Cllr. Mary O'Connor
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Joint Overview & Scrutiny Committee
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4 April, 2008

Dear Ms O'Connor

'Healthcare for London' review: an invitation to submit evidence - Joint Overview and Scrutiny Committee (JOSC)

The Royal Pharmaceutical Society of Great Britain (RPSGB) is the professional and regulatory body for pharmacists in England, Scotland and Wales. It also regulates pharmacy technicians on a voluntary basis, which is expected to become statutory under anticipated legislation.

The primary objectives of the RPSGB are to lead, regulate, develop and represent the profession of pharmacy.

The RPSGB leads and supports the development of the profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

The RPSGB has responsibility for a wide range of functions that combine to assure competence and fitness to practise. These include controlled entry into the profession, education, registration, setting and enforcing professional standards, promoting good practice, providing support for improvement, dealing with poor performance, dealing with misconduct and removal from the register.

The RPSGB welcomes this consultation and our response is set out as outlined below.

This consultation is wide ranging: we have focussed on the issues around improving access to primary care services and more specifically our views on the establishment of polyclinics, and described the essential contribution of community pharmacy to primary care access.

1. Establishment of polyclinics and access to primary care services

The Society supports the aim of Lord Darzi's review to deliver healthcare that is better, safer and more accessible and helps people stay healthier; however, we are unsure whether polyclinics will achieve that. The Society is not opposed to service redesign, particularly where it brings aspects of hospital care closer to the community. The Society is, however, concerned that the network of community pharmacies and the public's access to them could be put at risk if the model of polyclinics proposed in the review is introduced across the whole of London. 78% of people travel less than one mile to their usual pharmacy, and convenient location of pharmacies is a key concern for the public (rated ahead of being close to the doctor's surgery).[i] Will polyclinics undermine that accessibility?

Where a polyclinic is under consideration the Society feels that there should be an impact assessment as part of the consultative process so that local communities are able to assess the likely effects of any change. These consultations should always involve representatives of community pharmacy. There are also social and economic impacts to consider too. What will be the impact on the sustainability of local communities[ii] and will the transport links to polyclinics for patients (particularly those from vulnerable sections of the community), their family members and carers, be adequate?[iii] This review has described a number of different models for polyclinics and our concerns will vary depending on the model chosen for a particular location.

In regards to access to primary care services it should be noted that the vast majority of community pharmacies are open on Saturdays and some are also open on Sundays. On a rota basis, community pharmacies can provide evening and night time services. In 2006, 1,432 pharmacies in England contracted with PCTs to provide out-of-hours cover (e.g. to match GP surgery extended evening hours).[iv]

2. Long term conditions and healthy lives – the role of the new community pharmacy contract

Your review has posed the question about the potential role of pharmacists in helping people to manage long term conditions (LTCs) and lead healthy lives. This role is already a reality brought about in part by the implementation of the new pharmacy contractual framework in 2005[v]. The framework is comprised of three levels of service; essential, advanced and enhanced.

- Essential; services are provided by all community pharmacies in contract with their local PCT and are centrally funded.
- Advanced services are also centrally funded but only provided by pharmacies that are accredited. Accredited pharmacies require to have a consultation area approved by the PCT. It is estimated that 75% of all pharmacies across England now provide this service.
- Enhanced services are commissioned and funded by PCTs based on their local needs.

a) Essential Services

These include a number of services that support LTCs and staying healthy as well as improving access as outlined below: -

- Repeat Dispensing – Patients receiving repeat prescriptions whose treatment is stabilised may have their repeats managed by their community pharmacy for up to 12 months without going back to the surgery. This is a time saving for surgeries and a convenience to patients and their carers.
- Public Health – all community pharmacies now provide advice on healthy lifestyles to a consistent format. In addition they can participate in up to six health promotion campaigns each year dependant on the local PCT's priorities.

- Signposting – all community pharmacies are now provided with a directory by their local PC T that provides information on local health an d social care services and related organisations.
- Self Care – all community pharmacies now provide advice on self care with supportive information. They have traditionally provided a wide range of medicines for minor ailments which has widened in recent years as more prescription only medicines have been de-regulated and can now be purchased from registered pharmacies.

b) Advanced Services

There is only one at present, which is the medicines use review and prescription intervention service. This provides patients with the opportunity to have their medicines use reviewed in a one to one consultation with the pharmacist in a consultation area in the pharmacy. The aim is to maximise the benefits that the patient receives from their medicines and make recommendations to the patient and their GP where appropriate.

The Society endorses the recommendations of the All-Party Parliamentary Group on Pharmacy about increasing the scope of advanced services to cover several key public health priorities.[vi]

c) Enhanced Services

Availability of these services in each PCT will vary dependent on local priorities and available funding. Examples of these services are outlined below: -

- Minor Ailments – here patients are referred to community pharmacies for management of minor ailments and receive appropriate treatment on the NHS selected from a designated list of medicines. This saves time for GPs and improves access for patients.
- Sexual Health – a variety of services are provided here including provision of emergency hormonal contraception, Chlamydia testing and treatment and general advice and support on sexual health matters.
- Drug Misuse – this includes syringe needle exchange services, supervised consumption and general advice and support in harm reduction.
- Diagnostic testing – this covers the main LTCs such as diabetes, asthma, COPD and heart disease. Tests provided might include measurement of blood pressure, spirometry and certain blood tests such as blood sugar levels, total cholesterol.
- Weight Management – here pharmacists provide regular life style advice and support including measurement and monitoring of body mass index.
- Smoking Cessation – patients receive regular counselling and support from pharmacists as part of the PCT's smoking cessation service. The service may also include provision of nicotine replacement therapy and related products.

In addition to all of the above, certain pharmacists are now qualified to prescribe medicines in certain LTCs. The appointment of Pharmacists with special interests will provide further support to LTCs and the development of enhanced services in PCTs.

There is a need for the accreditation of enhanced services to be harmonised across PCTs: at present pharmacists may have to be accredited separately by each PCT commissioning a similar service from them. This wastes time and resources; it is holding back the wider involvement of pharmacists and hence constraining capacity. Our English Pharmacy Board is promoting the national roll-out of the North West Harmonisation of Accreditation scheme with PCT commissioners of enhanced pharmacy services.

The services provided in the new pharmacy contract are supported by a clinical governance framework and monitoring by the local PCTs. The provision of enhanced services in PCTs will vary according to the results of the local pharmaceutical needs assessment, involvement of

pharmacy in local commissioning arrangements and availability of local funding. Recent evidence suggests that PCTs have not fully addressed these issues resulting in the potential for community pharmacies to support LTCs and healthy lifestyles not being fully realised.[vii],[viii] Furthermore there has not been the degree of collaborative working between other healthcare professions, practice based commissioning groups and community pharmacy that we would like to see. Issues such as IT support also require considerable development.

Pharmacists play a key role in advising carers on newly-prescribed medicines and potential adverse effects.

We would like to see pharmacists getting involved in the new mechanism for patient and public involvement in health and social care – LINks.[ix]

A new White Paper for pharmacy was published today which sets out plans for pharmacists to extend their clinical roles in several important ways, including helping people with long-term conditions to get the best from their medicines.

We hope these views are of use to your joint overview and scrutiny committee and look forward to hearing the outcome.

Yours sincerely

Jeremy Holmes
Chief Executive & Registrar

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[i] Office of Fair Trading (2003). *Consumers' use of prescription pharmacies in the UK*, paras. D17-D18, page 85. http://www.oft.gov.uk/shared_oft/reports/comp_policy/oft609annexed.pdf (accessed 3 April 2008).
[ii] New Economics Foundation. Ghost Town Britain 11. NEF, London, March 2003
[iii] Ben Cave Associates/London Health Commission . *Update for Healthcare for London on the rapid evidence review and appraisal as part of the health inequality impact assessment and equalities impact assessment.* February 2008.
[iv] http://www.ic.nhs.uk/webfiles/publications/pharmservs/GeneralPharmaceuticalServices270706_PDF.pdf [accessed 20th March 2008] – see Table 5, p. 10
[v] Department of Health Contractual Framework for Community Pharmacy NHS Regulations 2005
[vi] All-Party Pharmacy Group (2007). *The future of pharmacy: report of the APPG inquiry*. http://www.appg.org.uk/documents/ThefutureofPharmacy_006.pdf (accessed 3 April 2008)
[vii] The Future of Pharmacy Report of the All-Party Pharmacy Group Inquiry June 2007
[viii] Blenkinsopp A. *Progress achieved with new pharmacy contract but room for improvement* Pharmaceutical Journal; 279: Supplement October 2007
[ix] http://www.dh.gov.uk/en/Managingyourorganisation/PatientAndPublicinvolvement/index.htm (accessed 3 April 2008)