



ALL-PARTY PHARMACY GROUP

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Report into The Future of Pharmacy

Summary of public meeting held on 30 October 2007: The BMA's response to the Report

- Officers:** Dr Howard Stoate MP (*Labour, Dartford*) (Chair)
Baroness Cumberlege CBE (*Conservative*) (Vice-chair)
Sandra Gidley MP (*Liberal Democrat, Romsey*) (Treasurer)
Mark Todd MP (*Labour, Derbyshire South*) (Secretary)
- Guest:** Dr Laurence Buckman (Chairman, General Practitioners Committee, British Medical Association)

On the Pharmacy White Paper

- The BMA would like to see the White Paper set out plans for pharmacists to take on responsibility for a range of activities which are an inappropriate use of GPs' time. Dr Buckman accepted many of the recommendations for advanced services made by the Group in their report.
- Dr Buckman welcomed the Group's recommendation that pharmacists should be remunerated for quality of service and advice, not only for the quantity of prescriptions dispensed.

On service development:

- Dr Buckman recognised that primary care is changing and that health providers need to adapt to meet the needs, and to a degree, the demands of patients. He acknowledged that pharmacy is often better located, with unique facilities and the appropriate knowledge to deliver primary care. However he also noted that some new initiatives could be perceived as "hostile" by other members of the primary care team.
- He welcomed the Group's suggestion that pharmacy could deliver some public health services. He accepted four out of the five recommendations of advanced services made by the Group, including a minor ailments service, specific health screening, obesity management and a sexual health service.
- However, he was adamant that new pharmacy services should only be introduced when pharmacists were able to deliver follow-up care and not create more work for GPs.
- Dr Buckman did say that he had reservations about one of the Group's five service development proposals: management of long-term conditions by community pharmacists. Nevertheless, he agreed that it is reasonable for pharmacists to manage medicines. His main concern is that he doesn't believe the IT infrastructure will enable pharmacists and GPs to communicate effectively. Additionally, he felt that there could be confusion over where responsibility lay, which would be to the detriment of patients.

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- Dr Buckman agreed that primary care should be administered by the health professional best placed to deliver that care. “Best placed” could be determined by skills, location, access, qualification or other relevant criteria and would have to be judged on a case by case basis.
- He expressed concern about pharmacists taking on responsibility for diabetes monitoring. When it was pointed out that nurses help to manage patients with long-term conditions, Dr Buckman responded that nurses were generally co-located with GPs, whereas pharmacists are not part of the practice team. Dr Howard Stoaite MP challenged this view and stated that an increasing number of nurses are delivering care outside of the GP surgery.
- He noted that all primary health care professionals have professional limitations and that it is not in a patient’s best interest for primary health to be delivered by “plural-health workers”. Dr Buckman stated that the professions’ skills and differences should be celebrated.
- Dr Buckman said that he believed that pharmacists should be employed by all PCTs to provide advice on the best way to deliver primary health care.

On collaborative working:

- Dr Buckman commented that the majority of GPs see pharmacists as valued colleagues, who provide them with technical advice and that, overall, relationships between the two professions are good. However he did acknowledge that collaboration and good relationships were patchy across the UK and that there were examples of strained relationships, particularly in rural areas.
- According to Dr Buckman, these poor relationships are caused by the current legislative arrangements that force GPs and pharmacists to compete over a single budget. He believed that pharmacists and GPs should work together to ensure that PCTs are making the most efficient use of budgets available.
- He stated that one of the greatest assets of the pharmacist/GP relationship, is the role of the pharmacist in providing a second check on the prescription.
- Dr Buckman said that the traditional role of GPs as prescribers, and pharmacists as dispensers was becoming blurred, but where GPs had acted as mentors to pharmacist prescribers it had worked well.
- Dr Buckman said that good relations between LMCs and LPCs were vital and that they should sit together where possible. He acknowledged that at present this isn’t mandatory, but agreed that it should be.
- Dr Buckman agreed to a proposal for a joint LMC/LPC meeting to encourage more and better collaborative working at local level to develop a best practice model. He agreed that he would follow this up with PSNC.
- When asked about Practice Based Commissioning (PBC), Dr Buckman said that a representative from all the major contractor professions should sit on local PBC boards. He said that it was the responsibility of LPCs to influence PCTs to make this happen.
- He believed that the increase in multiple pharmacies makes collaboration difficult, as it is difficult for GPs to build relationships when there is a high turnover of pharmacy staff. Dr Buckman said that the majority of examples of collaborative best practice were between GPs and pharmacies that did not have a high turnover of pharmacy staff.
- Dr Buckman said he strongly supported the Group’s recommendation of collaborative education and CPD for pharmacists and GPs in areas where overlap exists, for example therapeutics.

On funding:

- When asked about the introduction of QoF points for pharmacy contractors, Dr Buckman said he would have no objection to pharmacists replicating the QoF model within their own funding structure to deliver performance related pay.

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- Responding to questions as to the viability of allocating QoF points in the GP contract to collaborative working with pharmacists, Dr Buckman said that the QoF points had to be evidence based. He said that if this evidence existed then he would have no objection to a collaborative working QoF.

On perceptions:

- Dr Buckman recognised that a pharmacy was more than just a shop. However he acknowledged that not all GPs and junior doctors hold the same opinion. He agreed that work needed to be done to improve the perception of pharmacists across the healthcare network.
- He stated that referrals of patients from GPs to pharmacists and vice versa was a positive influence on patient perceptions.

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The All-Party Pharmacy Group is supported by the Company Chemists' Association, the National Pharmacy Association, Pharmaceutical Services Negotiating Committee and the Royal Pharmaceutical Society of Great Britain.

The Group receives administrative assistance from Luther Pendragon.