

# REALISING THE POTENTIAL OF PHARMACISTS



## FOREWORD

**By Dr David Colin-Thomé**  
**National Director of Primary Care**

Pharmacists are already one of the key resources within primary and secondary care. However, there is so much more they can contribute to the targets of the NHS and its partners. This information sheet – from the professional and regulatory body for pharmacy – is therefore particularly timely.

It highlights - for the benefit of PCTs, Social Services Departments and Care Trusts – some of the many areas where pharmacists can help in the general effort to make the best use of medicines. The examples shown in this information sheet range from public health targets to matters of patient safety; from the efficient delivery of services to improved accessibility and acceptability for patients and their carers. In short, many of the priority areas for modern service delivery.

Realising the potential of pharmacy services is really about applying best practice everywhere. This information sheet is a very helpful summary of what pharmacists can offer and I would commend it to all those responsible for planning and delivering services locally.

A handwritten signature in blue ink, appearing to read 'David Colin-Thomé'.



**Royal  
Pharmaceutical  
Society**  
of Great Britain

*The Royal Pharmaceutical Society of Great Britain is the regulatory and professional body for pharmacists.*

## KEY MESSAGES

### for PCTs, Social Services Departments and Care Trusts

Local health and social care services can benefit considerably from greater involvement of pharmacists - they have untapped expertise, are easily accessible to the public and are an acceptable and trusted source of advice for people with a wide range of needs.

Pharmacists have a proven contribution to make – increasingly outside the dispensary – in preventing unnecessary hospital admissions, improving patients' use of medicines, improving the quality of prescribing, supporting care workers and others who help clients with their medication and in tackling teenage pregnancy and drug misuse.

PCTs, Social Services Departments, Care Trusts and others can do much more to ensure that pharmacists' expertise is made available wherever it can help.

### How does pharmacy fit into the national modernisation agenda?

Pharmacists have a major contribution to make to the modernisation of healthcare, as set out in the Department of Health's *Pharmacy in the Future – Implementing the NHS Plan* (2000). From the patient's perspective:

- a growing range of medicines is available without the need for a prescription (over the counter) from pharmacies
- NHS Direct refers callers to pharmacies for help and advice
- many one-stop primary care centres will include pharmacists
- by 2004, repeat dispensing managed by pharmacists will remove the need for some visits to GPs' surgeries
- by 2004, electronic prescribing will improve safety and convenience for patients.

These nationally-led changes will help the NHS – and patients – get more from their local pharmacy services. They begin to make fuller use of the great, often untapped, benefits that pharmacists offer – unrivalled expertise in medicines and their use; accessibility, and acceptability to patients.

It is vital that local organisations – PCTs, Social Services Departments, Care Trusts and others – now capitalise on these strengths and developments to ensure that the potential of pharmacy is also released locally.

### What more can pharmacists contribute locally?

There are already many examples of innovative thinking in this area. Leading-edge PCTs and Social Services Departments across England have already pioneered new ways to tap into the under-utilised resource of pharmacy. The table opposite highlights some of the main areas where pharmacists can make a greater contribution to common service objectives – all evaluated and of proven effectiveness.

## Examples of innovative pharmacy services of proven effectiveness

### Problem

- As many as a half of all patients with chronic conditions use their medicines suboptimally.
- Between 6% and 10% of hospital admissions are caused by problems with medicines.
- Many £millions worth of medicines are wasted each year.

Sub-optimal prescribing.

Inappropriate GP consultations.

Care workers and others feeling vulnerable when helping clients with their medication.

High rates of teenage pregnancy and unwanted pregnancy in women of all ages.

Smoking.

Drug misuse.

Lack of access to medicines.

## How pharmacists can help

### Interventions of proven effectiveness

- One-to-one review with patients, to simplify and rationalise their medication.
- Adjusting doses over time.
- Helping patients to understand and take their medicines to best effect.
- Training and support for patients and their carers.

- Information for prescribers.
- Formulary development.
- Prescribing reviews.

- Advice from pharmacists on self-management of minor conditions.
- Support for people with chronic conditions.
- Pharmacist prescribing.

- Training, advice and ongoing support for care workers.
- Provision of safe systems for medicines management.

- Provision of emergency hormonal contraception from pharmacies through patient group directions and sold as a Pharmacy product to women aged 16 and over.

- Counselling and support with smoking cessation from pharmacists as part of coordinated local services. Nicotine replacement therapy supplied through patient group directions and sold from pharmacies.

- Supervised self-administration of methadone and other substitute medication.

- Provision of convenient opening times and accessible, reliable and well co-ordinated out-of-hours dispensing.

*Note* References to published evidence relating to the effectiveness of these interventions is available from the Royal Pharmaceutical Society of Great Britain, at the address at the end of this information sheet.

## How can this potential be released?

Government policy has a vital role to play. The publication in 2000 of the Department of Health's *Pharmacy in the Future – Implementing the NHS Plan* set out the big picture and the challenges for local services.

Pharmacists can make a contribution to many of the key targets facing local commissioners and service providers. A quick audit of the innovative use of pharmacy locally will reveal the opportunities. There are very few local service commissioners and providers who are making the most of their pharmacist resources and there are many proven models for delivering the services described in this information sheet.

There is clearly a need now for all parts of the NHS and social services to evaluate their use of pharmacist expertise locally, learning from the many cutting-edge developments. Further innovation is also required.

## What can be done locally?

Pharmacists can be deployed in a range of settings. Various options are available. For example:

- community pharmacists can be contracted to work on a sessional basis
- primary care pharmacists can be employed in GPs' surgeries, health centres and walk-in centres
- some hospital-based pharmacists already work with discharge teams to ensure smooth transition from hospital to home for people whose medication has changed

- community services pharmacists (now based in PCTs) work with social services and community nursing services
- PCT pharmacists recruit, train and accredit other pharmacists to provide medicines management services under contract, setting up PCT-wide formularies, etc.

These options are already being implemented in parts of the country and there is great potential to extend their application elsewhere.

Mechanisms already exist for local contracts for pharmacy services, over and above those required by the national contractual framework. More – and more imaginative – use of these will be important.

The advent of Local Pharmaceutical Services contracts will help introduce flexibility and, in the meantime, other mechanisms already exist for local contracts for pharmacy services, over and above those required by the national contractual framework.

## CASE STUDIES

The following case studies could be adapted to meet local need, as identified by those planning local services.

### Case Study 1

#### Improved medicines management for people with diabetes

##### Aim

To improve the long-term use of medicines by people with diabetes. The problem is significant: one in five people with Type 2 diabetes forget to take their medicines at least once a week; one third do not take their tablets correctly in relation to food; as many as 80% of patients with either type of diabetes fail to obtain enough testing strips to test their glucose even once a day.

##### Description

There is a wide variety of initiatives involving community pharmacists across the country, including:

- The routine monitoring of blood glucose and blood pressure levels in the pharmacy, with referral where required according to local guidelines.
- Referral by the hospital diabetes nurse specialists to community pharmacists for patients who are using a blood glucose meter for the first time, helping to solve practical problems for patients and carers.
- Community pharmacists monitoring patients for side effects, compliance and injecting problems, allowing early referral for complications such as foot problems.
- Community pharmacists lending patients blood glucose monitors, teaching their use, discussing lifestyle and medication and agreeing a target blood glucose range. Patients return to the pharmacy every four weeks and the information from their meter is downloaded to identify trends. Treatment – diet, insulin, oral hypoglycaemics – is amended by the pharmacist according to an agreed supplementary prescribing protocol. Results are also downloaded to the GP clinical computer system, together with any treatment amendments.

### Case Study 2

#### Reducing the number of fractures among older people, Essex

##### Aim

To identify older people at high risk of bone fracture, and reduce their risk through preventive drug therapy (links to Standards 6 and 8 in the Older People NSF).

##### Description

Participating community pharmacists use their patient medication records to identify people over the age of 60 with long-term corticosteroid use, who are at higher risk of developing fractures. Such patients are invited to complete a short osteoporosis risk assessment questionnaire and, if deemed to be at high risk, are then offered a bone density scan. If the high-risk status is confirmed, the patient then starts treatment under a patient group direction (PGD) with a medicine to reduce their level of risk. The prescribing and monitoring of the medicine is carried out by the pharmacist, with frequent communication to the patient's GP. Patients at moderate risk receive lifestyle advice from the pharmacist or other healthcare professional.

##### Outcomes

In the early evaluation involving two pharmacies, 239 people aged 60+ completed a questionnaire and 179 were scanned. 30 were found to be at high risk, and 46 at moderate risk. The pilot has now been extended to cover all GP practices in the PCT.

### Case Study 3

#### Improved medicines use in sheltered housing schemes, Salford

##### Aim

To provide advice on medication for older people living in sheltered housing and elsewhere in the community.

##### Description

Community pharmacists worked with four sheltered housing schemes to provide older people with advice on their medicines in their own homes.

### Outcomes

A variety of issues were identified, including patients being confused by complex medication regimes (different medicines to be taken in different amounts, at different times of day), difficulty dividing tablets, wrong dosages and medicines prescribed, and medicines being hoarded past their 'use by' date. In one case, an audit by the community pharmacist resulted in the patient's prescription list being halved by the use of a simple monthly system for repeat ordering, with time savings for the GP and practice staff. Joint GP/pharmacist medication reviews were found to be particularly effective in improving medicines management.

### Case Study 4

#### Pharmacist involvement in a community rehabilitation team for older people, London

##### Aim

To avoid medication problems in rehabilitation

##### Description

On discharge, patients are referred to a 'rehabilitation pharmacist' if they are taking three or more medicines.

##### Outcomes

In a six month period in 2000, 50 patients were seen by the pharmacist; on average, they were taking seven medicines each. 28 had physical or practical problems with their medicine taking – such as physical difficulty with opening containers and taking medicines, hoarding, or poor inhaler technique. 20 had clinical problems arising from dosing errors or adverse drug reactions.

### Case Study 5

#### Better management of minor ailments through 'Care at the Chemist', Merseyside

##### Aim

To reduce inappropriate GP consultations.

##### Description

GP support staff offered patients a consultation with a local community pharmacist for the treatment of minor ailments – including, where appropriate, obtaining a prescription from the pharmacist. Five GP practices and eight community pharmacies participated.

##### Outcomes

38% of patients chose to consult a pharmacist. This resulted in a reduction of GPs' minor ailment workload from 8.9% of consultations to 6.6%. Patients valued the increased speed of access and greater convenience. The scheme has now been extended to cover the whole PCT area and has incorporated patient group directions to extend the range of products prescribable under the scheme.

##### Variations

Other schemes are using different models to transfer the management of minor ailments. In Scotland, for example, one approach has been for patients to register with community pharmacists for advice and treatment, thereby avoiding the need for referral from the GP's surgery.



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*This information sheet has been produced by the Royal Pharmaceutical Society of Great Britain, the regulatory and professional body for pharmacists.*

*Further copies and more information about the scenarios can be obtained from Carole Mitchell on (telephone) 0207 572 2338 or (email) [cmitchell@rpsgb.org.uk](mailto:cmitchell@rpsgb.org.uk)*