

- Staying healthy for longer: concentrating on prevention and managing long term conditions

The RPS believes that pharmacists are in an ideal position to support patients and the public to stay healthy. Usually community pharmacies are sited in towns and communities with high levels of deprivation, higher than average morbidity and low levels of health literacy.¹ An estimated 1.6 million people visit a community pharmacy each day, of which 1.2 million do so for health reasons.² Pharmacists are well positioned to identify and approach people from target groups e.g. persons from ethnic communities, the older people and the vulnerable, asylum seekers, travellers and the homeless, and can and do offer services that more traditional NHS services may not offer, and in premises which are more local and convenient, thereby improving access and uptake. Many pharmacists offer support to Muslim populations that fast in Ramadan and have concerns about not taking their medicines during that period.³ The community pharmacy network is highly accessible to patients and the public – many of whom will not necessarily access other parts of the NHS. 99% of the population are able to access a pharmacy within 20 minutes by car and 96% by walking or using public transport⁴. This network can be used, not only to provide information to the public, such as public health messages but also to harness the public and patient views. Community pharmacy is the window into the NHS on every high street and has long been promoted as the first port of call for promotion of health and wellbeing and prevention of ill health, treatment and advice on minor ailments, management of Long Term Conditions (LTCs) and support and advice on medicines. Community pharmacy is highly accessible for patients of the NHS and those seeking to maintain good health.

Community and hospital pharmacists prevent ill health and also maintain the health of those patients with LTCs. Pharmacists provide advice on the management of LTCs and self care and advice and support on the safe and effective use of medicines taken by patients. Patients with LTCs are the most frequent users of healthcare services, accounting for 50% of all GP appointments and 70% of the health and social care budget, the right use of medicines is absolutely critical for this group of patients and the NHS. The skills and knowledge of the pharmacist can help people to achieve better outcomes from their medicines. Pharmacists also play a significant role in improving the mental health and well being of patients, many patient suffering from a LTC also suffer from depression⁵. Pharmacists support older people, for example, by reducing the use of medicines associated with falls and increased mortality and morbidity⁶. Supporting the delivery of better management of health, pharmacists working in the community carry out Medicines Use Review (MUR), which while focusing on medicines use, also deal with other aspects of a patient's life including healthy lifestyle advice and consultations around weight, diet, alcohol and smoking. In addition, many pharmacists are offering diagnostic services for screening and monitoring purposes. Recently, community pharmacists have become more involved in the early identification of cancer symptoms and are also involved in adherence to chemotherapy as this treatment moves from secondary to primary care settings.

At any one time a local pharmacist is likely to be looking after and providing the medicines for:

¹ <http://www.pharmacy.manchester.ac.uk/cpws/publications/Bulletins/bulletinn5.pdf>

² Improving Quality in Primary care, Department of Health 2009

³ <http://muslimmatters.org/2010/08/27/radical-nhs-campaign-to-tackle-health-issues-during-ramadan/>

⁴ The Bow Group target paper. Delivering Enhanced Pharmacy Services in a modern NHS: Improving Outcomes in Public Health and Long-Term Conditions

⁵ http://icn.csip.org.uk/library/Long-term_conditions_and_depression_PBC.pdf

⁶ <http://www.nhsggc.org.uk/content/default.asp?page=s1360>

- 50 people with diabetes
 - 150 people with asthma
 - 50 people recently discharged from hospital
 - 8 people with a colostomy
 - 750 pensioners
 - 20 people suffering with cancer, of whom 4 are likely to be terminally ill
 - 500 people with raised blood pressure
 - 600 carers⁷
- **Named clinician:** providing a single, named contact to coordinate an individual's care

Pharmacists must be integrated into the primary care team. Pharmacists are the experts in medicines and their use and their knowledge and skills in this area can prevent admissions to hospital, reduction in falls for vulnerable patients and improve patient's adherence to their medicines. If a GP is the named clinician responsible for an individual's care, there should also be a named pharmacist alongside them who is responsible for the individual's medicines. This should include responsibility for the appropriateness of the medicine, its effectiveness for the individual patient, considerations of medicines risk for the patient - particularly the frail elderly and helping with correct use of the medicine. This should be a shared decision with the patient and carers.

Every care home should designate a pharmacist to ensure safe and effective use of medicines with a risk analysis by the pharmacist to ensure that this is at an appropriate level. The pharmacist would be responsible for all the medicines activity of that home. This is supported by the recommendations from the CHUMs report⁸. Pharmacists would also have a role in liaising with colleagues in secondary care and general practice around changes to medicines, agreeing policies and providing good governance. The residents in care homes are one of the most vulnerable groups of patients, often on a number of medicines and frail and elderly. Under the current system they are often disadvantaged from receiving the same pharmaceutical care as patients living independently. They are unable to receive a Medicines Use Review (MUR) unless the commissioning organisation agrees that a community pharmacist can carry out this service outside of their pharmacy, and yet the patients in a care home are often the ones most in need of a medication review. We believe that there should be significantly more pharmaceutical input in care homes.

The InPractice study⁹ highlighted the prescribing errors made by general practitioners (An estimate of 1.7 million serious prescribing errors in general practice in England in 2010). One of the recommendations from this report was that there should be more clinical pharmacy input into GP practices. Pharmacists have been working alongside GPs for a number of years but mainly focusing on the prescribing budget and what medicines to prescribe on a population basis rather than for the individual patient. We believe that every GP practice should have input from a clinical pharmacist, potentially employed by the individual practice or working across a number of practices, to manage and optimise medicines. Every GP practice should employ a team similar to that in hospitals with the responsibility for the optimisation of medicines within the Practice being with the pharmacist. The focus of the pharmacist would be on reviewing individual patient's medication, potentially independent pharmacist prescribing and liaison with

⁷ Understanding and Making the Best Use of Community Pharmacy

⁸ <http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhcp/psrp/finalreports/PS025CHUMS-FinalReportwithappendices.pdf>

⁹ <http://www.gmc-uk.org/about/research/12996.asp>

both community and hospital colleagues to ensure safe and effective use of medicines across the whole of the patient pathway. They would also become a point of contact for community and hospital colleagues in relation to any issues to do with a patient's medication.

- Improving access: making it easier to book appointments and get advice

The common ailments/ Pharmacy First scheme mentioned in our response to Q is a simple option to help improve access to GPs as it will free up appointments for those patients with more complex conditions.

- Out of hours: ensuring a safe and consistent service

Pharmacy is ideally placed to triage and treat patients and keep them out of accident and emergency units. Pharmacists can support self care either through NHS minor ailment schemes; advising when buying GSL and P medicines; supplying medicines via a Patient Group Direction (PGD) and for those pharmacists who are independent prescribers, prescribing relevant medicines for patients. The success of the delivery of emergency hormonal contraception through pharmacy highlights the important role pharmacists can play in emergency and urgent care.

A number of community pharmacies deliver a minor / common ailment service commissioned via the NHS. Commissioning of such a service is variable across the country with some areas having no provision. These minor/ common ailment schemes help to educate patients and the public to access the right healthcare professional for their symptoms and condition thereby encouraging effective use of NHS services. However pharmacy could be even more involved in the triage of patients by becoming an integral part of a National Pharmacy First scheme. The Pharmacy First scheme enables pharmacists to provide advice and treatment on a range of minor health problems. This commissioned service is free to patients at the point of delivery. The pharmacy first scheme covers a range of short-term drug treatments and patients registered on the scheme can see their pharmacist up to twice for most conditions in the scheme. Health problems covered by the scheme include: headache, cold, sore throat, fever, hay fever, constipation, mouth ulcers, indigestion, athlete's foot, head lice, diarrhoea, thrush, bites and stings, contact dermatitis, back pain, cough, teething and sprains and strains. Patients obtain a voucher for the scheme from their GP surgery which they then take to their pharmacy where they are then registered for advice and treatment.

A Bow Group report stated that 'it is estimated annually that 57 million GP consultations concern minor ailments, which in large could be dealt with at a pharmacy. The average cost of a pharmacy consultation (£17.75) versus an average GP consultation (£32) is £14.25 less expensive. If all patients with minor ailments received pharmacy consultations, then over £812 million could potentially be saved from the NHS budget equating to over 4% of the Government's pledged £20 billion efficiency savings target.'¹⁰ A recent study aimed to explore the effect of Pharmacy Minor Ailment Schemes (PMASs) on patient health- and cost-related outcomes; and their impact on general practices. It concluded that low reconsultation and high symptom-resolution rates suggest that minor ailments are being dealt with appropriately by PMASs. PMAS consultations are less expensive than consultations with GPs. This evidence suggests that PMASs provide a suitable alternative to general practice consultations.¹¹

¹⁰ <http://www.bowgroup.org/policy/delivering-enhanced-pharmacy-services-modern-nhs-improving-outcomes-public-health-and-long>

¹¹ <http://www.ingentaconnect.com/content/rcgp/bjgp/2013/00000063/00000612/art00026>

In Wales they are currently rolling out a common minor ailment scheme across 2 test sites with a plan to extend as an all Wales scheme.¹² Patients have to register to receive the services and to enable this pharmacists have access to the Welsh demographics service.

To enable community pharmacists to provide these urgent and emergency care services they would require access to the patient record. Currently the majority of community pharmacists do not have such access. We would encourage access to the patient record for all healthcare professionals who have a legitimate relationship with the patient and for the direct benefit to patient care.

Medicines Optimisation is all about getting the best outcome for patients from their medicines and pharmacists have a key role in supporting patients to do this. The NHS spent £13.8 billion on medicines in the UK last year¹³ and around £300 million of medicines are wasted, half of which is avoidable¹⁴. We know that adverse drug reactions account for 6.5% of unplanned hospital admissions and over 70% of these are avoidable¹⁵ and that 30-50% of patients don't take their medicines as intended¹⁶. If patients are not taking their medicines as intended then this means they are not getting the health benefits from taking their medicines and are more likely to end up in hospital as an emergency admission. Vulnerable patients, such as those with learning disabilities or those living in care homes are even more at risk of errors with their medicines¹⁷. If NHS England truly believes that the optimisation of medicines can improve patient outcomes and gain better value for the funding invested in medicines then they need to ensure that the systems and processes in the NHS enable and encourage healthcare professionals to deliver medicines optimisation services for patients' benefit.

- Choice and control: providing clear and accurate information to help patients make decisions

Choice is not just about the provision of information, but also about how that information is interpreted and provided to patients. We would see pharmacists increasing their patient advocacy role as they are an independent resource for patients and can help them make informed choices about medicines. Pharmacists could provide an opportunity for patients to have an in depth discussion about their medicines.

- Joining up services: sharing up to date and accurate information and supporting coordination of care

A lack of an interoperable information system that enables clinical data about the patient; their diagnosis and treatments in particular to be shared between healthcare professionals involved in the patient's care prevents truly joined up services. The RPS believes that pharmacists should have read and write access to the relevant parts of the Patient Health Record. It is essential that information is shared on any changes that had been made to medicines such as a change in

¹² <http://www.wales.nhs.uk/sites3/Documents/498/CAS%20Service%20Specification.pdf>

¹³ Office of Health Economics Health Statistics and Information

¹⁴ http://php.york.ac.uk/inst/yhec/web/news/documents/Evaluation_of_NHS_Medicines_Waste_Nov_2010.pdf

¹⁵ <http://www.bmj.com/content/329/7456/15>

¹⁶ <http://www.bowgroup.org/policy/delivering-enhanced-pharmacy-services-modern-nhs-improving-outcomes-public-health-and-long>

¹⁷ <http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhcp/psrp/finalreports/PS025CHUMS-FinalReportwithappendices.pdf>

dose, medicines being discontinued or started as well as any allergies or side effects experienced by the patient and any diagnostic results.

Pharmacists currently provide a number of services which produce information that is captured in systems that are separate to other parts of the NHS. For example, a number of community pharmacies are commissioned to provide flu immunisation services to members of the public and patients who are in the 'at risk' groups. Data shows that they are capturing a number of people who would not normally receive the vaccination as they do not access their GP regularly. However, this information is not currently recorded on the patient's health record and the GP would not necessarily be aware that they had been immunised. For population health and herd immunity, this information also needs to be passed onto national public health data capture service. Pharmacists are also providing private services, such as blood pressure monitoring, weight management etc as well as services related to self-care such as advice and provision of over the counter medicines. It would be beneficial, both for patients and professionals, for this information to be captured and shared. In the future we would see pharmacists directly referring to secondary care or for diagnostic testing in specific areas. In secondary care the impact of pharmacists intervening in drug therapies especially when patients are admitted to hospital has been clearly quantified¹⁸ yet problems with medication continues to be a major cause of re-admission to hospitals.

The RPS is working with other Royal Colleges on informatics and setting clinical record standards which we feel should be supported to ensure there is appropriate sharing of information.

¹⁸ Campbell, F. Karon, J. , Czoski-Murray, C. , & Jones, R. A systematic review of the effectiveness and cost-effectiveness of interventions aimed at preventing medication error (medicines reconciliation) at hospital admission. *Clinical Pharmacy*.