

**Sue Sharpe OBE, LLB, DSc (hon), Visiting Professor, Faculty of Health Sciences,
University of Sunderland.**

Inquiry into the Establishment of a Pharmacy Council and pharmacy ownership in Queensland

I am making this submission to the Inquiry to contribute to the Committee's consideration of extended scope of practice for community pharmacies. I am the Secretary General designate of the World Pharmacy Council, and from 2001 to May 2018 I was CEO of the PSNC (Pharmaceutical Services Negotiating Committee), the organisation recognised by the UK Secretary of State for Health as representing pharmacies providing NHS pharmacy service. PSNC's responsibilities include agreeing the dispensing service and remuneration, and other pharmacy services that pharmacies must or may provide to patients in England. PSNC has worked with the government and the NHS to ensure that the role and value of pharmacies is understood.

In 2016 PriceWaterhouse Coopers (PWC) undertook an economic study of the Value of Community Pharmacy (<https://psnc.org.uk/wp-content/uploads/2016/09/The-value-of-community-pharmacy-summary-report.pdf>). It considered four aspects of the value of community pharmacy:

- The potential cost savings to the healthcare system;
- The potential avoided costs for other parts of the public sector;
- The value of improved patient outcomes; and
- The value to wider society.

The assessment of the value of community pharmacy focused on three broad groups of services: **Supporting self-care; Public health services;** and **Medicine support services**, which include enhancing access to medicines and delivering patient management services. PWC found that just the twelve services studies delivered more than £3bn of benefit to the government.

In this submission I describe some of the principal areas where pharmacy services have developed or are beginning to develop in the UK, using the three broad groups above. In general I refer to England as there are some differences in the service requirements in Scotland, Wales and Northern Ireland. I hope this submission will be useful. I am available to present at public hearings regarding this Inquiry to further expand on any of the points included in this submission.

Parliamentary Inquiry into Pharmacy in Queensland Australia Submission Sue Sharpe

Supporting self care and acute conditions

Since 2005 all pharmacies in England must offer advice to help patients self-care, signposting people to appropriate sources of assistance to reduce unnecessary use of expensive health resources, in particular urgent care and use of general practice. Provision of advice on the treatment of minor ailments is an important factor in the management of demand on NHS resources and in late 2017 NHS guidance was issued to cease NHS prescribing of a range of medicines that could be purchased without prescription, to further encourage self care, using the expertise and accessibility of community pharmacists to help people understand how to manage common conditions.

In most areas of England local health authorities have commissioned pharmacies to provide NHS Minor Ailments services; these include supply where needed of a range of different treatments, some of which are simple, and can be treated with non-prescribed medicines; others can involve supply of a 'prescription only' medicine. Examples include Cloramphenicol eye drops for treatment of eye infections and supply of antibiotics for urinary tract infections. Supply of Emergency Hormonal Contraception (EHC) to young women is also widely commissioned. In Scotland all pharmacies provide a 'common ailments' service to patients registered with their chosen pharmacy.

These alleviate pressure for urgent appointments and experience has demonstrated that pharmacies are able to deliver the care to patients safely and effectively, and that the easy access to care is valued by the public. An early commissioner of EHC services found that within 12 months it became the most popular route for young women to access the treatment.

Community pharmacies are used by many people who do not engage with the health and social care system. But others use Accident and Emergency Care units in hospitals inappropriately and triage services, including the telephone 111 service, are now referring many patients directly to community pharmacies. In the North East of England a Pharmacy First service, using the community pharmacy as the first contact point in primary care, was introduced in one area in 2017 and has recently been extended to other areas in the region.

The PWC report found that the advice and support services were one of the highest value services.

Public health, health promotion and disease prevention

All pharmacies must participate in health promotion campaigns. These include advice on healthy lifestyles, diet, alcohol brief interventions and safe sex. Local commissioning, building on the use of community pharmacies to promote good health, has included Chlamydia screening.

Parliamentary Inquiry into Pharmacy in Queensland Australia Submission Sue Sharpe

Pharmacies provide flu vaccinations, as an NHS service to patients eligible for free vaccinations, and privately for others. In some areas additional NHS services have been added, including the nasal vaccination for children. The success of these services is beginning to lead to commissioning of other vaccination and inoculation services.

The growth of lifestyle-related disease, particularly diabetes linked to obesity, is a major challenge for our health system, and a leading cause of the cost and resource pressures faced by the NHS. Many studies are exploring how, building on the relationships with patients and accessibility of pharmacies, they can be used to reduce the incidence of avoidable disease. This is particularly significant in socially or economically disadvantaged communities and ethnic minority groups, where lifestyle related disease can be more prevalent, and which, in the UK, are frequently 'under-doctored'.

Pharmacy services to drug misusers include supervised self administration and the savings to social care and crime prevention delivered the greatest economic value of the services studied by PWC.

Supporting care of long term conditions

Pharmacies with suitable premises and accredited pharmacists (today around 90% of all pharmacies), can provide Medicines Use Reviews for patients receiving multiple regular medicines. This service, introduced in 2005, was developed to use community pharmacists to provide care to patients with long term conditions, helping them to understand their medication and use it more effectively. In recent years these services have been targeted to patients who benefit most from the support.

A large number of preventable hospital admissions are patients re-admitted after discharge, where changes in their medication regimen have not been effectively managed. This is one of the target areas for Medicines Use Reviews, demonstrating the value of interventions to ensure that the patient adjusts to the new regimen.

Other target areas use the pharmacist to ensure compliance and proper use of specific medication. This is of particular importance with inhalers used to treat respiratory disease: inhaler technique declines over time and is very frequently sub-optimal. In this and other areas the pharmacist may if appropriate propose (or initiate) a change of medication to improve effectiveness, or to provide the same benefit at lower cost to the NHS.

In 2011 a New Medicine Service was also introduced, recognising the importance of supporting patients newly prescribed a medicine, through the first weeks of use. The service focused on four therapeutic areas:

- Asthma and COPD
- Diabetes type 2
- Anti-platelet and anticoagulant therapy
- Hypertension

Parliamentary Inquiry into Pharmacy in Queensland Australia Submission Sue Sharpe

The service was evaluated for the government by an academic study that confirmed its effectiveness in improving patient adherence and outcomes.

Many studies and specific adjunct services have confirmed the benefit to patients of using pharmacies to help educate or coach them in managing their long term conditions. A study of asthma patients receiving MURs and inhaler use technique checks showed a directly correlated reduction in hospital admissions. Another study targeted frail patients recently discharged from hospital who were identified by the NHS as 'high risk' (of readmission), providing advice and medicines reconciliation post-discharge. This led to a significant reduction in readmissions.

Building on these services, PSNC has developed proposals for Care Plan services, providing different levels of support for patients according to their particular needs. The proposals have recently been submitted to the Department of Health and NHS England for discussion and development.

Sue Sharpe
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