

**Developing our NHS care objectives: A consultation on the draft mandate to the NHS  
Commissioning Board  
Royal Pharmaceutical Society response**

The Royal Pharmaceutical Society (RPS) is the professional body for every pharmacist in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain.

The RPS leads and supports the development of the pharmacy profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

Its functions and services include:

**Leadership, representation and advocacy:** promoting the status of the pharmacy profession and ensuring that pharmacy's voice is heard by governments, the media and the public.

**Professional development, education and support:** helping pharmacists to advance their careers through professional advancement, career advice and guidance on good practice.

**Professional networking and publications:** creating a series of communication channels to enable pharmacists to discuss areas of common interest.

### **General comments**

We are extremely disappointed that this draft mandate contains next to nothing on medicines as, behind staff costs, expenditure on medicines is the highest cost to the NHS at around £13 billion per annum.

The prescribing and supply of medicines is by far the most frequent intervention made within the NHS and the expenditure on medicines dispensed through community pharmacy continues to increase with a total in 2011 of over £8.5 billion<sup>1</sup>. It is also well known that around 30 - 50% of medicines are not taken as the prescriber intended.<sup>2</sup> Pharmacists, as the experts in medicines use, can have a beneficial impact in this high cost area for the NHS. They have the skills and expertise to maximise the investment made in medicines and minimise the risks thereby improving efficiency and quality of patient care. Pharmacists must be at the heart of medicines optimisation, they are leaders as well as clinicians, and medicines optimisation needs to become a central agenda for the NHS.

As medicines are an increasingly important part of treating patient's ill health, we feel that the unique role of pharmacists, as the experts in drug treatment, will be central to both the quality of outcomes and gaining the best value from the NHS drugs bill. A number of recent studies have highlighted the important role of pharmacists in improving patient outcomes where medicines are concerned.<sup>3,4,5</sup> These studies demonstrate that when pharmacists are sited in the correct place in

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<sup>1</sup> <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions/prescription-cost-analysis-england--2011>

<sup>2</sup> National Institute for Health and Clinical Excellence (2009) Clinical Guideline 76; Medicines Adherence.

<sup>3</sup> <http://www.gmc-uk.org/about/research/12996.asp>

the system they can have a beneficial impact on prescribing errors, medicines waste and hospital admissions. Pharmacists must be involved when care pathways are being developed as almost all care pathways will involve medicines and pharmacist are the experts in medicines optimisation.

Because pharmacists are the experts in medicines use at both operational and strategic level, they must be involved in the redesign of services as new care pathways are formed.

The successful management of long term conditions is critical to the future sustainability of the NHS. As the majority of patients with a long term condition will be taking at least one medicine, pharmacists need to be fully involved in the management of long term conditions.

We believe that pharmacists are central to the delivery of public health as it evolves within the new Public Health Service. Pharmacies are sited in accessible locations and are open at times convenient to the public. Pharmacists often advise members of the public who do not access other NHS services. Pharmacists see healthy members of the public or those with undiagnosed conditions who are not interacting with other providers of NHS services. Therefore, they have a fundamental role in the delivery of health improvement services and a key role in the reduction of health inequalities. As the NHS moves towards a health service rather than an illness service, pharmacists can play a crucial role in the prevention of ill health which can also result in cost efficiencies in the system.

A Bow Group report '*Delivering Enhanced Services in a Modern NHS: improving Outcomes in Public Health and Long Term Conditions*'<sup>6</sup> concludes that "enhanced pharmacy services are an under-utilised resource that can deliver innovative, cost-effective services to patients in a highly accessible manner, whilst facilitating the NHS to achieve its QIPP objectives".

Overall, we believe that there needs to be more emphasis on joint working to develop patient pathways allowing for inputs from a wide range of professionals with each professional being involved at the most appropriate point on that pathway. The NHS needs the ability to focus on joined-up care so patients get the maximum output from every contact with the NHS and its service providers. We are not sure that this mandate will encourage healthcare professionals and commissioners to ensure fully integrated services are supported as services are redesigned. Within the mandate it states that '*The Board should promote joint commissioning, supporting CCGs to work in partnership with other organisations to get the best possible outcomes – particularly for vulnerable groups and people with complex needs*'. The vital role of medicines optimisation to ensure quality and transparency in all commissioning decisions about medicines must be encouraged to continue and develop through local decision making processes. The impact of medicines in improving outcomes e.g. statins in reducing heart disease, and how this is delivered across a whole health economy from the strategic level to practice based pharmacists and community pharmacists requires strategic pharmacy involvement.

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<sup>4</sup> <http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhcp/psrp/finalreports/PS025CHUMS-FinalReportwithappendices.pdf>

<sup>5</sup> <http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhcp/psrp/finalreports/PS024PINCERFinalReportOctober2010.pdf>

<sup>6</sup> <http://www.bowgroup.org/policy/delivering-enhanced-pharmacy-services-modern-nhs-improving-outcomes-public-health-and-long>

We believe that this mandate should address the three key principles of:

1. Health promotion/ disease prevention
2. Managing those with a diagnosed condition
3. Self care

**Comments on the Objectives:**

We fully support objective 2 and we believe that the management of people with Long Term Conditions is critical to the success of the NHS. We believe that pharmacists are central to this role both in the optimisation of medicines and ongoing monitoring of such patients. Alongside LTCs, and often interlinked, is mental health as many patient suffering from a LTC also suffer from depression<sup>7</sup>.

We also fully support Objective 14 and fair and appropriate access to enabling technology for all providers would ensure more consistent care and improve patient safety. For these reasons we would support the ongoing work on access to the Electronic Health Records for relevant healthcare professionals, of which pharmacists are one.

**We have not answered the specific questions asked in this consultation but our response is relevant to all the key areas that have consultation questions.**



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Royal Pharmaceutical Society

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<sup>7</sup> [http://icn.csip.org.uk/library/Long-term\\_conditions\\_and\\_depression\\_PBC.pdf](http://icn.csip.org.uk/library/Long-term_conditions_and_depression_PBC.pdf)