

# The Pharmacy Inquiry

## **The Institute of Health Promotion and Education (IHPE)**

IHPE is charitable organisation whose membership consists of Health Promotion and Education professionals and academics from public, private and voluntary sectors. It has a proven track record of influencing policy and has been at the forefront of developments in Health Education and Health Promotion since 1962.  
<https://ihpe.org.uk/>

### **1. What does the future of pharmacy look like and how can the Government ensure this is realised?**

Pharmacy teams are vital to improving the public's health and are a prominent social and health asset in all communities, although they are currently underutilized.

Pharmacists form an integral, accessible part of the NHS as 'professionals who have full understanding of the principles of optimizing therapy'. They have pivotal roles in UK and worldwide agendas to improve health, reduce health inequalities and mitigate the health and pharmaceutical impacts of climate change.

Pharmacists have a long and excellent track record of delivering health promoting interventions with evidence of efficacy, which is strongest for smoking cessation, disease screening and preventive activities, provision of emergency hormonal contraceptive and vaccination services.

The provision of health information materials should take account of equality, diversity, and inclusion, with adaptations as required, such as font size, colour of background material, use of medical terminology, language, and the importance of 'meeting people where they are.'

Pharmacists could and should be commissioned to undertake far more work in relation to health promotion, although additional resources will be needed. The gold standard is the Health Promoting Pharmacy, with links to other health promoting settings.

**Key reference:** Neil K E, Watson M C and Opare-Anoff A (2022) IHPE Position Statement: Safe use of medicines - promoting health. Altrincham: Institute of Health Promotion and Education

## **2. What are the challenges in pharmacy workforce recruitment, training and retention, and how might these best be addressed?**

Recruitment and retention in pharmacy is becoming problematic with more pharmacists taking up roles within GP surgeries.

Joint working between pharmacists and pharmacy technicians across all sectors of the integrated care systems (ICSs) including community, primary care, hospital and integrated care boards (ICBs) should be encouraged.

There are postgraduate training resources for pharmacists and their teams available from providers such as the Centre for Pharmacy Postgraduate Education, which is funded by NHSE. They provide resources in various formats, all designed to support the pharmacy workforce to deliver NHS priorities.

If pharmacists are to realise their potential in relation to health promotion, then some will need additional training and continued support. They need to be competent, confident, and kept up to date with the latest research.

## **3. To what extent are digital systems used in pharmacy sufficiently interoperable with those in general practice and hospitals?**

What is needed is a single shared electronic patient record, with functionality across all health and care services, as recommended in the Hewitt review. Each professional group would have a different view of records, according to what is appropriate for their role, using their existing clinical system. This universal patient record would enable every professional to read, document information and communicate digitally with patients.

Although this is the ideal, what we need as soon as possible are systems that can at least interface effectively.

Pharmacists could also contribute to, and benefit from, increased functionality of the NHS App.

**Key reference:** Hewitt P. (2023) The Hewitt Review. An independent review of integrated care systems. London: Department of Health and Social Care.

#### **4. What innovations could have the biggest impact on pharmacy services and why?**

A shift from 'focusing on illness to promoting health', as recommended widely, including, in the Hewitt review.

A) Pharmacists could and should be encouraged to undertake far more work in relation to health promotion, although additional resources will be needed.

B) Creating and supporting Health Promoting Pharmacies.

C) We support the recommendation by the Pharmacist's Defence Association of a 'two-pharmacist model' for community pharmacy, with a "clinic" and "patient-facing" pharmacist working together.

**Key references:** Hewitt P. (2023) The Hewitt Review. An independent review of integrated care systems. London: Department of Health and Social Care.

Watson, M C (2010). Public Health issues in prescribing. In: Lymn, J., Bowskill, D., Bath-Hextall, F., Knaggs, R., eds. The New Prescriber: An Integrated Approach to Medical and Non-medical Prescribing. London: Wiley Blackwell.

#### **5. To what extent are funding arrangements for community pharmacy fit for purpose?**

Funding according to number of items dispensed goes against a move towards approximate deprescribing and should not form the main source of income for community pharmacy in modern healthcare. Increasing funding for consultation time with patients and the provision of advanced services would increase the contribution that pharmacists and their teams can make to patient care and make better use of their skills.

Pharmacies will need extra capacity to take on the extra consultation work.

**6. What factors cause medicine shortages and how might these be addressed in future?**

A number of factors contribute to medicine shortages, including manufacturing problems, pricing, media campaigns (e.g., HRT), and transport issues.

Medicine supply problems increase the pressures on prescribers, pharmacists, and patients, with a risk of patients accessing illegal supplies online or from friends and family. We support the call for changes to the law in the UK to enable community pharmacists to make minor changes to prescriptions for out-of-stock medicines, thereby removing the need to refer patients back to their GP.

**7. To what extent does community pharmacy have the resource and capacity to realise the ambitions in DHSC's Primary Care Recovery Plan?**

Urgent, long-term workforce planning is vital to ensure efficient, sustainable use of the pharmacy workforce.

**8. Are there the right number of community pharmacies in the right places, and how can we ensure that is the case across the country?**

There is evidence of community pharmacies closing at an increasing rate across the country and this issue needs to be addressed urgently. Community pharmacists are currently uniquely placed at the heart of most communities, with the possibility of significant impact in supporting health.

**9. To what extent are commissioning arrangements for community pharmacy fit for purpose?**

There is an urgent need to update these arrangements to meet current demands, including the crisis in mental health, and to support the management of long-term conditions, co-morbidity and deprescribing with a focus on the expansion of prevention activities.

## Key References

- Hewitt P. (2023) The Hewitt Review. An independent review of integrated care systems. London: Department of Health and Social Care.
- Centre for Pharmacy Postgraduate Education. (2023) Public Health. <https://www.cppe.ac.uk/#>  
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- Neil K E, Watson M C and Opare-Anoff A (2022). Pharmacy has an important part to play in health promotion. The Pharmaceutical Journal, PJ, 308(7961): DOI:10.1211/PJ.2022.1.144079.
- Neil K E, Watson M C and Opare-Anoff A (2022) IHPE Position Statement: Safe use of medicines - promoting health. Altrincham: Institute of Health Promotion and Education
- Watson, M C (2010). Public Health issues in prescribing. In: Lymn, J., Bowskill, D., Bath-Hextall, F., Knaggs, R., eds. The New Prescriber: An Integrated Approach to Medical and Non-medical Prescribing. London: Wiley Blackwell.

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