

“AskAboutAsthma- Vision into Reality”

The Role of Pharmacists in Asthma Management

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01

Aim of the session

Purpose of this session

How can Pharmacists support asthma management:

- Pharmacists in varying settings
- promote understanding for future workforce planning and development
- Consider the barriers to the better utilisation of pharmacy and how to overcome them

1 Over view of Pharmacy – traditional & transformational

2 Opportunities to consider pharmacists in care pathways

3 Examples of services commissioned in pharmacies which support CYP

02

Traditional Roles
Community Pharmacy
Hospital Pharmacy
Primary Care (CCG)

Why consider community pharmacy?



Why community pharmacy?

- There are 438 million visits to community pharmacy a year for health related reasons.
- There are over 11,500 community pharmacies in England providing NHS services.
- Community pharmacies are highly accessible, located in the heart of communities where people live, work and shop.
- In the areas of highest deprivation almost 100% of households live within walking distance of a pharmacy.
- 96% of the population can get to a pharmacy within 20 minutes by walking or using public transport.
- Adults in England visit a pharmacy on average 16 times a year.
- Many pharmacies are open for extended hours in the evenings and weekends and nearly 900 of them are open for 100 hours a week.
- Pharmacists train for five years, are experts in medicines and can be consulted without an appointment.

Background

Pharmacy services in the England

- Every day community pharmacy is the primary health contact for **1.6 million patients** – a total of **438 million contacts** per annum in England alone
- The pharmacy workforce is expanding, with a potential oversupply of between **11,000 and 19,000 pharmacists by 2040**
- Between **30% and 50% of prescribed medicines** for long-term conditions are not taken as recommended

The NHS England contract framework for community pharmacies involves:

Essential services

- Dispensing
- Signposting
- Promoting a health lifestyle
- Audit

Advanced services

- Medicine Use Reviews (MUR)
- New Medicine Service
- Seasonal Flu Immunisation

Local services

- Stop smoking

2016

Patient Medication Records:
access to Summary Care Record

Healthy London Partnership – Children and Young People’s programme

Pharmacy services in England: *Key facts 2015/16*



7.8m items of Fluticasone
Propionate (inhaled) dispensed

11,688 community
pharmacies in
England and 1862
in London

1.08 billion
prescription
items
dispensed in
the community

3.3 million Medicine Use
Reviews , average of 280
per annum for a London
Pharmacy

£9.27 billion was the
cost of prescriptions
dispensed in the
community

34.4 m

Simvastatin
was the most
prescribed
chemical

Fluticasone
Propionate
(inhaled)
remains the
highest
costing
medicine at
£376m

35.4% of
items
dispensed
by EPS

821,893 New Medicines Services
interventions, average 78 per annum
for a London Pharmacy

Community Pharmacy Services

Categories & Funding sources

Service	Essential	Advanced	Quality Payment	Enhanced	Locally Commissioned
Commissioner	NHS England	NHS England	NHS England	NHS England	CCG or Local Authority
Funding Source	Central - Global Sum	Central - Global Sum	Central – Global Sum	Local - NHS England Regions	Local
Examples	Dispensing Public Health Campaigns Audit	Medicine Use Reviews New medicine Service National Flu Service (+ 18 years of age) Urgent medicine supply services	Inhaler surveillance NHS Choices	Minor Ailments Service Extended opening hours Immunisation Higher level medication review services	Stop smoking Sexual health services Screening Minor ailments

Hospital and CCG based Pharmacists

Traditional Roles

Hospital

- Clinical Pharmacists
- Specialist clinical areas
- Experience of pathways
- Formulary development
- Independent prescribers
- Education & development roles within the Trust

CCG

- Part Medicines Management Teams
- GP practice, community clinics
- Formulary development
- Prescribing guidance
- Financial management
- Education & training GPs, nurses

03

**Transformational New
Pharmacists Roles**

GP Practices

Care Homes

UEC settings

Transformation & Opportunities for Asthma

Driven by 5YFV

Clinical pharmacists in GP Practice Settings

Pharmacists in Care Home Settings

Pharmacists located in Urgent care pathways – CAS, NHS111

Community Pharmacists – access to summary care records

Increase in independent prescribing pharmacists in all settings

Self care models in community pharmacy

Integrated service models between secondary care and primary care (GP) pharmacy services

STP medicine optimisation strategies



04

Healthy London Partnerships

Prompting the utilisation of pharmacists in CYP asthma management

Asthma Management

Children & Young people AND their pharmacist



Inclusion within Asthma Quality Standards

Community pharmacy –CYP Asthma Audit

Inclusion of inhaler surveillance in the National Pharmacy NHS contract

Dedicated resource to support Pharmacists in GP Practice programme

Development of CYP asthma assessment service in community pharmacy

National Webinar on CYP Asthma Management

Integration of training & development between secondary & community pharmacists

Audit of Asthma Management in CYP

Final results

1,865

Community pharmacies across the whole of London were invited to take part

1,225

Pharmacies responded

65.7%

of the total number of pharmacies

32

boroughs (all) took part

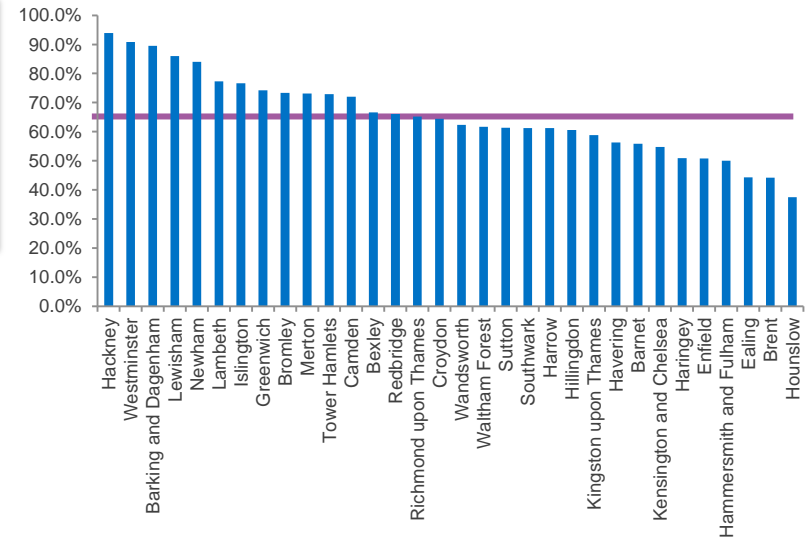
Participation per borough

9,690

responses

9.4

Average age of participant



Campaign extended to 10 weeks till **2 October**

9

Average entry per pharmacy

1 in 4

Entries were using a smart device

Results

36%

Did have a flu jab last year

25%

Had to make an emergency request for an inhaler in the last 12 months

48%

Do have an asthma action plan or wheeze plan

70%

Had a inhaler technique assessment in the last 12 months

64%

Have a spacer device

23%

Live with someone who smokes

96%

Do **not** smoke

05

Next Steps

What is stopping Pharmacy being fully utilised?

“Community Pharmacy is not seen as ‘the NHS’ by the public and there is a lack of patient understanding of the services we can offer”

“Pharmacists often aren’t involved in redesigning services”

“Community pharmacists are thought of as a shop keeper or private business rather than a clinician”

“Some GPs do not understand what pharmacists can do”

“Silo working within the pharmacy profession”

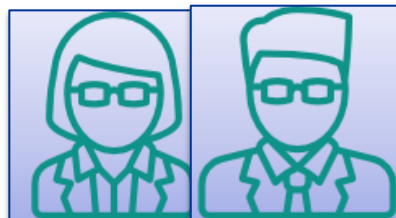
“Pharmacists need support understanding the future system”

“We need support to understand what commissioners want”

“Services are fragmented and there are multiple agencies – how do we work with them all?”

“GP Commissioners want providers who can offer a total solution”

“New roles offer an enormous opportunity to utilise pharmacists”



“transfer of information from community pharmacies to GP Practice records is problematic”

Next Steps

1

What is happening within your STP for medicines optimisation? How do STP work streams relate to CYP, Asthma, medicines, pharmacy.

2

Are you considering pharmacists in your service redesign projects?

3

Want to know more? NHS England for additional information on Community Pharmacy & New Roles

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Identify locally which pharmacy leads could take any ideas and opportunities forward within the system. Consider all the sectors