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Changing the Public Perception of Pharmacy:

Communication, communication, communication...

Pharmacy in Lothian is undergoing a major period of change in preparation for the introduction of the new community pharmacy contract in April 2006. There is a need to act quickly to create a better understanding of what pharmacy offers now and to lay foundations for future developments. While pharmacists themselves are very aware that there are major changes afoot, it is useful to stand back and “see ourselves as others see us”.

A recent Which report¹ discussed in the Pharmaceutical Journal² found that patients and the general public have a poor awareness of the range of services offered by community pharmacy although they do generally trust pharmacists. A pharmacy communications and PR strategy has therefore been developed. This will now be taken forward across NHS Lothian with the support of the HDL ‘Right Medicine Implementation Team’.

A Steering Group will lead an agreed work plan. All pharmacists in Lothian will be kept informed about communication campaigns as it is essential that the whole profession is in a position to provide support. It will be equally important that pharmacists feed any comments back to the Steering Group.

The aim of this work is to promote professional pharmacy services as a skilled pharmacy workforce offering valued healthcare and self-care services and actively intervening in patient care.

What does the pharmacy profession need to know?

- What do our customers, patients, the public, other health professionals and managers know about the services currently provided by pharmacies?
- What aspects do they value?
- Will they benefit from the new services that are introduced?
- Will they notice a difference when the new contract is implemented?

Initially the group will utilise the services of an external communications expert and from the NHS Lothian Communications Directorate. However, it will be important to be aware of other work, for example local Pharmacy Locality Group (PLG) newsletters and leaflets so that consistent messages are conveyed to our stakeholders. This approach is not new as NHS Fife has run a successful programme of communications over the past year. The Steering Group will be keeping in touch with NHS Fife to learn from their experience.

References

1. Which choice? Policy Report. Which. August 2005. http://www.which.net/campaigns/health/qualityandsafety/0508healthchoice_rep.pdf
2. Tell the world what we do: start with a photogenic pharmacist on television. Pharm J 2005;275(7364):250. http://www.pharmj.com/pdf/spectrum/pj_20050827_photogenic.pdf

Thanks to Dorothy Anderson, Pharmacist, Adel Consulting Ltd, for contributing this article. dot@adel-consulting.com

STOP PRESS - Connecting Community Pharmacy to the NHSnet

Good news... nearly all direct connections in Lothian are now in and over half of these have been configured. Boots, Alliance and Lloyds are connected via their head office servers. Funding is being sought to employ an IM&T Trainer for community pharmacy to ensure everyone can use the email system and the ePharmacy programs as they roll out.

Not so good news... the email system (Contact) has a few glitches which need to be fixed so it is anticipated that email accounts will not be set up until October at the earliest.

Reference: ePharmacy Programme Update. Scottish Executive. NHS HDL(2005)34. 9 August 2005. http://www.show.scot.nhs.uk/sehd/mels/HDL2005_34.pdf

Community Pharmacy Pharmaceutical Care Model Schemes (PCMS)

A New Initiative for Adults with Asthma and Epilepsy

Over August to December 2005, community pharmacists will be offering a new service to a small number of adults with asthma and epilepsy. The service is intended to identify gaps and promote good management and so act as a 'safety net' for people with frequent seizures or those who are experiencing changes in their seizure frequency, and also for those with frequently occurring asthma symptoms.

Pharmaceutical Care Model Schemes (PCMS) were first introduced in 1999¹ to support the development of a patient-centred approach to the pharmaceutical care of older people, people with severe and enduring mental illness, and those requiring palliative care. These new areas of asthma and epilepsy are in response to a commitment made in 'The Right Medicine: a Strategy for Pharmaceutical Care in Scotland' to develop these schemes for the management of chronic diseases, including asthma, cardiovascular disease, diabetes and epilepsy.

Each pharmacy is being encouraged to assess the needs of 10 people with asthma or epilepsy through the use of Pharmaceutical Care Needs Assessment Tools developed and piloted for each patient group as part of this scheme. The questions on the assessment tool are intended as a guide and the pharmacist in collaboration with the patient can decide if they will cover the information in one or more visits.

What are Pharmaceutical Care Needs Assessment Tools?

These tools provide a means of exploring patients' needs in a systematic way. Developed with the help of national patient groups (e.g. Epilepsy Scotland), multidisciplinary groups, pharmacists and patients, they have been tested in pharmacies and amended following feedback. An aide-memoire with suggested action points for the pharmacist to consider is provided for each tool. The tools focus on:

- ◆ key condition-specific questions
- ◆ medication-specific questions
- ◆ adverse drug effects
- ◆ non-compliance, both intentional and non-intentional

Why epilepsy and asthma?

Evidence shows gaps in patient knowledge and sub-optimal management of epilepsy and asthma.

Epilepsy

The Scottish Intercollegiate Guidelines Network (SIGN) Guideline 70² indicates that on average, 50% of people with epilepsy are seizure-free. With optimum management, this figure could be 70%. In the PCMS Epilepsy Project in NHS Grampian in 2003, 43 people were assessed. Of these 50% were seizure-free.

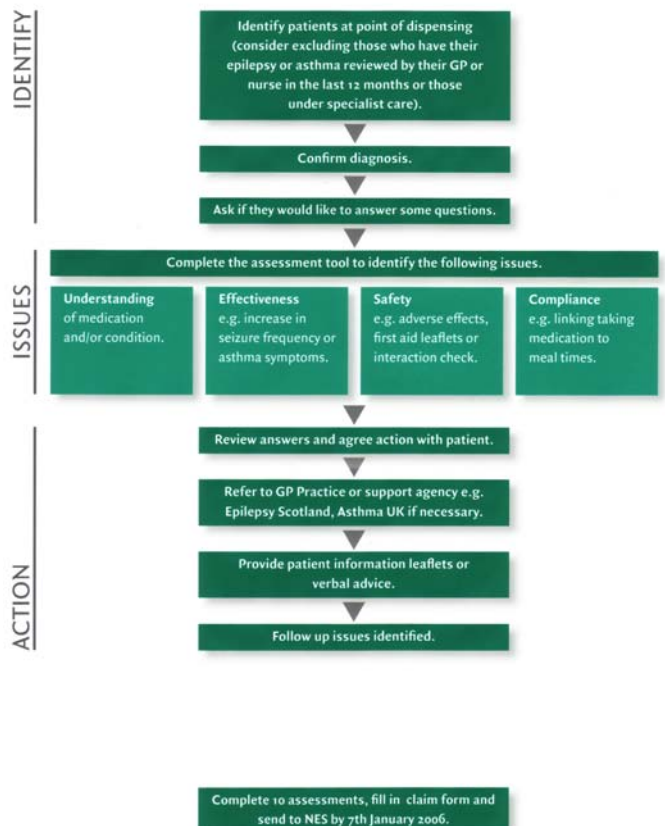
Asthma

SIGN Guideline 63³ states that treatment aims to control symptoms, prevent exacerbation and achieve best possible pulmonary function, while minimising adverse effects. PCMS Asthma Projects in NHS Borders and Forth Valley assessed 125 patients. Of these:

- ◆ 22% did not know how to recognise a severe asthma attack and what action to take in the event of one occurring
- ◆ 20% were unsatisfied with their asthma control
- ◆ 33% reported asthma symptoms on a weekly basis, and 42% monthly
- ◆ 14% experienced overnight symptoms weekly

An 'Implementation Pack for Pharmacists Working with Adults with Asthma and Adults with Epilepsy' was issued in August to all pharmacy contractors in Scotland. The support packs are available on a community pharmacy, rather than community pharmacist, basis. This is part of an NHS Education for Scotland (NES) Pharmacy Pharmaceutical Care Training Initiative with evaluation in early January 2006. National roll-out arrangements are being co-ordinated by NES.

Using the Pharmaceutical Care Needs Assessment Tool



Community Pharmacy Pharmaceutical Care Model Schemes (PCMS)

A New Initiative for Adults with Asthma and Epilepsy

Continued...NES provided core training on epilepsy and asthma in each NHS Board area during 2004/05. Support packs were also developed for those who were unable to attend the local courses. The pack helps build on the pharmacist's knowledge of asthma and epilepsy and consultation skills to systematically identify and meet the pharmaceutical care needs of patients. Each support pack offers more background reading and includes the relevant SIGN Guidelines, CD ROM of the lecture and 'Hospital Pharmacist' articles^{4,5}.

Pharmacists who did not attend the NES core training events and in whose pharmacy the Asthma or Epilepsy support packs are not available can apply for one or both by contacting NES Pharmacy on 0141 201 6000, email pharmacy@nes.scot.nhs.uk.

Thanks to Katy Kelly, Community Pharmacy Development Pharmacist.

Katy would like to acknowledge NES and the Implementation Pack in the writing of the text. catherine.kelly@lpct.scot.nhs.uk

Repeat Prescribing Project – North West Edinburgh

Interim Results

Twenty community pharmacies in North West Edinburgh LHCC are participating in a short-term project with the following aims:

- To ensure that patients are on the lowest dose of proton pump inhibitor (PPI) as per SIGN Guidelines
- To reduce use of NSAID or COX-II inhibitors in the elderly in order to minimise risk of adverse events while maintaining pain control with addition of regular paracetamol
- To ensure that high-risk patients with coronary heart disease (CHD) are receiving aspirin as appropriate.

Patients are identified for inclusion into the project when they present at the community pharmacy with a repeat prescription. If the patient agrees to participate, the pharmacist asks a series of questions listed on a Feedback Form. Depending on response to the questions, the pharmacist decides if a change should be suggested to the GP. This change may entail:

- a reduction in PPI dose
- substitution of the NSAID or COX-II inhibitor to regular paracetamol
- addition of low-dose aspirin

The GP decides if the patient might benefit from the suggested change, and returns a copy of the Feedback Form to the pharmacist. If a change is made the community pharmacist follows up the patient after 4 weeks.

Thanks to Gillian Brunton, Compliance Support Initiative Project Pharmacist. gillian.brunton@lpct.scot.nhs.uk

References

1. *Community Pharmacy: Model Schemes for Pharmaceutical Care*. MEL(1999)78. Scottish Executive. November 1999. http://www.show.scot.nhs.uk/sehd/mels/1999_78.doc
2. *Diagnosis and management of epilepsy in adults*. Scottish Intercollegiate Guidelines Network (SIGN) Guideline 70. April 2003. www.sign.ac.uk
3. *British Guideline on the Management of Asthma*. British Thoracic Society/Scottish Intercollegiate Guidelines Network (SIGN) Guideline 63. Revised edition April 2004. www.sign.ac.uk
4. Parton M, Cockerell OC. *Epilepsy - the aetiology and pathogenesis*. *Hospital Pharmacist* 2003;10:288-95.
5. Tugwell C. *Current and future aspects of the drug therapy of epilepsy*. *Hospital Pharmacist* 2003;10:296-302.

Interim data has been collected for 91 patients from the start of the project in March 2005 up to July 2005. The project is ongoing.

PPI dose reduction intervention

Sixty-five patients were identified for this intervention. The community pharmacist suggested reducing the PPI dose for 38 patients. The GP agreed to reduce the dose in 15 patients, but did not to reduce the dose in 7 patients. For the other 16 patients, GPs' decisions are pending.

NSAID/COX-II inhibitor intervention

For this intervention, the community pharmacist suggested to the GP that regular paracetamol could be substituted for a NSAID or COX-II inhibitor in 7 patients. Of these 7 patients, 3 have successfully been changed from a NSAID or COX-II inhibitor to paracetamol. Results are awaited from the 4-week review for one patient, and in another patient the change was not successful. The GP did not agree to any change for 2 patients.

Aspirin intervention

So far, 2 patients with coronary heart disease have had aspirin added to their medication regimen.

Contacts

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Prescribed Medication Compliance Support

An Update on a Community Pharmacy Initiative

The Prescribed Medication Compliance Support Initiative (CSI), described previously in the February 2003 issue of Pharmacy News, is a discretionary scheme whereby community pharmacists opting into the scheme assess patients referred to them and provide appropriate support¹. Patients may be referred for assessment by nurses, hospital clinicians on discharge, social workers, carers, patients, GPs or community pharmacists. The assessment identifies whether a weekly multi-compartment compliance device is appropriate, and if not, what alternative method of improving patient compliance might be used. The assessing community pharmacist liaises with the referrer regarding any recommendations for weekly dispensing on instalment prescriptions.

More community pharmacies now participating

During 2004 to 2005 the number of pharmacies joining this initiative increased from 117 to 135 pharmacies in Lothian, 77% of the total number of pharmacies in Lothian. This increase in pharmacies could in part be due to the introduction of an Induction Support Pack for the CSI which has been produced by NHS Education for Scotland (NES). This pack replaced the requirement to attend awareness evenings which some pharmacists had difficulty attending. It allows greater learning flexibility and helps to address staff turnaround in some community pharmacies. Sixty-one NES packs have been requested, and just less than half of these packs went to pharmacies that had not previously signed up for this initiative.

Assessment data

The following data is compiled from monthly claim forms submitted by community pharmacies. There was a 50% increase in the number of assessments in Lothian over 2004 to 2005 compared with the previous year. A total of 537 assessments were undertaken. The majority of assessments were carried out in patients' own homes. An average of 10 to 30 pharmacies a month undertook assessments.

- ◆ 9 out of 10 patients were over 70 years of age
- ◆ GPs accounted for just under half of all referrals, and patients, family or carers for one-quarter
- ◆ More than 8 out of 10 patients were provided with a weekly multi-compartment compliance device after assessment. Other solutions used were setting up an ordering/collection system (for approximately 27% of patients), education (8%), agreeing a routine (8%), and supplying a medication reminder chart (4%)

Patient Information Leaflet

A patient information leaflet explaining the service was designed and distributed early in 2004 to GP practices, community pharmacies, day hospitals and hospital pharmacies in Lothian.

Patients and patient involvement workers were involved in the design and content of the leaflet. The leaflet is also available on the Referral Guidelines ('Refhelp') section of the Lothian Primary Care Electronic Library (Intranet <http://refhelp/Pharmacy/Compliance%20support%20initiative.htm>) which can be accessed by GPs and nurses.



Reference

1. *Pharmaceutical Services 2002-3. Prescribed Medication Compliance Support Initiative.* Scottish Executive. PCA(P)(2002)6. 30 August 2002. <http://www.show.scot.nhs.uk/publicationsindex.htm>

Advice on the future of the CSI within the new Community Pharmacy contract is awaited. The new contract is due to be phased in from April 2006. Meanwhile the CSI will continue over 2005 to 2006, led by Gillian Brunton, who works two days per week as the CSI project pharmacist.

Thanks to Gillian Brunton,
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If you have any comments on Pharmacy News, or wish to contribute to a future issue, please email:

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Deadline for submitting articles for next issue: end October 2005.