

Pharmacists can make a difference

Members of the public recently heard how pharmacists can make a difference to patients' health and well-being. Denise Taylor reports

Possible roles for pharmacists in relation to developing and maintaining the mental health and well-being of older people were outlined by June Crown. She said that consistent evidence outlined in the first report of the "Inquiry into the mental health and well-being of older people", of which she is chairman, suggested that the key issues which need to be addressed are discrimination, participation, relationships, physical health and poverty.

Dr Crown said that, because of pharmacist prescribing and medication reviews, the general public now has a greater awareness of pharmacists' increasingly clinical role. She emphasised that pharmacists' specialist knowledge about medicines and medicines management can make a big difference in choosing the most appropriate medication for an individual. In terms of improving mental health and well-being, Dr Crown suggested that pharmacists:

- Should do their best to combat age discrimination, especially if they are involved in policy decision-making
- Should be aware that age does not reveal anything about people's expectations, needs or treatment issues
- Should be able to spot changes in people they know well in their community pharmacies, and signpost them to other services
- Can help relatives and carers understand medication regimens and how to manage any difficulties, and so help compliance
- Are best placed to help maintain the motivation of people with chronic conditions to continue treatment or exercise even if they may feel it is not worth continuing
- Can help people to help themselves by highlighting activities in the local community — eg, exercise groups, night classes, drama groups, writing groups, IT classes — so that people can interact with others

Dr Crown described good examples in her local pharmacy. It has a television screen which promotes healthy living options and the pharmacist as an advisor for health and for medicines use. She was also impressed by another pharmacy that runs sessions on financial advice to help people claim benefits to which they may be entitled. The extra income may be small but it may give someone a chance to get involved with activities in the community and gain self-confidence and social interaction — important factors in the development



June Crown: robust strategies needed

and maintenance of good mental health.

Pharmacists should also work towards influencing professional and service organisations to avoid discrimination in access to local services. Dr Crown cited examples of residential and nursing homes where people had not received vision checks for up to five years. The eyesight of some was so poor they could not see clearly enough to walk and this had been linked to an increasing number of falls. There were also implications for interacting with the wider community since reduced vision impairs reading and the ability to watch television. Perhaps pharmacists involved in visiting these types of organisations could be more involved in the setting up of physical monitoring of patients as well as medicines management, she suggested.

Dr Crown went on to highlight the benefits to patient care of pharmacist prescribing and implications for pharmacy practice. Specific benefits included being able to talk to patients about their medicines and to improve compliance with medication regimens.

Dr Crown emphasised that pharmacists working as independent or supplementary prescribers had to be more proactive in sending articles to professional journals that targeted medical clinicians and nurses. That way awareness would be raised of innovative practice and the success of pharmacist prescribers. She also emphasised the need to recognise that each member of the multidisciplinary team had different skills, and that these all benefit patient care in some way. She added that pharmacists could write in popular newspapers, thus widening the public perception of pharmacists' increasingly professional clinical role.

Dr Crown shared her strong view that non-medical prescribing was not introduced because of the shortage of junior doctors.

That could only be resolved by employing more doctors, she said. Non-medical prescribing was recognition of the appropriate use of clinical skills and knowledge of health care professionals. Pharmacists are not cheap doctors, she said. Indeed, they are moderately expensive, but the important thing is that they have different skills from doctors. These medicine management skills enabled pharmacist prescribers to talk knowledgeably to patients about their medicines and the benefits of continuing to take them. Dr Crown emphasised the need for pharmacists caring for people with chronic illness to be proactive about prompting these patients about effective use of their medicines and also highlighting any prophylactic treatments that might be appropriate for the individual.

Turning to independent prescribing in a community pharmacy environment, she said there were potential concerns about safeguarding patients. The profession needs to develop robust strategies that are seen to be observed and monitored in order to pick up potential eccentric prescribing and so reduce the possibility of another Shipman incident.

Dr Crown emphasised that a prescriber needs to be able to recognise and work within the limits of his or her own professional and personal competence and that every prescriber has a right not to prescribe. It is particularly important that there are clear lines of clinical governance in place, including accountability and responsibility for all aspects of the prescribing process and patient care, in order to reduce the potential for any misunderstandings in practice. Importantly the continued need for evidence of continuing professional development as a prescriber is an issue, and evidence of certificated work which underpins clinical knowledge may possibly be necessary in order to maintain registration alongside continued prescribing practice. It is recognised, she pointed out, that the medical profession currently has no required CPD to maintain prescribing ability and perhaps this is something that that profession needs to address.

On education, Dr Crown said that it is up to the profession to decide whether the key knowledge and skills required to become a pharmacist prescriber should be introduced in the undergraduate curriculum. Perhaps pharmacists might be able to prescribe immediately after registration because of their in-depth specialist knowledge, she suggested, whereas nurses would perhaps require further experience after registration in order to expand their knowledge of pharmacology, pharmacodynamics and pharmacokinetics, a knowledge of which is essential for safe prescribing.

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This report is based on June Crown's two public lectures about pharmacy practice delivered on 2 May, as part of the centenary celebrations of the Department of Pharmacy and Pharmacology at the University of Bath