Don’t forget pharmacists
Mr Lansley — your new NHS needs them

As accessible frontline healthcare professionals, pharmacists are making a valuable and telling contribution to achieving Government health objectives

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Despite the Government’s pledge to ring-fence the healthcare budget, the NHS is facing sustained financial retrenchment and increased user demand. Against the backdrop of the UK’s parlous public finances, it is vital that all aspects of healthcare are examined to assess where increased value and quality can be delivered with greater cost-effectiveness.

This is especially critical, since Secretary of State for Health Andrew Lansley has placed patient health outcomes at the heart of Government reforms — an imperative given rising public health challenges and an aging population predisposed to long-term conditions (LTCs).

The conclusions drawn from our paper (see PJ, 18 September 2010, p290) show that enhanced pharmacy services, which include smoking cessation, sexual health and weight loss programmes, are an under-used resource that can deliver innovative, cost-effective services to patients in a highly accessible manner. Moreover, such services can help the NHS achieve its quality, innovation, productivity and prevention objectives.

For example, it is estimated that, annually, 57 million GP consultations concern minor ailments, which in large could be dealt with at a pharmacy. The average cost of a pharmacy consultation (£17.75) is £14.25 less expensive than that of an average GP consultation (£32). If all patients with minor ailments received pharmacy consultations, then over £812m could be saved from the healthcare budget, equating to over 4 per cent of the Government’s pledged £20bn efficiency savings target.

Find ways to unburden GPs

Of course, pharmacy services must complement general practice, but with GPs confronting increased workloads — something set to intensify given GP commissioning — and patients experiencing appointment delays, policymakers need to find ways to unburden GPs to release time to treat patients with critical and complex medical conditions.

Accessibility to healthcare is now more important with people leading increasingly busy and time-pressured lives. Furthermore, over the past 10 years health inequalities have increased, with certain “hard to reach groups” experiencing declining health outcomes. Pharmacies are at the heart of local communities and do not require formal appointments to access professional expertise. Ninety-nine per cent of the population can reach a pharmacy within 20 minutes by car and 96 per cent can do so by walking or using public transport.

Consistent with Government priorities, this great accessibility offers major advantages for implementing patient-centred services around the needs of local populations. It is also an imperative as a preventive NHS, predicated on an “information revolution” to better inform and empower patients regarding healthcare choices, advances.

Pharmacists have a key role in delivering this policy imperative.

“A pharmacy quality and outcomes framework is something the Government should develop”

While enhanced services continue to evolve, medicines management remains a more traditional role of pharmacy. However, its importance is likely to increase with population ageing. Also, as LTC prevalence appreciates, medicines use will increase. It is reported that 30 to 50 per cent of patients fail to take their medicines correctly, while hospital admission costs resulting from incorrect medicines usage could be up to nearly £200m a year — a cost likely to increase as medicine demands intensify.

The Government’s policy that hospitals will be charged for related patient readmissions occurring within 30 days of discharge means medicine use reviews (MURs) should be regularly conducted before and after planned hospital admissions, particularly for patients with LTCs, to limit the effects of modifications to patient medication regimens at the care interface.

Despite some excellent outcomes from pharmacy enhanced services in parts of England, commissioning of enhanced services is patchy and lacks universality. There are a number of possible reasons: poor measurement and capture of outcomes from pharmacy contractors; a lack of understanding from commissioners; uncompetitive reimbursement rates; and a perception that GPs influence preferences or dominate local decisions. The profession itself therefore needs to improve its ability to capture and measure service outcomes, since commissioners are unlikely to commission services where outcomes data are minimal.

Sustained efforts to improve GP/pharmacist relationships are also critical. To this extent, local pharmacists should have representation within local GP consortia and local health and well-being boards to help optimise the integration of patient care.

Analyse reimbursement mechanisms

Policymakers also need to analyse current reimbursement and pricing mechanisms for enhanced services. The current funding mechanism encourages pharmacy contractors to obtain the best price for the purchased NHS medicines and, in return, contractors retain some of these savings. According in excess of the agreed cap goes to the Department of Health. In essence, these are additional windfall savings to the taxpayer, generated through the hard work of pharmacy contractors. Given the persistence of suboptimal enhanced service commissioning, we propose an innovative solution — an agreed percentage of savings are retained within pharmacy through the establishment of an “enhanced pharmacy service innovation fund”. This fund would sit with an expert/professional body outside of the DoH, free from political interference, serving to enable evidence-based pharmacy services to be delivered.

A pharmacy quality and outcomes framework (QOF) is something the Government should develop. Despite important issues on the implementation side, not least handling transitory patient populations, there is strong rationale for a pharmacy QOF complementing the existing GP framework. This would help incentivise local pharmacies to improve quality according to patient needs, demanding a focus on outcomes that would necessitate improved measurement and data capture to optimise service deliverability.

If the Government is to achieve its stated objectives of a genuinely patient-centric service, a community-oriented health service, improved health outcomes and a more affordable NHS, it is imperative the skills and expertise of all healthcare professionals are fully optimised and used. For too long, politicians on all sides have caricatured the NHS as being a service of “doctors and nurses”. Nearly all major political speeches on the NHS since 1948 show as much. However, the NHS is much more.

As our research shows, in some areas pharmacists — as accessible frontline healthcare professionals — are making a valuable and telling contribution to achieving these objectives. By addressing the above issues, there is significant scope for this contribution to be further enhanced, which would in turn help to improve accessibility, patient choice and health outcomes.