

**Comments from IPMI**

We wish to make some general comments about the NHS as we see it and of areas where pharmacy could make greater contributions and how this might be achieved. Finally we submit thoughts on the areas identified for primary legislation changes.

**A General Comments on the Current NHS**

1. There is a need for a review of the NHS aims, structure, functions and responsibilities as professional roles and patient's expectations have changed radically in the past ten years.
2. The NHS structure is fragmented, complex and confuses the public and practitioners alike.
3. We support the areas selected for Structural Reform notably
  1. A patient-led NHS
  2. Shift resources to promote better healthcare outcomes
  3. Revolutionise NHS accountability
  4. Promote public health
  5. Reform social care
4. We suggest however the focus should be widened with additional areas that refer to the Nation's Health rather than just the NHS and targets are chosen to match.
5. Future Health care requires better team work across health, social and criminal justice boundaries. Pharmacy team contributions are undermined by the uncertainty of competition. This is acceptable for commercial sales, but less so for professional services of prescribing and public health of the local population. The Scottish NHS has achieved better integration of pharmacy services and England should try to do better. Some degree of competition is inevitable, but the importance of professionalism remains, and we hope to see professionals agreeing locally the outcomes required.
6. Too many resources are invested in acute care and too little in public health and disease prevention and in social influences on ill health.
7. Insufficient investment has been made in developing managerial skills for those who control the use of resources and in the necessary infrastructure for developing efficient working.
8. Too much professional time is wasted in bureaucracy for targets that may divert care into meeting them rather than looking at the needs of the population.
9. Priorities for patient care in the NHS need reassessment
10. Pharmacy services are variable and many PCT's have yet to implement agreed pharmacy services. It will be important for local monitoring of national commissioning to ensure equitable access in future
11. Devolution of the Global sum has created more variability in pharmacy service levels and risks undermining existing services. It will be important for GP consortia to involve pharmacists given the level of resources committed through pharmacies and increasing requirements for sharing of care.
12. Patient expectations are often unrealistic and patients have little responsibility for playing their part, in taking medication appropriately, turning up for appointments etc.
13. As many as 10% of acute admissions to hospital are medication related either from over or under dosing, side effects or interactions
14. Managerial input from pharmacists to the NHS is inadequate
15. Prescribing costs grow at an increasing rate with double digit growth in secondary care

16. Pharmacists are the experts on medicines and their use and they should play a greater role in improving efficient and safe use.
17. Pharmacist's skills, knowledge and expertise are underutilised by the Government and the NHS in managerial, clinical, prescribing, public health and patient care areas.
18. Pharmacy premises are underutilised by the Government and the NHS for increasing public awareness of healthier living, for dealing with epidemics and for population screening.
19. The control of entry arrangements currently allow distortion of the market especially 100 hour pharmacies and we support the removal of this clause.

## **B What Pharmacy Should Do**

1. Help develop a population health pharmacy agenda that engages with national plans and looks after their local populations health needs.
2. Help improve high quality medicines use (in terms of safety, effectiveness and patient experience).
3. Help improve prescribing quality, maximise benefits and minimise risks and aid legal compliance of NHS organisations in regard to Medicines and Pharmacy Legislation
4. Help develop standards for identified pharmacy management roles such as resource management, leadership - managerial and clinical, and for undergrad. and postgrad. training of pharmacists.
5. Improve medicines management across the patient care interfaces in health, social and judicial care.
6. Offer new services in community such as chronic medication reviews, and minor ailments triage.
7. Better use should be made of pharmacists in the managing NHS resources and service planning. Many medical developments have pharmaceutical consequences that are often missed in their absence.
8. Better use of pharmacists in the high street, providing health promotion, open access to professional services, advice for treating and assessing minor ailments, for referring patients, for monitoring and reviewing patients on repeat medication and for shared prescribing.
9. We look forward to the Public Health proposals and hope there will be a significant section on how pharmacy, pharmacies, pharmacists and their staff might contribute most effectively to improving the health of the nation also involving prison and hospital pharmacy. Recent evidence suggest that poor foetal development is a factor in the development of heart disease in later life and obesity, diabetes, schizophrenia are a few other areas where similar results have been obtained. Pharmacies are ideally placed to help expectant mothers minimise foetal risk of these and other diseases such as foetal alcohol syndrome. Support staff is now much better trained and could be better utilised in public health arenas.
10. Pharmacy premises can be used for wider health care roles such as that of the local walk in centre in Scotland and reduced the need for NHS capital investment for clinics by allowing for better use of premises by other health and care professions.
11. The quality (safety, effectiveness, patient experience), of patient care and of medicines dressings sundries and devices is fundamental and is an area where pharmacies are well trained.
12. Patient experience and choice are important in influencing the market and that should continue.

## **C How best to implement these changes.**

1 We hope you will engage with pharmacy organisations and the professional body to maximise the input for the profession and from pharmacy premises. We hope the Royal Pharmaceutical Society is given the lead role in this regard and would be happy to make a contribution.

2 We hope that the new proposals will reduce bureaucracy and minimise duplication of effort rather than increase it.

## **D Issues requiring primary legislation changes**

We wish to suggest the following comments on implementation of the proposals requiring primary legislation below

1 We support the creation of a **Public Health Service**, with a lead role on public health evidence and analysis;

- *We suggest that Pharmaceutical public health practitioners and plans must be a significant contributor to this development.*

2 We agree with enshrining **improvement in healthcare outcomes** as the central purpose of the NHS;

3 We agree with making the **National Institute for Health and Clinical Excellence** a non-departmental public body, to define its role and functions, reform its processes, secure its independence, and extend its remit to social care;

*We suggest that Pharmaceutical practitioners must be a significant contributor to this development.*

4 Regarding establishing the independent **NHS Commissioning Board**, accountable to the Secretary of State, paving the way for the abolition of SHAs. The NHS Commissioning Board will initially be established as a Special Health Authority; the Bill will convert it into an independent non-departmental public body;

*We hope this will help develop standardised levels of service across the country for pharmacy and prescribing practitioners and that there is pharmaceutical input to its operational teams*

5 Transferring **local health improvement functions** to local authorities, with ring-fenced funding and accountability to the Secretary of State for Health;

*We suggest that Pharmaceutical practitioners must be involved in taking this development forward as presently there is little input at local authority level.*

6 Placing **clear limits on the role of the Secretary of State** in relation to the NHS Commissioning Board, and local NHS organisations, thereby strengthening the NHS Constitution;

7 Giving **local authorities new functions** to increase the local democratic legitimacy in relation to the local strategies for NHS commissioning, and support integration and partnership working across social care, the NHS and public health;

*We suggest prison health care is also important*

8 Establishing a statutory framework for a **comprehensive system of GP consortia**, paving the way for the abolition of PCTs;

*We suggest that Pharmaceutical practitioners must be involved in developing suitable arrangements*

9 Establishing **HealthWatch** as a statutory part of the Care Quality Commission to champion services users and carers across health and social care, and turning Local Involvement Networks into local HealthWatch;

10 Reforming the **foundation trust** model, removing restrictions and enabling new governance arrangements, increasing transparency in their functions, repealing foundation trust deauthorisation and enabling the abolition of the NHS trust model;

11 Strengthening the role of the **Care Quality Commission** as an effective quality inspectorate; and

12 Developing **Monitor** into the economic regulator for health and social care, including provisions for special administration.

*We are wary of the potential over regulation in community pharmacy and hope that the level of regulation is proportionate and there is one organisation in overall charge. We note the problems created by multiple regulation of Controlled Drugs arrangements in the Shipman inquiry report.*

13 Associated with these changes, reducing the number of **arm's-length bodies** in the health sector, and amending their roles and functions.

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