

Community Pharmacy Public Health Services

Are they the best they could be?

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Learning from Research

- Pharmacists' views of providing public health services
- Public views of pharmacy public health services
- Distribution of pharmacy public health services



Dewsbury et al. Views of English pharmacists on public health services. *Pharmacy* 2015; 3: 154-168. DOI:10.3390/pharmacy3040154

Corlett SA, Krska J. Evaluation of NHS Health Checks provided by community pharmacies. *J Pub Health* 2015; Doi: 10.1093/pubmed/fdv153

Krska et al. Views and experiences of the NHS health check in pharmacies and general practices. *Int J Pharm Pract* 2013; 21 (Suppl 1): 16

Saramunee et al. General public views on pharmacy public health services: current situation and opportunities in the future. *Pub Health* 2015; 129: 705-715 DOI: org/10.1016/j.puhe.2015.04.002

Saramunee et al. Public attitudes towards community pharmacy attributes and preferences for promotion of public health services. *Pub Health* 2016 140: 186-195 Doi: org/10.1016/j.puhe.2016.06.024

Mackridge AJ et al. Variation in Local Authority commissioned community pharmacy public health services in England – an observational study. *BMJ Open* (under review)

- Promotion
- Commissioning
- Delivery
- Training
- Fees

Acknowledgements

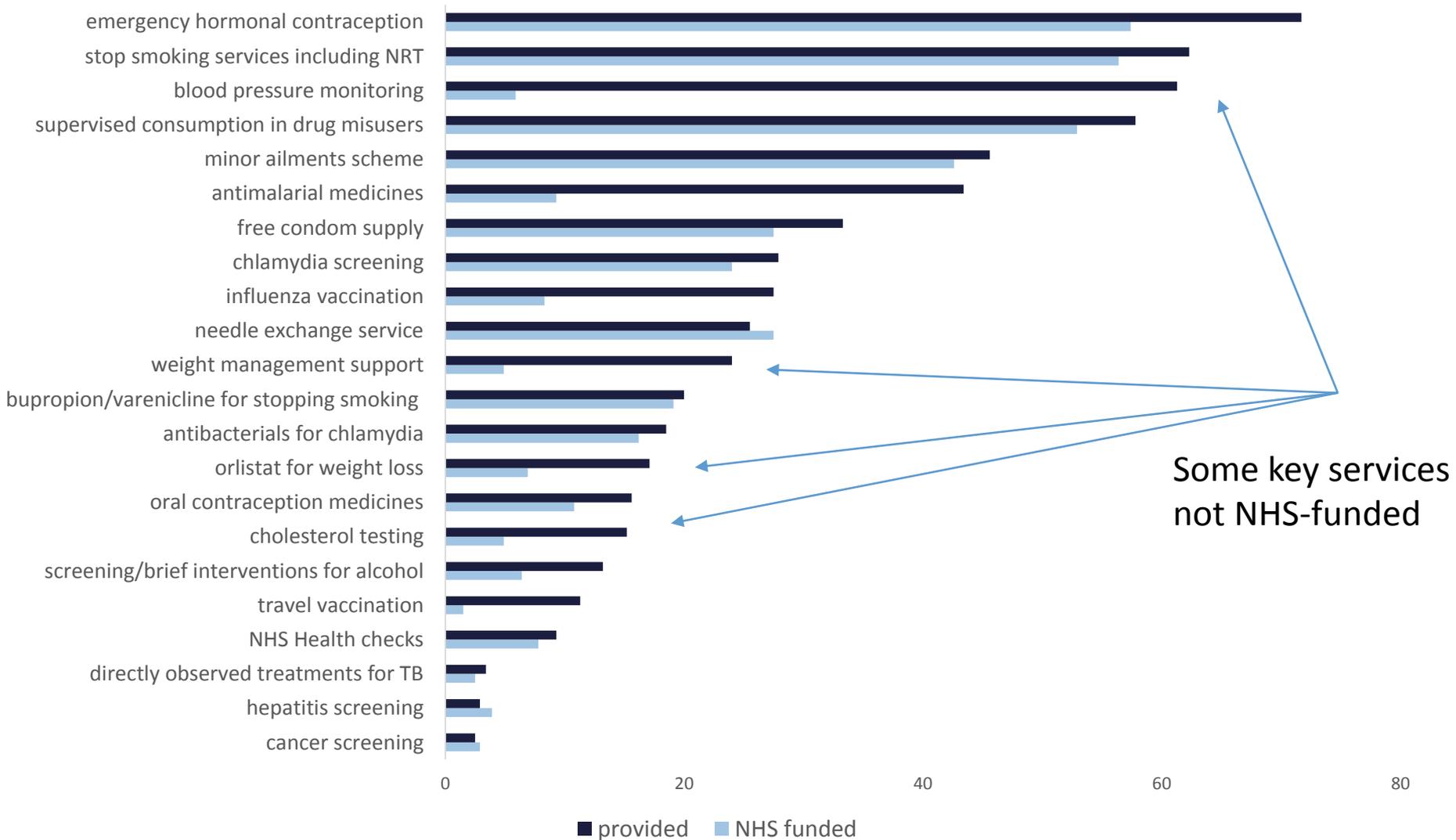
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Any views expressed are my own, and do not represent the views of any funding bodies

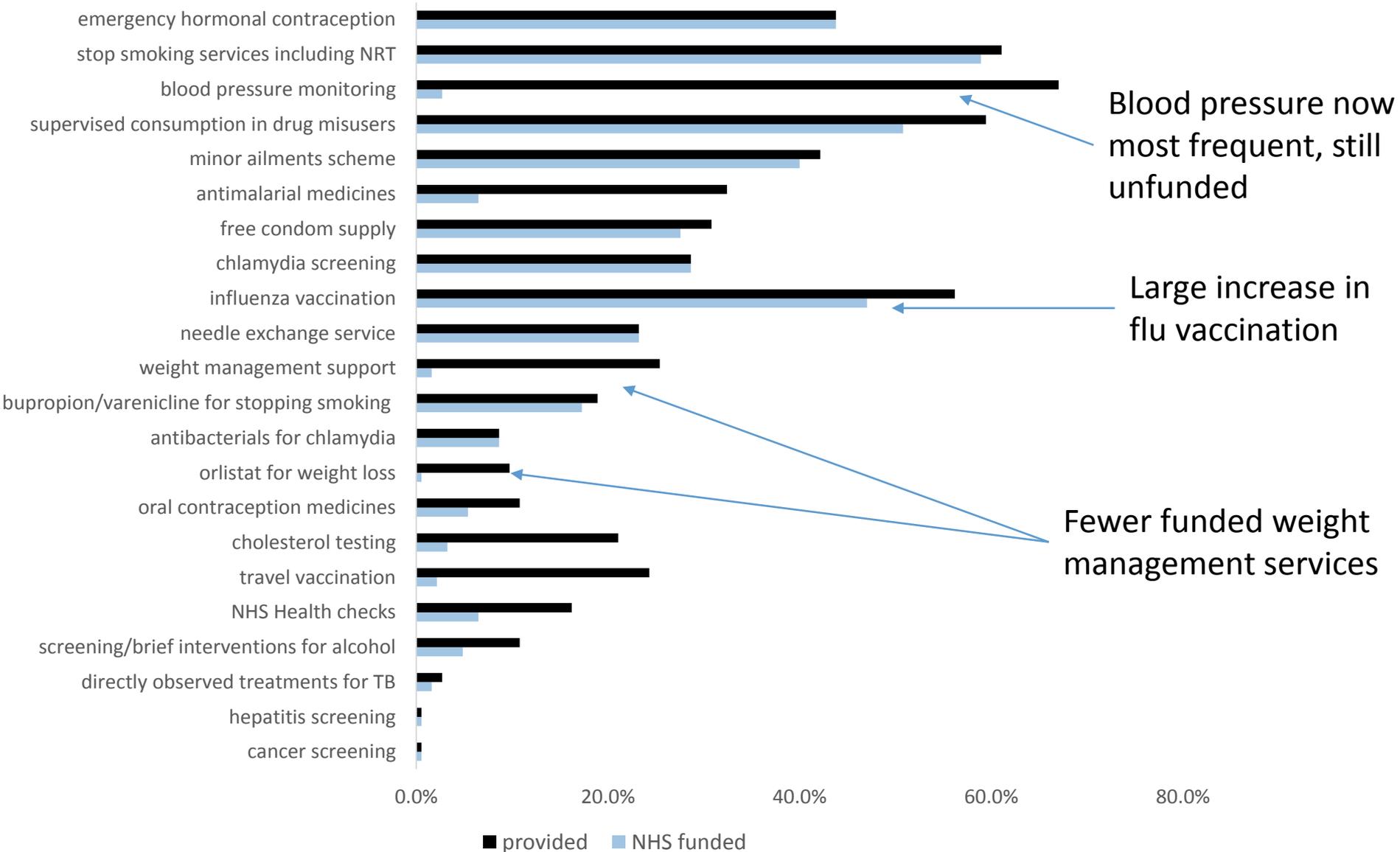
1 - Pharmacists' views

- November 2012 (before NHS re-organisation)
- 16 PCTs selected, based on the number of public health services reported to NHS
- All pharmacies in these 16 PCTs received questionnaire covering:
 - Services provided
 - Reasons for providing services
 - Views on support and promotion of services
- Repeated in July 2015 (after re-organisation)

A wide range of services, private and NHS-funded provided in 2012 (n=206)



Significant changes by July 2015 (n=185)



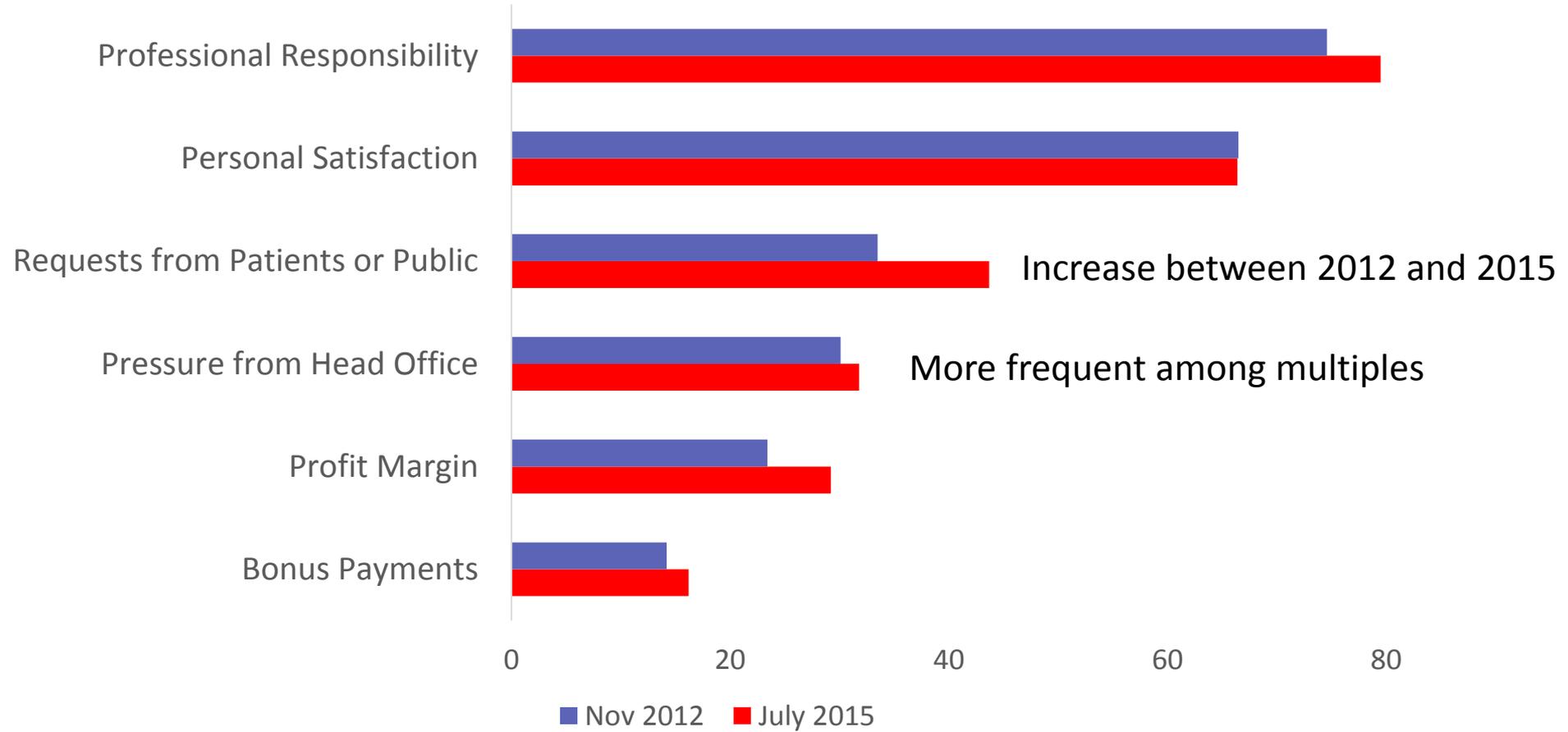
Reported changes

- Mean number of services provided in **2012** was **6.44**, in **2015** it was **6.08**
- Mean number of services ranged from 4 to 9 across 16 areas, with **no change in 2015**
- Number of services in individual pharmacies ranged from **0 to 17 in 2012, 0 to 19 in 2015**
- Number of Healthy Living Pharmacies increased from **14% in 2012** to **18% in 2015**

In 2015,

- 46 said a service had been decommissioned in their area
- 35 said a service they provided had been stopped
- 22 had stopped providing a service themselves
- 92 had started providing a service

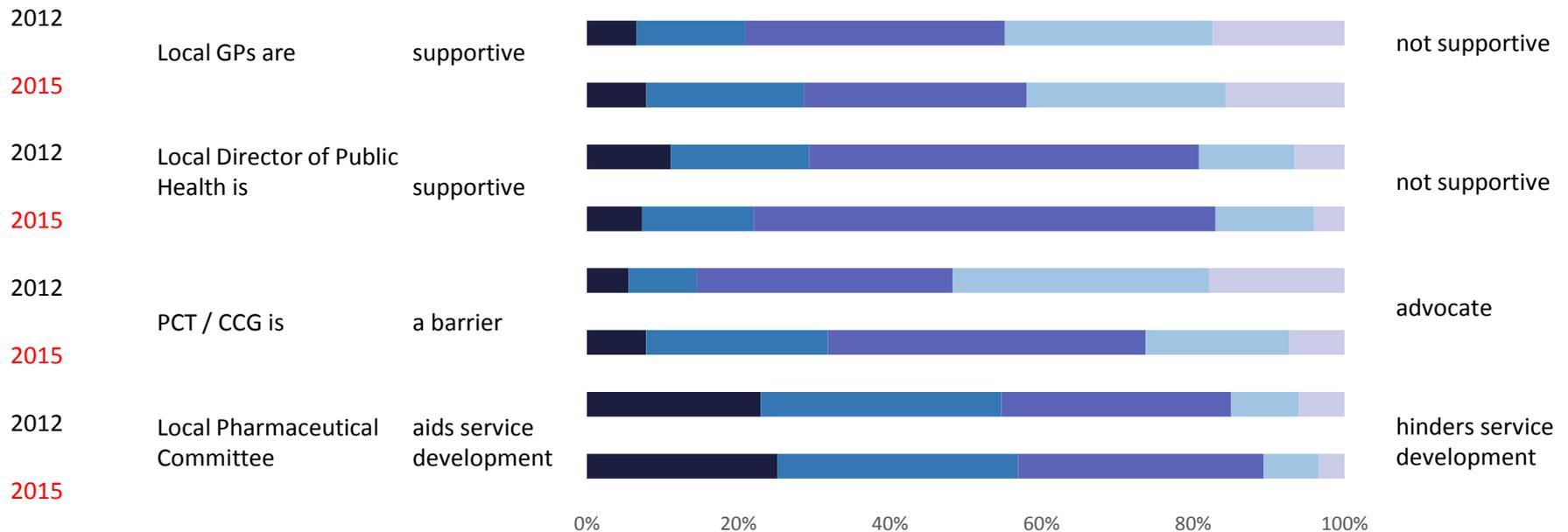
Reasons for providing these services



Pharmacists' views: local support

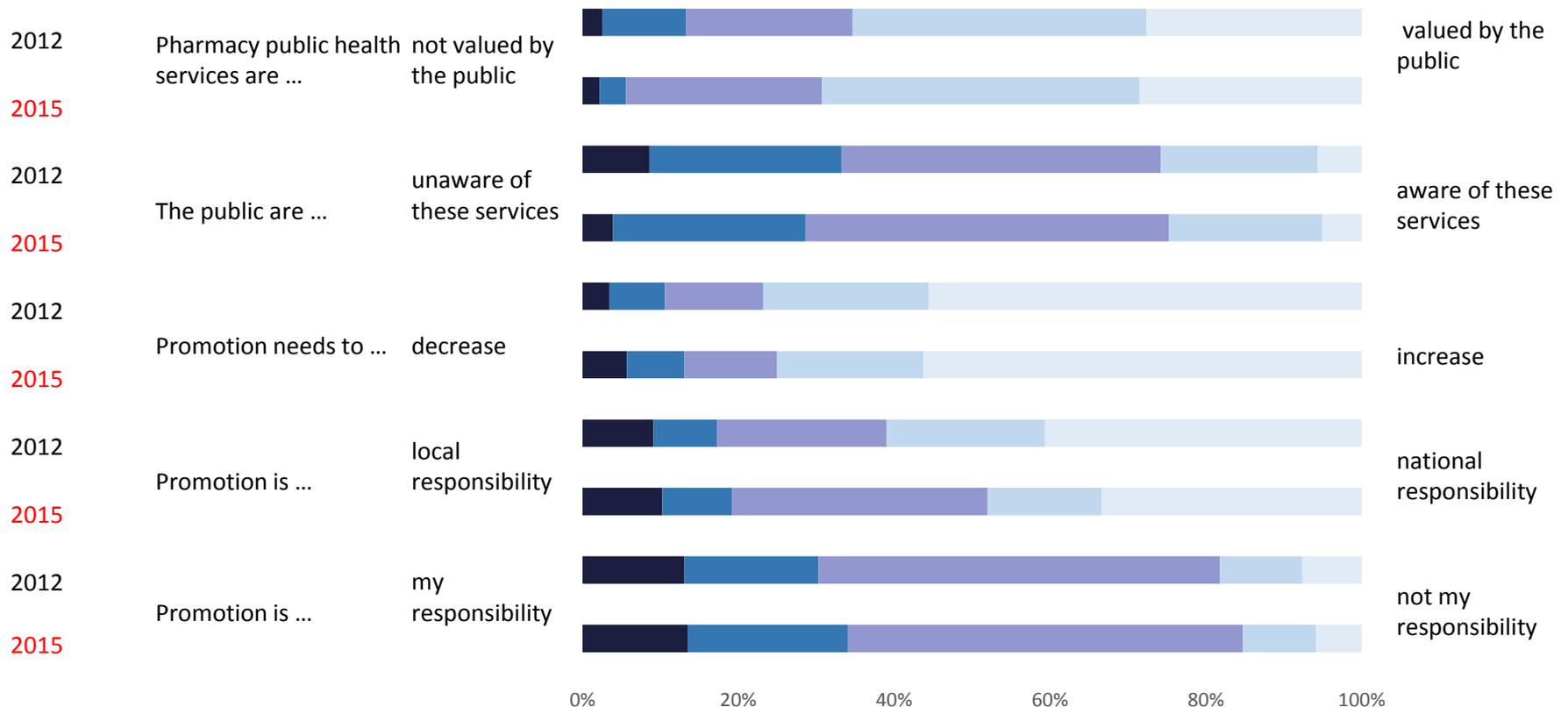
Over 50% feel supported by LPCs, but much uncertainty around DPH and local GP support, more so in 2015.

Change from PCT to CCG increased perceived barriers.



Pharmacists' views: awareness/promotion

Perception is that services are valued, but that awareness of services among the public is low. Most agree on the need for more promotion, but uncertainty about responsibility for this. Little change in views over time.



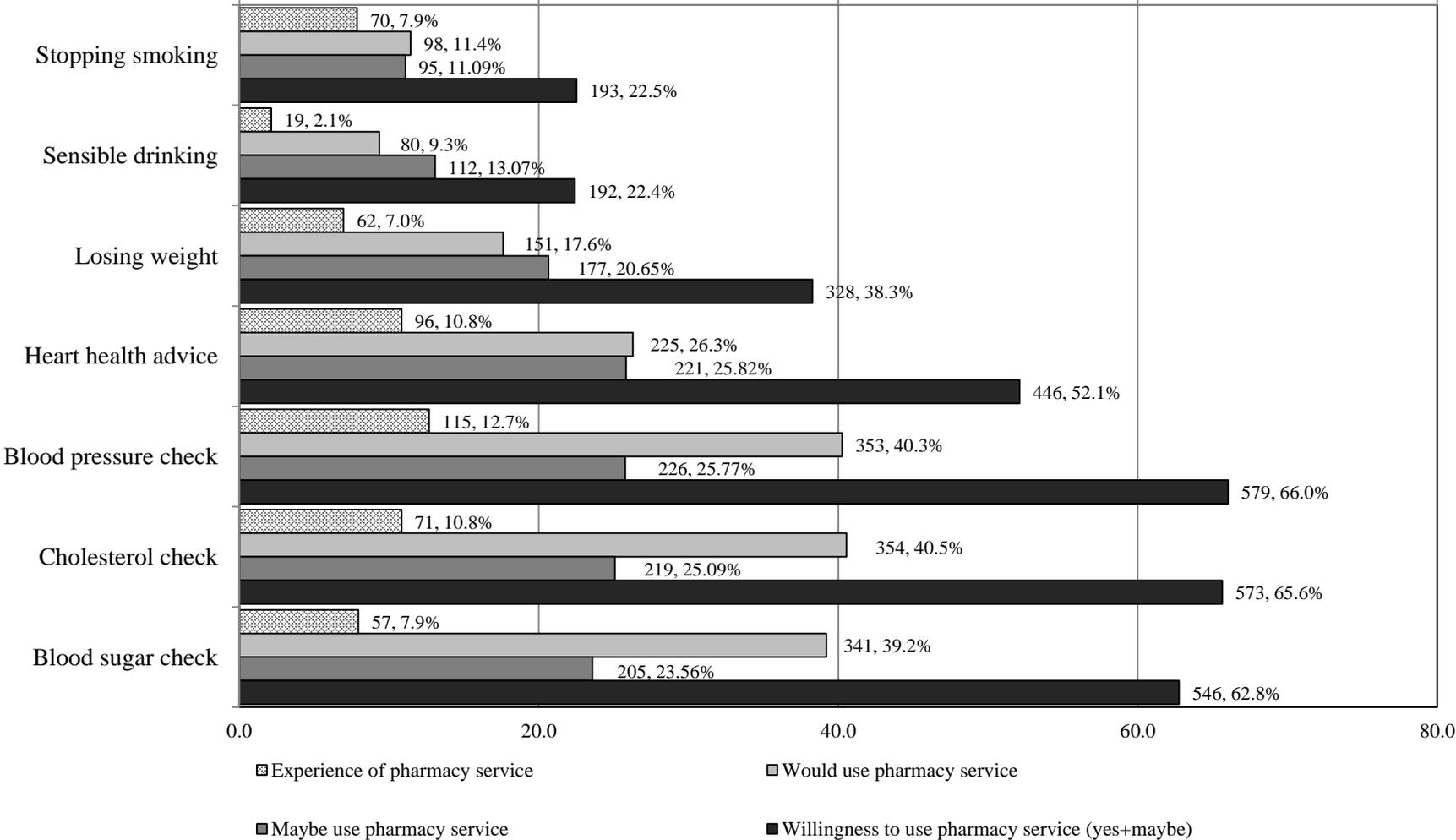
2 - Public views: awareness and willingness to use services

- Survey of the general public, 908 responses
- Sefton, near Liverpool

People most willing to use a pharmacy public health service were:

- ✓ females (*but need to attract males*)
- ✓ people who use a pharmacy at least once a month (*but need to attract others*)
- ✓ people reporting fair to good health (*may be unaware of risks/diagnoses*)

Public willingness to use services



Possible reasons for not using services (1)

- Barriers to using services: continuity, competence and confidentiality

They don't think pharmacists can give them advice

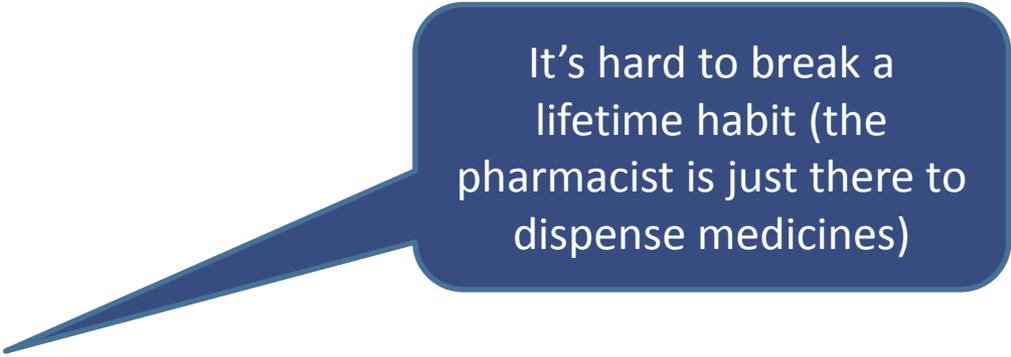
You wouldn't trust them (pharmacists) with confidential information

Even if you use the same pharmacy, there's not always the same pharmacist there

Focus group with 7 respondents discussing the findings

Possible reasons for not using services (2)

- ✓ Older people see GPs already
- ✓ Some workers may get free check-ups



It's hard to break a lifetime habit (the pharmacist is just there to dispense medicines)

- X Difficult to change attitudes
- X Middle-aged see themselves as invincible
- X There's also a lack of advertising of services

Public views on promotion of pharmacy public health services

- Previous 908 respondents, plus a further 1753 - total 2661 responses
 - Face-to-face: Sefton, Liverpool, Wirral, Kent, SE London
 - Telephone: 11 other areas of England

Promotional methods perceived as most effective were:

- ✓ Recommendation by doctor/other health professional
- ✓ Recommendation by family and friends
- ✓ Poster in doctor's surgery

Potential effectiveness of methods

■ Yes ■ Maybe ▨ No

Doctor or other health professional recommendation

Word of mouth is key!

Family/friends recommendation

Poster in surgery

Poster in pharmacy

Healthcare website

Local TV

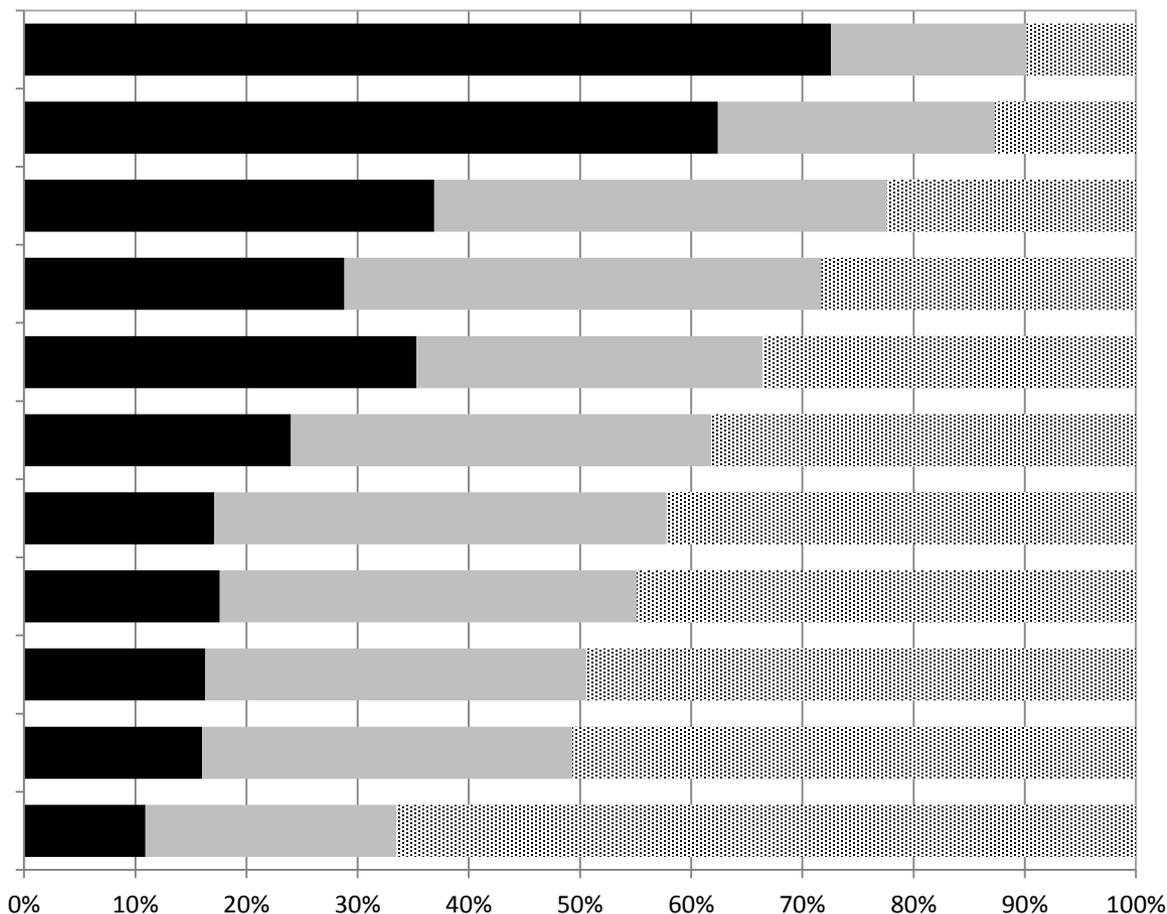
Poster in public place

Local free paper

Local radio

Leaflet through door

Email



Females, younger people and frequent pharmacy users more likely to be influenced by any promotional method

What do people think about promoting pharmacy services?

- ✓ Need more promotion
- ✓ Should include opening hours, promote the pharmacist's availability

Good pharmacist will have more influence than any advertising

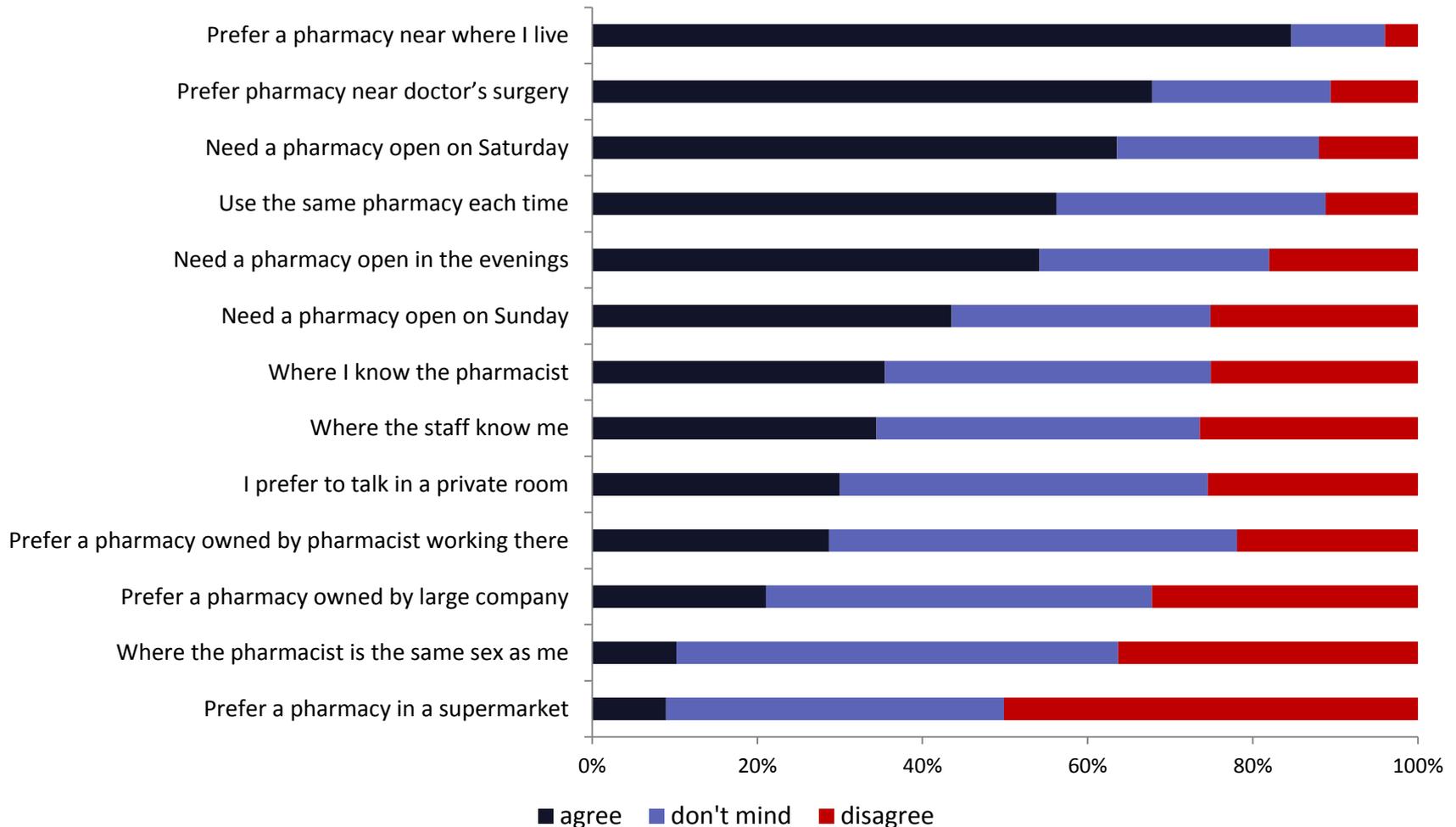
Advertisements are no guarantee of the quality of a service

X It's unprofessional, needs regulation and constraint

So long as the service is for the sole benefit of the user, not to boost trade

What sort of pharmacies do people want?

Preferably local to home or GP, open on Saturdays and evenings, familiar. **BUT** 50% don't mind a supermarket pharmacy and only 29% definitely want a pharmacy staffed by the owner.



Summary so far...

- The pharmacy public health services most frequently funded by the NHS are:
 - Emergency contraception
 - Needle syringe programmes
 - Supervised consumption
 - Smoking cessation support
 - Flu vaccination (in 2015)
- Public awareness is low, but willingness to use is relatively high
- Pharmacists perceive varied support
- Large variation in numbers of services provided, with changes over time

But what's the national picture?

How common is this variation?

3 -National cross-sectional study

- Freedom of Information requests sent to all 152 Local Authorities in England
 - July 2015
 - Follow-up request to non-responders March 2016
- 148 commission services (in 4, services are commissioned by neighbouring LAs)
- Additional data obtained from pharmaceutical needs assessments and pharmacy data suppliers

Data requested

- Services commissioned from pharmacies
- Number of pharmacies commissioned
- Usage data
- Training/accreditation
- Data collection methods
- Fee structures/payments

What we found

- The pharmacy public health services most frequently commissioned across LAs are:
 - Needle syringe programmes
 - Supervised consumption
 - Emergency contraception
 - Smoking cessation support
 - Chlamydia screening/treatment
- Approximately half the pharmacies in England provide supervised consumption, EHC and smoking cessation
- Significant numbers use most of these services
- There is variation in commissioning across LAs

Training/accreditation requirements

Service descriptor	CPPE modules	LA training	Other local/national	LPC	CPPE + local training	None required /provided
EHC	70	36	6	7	21	8
Chlamydia screen/treat	41	41		4	20	0
Supervised consumption	41	26	12 ¹	9	12	19
Needle exchange	40	31	15 ¹	8	15	16
Smoking cessation	10	29	58 ²	0	23	7
NHS Health Checks	0	19	7	4	3 ³	4
Alcohol SBI	2	1	13 ^{1,4}	0	2	0

1 – provided by Drug and Alcohol Action Teams

2 – includes national training provided by National Centre for Smoking Cessation Training

3 –training provided by diagnostics suppliers plus local training required

4 – includes national training provided by Alcohol Learning Centre

Training mostly via CPPE modules

- Patient group directions – developing, implementing and using them safely
- Dealing with difficult discussions
- Safeguarding children, Emergency hormonal contraception, Contraception
- Substance misuse, Harm reduction, Needle exchange
- Many commissioners require self-provided Declaration of Competence after completion of the specified training
- Some require attendance at local annual updates
- Very few mentioned training in behaviour change

Data gathering methods

Service descriptor	Pharm Outcomes	Webstar	NEO	Other electronic	Paper method
EHC	40	14	2	17	27
Chlamydia screen/treat	26	1		8	22
Free condoms	5	1		2	4
Supervised consumption	46	6	5	16	19
Needle exchange	38	7	5	15	19
Smoking cessation	33			45*	24
NHS Health Checks	12			17**	3
Alcohol SBI	5			8	2
Vitamin supply	5	1			
Weight management	2	1			
TB services	1	1			
Blood testing	4	1			

* includes 21 via QuitManager; ** includes 7 via Health Diagnostics

Information available for 510/833 (61.2%) services
PharmOutcomes used by 42.5% of these

Fee structures/payments

- Considerable variation in types of payments
 - Fee per item of service (most services)
 - Retention fees (NSP, supervised consumption, Chlamydia)
 - Monthly fees (supervised consumption)
 - Extra fees for meeting specific targets
- Considerable variation in each of the above
- Complex fee structures tend to relate to outcomes

Examples of complex fee structures

- Smoking cessation
 - Registration
 - Self-reported 4-week quit
 - Verified 4-week quit
 - Verified 12-week quit
- Chlamydia
 - Supply of testing kit
 - Return of kit to laboratory
 - Return of positive kit
 - Contact notification
- Alcohol SBI
 - AUDIT-C
 - Full AUDIT
 - Brief intervention
 - Referral
- Weight management
 - Initial consultation
 - Subsequent consultations
 - Goal attainment

Focus on NHS Health Checks

Do pharmacy HCs work?

- Data from 190 pharmacy Health Checks in four pharmacies in Lewisham
- 58% of attenders were female, 47% non-white, 80% aged under 55
- 75% had at least one modifiable cardiovascular risk factor, 8% had a CVD risk score of $\geq 20\%$
- Lifestyle advice offered to 74%; referral for support with changing lifestyle accepted by 20%
- 30% referred to GP (17 practices) for further tests/consultation, but only half of these attended

Do people like them?

To make doctor's appointment is a chore and it starts with the snotty receptionists in every practice that I have attended. Then you have to wait on average 10 days for appointment... With the pharmacy all staff know what they are talking about and it was fantastic being able to walk in off the street.

Great service thank you.

(Pharmacy user, male, aged 46-55)

The pharmacist was interrupted a few times with questions from colleagues.

(Pharmacy user, female, aged 35-45)

Doctor's surgeries are always busy and hectic you always feel rushed so pharmacy is ideal - smaller more relaxed and less hassle"

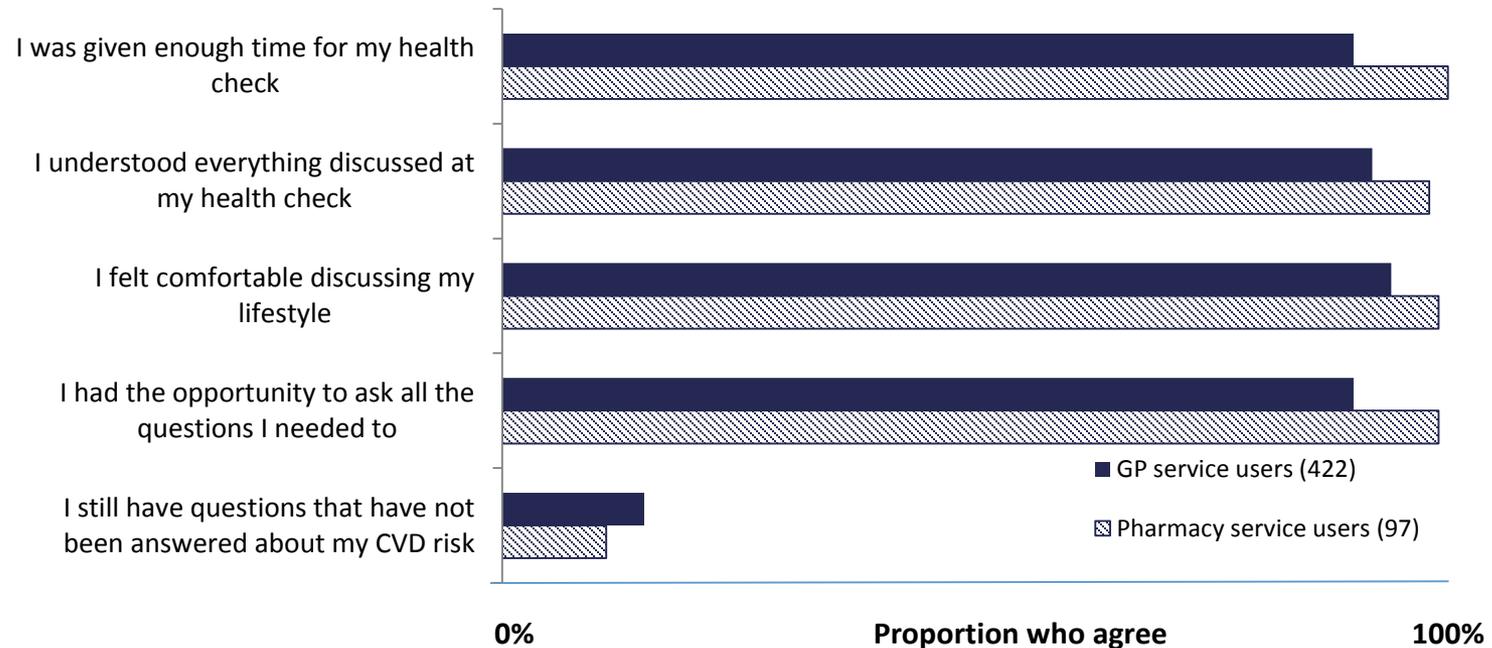
(Pharmacy user, female, aged 66-75)



She (practice nurse) could have asked me what I wanted out of it - she might have shared the video screen with me - she might have asked me if I had any questions to ask.

(GP service user, male age 56-65)

User experiences of the Health Check: comparison of pharmacy and GP users



- ❖ For all aspects, pharmacy service users had higher levels of satisfaction than GP service users ($p < 0.001$)
- ❖ Pharmacy users less likely to have unanswered questions than GP service users ($p < 0.001$)

Survey of LPCs (2014)

- Questionnaire sent to Chairs of all 76 LPCs
- 42 responses covering 83 LAs, with 22 providing NHS Health Checks
- Variation in pharmacy numbers commissioned and fees
- 38 (91%) believed there was a need for pharmacy Health Checks in their area
- 36 (86%) considered local pharmacies would be willing to deliver the service

Service decommissioned in five areas:

“Pharmacies have previously provided the service and were doing relatively well, the reasons for moving the service to solely GPs was not particularly well ratified, and the GPs are not doing any better. Joint commissioning bringing GPs and pharmacies working together would have a better success rate and catch a bigger percentage of the population. Pharmacies are equipped and ready to provide, providing the payment is on the same rate as GPs.”

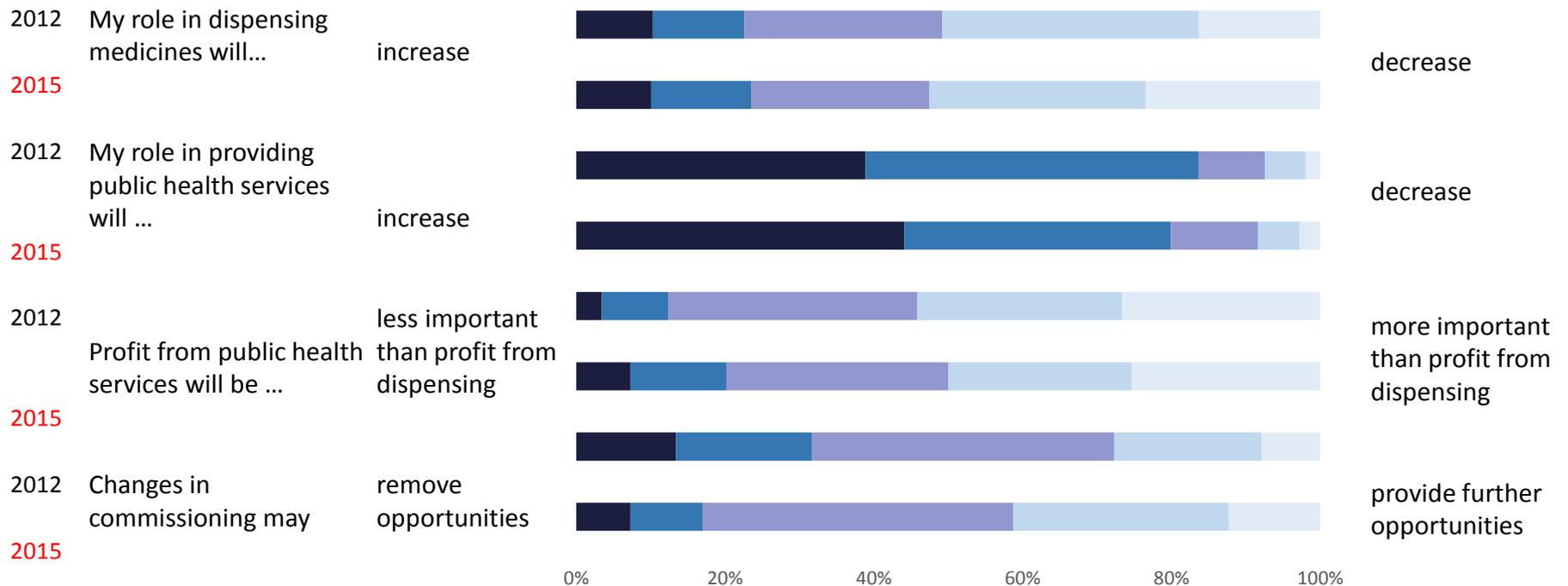
“GPs and LMCs are against pharmacies providing the services quoting loss of GP incomes. LCC tendering process in 2014 was a closed bidding process solely to GPs - no other providers were able to submit bids to provide the service.”

Summary

- The pharmacy public health services most frequently commissioned and funded are:
 - Needle syringe programmes
 - Supervised consumption
 - Emergency contraception
 - Smoking cessation support
 - Chlamydia screening/treatment
 - Flu vaccination (since 2015)
- Variation in whether a service is commissioned, pharmacy numbers commissioned, training requirements, fees, data collection methods
- More pharmacists are willing to provide services than currently do so...

Pharmacists' future expectations

Dispensing will reduce and the large majority consider that public health services will increase. Profit will come more from public health services, and changes in commissioning may present more opportunities. Views on this were more positive in 2015.



In 2015, 56 (30%) wanted to provide more services, many of these were standard services which their pharmacy was not commissioned to provide

Feel very uninformed about all the changes to commissioning. No one knows who is dealing with what.

Would like to do more especially minor ailments service however not always easy getting the services commissioned in your store [as] difficult to know who commissions



Low demand and commissioner requested physical changes to the pharmacy. Not funded, so service was stopped [needle syringe programme]

Local GP surgery unwilling to let go of provision

Conclusions/Questions

- Variation in provision is significant
 - Is it justified?
 - Is it based on local need?/Willingness to provide?
- Variation in fees/fee structures/training is significant
 - Is it justified?
 - Is taxpayers' money being well spent?
- Variation in data gathering is significant
 - Can/should there be standardisation to enable national data collection? (e.g. flu vaccination)
- Uptake is lower than may be desirable
 - Are better promotional methods needed?
 - What would encourage GPs to refer patients to pharmacy services?
- Do we still need more evidence?
 - If so what type of evidence?

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