

# A professional vision for pharmacy practice in 2032. Circulation themes.

## Context

The health and care needs of the population are changing, and health and care services need to change with them. The NHS and its partners across health and care have been on a journey towards more personalised care, delivered through a more joined up, integrated service. This aims for a future where services not only better support people when they need health and care, but help them stay well before that and also overcome the inequalities that have proved so persistent. The need for change has become more urgent as the country learns to live with the Covid pandemic.

It is in this context that a vision for pharmacy is needed. There are so many opportunities for pharmacy teams to provide better support to patients and the public. These can build upon the strengths of a profession that spans the hospital sector, general practice and community pharmacy. Some of this potential was realised in examples of innovation across England before the pandemic, and at scale during it.

Yet we must also recognise that the potential of pharmacy teams to provide more direct patient care and integrate better has long been acknowledged. Progress has been made yet this has sometimes lacked pace and has been difficult to spread. Alongside the vision we need to think about the barriers and enablers that will ensure pharmacy can play its full part. This will need alignment with the current changes in NHS structures and to follow the Fuller Stocktake in thinking through action at neighbourhood, place and at system. We need a compelling long-term vision backed by short-term actions.

## The themes for a vision for pharmacy

This consultation outlines six themes identified as core to a professional vision for pharmacy practice. The themes reflect aspirations of The Long-Term Plan and recent Fuller Stocktake as well as the aspirations of the pharmacy profession. The first three themes describe how pharmacy teams will better support patients and the public at neighbourhood, place and system. The second three themes concern how pharmacy teams will be enabled to provide this support and overcome barriers that have stood in the way of progress at pace.

The three patient themes are as follows:

1. Supporting people and communities to live well for longer – *because it won't always be about the medicines.*
2. Enabling people to live well with the medicines they choose to take – *because sometimes it is about them.*
3. Enhancing patient experience and access – *because it is what matters to you, not what is the matter with you.*

The three enabling themes are:

4. Our pharmacy people
5. Data, innovation and research
6. Collaboration and leadership

This consultation will take approximately 30 minutes to read and complete. It aims for a forward-looking vision that resonates with pharmacy teams, patients and the public and wider system stakeholders. We recommend that you read all six themes before answering the questions so you have a good overview of the content of the consultation.

All responses will be kept anonymous. We are interested in hearing from everyone in the profession, including trainees and students. None of this information will be passed from RPS to anyone else in a way that can identify individuals or organisations. You can read more about how RPS uses personal information in our [Privacy Policy](#) where you can also find more information about your rights in respect of your personal information, how you can contact our data protection officer and how you can raise issues about use of your personal information with the ICO.

This consultation survey will close at 5pm on Friday 30<sup>th</sup> September 2022.

If you have any questions, please don't hesitate to contact us at [england@rpharms.com](mailto:england@rpharms.com).

## Theme 1. Supporting people and communities to live well for longer

Pharmacy teams consistently promote and improve health, prevent illness, support self-care and help to address health inequalities. Patients and carers, the public, health and social care teams and local government are all clear about the central role that pharmacy teams (wherever they are located) play in multidisciplinary teams supporting people and their communities to stay well.

How we see professional practice in ten years

- a. Pharmacy teams support people to stay well by providing lifestyle advice, health checks and other tailored interventions. They are aware of, and refer seamlessly into, other local support services such as social prescribers and link workers.
- b. Early detection by all pharmacy teams of opportunities to improve health or prevent ill health is routine, and population health data, advances in technology and point of care testing are fully utilised to help people get the best health outcomes.
- c. As well as supporting early detection, prescribing pharmacists use shared decision making to initiate treatment and either complete the patient's episode of care, or refer the patient into other healthcare services.
- d. People routinely use their community pharmacies as health hubs and a front door for access to health and wellbeing support. Through their community pharmacies, people have rapid access to health improvement services that meet local needs such as, provision of advice and prescribing of medicines for contraception, menstrual health and menopause, vaccination programmes, or testing for sexually transmitted diseases or other communicable diseases.
- e. Pharmacy teams collaborate to address health inequalities across the system through full utilisation of the pharmacy workforce. They work with their communities to design culturally competent and tailored approaches to healthcare delivery. In addition, community pharmacy teams use their locations in all neighbourhoods to reach diverse and underserved populations and enable action on the wider determinants of health.
- f. People who fall out of the formal health care system or have no way into health care services, for example, due to digital poverty, or social factors linked to inclusion health groups, are identified and pharmacy teams work with the multidisciplinary team to facilitate access into pathways of care.

**For examples of how practice is already moving towards supporting people and communities to live well for longer, [click here](#).**

What we want to see happen in the next three to five years:

1. Pharmacy teams actively tackling pressing health inequalities in their communities at neighbourhood and place level, for example, the Core20PLUS5 priorities working in partnership with other local organisations.
2. Community pharmacy teams routinely providing screening for early detection and prevention programmes for long-term conditions linked with general practice.
3. Pharmacy teams integrated into local clinical patient pathways with established roles and referral routes.

## Theme 2. Enabling people to live well with the medicines that they choose to take

Pharmacy teams are viewed by patients, the public and healthcare colleagues as the experts in medicines, responsible for safe and effective prescribing and use of medicines across a patient's pathway. Pharmacy teams take a leadership role in enabling people to live well with the medicines they are taking and are the first point of contact for medicines support within the multidisciplinary team.

How we see professional practice in ten years

- a. Patients are in charge of their medicines and feel supported and confident in their medicines use. Pharmacy teams work collaboratively across patient pathways to ensure that when people need medicines, they get the best outcomes from them. They also help people to stop taking medicines when they no longer need or benefit from them.
- b. Pharmacy teams manage and complete episodes of care for people with common clinical conditions or acute presentations of illness, right through to patients with (often multiple) long-term conditions.
- c. All pharmacy teams have the expertise necessary to support and advise patients on initiating new medicines, monitoring, titrating doses up and down, and to work with specialist teams to follow up patients after appointments/inpatient stays.
- d. Patients with more complex medicines needs expect to be, and are, routinely prioritised for pharmacy support, for example, people who are frail or receive care services, patients receiving high risk medicines or combinations of medicines, patients receiving complex or multiple medicines for long-term conditions at risk of problematic polypharmacy and overprescribing.
- e. In any setting there are referral pathways for patients with more complex medicines needs to specialist and consultant pharmacists that are available to any healthcare professional.
- f. At transitions of care or interfaces between care settings patients are kept safe and prescribing is supported by pharmacy teams, for example, at hospital admission and discharge, transitions from private care to NHS services, move to a care home or following any unscheduled care.
- g. Pharmacy teams are the clinical leaders of services and innovative pathways which benefit patient care such as pharmacogenomic services, next generation advanced therapy personalised medicines, and personalised care that improves patient safety.

**For examples of how practice is already moving towards enabling people to live well with the medicines that they choose to take, [click here](#).**

*What we want to see happen in the next three to five years:*

1. Pharmacists prescribe, optimise and deprescribe medicines within a patient's pathway as autonomous professionals working in their areas of competency.
2. Pharmacist prescribers, across the system, regardless of setting, are responsible for the management and monitoring of people's uncomplicated long-term conditions (e.g. hypertension or asthma) as part of a multidisciplinary team.
3. The expertise of specialist, advanced practice and consultant pharmacist roles are developed across the system to fully utilise their skills.

### Theme 3. Enhancing patient experience and access

Patients receive holistic, person-centred care from pharmacy teams who are part of a connected, wider multidisciplinary team. Pharmacy teams collaborate to provide patients with safe, effective and rapid access to the care and the medicines and that they need, when they need them. They provide accessible health care for people closer to home and support access to urgent and primary care services as well as supporting the secondary health care that patients need.

How we see professional practice in ten years

- a. Person-centred care and [shared decision making](#) underpin all interactions with patients and the public. The pharmacy team practice through a shared vision “What matters to you, not what is the matter with you”. Pharmacy teams use a coaching approach to medicines use and bring their own diverse experiences into patient care.
- b. People access directly or are referred to pharmacy teams and can be referred by those teams seamlessly to the wider health and care system, including to appropriate health (inc. pathology, blood, diagnostics/imaging etc), social care and third sector providers. Pharmacy teams have access to clinical results to support patient care.
- c. Patient-facing digital technology, remote monitoring and virtual consultations are used by pharmacy teams and available routinely for people who want to access care in that way, for example, virtual wards.
- d. All patients have the opportunity for a conversation with the relevant a member of the pharmacy team, including a pharmacist, whenever a medicine is supplied or a medicines intervention made.
- e. Medicines are supplied to patients in a way that meets their needs. This might be in-pharmacy collection, online and delivery services or remote collection. Logistical and communication systems routine in other industries are utilised.
- f. Artificial Intelligence alongside automation and scanning technology constantly increase the safety and efficiency of the medicines supply process. Skill mix is fully utilised to release the time of registered pharmacy professionals.

**For examples of how practice is already moving towards enhancing patient experience and access, [click here.](#)**

*What we want to see happen in the next three to five years*

1. Pharmacy First equivalent available in community pharmacies in England providing a first point of care to the public supported by prescribing pharmacists and the wider pharmacy team.
2. Greater integration of supply models between hospitals and community pharmacy facilitated by technology and skill mix.
3. Utilisation of independent prescribing, supervision and skill mix alongside any regulatory changes that might enable greater diversification of roles and delegation within pharmacy teams to enhance patient experience and access.

## Theme 4 (enabler). Our pharmacy people

The pharmacy workforce has the motivation and capabilities to support the delivery of advancing levels of care to the public and patients. Pharmacists and pharmacy technicians are able to apply clinical and non-clinical capabilities wherever they work, whether within pharmacy, as part of a wider multidisciplinary team across a care system, in research and development or in academic roles. Pharmacists and pharmacy technicians transition seamlessly between different care settings and geographies, with recognition of their level of practice by multi-professional colleagues.

How we see professional practice in ten years

- a. The pharmacy team come from a wide range of backgrounds, diversity and inclusion underpins everything they do and working practices provide the best opportunities for a healthy home and work life balance. The health and wellbeing of the pharmacy team is supported.
- b. People are encouraged to become pharmacists or pharmacy technicians by broadening access to the professions using a range of different routes that appeal to individuals and communities who may not have thought about pharmacy.
- c. Data on the pharmacy workforce is routinely collected and used to inform workforce planning for all pharmacy team staff groups on an ongoing basis, taking into account the envisaged development of new roles across the NHS and other sectors.
- d. There is a structured post-registration career roadmap for pharmacists and pharmacy technicians with post registration curricula and frameworks recognised by employers and regulators. Curricula and frameworks are embedded in multisector training and development pathways that are linked to pay progression and the delivery of advancing levels of care.
- e. Milestone assessment intervals, or 'credentials' are integrated into career progression to assure pharmacist and pharmacy technicians capabilities for the public, patients and system.
- f. As patient need evolves and professional practice develops, skills acquired through initial education and training are updated along with post-registration curricula. For example, for pharmacists, this includes diagnostic and clinical consultation as skills as well as prescribing. For pharmacy technicians this includes clinical and consultation skills.
- g. Active experiential learning is integrated across the system for undergraduates and trainees that are visible to patients and other health and care professionals.
- h. The boundaries between sectors are blurred and pharmacy professionals routinely work across patient pathways with their skills recognised wherever they practice. Portfolio roles are supported by employers and career development structures.

For examples of how our pharmacy people are already being enabled, [click here](#).

*What we want to see happen in the next three to five years:*

1. A comprehensive pharmacy workforce strategy for pharmacy that includes pharmacists and pharmacy technicians. The plan should take account of the fact that by 2027 all newly qualified pharmacists will be prescribers and need access to practice and educational supervision, training, and career development opportunities.
2. Pharmacists and pharmacy technicians have protected learning time with equality in development opportunities, and access to funding for professional development and leadership training.
3. An increase in the number and quality of training placements for undergraduate pharmacists and pharmacy technician trainees.
4. Roles developed within skill mixed multidisciplinary teams that make use of the skills of the entire pharmacy team including historically assigned responsibilities.

## Theme 5 (enabler). Data, innovation and research

Data is used routinely to provide personalised care and medicines, and inform service developments that meet patient need and improve outcomes. Innovation is embraced by pharmacy teams and patients are supported in its use. All pharmacy team members routinely contribute to the development and sharing of the research base on medicines and pharmacy professional practice as leaders and supporters of research.

How we see professional practice in ten years

- a. Pharmacists and pharmacy technicians in all settings access and input into one shared digital record with real time updates so that patients do not need to repeat themselves with every healthcare professional.
- b. Technology is utilised to empower people to get the best from health and medicines. Pharmacy teams are the recognised systems leaders of the medicines digital health agenda. This includes digital apps, wearables, diagnostics, and disease and medicine management tools.
- c. Pharmacy teams promote and adapt their services to incorporate new technology that improves the care of their patients, for example, Artificial Intelligence, 3D printing of medicines, nanotechnology.
- d. Pharmacists are at the heart of the development of innovative medicines. They are the recognised clinical leaders on pharmacogenomics and next generation advanced therapy personalised medicines and, along with pharmacy technicians, support operational delivery of these services into the NHS.
- e. Data is used to make population-based decisions at system and local level to tackle health inequalities, plan services and prioritise pharmacy resources in response to local needs; evaluation and learning from interventions is used to improve efficiency and inform service and pathway design.
- f. Data also drives improvements in clinical decision making to help assure the quality of care provided to patients.
- g. Collaboration and networking platforms promote best practice and support innovation in services across England.
- h. Prescribing processes are digital, driving safety, value and efficiency.

For examples of how data, innovation and research are already enabling change, [click here](#).

*What we want to see happen in the next three to five years:*

1. Interoperability with read write access to patient medical notes across the healthcare system with effective communication pathways.
2. More opportunities for pharmacy teams to be part of funded research programmes and play a more active role in action research studies.
3. Pharmacy teams involved in the development and introduction of new medicines and new services into the NHS.

## Theme 6 (enabler). Collaboration and leadership

Pharmacy across the system is seen as a critical partner in delivering health and care for the public and populations. Collaboration enables pharmacy to integrate across neighbourhood, place and system. Leaders are developed by the pharmacy profession, the system, the NHS and other employers.

How we see professional practice in ten years

- a. Pharmacy clinical leaders work collaboratively in multi-professional teams of clinical and care professionals in local teams, across systems or nationally.
- b. Pharmacy systems leaders are integral to the development strategies for medicines use nationally, regionally and locally that improve the quality, sustainability and value of medicines use.
- c. Consultant pharmacists and other specialist roles work at the highest levels of leadership and advanced practice supporting the system with policy, teaching, and research design and delivery.
- d. There is sufficient capacity developed to ensure that education and research opportunities are available for pharmacy leaders of the future.
- e. Pharmacy has an inclusive and diverse leadership that reflects the diversity of the profession and the populations they serve.
- f. Pharmacy teams proactively use their community leadership role to engage with their local communities to improve health.
- g. A wide range of leadership development opportunities are available for the pharmacy team, beginning in undergraduate/initial training and continuing throughout an individual's career.
- h. Leadership training is available for the pharmacy team that enables them to take up leadership roles in the wider health and care system (whether that's PCN clinical director, ICS lead etc)
- i. Pharmacy teams are leaders in sustainability through procurement and have an active role in addressing pharmacy activities for negative environmental impact.

For examples of how collaboration and leadership are already developing, [click here](#).

*What we want to see happen in the next three to five years:*

1. An increase in the number of consultant pharmacist leadership roles across the system.
2. Support for pharmacy technicians to become systems and national leaders.
3. Pharmacy teams involved in ICS strategies and planning of services.
4. Support for initiatives across the system to promote integrated working.



## Examples of practice

### Theme 1

- Pharmacy teams administering Covid 19 vaccinations and support for vaccine hesitancy in local communities.
- Cancer screening in community pharmacies with direct referral for scans and checks (NHSE pilot).
- NHSE commissioned screening for early disease in community pharmacies e.g. [BP checks for people over the age of 40](#).
- Community pharmacies providing cholesterol testing, atrial fibrillation detection, HbA1c to diagnose diabetes, near patient testing (e.g. for Coeliac's disease).
- Routine management of UTIs, dipstick testing, advice and support around hydration. Prescribing of antibiotics in line with AMR guidance.
- Community pharmacies are Healthy Living Pharmacies with health champions. Public health services in community pharmacies such as smoking cessation.
- Antibiotic Resistance teams working across England.
- Phlebotomy services that enable access to diagnostics
- Referral from primary care pharmacy teams into social prescribing services.

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Theme 2

- [Structured medication reviews](#) in primary care undertaken by pharmacists in general practice teams or community pharmacists and supported by pharmacy technicians.
- General practice pharmacists running clinics for patients with long term conditions to optimise the medicines that they choose to take, reducing unwanted effects and overprescribing.
- Patients discharged from hospital referred by hospital pharmacy teams to their local community pharmacy where they need support with their medicines.
- Specialist and advanced practice clinical pharmacists in hospitals working in outreach roles to support the management of patients with cardiovascular disease or respiratory disease.
- In hospitals, electronic systems helping staff prioritise care to the patients at greatest need.
- Pharmacy technicians visiting people on complex medicines in their homes to optimise their use of medicines.
- [Community pharmacist oral contraception service](#). Pharmacists provide a repeat supply oral contraception and the pharmacy team undertake any regular checks required.
- New Medicines Service in community pharmacy.

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Theme 3

- Outpatient Parenteral Antibiotic Therapy and homecare services provided to patients in their own homes.
- Automated supply service with scanning technology from central hubs.
- Drones delivering medicines.
- Hospital electronic prescribing and medicines administration systems.
- More effective use of pharmacy support staff e.g., medicines management pharmacy assistants, aseptic pharmacy services delivered utilising a wider workforce.
- Patients' discharge medicines from hospitals supplied by third-party dispensing providers e.g., community pharmacies, homecare services.
- Pharmacy technicians increasingly becoming the professional leads for all aspects of medicines supply.
- [Community Pharmacist Consultation Service](#) integrating community pharmacies into urgent care.
- Community Pharmacy Contractual Framework move toward commissioning consistent national services for patients from community pharmacies.

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Theme 4

- RPS frameworks for post registration foundation, advanced and consultant practice embedded in career pathways
- Cross sector roles and shared models of employment
- Pharmacy technicians working in a range of extended clinical roles e.g. drug history taking, medicines reconciliation, screening blood test results, Medicines Administration Pharmacy Technicians, Medication Safety Officers.

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Theme 5

- Population health data available at GP level being shared with a local provider to determine how to work together.
- Clinical academic pilot in the South West.
- Pharmacists working in pharmacogenomics roles to deliver precision medicine, as part of a multi-professional team.

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Theme 6

- Leadership on diversity and [inclusive pharmacy practice](#).
- Pharmacy leadership working together across an Integrated Care System
- Pharmacists working in systems leadership roles, for example as Digital Safety Officers, Primary Care Network Clinical Directors.
- Medication Safety Officers and Controlled Drug Accountable Officers working to keep medicine use safe.
- Global programmes such as the Commonwealth Pharmacists and HEE [Global Health Fellows](#).
- The Mary Seacole and Nye Bevan NHS leadership development programmes open to [pharmacists and pharmacy technicians](#).
- Leadership on [sustainability](#) and taking a leading role in reducing the environmental impact of medicines use.

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