



Consultation on potential new indicators for the 2013/14 Quality and Outcomes Framework (QOF).

Royal Pharmaceutical Society Response

The Royal Pharmaceutical Society (RPS) is the new professional body for every pharmacist in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain.

The RPS leads and supports the development of the pharmacy profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

Its functions and services include:

Leadership, representation and advocacy: promoting the status of the pharmacy profession and ensuring that pharmacy's voice is heard by governments, the media and the public.

Professional development, education and support: helping pharmacists to advance their careers through professional advancement, career advice and guidance on good practice.

Professional networking and publications: creating a series of communication channels to enable pharmacists to discuss areas of common interest.

General comments:

We are concerned that, in general, the QOF is regarded as a tick box exercise and that there is no attempt to look at the patient holistically or even to look at a disease area, such as type 2 diabetes which is a complex and multi-faceted disease, in a holistic manner.

We are disappointed that there is no emphasis on public health and disease prevention, particularly at this time when the government is hoping to move from an illness service to a wellness service.

There is also, regrettably, no emphasis on team working and working in an integrated manner – again, a priority for the new NHS.

Indicator area: Depression

Indicator 7: We are concerned that it may not be very practical to collect data on whether a biopsychosocial assessment has taken place. There needs to be clarification on what the 'bio' part of the biopsychological assessment' is and what it includes i.e. does it include a dietary review plus thyroid, sodium, renal and haemoglobin tests?

Indicator 8: We agree with a review of patients with a new diagnosis of depression but we would seek clarification on the time scale. From compliance point of view the follow up should be within

the first 2 weeks but to see if the treatment is helping the review should be carried out after 4 weeks. We would suggest an additional face-to-face review at 3 months as up to 80% of patients stop their antidepressants within the first 3 months of treatment. Also, if treatment is continued then a further review at 12 months should occur to discuss continuation or withdrawal. Depression for many people is a relapsing chronic condition and, we believe, should be treated as a long term condition.

Recommendations:

- Under recommendation 1.4.1.3 we would ask that the inclusion of signposting to self help options such as support groups / charities (e.g. depression alliance), exercise prescriptions, on-line CBT, dietetic advice should be considered. Also, referring to a local pharmacy for a medicine review to check for medicines that could precipitate or worsen depression should be considered. Just for noting, this recommendation appears twice in the consultation document, on page 17 and again on page 18.
- The list of the review points (page 18) under 'Brief rationale for indicator(s)' lists 'side effects and efficacy of medication'. This should be linked to the New Medicine service now undertaken by a number of community pharmacists as increasing evidence demonstrates that people started on antidepressants remain on them longer and achieve improved outcomes with pharmacist support.¹

We have no particular comments to make in the other indicator areas.



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For further information or any queries you may have on our consultation response please contact Heidi Wright at heidi.wright@rpharms.com or 0207 572 2602.

¹ Landers, M; Blenkinsopp A; Pollock K; Grime J. Community pharmacists and depression: the pharmacist as intermediary between patient and physician. International Journal of Pharmacy Practice, Volume 10, Issue 4, pages 253–265, December 2002.

Brook O; van Hout H; Nieuwenhuyse H; Heerdink, E.c Impact of coaching by community pharmacists on drug attitude of depressive primary care patients and acceptability to patients; a randomized controlled trial. European Neuropsychopharmacology 13 (2003) 1–9

Crockett, J; Taylor S. Patient outcomes following an intervention involving community pharmacists in the management of depression. Australian Journal of Rural Health. Volume 14, Issue 6, pages 263–269, December 2006

Brook, OH; Van Hout, HPJ; Nieuwenhuysea, H; De Haanb, M. Effects of coaching by community pharmacists on psychological symptoms of antidepressant users; a randomised controlled trial. [European Neuropsychopharmacology Volume 13, Issue 5](#), October 2003, Pages 347-354

Donoghue J, Farrar K, Slee A, Rowe P. Medicines management in depression changes the pattern of health care resource use by depressed patients in primary care. International Journal of Pharmacy Practice 2003;11(Suppl)R31.