

**The Future of  
Pharmacy in a  
Sustainable NHS:  
Key Principles for  
Transformation  
and Growth**

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# Foreword

Coronavirus has shaken the very foundations of our health care system. The pandemic has brought unparalleled challenges that have stretched personal and professional resilience to the limit. The result has been innovation and transformation like never before. Clearly, the future delivery of NHS services will never be the same again. The decisions and actions we take now will be critical in crafting the future we want for pharmacy and our patients.

The commitment of the pharmacy profession to patient care, and the hard work and determination to sustain medicines supply and key pharmaceutical care services throughout the pandemic, has been a source of immense pride. The commitment to patient care has been awe inspiring and is widely acknowledged across the NHS and by the general public.

Now it's important that these positive changes to patient care and pharmacy practice in response to COVID-19 are retained and built upon. We must continue to improve patient experience whilst protecting the future sustainability of the NHS.

So, we're leading discussions and listening to our members and the wider profession to understand the experience of pharmacy during the pandemic. We've shared those learnings with other key stakeholders (including patient groups and the voluntary sector) and reviewed many issues and expectations for pharmacy to find common themes for the future. As a result, we have identified some solid principles to drive further development of the profession and pharmaceutical services.

These principles and priorities for transformation are at a critical point in the evolution of health care. This is the start of an important process requiring concerted action and collaboration across all health care sectors from all key stakeholders. This will enable us to jointly shape pharmacy practice, ensuring the profession's fullest potential is utilised to improve patient care and contribute to the sustainability of the NHS.



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# Our Priorities

## Priority 1: Establishing a valued and supported pharmacy workforce to improve patient care

The clinical and operational leadership provided by pharmacists and their teams during the pandemic has demonstrated the value to patient care from their unique and diverse skills. Pharmacists have played key roles in establishing and staffing field hospitals, ensuring vital medicines supply, preparing critical injectable medicines, and ensuring continuity of care in the community for patients with chronic diseases. They have also played important roles in research and have been instrumental in providing reliable information for preventing, detecting, treating and managing COVID-19. These skills must continue to be used, developed and recognised.

Throughout the pandemic we have campaigned for recognition of pharmacy as a key part of the healthcare workforce. We have made advances in a number of important areas including:

- Key worker status
- Pharmacy teams to be included in the [life assurance scheme](#)
- [Access to health and wellbeing support](#)
- [Visa extensions](#) for frontline pharmacists
- Pharmacy being routinely included in all NHS healthcare workforce initiatives.

Sustaining these developments for the profession will continue to be important.

### PRINCIPLE 1:

Pharmacists and their teams must be able to work in a safe environment and be protected, particularly in times of public health emergencies.

PATIENT BENEFIT	NHS BENEFIT
<ul style="list-style-type: none"> <li>• Patients continue to benefit from expert medicines support and care</li> <li>• Safe and efficient medicines supply is maintained</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacists can continue to work, providing crucial medicines advice to colleagues within the multidisciplinary team</li> <li>• Ensuring capacity in the health and social care system is not lost</li> <li>• Risk of virus transmission is reduced.</li> </ul>

Protecting pharmacists and their teams means they can continue to provide vital services to members of the public and patients. Ensuring the provision of adequate supplies of free quality personal protection equipment (PPE) across primary and secondary care is vital as long as the risk of COVID-19 transmission exists. Front-line pharmacy teams delivering NHS services must be prioritised for COVID-19 testing and vaccinations, when available. Risk assessments must continue for all at risk groups, and adaptations made to ensure a safe working environment.

### PRINCIPLE 2

Community pharmacy must be fully integrated into NHS services as a valued and recognised NHS provider to benefit patient care.

PATIENT BENEFIT	NHS BENEFIT
<ul style="list-style-type: none"> <li>• Continue to improve patient safety in relation to medicines</li> <li>• Healthcare services offered by community pharmacies continue to be easily accessible to the public.</li> <li>• A smoother, streamlined patient journey across different health settings and sectors.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase consistency in approach with other health care settings.</li> <li>• A valued and motivated pharmacy workforce that supports quality improvement and reduced workload on other parts of the system</li> </ul>

Community pharmacists and their teams provide expertise in all aspects of medicines, health advice and prevention, tackling health inequalities, supporting long term conditions and treating self-limiting common clinical conditions. Greater recognition as an essential part of the patient journey is now needed. Community pharmacy teams are NHS service providers and must be supported in the same way as other primary care providers contracted to deliver NHS services.

### PRINCIPLE 3

Protected time for pharmacists across all sectors will improve the quality of care to patients

PATIENT BENEFIT	NHS BENEFIT
<ul style="list-style-type: none"> <li>• Improve patient safety as pharmacists have time to focus on crucial clinical work</li> <li>• Pharmacists and teams can use the time to prioritise workload and patient care</li> </ul>	<ul style="list-style-type: none"> <li>• Protected time will improve the health and wellbeing of the workforce</li> <li>• Pharmacists and their teams can have time to work on their professional development and in turn further develop enhanced service provision</li> <li>• Pharmacists can provide and participate in training and education as part of multi-disciplinary teams</li> </ul>

During COVID-19, pharmacies have benefitted from increased flexibility in opening hours. This protected time with limited interruptions has enabled pharmacists to deal with complex queries and prioritise workloads and this should continue.

Pharmacists do not routinely receive protected time to learn new skills and update their knowledge as part of a multidisciplinary team. Pharmacy workforce planning rarely considers the time and cost of education and training, and any training and teaching that is undertaken puts a strain on other colleagues, adding to work pressures. Equity across all professions is now needed, ensuring protected and funded learning time for pharmacists embedded within workforce planning.

As managing the health of patients becomes more complex due to the increasing prevalence of multiple long-term conditions and the development of new innovative medicines, the need for pharmacy expertise will only increase. The public must be assured that pharmacists can provide increasingly complex services safely, which will require pharmacy teams to continually build on their competence and constantly develop and advance their practice.<sup>1</sup>

#### PRINCIPLE 4

Pharmacy teams must be able to work in a positive working environment with access to appropriate mental health and wellbeing services

PATIENT BENEFIT	NHS BENEFIT
<ul style="list-style-type: none"> <li>Ensure the highest quality of care by supporting the health and wellbeing of pharmacists and their teams</li> </ul>	<ul style="list-style-type: none"> <li>A better supported and valued workforce.</li> <li>Less staff absences and improved levels of productivity, engagement, motivation to innovate and wellbeing</li> </ul>

Meeting the growing demands on the health service is having a significant impact on the wellbeing of health professionals. Last year's RPS survey of pharmacists showed 80% were at risk of burnout <sup>2</sup>.

Pharmacists must be able to have breaks to support their mental health and wellbeing. It is critical for all pharmacy workplaces to be supported to foster a culture conducive to positive mental health and wellbeing.

The inclusion of pharmacy in NHS-funded occupational health service support in [England](#) and [Wales](#) has been welcomed and valued during the pandemic and must remain. Employers and those managing pharmacy teams must provide supportive workplace environments and ensure that pharmacists and their teams have access to appropriate help if they need it.

#### PRINCIPLE 5

Equality of opportunity must be assured across the pharmacy profession and in every sector of practice

PATIENT BENEFIT	NHS BENEFIT
<ul style="list-style-type: none"> <li>A workforce that reflects the diversity of the public that we serve</li> <li>The profession is representative of the communities they serve and can work within a full range of cultural contexts</li> </ul>	<ul style="list-style-type: none"> <li>Tackle bias in recruitment, promotion and pay decisions</li> <li>A sense of belonging across the profession and the NHS where individuals can be themselves, enabling a thriving and successful workforce</li> <li>A profession that is representative of the diversity across all levels, bringing in diversity of thought and experience.</li> </ul>

1 <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/Pharmacy%20Vision%20English.pdf?ver=2019-05-21-152234-477>

2 [www.rpharms.com/about-us/news/details/Pharmacists-suffer-the-mental-health-consequences-of-workplace-pressure](http://www.rpharms.com/about-us/news/details/Pharmacists-suffer-the-mental-health-consequences-of-workplace-pressure)

To ensure long term change and address systemic workplace inequalities and discrimination we have co-created an Inclusion and Diversity strategy with our members to:

- Challenge inclusion and diversity barriers
- Champion inclusive and authentic leadership
- Create a culture of belonging.

We are committed to implementing the [RPS I&D strategy](#). Delivering this strategy will go some way to ensure that all pharmacists have equal opportunity to contribute to the provision of pharmacy services in the future.

#### PRINCIPLE 6

Investment in foundation training must enable all pharmacists to qualify as independent prescribers and leadership opportunities must be embedded throughout the career pathway.

PATIENT BENEFIT	NHS BENEFIT
<ul style="list-style-type: none"> <li>Pharmacist involvement in multi-disciplinary teams will improve patient care and safety</li> <li>Quicker access to the medicines they require to manage their condition or symptoms</li> <li>Structured training will ensure standards are maintained in all settings across Great Britain</li> </ul>	<ul style="list-style-type: none"> <li>Pharmacists to support multi-disciplinary teamwork working across all care settings</li> <li>Increase capacity and access to pharmaceutical expertise</li> <li>Increased responsiveness to patient needs and reducing waiting time</li> </ul>

The COVID-19 pandemic highlighted the challenges of flexibility amongst the pharmacy workforce. We support current proposals for initial pharmacist education reform, including integrated foundation training and qualification as an independent prescriber. Cross-sector training experience will improve understanding of pharmacists' roles in traditional sectors and foster collaboration within the profession. It will also improve support for patient pathways and increased workforce flexibility.

Achieving this will require major structural reform and investment particularly in relation to experiential learning and quality assurance. Pharmacists should have access to supported foundation training, including access to an educational supervisor. It would be preferable if pharmacists were able to gain experience in a range of different care settings during the foundation period, to improve their understanding and knowledge.

Pharmacists should also be able to train for advanced and consultant level practice that recognises their baseline knowledge and skills and addresses any gaps, enabling them to become recognised experts in their field and valued members of multi-professional teams. At this level they can provide leadership across systems for the profession.

## Priority 2: Enabling an integrated and connected pharmacy workforce to enhance patient care

COVID-19 has highlighted the advantages of technology in increasing patient access to timely, safe and effective pharmaceutical care. Digital health care solutions have become more critical to the management of demand, meeting patient need, and offering choice and safety for patients.

However, realising the benefits of these digital advancements requires better integration and interoperability across healthcare settings to:

- Support better patient outcomes by avoiding duplication
- Ensure up to date information is available
- Streamline patient journeys.

### PRINCIPLE 7

Digital infrastructure and processes available to pharmacists throughout the pandemic should be accelerated, improved and built upon.

PATIENT BENEFIT	NHS BENEFIT
<ul style="list-style-type: none"> <li>• Electronic ordering systems make it more convenient for patients to order their medications</li> <li>• Improved patient journey and safety</li> </ul>	<ul style="list-style-type: none"> <li>• More efficient prescribing systems</li> <li>• Decrease carbon footprint</li> <li>• Safer and more efficient transfer between care settings</li> </ul>

This includes, where it is not already in place:

- Development and roll out of electronic prescriptions services in primary and secondary care
- Roll out of electronic repeat dispensing where electronic transfer of prescriptions is in place
- Electronic prescribing and medicines administration (H/EPMA) in hospitals and care homes.
- Electronic sharing of appropriate patient information between secondary and primary care.
- Electronic discharge information to be shared with a community pharmacy of the patient's choice.

### PRINCIPLE 8

Pharmacists in all care settings must have read and write access to a full and integrated electronic patient record

### PRINCIPLE 9

Referral pathways must be put in place to ensure critical information can flow to and from all pharmacy settings

PATIENT BENEFIT	NHS BENEFIT
<ul style="list-style-type: none"> <li>• Patients can fully benefit from interactions with community pharmacists</li> <li>• People don't have to repeat information</li> <li>• Information the pharmacist is using to make decisions is comprehensive, accurate and up to date ensuring safer care</li> </ul>	<ul style="list-style-type: none"> <li>• Health professionals across care settings can make more informed clinical decisions based on up to date and comprehensive patient information</li> </ul>

Pharmacists have been able to access more patient information during COVID-19 to support and improve patient care and the capacity of other healthcare colleagues. While access to patient health records, laboratory results and the care record, is available to pharmacists working in hospitals and primary care, it is not routine for community pharmacists. Access would enable pharmacists to:

- Give patients better advice
- Make more informed clinical decisions
- Improve medicine optimisation
- Reduce the number of medicine related errors that contribute to unplanned hospital admissions.

A YouGov public survey showed 85% of respondents want healthcare professionals treating them to have secure electronic access to key data from the GP record<sup>3</sup>. To ensure all pharmacists across all sectors have equal and appropriate access to individual patient records, technical infrastructure and training where needed.

Systems must be interoperable to improve information sharing across all care settings and support patient care by ensuring that up to date information is available at all stages in the patient journey. These systems must also facilitate pharmacy referral to and from other healthcare professionals.

As people are empowered to have control over their own records this would make it easier for information to be shared with healthcare professionals.

### PRINCIPLE 10

Pharmacists in all care settings must have access to virtual consultation tools and equipment.

PATIENT BENEFIT	NHS BENEFIT
<ul style="list-style-type: none"> <li>• Increase patient access to pharmacist expertise. This is especially beneficial for those shielding / isolating, those who live in remote locations or those who are unable to get time away from work/family commitments.</li> <li>• Overall, it reduces the need to travel to appointments reducing carbon footprint</li> <li>• Empowers people</li> </ul>	<ul style="list-style-type: none"> <li>• Enables pharmacists and their teams to give access to care for those who are housebound or vulnerable for a specific reason (e.g. shielding or isolating)</li> <li>• Provides additional capacity</li> </ul>

COVID-19 has clearly demonstrated the value of virtual consultations and enabling people to engage with health professionals is critical to the sustainability of the NHS. Patients have benefitted from the multi-disciplinary virtual ward rounds and meetings facilitated through digital technology across primary and secondary care. It's imperative that people can benefit from these digital options when consulting with a pharmacist where appropriate. Access to digital consultation tools and equipment in all pharmacy settings can help to deliver:

- Improved convenience
- Reduced carbon footprint
- Improved safety for patients.

<sup>3</sup> <https://www.emishealth.com/news-events/news/public-support-wider-access-to-gp-record/>

We recognise that these platforms are not always suitable for all patients and should enhance, rather than replace access to face-to-face care. There needs to be flexibility in the delivery of service to balance access and not further the health inequalities gap. Further guidance is available on the RPS website [here](#).

### PRINCIPLE 11

A universal model of consent for the delivery of pharmacy services must be created and implemented.

#### PATIENT BENEFIT

- Patients only have to provide consent once rather than signing for each service provided

#### NHS BENEFIT

- Provides more effective and responsive services
- Reduces administrative burden enabling clinicians to spend more time on patient care

Virtual technology benefits must be underpinned by an implied or opt in model for patient consent. Written consent or wet signatures can be a barrier to new technologies and timely access to pharmacy services, where multiple consent is often required for different services. Current consent models should be updated in order to improve access, safety and responsiveness of pharmacy services and reduce the administrative burden associated with current models. A universal consent model for community pharmacy services needs to be explored and put in place.

There is a vital need to sort out the interoperability of digital systems and the many digital access issues that currently exist for pharmacy and other health professions. Achieving this will be the single biggest enabler of pharmacists' developing roles, pharmacist independent prescribing and pharmacy's contribution to patient care.

## Priority 3: Empowering the pharmacy profession to transform patient care

Pharmacy has collaborated with other healthcare professionals to better support patient care. Lessons must be learned from COVID-19 to ensure patients benefit from more innovative and efficient ways of working across the NHS. It has also been an opportunity to challenge traditional bureaucratic issues that have held back progress for pharmacy.

### PRINCIPLE 12

All patient-facing pharmacists must be supported to become independent prescribers.

### PRINCIPLE 13

The infrastructure must be established to support and facilitate the use of independent prescribers in all care settings.

### PRINCIPLE 14

Ongoing support must be available to all independent prescribers including peer reviews and mentorship.

#### PATIENT BENEFIT

- Increased access to prescribers closer to home who can support their care

#### NHS BENEFIT

- Improve access to prescribing services
- Make the most of pharmacist expertise to deliver patient care and provide better outcomes from medicines

Pharmacists have a unique set of skills and knowledge. Trained as scientists and clinicians, with an in-depth understanding of medicines, pharmacists are the ideal practitioners to prescribe medicines. Pharmacist independent prescribers can prescribe autonomously for any condition within their clinical competence. They provide opportunities for new ways of working and increasing capacity and access for patients to high quality care.

We are committed to having pharmacist independent prescribers in all care settings to support person-centred care, ensure better outcomes from medicines and increase capacity in the system. To achieve the widespread benefit from this the infrastructure must be in place to enable pharmacist prescribing in practice as part of the multi-disciplinary team.

### PRINCIPLE 15

Changes in medicines legislation must empower pharmacists to use their professional judgment to improve patient care.

#### PATIENT BENEFIT

- Patients are more readily available to access appropriate treatment, when a medicine as prescribed is unavailable

#### BENEFIT TO NHS

- Reduces requirement for Serious Shortage Protocols which are time consuming.
- Better flow within system and reduces burden on prescribers

Pharmacists could amend prescriptions in the event of a medicine being unavailable, such as: the quantity, strength, formulation or generic versions of the same medicine (generic substitution). These substitutions are already standard practice for pharmacists in secondary care and across all care settings in Scotland. Enabling community pharmacists to make these simple changes would address this imbalance and improve access to medicines. Find out more about our proposals to mitigate the risks of medicines shortages [here](#).

### PRINCIPLE 16

Pharmacists and their teams must be enabled to contribute to solutions for reducing health inequalities – including tailored communications to local populations.

PATIENT BENEFIT	NHS BENEFIT
<ul style="list-style-type: none"> <li>• People have local access to professional health care and advice tailored to their needs which should result in healthier populations</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce health inequalities in the system by:               <ul style="list-style-type: none"> <li>• Earlier identification and treatment of high-risk conditions</li> <li>• Better public health and prevention reducing pressure on other parts of the system</li> </ul> </li> </ul>

The concept of the Inverse Care Law proposed thirty years ago by Julian Tudor Hart<sup>4</sup>, describes a perverse relationship between the need for health care and its actual utilisation. COVID-19 has exacerbated and exposed the health inequalities gap. The network of community pharmacies helps to buck the trend of the inverse care law as there are a greater number of pharmacies in socio-economically deprived areas. This ensures that the people across the UK have access to healthcare and advice within their localities wherever they live.

Local pharmacy teams can act as champions and play an active role in breaking down the invisible barriers of tradition, religion and culture, and engaging with their communities. There is an opportunity to build on existing examples where pharmacists provide outreach services into the communities they serve. This local leadership should be utilised and built upon to help reduce health inequalities.

### PRINCIPLE 17

The community pharmacy network must be fully utilised when providing vaccination and testing services whilst ensuring it is a safe environment to do so.

PATIENT BENEFIT	NHS BENEFIT
<ul style="list-style-type: none"> <li>• People have access to professional health care and advice tailored to their needs</li> <li>• Accessible care, close to home, sometimes less intimidating than other health care settings</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce health inequalities in the system</li> <li>• Access to hard to reach communities and individuals</li> </ul>

4 Appleby, J. and Deeming, C. 2001. Inverse care law. Available at: <https://www.kingsfund.org.uk/publications/articles/inverse-care-law>

There is huge potential for community pharmacy teams to be further developed as healthcare providers and public health hubs. Community pharmacists already provide NHS flu vaccinations in England and Wales. This should be extended to Scotland to increase uptake throughout the population. The current flu vaccination programme could then be further resourced to provide access to other vaccines, such as childhood immunisation and travel vaccinations, safely and efficiently using trained pharmacists and pharmacy teams. Any decision to implement population level COVID-19 vaccination and testing across the NHS should explore using the clinical expertise, knowledge and accessibility of community pharmacists and their teams to maximise access to these services.

### PRINCIPLE 18

Opportunities and support must be assured for practising pharmacists to participate in research to demonstrate value in existing services and products and lead future developments.

PATIENT BENEFIT	NHS BENEFIT
<ul style="list-style-type: none"> <li>• Patient care is improved as pharmacy roles and services are evaluated to demonstrate this</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation of services will increase quality and ensure better value for money</li> <li>• Improves links between academia and the NHS</li> </ul>

Relatively few pharmacists have opportunities to link academic careers with the provision of clinical care, and pharmacists at the front line of care are ideally positioned to improve knowledge, and outcomes for patients, through research and development. This could include clinical research on medicines and service evaluation. The research skill of pharmacists should be developed to strengthen their ability to innovate and lead the development of new products and services.

## PRINCIPLE 19

Pharmacy teams must be fully integrated and utilised across primary and secondary care to support a seamless patient journey:

- Mobilise and utilise the whole of the pharmacy workforce, ensuring clinical expertise is used across the system
- Develop a national structure and strategy to increase the number and accessibility of consultant pharmacists
- Enable outpatient prescriptions to be accessed at the patient's community pharmacy of choice for supply to the patient.

### PATIENT BENEFIT

- More integrated care with increased patient access to pharmacist expertise
- Care is provided closer to home
- There is handover of care between secondary and primary care settings

### NHS BENEFIT

- A flexible and adaptable workforce, able to respond to surges in demand during a pandemic, which maximises clinical expertise across settings
- Efficiencies are realised across the system
- Patients receive better, and more joined up, care
- Improve medicines optimisation across the system

Pharmacists must be fully integrated into multi-disciplinary teams, with a 24/7 pharmacy operation, reflecting the needs of both patients and the wider multidisciplinary team. Pharmacy teams should lead on all aspects of medicines care from arrival, during in-patient stay, and through to discharge. Hospital pharmacy teams must work closely with primary care services to ensure medicines and care plans are in place on discharge and coordinated through the patient's nominated community pharmacy team. At the point of discharge there needs to be the ability to supply discharge medicines in the primary care setting. There should be a clinical handover of care so every patient is included, cared for and involved in their own healthcare journey.

Regulation must be amended to allow community pharmacists to supply hospital medicines prescribed and dispensed in secondary care.

Collaboration between pharmacy teams in different care settings is essential to enhance patient care. Specialised pharmacy teams in hospital should routinely work with community and primary care colleagues to provide ongoing input into care for their patients in the community. Traditionally many pharmacy specialist roles have been based within the hospital sector. The skills and knowledge of specialist pharmacists must also be accessible to patients in the community. A centralised service with local outreach will provide people with direct and equitable access to specialised pharmacists.

There should be an increase in the number of consultant pharmacists working in the NHS. These post holders will have specialist therapeutic knowledge and can provide clear strategic direction and leadership for use of medicines, reducing harm and increasing value. They will be an expert point of contact for their speciality, working across all healthcare sectors. They will support delivery of government priorities such as safer medicines management, frail elderly care, managing acute illness, transfers of care, mental health, prevention and end of life care.

During the pandemic regional procurement has been key to the delivery of safe care, it needs to become embedded into NHS structures and funded via a standard model. Procurement of medicines, available in a usable form, needs to be a fundamental part of the planning process and adequately resourced. All hospital medicines should go through the hospital pharmacy, as the IT systems and stock control are better, and data can be amalgamated and used effectively. Pharmacy can help to raise standards and provide leadership across the sector.

Where feasible, patients should have equitable access to pharmacy services across each country. Local system leadership is however important, to ensure that local systems can focus on the health issues that are most prevalent within their communities. To enable this, providers need to be empowered and enabled to respond flexibly to wider changes in the local healthcare system.



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# Our commitments

The RPS is committed to improving patient outcomes by ensuring the best use of medicines and excellent pharmaceutical care.

We are committed to:

- Taking positive action to call for change, to collaborate with governments, the NHS, employers, patient organisations and other key stakeholders to move pharmacy forward with purpose and pace
- Putting pharmacy at the forefront of healthcare to enhance patient care
- Providing and enabling the leadership and advocacy needed to put pharmacy in the best place to contribute to a sustainable, modern and efficient NHS for patients
- Advocating for the safety and protection of the profession
- Implementing the [RPS I&D strategy](#)
- Showcasing the varied roles of pharmacists and the impact these have on improving patient care, reducing health inequalities and the development of effective medicines
- Supporting pharmacists in their careers, advocating for education reforms and the development of training to ensure the profession continues to adapt to the needs of the health service.

Throughout the pandemic we have advocated to make sure pharmacy is supported to work safely and provide effective patient care. Our priorities for the profession were moulded and continually revised in response to the fast-moving situation. We acted and delivered for the profession on a wide range of issues such as Personal Protective Equipment, testing, risk assessments and preventing aggression and violence. These issues remain important and we will continue to commit to them.



### To provide accessible healthcare

Throughout the UK, community pharmacies are the most accessible of all primary care contracted health care services provide patients with quick access to healthcare advice and support from a health professional. They are a particularly valuable resource in rural areas where the nearest GP surgery may be miles away and in deprived areas as a means of reducing inequalities in health and reversing the inverse care law.



### Improving clinical outcomes for patients

As the experts in medicines and their effect on the body, pharmacists can support patients to get the most benefit from their medicines. Using their unique skills and knowledge, pharmacists ensure that medicines interact with each other effectively and safely, tailor doses appropriately and, in some instances, prescribe new medicines and stop existing medicines that are of no further benefit to the patient.



### Ensuring value for money from medicines

With their unique knowledge of medicines, pharmacists are a vital asset to ensure that the annual investment in medicines is spent wisely and in a cost-effective manner. They do this by supporting appropriate prescribing and working with patients to deprescribe inappropriate and ineffective medicines.



### To build capacity in primary care

Pharmacists are well placed to increase access to care for patients in primary care and community settings by taking an increased role in managing common ailments, acute conditions and long-term conditions. This can enable GPs more time and capacity for longer appointments and to focus on diagnoses and the management of more complex patients.

# The critical role of Pharmacists



### Reducing avoidable harm

When used incorrectly medicines can cause significant harm to patients. Inappropriate medicine use also introduces unforeseen challenges such as unplanned and emergency hospital admissions as the result of adverse drug reactions. Ensuring that patients and health professionals have access to pharmacists and their expert medicines knowledge is paramount to reducing these risks.

**ROYAL  
PHARMACEUTICAL  
SOCIETY**

