DISPENSING HEALTH

DISPENSING HEALTH IN LATER LIFE

PharmacyVoice

Speaking up for community pharmacy

CONTENTS

Published: November 02, 2015

www.pharmacyvoice.com
www.dispensinghealth.org

FOREWORD

The NHS is facing unprecedented financial pressures and general practice teams are struggling to cope with an expanding workload. While GP numbers decline, the number of people requiring care and support, in particular vulnerable older people, continues to rise.

Community pharmacy could help the NHS unlock many millions of pounds every year, and improve the quality of later life, through regular review of patients' medicines use. GPs are increasingly concerned that older people could be taking too many medicines, and are not taking them as prescribed, new research shows. **Dispensing Health in Later Life** reveals that GPs believe more than half their patients (50.3%) aged over 75, and taking four or more medicines, would benefit from taking fewer medicines.

Dispensing Health in Later Life reveals that more than nine in ten GPs (92%) would like more support from community pharmacy teams to help their patients take their medicines correctly; half (51%) of GPs are not confident their elderly patients are still taking their medicines as prescribed just three months after their last consultation; this increases dramatically to eight in 10 (79%) who are not confident they are being taken as prescribed six months after their last consultation.

There are many good reasons why older people may have to take a number of medicines concurrently, but it is neither good for them, nor for the wider NHS, if they are taking too many, especially if some are no longer effective, or if they are no longer taken as prescribed. The clinical skills of the community pharmacy team should be harnessed through the provision of regular Medicines Use Reviews (MURs) reflecting their role as dispensers of health, as well as of medicines. MURs are a service already provided by community pharmacy, but they are capped at 400 per community pharmacy per year, and 70% of these have to be delivered for people in specific target groups. Furthermore, awareness among patients and wider health professionals, including GPs and even some community pharmacists, is low.

On average, 18.7 prescriptions are dispensed per person per year in primary care, at a cost of £8.9 billion, more than half the total annual medicines bill of £15 billion[1]. Medicines are vital to improving healthcare outcomes. The cost will increase as people live longer, live with more long term conditions and as new treatments develop. We need to ensure that we get the best possible value from the drugs' bill and that we do not simply increase use without getting added benefit. **A reduction in just one prescription per person per year could reduce the annual medicine bill by tens of millions of pounds.**

36% of people over 75 take more than four medicines concurrently[2], some as many as twenty or more. While all these medicines, as individually prescribed, are intended to benefit patients, many GPs are concerned that we are nowhere near quantifying the effects of polypharmacy (taking four or more medicines concurrently), especially in older patients where natural physiological reserves are diminished. Older people are often confused by the sheer numbers of medicines they have been prescribed, and their health and quality of life is adversely affected when these medicines fail to treat the condition they were prescribed for because they are not being taken correctly.

[1] Health Survey for England - 2013
[2] Clinical Medication Review: A Practice Guide by NHS Cumbria Medicines Management Team, February 2013

Community pharmacy teams are highly trained and their specialist understanding of medicines is underutilised. They are well-positioned to help reduce a drugs bill that is increasing at 3 per cent annually; alleviate the current, overwhelming pressure on general practice; act as an early warning system; and improve the quality of life for many older people.

To achieve this, we strongly recommend:

- **People over 75 and on more than four medicines should have access to regular Medicines Use Reviews (MURs) undertaken by their community pharmacy teams, ideally every six months, and immediately after hospital discharge. The cap on the number of funded MURs should be reviewed and GPs should do more to make patients aware of MURs from community pharmacy.**

- **National representative organisations representing general practice and community pharmacy should work together and with some urgency on how to improve collaboration, making sure people are advised by the right health professional, at the right time, and in the right place.**

- **There should be greater commitment to improved information sharing. This should include allowing community pharmacy professionals secure access to both read and add clinical information to people's summary health care records, with their consent. The Government has committed to providing all community pharmacies read-only access to Summary Care Records by autumn 2017. This should be rapidly followed by secure access to update records with written information, with patient consent.**

Signatories:

Professor Rob Darracott
Chief Executive, Pharmacy Voice

Dr Michael Dixon OBE
Chairman, NHS Alliance

Professor Martin Green OBE
Care England

EXECUTIVE SUMMARY

This white paper, **Dispensing Health in Later Life**, launches the second phase of Pharmacy Voice's Dispensing Health campaign, exploring how community pharmacy services can be deployed to support people at different life stages.

The next stage starts with later life. An ageing population, estimated to reach 6.1 million by 2020, is presenting ever-increasing challenges, both in terms of appropriate and sufficient care, and appropriate and effective medication.

Dispensing Health in Later Life proposes that general practice and community pharmacy teams work collaboratively to help people aged over 75 stay independent and well. Research undertaken by Doctors.Net into GP attitudes to medication, and medicines adherence in this patient cohort, shows GPs overwhelming support for greater involvement by community pharmacy in their care, although highlighting the need for closer working relationships so that consultations are not duplicated.

While a high percentage of GPs recognise the importance of looking outside the practice for support, this paper recognises that community pharmacy teams must also do more to understand the needs of their patients, and their colleagues in general practice.

It also recognises that to achieve its recommendations, the number of Medicines Use Reviews community pharmacy is permitted to undertake per pharmacy - currently capped at 400 - should be reviewed. GPs should also do more to make patients aware of MURs from community pharmacy.

Headline research findings

- 92% of GPs would like more support from their community pharmacy teams to help older people take their medicines correctly
- 82% of GPs believe their patients would benefit from greater advice and support on correct medicines use
- 83% of GPs believe community pharmacy should play a central role in managing the health of the elderly
- GPs believe more than half (50.3%) their patients aged over 75 and taking four or more medicines, may benefit from taking fewer medicines
- Just 3% of GPs are 'fully confident' that their patients aged over 75 are taking their medicines as prescribed three months after their last consultation; 19.5% are 'confident'

Recommendations

- **People over 75 and on more than four medicines should have access to regular Medicines Use Reviews (MURs) undertaken by their community pharmacy teams, ideally every six months, and immediately after hospital discharge. The cap on the number of funded MURs should be reviewed and GPs should do more to make patients aware of MURs from community pharmacy.**

- **National representative organisations representing general practice and community pharmacy should work together and with some urgency on how to improve collaboration, making sure people are advised by the right health professional, at the right time, and in the right place.**

- **There should be greater commitment to improved information sharing. This should include allowing community pharmacy professionals secure access to both read and add clinical information to people's summary health care records, with their consent. The Government has committed to providing all community pharmacies read-only access to Summary Care Records by autumn 2017. This should be rapidly followed by secure access to update records with written information, with patient consent.**

Fieldwork was undertaken by MedeConnect between 13/10/15 – 15/10/15. This study was conducted as an online study carried out with 200 GMC registered members of Doctors.Net. Regional criteria were applied to the sample. The survey was sent to 4,644 GMC verified GPs with an invitation to take part in a market research study. The topic of the study was not disclosed to the respondents during the recruitment. Participants take part on a first-come basis, and once a regional quota is completed, this study is closed to further participants from that region.

The figures are weighted and representative of GPs in England.

KEY FACTS AND STATS

About medicines

- On average 18.7 prescriptions are dispensed per head of population per annum at a cost of £8.9 billion
- The cost of medicines in England in 2013 exceeded £15 billion, including costs in hospitals
- Over 1 billion prescription items were dispensed overall in 2012/13, a 4.1% increase (39 million items) on the previous year and a 62.2% increase (383.5 million items) on 2002. This equates to approximately 2.7 million items every day
- In England, around 90% of prescription items are dispensed free of charge to patients, funded by the NHS
- The Net Ingredient Cost (NIC) in 2014 was £8.9 billion, an increase of 1% (£102 million) from 2012

About community pharmacy

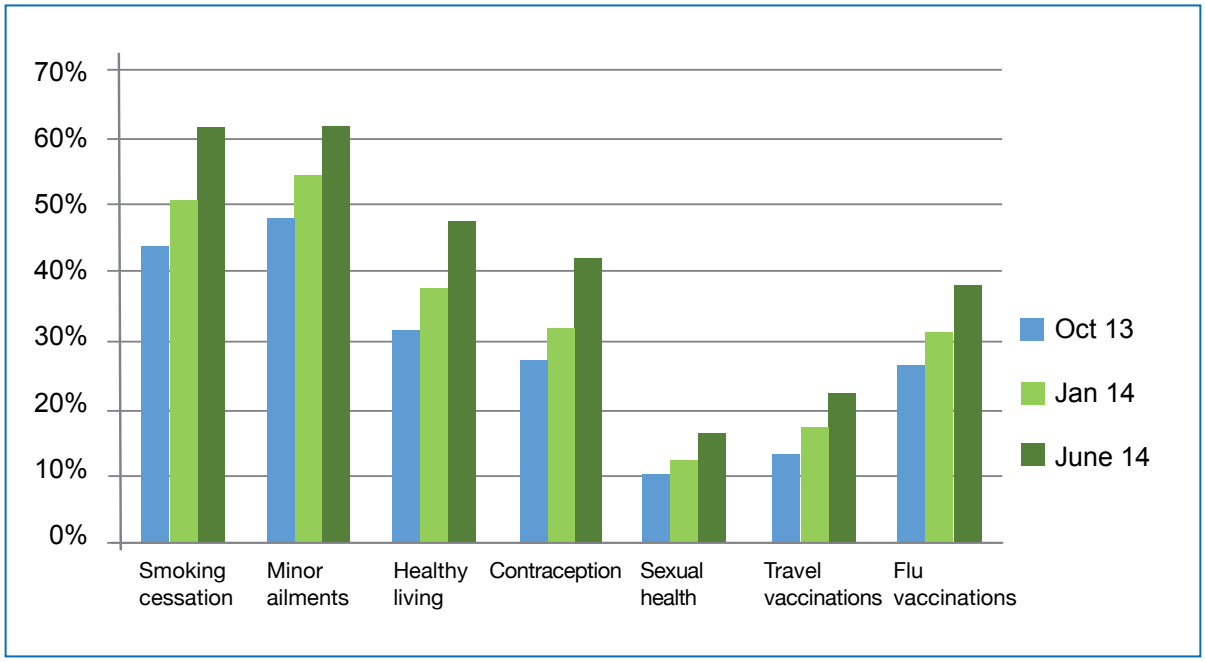
- Community pharmacy is a major provider of health services within England - for the average pharmacy, over 90% of income relates to the delivery of NHS services
- Around 1.6 million people visit one of the 11,500 plus pharmacies in England everyday
- 96% of the population, even those living in the most deprived areas, can reach a community pharmacy within 20 minutes on foot or on public transport
- Avoidable medicines wastage in primary care is estimated to be in the region of £150 million annually
- Between 1.4% and 15.4% of hospital admissions were drug related and preventable; the commonest causes were prescribing and monitoring problems (53%) and non-adherence (33%)
- NICE reports that 30-50% of medicines are not taken as the prescriber intended
- Between April 2012 and March 2013 community pharmacists carried out over 2.8 million Medicines Use Reviews (MURs)

DISPENSING HEALTH IN LATER LIFE

1. CONTEXT

In 2014, Pharmacy Voice launched a major national awareness campaign, **Dispensing Health**, to help patients, the public, commissioners, and the media better understand the central role community pharmacy can play in improving and maintaining the health and wellbeing of the nation. **Dispensing Health** is intended to help reduce the spiralling and unsustainable demand on general practice and A&E departments, by actively promoting community pharmacy as an effective alternative to these NHS services. The initial phase of the campaign has had a marked effect on public awareness.

Public awareness of community pharmacy services



The second phase of **Dispensing Health** looks at how community pharmacy services can be deployed to support people at different life stages, starting with later life. An ageing population, estimated to reach 6.1 million people by 2020, is presenting an ever-increasing challenge to the NHS, both in terms of appropriate and sufficient care, and appropriate and effective medication.

Dispensing Health in Later Life presents the findings of extensive **qualitative and quantitative research** to better understand how community pharmacy teams can work in greater collaboration with general practice to improve the health and care of older people.

Political Context

The Five Year Forward View (5YFV), published by NHS England in October 2014, set out a vision for the future of the NHS, providing clear direction and demonstrating why change is needed, and what it will look like.

The primary recommendations of the 5YFV focus on:

- doing more to tackle the root causes of ill health;
- commitment to giving patients more control of their own care;
- breaking down the boundaries between family doctors and hospitals, between physical and mental health and between health and social care;
- developing the new models of care, local flexibility and more investment in our workforce, technology and innovation.

The 5YFV articulates the extreme pressures a rapidly ageing population living with one or more long-term conditions is putting on a service struggling with demand.

The requirement for a radical upgrade in prevention and public health is already well documented and **Dispensing Health** is helping deliver against this agenda.

Community pharmacy can also play a more immediate role in addressing other challenges articulated in the Forward View. It calls for more support for older people, asks that we invest in new options for our workforce, and raise our game on health technology. We must expand primary care leadership and make fuller use of new skills and roles, helping patients access the right care, at the right time, in the right place and make far greater use of community pharmacy.

In May 2015, in his first address after this year's general election, the Secretary of State for Health, Jeremy Hunt, said:

> **"The priority now is to transform care outside hospital…all of us want every single older and vulnerable person to be treated with the highest standards of care, so we need a step change in services offered through GP surgeries, community care and social care."**

Pressures on general practice

The current pressures on general practices and GPs are well documented. **Making Time in General Practice**, a report published by NHS Alliance and the Primary Care Foundation, in October 2015 delivers key recommendations to reduce workload and bureaucracy in general practice. The report argues that up to 27 per cent of GP appointments could be avoided if there was more coordinated working between GPs and hospitals, wider use of other primary care staff, better use of technology to streamline administrative burdens, and wider system changes.

Practice-based pharmacists

NHS England is currently funding a programme to develop and pilot new roles for pharmacists working in general practice, as part of plans to reduce pressure on GP workload. Pharmacy Voice has welcomed NHS England's recognition that pharmacists have an important role to play as part of the primary care team and believes that, if implemented in the right way, these new roles could help support collaborative working between general practice and community pharmacy. It is, however, vital to ensure that an explicit part of the remit of individuals taking up these roles is to strengthen the links between general practice and the community pharmacy network. If this is not the case, NHS England will fail to realise the opportunities that exist for pharmacy teams to both support GPs in managing their workload, and improve services for patients by delivering more integrated care and enhanced access to qualified healthcare professionals across the whole care pathway.

While this pilot programme is obviously a priority for NHS England it is relatively small scale and it will take some time to recruit and train and embed pharmacists into these new roles. The existing community pharmacy network is already available and pharmacy teams are ready and able to help their GP colleagues now. It is paramount that we do not put other important developments for community pharmacy on the back-burner.

Summary Care Records

This statement was followed by progressive policy announcements from the Secretary of State and Department of Health, including a commitment to funds to allow community pharmacists to have read 'access to patients' Summary Care Records. **This paper argues 'read' access alone is not sufficient, and community pharmacy can be utilised much more effectively when they are also able to update patient records, with the patient's permission.** This would allow greater alignment between GP and community pharmacy and provide a more integrated service to patients.

The Summary Care Record is used by healthcare professionals to support direct patient care. It is an extract of key patient data (medications, allergies and adverse reactions) from the GP record. Over 97 per cent of the population now have a Summary Care Record [3].

In April 2014, NHS England commissioned the Health and Social Care Information Centre (HSCIC) to deliver a proof of concept project, enabling community pharmacy access to the Summary Care Record.

The proof of concept project was completed in March 2015, at which point 140 pharmacies across five geographical areas were enabled to access the Summary Care Record.

Following project completion, HSCIC issued a press release in June 2015 to announce that funding had been granted by the Department of Health for the implementation of Summary Care Records in England. This paper welcomes this announcement, especially the commitment to make Summary Care Records viewing access available to all community pharmacies by autumn 2017. **However, far greater benefit could be unlocked if access to update records was also made available.**

[3] Health & Social Care Information Centre

2. A COLLABORATIVE APPROACH

To effect fundamental change, closer collaboration is required between general practice and the community pharmacy profession to improve the way in which medicines are prescribed, ensuring that patients understand why they have received a prescription and what the expected outcomes of taking that medicine correctly, or incorrectly, might be. A report, commissioned by the Department of Health, produced by the York Health Economics Consortium and The School of Pharmacy, UCL, considered medicines wasted.

The report indicated that the gross annual cost of prescription medicines wastage in England is currently in the order of £300 million per year. The report also indicates that in welfare terms, significantly greater returns could be generated by better medicines use as opposed to waste reduction per se. Improving adherence in medicines taking can improve health outcomes. The estimated opportunity cost of the health gains foregone because of incorrect or inadequate medicines taking in just five therapeutic contexts, is in excess of £500 million per annum.

Dr Michael Dixon, a Devon GP and chair of NHS Alliance: "General Practice is changing, and we recognise we can't do it all on our own. A collaborative approach, especially when providing care for older people, is a necessity, especially if we are to protect the family doctor as we know it. It is a crucial time to think about how we can use skills from professionals in the wider primary care setting in order to reduce strain on the system, and improve the care our patients receive."

Professor Rob Darracott, chief executive of Pharmacy Voice: "Collaboration between general practice, community pharmacy, and the wider primary care team is a logical step forward. An ageing population with medical issues that cannot be handled in isolation is causing extreme challenge, and we need to fully utilise the skills of all frontline clinicians to ensure older people receive the right care, in the right place, at the right time.

"Our research shows that GPs would like help in managing their older patients' medicines. Community pharmacy has the clinical expertise to do this."

[4] Evaluation of the Scale, Causes and Costs of Waste Medicines - 2010

3. RESEARCH FINDINGS

Structured interviews with 20 GPs, community pharmacists, commissioners, policy makers, and patient representative organisations undertaken by Salix & Co on behalf of Pharmacy Voice, shaped subsequent quantitative research among 200 GPs from across England, undertaken by Doctors. Net. The quantitative research reveals GP concern around the high quantities of medicines currently prescribed to people over 75, and that these medicines are not being taken as prescribed. The research also highlights that GPs actively support increased input from community pharmacy.

Analysis of interviews

Community pharmacy could do more in care of older people, and there was recognition that we need increasing levels of community-based care – and pharmacy's opportunity within it. Equally recognised were the complexities and inter-dependencies involved. There was also frequent acknowledgment that quality of medicines management of older people, especially within care homes is very variable. The community pharmacist is seen as an important component of the care team, although not necessarily the leader.

Inappropriate medicalisation and over, and under, prescription, were recognised as an issue leading to compromised quality of life and many interviewees believed much more should be done to review medicines, and help older people take them correctly.

However, according to many respondents, MURs are a good idea, but often badly administered, there is insufficient awareness, and they are insufficiently funded.

Comments

"So much evidence we currently have is for one medicine and one disease. We must look holistically and understand the relationship between different medicines as the effects are much different." GP

"We recognise the benefits pharmacies offer in terms of the value older people place in having a connection with a pharmacist – and being local. They are particularly well placed to be an early warning system for older people – who may not present to GPs until something is seriously wrong." Age related charity

"Current funding model discourages investment in preventative services such as MURs. NHS England pays for MUR, CCG picks up cost for hospital admission, and local authority pays for social care costs following hospital admission" Community Pharmacist

"Up to 50% of hospital admissions are caused by people not taking their medicine correctly. This is a real problem in older people." Consultant Pharmacist

Community pharmacists would like to deliver other services, based on their clinical knowledge and skills, but are facing their own workload pressures from the volume and time required to manage the supply of medicines under their NHS contract.

There was wide recognition that there should be more effective skill mix within primary care, but some also recognise that community pharmacy itself sometimes lacks confidence in its ability to deliver services, especially around medicines review and skills to help them manage patients.

Many argued the current cap of 400 MURs per pharmacy should be removed. Currently some CCGs fund additional domiciliary MURs, although this varies across the country, meaning there is a good service in some places, but less good in others. It should be in the national contract, said many.

Healthcare challenges for older people

Most professionals cited the issue of the growing numbers of older people who need more and more medicines. Some, unprompted, stated concern about the numbers and kinds of medicines that people were taking. All made reference to the differences in care that could be given to people depending on whether they were at home or in a care home environment. Some mentioned the risk of there being "discrimination" against elderly patients, which may also lead to under medicalisation.

Clinicians all stated a major challenge was about the sheer number of prescriptions and medicines – and the potential benefits and side effects being different in older people. Adherence, and growing numbers of people with dementia, were also cited. Non-clinical respondents cited social isolation in older people. They also cited the lack of adequate signposting to care and financial advice that is available to older people, to their carers and to clinicians.

Most people recognised the complexity of caring for older people's health. In terms of responsibility, respondents' answers ranged from self-care (where possible), carers, family, social services – and the NHS for health needs. Some mentioned the need for a "partnership", including a variety of clinicians, to manage and coordinate someone's care.

All respondents recognised the value that community pharmacy already plays in providing an accessible service – but most recognised that care of the elderly should not be down to one profession to manage or lead – and that care should be a coordinated effort. The personal relationships people have with their community pharmacists gives potential for an "early warning" system.

Improving medicines use

Some respondents did not know what an MUR is. When explained to them, the majority said it made sense. GPs were concerned that they should not add to a GP's workload – and that the data contained in them was in a useable format. Barriers cited were mostly around GPs' frustrations with being given potentially more paperwork. Pharmacists' barriers centred on the NHS contract and

whether the local practice was receptive or not to MURs. They also mentioned that it wasn't always easy to target older people for MURs and that it took considerable time from their working day to complete. Pharmacists also stated they needed training and a consistent approach to domiciliary MURs funded by CCGs. Lack of proper Summary Care Record access was also cited as a barrier.

The commonest concern among clinicians was that as kidney function reduces with old age, dehydration becomes a problem and this may in turn lead to falls. Mental health problems were also mentioned as were the cramps commonly caused by statins – which can stop a person from exercising.

Clinicians cited mental health issues being exacerbated by polypharmacy (four or more medicines) leading to increased levels of isolation and confusion for the patient and a concern for carers and family members. Loss of ability to do everyday things (eg, housework) is a measure of frailty and polypharmacy can exacerbate someone's frailty by adversely affecting their mental state and, or ability to move freely.

Most respondents said that this was difficult and needed adequate data. Answers also included a call to gather evidence, for example to look into a National Service Framework for Older People.

Providing better care

All respondents recognised that, while it is the ultimate responsibility of local authorities to pay for social care, a person's overall care should be coordinated and shared by a combination of care professionals, all of whom would collaborate to the best interests of a patient. Some respondents added that the variable quality of trained staff is a significant barrier to providing top quality care in care homes and residential settings.

All agreed the need for a team / partnership approach to caring for an elderly person – some thought the community pharmacist could be at the centre of the group – but most thought it should remain a GP but working closely with appropriate team members.

The biggest barrier is the isolation of all parties – and working out who anybody involved in the care of a patient can ask about any aspect of their care. Things will get better with better access to the Summary Care Record– especially when community pharmacy is able to write on, as well as read them – but the referral and signposting system needs to be organised at a national level. For example, could Health and Wellbeing Boards promote to local authorities, local pharmaceutical committees, and local medical committees.

Suggestions included: creating a myth-buster around the whole issue of medicines use in older people. Better signposting to care and health services and financial support and a holistic approach to caring for elderly people.

Quantitative research

Fieldwork was undertaken by MedeConnect between 13/10/15 – 15/10/15. This study was conducted as an online study carried out with 200 GMC registered members of Doctors.Net.

Regional criteria were applied to the sample. The survey was sent to 4,644 GMC verified GPs with an invitation to take part in a market research study. The topic of the study was not disclosed to

the respondents during the recruitment. Participants take part on a first-come basis, and once a regional quota is completed, this study is closed to further participants from that region.

The figures are weighted and representative of GPs in England.

While all GPs were asked identical questions, and were not able to return to questions they had already answered, they were given the option to comment at the end of the survey.

GP comments:

"If targets are removed for GP practices, then GPs could prescribe less."

"Nursing and residential homes should be visited by community pharmacy teams."

"Generally many older patients are on too many drugs because the evidence for younger patients supports primary or secondary prevention; with explanation, many old patients would rather 'take the risk'."

"We all have patients on multiple drugs. At each consultation and at least yearly each patient is checked and where possible pruned of drugs. I explain the reason for each drug and the dosage. I look for side effects. If there is doubt on compliance we use dosettes. This process does not however ensure that all are appropriate and taken!"

"It's alright having all these support services but as we have found, we start getting unnecessary queries and interference from all these agencies looking at people in isolation and not knowing previous history. The default of everyone from the government to specialist community teams, to pharmacists asked to see minor ailments is SEE YOUR GP. Unless these people are working as part of the wider primary care team sharing information and taking responsibility for their decisions there is no reduction in work load."

"So, this angle as usual is mostly about professionals supporting patients directly. What we need is NICE guidance for patients and then we might be able to stop loads of useless medications eg, steroid inhalers for COPD smokers."

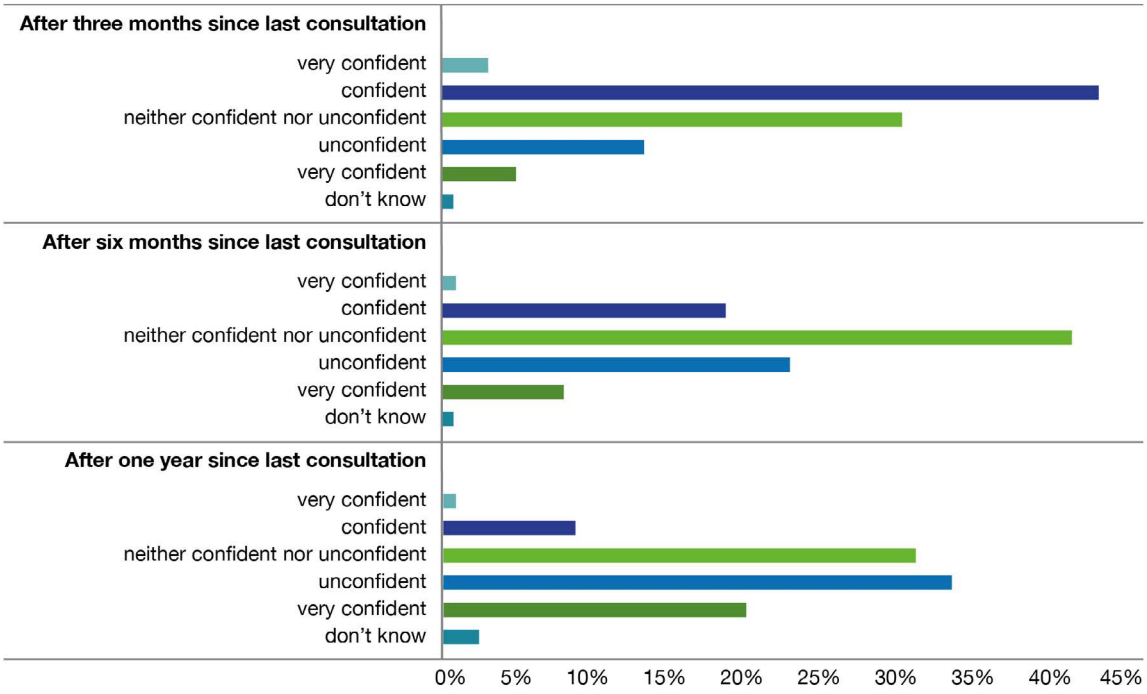
"I am more concerned about reducing medication in the very elderly, we have some very fit 75 year olds in whom taking a bunch of medication is appropriate. But the frail 80 year olds and the 90 year olds I see would often benifit from being on fewer medicines."

"There are so many people who can play a part including other patients. However, what frustrates me is when they all default to 'ask the GP'. I expect this for serious problems and what they cannot manage but I do want all these groups to add their value first ie, not simply add to the work."

Tables and charts:

Table 1

Thinking about your patients aged 75+ on more than four medicines, how confident are you that, from the date of the last consultation, on the whole, they are taking their medicines according to the prescription?

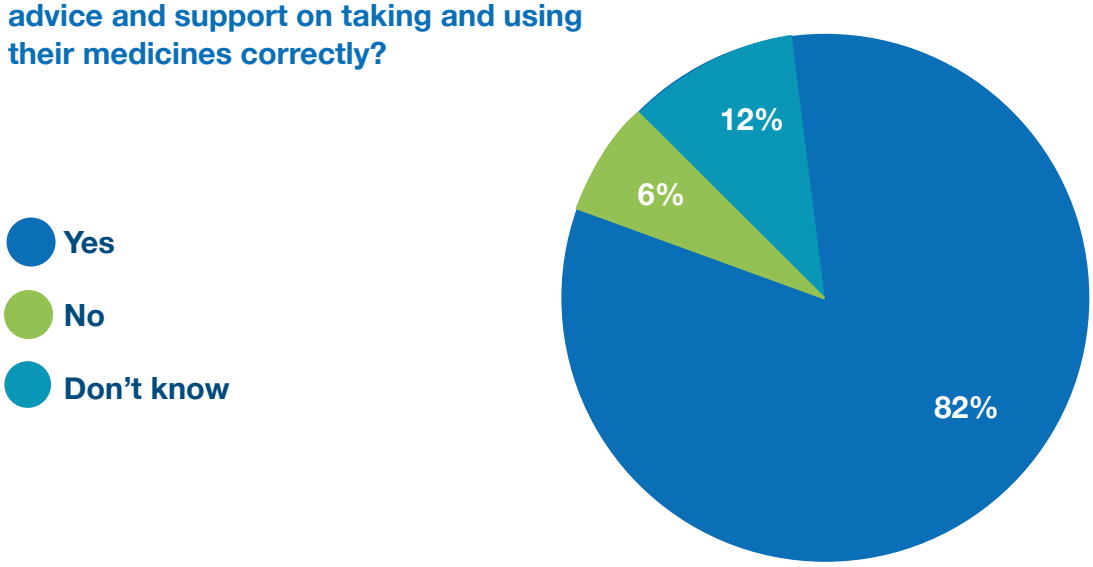


GPs are not confident their elderly patients are still taking their medicines as prescribed just three months after their last consultation; this increases dramatically to eight in 10 (79%) who are not confident they are being taken as prescribed six months after their last consultation.

GPs were also asked what percentage of their patients, aged over 75 and taking more than four medicines, would benefit from taking fewer medicines. Answers could vary from 0 to 100 per cent, and the mean response was half (50.3%) of patients could benefit from taking fewer medicines.

Table 2

Would patients aged 75+ on more than four medicines benefit from increased advice and support on taking and using their medicines correctly?



When asked whether patients would benefit from increased advice and support on taking and using their medicines correctly, more than eight in 10 said yes. And more than seven in 10 of the GPs surveyed indicated that they believe community pharmacy is well placed to support patients on four or more medicines to optimise their medicines.

Table 3

Do you believe community pharmacy is well placed to support patients on four or more medicines to optimise their medicines?

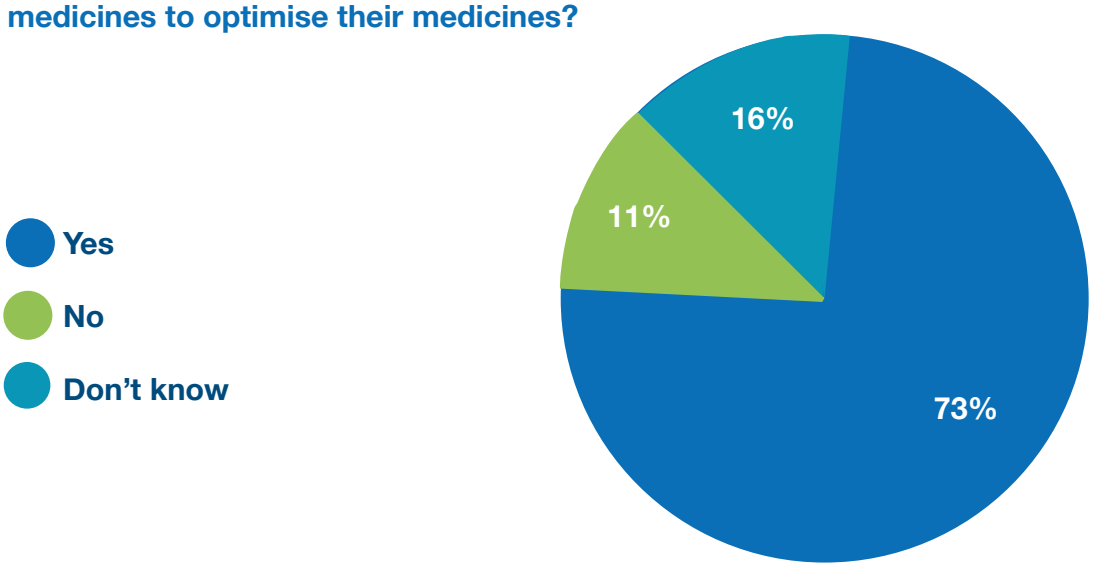
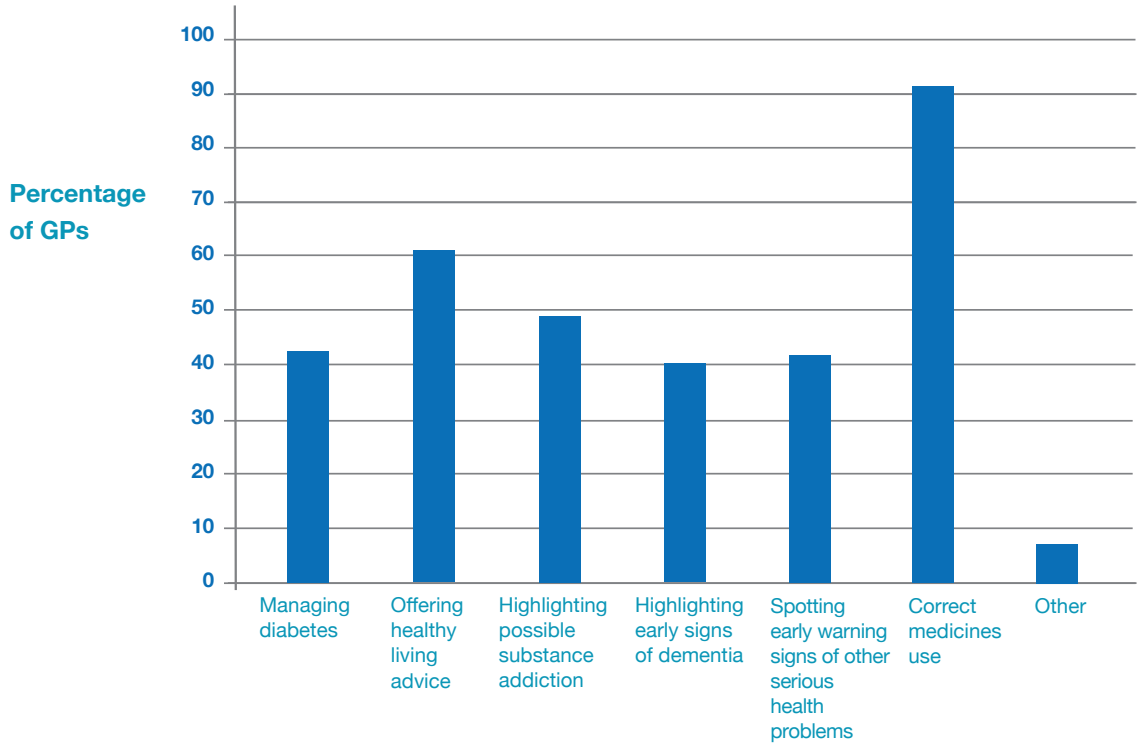


Table 4

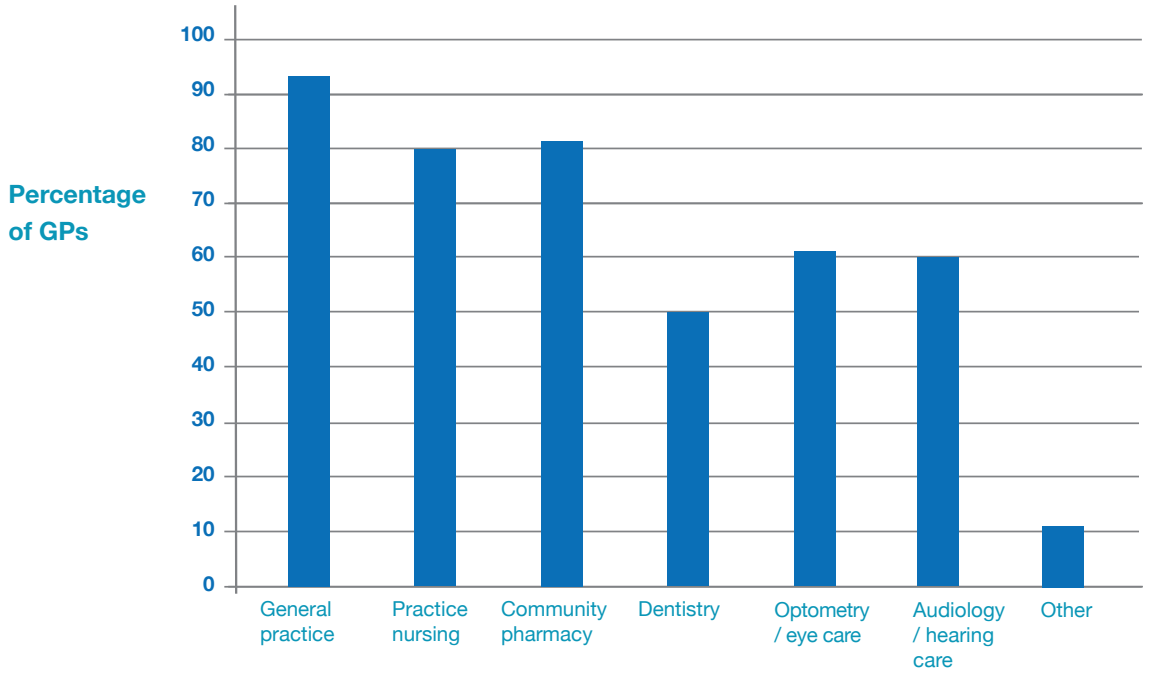
As a GP, would you like more support for your patients, from community pharmacy teams, in the following areas?



When asked about the wider primary care team, and the role different providers can play in caring for older people, the cohort of 200 GPs recognised the role of a variety of clinicians, but most noticeable was the community pharmacy (83%), practice nursing (81.5%), as well as general practice itself, with 94 per cent. (Table 5)

Table 5

Which of the following professionals do you think should play a key role in managing the health of older people?



4. CONCLUSION

The findings of qualitative and quantitative research show unequivocally that community pharmacy is well placed to work in collaboration with the general practice team to provide greater support for older people, both in their every day care, and in managing their medicines.

Patients would benefit from regular Medicines Use Reviews and the specialist knowledge community pharmacy is able to deliver, but specific levers are needed to make this happen productively, rather than in a way that adds to the burden. Community pharmacy must have access to Summary Care Records, and be able to both view and input into these records, with the patient's permission; and health professionals across primary care must commit to closer, collaborative working to deliver positive outcomes for both older people and the NHS.

Many older people take a number of medicines, often four or more, for good reasons. However, pressures on the system mean that medicines are often prescribed and then not reviewed in a systematic way, with the patient, and by a clinician with specialist medicines training.

Community pharmacy could alleviate these pressures, drive potential savings for the NHS, and make a valuable contribution to the care and quality of life of older people.

5. APPENDICES

Case study

The four or more medicines (FOMM) support service: results from an evaluation of a new community pharmacy service aimed at over-65s
Evaluation by the *International Journal Pharmacy Practice*

Abstract

Objective

Inappropriate prescribing and nonadherence have a significant impact on hospital admissions and patient quality of life. The English government has identified that community pharmacy could make a significant contribution to reducing nonadherence and improving the quality of prescribing, reducing both hospital admissions and medicines wastage. The objective of this study is to evaluate a community pharmacy service aimed at patients over the age of 65 years prescribed four or more medicines.

Methods

Patients were invited to participate in the service by the community pharmacy team. The pharmacist held regular consultations with the patient and discussed risk of falls, pain management, adherence and general health. They also reviewed the patient's medication using STOPP/START criteria. Data were analysed for the first six months of participation in the service.

Key findings

620 patients were recruited with 441 (71.1%) completing the six-month study period. Pharmacists made 142 recommendations to prescribers in 110 patients largely centred on potentially inappropriate prescribing of NSAIDs, PPIs or duplication of therapy. At follow-up, there was a significant decrease in the total number of falls (mean –0.116 (–0.217––0.014)) experienced and a significant increase in medicine adherence (mean difference in Morisky Measure of Adherence Scale-8: 0.513 (0.337–0.689)) and quality of life. Cost per quality-adjusted life year estimates ranged from £11,885 to £32,466 depending on the assumptions made.

Conclusion

By focusing on patients over the age of 65 years with four or more medicines, community pharmacists can improve medicine adherence and patient quality of life.
http://onlinelibrary.wiley.com/doi/10.1111/ijpp.12196/abstract

Summary Care Records

- The Summary Care Record (SCR) is used by healthcare professionals to support direct patient care. It is an extract of key patient data (medications, allergies and adverse reactions) from the GP record.

- The GP practice/patient can choose to add additional information, eg, diagnoses or personal preferences, which must be done with the patient's explicit consent.

- Before healthcare staff can access the SCR they must gain explicit consent from the patient.

- SCR is used to support direct patient care. It is not used for purposes beyond direct care, including planning of health and care services, research or to support payment of services.

- The Health and Social Care Information Centre completed a proof of concept project that enabled 140 pharmacies across five geographical areas (West Yorkshire and Sheffield, Northamptonshire, Derbyshire and Somerset) to access SCR. These covered independent, multiple and supermarket pharmacy providers. Over 2,800 SCRs have been accessed since the start of the project.

- The pilot demonstrated benefits to patients, pharmacy and general practice including:
  - In 92 per cent of encounters where SCR was accessed, the pharmacist avoided the need to signpost the patient to other NHS care settings.
  - 85 per cent of pharmacists surveyed agreed or strongly agreed that SCR reduced the need for them to contact the patient's GP.
  - In 18 per cent of encounters, the risk of a prescribing error was avoided.

- SCR access means that patients can receive even more support from health professionals working in community pharmacy. This could be where a patient is unable to access their repeat medicines and needs emergency supplies, or when they are seeking advice from a health professional and their SCR will help determine the most effective course of action. There is also genuine potential to ease pressure on other parts of the healthcare system.

- SCR is already being used in many settings across the NHS, such as A&E departments, hospital pharmacies, NHS 111/GP out of hours services and Walk in Centres. Over 96 per cent of the population now has an SCR available, and currently over 56,000 SCRs are accessed every week.

- A report of the findings from the proof of concept project has been completed and is available at **http://systems.hscic.gov.uk/scr/library/poc_report.pdf**

- Following the completion of the proof of concept project in March 2015, the Summary Care Record (SCR) Programme at HSCIC has been asked to commence planning activity to support the implementation of SCR viewing in all community pharmacies in England.

- All 11,647 pharmacies in England are expected to have SCR access by autumn 2017.

Pharmacy Voice is the association of trade bodies which brings together and speaks on behalf of the community pharmacy sector in England. Pharmacy Voice is formed by the three largest community pharmacy owner associations - the Association of Independent Multiple pharmacies (AIMp), Company Chemists Association (CCA) and National Pharmacy Association (NPA) - which together provide a unified voice for community pharmacy.