

English pharmacists provide a workplace health check for Parliament

English MPs put their lives under the microscope for pharmacists this winter, with the Society hosting a workplace health check for parliamentarians.

Pharmacists and pharmacy technicians from England volunteered their time to represent the profession and provide a service to some of the country's leading opinion-formers and decision-makers.

MPs had their blood pressure, BMI, cholesterol and glucose levels tested, in addition to undergoing lifestyle risk assessments. For some MPs the health checks could not have come at a better time, with around half of the 30 visitors being referred for further testing.

English MPs received a letter from the Society requesting they ask their local PCT whether it has considered pharmacy as a provider for such services for the MPs' constituents. It stated: "...the pharmacists who provided the tests required no additional training to carry out this service, which could be available within the community to every one of your constituents".

The event was held in the oldest and most



James Wood, pharmacist at the Wicker Pharmacy in Sheffield, gives a lifestyle risk assessment to Ann Winterton, MP for Congleton.

imposing part of the building, the Great Hall, which was the original site of Parliament and the Judiciary in Westminster, and dates back to the beginning of the second millennium.

Every Parliamentarian involved – from

ex-Cabinet minister and Select Committee Chairman to backbench peer and MP – expressed their gratitude and commented on the professionalism of the pharmacists. The success of the event means it will be repeated next year by the Public Affairs Team.

EPB launches grassroots campaign

In addition to the Society's health check scheme with parliamentarians, the English Pharmacy Board has commenced a national campaign to raise constituency MPs' awareness of the key issues facing pharmacists.

Members of the EPB communications group have kicked the grassroots campaign off with a series of high-level meetings with their constituency MPs, an audience including a junior minister and senior Conservative and Liberal Democrat ministers.

The Society's Head of Public Affairs, Charles Willis said: "We have been laying the foundations of this campaign for some time. We are now at the roll-out phase and we are changing peoples' perceptions of what pharmacy is, what it can do and the people who deliver pharmacy-led services on a daily basis."

The campaign will give MPs a greater understanding of the current environment in which pharmacists are expected to work, the pressures under which they operate and the means of reducing that stress.

Political parties' senior advisers, in addition to senior civil servants, have also been consulted over the round of discussions taking place within English constituencies.



Do you want to lobby your MP about pharmacy issues? Email the RPSGB's Head of Public Affairs, Charles Willis on charles.willis@rpsgb.org

Landmark constitution : Opportunity for pharmacists to expand clinical role launched

A world-first constitution enshrining the rights of staff, patients and the public of England was launched by the NHS in January, marked by a historic signing ceremony at Downing Street.

The NHS Constitution for England, signed by Prime Minister Gordon Brown, Health Secretary Alan Johnson and NHS Chief Executive David Nicholson, means NHS staff receive a commitment to be supplied with the support, training and tools they need to deliver the best quality care to patients.

The Constitution also pulls together the existing rights of patients and the public, in addition to telling them how they can exercise their rights and what their own responsibilities are.

Of particular interest to pharmacy, the Constitution includes:

- A right making explicit patients' entitlement to drugs and treatments recommended by NICE for use in the NHS, if their doctor believes they are clinically appropriate; and
- A right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence.

The Constitution is the result of extensive consultation with staff and patients alike, and was led by strategic health authorities and overseen by independent experts, including representatives from the NHS, local government and the third sector, on the Consultation Advisory Forum (CAF) ■

Pharmacists in England will soon have the opportunity to expand their clinical roles with the introduction of a vascular risk assessment (VRA) programme, starting in April and rolling out during 2009 and 2010.

The programme, implemented by the Department of Health (DH), will offer people aged 40 to 74 preventative checks to assess their risk of vascular disease (heart disease, stroke, diabetes and chronic kidney disease), followed by appropriate management and interventions.

A reduction in vascular disease can impact on long-term conditions, health inequalities and acute illness and death. It has been estimated the VRA programme could prevent 9500 heart attacks and strokes, 2000 deaths and 4000 people developing diabetes each year.

This England-only initiative is an excellent chance for pharmacists to expand their clinical services, especially as they are ideally placed to be the first point-of-call for the public.

Pharmacists could offer VRAs in a number of ways – as an opportunistic service commissioned by a PCT; by providing a service to identified patients from GP lists; or as a private service people pay for.

Key aspects for pharmacists to consider when offering VRAs include:

- The principles of the *Code of Ethics for Pharmacists and Pharmacy Technicians and Professional Standards and Guidance Documents*, both of which support aspects of the Code and are available at <http://www.rpsgb.org/protectingthepublic/ethics/>

- Skill mix: Can you use other members of staff for parts of the process? Are they trained and competent?
- Are relevant standard operating procedures in place?
- Have you got validated and calibrated equipment?
- Have you got an adequate and appropriate space/consultation area?
- How will data be transferred to GP records?
- How will the pharmacy service refer to other services, for example; GPs and cardiology? Are there systems in place to accept referrals from other service providers?
- How will the service be marketed? Is it focused on a specific target group?
- How do you capture people who are not registered with a GP?

It is estimated the NHS would need to provide around 3 million checks per year in order to

cover everyone who is eligible for a VRA. Each Primary Care Trust (PCT) will determine how they will deliver VRAs to their population and will also need to consider those people who are hard to reach. PCTs need to determine the level of service required from the results of a local Needs Assessment and the procurement of services must be transparent.

It is vital support services are in place prior to the VRA being offered, as healthcare professionals need to be able to refer certain people to relevant local services.

We also recommend pharmacists approach local PCTs and commissioners about providing a service, preferably via their Local Pharmaceutical Committee (LPC), as they will be able to provide more details and advice about local needs and practice.

The Society is currently developing practice guidance on diagnostic/screening services and guidance on vascular checks (expected to be published in April 2009). It has also produced a number of other related documents relevant to the management of hypertension, weight management, blood cholesterol and blood glucose. These can be found at <http://www.rpsgb.org/informationresources/download societypublications/#g>

Pharmacists can find out more about providing a VRA by checking out information on the DH and PCC website below:
<http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Vascular/Vascularchecks/index.htm>
<http://www.pcc.nhs.uk/> ■



Pharmacists will soon be able to offer VRAs in England.

Have you say on the future of English pharmacy

English pharmacists have a once-in-a-lifetime opportunity to help shape their future professional regulator by responding to the recently-launched consultation on the draft Pharmacy Order 2009.

The Department of Health, on behalf of England and Wales, and the Scottish Government are jointly consulting on proposals to establish a new regulator for pharmacy – the General Pharmaceutical Council (GPhC). In 2010, the GPhC will be responsible for the statutory regulation of pharmacists and pharmacy technicians, and for the registration of pharmacy premises in Great Britain.

The consultation opened on 9 December 2008 and closes on 9 March 2009. The Government envisages the GPhC as an agile, responsive regulator, helping to create an environment where pharmacy practice can develop and thrive. The proposals in the draft Order include:

- rules covering standards for registered pharmacies, owners

of pharmacies (including bodies corporate) and superintendent pharmacists;

- emergency provisions for the registration of premises and the registration of suitably experienced people as pharmacists or pharmacy technicians, and to annotate or impose conditions on registration during an emergency (e.g. a flu pandemic);
- one register, split into parts (e.g. for pharmacists, pharmacy technicians and premises): there will no longer be a non-practising register. Anyone who is not on the GPhC Register will not be allowed to describe themselves as a pharmacist or pharmacy technician;
- a statutory continuing professional development framework, the key elements of which will be set out in legislation;
- an appointed, not elected, council; and
- three statutory committees (as opposed to the current six).

The proposals take forward the recommendations in the Government's February 2007 White Paper, *Trust, Assurance and*

Safety. The changes proposed in the draft Order are part of an integrated set of developments to UK pharmacy services to meet future health needs, which includes the drive towards an increasingly clinical focus for the profession and the development of pharmacies as "healthy living centres" outlined in the White Paper *Pharmacy in England: building on strengths – delivering the future* (April 2008) ■

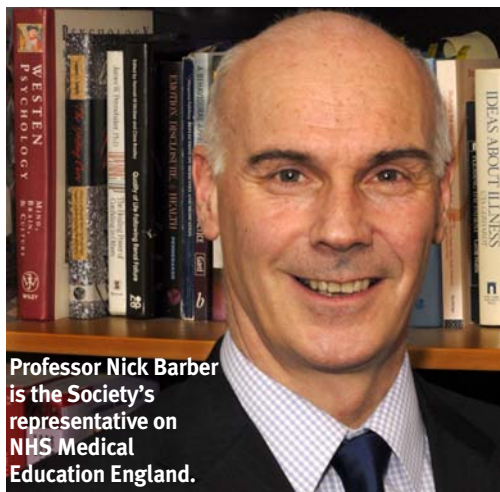


To have your say on the proposals, visit the Department's website at:

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_091681

The consultation will close on 9 March 2009.

For further information visit the RPSGB website at www.rpsgb.org/newpharmacyregulator/pharmacyorder



Professor Nick Barber is the Society's representative on NHS Medical Education England.

Council member chosen for NHS Medical Education England

The Society's representative on an independent advisory group tasked with tackling workforce issues in medical professions has been appointed.

Council member Professor Nick Barber is the Society's representative on NHS Medical Education England, a team established to provide government ministers with impartial planning advice on the number of pharmacists, dentists, doctors and medical scientists needed by the NHS in the country. The group will also oversee training and education in each discipline.

Nick Barber is the Professor of the Practice of Pharmacy at the School of Pharmacy, University of London and Visiting Professor in Patient Safety at Harvard Medical School.

NHS Medical Education England aims to

provide solutions to on-going issues within the NHS, including professional training and the needs of a changing workforce.

The group is chaired by Sir Christopher Edwards, current Chairman of the Chelsea and Westminster NHS Foundation Trust. The majority of the body's members were nominated by external organisations, including the Royal College of Medicine, the BMA and NHS organisations.

The concept of NHS Medical England was first suggested by Professor Sir John Tooke in the final report of his independent inquiry in government policy ■

Board meeting leads to Council dinner invitation for Tsars

Following new pharmacy Tsar Jonathan Mason's attendance at the EPB's meeting in October, both he and fellow Tsar, Martin Stephens have been invited to outline their vision for pharmacy and pharmacists in a speech at the RPSGB Council Dinner on February 3.

Those attending are expected to hear about the focus on promoting and stimulating the delivery of those service models best meeting the needs of people going into and coming out of hospital, and the shaping of future care models flowing from the primary and community care strategy.

The national clinical directors – Jonathan Mason, overseeing primary care and community pharmacy, and Martin Stephens, advocating for hospital pharmacy – are the new champions for the profession and will report to the Chief Pharmaceutical Officer in England, Keith Ridge. Both Tsars were appointed in October 2008.

The presentation on February 3 follows Jonathan Mason's attendance at the Board's meeting in October, where he was active in contributing to the discussion around English pharmacy issues.

Jonathan Mason said: "The key functions of my role are around leading the development of primary care and community pharmacy services and improving quality of care around treatment



Chair Beth Taylor, Pharmacy Tsar Jonathan Mason and Director for England Howard Duff at EPB meeting, October 2008.

The Board is committed to supporting their roles to deliver benefits to pharmacy and the public in England, and helping to ensure that the developments in the White Paper become a reality.



and patient access. These are elements covered in the White Paper, the primary and community care strategy and the Darzi next stage review".

The English Pharmacy Board's Chair, Beth Taylor said: "We were delighted that Jonathan was able to attend our Board meeting in October and see this as the start of a productive, long-term relationship with both Tsars. The Board is committed to supporting their roles to deliver benefits to pharmacy and the public in England, and helping to ensure that the developments in the White Paper become a reality."

Minister for Pharmacy Policy, Phil Hope said: "The national clinical directors for pharmacy will play a critical role in supporting the implementation of the recommendations in the White Paper." ■

Board's response to White Paper upsets

The English Pharmacy Board's response in November to the Pharmacy in England White Paper consultation on changes to dispensing rules showed just how sensitive the issue is among dispensing doctors.

The consultation, which included the proposal to remove the right to dispense from surgeries up to one kilometre from a pharmacy, continued to be the subject of heated debate between dispensing doctors and the Board – one of the few organisations representing pharmacists' interest to agitate for change.

The Board's response, advocating for the transfer of doctors' dispensing facilities to pharmacies in the majority of instances, focused on the key issues of patient safety and the quality of medicines services.

The response stated: "Provision of dispensing services by pharmacists is safer for the patient than doctor dispensing and PCTs should make every reasonable effort to commission dispensing services

that maintain the role of the pharmacist in the care pathway."

Dispensing doctors' dissatisfaction was aired in the 1 December edition of *Pulse*, which led the Board to having to clarify a number of points on the matter, including the Board's belief:

- Common standards be put in place to achieve consistency between dispensing doctors and pharmacies;
- The practices of prescribing and dispensing be separated to avoid any conflicts of interest; and
- Dispensing doctors be allowed to continue in those areas without ready access to a community pharmacy.

In December 2008 the Department of Health stated there would be no change the around the issue of dispensing doctors.

The original article in *Pulse* magazine can be viewed at: <http://www.pulsetoday.co.uk/story.asp?sectioncode=23&storycode=4121343> ■