

**What can pharmacy do to help transform local care?**

**THINK**PHARMACY

Community pharmacies are an integral part of the NHS and have a number of priorities that map closely to the objectives of STPs.

As STPs redesign local healthcare services, shared desires to ensure that people get the most benefit from medicines, to increase self-care and improve population health and to reduce pressure on urgent care can form the basis for pharmacy to make a significant contribution to local plans.

**Pharmacy basics**

**The shared STP – community pharmacy agenda**

**Optimising use of medicines**

Community pharmacists are experts in medicines and through national services improve medicines adherence for many patients. But they could do more for people with long term conditions, developing care plans with patients and helping them to monitor and manage conditions, freeing up GP time and improving health outcomes.

**Increasing self-care and improving health**Community pharmacies have a track record in helping people to manage minor health conditions and in delivering services that help people improve their health.

**Reducing pressure on urgent care**

Up to 8% of A&E consultations are for minor ailments.5 Community pharmacies can offer a first port of call for healthcare advice, and can also help make patients’ transfers back home from hospital safer, providing better continuity of care and reducing the risk of readmission.

* There are over 11,700 community pharmacies1 in England, situated in high-street locations, in supermarkets and in residential neighbourhoods.
* 90% of the population – even those in the most deprived areas – can walk to a community pharmacy in 20 minutes.2
* 84% of adults visit a pharmacy every year.3
* Excluding those who report never visiting a pharmacy, on average an adult visits a pharmacy 16 times a year, of which 13 visits are for health-related reasons.3
* An estimated 1.6 million visits to community pharmacies take place daily of which 1.2 million are for health-related reasons.3
* Pharmacies provide a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service.
* Most pharmacies (over 90%) have private consultation areas.4
* Of all health professionals, pharmacists have the most comprehensive education and training in the use of medicines for the prevention and treatment of disease.

**Visit** [**psnc.org.uk/commissioners**](http://psnc.org.uk/commissioners) **for more information on community pharmacy services or contact your LPC via** [**lpc-online.org.uk**](http://lpc-online.org.uk/)

**Increasing self-care and improving population health**

Community pharmacies can provide a growing range of public health services (see below) that are producing positive outcomes, notably for people in deprived or vulnerable circumstances.

As community pharmacies are uniquely well positioned to reach out to the population – including ‘apparently well’ people – on a large scale, there is considerable public health benefit to be gained by extending the range and reach of these services.

A concept that’s building momentum is the ‘Healthy Living Pharmacy’, which brings together a number of these public health services in one location. More than 9,400 pharmacies (c. 80%) are now accredited as a Healthy Living Pharmacy.6

**Optimising use of medicines**

Community pharmacies provide a range of services to help people manage and get the most from medicines:

* Support with re-ordering repeat medicines / the NHS Repeat Dispensing service;
* Home delivery of medicines to the housebound;
* Appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people remember to take their medicines;
* Medicines Use Reviews (MURs), in which the pharmacist conducts an adherence focussed medicines review with the patient; and
* The New Medicine Service (NMS), which is designed to improve patients’ understanding of a newly prescribed medicine for a long term conditions.

MURs and the NMS could both be developed further to allow pharmacies to do more to improve adherence.

**THINK**PHARMACY

**Examples of locally commissioned community pharmacy services**

**Substance misuse services:** needle and syringe services; supervised consumption of medicines to treat addiction, e.g. methadone; Hepatitis testing and Hepatitis B and C vaccination; HIV testing; provision of naloxone to drug users for use in emergency overdose situations.

**Sexual health services:** emergency hormonal contraception services; condom distribution; pregnancy testing and advice; Chlamydia screening and treatment; other sexual health screening, including syphilis, HIV and gonorrhoea; contraception advice and supply (including oral and long acting reversible contraception).

**Stop smoking services:** proactive promotion of smoking cessation through to provision of full NHS stop smoking programmes.

**NHS Health Checks for people aged 40-74 years:** carrying out a full vascular risk assessment and providing advice and support to help reduce the risk of heart disease, strokes, diabetes and obesity.

**Weight management services:** promoting healthy eating and physical activity through to provision of weight management services for adults who are overweight or obese.

**Alcohol misuse services:** providing proactive brief interventions and advice on alcohol with referral to specialist services for problem drinkers.

Community pharmacies should be at the heart of local urgent care pathways, offering advice on symptoms and medicines to reduce burden on GPs and hospitals.

One way in which community pharmacy can help is by providing urgent supplies of prescription medicines to patients who have run out. NHS 111 receives more than 18,000 calls per year from patients needing such supplies.7 Community pharmacy supplies are 37 times more cost effective than out of hours services8, and can prevent patients from visiting GPs or A&E for supplies.

Pharmacies could also help patients to return home safely after discharge from hospital, helping to reduce the more than one million people who are readmitted to hospital within 30 days each year.9 Follow up consultations with pharmacists can help reduce readmission rates – one service led to a 37% reduction in readmissions.10

Community pharmacies can also help to reduce the need for hospital admissions, for example offering advice to people who may be at risk of a fall, or providing flu vaccinations. Community pharmacies have vaccinated more than one million people against flu this season11, and 99% of people receiving their NHS flu jab in a pharmacy would recommend it to others.12

**Reducing pressure on urgent care**

**References** 1. According to PSNC records. 2. BMJ Open, *The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England* (August 2014) 3. Department of Health, *Pharmacy in England Building on strengths- delivering the future* (April 2008)4. Local Government Association, *The community pharmacy offer for improving the public's health: a briefing for local government and health and wellbeing boards* (March 2016) 5. The British Journal of General Practice, *Are pharmacy-based minor ailment schemes a substitute for other service providers? A system review* (July 2013)

6. NHS England, *Pharmacy Quality Scheme infographic* (March 2018) 7. NHS England, *2014/15 Community Pharmacy Contractual Framework National Audit* (November 2016) 8. BMJ Open, *Summative service and stakeholder evaluation of an NHS-funded community Pharmacy Emergency Repeat Medication Supply Service (PERMSS)* (January 2016) 9. National Audit Office, *Emergency admission to hospital: managing the demand* (October 2013) 10. *Isle of Wight* *Enhanced Reablement Service Report* (April 2013) 11. *Data received from PharmOutcomes, Healthi and Sonar Informatics* (November 2017) 12. *Patient questionnaire results from the Community Pharmacy NHS Flu Vaccination Service 2016/17*