

Feedback from the Community Pharmacy (CP) Local Enhanced Services (LES) Pilots 2014/15

NHS GGC supported two Community Pharmacy Local Enhanced Services (LES) in 2014-2015 – an asthma and a bisphosphonate LES. In addition, a chronic pain pilot was undertaken in West Dunbartonshire. The following is a summary of the importance of these projects and an evaluation of the outcomes and challenges reported by those who undertook these pieces of work.

1. Bisphosphonate LES

1.1 Context / Background

It is known that 50% of patients stop taking bisphosphonate medication within a year of initiation. If not taken appropriately these medicines can be ineffective, leading to a loss of bone density increasing the risk of fracture, or cause serious side effects due to local effects on the oesophagus. Patient counselling is key to ensure they are used safely and effectively.

1.2 What Community Pharmacists were asked to do?

- Counsel each patient/carer receiving bisphosphonates and record this in the Chronic Medication Service (CMS) Pharmaceutical Care Record (PCR)
- Provide written information to relatives / carers where the patient was not present.
- Ensure dispensing of bisphosphonates into Multicompartiment Compliance Aids (MCA's), when actual need confirmed, was in line with best practice.
- Record where the counselling resulted in contact with the patient's GP.
- Provide feedback on the effectiveness of the service when data collection completed.

1.3 Summary Table

Uptake	Results	Feedback
293 pharmacists were invited to take part	Total number of patients in NHSGGC on a bisphosphonate = 17629.	80-85% of pharmacies said they had increased awareness of the need to counsel and that counselling was now more thorough and frequent
87% (n = 255) signed up	69% (n=12164) of all patients on a bisphosphonate in NHSGGC were counselled	85% of pharmacies (n= 249) noted no issues with recording on the CMS PCR once it was created
66% (n=193) submitted a final report	1% (n= 117) of those counselled had an issue raised with the GP as a result of counselling	61% of pharmacies (n=178) said their practice had changed in relation to the supply of bisphosphonates in adherence aids
		15-20% of pharmacies reported a shift in the use of the CMS PCR for these patients.

1.3 Conclusion

This LES was exceptionally well supported and received by the participating pharmacists resulting in raised awareness amongst patients, carers and pharmacists of the importance of adhering to guidelines when dispensing, administering or using these medications.

2. Asthma LES

2.1 Background / Context

Asthma still kills 3 people in the UK every day. One in thirteen children and one in fourteen adults in Scotland have a diagnosis of asthma. Annual reviews are offered to patients via GP practices but 15-20% of adults fail to attend, increasing their risk of having poorly controlled asthma with potential impact on quality of life, morbidity or even mortality. Providing alternative opportunities for access to reviews may improve uptake in this patient group.

2.2 What Community Pharmacists were asked to do:-

- Offer Community Pharmacy as an alternative setting for asthma reviews.
- Deliver asthma interventions, improve asthma control, increase patient's knowledge of the condition, their medication, inhaler technique, and overall improve the quality of life for those with asthma.
- Obtain consent to allow information to be shared between the pharmacy and GP practice.
- Further develop the knowledge and skills of community pharmacists and their support staff in relation to care of patients with asthma.

2.3 Summary Table

Uptake	Results	Feedback
314 Community Pharmacies were invited to take part	Total number of patients offered review = 2325	Reasons why patients declined asthma review included – <ul style="list-style-type: none"> • patient not present • not interested/didn't have time • prefer to deal directly with GP • had their annual asthma review at GP practice already • Inhalers not for asthma • Other Reason
81% (n= 254) signed up	31% (n = 894) of patients were reviewed	
50% (n = 157) completed some reviews	A small snapshot survey of outcomes from 36 of the patient reviews revealed:- <ul style="list-style-type: none"> • 64% of the patients seen had at least one care issue • 40% of care issues were clinically significant • 33% with clinically significant issues re-engaged with Primary Care after advice from their CP. 	
3.5% (n = 9) completed 20 reviews		
50% (n = 127) completed at least 1 review		
		Problems identified <ul style="list-style-type: none"> • communication with GPs about the LES insufficient /ineffective. • pharmacists identified time constraints and training issues. • when pharmacists identified patients, many had already attended the GP.

2.3 Conclusion

This LES was more challenging to deliver due to difficulties identifying patients suitable for review; problems with patient engagement; communication issues with GP practices; time constraints and training issues for CPs. Despite these problems, CPs demonstrated enthusiasm for the project by signing up to take part, and delivered asthma reviews to nearly 900 patients who had not been engaging with their GPs. Significant care issues were identified and addressed in the process. Learning for the future would include development of standardised communication resources for GP/CP contact; not restricting the project to use of inhalers for asthma alone; and increasing training provision for CPs.

3. Chronic Pain Pilot West Dunbartonshire

3.1 Background / Context

Around 20% of the population suffers from chronic pain, consequences of which can include disability, interference with work and activities and reduced quality of life. West Dunbartonshire is geographically isolated from acute pain services and so was chosen to pilot a CP LES to try to improve access to services.

3.2 What Community Pharmacists were asked to do:-

- Review at least 15 (with an aspirational target of 20) adult (≥ 16 years old) patients with at least one repeat prescription in the previous 3 months from a limited list of analgesic medication who were not being reviewed by their GP, any other service or speciality for their pain.
- Review concordance, efficacy and tolerability and provide any additional education, support and intervention required to help in the management of their condition. This included signposting to local pain education classes and self-referral to MSK physiotherapy/ Live Active if appropriate.
- In order to participate in the pilot at least one pharmacist from each site had to attend a chronic pain training session. The training consisted of a series of presentations, case studies and role play.

3.2 Summary Table

Uptake	Results	Feedback
22 Community Pharmacies were invited to take part	Total number of patients reviewed = 20. Mean duration of chronic pain was 12 years (range 2 -30 years).	<ul style="list-style-type: none"> • Despite enthusiasm from pharmacists the number of reviews completed was small. • Identification of a cohort of patients who would most benefit from pharmacist review was a challenge. • Further exploration of the barriers and enablers to CP review would be beneficial. • Incorporation of follow-up assessments and outcome measures would be of benefit • Exploration of ways to improve collaboration with GPs and integrate CPs into primary care services to support people with chronic pain should follow.
100% (n =22) opted in and attended training	55% (n = 11) were given a written management plan.	
14% (n =3) completed some reviews	25% (n = 5) received verbal advice.	
	Other interventions – <ul style="list-style-type: none"> • 100% (n = 20) given a chronic pain leaflet • 20% (n = 20) given a Pain Education Class leaflet • 75% (n = 15) completed the STarT MSK tool • 30% (n =6) signposted to MSK physiotherapy (2 attended) • 15% (n=3) given Live active leaflets • 10% (n=2) given goal setting and pacing leaflets • 71% of smokers (5/7) expressing a desire to stop offered intervention • 55% of patients (n = 11) described neuropathic pain. Only 5% (1 patient) on medication specifically indicated for this. 	

Conclusions

Pharmacists demonstrated enthusiasm to participate in this project, undertaking extra training to facilitate this. Although the number of reviews delivered was small, 80% of patients reviewed were provided with advice to help manage their pain and improve their general health and wellbeing. The pilot demonstrated the feasibility of providing such a service through Community Pharmacy and tested use of the STarT MSK tool in this setting for the first time.