

Future Pharmacy Plan in the UK and the Changing Roles of Pharmacist in both Community and Hospital Settings

Sahar Faraj

Institute of Pharmacy, School of Sciences, University of Sunderland, UK

الصيدلانية سحر فرج - كلية الصيدلة. جامعة ساندرلاند، بريطانيا

The present paper will discuss the current and the future roles of pharmacists working in both community and hospital settings as well as reflecting on the government strategic plan for the profession. However, these roles and in particular the future roles of pharmacists have been clearly indicated in a recently published paper by Department of Health. In fact, the latter is an NHS document (patient focused) entitled "Pharmacy in the Future-Implementing the NHS Plan" and was launched at the 137th British Pharmaceutical Conference, Birmingham, September 12th, 2000 by Lord Hunt (Parliamentary Under-Secretary of State for Health). In his keynote speech Lord Philip Hunt addressed the conference by suggesting the followings as future roles for pharmacists "Pharmacists are highly qualified professionals whose skills have been under utilised for too long. Our vision for pharmacy in the future is one where pharmacists spend more time focusing on individual patients' needs, in particular helping them get the most from their medicines". Lord Hunt went further to outline few future challenges which pharmacy may face including making sure that people could get medicines or pharmaceutical advice easily and as far as possible, in a way, at a time and in place of their choosing. Beside offering people as much support as possible (meeting their needs) and helping patients to get the best from their medicines, other core roles included in this plan were enhancing public confidence in the profession, having better access to services, reducing waste and improving convenience, redesigning services around patients and ensuring high quality as well as getting most from staff. These issues however, were subdivided into four main subheadings in the strategic plan as follows: i) better access to services which covered among other things more OTC medicines, easier access to services out of hours, repeat prescriptions from pharmacies by 2004, electronic prescribing by 2004; NHS direct referrals to pharmacies by 2002; ii) getting the best from medicines which included professional/patient partnership approach to prescribing and getting extra help from pharmacists; iii) redesigning services to reward high quality services and emphasizing the need of prescribing pharmacists. The fourth section "getting the most from staff" of the above mentioned paper dealt with staff

training, registration, staff conditions, retention, better use of skills of technicians etc.^{1,2}

Before discussing and/or commenting on any issues of future pharmacists' roles, it is vital to suggest that this plan was designed to combat waste, prevent avoidable illhealth or side effects resulted from poor adherence to treatment by patients. Figures published in the strategic plan introduced last September indicated that as many as half of all patients with chronic conditions end up using their medicines in a way that is not fully effective. It is also estimated in the same paper that 6%-10% of hospital admissions are due to medicine problems. It was further claimed that the annual unused medicines returned to pharmacies is in excess of 100 million pounds of taxpayers money. Similarly, a survey conducted 1995 reported that 11% of the households had at least one medicine on their shelves no longer being used. While non-compliance with medication seem to be the norm, other research estimated that 25-60% stop taking their medication early, and hence non-compliance with drug treatment estimated to be between 42-62%. In health terms, it would seem that non-compliance has not only negative direct cost on NHS budget but an overall impact on the health of the society, and indeed some form of non-compliance are potentially more dangerous than others. And this includes non-compliance to prescribed treatment of diabetes, cardiovascular disease and perhaps asthma.³⁻⁵

On the other hand, it should be acknowledged that this plan was positively responding to modernisation of the NHS particularly with regard to a fast changing world and using modern technologies (e.g., electronic transfer of prescription, e-pharmacy and other currently debated issues such as out of hours pharmacy service and the independent prescribing pharmacist status etc. Focusing on this very last role, the strategic plan claimed that patients needs might be better served by some pharmacist being able to prescribe medicines for them directly. Providing appropriate legislation passed by government, the plan intends to extend prescribing rights to new groups of professionals including pharmacists. This is to build upon the success of nurse prescribing and the recommendations of the Review of Prescribing, Administration and Supply

of Medicines chaired by Dr June Crown. It was noted in the plan that a core future role in the pharmacy practice would allow suitably qualified pharmacists -and perhaps other medical staff- to have the opportunity to apply for the independent prescribed pharmacist status subject to successful completion of first supplementary prescribing stage. And indeed such role is expected not only to empower pharmacists to prescribe medication but help other medical staff to become more involved specialists.

Reflecting on the current pharmacists' roles in smoking cessation, supervision of consumption of methadone, counselling advice, disease prevention and health promotion over use of medication, it has been suggested that pharmacists particularly community pharmacists are ideally placed and can provide a wide range of advice to a large audience on variety of pharmacological treatments and medicines. Further, pharmacies often visited by patients who are seeking advice and those who rarely consult their doctor but still buy over-the-counter medicines for minor illnesses⁶. Moreover, pharmacists have daily encounter with a large number of smokers buying NRT and perhaps with some methadone users who should be exclusively treated in more specialised centres.

Professional bodies such as the Pharmaceutical Service Negotiating Committee (PSNC) and the National Pharmaceutical Association (NPA) have both welcomed the publication of the strategic plan for pharmacy on September 12, but expressed their concerns over the legality of medicines supply through e-pharmacy and the proposals to extend it to include NHS prescriptions. However, the director of the NPA has correctly acknowledged the followings "Changes can be an uncomfortable process, we hope that appropriate financial and other resources will be available to ensure the community pharmacy can build properly on its strengths".

No doubt, patients would certainly benefit from the introduction of the automation into pharmacy practice - as many would have better access to information about their medicines etc- but who would be meeting the costs of community pharmacists staff training imposed on them by automation and using IT technologies?

In conclusion, the recently launched pharmacy strategic plan in the UK is a major service reform which hoped to create for pharmacists clearer roles and opportunities to utilise their skills. As it was indicated throughout this assignment, the new responsibilities (roles) are many and will be ranging from prescribing, dispensing and safe

handling of medicines to familiarity with principles of NHS and new health priorities (eg, acquiring automation and communication skills) as well as helping patients to understand their prescribed medicines and perhaps monitoring their therapy. In sum, this plan expected to offer a greater access to service, medicines and health information. And this is where the patient come first, where medicines are available and where pharmacists make themselves available to respond to requests for advice and even discussion of personal matter in private if they wish. The document also stressed that such community service should be available everywhere, in areas of social exclusion as well as areas of affluence. Further, the plan pledged to encourage partnership, better communication and team working between doctors, pharmacists and patients as well as providing training opportunities to the workforce. Indeed, the plan made a specific commitment to offer more preregistration places in hospitals during 2001-2002 to enhance such future roles for pharmacists.

Finally, despite the unreserved welcome by the industry regarding expansion or switching many products to OTC, it is worth remembering that the document neither mentioned nor put in place any mechanism or an action plan to protect patients from becoming self medicated and consequently missing major illness of their own. Overall, it is safe to suggest therefore that the recently proposed plan is a community pharmacy plan oriented to develop community pharmacy service with main emphasis placed on prevention strategy rather than on treatment.

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