Speech by Steve Brine MP, Parliamentary Under Secretary of State for Public Health and Primary Care, at the RPS Annual Conference 2017

4 September 2017

[Check against delivery]

Good afternoon everyone. Thank you for inviting me to address your conference.

Let me start by saying that I am honoured to have been appointed as Minister for Public Health and Primary Care, and very pleased that pharmacy has been included in my portfolio. I believe the breadth of my portfolio will allow me to work across traditional boundaries and improve the integration of pharmacy – not only into primary care, but also into public health pathways.

The challenge ahead

It was encouraging to see that your conference is focusing on healthcare challenges and the skills pharmacy teams will need to ensure the very best patient and public outcomes. These topics are close to my heart and it is very clear to me that pharmacy professionals are keen to play their part in working with the Department, its arm’s length bodies – such as NHS England, NHS Improvement, Health Education England and Public Health England – as well as the wider health system, to address the challenges ahead.

We are all aware of the increasing pressure on the NHS. In primary care alone, it is estimated that GPs and their teams in England carried out 370 million patient consultations in 2016 – which is 70 million more than five years ago.

Similarly, from 2005-15, there was a 50% increase in the total number of prescription items dispensed in the community in England, although the population grew by only 8%. Planning for, financing and managing this level of increased demand is undoubtedly a challenge.

To help combat this, the Government will increase the number of student places at medical schools in England by 1,500 next year, alongside its commitment to fund 10,000 additional training places for nurses, midwives and allied health professionals.

But this is only part of the answer. We need to continually examine and enhance the ways we deliver health services, which will in turn improve patient outcomes and make best use of the skills of everyone working in the NHS.

Making the most of pharmacists’ skills

Since I became Minister I have heard about a wide range of ideas to make better use of the skills held by your profession. Sandra Gidley, Chair of Royal Pharmaceutical Society English Pharmacy Board, rightly noted earlier this year that “The Government is not making the most of what community pharmacy has to offer”. Again, she is correct to point out that pharmacists hold “huge potential for improving [the] care of patients with long term conditions and supporting public health.”

My colleagues and I do recognise that to date we have not made best use of the tremendous skills and knowledge that pharmacists and pharmacy teams have as effectively as we might. We are determined to correct this.

Integration and demand

We have, as you know, already invested £42m in the Pharmacy Integration Fund. It will be important to evaluate this programme, in particular the current work to embed pharmacists in GP practices and other settings.

Initial feedback has been good. Last November, the Primary Care Pharmacists Association (PCPA) published a survey which reported that both patients and GPs have benefited from pharmacists being employed in GP practices.
The Pharmacy Integration Fund evaluation and the recommendations of the Murray Review will help shape our efforts to optimise the skills of pharmacists and pharmacy teams in the future, improving the provision of health services and patient care across the country.

However, as I am sure you will agree, it’s not just about utilising the skills of pharmacy professionals in settings outside of community pharmacies. I am keen to ensure that our work on integration also looks closely at the degree to which pharmacy is fulfilling its unique potential in the community setting.

Given how vital community pharmacies are as both health and social assets, we want to encourage more people to use them – which in turn, empowers pharmacists and their teams to play a stronger role in keeping people healthy and reducing the demand on local GPs and hospitals.

For example, the ‘Stay Well This Winter’ campaign has been used effectively to encourage people to take preventative action, including going to a pharmacy at the first sign of illness during winter.

In parallel, the 2016 anti-smoking ‘Stoptober’ campaign reached 11.4m people, and achieved coverage in 78% of pharmacies.

Whilst last year’s seasonal flu vaccination programme in community pharmacies reached almost a million people. And more is hoped from community pharmacy this year.

The cumulative effect of putting pharmacies at the centre of community health improvement promises to show real benefits. With the number of visits to community pharmacies for health-related reasons at 1.2 million every day – some of which will be for managing minor ailments – we are encouraging the greater utilisation of pharmacy teams, whilst discouraging unnecessary use of other parts of the primary care system.

And to complement this emphasis on high quality patient care in an integrated community setting, NHS England is going to pilot an urgent referral pathway from NHS 111 to community pharmacists for clinical reviews. If successful, this pilot will help further utilise pharmacists’ professional skills and expertise, and ensure that they play an active part in caring for patients in the most appropriate clinical setting.

We are also committed to NHS England evaluating the NHS Urgent Medicine Supply Advanced Service (NUMSAS) pilot to understand its effectiveness in the community setting.

To underpin these improvements, work will continue with Health Education England to ensure that pharmacy professionals have access to the training – pre- and post-qualification – that they need to make the most impact on the health of their patients.

We also need to enhance the tools which pharmacy professionals have at their disposal. To help reduce their administrative burden, whilst improving the quality and availability of information, we are modernising and digitising the community pharmacy sector. One of the key ways we are achieving this is through the streamlining of the medicine dispensing process, through programmes such as the Electronic Prescription Service.

**Promoting & supporting better health**

Returning to the role of community pharmacies, I am delighted to see that pharmacy teams are also taking an increased role, in ever-greater numbers, to promote health in the community – as shown by the growing number of pharmacies achieving ‘Healthy Living Pharmacy’ (HLP) status.

The work that qualified health champions do in reaching out to their communities plays a central role in improving peoples’ health and reducing health inequalities.

I know that the inclusion of Level 1 ‘Healthy Living Pharmacy’ status within the quality payment criteria, introduced within community pharmacy funding from 2017/18, has given greater momentum to the spread of HLPs across the country.
And it is clear that they are proving effective, with a national study finding that 60% of people who visited an HLP would have otherwise gone to their GP; whilst 21% would not have taken any action at all to improve their health.

On a similar note, I look forward to the publication next summer of the NICE guidance on ‘promoting health and wellbeing’ in community pharmacy. This evidence-based guidance will enable commissioners and community pharmacy to focus on delivering patient outcomes which are both effective and financially viable.

I also take great pride in noting that pharmacists – across hospital, community and other sectors – are taking a leading role in responding to Dame Sally Davies’ warnings about the grave threat of antimicrobial resistance.

Through their antimicrobial stewardship and antibiotic Guardian roles, pharmacists are providing vital advice on reducing inappropriate use of antimicrobials, and making an important contribution to this global challenge.

I am pleased to report that the highest number of antibiotic Guardian pledges by profession came from pharmacy teams and students, accounting for around 25% of the 42,000 pledges made since the campaign launched in 2014.

I would also like to welcome the particular role that the Royal Pharmaceutical Society is playing, and commend you on the launch of your new antimicrobial resistance campaign.

**Medicine optimisation**

Antimicrobials are only one piece of the jigsaw when it comes to ensuring medicines are used in ways that improve patient outcomes, reduce adverse reactions and deliver value for money.

Pharmacists across the health care system – in hospitals and in primary care – are committed to optimising the use of medicines across the board. They are collectively focused on giving patients the right choice of medicine, encouraging them to take them on time, and ensuring patients are engaged in the process by their clinical team.

The new Regional Medicines Optimisation Committee, in each of the four regions of England, will be a key facilitator of this. The Committees are working with prescribers, pharmacists, providers and commissioners to coordinate efforts across issues where we know there is great scope for optimisation.

For example, the use of biosimilar medicines, medicines in care homes, medicine waste – and as I previously stated – activity to reduce antimicrobial resistance

**Prescribing and dispensing errors**

Finally, I want to address the important issue of prescribing and dispensing errors – both from a prevention and legal standpoint.

On the prevention front, the Secretary of State is working closely with the Chief Pharmaceutical Officer in NHS England, Keith Ridge, to tackle the challenge of prescribing and medication errors in our health system.

Studies currently indicate that up to 8% of prescriptions have a mistake in dosage level, course length or medication type – a risk which the WHO identifies as “a leading cause of injury and avoidable harm in health care systems across the world”.

NHS England is supporting the Secretary of State by leading the drive to reduce inappropriate antibiotic prescribing by 50% by 2020/21.

Patient education and safe management of information will be at the heart of our efforts to tackle this serious issue. For example, we will need to improve how we use electronic prescribing, as well as how
we transfer information about medicines between care settings, where there is significant scope for errors.

Fundamental to this process is clinical leadership – and that begins with fostering the debate, inside and outside government – around how we can make these essential improvements to our healthcare system.

We recognise the leadership role of the Royal Pharmaceutical Society and others in pharmacy on this matter, and look forward to making progress together in the near future.

On the legal front, I appreciate your concerns about the delays in addressing some of the barriers to providing a safer, high quality service, namely through legislation on dispensing errors in community pharmacy.

So I want to assure you that the frustration is shared and I am committed to seeing the legislation laid. I am similarly committed to commencing consultation on an equivalent set of provisions for hospital pharmacy professionals.

In return – as patients and the public rightly expect – pharmacy professionals need to continue to increase the reporting of, and learning from, incidents. Building on the good work to date, including the professional standards published by the RPS and other professional bodies last autumn, this will improve patient care and reduce the risk of harm.

I also look forward to exploring with the profession further elements of the Rebalancing Programme, ensuring that the legislative framework is fit to support the role we see for pharmacy professionals in the future, and ensuring that high quality care and continuing improvement remains at the centre of all that we do.

**Conclusion**

Can I just conclude, in keeping with the theme of your conference, by re-emphasising the government’s commitment to work with you and draw on your undoubted expertise. In doing so, I am confident that we can rise to the health challenges we all face, and achieve the very best patient and public outcomes.

I am determined that this will enable a vibrant future for pharmacy, with the delivery of safe and effective professional services at the core.

I hope you all have a very successful conference.