

Person-centred pharmacy?

The role of pharmacy
in supporting people
with long term
conditions

 National
Voices



ROYAL
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Introduction

On 26 April 2017, the Royal Pharmaceutical Society and National Voices held a joint event, attended by members of National Voices and people with lived experience of long-term conditions. The event explored the current role of pharmacy in delivering person-centred care to people with long-term conditions, and how this might evolve.

This report sets out the themes that emerged from the event. It looks at how people currently use community pharmacy, and their perceptions of the service, and how it can be developed to better support people with long term conditions, in a person-centred way. It builds on [the report of a similar joint event](#) held in 2015.

Pharmacy and long term conditions: participant reflections

Current use of community pharmacy by people with long-term condition

Participants were asked about how they (or the people they work with) currently use community pharmacy, particularly in relation to managing long-term conditions. Their experiences were mixed. While some felt confident to go to the pharmacy for advice on medicines, others focused on using pharmacy only to get hold of medicines.

- “I go to my pharmacy to find out more information on medicines, especially when I come out of hospital”
- “I only use my pharmacy to get my supply of medicines”
- “My pharmacy can provide me with immediate information on my medicines”
- “The pharmacist has an overview of all the medicines I take and this is really useful”
- “My pharmacist calls me to make sure I am ok”
- “My pharmacist can be my advocate, especially with my GP”
- “I know pharmacists provide a medicines review, but I’ve never been offered this service – maybe I’m not the right type or person, or have the right condition for a review”

While some people already saw the pharmacist as a useful source of information and advice, others thought of them mainly in a transactional sense – it’s where you go to get your medicine.

Overall, people had a fairly narrow understanding of how pharmacists can currently support people with long-term conditions, and there was little evidence that their pharmacists had proactively offered additional services.

Perceptions of community pharmacy

There was agreement that community pharmacists play an important role in supporting many people with long term conditions.

- *"Epilepsy is a long-term condition that is managed by anti-epileptic drugs. [These] do not cure the condition, rather they stop or reduce the number of seizures. People with epilepsy will therefore have a long term need to interact with pharmacists – we are keen that they get the best service possible."* – Epilepsy Action

The question of whether pharmacists have the skills and knowledge they need to properly support people with long-term conditions was also raised. In particular, do they have enough understanding of particular conditions to be able to provide accurate advice and information beyond medicine use?

- *"I think my GP knows more about my condition than my pharmacist, so I would rather go and see them"*

Although people recognised a range of roles that pharmacists can play, they had mixed perceptions of pharmacy. While pharmacies are seen as accessible, people were not sure of the services on offer for people with long term conditions. This has a knock-on effect on how people make use of them.

- *"I don't know what my pharmacy can do, so I don't make use of the resources. Why would I go to the pharmacy instead of going to my GP?"*
- *"I don't know who the pharmacist is as they don't identify themselves"*

Others felt pharmacy may be disconnected from other NHS services, which would affect how well they could support patients.

- *"I don't know how information about me is shared with my pharmacy, and I want to make sure there is no duplication with either my GP or specialist"*
- *"Pharmacy feels separate from the rest of the NHS services that I use"*
- *"Communication between the pharmacist and GP is not so good. How does the pharmacist have access to my information, and how do they communicate with others involved in my care?"*

If people do not believe that pharmacy is linked into to other health services, it may affect their willingness to use additional support where it is on offer.

Delegates were asked about what support they feel confident pharmacists can provide as well as what they are less confident about. While they

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believed that pharmacists can provide advice on medicines, and could undertake their monthly monitoring tests, they had a number of concerns.

- *"Pharmacists appear really busy – would they have the time to take on more work?"*
- *"I don't understand the differences between GPs, nurses and pharmacists"*
- *"How does a pharmacist stay up to date? How do I know that I can trust their advice?"*
- *"The pharmacy I go to is quite small, and I am concerned about confidentiality and privacy"*
- *"Continuity is an issue in terms of building up relationships, as pharmacies tend to have a lot of locums."*

The changing role of pharmacy

The group discussed how community pharmacy is beginning to change, and how this may help people with long-term conditions better manage their conditions.

Overall, people tended to be most familiar with the more traditional roles that community pharmacists play – dispensing medicines, giving advice about medicines and side effects. This was reflected in the services they themselves most frequently accessed.

People were far less aware of more innovative developments such as Healthy Living Pharmacies¹. However, when these approaches were explained, delegates reacted positively, albeit with some important caveats.

Generally, they did not use the pharmacy for public health services, and felt that it may be difficult for pharmacists to be proactive in starting discussions. However, there was support for the idea that pharmacists can play a role in prevention. Attendees felt that pharmacists could help put patients in touch with local communities, for example through general practice [social prescribing arrangements](#).

There was also little awareness of pharmacist prescribers, and questions were raised about whether they would specialise in specific conditions, or be

¹ Healthy Living Pharmacies, originally developing in Portsmouth in 2009, aim to move pharmacies beyond just prescribing medicines, towards providing support for self-care and minor ailments, and healthy lifestyle interventions <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>

more generalist. There were concerns raised that if a pharmacist specialised in one area such as diabetes, whether they would also be able to prescribe for another long term condition such as Parkinson's. Participants raised questions of accountability for decision-making, and that people tend to believe their GP or consultant knows best. It was felt that, if pharmacists are to be able to review and make changes to prescriptions, the public would need information about this, to help them understand what the actual role of the pharmacist is.

How could pharmacists play a greater role in supporting people with long-term conditions?

Participants suggested a number of opportunities for pharmacists to better support people with long term conditions.

Some of these focused on the fact that pharmacists could offer more time to discuss conditions and concerns than other healthcare professionals:

- *"[Medicines use reviews](#) and services such as the [New Medicines Service](#) should be available for all people with a long term condition. Pharmacists have more time to spend with patients, and look at them in the whole"*
- *"The environment within a community pharmacy should be welcoming, have discreet and confidential areas, and people should not be rushed or hurried"*

The way that community pharmacists are seen as embedded in the local community, and the level of contact they have with people, was also seen as offering opportunities.

- *"Pharmacists are well placed to recognise early signs and symptoms of a long term conditions such as dementia, and should be encouraged to do this"*
- *"Pharmacists should be aware for what services are available locally, and signpost people to them"*
- *"Pharmacists should be more pro-active around public health interventions, although I'm aware that this is a difficult subject to broach"*

The close contact between pharmacists and people with lived experience – and the potential this holds for providing better support – was recognised by attendees. The discussion highlighted how the type of support that would be useful may differ for depending on what condition(s) people have:

- *"I have Lupus, which can affect any part of the body, so we do need to use quite a lot of medication...The local pharmacist is often the health professional we are most likely to see on a regular basis as we need regular repeat prescriptions"*
- *"No matter what their age, people living with HIV who also have other long-term conditions or are prone to acute illnesses, are much more likely to interact with their community pharmacists than their peers"*

Attendees also made a number of recommendations regarding how pharmacists could become more user-friendly for people with long term conditions. These included more information about who the pharmacists are, and what they can do, something *"to identify seniority or level or training so people know who to speak to if needing specific advice"*.

It was argued that pharmacists need to work as part of a multidisciplinary team, but that the patient also needs to be seen as part of this – decisions need to be made in collaboration with them. Participants also argued that thought should be given to how pharmacists are involved in care and support planning. While too few people currently have a personalised care and support plan, where these are in place, it would be useful for pharmacists to be able to understand what matters most to the individual in order to better support them.

Overall, people had a fairly narrow understanding of how pharmacists can currently support people with long-term conditions, and there was little evidence that their pharmacists had proactively offered additional services.

Innovative models in community pharmacy

Two innovative models of care in community pharmacy were described to participants and their reactions sought.

Medicines reviews

The model: People over 55 with two or more long-term conditions are offered an in-depth medicines review. They are asked to fill in questionnaires relating to medicines adherence, quality of life, and patient activation measures, and biometric data is also collected. A conversation takes place between the pharmacists and the patient, guided by the goals identified by the person. Discussions are tailored to meet the needs and capabilities of the person, and pharmacist follows up with them when they are next in to collect their medicines.

Overall response: This was seen as a sensible activity for pharmacists to be undertaking, bringing together their expertise and that of the patient.

Benefits: focus on what matters to the patient, including non-medical goals; not focused on single condition but looks at interaction of all of individual's conditions; pharmacy a good, safe place for this conversation; raises opportunity to discuss health lifestyle choices; opportunity to discuss medicine side-effects, and may feel more comfortable doing so with the pharmacist; can refer to community support; pharmacists may pick up on issues struggling with, including early signs of certain conditions

Things to consider: Will the pharmacists have sufficient understanding of the long-term conditions in question; need to avoid duplication with other services, e.g. practice nurses.

Detection and monitoring of abnormal heart rhythm

Atrial fibrillation or abnormal heart rhythm affects around 1 million people in the UK, and up to 1-in-10 over 65 year olds may have this condition. If undiagnosed and untreated, atrial fibrillation can increase the risk of stroke. In this model, community pharmacists use a non-invasive method, using a smart phone app, to detect an abnormal heart rhythm.

Overall response: People felt that this could be a useful model, and could be particularly helpful for those with existing long-term conditions that put them at greater risk of other conditions.

Benefits: quick, simple, non-invasive, free to the person, not intimidating, and easily accessible; can prevent more acute health needs; encourages people to take responsibility for their own health.

Need to consider: Pharmacist's skills in delivering test results people may find distressing; level of understanding of different long-term conditions; how well connected pharmacists are to other parts of the health system.

"Don't ask if these are good ideas! Show confidence, and tell people they are good ideas! Be excited about this – it's instinctively a really good idea. Highlight how it differs from the status quo!"

Overall, people welcomed attempts to build on the services that community pharmacists provide to better support people with lived conditions. Although most people's experience was limited to the more traditional dispensing and advice approach, they responded positively to the idea of drawing on pharmacists' skills, and their location in the community, to provide more holistic support, including on prevention and healthy lifestyles, and in managing long-term conditions.

They showed substantial levels of trust in pharmacists' professionalism when it comes to providing advice on medicines and side-effects, and recognised that they may be well placed to take more time to talk to patients, or provide an overview for those with multiple conditions.

At the same time, they also raised a number of concerns that any attempts to expand the role of community pharmacy in managing long-term conditions will need to address. People wanted to be sure that pharmacists

would have the skills and understanding necessary to provide high quality support.

While there are approaches that will work for a range of long term conditions, people were worried that pharmacists may not have the depth of knowledge necessary about particular conditions to understand how to provide advice on which medicines to start or stop taking, or how to manage conditions.

People were also concerned that pharmacists may not be well enough connected into the wider health service to be as effective as they could be. This may reflect reality or a lack of understanding, but may need to be addressed if pharmacy wants to encourage people to draw on a wider range of services. More broadly, a lack of awareness of services on offer among the public was identified as a barrier to change. Better cross-system working may help with this.

Appendix

Attendees

Name	Role and organisation
Sarah Berry	Policy and Public Affairs Officer, Crohn's and Colitis UK
Peri O'Connor	Healthcare Projects Coordinator, Epilepsy Action
Andrew Boaden	Senior Policy Officer, Alzheimer's Society
Alex Sparrowhawk	Membership & Involvement Officer, Terrence Higgins Trust
Mhukti Perumal	Senior Primary Care Engagement Officer, Diabetes UK
Suma Surendranath	Professional Engagement Programme Manager, Parkinson's UK
Jane Dunnage	Trustee, National Voices Trustee, National Voices
Shashi Patel	Patient Advisor, British Kidney Patient Association
Helen Dada	Advocacy Officer, The Migraine Trust
Susan Haydon	Information & Enquiry Service, The Migraine Trust
Teresa Shakespeare-Smith	Member/volunteer, National Rheumatoid Arthritis Society
Michael Bourke	Membership Manager, National Voices
Sarah Hutchinson	Policy Advisor, National Voices
Hannah West	Projects and Events Assistant, National Voices

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