

# Self care opportunities and challenges

The concept of self care is firmly embedded in the political agenda and pharmacists are integral to the strategy. **Lin-Nam Wang** reports

**P**harmacists need to rethink their role in self care because they will be integral to the strategy, Colette McCreedy, director of pharmacy practice at the National Pharmacy Association, said. "Off the cuff, community pharmacists think that self care is about providing advice and treating minor ailments, but pharmacists have a role to play within the NHS and outside it," she explained. For example, although minor ailments schemes give pharmacists an NHS role regarding the sale of over-the-counter medicines, it is clear that the government wants to increase the number of medicines for sale from pharmacies. "I think we will end up with three categories of [pharmacy] medicines, minor ailments, lifestyle medicines (eg, simvastatin) and long term conditions," she added. Treating long term conditions is an area of great potential, according to Ms McCreedy. "Given the POM to P switches of treatments for long term conditions, I see no reason why we cannot extend pharmacist-led minor ailments schemes to pharmacist-led long term condition schemes," she said.

However, these opportunities for pharmacy are not without challenges, a major one being the contract requirement that pharmacists keep records for clinically significant pharmacy sales. People who buy medicines

think of themselves as customers and will not be used to having records kept for the sale of a pharmacy medicine. This may not be welcome and could present a tension, Ms McCreedy pointed out. This contrasts with some concern from stakeholders, such as GPs, that there is no record kept of sales when they are considering POM-to-P switching. "We need to make people aware of the change happening in community pharmacy and make them welcome these changes," she said. However, Alison Blenkinsopp, professor of the practice of pharmacy, Keele University, asked what would need to be done to engage the public and whose job this would be.

Concern was also voiced at the session, about the large amount of recording requires by the new contract. "What is going to be our saviour is the IT implementation," Ms McCreedy said, but "we will have to grit our teeth until we get the IT in place," she added.

Another potential difficulty is how to deal with expert patients. Ms McCreedy used asthma as an example. If asthma medicines were to become available over the counter, the patient wanting to purchase an inhaler could be an expert patient. He or she will not expect to have a long intervention in the pharmacy and might even become annoyed. However, the scrutiny on pharmacy when

POM-to-P switches are made demands that pharmacists demonstrate that they are providing professional advice, so such situations may present a challenge. The trick is to identify how much help somebody needs. "We have to work out if someone is a novice, an expert or, more importantly, if they think they are an expert but they are not," she said.

Another interesting area is the NHS-non NHS interface. "People who buy medicines think of themselves as consumers. People who get prescribed medicines think of themselves as patients. Pharmacists may need to consider this and deal with people accordingly," Ms McCreedy said.

In addition, pharmacists will need to reflect on how they conduct consultations with patients, she warned. "I do not think that pharmacy has thought about this in terms of how it conducts a consultation — whether that consultation is prescription led, if we are providing a medications use review service, or any other service".

Ms McCreedy said that, although they understand the need for concordance, pharmacists tend to concentrate on the treatment. "Maybe we should think more about asking at every consultation: what step can I take to help this patient along the road to empowerment," she suggested.

## WWHAM framework not used properly

Medicines counter assistants are not making as much use as they think they are of the WWHAM framework (Who is it for? What are the symptoms? How long has it been going on? Action taken? Medicines taken?)

In a survey in Scotland, 90 per cent of medicines counter assistants reported using the framework and the same proportion acknowledged its importance. But when the researchers looked at its use in practice, they found that it was not used as much as assistants reported. On average, each consultation involved just two of the five questions being asked, according to Margaret Watson, a research fellow at the University of Aberdeen. Of particular concern is that less than 40 per cent of consultations established whether or not any other medicines were being taken, so there is a potential for drug interactions, Dr Watson said.

Assistants could play a role in self care, but they are the least trained and recognised members of staff in community pharmacies. Easy ways of making sure that medicines counter assistants are not only seen as shop assistants include wearing name badges that include job titles and displaying training certificates.

## Pharmacists can support POM-to-P switches

Pharmacist prescribing has a role to play in self care, but it will never replace POM-to-P switches because of the limited locations in which services could be provided from, said Helen Darracott, director of legal and regulatory affairs at the Proprietary Association of Great Britain. The continuous drip feed of POM-to-P switches has altered the over-the-counter market, moving the "comfort zone" from treatments for minor, self limiting conditions (eg, headaches and colds) to recurrent conditions (eg, thrush and irritable bowel syndrome) and now to long term maintenance and prevention (eg, smoking cessation and allergy prevention). "And in the future, who knows," Mrs Darracott commented.

Not all treatments, however, are good switch candidates. Among other factors, to be successful, a treatment needs to have the support of health professionals. The GPs' list for switches includes co-dydramol and topical antibiotics for acne but they show little support for treatments for asthma, hypertension and menopause, she said.

Moreover, success can take a long time. For example, it took 23 years for Nurofen to become the analgesic brand leader and it has taken about 14 years for nicotine replacement



**Asthma drugs could be switch candidates if more pharmacists get involved in managing the condition**

therapy to become popular. Mrs Darracott went on to outline changes in pharmacy that will support POM-to-P switches. These include more consultation areas, the need to record OTC sales and the implementation of local health campaigns. Another way to promote switches would be for pharmacists to take on bigger roles in managing conditions such as asthma and diabetes, and clinics for contraception or hormone replacement therapy, Mrs Darracott said.