



**MORE THAN MEDICINES:**  
BETTER PATIENT CARE  
THROUGH PHARMACY

**What the Commission on future models of care delivered through pharmacy means for patients**

In March 2013 the RPS established the Commission on future models of care delivered through pharmacy. **NOW OR NEVER: SHAPING PHARMACY FOR THE FUTURE** is a report from the Chair of the Commission, Dr Judith Smith, Director of Policy at the Nuffield Trust, an independent charitable health research foundation.

**NOW OR NEVER: SHAPING PHARMACY**

**FOR THE FUTURE** highlights innovative and effective pharmacy services which shift the focus from the supply of medicines to the provision of services structured around people's needs. It looks at how pharmacists in hospital, community and other care settings are providing easy access to medicines, advice, review and care; better self-management of long-term conditions; better health through support to make lifestyle changes, and services which are integrated with other health professionals – so care is seamless, and it recommends ways to make these services more widespread.

Pharmacists, doctors, nurses and patients have been involved in the Commission's work, informing its recommendations and contributing examples of excellence in patient-centred care. These are highlighted throughout the report to act as models for future work and to show that the future is already here – pharmacists are already providing care in a variety of locations and ways to better meet the needs of patients.

---

## KEY POINTS



Pharmacists must provide direct patient care in the location that is most convenient for the patient



Long-term conditions will be unmanageable without a significant change to the way care is provided – pharmacists can be integral to this change



The NHS needs to make the most of the third largest health profession. Numbers of pharmacists continue to increase as numbers of GPs and nurses decrease



Urgent care is at crisis point. Community pharmacists could provide an alternative triage point for many of the common ailments currently dealt with by out-of-hours services and Accident and Emergency departments.

---

## **LONG-TERM CONDITIONS WILL BE UNMANAGEABLE WITHOUT A SIGNIFICANT CHANGE TO THE WAY CARE IS PROVIDED – PHARMACISTS CAN BE INTEGRAL TO THIS CHANGE**

In England alone more than 15 million people (almost one in three) have a long-term condition such as asthma, heart disease or diabetes, and many of these have more than one long-term condition. This figure is set to increase over the next 10 years, particularly those people living with 3 or more conditions at once. Around 70% of the health and social care budget is spent on patients with long-term conditions.

Effective, joined-up care between pharmacists, GPs and hospitals can help reduce the need for costly and invasive medical treatment for people with long-term conditions.

Evidence shows the likelihood of people with long-term conditions requiring inpatient or emergency care can be reduced by lifestyle change<sup>1</sup>, using medicines and treatments correctly<sup>2</sup>, support to live independently<sup>3</sup>, the ability to understand, monitor and manage their condition<sup>4</sup> and contact with professionals able to assess the degree of illness progression and recommend the most appropriate treatment.<sup>5</sup>

## **MAKING THE MOST OF PHARMACY: THE THIRD LARGEST HEALTH PROFESSION – AND GROWING**

There are more than 40,000 pharmacists in England today. The Centre for Workforce Intelligence has projected an oversupply of pharmacists, in stark contrast to its projections for General Practice, where a projected shortfall in the current decade is imminent due to the retirement of GPs and practice nurses. In addition, the number of GP trainees is well below the government target<sup>6</sup>.

The ready availability of a highly trained pharmacist workforce integrated into more health services can provide the high quality care patients need whilst re-directing demand away from General Practitioners and A&E, relieving the pressure on these already stretched services.

The current NHS policy context of constrained funding, concerns about quality and safety, rising incidence of long-term conditions and debate about access to effective out-of-hours and urgent care provides pharmacists with an excellent opportunity to provide local and national care solutions.

### **PEOPLE WITH A LONG-TERM CONDITION SHOULD EXPECT:**

- Pharmacists to consult with them in a range of settings appropriate and convenient to them. For example, pharmacy consulting rooms, GP practices, home visits, or telephone calls/Skype and similar technologies
- Pharmacists and GPs working in partnership to ensure the best possible care, with linked IT systems so professionals and patients have a complete record of their care
- Pharmacists to help them to manage their medicines needs on an ongoing basis
- Support from pharmacists and their teams to self-manage their conditions so that they can stay well and out of hospital
- Early detection of problems or deterioration in their condition through routine monitoring.

<sup>1</sup>Billings J, Dixon J et al (2006) Case finding for patients at risk of readmission to hospital: development of algorithm to identify high risk patients published in *British Medical Journal* London: Vol 333 (7563) pp.327-330.

<sup>2</sup>Howard RL, Avery AJ et al (2007) in *British Journal of Clinical Pharmacology* London: Vol 63, Issue 2, pp.136-147.

<sup>3</sup>National Patient Safety Agency (2007) *Safety in doses: medication safety incidents in the NHS* London: NPSA.

<sup>4</sup>Begum N, Donald M et al (2011) Hospital admissions, emergency department utilisation and patient activation for self-management among people with diabetes published in *Diabetes Research and Clinical Practice* Vol 93 (2) pp.260-7.

<sup>5</sup>Goodwin N, Curry N et al (2010) *Managing people with long-term conditions* London: The King's Fund.

<sup>6</sup>The Kings Fund and the Nuffield Trust. 2013 *Securing the future of General Practice: new models of primary care* London

<sup>7</sup>Tisman A (2008) *Driving the self care agenda* London: PAGB

## **URGENT CARE IS AT CRISIS POINT. COMMUNITY PHARMACISTS COULD PROVIDE AN ALTERNATIVE SERVICE FOR MANY OF THE COMMON AILMENTS CURRENTLY TREATED BY OUT-OF-HOURS SERVICES AND ACCIDENT AND EMERGENCY.**

An estimated 51.4 million GP consultations (18% of the total) involve minor ailments which could be dealt with by a pharmacist<sup>7</sup>. Typical minor ailments include back pain, skin problems, heartburn and indigestion.

Community pharmacies should be the first port of call for people with common ailments, as well as helping to direct patients to the most appropriate NHS service especially at the weekends and in the evening, so providing a useful addition to out-of-hours services.

Eg. The Greenlight Pharmacy is co-located with the St Andrews Walk-In Centre and GP practice. The pharmacy team work closely with all members of the GP practice team, and this shared working benefits the patients, who experience seamless, joined-up and more accessible care. This takes pressure off walk-in centres and out-of-hours GP services.



## **WHY IS CHANGE NEEDED? WHY PHARMACISTS MUST PROVIDE ALL-ROUND CARE, NOT JUST MEDICINES**

Medicines are the backbone of modern health care. Around £12bn is spent on medicines by the NHS in England every year. The NHS is not currently getting the best value from medicines.

Research shows that real-life use of medicines by patients is problematic. Between 30-50% of people<sup>8</sup> don't take their medicines as recommended. Wasted medicines cost the NHS £300 million<sup>9</sup> every year and at least 6% of emergency re-admissions to hospital<sup>10</sup> are caused by avoidable adverse reactions to medicines.

In the context of £20bn savings the NHS must make by 2015 and the projected decade of flat funding<sup>11</sup> in the face of ever-increasing demand for health services, maximum value must be obtained from the NHS budget. A crucial part of this will be to ensure all health professionals are used to optimum capacity in ways that have the greatest benefit for patients.

### **CHALLENGES OF FUNDING, QUALITY AND ACCESS SUGGEST THAT IN THE FUTURE, THE NHS MUST:**

- Prevent costly and intrusive hospital admissions by better managing long-term illness
- Be much more proactive in preventing and reducing the risk of ill-health through public health services, enabling people to make lifestyle changes such as stopping smoking or losing weight
- Provide rapid access to high quality advice, diagnosis and support, particularly for those with long-term illnesses
- Improve collaborative working across hospital, community, primary and social care.

<sup>8</sup>Horne R. Adherence to medication: a review of the existing literature. In: Myers LB, Midence K, eds. *Adherence to treatment in medical conditions*. Amsterdam: Harwood Academic Press, 1998

<sup>9</sup>York Health Economics Consortium and The School of Pharmacy, University of London. *Evaluation of the Scale, Causes and Costs of Waste Medicines*. 2010

<sup>10</sup>Pirmohamed M, James S, Meakin S, Green C, Scott A K, Walley TJ, Farrar K, Park BK, Breckenridge AM. Adverse drug reactions as cause of admission to hospital: prospective analysis of 18,820 patients. *BMJ* 2004; 329: 15–19.

<sup>11</sup>Roberts A, Marshall L and Charlesworth A (2012) *The funding pressures facing the NHS from 2010/11 to 2021/22 A Decade of Austerity?* London: Nuffield Trust

# PHARMACISTS MUST PROVIDE DIRECT PATIENT CARE IN THE LOCATION THAT IS MOST CONVENIENT FOR THE PATIENT

## HOW COULD THIS HAPPEN?

### 1. Better care when patients are discharged from hospital

Vulnerable older people often need extra support when they return home from hospital. Improving care at home makes it less likely that patients will be re-admitted into hospital because of problems with their medicines. Some services such as medicines use reviews are already provided by local community pharmacists and some people are benefitting from this service in their own home. Some hospitals provide pharmacist follow-up post-discharge.

Eg. Lelly Oboh is a pharmacist in London, who is part of an innovative, mixed team of doctors, nurses, pharmacists and other health care professionals. Her team works in hospitals to make sure people return home as soon as possible. They also visit people in their homes to help them take their medicines properly and make sure they don't end up in hospital unless they really have to. Her team ensures seamless care for patients between hospital and home.

### 2. Better care alongside doctors at the GP surgery

Working within GP surgeries enables pharmacists to help GPs make better prescribing decisions. Pharmacists can have caseloads and cover the routine management of patients with long-term conditions. In this way patients receive a holistic care service which addresses diagnosis, treatment and advice on medicines use. This isn't about supplying medicines through GP surgeries, but using the expertise of the pharmacists to improve patient care alongside the GP, practice nurse and other members of the practice team.

Eg. Rena Amin is a pharmacist who is a partner at a GP practice in London. She has a caseload of people with long-term conditions. Rena's patients and GP colleagues benefit from her expertise, making sure people get the most out of their medicines and stay well.

### 3. Better care for older people and people who are house bound, including residents in care homes

Having to travel to different services can be difficult for some patients. More could be done to help elderly people receiving social care get the most out of their medicines. We would like to see pharmacists routinely seeing people who are particularly vulnerable to becoming unwell, for example those with dementia, in their own homes to make sure they stay well and are less likely to be admitted to hospital.

Eg. Pharmacist Barbara Jesson runs a team in Croydon who visit patients in their own homes to ensure they are taking their medicines properly. They link up with social care services to ensure that the patient is getting integrated care at home, and no aspect of their health care slips through the cracks.

The elderly are likely to have one or more long-term conditions. This means people who live in care homes often take a large number of medicines, which aren't always necessary. Taking many medicines can be confusing, and studies have repeatedly shown that more support should be provided in the care home for both residents and staff. We would like to see people in care homes get direct care from their pharmacist in their care home.

### 4. Better care for users of community pharmacies

Pharmacies should be places where patients get help and advice about giving up smoking, cutting down on alcohol use and losing weight. Some people have described this as a "Healthy Living Pharmacy" or pharmacies becoming a "hub for wellbeing."

Right now nearly all pharmacies have an area where you can sit down and have a consultation with a pharmacist without being overheard. In future we want people to be able to have regular consultations with their pharmacist about their medicines, especially if they have a long-term condition.

Eg. The Healthy Living Pharmacy is a concept designed to create pharmacies committed to providing public health improvement and lifestyle services, not just medicines. There are now over 720 Healthy Living Pharmacies nationwide, which are successfully helping patients quit smoking, lose weight, and live healthier lives.

## WHAT NEXT?

The report's recommendations are the first stage in a drive to achieve real change for patients and create high quality services at the locations most convenient for them.

You can inform the next stages of this work by sending us your comments, ideas and examples of good practice. You can also watch videos about existing examples of innovative practice and read more about the **NOW OR NEVER: SHAPING PHARMACY FOR THE FUTURE** project at [www.rpharms.com/futuremodels](http://www.rpharms.com/futuremodels).

## ABOUT THE COMMISSION

The Commission on future models of care delivered through pharmacy was established by the RPS in March 2013 and received over 130 submissions from across all sectors of health care, patients and the public. **NOW OR NEVER: SHAPING PHARMACY FOR THE FUTURE** is a report from the Chair of the Future Models of Care Commission, Dr Judith Smith, to the RPS.

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain. Pharmacists are the experts in medicine, and medicine is the backbone of modern health care. We support pharmacists from all sectors to provide excellent care for patients through pharmacy. We promote the pharmacy profession to the public and encourage them to make the most of their pharmacist and medicines.



To join the ongoing debate & help shape the future visit website [www.rpharms.com/futuremodels](http://www.rpharms.com/futuremodels) or send an email to [futuremodels@rpharms.com](mailto:futuremodels@rpharms.com) or tweet [#NoworNever](https://twitter.com/NoworNever).