



**Submission by the Irish Pharmacy Union  
to the Department of Health on the  
Scope for Private Health Insurance to incorporate  
Additional Primary Care Services**

**January 2015**

# **IPU Submission to the Department of Health on the Scope for Private Health Insurance to incorporate Additional Primary Care Services**

## **1. Introduction**

The Irish Pharmacy Union (IPU) is the representative and professional body for community pharmacists in Ireland. Its mission is to promote the professional and economic interests of its members. Members of the IPU are committed to delivering a quality, accessible, personal and professional service that puts the patient first and has as its primary goal the optimisation of the health and wellbeing of society.

The Department's consultation discussion document focuses on the scope for private health insurers to cover a fuller range of services provided by GPs in primary care settings. We propose that pharmacy services should also be considered within the scope of this project. Primary care is the provision of universally accessible, integrated patient-centred, comprehensive health and community services provided by a team of professionals accountable for addressing a large majority of personal health needs. Other professionals have a growing role in the way people are accessing primary care and community pharmacists, in particular, are increasingly involved in meeting people's healthcare needs and expectations. Widening the organisational scale of primary care services is conducive to the provision of collaborative care, the continuity of patient care and improves the accessibility of care in the community.

We have set out, in our submission, services that can be provided by community pharmacists and that have been identified as addressing the goals of *Healthy Ireland*, which are to:

### **I. Increase the proportion of people who are healthy at all stages of life.**

- a. Decrease the prevalence of unhealthy behaviours that contribute to chronic disease.
- b. Increase the degree to which diseases and conditions are either prevented or detected to allow for successful intervention.
- c. Focus attention on risk factors and effective interventions.

### **II. Reduce health inequalities.**

- a. Reduce the gaps between the highest and lowest occupational classes and socio-economic groups.
- b. Target interventions to address the specific needs of at-risk groups.

### III. Protect the public from threats to health and wellbeing.

- a. Have effective and integrated strategies to protect the public from new and emerging threats to health and wellbeing.
- b. Be prepared to prevent, respond to and rapidly recover from public health threats.

### IV. Create an environment where every individual and sector of society can play their part in achieving a *Healthy Ireland*.

Create partnerships that will allow this Framework to be implemented.

## 2. The Case for including Pharmacy Services

Community pharmacists are highly trained, highly skilled healthcare professionals. These skills can be better utilised to create a more efficient, more cost-effective health service and, ultimately, reduce costs for private health insurers. Pharmacists are the most accessible primary care service providers with 85 million individual visits made to pharmacies every year. In addition, pharmacists rank second only to nurses as the healthcare professionals most trusted by the public. With increasing demand for health services and shrinking resources, the healthcare system is under unprecedented pressure. The service is near breaking point with hospitals overstretched and GPs struggling with workloads. Challenges such as obesity-related illness and an ageing population are only going to put increasing pressure on an already struggling service.

The health system is currently facing a GP manpower crisis, which is one of the greatest barriers to the roll-out of free universal GP care. The current shortage of GPs is unlikely to be resolved in the short term, especially with over 1,000 Irish GPs taking up work in the NHS since 2009. If universal GP care were to be rolled out, according to the Irish Medical Organisation (IMO), it could result in an estimated 750,000 additional GP consultations per annum. GPs are currently under significant pressure. The additional workloads could not possibly be absorbed if universal GP care were introduced. By allowing patients to access appropriate services directly from their pharmacist, we would free up GPs to treat patients with more complex conditions.

We submit that private health insurers funding the pharmacy services outlined in this submission can only improve the health service as it currently stands and can contribute hugely in achieving the goal of providing universal healthcare. It has been established with the introduction of the pharmacy flu vaccination service and reclassification of emergency hormonal contraception that pharmacy-led services to patients are efficient and cost-effective. The introduction, in 2014, of a smoking cessation service in pharmacies has been welcomed and is making a significant contribution towards a tobacco-free and healthier Ireland.

### 3. Proposals

The IPU proposes that the following pharmacy services be considered for funding by private health insurers.

#### 3.1 Health Check Service

The average community pharmacy in Ireland is open 50% longer than GP clinics, with the continuous availability of health professional advice in those pharmacies. Consequently, pharmacy-based health checks would have significant advantages in terms of reach, accessibility and cost-effectiveness. Health checks could prove effective in identifying those at risk of developing a chronic disease such as diabetes mellitus, cardiovascular disease, osteoporosis and chronic obstructive pulmonary disease.

Health checks or health screening involve the pharmacist conducting a series of checks on the patient, e.g. blood pressure, blood glucose, cholesterol, body mass index (BMI), and recommending either lifestyle advice or referral to the patient's GP. It is important to note that the pharmacist does not diagnose a particular chronic disease; rather they identify patients who are at risk and provide the appropriate advice or referral. The aim is to reduce the number of people developing chronic disease in the first place, thus reducing costs in secondary care, costs that are often met by health insurers.

Over 650 community pharmacies registered to partner with RTE's Operation Transformation to measure patients' BMIs on 10 January 2015. Overall, of those who attended, 34% had a normal BMI (18.5 to 24.9), 39% were in the overweight range (25 to 29.9) and 27% were in the obese range (30 plus). Community pharmacists also recorded the outcomes of the Operation Transformation assessments: 44% of patients were given lifestyle advice; 26% of patients in addition to lifestyle advice were advised to return for a follow-up health check; 6% of patients in addition to lifestyle advice were referred to their GP; a small number (1%) were referred directly to their GP; and the remaining 23% of patients did not require any further follow up.

We propose that patients who receive a health check or screening in their local community pharmacy be able to claim back the cost of the check from their private health insurer. GloHealth already reimburses its members for health screening in community pharmacies.

### 3.2 Flu Vaccination Service

In 2011, pharmacists began participating in the Seasonal Influenza Vaccination Service. In the first season, pharmacists vaccinated 9,000 patients, in the second season they vaccinated 18,000 and last season they vaccinated over 40,000 patients; we do not yet have final figures for 2014/15. Information was collected from Irish pharmacists about the people they had vaccinated and showed that last season, 25% of patients vaccinated in pharmacies had never been vaccinated before and, of those, 85% were in an at-risk group. This shows the true value of pharmacists being involved in vaccination as pharmacists see their patients with chronic diseases every month.

Research in the USA has proven that when pharmacists provide vaccines, everybody benefits – the pharmacist, other healthcare providers and, most of all, the patients and the wider community. In fact, because of the increased awareness within communities, the overall number of vaccinations has been shown to increase. The overarching aim for all healthcare professionals is to increase the vaccine uptake in at-risk groups and to reduce the morbidity, mortality and burden to the health service, particularly in primary care, associated with seasonal influenza.

It is beneficial, not just to the patient but to private health insurers, that vaccination uptake increases in Ireland, especially in the at-risk categories. When more people are vaccinated, fewer people end up in hospital with flu-related illnesses. We propose that private health insurers reimburse their members for pharmacy influenza vaccinations in order to promote increased vaccination rates and reduce associated illnesses.

### 3.3 Medicines Use Review Service

Another service which we believe should be funded by private health insurers is a Medicines Use Review Service, which would ultimately reduce the cost for insurers in terms of hospital admissions and improve patient outcomes.

Medicines Use Reviews are most appropriate for assessing compliance and improving medicines-taking through concordance. The Joint Committee on Health and Children's Report on the *Adverse Side Effects of Pharmaceuticals* recommended that the role of the pharmacist in community health should be expanded and provision made for regular medication reviews for all patients.

International evidence confirms that the introduction of Medicines Use Reviews provided by pharmacists has improved health outcomes, enhanced quality of life and reduced the requirement for hospital care.

Medicines Use Reviews are an advanced pharmacy service in England and Scotland, where the benefits have been seen. Medicines Use Reviews conducted by pharmacists in Scotland with elderly patients who take multiple medicines have reduced hospital readmission rates for those patients by more than 30%, resulting in improved quality of life for those individuals and dramatic savings in the cost of their healthcare. There are also similar services available in pharmacies in the USA, Australia and New Zealand.

### 3.4 New Medicines Service

A New Medicines Service (NMS) aims to provide early support to patients who are newly prescribed a medicine for a long term condition, with repeated follow-up in the short term to increase effective medicine-taking. The objective is for the New Medicines Service to help people who are prescribed a new medicine for certain long term conditions to manage their condition and to improve their medication adherence through providing clinical support at the outset of taking new medication.

A randomised controlled trial conducted by the University of Nottingham showed that, 10 weeks after receiving the NMS consultations from their community pharmacists, patients were more likely to be taking their medicine (or had sought help from their prescriber), compared with those who received the normal service from their pharmacist. The research demonstrated that the service provided positive clinical and economic benefits, with economic modelling showing that the service could increase a patient's length and quality of life while costing the health system less, when compared with patients who did not receive the service.

### 3.5 Chronic Disease Management Service

The clinical benefits of pharmacy involvement in chronic disease management are compelling, with a large evidence base detailing that pharmacists have the most frequent contact with patients with chronic diseases due to their accessibility and that pharmacists could provide clinical and cost benefits through the existing community pharmacy network. In Canada, pharmacists' scope of practice has already been extended to include Chronic Disease Management; this involves monitoring patients with chronic illnesses, renewing and adjusting their prescriptions to ensure tighter control of their symptoms and delivering better treatment outcomes. It is envisaged that, if introduced here, chronic disease management would be a collaborative initiative between the GP, practice nurse, community pharmacist and other healthcare providers.

### 3.6 Anticoagulation Service

In Ireland, most patients attend a hospital warfarin clinic to have their INR tested, typically having to wait for several hours before their results are confirmed. Indeed, in some parts of the country, there is no such clinic. Community pharmacists, as experts in medicine, have an ideal skillset to manage patients on warfarin successfully and are well placed to provide such a service.

## 4. Conclusion

The IPU welcomes the Department's examination of the scope for an extension of services provided under private health insurance. As pharmacists are the most accessible primary care service providers, we are ideally positioned to provide services to patients at the lowest possible level of complexity. Providing private health insurance funding for the pharmacy services set out in our submission would be conducive to the provision of collaborative care, the continuity of patient care and would improve the accessibility of care in the community.

We would welcome the opportunity to meet with the Department to discuss the proposals outlined in this submission in more detail.