Royal Pharmaceutical Society

The Royal Pharmaceutical Society (RPS) is the professional leadership body for pharmacists in Scotland, England and Wales. We represent individual pharmacists in all sectors of the profession and in all parts of the country.

The RPS leads and supports the development of the pharmacy profession for the benefit of patients and improving public health.

The Royal Pharmaceutical Society welcomes the opportunity to respond to the Health Committee with its view on the proposals contained within the Scottish Government’s Draft Budget 2013 – 2014.

The Society fully understands that the draft budget has been set with reference to the current global economic conditions and that there will be an 11% cut in real terms over the next 4 years and within that the capital budget will reduce by a third.

The Royal Pharmaceutical Society is committed to advancing the pharmacy profession for public and patient benefit and fully supports the Scottish Government’s ambition to encourage people to maintain and improve their own health and wellbeing and deliver high quality health and social care services.

We have some general comments and observations to make with regards to pharmacy service provision and the draft budget proposal.

With reference to the totality of health spend, it is difficult to make informed comment on whether the level of health spend, as proposed, within the draft budget is adequate or not. This is a difficult question to answer within the context of the current global economic conditions, which may deteriorate further before we are able to see an improvement. We are pleased that the Scottish Government remains committed to supporting front line health services by delivering real terms protection for the NHS revenue budget, staying true to the principle of free prescriptions and continuing to publicly fund our health care services.

However, the Royal Pharmaceutical Society is concerned that the only time pharmacy is mentioned in the draft budget is under detailed spending plans level 3 - primary and community care services, where Pharmaceutical Services Contractor's Remuneration is being cut by £4.5m, whilst General Medical Services, General Dental Services and General Ophthalmic services
are being maintained at the same level as the previous year. This could potentially have an effect on the ability of the community pharmacy network to maintain and develop pharmaceutical care services.

Pharmacists’ roles across all sectors have developed beyond all recognition over the last decade since devolution, guided in no small part by ‘The Right Medicine – A strategy for pharmaceutical care’, a strategy document which focused on the development of pharmacists’ clinical roles to improve the pharmaceutical care of patients across all sectors of pharmacy but particularly community pharmacy.

The Scottish Government is currently carrying out a major review on improving the pharmaceutical care of people in the community. This review will explore new opportunities and possibilities for better partnership working both intra and inter professionally, will look at ways to bring about more efficient methods of working and will examine what needs to change to improve the quality of pharmaceutical care that is delivered to people in the community. Building on the successes of ‘The Right Medicine’ it is hoped that this important piece of work will help inform the Scottish Government’s thinking in how it further develops pharmacists’ contribution to the pharmaceutical care of people in the community going forward.

We are also concerned that there is no detail or transparency in the draft budgetary plan on what the impact will be on the pharmacy budget for the primary care pharmacy sector such as pharmacist prescribing advisers and the secondary care hospital pharmacy sector. The specialised role that both these groups of pharmacists play is absolutely vital to the delivery of seamless, safe pharmaceutical care across the patient’s journey and maintaining and improving cost efficiencies within the drugs budget.

From the pharmacy perspective, a reduction in funding for pharmaceutical services in the community is concerning. If this also translates into a reduction of resources for the primary care pharmacy sector and the hospital pharmacy sector, and there is growing evidence of this, then this will cause a problem for delivery of the Scottish Government’s ambition to further utilise the key skills of pharmacists to improve person centred care.

Over the past few years, community pharmacists have made a considerable contribution to improving patient care through services such as the Minor Ailment Service, the Chronic Medication Service and in the area of pharmaceutical public health. It is envisaged that their contribution can increase further, especially in the care of people with long term conditions and there is still further potential for community pharmacists to make an even bigger contribution to public health and in helping the Government with the promotion of the self-care agenda.
In the primary care setting, prescribing advisors play a vital role in making appropriate medicine recommendations and advising on treatment regimes and in achieving the most efficient prescribing and savings to the drugs budget. Going forward, the role of primary care pharmacists could be supported to be more focussed on individual patient care at the point of diagnosis working in close partnership with their GP colleagues.

Hospital pharmacists use their specialised clinical skills across many therapeutic areas ensuring that quality pharmaceutical care is delivered to patients in the secondary care setting and play an important role in the transfer of care from the secondary to primary care setting.

Medicines play an enormous part in the health and well-being of our older population and this is increasing as we successfully treat long term conditions. There will be more and more pressure on pharmacy services in the future to ensure that the quality of pharmaceutical care is improved for this growing group of patients.

When you also consider the positioning of pharmacy within the developing health and social care agenda there are many areas where pharmacists’ roles require to be maximised for patient benefit and any reductions in pharmacy budgets will be detrimental to achieving quality service delivery.

Established governance of prescribing budgets through primary care pharmacy teams and close working with GPs will need to continue as well as developing closer links with social colleagues and new local collaborations. Pharmacists will have an increasingly important role in the training and education of social care personnel providing care at home to patients in the community with regard to the safe and appropriate use of medicines.

We have concerns if the prescribing budget is to be included in an integrated health and social care joint budget. Prescribing is a complex area of patient care and we have both national governance through the Scottish Medicines Consortium and local prescribing governance by pharmacy teams at health board level which provide the necessary pharmaceutical advice to deliver the best patient care while making efficient use of resources. It is vital that funding is maintained to support these existing governance structures.

The Royal Pharmaceutical Society believes that it is not in the interests of improving the health and wellbeing of Scotland’s people if resources going to support the pharmacy sector are diminished in any way. Unfortunately there is not sufficient detail in the draft budget proposal to allow us to ascertain as to whether this is the case or not.

It is important that the Health Committee fully understands the vital contribution that pharmacists make in the area of medicines safety and improving patient safety. There needs to be enough resources in the system
to allow pharmacists to make further improvements. The need for enhanced contribution by pharmacists is clear when you look at the statistics.

It is known that up to 7% of unplanned admissions to hospital can be as a result of drug-related events and this can increase to 20% in the frail elderly population\(^1\).

Between 30-50% of prescribed medicines are not taken as they should be\(^2\) and this, combined with patients’ lack of understanding of their medicines, contributes to adverse drug-related events.

It has been shown that adverse drug events occur in up to 20% patients after discharge and is estimated that 11-22% of hospitalisation for exacerbations of chronic disease are as a direct result of non-compliance with medication.\(^4\)

Medicine related events contribute to 1 in 7 unplanned hospital admissions\(^5\) in the older population.

One of our recent studies showed that at any one time the equivalent of more than seven 800-bed hospitals are taken up with the patients who have suffered the side effects of drugs they have been prescribed. A quarter of a million people are admitted to hospital in the UK each year following adverse reactions to a variety of commonly prescribed drugs which costs the NHS an average of £466 million annually (Pirmohamed, et al. 2004).

These are just a few of the statistics that highlight the need for pharmacists’ contribution to be maintained in any Health budgetary considerations. Failure to do so could result in an increase in costs to the NHS.

It has to be recognised that full integration into the health and social care team is required before pharmaceutical care outcomes can be fully realised. It is part of the team approach to care. It is important that any review of pharmaceutical care services in the community should not be seen in isolation and any proposed changes must align with the health and social care integration work stream currently being undertaken by Scottish Government.

Pharmacists need to be supported into patient facing roles, ensuring people fully understand the need for their medicines, how to take them and what to expect from them. Improving pharmaceutical care of both acute and long term conditions requires changing operational practices and this will require to be supported within any budgetary considerations.

The self-care agenda in Scotland is of a magnitude that requires all possible opportunities for intervention to be used and the easy accessibility of community pharmacists and their support team offers them a role in this.
The increasing complexity of medicines and the changing demographics of our aging population put current NHS services under increasing financial strain which is unsustainable. To support this, the provision of pharmaceutical care should be determined by the population needs locally and resources should be targeted at areas of highest need to address inequalities. Pharmacists have a major role to play in this area and this will require continued support from the Scottish Government.

Developing effective therapeutic partnerships between pharmacists, patients, GPs, social care, secondary care and other healthcare providers is the key to improving person centred care and this requires commitment, resource, time and a consistent approach.

The Royal Pharmaceutical Society maintains that pharmacists across all sectors play an important role in helping manage the medicines budget without detriment to patient care through the provision of clinical services and the work of the drug and therapeutic teams and it is vital that resources are not diminished in any budgetary considerations.

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References

1. Aldred D, Barber N, Buckle P et al. Care Home Use of medicines Study (CHUMS); Medication errors in nursing and residential care homes – prevalence, consequences, causes and solutions. Qual and Safety in Health care 2009; 18; 341.