


# The role of pharmacy in delivering person-centred care

On the 24 February 2015, The Royal Pharmaceutical Society and National Voices held a joint event attended by members of National Voices to explore the role of pharmacy in delivering person-centred care to people with long-term conditions. This short report contains excerpts from the discussions.

## SUMMARY

- There was excitement about the potential for pharmacists to offer people with long-term conditions more information about their medicines and support to help them manage their conditions, in particular if these could be accessed in a more convenient way. We heard examples of where this is happening already, both in community pharmacies and through pharmacists working in general practice.
- However, for the vast majority of people their current experience of and views about pharmacists and what services they and their teams provide is very different. Many people are not aware of what services and support can already be accessed in community pharmacies – the setting where most people encounter pharmacists. They associate pharmacy with convenience and speed but see it as offering limited personal care.
- If pharmacists are to play a more active role in supporting people with long-term conditions, and their carers, the awareness of pharmacists and the services they offer must be raised significantly.
- Pharmacists need to be recognised as part of the multidisciplinary team that can support people with long-term conditions in any setting. We need to ensure there is effective coordination between pharmacy services and all other agencies and professionals involved in the care of people with long-term conditions. In particular, more work needs to be done to join up the pathway between general practice and community pharmacy.
- Partnerships and joint working between the pharmacy profession and the voluntary and community sector can help to raise awareness among people with long-term conditions about the support that pharmacists can offer, and help to educate pharmacists about how they can most effectively support people with long-term conditions.

## WHERE ARE WE NOW?

 **1/4** of the population has a long-term condition... this accounts for **50%** of all GP appointments<sup>1</sup>, and around **70%** of health and care resource expenditure<sup>2</sup>



Numbers of people with three or more long-term conditions are rising...  
**2.9 million by 2018**<sup>3</sup>



Between **30%** and **50%** of prescribed medicines for long-term conditions are not taken as recommended<sup>4</sup>



Increasing numbers of people **(around 27 million)** are waiting one week or more to see their GP<sup>5</sup>

- The NHS needs to develop new models of care for people with long-term conditions that put individuals at the centre of their own care, supporting them to manage their conditions.
- Pharmacists can help support a shift toward person-centred care but they and the NHS need to think and work in new ways.

## VIEWS AND CURRENT EXPERIENCES OF PHARMACY

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What phrases or words come to mind when you think about pharmacy?



## WHEN DO YOU ACCESS PHARMACISTS FOR SUPPORT AND ADVICE?

"When I need to see someone quickly."

"For common illnesses not specifically related to my long-term condition, coughs, colds, that sort of thing."

"To check that anything I am taking is suitable to take with my current medications."

"Usually out of desperation because I can't get an appointment anywhere else. The pharmacist wouldn't usually be my first choice."

"To support self-management; when I know what to do, I know that I can get the medicine I need, when I need it from the pharmacist."

"I only go if I need a prescription, I don't know what other services pharmacists offer."

## WHAT WOULD STOP YOU FROM VISITING A PHARMACIST?

"The environment in community pharmacies is difficult. Consultation rooms are often too small or used as store rooms as well. It doesn't feel like the right setting for private discussions."

"People aren't conditioned to visit the pharmacist, it would be a big culture change."

"There are perceptions that pharmacists maybe aren't as good as GPs."

"I have a specialist condition what would the pharmacist know about that condition?"

## WHERE COULD PHARMACISTS PLAY A GREATER ROLE IN SUPPORTING PEOPLE WITH LONG-TERM CONDITIONS?

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**MEDICATION REVIEWS**, especially for people with more than one long-term condition, are essential and should be happening but in many cases are not. Pharmacists could link up with GPs to ensure first that they do happen and second that they are coordinated. Where pharmacists have access to patients' notes and are communicating with the GP, the pharmacist could undertake the medication review.

Community pharmacist **MEDICINES USE REVIEWS** need to be advertised more to patients and carers, many people are missing out on the service because they are not aware that it is available. Pharmacists could extend medicines use reviews to a wider range of people with long-term conditions.

Help with **DISCHARGE MEDICINES** when people leave hospital. Changes to medicines can be confusing and communication between primary and secondary care can be problematic. Pharmacists could help with the coordination of care, and support people to understand the changes to their medicines and review how they are going.

Pharmacists' roles in helping with side effects, medicines issues and self-management are understood but their role in helping **SYMPTOM CONTROL** is underdeveloped.

**BROADER SUPPORT FOR PHYSICAL AND MENTAL WELLBEING** as a public health service delivered through community pharmacies.

**INHALER TECHNIQUE SUPPORT** should already be available but often isn't proactively offered. For other conditions, support around how best to administer medicines, including use of medical devices, could also be provided by pharmacists.

Actively support **HEALTH LITERACY** so that people are more able to self-manage their conditions.

**HOME VISITING** service so that people unable to get out can have support from the pharmacy team.

**SIGNPOSTING** people to local and national patient groups, as well as other sources of further help and assistance in their community.

## WHAT CAN WE DO TO MAKE THIS HAPPEN?

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### RAISE AWARENESS ABOUT SERVICES THAT PHARMACIES AND PHARMACISTS PROVIDE

There was much enthusiasm for some of the innovative support already offered in a few places. However, even for the services that should be widely accessible to people with long-term conditions, there was limited awareness of their availability. It is clear that pharmacists need to be more proactive in informing people about the services they offer and how they could benefit people with long-term conditions. There is a big opportunity for pharmacists but they need to engage much more with people and offer their help proactively.

"I don't think that people know what Medicines Use Reviews or the New Medicines Service are, or that they can have one free of charge."

"I work in policy for a charity whose members all have a long-term condition, and if I don't know about these services . . ."

## JOIN UP THE PATHWAY

Pharmacists need to be recognised as part of the multidisciplinary team that can support people with long-term conditions in any setting. We need to ensure that there is effective coordination between pharmacy services and all other agencies and professionals involved in the care of people with long-term conditions.

The benefit of any service or support that pharmacists can offer would be significantly improved if the pathway between community pharmacy and general practice was more joined up, for example by sharing of patient records and explicitly including pharmacy in care planning. This would enable coordination of support and facilitate effective multidisciplinary working with the person in the centre.

Enabling pharmacists to refer directly to specialists where appropriate could also help to ensure that people have quicker access to the service that can best meet their needs, rather than having to make further GP appointments to get a referral. It is important to recognise that people with long-term conditions are not currently aware of the full range of ways that pharmacists can support them. Raising this awareness will need to be the starting point for changing behaviour, with triggers that prompt people to consider seeking help from their pharmacist.

"I saw a poster in my surgery that listed the conditions that GPs don't look after and told people to go to their local pharmacy instead."

## MORE JOINT WORKING WITH THE VOLUNTARY AND COMMUNITY SECTOR

Forming partnerships and working with the voluntary and community sector will enable pharmacists and their teams to increase recognition of the valuable contribution they can make to the care and support of people with long-term conditions and their carers. Patient and carer groups can play a role in training and building pharmacists' knowledge, skills and confidence in working with people with long-term conditions across a range of settings. There are also opportunities to partner together for specific initiatives or awareness raising campaigns.

## THOSE PRESENT

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Ravi Sharma	Primary Care Pharmacist, DMC Healthcare
Philip Varlow	Patient
Sally Dickinson	Information and Communications Manager, National Ankylosing Spondylitis Society
Leo Watson	Policy and Campaigns Advisor (Health), Parkinson's UK
Leila Woodhouse	Senior Policy and Campaigns Officer, Mind
Federico Mosconi	CEO, Arthritis and Musculoskeletal Alliance
Laura Boothman	Policy Manager, Arthritis Research UK
Lee Marriott-Dowding	Team Leader – Patient Support, James Whale Fund for Kidney Cancer
Andrée Mayne	Epilepsy Information Officer, Epilepsy Society
Jon Williams	Head of UK Development, Changing Faces
Alexis Wieroniej	Campaigns Manager, Prostate Cancer UK
Mark Duman	Non Executive Director, Patient Information Forum
Theresa Shakespeare-Smith	National Rheumatoid Arthritis Society
Liam Stapleton	Superintendent Pharmacist, Omega Pharma Ltd
Jo Mills	Research Manager, Omega Pharma Ltd
Sandra Gidley	Vice Chair, English Pharmacy Board, Royal Pharmaceutical Society
Robert Johnstone	Chair, Access Matters
Lloyd Riley	Policy Support Officer, Dignity in Dying
Louise Shaw	Primary Care Interface Lead and Carer Assessment Support Worker, Carers Trust
Sophie Cramb	Policy Officer, Asthma UK
Krisnah Poinasamy	Senior Policy Officer, Asthma UK
Tom Welsh	Policy & Campaigns Officer, Sue Ryder

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Report written by Catherine Picton.

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The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain.

[www.rpharms.com](http://www.rpharms.com)  [@rpharms](https://twitter.com/rpharms)

National Voices is the national coalition of health and social care charities in England. We work together to strengthen the voice of patients, service users, carers, their families and the voluntary organisations that work for them.

[www.nationalvoices.org.uk](http://www.nationalvoices.org.uk)  [@NVTweeting](https://twitter.com/NVTweeting)

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1. NHS England. NHS England Call to Action. Available at [www.england.nhs.uk/wp-content/uploads/2013/07/nhs\\_belongs.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf).

2. Long Term Conditions Compendium of Information: Third Edition, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216528/dh\\_134486.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216528/dh_134486.pdf)

3. Department of Health (2012). Report. Long-term conditions compendium of Information: 3rd edition

4. Barber et al (2004). Available at <http://qualitysafety.bmj.com/content/13/3/172.full.html>.

5. Royal College of General Practitioners: <http://www.rcgp.org.uk/news/2013/december/27m-patients-to-wait-week-or-more-to-see-gp-in-2014.aspx>

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