

Health and Social Care Committee

Inquiry into the contribution of community pharmacy to health services in Wales

CP 8 – Company Chemists' Association



Consultation Response

The National Assembly for Wales' Health and Social Care Committee inquiry into the contribution of community pharmacy to health services in Wales.

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Introduction and General Comments

The Company Chemists' Association (CCA) share many of the Welsh Government's aims: we believe the Government is right to emphasise the need to achieve a step-change in NHS thinking from treating illness to preventing it arising in the first place. We believe the network of community pharmacies in Wales is ready to provide patient-led community based services designed to improve the health and wellbeing of our fellow countrymen and women.

Community pharmacy is a valuable and under-utilised resource which should be part of the solution to reduce health inequalities and improve the wellbeing of our communities. With our network of over 380 contracts in Wales we are ideally placed to collect evidence of patient outcomes and are more than willing to assist in doing so.

The CCA is a constituent member of CPW and our representation on the Community Pharmacy Wales Board and its Committees is in proportion to the number of community pharmacies operated in Wales. We would also want to express our full support for the CPW submission to this inquiry.

We are pleased to have the opportunity to respond to this inquiry, and agree that our comments below may be shared and published.

Response to Specific Inquiry Questions

Q1. The effectiveness of the Community Pharmacy contract in enhancing the contribution of community pharmacy to health and wellbeing services

Pharmacists are experts in medicines and their use, and recent changes within the contractual framework have provided specific opportunities for this expertise to be delivered in the interests of improving outcomes for patients.

Pharmacies are funded to perform up to 400 Medicines Use Reviews (MURs) each year and can only perform one per patient in any 12 month period, unless they have specific concerns which would warrant an additional (intervention) MUR. The pharmacy will at the end of the review provide a copy of the paperwork for the patient and one to the GP. MURs are a good opportunity to address a patient's reasons for non-compliance and resolve them before they come to harm. Uptake of MURs by community pharmacies has increased year on year since their introduction: in 2010/11 130,000 MURs were conducted, representing a 19% increase in MURs from the prior year.

We welcome the proposed introduction of targeted MURs for specific medicines and patient groups as an opportunity to highlight community pharmacies' ability to engage and deliver key health outcomes for patients. The need for support with accumulating evidence and to engage with GPs to ensure that the good work done is optimised to the patient's benefit is something that must be addressed.

A good piece of evidence supporting the efficacy of targeted MURs can be drawn from Hampshire and Isle of Wight¹: a 2009 review of a targeted MUR project showed great potential benefits in the treatment of asthma. Pharmacies offered MURs to 965 asthmatic patients; 37% of the cohort was not compliant with their treatment, mainly due to problems with their inhaler device. Pharmacists were able to educate patients about the correct way to use their inhalers which resulted in 98% of patients agreeing or strongly agreeing that the pharmacist clearly explained how they could get the maximum benefit from their medicine. Interestingly, 30% of patients seen in the study had not been reviewed by their GP practice in the previous 12 months. More than half of GPs questioned about the study felt that the target MUR scheme would reduce their long-term workload. By promoting better patient management and adherence of medication, in this instance for asthma, there is potential for large cost savings by using pharmacists to prevent needless and costly hospital admissions.

Community pharmacy is a well established provider of services to improve public health including stop smoking, cardiovascular risk assessments, harm reduction programmes for substance mis-users, weight management, sexual health and vaccination. The evaluated and published evidence for many of these services, and the positive patient outcomes that pharmacy can deliver, is included in Appendix A. We would be pleased to support specific research programmes designed to assess the effectiveness of similar existing services in Wales.

Q2. The extent to which Local Health Boards have taken up the opportunities presented by the contract to extend pharmacy services through the provision of 'enhanced' services, and examples of successful schemes.

Local Health Boards have commissioned a number of 'enhanced' services since the introduction of the contract; though only recently has the first national enhanced service been launched with the introduction of a national emergency hormonal contraception scheme on 1 April 2011. While differences in accreditation and service specifications across areas raised difficulties, the national scope has allowed pharmacists to offer services across areas without impacting on service delivery – an important consideration. Nevertheless, some service delivery has been patchy when the need for locums or relief pharmacists has arisen, resulting in service provision being affected. This in turn has the potential to impact on the impression that pharmacy can provide these services consistently and to a high level of quality. Notwithstanding these concerns there is significant evidence supporting the effectiveness of enhanced services where they have been commissioned in Appendix A.

Q3. The scale and adequacy of 'advanced' services provided by community pharmacies

Despite some excellent outcomes from Pharmacy Enhanced Services in some areas of the country, commissioning of Enhanced Services is patchy and far from universal. There are numerous reasons for this, including poor measurement and capture of outcomes from

¹ Portlock, J., Holden, M. & Patel, S. 2009. A community pharmacy asthma MUR project in Hampshire and the Isle of Wight, *Pharmaceutical Journal*. 282: 109-112.

pharmacy contractors, lack of understanding from commissioners, and uncompetitive reimbursement rates for enhanced services.

The scale of these services has varied with LHBs limiting the number of community pharmacies commissioned as service providers. This practice has led to inconsistency of delivery in areas and has also given a poor reflection for patients who have been unable to access services they believe are offered locally.

Community pharmacy is already in place and providing accessible, personalised services to a widespread of the population. This includes those who are apparently well, the unregistered population, people who are homeless and refugees, as well as those who are collecting prescriptions or buying over the counter medicines and seeking support for self-care (Appendix A).

Q4. The scope of further provision of services by community pharmacies in addition to the dispensing of NHS Medicines and appliances, including the potential for minor ailments schemes

Community pharmacy can capture the individuals that GPs are missing and we know and understand the needs of our local populations. We are ideally placed to facilitate communications so that commissioners have effective and appropriate means to engage patients and public in key commissioning decisions.

Our members have experience in delivering a wide range of services that could be potentially commissioned by Local Health Boards. The Community Pharmacy Wales Manifesto² contains a full list, which we fully support. These include:

- A community pharmacy based National minor ailments service
- A network of healthy living pharmacies
- The use of pharmacists' medicines management expertise to introduce targeted medicines management services
- A community pharmacy based targeted medicines waste service
- A community pharmacy based chronic conditions management service
- A hospital discharge medicines reconciliation and support service to help patients transferring between care settings
- Seasonal influenza vaccination – our members are already experienced service providers with evidence to support the accessibility of community pharmacy proving to be a key point of difference, particularly for the at risk under 65s

A rural health scheme in north Wales has piloted community pharmacy as part of a referral pathway of appropriate patients with depression or anxiety. Early evaluation suggests a

² CPW. 2011. **Good Health, Community Pharmacy: The best medicine for healthy lives in Wales.** Community Pharmacy Wales, 10 January 2011. <<http://www.cpwales.org.uk/Manifesto.aspx>>

that patients may be happy to use their community pharmacy to access these services, enabling pharmacy to address an unmet need in these rural areas³.

Q5. The current and potential impact on demand for NHS services in primary and secondary care of an expansion of community pharmacy services, and any cost savings they may offer

The current Community Pharmacy funding mechanism encourages pharmacy contractors to obtain the best price for the medicines that they purchase for the NHS and in return, contractors are able to retain some of these savings. Anything in excess of the agreed cap is then returned to the Government. These additional savings to the taxpayer are generated through the hard work and diligence of pharmacy contractors, and this efficiency is delivered with no risk to the quality of service to the patient.

Q6. Progress on work currently underway to develop community pharmacy services

The CCA members fully support the seven services Community Pharmacy Wales propose in their Manifesto to build a healthier Wales and continue to work as constituent members of CPW to progress the development and implementation of these services. Chief amongst these is the hospital discharge medicines reconciliation and support service to help patients transferring between care settings. CCA member companies have been instrumental in pioneering potential services such as seasonal vaccination schemes, highlighting our commitment to the future of our profession and the long term health of the nation.

The CCA

The Company Chemists' Association (CCA) provides a forum for the large businesses engaged in community pharmacy to work together to help create an environment where pharmacy can flourish and providers compete in a fair and equitable way. The CCA aims to represent our members, empower our members to understand the changing policy environment, and influence that policy environment.

Our nine member companies – Boots, The Co-operative Pharmacy, Lloydspharmacy, Tesco, Sainsbury's, Wm Morrison Supermarkets, Asda, Rowlands Pharmacy and Superdrug – operate over 380 pharmacies in Wales, representing just over half of the total pharmacies in Wales.

³ Holyfield, G., John, S. & Owen, B. 2011. [Evaluation of the computer based CBT programme pilot in at rural community pharmacies in Gwynedd](#). Betsi Cadwaladr University Health Board, 8 July 2011.

ENDS

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APPENDIX A: ENHANCED SERVICES 2009-10

Public health services from community pharmacy

At any one time community pharmacy is likely to be looking after and providing the medicines for:

- 50 people with diabetes
- 150 people with asthma
- 50 people recently discharged from hospital
- 8 people with a colostomy
- 750 pensioners
- 20 people suffering with cancer, of whom 4 are likely to be terminally ill;
- 500 people with raised blood pressure
- 600 carers

The above figures show how many people visit a pharmacy. A key benefit for policymakers and healthcare commissioners of community pharmacy based services is the ability to reach a large number of people, many of whom may not access other primary care services.

Reducing health inequalities and improving access to services

Examples of pharmacy led services that were accessed by the homeless and people who were not registered with GPs:

Cardiovascular risk assessment- Birmingham Heart MOT⁴

Pharmacies in Birmingham were commissioned to develop a new innovative model to reach the over-40 male population and assess cardiovascular risk. The service was designed to ensure good access, reduce health inequalities and to maximise engagement. The service incorporated:

- Cardiovascular risk calculated to ensure GP acceptance of referrals
- Service in line with Joint British Societies guidelines (JBS2)
- CVD risk calculated using clinically accepted Framingham equation
- Service designed in conjunction with H.E.A.R.T. UK
- Total and HDL cholesterol measured using MHRA approved Cholestech LDX
- SOPs used to ensure high standards are achieved and maintained

Results:

- Over a ten-month period (June 2007 to March 2008) 1,141 people were screened in 23 pharmacies
- 60% were male, 19% were smokers and 4% were unregistered with GPs
- 44% came from the most and second-most deprived quintiles.

⁴ NHS Improvement Programme. 2009. Free NHS Health Check: Helping you prevent heart disease, stroke, diabetes and kidney disease. *NHS Improvement Programme*, viewed 22 October 2010. <<http://www.improvement.nhs.uk/nhshealthcheck/>>

- A raised CVD risk over 10 years was found in half those screened and 17.8% warranted referral with a risk of over 20.2%
- Data from Lloydspharmacy showed that of 868 patients screened, 49% were referred to their GP (27% because of to high cardiovascular risk).

One of the key findings of the study was that despite being registered with a GP, people who are homeless often face difficulties in gaining access to primary care services. Although the majority (82%) of homeless people who took part in the research were registered with a GP, very few were actually accessing GP services, highlighting the fact that the relatively high rate of registration does not necessarily equate to a good level of access.

As a result, many homeless people are leaving minor health problems untreated, which often develop into more serious conditions, increasing health inequalities and placing greater pressure on health services. 'Pharmacy First' has helped address some of these issues by delivering flexible access to treatment through pharmacies without the need for an appointment, offering greater choice of location and longer opening hours.

Stop Smoking services⁵

A number of stop smoking services have shown very good results in pharmacy; the evaluation of Level 3 stop smoking services in North Wales registered quit rates of 46%. According to information from the NHS Information Centre, in 2009/10, 140,000 people chose community pharmacy to set a quit date and 62,000 had successfully quit by week 4, a 13% increase on the previous year.

Alcohol interventions⁶

In the North West of England pharmacy is playing a key role in the provision of alcohol intervention and brief advice. Around 125 pharmacies across Wirral, Blackpool, Knowsley, Oldham, Liverpool and Warrington are involved in service provision. The service can be targeted to those who may be at high risk such as those who present for treatment of hangovers, gastric problems and falls. Pharmacy sees a different demographic of people from those who may visit a GP practice, especially in areas of health inequality.

Examples of the benefits are as follows:

1. Members of the general public chose community pharmacies in NHS Knowsley pilot to seek out advice concerning their alcohol use. The outcome was that 1165 interventions were carried out and 26% of people who participated were identified as having an increased risk and 6% at high risk of alcohol misuse.

⁵ NHS Information Centre. 2010. Statistics on NHS Stop Smoking Services: England, April 2009 – March 2010. **NHS Information Centre**, viewed 22 October 2010, <<http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/nhs-stop-smoking-services/statistics-on-nhs-stop-smoking-services-england-april-2009--march-2010>>

⁶ Stafford, L. 2010. **NW regional alcohol screening and brief intervention service in community pharmacy**. NHS North West Community Pharmacy Group.

2. Based on these results the potential cost savings could be significantly greater than those estimated by the Department of Health, which makes an assumption that only one in four people would be identified at increasing or high risk.
3. Directors of Public Health increased their capability and capacity to access people in the community by integrating community pharmacy into their implementations plans.

An application for funding the evaluation of the North West pilots has been successful from which robust evidence of the value community pharmacy can make to public health service delivery will be published.

Sexual Health screening and treatment

Pharmacy has become an increasingly important venue for community sexual health services. Access to emergency contraception is a common enhanced pharmacy service as pharmacies are open in the evenings and at weekends, with no need to book an appointment.

In the first year of the service, it was found that 50% of women accessed the service at the weekend or on Mondays, when it can be difficult to obtain appointments at family planning clinics or GP, now in some localities; pharmacies are the largest providers of EHC to women; a national EHC service in community pharmacy was introduced in Wales on 1 April 2011.

Weight management services⁷

Services evaluated by the University of Central Lancashire showed statistically significant results for agreed weight maintained for 12 months. The service was more cost effective than prescribing Orlistat over 12 months (£160 per patient vs. £419.51). People liked the informal pharmacy environment, the accessibility and the flexibility.

Healthy Living Pharmacies (HLP)⁸

Figures from the Portsmouth pilot project showed that 30% of patients seen for a MUR had not seen their GP or practice nurse in the previous 12 months. Research also shows HLP had a 36% increase in the number of people who quit smoking and approximately a quarter women who were provided with EHC were also offered Chlamydia screening and almost half (46.4%) of all those accepted a screening kit. A total of 264 who accepted a kit returned a sample, of whom 24 (9.1%) tested positive, concluding that Chlamydia screening for EHC pharmacy patients was warranted.

⁷ Vohra, S. 2010. **Summary - evaluation of NHS Central Lancashire's pilot pharmacy weight management service.** University of Central Lancashire, School of Pharmacy.

⁸ Brown, D., Portlock, J. & Rutter, P. 2009. **Healthy Living Pharmacy Project - a literature review.** Healthy Living Pharmacy Research Group: University of Portsmouth.

Community pharmacy seasonal flu vaccination report

Community pharmacists have an important role to play in the delivery of many services commissioned by public health whether these are health promotion services to raise awareness, services offering health prevention or services offering protection. Top-line results from a patient survey of a NHS commissioned community pharmacy vaccination programme indicate significant success:

- Total vaccinated: 2903 (approx. 10% of total vaccinated through all services)
- Under-65s with co-morbidities: 36.3% of cohort vaccinated (Other providers: 17.1%)
- Percentage Rating Service OK or Excellent: 99.6% (90.9% Excellent)
- Percentage receiving flu vaccination for first time: 8.2%
- Percentage for whom vaccination unlikely without pharmacy access: 6.2%
- Percentage indicating they would use community pharmacy again: 98.4%

Minor Ailment schemes⁹

It is estimated that some 5 million GP consultations in Wales each year involve minor ailments, which could in most cases be dealt with at a pharmacy. An average GP surgery consultation last 11.7 minutes and costs £32, while the same 11.7 minute consultation in community pharmacy would cost £17.75. Over £30 million could potentially be saved from the NHS budget by moving minor ailments to pharmacies.

⁹ PSSRU. 2008. *Unit Costs of Health and Social Care 2008*. Personal Social Services Research Unit, 23 December 2008