

## Why do we need Pharmaceutical Care Pathways?

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## **Why do we need Pharmaceutical Care Pathways?**

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Developing a sustainable pharmaceutical care pathway is becoming very important in today's healthcare system in Scotland. If the NHS is to ensure that communities are sharing the workload with the primary and secondary care services, the pharmacies are one of the key points of contact which need to undergo change. The overarching aim is to see pharmacists become an integral part of the care pathway, contributing to personalised care pathways for patients. The Scottish government state that "this will involve even closer joint working between GPs, pharmacists and other community services to build on what has already been achieved". In 2002, *The Right Medicine* set the agenda for modernising and strengthening the role of pharmacists to deliver improved services to their patients. The overall aim would be to see Pharmacists as having a more pronounced role in patient care rather than only the prescription of medicines.

Why do pharmaceutical care pathways need to be more care-focused? Well, the number of over 75s will increase by 25% over the next 10 years, thus the pharmaceutical care pathways need to be integrated into the NHS and used more effectively. These older people are generally the highest users of NHS services and often have complex prescribing needs. The framework of care that was originally created to support single-disease morbidities, needs to be revolutionised to provide personalised and continuous care which stretches from the local GP to the pharmacies to the hospitals.

According to the Royal Pharmaceutical Society, 20 years ago, a typical community pharmacist would serve up to 500 patients including 150 hypertensives, 50 asthmatics and 20 cancer patients which is expected to be much higher now. The ethos to be achieved is that pharmacists these days are responsible for the outcome of treatment, not just the supply of medicines. The ideal Pharmaceutical care can be described as 'the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life using a personalised plan'. This approach is particularly useful for managing long term conditions. Therefore, there must be a pharmaceutical partnership between the different stakeholders in the health and care industry with the patient at the centre of this.

Scotland have already made significant progress in shifting pharmaceutical care into the community and offering more than just prescribing, please refer to figure 1 sourced from the Royal Pharmaceutical

Pharmacy Publication (Now or Never: Shaping Pharmacy for the Future). The main elements of the current Community Pharmacy contract – the Chronic Medication Service (CMS), the Minor Ailment Service (MAS) and the Public Health Service (PHS) – have reinforced this approach to pharmaceutical care. The CMS, created in 2010, is a service delivering repeat prescriptions for those with long term conditions and the MAS, created in 2006, allows the pharmacists to treat people with common illnesses. Over 200,000 patients are now registered with CMS with numbers continuing to increase. Several GP practices and community pharmacies are engaged in the Early Adopters phase of the serial prescribing and dispensing component of the service.



Fig1: Timeline of Pharmaceutical Care Pathway

A literature review carried out by the Alliance called 'The perceived role of pharmacists and knowledge/experience of services' sheds light on some peoples' perceptions of community pharmacists. They find that people (who were surveyed) generally see community pharmacists solely

as prescribers and for the most part people would rather speak to their GP about important health related problems, since the GP has access to their medical record. However, they state that the pharmacist can sometimes have more knowledge about the drug interactions and possible side effects of drugs than a GP and so confidence in their knowledge is strong. The main downside of the community pharmacy for most interviewees is that you don't have the same relationship or rapport with them as you do your GP and so this makes people less likely to approach their pharmacists for medical assistance before their GP. With that in mind though, people also said that more awareness of what the local pharmacy can offer would make the services more attractive to patients, so being clear on the different services you can use through signposting mechanisms would make people more inclined to use the community pharmacy before the GP.

Thanks for reading my blog, I hope I've introduced the pharmaceutical care pathway well for you! My next blog post will go on to explore how technology can be implemented to allow for this ideal integrated care pathway.