

**The Pharmacy Professional Forum of
Northern Ireland**

*Submission to the Compton Review of
Health and Social Care in Northern
Ireland*

November 2011

- 1. Solutions for efficiency and improved patient outcomes are cross sector by nature.**
- 2. Waste can be tackled and outcomes improved through enhanced medicines management systems.**
- 3. To achieve public health improvement “Think Pharmacy”.**

EXECUTIVE SUMMARY

The Pharmacy Professional Forum of Northern Ireland offers three items of overarching advice to the Compton Review:

1. Solutions for efficiency and improved patient outcomes are cross sector by nature

The Compton Review is an opportunity to break down some of the “silo thinking” that can bedevil policy planning in relation to the primary, secondary and tertiary healthcare sectors. It is this failure to think in terms of joined up solutions which can ultimately lead to inefficiency and reduced patient outcomes.

In the pharmacy sector this particularly relates to the still incomplete sharing of patient information across sectors. Scotland, and other health services, has made notable advances in this area which should be examined by DHSSPS for useful learning outcomes.

There is also still much greater scope for making better use of the available skills mix in the health service by, for example, delivering vaccination services through pharmacy; improving management of minor ailments; expanding the pharmacist prescribing role; and, better integration of GP and pharmacist intervention and prevention programmes to enhance professional trust, to improve the health of the population and provide better value for money. It is also important to ensure opportunities for professional (and therefore health service) development by pharmacists in clinical and specialist areas are not diminished by the new constrained spending environment.

2. Waste can be tackled and outcomes improved through enhanced medicines management systems

The Forum urges the Compton Review to work towards recommending “smart efficiencies” rather than “blunt cuts”. Cuts to salaries, remunerated contractual services, staff numbers and training budgets occur to the Forum as examples of blunt cuts that may well result in eventual higher costs in terms of an inefficiently run health service that does not succeed in producing best outcomes.

By contrast, “smart efficiencies” include focusing on the medicines budget and considering where savings might lie. The Forum make a number of very specific recommendations in this area including: giving more powers to pharmacists to switch branded medicines to their generic equivalent at the point of dispensing; implementing the recommendations of the York Health Economics Consortium Report on medicines wastage; limiting the length of time a patient may be prescribed a course of medication to 28 days; endorsing and implementing the Scottish model of Medicines Management; and, making medicines education a pre-condition of discharge from secondary and tertiary care.

3. To achieve public health improvement “think pharmacy”

Essential to the health service meeting the challenges of tomorrow is arresting the disturbing trends in areas such as obesity and the rise of avoidable lifestyle diseases. Pharmacy has a vital role to play in helping the health service achieve its goals in this area. In this submission the Forum highlight in particular: the role of pharmacy in combating obesity, and point to groundbreaking work in Portsmouth with the Healthy Living Pharmacy Initiative; the ongoing success of pharmacy provided smoking cessation services which should give confidence to the DHSSPS in setting stronger targets for reducing smoking rates; and, the unrealised potential from utilising pharmacies as disease screening centres.

Introduction

The Pharmacy Professional Forum (hereafter referred to as “the Forum”) is the professional leadership body for pharmacy in Northern Ireland¹.

The Forum is providing a submission to the Compton Review (herein referred to as “the Review”) for formal consideration, and as the basis for a meeting with Review Officers and Panel at which our key suggestions and recommendations can be discussed and considered in more detail (See full list of Recommendations at end of document).

The central focus of our submission is to urge the Review Team to consider its assessment exercise as an opportunity to bring to fruition long discussed proposals to make greater use of the professional skills currently available in the health workforce in order to deliver high quality, efficient and value-added services. These opportunities are in keeping with the aims of the Review, and can be realised by targeted service reconfiguration, system change and focused professional development.

Our submission is provided in 3 parts:

Part 1. Solutions for efficiency and improved patient outcomes are cross sector by nature

Part 2. Waste can be tackled and outcomes improved through enhanced medicines management systems

Part 3. To achieve public health improvements “think pharmacy”

We urge the Review to be bold in its recommendations, learning from, and adapting best practice from elsewhere. We have therefore referenced some examples of what the Forum consider to be best practice in this submission.

We believe that the suggestions in our submission can assist the Review in achieving its objectives and look forward to further discussion with the Review Team in relation to the recommendations made.

¹ <http://www.psni.org.uk/professionals/professional-forum/professional-forum.php>

Part 1: Solutions for efficiency and improved patient outcomes are cross sector by nature

The Compton Review can achieve the best possible efficiencies and improvements in the health service if it considers the health service beyond conceptual service boundaries. A constant battle against “silo mentalities” must be fought in order to free up capacity, reduce duplication and ensure the best care for the patient. As below, the Forum asks the Compton Review to take seriously: the need for improved access for pharmacists to patient records; the need for a review of current information sharing practice; the lessons to be learned from Scotland in this area; and, the numbers of opportunities available from considering the best use of the health service skills mix.

1.1. Promoting access to records and information sharing across sectors

It has long been noted that there is an incomplete sharing of information between GP surgeries, pharmacies and secondary and tertiary care providers. This can often be problematic in relation to the delivery of the best possible care to patients.

There are therefore some major efficiencies and service improvements available from targeted IT access enhancement. This includes:

- interoperable systems to enable the pharmacist and the GP to correspond directly and securely regarding any checks needed on the prescription, instead of by phone or fax. This will save time and improve the accuracy of prescribing
- automatic messaging between GPs and pharmacists, so GP records could be updated when pharmacy interventions are made
- links between prescribing and dispensing records to help monitor compliance
- enhanced clinical information such as integrated links to the BNF and patient information leaflets which could be printed off instantly to support consultations

Fundamentally, to integrate care, information should follow patients. The Compton Review should seek to bring about improvement in this area in the context of planning for Northern Ireland’s future health and social care service.

The Pharmacy Professional Forum recommends a review be conducted by DHSSPS into how access by pharmacists (and other relevant professionals) to patient records, and information sharing across sectors, can be improved in order to achieve efficiencies, improve patient outcomes and integrate care pathways.

1.2 Reviewing and learning from Scottish models for communication at care pathway transition points

Inadequate communication at care pathway transition points reduces patient outcomes and indeed has the potential to cost lives. Indeed, more than 40 percent of medication errors are believed to result from inadequate reconciliation in handoffs during admission, transfer, and

discharge of patients². Inadequate communication at care pathway transition points also has particular impacts for patients with long term conditions (LTCs).

The Forum therefore points the Review to the Scottish Government's Health Delivery Directorate action plan on improving multi disciplinary collaboration on LTCs³, published last year, which addressed this point and commended the use of clinical portal technology as introduced in NHS Tayside and NHS Greater Glasgow. The technology promotes easier access to information by professionals to assist care delivery and decision making and continues to be expanded in its application in that country.

The Pharmacy Professional Forum recommends the DHSSPS conduct a bespoke learning exercise, examining how the NHS in Scotland has promoted easier access by healthcare professionals to relevant patient information, the costs and benefits of doing so, and how and when such access could be promoted in Northern Ireland.

1.3 Making better use of the health professional skills mix

Achieving efficiency in the health service means making the best possible use of the skills and experience of all those who work in the health service⁴.

Some examples of how the skill mix could be improved in the Northern Ireland health service include:

- **Enabling pharmacy to deliver vaccination services currently only provided in GP surgeries (e.g. winter flu).**

The Republic of Ireland has recently expanded the role of pharmacy in this area, for the purposes of both patient convenience and health service efficiency⁵.

Evaluation of the Isle of Wight's expansion of pharmacy led vaccination services revealed 99% of patients rated the service as ok or excellent (with 91% rating it excellent), 98% would use community pharmacy again to be vaccinated, and 93% found the service more accessible than alternatives⁶. Patient commentary also focused on how much more convenient it was to attend the pharmacy than queue in a GP surgery, as well as an appreciation of avoiding a perceived infection risk from spending long periods of time at the GP practice.

- **Better integration of GP and pharmacist intervention and prevention programmes to enhance professional trust , to improve the health of the population and provide better value for money**

² Rozich JD, Howard RJ, Justeson JM, et al. Patient safety standardization as a mechanism to improve safety in health care. *Jt Comm J Qual Saf.* 2004;30(1):5–14

³ <http://www.scotland.gov.uk/Resource/Doc/309257/0097421.pdf>

⁴ By way of example

⁵ <http://www.thejournal.ie/cheaper-flu-vaccinations-on-their-way-at-pharmacies-257098-Oct2011/>

⁶ http://www.psn.org.uk/data/files/seasonal_flu_community_pharmacy_service_report_2010_v1.4c_final.pdf

It is the Forum's view that more might be done to better integrate pharmacist intervention and prevention programmes to enhance professional trust, to improve the health of the population and provide better value for money⁷.

Systems in operation in Germany have been held up as useful models in this regard. Moreover, in relation to pharmacy and GP working, we refer the Compton Review to the commendable research conducted in this area by the School of Pharmacy at the University of London, and published in July 2009 in the report *"Better Practices, Better Health"*⁸.

The report makes a number of relevant findings to the scope of the Compton Review's work including:

- *"Health services with a strong primary care base are more efficient, effective and equitable than those dominated by specialist and hospital interests. Britain's system of general medical and primary nursing care – complemented and supported by an easily accessible community pharmacy network – is an important asset, particularly at a time of financial constraint and rising care needs associated with population ageing."*⁹

and

- *"Closer working between GPs (and other practice based professionals) and community pharmacists could contribute to both improving health outcomes and increasing the cost effectiveness of primary care. Counter-productive rivalries between community pharmacists and general medical practitioners would leave patient needs unmet and the professions involved vulnerable."*

The Forum recommends that the methods and means by which GP and pharmacist working can be better integrated to achieve higher quality primary care outcomes should be a consideration of the Compton Review's recommendations.

- **Expanding the role of pharmacist prescribing**

In the context of making best use of professional resources in the health service, it makes sense that pharmacists, the most accessible healthcare provider, and the most expert in medicines, take on expanded roles in such areas as prescribing. This means, for example:

- Extending the scope of the Minor Ailments Scheme in community pharmacy, enabling pharmacists to prescribe prescription and over the counter medicines to treat minor conditions such as a rash, a cough in addition to the limited range of conditions already included in the scheme; or
- start, adjust, continue or discontinue a medication in collaboration with a doctor

Independent prescribing by pharmacists complements — not replaces — care provided by a doctor, and can mean more convenience, easier refills and less time spent dealing with prescription changes. Greater use should be made of Independent Pharmacist Prescribers in primary and secondary care.

⁷ See Hughes C.M and McCann S. (2003). Perceived interprofessional barriers between community pharmacists and general practitioners: a qualitative assessment. *British Journal of General Practice* 53: 600-606

⁸ http://www.pharmacy.ac.uk/fileadmin/documents/News/Better_Practices_Better_Health_web_edition.pdf

⁹ Referencing Starfield B. (2008). Refocusing the system. *New England Journal of Medicine* 359: 2087-2091 and Starfield B., Shi L. and Macinko I. (2005). Contribution of primary care to health systems and health. *Milbank Quarterly* 83: 457-502

However, for this role to be expanded a number of actions are required including:

- reforms to remuneration and compensation schemes that will encourage wider deployment of pharmacist prescribing
- access to patient/electronic health records (see 1.1 above)
- health service policy of encouraging pharmacies to be seen as consultation centres for a range of services (see 3.1 below)
- some changes to legislation (e.g. permitting pharmacists to prescribe Controlled Drugs)

• Permitting the pharmacy profession's continued development in clinical and specialised areas

In the last 25 years there has been welcome changes in the nature of the pharmacy profession, particularly in relation to increased provision of clinical pharmacy services directly to patients and in support of other clinicians. As individual medicine regimes have become more personalised, complex and often involving several combinations, so the expert advice available from the pharmacist input (e.g. counselling, concordance, reducing wastage, management) has come to be more highly valued.

However, the Forum considers there is a continual evolution of the pharmacy profession's offer to the health service, as the nature of medicines becomes more complex, co-morbidities increase, and high cost treatments become made available

Accordingly, there is still unrealised value that can be added from further development of clinical pharmacy specialities across the whole breadth of the health service, including oncology, radiopharmacy and many other areas.

As the health service moves into a more austere financial period, it is important that the pace of development and evolution in the pharmacy profession, and its contribution to improving outcomes is not diminished or reversed by a hasty sacrifice of professional development opportunities. This would come at the cost of the patient as prospects for service improvement offered by such development fail to be realised.

The Forum recommends that the Review take serious consideration of improving the "skills mix" within the scope of its recommendations, looking at such issues as:

- **vaccine provision;**
- **better integration of GP and pharmacist intervention and prevention programmes to enhance professional trust , to improve the health of the population and provide better value for money;**
- **extension of the Minor Ailments Scheme in community pharmacy**
- **the expansion of the pharmacist prescribing role; and,**
- **permitting the pharmacy profession's continued development in clinical specialised areas.**

PART 2: WASTE CAN BE TACKLED AND OUTCOMES IMPROVED THROUGH ENHANCED MEDICINES MANAGEMENT SYSTEMS

Medicines are the most frequently used intervention within the health service. In recent years there has been increasing concern about the lack of adherence by patients to medicines regimes, and how poor adherence represents a waste of resources: directly in medicines cost; and indirectly through suboptimal treatment resulting in poorer outcomes for patients.

In broad terms, medicines management is about supporting the optimum medicines usage and in so doing, improving patient outcomes. In the sections below the Forum make some specific suggestions to the Review on how the health service might make further changes to ensure the maximum value and outcome is extracted from the £430m plus annual medicines budget.

2.1 Give the pharmacist greater generic substitution powers

There is scope to provide pharmacists with greater powers to issue a patient with a cheaper generic equivalent, where available, to a branded medicine they may have prescribed.

This possibility has been discussed and considered in the past, which has highlighted some mechanics around process still to be resolved. The Pharmacy Professional Forum do not consider that there are any insurmountable obstacles to a measured increase in pharmacist powers (perhaps short of “automatic” substitution), and the Compton Review should give fresh thought to the proposition.

The Pharmacy Professional Forum recommends further dialogue take place between the Review and the Forum on how increased substitution powers for pharmacists be best progressed.

The Pharmacy Professional Forum recommends new powers be introduced to enable pharmacists to substitute generic equivalents of branded drugs at the point of dispensing

2.2 Adopt the Scottish approach to medicines management

In the community sector, greater access to patient medical records by the pharmacist would assist pharmacists in making value added interventions to a patient’s medication regime. For example, we recommend automated prescribing links to enable pharmacies to order patients' repeat medications via a direct electronic message to the GP surgery. Although some initial IT investment would be required, savings would quickly be made by reduced staff time on straight forward information transactions. Patient experience and outcomes would also be improved. Pharmacists could inform GPs of medication not required by the patient or that the patient is no longer concordant with. Some remunerative mechanism would be required to incentivise this new method of working.

An example of how to achieve this can be found in the Chronic Medication Service in Scotland. This service allows patients with long-term conditions to register with a community pharmacy of their choice for the provision of pharmaceutical care as part of a shared agreement between the patient, community pharmacist and General Practitioner (GP). It introduces a more systematic way of working and formalises the role of community pharmacists in the management of

individual patients with long term conditions in order to assist in improving the patient's understanding of their medicines and optimising the clinical benefits from their therapy.

The approach of NHS Scotland towards medicines management has come to be recognised by many as best practice in the United Kingdom. The Scottish model includes:

- comprehensive medication reviews undertaken for all patients before or at admission;
- suitable schemes for the self-administration of medication that empower patients to take an active role in managing their medicines; and
- arrangements to ensure that patients are supported to learn about, and take responsibility for, their own medication

The model was formed following the publication of a number of important reports, containing subsequently implemented recommendations, such as *The Right Medicine: a Strategy for Pharmaceutical Care in Scotland* (2002)¹⁰, *Patients and their medicines in Hospital* (2006) and *A Scottish prescription: Managing the use of medicines in hospitals*¹¹ (2009).

We recommend the Review team consider endorsing the Scottish medicines management model as a direction of travel for pharmacy and the health service in Northern Ireland.

The Pharmacy Professional Forum recommends the Review gives consideration to the Scottish Government's approach to medicines management as a model for Northern Ireland to follow.

2.3 Consider the York Health Economics Consortium's recommendations on tackling medicines wastage

Evidence presented by the York Health Economics Consortium (YHEC) and the School of Pharmacy, University of London in November 2010¹² suggests that some of the important opportunities for making savings on medicines wastage include:

- providing targeted medicines taking adherence support for patients starting new therapies, and those on unusually costly and/or difficult to take treatments
- targeting Medicines Use Reviews conducted by pharmacists more towards groups and individuals at special risk of having difficulties with their medicines taking, and of developing problems like 'treatment hoarding'. This includes providing better quality home care for isolated people and individuals developing memory problems; caring better for groups such as 'treatment resistant patients', who may not be taking their medicines correctly;
- further enhancing hospital and primary care liaison in contexts such as improving the quality of medicines management at around the time of hospital admission and discharge.

¹⁰ <http://www.scotland.gov.uk/Publications/2002/02/10633/File-1>

¹¹ http://www.audit-scotland.gov.uk/docs/health/2009/nr_090416_managing_meds.pdf

¹² <http://www.pharmacy.ac.uk/waste.html>

The Pharmacy Professional Forum recommends the Review give full consideration to the York Health Economics Consortium's recommendations on tackling medicines wastage and their potential application in Northern Ireland

2.4 Reduce the length of time a prescription can be written for at one time

In addition to the YHEC recommendations the Forum make a further recommendation on reducing medicines waste: reducing the length of time medicines can be prescribed for at one time¹³. Reports of prescriptions being written for 6 month periods have been recorded. We consider this encourages waste. If patient convenience has been a factor in such prescribing decisions, the answer instead should be to extend the repeat dispensing service, enhancing the pharmacist's ability to intervene and question the patient on medicines use.

The Pharmacy Professional Forum consider it to be in the interest of patient care and the reduction of medicines wastage that a limit to the length of time a patient may be prescribed a course of medication be introduced (e.g. 28 days)

2.5 Make patient education about their medicines a condition of discharge to and from any sector

Discharge counselling is an important means of teaching patients about how to properly use their medications, and thereby improve their outcomes, reduce unnecessary readmission and reduce medicines wastage.

During the counselling session, the pharmacist reviews with the patient what the medication is used for; how to properly take the medication; and potential side effects that may occur.

The Forum consider there is greater scope for expanding the practice of medicines education prior to discharge, and that it should therefore be considered for expansion within the goals of the Review.

Models for the Review to consider in this area include the new Discharge Medicines Review service in Wales¹⁴ and the New Medicines Service in England¹⁵

The Pharmacy Professional Forum consider that, in the interests of patient outcomes, reducing hospital readmission and tackling medicines wastage, patient education about their medicines should be made a condition of discharge.

¹³ Some exceptions might apply e.g. contraceptive services and HRT

¹⁴ <http://www.wales.nhs.uk/news/20873>

¹⁵ <http://www.nhs.uk/Video/Pages/new-medicines-service.aspx?searchtype=Tag&searchterm=About+the+NHS&>

PART 3: TO IMPROVE PUBLIC HEALTH “THINK PHARMACY”

Clearly, if the health service in Northern Ireland is to meet the challenges of tomorrow, the goal of combating serious public health challenges such as obesity and alcohol misuse must be met, the rates of smoking continue to be reduced, and disease and illness managed at earlier and more treatable stages. Below the Forum outlines where pharmacy can assist the Review in identifying solutions.

3.1 Tackling Obesity through Pharmacy

The whole of society has its role to play in combating the growing problem of obesity, and within that pharmacy too has a key part to play, which we recommend be recognised in relation to any proposals that the Review may make in this area.

For example, community pharmacies have a central role in the prevention and treatment of obesity through recognition and the provision of medical advice, management and referrals. Providing patients with the education and support needed to make important lifestyle changes is a key element of any obesity management strategy.

Indeed, due to the unique location of its services, pharmacy is well placed to reach some of the most difficult to reach social cohorts, such as deprived communities, often being open when GP surgeries are not, with a health professional available without appointment.

Furthermore, the recent reclassification of the main prescribeable medicine orlistat for the management of obesity to a classification which allows supply from community pharmacy is a clear and unequivocal endorsement that, in the opinion of the Medicines and Healthcare Products Regulatory Agency, not only does community pharmacy have a clearly defined role in the management of obesity, but community pharmacists, as healthcare professionals, are recognised as having the skills, knowledge and experience necessary to supply obesity management medication.

Examples of action being taken elsewhere to combat the problem, for reference to the Review, include:

- **NHS Portsmouth’s Healthy Living Pharmacy initiative**

NHS Portsmouth developed and implemented the Healthy Living Pharmacy (HLP) concept during 2009/10, and as a result of the encouraging outcomes, has seen take up of the initiative in other parts of the country including Birmingham, Southampton and the Isle of Wight.

Fundamentally the HLP model creates a commissioning framework that brings together a range of public health services including smoking cessation, weight management, Emergency Hormonal Contraception provision, blood pressure monitoring, Medicine Use Reviews and minor ailments services. HLP also raises public awareness of pharmacy expertise and actively shares learning between sites.

The Forum considers the Portsmouth Healthy Living Pharmacy an initiative that provides an imaginative, and so far encouragingly effective model for Northern Ireland to consider.

- **The Coventry Obesity Management Programme¹⁶**

Coventry Primary Care Trust piloted a pharmacy led weight management programme in March 2007. Patients receive a consultation with the pharmacist on a regular basis to discuss achievable and maintainable lifestyle goals. In addition, they receive regular cholesterol, blood pressure and where relevant, diabetes tests to assess the impact the weight loss has on their general health.

The results of the programme have been impressive with 80% of patients reducing weight¹⁷, and the service proving attractive to difficult to reach groups such as men.

- **The All Wales Obesity Pathway¹⁸**

This places significant emphasis on community based prevention and early intervention (self care) as the first level health interaction, with a second level being community and primary care weight management services,

There are many other initiatives that could be highlighted to the Compton review; save to say that there is much current untapped potential for combating obesity through pharmacy in Northern Ireland. All of these programmes, if rolled out in holistic fashion, have the potential to lead to long term cost savings to the health service.

Northern Ireland should take note of some of the pioneering work taking place in other parts of the UK to utilise pharmacy as a key resource for tackling obesity. This includes Portsmouth PCT's Healthy Living Pharmacy initiative of bundling commissioned services in a coherent manner to make joined up impacts on public health improvement.

3.2 Reducing Smoking Rates through pharmacy

Smoking remains the single greatest cause of preventable illness and premature death in Northern Ireland, and is also the leading cause of health inequalities in our society¹⁹.

All the evidence to date shows that people who receive regular support and advice throughout the quitting process are more likely to succeed, and one of the most accessible sources of advice and support can be found through community pharmacy. Indeed research from a controlled trial in Scotland demonstrated that by training pharmacists and their staff to counsel smokers on the basis of the theory of behavioural change, quit rates doubled²⁰.

¹⁶ www.appg.org.uk%2Fdocuments%2FAPPG19February08Summary.doc

¹⁷ http://northstaffslpc.co.uk/index2.php?option=com_docman&task=doc_view&gid=48&Itemid=54

¹⁸ <http://wales.gov.uk/consultations/healthsocialcare/obesitypathway/?lang=en>

¹⁹ Chief Medical Officer's Annual Report, 2009

²⁰ Sinclair HK, Bond CM, Lennox AS, Silcock J, Winfield AJ, Donnan P. Training pharmacists and pharmacy assistants in the stage of change model of smoking cessation: a randomised controlled trial in Scotland. *Tobacco Control* 1998; 253-261

Pharmacy smoking cessation services offer a particularly accessible means of quitting tobacco for individuals living in rural and remote areas where other sources of assistance may be more limited.

The Forum is also mindful of research conducted by the Department of Health, Social Services and Public Safety in Northern Ireland into smoking cessation²¹ which demonstrates that pharmacy is the preferred location for members of the public to receive smoking cessation services²² and one of the most likely locations for a patient to be informed of smoking cessation services²³. DHSSPS statistics for 2010/11 also show that 66% of people who set a quit date did so through community pharmacy.

The Forum recommend that, to tackle lifestyle associated conditions and their cost to the health service, such as those brought on by smoking, the DHSSPS should set itself a challenging figure for the reduction of smoking. The Welsh Assembly Government has recently proposed aiming to reduce the smoking rate to 16% by 2020. The Pharmacy Professional Forum suggests Northern Ireland should match or beat this target of reduction. The pharmacy profession stands willing and able to help the Department meet such a target.

The Northern Ireland Executive should set a robust target for the reduction of smoking rates in Northern Ireland. The Forum recommends matching or beating the proposed Welsh target of 16% by 2020, and fully utilising the successful pharmacy led cessation services to achieve this.

3.3 Screening, prevention and early intervention through pharmacy

Screening is a cost-effective means of preventative healthcare, detecting danger signs in an individual before they become more serious to the individual.

A wide range of screening services can be provided through pharmacies. A great advantage of screening through pharmacy is pharmacies tend to see a broader cohort of people to those who see their GP and therefore can access and diagnose people who otherwise would not have been tested.

Examples of screening services that can be made available in a pharmacy include:

- **Vascular disease screening, including diabetes**

Vascular diseases - heart disease, stroke, diabetes and kidney disease - account for more than half the mortality gap between rich and poor. Yet, with early detection these diseases can be identified and treated before major complications arise.

²¹ Statistics on Smoking Cessation Services in Northern Ireland

http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health/stats-smoking-cessation.htm

²² Ibid, Table 8, p23

²³ Ibid, p37.

In terms of screening locations, community pharmacists, by virtue of their uniquely accessible format, are likely to come into contact with people with undiagnosed diabetes who rarely access their GP and other mainstream NHS services.

To take an example, earlier this year Wales ran a national scheme of diabetes screening²⁴ through pharmacy, with blood glucose tests carried out by community pharmacists or trained staff members. Individuals are recruited by either responding to a window or leaflet advertisement, or being targeted opportunistically by the pharmacist, according to criteria (e.g. age, family history of diabetes, obese, ethnicity). In its formal assessment of the campaign²⁵ NHS Wales has recommended the exercise be repeated in future.

Another example is the NHS Health Check provided through pharmacy in England²⁶, which includes checking the individual's blood pressure and Body Mass Index.

The Forum consider there is underexplored opportunity to capture more undiagnosed diabetes and vascular disease cases through pharmacy in Northern Ireland than is currently the case, and that therefore this form part of the Review's considerations when making recommendations to the Minister on the future of preventative healthcare.

- **Alcohol screening**

Lambeth PCT²⁷ have led a groundbreaking pathfinder project of alcohol screening through pharmacy, which built on the success of smoking cessation through pharmacy and utilised pharmacy staff to raise public awareness about alcohol usage, safe drinking limits and calculation of units. Assessing the service, it was found there had been a significant reduction in alcohol consumption in patients, and 77 per cent of patients would recommend it to a friend. After five months, 128 patients had received the intervention, with 72 identified as at increased risk of alcohol misuse and 21 at high risk. Of the patients at high risk, 45 per cent had spoken to their GP, 18 per cent had seen a specialist alcohol service and about 20 per cent had been referred to a specialist service by their GP.

Other similar schemes have also been carried out in Leeds²⁸, Wirral²⁹ and Hampshire with encouraging results. The Forum considers pharmacy to be an essential but underused element of combating Northern Ireland's unhealthy relationship with alcohol.

- **Hepatitis C**

Up to half a million people in the UK are thought to be living with Hepatitis C but do not know it. Indeed in a recent pilot scheme in 19 pharmacies it was found that one in six people tested came back as positive. As a result of these findings the Hepatitis C Trust has made a formal recommendation to Health Boards in Scotland, Wales and Northern Ireland to conduct their pilot

²⁴ http://www.chemistanddruggist.co.uk/news-content/-/article_display_list/12173360/welsh-pharmacies-launch-national-diabetes-screening-campaign

²⁵ <http://senedd.assemblywales.org/documents/s3015/Consultation%20response%20CP%2024%20-%20Community%20Pharmacy%20Wales.pdf> (see Appendix 2)

²⁶ <http://www.islington.nhs.uk/Your-health/nhs-health-check.htm>

²⁷ http://www.chemistanddruggist.co.uk/news-content/-/article_display_list/10827309/lambeth-study-shows-pharmacy-s-role-in-alcohol-screening

²⁸ <http://www.alcohollearningcentre.org.uk/LocalInitiatives/projects/projectDetail/?cid=6335>

²⁹ http://www.psn.org.uk/data/files/commissioningpresentations/tee_weinronk.pdf

programmes hepatitis B and C testing in community pharmacies³⁰. The Forum supports that recommendation, and urges its consideration by the Review.

Creating a more efficient health service means thinking innovatively, including appropriate investments in the kinds of screening and preventative health services that can be provided through pharmacy to make larger savings as a result of early interventions.

In conclusion

It is important to caveat to the Review that what has been briefly described in our short 3 part submission does not represent the totality of pharmacy's offer in terms of achieving the Review's objectives for the future of the Northern Ireland health service. Instead it is simply intended to give something of a flavour of what has the potential to be achieved by ensuring pharmacy is better integrated into health policy planning and long term strategy.

Put simply, if the health and social service system desires to achieve efficiency and improve public health then policy planners need to "think pharmacy".

The Forum is committed to assisting the Review in this regard and looks forward to further dialogue and answering any questions arising from the submission.

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<http://www.hepctrust.org.uk/Resources/HepC%20New/Hep%20C%20Resources/Education%20and%20Training/Pharmacy%20Testing%20Overview%20-%20Oct%202011.pdf>

KEY RECOMMENDATIONS OF THE PHARMACY PROFESSIONAL FORUM

PART 1: SOLUTIONS FOR EFFICIENCY AND IMPROVED PATIENT OUTCOMES ARE CROSS SECTOR BY NATURE

1. A review should be conducted by DHSSPS into how access by pharmacists (and other relevant professionals) to patient records, and information sharing across sectors, can be improved in order to achieve efficiencies, improve patient outcomes and integrate care pathways.
2. The DHSSPS should conduct a bespoke learning exercise, examining how the NHS in Scotland has promoted easier access by healthcare professionals to relevant patient information, the costs and benefits of doing so, and how and when such access could be realised in Northern Ireland.
3. The Pharmacy Professional Forum recommends that the Compton Review take serious consideration of improving the “skills mix” within the scope of its recommendations, looking at such issues
 - vaccine provision;
 - better integration of GP and pharmacist intervention and prevention programmes to enhance professional trust , to improve the health of the population and provide better value for money;
 - the extension of the Minor Ailments Scheme in community pharmacy;
 - the expansion of the pharmacist prescribing role; and,
 - permitting the pharmacy profession’s continued development in clinical and specialised areas

PART 2: WASTE CAN BE TACKLED AND OUTCOMES IMPROVED THROUGH ENHANCED MEDICINES MANAGEMENT SYSTEMS

4. New powers should be introduced to enable pharmacists to substitute generic equivalents of branded drugs at the point of dispensing
5. Give due consideration to the other York Health Economics Consortium November 2010 recommendations on reducing medicines waste
6. Consider a limit to the length of time a patient may be prescribed a course of medication for (e.g. 28 days)
7. Endorse and implement the Scottish model of medicines management
8. Make medicines education a pre-condition of discharge from secondary and tertiary care

PART 3: TO ACHIEVE PUBLIC HEALTH IMPROVEMENT “THINK PHARMACY”.

9. Northern Ireland should take note of some of the pioneering work taking place in other parts of the UK to utilise pharmacy as a key resource for tackling obesity. This includes Portsmouth PCT’s Healthy Living Pharmacy initiative of bundling commissioned services in a coherent manner to make joined up impacts on public health improvement.
10. The Northern Ireland Executive should set a robust target for the reduction of smoking rates. The Forum recommends matching the proposed Welsh target of 16% by 2020, and fully utilising the successful pharmacy led smoking cessation services to achieve this.
11. Creating a more efficient health service means thinking innovatively, including appropriate investments in the kinds of screening and preventative health services that can be provided through pharmacy to make larger savings as a result of early interventions.