors / promote healthier lifestyles / provide brief interventions / signpost etc.

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[10] Silagy C, Lancaster T, Stead L, Mant D, Fowler G. Nicotine replacement therapy for smoking cessation. In: *The Cochrane Database of Systematic Reviews*, 3, 2004.
[11] Health Education Authority (1994) *Health promotion and the community pharmacist*
[12] NICE Smoking Cessation Draft Guidance http://guidance.nice.org.uk/download.aspx?o=429278 Accessed 14.6.07
[13] Preparing for no-smoking legislation, *Pharmaceutical Journal*, (2007) 278, 7442 p275-276
[14] Royal Pharmaceutical Society of Great Britain (2006) The Self Care Challenge. A strategy for pharmacists in England

4.7. **Long-term conditions;** The better management of long-term conditions is one of the key elements of the modernisation of healthcare. Such conditions affect large numbers of people, whose quality of life can be substantially improved if they are helped to manage their conditions appropriately. There has been an over-reliance on secondary care to support the health needs of this group – which is convenient for patients, and an inefficient use of NHS resources. The RPSGB has recently conducted a large-scale research project, which brings together, for the first time, evidence from published studies and evaluated practice in the UK and internationally on the contribution of community pharmacists in the management of long-term conditions. The research shows convincing evidence of the significant impact that pharmacy has in the care of people with asthma, diabetes and coronary heart disease.[15] Following on from the publication of the research, the Society and the Department of Health have established a task force to develop the role of the pharmacist in this highly important area. We are seeing POM to P switches for long term conditions (eg Simvastatin – a cholesterol-lowering agent)

4.8. **Medication safety** Research has shown that about 6.5% of admissions to hospital are related to an adverse drug reaction (ADR) and an estimated cost of £466 million per year.[16] Most of these are avoidable reactions. Pharmacists have the skills and knowledge to be able to detect ADRs[17] but they do not have access to sufficient patient information to be able to systematically use their knowledge and skills. The sharing of appropriate information about the patient and the targeting of pharmacists' skills could significantly reduce the impact of ADRs on hospital admissions and reduce associated morbidity (see section 5.7).

[15] Royal Pharmaceutical Society of Great Britain (2006) Long-term Conditions: Integrating Community Pharmacy

[16] Pirmohamed M et al (2004) Adverse drug reactions as cause of admission to hospital: prospective analysis of 18,820 patients. *British Medical Journal*;329:15-19

[17] Paulino EI et al. (2004) Drug related problems identified by European community pharmacists in patients discharged from hospital. Pharm World Sci. 2;26(6):353-60.

4.9. **What else can pharmacy do?** All these initiatives illustrate how pharmacy has developed into a core component of current and future healthcare provision. The examples also show that in areas where the pharmacy team has knowledge and expertise, they can make a real and significant contribution to the lives of patients and members of the public. In some areas, however, the potential contribution of pharmacy is only just emerging (see below). It is important that the pharmacy profession and government work together to let this potential come to fruition, to the benefit of everyone.

- **Health protection – Resistance, immunisation**
  Pharmacy has, for example, played a key role in reducing the risk of hospital acquired infection such as MRSA. Community pharmacists have also been involved in influenza vaccine administration and would play a key role in the event of a pandemic influenza outbreak.
- **Mental health**
  Pharmacists have used, for example, medication usage reviews to identify patients with problems taking their medicines and offer support, and there is great potential for developing this role further. Poor compliance with medicines is a preventable cause of treatment failure in patients with mental health.
- **Point of care testing**
  Patients are now able to have a range of tests performed in community pharmacies such as cholesterol levels, blood pressure, diabetes, etc.

Pharmacist prescribing

4.10. Another important area into which pharmacists are now extending their competence is prescribing. Since 2005, pharmacists who have successfully completed an approved training course have been able to act as supplementary prescribers. Supplementary prescribing is a partnership between a medical practitioner (*independent prescriber*) who establishes the diagnosis and initiates treatment, a pharmacist (*supplementary prescriber*) who monitors the patient and prescribes further supplies of medication, and the patient who agrees to the supplementary prescribing arrangement. Supplementary prescribing can cover any clinical condition and include any of the medicines in the *British National Formulary* except controlled drugs and unlicensed medicines

4.11. In May 2006, the Government went further and passed new regulations, which enabled pharmacists to train as independent prescribers, and hence extend the degree of autonomy and clinical responsibility exercised in their prescribing practice. This is a tremendous achievement for the pharmacy profession: so far, the UK is the only country in the world where pharmacists can legally prescribe.

4.12. Pharmacist independent prescribers tend to focus on particular groups of patients; some have a role in prescribing for patients who present with common ailments or a defined range of self-limiting conditions, whereas others specialise in the management of patients with identified clinical conditions Such as diabetes, asthma, etc. As independent prescribers they are able to work as autonomous practitioners making prescribing decisions based on their assessment of the patient's condition and their judgement of the most appropriate medication regime and are able to use their expertise on medicines to prescribe the most appropriate medicine. Similarly, the development of Pharmacists with a Special Interest, which mirrors the GP with a Special Interest, enables patients to access specialist advice about their condition.

New contract for community pharmacy

4.13. The new contract for community pharmacy in England and Wales heralded a significant change in the way in which community pharmacy is paid for and enhanced the range of services that patients can expect to receive from their community pharmacist.[18]

4.14. The new pharmacy contract – i.e. the contract that specifies the services that community pharmacists deliver to the NHS – now incentivises a more clinically-focussed role. More clinically-focussed services are now provided by pharmacists, and all accredited pharmacists can undertake Medicines Use Reviews and prescription interventions. Medicines Use Review involves a consultation with the pharmacist with the aim of increasing the patient's understanding of their medicines, and improving compliance.

[18] Department of Health (2005) New Community Pharmacy Contractual Framework

Pharmacists in strategic roles (PCTs/STAs)

4.15. In Wales, community pharmacists have had reserved places on Local Health Groups and later on LHBs since their inception. They have clearly demonstrated the value of their involvement and there are now two LHBs that are chaired by pharmacists. In Scotland, community pharmacists are designated members of Community Health Partnerships. However, given the way that PCTs were set up it has unfortunately been hard for community pharmacists to demonstrate their value at a strategic level, although a number of PECs had pharmacy involvement

5. The future for pharmacy in public health

5.1. Although pharmacists have assumed greater prominenence at the forefront of public health delivery than previously , in reality, there is still much to achieve and a number of challenges remain – here are just a few examples:

5.2. **Workload** One reason for the relatively slow uptake of some aspects of the new pharmacy role could be that the workload in pharmacy is steadily increasing. The recently published figures for the volume of prescriptions dispensed in England shows an increase in the number of items dispensed from 686 million in 2004 to 720 million in 2005. Over a ten-year period, the number of items dispensed has increased by over 50%. The workload for dispensing is likely to continue to increase at the same rate and some pharmacists will find it difficult to find the extra time needed to develop their practice to the benefit of society. Pharmacists are looking at how they can make better use of technology and support staff to enable them to free up time to undertake more clinical work.

5.3. **Level playing field** Pharmacists do not operate on a level playing field with general practitioners. GPs are guaranteed payment under their NHS contract for a wide range of activities, for instance to monitor and treat patients with long-term medical conditions. Pharmacists could be providing many of those services – particularly for patients with complex conditions on multiple medications. We know from our own research that pharmacists are more likely to succeed in this area if they ensure that their activities are integrated with the rest of primary care services, and if they focus where they can add most value – by targeting patients whose condition is less well controlled or likely to become uncontrolled. But at the moment, pharmacist services for long-term conditions are entirely at the discretion of local health

service commissioners (Primary Care Trusts). And the current priority for the NHS is to achieve financial balance following some major and unplanned deficits: in that climate, 'enhanced' pharmacist services are seen as non-essential and are not being commissioned; and existing ones are being cut.

5.4. **Commissioning** We have noted considerable variation between PCTs in what and how many services are commissioned from community pharmacy. The table below illustrates the variation using the most commonly commissioned enhanced services from community pharmacy.

Enhanced Service	Percentage of PCTs commissioning in 2003	Percentage of PCTs commissioning in 2004
Minor ailment scheme	15.08%	35.57%
Nicotine replacement therapy	25.13%	31.89%
Prescription intervention	28.79%	33.16%
Emergency contraception	47.52%	62.63%
Smoking cessation advice	51.50%	56.99%
Supervised consumption of methadone	73.23%	83.33%
Needle and syringe exchange	83.59%	80.95%

(Source: Webstar Health / Keele University Survey of PCT Community Pharmacy Development 2003 and 2004. 2003 n=203, 2004 n=195)

5.5. **Practice-based commissioning** Another challenge is that general practitioner doctors are being incentivised to play a key role in commissioning local health services (practice-based commissioning). Yet they are also allowed to provide services. There is obvious potential for a conflict of interest there: why would doctors commission pharmacists to carry out services when they can keep the income within their own practice by using their own staff – practice nurses and healthcare assistants? We have major concerns about this development and are continuing to lobby the government about it. Patients should be able to benefit from the full range of expertise available in primary care including that of pharmacists. General Practitioners need to work collaboratively with their health and social care colleagues in order to make PBC a success.

5.6. **Integrated ways of working** The new primary care contracts have driven through a significant change in the focus of the work of both GPs and community pharmacists. To realise the potential of community pharmacy and for community pharmacy to make a greater contribution to the delivery of

public health will require a fundamental change in the way in which community pharmacy and general practice work together. However GP, pharmacy and NHS stakeholders have all observed that the new contracts do not offer incentives for the two professions to integrate their ways of working in a way which would realise the full potential of practice in both sectors. Without active monitoring and practical encouragement for further integration, the aspirations for pharmacy cannot be met. It is important that the primary care contracts for both GPs and community pharmacies are reviewed in order to encourage collaboration between the two professions.

5.7. **Access to records**

The development of many of the innovative services envisioned for community pharmacy are dependent on the ability of the pharmacist to access clinical information about the patient. The national IT programmes in England, Scotland and Wales will be key enablers for the further development of community pharmacy services. It will be crucial for the pharmacist to be able to access the patient record in the pharmacy, if patients are to benefit from these services in the community.

5.8. **Centralisation** The coming together of GP practices in England and Wales into large primary care centres raises the prospect that community pharmacies that are located away from these centres would lose the majority of their prescription business and hence become unviable. The combination of the centralisation of general practice and loss of community pharmacies would leave large areas devoid of local healthcare support. The effects of the loss of local pharmacies in a community were highlighted in the New Economics Foundation report.[19;20] These effects included the closure of many secondary parades and subsequent degeneration of the area.

[19] New Economics Foundation (2003) Ghost Town Britain II
[20] Francis S, Smith F, Gray N et al. (2002) The roles of informal carers in the management of medication for older care-recipients Int J Pharm Pract

6. Recommendations

6.1. In conclusion, pharmacy is making an important contribution to the public health of the nation and has the potential to achieve much more in the future. It must be ensured, however, that the development towards an extended and expanded role for the pharmacist and the wider pharmacy team does not lose momentum. The RPSGB would recommend that:

- Strategies for public health should acknowledge the important clinical role of the pharmacist and the pharmacy team in delivering public health services in the UK.
- Strategies should be developed for further extending the role and competency of pharmacy in public health – these strategies should identify all the resources required for pharmacists to take up new and expanded roles.
- Government should seek to identify ways of increasing the involvement of pharmacists at a strategic level in public health. This would enable services to be delivered effectively and efficiently.
- Pharmacy should have a direct input into commissioning at a local level.

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