



**IRISH
PHARMACY
UNION**

The voice of
community pharmacy

IPU Submission to the Department of Health on Health Service Capacity

September 2017

1. Introduction

The Irish Pharmacy Union (IPU), with almost 2,200 members working in over 1,700 pharmacies, is the representative and professional body for community pharmacists. Our mission is to promote the professional and economic interests of our members. Members of the IPU are committed to delivering a quality, accessible, personal and professional service that puts the patient first and has, as its primary goal, the optimisation of the health and wellbeing of society. Community pharmacies are located in every town, village and community in the country. Research shows that consumers and patients visit their pharmacies far more frequently than any other part of the healthcare system, with 85 million visits to pharmacies each year, making pharmacists the most accessible healthcare providers.

We welcome the fact that the Department of Health, in this review, is interested in assessing capacity across primary care, in recognition of the interdependent nature of capacity across the system and the on-going developments in the way care is delivered and accessed. This submission outlines how the development of pharmacy services is essential for the optimisation of healthcare services in Ireland and sets out the key role that community pharmacists, working collaboratively with the other professions, can play in the development of the health service in Ireland, particularly primary care, as has been done elsewhere.

In an environment of demographic pressures, a growing and ageing population and limited resources, the healthcare system is under unprecedented pressure, with increasing demand for healthcare resulting in hospitals being overstretched and GPs struggling with their existing workloads, which will, according to themselves, continue to increase with the ongoing expansion of universal healthcare. Pharmacists do not seek to replace GPs nor to usurp their role. On the contrary, by working collaboratively to the top of their scope, pharmacists can support GPs in providing patient care and treatment, allowing valuable GP time and resources to be applied to patients who need them most.

Experience internationally highlights the role that pharmacists, when enabled and resourced to practise at the top of their scope, can play in taking pressure off other parts of the

healthcare system, including GPs and hospitals, and improving patient health outcomes. The introduction of pharmacy-based services, such as a Minor Ailment Scheme or New Medicine Service, have been shown to significantly contribute to easing the pressure on other parts of the healthcare system and have made a substantial contribution to improving the accessibility of healthcare services. Expanding pharmacists' role in patient care in Canada, where they have responsibility for monitoring patients' conditions, ordering and acting on lab tests where necessary and adjusting medication regimes, has been shown to achieve tighter control of conditions such as hypertension, a key risk factor for cardiac health.

The IPU submits that the options available to increase health service capacity include expanding the role of the community pharmacist and introducing properly resourced pharmacy-based services, which have been shown to operate very effectively in other countries. This submission sets out a menu of additional services that can be provided by pharmacists to the public to support and assist in the provision of primary healthcare, thus increasing the health service capacity.

2. Health Service Capacity in Community Pharmacies

There is an extensive network of over 1,700 community pharmacies already established across the country, each with its own private consultation room. This provides an opportunity to expand access to primary healthcare without significant additional capital expenditure. Instead, by expanding the services that pharmacists provide, many of the healthcare needs of patients can be addressed in the existing facilities and infrastructure already in place in pharmacies across the country.

Introducing additional pharmacy-based services would command strong public support. In March this year, a nationwide survey conducted by the Behaviour and Attitudes research company¹ found very strong support for expanding the role of the pharmacist as a healthcare provider; 96% said they "would be in favour of the pharmacist being able to prescribe some medicines for minor ailments", while 93% said they would like to see the pharmacy "offering services such as blood pressure or cholesterol testing at the pharmacy

¹ Pharmacy Usage and Attitudes Report 2017, Behaviour and Attitudes, March 2017

for a reasonable cost". 83% of respondents also score pharmacists very highly for being "capable of managing day-to-day healthcare issues I may have".

The research data also reflects very high levels of public trust in the professional advice available from their local pharmacist: 98% of those surveyed said they "trust the advice and patient care" they receive from the pharmacist, and 96% say they "value the professional advice" they receive.

Nearly two-thirds of respondents (62%) said they "sometimes rely on a pharmacist's advice rather than visiting the GP", while 61% said they "think twice before going to the GP now due to its expense".

With an estimated 1.5 million visits to a pharmacy by the public every week, pharmacists are the most accessed healthcare professional. The time is right to optimise the delivery of primary care by providing appropriate convenient, accessible and cost effective healthcare through pharmacies in communities throughout the country. With an ever-increasing demand for healthcare, as our growing population continues to age, and with the ongoing constraints on the resources available to deliver healthcare, there is an urgent need for a fundamental shift in health policy and the immediate implementation of change.

There is recognition that pharmacists can deliver far more services than are currently delivered and it is obvious that the public and the health service stand to benefit from enhanced pharmacy services.

3. Minor Ailment Scheme

A Minor Ailment Scheme is an internationally-recognised extended pharmacy service which demonstrates how pharmacists can improve public health access, shape future services and broaden pharmacy roles to deliver quality patient care and improve health outcomes. The primary aim of a Minor Ailment Scheme is to enable medical card patients to receive treatment for common illnesses free of charge directly from their local community pharmacy in a timely manner and without the need for a visit to the GP.

In a figure cited by the Pharmaceutical Society of Ireland (PSI) in 'Pharmacy Ireland 2020'², it is estimated that ten minor ailments: back pain, indigestion, dermatitis, nasal congestion, constipation, migraine, acne, cough, sprains and strains, and headache, were responsible for 75% of the cost of minor ailment consultations and 85% of the cost of prescriptions for minor ailments.

Minor Ailment Schemes have been rolled out across the UK and in Canada. A comprehensive study entitled '*Community Pharmacy Management of Minor Illness: MINA Study*'³, which was published in January 2014 and led by the University of Aberdeen, showed that:

- Over the course of the study, approximately 13% of all A&E consultations and 13% of GP consultations for common ailments could have been managed in community pharmacies, which are similar statistics to those found in other studies;
- Outcomes were equally good regardless of whether patients were treated at a pharmacy, A&E or GP practice;
- The cost of treating a minor ailment in an A&E setting was almost five times greater than that of treating it in a pharmacy setting;
- The cost of treating a minor ailment in a General Practice setting was almost three times greater than that of treating it in a pharmacy setting;
- Of the patients interviewed, convenience was deemed to be the main deciding factor in determining where a patient would seek care for a minor ailment and distance was in the top three in determining where the patient would go for treatment;
- The rate of re-consultation with a GP or other health professional following a consultation with a pharmacist regarding a minor ailment was low, varying between 2.4% and 23.4%.

²http://www.thepsi.ie/Libraries/Publications/Interim_Report_of_the_Pharmacy_Ireland_2020_Working_Group.sflb.ashx

³ <http://www.pharmacyresearchuk.org/our-research/our-projects/the-minor-ailment-study-mina/>

Following the publication of the Health Research Board *'Review of Pharmacy-based Minor Ailment Schemes in other Jurisdictions'*⁴, commissioned by the Minister for Health, the IPU liaised with the HSE on the design and implementation of a pilot Minor Ailment Scheme. The ailments eligible for treatment under the pilot scheme were dry eye, dry skin, scabies, threadworm and vaginal thrush. The pilot scheme involved 19 pharmacies located in four towns: Edenderry, Kells, Macroom and Roscommon. The HSE has produced a report on the pilot which is now with the Department of Health for consideration.

We wish to ensure that the scheme becomes a national service and would like to see the Department of Health and HSE immediately roll out a national Pharmacy Minor Ailment Scheme to improve patient access to treatment and free up capacity at GP and A&E level.

4. New Medicine Service

The objective of a New Medicine Service (NMS) is to help people who are newly prescribed a medicine for certain long term conditions to manage their condition and to improve their medication adherence through providing clinical support at the outset of taking new medication. Non-adherence can result in patients' conditions deteriorating, further complications arising and can lead to premature mortality. The most comprehensive study of the NMS in England was carried out for the NHS by the University of Nottingham *'Understanding and Appraising the New Medicine Service in the NHS in England (029/0124)'* and provides evidence that adherence rates increase significantly in patients who avail of the service and that there are both clinical and economic benefits from the service⁵.

5. Chronic Disease Management

In Canada, pharmacists' scope of practice has been extended to include Chronic Disease Management: monitoring patients with chronic illnesses, ordering lab tests where appropriate, and renewing and adjusting their prescriptions to ensure tighter control of their symptoms and delivering better treatment outcomes. The clinical benefits of pharmacy involvement in chronic disease management are compelling, with a large evidence base

⁴ http://www.hrb.ie/index.php?id=906&tx_hrbpublications_pi1%5BshowUid%5D=708

⁵ <http://www.nottingham.ac.uk/~pazmjb/nms/>

detailing that pharmacists have the most frequent contact with patients with chronic diseases, due to their accessibility⁶.

Despite a severe shortage of primary care doctors in Canada, extending pharmacist services in this way has resulted in better access to healthcare and a substantial reduction in morbidity and mortality rates from illnesses such as heart disease and diabetes. Canadian pharmacists are also authorised to prescribe medications in emergency situations, when it isn't possible to get a doctor's prescription. Given our existing deficits in access to primary care in Ireland and the rise in the number of people living with a chronic disease, a similar approach would provide equivalent benefits.

6. Anticoagulation Service

In Ireland, most patients attend a hospital warfarin clinic to have their warfarin levels (i.e. INR) tested, typically having to wait for several hours before their results are confirmed. Indeed, in some parts of the country, there is no such clinic. Community pharmacists, as experts in medicine, have an ideal skillset to manage patients on warfarin successfully and are well placed to provide such a service. Examples exist of pharmacies successfully providing anticoagulation services in Ireland. With appropriate supports from the HSE, this service could be rolled out to more pharmacies with the attendant cost savings for the HSE, which currently provides the service in the hospital setting at great cost, and benefits for patients, who would no longer have to travel to a hospital and who see their Time in Therapeutic Range (a key measure of the quality of warfarin treatment) improved. This service could be expanded into more pharmacies in areas of identified need without the HSE incurring up-front capital or infrastructural costs.

7. Extended Vaccination Service

The pharmacy profession welcomed the decision by the then Minister for Health to introduce legislation in 2011 to facilitate pharmacists in participating in the seasonal influenza vaccination programme. In Ireland, the successful introduction of the pharmacy-based flu vaccination service has proved pharmacists have the ability to deliver professional

⁶ <http://www.onlinejacc.org/content/67/24/2846>

healthcare services. Evidence for the benefit of improved convenience and accessibility which pharmacists provide is seen in the numbers of patients deciding to get their flu vaccinations in a pharmacy setting. During the 2016/2017 flu season, 78,935 flu vaccinations were carried out in pharmacies, accounting for 10% of total flu vaccinations. Research carried out by the PSI in March 2016 showed that 1 in 6 respondents had received the flu vaccination for the first time and 99% of respondents would return to a pharmacy for the flu vaccination⁷.

Making the flu vaccine available in pharmacies has significantly improved access and promoted uptake of this vital public health intervention. We are pleased that the previous Minister for Health legislated for pharmacists to also provide vaccination for shingles and pneumococcal disease. We look forward to the HSE putting reimbursement arrangements in place to allow patients to access pneumococcal vaccinations from their pharmacist, as is the case for flu vaccination.

Pharmacists in other countries routinely offer a wider vaccination service. In most states of the USA, in addition to influenza, pharmacists can offer vaccination against meningococcal disease, tetanus, hepatitis and travel vaccines. We would like to see our pharmacy vaccination service extended similarly to include a far wider range of vaccines.

8. Health Check Service

Early detection of chronic illnesses, coupled with early intervention and treatment, is a cornerstone of the Government's *Healthy Ireland* strategy⁸. Given that Ireland has a substantial number of people living unhealthy lifestyles, pharmacy-based health checks would have significant advantages in terms of reach, accessibility and cost-effectiveness. Health checks could prove effective in identifying those at risk of developing a chronic disease such as diabetes mellitus, cardiovascular disease, osteoporosis and chronic obstructive pulmonary disease.

⁷ http://www.thepsi.ie/gns/Pharmacy_Practice/practice-guidance/PharmacyServices/Vaccination_Service/Evaluation_of_the_Seasonal_Influenza_Vaccine.aspx

⁸ <http://health.gov.ie/healthy-ireland/>

9. Conclusion

Community pharmacies are an essential accessible healthcare resource and pharmacists are often the only healthcare profession accessible to people in their own communities. At a time when many villages and small towns around the country no longer have a bank, a Garda station, a post office or, in some cases, a GP service, local pharmacies remain a cornerstone of that community. The future of the healthcare system rests in the advancement of pharmacists' roles and the extension of services and the future of pharmacy rests on the ability to offer additional services to local patients in a local setting within the community, in collaboration with other healthcare professionals.

There is clear evidence to show that pharmacy-based services in other jurisdictions have led to considerable improvements in patients' health outcomes and consequent savings to healthcare budgets. Pharmacists have the requisite expertise, skillset and accessibility to introduce these additional services, which can assist in delivering on the Government's programme of improving the health and wellbeing of people living in Ireland. Pharmacy-based services can improve patient health outcomes and, simultaneously, free up key resources in other areas of the healthcare sector.

The focus of the healthcare system must be towards the creation of a patient-focused health service delivered at the lowest level of complexity and as close to people's homes as possible. Pharmacists play a vital role in ensuring patient safety and wellbeing and are available and willing to engage on a change agenda which involves expanding the role of the pharmacist for the betterment of the healthcare system.