
	Research SUMMARY 	Authors RICHARD LEWIS CLARE JENKINS	Key Topics NHS PLAN PCTs WORKFORCE	Date NOVEMBER 2002
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DEVELOPING COMMUNITY PHARMACY

What pharmacists think is needed

THE GOVERNMENT'S AGENDA

Pharmacy in the Future sets out a challenging agenda for community pharmacy services to meet by 2004, which includes the following:

- supporting self-care (for example, advice and support on stopping smoking)
- dispensing repeat prescriptions without the need to contact a GP
- dispensing electronic prescriptions and offering e-consultations
- prescribing by pharmacists
- increasing pharmacist-led reviews of medications for patients with chronic diseases ('medicines management')
- increasing the sale of 'over the counter' medicines
- establishing Local Pharmaceutical Services (LPS) schemes to meet local needs
- supporting clinical governance and new disciplinary procedures
- more flexible working between pharmacists and other professionals/support staff.

Adapted from Department of Health (2000).
Pharmacy in the Future – Implementing the NHS Plan: a programme for pharmacy in the National Health Service.

To the public, community pharmacy is perhaps the most accessible face of the NHS. Every day, six million people across the UK visit a pharmacy and can receive medicines and advice from a highly trained health professional. In the political arena, community pharmacists face a challenging development agenda, laid out in 2000 in the Government's NHS Plan.

This research summary, based on a King's Fund survey of 178 pharmacists in North East London, examines the level of services they provide, their views on Government targets – and the support they need to achieve these – along with the changes they expect to see in their own pharmacies. Pharmacists already provide a wide range of services far beyond those they are paid for and that are in their contract. The pharmacists surveyed were keen, and in many cases felt able, to take on the challenges laid down for them by the Government. But they also spoke of low morale and long working hours.

Primary care trusts (PCTs) are now responsible for community pharmacy services. At a time when radical change in the way in which pharmacy services are organised and delivered is likely and necessary, PCTs need to be actively involved in shaping and delivering services to guarantee a comprehensive, equitable service for the whole population.

Pharmacists have a lot of potential and are well placed to deliver high-quality patient care. They have been, and always will be, valuable health care professionals. But they have lacked recognition and over many years have been paid inadequately.

Pharmacy owner, single pharmacy

NATIONAL AND LOCAL CONTRACTS

- Community pharmacy services are commissioned through a national contract negotiated between the Department of Health and representatives of the profession. The current national contract focuses primarily on the dispensing of medicines, although a new, broader contract is promised.
- In October 2002 PCTs took responsibility for managing all contracts with community pharmacists.
- In 2002, some PCTs have established new Local Pharmaceutical Services (LPS) schemes as an alternative to the national contract, to test local contracting of services. These schemes offer PCTs the opportunity to commission a wider range of pharmaceutical services, based on local need.

At the heart of community pharmacy is the safe dispensing of medicines. But this valuable role is only a part of what pharmacists are trained to do. Other roles, such as giving advice on minor ailments, actively managing the medicines of people with chronic disease, and advising other health care professionals, are all ways pharmacists can contribute to primary care.

Every year, 90% of the population see a pharmacist (more than will see a GP).¹ Community pharmacy services also play an important role in the modernisation agenda for primary care. In *Pharmacy in the Future*, the Government has set out a substantive agenda for change, which includes increasing the range of services that pharmacies offer.

Despite its increasing profile, community pharmacy faces uncertainty because of organisational change. The 'traditional' model of the pharmacist-owned community pharmacy is becoming scarcer. Around half of pharmacies are now owned by large organisations ('multiples').² The number of pharmacy outlets in out-of-town supermarkets has also risen, leaving the high street pharmacist feeling under threat. Pharmacies have had to deal with other changes: the Office for Fair Trading has abolished 'resale price maintenance' on popular remedies, which increases price competition, and may remove existing controls on establishing new pharmacies.

In October 2002, primary care trusts (PCTs) took responsibility for managing the national contract for pharmaceutical services. PCTs have also had the opportunity to establish new Local Pharmaceutical Services (LPS) schemes, which develop local contracts with pharmacies.

This survey offers recommendations to PCTs as they take on their new responsibilities, and suggests that significant investment in community pharmacy services is needed if they are to be safely and effectively delivered. The NHS needs to work with community pharmacies and other health care professionals to deliver appropriately trained and qualified staff, working in suitable premises with up-to-date information technology.

Background

Method. The research (conducted from March–June 2002) surveyed all 'pharmacists in charge of the dispensary' in three health authority areas in what is now North East London Strategic Health Authority. A semi-structured questionnaire was sent out and 178 (50.1%) pharmacists responded.

Working environment. Thirty-four per cent of respondents worked in a pharmacy that was part of a chain of five or more pharmacies (a 'multiple'). In England and Wales, 48% of pharmacies with NHS contracts are multiples; therefore our sample over-represents smaller pharmacies ('independents').

Gender. Our sample was 70% male and 30% female. On the national register, 53% of community pharmacists are male and 47% female; therefore our

*The profession has been overlooked.
Why are we not prescribing? Why are we
second citizens in the NHS?*

Pharmacist, non-owner, multiple

sample over-represents men (we surveyed pharmacists in charge, and career promotion and/or business ownership may be skewed by gender).

Findings

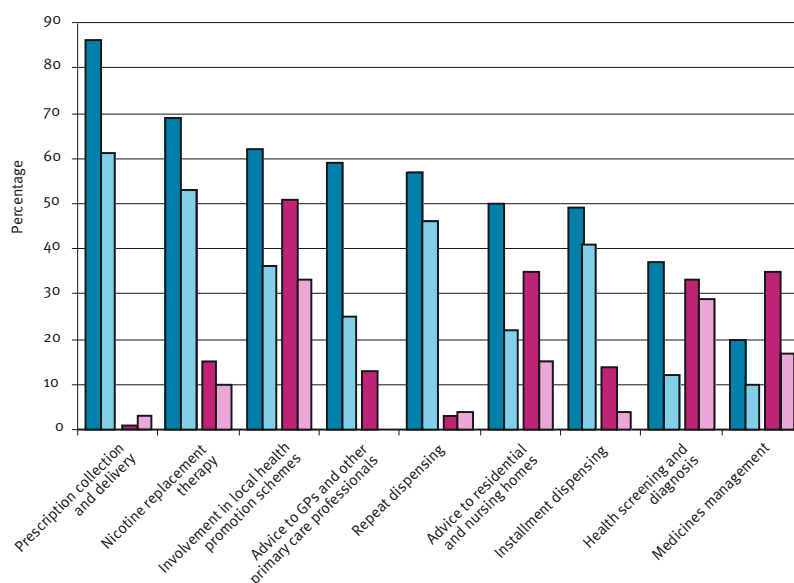
Services

Variation in service provision and access. The pharmacists surveyed were providing a far greater range of services than those required under the national pharmacy contract (see Box 1). Independents and small chains were more likely than multiples to provide additional services, such as nicotine replacement therapy, health promotion schemes, advice to residential/nursing homes and GPs, health screening and diagnostic testing, and prescription collection and delivery. But there was wide variation in provision of these services across pharmacies, which suggests that access for patients may also be variable and will depend on location.

1 EXAMPLES OF SERVICES PROVIDED BY COMMUNITY PHARMACISTS

KEY

- Independents providing service (% of 117)
- Multiples providing service (% of 59)
- Independents providing service who were paid separately (% of 117)
- Multiples providing service who were paid separately (% of 59)



Uncommissioned service provision. Many pharmacists were providing these additional services independently of their health authority or PCT and, in most cases, without being paid by them. Therefore, the range of services is likely to have developed according to the professional or business interests of the pharmacy concerned, not necessarily through an assessment of need.

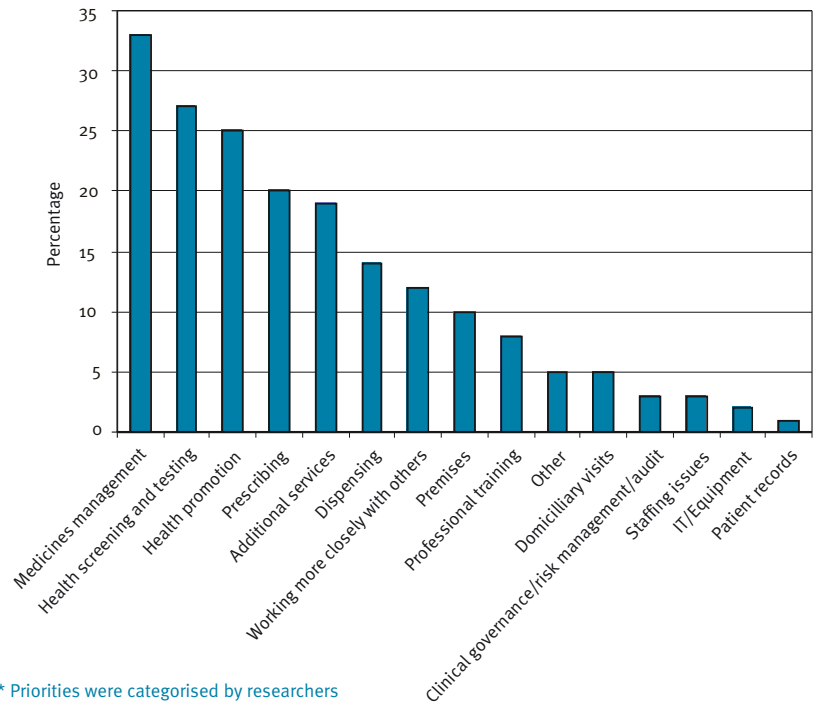
Future service development. Seventy-eight per cent of respondents identified one or more priority areas for future service development, with the review and management of patients' medications, health screening and diagnostic testing, and health promotion being the most popular (see Box 2). Independent pharmacies were more likely than multiples to prioritise the development of health screening/testing but no significant differences were

To fulfill our commitments and utilize the extended roles planned, any average pharmacy would need two pharmacists, at least, to work effectively and give ... counselling skills, and that is for a pharmacy dispensing 2000 items.

Pharmacy manager, owner, single pharmacy

found in relation to other priorities. To achieve these service developments, 57% of pharmacists said they would need some help: for example, 35% identified the need for funding while 19% focused on training needs.

2 PRIORITY AREAS IDENTIFIED BY PHARMACISTS*



Government priorities

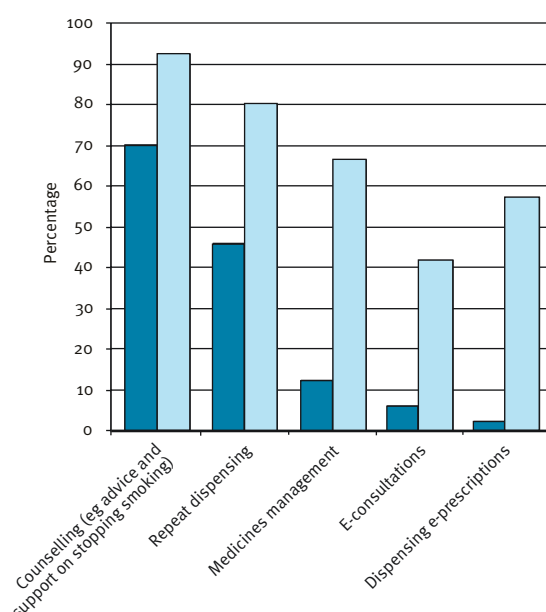
Delivery of priority services. The pharmacists surveyed were already providing some of the services identified by the Government for development (see Box 3). Encouragingly, far greater numbers expect to be offering these priority services within two years and 69% of pharmacists felt confident that they could deliver most of the Government’s priorities within the next three years. Forty-nine per cent of respondents already felt competent enough to deliver these priorities.

Infrastructure. The infrastructure to support these initiatives needs developing. Only 24% of respondents already had a private consulting area in their pharmacy, and 31% did not have the space to provide one. Independent pharmacies were significantly more likely to have a private consulting area than multiples. Sixty per cent had access to the internet, which can be used for buying medicines, dispensing prescriptions or giving advice. Only 16% of respondents worked alongside another pharmacist and 57% worked with a dispensing technician or assistant. This relative isolation is likely to hinder the development of extended roles and maintain the focus on dispensing.

3 ACHIEVEMENT OF KEY PRIORITIES FROM PHARMACY IN THE FUTURE

KEY

- Already providing this service
- Total who provide this service now and those who think they can in 2 years' time



Clinical governance. The Royal Pharmaceutical Society of Great Britain³ has identified key processes for clinical governance within pharmacy, and some progress has already been made in implementing these. In our survey, multiples had or planned to carry out significantly more clinical governance activities than independents (see Box 4). But, while the numbers of pharmacists undertaking clinical governance is likely to increase in the near future, a significant minority will still not be involved in this important initiative. This suggests that PCTs must undertake development work urgently.

Professional satisfaction

Poor morale. Forty-five per cent of respondents found their current professional role unsatisfying and more than 51% said they would not choose pharmacy again as a career. Only 36% felt optimistic about the future of their profession and 63% were disappointed at the level of pharmacy representation on their PCT's Professional Executive Committee, which provides clinical input into decision-making processes. Seventy-two per cent of respondents did not feel very involved in the work of their PCT, if at all (and only 2% felt 'very involved'). A further 57% suggested that extended roles for pharmacists were limited in their locality. But 56% of respondents felt that Government priorities were likely to increase their professional satisfaction.

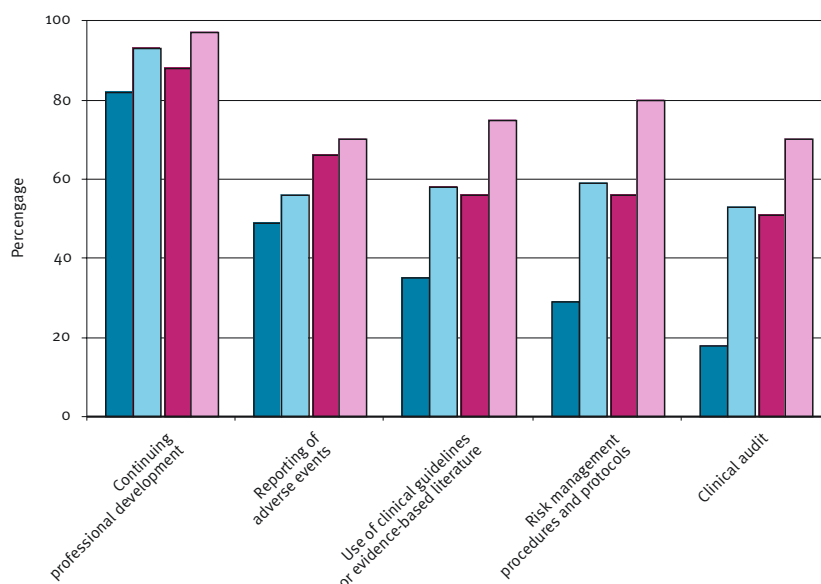
Appropriate remuneration. Pharmacists are working long hours. Half of those who gave details worked more than 48 hours per week. The average remuneration that respondents felt was appropriate, taking into account their experience, was £48,398. Seventy-eight per cent suggested a salary more than their current earnings, while 16% recommended a lower figure.

I am very disillusioned with the profession – we as pharmacists get very little support from our companies. Day-to-day duties such as ensuring we have enough staff, ordering stock, refunding items, working on the tills take us away from our main duties. I would prefer to spend time attending meetings, actively participating in local training and getting paid for it.

Pharmacist, non-owner, multiple

KEY

- Independent pharmacies already providing this service (% of 117)
- Multiple pharmacies already providing this service (% of 59)
- Total of independent pharmacies who provide this service now and those who think they can in 2 years' time (% of 117)
- Total of multiple pharmacies who provide this service now and those who think they can in 2 years' time (% of 59)

4 CLINICAL GOVERNANCE ACTIVITIES**Future prospects**

Extending roles. Eighty-four per cent of pharmacists surveyed said that they would stay in community pharmacy over the next 3–5 years. Of these, 36% said that they would extend their roles by doing further work, mainly by working in a GP practice providing advice (23%) or working for a PCT (9%).

Significant change ahead. Those surveyed expect significant changes in the way that they work and organise their businesses. Twenty-eight per cent anticipated one or more change to their NHS businesses (see Box 5).

Partnership working. Pharmacists are prepared to consider new ways of organising their work. Seventy-two per cent of respondents expected to work more closely with other pharmacists in the future and 44% thought it likely that they would work within a formal consortium arrangement with other pharmacies.

Moving towards 'multiples'. The traditional model of pharmacist-owned pharmacies appears to be breaking down. Nationally, 48% of contracts are with 'multiples', compared with 30% in 1991/2. In our survey, only 29% of pharmacists who did not already own their own business wanted to in future.

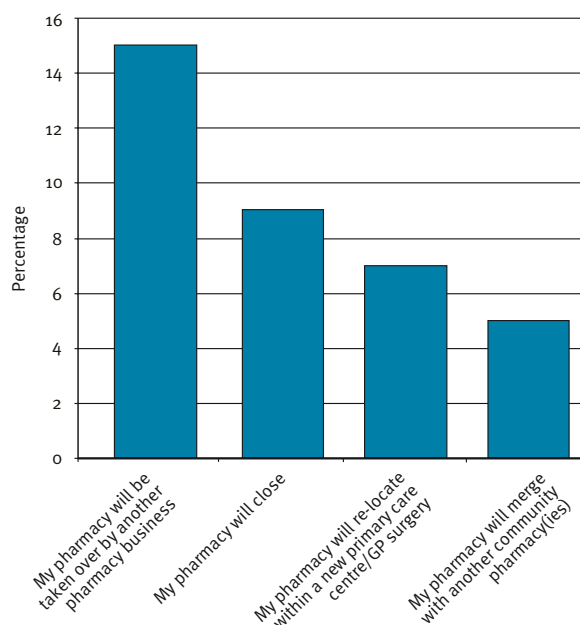
Local service provision. Pharmacists are prepared to abandon their nationally negotiated contract. Twenty-eight per cent of respondents planned to take part in a Local Pharmaceutical Services (LPS) scheme as soon as possible and a further 28% within two years. But, unlike Personal Medical Services pilots (local contracting schemes with GPs) there has been little central funding to support early participants in LPS schemes, and 85% said they would not carry out new roles without appropriate financial reward.

The Government has embarked on a lot of changes with respect to primary care – in which pharmacists could play a huge role. However, the communication process has excluded pharmacists because most of the meetings are held during working hours ... and no expenses are paid.

Pharmacy owner, small chain

5

FUTURE OF NHS PHARMACY BUSINESS OVER NEXT 3–5 YEARS



Recommendations

I have read Pharmacy in the Future and about clinical governance and its impact on the NHS – however, I have very little access to information about the practical implications for the community pharmacy.

Pharmacy manager, small chain



Adopt a proactive role. With their new-found responsibilities, PCTs need to take on a proactive role in engaging with community pharmacists, by commissioning services, improving partnership working, and developing systems to involve pharmacists in their work. With a challenging future ahead, pharmacy services will benefit from the investment, support and skills that PCTs can offer.



Ensure equal access to services. Access to community pharmacy services must be universal: PCTs need actively to commission an appropriate range of services for patients, rather than pharmacists alone deciding what services to offer, sometimes based on commercial considerations. Our survey suggests that independent pharmacies are more likely than the increasing number of multiples to provide certain extended services. PCTs must therefore consider how to ensure equal access to a wide range of services.



Develop services and skills. Pharmacists need help from PCTs to develop their services and professional skills – in particular, with training and premises improvements – if they are to deliver service improvement.



Expand developmental capacity. PCTs need to facilitate collaborative ventures between pharmacies to ensure comprehensive access to extended services. To do this, PCTs will have to expand their developmental capacity, perhaps jointly across a wider health community.

I am more than happy to start the new services, as long as we have support and guidance to start them up – along with the funding.

Pharmacy manager, single pharmacy



Target investment. Investment in services needs careful targeting. Not all pharmacists or pharmacies may be able to provide a wider range of services – some may not be willing, or have the capacity, to undertake necessary training, and there may be limitations in terms of space and location (for example, patients should not be expected to receive counselling where confidentiality cannot be guaranteed).



Extend clinical governance. PCTs need to offer clinical governance support to community pharmacists. Although some pharmacists have already made progress in undertaking clinical governance activities, PCTs need to offer dedicated support if this is to be universal. Our survey suggests that multiples are more likely than independents to carry out clinical governance activities. There appears to be a trade-off between the range of service provided and its quality assurance. PCTs will need to work to ensure both.



Support local pharmaceutical services (LPS) schemes. PCTs and Local Pharmaceutical Committees – which represent the views of local pharmacists – have an important role to play in supporting LPS schemes. PCTs need to secure funding for these schemes to enhance the contribution of pharmacists to primary care. There is ample evidence that pharmacists have a key role in managing care (for example, through medication review^{4,5}), which will help to ensure better use of the health resources.



References

¹ Beishon M, 'High Street', *Headlines*, 1999; 62: 14–16.

² Department of Health (2001). *General Pharmaceutical Services in England and Wales 1991–92 to 2000–2001*. London: DoH. Available at: www.doh.gov.uk/public/sbo134/sbo134.pdf

³ Royal Pharmaceutical Society of Great Britain (1999). *Achieving Excellence in Pharmacy through Clinical Governance*, London: Royal Pharmaceutical Society of Great Britain.

⁴ Krska J, Cromarty J, Arris F, Jamieson D and Hansford D, 'Providing pharmaceutical care using a systematic approach'. *The Pharmaceutical Journal*, 2000; 265: 656–60.

⁵ Department of Health (2001). *Medicines and Older People: Implementing medicines-related aspects of the NSF for Older People*. London: DoH.

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11–13 CAVENDISH SQUARE
LONDON W1G 0AN

INFORMATION 020 7307 2568
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