Finance Committee

Prevention

Submission from Royal Pharmaceutical Society

The Royal Pharmaceutical Society (RPS) is the professional body which represents all individual members of the pharmacy profession. As such, we welcome the opportunity to respond to this call for evidence and would like to answer the questions from the perspective of how the pharmacy profession can contribute to healthcare in Scotland, highlighting the barriers to implementing the changes required to make any large scale shift towards prevention and health and social care integration.

Underuse of the resources available within the pharmacy profession in contributing to the public health prevention agenda and health and social integration is only one piece of a complex landscape but it is a significant factor and we have outlined some of the evidence for this in the report below.

We are happy to meet with the committee to discuss any aspects of this response and RPS support for the prevention and integration agenda in more detail at any time.

Background and Context

The Christie Commission stressed the importance of using all available resources. RPS has concerns that both at strategic and local levels this principle is not established and much more could be done, working within localities to integrate health and social care resources to provide a more person centred approach and improve patient outcomes.

Pharmacy is the 3rd largest health profession and medicines are the most common intervention in the NHS, but the potential of pharmaceutical public health has not been fully realised within our communities. The importance of pharmaceutical care has been recognised since 2002 with the publication of “The Right Medicine”\(^1\) by the then Scottish Executive but there are still many barriers to harnessing the potential within the pharmacy profession to make improvements to patient outcomes and to progress integration with health and social care.

Given the importance of medicines to both patient outcomes and financial implications RPS called for the statutory requirement for a pharmacist to be included

\(^1\) The Right Medicine Strategy for Pharmaceutical Care in Scotland Scottish Executive 2002
in the Community Health Partnerships to be carried over to the new organisations when we responded to the Scottish Government Health and Social Care consultation in 2012. This has not been implemented and representation is variable across the country. At a strategic level it is vitally important that pharmacists have input to policy and strategy planning, working with other health and social care professionals as essential members of the multidisciplinary team to support integration of health and social care and bridge the gaps between primary and secondary care.

Areas where pharmacist’s expertise are necessary include:
- clinical governance wherever medicines are used
- patient safety
- education and training of social care staff for pharmaceutical care in care homes
- continuity of care between primary and secondary settings including discharge planning
- anticipatory and end of life care
- ensuring cost effective evidenced based use of NHS resources.

Evidence

There is now a substantial body of reports and reviews\(^2\) which have established that we are not using the clinical resources available in the pharmacy profession to best advantage to improve public health\(^3\), patient outcomes and prevent unplanned hospital admissions.

The Review of NHS Pharmaceutical Care of Patients in the Community in Scotland, by Dr Hamish Wilson and Professor Nick Barber in 2013\(^5\) outlined the key issues and barriers to change, particularly around freeing up time for pharmaceutical care and allowing pharmacists to work to the top of their licence, including historical legislation, contractual frameworks, current models of care, resource and IT challenges.

The Scottish Government has now published “Prescription for Excellence. A Vision and Action Plan for the right pharmaceutical care through integrated partnerships and innovation” This document outlines a 10 year vision aligning with the Scottish Government 2020 Vision and Route Map, and while the principles of increased clinical roles for pharmacists are exemplary it is not without its challenges in implementation with changes required similar to those outlined in the Wilson and Barber Review.

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\(^2\) Review of NHS Pharmaceutical Care of Patients in the Community in Scotland. Scottish Government 2013

Scotland is not alone in the acknowledgement of the challenges facing the NHS and recognition of the need to change the models of care to facilitate more pharmaceutical care in primary and secondary care. The “Now or Never” report of the Commission on future models of care delivered through pharmacy.\textsuperscript{4} outlined some of the potential for pharmacy to contribute to the prevention and public health agenda and the urgent need to change the focus to prevention of ill health and helping people stay healthy. Modern medicines are increasingly complex and pharmacists have a unique training with an expensive five year Masters qualification in all aspects of medicines, including pharmaceutical care, which includes taking responsibility for the outcomes of treatment as well as ensuring safe and efficient supply. Medicines play an integral part in both treatment and prevention in the NHS and account for the second biggest expenditure after staffing. However despite the need for increasing complex care as people live longer with more co-morbidities, the healthcare system for pharmacy is still working on a model which focuses primarily on supply rather than care, and treatment of illness rather than promotion of health.

We are now very successful in treating long term conditions (LTCs), many of which are in part preventable, however there needs to be a cultural shift at a public health population level to increase awareness of the need for self-management and lifestyle choices to support prevention.

It is now well recognised that the NHS needs to change in order to face the demographic challenges of the future. The graph below shows the current % of people with LTCs by age group.

\begin{quote}
\textbf{Now or never – Commission of future models of care delivered through pharmacy}

“Only by preventing ill-health and helping people to stay healthy can the NHS hope to manage demand on overstretched services. Exercise, diet, infectious disease, drug use and sexual health are key determinants of the occurrence and severity of most of the ill health facing the NHS.

The potential role that community pharmacy can play in improving and maintaining the public’s health is consistently identified as being underutilised. Community pharmacies are accessible, open long hours and present in communities across the country including areas of deprivation.”
\end{quote}

\textsuperscript{4} Now or Never: Shaping pharmacy for the future. Judith Smith, Catherine Picton, mark Dayan. 2014
As the number of prescriptions dispensed continues to increase (see graph below) the impact of not investing in prevention in the pharmaceutical context should not be underestimated both in terms of financial burden on health and social care and in quality of life and human cost.
• Medicine related incidents are responsible for between 1.4 -15.4% of preventable unplanned hospital admissions\(^5\) and this figure can rise to 26% in the frail elderly population\(^6\). This equates to 61,000 non elective hospital admissions due to medicines every year.\(^7\)

• Audit Scotland has reported that the increasing numbers of older people will result in a 24% rise in emergency admissions to hospital in this group by 2016\(^8\)

• We know that around 50% of people do not take their medicines as prescribed\(^9\) and therefore do not receive the full benefit or might experience side effects and adverse events.

• NHS and councils spend more on unplanned admissions to hospital for older people (£1.4bn/ 30%) than on home care (£395m/9%) and care homes (£637m/ 14%) and most of GP prescribing (£379m/8%) put together.\(^10\)

Non adherence to routine medicines in has been estimated to cause approximately 48% of asthma deaths.\(^11\) According to Asthma UK\(^12\) there were 1,143 deaths from asthma in the UK in 2010, and approximately 75% of the hospital admissions and 90% of deaths which then occurred were preventable.

Type 2 Diabetes is an excellent example of where some inroads have been made to prevention with a national Diabetes Improvement Plan but the scale of the challenge is still enormous and treatment costs with new medicines are increasing. Diabetes Scotland\(^13\) estimate that 500,000 people are still at risk. Treatment of preventable complications of type 2 Diabetes is estimated to cost NHS Scotland around £800M annually.\(^12\)

In England the “Healthy Living Pharmacies “ project using community pharmacies as a local health hub and encouraging pharmacy support staff to engage with local communities with advice and support for lifestyle changes has been positively evaluated. Given that around 600, 00 people visit a community pharmacy every day\(^1\) much more could be done with this public health model to raise awareness of the importance of prevention.\(^14\)

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\(^6\) Arch.Intern.med/vol171(No11), June 13, 2011
\(^7\) Healthcare Improvement Scotland. Safer use of medicines August 2015
\(^8\) Audit Scotland [http://www.audit-scotland.gov.uk/docs/health/2012/nr_120301_social_care.pdf](http://www.audit-scotland.gov.uk/docs/health/2012/nr_120301_social_care.pdf) accessed 22/10/15
\(^11\) Elliot R, Non adherence to medicines – not solved but solvable. J Health Services Research Policy 2009,14 58-61
\(^12\) [http://www.asthma.org.uk/compareyourcare-reports](http://www.asthma.org.uk/compareyourcare-reports)
\(^13\) Diabetes Scotland. The State of the Nation 2015 report. The age of Diabetes.
\(^14\) Evaluation of the Healthy Living Pharmacy Pathfinder Work Programme 2011-2012
The pharmacy team across community, hospital and GP practices must have input into emerging primary care hubs, ensuring their skills are fully utilised to improve the health of people in Scotland and to help tackle some of the biggest health issues within their locality, and within the NHS as a whole. The development of multidisciplinary hub teams and further collaboration between pharmacists and GP practices will fundamentally improve the integration of the health and social care pathways.

**Summary and Recommendations**

Health and Social Care Integration provides an opportunity to focus on prevention, improve public health and for health and social care practitioners to work more closely together. This needs to focus on person centred care and getting things right first time for patients, providing coordinated local support and improving health education and prevention, rather than infrastructure and co-location.

- Recognition that in the transformation of primary care, there must be pharmacist representation on community planning partnerships and health and social care partnerships to ensure pharmacy services are designed to maximise improvement in patient outcomes in a safe, efficient and person centred way, integrating primary and secondary care and working as part of the multidisciplinary team.
- Pharmaceutical public health should be an integral part of primary care using analysis of available data which allows interventions to be targeted at areas of highest need as part of a focused health and social care integrated approach.
- Pharmaceutical Service Care Plans need to be improved and become recognised working documents to identify gaps in services which are then priority areas for Community Health and Social Care Partnerships to action.
- There is a requirement to have one single patient health record where all essential information is stored and all registered health and social care professionals involved in the patient journey to have appropriate access to the patient health record with the patient or their designated carer's explicit consent.
- Changes in business models are required, freeing up pharmacists time to provide the quality pharmaceutical care required to prevent drug related events with increased cross sector working and better communication between both systems and personnel.

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