

PHARMACY NOW



Royal
Pharmaceutical
Society
of Great Britain

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ENGAGEMENT WILL BE CRUCIAL TO ROYAL COLLEGE PLANS

The Society's President Hemant Patel reflects on the challenges and opportunities offered by the White Paper on the regulation of health professionals.

Most readers will by now either have read or heard about the recent Government White Paper on the regulation of health professionals. The paper proposes the creation of a new body to carry out regulatory functions currently undertaken by the Society. It also calls for a 'Royal College' role to provide professional leadership and member support in all areas of practice.

If developed and implemented in the right way, the proposals in the White Paper will lead to stronger leadership for the pharmacy profession while ensuring greater patient safety overall. We will have a strong, independent regulator that will protect the public and we will have a Royal College to support excellence, professionalism and innovation.

In March the Society organised a meeting at its London offices which was attended by representatives from pharmacy organisations and also by members from the Society's Branches and Regions. This meeting signalled the first of what will be a series of consultation meetings designed to gather thoughts and ideas about what a future Royal College model for pharmacy might look like.

The Society is in listening mode and understands that in order to create an effective new Royal College, it will need the support and input of the profession and of the various bodies in pharmacy. This is why we will be talking to the Pharmaceutical Society of Northern Ireland (PSNI) and over 100 other pharmacy bodies to help to create a Royal College for the pharmacy profession. A one-day event bringing



By Hemant Patel, President of the Royal
Pharmaceutical Society of Great Britain.

pharmacy organisations together to discuss the formation of a Royal College and to look at how it might be established, is also being planned for late April.

This is a once in a lifetime opportunity for the profession to be able to establish a Royal College that will stand the test of time and build on our 166 year heritage. I am convinced that working together we can create a new world class organisation that can represent both the interests of the pharmacy profession and patients.



27.03.07: MINISTER ADDRESSES COUNCIL DINNER

Towards the end of March over 120 guests attended the Council Dinner held in the newly refurbished conference suite of the Society's London offices. Pictured above with Society President Hemant Patel (right), Health Minister Andy Burnham MP addressed the dinner. For a full copy of his speech go to www.dh.gov.uk/en/News/Speeches/dh_073592.

19.03.07: BLAIR AND BROWN UNITED ON PHARMACY

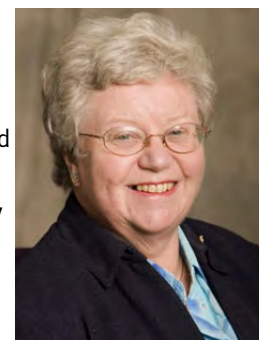
A vision of "truly personalised" public services, where high street pharmacies are allowed to offer a range of 'GP services', was described by Prime Minister Tony Blair when he launched the Government's Building on Progress policy review document on 19 March. Mr Blair emphasised pharmacy's importance as a key supplier of healthcare services in his list of top five principles underpinning the reform of public services. The Chancellor, Gordon Brown was also present at the launch. David Pruce, Director of Practice and Quality Improvement at the Royal Pharmaceutical Society of Great Britain (RPSGB) said: "I am delighted to see that the Prime Minister and his Cabinet have recognised that pharmacists are ideally located in the heart of communities and are able to reach those parts of society unlikely to use GP services. The Society has lobbied the Government to make better use of pharmacists' expert skills underlining the fact that many already provide a range of enhanced services. The plans to extend these services will give patients more choice and faster access to care."

13.03.07: NEW REGULATORY APPOINTMENTS

The formal making of the Pharmacists and Pharmacy Technicians Order 2007 (the section 60 Order) by the Queen in early February 2007 will see new Statutory Committees established by the Society to ensure high standards in the pharmacy profession and to provide greater safety for the public. The four committees – Disciplinary, Health, Investigating and Registration Appeals – have now replaced the old Infringements and Statutory Committees (although the Statutory Committee will still continue to operate in its current form for a number of months until it has completed the handling of cases currently referred to it). The names of the members of the Disciplinary, Health and Investigating Committees have been announced but the members of the Registration Appeals Committee will not be announced until early May 2007, when their training has been completed. See the press release for names at www.rpsgb.org.

27.01.07: S&R ANNOUNCES RETIREMENT PLANS

Ann Lewis, the Society's Secretary and Registrar is to retire in autumn 2007. Prior to her appointment as Secretary and Registrar in 1998, Ms Lewis had been on the Society's Council for 10 years, two of which she served as President. She says: "It has been my privilege to have been in a position where I have been able to help the pharmacy profession confirm its clinical role at the very start of the 21st Century. The Society's *Pharmacy in a new age and Building the future initiatives* set the future direction for the profession. The strategic objectives resulting from these pieces of work, including pharmacist prescribing and pharmacy involvement in public health, have been achieved through adoption by Government as policy for the profession and by seeking the necessary legislative changes through recent Health Acts. The Society and Council will face a time of significant change over the next few years and it is in the interests of the organisation to appoint my successor to take this new programme of work forward." Work has begun to recruit Ms Lewis's successor.





NEWSROUND

A CHANCE TO CATCH UP ON THE LATEST NEWS

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08.03.07: SOCIETY OPENS ITS DOORS TO LOCAL SCHOOLS

In collaboration with the Academy of Pharmaceutical Sciences, the Society invited 100 Lambeth schoolchildren to attend a special event *Science, pharmacy and all that*, a celebration of science giving young students a taste of what a career as a pharmacist or pharmaceutical scientist could mean for them. The careers day coincided with *National Science and Engineering Week 2007* and was the first event of its kind to be held by the Society.

27.02.07: PUBLIC HEALTH RESOURCES

In February the Society played host to the launch of a series of public health resources by Caroline Flint MP, the Minister of State for Public Health. The resources, produced by PharmacyHealthLink in association with the Department of Health, will help community pharmacists provide concise advice for healthy lifestyle interventions. Designed as a set of information cards they give pharmacists prompts and ideas for ways to intervene sensitively when patients present with certain conditions, a requirement that is now part of the pharmacy contract in England. The first five pharmacy information cards cover Alcohol, Diet and Nutrition, Physical Activity, Smoking and Weight Management and more will follow. Every community pharmacy in England received a resource pack (paid for by the DH) at the end of March. The packs and more information can be found online at: www.pharmacymeetpublichealth.org. For more copies of the leaflets contact PharmacyHealthLink on 0207 572 2265 or email: pharmacyhealthlink@rpsgb.org.

27.02.07: TEEN LIFE CHECK GETS PHARMACY INPUT

The Society's President Mr Hemant Patel has joined the Joint Life Check Board, the body coordinating the DH funded *Teen Life Check* pilot targeted at 11 – 14 year olds in England. The *Teen Life Check* initiative aims to empower young people to take greater control of their health and well-being by raising their awareness of risk and the range of local and national support services available to them. It forms part of the Child Health Promotion programme and sits within the context of Government strategies for sexual health, smoking cessation, drugs, alcohol, volatile substance misuse, diet and exercise and emotional well-being. In terms of healthcare, teenagers have been traditionally hard to engage with so this initiative - in which pharmacists are playing a crucial role - is a major step forward. More information at: www.teenlifecheck.co.uk.

SOCIETY'S LIBRARY SERVICES SOMETHING TO SHOUT ABOUT

The Society's library team provides an invaluable service for members. Here we feature one of the library's many satisfied customers, Information Pharmacist Jean Blake.

Which library services do you use?

Mostly the library and the associated service provided by the Information Pharmacists. I also use the Legal Department and the BNF for specific queries.

How do you access the services?

Telephone, email, internet.

Are they easy to use?

Yes – very responsive – quick and easy.

What do you think of the service?

Excellent service – I use the library for references; the email and fax services are superb, copies of source documents arrive without any problems. I have also used the library for books, and occasionally for advice on choice of book. I have used the service provided by the Information Pharmacists since its inception in the late 1960s for all types of enquiries. I have always found the staff most helpful and ready to search for that elusive answer. I also contact Dr Colin Cable in Edinburgh for help with technical (eg: Stability) information – he is a valuable resource on pharmaceuticals.

Is it a valuable service for Society members?

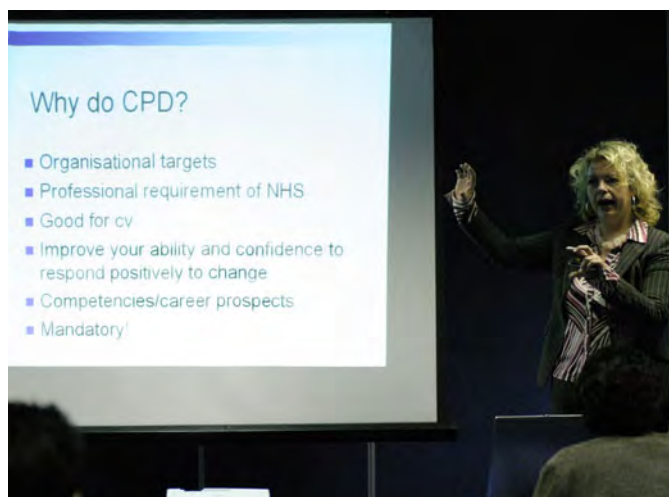
In my opinion, it is very valuable. However, there seems to be a lack of knowledge about the service and what it offers – I tell many pharmacists to contact both the library and information services and am surprised that they appear unaware that they can do so.

Anything to add?

I have a very useful A4 card, *'Telephoning the Royal Pharmaceutical Society – A Guide for Members'* – it gives the telephone numbers making it very easy just to ring with an enquiry. Members should make better use of this valuable resource that is so easy to contact and is free (except for copies of references).

To find out more, visit the library homepage at www.rpsgb.org/informationresources/library/ or the library catalogue at <http://olib.rpsgb.org>.

TAKE 6: A LOOK AT SOME RECENT SOCIETY DEVELOPMENTS

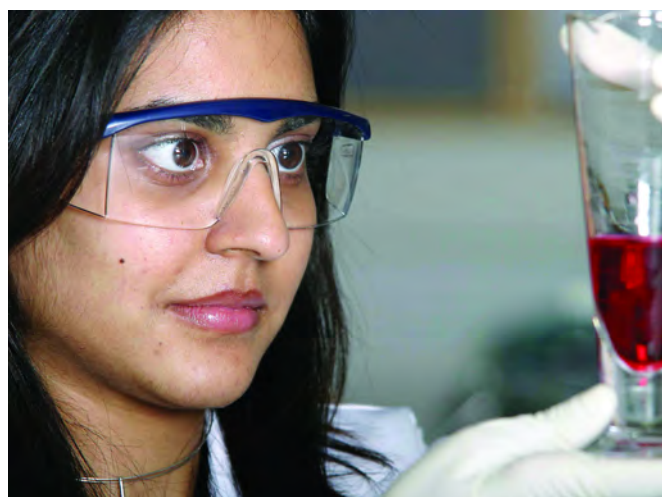


1. REGIONAL EVENT SUPPORTS CPD NEEDS

A 'Long Term Conditions' conference organised by the South East Region of the Society last month, focused on continuing professional development (CPD), with pharmacists attending given the opportunity to put CPD into practice. Speakers included Beth Taylor, National Development Lead Pharmacist and Vice Chairman of the English Board and Gillian Arr-Jones, Deputy Head, Controlled Drugs Regulation, Healthcare Commission. Discussion focused on long term conditions (particularly rheumatoid arthritis) and the pharmacist's role in improving patient care and compliance. Individual and tutored CPD sessions were also available for attendees to gain individual help and advice. Roy Daisley, South East England Region Chairman and conference organiser, described the day as extremely successful and said: "The identified learning outcomes were fully met and participants have been given ideas, help and confidence for the completion of their CPD entries." Dr Peter Wilson, Head of Post Registration at the Society, said: "The Society is moving towards piloting the systems for reviewing CPD records and we expect to be running this with volunteers later in 2007. We are fast approaching 20,000 members having registered online with the Society's CPD programme, and we look forward to this number increasing as CPD becomes mandatory in the near future." The Society has made special funding available in 2007 for Regions to hold meetings that support pharmacists' CPD needs. For further information e-mail: b&ra@rpsgb.org.

2. PHARMACY WORKFORCE: MODELLING THE FUTURE

In March the Society published a new report, *Future pharmacy workforce requirements; workforce modelling and policy recommendations*, which provides a thorough analysis of the factors that are likely to affect the demand for pharmacy services and the supply of qualified pharmacists in to the future. The work was commissioned by the Pharmacy Workforce Planning and Policy Advisory Group, and led by Professor David Guest, Kings College London. The major outcome of the programme is a sophisticated workforce model, developed as a flexible planning tool within which the impact of changes in the assumptions of supply and demand can be tested. Dr Sue Ambler, Head of Research and Development at the Society, said: "Determining the nature and distribution of the current pharmacy workforce in terms of both supply and demand to inform future workforce planning and commissioning are vital to the profession. The study aimed to develop a proactive and responsive workforce and modelling system for analysing future workforce needs in pharmacy, and the model will be updated with new data and emerging policy scenarios, providing a vital planning tool for the future of the profession." The full report can be found on the Society's website (www.rpsgb.org) under the 'Download documents' link on the homepage, under 'research' or alternatively contact Sue Ambler, Head of Research and Development at the Society via sue.ambler@rpsgb.org.



TAKE 6: A LOOK AT SOME RECENT SOCIETY DEVELOPMENTS



3. VOLUNTARY TECHNICIANS REGISTER HITS 5,000

Since January 2005 more than 5,000 pharmacy technicians have voluntarily registered with the Society online via the 'Pharmacy Technicians' section of the Society's website, www.rpsgb.org. Reaching the 5,000th registration demonstrates how seriously technicians take their role and is a positive step forward since anticipated legislation will make technician registration mandatory in the future. Jonathan Ainley, a hospital pharmacy technician and the 5,000th technician to register with the RPSGB, said: "I would encourage every technician to register as soon as possible to help raise the profile of the pharmacy technician and gain the recognition that we deserve. It will instil a greater sense of responsibility and professionalism, and is important for the development of the profession."

4. NICE GUIDANCE ON SMOKING CESSATION

New guidance from the National Institute for Health and Clinical Excellence (NICE) will advise employers on how to help employees stop smoking, and will recommend how pharmacists and others providing stop smoking services can provide support. Visit www.nice.org.uk/phio05 from April 25th for information.

5. REVIEW OF CONTROLLED DRUGS REGULATIONS

The Society has welcomed the launch of two consultations by the Government that address the prescribing of controlled drugs by pharmacists and nurses. A 12-week Home Office consultation looks at whether the Misuse of Drugs Regulations should be updated to enable the prescribing of controlled drugs such as morphine for pain relief, by specially trained pharmacists and nurses. The Medicines & Healthcare Products Regulatory Agency simultaneously launched a consultation on proposals for changes to the legislation governing the supply and/or administration of pain relief through morphine and diamorphine by pharmacists and nurses working under Patient Group Directions. David Pruce, Director of Practice and Quality Improvement at the Royal Pharmaceutical Society of Great Britain (RPSGB), said: "As experts in medicines who undergo five years of education and training, pharmacists are already highly experienced in advising patients about how to use their medicines, and doctors about what should be prescribed. Extending prescribing powers to include controlled drugs will give patients improved access to the care they need and make full use of pharmacists' skills. Pharmacists will only prescribe within their own competencies and the RPSGB has developed a clinical governance framework for prescribers to ensure that standards are maintained." The consultation on prescribing of controlled drugs is available on the Home Office website at <http://www.homeoffice.gov.uk/about-us/haveyoursay/current-consultations/> while the consultation on Patient Group Directions is available at <http://www.mhra.gov.uk>.

6. COMPETITION

The Society's library is running a competition with the prize of a replica leech jar going to the winner. Simply guess the number of eggs in the replica leech jar shown in order to win the jar. Visit the library homepage at <http://olib.rpsgb.org> and submit your answer no later than 9am on the morning of the 30 April.



CHAIRMAN OF THE BOARD

Paul Bennett is the first ever Chairman of the English Pharmacy Board (EPB) which held its first meeting on 22 February 2007. He is also General Manager, Head of the Superintendent Pharmacists Office at Alliance Pharmacy.



What made you choose a career in the pharmacy profession?

At school my greatest interest was always in the sciences, especially chemistry, so when it came to choosing a career it was an easy decision for me. I wanted to study a combination of science subjects that would enable me to join a profession where I could make a real difference and a health related subject seemed the sensible choice. After considering veterinary science and dentistry I eventually decided that pharmacy ticked all the right boxes for me. The fact that my brother and sister in-law are both pharmacists probably also had something to do with it!

Can you tell us a little about your career to date?

After leaving the University of Bradford I worked for Boots for six years in various roles from Relief Pharmacist to Store Manager, before moving to Safeway to take on the role of Area Manager. Working in what was a predominantly non-pharmacy environment was fantastically stimulating and I learnt a lot about management and leadership as Specialist Operations Controller. I was Superintendent Pharmacist for nine years at Safeway and as General Manager had full professional and commercial responsibility for the pharmacy business before leaving to join Alliance Pharmacy in 2005. In my current role I have responsibility for supporting our Superintendent Pharmacist, Tricia Kennerley, to ensure that we operate a highly professional community pharmacy business.

Why did you decide to stand for election as Chairman of the EPB?

The creation of the National Boards has presented the

membership with a great opportunity to shape how pharmacy is practised in their respective countries. I wanted to contribute to the thinking and activities associated with shaping future practice and believe that I have the inclusive approach and leadership skills necessary to harness the enthusiasm, passion and ability of my Board colleagues to make a real difference. I hope that many years' experience on representative organisations and a good understanding of the key issues facing the profession will enable me to undertake the strategic leadership role that the Board and its Chairman have. I was honoured to be elected the Board's first Chairman and look forward to working inclusively with all EPB members.

How is the EPB shaping up? What happened at the first meeting?

Our meeting in February was the first opportunity to consider how we are going to work together and deal with the issues before us. After dealing with the business of the election of Chairman and Vice-Chairman, the Board considered amongst other matters its key priorities, how it might communicate and engage with the membership in England, the need for local leadership, the profession's involvement in the public health agenda, how it would respond to consultations, skill mix, pharmacist prescribing and not least the White Paper on the regulation of Health Professionals which had been released only the day before. A packed agenda therefore! I was delighted that Beth Taylor stood for the position of Vice-Chairman. Her experience in primary care will be invaluable to the Board and I look forward to working closely with her as we tackle the issues that face us.



FOCUS ON: PAUL BENNETT CHAIRMAN OF THE ENGLISH PHARMACY BOARD



What do you see as being the main challenges for the EPB during the next year?

One of the main challenges is going to be how we effectively engage with the membership. It is imperative that we have a good dialogue with Branches and Regions so that the Board can translate the membership's views into actions that ultimately shape Government and Council policy. Another challenge lies in how we will capture the spirit of 'Englishness' of pharmacy practice. Practice does vary across the countries and it is important that we identify and champion those in England which truly add patient benefit and further develop the role of pharmacists and technicians as healthcare providers.

What are the key priorities for practice development in England?

I strongly believe that Pharmacy has immense value that it can bring to further improving patient care. Personally, I believe the opportunity that Practice Based Commissioning (PBC) brings to pharmacy is paramount. We must seize that opportunity if the profession is to be recognised as a clinical one. The EPB must work with the Council and with the Department of Health and the Chief Pharmacist to increase the profession's profile amongst commissioners of services.

Practitioners with Special Interests (PwSI) also provide pharmacy with a great opportunity to add value to patient care and we must encourage the development of this opportunity broadly across the country. Clinical expertise, readily available to the public from pharmacy outlets makes sense, and I am encouraged by the interest pharmacists are showing in this opportunity across the country. The membership needs to embrace this chance while it exists.

I also believe that how we effectively put to use the skills we have within the profession (and I include here all those engaged in the provision of services) is something we have to consider carefully if we are to truly release the profession's full potential. The debate about supervision and the responsible pharmacist is one I would encourage all members to actively engage in. The outcome will touch us all for years to come.

How will the introduction of mandatory CPD affect pharmacists in England? What is the EPB doing to aid the process?

If pharmacy is to be truly considered a clinical profession then practitioners have to keep up to date with developments in practice so the public can have confidence that pharmacists

have the skills necessary to take on enhanced roles. To be effective and competent in those new roles requires everyone who practises to take their personal development seriously. For some members CPD is already a way of life, while for others it presents a greater challenge. The EPB needs to work with Council and the Society to ensure members understand the reasons why CPD is essential and to find ways to support those who struggle along the way.

What can the EPB practically do to help the sharing of good practice between different sectors of pharmacy?

I believe this is about ensuring there are mechanisms in place to identify good professional practice that enables such practice to be shared. Only if good practice is visible and replicated by others does it add true value. Therefore, dialogue across the so called 'sectors' of the profession and removal of professional silos is required. The EPB can help here, because its membership is broad and it provides a forum for good practice to be shared. Practice development needs to be encouraged and the Board is keen to receive examples of such practice and to endorse good practice wherever it can.

What specific messages have you got for the pharmacy profession in England?

Please engage with the English Board, your local Branch and Region. You have the opportunity to shape the future of pharmacy practice by engaging with those who you have elected to represent you and letting them hear your opinions. We can only represent you if you let us know what your views are. The EPB is currently developing its Communications strategy and considering how we best engage with the membership and we would like to hear your views on how we can best achieve that.

Anything to add?

We are in historic times and the White Paper will have an enormous effect upon our profession and its structures but we must not take our eye off the ball. The practice of pharmacy is already becoming increasingly clinical and pharmacists are gradually being recognised as professionals who can further modernise how healthcare is delivered to patients. We must work together to ensure practice development continues down this exciting and professionally rewarding path.

MAKE YOURSELVES INDISPENSABLE

Dr David Colin-Thomé,
National Director for Primary Care.

Dr David Colin-Thomé was appointed as National Director for Primary Care at the Department of Health in May 2001. A practising GP, he regularly champions the pharmacy profession and is a keen advocate of the role pharmacists can play at the front line of primary care. Following the publication in February 2007 of his report, *Keeping it Personal: Clinical case for change*, Pharmacy Now interviewed Dr Colin-Thomé for his views on how pharmacists can help deliver the future of primary care.

When did you qualify and why did you become a GP?

I became a GP in 1971, following my father who was also a GP. I had got sidetracked specialising in paediatrics for two years as a registrar at a hospital in Newcastle. After two years I realised I wanted to be a doctor for patients over many years rather than a doctor in certain diseases. One of the benefits of traditional British general practice is the continuity of care over many years, so that is what I was attracted by.

How closely have you personally worked with pharmacists in your career?

When the community pharmacy was built in Runcorn, it was virtually next door to the health centre where my practice was located. I became quite friendly with the





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pharmacist who was there at the time so that was my first contact with community pharmacy. Subsequently I have always been keen to involve pharmacists in prescribing issues in our practice partner's meetings. But my awakening about the potential role of pharmacy came from the Department of Health and the fact that they saw pharmacy as a significant provider. Even though I'd worked with pharmacists I have to admit I was still very much focused on GPs and community nurses and didn't really see pharmacists as a significant player until the DH awakened me to the real potential of pharmacy.

What are your personal views and impressions of pharmacy as a profession and community pharmacists as individuals?

Community pharmacists are very similar to general practitioners. Many are quite conservative about their role, many have quite a big vision of their role and then there are those in the middle. The comparisons are even more striking between GPs and those pharmacists who are independent contractors. They have very similar attributes. The ones that want to lead change are the ones that have influenced me most in the past few years. I also learned a lot from Bill Scott, Chief Pharmacist in Scotland when I worked up there and Bill awakened me to the wider public health potential of pharmacists. I have always seen primary care as being bigger than just general practice and pharmacy has a big part to play.

How would you describe community pharmacy as a profession to a health service outsider?

The community pharmacist is seen as a

local, trusted professional who not only provides and dispenses medicines but is also on hand as a source of information and advice about specific health issues.

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“...since practice based commissioners will have a big influence on healthcare, it is pharmacy's close relationship with these people that's going to be key.”

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Do you see pharmacists as being able to help alleviate pressure on GPs?

That's difficult to know because we are both under quite a lot of pressure. Certainly with the potential of the contract I think there is a significant opportunity to help primary care generally. Alleviating pressures makes us sound very important as GPs and that everyone else should take the pressure off us! If people have a whole variety of needs, pharmacists will help meet those needs. Indeed these patients may have come to their GP initially but in many cases the pharmacist would be better placed to meet their needs than the GP.

In your recent 'Tsar's report' [*Keeping it Personal: Clinical case for change*] you said that GP services would be fundamentally unrecognisable in 10 years' time. That's quite an ambitious statement. Can you explain how? What is your vision and how can pharmacists play their part?

Let us concentrate on GPs firstly. There are three key roles for GPs. One is as an

individual clinician and I would expect that role to expand as we look after more and more patients who would traditionally be referred to hospital. So we will be more skilled and trained as we take on more and more work that would normally be referred to hospitals. This has already happened, don't forget - 20 years ago we used to refer all diabetics to the specialist, now we only refer a few and look after the rest ourselves.

Secondly, we are part of an extended team that includes groups like nurses and community pharmacists. But the GP is often an owner, manager or leader of a provider organisation that is more than just the general practice and the GP contract enhances this. There is the potential for pharmacists to get involved here.

The third area is the public health dimension. General practice is relatively unique because we have a registered population of patients and the potential is to begin to be aware of the needs of that community of patients even when they are not coming to us.

So when I am talking about the future, the individual clinicians' role will be enhanced and we will have more skills to tackle more problems which we used to refer, but we will provide a bigger range of services in GP settings such as extended minor surgery, more extended chronic disease programmes and undertake the review of patients for follow-up instead of going to hospital. And not only will that happen but hospital staff will be working in these settings as well, so we will become much more of a one-stop-shop. Community pharmacy has a fundamental role to play in all of these services.

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don't wait until practice based commissioners come to you, go and make yourself available to them, both as a provider (where you might have a contract with them) or even to be part of the practice based consortium. Look at GPs with registered populations - we are now actually giving them a budget beyond traditional general practice to use to re-shape local care. This will mean a huge array of extra services and staff working in primary care settings. My view is that pharmacists should kick the door down and make themselves indispensable!

GPs as commissioners won't be contracting for services, they will be identifying need and informing PCTs. However they will have a budget to extend provider function and that's where they might even say, 'you helping me means I could actually lessen the need for people to be referred to hospital and could give you a budget/contract to potentially release money to be further invested into community pharmacy'. That's the potential. Obviously not all general practices will be in this advanced state but I suspect PCTs will make certain those models of general practice will become much more the norm in the next few years and some of that will come because of GP leadership in practice based commissioning saying 'we can expand what we do'. Tell people what you can do and they will begin to snatch your hand off.

At the All Party Pharmacy Group recently you spoke about your vision of leadership and specifically, training for pharmacists and GPs. Can you expand more on this?

Taking that a step further, in your view, what needs to happen to enable pharmacists to undertake more of the roles that are currently carried out by GPs?

I believe pharmacists need to fulfil the potential of their community pharmacy contract which means extending their dispensing, becoming providers of care for people with stable long-term conditions and the public health dimension. But since practice based commissioners will have a big influence on healthcare, it is pharmacy's close relationship with these people that's going to be key. What is really needed –

as in any other healthcare profession, not just pharmacy – is local leadership. It's the 'Yozer Hughes' mentality where people are saying 'we can do that' – as pharmacists you should go and make yourselves essential to enable the expanded role of primary care.

How is pharmacy being involved in practice based commissioning and how can pharmacists get their foot in the door?

Sometimes, like GPs, pharmacists can stray into 'learned helplessness' saying 'nobody consults us'. With the potential growth of primary care, my advice is



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I'm a bit obsessed about leadership because I think sometimes all professionals, not just community pharmacists, expect to be involved rather than making themselves absolutely essential. Leadership is about how you project yourself rather than waiting for someone to invite you. And the best way of leadership is to have good, modern service vision and plans, as pharmacy leaders do, but we need more of them and we need more at a national level, promulgating a vision which includes pharmacy. So leadership is absolutely fundamental. There is also some evidence that people need training for leadership – that's true for all clinical professions - we need more training opportunities to enhance our leadership skills. However amidst all this neither the GP nor the pharmacist should lose their heritage which is about being a personal, trusted clinician for your patients. The last thing we want to do is remove what people love about community pharmacists and GPs and that is their 'localness'.

You also spoke about patient care and how patient need could be used to drive this. Can you expand more on this?

If you look at self care, for example, all the studies show that patients with chronic diseases want to care for themselves in much better ways. They also say that they want advice to be given to them from trusted

professionals. So pharmacists, GPs and nurses have a key role to play in enabling patients to cope with problems and give them advice. But the other aspect I believe in is that patients should have far more influence. For example what they think of us should influence how much we get paid as GPs. I think we need to be far more accountable to our local patients and they need to have more say in assessing our quality.

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"I have always seen primary care as being bigger than just general practice and pharmacy has a big part to play."

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How can they do that?

In the short term, through surveys. There will be far more Department of Health patient surveys in future. I am not certain where pharmacists fit into this but I would expect pharmacy services to be included in a rolling programme because patients need to be happy with the services they are being provided. It's their money after all.

You wrote a foreword in a Society/DH report on Long Term Conditions and launched the document at BPC last

year. Have you any updated news and views on Long Term Conditions and how do you see this work being progressed nationally?

I am the Department of Health clinical lead for long term conditions and it's not only about new developments, it's about making certain that the quality of care for people with long-term conditions is raised systematically across the whole country. A major health issue is the rise in people with co-morbidities - they are disproportionate users of hospital services. Pharmacists have a huge role to play with medication reviews, giving them self-help skills. In poor areas there is an increased incidence of chronic disease. What is even more interesting is that the severity of the chronic disease has got a steeper class gradient than even the incidence. So the short term hit that we can all make to help health inequalities is treating people with existing disease more effectively. As I've said, community pharmacy has a fundamental role to play in that.

What can pharmacists do to be more proactive in primary care? Are there any gaps?

Self care is the big one. The contact that pharmacists have with the community and their specific knowledge and skills with medicines could make a huge difference in enabling self help.