

BPC: Pharmacy in the 21st Century

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Prescribing for the future of Pharmacy

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Healthcare evolution – policy and priorities

Health (and social) care reform is increasingly complex to interpret, especially when contemplating a future for the professions.....

Without an understanding of the evolving care environment, it is impossible to develop a strategy for Pharmacy in 2020

Healthcare evolution – policy and priorities

What is driving national policy?

- Addressing the future 'affordability' of delivering care (as currently) to an ageing population
- Increasing patients' choice, convenience and involvement in any delivered care
- Defining individuals' rights and responsibilities (as a patient and a citizen) and ensuring active engagement
- Optimising the use of healthcare skills / facilities
- Increasing value for money (cost-effectiveness)

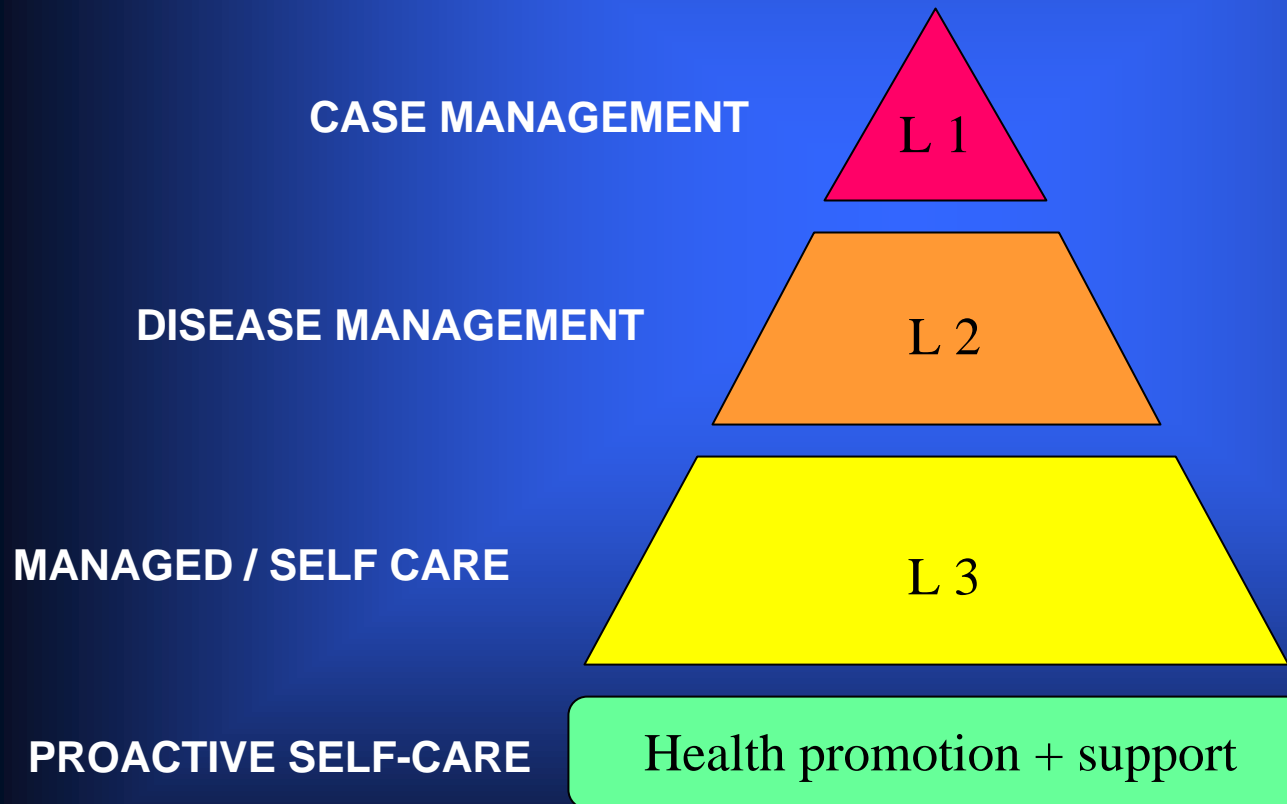
Healthcare evolution – policy and priorities

How will this be achieved?

- **Localising decision-making, accountability and input (democratic)**
- **Shifting care delivery to the ‘lowest tech’ environment appropriate (secondary to primary)**
- **Changing fundamentally the management of LTCs**
- **Optimising the use of professionals through ‘generalization’, competition, payment & regulation**

LONG TERM CONDITIONS (LTCs)

LTCs – the pyramid of care management



LTCs – Potential benefits for healthcare

What are the main expectations of implementing a new approach to managing LTCs across 17m patients in the UK?

- **Patients' remain 'independent' for longer**
- **Reduced admissions to hospitals**
- **Reduced length of stays in hospitals**
- **Seamless care across health / social environments**
- **Improved patient care / convenience / experience**
- **Better management of medicines (inc. waste)**
 - Nearly all LTC patients taken one or more medicines

Professional Optimisation

Being a professional is changing fundamentally:

- **‘Generisization’ as an approach**
 - New formal skill-mixing flexibilities (e.g. NMP prescribing, POM to P switching, PGDs)
- **Competition as a driver**
 - The ‘generic professional’ diffusion zones
- **Payment approach as an incentive**
 - Move from ‘cost and volume’ to ‘quality and outcomes’
- **Regulation as a sanction**
 - Local – vs - national frameworks
 - Assessment – vs - validation processes
 - Service quality – vs - individual competence

Strategy Pointers for the Professions?

Issues now driving professional practice / development

- Medicines – biggest therapeutic intervention in healthcare
- LTCs account for majority of care and over 70% medicines use
- Patient preference for medicines due to convenience and less disruption of their normal life

Medicine use is:

- often 'standardisable' via guidelines, based on best evidence
- measurable, and therefore assessable
- the largest non-staff element of healthcare budgets
- a prime target for quality / cost-effectiveness activities

Where does Pharmacy currently fit?

Let's consider the policy / priority issues alongside Pharmacy's:

- current core practice and delivery configurations
- existing underutilised / untapped skills and expertise

Q. What can we undertake with limited additional training / support and what would require more fundamental educational / developmental reform?

Where should Pharmacy Fit?

The professional delivery spectrum:

Medics → Non-medical clinicians → Technical Professionals → Others

← *****Pharmacists?***** →

← *****Pharmacy Techs? ***** →

Questions to be considered

The professional delivery spectrum

High level issues:

Should Pharmacists be positioned as:

- 1) Technical professionals?
- 2) Pharmacotherapeutic advisers?
- 3) Clinical decision-makers?

Q. What do we want to be perceived as by 2020?

Questions to be addressed

The professional delivery spectrum

Practice issues:

Should Pharmacists primarily be:

- 1) Dispensers / advisers on medicinal products?
- 2) Medicines managers / therapeutic advisers?
- 3) Prescribers / clinical care initiators / therapeutic advisers?

Q. What should we aim to achieve by 2020?

The Pharmacist Prescribing Issue

Development of Non-medical Prescribing

- **Currently around 40,000 practitioners:**
 - NPF nurses (c. 27,500)
 - Independent / supplementary prescribing nurses (c. 11,750)
 - Independent / supplementary prescribing pharmacists (c. 1,250)
 - c. 50 Optometrists (as both, soon)
 - c. 130 AHPs as supplementary prescribers only

By 2020:

**More non-medical than active medical prescribers?
– a fundamental shift!**

Non-Medical Prescribers

Prescribing patterns (Q3 2007/08)

Analysis of 'Top-Ten' prescribed items by type:

NPF Community-based nurses – wound dressing products

NPF Practice-based nurses – NRT and wound dressing products

**'Independent' Community-based nurses from full BNF –
anti-asthmatics / antibiotics / analgesia**

**'Independent' practice-based nurses from full BNF –
anti-asthmatics / antibiotics / analgesia / contraceptives**

**All Pharmacist Prescribers –
antihypertensives / statins / anticoagulants / anti-asthmatics /
drug dependence**

Pharmacist Prescribing

The Pharmacy leadership dilemma

Pharmacist Prescribing (a sceptical view):

- 1) Is good to have, but a distraction from real pharmacy
- 2) Will only ever be applicable to a 'keen' minority
- 3) Needs new skills that we don't train for
- 4) Should therefore evolve in an ad hoc way
- 5) Must not to divert resources from core development
- 6) Could split the profession

Pharmacist Prescribing

The Pharmacy leadership dilemma

Pharmacist Prescribing (an enthusiastic view):

- 1) Is crucial to the long-term strategy for pharmacy
- 2) Should be taken up by a majority of the profession
- 3) Needs new skills that we should build into training
- 4) Should therefore be managed in a planned way
- 5) Will require resources to be invested quickly
- 6) Will need new professional development structures
- 7) Could change the profession's fortunes radically

Q. What do we really want to achieve with pharmacist prescribing opportunities by 2020?

Pharmacist Prescribing

A Pharmacy leadership strategy

Pharmacist Prescribing (a conservative approach):

- 1) Should be an adjunct to medical prescribing, if required
- 2) Should only require limited diagnostic skills
- 3) Should only require limited examination skills
- 4) Should be dovetailed to current dispensing practices and pharmacy environments
- 5) Should be paid for using existing systems on a case-by-case basis

Pharmacist Prescribing

A Pharmacy leadership strategy

Pharmacist Prescribing (a speculative approach):

- 1) Should dominate repeat medication management
- 2) Should require new consultation skills
- 3) Should require detailed routine examination skills
- 4) Should require enhanced diagnostic skills
- 5) Should have acute applications (PhwSI or 'Consultant' status?)
- 6) Should be separated from current dispensing practices
- 7) Should be practiced in the appropriate delivery environments
- 8) Should be commissioned with nationally approved specifications

Pharmacy in the 21st Century

The question for Pharmacy leadership:

Q. Are we serious about grasping the major new opportunities emerging from policy reform?

If yes, then should we be defining our goals and setting ourselves targets to aim for in 2020?

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A goal for Pharmacy leadership?

Managing LTCs effectively is a fundamental priority for the NHS

Nearly all LTC sufferers are prescribed medicines on a continuing basis

Repeat prescribing accounts for c. 80% of all prescriptions

Around 800m prescription items were dispensed in England last year
- therefore, over 600m items are for repeat medication

Repeat prescribing expends significant amounts of GP / Practice time

Pharmacy in the 21st Century

A goal for Pharmacy leadership?

Repeat medication is currently managed inefficiently causing:

- medication errors and therefore safety issues
- iatrogenic disorders requiring further treatment
- wasted GP, pharmacist, practice staff and patient time
- significant medication waste

Pharmacy already manages the dispensing of repeat medication

Pharmacists are medicines experts and can now prescribe independently

Pharmacists could 'therapeutically optimise' patients repeat medication

Pharmacists are capable of taking overall professional responsibility for the whole repeat medication management process for a majority of patients

Pharmacy could, therefore, make a strong case for taking over routine repeat medication management for the NHS

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A target for Pharmacy?

By 2020, Pharmacy should be taking professional responsibility for at least 50% of all routine repeat medication management.....