

# Thoughts on the Darzi interview; the pharmacy perspective

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A holistic approach to primary health care was identified by Lord Darzi as an important aspect of community care. Community pharmacists are well placed to contribute to this. They are often at the heart of local communities and deliver services directly to people who live and work in London. Following the community pharmacy contractual framework of April 2005 the role of the community pharmacist has expanded. The role is likely to evolve further to embrace various clinical services, as outlined in the Pharmacy White Paper *Pharmacy in England – building on strengths, delivering the future*. In addition the pharmacy workforce includes people who live in the local area, enhancing local empathy. Services have already been piloted to target the elderly, people with long term conditions, people who need to maintain a healthy lifestyle and people with minor ailments. Pharmacy premises have also expanded in London, and most now have a private consultation room where people can talk without being overheard.

Many existing services delivered by pharmacists could be enhanced through better communication. The NHS funded community pharmacy service, *Medicines Use Review*, is one example. This is delivered by accredited community pharmacists who are currently able to give advice to people on how to take and use their medicines to gain maximum benefit to both themselves and the NHS. This review could straddle the health and social care interface if it was integrated into a patient care pathway. It could provide other health and social care professionals with useful information about the medicines being taken and support the Single Assessment Process. Expanding this service could also provide support to carers and family members who often struggle to assist people when they take or use their medicines.

Pharmacy services have been used by some commissioning groups to support the care of vulnerable, transient and marginalised population groups, potentially reducing health inequalities. There are examples where primary care organisations have improved access to a range of local enhanced services through collaboration with community pharmacies, including: stop smoking services, sexual health services and patient focussed health and social care. Some older people now have improved access to flu vaccinations and are also offered an integrated medicines management service to support them when discharged from hospital. The authors agree that currently vulnerable people and their carers 'muddle through the health and social care system'. We believe that community pharmacists should also be able to directly refer patients to some services rather than to offer a 'signposting' service.

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Lord Darzi explains the value of adopting a bottom up approach to policy development. This process should be supported by the collection and collation of local evidence. Pharmacists can contribute to the evidence. For example pharmacies can provide data about the use of emergency hormonal contraception.

The authors agree with Lord Darzi that a polyclinic does not have to be a building. However, we hear that central guidance and funding restrictions are inhibiting local interpretation. The impact of large new buildings upon the community pharmacy network could be profound. It has been estimated that for every polyclinic that opens seven community pharmacies may be forced to close, and there will also be a reduction in other support services.

The authors suggest that a clinical pharmacy service, that enables dispensing of certain agreed medicines without a prescription, should be commissioned. The specialist clinical pharmacy services have been historically delivered in hospitals but could be commissioned locally. This would represent value for money for the NHS as each PCT would not incur the costs associated with an additional community pharmacy in every polyclinic.

In order to achieve Lord Darzi's vision for integrated patient care, relationships between health and social care professionals, including pharmacists must improve. Robust communication pathways, supported by reliable information technology, need to be developed to support integrated informed personalised services. Communication mechanisms must enable easy navigation throughout the whole system that connects health and social care. The community pharmacy network needs to be part of this system, further enhancing their role of improving the health of Londoners at 'street level'.