INTEGRATING HEALTH AND SOCIAL CARE INQUIRY

Royal Pharmaceutical Society (RPS) Submission

The RPS is the professional body for pharmacists in Great Britain. We are the only body that represents all pharmacy sectors in Great Britain. The RPS leads and supports the development of the pharmacy profession including the advancement of science, practice, education and knowledge in pharmacy. In addition, we promote the profession's policies and views to a range of external stakeholders in a number of different forums.

Pharmacists study the science of medicine and the actions of medicines on the human body for four years at university and they then undergo a year of supervised training. Their knowledge and skills make them experts in medicines and their use. Medicines, along with the patients who take them, regularly move across the health and social care boundaries. Therefore, the skills of pharmacists are used in both health and social care settings.

The future health and social care system

The current health and social care system is fragmented and further joining up and integration is required. Many services commissioned and provided by the NHS have an impact on social care and vice versa.

Pharmacists working in care homes:

Pharmacists working in care homes can have a significant impact on cost savings as well as improving the quality of life for patients resident in the care homes. They do this by leading on multidisciplinary clinical medicines reviews which include the patient, the carers and / or family members.

- If a clinical medicines review service involving patients, their representatives or carers, was to be commissioned for all 405,000 care home residents over the age of 65, the base cost of the pharmacist and the medication review would be approximately £13.4m-£15.8m
- The potential cost savings to the NHS, if this service were to be delivered across all care homes in England, is estimated at £135 million (£65 million from medicines being stopped, started or changed and £70 million from reduced hospital admissions).[1]

One of the issues with this service is around the funding to commission it as there is often a debate as to whether or not it should be funded via the NHS or via social care. Any enhanced roles need to be adequately remunerated. The cut in funding for Local Authorities (LAs) has a significant impact on recruitment, retention and continuing professional development (CPD) in care homes. The tensions between health and social care funding must be addressed. There is currently regional variation as to what is funded in care homes dependent on commissioners and available funds.

[1] http://www.rpharms.com/promoting-pharmacy-pdfs/care-homes-report.pdf

Ealing CCG has commissioned a service which provides medical and pharmaceutical care to patients across 19 care homes. This is delivered by a multidisciplinary team including GPs, nurse prescriber, pharmacist prescribers and pharmacy technicians. A number of initiatives have been implemented which have led to:

- A reduction of more than 40% in admission to hospital for end of life care
- 36% of patient had anticipatory medicines in place at time of death

Pharmacists providing domiciliary care:

Whilst an increased amount of attention is being paid to the care and support available to those people resident in care homes, there is also a frail elderly cohort of patients living at home. We believe that much more could be done to support these patients to live independently for longer, thereby reducing the burden on social care services. People living at home are poorly serviced in relation to being able to receive a domiciliary Medicines Use Review (MUR) from their local community pharmacist. Such a review would help them to understand their medicines, what they are for and enable them to have a discussion with the pharmacist about any concerns or issues they may have with their medicines. Whilst there are processes in place to enable community pharmacists to undertake a domiciliary MUR they are very onerous and it is difficult for the pharmacist to obtain permission from the local NHS England offices.

A service in Croydon CCG (Community Pharmacy Domiciliary Medicine Review Service) supports vulnerable, elderly patients. Community pharmacists are commissioned to visit vulnerable patients in their own homes and undertake a medicines review. The current model demonstrates that for every £1 invested in the provision of the service £7.45 is saved in relation to avoided emergency admissions. More detailed analysis from April 2013 to March 2014 shows an overall reduction of 18 emergency admissions episodes and 314 emergency admission beds days for patients who received the service with a cost avoidance of £106,132 and a reduction of 13 A&E attendances with a cost avoidance of £1,950.

Inclusion of pharmacy in new care models

We would like to see community pharmacists more fully integrated into local care models, particularly those models outlined in the Five Year Forward View (FYFV), and supported to fully deliver the medicines optimisation agenda. By supporting patients to take their medicines this will reduce medicines wastage and improve health outcomes for patients, thereby reducing hospital admissions and readmissions as well as reducing the number of GP visits. The integration of community pharmacists into new care models is a key recommendation of the Independent Community Pharmacy Clinical Services Review.[2]

Prevention

Pharmacists play a significant role in the prevention agenda but again, the boundaries between health and social care are often blurred with some public health services being commissioned by Local Authorities and some by Clinical Commissioning Groups or NHS England.

Community pharmacists have regular contact with people; 1.6 million people visit a community pharmacy every day. A study in 2014 showed that the majority of the population can access a community pharmacy within a 20 minute walk and crucially, access is greater in areas of highest

[2] https://www.england.nhs.uk/commissioning/primary-care-comm/pharmacy/ind-review-cpcs/

deprivation—a positive pharmacy care law.[3] Community pharmacists often see people who do not access other healthcare settings and should be the first point of contact for health promotion and wellbeing advice.

If the funding between health and social care was integrated there may be more of a focus on preventative services which will have a longer term impact on future spend, as the demand on the health services would potentially decrease as people become healthier and care for themselves.

Digitisation

To fully integrate health and social care there needs to be an investment in IT to ensure that relevant and appropriate information about patients can be shared between professionals, with patient consent. This saves duplication as patients only have to provide the information once, and also all professionals know the actions undertaken prior to them seeing the patient. Basically there should be a shared patient record that all relevant professionals can read and write to.

There needs to be systems and processes in place that enable the electronic referral of patients, and information, between one care setting and another.

The use of telehealth and apps can also support patients to manage the impact of their long term condition on their life and to manage prescription orders and obtain health information. Information from these apps can be shared with healthcare professionals to demonstrate progress. Health and social care professionals need to embrace technology in order to make it more accessible, bearing in mind that any technological advances should enhance patient safety.

Sandra Gidley, Chair, English Pharmacy Board

[3] http://bmjopen.bmj.com/content/4/8/e005764.abstract