Health and Social Care Committee

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Inquiry into the contribution of community pharmacy to health services in Wales – Evidence from Public Health Wales

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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Background

Public Health Wales was established as an NHS Trust on 1 October 2009.

Public Health Wales has four statutory functions:

- To provide and manage a range of public health, health protection, healthcare improvement, health advisory, child protection and microbiological laboratory services and services relating to the surveillance, prevention and control of communicable diseases;
- To develop and maintain arrangements for making information about matters related to the protection and improvement of health in Wales available to the public; to undertake and commission research into such matters and to contribute to the provision and development of training in such matters;
- To undertake the systematic collection, analysis and dissemination of information about the health of the people of Wales in particular including cancer incidence, mortality and survival; and prevalence of congenital anomalies; and
- To provide, manage, monitor, evaluate and conduct research into screening of health conditions and screening of health related matters.

Within Public Health Wales the pharmaceutical team (PPHT) has the following key objectives:

- Map and monitor patterns of medicine use to promote appropriate use, ensure equity and assess impact on health outcomes;
- Identify significant safety issues for patients and the public, for example through surveillance and reporting processes for adverse events associated with prescribing and dispensing activities;
- Develop policies and standards to encourage appropriate, safe, effective, and equitable access to drugs;
- Develop policies to promote safe and appropriate use of medicines in emergency planning and infectious diseases;
- Liaise with academic institutes to develop the contribution of pharmacists to public health;
- Work with partners to develop healthcare policies to maximise outcomes from medicines usage and reduce harm.

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

Changes to the Community Pharmacy contractual framework identified key services to be provided at every community pharmacy, i.e. seven essential services. These services are:

- Dispensing of medicines
- Repeat dispensing
- Waste management
- Public Health
- Signposting
- Support for self care
- Clinical governance

Community pharmacy has an excellent track record of supplying medicines to patients in an efficient and cost effective manner. Most pharmacies obtain the majority of their NHS funding from prescriptions with a fee being paid per item dispensed. This fee creates an incentive for pharmacies to provide patients with excellent service so they maintain and grow their customer base.

Repeat dispensing has yet to have a significant impact on Wales. Other respondents to this consultation may be better placed to elaborate on why this is the case.

Safe disposal of waste medicines is important both from an environmental perspective (avoiding water pollution for example) and for patient safety. The new contract has defined the service patients can expect from every pharmacy with regard to disposal of waste medicines and moved away from the 'grace and favour' arrangements previously offered by pharmacists to their customers. This essential service does not cover interventions to try to reduce the quantity of waste medicines generated by NHS Wales, which has also been highlighted as an issue.[1] Interventions by pharmacy staff that could reduce unnecessary dispensing of not-required medicines, result in the community pharmacy contractor

[1] Welsh Government *Wasting medicines wastes money!* Available at http://wales.gov.uk/topics/health/ocmo/professionals/pharmaceutical/medicine/?lang=en [Accessed 22nd August 2011]

losing dispensing fees and could be seen as a disincentive for pharmacy staff to engage in such activities. Some community pharmacists are however taking part in a *waste reduction scheme* whereby following a review by the pharmacist, patients only receive the medicines they require. This scheme is currently under review by the Welsh Government.

The new contract recognised the contribution community pharmacy could make to promoting healthy lifestyles and engaging with initiatives to support improved health and well-being in the population. The public heath essential service permits co-ordination of heath improvement campaigns across a local area or even all Wales. This can have additional benefits in terms of getting the message across as local and national media report the initiative. The recent diabetes awareness campaign through community pharmacy, developed through a partnership between Diabetes UK, Community Pharmacy Wales, Public Health Wales and the Health Boards is a good example of how this element of the contract can be developed to improve population health. Increasingly Public Health Wales is aware of third sector organisations that would like to work with NHS Wales and community pharmacies to get across health messages to a national audience.

The public health essential service also facilitates a more pro-active approach to promoting healthy lifestyles with the introduction of a prescription linked intervention service. Pharmacists and their staff are required to give opportunistic advice, as appropriate, on specified healthy living/public health topics to people presenting prescriptions with diabetes, those at risk of coronary heart disease, especially patients with high blood pressure, those who smoke and those who are overweight. So far data has not been collected in Wales to show the number and value of these interventions.

Health care in Wales is provided by a number of organisations, NHS, private and third sector. Knowing that a service is available and where, is important if people are to manage their health, both in terms of prevention of disease and disease management, effectively. A recent report by Public Health Wales identified that low levels of health literacy may be a barrier to health improvements for many patients in Wales. [2]

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[2] Puntoni S *Health literacy in Wales. A scoping document for Wales* Available at http://www2.nphs.wales.nhs.uk:8080/CommunicationsGroupDocs.nsf/85c50756737f79ac80256f2700534ea3/a2588bc62b678a5b802578c70032b10e/$FILE/Health%20Literacy%20Scoping%20Document%20FINAL%20Sarah%20Puntoni.pdf [Accessed 22nd August 2011]

Good signposting to services is one way to improve this. The signposting essential service formalises pharmacy's role in helping people know about, and how to access services that may benefit them. The health board has a responsibility to provide the information necessary for community pharmacy staff to signpost effectively.

Pharmacy and primary care teams at Health Boards report having spent a considerable amount of time working with and monitoring community pharmacies to ensure the necessary changes following the implementation of the new contract were delivered. They will be better placed than Public Health Wales to report on this.

The extent to which advanced and enhanced services permitted in the community pharmacy contractual framework, have contributed to health and well-being will be covered in the responses to questions two and three below.

2. **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**

The enhanced service element of the contractual framework permits Health Boards to commission additional services from some or all of the pharmacies within the Health Board according to local needs. The Health Board determines the specification for the service and negotiates fees for delivery. Pharmacies may choose not to offer the service. Examples of enhanced services include: supervised consumption of methadone and buprenorphine, needle and syringe programmes and emergency hormonal contraception ('morning-after' pill).

Several of the enhanced services currently commissioned by Health Boards were in place prior to the changes to the community pharmacy contractual framework to introduce enhanced services e.g. support to care homes, needle and syringe programmes. Whilst some community pharmacy contractors have expressed disappointment at the level of commissioning of new enhanced services there was neither additional funding, nor was funding ring-fenced for pharmacy enhanced services when the contract changed. The pharmacy contract was introduced shortly after changes to the GP contract and over-performance by GPs created financial challenges for Health Boards which meant the funds available for pharmacy enhanced services were limited.

Currently there is no comprehensive and up to date data source listing the enhanced services available in every area across Wales. It is therefore difficult for Public Health Wales to comment on the extent to which Health Boards have taken up enhanced services. From the information that is available it appears that those Health Boards most likely to have commissioned new enhanced services were those that benefited most from the redistribution of funding following the Wanless review in Wales. Work is in progress to develop an All Wales Pharmacy Database to collate information on all enhanced services available from community pharmacies in Wales.

The lack of long-term funding streams for community pharmacy enhanced services has been a challenge, both for Health Boards, and for community pharmacy contractors for whom repeated pilots and short-term funding have been a source of frustration. The limited income available from enhanced services is also a barrier to further development of the role of community pharmacy. Anecdotally pharmacists report difficulty in securing sufficient funding to employ additional staff, whilst having little spare capacity to deliver enhanced services within existing resources.

The approach to commissioning enhanced services varies between Health Boards. The Public Health Wales Pharmaceutical Public Health team would like to see commissioning of local enhanced services from community pharmacy following a robust assessment of local need and a review of the clinical and cost-effectiveness of the service to be commissioned. Pharmaceutical needs assessment for enhanced services should include the following:

- Identification of local need- ideally this should be as part of the Health Board Health Needs Assessment from which the Health Social Care and Well-being Strategy is developed
- Assessment of existing service provision and identification of gaps in provision
- Assessment of the clinical and cost-effectiveness evidence for the proposed service
- Engagement with professionals and patients to determine the acceptability of the proposed service

To support Health Boards considering new enhanced services the Pharmaceutical Public Health team has produced a series of literature reviews. The reviews can be accessed by clicking on the hyperlinks below.

- Emergency hormonal contraception
- Smoking cessation
- Weight management
- Vascular risk screening
- Chlamydia testing
- Alcohol screening and support
- Vaccination services
- Medication review for older people
- Point of care/ near patient testing

The following document details a pharmaceutical needs assessment approach with reference to weight management

Weight management LHB support document

Where a service is commissioned the monitoring arrangements should be sufficient to permit evaluation of the service from both clinical and cost effectiveness perspectives without being unnecessarily burdensome on service providers. Where a particularly innovative service is introduced there may be little or no evidence to support effectiveness. In such cases there must be a greater requirement on contractors to provide the Health Board with monitoring information and this should be reflected in the service specification and the fees negotiated.

The following are examples of evaluations undertaken/supported by the Pharmaceutical Public Health team following pilot enhanced services for smoking cessation.

North Wales community pharmacy smoking cessation scheme evaluation

Merthyr Tydfil community pharmacy smoking cessation scheme evaluation

Powys rural community pharmacy smoking cessation pilot evaluation

In these evaluations the services were found to be successful in increasing access to smoking cessation services without having an adverse effect on Stop Smoking Wales services. The interventions were found to be effective in assisting smokers to quit.

The Committee requested examples of successful schemes. In the absence of published evaluations it is difficult for Public Health Wales to address this question adequately. We would suggest that the success or otherwise of an enhanced service needs to be considered from a number of perspectives including the service provider, service commissioners,

patients and public, and the wider healthcare team. The implementation of any new service has opportunity costs and it is important to ensure the health gain is worth the investment.

It is also important to consider the impact of community pharmacy enhanced services in the broader strategic context, for example how community pharmacy emergency hormonal contraception services contribute to the wider sexual health strategy to reduce teenage pregnancy and sexually transmitted diseases.

Finally, in considering enhanced services a distinction should be made between local and national enhanced services. There may be services that could be provided from every pharmacy in Wales. There will be other services that only need to be provided from certain pharmacies to address local access issues. The pharmaceutical needs assessment process will provide direction as to which of the two approaches is required in a given situation.

Efforts to minimise bureaucracy and burdensome accreditation requirements on pharmacists working in pharmacies in different Health Boards, where essentially the same service is needed, should be supported. However there also needs to be caution against implementing a national enhanced service specification for services where the needs of local populations differ considerably and the priorities of Health Boards vary.

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

Advanced services may be offered by any pharmacy that meets the criteria for offering the service. There is no requirement however, for pharmacies to offered advanced services. The primary advanced service offered by community pharmacies is medicines use review (MUR). The purpose of this service is to support patients on multiple medication take their medicines as intended and to identify any problems the patient may have in doing so. [3]

Before a pharmacy can offer MUR services the pharmacist must have undertaken relevant training and the pharmacy must have a consultation area that meets certain minimum requirements. The introduction of

[3] Pharmaceutical Services Negotiating Committee *MUR* Available at www.psnc.org.uk/pages/mur.html [Accessed 22nd August 2011]

MURs has had wider benefits for people who use community pharmacies. Since the introduction of the MUR advanced service many pharmacies have had refits to include a suitable consultation area which can be made available to all patients wishing to have a more private conversation with a member of the pharmacy staff.

Following the introduction of the MUR service in 2005/06, uptake has increased year on year (Fig 1). In 2010/11 nearly 130,000 MURs were delivered in Wales and 88% (622/708) pharmacies were accredited to provide the service.

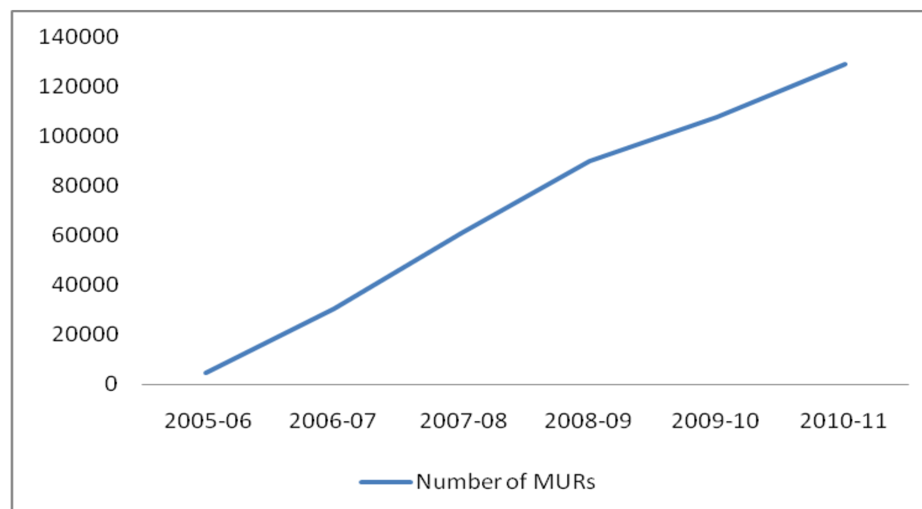

Figure 1: MUR uptake in Wales Data source: NWIS (2011)

Each pharmacy is entitled to deliver up to 400 MURs per year. Just under half the permitted number of MURs were delivered in 2010/11 (46%) in Wales and this varied between local authority areas from 27% to 60%.

The current MUR service has some weaknesses from a Public Health perspective.

- Data detailing the MUR (for example anonymous patient details and information about the patient's drug history and any advice/ support offered by the pharmacist during the MUR) is not available for evaluation. It has therefore been very difficult to assess whether MURs are clinically and cost-effective, or how MUR services could be developed to increase the health gain for patients from them.
- Lack of clear criteria about which patients should be selected for MUR has led to criticisms that some pharmacies may be 'picking off' 'easy' patients for MURs rather than those who have greatest need. In England pharmacies will be expected to target MURs at defined groups of patients from 1st October 2011.

- The availability of MURs is linked to the number of pharmacies therefore patients in rural areas where there are less pharmacies per capita, have reduced access to this service.
- A maximum of one MUR per year is permitted per patient and patients must attend the pharmacy. House bound patients who have limited opportunities to discuss their medication with a health professional may benefit from MURs but are unable to access them. Additionally, to establish adherence it may be desirable for the pharmacist to follow-up a patient, for example at weekly intervals for the first month when a complex medication regimen or high risk medicine has been initiated.

Bradley et al. conducted a multi-method study to explore factors influencing the uptake of MURs in England. [4] Given that people with long-term limiting illness are more likely to be on medication, and populations with higher deprivation are associated with poorer health, the results were counter-intuitive. The authors found that in areas where the population was more deprived and had greater long term limiting illness, MURs were less likely to be undertaken. Factors that positively influenced MUR uptake were; being part of a multiple or chain compared with being an independent pharmacy and; pharmacist training coupled with greater motivation by the pharmacist. This study suggests that pharmacy and pharmacist factors are more influential than potential patient need/ benefit in the delivery of MURs.

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

Minor ailment schemes

Advising on minor ailments is recognised as a core function of community pharmacy under the essential service *Support for self care*. Within the essential service patients requiring medication would need to purchase an over-the-counter medicine. Minor ailment schemes permit provision of medication at NHS expense.

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[4] Bradley F et al. Determinants of the uptake of medicines use reviews (MURs) by community pharmacies in England: A multi-method study. *Health Policy* 2008; 88: 258-68

Most of the following evidence is taken from a literature review on minor ailment schemes undertaken by the National Public Health Service for Wales in 2007.

http://www2.nphs.wales.nhs.uk:8080/pharmaceuticalphtdocs.nsf/1f8687d8da97650980256fa30051b0be/53dc35520a7dddc08025736f00471a11/$FILE/Lit%20review%20Minor%20ailments%20v6.doc

Minor ailment schemes are not new in Wales. In 2003 Walker et al. [5] reported on a Care at the Pharmacy scheme introduced in Gwent Health Authority with the aim of reducing GP consultations for minor ailments. Over three thousand (n=3766) households of one GP practice were randomly allocated either to a control group or pharmacy medicines access group (PMAG). Individuals in the PMAG could consult the participating pharmacy as frequently as necessary and receive free medicines if exempt from the prescription charge. During the first 11 weeks there were fewer calls to the GP practice from patients in the PMAG group compared to the control group (504 vs.560). This decrease in GP consultations was more than off-set by 370 consultations at the pharmacy from patients in the PMAG.

A minor ailment scheme operates in Aneurin Bevan Health Board (Torfaen locality). As far as we are aware there has been no published evaluation of this scheme.

In May 2004 Neath Port Talbot Local Health Board introduced a minor ailment scheme however this scheme has since been withdrawn. The scheme initially included six practices and 11 pharmacies in the Dulais Valley and Sandfields and was subsequently extended to include eight practices and 13 pharmacies.

Patients requesting appointments/prescriptions for agreed minor ailments were informed of and offered the opportunity to participate in the scheme. Patients could also self refer.

During the first year of the scheme 4514 pharmacy consultations were undertaken and 75% of these were for patients under 25 years. Head lice was the ailment most frequently consulted for (33% consultations) followed by raised temperature (24%) and vaginal thrush (8%). Analysis of prescribing data from the participating practices did not show any significant decrease in GP prescriptions for the conditions included in the

[5] Walker R; Evans S; Kirkland D. Evaluation of "Care at the pharmacy" in Gwent on the management of self limiting conditions and workload of a general practice. *International Journal of Pharmacy Practice* 2003; 11: R7

scheme.

In 2008 researchers from Wales published the results of a pilot study to explore patients' preferences for GP or pharmacy consultations for minor ailments. [6] The authors used eight focus groups to identify key attributes which affect the patient's decision about where to go to discuss a minor ailment. These were: when seen, length of consultation, travel time to visit, location of consultation i.e. GP surgery v community pharmacy and cost. Discrete choice experiment methodology was then used to determine which factors were most influential. The results indicated that respondents on average preferred consultations that were lengthier, more accessible (both in terms of waiting time and travel time) and at a lower cost. Respondents preferred a longer consultation with their GP and a shorter consultation at their pharmacy. With all else being equal, except for location of the consultation, the vast majority of respondents chose the option that offered the doctor's surgery as opposed to the pharmacist. The authors concluded "Policy makers need to reinforce the benefits of the immediate and local availability of community pharmacies that can offer brief consultations, often at less or the same cost as consulting a GP to receive a prescription medicine. Users' strong preference to see a GP, coupled with the availability of free prescriptions in Wales may, however, conspire against achieving these policy aims."

Several other UK studies have explored the reasons why patients consult their GP for minor ailments. These have identified reassurance on diagnosis and confirmation that no serious disease is present as key factors. [7,8]

Before introducing a minor ailment scheme commissioners should consider the purpose of the scheme and whether there is evidence that a scheme will achieve the intended purpose.

There is evidence that the transfer of minor ailments from general

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[6] Hughes D, Myles S, Longo M et al. (2008) Investigating factors influencing user choices to visit either general practitioners or community pharmacists in the management of minor ailments – piloting a discrete choice experiment Available at http://www.pprt.org.uk/Documents/Publications/Investigating_factors_influencing_user_choices.pdf [Accessed 30 August 2011]

[7] Hassell K, Whittington Z, Cantrill J et al. (2001) Managing demand: transfer of management of self-limiting conditions from general practice to community pharmacists *BMJ* 323: 146-7

[8] Boardman H, Lewis M, Trinder P et al. (2005) Use of community pharmacies: a population-based survey *Journal of Public Health* 27: 254-62

practice to community pharmacy does reduce GP workload in terms of the number of minor ailment consultations however there is little evidence that overall GP workload decreases as GPs accept different types of consultations in the freed up time.

It has been reported that between 15 and 40 percent of attendances to accident and emergency departments are for minor illness/ injuries. [9] However research has shown that community pharmacy could only manage eight percent of adult attendances to inner city accident and emergency departments. [10]

An option is to include a minor ailment scheme as part of a strategy to improve health literacy with respect to the management of minor ailments by linking the supply of medicines to an educational intervention, increasing the patient's knowledge and skill to manage a similar ailment in future.

In a 2004 report commissioned by the Proprietary Association of Great Britain, the UK over-the-counter (OTC) medicines market was said to be worth approximately £2 billion per annum. Based on those figures, the OTC market in Wales is calculated to be worth around £100 million per year. Care needs to be taken to avoid unintentionally switching people who currently self-care with OTC medicines into NHS care via a community pharmacy minor ailment scheme, with the significant financial consequences that could pose for NHS Wales. There is a risk that a minor ailment scheme may undermine Welsh Government's stated intention to encourage self-care and could potentially reinforce dependence on the state.

Other services

As mentioned previously, the PPHT would encourage a pharmaceutical needs assessment approach to determining those services that are required to meet the need of the population in an area, followed by an evaluation of the evidence on interventions designed to meet the need. When a new service is introduced it should be evaluated for clinical and cost effectiveness and to determine whether it is having the desired outcome.

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[9] Dolan B, Dale J (1997) Characteristics of self referred patients attending minor injury units *Journal Accident Emergency Medicine* 14:212-4

[10] Bednall R, McRobbie D, Duncan J et al. (2003) Identification of patients attending Accident and Emergency who may be suitable for treatment by a pharmacist *Family Practice* 20:54-7

The list of literature reviews provided earlier gives some suggestions for possible services. Other ideas for which literature reviews have yet to be undertaken and which need further exploration before recommending them include; providing hepatitis A and B immunisation, injection site wound care, viral hepatitis testing, and take home naloxone injection for substance misusers; additional contraceptive services; revised care home service to reduce medicines waste in care homes; minor injuries support; medicines information exchange system (to alert the community mental heath team if a patient fails to collect repeat medication prescribed for their mental health disorder); and pharmacy support for a range of pharmaceutical issues which currently cause tourists to register with a GP practice as a temporary resident e.g. minor injuries/ forgotten medication.

5. 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 impact would need to be evaluated on a service by service basis and would depend on local need and existing service provision. The development of community pharmacy services may offer improved availability and/ or access and should not be considered from a financial perspective only.

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

PPHT provided input to both the Pharmacy Strategic Delivery and the Review of Pharmacy Control of Entry groups hosted by Welsh Government (2010-11).

PPHT provided advice and expertise to Welsh Government in its consideration of a community pharmacy flu vaccination pilot scheme.

PPHT were involved in the development of a community pharmacy database to support payment to contractors and data collection for enhanced services.

PPHT attend a number of Welsh Government and other multi-disciplinary groups in Wales where there may be opportunities to highlight the

potential contribution of community pharmacy e.g. sexual health strategy.

PPHT worked with stakeholders to implement and evaluate a recent Public Health campaign through community pharmacy to identify patients at high risk of developing diabetes. It is anticipated that the opportunities for develop community pharmacy's contribution to public health will increase in future should pharmacy wish to develop this role.

PPHT is supporting pharmaceutical needs assessment in prisons across Wales. Pharmacy services to prisoners should be provided on an equivalent basis to those available in the community, relative to need, and taking into consideration the constraints that prison custody imposes. Pharmacy services to some prisons are provided through community pharmacies.

PPHT has produced evaluation of the Rural Health funded community pharmacy smoking cessation project in Powys that will inform the Health Board's decision concerning the long term provision the service.

PPHT has submitted a proposal to Welsh Government's rural health innovation fund to undertake the community engagement element of a pharmaceutical needs assessment, in order to gain a better understanding of the particular pharmaceutical needs experienced by people living in rural communities such as Ceredigion and Powys.