



## **LPC Conference 2011**

### **SPEECH BY SIR PETER DIXON, PSNC CHAIRMAN**

Ladies & Gentlemen.

A very warm welcome to the 2011 Local Pharmaceutical Committee Conference.

I was delighted and very honoured to be appointed Chairman of PSNC earlier this year, and it's my great pleasure to address LPC conference.

I would first like to pay tribute to Chris Hodges, my predecessor. During his time as Chairman, Chris was a great ambassador for pharmacy as well as an excellent chairman of proceedings. He's a hard act to follow and I wish him well in his future endeavours.

I may be new to pharmacy, but I do have some background in the NHS. Over the past fifteen years, chairing first a health authority and now on my third foundation Trust, I hope I've picked up an idea of how the system works and where it might be going in the future. I was involved in the creation of NH Employers and outside the health service my time chairing the Housing Corporation brought me into close contact with ministers and senior civil servants.

Today, I'd like to offer you some of my external perspective on the state of today's NHS, and where pharmacy will fit into that. I certainly don't know the answers to many of today's imponderables but I hope my view may help, if only as a reality check in a very confused landscape.

If there's one obvious truth about the NHS today, it's that the NHS is a painful place to be. The Nicholson Challenge, across the board pay freezes, efficiency savings and every last penny squeezed out of already tight budgets.

Add to that an uncertain future because of the changing landscape of so-called reform. All in all, it's a pretty grim situation.

Pharmacy does have one or two advantages, however. We have a vision and a strategy for the future development of the service. Politicians of all parties support that vision and I know you do too.

I also know that you are working hard to implement that vision of high quality, cost effective clinical services delivered at the heart of your communities. Building services on top of the platform of dispensing has seen pharmacy helping some of the most hard-to-reach patients, and providing public health services where patients might not want to visit their GP. It is a compelling vision.

But we're not there yet. Let's look at some of the challenges posed by the current proposals.



## **The Bill**

The Bill itself is nearing the end of its troubled journey through Parliament. It's true to say that the NHS White Paper and the subsequent Health and Social Care Bill took most of the NHS by surprise. We were not ready for a change this large. "No more top down reform". Remember that? The groundwork of engagement and preparation had not been laid. And no amount of parliamentary process could fix that.

In the event, it took some remarkable political machinations to pause the Bill, and introduce the Future Forum. I'll return to that a little later, but in summary, the Bill presented to the House of Lords was an improved Bill. Improved, but far from perfect. Whatever you think of the main thrust of the changes – and I do my best to avoid the word reforms, you'll notice, - it is clear that from a pharmacy perspective, this is not a Bill that will sweep away the barriers that have been holding us back.

Of course, we can influence this process. The pharmacy bodies, particularly PSNC, are in regular contact with the Department and relevant Parliamentarians, making sure community pharmacy's interests are heard and heeded at this vital time. But with so many voices in this debate, and so much party politics involved, we can't realistically expect the Government to amend the Bill in a way that will hand us our future on a plate.

What I hope to see from the remainder of the Parliamentary process, and what I will encourage PSNC to aim for, is a series of assurances from the Government that they remain committed to supporting the development of community pharmacy in the new NHS. An assurance, for example, that we won't be subjected to dual regulation by the CQC as well as the GPhC if we want to bid for services under Any Qualified Provider.

As the Bill enters its final stages, we will be able to see more clearly how the new NHS will work. But the Bill, voluminous as it is, is only a skeleton, guidance from the Department of Health is only a framework. What really matters is what happens on the ground and that remains in a state of extreme flux.

## **NHS Commissioning Board**

On the ground, the issue that grabs the headlines and keeps people awake at night is commissioning.

It's no small irony that in seeking to devolve power in the NHS away from the centre, Andrew Lansley will create the most powerful non-departmental public body, with the possible exception of the Bank of England, in UK history. The Commissioning Board's Chief Executive, David Nicholson, will be the most powerful Civil Servant outside of Downing Street. The NHS Commissioning Board, as well as largely managing the NHS, will be responsible for the national contracts, including community pharmacy. And when we come to build on the expected success of the New Medicine Service, it is the body we will negotiate with on the development of the community pharmacy contractual framework. It



will also have a local presence, most likely mirroring the “clustered” PCT’s to add to the confused landscape and the potential for bureaucratic control.

The key word above, though, is ‘when’. To establish a body with a remit as complex and important as the NHS Commissioning Board will take considerable time. Community pharmacy, important though it undoubtedly is, will not be at the top of their to-do list. I know that the current community pharmacy contract is out of date. I’d imagine the Department of Health knows it too. But until the Commissioning Board has settled in, I’m sorry to say that a new contract will not happen. There’s simply no-one to negotiate with. An old colleague of mine at the time of the last but three NHS re-organisation likened dealing with the central bodies at that time as akin to hailing the bridge of the Marie Celeste. There was simply no-one there.

### **CCGs**

Clinical Commissioning Groups probably come second in the headline grabbing stakes. Their role is probably less straightforward than appeared a few months back and I know Sue is going to expand on this but they are bound to be critical for community pharmacy.

We know, of course that CCGs will be led by GPs. There will be involvement from Hospital Doctors, Nurses, and yes, even community pharmacists. CCGs will need to have meaningful channels for professionals to engage, offer advice, and just as importantly, scrutinise CCG’s decisions. There will also be Local Professional Networks for them to engage with.

The Groups will need some form of commissioning support. They may hire experts, they may rely on private sector consultants. In the immediate future, they are likely to rely on support from PCT clusters. That could mean that unhelpful prejudices and ways of working are carried over from PCTs to CCGs. It could equally mean that years of diligent relationship building and knowledge accumulation are wasted. Faced with this, all we can do is offer the best support we can, as early as we can, to shape each CCG’s approach.

CCGs need your expertise. It might seem unthinkable that a group of GPs could set a prescribing policy without consulting local community pharmacists. But if you don’t offer this support, it’s very possible that they won’t ask for it. It’s obvious that an integrated care scheme for treating patients with long term conditions would involve community pharmacies. But it might not be obvious to a CCG if they haven’t met their local pharmacists.

### **Local Authorities**

Local Authorities will take control of public health budgets. Directors of Public Health are being drafted in, many Health and Wellbeing Boards are already well established. And they are networking, building links and having their understanding of the local public health landscape shaped as we speak. Of course, with local councillors involved, this means LPCs will have to learn the language of politics if we are to see new services commissioned. There is a big plus to Local Authority involvement which is their long standing experience in commissioning rather than providing services and I believe that this could be an open door at which we should be pushing – in the right way of course.



## **Transition**

It was encouraging to see that 'one of our own', Ash Soni from Lambeth, was appointed to the NHS Future Forum. Ash has been a great champion for pharmacy.

The health reforms have brought institutional change and uncertainty to every part of the NHS, but LPCs have not been forced to change. Some of you may wish to consider changes in structure, which I know Sue will touch on later, but the key thing is for your organisations to be fit for purpose in a rapidly changing environment.

Consistency will increasingly become a valuable commodity. Emerging bodies should be able to look to LPCs for support, knowledge and expertise. LPCs, alongside our colleagues in other local representative committees, should become the anchors around which the emerging bodies float.

Achieving this is manifestly in our interest. The more support and consistency we can provide for CCGs and Local Authorities, the more we will be able to shape their agendas. This is the approach the PSNC is taking with the NHS Commissioning Board, and I hope it is the approach each of you will take too. Others will be knocking on those doors, and we should not assume that commissioners will recognise and choose community pharmacy unless we make a powerful case.

## **Government support for community pharmacy**

Looking at the scale of the challenge ahead of us, and the savagery of the financial situation across the whole of the NHS, it's easy to forget that community pharmacy already gone some distance to achieving your vision.

I won't roll out a litany of pharmacy's achievements and praiseworthy endeavours. But I hope you will indulge me when I say that as a newcomer, I find it extraordinary that you have received funding for a wholly new service in the current climate. And make no mistake, this is new funding that the Treasury would not have given up without a fight.

Budgets are ever tighter in the NHS. Health professionals across the board are suffering cuts in their pay and benefits, the likes of which haven't been seen for over 20 years. Everyone who relies on the NHS for an income is suffering, from GPs to the service companies that clean the hospital lobbies and nurses faces pay freezes or redundancy. Against that backdrop, we have funding for a new service.

And the reason for this investment is simple. The Department for Health believes that community pharmacists can and should save the NHS money and improve health outcomes for our local communities. They want us to develop our role as trusted and expert health professionals who do so much more than dispense medicines.

They will continue to support us, if we ensure that whatever we promise, we deliver. This means the availability of consistently high quality service provision must be our absolute



priority. We cannot have patches of the country that aren't able to provide a national service. We can't have a group of pharmacies that is excellent on medicines optimisation, but a bit wobbly on public health. Perhaps most importantly, we can't neglect our core function, to supply medicines in a manner that is safe, appropriate for each patient, and that achieves value for the NHS.

### **Priorities and Planning**

Earlier this month PSNC held its annual planning meeting. It was a productive session in which we mapped out our course for the next 12 months, set within the context of our 4-year plan agreed in 2010. I know Sue will touch on some of the key strands of this when she talks to you shortly.

As I have said, I think pharmacy has an immensely strong platform on which to build: accessibility, public trust, expertise, and recognition that a growing range of pharmacy services make sense not just for the profession and the NHS, but above all for patients.

The vote of confidence from policy makers that has enabled us to introduce the New Medicine Service so successfully provides real encouragement, and shows what's possible. We now need to capture the evidence that the NMS works so that we can keep building on that success. No-one owes us a living, but if we demonstrate that we can provide what the NHS needs with consistent high quality on a cost effective basis we have a great future.

I look forward to working with you as we do this together.