

PSNC DINNER 11 March 2009

SPEECH BY CHRISTOPHER HODGES, PSNC CHAIRMAN

Lords, Ladies & Gentlemen.

A very warm welcome to the 27th Annual Dinner of the PSNC.

This evening is a unique opportunity for pharmacists and their colleagues from other primary care professions, PCTs, and patient organisations to exchange ideas on how community pharmacy services can continue to enhance primary care.

And its an opportunity to discuss healthcare needs and priorities with the many parliamentarians present too.

So, it's a working Dinner.

All of us in this room from the world of pharmacy, and I hope everyone else here too, is committed to developing and extending NHS pharmacy services.

The Pharmacy White Paper, published last April, shows that the government is with us.

And for good reason.

Community pharmacy can help manage the big public health challenges of modern times – obesity, smoking, alcohol, sexual health.

We can help manage long-term conditions – diabetes, asthma and heart disease.

We can deal with minor ailments, and help people stay out of A&E or the GP's surgery when they don't need to go there.

We can help deliver the government's targets for vascular risk assessment of everyone in this country aged between 40 and 74.

And we can help the healthy stay healthy. And that carries huge benefits for the NHS as well as the public.

The White Paper reflects the case that we in community pharmacy put, alongside others - notably the parliamentarians in the All-Party Pharmacy Group.

It also reflects and acknowledges our concerns about the barriers to progress that we've seen over recent years.

Variable working relationships at local level between community pharmacy, GPs and PCTs. Sometimes a real lack of engagement between the three.

And as a result, patchy commissioning by PCTs of pharmacy services – creating a real hotch-potch of different levels of service across the country.

It means that in some areas, community pharmacy services simply haven't developed at all. Patients and the public are losing out. That's unacceptable.

Services that deliver benefits to the public, and to the NHS, should be commissioned in all communities – not just a few.

That will not happen if we sit back and wait for more enhanced services to spring up.

The White Paper echoes that. Directed Enhanced Services will be used to achieve greater consistency between PCTs, and enable the public to benefit from more community pharmacy services wherever they live.

But we want to see more nationally agreed Advanced Services too. Medicines Use Reviews has been the only Advanced Service since the contract was introduced. Its about time we saw the list grow.

MURs are making their mark. This year we are on target for pharmacies to deliver around 1.3 million MURs, 80% of pharmacies are providing this valuable support to their patients.

But its not just about how many. The outcomes are what really matter.

Recent research shows that Medicine Use Reviews are reducing drug therapy problems by more than 60%.

And patients appreciate them. A Portsmouth University study recently found that 87% of asthma patients who had received an MUR felt more knowledgeable about their condition and over 90% felt more knowledgeable about their medication.

What's more, MURs are cutting hospital admissions. Emergency admissions due to asthma have dropped by over 50% according to research on the Isle of Wight. And associated deaths have fallen by a remarkable 75%.

Proof that this Advanced Service is working well for the NHS and for patients.

Its time we had more Advanced Services. A nationally agreed, locally implemented Minor Ailments Service would be a good place to start.

The Minor Ailments Service in City & Hackney is saving 5,000 visits to see the GP saved every month. That's a big cash saving for the NHS. It's a big improvement in patient choice and access too. It enables GPs to focus on patients who really need their attention. And it means those people with minor ailments get seen quickly at their pharmacy, without the need to book an appointment. Everybody wins.

Surely it shouldn't just be the good people of City & Hackney who win. It should be everyone in all communities. So let's make the Minor Ailments Scheme an Advanced service.

I'm pleased that last year we highlighted all the good things going on in City & Hackney. Not least because shortly thereafter Jonathan Mason, the City & Hackney PCT lead on pharmacy, was appointed by the Department of Health as National

Clinical Director for Primary Care and Community Pharmacy. Its an excellent appointment.

A mention at this Dinner and look what happens. Clearly, PSNC's influence knows no bounds! Ambitious PCT leads - see me afterwards if you want me to put in a good word in for you.

On that note, it would be remiss of me if I didn't say that we owe a huge vote of thanks to the All-Party Pharmacy Group. This group of parliamentarians has been instrumental in identifying both the barriers and the opportunities in community pharmacy service development which they set out so convincingly in their report on The Future of Pharmacy.

Its fair to say that without the input of the All-Party Group the White Paper wouldn't have taken the positive, constructive form that it did.

The cross-party nature of the Group has helped in cementing the consensus among the political parties about the development of NHS community pharmacy.

And since the publication of the White Paper, the Group has been, and will continue to be, keenly following, questioning and facilitating progress towards its implementation.

So to the Officers of the Group – Baroness Cumberlege, Sandra Gidley MP, Mark Todd MP, and in particular its Chair, the flying GP, Howard Stoate MP – many thanks.

They are here tonight and very welcome. We are very grateful to Luther Pendragon and to Simon Whale for their administrative support for the Group, which is vital in building an understanding of the services pharmacy can offer our communities

My colleagues at PSNC are now working with NHS Employers on the implementation of the White Paper. I'm keen to see progress swiftly.

I get impatient when I look around the country and see evidence of what is possible in community pharmacy services, and of what should be commonplace but is still all too rare.

I'd like to give you some examples based on just one theme: healthy hearts.

Community pharmacy can help with heart health in lots of ways. Advice and help to quit smoking. Weight management counselling. Help with exercise and diet.

But in addition, there are two new services that have been commissioned by a handful of PCTs that – if commissioned more widely as Advanced Services or Directed Enhanced Services - could make a real difference.

Firstly helping people avoid the health problems caused by alcohol.

25% of the population regularly drinks potentially harmful amounts of alcohol. Five million people are dependent on it. And sadly, deaths caused by alcohol

consumption have doubled in the past two decades. The cost to the NHS of alcohol related disease runs into billions.

Community pharmacy really can help.

Last year, Wirral PCT became the first in the country to commission a pharmacy alcohol screening and intervention service.

Wirral PCT recognised that introducing the service in pharmacies – not just in GP surgeries - would help highlight drinking issues to more people in the community.

In other words, a pharmacy intervention would reach the people that other interventions could not reach.

More than half of the 86 pharmacies in the PCT are already providing the service.

In a structured intervention, they are assessing a person's drinking patterns, offering appropriate advice and information, and providing a follow-up telephone service to find out whether people have changed their drinking habits as a result.

In just a matter of months over 2,200 screenings have taken place in pharmacies on the Wirral. An increasing number of people are going to their pharmacy specifically to request this service.

A very similar alcohol intervention service was launched in Lincolnshire in October last year.

The Department of Health's Alcohol Harm Reduction Team visited Lincolnshire a few months ago and described the service as "exciting and innovative".

There are plans to establish a similar service very soon here in the City of Westminster. The funding is agreed and it is expected to go live next month. Now let me reassure our parliamentary guests that this is not because Westminster has been identified as a drinking blackspot.

These are the only alcohol screening services that I can find in the whole country. When alcohol has rightly been flagged by the government as a major public health priority, and when it's clear that pharmacies are ideally placed to reach many, many people, why on earth is that?

Why isn't it happening in your PCT? If you see alcohol as a significant public health issue, start talking to your LPC.

And if we want this service to be in every PCT, not just one or two, don't the Department of Health need to designate this as a nationally agreed or directed service, and give our PCT colleagues a clear signal?

The government's plan, announced over a year ago, to provide vascular risk assessments for everyone aged 40 to 74 is a good one.

It's also a massive task, so quite rightly the government wants community pharmacies to play a major part in achieving it.

Vascular risk assessments – or VRAs - in pharmacies are due to be rolled out from next month.

But in some parts of the country innovative pharmacies have already partnered with their PCT to provide health checks similar to VRAs, and they're proving just how important and valuable pharmacies can be in heart health.

In North Tyneside, community pharmacies are operating a Pitstop Check. It's a cardiovascular check specifically targeting men who do not currently access healthcare services.

Most are given lifestyle advice as appropriate and some are referred to their GP. The service is provided in pharmacies but also in social clubs and community groups to attract those men who don't visit pharmacies.

In Leicester, local pharmacies are working with the PCT to provide the Healthy LifeCheck, aimed at people aged 40 to 70.

Early results show a high uptake from the Asian community, more than three in four of those checked are Asian. The service is successfully targeting those hard-to-reach groups of men and ethnic communities with a high risk of heart disease.

Here in London, Islington pharmacies have been engaged in a pilot vascular risk assessment service aimed at these people who do not visit their GP or other healthcare services. It's being evaluated this month and indications from the trial are that it has been a real success.

These early schemes point the way, and I implore all PCTs to work with their community pharmacists locally to make pharmacy VRAs the rule across the country, not the exception.

Whether its alcohol interventions, vascular risk assessments, minor ailments service, asthma and diabetes screening, sexual health advice or medicine use reviews, community pharmacy clearly has a crucial role to play in delivering healthcare in local communities.

But we know from experience that it won't just happen on its own.

The Department needs to work with us to facilitate these services. It needs to provide guidance and support across the country so that PCTs know what is possible and, yes, what is expected of them.

That means agreeing service specifications and funding nationally and guiding PCTs on how to tailor them for local need and swift local implementation.

We need to ensure that pharmacy's voice is heard and listened to locally by all PCTs. We need a community pharmacist on every PCT board in this country, not just a few.

We need better working relationships between community pharmacists and GPs at local level. There are many good examples, but there are also problems.

NHS Employers' working group on professional relationships is meeting, and we hope that group will produce results. But developing a real team approach in primary care must be, I suggest, a priority for every PCT. Our LPCs are ready and willing to work with you, the LMCs and their professional colleagues in primary care to build effective partnerships to improve the care of our patients and the population.

One big step would be to ensure that community pharmacists carrying out medicine use reviews or vascular risk assessments can communicate by secure email with GPs. GP systems are paperless, so paper based communication from community pharmacists strains relationships unnecessarily. This problem has been around too long. Its time it was fixed.

These are modest actions. But they will reap big benefits for patients, PCTs and pharmacy. And they will help to make sure that the White Paper isn't just a great vision, but that it becomes a reality. And soon.

PCTs, GPs and local pharmacists working together – clear in their objectives. Committed to developing services for the local community. Aware of what is expected of them from government.

The Department of Health working with us to provide guidance on new services, and a stable environment in which pharmacies can invest in those new services.

And a sense of urgency, to ensure that these innovative and exciting examples of new pharmacy services I've highlighted his evening – and others besides – are available to people in every community within months, not years.

The White Paper provides the platform.

The people and organisations in this room provide the capability.

The public's expectations provide the impetus.

Let's make it happen.

Thank you.

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Lords, Ladies & Gentlemen. It is now my pleasure to introduce our principal guest this evening, Phil Hope MP. Phil took over ministerial responsibility for pharmacy policy from Dawn Primarolo last September. He has quickly immersed himself in pharmacy at this important and interesting time for our profession, and I know his energy and enthusiasm has impressed all of us who have been in dialogue with him.

Phil, I hope I've given you enough time to catch your breath. We are delighted you are able to join us this evening and we're keen to hear what you have to say.

Minister.