

Long-term care: different perspectives

Participants at the Primary Care Pharmacists Association conference heard about long-term care from different perspectives. Dawn Connelly reports

Primary care pharmacists have a huge role to play in providing leadership to allow developments on the front-line to happen, Alison Tennant, a specialist in pharmaceutical public health at Dudley Primary Care Trust, told participants at the conference.

She works as a member of a large team of PCT and practice-based pharmacists. "We see ourselves as the network leads in terms of making sure things are happening in a consistent manner across the health economy."

Primary care pharmacists also have a role in promoting the work of community pharmacists. "Because community pharmacists are in their premises all day, trying to get that level of visibility at the PCT can be difficult. That is one of the places where we have tried to have an input and make them be seen as a valuable resource," said Ms Tennant.

Hooman Ghalamkari, a community pharmacist in Worcester, agreed. He believes that one of the main barriers to community pharmacists maximising their contribution to the management of long-term conditions is becoming integrated into the health care team. "This is where I see community pharmacists and practice pharmacists working together. Maybe you can open up the channels of communication," he suggested.

Sue Carter, assistant director at Adur, Aron and Worthing PCT and chairman of the meeting, pointed out that community pharmacists often change jobs regularly during their careers. She suggested that, since current



Alison Tennant: primary care pharmacists can provide leadership

opportunities for pharmacists are so centred on their abilities to make long-term relationships, they might need to consider changing this work pattern.

Dr Ghalamkari said that community pharmacists need to orient their daily work towards long-term conditions. He told participants about DiabetesPlus, a scheme he has set up that incorporates several services, including repeat prescriptions, screening, medicines use reviews, support for test equipment, health promotion advice, access to diabetes resources and referral to other health care professionals. He does not receive funding for the scheme but says that it is sustain-

able because it is part of his everyday activities. "We were doing all of these things before. It is just that it has been packaged up for people with diabetes."

Barbara Stuttle, director of primary care and development at Thurrock Primary Care Trust, told participants that GP quality and outcome frameworks around long-term conditions are all about ticking boxes. "Pharmacists and nurses can make a difference. There is money around QoFs. Just because [the money] goes to the practice it does not mean that it has to [stay there]. It is about teamwork. If you are earning the QoF money for our GP colleagues, you are owed some of that. With the pharmacy contract I think there are huge opportunities to move that forward."

Patients are more likely to go to community pharmacies with minor ailments than long-term conditions, Rosemary Hassman, a tutor for the Expert Patient Programme, told participants. Issues that patients have raised with her include concern about a lack of privacy and not being able to see the same person twice. A further reason for patients' reluctance to seek pharmacists' advice on long-term conditions is a perception that pharmacists are experts in medicines, not in health. "Some patients are concerned that pharmacists might lack specialist knowledge of some health conditions," she said. She believes that moving towards medicines use reviews and pharmacy consultation areas will address many of these concerns.

Case management

David Colin-Thomé, national clinical director for primary care and clinical lead for long-term conditions at the Department of Health, told participants that good long-term care requires the need to be proactive and to look for patients. "Sometimes when the health service comes up with ideas like community matrons or pharmacists with special interests, they go on and employ them, but there is no strategic plan." He said that a systematic approach is needed and that is why the Government has developed the long-term conditions model and set a target to decrease emergency bed days by 5 per cent by 2008.

"International evidence suggests that case management can lessen the need for hospital care, sometimes by reducing emergency admissions but more consistently by reducing lengths of stay," he said. The evidence also shows that the functional status of patients improves, he added. "Community matrons are case managers who happen to be nurses, but we will need a whole range of other case managers too," he said.

Community diabetes programme wins award

A community pharmacy programme to improve care for diabetes patients has won the PCPA award for 2005-06, which was presented at the conference.

The programme was developed and managed by a Pharmacy Alliance team, in partnership with the medicines management team at Hillingdon PCT. It involved identifying diabetes patients and addressing their needs in terms of their condition and their medicines, and giving advice on self-monitoring and lifestyle modifications. Patients could be referred to their GP if necessary.

Ten community pharmacies are now participating in the programme, all of whom have completed or are undertaking postgraduate studies in diabetes care and have at-

tended a two-day workshop, which focused on delivering the programme.

Interim data on 181 patients show that pharmacists have identified 764 problems during 385 consultations. They have made 959 interventions to address these problems, mostly in the form of verbal advice (72 per cent) and written information (19 per cent). Patients' satisfaction with the information they receive about their medicines has improved significantly following participation in the scheme.

The project team found that giving feedback to GPs on monitoring values and consultations supported the GPs in meeting their quality and outcome frameworks without increasing their workload. Four pharmacists are now qualified as supplementary prescribers and plan to prescribe as part of the scheme.

The PCT has endorsed the continuation of the programme, which is an example of an enhanced service that could be adapted to meet other local service requirements.

The team received an award of £2,000 to spend on developing the service.

The Primary Care Pharmacists Association annual conference and awards was entitled "Medicines management in long-term conditions" and took place in London on 20 March.