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Foreword

'Who do you think we are?' a paper published today by Pharmacy Voice, presents the results of research that reveals a lack of public understanding of the role community pharmacy can play in helping manage common ailments and long-term conditions; and in helping people to live healthily by addressing the top six public health threats: smoking, high blood pressure, weight, inactivity, alcohol and unhealthy diet.

Pharmacy Voice is launching a major national awareness campaign to help patients, the public, commissioners and the media better understand the central role community pharmacy has to play in improving and maintaining the health and wellbeing of the nation.

Dispensing Health is intended to help dramatically reduce the spiralling and unsustainable demand on general practice and our A&E departments, by actively promoting community pharmacy as an effective alternative to these NHS services.

Common ailments account for 51.4 million GP consultations annually, equating to nearly a fifth of a GP's total workload, at an estimated cost of £2 billion every year¹. With over 1.2 million people visiting over 11,000 community pharmacies in England every day for health-related reasons, there are nearly half a billion opportunities yearly to engage the public about their health and wellbeing. [Yet less than half the adult population know that community pharmacists can advise on common ailments, while just one third are aware they can advise on living healthily².](#)

1. *Minor ailment workload in general practice*: December 2007, IMS Health

2. *YouGov Plc. Total sample size was 2,068 adults. Fieldwork was undertaken between 09/10/2013 - 11/10/2013. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).*

Ongoing pressures on the NHS mean we have to think and act differently - now is the time for community pharmacy to step forward and show it is willing and able to play an even bigger role at the heart of the changing NHS.

We are asking the general public, health professionals and all political parties to support us as we take the initiative to change attitudes and perceptions about community pharmacy. Pharmacy Voice recognises the need for better communication with the general public and patients and is investing in Dispensing Health, a major awareness campaign, so that:

- community pharmacy is seen as a dispenser of health, as well as of medicines;
- community pharmacy is seen as a gateway for good health, while general practice is seen as a gateway for managing ill health;
- community pharmacy is included alongside general practice in any primary care initiatives to handle emergency care pressures;
- community pharmacy is actively promoted as the first line health service for common ailments;
- community pharmacies have access to electronic patient records so they can work collaboratively with GPs to support people with long-term conditions to manage their condition;
- community pharmacies are commissioned to develop their public health role by addressing the top six public health threats: smoking, high blood pressure, weight, inactivity, alcohol and unhealthy diet.

Our National Health Service is under severe strain. It is not an option, but an imperative, that we manage this precious resource more effectively before it reaches breaking point.

If NHS services are to remain accessible and available to all, everyone must take greater responsibility for looking after their own health and wellbeing, and avoid unnecessary and preventable use of this vital service. Other health professions, particularly community pharmacy, must shoulder the increased demand felt by general practice and the acute care sector, and provide an alternative route for health and wellness services in the heart of our communities. If we fail to do this, then increased and inappropriate demands on the NHS at a time of tight budget constraints will eventually lead to a system failure.



Rob Darracott

Chief Executive, Pharmacy Voice

Understanding community pharmacy

Community pharmacy has a unique combination of strengths: accessible medicines expertise; a bricks and mortar network of premises close to where people live, work and shop; entrepreneurial spirit; a reach into deprived communities; and a willingness to dispense health, not just medicines.

Pharmacy Voice is calling for community pharmacies to be recognised by commissioners and policy makers as health hubs on the high street, dispensing not just medicines, but preventing ill health through smoking cessation services, sexual health services and delivering person-centred care, particularly to people with long-term conditions. Influential organisations ranging from the NHS Confederation and the Nuffield Trust, to the Local Government Association and Monitor agree that community pharmacy is an underused resource that should be used more effectively to improve public health and patient care, and deliver better value for the NHS.

The NHS is facing financial challenges as never before. NHS England estimates that, with the current model of care and expected funding levels, there could be a funding gap of £30 billion between 2013/14 and 2020/21- in addition to the £20 billion of efficiency savings the NHS has to find by 2015. We need to think differently about health and social care if the NHS is to continue to deliver high quality services, as well as meeting the challenges of an ageing population living with long-term conditions. Community pharmacy's established and accessible services are an ideal mechanism for delivering high quality and relatively low cost health and wellbeing services, which will help the NHS achieve savings without compromising on patient care.

People want personalised, high-quality, and seamless care focused on their needs, not those of health professionals. The public sector agencies of health and social care, as well as private, independent and third sector agencies, do not collaborate well enough and, as a result, people, especially those living with long-term conditions, are poorly served.

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We can no longer use the NHS like a sweet shop that's open all hours. If we abuse it, we'll lose it. Community pharmacy is perfectly positioned to take the strain from GPs and A&E departments that are bursting at the seams. We need to work together across the whole health service so that the public access the right services, in the right place and at the right time.

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Dr Michael Dixon, GP chair, NHS Alliance and member of the national Self Care Forum

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As trusted and professional partners in supporting individual, family and community health, sitting at the heart of our communities, effective community pharmacy services have a significant role to play in ensuring we have a sustainable healthcare system and that the NHS is able to survive and thrive over the coming decades.

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NHS Confederation – Health on the high street

Pharmacy Voice proposes that the public are better served by community pharmacy's involvement in the redesign and implementation of health and social care policy, as [every year in England 438 million visits are made to community pharmacy for health related reasons; more than any other NHS care setting.](#)

Most commentators agree that integration requires a whole system approach to health and wellbeing. The challenge for community pharmacy and government is how community pharmacy resources, expertise, capabilities and capacity are integrated at national and local levels to deliver excellence in pharmaceutical care. Pharmacy Voice is contributing to the early thinking of new models of patient care. To this end, it is actively engaging patients, the public and the community pharmacy sector to respond to NHS England's 'Call to Action' consultation, which will help shape the future of primary care and community pharmacy services in England.

Who do you think we are?

Community pharmacists are accessible primary care health professionals, available without appointment, reaching out to people who might not want to visit their GP or A&E department, but who are in need of advice and support from a healthcare professional. 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. [Each day around 1.2 million people visit one of the 11,500 plus pharmacies in England for a health-related reason, to collect prescriptions, purchase medicines or seek advice.](#)

Community pharmacies are located at the heart of communities where people live, work, shop and eat. It is estimated that 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 transport³.

The location of community pharmacies, genuinely in their communities, means that they are familiar and trusted providers of health services, including out of hours. [Recent public discussions about emergency care provision, pressures on A&E departments and effective use of limited NHS resources largely ignored community pharmacy and focused on extending opening hours for GP surgeries,](#) although NHS England will shortly be launching a campaign directing people to their community pharmacy for advice and treatment.

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It is vital that all of the new commissioning organisations recognise and harness the expertise and experience of community pharmacy in optimising medicines use, supporting patients' and the public's health and wellbeing and improving patient safety.

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Local Government Association

Community pharmacy – Local government's new public health role

3. *Pharmacy in England: Building on Strengths – delivering the future.* Department of Health. April 2008

Community pharmacies offer patients greater access, generally with longer opening hours than GP surgeries, opening in the evenings and on Saturdays. Many are now open on Sundays and around 900 pharmacies are open for 100 hours per week. Pharmacy Voice estimates that community pharmacies now provide people with rapid access to a health professional – without an appointment – for 150,000 more hours every week than ten years ago. [Community pharmacy is not only a major provider of health services, but also a vital part of the wellbeing of communities and the sustainability of the NHS in terms of investment, employment, training and sustainability.](#)

What do you think we do?

Supporting people to treat themselves for common ailments like coughs and colds has always been a cornerstone of community pharmacy. Increasing the public's awareness of pharmacy as the place to go for initial treatment for common ailments, especially for the frail and elderly, is an effective way of managing demand for other NHS services, particularly general practice, and even A&E services.

The on-going crisis in A&E departments has been attributed in part to the difficulty or delays some patients experience when accessing GP services, particularly out of hours, combined with patients attending A&E with common ailments, such as colds, which could be managed or treated effectively in primary care outside general practice. [Research suggests that about 8% of A&E attendances could be managed by a pharmacist, equating to approximately 1.5 million visits annually^{4,5}.](#) It is estimated that the treatment of common ailments accounts for around one fifth of a GP's workload, incurring a cost to the NHS of £2billion annually. The majority of these ailments could be effectively treated in community pharmacy, freeing up GP capacity or A&E to deal with more complex cases, making better use of community pharmacy expertise and delivering savings for the NHS.

Pharmacy Voice is calling for community pharmacy to be included in any primary care initiatives to handle emergency care and is working with NHS England to actively promote community pharmacy as the first access point for people with common ailments.

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An effective community-based pharmaceutical care service can reduce demands on primary care and demonstrate improvements in healthcare spending.

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- Deloitte UK 2010

4. Bednall R, McRobbie D, Duncan J, Williams D. Identification of patients attending Accident and Emergency who may be suitable for treatment by a pharmacist. *Family Practice*, 2003; 20; 54-57.

5. Focus on Accident & Emergency. December 2013. Health & Social Care Information Centre

Making the most of medicines

New technologies and increasing support from registered pharmacy technicians and trained pharmacy assistants have changed the way community pharmacists work. Pharmacists who traditionally stayed in the dispensary are now more likely to be out at the counter or in a consulting room, using their clinical skills and experience to help people gain the maximum benefit from their medicines. Patients are benefiting from new services such as Medicines Use Reviews (MURs), the NHS New Medicines Service (NMS), as well as public health interventions, including smoking cessation, weight management and sexual health screening.

Medicines remain the most common treatment offered to patients, and dispensing prescriptions and supplying medicines safely is at the heart of what community pharmacy does and what patients expect. **In 2011 the NHS spent approximately £13.6 billion on medicines with 80% of this in primary care⁶. However, avoidable medicines wastage in primary care is estimated to be in the region of £150 million annually, an unacceptable situation that needs to be addressed⁷.** Waste medicines result predominantly from patients not taking medicines as intended (non-adherence), changes in prescribing and changes in the patient's condition; all issues which community pharmacy can help address.

Apart from medicines wastage, not taking medicines correctly can have serious consequences for patients, as studies have found that 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%)⁸.

Non-adherence has been estimated to be responsible for:

- 48% of asthma deaths. As many as 90% of the deaths from asthma are preventable and an estimated 75% of hospital admissions for asthma are avoidable⁹;
- an 80% increased risk of death in diabetes;
- a 3.8-fold increased risk of death following a heart attack.

As experts in medicines, pharmacists - supported by a new regulated profession, pharmacy technicians - are best placed to help patients, particularly those with long-term conditions, get the maximum benefit from their medicines; yet less than half of people surveyed by You Gov¹⁰ knew that community pharmacies could offer help with managing medicines, including all information on how to use them properly.

6. Health and Social Care Information Centre July 2013

7. York Health Economics Consortium/School of Pharmacy, University of London (2010) *Evaluation of the Scale, Causes and Costs of Waste Medicines*.

8. Howard RL, Avery AJ et al, British Journal of Clinical Pharmacology, Vol 63, Issue 2, Feb 2007.

9. Asthma UK

10. YouGov Plc. Total sample size was 2,068 adults. Fieldwork was undertaken between 09/10/2013 - 11/10/2013. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).

NICE reports that 30-50% of medicines are not taken as the prescriber intended¹¹, which means the patient does not get the full benefit of the treatment and the NHS does not get the full value of its investment.

Medicines Use Reviews (MURs), where a pharmacist reviews a person's use of their medicines, can help identify any problems they are experiencing with their medicines, particularly if they are taking a number of medicines. People can find it hard to remember to take their medicines, in what order they should take them or have difficulty swallowing tablets. The pharmacist can suggest ways to address these problems and if necessary contact the GP to prescribe a different formulation or dose, or even a different product. Improving how people take their medicines will reduce wastage but, more importantly, it will ensure that patients gain the maximum benefit from their prescribed medicines.

Between April 2012 and March 2013 community pharmacists carried out over 2.8 million Medicines Use Reviews (MURs).

Helping people with long-term conditions

The treatment of long-term conditions is estimated to account for £7 in every £10 of total health and social care spending in England, and the number affected is set to rise by 25% over the next 25 years¹². It is also becoming more common for people to have multiple long-term conditions; by 2018 the number of people in England with three or more long-term conditions is predicted to grow from 1.9 million in 2008 to 2.9 million¹³.



90% of NHS prescriptions are dispensed in community pharmacies

KEY FACTS

- Over 1 billion prescription items were dispensed overall in 2012/13, a 4.1 per cent increase (39 million items) on the previous year and a 62.2 per cent increase (383.5 million items) on 2002. This equates to approximately 2.7 million items every day.
- In England, around 90 per cent of prescription items are dispensed free of charge to patients, funded by the NHS.

11. Home R, Weinman J, Barber N et al (2005). Concordance, adherence and compliance in medicine taking: Report for the national Co-ordinating Centre for NHS Service Delivery and Organisation R&D (NCCSDO)

12. Pharmacy in England: *Building on Strengths – delivering the future*. Department of Health. April 2008

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

We know that patients with several long-term conditions have a poorer quality of life, poorer experience of care, poorer clinical outcomes, have longer hospital stays, have more post-operative complications and require significantly more health service resources. People with long-term conditions are users of a large proportion of health care services (50% of all GP appointments and 70% of all bed days), and their treatment and care absorbs 70% of acute and primary care budgets in England. It is clear from these figures and projections that the future sustainability of the NHS will be closely allied with how it manages patients with long-term conditions.

Community pharmacists and their teams have the knowledge and skills to work collaboratively with GPs to support the 15 million people in England who live with a long-term condition to remain healthy and independent, with greater choice and control over their own care. Greater involvement of community pharmacy in helping people to manage their long-term condition will create capacity in general practice to take on the management of more complex diseases, currently managed in secondary care, or to allow more active management of high-risk patients with more complex clinical needs.

Primary and community care are well placed to lead in supporting and advising people on managing their long-term condition, and ensuring that they know where they can access that support and advice. Once people are managing their long-term condition successfully, they are more likely to visit a community pharmacy to collect a repeat prescription than their GP surgery, so the community pharmacist could be the key healthcare professional for these individuals.

By focusing on the NHS Outcomes Framework, Domain 2, community pharmacy could better support people living with long-term conditions by helping them get the best use of their medicines and so maintain their lives safely at home or in a community facility.

KEY FACTS

- Around one in three of the population (approximately 15 million) have a long-term condition and this figure is set to rise by 25% over the next 30 years.
- 80% of prescriptions are repeat prescriptions for long-term conditions.
- It is estimated that treatment and care of people with long-term conditions, such as asthma, diabetes and high blood pressure, accounts for £7 of every £10 of total health and social care spending in England.

The current NHS Pharmaceutical Services contract could be developed into supporting people living with long-term conditions by transforming and incorporating a number of core elements:

- medicines supply: safe supply of medicines to patients; dispensing, including repeat dispensing across 90% of England;
- medicines optimisation. Helping people get the maximum benefit from their medicines. Extended range of New Medicines Service (NMS) at initial dispensing and on-going reviews at intervals for those people with complex needs;
- managing medicines across boundaries of health and social care. Post-discharge NMS; pre-admission Medicines Use Reviews (MURs); support for Patients' Own Drugs (PODs) schemes, which encourages patients to bring their own medicines into hospital. Such schemes save time, both at admission and discharge, and also reduce wastage and hospital expenditure on drugs;
- signposting and referral to social services.

[Access to and sharing of relevant clinical information between professionals is essential if community pharmacists are to support people with long-term conditions to manage their care more effectively.](#) True integration of care would require community pharmacists, community health services and social care to have access to patient records, and this could only be achieved with the consent of patients, the support of GPs and through the collaboration of NHS England, CCGs, and commissioning support units (CSUs).

Pharmacy Voice is calling for community pharmacists to have access to electronic patient records to enable them to work collaboratively with GP colleagues to deliver better pharmaceutical care and support to people with long-term conditions.

Gateway to good health

The public health challenges of obesity, sexual health, alcohol use and smoking-related illness, combined with an ageing population, will increase the cost of healthcare by an estimated £1.4 billion a year¹⁴. Since April 2013 responsibility and funding for public health transferred from the NHS to local authorities, which means that local authorities have responsibility for commissioning public health services as part of their duty to take steps to improve the health of people in their area.

14. King's Fund/Institute for Fiscal Studies (2009) *How cold will it be?* Prospects for NHS funding: 2011–17.

In the community where 99% of the population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car, and 96% by walking or using public transport¹⁵, the community pharmacy network is an easily accessible gateway to good health. Community pharmacy has proved its value as a public health resource with many community pharmacies providing a range of public health information and advice on smoking, sexual health, weight management and substance misuse. Healthy Living Pharmacies (HLPs) take a more proactive approach to improving the health and wellbeing of their local community.

Community pharmacies wishing to become HLPs are required to consistently deliver a range of commissioned services based on local need and commit to and promote a healthy living ethos within a dedicated health-promoting environment. The concept was developed in Portsmouth and there are now more than 500 HLPs across England.

The Government's vision for improving the health and wellbeing of people in England, set out in Healthy Lives Healthy People, highlights the potential to use community pharmacy teams even more effectively to improve health and wellbeing. The Local Government Association and the NHS Confederation agree that commissioners should recognise and use the skills and expertise of community pharmacy to deliver public health services to local people where and how they want them, rather than where they were traditionally delivered.

[In London, community pharmacies are delivering flu vaccinations to thousands of people who live and work in the capital this winter.](#) The service was commissioned by NHS England (London Region) to provide NHS-funded flu vaccinations free of charge to those patients who should be vaccinated. Seasonal flu can have a severe impact on A&E and GP services so increasing uptake of the vaccine is likely to reduce unnecessary A&E attendances, free up capacity in GP practices, and protect people from the complications and inconvenience of flu.

Healthy Living Pharmacies

Evaluation of HLP pathfinder services in 2013 found that:

- 21% of people surveyed wouldn't have done anything if they hadn't accessed a service or support in the HLP so would have missed out on the benefit of getting advice to improve their health and wellbeing;
- 60% of people surveyed would have otherwise gone to a GP;
- public feedback was positive with 98% saying they would recommend the service to others and 99% were comfortable to receive the service in the pharmacy;
- more people successfully quit smoking in HLPs than non-HLPs or prior to becoming a HLP.

15. Pharmacy in England: *Building on Strengths – delivering the future*. Department of Health. April 2008

Over 1,100 pharmacies across the capital are taking part in the initiative which saw 35,000 people vaccinated in the first three weeks. Most pharmacies are offering a walk-in service for the flu vaccination, which is proving popular with the public, particularly the over 65s. The launch of this service demonstrates the important role that community pharmacy plays in providing patients with increased access, convenience and choice to NHS services at locations where people live or work.

In the Isle of Wight, community pharmacies have been administering flu vaccines since 2009, and last year a patient survey found that 100% of patients would use the pharmacy again for their flu vaccine, with the majority choosing pharmacy because of its convenient accessibility¹⁶.

Reducing smoking rates represents a huge opportunity for public health as smoking is the single biggest preventable cause of early death and illness. There are 2 million fewer smokers now than a decade ago, but one in five adults still smokes and smoking is estimated to cost the NHS at least £2.7 billion a year in England^{17,18}

Community pharmacy is successfully delivering smoking cessation services to thousands of people every day – from advice when selling nicotine replacement products, to structured smoking cessation support.

In Healthy Living Pharmacies staff will proactively ask customers if they smoke and, if so, if they have thought about quitting. Patients collecting prescriptions for conditions such as chronic obstructive respiratory disease can also be supported to give up smoking. Results from the initial HLP project in Portsmouth found:

- 140% increase in smoking quits from pharmacies, compared with the previous year;
- 75% of the 200 smokers with asthma or chronic obstructive pulmonary disease who had a Medicines Use Review (MUR) accepted help to stop smoking;
- smokers walking into an HLP in Portsmouth were twice as likely to set a quit date and give up, compared to a person walking into a pharmacy which is not an HLP.

Pharmacy Voice is calling on local authorities to commission pharmacies to develop their public health role by addressing the top six public health threats: smoking, high blood pressure, weight, inactivity, alcohol and unhealthy diet.

16. Isle of Wight flu evaluation of 2011/12 season. Information provided by Hampshire & Isle of Wight LPC.

17. Robinson, S. and Bugler, C. (2010) General Lifestyle Survey 2008. Smoking and Drinking among Adults, 2008, www.statistics.gov.uk/downloads/theme_compendia/GLF08/GLFSmoking&DrinkingAmongAdults2008.pdf

18. Callum, C. (2008) The Cost of Smoking to the NHS.

Hubs on the high street

Community pharmacies play a major role in developing a sustainable local community, by delivering services that support people to live independently, as well as being a core commercial enterprise that can make a difference on the local high street. Across England, community pharmacy is helping millions of patients maximise the benefits they gain from medicines, reducing medicines wastage, supporting self-care, promoting healthy living, and reducing health inequalities.

However, a large proportion of the public are unaware of the range of services available from their community pharmacy and many commissioners, policymakers and clinical colleagues view community pharmacy solely as a dispenser of medicines, rather than dispensers of health, and a key frontline health service. [Our NHS is sustainable only if policymakers, commissioners, healthcare professionals and the public start to think differently about how health care services are delivered and accessed, where, when and by who.](#)

Pharmacy Voice recognises the need for better communication and engagement with the general public and patients in order to change attitudes and perceptions about community pharmacy and use of NHS services. Over the coming months, Pharmacy Voice will be working with a range of stakeholders, including NHS England, to actively promote and market the clinical and public health services available in community pharmacies so that:

- community pharmacy is seen as a dispenser of health, as well as of medicines;
- community pharmacy is seen as a gateway for good health, while general practice is seen as a gateway for managing ill health;
- community pharmacy is included alongside general practice in any primary care initiatives to handle emergency care pressures;
- community pharmacy is actively promoted as the first line health service for common ailments.

If community pharmacy takes its rightful place alongside primary care colleagues as a dispenser of health as well as a dispenser of medicines, there is huge potential to deliver major improvements in public health and wellbeing for patients and the public and better value for the NHS.