How Do Community Pharmacists Envisage Their Future In Five Years Time?

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Summary

This paper:

- describes a study to assess how community pharmacists view the future development of the profession
- identifies the tensions that exist between the business model currently sustaining community pharmacy and the wish to implement additional cognitive services
- indicates how pharmacists perceive the changes needed to move towards the vision as outlined in recent policy documents.

Introduction

There is continuing discussion around expanding the role of community pharmacists within health systems, with the adoption of national policies that move community pharmacy from a supply-driven 'industry' to one encompassing a broader view of the individual patient as well as population health gains.[1,2,3] Such reviews have concluded that community pharmacists could adopt an expanded, patient-centred role and contribute to safe, effective and economic use of drugs, recognising the important role pharmacists play in helping patients manage their own conditions. In particular, the 2013 report commissioned by the Royal Pharmaceutical Society concluded that:

'Despite its potential, pharmacy - and particularly community pharmacy - is marginalised in the health and social care system at both local and national level. It is seen by others as a rather insular profession, busy with its own concerns...' and '....there will be a need for a significant rethink of the models of care through which pharmacy is delivered...'[4]

These reports identify and recommend the need to change the culture within which pharmacy is practised. As community pharmacists will have a significant role to play in the future development of their profession, their beliefs and expectations of how the profession is anticipated to evolve within the next five years will have a marked impact on how change is played out. A cultural 'temperature check' was therefore undertaken.

Method

Two focus groups were convened in late 2013, attracting sixteen attendees comprising three independent proprietor community pharmacists, eleven employee community pharmacists, one area manager and one locum. A topic guide was constructed to provide structure to the proceedings. Proceedings for both groups, which lasted an hour and a half, were digitally audio-recorded and contemporaneous notes were taken. Proceedings were transcribed and, together with the contemporaneous notes, formed the basis for a thematic analysis. Proceedings were coded and explored for emergent themes pertinent to the project's aim. Before addressing the participants' views on the future of pharmacy, the initial discussion focussed on the existing perception of the context of community pharmacy. This enabled participants to evaluate factors that have previously impacted on pharmacy and their influence on the profession as it goes forward. Findings are organised around participants' views of how pharmacists are perceived in the wider community, how they perceive their current role and factors considered to hamper the future development of pharmacy, including the contractual basis of pharmacy core services and additional services offered. These issues provide a backcloth against which participants speculated on the future of pharmacy five years hence.

Results

Theme One: How do pharmacists think they are perceived by others?

It was evident that participants did not all share a common perception of how their role was viewed in the wider community. When asked to nominate which

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Do the public perceive pharmacists as pill counters?

statements best represented how they thought pharmacists were perceived by the public, six considered pharmacists were regarded as largely unskilled professionals:

"If you ask most people out there, hand on heart I think it would be pill counters and bottle labellers."

This negative perception reflects a sense of how pharmacy has not succeeded in promoting its services. However, six participants were more optimistic regarding the public's perception of them as medicines experts - endorsing the view that the perception of pharmacy has developed more positively in recent years. Moreover, it was acknowledged that the public's perception of pharmacy is evolving though at a slower rate than that that of pharmacists themselves:

"I suspect our perception is growing ...but the public haven't grown with our intention in terms of professionalism."

There was a sense that there was more to be done in order to increase the profile of pharmacy:

"...it is people's positive experiences of pharmacy that count - 'Oh, a pharmacist can do this...' but that takes time. No matter how fast we want it (perception) to move it takes time...it takes positive patient response to realise what we can do - 'Oh, I never realised you could do this.'"

Perhaps the greatest influence on the public's perception of pharmacy was considered to be the notion of the pharmacy as a commercial, as much as a service, operation:

*"Because we are a private business that **lends out some of our skills** [author's emphasis] to the NHS then we are not perceived as professional as the GPs are..."*

The greater concern, however, was less with the public's perception of community pharmacy as it was with the perceptions of their fellow health professionals. It was this perception that was considered key to promoting pharmacists' professional public image as they were instrumental in signposting patients to pharmacy services:

"If (others, opticians, etc) could see us (pharmacists) in a more clinical way and signpost them (patients) to the pharmacy for advice and they (others) had more respect for us then I think the general public will perceive us in a more professional clinical caring way."

Theme Two: How do pharmacists themselves perceive their role?

Notwithstanding the fact that some community pharmacists believed they were perceived less as health professionals but more as commercial retailers, their self-perception was altogether more realistic, reflecting their knowledge and skills base. Five participants perceived their professional role as medicines advisor, five as clinical practitioner and one as a manager. There were, however, concerns among the participants that their role as skilled health professionals was being undermined on two fronts: the decreasing

opportunities for compounding medicines with an increasing emphasis on their capacity to provide health related advice and the basis of their remuneration as professionals – with payment based on piece rate.

Theme Three: Barriers currently preventing development of pharmacy

There was an inherent tension between embracing activities that deviate from the core activities of pharmacists (e.g. dispensing) and the need to secure an appropriate funding model which acknowledges the importance and value of non-core activities. In some sense, pharmacists considered themselves caught in a 'double bind' by existing regulations governing their activities:

"You can't deviate from core (prescriptions) because that's where your funding comes from ...until we can show outcomes that show we are worth investing in, who's going to give us the money for it..."

Despite a willingness to develop their professional role, it has at its core a supply model i.e. medicines are supplied to patients in accordance with the prescriber's instructions. Elements of these core activities, which form the basis of the remuneration, are increasingly being undertaken (albeit under supervision) by dispensing technicians, technically leaving the pharmacists with the capacity to develop their advisory role. However, regulations prevent a wholesale change to undertaking different roles vis:

"There is something regulatory that holds us back – having to dispense what the GP prescribes."

Indeed, many participants regarded the current regulations governing their activities, particularly the associated remuneration structure, as not supporting an advisory role for pharmacists:

"The stumbling block is the payment model – who wants to do x items a week if you are paid for advice? Currently we are not paid to give advice."

"Dispensing boxes out the door gives us income but giving advice doesn't give us much."

The fact that the pharmacy funding model is based primarily on its core business and that the majority of large national pharmacy chains require on-going financial investment impacts directly on the opportunities for development beyond the core elements of the pharmacists' role. However, the issue was not simply one of wanting payment for service, but more broadly a sense of a lack of acknowledgement of the value of advice offered – a situation which the profession itself had brought about:

"I think one of the things we as a profession need to do is stop doing things for free. There's been far too much...we'll throw this in as part of the service. If we don't value the service no one else will ."

There was also a concern that the advisory role enshrined in Medicine Use Reviews (MURs) was itself ill-conceived by potentially blurring the boundaries between pharmacists and GPs with regard to advising on prescribing:

"When MURs first came out I thought that's what we were supposed to do – advise on prescribing – but when you go back to the GP they say 'that's what we do'."

Nor was concern over regulations restricted to remuneration issues. For some the regulations inhibited the development of closer contact with users of pharmaceutical services:

"I think the model I'm looking at is to try and get back in contact with patients but under the current funding model this is constrained...I'd much rather go to somebody's home and discuss their discharge medication ...I'd make much more use of my professional knowledge."

Regulatory issues aside, there was a perception that the context of community pharmacy – functioning essentially as a 'for-profit' service – presented a significant barrier to their professional development. Lack of time to devote to other than core remunerated activities within a commercial business characterised the perceptions of many participants, who otherwise would wish for greater involvement in pharmaceutical services to patients. In addition to perceptions of regulatory barriers to professional development, there was also a clear undercurrent among participants of frustration emerging from their desires to develop a distinct identity apart from that of simply dispenser of prepackaged medication and proffering advice opportunistically vis:

"It is a frustration that you know you could do a better thing."

In this regard the frustration is because the pharmacists' role is often shaped by the demands for their core services:

"What is compromised is the opportunity to offer other services because you are so bogged down with hundreds of prescriptions that are waiting to be checked, unless you have another pharmacist to help."

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Underscoring concerns about barriers preventing the development of pharmacy was a sense of their professional wish to establish a consensual and clear sense of direction:

"From my view I think we are still trying to define our future – there's still so much internal conflict about what that looks like..."

In the perceived absence of such a direction, one pharmacist was of the opinion this had left the profession vulnerable to being considered a 'jack of all trades' with predictable consequences:

"We can't be everything to everyone ...with every new role you have such a range of things...you sign up to do something and then generally as a profession we don't deliver what we promise ...those services which have been decommissioned ...if we had delivered on them we would have a really strong case for them to continue. The fee for dispensing is cut and we are remunerated for other services and therefore are expected to do more and more and the prescription volume increases 4-5% every year."

Theme Four: Patient registration versus unplanned services

A concern for participants was a desire to have greater direct involvement with patients by offering a valued advisory and support service but this was considered to be undermined by pharmacists offering a range of unplanned services. This was particularly an issue with regard to the introduction of Healthy Living Pharmacies. While it has been acknowledged that pharmacists broadly welcome this initiative it was considered something of a double edged sword:

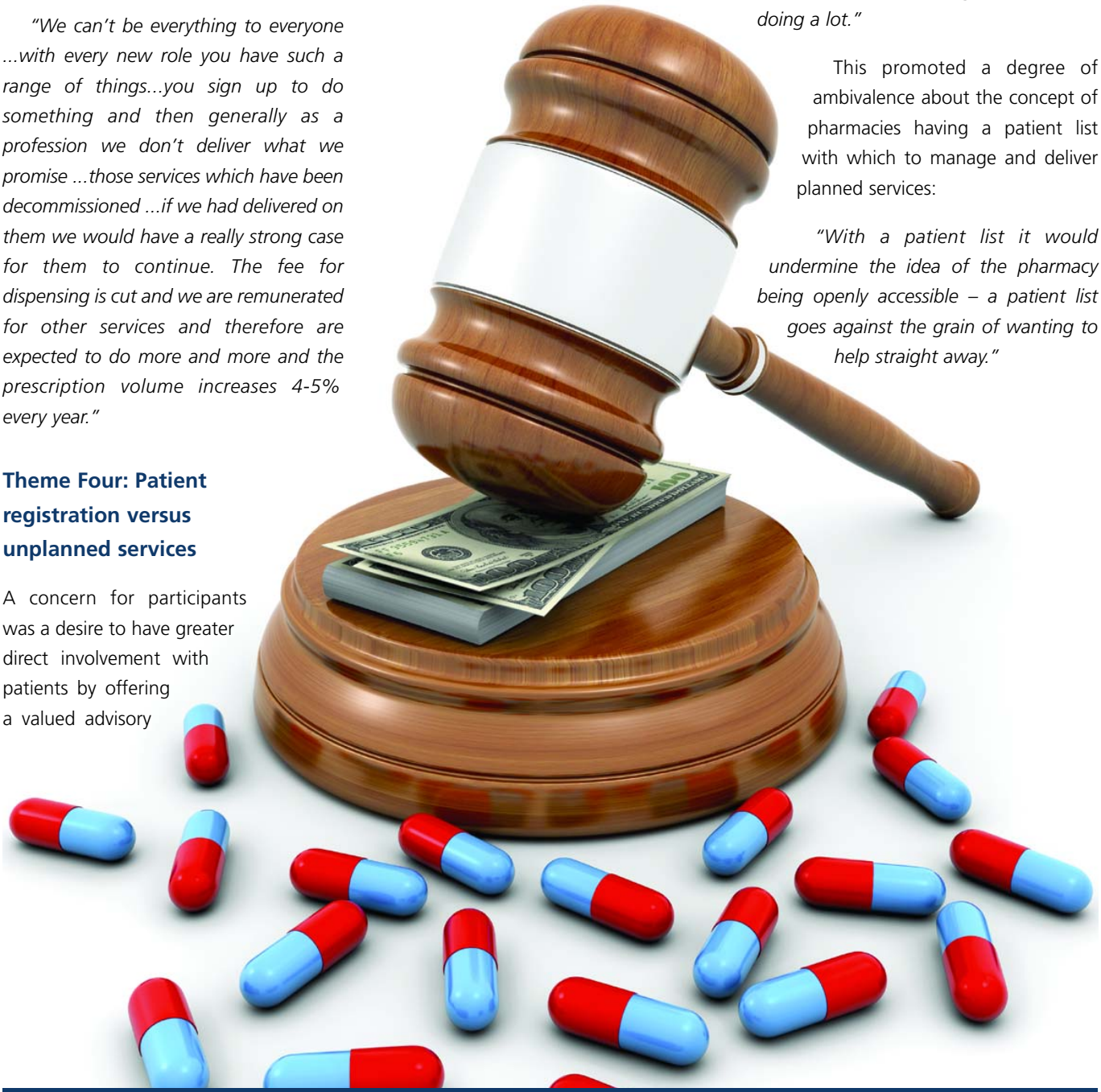
"Healthy Living Pharmacy – it's a badge which recognises what we are already doing..."

However, because it encouraged the uptake of unplanned services such as advice and information, and because the initial contact with patients was often by support staff, this potentially could facilitate the pharmacist to continue with their core activities (e.g. dispensing), rather than begin to establish the delivery of planned services (which by their nature might be more valued by patients):

"You hear the counter assistant saying go to your GP and you think 'phew, thank goodness I'm really busy' and, at the same time, we are offering a service and we are telling the PCT we're doing a lot."

This promoted a degree of ambivalence about the concept of pharmacies having a patient list with which to manage and deliver planned services:

"With a patient list it would undermine the idea of the pharmacy being openly accessible – a patient list goes against the grain of wanting to help straight away."



Regulations and funding issues impair progress to develop new roles

This concept also raised the issue of whether pharmacies have the necessary resources to manage a pharmacist-led unplanned service. Notwithstanding issues of how unplanned services are to be resourced, the development of planned services are also challenged in part by the ageing population and implications this has for how pharmaceutical services will be utilised by older people:

"I used to have face-to-face contact with 80% of my patients. Getting advice to the patient is increasingly difficult as an increasing number of patients are not physically seen by the pharmacist - they have carers, we have delivery services and the distance from the patient - you are relying on the telephone... That's why it's important for us to get out and actually do more domiciliary visits."

Theme Five: Speculation about the future of pharmacy

It was evident that the perceived changes to the nature of community pharmacy over recent years would continue and pharmaceutical services would need to continually adapt accordingly. It is from this historical perspective that it was possible not only to consider the negative developments i.e. the dilemma of having to protect their remunerated core activities at the expense of establishing the value of their often non- remunerated advisory role, but also the opportunities afforded by other developments such as the increasing need for vigilance over the supply of ever potent medicines:

"We need to recognise that in the 60s there were only three drugs that did anything and that today there's an enormous array of potent drugs that do something and the confusion around these complex regimen means there's a need for an advisor and I find GPs access that and certainly the practice nurses more than the patients. I think the medical profession now realise they can't know everything in a way they never did. I think the fundamental change over the last 20 years is that GPs will readily accept advice from pharmacists now ...I feel part of the entire team."

Reflecting the view that pharmacy services are continually developing, one participant considered the recent changes indicated an agenda for change that continues at a breakneck pace:

"It has changed in the last twenty years and the pace of change is exponential...we are on a journey but we have to make sure all the profession is on that journey because things are going to change ...things like robotics..."

Indeed, it was the possibility of increased mechanisation and future technological innovation that figured largely among participants' considerations, and there was an associated recognition that pharmacy as a profession needs to prepare for such eventualities in order to protect its continued existence:

"When the NHS finally gets IT lined up I think there's a real possibility ...you'll get the big companies that will have ...warehouses with dispensing robots that will pull prescriptions out electronically ...pharmacists then become an expensive resource ...we are vulnerable to that in five years' time."

Though increased mechanisation may pose a threat to pharmacists' core activities, by undermining their input into the supply chain there was recognition that such developments might potentially work to the advantage of future pharmacists, as portrayed by one participant's scenario:

"If and when mechanised dispensing comes along what that does for the professional without the shackles of needing to be close to the dispensing operation ...if that is removed physically and operationally from the pharmacy... what that does is unlock some of the potential for what we are aspiring to deliver professionally ..".

However, in order to realise this potential pharmacists require a major shift in the nature of the services they provide – a shift requiring that they relinquish their primary core supply service to technological systems and in its place capitalise on their skills and knowledge to assist in the safe and effective consumption of prescribed medication:

"The pharmacist will be part of a triage between the patient, the drug and the pharmacist...call it medicines optimisation...supporting the patient to ensure they get the best from that drug is where I see the fundamental way the profession goes forward."

This brave new world scenario is, however, predicated on pharmacy services being fundamentally redefined:

"We need to reinvent ourselves based on cognitive service not supply. It is the fragile management of that transition that will determine the existence of the profession in something akin to its current format as opposed to de-professionalisation – in 10 to 15 years' time."

A somewhat more pessimistic perspective questioned the potential for the very existence of pharmacy in the future:

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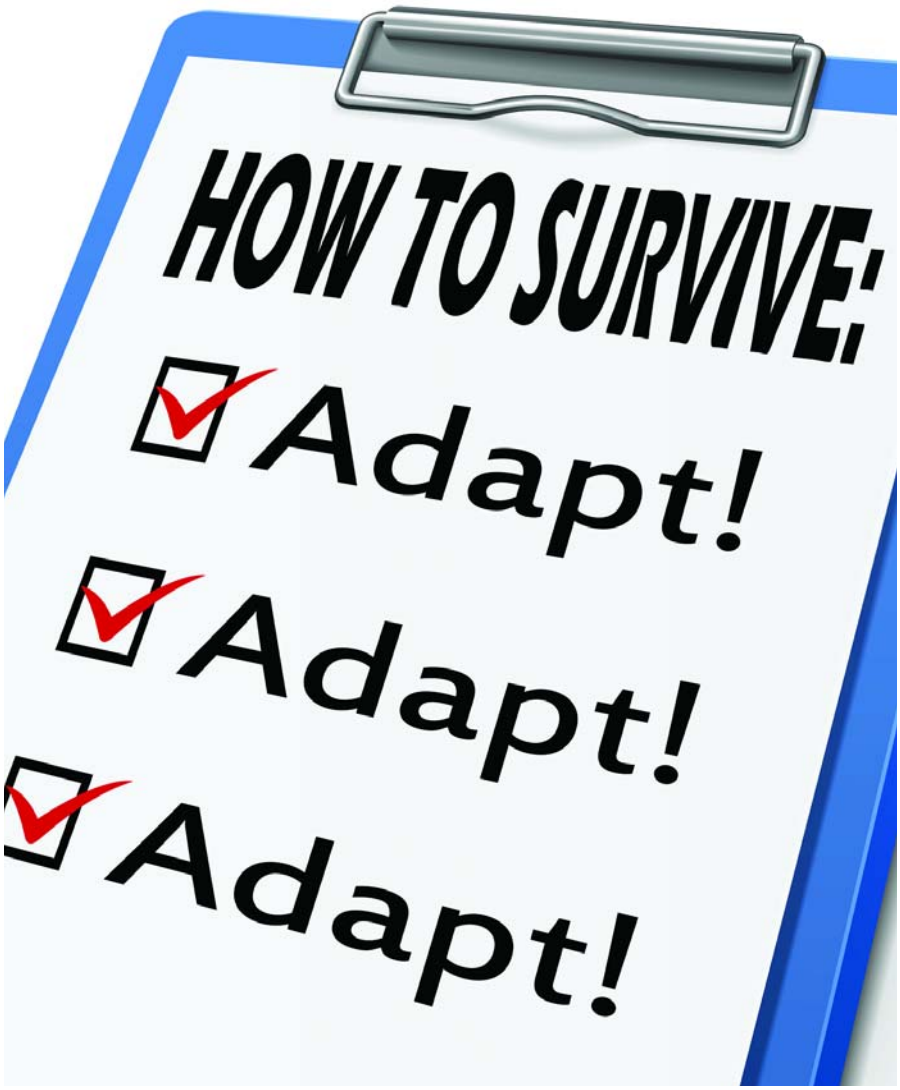

"We don't have a 'God given right' to exist. Technology and the world will move around us and we have to make some choices about whether we are going to move with it or attempt to live in the historical past...I think we are at a low ebb at the moment with the fragility of our relationship with the commercial world in terms of the value we add to that particular circumstance and that is only held together by regulation and our dispensing skills. It wouldn't surprise me if the larger commercial organisations might have a vision of providing drugs without the cost of pharmacists."

In a similar, although perhaps less pessimistic, vein was the perceived role of large chain pharmacies in shaping the future of community pharmacy – with the supply role being delivered via technology – leaving the pharmacist to focus on 'cognitive' services. However, it was broadly agreed that to secure the future of pharmacy in the face of technological changes, there was a pressing need to shape policy. This needs to be done on the basis of quantifying exactly what pharmacists do and offer, together with providing an element of quality assurance of their services which have demonstrable value. However, one participant felt such change would take time:

"... in five years not much will change – five years is optimistic – the contract will change in three years time – elements of quality will come in and I think patient registration will become more prevalent and you will be paid for providing services in the NHS."

The reorganisation of the Royal Pharmaceutical Society, which separated its regulatory function with the General Pharmaceutical Council from its representative function with the Royal Pharmaceutical Society, was considered potentially instrumental in facilitating such change. What participants did all concur on was the imperative for community pharmacists of the future to develop a distinct identity which extended beyond their core dispensing activities.

Discussion and Conclusion

The findings reported here have obvious limitations – not least because they are based on self-selecting groups of pharmacists and other key stakeholders (GPs, commissioners, patients, etc) were not involved. However, the beliefs and expectations for pharmacy services five years hence have been captured from pharmacists in a variety of positions – including employee pharmacists working within large corporate organisations, locum pharmacists and pharmacists working in primarily management roles. As such, the views have been garnered from individuals with a range of professional experiences and set out a benchmark for strategic development. While the nature of focus groups (and qualitative research) makes no claims to generating generalisable findings, nonetheless the issues illuminated here well may be transferable to other experiences of pharmacists in other geographical regions.

The profession of pharmacy has undergone significant changes, most notably within community pharmacy settings within recent years. These changes might best be characterised as a response to challenges to pharmacists' core supply function from a number of sources, including other members of the pharmacy team (such as dispensing technicians), technological innovations and so forth. Indeed, these challenges are perceived as on-going for the foreseeable future; challenges which require to be addressed in order for pharmacists to ensure a sustained role in health care. This is a role that will see the pharmacist as a fully integrated member of the healthcare team engaged in collaborative working with healthcare colleagues, rather than that of a practitioner working

in isolation. Other research has noted the isolated working practices and environment of the community pharmacy[5] and is something that, professionally, community pharmacists themselves can do little to alter.

Just as the traditional role of extemporaneous preparation of medicines was challenged by pre-formulated and packaged medicines, so too the dispensing and supply function is being challenged. Hence cognitive services such as MURs and the New Medicines Service were being delivered at the time of our survey, whilst other bodies have a vision for increased clinical and therapeutic services through the pharmacy team in collaborative partnerships with medical practitioners.[6,7] Our participants acknowledged the need to challenge their own traditional role, perceptions and the traditional business model that accompanies this role. A reliance on the need for a policy change at a national level was key to their view on the future of community pharmacy. This was considered to rest on the successful management of a redefined identity for community pharmacists away from a core dispensing and supply model to one in which pharmacists traded on their expertise and knowledge as medicines advisors, though recent research shows that the dispensing of prescriptions continues to dominate practice despite the desire within the profession for role change.[8] However, as others have identified, one barrier to negotiating a new role is that of supporting the role change while still operating a business model that revolves around the supply role.[9,10] Other studies have described difficulties and slowness surrounding the undertaking of patient-centred services by community pharmacists.[11]

We have described the views of a small selection of pharmacists as of late 2013, but implementing any change requires other social and health care agencies the general public and policy makers to sign up to the new roles for pharmacists, and to recognise the value - quantifiably and qualitatively - that advice and support for medicines use can offer.[1]

Declaration of interests

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