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Report to meeting of the Health Partnerships Overview & Scrutiny Committee – 29th January 2013

Community Pharmacy

Pharmacists are experts in diagnosing minor ailments and in the use of medicines to treat illness and disease. Pharmacists undertake five years' pharmacological and pharmaceutical training. They work within a code of ethics that requires them to continuously develop their professional knowledge and competence.

Provision of NHS services

Pharmacists are responsible for the supply of most medicines available to the public. They advise the public and other professionals on the safe and effective selection and use of medicines and other health-related matters. In recent years, pharmacists have expanded their role, and now supply a wide range of NHS services such as minor ailments schemes, stop smoking counselling and providing help to patients with drug addictions.

Britain's 13,500 community pharmacies are visited by members of the public over 2 billion times each year, and nine out of ten of us visit a pharmacy at least once a year. Of all health professionals, pharmacists have the most comprehensive education and training in the use of medicines for the prevention and treatment of illness and disease.

Pharmacies provide a range of services in the heart of neighbourhood communities where they are within easy reach of the people who need them most – poorer people, older people and people with a disability or chronic conditions. The Government has already recognised the potential of community pharmacies as “perhaps the biggest untapped resource for health improvement...a resource for reducing health inequalities, especially for vulnerable and deprived populations”.

The UK's community pharmacy network has a huge potential to tackle health inequalities, and yet is being significantly under-utilised for this purpose. The current network of (as mentioned) over 13,500 community pharmacies in the UK provides the nation with easy access to healthcare professionals – in a variety of locations from community shopping parades, high street locations and retail complexes, but always in local and convenient settings. As well as facilitating easy access for patients to their prescribed medication, this access supports self-care, the chance to consult healthcare professionals without an appointment, both inside and outside normal working hours and provides excellent opportunities for promoting public health messages.

People visit pharmacies both when they are sick and when they are well – consequently 1.6 million people enter a community pharmacy every day in England for a health related matter. It is this daily contact between a significant cross-section of society and pharmacists and their staff that provides a genuine opportunity for tackling health inequalities.

Deprived areas in England have a higher number of community pharmacies per head of population than more affluent areas. These deprived areas frequently have fewer medical practices which makes the community pharmacy an even more valuable local health resource. Increased public investment in community pharmacy would mark a shift to more equitable health provision by bringing a wider range of NHS services into the heart of neighbourhood communities where they are within easy reach of the people who need them most. DH statistics show that 96% of the population – even those in the most deprived areas - can get to a pharmacy within 20 minutes by walking or using public transport.



Below are statements taken from:- **The Brent Health and Wellbeing Strategy 2012 – 2015**. In this report the key role that community pharmacy perform on a daily basis can be matched and mapped with a number of priorities set out in the Report.

a) The Strategy focuses on four key priorities, where partnership working can bring real added value to health and wellbeing across Brent.

b) The Strategy reflects existing commissioning plans and strategies such as the CCG Commissioning intentions and the Children's Partnership Plan. "It also takes particular note of the proposed Out of Hospital Care Strategy which outlines the ambition to provide better integrated services closer to patients' homes within community and primary care settings".

c) Empowering communities to take better care of themselves.

d) Brent is ranked amongst the top 15% most-deprived areas of the country.

e) The statistics show that people on low incomes are more likely to have a life limiting health condition, take less exercise and have a shorter life.

f) "For example the gap in life expectancy for men between the most affluent and the most deprived parts of the borough is 8.8 years"

g) JSNA highlights a number of key health and wellbeing challenges:-

- *Low levels of participation in physical exercise – over 50% of adults do no physical exercise*
- *Increasing rates of alcohol-related hospital admissions*
- *Rising levels of obesity – 12% of under 5s and 22% of 12 year olds are obese. Almost 25% of adults in Brent are estimated to be obese*
- *Cardiovascular disease, chronic respiratory disease and cancers are the biggest killers in Brent and account for much of the inequalities in life expectancy within the borough.*
- *High levels of many long-term chronic conditions*
- *Diabetes is a good example of such a condition and we currently have 18,000 registered diabetic patients in Brent with numbers likely to grow in the future*
- *The need to increase access to, and to expand, key prevention and screening programmes*

h) "Communities to take better care of themselves"

i) The NHS in Brent will play a full role in working with local people to improve self-management and will achieve this by commissioning much better self-management of care for people with long term conditions.

j) The reported use of drugs, alcohol and smoking amongst young people remains a high priority

k) Sedentary lifestyles, poor diets and stress are leading to a large proportion of our population developing long-term chronic diseases such as diabetes, heart disease, high blood pressure, and chronic bronchitis

l) This includes encouraging individuals to seek appropriate help earlier.

m) In addition, patients need to become more engaged with and more knowledgeable about their care.

n) Too often we find that many patients simply do not understand their treatment and unilaterally stop taking their medicines, which often has serious adverse consequences.

o) If we want primary and community services to be more pro-active and prevent more future disease, than we need to ensure that we use our resources more wisely. In these difficult economic times we need to maximise

the impact of our doctors and nurses by reducing the number of inappropriate visits which could have been dealt with at home or by the pharmacist; for example common coughs and colds.

p) Our six key objectives to deliver progress on this priority will include:

1. Promoting independence and responsibility for health and healthcare
2. Encouraging everyone to be physically active
3. Promoting healthy eating
4. Strengthening our tobacco control partnership
5. Strengthening partnership work around alcohol
6. Increasing early diagnosis and testing for HIV and TB

In Brent, pharmacies provide Stop Smoking services. Their success rate has been monumental - in achieving, in 2011-2012, 1496 "Quits" which was 120% of the plan! (See statement g) & p)). In pockets around the country pharmacies are offering weight management and cardiovascular risk assessment services but the commissioning of these services is far from universal. Allowing all pharmacists to provide these public health services – possibly even incentivising them to find those in the community that are not being picked up and treated elsewhere – would provide a significant boost to attempts to reduce health inequalities. The commissioning of pharmacies by NHS Brent and Brent Public Health to provide NHS Health Checks would meet the strategic priorities listed in f) & g) & k) above from the Brent Health and Wellbeing Strategy.

The Government is investing approximately £250m per annum in a call and recall system for a vascular risk assessment programme, with the aim of tackling health inequalities. We are concerned that people who are not registered with a GP and may have the most to gain from the service, may miss out - worsening health inequalities. Brent Community pharmacies are well placed to deliver a service to this "hard to reach" group.

Minor ailments Services, – Tower Hamlets have freed up the scarce resource of GPs' time; during 2008-09 its local pharmacies handled 67,000 consultations for minor ailments under a Patient Group Direction (PGD) arrangement. Such a service commissioned in Brent would meet priority o).

Primary Care has a pivotal role to play in reducing use of secondary care for basic healthcare provision and in improving population health. Radical change is required to improve quality, capability and productivity further, and to create capacity within primary care. Community pharmacy is part of a wider stakeholder group that works in partnership to add value to health and wellbeing across Brent. (See statement a) above)

All healthcare professionals should expect to achieve improvements in:

- Patient safety
- Clinical effectiveness & Health outcomes, and
- The experience of patients.

Pharmacists and all independent contractors, other clinicians and managers in both health and social care should join together to meet to this challenge. Through working with local people and partners we should strive to improve the health and wellbeing of our population - reduce inequalities, maximise value in terms of outcomes and quality and efficiency from services provided to patients.

Pharmacists and all clinicians should be ambitious to:

- Enable our population to live longer, healthier and in particular tackling the significant health inequalities that exist between communities
- Provide children with the best start in life
- Ensure patients receive the right care, in the right place, first time
- Deliver the greatest value from every NHS pound invested.

The definition of primary care should be assumed to be the independent contractor groups of pharmacists, GPs, dentists and optometrists, who all form a vital part of our primary care services. Community-based services such as district nursing, health visiting and therapy services are partners with the primary care independent contractors as members of the Extended Primary Care Team. The partnership of primary care should work within an integrated network model. Pharmacy services should be integrated into patient care pathways. (Pharmacy could help significantly with the Out of Hospital Care Strategy listed in statement b).

Many medicines-related visits to A&E departments of hospitals could be dealt with relatively easily if community pharmacies in NWL were commissioned to provide such urgent and often emergency services. The LPC has evidence that up to 36% of visits to A&E departments could have been dealt with by a community pharmacist as part of a minor ailment service. One of the greatest strengths of community pharmacies is that they are easily and conveniently accessible, at times when other healthcare providers are not available.

How should pharmacy services be delivered?

The commissioning of NHS minor ailment schemes along with the implementation of an electronic prescription service (EPS2) will free up capacity within GP surgeries by up to 20% for each service that is introduced.

Minor ailments schemes help to:

- Educate patients to self-care for minor self-limiting conditions (statements c) & i))
- Educate patients on appropriate use of primary care services (statement n) & l)
- Increase patient access to advice and treatment (statements m) & n & o))
- Reduce "inappropriate" consultations of GP/Practice Nurses (statement c)
- Reduce "inappropriate" consultations at UCC and A&E (statement c) & i)
- Reduce "inappropriate" use of ambulance services
- Provide potential cost savings in GP consultations/UCC/ and A&E attendances
- Ensure better use of GP/A&E and pharmacists' professional skills
- Integrate community pharmacies into the NHS, providing innovation in the delivery of services
- Promote the role of the Community Pharmacist as an expert in medicines to patients

Doctors in GP surgeries who embrace EPS2 will find they have more time to see patients by up to 20% a week. The implementation of an effective NHS minor ailments services from NWL pharmacies will free up an additional 18-20% of GPs time for more urgent care. Capacity within primary care could be greatly increased by the introduction and implementation of these two services. This is just another way of bringing more care nearer to patients' homes. We agree that making local services work better will help relieve pressure on hospital services and give patients better quality care.

Our pharmacists are able to provide advice and a wide range of services which could save patients having to go to their doctor at all under certain circumstances. These include general health promotion, dealing with minor illnesses such as colds, hay fever, allergies, stomach upsets, emergency contraception, travel advice, medicines' advice, NHS Health Checks and some immunisations and smoking cessation, and much more. Community pharmacies in Hounslow provide an in-hours palliative care medicines supply service, while pharmacies in Brent, Harrow, Ealing, Hounslow and Hillingdon provide an out of hours palliative care medicines service via three on-call rotas helping terminally-ill patients remain at home, preventing admissions to hospital and often supporting the wishes of patients and their families.

Some of our pharmacies provide professional domiciliary services, meaning more services can be offered to people in their homes, supporting enhanced efficiency of social care services often allowing earlier discharge of patients from secondary care back into the community. This can help reduce "bed-blocking". Training of domiciliary carers and care workers to administer medicines properly to patients in their own homes and record such administration can prevent admission to hospital resulting from poor or unreliable adherence. Many of our pharmacists provide such training e.g. to Ealing Social Services. Training carers to administer medicines can help maintain elderly, vulnerable patients in their own homes for longer. Although not a Brent initiative this would meet the intentions of the Out of Hospital Care Strategy across NHS NWL.

The local NHS should offer a range of urgent care services. The hospital A&E departments should perhaps only attend to the more serious cases. The majority of urgent care can be delivered by pharmacists, GPs, dentists or optometrists. If patients are not sure, they can always phone the NHS 111 line, the NHS one stop phone number service, which will help patients access the right people for their care.

Pharmacists, GPs, dentists, and optometrists are all an important parts of our primary care services and they can all be contacted directly. Pharmacies are especially valuable in that they are often open when other healthcare providers are closed, such as weekends and evenings. Sometimes pharmacies will be co-located with general practices or will be in nearby premises, offering a range of services to support patient's health and wellbeing.

For those patients who need repeat prescriptions such as those for long term conditions or oral contraception, GP practices should operate a "standing order" system of repeat dispensing of prescriptions (with some exceptions), from the patient's named pharmacy, without the need to request a repeat prescription from their GP. The pharmacist is an expert in medicines' management and will advise when patients need to see their doctor again for a review of their clinical condition. Pharmacies often provide services such as blood pressure monitoring and anti-coagulant monitoring services in other areas. Community pharmacies should be an integral part of the 38 multi-disciplinary health and social care teams covering NW London. The co-ordinated care of people with long term conditions such as diabetes often requires the intervention of the pharmacist in monitoring and advising on the optimal use of medicines. People with long term conditions who have a personal care plan, which include pharmacists in their pathways of care will spend less time in hospital.

Pharmacies run a New Medicines Service. When new medicines are prescribed, they will spend time with patients teaching them about the new medicine. Many patients already say that "they find this service really helpful in understanding their new medicines". This meets with NHS NWL strategic first commitment within "Shaping a Healthier Future", in that patients take better care of themselves and understand their care. Pharmacists are also available to advise patients on any side-effects or concerns that they have arising from their medicines and will consult with their doctor about any recommended changes. ((see strategic statement n) & m) & p) key objective 1.)

In line with other NHS providers of healthcare and the CCGs, pharmacist contractors in NHS NWL aim to deliver the best possible healthcare to our patients. Pharmacies are committed to making the patient journey through our part of the pathway of care an efficient experience delivered with good access, professionalism, care and competence; an experience that patients can rely upon and regard with trust and assurance. We would wish that our services when integrated effectively into the other teams working in primary care will further enhance public confidence in community pharmacies and the local NHS as a whole.

Pharmacy Services

NHS Brent has 75 pharmacy contractors who provide pharmaceutical services to Brent residents. The NHS Community Pharmacy contract for England and Wales was introduced in 2005. Under this contract community pharmacies provide the following essential services:

- Dispensing
- Repeat prescriptions

- Disposal of unwanted medicines
- Promotion of Healthy lifestyles
- Signposting to other services
- Support for self care¹

As well as national services provided by all pharmacies, the pharmacy contract also includes Enhanced services that are commissioned locally. There are many different services that are operating throughout the country, reflecting the varying needs in different areas.

Examples of such services include:

- Screening (e.g. for high blood pressure);
- Minor Ailments Services to reduce waiting times in GP practices;
- Obesity management;
- Stop smoking services;
- Anticoagulation monitoring, and
- Phlebotomy.

The pharmacy contract has prompted the installation of private consultation areas in many pharmacies (51 known in Brent) where patients can freely discuss issues.

Pharmacists undertake a four year Masters in Pharmacy degree course, followed by a one year placement working in a pharmacy under the supervision of an experienced pharmacist. At the end of this year they take a professional examination and those who successfully complete the examination are able to register as a pharmacist. Pharmacists then continue to keep their knowledge up to date during their career by undertaking continuing professional development.

The possible benefits of better utilisation of local pharmacies around men's health and health inequalities are:

- 99% of the Brent population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport
- 84% of adults visit a pharmacy at least once a year (national)
- 78% for health-related reasons
- Adults in England visit on average 14 times a year
- Around 1 in 10 who attend a pharmacy get health advice
- Round the clock and around the corner
- Locations buck the inverse care law
- Contact with the 'apparently well' is a platform for lifestyle intervention
- Track record on health improvement services

- Pharmacies can and do provide a whole range of public health services.

The Greenlight Pharmacy² in Camden is a good example of a pharmacy providing a wide range of public health services.

Pharmacies can be seen to fit in two layers of the Dahlgren and Whitehead determinants model – Social & Community Networks and Health Care Services.

Men's Health

Whilst it is acknowledged that men generally use pharmacies less than women a number of possible reasons for this including:

- Low awareness of pharmacist training and expertise/lack of understanding around the role of pharmacies.
- People are not aware that many pharmacies in Brent have private consulting rooms .

Pharmacies may be seen as shops and so men may fear they are going to be sold something they don't need.

Men do visit pharmacies for a variety of reasons including to self- medicate, buying other items and for general information.

The Department of Health Gender and Access to health services⁶ study noted that men often make better use of NHS Walk-in centres than other health services and questioned why, given the walk in nature of pharmacies, men do not make better use of them. It concluded that "the answer is probably that pharmacies are perceived as a predominantly female environment from a consumer's point of view (since they sell cosmetics, toiletries, baby products and so on)". The study also noted that:

- 50% of people using smoking cessation services delivered in pharmacies are men,
- 40% of weight-loss programmes delivered in pharmacies are men users.

Both of which compare favourably with similar services offered in other health settings.

A 'Heart MOT' project undertaken in Birmingham across three PCTs over six months, 9,500 males over the age of 40 were tested in community pharmacies and during this period, 65% of patients attending the service received onward GP referral:

- 36% were identified as having a high CVD risk
- 30% were referred due to high blood pressure levels
- 35% were referred due to high cholesterol levels
- 18% were referred due to high blood glucose result

The service had high user satisfaction and the programme aims, over time, to improve male life expectancy through encouraging behavioural change or early treatment of the identified risks⁷.

This project was also the subject of an evaluation in the Journal of Public Health⁸ which aimed to evaluate service feasibility, assess effectiveness of identifying at-risk individuals and of reaching disadvantaged groups and measure referrals from the service to local general practices. The evaluation was based on 1130 participants of the Heart MOT project and findings included:

Of the 70% of clients referred to their GP, 53% had either one or two risk factors. Raised blood pressure and total cholesterol were the main reasons for referral.

The delivery of a one-stop CVD risk assessment service by community pharmacies is feasible in the setting of a large city in the UK and identifies an appreciable number of individuals – around two-thirds of those screened – for whom intervention for CVD risk or an additional risk factor is indicated’

‘The majority of clients were men for whom attendance at general practice is known to be low.’⁹

Some success was had in targeting people from more deprived areas and with an ethnic minority background. The evaluation also asked the question ‘What might community pharmacy-based vascular risk assessment add?’ and concluded:

- People from deprived social communities use pharmacy more frequently than those from more affluent communities¹⁰.
- Community pharmacy has unique characteristics to support community-based health testing.
- Pharmacies may be perceived by the public as a lesser medical model with easier access compared with GP surgeries.
- Pharmacies are located in a wide number of settings which can support access to a wide number of communities – some are in deprived areas and some are in prime retail settings thus perfect for proactive marketing.
- At the same time the evaluation noted that there was no data available on how many of those signposted to services or referred to their GP actually attended, or of those who did were retested (duplication of service).

In Brent, if a person is not registered with a GP, the Pharmacist will give them a list of local GPs. However, this does not guarantee that they will attend. Any future service commissioned through pharmacies in Brent would need to ensure the appropriate mechanisms were in place to link up with GPs.

The study did not include an economic analysis but noted that the contract price per client was £10 – however this did not include set up costs, overhead costs with pharmacies, equipment, marketing and NHS management costs. Repeat testing could again increase the cost therefore a mechanism would need to be put in place to prevent this from happening. The study concluded that “Targeted cardiovascular risk assessment can be successfully provided through community pharmacies widening access and choice, particularly for men and people in deprived communities. Referral of those screened onto general practice was high, and so further research is needed to investigate the cost effectiveness and public satisfaction of the service.”

There is a big opportunity to get pharmacies more involved in delivering services and that this would be best placed alongside the following:

- Promote awareness of pharmacist (and staff) expertise, for example through Health Champions and Trainers.
- Promote awareness of pharmacy services.
- Promote awareness of consultation areas.
- Pharmacy staff training e.g. the Centre for Pharmacy Postgraduate Education (CPPE) has a module on Men’s health which is not often taken up.
- Taking pharmacists’ skills & knowledge into the workplace

- 1 http://www.psnr.org.uk/pages/about_community_pharmacy.html
- 2 www.greenlightpharmacy.com
- 3 Brent Pharmaceutical Needs Assessment, Brent PCT, 2011
- 4 As a result of the "New Medicine Service" being introduced last October this number may have increased. The introduction of this new service may have encouraged more pharmacies to install a consultation area, LPC, 2012
- 5 Racks of Make up and No Spanners, Men's Health Forum
- 6 Gender and Access to health services Study, Department of Health
- 7 Local Pharmaceutical Committee evidence
- 8 *Journal of Public Health* no 110-115 Evaluation of a cardiovascular disease opportunistic pilot ('Heart MOT' service) in community pharmacies. I.M.G. Hoggan (Head of Medicines Management) A.Blenkinsopp (Professor of the Pharmacy Practice)
- 9 Men's Health Forum, The Gender and access to health services study, Department of Health, 2008
- 10 Readers Digest and Propriety Association of Great Britain. A Picture of Health: A survey of the nation's approach to everyday health and wellbeing. London