



National Diabetes Support Team



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**Diabetes and Pharmacy
Services in England**

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Introduction

Each adult in Great Britain visits a pharmacy on average 12 times a year, so the potential to influence the health of the nation is enormous. With 1.8 million visits to pharmacies every day, pharmacists really do bring the NHS to the high street.

The 32,000 registered pharmacists in England work in varied environments, from community pharmacies to GP surgeries to hospitals, giving them access to patients in every part of the NHS. Pharmacies are local, accessible and convenient for patients and the public.

The new community pharmacy contractual framework and extended prescribing mean that community pharmacists could play an increasingly important role in the diabetes community. These new policies allow pharmacists to take on broader roles, and they are more often taking part in multidisciplinary working. This can only benefit diabetes services.

These developments in community pharmacy mean that a wider range of services is being provided and these are generally more accessible to all. Their location provides the ideal opportunity for community involvement and leadership – this might even include school or workplace initiatives.

This document outlines potential roles of pharmacists in care for people with diabetes. It looks at new policy and its implications and demonstrates through case studies how pharmacists are already enriching diabetes services in England.

Pharmacy, long-term conditions and diabetes

Community pharmacists are being encouraged to take a more active role in the management of long-term conditions. This means that diabetes services could be enhanced by pharmacists and the functions they serve. An example of where this has succeeded is the well publicised model in Hillingdon PCT where pharmacists provide access to additional support and advice. As a result patients' monitoring parameters have improved, as has patient satisfaction (Pharmacy Alliance, 2005).

In 2005 'Choosing health through pharmacy' was published by the Department of Health (DH), and key features which it identified as having an impact on diabetes include:

- Developing pharmacy's contribution to tackling obesity.
- How pharmacists and their staff can identify individuals with risk factors for disease, offering them lifestyle assessments.
- The contribution of pharmacy to the care of people with long-term conditions, e.g. heart disease, diabetes and asthma, by:
 - Encouraging the effective use of medicines
 - Promoting healthy lifestyles
 - Supporting self care
 - Carrying out medication reviews

- Managing disease systematically within multi-professional teams
- Working in partnership with case managers

Recent research reports that nearly 60% of people with diabetes do not fully understand the meaning of their diagnosis or as much as they would like about the medicines that are available to treat their condition. Also revealed was the fact that 1 in 3 people don't understand what their insulin or tablets are for or how to take them because they feel stupid asking questions. Worryingly only 35% of people with diabetes take their medicines as prescribed (ABPI et al, 2006). This can have very serious implications, especially for people with diabetes. If medication is not taken as it ought to be HbA1c levels can be affected, leading to disabling and potentially life-threatening complications.

People with diabetes have a great deal of contact with pharmacists and the Diabetes National Service Framework recognises the central role of safe and effective use of medicines and the important contribution of pharmacy.

Diabetes NSF Standard 12: "All people with diabetes requiring multi-agency support will receive integrated health and social care."

Diabetes NSF Delivery Strategy: "Diabetes services are well positioned to take advantage of the extension of prescribing to nurses, pharmacists and allied health professionals. Pharmacists are a regular point of contact for people with diabetes and can play a central role in improved medicines management."

Pharmacists have a lot to offer as part of a local service model. In a systematic model of care, with integrated services, care can be enriched by the addition of pharmaceutical knowledge and skills. Already pharmacists are playing an increasing role in multidisciplinary diabetes teams and the improved communication this alone brings can only add value to diabetes services.



Pharmacists and multidisciplinary working in Southport and Formby: Primary Care Clinical Pharmacist Susanne Lynch has been part of the Southport and Formby Local Implementation Team (LIT) for the last year.

She said: "There has always been a pharmacy representative, but since I have become more focused on the medicines management aspects of diabetes, including becoming a supplementary prescriber, I am now the regular pharmacy representative. Also because I go round practices I have a good relationship with GPs, giving me a good feel for what's going on."

Pharmacists in Southport and Formby PCT send out tips to GPs every week, which are well received. Susanne said: "We are trying to go for a true multi-disciplinary approach. We all come from a totally different angle at LIT meetings. When something is said about diabetes something different comes into each of our heads because of our different backgrounds. We do feel there are different strategies coming out because we look at things differently."

Community Pharmacy Contractual Framework

The new contractual framework for community pharmacists, which came into effect in April 2005, means that customers visiting a community pharmacy will benefit from better services and more accessibility to frontline healthcare on the high street. For example pharmacists can:

- Provide repeat dispensing
- Offer advice to improve public health such as healthy eating, stopping smoking and regular exercise
- Dispose of unwanted medicines
- Provide medicine use reviews for those with long-term conditions

The idea is that the patient won't need to go back to the doctor every time they need to renew their prescription. Instead, the doctor can give a prescription lasting up to a year and the pharmacist can dispense medicines as and when they are needed, generally on a monthly basis.

How it works

Services are categorised into essential, advanced and enhanced services, with a focus on quality and outcome:

Essential services are those normally provided by all community pharmacy contractors. These services are nationally agreed and not open to local negotiation:

- Signposting to appropriate health education and health promotion services.
- Each year pharmacies will proactively participate in six national/local campaigns as agreed with the PCT to promote important public health messages.

- Promotion of healthy lifestyles for people presenting prescriptions who have diabetes and coronary heart disease, or those who smoke or who are overweight: pharmacists will have a structured discussion about relevant health issues such as stopping smoking, reducing alcohol intake, nutrition and increased physical activity.
- Support for self care – pharmacy staff will support people, especially those with long-term conditions, so they can better care for themselves and their families.
- Disposal of waste medicines – community pharmacies will accept unwanted medicines from the public for safe disposal.

Advanced services are those which require accreditation of the pharmacist providing the service and/or specific requirements for premises, such as discrete consultation areas: Medicine-use review (MUR), where a pharmacist periodically and systematically discusses with the patient their medicines in response to the need to make a prescription intervention is such a service.

Enhanced services will be locally commissioned by PCTs, according to the needs of the local population. For example, stop-smoking services and supplementary prescribing. For more information on the community pharmacy contract, visit the Pharmaceutical Services Negotiating Committee (PSNC) website (<http://www.psn.org.uk>) for general information and visit: http://www.cgsupport.nhs.uk/downloads/Primary_Care/resources_to_support_the_pharmacy_contract.pdf to download a resource pack prepared by Royal Pharmaceutical Society of Great Britain (RPSGB).

There are national service specifications available for a number of enhanced services. These can also be found on the PSNC website.

Extended Prescribing

In November 2005 extensions were made to pharmacist prescribing by DH. Pharmacist Independent Prescribers are now able to prescribe any licensed medicine for any medical condition – with the exception of controlled drugs. This means that pharmacists can prescribe independently for the local community, for example:

- Controlling high blood pressure
- Smoking cessation
- Diabetes

The aim is to take pressure off GPs, allowing them to focus on more complex cases and improving the availability of care to patients.

Pharmacists will be able to undertake these roles once they have successfully completed the relevant training courses accredited by their regulatory body and had these qualifications noted on the professional register.

Pharmacist Independent Prescribers must only ever prescribe within their own level of experience and competence and in accordance with Medicines, Ethics and Practice – A Guide for Pharmacists (RPSGB, 2006). They will be limited to prescribing for patients

whose diagnosis is already known but the major difference from supplementary prescribing will be that the medicines they prescribe need not be so tightly specified.

Currently there are over 800 pharmacists qualified as supplementary prescribers. This is defined as a voluntary partnership between the independent prescriber (a doctor or dentist) and a supplementary prescriber to implement an agreed patient-specific Clinical Management Plan, with the patient's agreement. Such a partnership can be particularly helpful for patients with conditions like diabetes.

Independent prescribing is the natural progression in the development of English pharmacy services and the legislation to allow pharmacist independent prescribing was passed in May 2006.

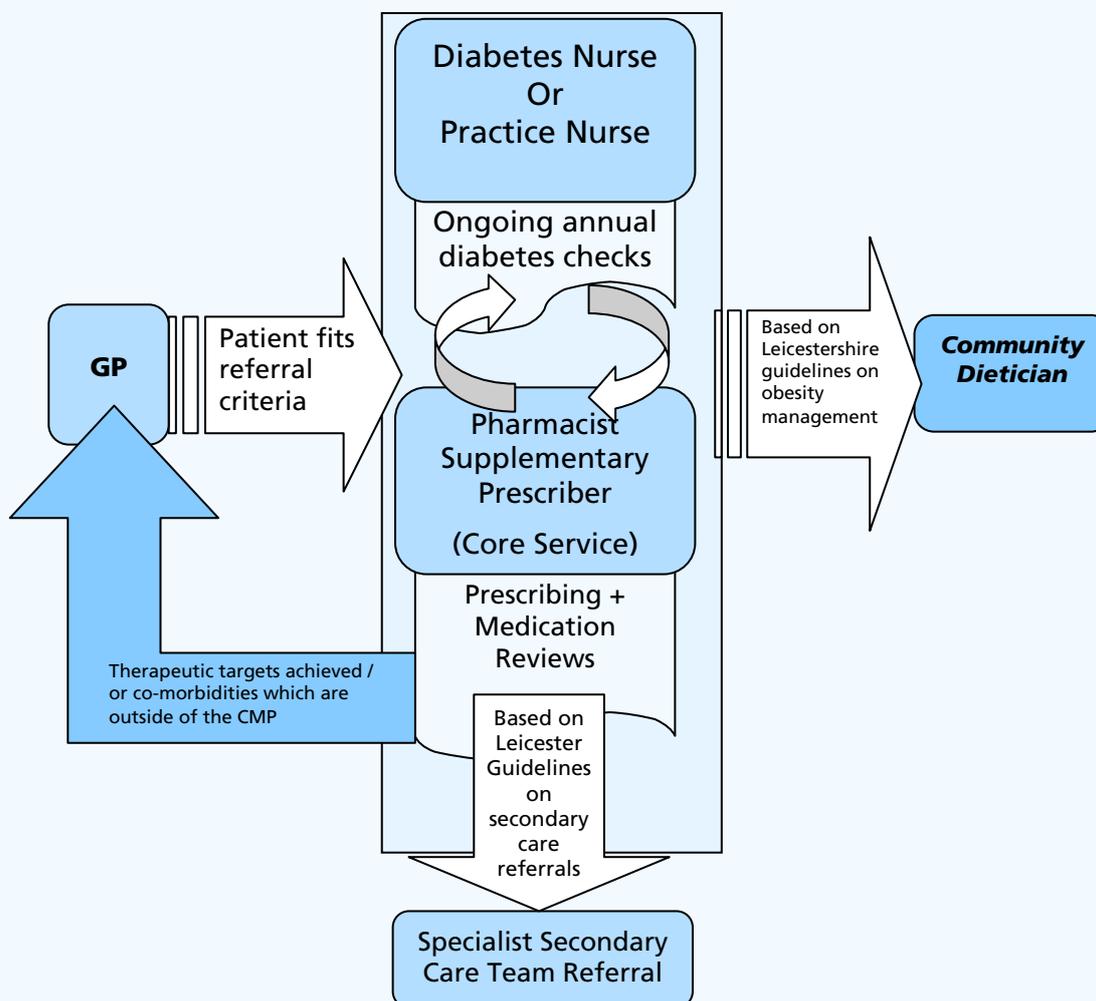


Award-winning pharmacy service in Leicester: In 2005 a pharmacy pilot in Leicester was runner-up in the Pharmaceutical Care Awards for its pharmacist supplementary prescriber-led clinic. The clinic was held at four GP practices in Leicester City West PCT by pharmacist Mohammed Ibrahim, supported and funded by the PCT. There was also support from a local GP and two consultants.

Service outline: A clinic session for people with uncontrolled Type 2 diabetes was provided at each GP practice once a week. Mr Ibrahim provided the core medication review and prescribing service to patients with a view to treating patients to achieve HbA1c, lipid profile and blood pressure targets.

The pharmacist worked under a clinical management plan which was agreed with the patient and the doctor. Once targets were achieved the patients were referred back to the GP. A fast track referral system was in place for patients who needed a referral to a community dietician and for those who required a referral to a secondary care consultant.

Figure 1: Service Referral Pathways



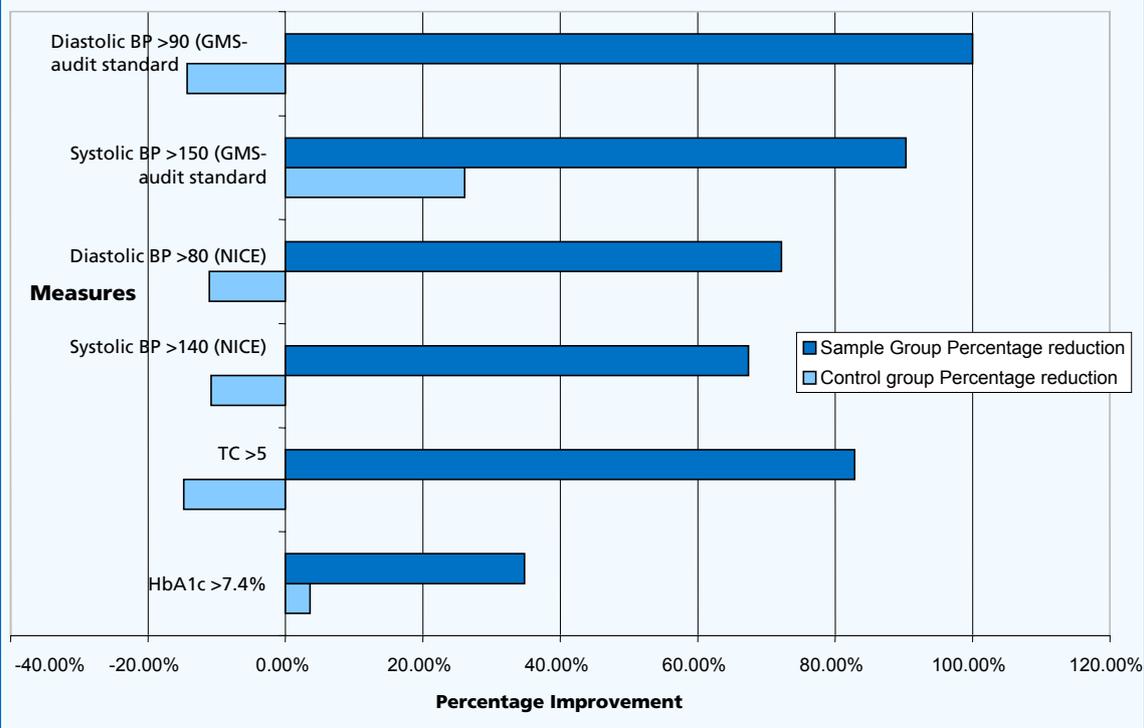
Aims: This pilot aimed to:

- Help reduce the pressure on doctors in the management of patients with diabetes.
- Show that a suitably trained pharmacist prescriber can be integrated as part of a multidisciplinary team for the management of uncontrolled/newly diagnosed chronic diseases.
- Help achieve the milestones stipulated in the National Service Framework for Diabetes.
- Improve medicines management and patient care.
- Provide cost effective evidence-based prescribing.

Improvements in patient care: Based on the preliminary analysis of the results it is apparent that there was a larger increase in the number of patients in the sample group who achieved a HbA1c at the target level of 7.4% or below compared to the control group – 34.8% compared to 3.6%. Improvements were also seen in blood pressure and cholesterol. More results can be seen in Figure 2.

The project is currently being evaluated with a view to present to the PCT board for spreading across other practices.

Figure 2: Primary Outcome Measures, Percentage Improvement Comparison Between Sample and Control Groups



Using Medicines Safely and Effectively

While pharmacists and their staff have always provided advice to patients to ensure that they obtain the maximum benefit from their medicines, this role is now strengthened by:

- Medicine-use review and prescription intervention service
- Increasing access to medicines
- Medicines Management Services Collaborative

Medicine-use review (MUR) and prescription intervention service

This is an advanced service in the contractual framework for community pharmacists. MURs are undertaken periodically or in response to a particular problem with a patient's prescribed medicines for people with long-term conditions.

MURs in Egremont, Cumbria: Elderly people with Type 2 diabetes in Egremont are benefiting from an MUR service. Consultations with Community Pharmacist Dorothy Pritchett offer them the opportunity to raise any queries about their medicines and find out more about what they do.

In each consultation Dorothy runs through each medicine the client takes, talking about what it's for. They discuss at what time of day the medicine is being taken and why it is important. She also provides information and advice on smoking cessation, lifestyle, exercise and diet.

Dorothy said: "We can't go into their homes and make them comply with everything, but I think this service is helping. I ask the clients open questions so they can bring up any queries."

She also provides them with patient information leaflets on a range of different subjects covering blood pressure, diet and many other subjects important to people with Type 2 diabetes.

Increasing access to medicines

More medicines are being made available over the counter for sale from registered pharmacies, without prescription, when it is safe and in the public interest to do so. For example, over-the-counter simvastatin offers people a new choice in managing their risk of coronary heart disease, a condition closely linked with diabetes.

Medicines Management Services (MMS) Collaborative

The MMS runs the Community Pharmacy Framework Collaborative (CPFC). The CPFC aims to improve NHS pharmacy services provided by community pharmacists. 28 'host' PCTs, one from each SHA will be taking part. Using a collaborative approach they aim to help realise the benefits of implementing the new community pharmacy contractual framework – for patients, practitioners and the wider NHS.

A Hospitals Medicines Management Collaborative has also been launched. Its goal is to optimise medicines management systems within the hospital service to ensure safe and informed outcomes of patient care. Improved management of medicines by hospitals taking part in the programme may result in fewer admissions, reduced length of stay and better outcomes for patients.

More information about these schemes can be found at the National Prescribing Centre:
<http://www.npc.co.uk>

Hyndburn and Ribble Valley PCT Domiciliary Medicines Management Service:

Hyndburn and Ribble Valley PCT set up the Domiciliary Medicines Management Service (DMMS) in 2001 to improve patient care and help patients get the most from their medicines.

The service involves a pharmacist visiting the patient in their own home and discussing their medication and assessing their pharmaceutical needs.

How the service works: Patients experiencing difficulties with their medicines can be **referred** to the DMMS by any healthcare professional, social services, relative or carer.

The pharmacist will make an **assessment visit** to the referred patient. This involves conducting a medication review, identifying patients' needs and making recommendations where necessary.

What happens next: The pharmacist will discuss further action and if necessary liaise with the GP, those involved in the patients' care and the dispensing pharmacy before confirming any arrangements with the patient.

Ongoing care: The pharmacist may arrange to visit on an ongoing basis to ensure the patient is continuing to get the most benefit from their medicines. This is done in agreement with the patient.

Aims of the DMMS include:

- Integrate community pharmacy services into the PCT long-term conditions agenda.
- Improve patient care through increased concordance with medicines regime.
- Keep vulnerable and 'at risk' patients at home.
- Reduce secondary care admissions.
- Reduce drug wastage.
- Reduce GP surgery workload through increased compliance.
- Manage adverse and potential adverse reactions of prescribed drugs with over the counter medicines.
- Reduce GP consultations.
- Improve communication between primary and secondary care organisations and social services with responsibility for patients medication.

Self care

Self care has been emphasised in the recent white paper, 'Our Health, Our Care, Our Say' (DH, 2006). However, learning how to manage diabetes is a very complicated ongoing process and involves many different factors.

People with diabetes are now encouraged to take part in structured education programmes, which have had positive results on blood glucose and complication rates. But this is just one part of self care.

Pharmacists have their role as well, providing advice, services and support to enable people with diabetes to care for themselves and get maximum benefit from their treatment.

RPSGB 'The Self Care Challenge: a strategy for pharmacists in England (March 2006)' document provides details of how pharmacists can contribute at all levels and can be found at:

<http://www.rpsgb.org/pdfs/selfcarechallenge.pdf>

<http://www.rpsgb.org/pdfs/selfcarechallengeapp.pdf>

<http://www.rpsgb.org/pdfs/selfcarechallengeres.pdf>

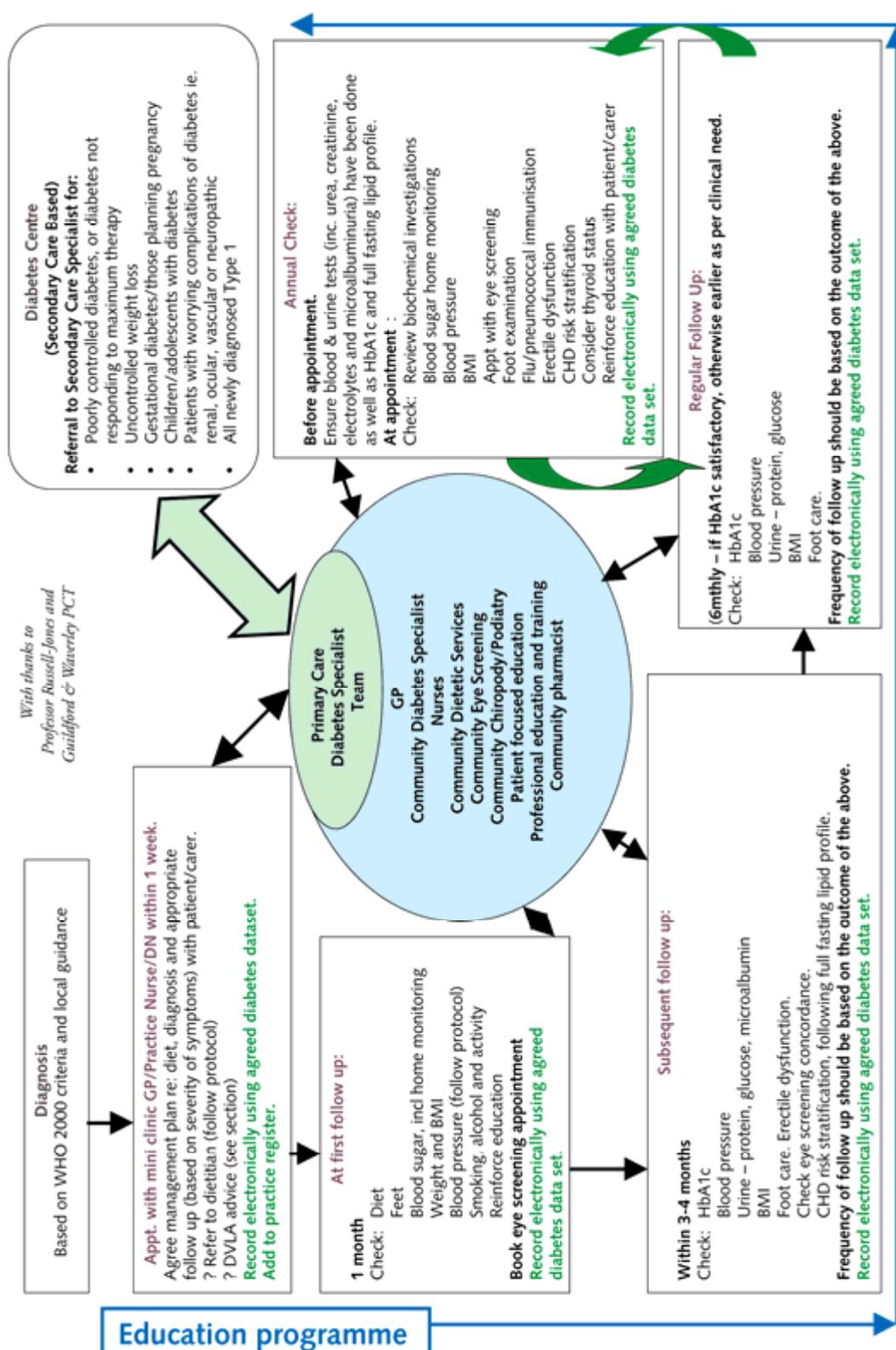


The Future

Systematic disease management

Over the next few years, more pharmacists could be commissioned by PCTs to be members of the multidisciplinary teams that implement integrated care pathways. This will help patients avoid complications, slow down the progression of disease and promote good health. These teams include doctors, nurses, care home matrons, health visitors and social services. Pharmacists joining them could undertake proactive monitoring and assessment of patients' needs, particularly, but not only, concerning medicines management, underpinned by good information systems. Figure 4 shows how this might work.

Figure 4 (DH, 2004)



The diabetes NSF recognises the role of pharmacists in the identification of undiagnosed diabetes and in disease management. It is thought that control of diabetes can be improved by pharmacists offering quality-assured diabetic testing services within an integrated service, together with information and advice.

High Street Testing Across Greater Manchester: Greater Manchester Strategic Health Authority launched a DH sponsored pilot on August 1 2006. 22 pharmacies across four PCTs will deliver care to around 2,000 people with diabetes.

Each patient will be offered two episodes of care over 12 months that include:

- A clinical consultation covering medication adherence, diet, exercise and other lifestyle aspects.
- Blood tests for HbA1C, cholesterol, HDL-cholesterol, triglycerides and INR (for anticoagulant management).
- Weight, height, BMI calculation, blood pressure measurements.
- Blood test results sent to central laboratories for information during the patient's annual review.

Each patient will then be coded in the form of a traffic light system, which will inform future care.

The aims of the pilot are to:

- Provide opportunities for the integration of pharmacy into the NHS.
- Inform the DH as to the likely valuation of the new pharmacy contract.
- Inform the DH as to the contribution of point of care testing in the development of primary care facing laboratory medicine services.

The pilot will run until the end of 2007, at which point PCTs will decide whether to support the scheme. It is thought it could form an early model for Practice Based Commissioning.

For more information contact Gilbert Wieringa, Project Director – Diagnostics, Greater Manchester Strategic Health Authority: gilbert.wieringa@gmsaha.nhs.uk

Case management

Case management is a system of co-ordinated health care interventions, which could be appropriate for about 5% of patients with complex long-term problems. The case manager assesses and co-ordinates care from all agencies to stabilise the person's condition, and builds a long-term relationship with the patient.

Pharmacists could work in close partnership with case managers, such as advanced primary care nurses, for some people with complex conditions, providing advice on medicines management and healthy living.

More information: Choosing Health Through Pharmacy: A Programme for Pharmaceutical Public Health 2005-2015 (DH, 2005)

Public Health

Pharmacists also have a major role in the prevention of disease. The NHS is moving from a disease-led to a prevention led system and pharmacists are ideally placed to give proactive advice to the customers visiting their pharmacies.



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