The changing face of pharmacy

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The Pharmaceutical Society was formed in 1841 by William Allen and a group of chemists in London to regulate and protect the profession (Royal Pharmaceutical Society, 2012). Historically, the role of pharmacists was mainly an advisory one, which entailed making up and dispensing medicines. After the NHS formed in 1948 this accounted for an increase in workload for pharmacists having to formulate prescriptions but this diminished after the 1950s and 60s when drugs became readily formulated (Anderson, 2007). The uncertain role for pharmacists gave the impetus for an independent enquiry into the profession's future, which led to the 1986 Nuffield Report (Comittee of Inquiry: Pharmacy, 1986). One important aspect of the report was the shift from pharmacists being traditionally remunerated by the NHS based on their number of prescriptions, into payments for services.

The profession evolved after the Crown Report recommended that pharmacists and other healthcare professionals be given prescribing roles (Crown, 1999). In 2003 legislation allowed pharmacists to obtain the supplementary prescribing qualification, although this restricted pharmacists to prescribe only within a framework, which was called a clinical management plan. This was then agreed with an independent prescriber (the patient's doctor). In 2006 this was superseded by the independent prescribing qualification. Figures for 2011 show that only just over 4% of the pharmacy profession is qualified to independently prescribe (General Pharmaceutical Council, 2012). The reasons behind this low uptake for the qualification are unknown and probably multi-factorial.

In addition to the recent emergence of the prescribing qualification, the new pharmacy contract also provided the impetus for community pharmacists in England and Scotland to have a greater clinical role. In England, the Medicines Use Reviews scheme in 2007 and the more recent New Medicine Service in 2011 were established (Pharmaceutical Services Negotiating Committee, 2011). The Chronic Medication Service was introduced to pharmacists in Scotland in 2010 (Scottish Government, 2009).

Underpinning the medication review service agreement is for pharmacists to have a greater role in managing those with long-term conditions, to promote the safe and effective use of medicines, and to allow working in partnership with other healthcare professionals. There are other potential opportunities for pharmacists to influence patient care, too, including signposting to social care services, which has an impact on the wider determinants of health. A significant advantage is the ease of access to community pharmacy; it is estimated that each adult visits a pharmacy 12 times a year (Department of Health [DH], 2005).

There is a paucity of data on the long-term effectiveness of the pharmacist in managing chronic conditions. Future research in the area of independent prescribing could potentially help to promote the role and establish causative factors behind low uptake of the qualification. Economic analysis needs to go hand-in-hand with well designed studies to provide weight to the case for NHS service providers promoting pharmacists in having a role in medication review. Despite the lack of robust outcomes, costs for pharmacist medication review are increasing (Holland et al, 2006).

Currently there is more emphasis on primary prevention strategies and the Government envisages community pharmacists having a role in the vascular checks programme (DH, 2008). This may prove to be beneficial in the

identification of people with undiagnosed diabetes. With the diabetes epidemic upon us, there is a clear opportunity for pharmacists to get involved in either the prevention or management of diabetes. Overall, the community pharmacist role has evolved from the traditional image of being behind the counter compounding medicines. Pharmacists have been under-utilising their skills and this is recognised by those both within the profession and strategic drivers. There is, however, a paucity of data showing robust outcomes as to the long-term impact of the changing role of pharmacists. There is increasingly an opportunity for pharmacists to be pivotal in the treatment and care of the population with diabetes. There has been enthusiasm shown to change the face of pharmacy, but there is still a lot to be done. ■

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