

Integrating Community Pharmacy into Chronic Disease Management

“The NHS is fortunate in having a number of things in place that gives it a head start with managing chronic disease. These include strong community nursing teams, strong general practice, patients on registered lists and a **network of community pharmacists.**”

(Chronic Disease Management: a compendium of information, Department of Health, May 2004)

- People with chronic conditions managed by medication have more contact with community pharmacists than any other healthcare professional; consequently community pharmacists are well placed to detect early changes in condition and identify at-risk patients well before they reach the hospital revolving door.
- Pharmacy repeat dispensing is already further developing the patient-community pharmacist relationship; this service will be a national service in the new NHS community pharmacy contract.
- Half of all people with chronic conditions fail to take their medicines properly and 10 per cent of hospitalisations may be due to older people's inability to manage drug therapy. With their medicines expertise and accessible location, community pharmacists are in an excellent position to help limit inappropriate hospital admissions and to provide medicines support for people discharged from hospital.
- Medicines management services are already established in numerous community pharmacies. Such services will become more widespread, with the provision of Medicines Use Review in the new pharmacy contract.
- Many people with chronic conditions visit pharmacies to self-medicate, often without reference to their doctor. Pharmacy input therefore needs to be integrated within care pathways, in order to maximise positive patient outcomes.

Examples of community pharmacy involvement in CDM

- In one North-East PCT, patient hospital discharge information concerning high-risk patients is faxed to community pharmacists. The pharmacist visits the person at home for a medication review, liaises with the GP practice, produces a care plan and continues to monitor progress/control.
- A group of community pharmacists have been providing anticoagulant clinic services in County Durham for over 10 years. Using Standard Operating Procedures, they run clinics in a group practice and a community pharmacy.
- A pharmacy is providing a diabetes care service to Bengali patients with Type 2 diabetes in north London, under a Local Pharmaceutical Services contract. The pharmacy reviews patients' medication, monitors HbA1c and blood pressure, and provides group education sessions.
- Pharmacists from three PCTs are undergoing a training programme on Parkinson's disease management. They will offer regular consultations to elicit patients' views and experience of medicines, counsel on how medicines work and provide feedback to GPs and specialists, recommending prescription changes where appropriate.
- Community pharmacy-based medicines management was incorporated into pilots for the Single Assessment Programme for older people in London. Care packages for those with unmet medicines management needs were developed in conjunction with the person's chosen community pharmacist, who also delivered, monitored and reviewed care.

The pyramid of care and community pharmacy's potential

Level 3 - case management

- Helping to limit inappropriate hospital admissions through community-based medicines management
- Enabling safe hospital discharge by providing medicines support in the community
- Pharmacists mentoring Advanced Primary Nurses or acting as Advance Primary Practitioners in their own right

Level 3
Highly complex patients
Case management

Level 2 - specialist disease management

- Promptly detecting poor control of conditions (e.g. a person with asthma returning frequently for reliever inhalers), identifying at-risk patients and initiating action to avoid deterioration
- Helping people to optimise their medicines use, through group education, one-to-one counselling and regular monitoring of condition
- Supplementary prescribing within clinical guidelines
- Pharmacists with a special interest as disease-specific care managers

Level 2
High risk patients
Care management

Level 1 - supported self care

- Health promotion and opportunistic counselling
- Practical help with medicines use, e.g. compliance aids
- Advising on the appropriate use of over the counter medication, for example for pain relief

Level 1
70 - 80% of a Chronic Care
Management population