

Prescription-linked public health

Community pharmacists in England and Wales must promote healthy lifestyles to certain target groups, with the aim of increasing the patients' understanding of the health issues relevant to their circumstances. **Tom Moberly** looks at the requirements of the contract and at how some pharmacists are initiating discussions and giving advice

Promotion of healthy lifestyles is an essential service of the community pharmacy contract in England and Wales. In particular, the service specification requires pharmacists to promote, when it is appropriate, public health messages to patients from four key groups when they present a prescription. The Regulations underpinning the contract say that when someone who has diabetes, is at risk of coronary heart disease, smokes, or is overweight presents a prescription "the pharmacist shall, as appropriate, provide advice to that person with the aim of increasing that person's knowledge of the health issues which are relevant to that particular person's personal circumstances". This is described in the service outline as a "prescription-linked intervention."

This requirement was introduced into the contract to reinforce the crucial role pharmacies can play in promoting public health. The value of this role was recognised by all parties when the contract was being negotiated, Barbara Parsons, head of pharmacy practice at the Pharmaceutical Services Negotiating Committee, says. "The PSNC, the Department of Health and the NHS Confederation all recognised the importance of using community pharmacies for public health and promotion of healthy lifestyles. There was no dispute about the need to include this as an important element of the essential service," she explains.

Examples of service provision

Patients with diabetes can be easily identified by their prescriptions, and pharmacists can use their judgement and patients' other prescriptions to help identify those who are at risk of heart disease or are overweight. Public health messages include advice on healthy eating, exercise and stopping smoking.

Jim Jiwa, a pharmacist at Alliance Pharmacy in St Austell, Cornwall, tries to give advice on healthy living whenever he can, particularly to people with heart disease or diabetes. "I talk about diet and the importance of a low cholesterol diet," he says. "I also speak to people about the importance of taking care of themselves. For instance, I talk to people with diabetes about the need to look after their feet — not just treating them as anyone else would if they cut or injure them, but making sure they know how to look after



Adapted by Smilymink from materials courtesy of PharmacyHealthLink

within their capabilities, so they are slightly breathless, but can hold a conversation, for 10 minutes, two or three times day, a few times a week it will significantly help their health.

When appropriate, Mrs Gummerson will turn the discussion into a prescription intervention (a medicines use review) and discuss the patient's other medicines as well. "Examples where patients can get things wrong include mistiming when to read their urine testing sticks, not taking amitriptyline 25mg (prescribed for neuropathic pain in their feet) because they have read the leaflet, which mentions depression, not taking metformin with or after a meal, not realising that they should give more attention to reducing their cardiovascular risk, and not knowing how to read labels on food containers to work out sugar and fat content," she says.

them properly and when they need to see a health professional."

Irene Gummerson, a community pharmacist in Wakefield, West Yorkshire, with a special interest in diabetes, tries to take time to talk her patients with diabetes whenever their medicines change. "When a person comes into the pharmacy for the first time with a prescription for testing strips or diabetes medicines, or for a change of diabetes medicines, I always take a few minutes to talk to them about their strips or medicines in the context of diabetes. If I see that they are interested, I ask if they would like a more detailed chat in the counselling room." If she is busy with prescriptions then she asks if they could wait a few minutes. "I check what has been said in the clinic and expand on this, answering questions as I go along. I explain briefly why the doctor or nurse is recommending low sugar, low fat diet; the link between increased waist measurement and diabetes and the value of increasing physical activity, such as that it helps reduce cardiovascular risk. Whichever medicine is used, I explain briefly how it acts and how to take it."

Talking to these patients about adopting a more healthy lifestyle need not be difficult, says Mrs Gummerson. "It is not rocket science. It is saying the right thing at the right time, in the right way," she says. For example, the word "exercise" can often be off-putting. Instead, Mrs Gummerson explains to people that if they increase their level of activity,

Overweight patients

The requirement to provide advice to overweight patients collecting prescriptions can pose particular problems. Although it may be obvious that someone is overweight, unless he or she is collecting an anti-obesity drug, raising this as an issue for discussion and introducing the importance of a healthy lifestyle needs to be handled carefully. Graham Phillips, a community pharmacist in Hertfordshire, comments: "If you think someone is overweight and might benefit from a weight management class, blood pressure or cholesterol measurement, you cannot simply say 'Would you be interested in our weight management service?'. You need to be more tactful."

Mr Phillips offers a weight management service in his pharmacy and he and his staff tend to advertise it in a broad-brush way and give out leaflets to a wide range of people. "It may be that even if someone is not overweight, they may have a relative who would be interested in the service. It also helps to give people an idea of the sorts of services we can offer in the pharmacy. Part of that is about placing information where people can access it for themselves in a way they feel comfortable with. For instance, we have an in-store television running in our pharmacy. None of the information on it is about advertising products — it is all about our services. Clients watch while waiting for their prescription, so they become aware of the services we offer and then ask about them,"

he says. "We provide blood pressure measuring, smoking cessation, diabetes testing (including HbA_{1c}) — and it is often overweight people for whom all of those might be relevant. So if they ask about one service because they have seen a leaflet or poster, then you can take the opportunity to talk to them about other lifestyles issues, such as cholesterol, dietary sodium or exercise, and people usually self-identify at that point and ask about our weight management service.

In Mr Phillips's Letchworth pharmacy, there is a Wellpoint station where customers can measure their weight, blood pressure and pulse, and calculate their body mass index. "It is a bit of a toy, but that does encourage people to use it. However all you really need is a tape-measure since the key concern for health is simply the waist measurement."

Information and records

The service specifications say that, although information promoting healthy lifestyles should be primarily provided verbally, this should be backed up, as appropriate, by the provision of written material, such as leaflets and by referring people to other sources of information or advice (see p20). As well as being a source of additional information for patients to take away with them, leaflets can also provide the starting point for discussions about healthy lifestyles or an MUR, Mr Jiwa

Time management

People who are pressed for time will return or make an appointment if they are interested in hearing more, Mr Phillips says. "The public have to realise that sometimes we will have enough time to do support them there and then and but that at other times we will be rushed off our feet and they will have to make a mutually convenient appointment." Many, but certainly not all, are happy to make an appointment, he says.

One skill pharmacists have to learn, he argues, is how to deal with missed appointments. "GPs are much more used to dealing with DNAs ['did not attend's] without it causing enormous problems." Pharmacies should learn from GP colleagues which approaches work and which do not, he urges. "You can help to minimise DNAs by issuing appointment cards or by sending text reminder messages. This looks more professional and is good for pharmacists' image as health professionals."

In addition, he says, pharmacists do not appreciate that, in many ways, they already have the skills needed. "Pharmacy really does offer an unbelievably fast, efficient and overwhelmingly safe service. To be able to offer a service whereby a patient can come into any pharmacy with a prescription for virtually any drug and we can fulfil it usually within less than 12 hours really requires an incredible mix of skills. So pharmacists have those skills, but they need to learn how to adapt them so that they can manage the time needed for tasks other than dispensing," he added.

says. "We also have leaflets about healthy living and the services available to people around the pharmacy," he says. "So people can pick them up and ask for advice about anything they would like to know more about." Leaflets are available from organisations such as primary care trusts (especially for health campaigns) and PharmacyHealthLink and, according to Barbara Parsons, many informative leaflets are provided by patient groups and these can be used for prescription-linked interventions if the pharmacist believes this would be helpful.

Under the contract, prescription-linked interventions must be recorded so that the pharmaceutical services provided by the pharmacy can be audited and the follow-up care given to patients can be assessed. For patients presenting prescriptions, such records are easily made, Denise Laidlaw, a community pharmacist in Gateshead, Tyne and Wear, says. "We record interventions with patients whose details we have on our system, because we can do that on an individual patient's notes," she says. "Just as we can type in the names of new drugs that have not been put on our system yet, we can type in interventions and the nature of the intervention using that system."

Mr Phillips uses a similar system. "We have set up a tag on our patient record system, which means I can dispense public health information as if it were a drug on the system," he says. "We can then use the free text field to include details of the intervention. So when the primary care trust comes to look at our records, we can call up 'public health information' and show them a list of which patients we have provided what information to. Because the details are tied to the patients' details, this also means, he explains, that he can see how many patients with diabetes and how many with coronary heart disease public health information has been provided to, and of what sort.

Engaging the patient

Pharmacists' unique relationship with patients means that they are often able to talk to patients about lifestyle matters in a way that other health professionals may not, Mr Phillips says. "I know patients will come into my pharmacy and when we get into a discussion about their lifestyle they say 'Well I told the doctor I smoke 15 a day, but actually it is 25' or 'I said I drink 21 units a weeks, but it is more like 35 most weeks'. That means we can have an honest conversation. We need to make sure we develop and maintain that kind of relationship and also that we provide pharmaceutical care in an environment that looks like it is a health care setting," he adds.

However, the ease with which discussions can be initiated can depend on when people come into the pharmacy, Mrs Laidlaw has found. "We are based in a supermarket and find people are more willing to take the time to listen to advice when they are buying medicines before they go to do their shopping," she says.

Although the service specifications focus on four groups, when attempting to give advice, it is important not to consider them in terms of each diagnosis separately, Mr Phillips argues. "What it is important to realise with public health is that for almost all the big issues — obesity, heart disease, smoking, diabetes, sexual health — you are dealing with the same people," he says. "You need to tackle the problem holistically, rather than trying to tackle each patient as a patient with diabetes and then as a patient with hypertension. You need to think more strategically about the whole thing and consider the person's whole lifestyle and work towards synergistic improvements."

Other interventions

Although the community pharmacy contract focuses on giving advice to those presenting with prescriptions who are at risk of coronary heart disease, have diabetes, smoke or are overweight, pharmacists can also use prescriptions for other conditions or over-the-counter sales to initiate discussions of healthy lifestyles.

Mrs Laidlaw says that a number of regular scenarios leads her to promote healthy lifestyles to the public. "One opportunistic intervention we make quite often is with effervescent co-codamol," she says. "A lot of people are taking that fairly frequently and do not realise how much salt it has in it. So when someone comes in to buy that it is a good opportunity to talk about salt intake and healthy eating and suggest they switch over to the non-effervescent formulation.

"Also, if people come in with recurrent problems we try to link that to what may be an underlying problem. So if a woman was coming in with recurrent thrush, that might be because of sugar in her urine, and so we might ask whether she would like to have a test for diabetes. When I am asked to recommend vitamins, such as in pregnancy or for children, I always use this to spread the five-a-day message, explaining that supplementary vitamins are often unnecessary if sufficient fruit and vegetables are included in the diet.

Services that are up and running Mr Jiwa runs a smoking cessation service. "We can introduce the service to smokers who come in to buy cough medicines and we can give lifestyle advice to the people using the service," he says. Mr Phillips also introduces his stop smoking service through over-the-counter sales. "Our pharmacy staff are all trained to ask, every time they sell a cough mixture, 'Do you smoke? Would you like to quit?'," he explains. "All the evidence is that such brief opportunistic interventions can play an important part in helping people give up smoking," he adds. "There can't be a pharmacy in the country that doesn't sell cough mixture. If we could achieve a 1 or 2 per cent quit rate, just by asking people buying cough medicine whether they smoked and whether they had thought about quitting, that would — in terms of the improvements in public health and health inequalities it would bring about alone — almost justify the existence of the entire community pharmacy network."