Eighth Evidence Session:
25 April 07

Officers
Dr Howard Stoate MP, Chair
Sandra Gidley, MP

Witnesses
Lord Hunt of Kings Heath, Minister of State for Health
Jeannette Howe, Department of Health

- Lord Hunt stated that there had been good progress in pharmacy service development in the last few years and his objective was to move the pharmacy agenda further forward in relation to contractual developments, regulation and representation. He accepted that there were question marks over the speed of progress, but felt that there was a firm foundation for the future.

- Lord Hunt stated that the Galbraith review would propose incentives for PCTs to make better use of pharmacy and to recognise the pharmacy profession as a significant provider of services at local level.

- When asked about specific services that pharmacy should develop, Lord Hunt stated that he had no firm view on particular types of service. However, he envisaged the profession playing a key role in public health and he wanted to see pharmacists become independent prescribers. He noted that there was only one pharmacist independent prescriber registered so far, but there has been progress in the number of pharmacies offering MURs and Minor Ailment Services. He cited pharmacy's future role in emergency care as an example of potential service development.

- Lord Hunt described the community pharmacy contract as a 'a start'. He was pleased with progress to date. 500,000 MURs were undertaken by the end of 2006 and 80 per cent of PCTs are now providing enhanced services.

- Lord Hunt agreed that while most PCTs were engaged with the new contract, they could do more. However the fact that the period of introduction for the new contract co-incided with the re-organisation of PCTs and a period of financial deficit had affected progress.

- In response to the Group's view that the development of enhanced services was patchy, Lord Hunt accepted that there was a mixed picture. He believed most PCTs were enthusiastic and had encouraged the development of the new services. He stated that nearly 70,000 enhanced services had been commissioned and that the new contract was built on existing services.

- Lord Hunt also noted that SHAs were responsible for performance-managing PCTs at a local level and he fully expected the good practice that had been achieved by many PCT's to spread organically. Lord Hunt stated that the Galbraith Review would contain further proposals on how to help PCTs engage with pharmacy service development locally. Overall he felt it was the case that PCTs could do more but this was a new area for them and he did not feel disappointed.

- Lord Hunt's advice to pharmacies facing challenges in introducing new services locally was to persevere. He re-iterated that the previous year had been difficult

for PCTs, but that this year had seen budgetary growth of 7 per cent and that PCTs would be in a better financial position to encourage new services.

- In response to questions as to how to improve the relationships between GPs, PCTs and pharmacy, Lord Hunt stated that he was continuing to encourage PCTs to acknowledge the role that pharmacies can play, especially in terms of emergency care planning, an area in which pharmacy has a good deal to contribute.

- Lord Hunt noted that locally pharmacy has a responsibility to be visibly engaging with the decision makers within PCTs. He commented that a local leadership role was required and he recommended that pharmacists invite PCT Chairs or CEOs to their practices to see first hand the new service developments and enthusiasm pharmacies had for them.

- Lord Hunt said that while he wanted to encourage pharmacy to be given a role at the PBC table, he would not advocate a statutory role, as it was not his place. He was also in support of pharmacy being engaged with PECs. He stated that two-thirds to three-quarters of PECs do have pharmacy representation, but he would like to see these figures grow.

- When asked his thoughts on whether thee should be a Minor Ailments Scheme similar to that in Scotland, Lord Hunt stated that he preferred to leave the management of Minor Ailments Schemes to PCTs. He noted that 2,000 schemes had been commissioned by PCTs, but the Scottish system was inflexible, as a named pharmacy had to be used. He did not believe that the Scottish model should be followed in England.

- In response to questions about a national template for new services to be implemented locally, Lord Hunt stated that the role of PCTs was to make key decisions. PCTs should be 'in the driving seat', he said. Lord Hunt stated that the Department of Health wished to make it easy for PCTs to develop services and dictating from the center would be a hindrance, not a help.

- When asked whether the recent MHRA proposals to make some OTC flu medication products prescription-only was a vote of no confidence for pharmacists, Lord Hunt stated that as this issue was currently subject to consultation he was not able to comment in detail. However he noted that serious concerns had been expressed by the Police, Home Office and Sir Mike Rawlins. The issue was about public safety and should not be seen as undermining pharmacy. Lord Hunt noted that the MHRA's consultation period on this issue has now been extended.

- Lord Hunt said that he was keen for pharmacy to have access to the health IT network, but felt that there were issues around security and confidentiality. He noted that the last few years had seen a public debate over access to the patient care record. He confirmed that at the beginning of April Bolton had commenced an early adopter trial and he was waiting to see the outcome of this pilot scheme.

- He stated that security and confidentiality issues around IT access were the same for pharmacists as they were for GPs and that this is a perennial issue for the NHS. He noted that some stakeholders were concerned by the commercial environment in which pharmacy operated.

- Lord Hunt expressed his intention to consult on IT access, however he noted that there needs to be a better understanding by the general public of what the care record involves if there is to be an informed debate.

- When speaking about the electronic transfer of prescriptions, Lord Hunt accepted that the Department of Health had been over ambitious at the start of the project. He noted that 40 per cent of GPs had adopted the new software and that he expected to see an increase in this number over the future. He stated that 32% of these GPs were technically able to go live, with 10% at the business go live stage.

- Lord Hunt noted that one of the benefits of electronic transfer of prescriptions was that it provided a good quality audit trail.

- When asked about Control of Entry Lord Hunt stated that the Galbraith Report was due to be published, this would be followed by Government's official response and a consultation period. He did state that the Galbraith review was consistent with the discussions he was having with the Group.

- Lord Hunt stated that like the BMA, he could see the benefits of co-location as he believes that it would be better for the patient. But he stressed the importance of diversity of locations so as to maximise access for patients and the public.

- Lord Hunt agreed that all pharmacies should display the NHS logo as it is a physical demonstration that pharmacy is part of the NHS. He believed that it should not be beyond the ability of corporate pharmacy to incorporate the logo into their own branding.

- Lord Hunt said he believed that the unique position of pharmacy as being both a commercial business and a healthcare provider was both a strength and a weakness. He felt it was a great asset to the NHS to have clinical experts with an entrepreneurial streak. He predicted that in future some pharmacies would gravitate towards clinical care and others would focus on retail business.

- Lord Hunt accepted that the Department of Health had not provided enough support for raising public awareness of new pharmacy services. The DH's priority had been to see the new contract successfully developed and PCTs making good use of it. He noted that more did need to be done to engage with the public, but that Government did not want to communicate before the services were available. Jeannette Howe confirmed that the DH would provide a national communications template which could be rolled out locally.

- It was also stated that it was clear that more work was required in terms of competence of PCTs in contractual terms and this would be critical for its future success.

- When asked about incentives, Lord Hunt stated that they needed to be set locally to encourage priority local health services.

- Lord Hunt confirmed that the Government sees the role of pharmacy as critical in improving the health of the community and that while it was not his role to micro-manage PCTs, he wanted to encourage them to recognise the value of pharmacy.

- Lord Hunt said he felt it was right to split regulation from leadership and that the Carter Review, which would be published shortly would recommend a way forward.

- He stated that it was important that the Royal College would be a new entity, but that it should build on the foundation and excellent work of the Royal Pharmaceutical Society. Lord Hunt said that while he would not favour compulsory membership of the Royal College compulsory, he would do all that he could to encourage pharmacists to join, and that it would be a responsibility of the College to demonstrate the benefits of membership.

- When asked if membership should be performance based, Lord Hunt stated that it was up to the College to decide.

- On remote supervision, Lord Hunt stated that he was currently in preliminary consultation and that the Government will be developing proposals and legislation for remote supervision following this period.

- Lord Hunt reiterated that he was seeking to provide opportunities and flexibility for pharmacy and that remote supervision would not see pharmacies without a pharmacist, as they would be required to deliver the new services.

- On pharmacy education, Lord Hunt stated that the Royal Pharmaceutical Society sets the syllabus, but that he has noted a change in the pharmacy degree and graduate skills, while the pharmacy contract recognises the need for ongoing training.

Lord Hunt raised waste management as a service with further potential, and said that in his view this was an important issue for the profession to consider.

Seventh Evidence Session:
7 February 07
Department of Health

Officers attending the session

- Dr Howard Stoate MP (Chair)
- Baroness Julia Cumberlege CBE
- Sandra Gidley MP
- Mark Todd MP

Department of Health witnesses

- Dr David Colin-Thomé - National Clinical Director for Primary Care
- Jeannette Howe - Head of Pharmacy
- Danny Palnoch - Head of Medicines Analysis - Medicines, Pharmacy and Industry Group
- Dr Keith Ridge - Chief Pharmaceutical Officer

- Jeanette Howe noted that the DoH were broadly happy with the progress of the new pharmacy contract. She cited the increase in services available, including those focused on self-care and medicines management and MURs, as significant successes.

- Ms Howe also noted that the increased robustness and transparency of the financial framework was to be applauded.

- The witnesses were disappointed with the lack of take-up of repeat dispensing, with only 0.5% of all prescriptions supplied through repeat dispensing. However, it was noted that some PCTs are repeat dispensing at a rate of 20%.

- Dr Keith Ridge welcomed the pharmacy contract, commenting that it represented real change, with clinical services correctly positioned at the heart of the contract. Mr Ridge did note his disappointment at the pace of change, but also stressed just how radical a shift it represented.

- A lack of leadership for pharmacy was cited by Dr Ridge as a significant barrier to development. Changes to the NHS framework over the last few years have meant that the role of pharmacy has had to develop. However this lack of leadership has prevented the profession from being part of the key decision making process in forming it's new role. Dr Ridge explained that more leadership was required at local level not just nationally.

- All witnesses noted that the DoH's role was to highlight areas of best practice to encourage leadership within the profession.

- Dr David Colin-Thomé stated that there was a significant amount of work that needed to be done locally to ensure GPs and pharmacies collaborated effectively. He noted that a significant shift in thinking among all of the primary health providers was required to ensure that pharmacy was seen as a service provider, but warned that this would necessitate cultural and behavioural change as well as the new contractual frameworks.

- Dr Colin-Thomé stated that there was a significant lack of leadership from GPs, pharmacies and PCTs. He noted that GPs found it difficult to collaborate as a result of their dual role as clinical and organisational professionals.

- The witnesses claimed that Strategic Health Authorities were playing an active role in encouraging collaborative working, with Devon, Birmingham and North East London cited as examples of best practice.

- It was noted that the PBC policy team is focussing on increasing integration of all primary health care providers in to the PBC process as part of their 2007/2008 activities, with a clear focus on supporting pharmacy in PBC. This focus will include a range of events across the country.

- Jeannette Howe confirmed that the DoH is fully committed to developing electronic prescribing and connecting pharmacy to the NHS in an appropriate role-based manner. She noted that a phased approach was being taken to ensure that the infrastructure could cope.

- It was noted that there needs to be clear communication to the public on pharmacy access to the patient record to allow an informed debate.

- The witnesses noted the lack of support received from GPs on care-record accessibility.

- All witnesses commented that it was important that the public also embraced developments in the role of pharmacy, while maintaining clarity about the different responsibilities and roles of each NHS professional.

- Ms Howe said the Department would be interested in reviewing the CCA's proposal of QoF points for pharmacy to incentivise collaborative working. She noted that the use of QoF points has been considered during negotiations over the new pharmacy contract. It had been felt that more work would have been required to identify pharmacy's specific input.

- Dr Colin-Thomé warned that the profession needs to be clever about direct incentives and that having a QoF for pharmacies and for GPs could drive the professions further apart as they would feel that they were competing for a set pot of money.

- Dr Keith Ridge commented that there should be a centrally established assessment tool to ensure consistency between different PCTs.

- Dr Colin-Thomé pointed out that grass roots pharmacists should receive leadership and encouragement from PCTs not from central government as this would be more likely to encourage change and facilitate best practice.

- When asked about changes to regulation and remote supervision, Jeanette Howe commented that under the Health Act, a pharmacist can only be responsible for one pharmacy, but mentioned the powers of exemption available. She cited as an example pharmacy controlled vending machines. These will have to be controlled by a pharmacist from another location.

- All witnesses agreed that communication of services to the patient was paramount and that service should be delivered by the provider that would be of most benefit to the patient, be that the GP, nurse or pharmacist.

- All witnesses agreed that patients should have choice and a say over who provided their health care services. It was noted that this would require effective communication to the patient to inform them of their choices.

- Dr Keith Ridge commented that the ongoing changes to the pharmacy role must be accompanied by a change in pharmacy education, including an increased focus on patient care.

Sixth evidence session:
23 January 2007

Officers attending the session

- Dr Howard Stoate MP (Chair)
- Baroness Julia Cumberlege CBE
- Sandra Gidley MP
- Mark Todd MP

Witnesses

- Georgina Craig: Company Chemists Association (CCA)
- John D'Arcy: National Pharmacy Association (NPA)
- Sue Sharpe: Pharmaceutical Services Negotiating Committee (PSNC)
- Ann Lewis: Royal Pharmaceutical Society of Great Britain (RPSGB)

- All witnesses agreed that Pharmacy's ongoing contribution to public health is one of the profession's greatest successes. All agreed that pharmacy is best placed to provide smoking cessation, diabetes monitoring, obesity and sexual health advice to the community.

- All witnesses were disappointed that there had not been a greater uptake of Enhanced Services by PCTs and cited the territorial attitudes of some PCTs as a factor.

- The NPA expressed disappointment over the lack of patient awareness of MURs.

- The CCA were concerned at the lack of alignment between the GMS and Pharmacy Contract.

- The CCA advocated a new set of incentives for GPs to encourage collaborative working. They suggested that QoF points could be updated to incorporate pharmacy-run MURs and other enhanced services.

- The NPA stated that they are working with the British Medical Association to create a communication toolkit to encourage GPs and Pharmacy to work together.

- All witnesses noted that the PCTs have a role and a responsibility to encourage collaborative working between all primary health care providers.

- PSNC stated that they are supporters of a centralised funding, particularly for new services. This would prevent the post-code lottery and inconsistent local service delivery.

- The RPSGB noted that Pharmacy's response to the new services is encouraging, with many pharmacies demonstrating investment in training and the provision of new facilities.

- The NPA noted that while there are a variety of pharmacy bodies who can provide effective leadership, they are not working together as well as they could.

- The RPSGB commented that improved leadership is required at a local level. The RPSGB is currently working on a scheme to promote this.

- All noted that Pharmacy needs to be integrated at the early stages of any new policy or primary health care decision making process. The CCA mentioned the new "Health Policy Forum", which is being launched to assist in engaging pharmacy at this early level of policy forming. The NPA stated that the Government and the Inquiry must not underestimate the importance of involving pharmacy at the early stages of the policy forming process.

- All of the witnesses agreed that pharmacy needed to be represented on PBC boards.

- All witnesses agreed that Pharmacists should have a relevant role based access to the patients care records as a safety precaution. It was mentioned that pharmacists have had access to patient medication records for some time and giving them relevant access to the electronic records would merely be an extension of this existing access.

- PSNC, RPSGB and NPA agreed that any changes to the Control of Entry regulations must no tcompromise pharmacy accessibility. All noted that PCTs must be able to implement effective service planning.

- PSNC stated that they hoped the Galbraith review would recognise areas for planned service supervision over complete deregulation.

- The CCA have no policy position on Control of Entry. They noted that many areas do not have a local community pharmacy because there is no business case for them to do so.

- All agreed that the retail/clinical mix provided pharmacy with a unique environment to deliver health care to some members of the public who would not normally receive it.

- The CCA noted that there needs to be clarification around the role of superintendent pharmacists and the "responsible pharmacist" as they should complement each other.

- There was difference of opinion about how many pharmacists the "responsible pharmacist" should be responsible for. The RPSGB feels that they should only be responsible for one pharmacy, PSNC are still debating their position on this issue. However they feel that a pharmacist must be present on site for the core contracted hours. NPA believe that patient safety must be at the forefront of any decision made.

Fifth evidence session:
12 December 2006
Pharmacy Education

Officers attending the session

- Dr Howard Stoate MP (Chair)
- Sandra Gidley MP
- Mark Todd MP

Witnesses

- Professor Anthony Smith – Dean of the School of Pharmacy, University of London

- Professor Keith Wilson – School of Pharmacy, Aston University

- Sue Ambler – Royal Pharmaceutical Society of Great Britain

- Professor Larry Goodyear - Leicester School of Pharmacy, De Montfort University

- Leonie Reid – Pharmacy Student
- Jennifer de Val – President, BPSA (British Pharmaceutical Students Association)

- All witnesses agreed that the degree course aimed to produce a developed health care professional with strong scientific knowledge.
- All agreed that while there could be a development of clinical/patient aspects to pharmacy education, the course must have a basis in scientific learning as that is the unique 'asset' of a pharmacist.
- The students called for more practical training in undergraduate courses. While some universities provide extensive practical training, others do not. Therefore they also called for consistency across the different pharmacy schools.
- The current limitations of Continuing Professional Development (CPD) was raised, with RPSGB confirming that at present only half of those on the practice register are recorded as having undertaken CPD.
- While there is a professional requirement that pharmacists undertake a minimum of 30 hours CPD a year, the RPSGB did note that many undertake CPD within their interest areas or comfort zone. A new CPD framework is to be introduced in 2007
- It was noted that CPPE courses are managed outside of the Health Education framework, raising the question of how one can appraise the quality of training.
- It was suggested that a new CPD post-registration development programme to replicate the hospital framework could be implemented in community practice.
- It was noted that CPD at present focussed on the maintenance of knowledge as opposed to developing skills associated with advanced/enhanced services.
- All witnesses agreed that a comprehensive, centralised postgraduate framework is required if pharmacists are to take on a more developed role, including prescribing or managing other public health issues.
- All witnesses agreed that any new framework would result in a greater role for pharmacy schools, but adequate funding would be necessary to ensure they could effectively undertake the new role.
- Funding, infrastructure and investment were cited as critical if pharmacy education was to effectively deliver over the next five years.

- There was a debate as to how much focus there should be on business and entrepreneurial skills, especially in the new climate of increased competition. The students felt this should be compulsory. However all the witnesses agreed that science and clinical/service delivery must remain the core focus of the curriculum.

- Students and pharmacy schools noted a critical problem in the lack of undergraduate access to patients, noting that all other healthcare professionals engaged with other health care departments and patients, but pharmacy students did not. Lack of funding and an infrastructure which favours other health professionals was cited as the reasons behind this.

- All agreed that quality assurance was key in developing any new curriculum.

- The witnesses asked that the APPG called on the Government to provide a more effective education framework and funding to ensure that pharmacists are fully equipped to undertake any new role.

- All agreed that at present pharmacists are not fully equipped to deliver the suggested range of services, but the core knowledge is there and it is the role of education to ensure they can apply this knowledge.

- Flexibility, the opportunity to have a diverse career, being a scientist, delivering new services, knowing how medicines work and caring for patients were all given as reasons why students entered the profession.

- While the numbers of students choosing a career in hospital pharmacy and community pharmacy seem to be evenly split, students have concerns about the availability of future placements in hospital pharmacies and about the prospects of working in community pharmacies that are in locations of their choice.

- An attraction of working in a hospital pharmacy is the perception that hospital pharmacists are a fully integrated member of the NHS healthcare team.

- Professor Keith Wilson did note that some people in the healthcare professions perceived the nature of work in community pharmacy to be less professional than in hospital pharmacy.

- Improved funding for clinical placements in community pharmacies was cited as a way to improve perceptions of hospital pharmacies.

- Interactive inter-professional learning and more integration between pharmacy and medical schools would improve inter-professional relationships.

- Professor Anthony Smith stated that there was a clear need for post-registration development to ensure a continuum of educational and professional knowledge.

Fourth evidence session:
28 November 2006

Officers attending the session

- Dr. Howard Stoate MP (Chair)
- Sandra Gidley MP

Witnesses

- Michael Keen Chair, Kingston & Richmond LPC
- John Hewitt Secretary, Bexley, Bromley & Greenwich LPC
- Dr. Chris Dunn Chief Executive, Swindon & Wiltshire LPC
- Michael Phelan Secretary, South Staffordshire, North Staffordshire & Shropshire LPC
- Paul McGorry Representing Chief Executive, East Riding & Hull LPC
- John Reuben Prescribing Support Pharmacist, Southern Norfolk PCT
- Samir Vohra Community Pharmacy Facilitator, Chorley & South Ribble PCT
- Heather Gray Head of Medicines Management, SE Herts PCT
- Donal Markey Community Pharmacy Development Manager, Richmond & Twickenham PCT
- Tony Carson Community Pharmacy Advisor, Kensington & Chelsea PCT
- Neeshma Shah Head of Medicines Management & Pharmacy, Camden PCT

- All LPCs agreed that they work well with the PCTs, a relationship that has been built up over the last 18 months and is 'a benefit to us all' as stated by Michael Keen, Chair, Kingston & Richmond LPC.
- Dr Chris Dunn, Chief Executive, Swindon & Wiltshire LPC highlighted that LPCs are consulted informally regarding decisions made by PCTs however the decisions seem to have been made prior to their inclusion.
- All parties feel they are taken seriously by PCTs. Examples were cited including funding issues and LIFT developments, on which problems were discussed and dealt with jointly.
- Michael Keen, Chair, Kingston & Richmond LPC suggested that PCTs should be more transparent regarding finances. John Hewitt, Secretary, Bexley, Bromley & Greenwich LPC highlighted that there was financial inefficiency arising from PCTs

failing to fund and pay for initiatives jointly – they often require pharmacy contractors to complete the same accreditation and training processes, thus creating unnecessary duplication and additional costs.

- Dr Chris Dunn spoke of the lack of opportunity for LPCs to bid for services. PCTs have already signed GPs for services that community pharmacies could provide at lower cost.

- When asked what efforts LPcs had made to ensure community pharmacies provided such services where ppropriate, all the LPC representatives stated that they had contacted their PCTs. Paul McGorry said 'we need to be banging on the door'.

- It was suggested by LPCs that pharmacists should have a mandatory seat on PECs.

- John Hewitt spoke of GPs worries that pharmacists are attempting to encroach on their territory but pharmacists and GPs need to work collaboratively in order for the relationship to work.

- Dr Howard Stoate MP asked about aspects of service provision in which community pharmacies could provide what GPs can not or do not want to provide. All witnesses agreed that minor ailments should be promoted as Advanced Services, and that this service would help to reduce unnecessary visits to GPs.

- PCTs need to understand and fully utilise the accessibility of community pharmacy. Michael Phelan, Secretary, South Staffordshire, North Staffordshire & Shropshire LPC stated that more work should be done by individual pharmacists with local GPs. Collaboration amongst national bodies is not enough and more has to be done by people on the ground.

- It was agreed that a perception problem remained around the retail/healthcare mix in community pharmacy, though this was in some respects an asset for the profession and the public.

Third Evidence Session
7 November 2006

Officers attending the session

- Dr. Howard Stoate MP (Chair)
- Mark Todd MP
- Sandra Gidley MP

Witnesses

Session 1

- Steven Williams, Chairman – Association of Independent Multiples
- Alex Gourlay, Healthcare Director & Sally Ousby, Consultant Pharmacist, Stockport – Alliance Boots
- Andy Murdock, Pharmacy Director – Lloyds

- Penny Beck, Superintendent Pharmacist – Tesco

Session 2

- John Foreman, Senior Partner – Green Light Pharmacy
- Jean Curtis, Professional Secretary & Richard Cattel, Vice President – Guild of Healthcare Pharmacists
- Noel Baumber, Company Secretary – Independent Pharmacy Federation
- Gary Warner, Owner – Regent Pharmacy

- The accessibility of community pharmacies was cited by all witnesses as a unique and valuable asset for the NHS and patients. Boots noted that regardless of changes to the NHS contract, pharmacy's core role is to deliver expert healthcare advice as required.

- Both Lloyds Pharmacy and Regent Pharmacy emphasised that the next step for pharmacists is to improve their relationship with the primary health care network and to be fully integrated into Practice Based Commissioning.

- All witnesses agreed that community pharmacists will continue to develop services under the new contract. The ownership trend of gradual consolidation is likely to continue – there will be more multiple pharmacies as a proportion of the total.

- Clear and transparent funding was called for to ensure that pharmacists are fairly remunerated for the full range of services delivered.

- All witnesses noted that the range of skills pharmacies bring to the primary health care network are not currently recognised. These skills are not just in medicines and health, but also include commercial expertise and best business practice.

- All witnesses stated that a pharmacist must be in the pharmacy during opening hours; however the benefit to patients of domiciliary visits was recognised.

- Overall, the multiple pharmacies believed that the 100 hours exemption to the control of entry regulations provided greater accessibility to health care and was therefore of benefit to patients. However the independent pharmacies were concerned that the 100 ours exemption was a threat to local community pharmacists as they were unable to be competitive when faced with the resources available to multiples.

- All witnesses believed that a number of services could be classified as advanced services, these included minor ailment schemes, emergency hormonal contraception, smoking cessation and weight management.

- Boots noted that the disparity of services offered between pharmacies was a main factor behind the lack of awareness of services by consumers. All witnesses agreed that there should be an agreed pool of services, centrally funded and offered by every pharmacy.

- All witnesses felt that communication between PCTs and pharmacists could be improved.

- All witnesses agreed that pharmacists need to have access to patients' medical records. All felt that read/write access is required, but there was some debate as to how much information they should be able to access. All of the witnesses were enthusiastic about a patient owned Smart Card, which would give the power of accessibility to the patient.

- All witnesses cited the importance of an effective and integrated IT network.

- The Guild of Healthcare Pharmacists described the advantages of automated dispensing as a means of freeing up pharmacists' time and achieving efficiency gains in the pharmacy. They felt that similar advantages could be realised in community pharmacy.

- The independent pharmacies feel they could be further engaged with PCTs. Additionally, they felt that PCTs should be providing clear direction to assist in the delivery of new services.

All witnesses expressed eagerness to become more integrated in the primary health care network. They would like to see pharmacy services clearly defined and expanded.

Second Evidence Session
25 October 2006

Officers attending the session

- Dr. Howard Stoate MP (Chair)
- Baroness Julia Cumberlege CBE
- Sandra Gidley MP

Witnesses

- Lynn Young; Primary Health Care Advisor, Royal College of Nursing; RCN
- Dr Brian Dunn; GP Chairman of NI GPC; BMA

- The BMA would like to see close relationships develop on a collaborative, co-operative basis between GPs and pharmacists rather than a competitive one.

- The RCN spoke of generally good working relationships between pharmacists and nurses.

- Both the BMA and RCN encourage pharmacists providing medicines management for long-term conditions.

- It was recommended that the workload of every primary health care provider should be assessed and appropriately funded to maximise efficiency and prevent conflicts that may arise.

- The RCN are pleased with the development of nurse prescribing. However there have been problems with implementation due to the availability of funding and suitable medical mentors.

- The BMA stated that pharmacists should focus on dispensing medication and dealing with minor illnesses and over the counter non-prescriptions rather than prescribing, as GPs' are concerned about pharmacists diagnostic skills and the lack of an appropriate medical environment. The BMA strongly believe that the traditional roles of GPs as prescribers and pharmacists as dispensers should remain.

- Pharmacists should, under the right conditions, have access to medical records of patients as long as confidentiality criteria are met. However, the BMA would prefer a medical 'SmartCard' to be used as an alternative.

- The BMA raised concerns about pharmacists adopting new roles, which could result in already limited funding being diverted from GPs to pharmacy. They noted that both GPs and pharmacies are run as businesses and should not have to compete for funds.

- Both the RCN and BMA agree that pharmacists must be involved in Practice Based Commissioning to ensure that a multi-disciplinary consultation of GPs, nurses, patients, pharmacists and any other therapists is undertaken.

- The RCN identified the benefits of teaching patients to "self-care" when provided with the correct levels of information and support.

- Both organisations reiterated the need for an integrated and fully functioning IT network. The BMA noted currently GPs have not been convinced by new services like MURs as they are actually time-intensive for GPs. These issues will need to be resolved to ensure that GPs support any further changes.

Both organisations feel that a main aim is to establish more solid relationships with GPs/nurses and pharmacists to realise an integrated primary health care service. The challenge is to establish how exactly to improve and formalise this relationship.

First Evidence Session
9 August 2006

The APPG held the first evidence session in its Future of Pharmacy Inquiry on 9 August 2006. The session was held in the Attlee Suite at Portcullis House.

Members of the Group present

- Dr Howard Stoate, MP (Chair)
- Baroness Julia Cumberlege CBE
- Sandra Gidley MP

Witnesses

- Frances Blunden - principal policy adviser, Which?
- Kate Webb – health policy adviser, Which?
- Mikis Euripides – policy and public affairs, Asthma UK
- Simon Selo – assistant director for service development, Asthma UK

Submissions

- Which? submitted a memorandum to the All-Party Pharmacy Group in advance of the session which can be read here
- Asthma UK will submit their views in writing before the end of September

Key topics covered during the session :

Patient Perception

- Both Which? and Asthma UK attached great importance to the issue of public perception of pharmacies and the fact that patients are unaware of the range of services available to them in their pharmacy.

- Both witnesses highlighted the fact that pharmacies offer patients accessible and convenient healthcare. However, the majority of patients regard pharmacies as merely a source of medicines and not as a healthcare provider.

- Where patients are aware of healthcare services offered by pharmacies, the services are very popular.

- Asthma UK illustrated the lack of consumer understanding from a study they were involved with where they questioned 200 patients of pharmacies offering the Medical Use Review (MUR) service. The majority of patients surveyed were unaware that the service was available.

- Which? also noted that that if pharmacies were to provide more clinical healthcare services, they would need to ensure that an appropriate clinical environment was available within the pharmacy.

- Health care professionals must also be made aware of the skills and services provided by pharmacies to ensure a fully integrated healthcare network.

- Information about pharmacies and pharmacy services is currently not available via NHS Direct. Which? recommends that this is corrected.

Training

- Both witnesses also questioned whether pharmacists were receiving the training required to deliver new services.

- It was noted that some pharmacists had requested further 'soft' training so that they could deal with questions from patients about family members' conditions.

Role of Primary Care Trusts (PCTs)

- Which? believes that the responsibility of informing the general public of the range of services offered by pharmacies falls to the relevant local PCT, who must be more proactive, particularly if pharmacies are to become more integrated into the healthcare network.

- Which? recommended that PCTs need to have a more active role in identifying consumer needs and ensuring that these needs are met.

- Which? also noted that some PCTs are excellent at providing information to the patient, but that this is not consistent across the country.

- Both Which? and Asthma UK believe that local pharmaceutical committees have an important role to play in ensuring pharmacists are engaged with PCTs.

Patient records

- Both Which? and Asthma UK strongly believe that patient records need to be available to pharmacists and that if healthcare professionals don't have access to records, patients are reluctant to receive advice from them.

- Additionally if electronic prescribing is made available it will be easier for GPs and pharmacies to communicate.

Control of Entry

- Which? are strongly in favour of deregulation, believing that the potential for more competition would lead to a drop in prices and a better service for patients.

- Which? stated that control of entry has been used in a number of areas to keep new entrants out of the market, especially in the case of big supermarkets, who have longer opening hours and the capacity to provide large consultation areas.

- Both witnesses and the Chair debated whether deregulation would result in pharmacies only becoming available in large, out of town supermarkets. Although this would benefit some consumers, others – likely to be high users of pharmacies - such as the elderly low-income families and those with long-term conditions, may find it more difficult to access such pharmacies.

- Concerns that de-regulation would lead to the closure of local community pharmacies were considered by Which? to be unfounded. Which? Believes that the current regulations do not benefit consumer interests.

- Asthma UK noted that the Government and PCTs should be encouraging the establishment of new pharmacies and GPs in areas that don't have them. Areas with insufficient health care providers need to be recognised and provisions should be established.

All witnesses agreed that if optimum health care is to be delivered to patients, a fully integrated network of health care providers must be in place.