Community pharmacy’s changing role

Evolving as a “healthy-living” pharmacy and the commissioning of clinical services was the focus of a recent meeting, Nicola Cree reports.

Over the past 20 years, the potential of pharmacy has been talked about a lot but has never really been met, said Marc Davies, director of primary care, South-West Essex NHS.

Community pharmacy is often on the periphery of primary care trusts’ agendas, and PCTs do not universally appreciate the value pharmacies can add. Patients have a huge amount of trust and confidence in community pharmacists, and patients would rather access services through pharmacies, he added.

Benefits

“How many of your PCTs actually know the benefits you can offer your local health economy,” Mr Davies asked delegates. Pharmacists need to be smarter at working with PCTs to get them to understand their full potential, he added. Targeting individuals through local pharmaceutical committees can help this, he said, and the non-executive director is often a useful ally.

Community pharmacists should remember that the PCT is a customer, he said, and pharmacies should align their business to meet the needs of the PCT. If PCTs do not fund community pharmacies adequately, it gives pharmacy no confidence to make long-term investments, he said. The targets of the pharmacy White Paper would not be met if funding is drip-fed into community pharmacy, he added.

“Pharmacy has a really important part to play at putting quality at the heart of the NHS,” added Gul Root, principal pharmacist at the Department of Health. “We want pharmacists to provide an extended range of services, shifting the emphasis away from dispensing and volume and providing clinical services . . . improving health outcomes for people,” she added.

Pharmacy staff should have an important role to play in health improvement services, and many are better placed to engage with members of the public, since they are often from the local community, and will be able to help them change their lifestyle, “possibly more so than pharmacists”, she said. Pharmacists should be providing a greater range of services that fit the needs of the local community, she added.

Pharmacy premises should look as if they are “healthy-living pharmacies” that the public value as an expert health resource close to home, she said. Pharmacies should be the first port of call for minor ailments and provide support for those with long-term conditions, particularly those starting new treatments. Pharmacists should be giving two to three minutes of “opportunistic lifestyle advice” to patients presenting prescriptions for heart disease, diabetes and other conditions, she said.

Some services need to be treated with caution, she warned. A one-off blood glucose test that is not integrated with the PCT can create problems, since the initial counselling the first time some one experiences a high blood glucose test can affect how their diabetes is managed long-term.

Clinicians in their own right

With the reclassification of more medicines from POM to P, pharmacists need to become “clinicians in their own right” and, with some potential reclassifications currently being considered by the Government, may need to ask a lot more questions before handing out a medicine, she warned. “We want [pharmacists] to become front-line clinicians at the centre of the NHS providing high quality patient-centred services.”

Mark James, managing director, AAH, added that pharmacists should recognise now the changes that are upon pharmacy because “it is much better to be working on the inside then shouting from the outside . . . . The earlier you start to recognise change the more prepared you will be,” he said.