



Royal
Pharmaceutical
Society
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THE SELF CARE CHALLENGE

A STRATEGY FOR
PHARMACISTS IN ENGLAND



The Self Care Challenge

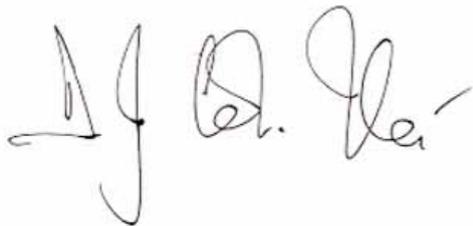
a strategy for pharmacists in England

Foreword

Self care is an important area in health care policy and, speaking also as a GP, I feel it is so important for pharmacy to be even more involved. Whilst it is recognised that pharmacists from all sectors already play a key role in supporting people to look after their health, implementation of 'Our health, our care, our say: a new direction for community services' will provide significant opportunities for pharmacists to expand their role and maximise their potential.

Pharmacists have the knowledge and skills to help drive this agenda. Now is the optimal time for the pharmacy profession to consider ways to forge stronger links with commissioners, health and care professionals, and patients/public to demonstrate the significant contribution that pharmacy can make to enable people to better self care.

This strategy document, prepared by the Royal Pharmaceutical Society of Great Britain, outlines opportunities for pharmacists to increase self care support. I recommend it as a very useful and informative resource to both pharmacists and all those involved in commissioning.



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National Clinical Director for Primary Care,
Department of Health



This document has been prepared by the Practice Division of the Royal Pharmaceutical Society of Great Britain on behalf of the Society's self care working group

Executive summary

In 2005, against a backdrop of current and future government policy implementation, the Royal Pharmaceutical Society of Great Britain (RPSGB) set up a working group to help develop a pharmacy strategy for self care. The group considered the different elements of the self care spectrum, implications for pharmacy and opportunities for pharmacists to get more involved.

This document has been produced on behalf of the group and seeks to create a call for action to engage pharmacists in increasing self care support.

After reading this document, pharmacists should be aware of the following key messages:

Key messages

- Opportunities exist for developing self care support in the five key areas:
 - staying fit and healthy
 - taking action to prevent illness
 - achieving better use of medicines
 - managing minor ailments
 - improving care of long term conditions
- Pharmacists need to consider ways to engage with all health and care professionals in order to give consistent messages to patients and the public about self care
- Primary Care Trusts need to maximise the opportunities to promote self care, patient choice and how pharmacy can support patients to self care
- Pharmacists need to consider ways to engage with commissioners

Information is provided on practical steps that pharmacists can take in order to help drive self care:

- Link with patient and public initiatives
- Strengthen links in primary care
- Strengthen links in secondary care
- Develop the pharmacy team
- General measures

A list of useful resources relating to self care accompanies this document, including a paper aimed at primary care commissioners:

'Making the most of pharmacy: six steps to an integrated approach to self care with pharmacy'

We hope that pharmacists and commissioners will use these resources to maximise the potential of pharmacy in self care.

1. INTRODUCTION

Self care features frequently in recent government policy. Two particular current priorities are care of long term conditions and patient choice: self care is central to both and pharmacists will have a key role in delivering them.

The general direction of health care is changing and pharmacy needs to move with the changes. Over the next few years, there will be a much bigger emphasis on patient choice, convenience and helping people to care for themselves. The new community pharmacy contractual framework and the White Paper 'Our health, our care, our say: a new direction for community services' provide openings for community pharmacists to be used as one of the principal means of delivering improvements in primary care. The pharmaceutical public health strategy 'Choosing health through pharmacy' sets out how all sectors of pharmacy can help improve the public's health over the next decade. 'Supporting people with long term conditions to self care: a guide to developing local strategies and good practice' recognises the important role of pharmacy in relation to the long term conditions agenda.

Although pharmacy already makes an important contribution to self care, now is the time for pharmacists (particularly those placed in areas of high social and economic deprivation) to start thinking about how they can make an even greater contribution than is the present case.

'Public Attitudes Self care Baseline Survey' [DH / Mori, February 2005] states that:

The most elderly, socio-economically deprived and ethnic minority groups may need particular attention to do enhanced self care – while tending to be of poorer health, they are less active in self care and less confident in their knowledge and understanding of how to self care.

Many of the concepts highlighted in this document will already be familiar and it is envisaged that it will not be difficult to take the challenges on board.

Objectives

- To brief pharmacists on the scope of self care as intended in current and future NHS policy implementation
- To illustrate the contribution that pharmacists can make through supported self care in: staying fit and healthy; taking action to prevent illness; achieving better use of medicines; managing minor ailments and improving care of long term conditions
- To provide illustrative examples showing how the new contract for community pharmacy in England offers opportunities to demonstrate the community pharmacy contribution to self care
- To provide illustrative examples showing how hospital and primary care pharmacists can demonstrate their contribution to self care

- To highlight the need for pharmacists to engage with other health and care professionals including the community, voluntary, charitable and social enterprise sectors (third sector), to give consistent messages about self care to patients and the public
- To highlight the need for pharmacists to engage with commissioners
- To suggest 'next steps' for pharmacists to take in relation to self care

2. NHS POLICY: SETTING THE SCENE ...

The NHS has laid out its priorities for the next five years. They include improved management of long term conditions, improved access and patient experience, and greater choice and personalisation of care for service users.

Pharmacists should be aware of the direction being taken by the government and the opportunities that are being created through its policies on patient choice and a patient-centred NHS. We are seeing a move away from a top-driven NHS with much more decision-making at a local level. We are also seeing new ways of delivering health improvement.

In England, Department of Health (DH) policies supporting self care include 'Self care – a real choice. Self care support – a practical option' [January 2005] and 'Self care support: A compendium of practical examples across the whole system of health and social care' [January 2005]. These documents highlight the importance of self care and show how individuals can take responsibility for their own health and wellbeing leading to more appropriate use of care services. 'Choosing Health Making Health Choices Easier' [November 2004] and 'Creating a Patient-led NHS' [March 2005] demonstrate the general trend towards providing a responsive service that centres on patient/public needs.

The DH has set up a new website to support the drive to encourage self care: www.dh.gov.uk/selfcare.

Appendix 1 – Précis of Policy Documents

(includes information on the new community pharmacy contractual framework)

3. SELF CARE: UNDERSTANDING THE PRINCIPLES

Self care is all about individuals taking responsibility for their own health and wellbeing. Self care covers a spectrum from staying fit and healthy, through preventing ill health, achieving better use of medicines, managing minor ailments to improving care of long term conditions.

4. WHERE NEW OPPORTUNITIES MAY LIE ...

Opportunities exist for developing self care support in the five key areas:

1. Staying fit and healthy
2. Taking action to prevent illness
3. Achieving better use of medicines
4. Managing minor ailments
5. Improving care of long term conditions

Pharmacists can provide support for all of the three main levels of self care:

- Proactive self care – eg, individual takes action to stay fit; pharmacists can have a role in health promotion; signposting
- Facilitated self care – eg, individual purchases a medicine for a minor ailment with advice from the pharmacist on the use of the medicine and how to self manage the condition if it recurs; signposting
- More supported self care – eg, support for self care in long term conditions; advice on medicines management

All of these activities can be undertaken inside or outside the NHS.

... IN THE FUTURE?

If pharmacists are to maximise their opportunities and expand their self care support role, they need to consider where new opportunities may lie in the future and link into key agenda areas such as:

Programme for managing long term conditions

At the current time not all pharmacists are thinking as widely as they could in terms of linking in with the long term conditions agenda (both within and outside the NHS) – an area of great potential.

The DH long term conditions agenda is one of the primary drivers for self care in England. 'Supporting People with Long Term Conditions' [January, 2005] is a blueprint to support local NHS and social care organisations in improving local services for people with long term conditions.

The contribution that community pharmacists could make to the management of long term conditions is summarised in Figure 1. The pyramid represents people with long term conditions, where 70–80 per cent can manage their condition with a small amount of support from professionals. It can be loosely mapped to the new community pharmacy contractual framework.

Pharmacist input at Level 1 includes health promotion and opportunistic counselling, practical help with medicines use, advising on appropriate use of over-the-counter medicines and signposting.

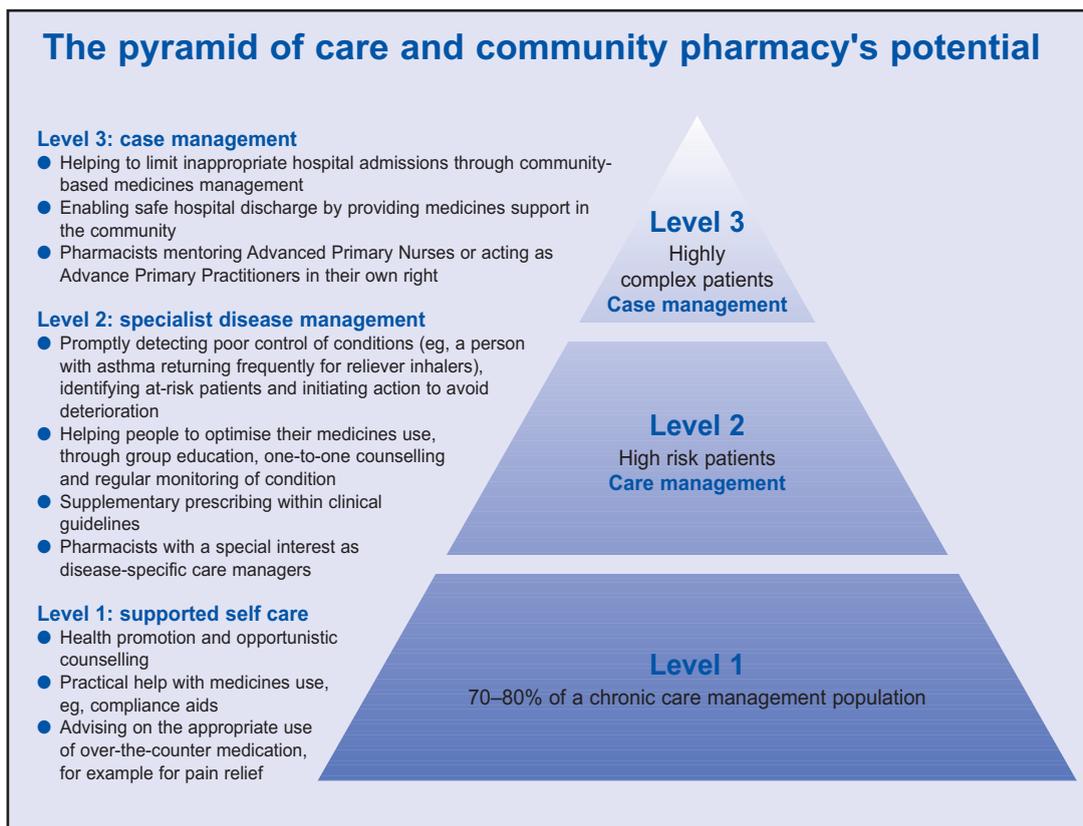


Figure 1: ‘The pyramid of care and community pharmacy’s potential’ (NPA/PSNC/Modernisation Agency, 2004)

These are activities that are covered by the *Essential* services of support for self care and public health.

In the middle of the pyramid at Level 2 are the people whose long term condition needs more support from health professionals. Their asthma or diabetes might be more difficult to control for example and self care support and signposting can help them to improve control.

At the top of the pyramid at Level 3 are the people who need the most intense level of support from the health service. These patients have conditions such as heart failure, chronic obstructive pulmonary disease and diabetes with complications. These patients are those who experience exacerbations of their condition that lead to multiple admissions to hospital.

Working at Levels 2 and 3 in the pyramid relates to *Advanced* and *Enhanced* community pharmacy services.

One mechanism for community pharmacists to provide input to long term conditions is the *Advanced* service of medicines use review (MUR).

A community pharmacy-based full clinical management review is more involved than a MUR and can be commissioned as an *Enhanced* service.

Another area where pharmacies can contribute to long term conditions is by providing accessible monitoring tests.

Support for self care runs from Level 1 through to Levels 2 and 3, eg, patients with chronic obstructive pulmonary disease (COPD) will see a decline in the rate of disease progression if they stop smoking, and quality of life benefit if encouraged to continue with the exercise learnt during pulmonary rehabilitation.

Urgent care and out-of-hours services

With the new General Medical Services contract allowing General Practitioners to relinquish provision of out-of-hours cover, opportunities are opening for pharmacists to provide more choice for patients and meet new challenges, eg, dealing with medicines-related enquiries, providing medicines out-of-hours via patient group directions. Pharmacy minor ailment schemes enable pharmacists to provide NHS cover when local surgeries are closed on Saturdays and patients might otherwise go to A&E. Similarly, pharmacy emergency hormonal contraception schemes fill a gap in service provision for contraception and sexual health services particularly at weekends.

New commissioning frameworks

Practice Based Commissioning (PBC) is a new, currently England-only, initiative that enables practices to reconfigure their services and directly commission care and services for patients. All practices, or groups of practices, will have the right to receive a commissioning budget from the primary care trust (PCT) at any stage in-year and thereafter. The budget will be an "indicative" budget only. The PCT will continue to hold the actual funds.

Community pharmacy needs to consider ways to engage with PBC. Pharmacists have insight into how people manage their medicines – especially those with long term conditions – so the perspective of pharmacists should be taken into account when service redesign is discussed.

There are approximately 12,000 community pharmacies in Great Britain and approximately 1.8 million visits to them per day for health related reasons. Each adult visits a pharmacy on average 12 times a year – hence the potential to influence the health of the nation is enormous.

PCTs are important players in deciding who will provide services and pharmacists need to consider ways to influence them.

Example: A pharmaceutical needs assessment was conducted in a deprived area of Aberdeen. It was to inform the development of an innovative provision of new services at an outreach health service ("Healthy Hoose"), addressing local needs and to be delivered within an agreed budget. The feasibility of using a systematic approach to identify services to address local need was demonstrated.

Reference: Porteous T; Bond C. Novel provision of pharmacy services to a deprived area: a pharmaceutical needs assessment. International Journal of Pharmacy Practice 2003;11(1):47-54 (March)

A PCT local health needs assessment is useful in identifying gaps in patient care. Consultations with patients and the public should be structured in a way that empowers people to better self care.

Supplementary and independent prescribing

Supplementary prescribing is a partnership between a medical practitioner (independent prescriber) who establishes the diagnosis and initiates treatment, a pharmacist (supplementary prescriber) who monitors the patient and prescribes further supplies of medication and the patient who agrees to the supplementary prescribing arrangement.

It is estimated that there could be more non-medical prescribers than medical prescribers in the next decade. New prescribing opportunities, including independent prescribing, will increase pharmacists' potential to further improve patient care, including access and choice.

White Paper: 'Our health, our care, our say: a new direction for community services'

The White Paper sets out plans for services currently provided in hospitals to move closer to the community. It aims to provide people with more choice and say over the care they receive in the community, and much closer working and coordination between health and social care. The White Paper highlights the importance of self care, particularly support for people with long term needs. It provides opportunities for pharmacists to be one of the principal means of delivering health improvement in primary care. Pharmacists will need to consider ways to achieve a level commissioning playing field that will enable them to play their full part in the redesign of health services. They will also need to consider ways in which they can support and engage with colleagues providing self care support in health and social care and the community and voluntary sectors. This may involve providing support via educational initiatives for people and other self care trainers, and signposting to appropriate local services.

Pharmaceutical public health

Choosing health through pharmacy' details how pharmacists in England working in all areas of the profession can work together to improve the health of our nation over the next decade. There are opportunities for community pharmacy to help PCTs meet the Public Service Agreement (PSA) targets set by Her Majesty's Treasury and the DH in areas such as health inequalities, coronary heart disease (CHD), stroke, cancer and smoking. As well as services highlighted in the Advanced tier of the new pharmacy contract, pharmacists could also potentially help those with alcohol problems (identify alcohol problems and help people modify drinking problems through brief intervention), obesity (provide pharmacy-based weight reduction counselling and support); opportunistically identify illness or risk factors, for example through blood pressure (BP) or cholesterol testing (via an integrated and

co-ordinated care pathway); identify people most at risk of poor health and motivate them to become engaged with health services earlier than they otherwise might.

Appendix 3 lists further examples of where new opportunities for pharmacy may lie in the future, such as: Working in Partnership Programme; Alternative Provider Medical Services (APMS)–type services; PCT Medical Services (PCTMS); Pharmacists with Special Interests; Health Trainers.

Further information

- Appendix 2a — Examples of self care support in the context of primary/social care; secondary care and tertiary care services
- Appendix 2b — Opportunities to develop self care and how to maximise those opportunities
- Appendix 3 — Where new opportunities may lie in the future (further examples)
- ‘List of Self Care Resources’ — includes ‘Making the most of pharmacy: six steps to an integrated approach to self care with pharmacy’ [paper aimed at primary care commissioners in England], patient/public attitude surveys, case studies relating to the five key areas of self care, national signposting resources and information on where to go to find out more (websites, toolkits, MicroSoft PowerPoint presentations).

5. PATIENT/PUBLIC ATTITUDINAL SURVEYS: current perception and gaps in service

Patient and public attitudinal surveys are useful to identify possible gaps in service provision. Recent surveys have shown a consistent picture that those who are least active in self care and have the lowest levels of confidence and skills for self care are the most elderly, deprived and those from minority ethnic groups (Picker Institute, MORI). The people with the most developed self management skills are younger, from higher social grades and educated to a higher level. In developing its strategy to support self care pharmacy needs to respond to these findings and target its efforts.

One in five people say that more advice and guidance from health professionals would enable them to do more self care (MORI). While the GP remains the public’s preferred source of advice and information on health, the DH survey ‘Public Attitudes to Self Care’ identified community pharmacists as a key source of future self care support. The survey found that 13 per cent of people reported receiving information and advice on health from their pharmacist in the previous six months but that 21 per cent would like to do so in the future (MORI). Pharmacists were cited by 23 per cent of respondents in a European survey of

people with long term conditions as a preferred source of information, and also had high levels of trust from patients (Pfizer / Double Helix Development). Recent research suggests, however, that the public could make more use of pharmacies for advice and guidance on health. In a large population based study 12 per cent of people had sought advice in a pharmacy in the previous month but in the majority of cases this was about a specific medicine or illness (Boardman et al).

There is also evidence that the public accepts that it is reasonable to transfer certain services such as medical tests, diabetes tests and medicines review services to community pharmacies, with 60 per cent agreeing (Retail Week / ICM).

Overall these findings suggest a high level of acceptance from the public for the provision of self care support from community pharmacies.

The 'List of Self Care Resources' provides feedback from the 'Public Attitudes to Self Care – Baseline Survey' [DH/Mori, February 2005] and 'A Picture of Health – A survey of the nation's approach to everyday health and wellbeing' [PAGB/Reader's Digest, May 2005].

6. MAKING IT HAPPEN ...

Pharmacists should help to raise the public's awareness and understanding of the changes happening in pharmacy and how beneficial these are.

The 'List of Self Care Resources' includes information that pharmacists may find useful when communicating with staff and engaging with health and social care professionals – especially commissioners of self care support services, the community and voluntary sectors, and patients and the public.

... ACTIONS NEEDED

Link with patient and public initiatives

- Find out what people want most in need of self care support
- Consider signposting to the Expert Patients Programme and other self care support initiatives
- Consider liaising with community-led involvement projects
- Contact Patient and Public Involvement (PPI) forums and Patient Advice and Liaison Services (PALs) and carer groups to highlight what pharmacy has to offer (consider a generic presentation). Local pharmaceutical committees (LPCs) and local RPSGB branches may be able to coordinate this activity
- Provide resources to inform patients and public about new services such as medicines use reviews and prescription-linked interventions, as well as the support available to help people maintain good health and manage minor ailments

Strengthen links in primary care

Primary Care Trusts are responsible for identifying the health needs of and securing services for people who live in their catchment area.

- Find out about local health needs via your PCT local health needs assessment
- Familiarise yourself with local PCT priorities and how the General Medical Services contract steers the priorities of local GP practices
- Familiarise yourself with the new commissioning and contractual frameworks – Practice Based Commissioning, Alternative Provider Medical Services (APMS), Primary Care Trust Medical Services (PCTMS)
- Find out about the Public Service Agreements and other targets and consider the contributions you can make to help achieve these targets (see ‘Choosing health through pharmacy’ document)
- Find out about Standards for Better Health – particularly the patient focus standards (see ‘Standards for Better Health’ document)
- Identify gaps in self care support service provision
- Find out what commissioners want and discuss with them potential for self care support provision and contractual arrangements
- Find ways of getting involved with local Practice Based Commissioning (help to develop locality plans, sit on local commissioning groups, etc)

Strengthen links in secondary care

- Find out about any public health/self care interventions being undertaken by hospital clinical teams
- Establish whether there is a need for outreach services, telephone help lines and health information support for other professionals, patients and carers
- Participate in public health/self care training offered by the hospital to health professionals
- Lead on work with other NHS colleagues to offer advice and support for NHS employees on making healthy lifestyle choices
- Liaise with, and provide follow-up to, where appropriate, community and primary care-based pharmacy services to ensure seamless care on discharge

Develop your team

In order to ensure that consistent messages are provided to patients and the public it is important to ensure that each member of the pharmacy team understands his or her role and responsibilities in supporting self care.

- Consider nominating a member of staff to lead on self care
- Identify any staff training needs on offering advice on stopping smoking, diet, exercise, etc
- Use the ‘List of Self Care Resources’ as a basis for staff training plans
- In community pharmacy consider designating self care roles to staff based on the Essential, Advanced and Enhanced services specifications

General measures

- Explain perceived benefits of cross-organisational working/sharing practice/sharing expertise
- Update protocols and standard operating procedures,* eg:
 - medicines sales protocols
 - frameworks for record-keeping, including facility to record opportunistic clinically significant interventions in the pharmacy computer's patient medication record
 - mechanisms for referral, first agreeing policy with local prescribers
 - training protocols for staff
 - protocols for prescription-linked advice process
 - procedures for signposting
- Identify local services for signposting
- Order/develop relevant leaflets
- Consider communication and early presentations on expanded self care support concepts

7. SUMMARY

Pharmacy is unique in that it has an interface between NHS and non-NHS care (see Appendix 4).

Pharmacists need to give careful consideration to their role in self care because they are integral to the strategy. The challenge is to be involved in redesigning local services that meet local needs and expectations and to specialise where required, while having regard to clinical benefit and to access.

Pharmacists should consider highlighting the element of self care in every single aspect of work they undertake: they and their staff should ask themselves at every consultation: what step can I take to support this patient to better self care and benefit from increased empowerment? Now is the time to start thinking about ways to reshape services in a proactive manner that engages fully with patient-led commissioning† and government policies on public health, choice and access. Self care is not just about medicines – it is also about engaging with the public and transforming to a patient-centred pharmacist role.

* The new community pharmacy contractual framework does not require pharmacists to have standard operating procedures in place for prescription-linked advice or signposting services

† Commissioning a patient-led NHS. Sir Nigel Crisp letter (28 July): www.dh.gov.uk/assetRoot/04/11/67/17/04116717.pdf

GLOSSARY

Alternative Provider of Medical Services (APMS) contracts This is one type of contract Primary Care Trusts (PCTs) can have with primary care providers. Pharmacists are among those that may provide medical services under APMS.

Choosing Health A White Paper published on 16 November 2004 which set out proposals for supporting the public to make healthier and more informed choices in regard to their health.

Commissioning is the process by which the health needs of a population are assessed, the responsibility is taken for ensuring that appropriate services are available to meet these needs, and the accountability for the associated health outcomes is established.

Community-led involvement is a process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and taking action to achieve change.

Community matrons are case managers with advanced level clinical skills and expertise in dealing with patients with complex long term conditions and high intensity needs. This is a clinical role with responsibility for planning, managing, delivering and co-ordinating care for patients with highly complex needs living in their own homes and communities.

Expert Patients Programme (EPP) is an NHS-based training programme that provides opportunities for people who live with long term conditions to develop new skills to manage their condition better on a day-to-day basis.

Health trainer NHS-accredited staff who will help people in their community to make changes to their lifestyle in the interests of their health and well-being.

Long term conditions (LTCs) Those conditions (for example, diabetes, asthma and arthritis) that cannot, at present, be cured but whose progress can be managed and influenced by medication and other therapies.

Minor ailment schemes A community pharmacy minor ailment scheme is a locally tailored scheme whereby patients are encouraged to consult a participating community pharmacy, rather than their practice, for a defined list of minor ailments.

NHS Direct NHS Direct provides 24-hour access to health information and clinical advice, via telephone (0845 46 47 in England), as well as a website (NHS Direct Online www.nhsdirect.nhs.uk) and an interactive digital TV service (NHS Direct Interactive). A printed NHS Direct Healthcare Guide is also available.

Primary Care Trust Medical Services (PCTMS) PCTMS is a self-contracting option where Primary Care Trusts will be able to provide a full range of services themselves by directly employing staff on a full time, part time or sessional basis.

Pharmacists with Special Interests (PhwSI) A national framework for pharmacists with a special interest is currently under development, and is an integral part of the PwSI programme. For further information and updates, visit www.primarycarecontracting.nhs.uk/119.php

Practice Based Commissioning (PBC) Practice Based Commissioning transfers commissioning, along with the associated budget from the PCT, to primary care clinicians, including nurses, with the PCT acting as their agent to undertake any required procurement and administrative tasks to underpin these processes. See also Commissioning.

Practitioners with Special Interests (PwSI) The term covering all primary care professionals working with an extended range of practice. A PwSI will specialise in a particular type of care in addition to their normal role, eg, a PwSI in dermatology would see patients with more complex skin ailments. The recent White Paper ('Our health, our care, our say: a new direction for community services') highlights the contribution that these practitioners can make to out of hospital care.

Public Service Agreement (PSA) An agreement between each government department and Her Majesty's Treasury which specifies how public funds will be used to ensure value for money.

Standards for Better Health A DH document published in July 2004 that sets out the level of quality all organisations providing NHS care will be expected to meet or aspire to across the NHS in England. The document establishes the core and developmental standards covering NHS health care.

Third Sector Includes the full range of non-public, non-private organisations which are non-governmental and 'value-driven'; that is, motivated by the desire to further social, environmental or cultural objectives rather than to make a profit

White Paper A document produced by the government setting out details of future policy on a particular subject

ACKNOWLEDGEMENTS

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