

Pharmacy : Helping to Deliver the Rural Health Plan

Introduction

The Welsh Assembly Government has set a firm direction of travel for the development of Health and Social Care services in Wales through the publication and support for implementation of a number of key documents. These include the *One Wales* document, the *Chronic Conditions Management Model and Framework* and *Making the Connections*. In addition the proposed changes to the organisational structures and commissioning arrangements, which are currently being consulted on, will stimulate changes to the way in which health services are organised, planned and delivered.

The geographical landscape of Wales determines that a “one size fits all” approach is not applicable to health care delivery in Wales. The challenge to us all is not only to deliver the improvements in wellbeing and care that we are all seeking to our urban (and suburban) population, but also to ensure that we deliver safe and effective services to the third of our population who live in rural areas.

Pharmacy in Wales is a diverse and dynamic profession working at all levels and sectors in the health service to ensure that people get the best from their medicines and that other healthcare professions have access to advice and support. The pharmacy team is composed of a range of pharmacists, technical and support staff with an array of skills and knowledge.

There is general recognition that we need to make more effective use of the skills of the pharmacy team as we modernise our systems in Wales. New opportunities are opening up and are supported by advances such as the role of pharmacists as non medical prescribers. Here we outline some of the opportunities and factors that need to be taken into consideration as we plan how services for our population can be delivered in a rural context.

Patient care - where can pharmacy make a difference?

The pharmacy profession has a unique role amongst health professional colleagues. They are the NHS expert in medicines, who, in the community, are visited by people who are fit and well in addition to those who are unwell, giving them access to people not in contact with any other healthcare professional. Working in our communities, within GP surgeries, LHBs, secondary and tertiary care they are well placed to deliver a range of clinical patient services, manage a safe and efficient medicines supply system and provide support on safe and effective prescribing to other healthcare professionals.

Across all settings where health and wellbeing services are delivered pharmacists have a role in:

- *Public Health Information and Lifestyle Support*
Opportunistic advice and targeted intervention, weight management programmes, smoking cessation services, alcohol reduction programmes , sexual health services, advice on zoonosis.



- *Prevention programmes*
Pharmacy has access to areas of the population that have traditionally been hard for the NHS to reach, for example men and ethnic minorities. There are many successful examples of pharmacy involvement in screening for chronic conditions, particularly in the areas of diabetes and hypertension.
- *Support for Self Care*
Non NHS self care of self limiting conditions through the sale of medicines and provision of advice. NHS provision through the delivery of minor ailment schemes.
- *Chronic condition management services in the community*
Routine monitoring, medication use review, support for self care, telephone follow up post hospital discharge, supporting Expert Patients.
- *Access to medicines and medicine management services*
Electronic repeat dispensing services, medicine use review, clinical medication review (enhanced service), medication reconciliation pre and post hospital admission.
- *Point of Care Testing*
Diagnostic testing for a number of purposes; identifying undiagnosed conditions, blood pressure monitoring, supporting people in managing their conditions, anticoagulation clinics, therapeutic drug monitoring.
- *Structured Education and Information*
Generic health promotion, targeted education of people with specific conditions, education for carers and NHS staff delivering complex pharmaceutical regimes and varying routes of drug administration.
- *Therapy Management and Prescribing*
Supplementary and independent prescribing allowing pharmacists to initiate and adjust medication to maximise therapeutic effect and reduce potential for adverse response.
- *Case Management*
Clinical Pharmacists have a role in supporting care co-ordinators managing complex high risk cases, this can be achieved on a hub and spoke model of service delivery.
- *Unified Assessment Process*
Involvement in the unified assessment process and intervention schemes.
- *Supporting Patient Movement between Care Settings*
Pharmacists have a central role in ensuring accurate information flow on medication as patients move between care settings or care teams.
- *Signposting*
Signposting to sources of advice, other therapies, GP services, hospital services, social and voluntary services.
- *Mental health services*
Specialist mental health pharmacists can operating peripatetically , community pharmacy inclusion in mental health team , referral to mental health services, recognition of trigger factors and decline of patients, supervised consumption of medicines , medication use review.

- *Access to unscheduled care*
NHS out of hour's scheme, minor ailment schemes, emergency supply of medication.

In April 2005 the Welsh Assembly Government introduced a new contractual framework for community pharmacy. This moved the role of the community pharmacist away from purely a supply role to one that encompasses provision of a number of more patient focussed services including helping people to understand their medicines and maintaining and improving wellbeing through public health activities. These are outlined in Appendix 1.

Although it has a tiered approach to mirror the General Medical Services (GMS) contract, it was developed in isolation from it and little progress has been made in creating effective synergies and links. An improved integrated approach and development for improved partnership working will be essential for improving services in our rural communities.

Sustainable communities – sustainable services

The healthcare problems of rural areas are inseparable from public transport issues, access to services, the decline of rural high street facilities, and the shortage of accessibility to professionals willing and able to work in rural locations. There are now many rural areas where it is simply impossible to attend a weekly out patient appointment using public transport. Access to services is a major difficulty for many rural residents, and there is evidence that some health outcomes for rural patients are poor compared with those from urban areas.

The planning of new health services provision in rural areas must be underpinned with a transport infrastructure and accessibility scoping.

To build a sustainable service in rural location it is vital to enhance current provision and not duplicate it, as this can render the existing service non viable and provide no overall gain in health service provision.

Community pharmacies currently exist in some rural communities and are able to offer a spectrum of healthcare provision, extending from public health advice, to support for self care through to a range of medicines management service. They act as a crucial lifeline and a primary point of contact with a health professional in many communities.

The sustainability of community pharmacies in rural location is co dependent on that of the community in which it is located. The knock on effect on businesses, including community pharmacies, which could be felt by events such as forthcoming post office closures, must not be underestimated. The Countryside Agency found that each post office closure has historically caused an estimated 15% drop in local trade for retail businesses in rural areas¹. Maintaining local communities and their local amenities must be part of the planning process for rural services.

¹ Ghost Town Britain- A Lethal Prescription . The Impact of Deregulation on Community Pharmacies. New Economics Foundation

Research² has suggested that the essential services a rural community should maintain are: access to a source of cash, and healthcare provision. For maintaining a sense of community there should also be access to a shop, primary school and community hall. Co-location and clustering of services is advantageous and should be considered in rural service planning.

Whilst not all areas of rural Wales that have a need for a pharmacy can support one, as the population may be such that insufficient business would be generated to make the business economically viable. A scheme to sustain the pharmacy services in rural locations exists – the Essential Small Pharmacy Scheme (ESPS). Whilst it is acknowledged that the scheme offers some potential safeguards for the community pharmacy the impact on businesses that do not qualify for this scheme need to be taken into account.

Access and pathways

Innovative models of multidisciplinary service delivery will be an essential element of improving rural health services. Clinical governance considerations should be paramount. The aim must be to deliver safe systems as close to home as possible rather than services close to home as safely as possible.

A fundamental review of the patient care pathway for those in rural settings needs to be undertaken to ensure that local pathways make full use of the professionals available. This is particularly important in supporting palliative care and end of life care.

A “hub and spoke” service delivery model approach may be beneficial in some cases, with community hospitals acting as the lynch pin between secondary care services and primary care services in a rural location.

Pharmacists in our hospitals are already working with patients on wards and in out patient clinics to manage their conditions through their drug therapies. Delivery models should be commissioned to utilise their specialist knowledge and clinical skills in a more accessible location. This can be achieved through a variety of models of outreach services and by supporting community pharmacy colleagues delivering routine patient monitoring. There are already numerous examples of this type of service model in existence across the UK.

Full use should be made of the potential for innovative services brought by the increasing numbers of non medical prescribers. Further information on pharmacist prescribers is found in Appendix 1.

Premises

Local Health Boards are required to produce detailed estate strategies to ensure that opportunities are taken to reduce overlap and duplication of service environments, bring currently disparate services together and promote sharing of facilities. e.g. community hospitals, social services.

Registered pharmacy premises already exist as a healthcare facility in rural areas. Many have already been adapted to provide a confidential consultation area. In

² Ghost Town Britain- The Threat from Economic Globalisation to Livelihoods, Liberty and Local Economic Freedom. New Economics Foundation.

addition to extending the range of pharmacy lead services delivered in these premises, further investment could be made to enable them to be used for peripatetic professional services – for example to provide mobile screening facilities, sexual health clinics, physiotherapy. These premises could also be used for tele-health and tele-medicine purposes – linking to GP premises, community hospitals and other secondary care facilities.

Development of consultation kiosks with links to other support services such as NHS Direct, social care advice, consumer advice and access to patient support groups could also be delivered.

The provision of NHS Pharmaceutical Services -current regulatory system

The provision of NHS pharmaceutical services in Wales is controlled by NHS regulations. This controls the delivery of pharmaceutical services through community pharmacy, dispensing doctors' practices and the relationship between the two. The current system is outdated and the development of the rural health plan provides an opportunity to re-examine and redesign this system to bring it up to date and make it fit for the future.

Further information on these regulations and the comparative systems in the other UK countries are provided in Appendix 1. In England yet more changes are proposed as part of a recent White Paper³.

In 2005 the Welsh Assembly Government consulted on changes to these regulations, however no changes were implemented.

In our response to the 2005 consultation we laid out a number of principles that should be applied to any system redesign. These still apply.

1. The delivery of NHS Pharmaceutical Services should be planned and delivered based on a holistic primary care assessment to encompass the medicines management needs of patients.
2. Where consideration is given of delivery of services through dispensing doctors, applications should be considered on the same criteria as for pharmacy provision and services should be delivered to the same professional standards.
3. In controlled localities (those within which doctors are allowed to dispense for their patients) it is reasonable to review dispensing doctor status, following its initial grant, as population shifts and new service models are developed.
4. The definition of pharmaceutical services need to reflect not only the supply of prescribed drugs and appliances but to widen its definition to reflect the services of the pharmacy contract such as public health and support for self care.

Workforce and skill mix

Access to healthcare professionals can be limited in some rural areas, inter professional working arrangements need to be established to provide flexible and coordinated services. Mutual understanding and collaboration between professional must be fostered to develop teams and allow professionals to work across the

³ Pharmacy in England: building on strengths – delivering the future. Department of Health April 3rd 2008.

boundaries of traditionally defined roles. This should include the role of voluntary organisations and social care colleagues.

In rural areas healthcare professionals are often required to deliver a wider range of services than their counterparts in non rural areas. Service delivery must take a flexible approach to working, manpower and skill mix. The isolation sometimes encountered by professionals in a rural environment is another factor to be considered. This must be supported through access to a network of more specialist advice and expertise, decision making support tools and evidence based information. Support for continuing professional development may also need to be provided in innovative ways.

Sustainability of services is reliant on recruitment and retention of professionals which can be difficult in rural areas. Solutions to this challenge, including incentives and work placements, need to be developed to ease this problem.

For example, in areas of North Wales such an innovative approach is being piloted through a portfolio role approach. Here a number of pharmacists are employed in secondary care but also provide GP prescribing support, deliver chronic conditions management services and also community pharmacy services through a sessional contract.

Information Management and Technology

IM&T developments provide the tools to allow us to improve communication and develop innovative service delivery models through Telehealth and Telemedicine. It is also essential for accessing information, education and training for both healthcare professionals and the public.

To ensure that we are able to make the most of the opportunities offered by technology we must have access to a robust Broadband Infrastructure. The Assembly Government's Regional Innovative Broadband Support Scheme (RIBS) is designed to enable those areas of Wales described as 'broadband black spots'. The development and maintenance of this broadband service for Wales is an essential element in innovative services delivery to our rural communities. The IM&T strategy for Wales incorporates access to the patients *individual health record*, in a rural community this access is vital for a safe and efficient service and must be underpinned with access to broadband services and connectivity.

In recent years in Wales the Welsh Assembly Government has invested in the modernisation of hospital dispensing (supply) services through a programme of installation of robotic dispensing technology. This has placed Wales at the forefront of such use of technology in the UK. A natural extension of this work would be to explore the potential for these technologies to be used improve access in rural areas. There would be professional and legal aspects to be considered as part of any such developments.

Conclusion

The challenge of improving the health and wellbeing of our rural population will be achieved through the innovative development of flexible multidisciplinary services in local areas supported by networks of other colleagues via outreach services and technology. The service models developed should build on existing services, their sustainability being linked to that of the communities they serve.

The pharmacy profession is central to the delivery of these services as both part of the multidisciplinary team but also as a central part of the local community providing support for those who do not need to access NHS services, as a “first port of call” for those seeking advice and treatment and undertaking some of the workload associated with the management of chronic conditions. The use of their premises as a base for services delivered by other professionals is an opportunity to be explored.