



# Hungry to do more



**Former pharmacy minister Steve Brine says community pharmacy needs to build new partnerships across the health and care system and bridge the gap between bricks and mortar and clicks and mortar...**

**T**his time of year provides a special moment to take stock of our lives and consider the many blessings we have.

It is also a time to think positively about new beginnings and that is true within our professional lives and our families.

Of course, community pharmacy has had many re-starts over the years and I have always been struck by the work ethic from a sector that wants to serve.

But I am not dewy-eyed about the profession; pharmacists are the very best of the NHS but they need to be respected – at ALL levels – as highly trained health professionals and they need to be paid fairly for what they do.

There is an old tale in my (Christian) faith about clearing away the branches above so the sun can get through and new growth can form. It's a principle I return to again and again.

It can be very painful but it is essential if we're to truly let in the light, and Diwali is surely the perfect time to embrace this universal message?

This is a pivotal time for community pharmacy retaining as it does some brilliant people; both at the frontline and representing it inside government.

When I entered the Department of Health and Social Care (DH) in 2017 things were still extremely raw after the judicial review.

I have made no secret of the fact I was disappointed at the £200m cut we'd seen under the coalition government and at the way it had been done.

And it ran counter to many of the things ministers were saying around primary care, capacity and prevention.

There absolutely was a conversation to be had around services vs reward (and the establishment fee in particular) but from what I could tell there had been a very little conversation actually taking place.

Then, and now, I see community pharmacy as part of primary care which is a system under great pressure in GP land given significant rising demand, too few in training and too many retirees.

Yet in pharmacy we have an army of people on High Streets up and down the land – badged NHS – hungry to do more.

It has long been clear to me, and it was as we developed the Long Term Plan (LTP), there is a landing strip that could see us do things differently if the desire is there and in office I had to constantly make the case for what an essential part of the NHS pharmacy is.

So alongside the development of the LTP, we crafted the new five-year contractual framework deal with PSNC and last October saw it come into force with the annual funding envelope maintained at £2.592 billion.

That is a lot of public money, especially in these Covid days, but it's not enough so part of the deal is the agreement to review it each autumn. These were always important but, given the increased costs community pharmacy has faced to stay Covid safe, they are now essential.

But we must work smarter than just asking for more. We need to recognise that we continue to work in an environment where money – even with a growing NHS budget – is not unlimited, so partnerships across the system are key and that's where Primary Care Networks (PCN's) come in.

The Community Pharmacist Consultation Service was one of the first services to come online under the new arrangements and I passionately believe it provides a route-map to very many better things for community pharmacy.

General Practice cannot carry on guarding its budget while screaming from the rooftops "we can't cope".

PCN's mean the work is shared and the community gets the service. It's not easy but it must happen if we're serious about putting patients first, putting business the way of community pharmacy and facing down the workload challenge.

But ministers, General Practice and particularly NHS England need to treat pharmacists as equals and be prepared to adjust the balance of funding within primary care so it is more balanced.

And other thing; distance selling pharmacies. The pharmacy profession needs to close the gap



Brine at Portmans Pharmacy in Pimlico, London

between bricks and mortar and clicks and mortar.

DST's are not going away; indeed I understand the pandemic has catapulted them to a whole new audience putting the market leader years ahead of where it expected to be at the end of 2020.

What's more, ministers will eventually return to the Medicines and Medical Devices Bill and it poses some difficult questions to community pharmacy.

Reimbursement in the pharmacy sector remains premises-based, which acts as a disadvantage to dispensing repeat prescriptions at scale.

Added to that, many CCGs have prohibited pharmacies from requesting repeat prescriptions from GPs on behalf of their patients meaning that patients must contact their GP directly to organise such. This inconveniences patients and places increased burden on surgeries.

The direction of travel is clear; greater flexibilities for the pharmacy sector to develop hub-and-spoke models for dispensing repeat prescriptions, improving patients' access to clinical services in their community pharmacies thereby meeting the government's vision of making much better use of pharmacists' extensive skills.

My challenge to ministers; engage the sector now in a totally new way of remunerating it for a service provided and, in the short-term, please engage pharmacists to ensure their role is recognised in the Covid-19 vaccination roll-out when it comes.

And my challenge to the sector; embrace this because while difficult and controversial I don't want community pharmacy to have a 'kodak' moment here. The future is collaboration and the consumer will drive change either way.

May the light of the diyas guide you towards the way of happiness and success!

Steve Brine MP was pharmacy minister from 2017-2019.