ROYAL PHARMACEUTICAL SOCIETY
England

Shaping pharmacy for the future

Improving Urgent and Emergency care through better use of pharmacists

The Royal Pharmaceutical Society (RPS) believes that pharmacists are an underutilised resource in the delivery of better urgent and emergency care for patients.

Introduction

A key issue with the current growth in waiting times for accident and emergency (A&E) services is the number of people with conditions that could be treated elsewhere but who use A&E services as an alternative source of healthcare. Some people view the A&E services as a valid first point of contact with the NHS. Incorporating pharmacists more fully into the delivery of urgent and emergency (U&E) care would have a substantial impact on A&E waiting times and improve the care for patients.

Recommendations

- NHS England should nationally contract all community pharmacies to provide a common ailment service
- All A&E departments should incorporate a pharmacist to manage medicines related issues
- NHS 111 should ensure, as part of the national standards, that pharmacists are considered as an option to support urgent and emergency care at a local level, particularly around treatment of common ailments and emergency supplies of medicines.

Background

A&E is a critical concern for policy makers and the public. NHS England has stated that tinkering around the edges isn't the answer to secure its long-term future. Wholesale reform is, and that's been a priority for NHS England throughout its Urgent and Emergency Care Review[1]. This review states that '*We must provide highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E. This will mean providing faster and consistent same-day, every-day access to general practitioners, primary care and community services such as local mental health teams and community nurses for patients with urgent care needs. It will also mean harnessing the skills, experience and accessibility of a range of healthcare professionals including community pharmacists and ambulance paramedics.*'

And that *'Community pharmacies are an under-used resource: many are now open 100 hours a week with a qualified pharmacist on hand to advise on minor illness, medication queries and other problems. We can capitalise on the untapped potential, and convenience, that greater utilisation of the skills and expertise of the pharmacy workforce can offer*'.

The review also highlighted that community pharmacies are often the first point of contact for patients as every year the NHS deals with:

- 438 million visits to a pharmacy in England for health related reasons;
- 340 million GP consultations
- 24 million calls to NHS urgent and emergency care telephone services;
- 7 million emergency ambulance journeys;
- 21.7 million attendances at A&E departments, minor injury units and urgent care centres;
- 5.2 million emergency admissions to England's hospitals.

The Review, and the extensive professional and public engagement that was a part of it, has since generated recommendations that are likely to have a profound effect on the way in which urgent and emergency care is delivered in the next three to five years.

[1] http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf

Where can pharmacy help?

The RPS believes that there are two main areas where pharmacists can play a greater role.

1. Providing capability and capacity of urgent care systems inside and outside of hospital

Emergency Departments (EDs) and General Practitioners (GPs) are attended by significant numbers of people experiencing common ailments that could be managed without recourse to an intervention by a medical practitioner. Common self-limiting illness places a substantial burden on health services by increasing waiting times in GP surgeries and EDs, reducing availability of care for more serious conditions and inflating the cost of service provision in both settings. This is particularly true of many painful musculoskeletal conditions, which constitute the highest proportion of common illness attendances in EDs.

Solutions are needed to optimise the use of scarce NHS resources by directing people to more cost-effective services when they require help to manage their common self-limiting illness, and to improve the patient experience by minimising waiting times.

Pharmacists in the community could play a greater role in urgent care requests from people with common self-limiting ailments, both as a triage and referral service but also as an end point for self limiting common ailments.

Common self-limiting illness can be managed in community pharmacies: the majority of the UK population has access to community pharmacies. Community pharmacists are easily accessible with around 11,400 community pharmacies in England located where people live, shop and work. The latest information shows that 99% of the population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport[2]. No appointments are necessary which keeps waiting times relatively short; staff have the skills to advise and support people wishing to self-care; and they can supply a wide range of products for treating them. Approximately 70% of the UK population visits a community pharmacy at least monthly[3].

"Minor Ailment Schemes (MAS)" have been introduced into community pharmacies to varying degrees across the UK, providing a suitable alternative to medical consultations for common ailments. Currently in England NHS minor ailment services are locally commissioned meaning there is no consistency or standardisation across the country. A nationally funded pharmacy based common ailment service will ensure that services are delivered to the same standards and quality across the country and that patients know that they can access this service from all community pharmacies.

[2] http://psnc.org.uk/psncs-work/about-community-pharmacy/
[3] http://jpubhealth.oxfordjournals.org/content/27/3/254.full

The MINA Study, conducted in North East Scotland and East Anglia, showed that "Minor Ailment Schemes (MAS)" achieved high rates of symptom resolution, low rates of re-consultation and high patient satisfaction[4]. In ED, more than three-quarters of attendances for minor ailments (76%) concerned musculoskeletal pain, and almost half of GP attendances (45%) concerned upper respiratory tract conditions (cough, cold, sore throat). The MINA Cohort Study showed that symptom resolution with pharmacy consultations was as good as that found in ED and general practice.

Limited evidence from economic evaluations suggests that MAS are less expensive than GP consultations[5].

Pharmacies can supply a wide range of treatments: The range of products obtainable from community pharmacies for the management of common ailments is wider than ever before. Many medicines for treating the symptoms of common ailments, previously available by prescription only (POM), have been reclassified; in the past 30 years, more than 90 POMs have been made available for supply from pharmacies either for sale or via schemes such as patient group directives and MAS or for purchase[6].

People value the convenience of community pharmacies: A survey conducted as part of the MINA study found that the most common reasons for choosing to visit a pharmacy when managing a minor ailment were convenience and short travelling times[7].

Data from one large ED and two general practices in North East Scotland showed that at least 5% and 13% of ED and GP attendances, respectively, were for common ailments that could have been managed in a community pharmacy. Cost estimates based on these and national data suggest that £1.1 billion could be saved if these types of consultations were redirected to community pharmacy[8].

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NHS 111 is a service that is commissioned and delivered locally but in line with a national service specification and standards. If there was a nationally commissioned common ailment service it would be easier for this to be included in the local Directory of Services (DoS) for NHS 111 as it would be standardised and available from all community pharmacies.

[4] Prevalence of self-limiting common illness in higher cost settings: The MINA Study (Watson et al. 2014)
[5] Paudyal V, et al. Are pharmacy based minor ailment schemes a substitute for other service providers? Br J Gen Pract 2013; 63 (612), July 2013: 472-481
[6] http://www.pagb.co.uk/publications/pdfs/annualreview2013.pdf
[7] http://www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/MINA-Study-Final-Report.pdf
[8] http://www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/MINA-Study-Final-Report.pdf

2. Helping with lack of capacity within Accident and Emergency (A&E) departments to deal with current and projected workloads

A recent Health Select Committee report looking into urgent and emergency services[9] stated the following:

"Staffing levels in emergency departments are an area of considerable concern to the Committee. They are not sufficient to meet demand, with only 17% of emergency departments managing to provide 16 hour consultant coverage during the working week.

The situation is even worse at weekends and consultant staffing levels are nowhere near meeting recommended best practice.

Emergency staffing at all levels is under strain and a 50% fill rate of trainees is now resulting in a shortfall of senior trainees and future consultants. Emergency medicine is not seen as an attractive specialty by young doctors considering their long-term futures".

Research conducted by Health Education West Midlands and led by the West Midlands Post-Graduate Dean has identified a possible role for the Pharmacist in areas such as pre-discharge medicines optimisation in the ED and Acute Medicine Units, as well as within Clinical Decision Teams in the undertaking of medicines-related and common ailments. Such duties are currently undertaken by junior medical staff; staff who face significant demands on their time with emergency admissions.

The aims of developing these enhanced roles for pharmacists include:

- Appropriate use of the workforce - freeing up middle grades, junior doctors and consultants to conduct clinical work
- Developing the multi-skilled ED and Medical Assessment Unit teams.

The ED pharmacy pilot was developed to investigate the potential for an enhanced clinical role for Pharmacists within the ED, as part of a multi-disciplinary team (alongside other roles such as Advanced Practice Nurses and Physician Associates).

[9] http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2010/emergency-services-and-emergen-

The pilot aimed to test and justify development of clinical pharmacist roles within the ED, with guiding questions:

- "To what extent can pharmacists manage patients in the ED?"
- "What extra training is needed to create an enhanced clinical ED pharmacist?"

This pilot has been undertaken in A & E Departments in various hospitals in Birmingham. In each hospital a pharmacist, who is an independent prescriber, is included as part of the multidisciplinary team.

Amongst its portfolio of innovative medical and non-medical workforce strategies, Health Education West Midlands continues to support the development of enhanced skills training for pharmacists, as part of the integrated future workforce.

Key outcomes from this work to date include a positive impact on patient safety, improved patient experience and throughput, expediting safe discharge of patients from hospital and, consequently, an increased capacity in the acute care pathway.

Summary

Utilising the skills, expertise and accessibility of pharmacists can help to alleviate some of the pressures currently being experienced in the delivery of urgent and emergency care.