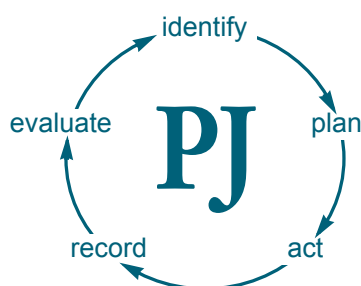


## (2) THE EVIDENCE BASE FOR COMMUNITY PHARMACY SERVICE DEVELOPMENT

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*When developing a community pharmacy service it is important that the published evidence base is researched and referred to. This article describes the evidence base for repeat dispensing and minor ailment schemes, where to find the evidence for developing other services and how to keep up to date with this evidence base*



### identify gaps in your knowledge

1. Why should you always include a summary of the published evidence when submitting a bid to your primary care organisation for a service development?
2. Where can you find the evidence for community pharmacy service development?
3. How can you keep up to date with this evidence base?

Before reading on, think about how this article may help you to do your job better.

The Royal Pharmaceutical Society's areas of competence for pharmacists are listed in "Plan and record," (available at: [www.rpsgb.org.uk/education](http://www.rpsgb.org.uk/education)). This article relates to "achieving effective and efficient community pharmacy services" (see appendix 4 of "Plan and record").

**W**hen asking your primary care organisation (PCO) to fund a new service in your pharmacy, your proposal needs to include a review of the published evidence base in support of the service. This is important for three reasons:

- Evidence-based practice is now a key philosophy of the National Health Service so a PCO will expect any service development proposal to be backed up with evidence
- PCO budgets are limited so PCOs must spend their money wisely, in areas where there is already evidence of proven benefit
- PCOs are accountable for the money they spend — they must be able to justify their investment in a service

#### PUTTING A BID TOGETHER

Several key attributes are needed in order to write a good service development bid to your PCO. These include:

- An appreciation of what your PCO is trying to achieve and the wider NHS agenda, for example, targets in PCO development plans and strategies and plans for the new pharmacy contract
- An understanding of funding streams in the NHS
- An understanding of how your service will help meet a current gap in service provision and how it will help the PCO to meet its targets
- A knowledge of the published evidence base that exists to support the development of your service

**The evidence base for minor ailments schemes** A key target for PCOs is to improve access to health care. According to the "NHS plan", by 2004, patients should be seen by a general practitioner within 48 hours or by another primary care professional within 24

hours. GP practices are already under enormous pressure and numerous initiatives are being developed to try to free GPs' time. One of these initiatives is a community pharmacy minor ailments service. The key feature of existing schemes is that the community pharmacist supplies the medicine from a limited formulary so that patients who are exempt from prescription charges can receive the medicine free of charge and without a prescription (ie, the payment barrier is removed). However, without evidence, how does the PCO know it should invest in this service rather than in others? Arguments for a minor ailments scheme would include the following published evidence:

- Research shows that up to 40 per cent of GP time is taken up dealing with patients suffering from minor ailments<sup>1</sup>
- Outcomes from pilots such as the "Care at the chemist" scheme and the "Direct supply of medicines" scheme show that the management of self-limiting minor ailments can be successfully transferred from general practice to community pharmacy<sup>2-5</sup>
- If the PCO covers deprived areas, it may be particularly beneficial to provide a minor ailments scheme because research shows that patients in deprived areas are more likely to visit GPs to obtain over-the-counter medicines on prescription than patients in more affluent areas<sup>6,7</sup>

**The evidence base for repeat dispensing** The document "Pharmacy in the future" states that repeat dispensing will be fully implemented in 2004. The Department of Health has already approved first wave

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*Using the internet is an efficient way to find evidence to support service development*

repeat dispensing pathfinders in 32 primary care trusts and repeat dispensing is likely to become part of the new national contract for community pharmacy. This is partly because the benefits of repeat dispensing, in terms of reduced prescribing costs and GP workload, have been demonstrated in a number of published studies. For example, the Grampian randomised controlled trial showed that 12.4 per cent of patients had compliance problems, side effects, adverse drug reactions or drug interactions identified by the pharmacist. Furthermore, 66 per cent of patients did not require their full quota of prescribed drugs, representing savings of 18 per cent of total prescribing costs.<sup>8</sup>

## action: practice points

Reading is only one way to do CPD and the Society will expect to see various approaches to CPD in a pharmacist's portfolio.

1. Visit *The Pharmaceutical Journal* website ([www.pjonline.com](http://www.pjonline.com)) and look at the types of papers published at the British Pharmaceutical Conference in 2002.
2. Visit *The Scanner* website ([www.thescanner.co.uk](http://www.thescanner.co.uk)) to see which journals are regularly abstracted.
3. Visit the Pharmacy in the Future website ([www.rpsgb.org.uk/nhsplan/index.html](http://www.rpsgb.org.uk/nhsplan/index.html)) and look at the evidence available to support pharmacy services.

## evaluate

For your work to be presented as CPD, you need to evaluate your reading and any other activities. Answer the following three questions:

- What have you learnt?
- How has it added value to your practice? For example, have you applied this learning or had any feedback?
- What will you do now and how will this be achieved?

A randomised controlled trial conducted in Northern Ireland showed that patients randomised to receive monthly repeat dispensing from a prescription covering six months had better compliance with their medication compared with patients receiving normal dispensing services. Medicine costs were also reduced because patients were found not to need all their prescribed medicine. The total cost savings from non-dispensed medicines was approximately £10 per patient per month. In addition, patients who received repeat dispensing also rated the way in which their medicines were supplied higher than the control group.<sup>9</sup>

Another example is the Birmingham repeat dispensing project. Over six months, 24 per cent of items available were not dispensed because patients did not need them. The study concluded that community pharmacists can help patients manage their medication at the point of supply and this can result in savings on medicines dispensed.<sup>10</sup>

## FINDING THE EVIDENCE AND KEEPING UP TO DATE

The most efficient way to access the evidence base for community pharmacy service development is to use the internet. This is also the easiest way to keep up to date. Where possible, set up regular e-mail alerts. This means registering your details and e-mail address with a website to receive the contents page of a journal. An e-mail alert will flag up new evidence and prompt you to look at it. Table 1 (p302) lists some of the key websites for evidence and indicates where e-mail alert services are available.

## SAVING TIME

It is always worth finding out if someone has already reviewed the evidence you are interested in. Depending on the area you are researching, there are numerous sources of review. The following are examples:

- *The Scanner* ([www.thescanner.co.uk](http://www.thescanner.co.uk)) is a six-monthly publication that reviews research of relevance to pharmacy practice. It concentrates on community pharmacy and abstracts selected articles from 36 journals including some of those listed in Table 1 together with journals such as *The Annals of Pharmacotherapy*, *Social Science and Medicine and Quality in Healthcare*

**TABLE 1: SOURCES OF EVIDENCE FOR COMMUNITY PHARMACY SERVICE DEVELOPMENT**

Source of evidence and internet address	Description	Example of evidence	E-mail alert available?
<i>The Pharmaceutical Journal</i> www.pjonline.com	Published weekly, <i>The Pharmaceutical Journal</i> is the official journal of the Royal Pharmaceutical Society	Bennett M. Number of patient contacts undertaken during extended opening hours at a community pharmacy. 2002;269:253-5	No
<i>International Journal of Pharmacy Practice (IJPP)</i> www.pjonline.com	<i>IJPP</i> is a key journal for published pharmacy practice research and is published quarterly	Anderson C. Pro-change adult smokers programme: Northumberland pilot. 2002;10:281-7	No
<i>British Pharmaceutical Conference (BPC) abstracts</i> www.pjonline.com	The annual <i>BPC abstracts</i> cover pharmacy practice research	Gray M. Investigating the potential contribution of community pharmacists in identifying, understanding and meeting the bone health needs of patients in collaboration with GPs. 2002;10(suppl):R34	No
Health services research and pharmacy practice (HSRPP) conference www.hsrpp.org.uk	The aim of the annual HSRPP conference is to identify and disseminate research papers, in order to inform policy and practice development	Clifford S. Evaluation of a pharmacist-delivered intervention to improve patients' adherence and reduce their problems with medicines. Available at: www.hsrpp.org.uk	No
<i>Family Practice</i> www.fampra.oupjournals.org	<i>Family Practice</i> is a bi-monthly international journal that publishes research in the fields of general practice and primary care	Bednall R. Identification of patients attending accident and emergency who may be suitable for treatment by a pharmacist. 2003;20:54-7	Yes
<i>Age and Ageing</i> www.ageing.oupjournals.org	<i>Age and Ageing</i> is a bi-monthly international journal with original articles on geriatric medicine	Oborne CA. Explicit, evidence-based criteria to assess the quality of prescribing to elderly nursing home residents. 2003;32:102-8	Yes
<i>BMJ</i> www.bmj.com	<i>BMJ</i> publishes material to keep doctors and medical students up to date	Fahey T. Quality of care for elderly residents in nursing homes and elderly people living at home: controlled observational study. 2003;326:580	Yes
<i>British Journal of General Practice (BJGP)</i> www.rcgp.org.uk/rcgp/journal/index.asp	<i>BJGP</i> contains research papers related to general practice and primary care and is published every two months	Porteous T. Electronic transfer of prescription-related information: comparing views of patients, general practitioners, and pharmacists. 2003;53:204-9	Yes

- The Pharmacy in the Future website ([www.rpsgb.org.uk/nhsplan/index.htm](http://www.rpsgb.org.uk/nhsplan/index.htm)) lists key research and policy papers for medicines management and issues related to access
- A number of pharmacy journals (eg, *The Pharmaceutical Journal*) abstract and review key papers relating to community pharmacy service development
- In the area of public health, PharmacyHealthLink and the Royal Pharmaceutical Society have commissioned and published two comprehensive reviews of the evidence base of community pharmacy involvement in public health and health promotion. Areas covered include the evidence base for the effectiveness of community pharmacy services for smoking cessation, coronary heart disease prevention, drug misuse and emergency hormonal contraception. These reviews are available at [www.rpsgb.org.uk](http://www.rpsgb.org.uk)
- The Health Development Agency (HDA) website ([www.hda-online.org.uk](http://www.hda-online.org.uk)) and the *Journal of Public Health Medicine* website ([www.pubmed.oupjournals.org/](http://www.pubmed.oupjournals.org/)) are key sources of public health reviews. The HDA identifies the evidence for what works to improve people's health and reduce health inequalities

Other ways to find reviews include tapping into national and local networks. For example, contact the NHS service development department at the National Pharmaceutical Association for help with the latest evidence base or find out if your local pharmacy development group or local pharmaceutical committee has already reviewed the evidence base for a service. As well as saving time, this could present you with aspects you may not have considered yourself.

## REFERENCES

1. GPs recommend OTC medicines for 40 per cent of minor ailment consultations. Available at: [www.pharmalife.co.uk](http://www.pharmalife.co.uk) (accessed 14 August 2003).
2. Whittington Z, Cantrill J, Hassell K, Bates F, Noyce P. Community pharmacy management of minor conditions — the "Care at the chemist" scheme. *Pharm J* 2001;266:425-8.
3. Hassell K, Whittington Z, Cantrill J, Bates F, Roserr A, Noyce P. Managing demand: transfer of management of self-limiting conditions from general practice to community pharmacists. *BMJ* 2001;323:146-7.
4. Schafheutle E, Noyce P, Sheehy C, June L, Scottish health feedback. Direct supply of medicines in Scotland — evaluation of a pilot scheme. Available at: [www.scotland.gov.uk](http://www.scotland.gov.uk) (accessed 14 August 2003).
5. Sheehy C, Jones L. Direct supply of medicines in Scotland — extended monitoring of a pilot scheme. Available at [www.scotland.gov.uk](http://www.scotland.gov.uk) (accessed 14 August 2003).
6. Johnson BJ, Muir A, Hudson SA. A search for socio-economic influences in behaviour and attitudes to medicines available for self-medication and NHS prescription. *Int J Pharm Pract* 2001;9(suppl):R27.
7. Evans D. Do increasing levels of income deprivation have an effect on the prescribing of OTC medication? *Int J Pharm Pract* 2001;9(suppl):R69.
8. Bond C, Matheson C, Williams S, Williams SP, Donnan P. Repeat prescribing: a role for community pharmacists in controlling and monitoring repeat prescriptions. *Br J Gen Pract* 2000;50:271-5.
9. Hughes CM, Varma S, McElroy JC, Mawhinney DC, MacAuley C, Fitzpatrick K et al. Repeat dispensing: the potential for improving drug utilization and reduced costs. *Pharm J* 2000;265 (suppl):R34.
10. Wilson KA, Jesson J, Varnish J, Pocock R, Barton A. The Birmingham community pharmacy repeat dispensing project. *Pharm J* 2002;269:20-4.