



ALL-PARTY PHARMACY GROUP

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“Time to maximise pharmacy’s role in managing long term conditions”

All Party Pharmacy Group proposes four-point plan

09 June: The All Party Pharmacy Group (APPG) is calling for the Department of Health to use the pause in the NHS reform programme to ensure that the NHS fully utilises and supports community pharmacy’s capability in managing patients with long term conditions. Chair of the APPG, Rt Hon Kevin Barron MP has written to Health Minister Earl Howe citing examples of community pharmacists already offering services for patients with long term conditions. However, there are a number of barriers preventing these and similar services from being made available in communities across the country. These include poor commissioning processes and a lack of good inter-professional engagement between GPs and community pharmacists

The Group is calling for Government to take the opportunity that the current listening process represents to tackle these challenges by:

- Giving practising community pharmacists a place on clinical commissioning consortia;
- Ensuring community pharmacy is involved in commissioning discussions and decisions of Health and Wellbeing Boards;
- Requiring PCTs, consortia and local authorities to facilitate more engagement between GPs and community pharmacists locally;
- Developing remuneration arrangements for GPs and community pharmacy that create incentives to work together, including a QOF style mechanism for pharmacy, and specific incentives for GPs to utilise community pharmacy in the management of patients with long term conditions where clinically appropriate.

Rt Hon Kevin Barron MP, said,

“There are 15 million people in this country suffering from a long term condition. Many of them need support and care in managing their condition but it’s not necessarily best provided by a GP, and certainly not in secondary care. Yet we know that many do end up in the GP surgery or the hospital when they don’t need to. We should be doing all we can to avoid that, but we’re not.

We must make sure that the professional expertise of community pharmacists is properly harnessed so that these patients get accessible, high quality care and the NHS makes the very best use of valuable resources. The APPG has been calling for this for some years but this pause in the reform programme presents a fresh opportunity for the government to get it right at last. Our four point plan would be a very good start and I look forward to a positive response and a dialogue with ministers about it.”

ENDS

Notes to editors

The APPG's letter to Earl Howe follows its public meeting held on 17th May 2011, a report of which is available here (insert link to meeting report on appg website).

For further information, please contact Natalie Bateman at Luther Pendragon on 0207 618 9100 or appg@luther.co.uk

Rt Hon Kevin Barron MP wrote to Earl Howe on 7th June – extracts from the letter are below:

“The overriding consensus was that pharmacy can and should have increased responsibility for supporting patients suffering from long term conditions. Located where people live and work, and with established relationships with communities throughout the country, pharmacists are uniquely placed to champion this policy area, but only if we enable them to do so. They see up to four times as many people as other primary care professionals, and their accessibility is combined with the highest levels of expertise and consistently high levels of public trust.

At our meeting, we heard examples of pharmacists already offering services based on the management of long term conditions, which are delivering tangible patient outcomes. While these highlight what pharmacy is capable of doing, at the same time we heard about the barriers that exist which are preventing similar services being made available in communities across the country.

Local commissioning

This patchiness in commissioning is something that this Group has been concerned about for several years. The current pause in the passage of the Government's NHS reforms provides a unique opportunity to ensure the issue is addressed.

The Group wishes to see community pharmacists have a voice in and influence over commissioning decisions, so that they are involved in high priority services such as those related to long term conditions. We strongly recommend that practising community pharmacists have a place on clinical commissioning consortia and that they are involved in the commissioning discussions and decisions of Health and Wellbeing Boards.

Stakeholder relationships

Poor commissioning is not just a result of inadequate structures. It's also brought about by poor inter-professional engagement, in particular between community pharmacy and GPs. As part of the NHS reforms, local NHS organisations (including GP consortia and Health and Wellbeing Boards) need to be required by your Department to encourage collaborative working and constructive dialogue. Putting community pharmacists around the decision-making table with GPs would be a good start in this process.

Improved service incentives

In addition, we wish to see remuneration arrangements for both professions create good incentives for the two to work more effectively in the best interests of patients, the public and NHS. A QOF-style mechanism for NHS community pharmacy seems a sensible way forward and we would appreciate an understanding of your current thinking in this regard. But this cannot be a one-way street; we also

believe GPs need to be provided with incentives to utilise the expertise of community pharmacy more effectively. We envisage mechanisms within their own remuneration structure that reward GPs for making best use of community pharmacy. In this respect we would also welcome your current thinking on this area.”