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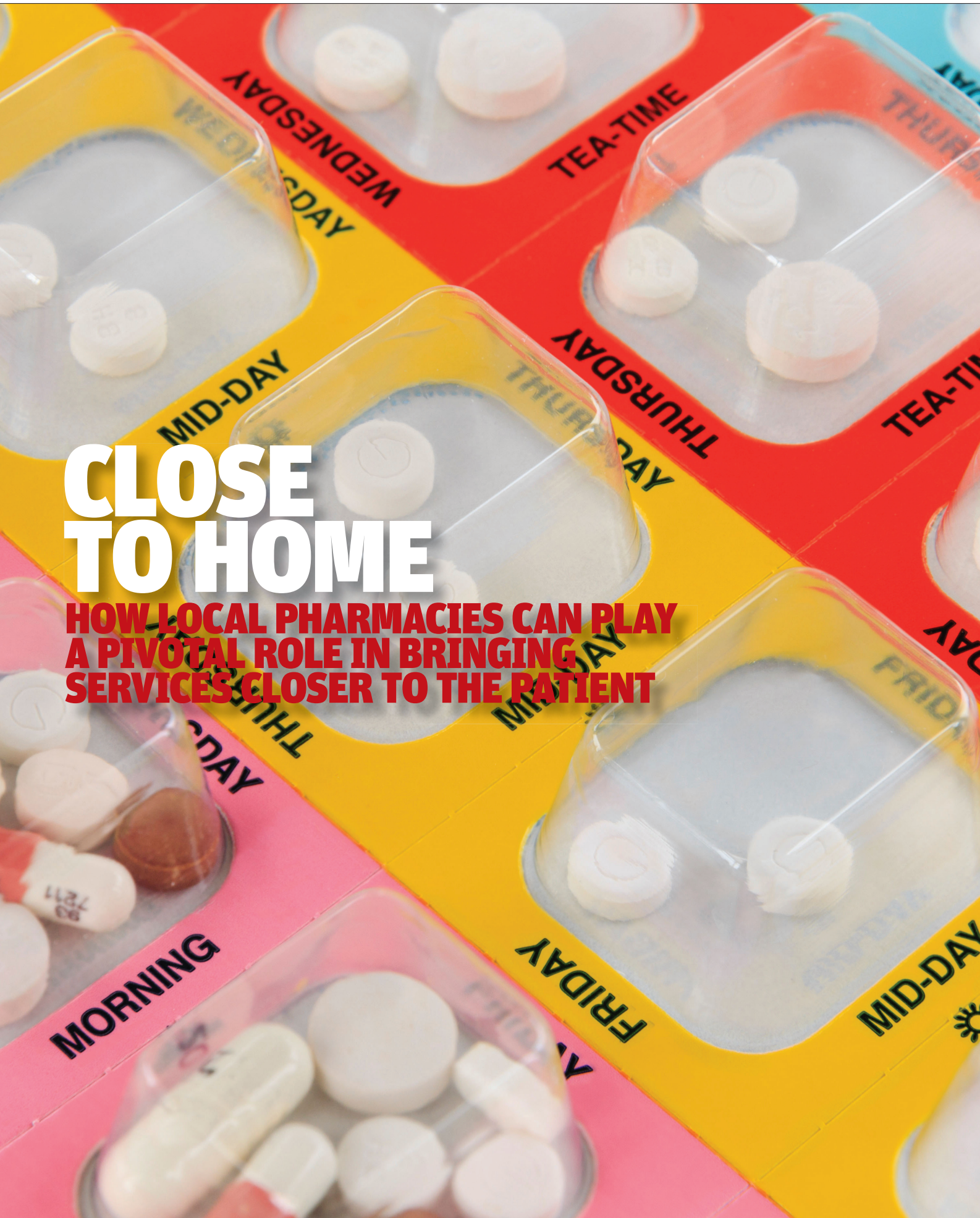

CLOSE TO HOME

HOW LOCAL PHARMACIES CAN PLAY A PIVOTAL ROLE IN BRINGING SERVICES CLOSER TO THE PATIENT

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Pharmacies are moving beyond dispensing to promote public health, support people, especially those with long term conditions, to self-manage; support medicines optimisation; and help people live independently at home. They can also promote efficient use of health services, easing the burden on GPs and hospitals. **Page 2**

PUBLIC HEALTH

From needle exchange to smoking cessation and immunisations, services at pharmacies are growing. Alongside this, pharmacists are looking to offer health advice and support in their daily interactions with patients. **Page 4**

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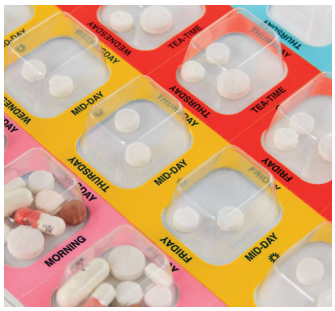

What can pharmacists do to help people live independently at home? Initiatives around the country include home visits to conduct medicines use reviews, falls prevention advice, and support for those with diabetes. **Page 6**

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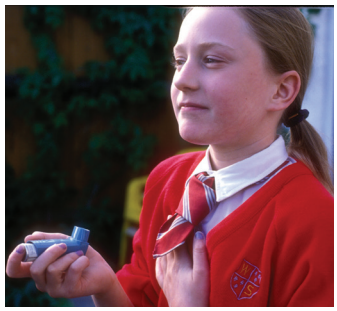


Long term conditions such as asthma place an increasing burden on the NHS. Initiatives such as offering advice on using inhalers show how pharmacies could play a key role in easing future pressure on hospitals and GPs. **Page 8**

FOREWORD

SUE SHARPE

We can do so much more

Pharmacies are at the heart of communities across the UK. Wherever they are, as well as being the trusted suppliers of medicines and health advice, they are playing an important part in health and social care systems.

Most pharmacies can now help people live independently by making home visits and deliveries, offering medicines support, and giving public health advice; many older people and those with long term conditions rely on them as vital players in their support networks.

Pharmacies are conveniently located with no need for an appointment; but what may come as a surprise is the breadth of support they can now offer. Alongside national services to help people get the most out of their medicines, a range of local services commissioned by both local government and clinical commissioning groups are now available. These cover everything from supplying urgent medicines and offering vital vaccinations, to providing access to emergency contraception or advice on topics such as alcohol consumption and smoking.

The evidence for the positive impact of these on communities and local care systems is extensive. For example, services designed to help people to cope after they have been discharged from hospital or to reduce the likelihood of falls while they are on certain medicines can help them to live safely at home and reduce the likelihood of them needing other services. And pharmacy consultations for people with respiratory disease to help them to use inhalers correctly can reduce hospital admissions for those conditions by up to 50 per cent.

These pages explore some of the many pharmacy success stories. So whether you are a clinician, local councillor, patient or commissioner, I hope they give you a fresh view on what community pharmacy can offer and inspire you to explore how your local pharmacies could do more for your communities and care systems. The pressures on health and social services are not going away but, with the right levers in place, community pharmacy can do so much more to help.

Sue Sharpe, chief executive, Pharmaceutical Services Negotiating Committee (PSNC). For more information, see tinyurl.com/commissionerportal

DISPENSING WISDOM

People typically visit their local pharmacy every 28 days – which is a key reason many policy experts see them as ideal sites to deliver a wide range of health services

In the *NHS Five Year Forward View*, NHS England chief executive Simon Stevens makes it clear that he wants services to be delivered closer to people's homes.

In pharmacies across the country, this is already happening. Figures from Durham University show that around nine in 10 (89 per cent) of people live within a 20-minute walk of their community pharmacy, whether that's in cities, housing estates or villages.

People also use pharmacies. The latest statistics suggest that most of us visit one every 28 days, and that includes people in vulnerable groups that are considered hard to reach in health service terms.

According to Howard Stoate, a former MP who is now chair of Bexley Clinical Commissioning Group, and chair of the South East London Area Prescribing Committee, community pharmacy is one of Britain's best kept secrets.

"It's a massively underused resource," he says. "Community pharmacists are also a well trained, highly qualified profession, and footfall in pharmacies is amazingly high; there's always a pharmacy near you, almost wherever you are."

Charles Alessi, co-chair of the National Association of Primary Care, says that access is where pharmacies really score. "Community pharmacy is in an ideal place to be the 'place to go to' for people," he says.

"Community pharmacy provides better access to the public than anywhere else in most cases. Pharmacies are also open longer hours than GP surgeries and at weekends. This of course facilitates provision of health and wellbeing advice to the population."

Once the people get there, however, what does a pharmacy have to offer?

Over the last 30 years, the local pharmacy has changed almost beyond recognition. While the core business of dispensing prescriptions and selling medicines for minor ailments is still there – and at the heart of the community pharmacy – successive changes in contracts, expectations and practice now mean that it has much more to offer.

Pharmacies are promoters of public health, they support people – including those with long term conditions – to self-manage; they promote medicines optimisation; support people to stay at home; and, in helping to encourage more efficient use of the health service, take pressure off general practice and hospitals (including accident and emergency).

Promoting pharmacies

But although there is progress being made, for some, it simply is not fast enough or ambitious enough.

"I think it has huge potential to help solve many of the problems of the NHS," says Dr Stoate, who, as a Labour MP, set up the All Party Pharmacy Group. "But, there is a massive 'but', the public still doesn't know everything that pharmacies do. Pharmacists need to take some of the blame for that, because they really should be promoting themselves better."

There are, however, attempts afoot to change this position and to cement community pharmacy's position as a vital cog in the primary care machine.

Pharmacy has been changing for a number of years, says Alastair Buxton, director of NHS services with the Pharmaceutical Services Negotiating Committee (PSNC), which negotiates with NHS England on behalf of community pharmacies.

"Since 2005, when the new pharmacy contract came in, there have been a number of new services," he says. "This is already making a real difference to patients, but we would like to see this develop further. There's so much more we could do with the right support and the right environment."

As well as dispensing medicines, pharmacists now have a role in promoting healthy lifestyles, signposting people to other services and support for self-care. They also promote optimisation of medicine use – cutting waste and saving money.

New systems introduced under the contract include medicines use reviews (MURs), aimed at patients with certain long term conditions to make sure they get the most from their medications. There is also a new medicine service (NMS), which is aimed at helping people who have just started on a new treatment. But while these are useful, there are limitations, says Mr Buxton.

'I see a future where the default place to manage uncomplicated long term conditions is the community pharmacy'

"Everyone with asthma should be able to request a review on an annual basis, but ideally it should be more frequent than that," he says. He

Contact point: Patients who ignore GP or hospital appointments often visit pharmacies

would like pharmacists to be able to do MURs and NMS reviews several times each year. More frequent conversations would help patients raise issues as they came up, he says, which could perhaps help to resolve issues that might otherwise end up going to general practice or even hospital.

"For asthma patients, for example, in August, you might suggest that they start thinking about flu immunisation, or in spring, you might advise about climactic or environmental factors that might have an impact on their conditions," Mr Buxton says.

Pharmacists are ideally placed to do this, he says, because while patients can ignore calls for hospital or GP appointments, most tend to have to attend the pharmacy to pick up their prescription drugs.

He believes that NHS England recognises the benefit in this and will take it on board when considering service and contractual changes.

"At a local level there are different issues," he says, adding that there is emerging evidence that imaginative commissioners, including CCGs and local authorities, are getting real benefits from investing in community pharmacy.

Home visits

He points to the Isle of Wight and Croydon, where pharmacists have been visiting people's homes to conduct medicines reviews and help them stay at home and out of hospital (see page 6 and 8, respectively).

With the forward view pushing for greater health and social care integration, could this be community pharmacy's moment of opportunity?

Dr Alessi believes the profession has attributes that will help. "Pharmacists sit in a juxtaposition between health and social care, coming into contact with different population types that may not historically interact with GPs," he says. "In this new developing world of healthcare and local government, working much more collegiately and where improving population health is a key national priority, community pharmacy has an increasing role in delivering now and in the future."

This is particularly the case in managing people with long term conditions, he adds, against a background of health and social care services trying to cope with pressure points throughout the system, partly due to the ageing population.

"Community pharmacy needs to be integrated as a key partner in the future models of care, barriers to integration such as [access to the] integrated care record, item of service funding model and recognition as a care giver needs to be addressed. Also the rather archaic system of metrics which drives community pharmacy is in urgent need of renewal. Pharmacists should be involved in far more than dispensing medicines safely and precisely."

According to Gary Warner, a community pharmacist on the Isle of Wight and elected member of PSNC for the South Central region, data capture is key for pharmacists to prove that what they do is making a difference. He was one of the developers of PharmOutcomes – software increasingly used to help commissioners manage and audit services. He says there have been great improvements in data capture over the past few years. "Pharmacy... has been traditionally poor at keeping contemporaneous records, but in the last 2-3 years, community pharmacy has been building IT capacity and record keeping has really improved. That's really benefiting pharmacies, but it's also good for commissioners, and means that we can show that what we are doing has an impact."

Among the other challenges for the future, Dr Stoate believes pharmacists have to get better at sharing good practice, and in believing that they can take risks and make a difference.

But he is optimistic. "Pharmacies, like GP practices, are small businesses, and that can be stressful and make change difficult," Dr Stoate explains. "But I think they have to step up to the plate – and if they do, there's a great future."

Dr Alessi agrees. "I foresee a future where the default place to manage uncomplicated long term conditions is the community pharmacy," he says. "Care in the community will increasingly rely on the position where community pharmacy is the meeting point for health and social care services, working towards increasing the resilience of the people with long term conditions and keeping people well. We need to build on this and continue to work to create a common shared vision for the community." ●

ALAMY

AT THE HEART OF THE COMMUNITY

As well as being a hub for services ranging from vaccination to diabetes monitoring, pharmacies should be seizing every opportunity for health promotion

Kevin Fenton, director of health and wellbeing at Public Health England, visits his local pharmacy at least once a week and often enjoys conversations with members of the team.

So perhaps it is not surprising that he answers emphatically when asked if he thinks that community pharmacies have the potential to make a difference to public health.

"It's gone beyond potential; it's already happening," he says. "But it's important to champion it, and to scale it up – we need to do more, and faster."

Community pharmacies are uniquely placed to be accessible because of their location and opening hours, Professor Fenton adds. "They are close to where people live and work; they have a diversity of staff which often reflects the diversity of the local community, so can overcome many of the [traditional] barriers to care. They have a range of assets to bring to the table."

He points to a wide variety of areas where community pharmacies are already working to improve public health, from smoking cessation to sexual health services (such as supply of emergency hormonal contraception and chlamydia screening) and brief interventions on alcohol use.

"I'd like to see pharmacists providing this consistently, and seeing what else we can do, by building relationships with local government, commissioners and providers."

He points out that community pharmacies across the country are already performing NHS health checks, and would like to see more initiatives in areas such as blood pressure monitoring, diabetes prevention and management, and dementia.

A key element of the 2005 community pharmacy contract was that pharmacists would promote healthy lifestyles. Although they were already working in this area, the contract explicitly said for the first time that pharmacies would have a role in health promotion, and therefore public health.

This has led to pharmacies up and down the country introducing new services, and building consultation rooms so that people can obtain advice and help in private.

The range of services provided is growing and affects almost every part of society, from needle exchange schemes for substance misusers to provision of vitamins to those at risk of deficiency.

'The London approach of delivering the seasonal flu jabs campaign through pharmacies has had positive results'

Robbie Turner, chief executive officer at Community Pharmacy West Yorkshire, says that pharmacies – at the centre of communities – are well placed to seize opportunities for health promotion. "Yes, these can be difficult conversations to have, but it's about making every contact count," he says.

He points to a project that screens people for alcohol problems, and provides intervention management where appropriate. Run in West Yorkshire, it involves asking patients to complete a simplified Alcohol Use Disorders Identification Test (AUDIT) in the form of a scratch card. "Although this initial screen was performed by any member of the team, people who scored five or more were referred for a full AUDIT screen by a trained member of staff," Mr Turner says. "Depending on the results, they were either given brief advice or referred to specialist services.

"Once you get over the initial hurdle, then the vast majority of people were happy to take part."

While applauding public health initiatives in pharmacies, Professor Fenton acknowledges there is work to be done. "We have to focus on challenges," he says. These include ensuring there is a broad understanding among primary care, commissioners and local authorities of the role and opportunities that pharmacists bring. "We need to bring them into the commissioning framework for prevention and early intervention," he adds.

Getting initiatives to scale is also a challenge. "We're on a fabulous journey with Healthy Living Pharmacies [a nationally agreed framework under which pharmacies show they deliver a range of commissioned services in a health promoting environment]. We've got more than 1,000 of them, but we want to double that," he says. "It's ambitious, but they're making a real contribution to the health and wellbeing of people, as well as improving job satisfaction for people in the pharmacy team."

Getting the data right

The third challenge Professor Fenton singles out is getting the right data to support commissioning decisions. "We have to be able to measure our progress and demonstrate solidly the additional role of pharmacy and what it brings," he says. "We need better data capture of outcomes, and we need to track the benefits."

He is optimistic, however.

Make every contact count: During their interactions with patients, pharmacists can learn about their lifestyles and offer advice

"The reality is that the *NHS Five Year Forward View* warns that if we want to see real change, it can't be business as usual. We have to look closely at the assets we have, and we have to leverage these assets. Community pharmacies are an underutilised asset."

Kenny Gibson, head of early years, immunisations and military health for NHS England, London region, would also like to see pharmacies' role developed further.

"Unlike some clinical groups, I think pharmacists really look at population health, and empowering patients to be healthy," he says.

"Pharmacists, along with nurses, see the added benefit of making every contact count. There's a real sense of 'while you're in the building anyway...' with pharmacists; they'll use the time spent cross-checking medicines to learn a bit more about people's lifestyles, to build up that trust and relationship over time."

Pharmacists have the chance to see what is going on with people, he adds, and if the trust is there, it can make a difference. "For example, if a pharmacist notices that a woman has been requesting a lot of emergency hormonal contraception, they might ask her if she's considered long acting contraception.

"And we know that brief interventions work, whether it's alcohol, smoking cessation or weight management."

One example is in helping to prevent flu in vulnerable groups, such or pregnant women or people with long term conditions. The London approach of delivering the NHS seasonal flu immunisation campaign through community pharmacies has had positive results, he says.

Beginning three years ago, the project saw 250 pharmacies delivering 30,000 vaccines in its first year. This rose to around 700 pharmacies delivering 68,500 vaccines the following year and, in 2014-15 2,000 pharmacists in 1,089 community pharmacies delivered 108,700 flu and 8,500 pneumococcal vaccines.

In 2013-14, more than a third (38 per cent) of all London pharmacy flu vaccinations were to people who had never previously been vaccinated for flu. Feedback suggested that they would return in subsequent years because they found the experience easy and quick.

The following year, more than a fifth had not previously been vaccinated for flu. "This increment, along with the 'retention' from the previous year of first time vaccinations, is likely to help enormously towards sustained increases for higher uptake among those at risk for future years," Mr Gibson says.

Commissioners in other parts of the country are taking the same approach. Mr Gibson says it is really working.

"The feedback from Londoners is that they really like it, and we have to listen to that voice," he says. "London has been one of the only regions in England to sustain its vaccine uptake."

Community pharmacies have the advantage of being a common port of call for people going about their daily lives, he says, particularly people with long term conditions who might be going regularly to pick up prescriptions.

"We're also seeing a lot of young pregnant women coming for immunisations, and that's great."

"Most people go to a pharmacy every 28 days, and teenagers and young adults in particular have been asking for access to things like immunisations at weekends. They also want dovetailed vaccines – they don't want to have to come back two or three times if they can get all the vaccines they need in one visit."

NHS branding

Mr Gibson believes that pharmacists can help to ensure that the public has confidence in them as deliverers of public health initiatives by, for example, reviewing branding to ensure that they use "NHS" labelling to differentiate the services from their retail function. This helps to build trust and to show that it's an NHS service, he adds.

Future plans include widening the vaccines available through pharmacies and introducing "family ticket" sessions, where different age groups are targeted, again, ensuring that as much can be achieved in one visit as possible.

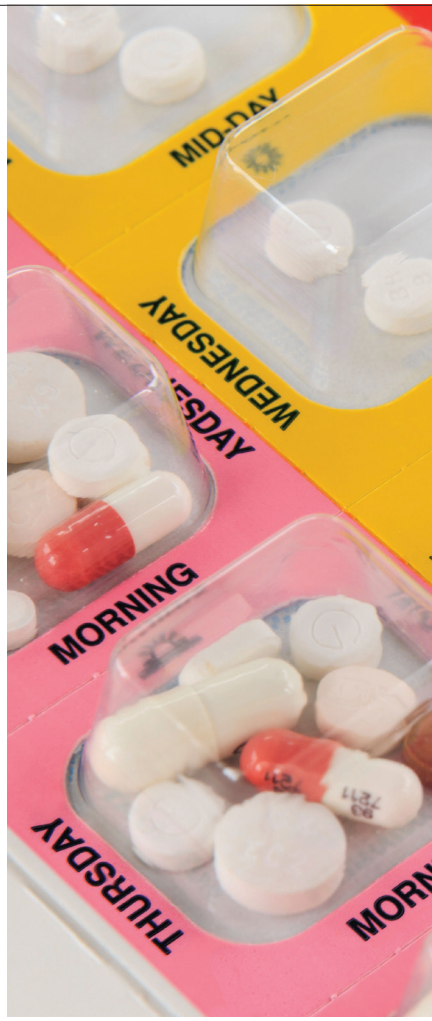
There are also moves to offer vaccines to vulnerable groups who might not be registered with a GP, such as homeless people. People with chaotic lifestyles or with mental health problems or a learning disability might also appreciate the chance to get vaccinated in their local community pharmacy.

"What we're talking about is making the most of every opportunity and delivering vaccines in places that people actually go," Mr Gibson says. "Pharmacies, through the access and choice they provide, have a hugely important role to play." ●

ALAMY

HOME FOR GOOD

Pharmacists can help people live independently at home in many ways, from visiting those struggling with medications to supporting diabetics to advising on falls



Long waits at accident and emergency might have been the political and media focus last winter. But few would deny that the front door problems were simply the highest profile symptom of a system under pressure – from community, to hospital, and back again.

Yet many believe that community pharmacy could hold the key to easing demand at almost every point of the pathway, helping people stay out of hospital where possible, and get home more quickly if they do need to be admitted.

"Pharmacists are trained as generalists, like GPs," says Charles Alessi, co-chair of the National Association of Primary Care. "With their expertise in managing pharmacology and multiple long term conditions, they are ideally placed to support medical and nursing teams at pressure points within the NHS."

But what can pharmacists actually do to support people at home – and how can pockets of good practice be spread further?

In some areas, imaginative commissioners – whether clinical commissioning groups or local authorities (or sometimes both) – are working with pharmacists to offer support to people recently discharged from hospital.

These reablement services have been shown to reduce readmissions, saving money to the local healthcare economy, and giving a better experience to patients and their families.

Andrew McCoig, chief executive of Croydon Local Pharmaceutical Committee says his area has been running a domiciliary visiting service, in which pharmacists visit vulnerable patients in their own homes, performing medicines use reviews (MURs). It began in 2012, funded at the time by the local authority, and is now funded by the local authority and CCG through the better care fund.

"The local authority realised it was spending a lot of money on social care for people on discharge from hospital," explains Mr McCoig. "A lot of people were in chaos with their medicines, so they brought pharmacists in to make sense of it."

Visiting people in their own homes is a great way to see what is actually going on, he adds. "People weren't always honest about what [medicine] was in the house, and what they'd bought for themselves as well. But on the whole, people responded really well. The pharmacists were there to help, not to judge."

'In home visits, we've found people hoarding huge amounts of medicine, so we can help prevent waste'

Overwhelmingly, GPs are happy for pharmacists to do this, he says, but the majority will not facilitate it, mostly citing lack of time and resource. "When there's a positive result, they're delighted," he says, adding that a "chunky minority" will refer patients to participating pharmacists.

"It's about a rationalisation of medicines, getting rid of what's out of date, and what the patients shouldn't be using any more. Sometimes the pharmacist walks away with carrier bags full of drugs. But it's also about education: talking to patients about how they use medicines and the benefits of good compliance."

The service estimates that it is saving the NHS money because of avoided hospital readmissions and the associated bed days.

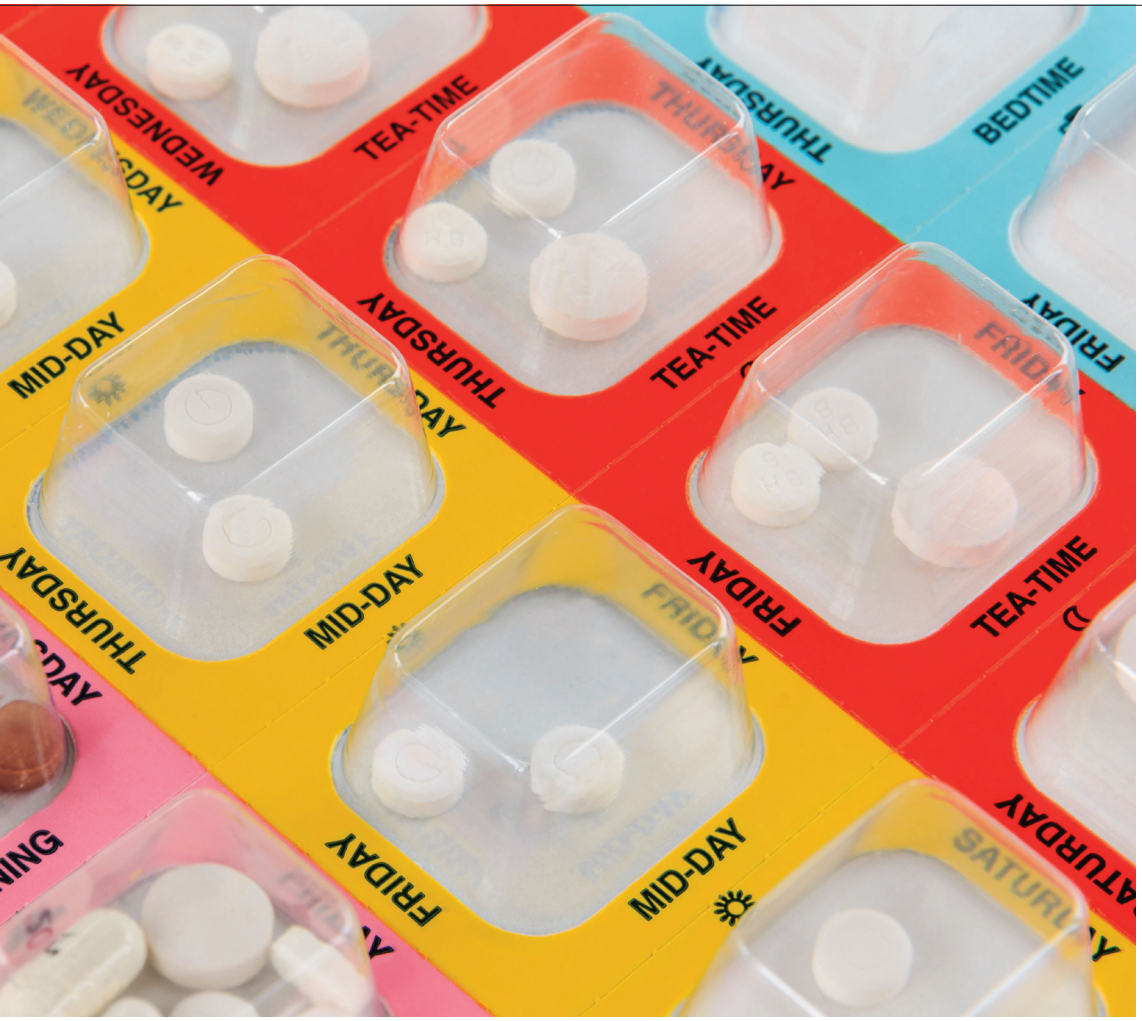
But it has other benefits too, adds Mr McCoig. "We've had carers – husbands and wives of patients – saying it's really changed their lives," he says. "It's not rocket science, but it really works."

He believes that pharmacists should be more closely linked to the primary care team, but warns that traditional "silo" working between professions can make that difficult.

"GP practices have multidisciplinary meetings where they discuss patients – pharmacists should be part of that," he says. He would also like to see more imaginative contracting relationships to facilitate better cross-professional working.

To him, however, the biggest barrier is information technology and data sharing. "If we got the IT right, everything would fall into place," he says. "But at the moment, that IT link isn't there; it's like we're back in 1948, and that's bad for the patient and bad for health services."

Nick Hunter, chief officer at Nottinghamshire, Rotherham and Doncaster local pharmaceutical committees, also speaks of the value of domiciliary MURs. "It takes four times as long per patient [as in a pharmacy setting] so requires funding," he says. "But what we've found [in home visits] is that people have been hoarding huge amounts of medicine, so we can help prevent waste. We've also found that patients are on 15-20 medicines, while they perhaps don't see a health professional from one month to the next. There's a huge opportunity here to make a difference to these patients' lives,



Home help: Pharmacists can visit people at home to review and advise on medications

ALAMY

and save the NHS money."

Long term, he would like to see closer working between different parts of primary and secondary care, and between health and social care. He believes it would be tremendously beneficial if, for example, pharmacists could make referrals to community nursing teams, or for social care.

Community pharmacists have also shown that they have a role to play in preventing falls and fractures, helping to keep people out of hospital.

This was demonstrated by a scheme in Doncaster, where pharmacists reduced the number of patients admitted to hospital by advising people taking multiple medicines about falls prevention.

Diabetes is one of the key areas where pharmacists are already helping patients manage their conditions better, potentially saving the health and care economy time and money – and potentially keeping people out of hospital. Again, however, more could be done.

Simon O'Neill, director of health intelligence and professional liaison for Diabetes UK, says the contribution of pharmacists goes beyond medication.

"Pharmacists play a vital role in helping people manage their diabetes," he says. "Though their key focus is on medication delivery, they can also play a huge role in ensuring that people with diabetes are taking their medication as prescribed. The pharmacist needs to establish that each person understands what their medication does and why it is so important not to skip it. A conversation should also be had about whether the person is experiencing any side effects, and it should be made clear that if they are... there are many alternative medications."

Diabetes advice

As well as medicines optimisation, there are wider issues community pharmacists can discuss with people with diabetes that could make a big difference to their ongoing health, he adds.

"We also know that receiving good quality information about their condition helps people with diabetes to feel more empowered and encourages better self-management."

The benefits of involving pharmacists more in the care of people with diabetes – particularly around medicines management – are potentially far reaching.

He points to evidence (ncbi.nlm.nih.gov/pubmed/22869663) that greater adherence to diabetes drugs is linked to significantly less hospital use – an area where community pharmacists could support patients, he says.

However, he acknowledges this will take time and resources.

"If someone has a long term condition like diabetes we believe they should be having a regular medicines use review with their pharmacist," says Mr O'Neill.

"I would recommend this happens at least yearly. It's highly likely that they will be on other medication for other co-morbidities and the review can help to ensure they are taking the most effective medication for their needs.

"For example, it may be that someone is no longer taking their metformin because it makes them feel nauseous.

"But by introducing a slower release version of this medication this obstacle could potentially be overcome."

He would also like to see community pharmacists pro-actively providing checks to assess people's risk of developing type 2 diabetes.

"They can also use the new medicine service as a tool to help people who are prescribed new medications to really understand how they work and how they can be used," he says.

But it is not only patients who benefit from an expansion of the community pharmacy role and scope. In some parts of the country, pharmacies are actively involved in finding carers and ensuring that they get the support they need to stay healthy themselves, and to continue caring for their loved ones.

Julia Ellis, who leads the Carers Trust's primary care programme, has been working with community pharmacies' body PSNC to develop carer friendly pharmacies. This involved training pharmacy staff to identify carers and, where appropriate, refer them on to local carers' organisations, and, if they wished, to their GP, so that they could access any available help.

"Ten per cent of a GP's patients will be carers, but only around 1 per cent will be identified as such," she says. "But it's important that carers are identified – it can help with things like accessing flu vaccinations, and also putting them on the path to get the support they need. Pharmacy staff can play a hugely valuable role in this." ●

BREATHING ROOM

Advising on inhaler use is just one way pharmacies can support long term conditions and, crucially, ease the future burden these are going to put on the NHS

When the community pharmacy body PSNC published its aims and aspirations for pharmacy services, providing support to people with long term conditions was at its heart.

The 2016 vision document shows that caring for this growing group of patients is a vital part of community pharmacy, cutting across its four key domains (see box, below), including optimising medicines use and support to self care.

It also chimes with the *NHS Five Year Forward View* of an NHS with greater focus on self-management and treatment closer to home.

But with less than six months until 2016, just how close are we to seeing this vision realised

THE VISION

"The community pharmacy service in 2016 will offer support to our communities, helping people to optimise use of medicines to support their health and care for acute and long term conditions, and providing individualised information, advice and assistance to support the public's health and healthy living."

Four key domains:

- Optimising the use of medicines
- Supporting people to self-care
- Supporting people to live healthier lives
- Supporting people to live independently

http://psnc.org.uk/psncs-work/psnc-vision-and-work-plan/

Alastair Buxton, director of NHS services for PSNC, says community pharmacies are already making a huge difference to people with long term conditions such as asthma and diabetes – but there is still a way to go.

"Increasing rates of long term conditions are a growing burden for the health service," he says. "But making better use of community pharmacy is a real way to address that.

"Already there are services at a national and local level that are really making a difference, but there is certainly more that we could be doing, given the right support."

Respiratory services are a case in point. According to NHS Choices, around 5.4 million people in the UK are receiving treatment for asthma, the equivalent of one in every 12 adults and one in 11 children.

Asthma UK says the disease costs the NHS £1bn per year, with exacerbations leading to more than 50,000 admissions and a drugs spend of £800m. The wider costs to society are estimated at £6bn annually.

Yet the key to cutting at least some of these costs could be in the hands of community pharmacies.

For example, improving inhaler technique can make a real difference to someone's health – and pharmacies are showing that they can do this.

One initiative by NHS South Yorkshire and Bassetlaw involved 93 pharmacies providing advice to patients with respiratory disease, their use of medicines, inhaler technique and symptom control. This was done via medicines use reviews (MUR) or the new medicine service (NMS), both of which are NHS services designed to help patients get the most out of their medicines.

In this particular project, which took place between September 2012 and March 2013, there were 1,616 consultations, with patients' inspiration rate for each device taken before and after the pharmacist's advice was given. Following the consultation, virtually all patients were achieving their target rate for their inhaler, a significant increase on the "before" figure.

With the most commonly used device, for example, only around a fifth (21.7 per cent) achieved target range before the consultation compared to 98.6 per cent afterwards.

Reduced admissions

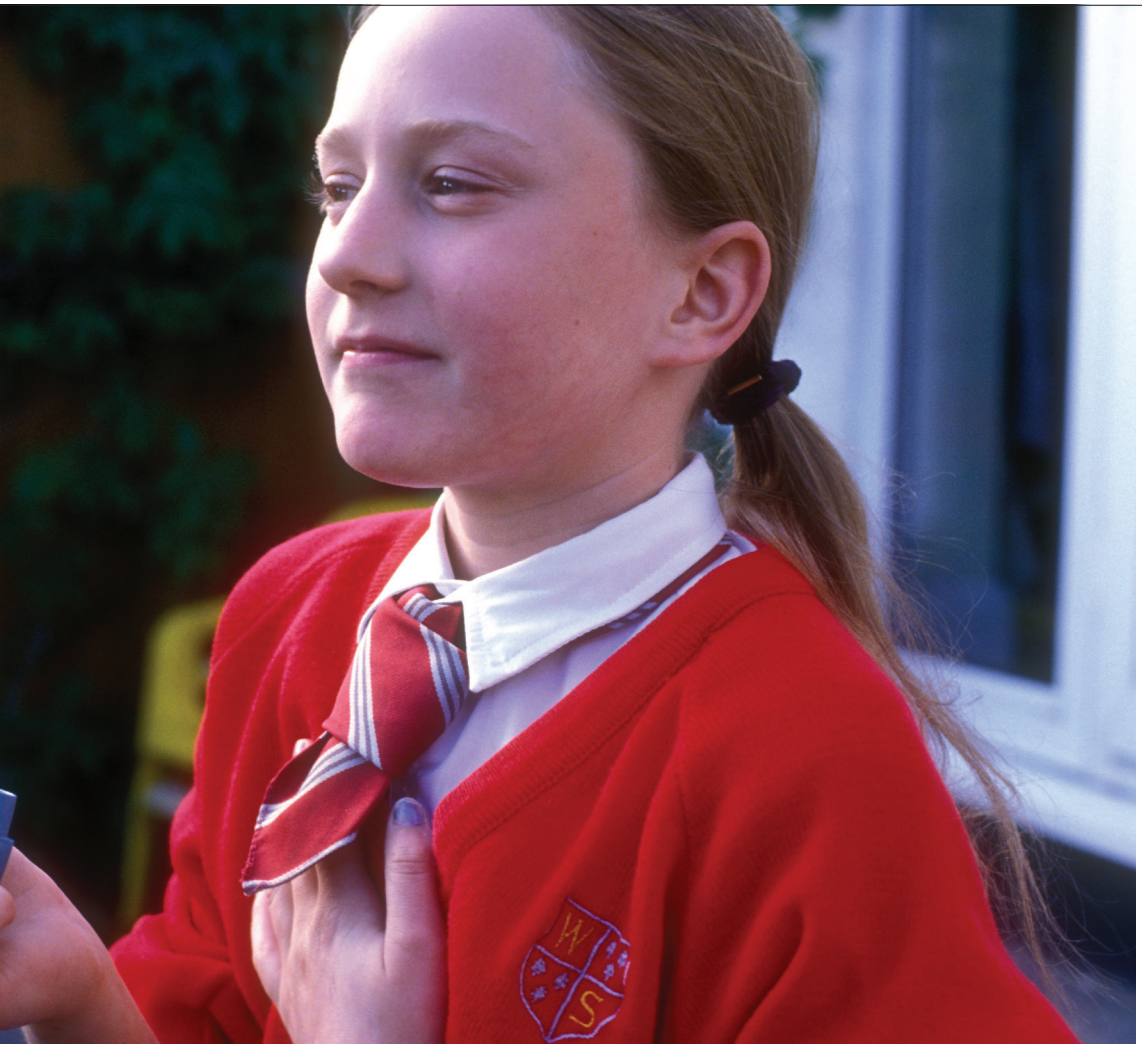
Improving the way people use inhalers can make a major contribution to taking pressure off health services too. An initiative on the Isle of Wight saw community pharmacies use MUR consultations to improve inhaler use. Results included a 50 per cent reduction in hospital admissions due to asthma in three months, a 75 per cent reduction in deaths due to asthma over the same period; and significant reductions in prescribing costs for beta-antagonists, suggesting that people were controlling their disease much better.

According to Gary Warner, a community pharmacist on the Isle of Wight, who is, among other roles, elected member of PSNC for the South Central region and chair of the service development committee, the ongoing service is making a real difference to patients and to health services on the island and beyond.

"On the Isle of Wight we can see it's having a real impact on hospital admissions, and we know it's making a difference to patient outcomes," he says.

One of the main elements has been ensuring that the information is there to back up the claims. Using PharmOutcomes software (a system he helped develop), pharmacists can demonstrate that what they are doing makes a difference. "It's important to get the data and crunch it so that commissioners can see that it's working," he says. "Without data it's rhetoric."

Similarly, an initiative in Leicester found a marked



Long view: The NHS needs a strategy to address the demand for services from people with asthma, which costs it £1bn a year

ALAMY

reduction in GP visits, hospital admissions, and prescription costs when community pharmacies were integrated into the local primary care team and commissioned to deliver asthma reviews to patients. Crucially, four in 10 patients experienced clinically important improvements in asthma control and there were statistically significant improvements in patients' quality of life and inhaler control.

The "SIMPLE approach" to managing asthma in community pharmacies was the brainchild of Anna Murphy, consultant respiratory pharmacist with University Hospitals Leicester Trust. She came up with the name, she says, when a colleague asked what it involved. "I said it was simple, really, then realised it was," she smiles. The acronym stands for Smoking cessation, Inhaler technique, Monitoring, Pharmacotherapy, Lifestyle and Education. "It was nothing new," she says. "It was more pulling all the components together."

The aim was to help people to achieve better asthma control. "If you get care in the community right, and people get the support they require, then very few patients should need to be seen in secondary care," she says. "Community pharmacists are in an ideal position to support these patients, and we found that pharmacists were keen and willing to be trained to help patients with asthma."

Almost half (45 per cent) of people who think they have well controlled asthma, actually do not, she adds. So they are not necessarily motivated to attend regular asthma reviews, increasing the risk of exacerbations that can lead to accident and emergency attendance or hospital admission. "People work, they are busy – but pharmacies are open in the evenings and at weekends, so they are more convenient," she says.

Following a successful pilot, the project was rolled out across much of Leicester and there has also been interest from other parts of the country.

"Momentum is building, and now we're evaluating it in [chronic obstructive pulmonary disease]," she says.

She does, however, identify several barriers to wider uptake. "Some GPs and practice nurses don't think a pharmacist can do this," Ms Murphy says. "But for this to work, practice staff and pharmacists need to work together. Care should be part of the patient pathway; it shouldn't be in silos."

Cost is another issue. "Pharmacists do this work as part of an MUR; I think there should be an uplift in that," she says, adding that MUR arrangements should also be reviewed so that patients can, where appropriate, have more than one per year. There should also be a review of the annual limit on the total number of MURs pharmacists can do, she says – currently the maximum is 400 a year.

Certainly the evidence is stacking up and, importantly, services are being rolled out more widely.

Targeted funding helps, however. In Greater Manchester, for example, a project conducted over seven areas, funded by the former strategic health authority, and supported by the former primary care trusts and pharmaceutical industry, saw pharmacists use an enhanced MUR for patients using an inhaler for asthma or COPD.

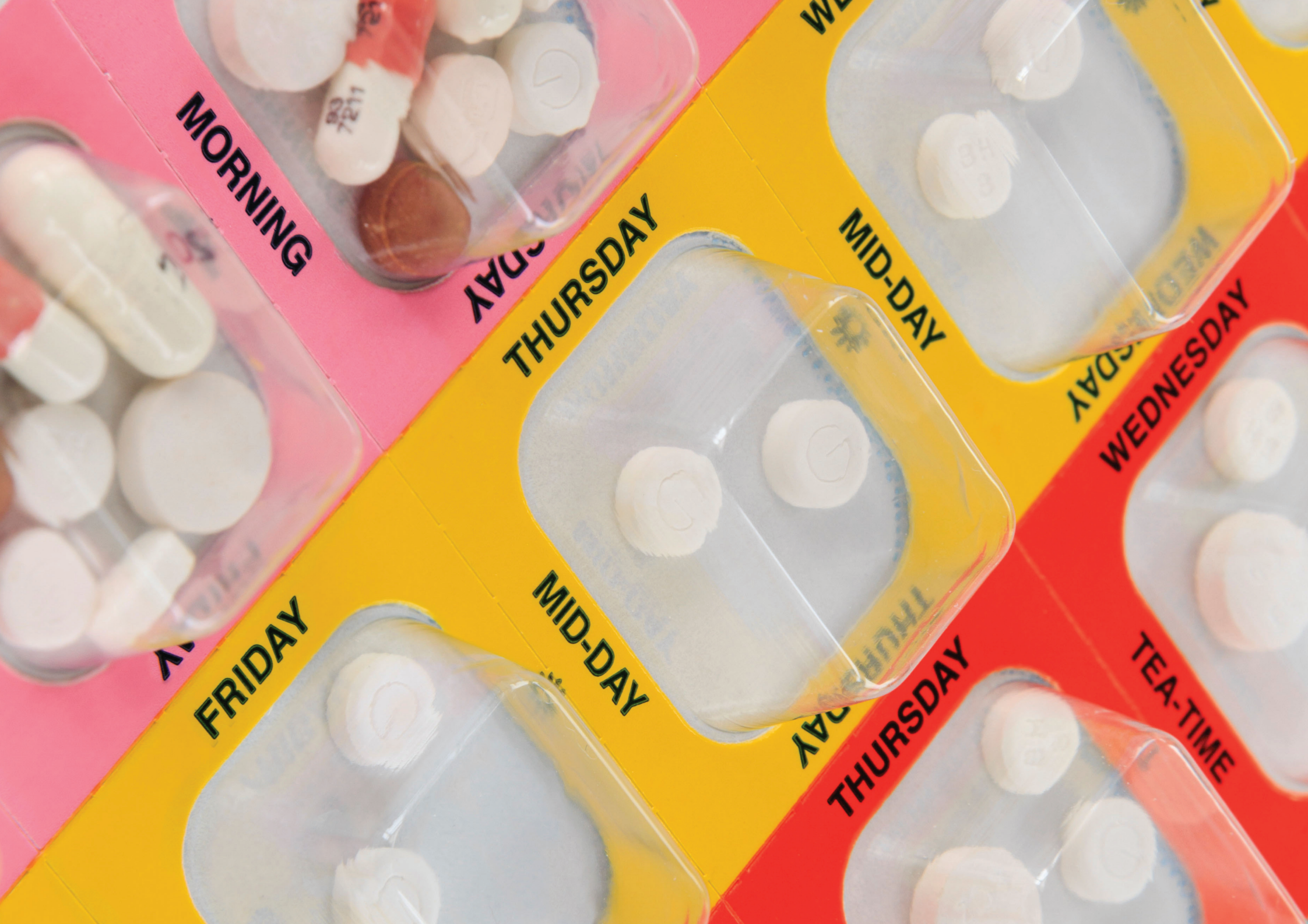
Patients were offered a series of three consultations over a six-month period, with special dispensation to do two MURs in that time. Training and resources were supplied to the pharmacists. "We got some really good results," says Peter Marks, chair of Community Pharmacy Greater Manchester. Patients showed improvements in inhaler technique, target inspiration flow rate, control of their asthma or COPD, and quality of life. The project has now been rolled out across Greater Manchester.

Patient reaction

One thing that impressed Mr Marks, a community pharmacist of many years' experience, was the reaction of patients. "I'd be saying to someone basically that their technique was rubbish, and they'd ask me why nobody had ever told them that before," he says. "That got me thinking about kids – so now we're working with schools to improve inhaler technique in children."

For him, it is part and parcel of the new community pharmacy – and bodes very well for the future.

"We've moved away from being on a production line handing out prescription drugs," he says. "We're providing a real service, and we're a recognised part of primary care, and the local health and care services. That's great for community pharmacy but it's got to be good for patients and the NHS too." ●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