



Embargo: Not for publication or quotation
before 00.01 hours, Friday, September 21st, 2007

Billions spent on electronic NHS care records will be 'wasted' without an extended role for pharmacists and greater patient choice

**Delivering faster access to better care requires a 'Pharmacists' Charter' to promote
closer working between GPs and community pharmacists**

Medical and pharmaceutical advances and changing health needs are opening up important opportunities for innovative service provision in community pharmacies, finds a new report published today by the School of Pharmacy, University of London, in partnership with Alliance Boots¹. But *Delivering Faster Access to Better Care* warns that if the new NHS electronic care records system does not allow (with patient permission) full community pharmacist access, potential benefits will be lost.

The report also highlights the dangers of fragmented services and 'post code' pharmaceutical care rationing. These occur when local NHS agencies such as PCTs commission needlessly variable patterns of community pharmacy provision. Unchecked, this will stop people having a clear idea of the services they can expect from community pharmacists and undermine care quality and patient outcomes.

'It would be a sad waste of money and effort if NHS service users cannot gain faster access to better primary care through allowing pharmacists to see and contribute to their medical records, so that they can provide more treatments and services directly,' said co-author Professor David Taylor. *'The more that is done in pharmacies, the more GPs and their practice colleagues can focus on caring for people with complex needs in the community'.*

'Politicians, professionals and managers should work together to overcome barriers to more productive patterns of working, and let the public make better use of familiar resources like high street pharmacies and GP surgeries. Wherever possible NHS users should have a choice between alternative care providers, backed by comprehensive record keeping and constructive co-operation between pharmacists, doctors and other health professionals.'

Delivering Faster Access to Better Care supports the conclusions of a recent All Party Parliamentary Group inquiry which urged that payments for extended pharmaceutical care services should be made more consistently across the country.

The new report notes that in the 1960s general medical practice was transformed by by 'the Doctor's Charter', and argues for a modern 'Community Pharmacists' Charter'. This could reduce undesirable service variations and create stronger economic incentives for GPs and community pharmacists to work closely together. Its aim should be to ensure that healthy individuals wanting to reduce risks to their future wellbeing can enjoy services better tailored to fit their personal requirements,

¹ *Delivering Faster Access to Better Care*. Written by Professor David Taylor and Dr Jennifer Newbould. Published by the School of Pharmacy, University of London, in partnership with Alliance Boots. Price £7.50, or see www.pharmacy.ac.uk



and that patients seeking to live well with long term conditions can more easily get the treatment and help they need.

Despite current interest in concepts such as concentrating primary care resources in large 'polyclinics' that could take over some of the functions of District General Hospitals, the report argues that many health service users want to see a wider range of care provided in settings such as local pharmacies and in convenient locations such as shopping centres.

Delivering Faster Access to Better Care concludes that the recent introduction of Medicine Use Reviews (MURs - through which pharmacists identify medicines taking related problems and may offer advice patients and doctors) has been a valuable step towards providing better clinical care. It recommends that GPs and community pharmacists should work closely together to maximise the value of MURs, which some 14,000 community pharmacists in England are now accredited to provide.

Other recent pharmacy service developments discussed in the report include:

- chlamydia, diabetes, osteoporosis and other screening programmes;
- minor ailment treatment programmes;
- influenza and other immunisation services;
- out-of-hours care provision;
- anticoagulation clinics;
- 'healthy heart' checks; and
- substance misuse and needle exchange services.

Professor Taylor concluded: *'the government has promised a White Paper on the further development of pharmacy services, together with reforms such as giving community pharmacists appropriate access to NHS patients' electronic care records. There is currently an important chance for professionals such as GPs and community pharmacists to address the challenge of working together more effectively.'*

'If the professionals directly involved in primary care provision can lead progress in positive partnership there is good reason to believe that Britain will become the safest place in the world to take medicines of all types, and also that patient access to pharmaceutical and other treatments can be made faster and more convenient.'

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