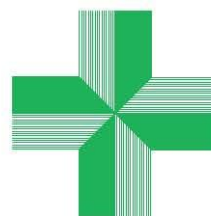


All-Party
Pharmacy
Group



APPG

**Policy Action Plan:
100 days to make a difference**



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APPG Policy Action Plan: 100 days to make a difference

Recognition of pharmacy's importance in healthcare has grown hugely in recent years, and there is a consensus across the political divide that pharmacists can and should play a more central role in primary and secondary healthcare. However while there has been progress, the incoming Government needs to take immediate steps to capitalise fully on the profession's capability. We have no doubt at all that an expansion in pharmacy's role is an important part of the response to the need to drive up quality and deliver greater efficiency in the NHS in the years ahead.

Ahead of the General Election, the Group has developed a set of patient focused actions which the next Government must prioritise in its first 100 days of power. These policy actions, drawn up following consultation, are realistic, achievable and will make a real difference to patients and the NHS. We hope they attract support in political and policy circles, in the profession and beyond.

NHS local and national commissioning arrangements

The issue: Current commissioning arrangements in primary care are patchy and inconsistent. The quality of commissioning capability locally varies enormously. The prospect of more practice based commissioning, while perhaps good in terms of tailoring services closely to local needs, could create further inconsistency. We are clear that this is holding back the development of pharmacy services.

Our call for action in the first 100 days: The Government must issue guidance and directions to local commissioners designed to achieve consistency in commissioning pharmacy services. This package for commissioning support should include good practice information, templates for commissioners to use and service specifications for high priority services that pharmacies can provide. In addition, accreditation arrangements for pharmacies and pharmacists should be streamlined as between PCTs to avoid wasteful and unnecessary duplication.

Public awareness of the growing range of pharmacy services

The issue: Community pharmacists are increasingly providing NHS services above and beyond dispensing. However there remains a lack of understanding among the public about the services that pharmacies can and do provide. The 2008 White Paper recognised this and committed the government to an awareness-raising campaign. There are questions to answer about when is the right time to do it, and there are suggestions that it should be devolved to PCTs. But with public health and well-being an increasingly important priority, and pharmacy's ability to rise to this challenge already recognised, delay and fragmentation seems counter productive

Our call for action in the first 100 days: The DH should co-ordinate and lead a campaign to raise awareness of community pharmacy services amongst key stakeholders. Within the first 100 days the

key messages, target audiences, funding and timeline of the campaign should be agreed, and the first stages of roll-out should be achieved. This campaign should be driven by the DH but developed in collaboration with the representative bodies in pharmacy and with PCTs/SHAs. The Government should not leave it to PCTs to take forward in an inevitably fragmented and inefficient manner.

Pharmacy input at PCT board/committee level

The issue: The inconsistency in commissioning arrangements for community pharmacy services at PCT level is in part due to poor understanding of how pharmacy can help to meet local health needs and challenges. Pharmacy representation at decision-making level within PCTs enables PCTs to benefit from a pharmacy perspective and improves PCTs' ability to factor pharmacy into local health plans. The government has encouraged PCTs to obtain pharmacy input, and progress has been made. But it remains lacking in some areas.

Our call for action in the first 100 days: The Government must require all PCTs to ensure that they have a pharmacy representative at a board (or sub-committee) level in order to improve PCTs' focus on community pharmacy and facilitate better commissioning of pharmacy services. This should be mandatory for PCTs. Similar arrangements will need to be developed in PBC.

Targets for implementation of new pharmacy services

The issue: The 2008 Pharmacy White Paper laid out proposals to increase the role of community pharmacies in providing key NHS services. While there has undoubtedly been progress, it has not been as quick as we wanted and expected.

Our call for action in the first 100 days: The DH should conduct a consultation with pharmacy representatives, NHS Employers and PCTs, on the development of clear targets for the roll out of high-priority pharmacy services. That consultation process should take no more than three months so targets can be announced later this year. This will help to focus the minds of commissioners locally.

Improved collaboration and information sharing between pharmacists, GPs and other health professionals

The issue: Collaboration between community pharmacists and GPs remains generally poor or non-existent in many areas across the country. Where collaboration is good, patients and the NHS benefit. If new pharmacy services are to be rolled out more quickly, collaboration needs to be consistently good. Again this issue has been recognised in the Pharmacy White Paper, but little action has followed and it remains down to local efforts.

Our call for action in the first 100 days: A small working group should be established by the DH, including GP and pharmacy representatives – particularly those who have led the way on local collaboration- as well as PCT and SHA representatives. This group would be required to report to DH within three months with specific proposals for improving local collaboration, including financial incentives. DH would be required to act upon (or drive others to act upon) the recommendations within three months of receiving them.

Using NHS information technology more effectively

The issue: The lack of an IT interface between community pharmacists and other healthcare professionals remains a barrier to the development of clinically-led pharmacy services. Concerns

remain over electronic transfer of prescriptions, and in some areas MURs continue to be paper-based.

Our call for action in the first 100 days: Pharmacists in both primary and secondary care must be given role-based, read-write access to the NHS Care Record. Within six months, paper-based communication of MURs and other information between pharmacies and GPs should be replaced by secure email.

Sustainable funding and rewards for quality & outcomes

The issue: The funding of community pharmacy services remains closely linked to the medicines supply function. Dispensing should remain at the core of pharmacy's role, but funding also needs to reflect the reality and the ambition of delivering a wider range of services. If funds are devolved locally – as they increasingly are – safeguards need to be in place to ensure that pharmacy funding is not diverted to other spending needs. The swings in reimbursement funding also contribute to a sense of volatility and unpredictability which makes medium term investment planning very difficult for pharmacies.

Our call for action in the first 100 days: First, binding safeguards should be put in place in to ensure that sums from the pharmacy budget devolved to PCT level are spent on pharmacy services, not diverted or cut. If necessary, this should be provided for in legislation. Second, to reflect the evolution and growing diversification in service delivery, incentive and reward mechanisms in the funding structure should be introduced. The QOF system for GPs provides some learning points in this regard. Third, the DH should recognise that more services need to be defined as Advanced services with nationally agreed specifications and funding. This will help to improve commissioning locally. High priority new services (minor ailments, sexual health, management of LTCs etc) are too important to be treated as Enhanced local services.

Shortages in the medicines supply chain

The issue: There is a consensus that regulatory guidelines need to be reviewed to curb the negative impact stock shortages are having on patients' access to medicines. We know shortages are being caused by parallel exporting and exacerbated by other factors such as quotas. Community pharmacists play a crucial role in delivering medicine and key health services to communities across the UK, but this role is now being threatened by the problem of stock shortages, and patients are now being put at risk.

Our call for action in the first 100 days: A binding agreement from stakeholders within the medicines supply chain that they will not compromise the safety and care of UK patients by removing drugs from the supply chain to export. This agreement would take the form of the Memorandum of Understanding, proposed and backed by the Department of Health, and co-signed by wholesalers, suppliers and pharmacy representatives. The MHRA should, if necessary, be given additional powers of inspection and enforcement to assist in the eradication of exporting activity that compromises the best interests of UK patients.

Medicine waste and adherence

The issue: Poor medicine adherence is an extremely costly problem, and one that the incoming Government will need to address urgently. By improving patients' knowledge and approach to taking medicines, the NHS will be able to reduce wastage, reap considerable cost savings and significantly

improve the health outcomes of patients. Community pharmacists are experts in frontline medicine, and therefore can play a crucial role in helping to improve the situation.

Our call for action in the first 100 days: The Government should launch a national First Prescription Service in community pharmacies. This structured intervention by community pharmacists would be aimed at those patients with a newly-diagnosed long-term condition and would support them in understanding their medicines, using them effectively and dealing with side effects or contra-indications.

The Government should also develop incentives around opportunities for non-prescribing in circumstances where a prescription is not necessary to manage or alleviate the patient's condition, and OTC remedies or other measures are more appropriate.

Split packs similarly remains an issue to be addressed. We understand that this issue is currently being considered by DH linked to ongoing work to simplify the reimbursement rules. This should be given greater priority by the next administration.

Effective access to pharmacy services

The issue: Access to pharmacies is widely recognised to be good. At present, control of entry regulations govern decisions around the opening and location of new pharmacies. In future PCTs will draw up Pharmaceutical Needs Assessments to ensure access and provision is in line with local needs. These PNAs will supercede the current regulations. But while they remain in effect, the 100-hour exemption continues to cause significant and continuing unplanned growth in the number of pharmacies. This is of questionable value to patients and the public, given that existing pharmacy numbers indicate good access and availability.

Our call for action in the first 100 days: The government must ensure that Pharmaceutical Needs Assessments are carried out to a sufficiently high standard by all PCTs, and that relevant stakeholders locally, notably community pharmacists, are consulted while PNAs are being drawn up. The DH must develop a comprehensive toolkit to enable PCTs to produce and develop PNAs. The DH must also introduce a mechanism to audit the quality of PNAs.

Regular progress report

The issue: The extraordinary consensus around the developing role of community pharmacy provides a strong platform for positive action. Progress so far has been slow, and it has been the APPG that has been most active in political circles at maintaining pressure on all the key stakeholders. After the election, given the need to harness pharmacy as effectively as possible, the pace of progress needs to improve and be seen to improve.

Our call for action in the first 100 days: Both the APPG and the Health Select Committee should review progress on developing pharmacy services and associated issues within three months of the new Parliament. The APPG should conduct similar reviews at least twice yearly and feed its views into the Health Select Committee as well as the DH and elsewhere. The DH should respond to the observations and recommendations arising from each progress review.

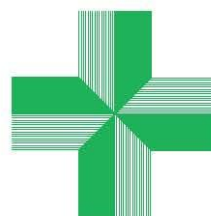
Access to NHS Information

The Issue: Community pharmacy, like other healthcare professions, is under increasing to demonstrate quality, competitiveness, and value for money. This pressure is likely to increase in the

wake of further financial pressure on the NHS expected post General Election. It is therefore crucial that the profession is granted access to NHS information to help improve decision making and deliver better care.

Our call for action in the first 100 days: Pharmacy must be given free access to data from the NHS Information Centre, and specifically NHS Comparators. Under current regulations, only NHS organisations are allowed access to this resource. Given that pharmacy is already a close NHS partner, we believe that this requirement should be scrapped, and the profession should be granted access to the data.

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