

# The provision of diagnostic and screening services by community pharmacies

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**Introduction** As the traditional role of dispensing has become increasingly de-skilled, the Government and the profession have advocated a broader remit for community pharmacists.<sup>1,2</sup> This should afford pharmacists more opportunities to provide new and innovative services to meet the demands of local patient populations.

Pharmacists have for many years routinely offered pregnancy testing services and the extension of such services is one way that community pharmacists can widen their role. This study aims to determine the current level of provision of diagnostic and screening services and to ascertain potential barriers that impede their uptake.

**Method** A self-administered postal survey was sent to a random sample of 500 community pharmacies in Britain generated from the list of registered premises held by the Royal Pharmaceutical Society. The pharmacist in charge of each pharmacy was requested to complete the survey.

The survey consisted of three sections: section A aimed to gain demographic information of the pharmacy and the pharmacist; section B asked pharmacists to provide details of the current level of service provision; and section C explored the reasons why services were or were not provided.

Returned surveys were coded and entered into a Snap 4 Plus database for analysis.

**Results** A response rate of 44 per cent (n=221) was achieved.

Currently, 73 per cent (n=161) of the pharmacies offered one or more services. In the majority of these pharmacies the primary service offered was pregnancy testing (n=157). Other services offered included blood pressure monitoring (21 per cent, n=46), cholesterol screening, glucose measurement and allergy testing (all 7 per cent, n=16). *Helicobacter pylori* testing and osteoporosis testing were also

## FOCAL POINTS

\* Pregnancy testing still remains the most widely offered diagnostic service by community pharmacists

\* A wider range of services are now on offer through community pharmacy and include *Helicobacter pylori* and osteoporosis testing

offered from less than 3 per cent of pharmacies. Interestingly, independently owned pharmacies were significantly more likely to offer diagnostic and screening services ( $P < 0.01$ , chi-squared test) than national multiples.

The three major reasons stated for not providing screening and diagnostic services were the current remuneration system afforded to contractors (63 per cent, n=139), a lack of space in the pharmacy (62 per cent, n=137) and a lack of time (61 per cent, n=135).

Further analysis showed that 75 per cent (n=166) of respondents believed the absence of a counselling room hindered them in offering services and that prescription volume (88 per cent, n=194) was the chief reason for them to be time poor.

Despite the respondents stating that time was a major barrier to service provision, only 32 per cent (n=71) said that extra staff were required before a new service could be offered. Only 42 per cent (n=92) of respondents believed that offering such services was untenable due to a lack of patient demand.

**Discussion** Despite the low response rate this study provides an insight into the current provision of diagnostic and screening services provided by community pharmacies.

The vast majority of respondents did not provide a comprehensive range of services. Pregnancy testing provides the exception to the rule, as this service was almost universally offered. However, the number of respondents in this study offering blood pressure

monitoring and cholesterol screening is double that reported previously.<sup>3,4</sup> In addition a small number of pharmacies have now begun to offer new diagnostic services such as *H pylori* and osteoporosis testing as advances in technology have made these services feasible.

Not surprisingly, time, space and money were cited as the major hurdles that hindered respondents from offering services.

If such services are to become standard accepted practice the framework by which they are delivered probably needs addressing. Integrated models of care — for example, medicine management — represent one such mechanism whereby pharmacists can provide an integrated service with other health care workers.

## References

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