

# **In Good Health**

**A Report following the All Party  
Pharmacy Group's 2018 Inquiry  
into Long Term Conditions**

**11/07/18**



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# Long term conditions and the NHS



More than 15 million of us in England live with a long term condition, and that number is only set to rise. By 2025, 18 million of us will have a long term condition, and many of us will have more than one.

That is a sign of success, as we live for longer and diseases that once threatened lives now become problems to live with.

It also means that as a society, we need to rethink what support we will need from each other and from the NHS. There was a time when we could expect to live for most of our lives in very good health, and then see our health deteriorate rapidly. We now expect to live for longer, but in the course of that life we will develop diseases that may be cured, may progress or may fluctuate. Now is the time to develop an NHS that supports people with long term conditions to live full lives in the best possible health.

This is a priority for us all, and it is already a pressing priority for the NHS. 70% of England's health and social care budget is spent on caring for people with long term conditions. We need to design services that are sustainable and achieve the best possible outcomes, using scarce NHS resources in the most effective manner available.

The All Party Pharmacy Group's Inquiry into Long Term Conditions heard from organisations representing patients with a range of long term conditions as well as pharmacists and organisations representing pharmacy, to understand how care can be improved for people with long term conditions, and what part pharmacy could play. The Inquiry and this report should be seen in the context of the Group's most recent publications on community pharmacy reform and the role of pharmacy in the NHS's Sustainability and Transformation Partnerships.

We heard that people with long term conditions are being passed from pillar to post around the NHS, with opportunities for intervention being missed, and too much duplication. For patients, it seems that hospitals, GPs and pharmacies, as well as other community services, all too often don't seem to communicate with or understand each other well enough. It's frustrating for patients and expensive for the NHS.

To make the system better, patient groups called for coordinated care, that is personal to them and their individual circumstances and priorities. Patient groups also highlighted schemes that are working in specific areas and could be expanded, as well as opportunities for things like earlier diagnosis of diseases that are currently being missed.

Patients go to pharmacies more often than any other part of the health system, and charities told us that community pharmacies can play a much greater role in supporting patients and improving their health. We heard a number of proposals from pharmacists on how pharmacy services could improve care.

This report makes four recommendations for Government, that will create a context in which services can be developed to improve outcomes for people with long term conditions. These recommendations should not delay or replace negotiations on the community pharmacy contract, but our expectation is that the Government will enter negotiations with these recommendations firmly in mind.

**Rt Hon Sir Kevin Barron MP,  
Chair of the All Party Pharmacy Group.**

## Highlights of evidence from patient representatives:



*“The majority of the care and support we provide is to signpost and help make different care providers join up their services ..it is a very confusing picture for people living with diabetes and those at high risk of developing Type 2 diabetes.”*

- **Bridget Turner, Diabetes UK**



*“Many of my patients express intense frustration that there is a lot of variation between health professionals, and also that we don’t communicate well across localities, primary and secondary care, or across silos.”*

- **Simon Smale, The IBS Network**



*“Patients who, for instance, have a reoccurring cough may prefer to check in with their pharmacist. It represents less formal engagement than a GP.”*

- **Jessica Eagelton, British Lung Foundation**



*“Community Pharmacists are ideally placed, and have the knowledge, to give advice to individuals on the interactions of day-to-day medicines on their medication prescribed for various co-morbidities. Patients often don’t utilise their expertise as health professionals as they think of them as only dispensers of medicines.”*

- **Michele LeTissier, NRAS**



*“Community pharmacy has a huge impact on health of older people”*

- **Tom Gentry, Age UK**



*“GPs deal with a huge amount of skin problems in their everyday practice and around 24 percent of all consultations in Primary Care include a skin problem. Pharmacists can bring an enormous amount of expertise to this forum.”*

- **Dr George Moncrieff, former Chair of the Dermatology Council for England, representing APPG Skin**



*“Patients want to have confidence that messages are being communicated, and in time.”*

- **Allyson Arnold, British Heart Foundation**



*“There are 60,000 patients in the UK suffering from kidney failure, half of those are on dialysis. They all need personalised support from pharmacy.”*

- **Fiona Loud, Kidney Care UK**



*“ Around half of all people with hepatitis C are undiagnosed, we would like to see increased testing in pharmacies for at risk groups. We want to see treatment prescribed as well as dispensed in pharmacies...there is no reason this could not be done.”*

- **Aidan Rylatt, The Hepatitis C Trust**



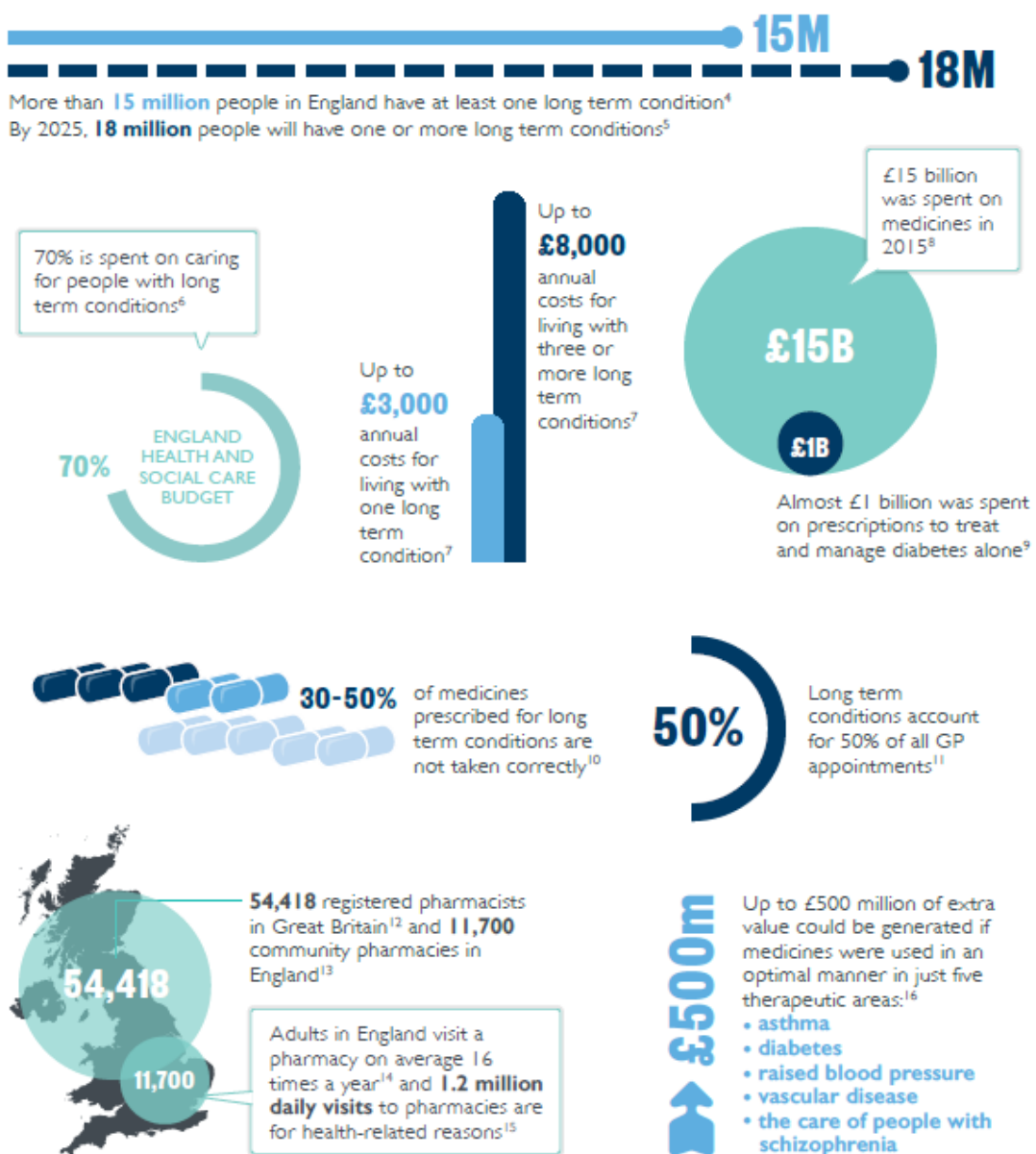
*“Personalised and accountable care should be a universal offer to anyone with a long term condition.”*

- **Don Redding, National Voices**

# The Scale of the Issue

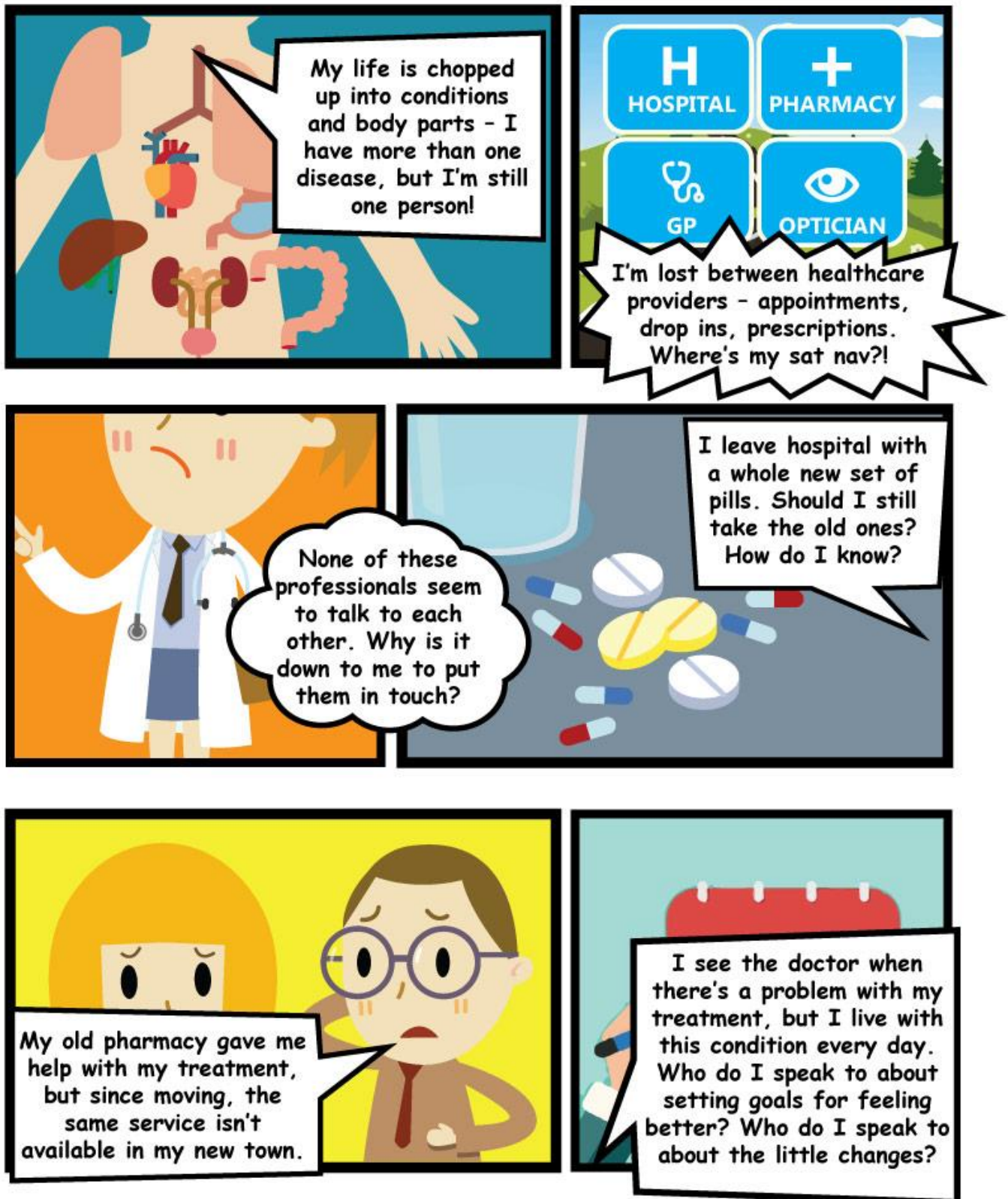
Patient representatives told the Group about the growing challenge of caring for people with long-term conditions for the NHS. The below infographic, provided by the Royal Pharmaceutical Society, outlines the scale of the issue, and the opportunity for community pharmacy to be part of the solution.

## CALCULATING THE VALUE OF PHARMACISTS IN IMPROVING CARE FOR PEOPLE WITH LONG TERM CONDITIONS



# How it feels today

**Evidence from patient organisations gave us a picture of how it feels to live with one or more long term condition today, with current standards of NHS care**



# The opportunity

*During the inquiry, the Group heard of a large number of proposals, pilots and initiatives for innovative community pharmacy services for people with long term conditions. This section highlights some of these, offering an insight into what care could look like for people with long term conditions.*

## **Community Pharmacy's proposals to NHS England**

PSNC, the body responsible for negotiating the community pharmacy contractual framework with NHS England, has proposed two ways in which the services that pharmacies currently offer could be developed:

- The Community Pharmacy Care Plan (CPCP)
- The Universal Community Pharmacy Care Framework

The CPCP is a service designed to offer regular pharmacy support to people with long-term conditions, such as asthma or diabetes, which can sometimes have life-threatening complications. Pharmacy teams would help people to stay healthy and to manage their conditions and symptoms, meaning they should have less need to see their GP and can avoid being admitted into hospital.

The Care Framework describes some more gradual changes that could be made to the services that community pharmacies currently offer (known as the Community Pharmacy Contractual Framework). This would include asking pharmacies to do things such as helping patients who have recently come out of hospital to use their medicines correctly, checking that patients are getting the most benefit from their medicines and ensuring that all medicines prescribed are as cost-effective as possible.

## **Community Pharmacy Future project: Care Plan service**

The Patient Care Plan (PCP) service was designed by the Community Pharmacy Future project (Boots, LloydsPharmacy, Rowlands and Well) to support patients with multiple LTCs, who would benefit from support and guidance on how to improve their self-care.

The pilot was conducted across 38 pharmacies in Wakefield and North Kirklees which included multiples, independent and supermarket pharmacies.

Patients over the age of 55 and identified as having two or more LTCs were assessed for key health metrics. In addition, validated assessments were used to assess levels of medicines adherence, quality of life and patient activation.

During the initial consultation a high quality, patient centred, consultation was used to establish the patient's own health goals and to agree suitable actions that the patient could take to achieve those goals. The pharmacist performed a coaching role in this partnership

between patient and healthcare professional. The care plan was built from the consultation and informed by the health metrics data.

The PCP service focused on interventions that community pharmacists could deliver using regular discussions with patients when they are collecting prescribed medication. These include tailored coaching, signposting, and self-management guidance aimed at increasing patients' levels of activation.

The results from independent research conducted suggest that for those included in the evaluation, enrolment on the PCP service was associated with an improvement over 12 months in key clinical and process metrics, and would be cost-effective from an NHS perspective.

## **Type 2 Diabetes Prevention**

LloydsPharmacy has been offering free screening nationwide for Type 2 diabetes since 2003 and has carried out over 2 million assessment checks. It is estimated that had these been carried out by the NHS, it would have cost it £18.5 million. The screening service has resulted in the referral of over 75,000 people considered to be 'at high risk' to their GP for further investigation or diagnosis.

In 2013, the national pharmacy chain launched a foot check advice service for diabetes patients. It was used by over 30,000 people in the first two weeks of it being available.

LloydsPharmacy has also tested over 10,000 people as part of the NHS Diabetes Prevention Programme (NHS DPP). The scheme, started by NHS England in 2016, is designed to get people at higher risk of diabetes type 2 to change their lifestyle and dietary habits to avoid getting the disease which affects 3.4 million people in England and costs the NHS £8.8 billion a year.

## **Integrated hepatitis C care pathway: Isle of Wight**

In this pilot, community pharmacies were integrated to selectively target patients for screening and facilitate their navigation to other parts of the healthcare system. Pharmacy teams offered testing to users of the needle and syringe programme and opiate substitution therapy; self-referrals were also welcomed since an island-wide advertising campaign encouraged people to get tested, irrespective of whether or not they were injecting drug users.

Patients who accepted the test underwent pre-test counselling with the pharmacist, followed by a dry blood spot sample which was sent to the laboratory. Patients who tested positive for hepatitis B or HCV received a follow-up invitation by e-mail, where a member of the



hepatology team attended the pharmacy to consult with them and arrange for further testing. Those who tested positive for HIV or syphilis were referred to the local sexual health clinic. A total of 88 tests were performed in community pharmacy, and 34 tests undertaken at the IRIS centre. The majority of the patients were recruited by the pharmacy; only 18% self-presented as a result of the publicity of the campaign. Of all patients tested, 7% were found to be positive for HCV.

## **Integrated Primary Care in Sheffield**

One community pharmacy contractor in Sheffield had the opportunity to take on the GMS contract of a local GP practice, employing doctors as salaried GPs. This fostered a culture of mutual understanding and facilitated much closer working, including an agreement to share full access to patient records. For patients, breaking down the barriers between professionals and care settings in this way meant reduced waiting times and more personalised care, from a team that had all the necessary information to understand each patient.

This was achieved partly because contractual incentives for both professions and care settings were aligned with each other through common ownership. The success of the project could be emulated nationally by bringing the community pharmacy and general practice contracts closer together, aligning their incentives and fostering closer working.

These services show how patients and the NHS benefit when community pharmacies play an active role in supporting patients with long term conditions. The All Party Group believes the best way to make services like these available across the country is for NHS England to commission services on a national basis.

# What needs to happen now

## The Officers of the All Party Pharmacy Group recommend:

1

Patients with one or more condition must have access to a care plan, giving them control over how their condition is managed, and allowing them to set goals for treatment and review progress with a healthcare professional regularly. This should be managed in primary care, and community pharmacy is ideally placed to provide the service.

2

A care plan will put patients in charge of their own care, but patients must no longer be responsible for integrating care between different healthcare settings. This Group has previously called for pharmacists to have full read/write access to patient records. We reiterate this call, but beyond access to records, we call for NHS England to take a lead on integration in primary care. Aligning contracts and incentives for different providers is an important step towards integration, and should be introduced as part of the contractual negotiation process.

3

Patients with long term conditions must have access to high quality services that help them to self-care and manage their own healthcare and conditions. Charities and community pharmacy can provide or signpost to such services to a high standard, but the offer is not universal. A national service specification should be agreed for these services, CCGs should commission them, and effective signposting should be in place.

4

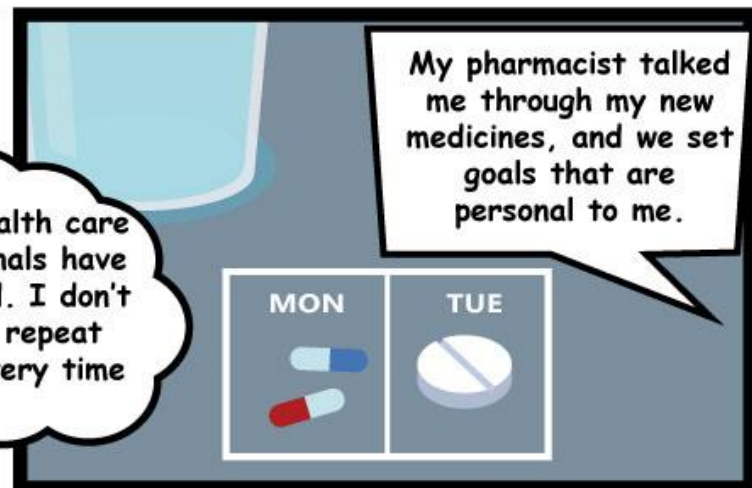
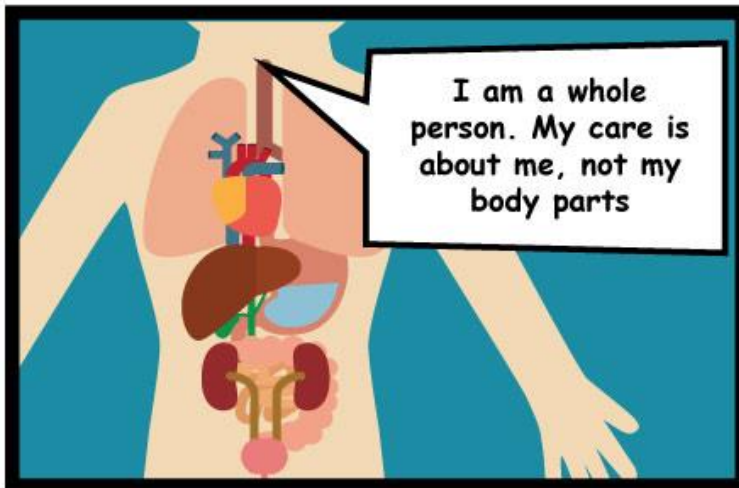
Patients across England must be able to expect the same levels of service from the NHS, irrespective of how local commissioners and providers choose to arrange them. By default, innovative community pharmacy services should be commissioned at a national level once their effectiveness and value for money has been demonstrated at a local level.



**All of the above should be in place by 2020 at the latest.**

# What care could look like

Evidence from patient organisations gave us a picture of what life would be like to live with one or more long term condition if these recommendations are met



# The Inquiry

The All Party Pharmacy Group's inquiry into long term conditions ran from 27<sup>th</sup> February 2018 to 14<sup>th</sup> May 2018. The Group heard from the following patient charities and representatives:



In addition, we heard from the following community pharmacy bodies:



A number of individual pharmacists also gave evidence alongside the patient and charity representatives.

The following Parliamentarians attended inquiry sessions:

- **Rt Hon Sir Kevin Barron MP (Chair)**
- **Steve Double MP (Vice Chair)**
- **Lord Clement-Jones (Officer)**
- **Baroness Cumberlege (Officer)**
- **Rt Hon Tom Brake MP**
- **Nic Dakin MP**
- **Colleen Fletcher MP**
- **Julie Cooper MP**

Summaries of the evidence provided, including names of individual witnesses, are available on the Group's website, here: <http://www.appg.org.uk/upcoming-events/>

The Group is grateful for all of the evidence received, which has fed in to this report. Unlike previous reports, which summarised the evidence and offered a policy commentary, this report seeks to communicate the opportunity for change in the management of long term conditions, focusing on the patients perspective.