

DISPENSING HEALTH

COMMUNITY PHARMACY'S SOLUTION FOR THE HSC SYSTEM

reducing hospital admissions
enabling prevention
early intervention
improving efficiency
liberating capacity
dispensing health

CPNI
COMMUNITY PHARMACY NI



Introduction

This document shows how extending the role of community pharmacy can relieve pressure on other parts of the Health and Social Care (HSC) system.

All proposals are entirely consistent with the Department of Health, Social Services and Public Safety (DHSSPS) *Making it Better through Pharmacy in the Community Strategy* and *Medicines Optimisation Framework*.

Why Community Pharmacy?

There is an important network of community pharmacies across Northern Ireland providing HSC services in every community.

Community pharmacies are highly accessible, located in the heart of communities where people live, work and shop.

In the areas of highest deprivation almost **100%** of households live within walking distance of a community pharmacy.

Many community pharmacies are open for extended hours in the evenings and weekends.

Pharmacists train for five years, are experts in medicines and can be consulted without an appointment.

The Northern Ireland pharmacy network is the most community-focused in the UK and is currently under-utilised by the HSC system.



NI Community Pharmacy Facts



Most accessible HSC resource

- **123,000** people access community pharmacies in NI daily
- Majority of the NI population visit a community pharmacy at least weekly

Most productive community pharmacy dispensing service in UK

- Over **50 million** dispensing episodes in 2014/15
- 25% increase in activity over 5 years

Most successful smoking cessation provider

- Highest community pharmacy quit rate in UK (**58%**), compared to England (**51%**) and Scotland (**38%**)
- Largest smoking cessation provider in NI, consistently supporting almost **70%** of quit attempts; almost 47,000 people in total have successfully quit smoking through community pharmacies over the last 4 years

Most successful UK pharmacy network at adopting new services

- In the first year **77%** of the NI community pharmacy network took up the new Medicines Use Review service, compared to **38%** in England and Wales
- **95%** of pharmacies are now contracted to provide the MUR service with **90%** active MUR service providers
- Over 20,000 initial MURs were conducted in 2014/15, with **70%** of MURs identifying significant issues

Most successful at working with their local communities

Evaluation of the Building the Community-Pharmacy Partnership initiative in one year, demonstrated:

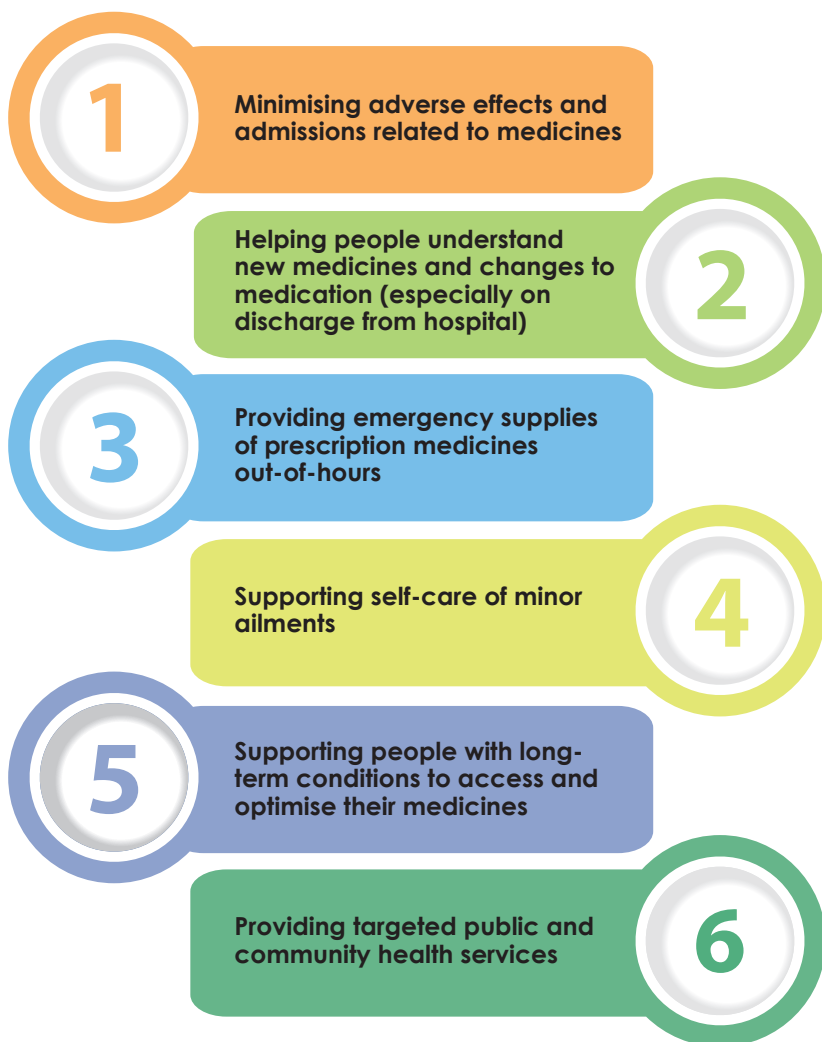
- Engagement with 1662 core participants through 62 community projects
- 1,600 sessions delivered by the community pharmacist (one-to-one and group)
- **84%** of people at project end knew more about local health issues
- **70%** of project participants had made healthy changes to the way they live, a positive impact on psychological wellbeing was also reported

Highest patient satisfaction rates of all HSC service providers (**98%**)

- **98%** patient satisfaction rate with community pharmacy as reported in DHSSPS Health Survey

Six Community Pharmacy Action Areas

Community pharmacy can reduce demand on other HSC services particularly Emergency Departments (ED), Out-of-hours and GP practices by:



We encourage the public, commissioners and all political parties to consider the content of this document, to think about the opportunity that community pharmacy can offer them, their local community and the HSC System.

1

Minimising adverse effects and admissions related to medicines

Up to **38%** of all unplanned hospital admissions are due to medication related issues; **61%** of these are preventable. Community pharmacy can help prevent these.

Falls Prevention Service (Doncaster)

This community pharmacy service identifies people at risk of falls: aged 65 years and over, taking three or more medicines or prescribed 'high-risk/culprit' medication. They are invited for a face-to-face consultation with a pharmacist who has undertaken targeted falls prevention training.

Four or More Medicines (FOMM) Service (Wigan)

Pharmacies across Wigan provide support to people over 65 with at least one long-term condition. Patients have consultations every two months relating to adherence, pain, falls risk, general health, over a period of six months. The published evaluation has shown a decrease in the number of falls and improvement in medicines adherence.



2

Helping people understand new medicines and changes to medication (especially on discharge from hospital)

Two stages in the patient pathway are continually identified as being at high risk of medicine-related incidents, these are when new medicines are started and when patients are discharged from hospital. Other UK regions have developed community pharmacy-based services to reduce this risk.

■ **New Medicines Service – supporting patients with new medication and preventing readmission**

The New Medicines Service (NMS) is part of the core contract for community pharmacy in England and Wales, this provides support for people with long-term conditions, who have a newly prescribed medicine, to help improve medicines adherence. This service is available to people who have been prescribed new medicines for asthma, chronic obstructive pulmonary disease (COPD), type 2 diabetes, high blood pressure or those prescribed an anticoagulant or an antiplatelet.

An evaluation of the New Medicines Service carried out by Nottingham University, published in August 2014, found that it was a cost effective intervention increasing adherence by approximately **10%**. In addition it increased the numbers of medicine problems identified and dealt with locally in the community pharmacy.

■ **Refer to pharmacy schemes – supporting patients on discharge and preventing readmission**

Refer to pharmacy schemes allow hospital pharmacists and pharmacy technicians to refer people directly to community pharmacists for support on leaving hospital through appropriate services such as the New Medicine Service and Discharge Medicines Use Reviews.

Toolkits, such as the Royal Pharmaceutical Society's Referral Toolkit provide support for the delivery of these hospital to community pharmacy referral solutions.

Refer-to-Pharmacy (East Lancashire)

Refer-to-Pharmacy is an innovative project that is benefitting patients, commissioners and providers. It is a relatively simple IT-enabled process which refers patients to their own community pharmacy for appropriate services after discharge from hospital. The electronic referral is fully integrated with hospital systems, meaning referrals are quick and community pharmacies receive a copy of the patient's discharge letter directly from the hospital reducing medication errors on discharge.

Reablement Service (Isle of Wight)

Developed in partnership with the Local Authority and Social Services, this service supports people with poor physical and mental health to better manage their medicines by providing one-to-one support from the time they come into hospital to when they return home. The service has run for 3 years and already it has reduced readmissions, made hospital stays shorter and released over £800,000 of health care resource for local patients.

Help for Harry (Derby) Service (Isle of Wight)

The Help For Harry scheme was created to support those patients who have been highlighted as being at risk of re-admittance and who would benefit the most from extra support/education whilst in hospital and in the community. Analysis of 75 completed MURs identified **22%** of patients had been taking incorrect dosages of medication, **33%** needing GP referral and **17%** using old medications.



3

Providing emergency supplies of prescription medicines out-of-hours

It is estimated that up to **50%** of all calls to out-of-hours (OOH) centres are for urgent requests for repeat medication. This can block GP OOH appointments, disrupt the usual repeat prescribing and dispensing cycle, and increase the potential for medicines waste. A small number of patients also attend Emergency Departments (ED) to obtain urgently needed medicines.

Pharmacy Urgent Repeat Medicine Services aim to facilitate appropriate access to repeat medication out-of-hours by sending patients directly to community pharmacy, relieving pressure on urgent and emergency care services, saving money and shortening the patient pathway.

Pharmacy Urgent Repeat Medicine Services (London)

In winter 2014 a Pharmacy Urgent Repeat Medicine Service was commissioned across London involving the four NHS 111 providers from December 2014 to April 2015. 179 pharmacies supplied urgent medicines on a regular basis. 1,261 prescription items were supplied. Initial findings suggest that this may have saved around 500 visits to ED or an urgent care centre and a similar number of GP OOH appointments.

NHS England North

Cumbria, Northumberland, Tyne and Wear, Durham, Darlington and Tees commissioned a Pharmacy Emergency Repeat Medication Supply Service to ensure that patients could access an urgent supply of their regular prescription medicines before they needed to take their next dose. NHS 111 referred 1,475 patients over the pilot period. Most patients were managed within community pharmacy and received a supply of their medication, with high levels of patient satisfaction.

4

Supporting self-care of minor ailments

There are over 530 community pharmacies in Northern Ireland many of which are open for extended hours at evenings and weekends. Local pharmacists can be consulted without an appointment about a range of minor conditions providing self-care advice, medicines and advising when symptoms may indicate something more serious, including what action should be taken. Other health professionals can signpost to this advice. This advice is being promoted to the public through the HSCB Choose Well Campaign which is now in its third year.

Minor Ailment Services (MAS) (also known as Common Ailment services or Pharmacy First schemes) have been commissioned so that pharmacies can manage minor ailments with advice, a range of medicines or onward referral as appropriate. A systematic review of 26 schemes found low re-consultation rates and high symptom resolution rates. It was estimated that **3%** of ED consultations and **5.5%** of GP consultations for common ailments could be managed in community pharmacy at significantly reduced costs. The Urgent and Emergency Care Review in England now recommends these services are commissioned to address local need.

These services have been found to have most impact when referrals are facilitated from other healthcare providers simply by including details of local pharmacy services within an appropriate resource to support onward referral.



Pharmacy First (West Yorkshire)

The Pharmacy First service provides the local population with rapid access to a community pharmacist who can give self-care advice on a range of minor ailments. The published evaluation for the Bradford City Scheme has shown to be a cost-effective way to manage patients presenting with minor ailments. The service has been estimated to release of over 900 hours of GP time across 27 practices.

Pharmacy First (Devon)

The Pharmacy First service in Devon encompasses three separate schemes:

1. A winter ailments service to provide over-the-counter medication to vulnerable groups
2. A minor ailments service that allows the provision of prescription-only medicine by a Patient Group Direction (PGD)

The published evaluation shows the service saved over 2,000 GP practice appointments last winter.

Pharmacy First (Birmingham, Solihull and the Black Country)

During the first three months of this Pharmacy First Service, 25,956 consultations were undertaken. From patient feedback information it is suggested that this saved 22,841 GP appointments and 1,407 walk-in/urgent care centre visits.

5

Supporting people with long-term conditions to access and optimise their medicines

■ Optimising medicines use

Community pharmacists can support those with long-term conditions to manage their condition effectively and stay well. HSC Board currently commissions Medicines Use Reviews (MURs) from community pharmacies but this is currently restricted to a maximum of 120 MURs per pharmacy per year and only for patients with respiratory conditions or diabetes. Expanding the range of patient groups together with access to the Electronic Care Record would enable a full clinical review to be carried out. This alongside the repeat dispensing scheme with appropriate monitoring, offers a cost-effective alternative for the routine management of stable patient groups, liberating capacity in GP practice.

Community Pharmacy COPD Support Service (Wirral)

A project supporting patients to manage their COPD showed increased medicines adherence, decreased use of NHS resources and improved quality of life for patients.

Domiciliary Medicine Use Reviews (Croydon)

The Domiciliary MUR initiative aims to support housebound people to make better use of their medicines. From April 2012 to February 2013, over 230 domiciliary MURs were conducted, estimating to have prevented over 130 emergency admissions, saving over £400,000 while costing £42,880.

■ Reducing repeat prescription workload in general practice through repeat dispensing

Local community pharmacies and general practices should work together to facilitate the effective management of repeat prescriptions using the HSC Board centrally commissioned repeat dispensing service.

This service allows a GP to authorise a repeat prescription to be released from the community pharmacy at regular intervals for up to a year.

At the point of dispensing the pharmacist is responsible for checking adherence and other clinical factors relevant to the appropriateness of the continued supply.

If this service was redesigned and IT enabled, appropriate use would reduce GP workload, pressure on urgent care and increase system resilience when patients require an urgent supply of a regular medicine.



6

Providing targeted public and community health services

Building the Community-Pharmacy Partnership (BCPP) (Northern Ireland)

BCPP, funded by HSC Board and managed by the Community Development and Health Network, tackles health inequalities by investing in community development. It supports and inspires community pharmacists and communities to work in partnership to address locally defined needs and bring about sustainable improvements in health and well-being. In one year (2013/14) there were 62 projects funded; 57% of which targeted participants from the top 20% of deprived areas. The projects engaged 1662 core participants with **1,600** sessions delivered by community pharmacists (one-to-one and group). 821 participants received tailored one-to-one support from the pharmacist. The projects addressed a wide range of issues including lifestyle, chronic health, alcohol and drugs, pain management, childcare and isolation. BCPP outcomes were positive, **84%** of participants at project end knew more about local health issues, **70%** had made healthy changes to the way they lived and those with poor psychological wellbeing reduced from **34%** to **13%**.



Building the
Community-Pharmacy
Partnership

■ Flu Vaccinations

Following high levels of patient satisfaction with locally commissioned pharmacy flu vaccination services, NHS England has introduced a new nationally commissioned service. The community pharmacy seasonal influenza vaccination advanced service increases choice for 'at risk' patient groups who are over 18 years of age. This service is not currently available in Northern Ireland.

■ Screening

Many community pharmacies offer a range of health checks including weight management, blood pressure, blood glucose and cholesterol checks. As community pharmacy is in the unique position of being a healthcare provider that sees not only the sick but also the well, it is ideally placed to offer routine health checks that can lead to early identification and intervention, reducing the future costs to the health service. These checks could also be broadened to include screening services, such as atrial fibrillation and sexual health.

■ Health Promotion and Health Protection

Community pharmacy participates in targeted health promotion campaigns to meet the priorities for the public health agenda. This includes displaying posters, leaflets, raising awareness, signposting and providing advice. These campaigns target obesity, smoking cessation, drug and alcohol misuse, mental health matters and sexual health issues to name but a few.

Some examples of services that are already being provided from community pharmacies in Northern Ireland are outlined overleaf. They demonstrate the potential within community pharmacy to actively deliver public health messages and services which are accessible to all sectors of the population.

Smoking Cessation Service

Community pharmacies offer a 12 week stop smoking programme which involves a one-to-one consultation with a highly trained pharmacist. Community pharmacy is the largest smoking cessation provider in Northern Ireland, supporting almost 70% of quit attempts. Community pharmacies in Northern Ireland have the highest quit rate (58%) compared to England (51%) and Scotland (38%). Over the last 4 years almost 47,000 people in Northern Ireland have successfully stopped smoking through their community pharmacy.

Needle and Syringe Exchange Scheme (Northern Ireland)

This is a service for injecting drug users, targeted as a harm reduction measure to limit the spread of blood borne viruses such as HIV and hepatitis B and C. It was initiated in 5 community pharmacies in 2001 and there are currently around 20 pharmacies offering needle exchange across Northern Ireland.

Supervised consumption (Northern Ireland)

Patients receiving treatment for drug addiction in Northern Ireland attend these community pharmacies (often on a daily basis) to receive substitute treatment supervised by pharmacy staff. This is mainly a mechanism to ensure compliance with treatment and prevent diversion, however it does present opportunities for active health promotion targeted at this often hard to reach population. This service is currently provided by over 130 community pharmacies.

Sexual Health Pilot (North and West Belfast)

Community pharmacies across North and West Belfast participated in this pilot scheme in 2013/14. The pilot enabled the provision of Emergency Hormonal Contraception (EHC), together with advice on sexually transmitted infections and contraception. Free condoms and signposting/referral to sexual health services were also made available to 16-19 year old females. Over an 18 month period there was positive patient engagement with all aspects of the service, including 170 consultations for EHC supply (1 consultation every 3-4 days). This proved to be a cost-effective service with roll out recommended.

Tools supporting and enabling the role of community pharmacy

■ New Community Pharmacy Contract

Community pharmacy needs a new contract tailored to meet the needs of the Northern Ireland population. Community pharmacy has been repeatedly recognised as an under-utilised healthcare resource and we would urge the DHSSPS to drive the development of the community pharmacy network to maximise its potential to deliver accessible and cost-effective care for the people of Northern Ireland.

■ Access to Electronic Care Record (ECR)

Community pharmacists need an integrated IT solution which includes access to the ECR to improve the support, advice and treatment they can provide to their patients. This provides a safety mechanism and supports patients particularly when accessing urgent care from community pharmacies.

Accessing Patient Care Records (England)

Many community pharmacists in England already have access to a patient's record. Patient records may only be accessed by pharmacists with the explicit consent of the patient. There are a number of benefits to this as evidenced by a pilot that ended in March 2015. In **92%** of encounters where the patient record was accessed, the pharmacist avoided the need to signpost the patient to other NHS care settings. In **82%** of encounters where the patient record was accessed, the pharmacist indicated that overall waiting time was reduced and **90%** of patient respondents agree that treatment is quicker if pharmacists have access to patient records.

Community pharmacies in Northern Ireland should be granted a similar level of access to the ECR to allow patients to benefit from immediate decisions based on accurate information in a convenient location.

DON'T JUST TAKE OUR WORD FOR IT...

—“—

Almost all respondents (98%) said that they were either very satisfied or satisfied with the service provided by their community pharmacy.

DHSSPS, Health Survey Northern Ireland 2012/13

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The report “highlights the opportunity for a much stronger role for under-appreciated disciplines like pharmacy on the boundary between hospital and population.”

Sir Liam Donaldson – The Right Time, The Right Place

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We must not underestimate the key role of the pharmacist in the local community. The pharmacist is simply not there to dispense medications. They are a key resource and are well placed to provide a focal point for provision of health advice, information and services to support healthier lifestyles and wellbeing throughout life.

**Simon Hamilton MLA,
Minister of Health, Social
Services and Public Safety**

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Over 4 in 5 respondents would try to use a pharmacy for expert advice on a range of non-urgent health issues.

Choose Well NI

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