



ALL-PARTY PHARMACY GROUP

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All-Party Pharmacy Group meeting – Improving outcomes for patients with long term conditions: what can pharmacy offer?

The All Party Pharmacy Group meeting was held at 4pm on 17th May in the Jubilee Room, House of Commons.

Managing long-term conditions accounts for a significant proportion of NHS spending. In this era of financial constraint, it is all the more important that people suffering long-term conditions get the care and support needed to prevent unnecessary hospital admissions or other forms of expensive secondary and acute care.

The Department of Health has established a number of initiatives that recognise the important role pharmacy plays in supporting patients with long term conditions, including the New Medicine and Medicine Use Review Services. While these initiatives are welcome news, the Group used this meeting to assess what else can be done to utilise pharmacies' capability in managing long-term conditions in order to deliver improved patient outcomes and better use of NHS resources.

Speakers: **Dr Samantha Walker, Asthma UK**

 Anjella Coote, Boots Pharmacist

 Kevin Holton, Department of Health

Summary of APPG meeting

- Chair, Rt. Hon Kevin Barron MP (KB) welcomed the speakers and asked them to briefly introduce themselves, outline their views on asthma management and the role pharmacy can play in this area.
- Kevin Holton (KH) took this opportunity to outline key challenges in this area, namely; reducing deaths from asthma through better care management, improving patient outcomes across the UK in order to tackle regional variation and to ensure asthmatics have good disease control and management. He talked about how new quality standards being developed by NICE will help improve the quality of care. He also recognised the evidence available that shows the positive impact pharmacy engagement has on tackling asthma.
- Dr Samantha Walker (SW) explained how a natural de-skilling of doctors has occurred - as skilled asthma nurses dominant the care sphere - which leaves a void in service provision that pharmacists can play a key role in. She highlighted that Asthma UK is aware it needs more access to parts of the patient population that don't use pharmacists as often as they should/could – particularly as inhaler technique/adherence is a problem.
- Anjella Coote (AC) used her introduction as an opportunity to highlight the life of a pharmacist and how they help patients manage their conditions. In her pharmacy in Fareham, they see 2,500 patients every day for a variety of services including contraception advice, needle exchange, smoking cessation, vaccinations and sexual health problems such as erectile

dysfunction. Since 2005 her pharmacy has offered the MUR service – one of the most recent examples being an asthma patient who came into her pharmacy. AC conducted an ACT (asthma control test) survey and assessed the patient’s treatment adherence. It was a quick and easy assessment that significantly helped the patient with their inhaler adherence and management of the disease. Across Hampshire and the Isle of Wight, 66 pharmacies currently deliver asthma MURs and of 94% of issues dealt with in a pharmacy, 6% are referred back to the GP’s surgery.

- Following the brief introductions, KB picked up on the point regarding NICE, asking whether under the current reform proposals for the NHS, the new quality standards would make a difference. To which KH explained that the Health and Social Care Bill stipulates that the NHSCB need to take on board NICE’s quality standards.
- KB also addressed how MURs can have a huge impact on taking pressure off other primary care resources. Both AC and SW agreed and explained that they also have a positive impact on patient outcomes, and provide scope for pharmacy to deliver more.
- KH made the point that clinicians want good proof points that demonstrate the value of services – the more that can be collected; the more lessons can be learned. SW claimed that some evidence can be contradictory, but those data sets that are most insightful and positive are those that show system wide interventions. Therefore she proposed that there needs to be blue sky thinking and for investment to be put into systems that show positive results in order for good practice to be disseminated. When putting a question to the panel, attendee Jonathan Mason (JM) highlighted that as the Healthy Living Pharmacy (HLP) model expands across the UK more evidence will be collated.
- KB asked how pharmacists are incentivised to deliver services to patients, to which AC reiterated that the profession on the whole has a very ‘can do’ attitude, which spurs them into delivering successful service provision. She also mentioned that there are some good incentives under the HLP schemes. SW enquired about whether there was any disincentives to invest in better medicines control for pharmacists, for example if an asthma patient doesn’t have any adherence problems they won’t need more help/medicines therefore pharmacists would see a drop in revenue. AC argued that this wasn’t the case – she said that a significant amount of money could be saved on the NHS by preventing hospital admission through inhaler adherence.
- Graham Phillips (GP) put it to the panel that commissioning services need to be addressed to ensure better patient management of long term conditions, by particularly focusing on how GPs and pharmacist work/communicate together. He said he hoped the Government’s ‘listening exercise’ would address the potential risk of silos by ensuring both stakeholders are incentivised to work together through the contractual framework. AC agreed that sharing information is key to diagnosing and managing long term conditions. KH stated that pharmacists see four times as many patients than any other healthcare professional and that they should have a voice in commissioning and the provider process to avoid the risk of silos. They play a particularly important role in accessing ‘hard to reach’ groups.
- Ash Soni argued that medicines and care are not yet seen as one of the same thing and that for better patient outcomes to be achieved they need to be integrated into the patient pathway. KB agreed and said that there are ways to increase joined up thinking, one of which could be a QOF style mechanism for pharmacy. JM picked up this point calling for medicine to be recognised as an investment; therefore the service to support it effectively needs support. He also referenced a scheme in the Netherlands that offers an incentive scheme for pharmacists and GPs, which should be looked at for reference as the health system is very similar to England’s.
- Sue Sharpe reiterated AC’s point that MURs are beneficial – patients like them and want them. They fill the void between diagnosis and treatment, as all too often patients are “left to it”. She

also highlighted that services rather than dispensing should be rewarded. She said that if service provision can be integrated into the framework, more system-wide reforms can be made. GP reiterated SS point and called for the community pharmacy contracts to be modernised – to take a whole-system approach to commissioning.

- Further to the discussion about encouraging joined up working, KB enquired about e-prescriptions and whether the information can be shared. Members of the audience answered that generally pharmacists do not have access to the information and that the profession does need a certain level of access to patient records to help them in their management.
- The meeting came to a close with a question to AC about the barriers pharmacists have had to overcome, if any, to offer services such as MUR. AC claimed that there has been a significant change in the attitude of pharmacy students since when she was educated – students are now more aware of the service driven agenda in the NHS. She said that the main hurdle is behaviour change – pharmacists need to have the skills and confidence to change their mindset so that services such as MUR feel like normal service provision.