



ALL-PARTY PHARMACY GROUP

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All-Party Pharmacy Group meeting – An Audience with Earl Howe

The All Party Pharmacy Group meeting was held at 4pm on 7th December in Committee Room 12, House of Commons.

This meeting was set up to provide an opportunity for stakeholders to get a better understanding from the Minister responsible for Pharmacy Services, Earl Howe, on the role Government expects pharmacy to play in a modernised and restructured NHS and how best to remove any barriers which could prevent the profession from realising the opportunities and outcomes that Ministers – and indeed pharmacists themselves - share.

Speakers: Earl Howe, Parliamentary under Secretary of State for Health

Summary of APPG meeting

- Chair, Rt. Hon Kevin Barron MP (KB) welcomed Earl Howe (EH) and guests to the meeting, and asked the Minister to speak briefly about recent developments and news announcements in health, which impact on pharmacy. EH highlighted the APPG's hard work in lobbying to raise awareness of the expansive role of pharmacy and welcomed the recent launch of Pharmacy Voice. Following which he proceeded to outline how pharmacy must be appropriately embedded into Government policy to improve the health of the nation, pointing to provisions made in the recent Public Health White Paper.
- During the meeting EH consistently emphasised two related strands of thought. He reiterated his commitment to integrating pharmacy with other health service providers, going into detail on how the various services might coordinate, and often pointing out the areas in which the expertise of pharmacists could be useful. He was also keen to point out how crucial a heightened role for pharmacists could be in delivering efficiency savings in the NHS.
- EH (and Chief Pharmaceutical Officer Keith Ridge) emphasised that the Department of Health (DH) is committed to improving public health and, as such intends to work closely with community pharmacy, businesses and employers to promote successful campaigns such as smoking cessation. This commitment is demonstrated by the references to pharmacy in the Public health White Paper and the use of Portsmouth's Healthy Living Pharmacies (HLP) as a case study for best practice.
- EH also used the meeting as an opportunity to welcome the recent report from York Health Economics Consortium and The School of Pharmacy, University of London, on medicine waste. The Minister recognised it remains a serious problem, but if tackled, will deliver greater savings to the NHS and better health outcomes for patients. As such the DH, in conjunction with the King's Fund will be holding a roundtable in January with key stakeholders, to identify the best way to reduce unnecessary waste.
- EH outlined three key service developments that were very much tied to the general government policy of providing efficiency savings. Firstly, EH argued that MURs, albeit successful, need to be selective (through a national target) to ensure the most vulnerable benefit from them. Secondly, he argued that Repeat Prescriptions are essential, but by ensuring

that medicines aren't ordered, collected or subscribed to patients unnecessarily, services can be improved whilst saving money. The issuing of innovative medicines (through VBP) will also become more efficient meaning that the health service only purchases medicines with the highest therapeutic value for money. Thirdly, EH highlighted that the New Medicines Service was another example of how pharmacists cannot only enhance health outcomes but can help reduce the use of other health services and contribute to significant financial savings.

- In EH's closing remarks, he referenced the APPG's concerns about commissioning and the threat of decommissioning. He shares the concerns and argued that the NHS Commissioning Board (NHSCB), which will have control over procuring pharmacy services, will inject a greater degree of consistency and will go some way towards tackling these trepidations.
- KB thanked EH for his opening comments and asked the Minister two questions: whether the NHSCB will use the Portsmouth HLPs as a basis of a national model and if the NHS IT systems will be addressed to ensure joined up communications between healthcare professionals, namely GPs and pharmacists. In relation to the HLP model, EH agreed to it in theory because of the encouraging initial results, but stressed that when the Commissioning Board is set up it will consider all options independently of the DH. In terms of IT, the Minister highlighted that there is currently a consultation open on the issue, which he urged attendees to contribute to. He highlighted that the two major issues in this area are centred on sharing customer care records and electronic prescribing - which he expects the DH to begin moving forward with over the course of the next year.
- KB invited the Group's other Officers to question the Minister before opening it up to the floor. Baroness Cumberlege (BC) pressed EH on a number of pertinent commissioning issues; namely whether there will be a pharmacy representative on the NHSCB, how the balance between GP and pharmacy services that overlap (such as minor ailments) would be tackled when GP consortia are purchasing services and whether, because of this potential crossover, there should be a pharmacy QOF. EH called for both sides (GPs and pharmacists) to recognise the mutual benefit of working together in tackling issues such as minor ailments. He claimed that it is too early to say how GPs will be incentivised but reminded guests that the Public Health White Paper outlines how pharmacists will be paid for their performance (which is currently being finalised by NHS Employers and PSNC). In response to BC's first question, the Minister emphasised that the DH will not mandate the structure of the NHSCB but he said he would be surprised if they did not call on pharmacy expertise. EH also highlighted that it is important for increased coordination between pharmacy services to ensure a streamline transfer between hospital and community pharmacist.
- Questions from the floor concentrated on funding and support for community pharmacies already leading the way in frontline services, commissioning, pharmacy's role in efficiency savings (as demonstrated by the treatment of minor ailments), and marketing strategies to continue to debunk the myth about pharmacy simply being medicine prescribers.
- EH emphasised that although the DH agreed in principle to incentivising pharmacy for the good work it does in public health, there is little money available to support the profession by investing money back into the businesses in the way the HLPs are supported. Nonetheless he reassured the audience by saying that he believed efficiency savings can be made by finding value for money across the NHS, for example through generic medicine prescriptions, which can then be reinvested into services. He also reinforced the fact that the Public Health White Paper outlined how money will be ring fenced for public health, which pharmacy has an opportunity to be a beneficiary of.

- The Minister welcomed the suggestions of marketing to raise the profile of community pharmacy but stressed the current moratorium on Government departments' spending money on marketing. He re-emphasised the ring fenced budget, which will allow local authorities to consider investing in such initiatives.
- EH recognised the real challenge between redistributing the efficiency savings GP consortia will reap from pharmacy services amongst the profession. Nonetheless he said he will note the point about the management of savings.
- EH concluded by responding to a question about the support for pharmacy from Government, detailed in the two health White Papers (Liberating the NHS and Healthy Lives, Healthy People) simply being 'motherhood and apple pie'. The Minister urged that unlike in previous instances and administrations, the Coalition Government has a much stronger evidence base than before, which it will use to its advantage. Moreover he argues they are ruled by the imperative of QIPP (quality, innovation, productivity and prevention).