Plans, partnerships, pacts and prescribing

January saw the publication of a number of important policy documents that are likely to shape the face of primary care for the next few years: the NHS Long Term Plan,¹ Dr Nigel Watson’s GP Partnership Review,² as well as details of changes to the future GP contract for NHS England.³ And all emphasise the potential for better use of pharmacists in supporting general practice.

The NHS Long Term Plan set out proposals for how care could be improved over the next 10 years. The prevention of cardiovascular disease and dementia, early diagnosis of cancer, and improved management of mental health, are a key focus of the plan. Pharmacists feature strongly in the delivery of these ambitions, as fundamental members of an expanded multidisciplinary team, providing a way of supporting urgent care, identifying at-risk patients, promoting self-management, and optimising prescribing through medication review.

The GP Partnership Review sought to examine the challenges currently facing the model upon which general practice has been based since before the NHS was formed. Despite being considered a key reason for the success of UK general practice, the popularity of partnerships has waned, and the report sought to understand the benefits and shortcomings of the model, and how it might best be reinvigorated. A number of recommendations were made by the report, including the need to increase the capacity and range of professionals available to support community care; pharmacists are again highlighted as a critical group, in supporting polypharmacy, medication waste and medicines reconciliation, and the potential for significant savings is highlighted.

Finally, the new GP contract for the provision of General Medical Services also sees some important changes, supported by increased funding. One essential element is the formation of Primary Care Networks, with a significant expansion in multidisciplinary staffing including clinical pharmacists. In addition, several new network services are proposed, one of which includes structured medication reviews, together with new quality improvement modules one of which will look at prescribing safety.

Central role of pharmacists
The recognition that pharmacists must have a central role in the future of primary care delivery in England is extremely welcome, and will hopefully lead to significant improvements in the safety and effectiveness of prescribing in general practice. However, success is contingent on the manner in which implementation occurs. The NHS must not use pharmacists to simply ‘patch up’ gaps in the provision of doctors. Important interprofessional boundaries exist between doctors and pharmacists, and skill sets obviously differ greatly. These issues must be recognised if pharmacists are to work in a truly integrated manner with GPs, and to ensure maximum benefit for patients and local communities is realised.

References

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