

Dear Ash Soni, David Branford, Elizabeth Butterfield

Shaping pharmacy for the future - Pharmacists and GP surgeries

In Newham, we are already looking at maximising the skills of community pharmacists through the formation of a very pro-active federation, Newfed Healthcare Ltd

Our aim is to provide high quality integrated care through collaborative working. We believe in utilising the skills of the current pharmacy workforce, who already understand the local demographics, healthcare system and the teams that work within the healthcare system.

We are pleased to see RPS and RCGP working together to make greater use of community pharmacists, working much more closely with general practice.

This will have huge benefits to patient care. Pharmacists are an untapped resource.

Community pharmacy is highly recognised for its ease of access and care it provides during the long opening hours.

We in Newham have realised the world of pharmacy and healthcare is changing, only by working with each other will the profession progress. We are now in a much stronger position to provide consistent high quality services from all Newfed Member pharmacies. We have within the membership very experienced and innovative pharmacists (large number of who has been trained to giving prescribing support).

We believe Newfed Healthcare can deliver all the aspirations of RPS and RCGP by a combination of

1. Working with the local practices through a hub and spoke approach
2. Integrated IT (emis web etc) that would allow pharmacists to review patients in more depth within their pharmacy.
4. Creating clinical pharmacy networks within Newfed Healthcare, with PWSi leading on specific local health issues supporting other pharmacists to deliver better outcomes
5. Working with primary and secondary care to provide seamless care, reducing hospital admissions.
6. Allowing integrated IT would allow us to help practices manage their prescribing better.

Patients seeing pharmacists more frequently than any other health professional , would be in an ideal position to deal with the day to day needs of the patient, be it health or social care, as many elderly and mothers with young children don't have far to travel to seek advice. This reduces queues and doctors appointments in surgeries.

We urge you to seriously think about the effects of Pharmacists working directly in GP surgeries.

We understand RPS is trying to improve employment for pharmacists.

Has RPS thought about the consequences of introducing Pharmacists working directly in GP surgeries in terms of

1. Impact on pharmacy. Potential loss of employment as pharmacies that become unviable may close.
2. Potentially this would result in Surgery based pharmacies that are under the control of procurers and provider (i.e Doctors) with loss of transparency.
3. Great irreversible Impact on patients as number of pharmacies decline.
4. The intergration would be better served if the Pharmacy base is utilised more effectively and allow patients to be seen within a short walk from their homes or place of work and then introduce a referral system to GP practices if complex cases are presented
5. Many people do not attend surgeries as they prove to be inconvenient.
6. Loss of pharmacy base may lead to a greater presentation on A & E for emergency medications and ailments which could be handled by pharmacists on the High Street.

When the NHS has to make £30 billion efficiency savings, where is the funding for the practice pharmacists going to come from.

We urge RPS to consider integrating and developing the current pharmacy establishments and workforce, with increasing funding for pharmacies to have an additional pharmacist to help cope with increased demand and provide a higher quality accessible service to all patients without appointments when they need to see a health professional. We need a robust IT strategy for true high quality care to happen.

We have to emphasise the importance of

Access for the elderly, infirm and mothers with young children.

Avoidance of unemployment with an average 5 staff per pharmacy.

Reduced admission to A&E by signposting patients to appropriate healthcare providers and social care advisors and taking care of emergency supply for medicines when patients run out of medication due to inefficiencies of the repeat prescription system.

Best Regards

Sunil Lakhani [Joint Chair]

Parvesh Patel [Joint Chair]

Jignesh Patel [Director]

Patrick Karikari [Director]

Sonia Ghir [Director]

Newfed Healthcare Limited

Dave Branford, Chair of the RPS English Board said:

“I welcome the opportunity to respond to the concerns raised in this letter.

“Our work which aims to develop closer working relationships has two parts. Having pharmacists working as part of the practice team in a surgery is one route; the other is to address the way community pharmacies and GPs can work better together. These two collaborations need not be mutually exclusive and at the heart of our thinking is improving patient care. I believe that the way forward lies in a ‘mixed economy’ model of greater access by patients to pharmacists, whether that’s in a surgery or pharmacy premises.

“We know of no evidence that where pharmacists are employed by GP surgeries there have been closures of local community pharmacies, and expect money to come from existing general practice funding streams. However, we do know of examples where having a pharmacist in a practice team has led to services being commissioned from local community pharmacies. Having a pharmacist based in the surgery should enable closer relationships between the GPs and the community pharmacists. And of course there is no reason why the pharmacist(s) cannot be jointly employed.

“Community pharmacists are having to deal with a multitude of medicines related problems on a day to day basis and having a colleague based at the surgery should enable them to resolve the problems more effectively. There is more than enough work for everyone. Even with pharmacists based in the surgery the capacity issue in primary care is so great that they may soon be overwhelmed.

“Having a pharmacist work in a practice team, alongside other professionals such as a practice nurse or a salaried GP, means our autonomous clinical responsibility would be maintained. Pharmacists are already working in GP practices with funding from the practice budget and this move will not affect the total sum available for community pharmacy. I agree robust IT is important for all health professionals which is why the RPS has strongly supported access for pharmacists to the summary care record, a project which may shortly come to fruition.

“I want to see new roles develop for pharmacists alongside a robust community pharmacy sector. I’m pursuing both for our members and our patients.

“The model proposed by Newfed Healthcare is a very interesting one with the six points correctly identifying our ambitions and I am sure that it will help patients in the areas that it covers. We would be very pleased to learn how this model develops as it could become an example of best practice in improving the care of patients, building on the excellent collaborative work already showcased in Newham.”