

Improving Health and Patient Care through Community Pharmacy



April 2014

About this briefing

In March 2014 NHS England, the commissioner of primary healthcare services, closed its [Call to Action \(CTA\)](#) on community pharmacy. The CTA, essentially a consultation, asked pharmacies, patients and all others what community pharmacy services should look like in the future. This briefing summarises the key points in PSNC's response to the CTA.

The need for transformational change

Demand for healthcare services is increasing as the population grows older and ever more people are diagnosed with conditions like diabetes that require long-term care and medication, and this is driving healthcare costs up. If the health service is to survive in its current form, i.e. free at the point of care, it must transform the way it delivers care to become more efficient at dealing with this increasing workload to prevent costs spiralling.

So where do we start?

Primary care is key to this transformation. Secondary care and emergency services are expensive – as illustrated by the average £3,500 spent each time someone is admitted to hospital – and many services are already buckling under sustained pressure from patient demand. Rather than pumping yet more money into these services we must redirect funding towards primary care services, including community pharmacies, that can care for people in communities, helping them to stay healthy and look after themselves when they do become ill, freeing up hospitals and specialists to manage real emergencies and complex patients.

Every day community pharmacies are visited by more people than any other healthcare provider and they dispense medicines and provide healthcare services to most of these people. But this is just the beginning of what community pharmacies can offer and there is huge potential to increase their contribution in a number of key areas:

Community pharmacy facts and figures

- 99% of the population can reach a pharmacy within 20 minutes by car
- 1.6 million people visit a pharmacy every day
- 85% of community pharmacies have a private consultation room
- 914 million prescriptions are dispensed by community pharmacies every year
- 2.8 million Medicines Use Reviews are carried out by community pharmacies each year

1. Getting value from the NHS' biggest spend

The NHS spends billions of pounds a year on medicines but up to 50% of those are wasted or used inappropriately and there is evidence that non-adherence to medicines regimens can cause up to 20% of all hospital admissions, A&E visits and repeat doctor visits. The national community pharmacy [Medicines Use Review \(MUR\) service](#), which sees pharmacists talking to patients about their medicines and how they use

them, has served as an important first step to reducing that medicines waste and misuse, receiving impressively high patient satisfaction levels and bringing measurable costs savings. The **New Medicine Service (NMS)** introduced in 2011 has also been shown to improve medicines adherence when people are first prescribed a new medicine to treat a long term condition.

Medicines Optimisation Benefits: A study on the Isle of Wight showed that MURs designed to help asthma patients use inhalers correctly reduced hospital admissions related to the condition by more than 50% over a three month period, bringing significant financial savings, over and above the benefit of improved symptom control for patients.

2. Empowering people to look after themselves

Pharmacies help and support patients with minor illnesses to ease pressures elsewhere in the NHS, effectively acting as a network of walk-in health centres. But the network could be used to much greater effect if the NHS were to commission a national pharmacy minor ailments scheme providing NHS funded care to those who would otherwise visit their GP.

Self-Care Savings: A national minor ailments service combined with an awareness campaign to ‘retrain’ the public about which health services to use could enable pharmacies to deal with much of the 8% of A&E visits and 20% of GP workload that involve consultations for minor ailments and cost the NHS some £136m and £2bn respectively.

3. Helping people to stay healthy

Community pharmacies play a key role in improving the health and wellbeing of communities by providing advice and high quality public health services from stop-smoking support to sexual health screening. Because they can provide these in a discreet but informal setting without appointments, they can attract “seldom-heard” groups that rarely come into contact with other health professionals, reducing entrenched health inequalities.

Public Health Improvements: Community pharmacy services can improve the wellbeing of communities, such as the London-wide seasonal flu vaccination service that managed to target 55% of their vaccinations to the hard to access target group of people under 65 years of age with long term conditions.

4. Supporting people to live independently and out of hospital

All healthcare providers need to respond to England’s changing demography to help people to live in their own homes for longer. Community pharmacies can offer a range of support for this including the provision of compliance aids to help people to manage their medicines regimens; delivery of medicines to the housebound; and falls assessment/reduction advice.

Helping patients at home: In a domiciliary MUR service in Croydon, pharmacies visited patients at home, improving their adherence to medicines and preventing hospital admissions that could have cost the NHS some £750,000 in just over a year.

So what do we want to see?

Many people have highlighted the need for some of the money spent in secondary care to be redeployed to commissioning services closer to peoples’ homes, and taking advantage of the accessibility of pharmacies,

building on their core role supplying medicines to enable them to deliver more of the services described above, could significantly reduce pressure on other services and in doing so release cash savings for the NHS.

Pharmacies could become a third pillar of NHS care, supporting the existing pillars of GP-led primary care and hospitals.

And how can we make this happen?

To release all these benefits from community pharmacies, we need NHS England to drive:



1 Inter-professional working: in a health service starved of resource it is understandable that some providers will want to protect their territory, but when GPs block pharmacies from offering services like flu vaccines because they feel that is their patch, it means fewer patients are vaccinated which increases their chances of getting ill and adding yet more cost to the NHS.

Pharmacy and GP contracts must be aligned so they are incentivised to work together.

2 Extension of the national community pharmacy contractual framework: local services have shown how pharmacies can provide emergency contraception; supervise consumption of medicines for the treatment of substance of misuse; and help people with minor ailments. More of these services must be commissioned via the national contract, alongside the development of existing medicines optimisation services so all patients can benefit from them.

A full range of pharmacy health and wellbeing services must be commissioned nationally.

3 IT connectivity: so patients can move seamlessly between care settings and health professionals can deliver the best services possible, IT systems must link pharmacies, GPs and others, and patients must be able to choose to give all professionals access to their records.

Pharmacies must be linked electronically to the rest of the health service; patients already expect this to be the case.

4 Consistency and certainty: as well as commissioning more services nationally, standards must be set for services that are to be agreed on locally and community pharmacy care should be included as part of integrated care pathways being drawn up at all levels so patients and others can be clear on what they should expect from pharmacy.

Pharmacy services must be developed within quality and other standard frameworks.

5 The recognition of pharmacy as part of the answer: at the moment a range of obstacles stop pharmacies from delivering maximum benefits to patients, including the complexity of local commissioning processes; regulatory barriers; and the repeated omission of pharmacy from key healthcare policy documents and integrated care pathways.

Politicians, healthcare leaders and others must endorse the role of pharmacy so patients understand what they can get from 'pharmacists, doctors and nurses', not just the latter two professions.

PSNC (the Pharmaceutical Services Negotiating Committee) promotes and supports the interests of all NHS community pharmacies in England. We are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. We work closely with Local Pharmaceutical Committees to support their role as the local NHS representative organisations.

To learn more about community pharmacy services or to read the full PSNC Vision for NHS Community Pharmacy services visit psnc.org.uk/vision