MINI BULLETIN 02 March 2023

***APPG – PHARMACY,  Nov. 2021***

* *The prevention agenda.*
* *The role of the Pharmacy workforce.*
* *How pharmacy can be better integrated into NHS care pathways.*
* *Examples of Pharmacy best practice.*

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**Awareness of space limitations in pharmacies.**

* Lack of private space for consultations. Conspicuous lack of room for wheelchair access.
* JIT ordering/storage constraints.
* Lack of privacy. Confirming addresses heard by all.
* Delivery issues, short stockholdings.

**Electronic prescribing**:

* not paperless as the ph. has to download onto paper because of shortage of terminals in the shop. Usually only one. System prints off the whole polypharmacy of the patient. Waste of paper.
* software incompatibility, pharmacy – GP – hospitals.

**Shortage of pharmacists**

* Exacerbated by illness/covid/isolation.
* High ’churn’ of phs, lack of consistent ownership of the patient constituency.
* Closure of some outlets as nothing can happen if a ph is not on the premises.
* Nearest available option often too far for the elderly, pedestrian patients.

**Confusion over extended prescribing roles**

* Can extended-role-practitioners in the GP surgery suggest alternatives if medication is unavailable?
* Can the pharmacist prescribe an alternative?

**Pharmacies still using plastic bags.**

* Large items put in plastic carrier bags.

**Venue of first resort**

* They keep ‘shop hours’, even 24 hours.
* They are more plentiful than GP Surgeries.
* The staff are well qualified; pharmacists’ skills are greatly under-utilised.
* High visibility to the public.
* Many minor ailments are better dealt with here than in GP system.
* Can reinforce the message that it is cheaper for the NHS if patients to buy their own OTC painkillers etc than expect to get items free on a prescription.
* Can reinforce message of healthcare being a partnership between patient/healthcare professional. Patient has responsibilities too.
* Educate re revalidation of pharmacy professionals, CPD, peer-evaluation etc.

**Prevention agenda**

* Educate re Yellow Card system. Promote and press for feedback.
* Download and display all ‘messaging’ from the NHS.
* Reinforce re inoculations/vaccinations: childhood diseases, shingles, flu, covid etc.
* Advise and educate patients/public. Planned learning and unplanned learning.

**Self-care**

There is now an increasingly wide choice of how patients can access treatment for common minor illnesses, which fits with the Government’s agenda to give patient’s more control over their healthcare and increase access and convenience.

Self-care may relieve some of the burden of minor illnesses from GPs and enables them to do more complex work. There are also some direct financial savings to prescribing costs.

**‘switch’?**

Medicines in the UK can either be a Prescription-Only Medicine (POM) – traditionally could only be supplied on a Prescription from a Medical or Dental Practitioner, although this was widened in 2006 to include other health practitioners.

Medicines classified as Pharmacy (P) medicine – can be supplied by a registered pharmacist from a registered Pharmacy. General Sales List (GSL) medicine – can be sold from any commercial outlet.

A switch involves reclassifying drugs between categories. More scrutiny should be applied to see what can be ‘switched’ to P and General Sales List or OTC.

**Clinical Pharmacists**

Since 2019, and Primary Care Networks, GPs have access to new funding to employ, in addition to their existing teams, healthcare professionals under the new Network Contract Directed Enhanced Service (DES), namely social prescribing link workers, physiotherapists, paramedics and physician associates.

This is rather like the ‘dispensing practices’ once common in rural areas. Such systems were a huge asset to those populations. Any issues can be dealt with at source and there is less to and fro.

Transport and time constraints for rural/farming populations are now too little recognised and understood.

The abolition of MPIG [minimum practice income guarantee] may have accelerated this as has the drive towards amalgamations and ‘hubs’.

These may be more convenient for the healthcare system, but they are not more convenient and  accessible for the patients.