

Recognising Scottish community pharmacy's role in unscheduled care

Community pharmacists in Scotland are expanding their role in unscheduled care. Clare Bellingham reports

Community pharmacists have a crucial role to play in what is called “unscheduled care”, but it is a role that has yet to be fully exploited. A couple of years ago, NHS Scotland decided to change that.

The first step was to put in place the tools that pharmacists need to take on the new role. Central to these are the new community pharmacy contract, the urgent supply patient group direction and the out-of-hours direct referral mechanism. The importance of each will be explored later.

Now the tools are being brought together as a recognised role for pharmacists in unscheduled care. Within the next couple of weeks, NHS boards will send pharmacists a folder containing a guide to pharmacy's role in unscheduled care.

What is unscheduled care?

Unscheduled care is urgent care that can be required at any time of the day or night: this differentiates it from out-of-hours care, which is unscheduled but only takes place outside normal working hours. The importance of unscheduled care was recognised in the Scottish Executive's 2005 publication “Building a health service fit for the future”. This report set out the future of the NHS in Scotland and recommended that care should be delivered in local communities (as opposed to distant hospitals).

Bill Scott, Scotland's chief pharmaceutical officer, explains: “The purpose is to develop a stratified unscheduled care system which will improve integration, quality and productivity. Part of this will mean a much greater emphasis on providing the majority of unscheduled care at local and community levels in a planned and co-ordinated way. Hospital and community pharmacists will have an active part to play in both the development and delivery of these services.”

The tiered model of unscheduled care described in “Building a health service fit for the future” put community-provided services in the first level, the level at which patients make contact with the health service. Within level one are the services provided by GPs, pharmacists, NHS24 and the Scottish Ambulance Service. It is through this model that community pharmacies are becoming regarded as Scotland's NHS walk-in centres. Level two comprises locally provided “community casualty units”; these are effectively accident and emergency services for outpatients. The third tier of the model is made up of inpatient services for patients who require an emergency admission to hospital. In the final fourth tier are specialised hospital units.



Urgent supply patient group direction extended for two years

Lindsey Devlin, regional pharmacy adviser at NHS24, explains: “Services within tier one are the patient's first point of contact with the NHS Scotland unscheduled care system. All services within this level are expected to be harmonised. In other words, it doesn't matter who initially assesses the patient, the outcome should be the same — referral to the most appropriate part of the service.”

Clearly pharmacists' role as one of the first points of contact can only be delivered if they can directly refer patients to the most appropriate professional. And this is exactly what is now allowed. “Pharmacy is in a unique position in that it is the only profession that can refer patients directly to the out-of-hours service, without the patient having to go through NHS24 first,” says Ms Devlin.

Mr Scott comments: “The fact that community pharmacists can now directly refer a person to the local out-of-hours service significantly improves the patient's journey and makes community pharmacy a valued partner in the provision of both local out-of-hours services and unscheduled care.”

Two types of professional-to-professional referral telephone line have been introduced. NHS24 operates a central line and there are local procedures in place for contacting each health board's out-of-hours service. Full details of the telephone numbers — which should never be given to patients — are included in the unscheduled care guide about to be distributed to pharmacists.

“Direct referral is a big change for pharmacists and something pharmacy needs to

embrace. There is no point in pharmacists telling patients to contact NHS24 when the pharmacist can make a direct referral on the patient's behalf and they have already made a professional assessment,” says Ms Devlin.

The professional-to-professional telephone lines are more than just a referral mechanism. They can also be used to contact out-of-hours service providers who issue prescriptions, for example, in the case of a query on a prescription.

Alison Strath, principal pharmaceutical officer, Scottish Executive, explains: “The professional-to-professional number also provides an opportunity to discuss a patient's condition with another health care professional before reaching a conclusion on the most appropriate course of action.”

Another use is for pharmacists to access a patient's emergency care summary. The emergency care summary was introduced earlier this autumn and is basically an electronic summary of the patient's medical record (*PJ*, 2 September, p267). For each patient, it lists both chronic and acute medicines prescribed in the previous year, plus any known allergies. Pharmacists can access the emergency care summary by contacting the NHS24 professional-to-professional line, providing the patient has given consent for this access.

Ms Devlin comments: “If a patient is unsure what medicines he or she is taking and the pharmacist needs this information, then it would be appropriate to access the emergency care summary by contacting NHS24. But if the patient knows exactly what medicines he or she is on, then there is no need to contact NHS24. The emergency care summary should not be used as a way of validating what medicines a patient is taking.”

Pharmacy's role

Referral works in both directions. Now pharmacy's role in unscheduled care has been formalised, both NHS24 and GPs will routinely refer patients to pharmacists. So it is important to understand what the NHS expects pharmacy to deliver. The roles are:

- Treatment of minor illnesses
- Urgent supply of repeat medicines

It is the introduction of pharmacy's new contract that has enabled the NHS to refer patients to pharmacists for treatment of minor illness. Until the minor ailment service (MAS) — one of the core services within the new contract — was in place, medicines could only be purchased over the counter. This presented difficulties for people on low

incomes who could not afford to buy medicines and meant the NHS could not always refer patients to pharmacy.

The MAS allows people who do not pay prescription charges to receive treatment for minor illnesses direct from the pharmacy, free of charge. And for people who pay for prescription charges, medicines can still be purchased over the counter as before. With this more equitable system in place, the NHS can refer patients to pharmacies.

"MAS is an important element in part of the overall strategy to shift the balance of care to the most appropriate setting and professional. In the future the community pharmacy should be the first port of call for the NHS treatment of all common clinical conditions within the competence of the pharmacist," says Ms Strath. According to NHS24, part of becoming the first port of call involves adopting an "assess and treat" mentality. This means assessing the patient, diagnosing and treating in the pharmacy if possible or, if not, making a specific referral to another professional.

Urgent supply of repeat medicines can be met in two ways: the urgent supply patient group direction and emergency supply. The urgent supply PGD was introduced a year ago and allows pharmacists to supply a usual quantity of a patient's repeat medicines (*PJ*, 3 December 2005, p682).

"The urgent supply PGD has been a great success," says Mr Scott. "It has been particularly beneficial on Saturdays and over public holiday weekends when practices can be closed for up to four days. As it currently stands, the PGD is wide-ranging and it is then down to the professional judgement of the pharmacist and the clinical circumstances to determine the most appropriate action."

This month, it was decided that the PGD would be extended for a further two years, and an updated PGD will be sent to pharmacists within the unscheduled care folder. The new PGD is largely the same as the older version with two main exceptions:

- Supply of all appliances on repeat prescription will be allowed
- Dihydrocodeine and codeine oral preparations will no longer be excluded

Harry McQuillan, chief executive officer, Scottish Pharmaceutical General Council, says that in the first seven months of the PGD being available, pharmacists used it to supply 18,100 items. This is less than 1 per cent of the overall prescriptions dispensed. "Use of the PGD is variable among pharmacists," he says. Familiarity with a new tool is bound to be one reason with some pharmacists apparently sticking to the emergency supply route or even "lending" the patient medicines in advance of a prescription.

Deciding to make a supply, whichever route is used, is a professional decision and pharmacists have the right to refuse to make a supply. Some pharmacists argue it is too risky, with increased likelihood of supplying

the incorrect product (eg, if a patient asks for the wrong strength) or of the patient abusing the system (eg, repeated requests for salbutamol inhalers). The opposite argument is to consider the consequences of not making a supply. Sometimes, missing one dose of a medicine such as a statin is unlikely to cause any ill effect. But if a pharmacist refused a supply and the patient became seriously ill as a consequence, where would this leave the pharmacist?

Pharmacists' refusal to make supplies gives NHS24 cause for concern. "Pharmacists now have the same access to information about a patient's medicines as doctors and nurses within out-of-hours services. Pharmacists are the experts in medicines so shouldn't be passing the problem on to another health professional," comments Ms Devlin.

Recognised role

There is a perception among pharmacists that since GP surgeries began closing on Saturdays prescription business has reduced with knock-on financial consequences for pharmacies. Giving pharmacists a recognised role in unscheduled care is one way to tackle this.

"It is about a shift in workload. Rather than having the prescription volume on a Saturday, pharmacists have a patient consultation volume instead," says Mr McQuillan. "The SPGC recognised this in the new contract negotiations so there is a specific element in recognition of the increased workload for providing out of hours services. This is £105 per month per contractor."

Is that enough? "We are monitoring it," says Mr McQuillan. "We would encourage contractors in Scotland to adopt the 'assess and treat' mindset and to use the tools provided, such as the PGD, direct referral and the MAS." And when unscheduled care is considered as a whole then payments for other services like MAS have to be included.

Pharmacists have to prove to the NHS that they are willing to take responsibility for their role in unscheduled care. Ms Devlin says that telling patients to contact NHS24 is opting

What does an NHS24 pharmacist do?

NHS24 is a nurse-led service, but it employs 15 pharmacists across Scotland. Their main role is to deal with patients' complex medicines enquiries. A nurse answers the initial call and, if it is a detailed medicines query, the patient will be referred to one of the pharmacists. Sometimes the pharmacists will also deal with minor ailment consultations but these tend to be dealt with by nurses, who use specific algorithms.

The pharmacists also offer support to the nurses. Part of this is induction training about medicines but they also provide day-to-day support on medicines queries, for example, about the licensed indications of over-the-counter medicines so nurses can tell patients what can be bought from a pharmacy.

Disallowed items on MAS

Prescribing data from the first month of the minor ailment scheme — July — has now been analysed. The Scottish Pharmaceutical General Council wrote to contractors last week to highlight some prescription-only medicines that had been incorrectly prescribed (mainly due to pack sizes). Some of the more common disallowed items were:

- Mebeverine 135mg tabs: not allowed as the generic, only allowed as "Colofac IBS"
- Ketoconazole 2 per cent shampoo: not allowed as the generic, only allowed as "Nizoral"
- Opticrom and sodium cromoglycate eye drops: 13.5ml pack size is a POM, only the 5ml and 10ml packs are allowed
- Lamisil cream: 15g size is a POM, 7.5mg "Lamisil AT" cream is allowed
- Adcortyl in Orabase: 10g size is a POM, 5g size is allowed
- Anusol HC 30g: this is a POM, "Anusol HC Plus" is allowed (15g size)
- Voltarol Emugel: 100g size is a POM, smaller sizes are allowed

out. "For example, I recently spoke to a patient who wanted to buy ibuprofen for knee pain. The patient had stomach problems so the community pharmacist had intervened in the sale and told her that the ibuprofen was unsuitable. That was great but, instead of suggesting an over-the-counter alternative or phoning the direct referral line for something stronger, the pharmacist just told the patient to go away and contact NHS24." This is exactly what NHS24 wants to avoid. It is unhelpful for all parties: the patient gets pushed from pillar to post, NHS24 has to repeat the consultation from scratch, and it does little for the public perception of pharmacy.

What referrals does NHS24 want from pharmacists? "The simple answer is we don't want any," Ms Devlin says. "If it is a request for a medicine that the pharmacist cannot supply or the patient has symptoms that need to be seen urgently by a doctor, then the pharmacist should phone the direct referral line. There is no need for that patient to go through the triage system again at NHS24 when the pharmacist has already done it."

The future

And what of the future? Mr Scott sees pharmacists' roles developing through prescribing. "Extended prescribing powers gives the potential to further develop the pharmacist's role in the delivery of both scheduled and unscheduled care," he says. "This will unlock the pharmacist's clinical skills and allow them to play an even greater part in the providing care to the Scottish population. For example it will extend the treatment options available from pharmacists through MAS to include a wider range of products. Looking at it another way, it will give the NHS a further 2,500 clinicians providing care which is quicker, more personal and closer to home."