

New contract runs risk of distracting pharmacists from helping the over 60s

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Increasing longevity, improvements in health and greater affluence among retired people have changed the reality of old age in the UK over the past 30 years. It is expected that the projected increase in the numbers of people aged 60 and over will lead to a greater demand for both health care and medicines.

Health has long been recognised as a major determinant of quality of life, and techniques to promote health have become a major focus of individual activity. In addition, shifts in state involvement in health and social care in the UK place greater emphasis on individual responsibility for health. One area where this shift is particularly evident is in the deregulation of medicines. In our research in community pharmacies we found that pharmacies are an important and central venue for purchasing and finding out about methods of health maintenance for older people but, at the same time, we found that changes brought about by the new community pharmacy contract are making it increasingly difficult for pharmacists to engage with their customers.

Older people are frequent users of community pharmacies. Because prescribed medicines are available free of charge to those over the age of 60, over-the-counter (OTC) medicines use by this age group is considered to be low — older people are thought to shy away from the extra cost. However, there has been a growth in life-style supplementary medicines that are available in pharmacies and these are increasingly aimed at older consumers.

At a more mundane level, pharmacies sell a wide range of merchandise that is not necessarily health related, which attract pharmacy users who have less access to means of transport and other shopping venues. The few studies that have looked at the use of OTC products in later life found that older pharmacy users chose to self-treat with a range of medicines, for a variety of reasons, with some products in permanent and others in temporary use. Both our own observations and the accounts of the pharmacists we worked with support these findings. Moreover, we found that older customers preferred the pharmacy

as a first port of call for minor ailments and advice on medicines.

There is another “transaction” that takes place when older people enter the pharmacy. Bissell and colleagues have pointed to the social support pharmacists and technicians offer and the emotional facet of such support appears to act as a pull-factor in older people’s use of pharmacies.¹ Older people often live in the same area for a long time and often live alone. Their local pharmacy is a place where they know people (staff as well as other users) and can interact with others.

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Having observed interactions in pharmacies for many hours, we found that older people were particularly keen on exchanging a few words with the pharmacists. This could range from the pharmacist calling out greetings from the dispensary to moving to the counter or shop floor to talk. This specific behaviour that invokes a positive emotional response in the patient has been described by Arlie Hochschild, professor of sociology at the University of California, as “emotional labour”. She argues that clients not only purchase a

service in a commercial transaction they also engage in a process that contributes to their personal well-being. Such personal contact and community relations have long been recognised as central to health and personal well-being.

The contract aims to promote community pharmacists as front-line health experts, who offer more health care services and spend less time dispensing prescribed medicines. The promotion of healthy lifestyles and self care for patients with minor ailments, is much in line with the needs of a growing health-conscious older population. However, at the level of enhanced services, the focus to date is on medicines use reviews (MURs), in particular for older people who are taking multiple prescribed medicines. Despite the importance of such monitoring, the service is time consuming and there have been concerns as to whether older people have understood and gained from their MUR.

Although the community pharmacy contract was generally welcomed as a way of enhancing professional status, increasing

autonomy and potentially increasing job satisfaction, its implementation has come at a high cost for community pharmacists, as described by Wendy Gidman (*PJ*, 19 August 2006, p218). She poses the question whether or not the work intensification (workload, responsibility, risk of litigation and exploitation) affects community pharmacists and the services they provide. Her concerns chime with ours as we experienced the transition pharmacists and their premises underwent in 2005.

Although every policy implementation suffers from some teething problems, the broader aims of the contract might, in fact, distract pharmacists from serving the multiple needs of their community. This is particularly true in the light of the additional services that focus on public health campaigns, which are decided in collaboration with primary care trusts. These appear strongly to favour national health topics, such as diabetes, obesity and high blood pressure.

But the MURs, too, with their emphasis on structured contact time put a strain on pharmacists’ time and resources. If an MUR takes up to 20 minutes, little time is left to engage with older (or younger) customers and their specific needs. Thus the new contract runs the risk of forcing pharmacists to focus on policy targets rather than individual patient needs.

Maintaining health is increasingly important to older people as a way of living an active later life and as a prophylactic to dependency. Engaging with older customers beyond MURs, influenza vaccinations and other health programmes should remain an integral part of pharmacy work. If the increased work brought about by the contract makes this impossible to achieve, then what will happen to the important yet less formalised role played by pharmacies in older people’s self care in the future?

Unforeseen consequences resulting from the contract could emerge if the new roles of pharmacists marginalise the less recognised role of informal support for older people. Policy makers will have to consider seriously whether or not they can afford to jeopardise the role of pharmacies and pharmacists as a cost-effective avenue of self care for an ever growing older population.

Reference

1. Bissell P, Ward P, Noyce P. Variation within community pharmacy: (1) requesting over the counter medicines. *Journal of Social Administrative Pharmacy* 1997;14:1–15.