



**Submission by the Irish Pharmacy Union
on the Department of Health
Statement of Strategy 2015-2017**

24 October 2014

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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 well-being of society.

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 Expanding the Role of the Pharmacist

Community pharmacists are highly trained, highly skilled healthcare professionals. These skills can be better utilised by the HSE to create a more efficient, more cost-effective health service. 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.

We submit that extending and promoting the role of the pharmacist 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 in Ireland that pharmacy-led services to patients are efficient and cost-effective. In relation to the Flu Vaccination Service, 18% of people vaccinated in a pharmacy had never availed of flu vaccine previously even though 95% of them were in an at-risk category. The number of flu vaccinations has more than doubled since 2012. The recent introduction of a Smoking Cessation service in pharmacies has been broadly welcomed and is making a significant contribution towards a tobacco-free and healthier Ireland.

3. Proposals

The IPU proposes that the following schemes be considered as part of the Department of Health Statement of Strategy 2015-2017.

3.1 Minor Ailments Scheme:

We propose the introduction of a Minor Ailments Scheme, which would be available to GMS patients at no additional cost to the HSE.

The main aim of the GMS Scheme is to provide full pharmaceutical services for persons who are unable, without undue financial hardship, to provide such services for themselves and their dependents. The primary aim of a pharmacy-based Minor Ailment Scheme is to enable medical card patients to receive treatment for minor ailments free of charge directly from their local community pharmacy in a timely manner and without the need for a visit to their GP. Currently, in order for a GMS patient to avail of medications under the GMS scheme, they must present at a GP's surgery to obtain a prescription for a treatment, even when the treatment is a non-prescription medication

Pharmacists supply non-prescription medicines every day to private patients. It is a normal pharmacy activity with pharmacists providing advice and recommendations regarding non-prescription medications. Community pharmacists deal with minor ailments as part of their normal practice, giving advice to patients on how to treat self-limiting conditions, i.e. conditions which will either resolve on their own or which have no long-term harmful effect on a person's health and distinguishing between minor ailments and symptoms which may indicate potentially more serious conditions. **The IPU proposes that the easy access to non-prescription medicines, which are available to private patients from their pharmacist should be extended to GMS patients through the establishment of a pharmacy-based Minor Ailment Scheme.** The scheme would reduce the cost of providing health care to GMS patients and result in a better, more efficient service for the patient.

The Scheme will bring significant gains for GMS patients who, as a result of the Minor Ailment Scheme, will be treated no differently to private patients. It will grant GMS patients easier access to appropriate health care.

The scheme would be cost-neutral to the Exchequer. At present, GMS patients requiring a non-prescription medicine must present at a GP's surgery to obtain a prescription for it which, when dispensed, results in a dispensing fee being paid to the pharmacist. It is proposed that the fees for supplying medicines to patients under the Minor Ailment Scheme would be the same as those paid for dispensing the prescriptions, so the supply of medicine by the pharmacist would cost the same, whether it occurs on foot of a prescription or under the Minor Ailment Scheme. The GMS patient is not charged for the medicines.

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 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 treatments for minor medical conditions directly from their pharmacist, we would free up GPs to treat patients with more complex conditions.

The Royal College of General Practitioners and the College of Emergency Medicine in the UK estimated that one in seven GP consultations and one in 12 A & E attendances could have been dealt with by a visit to a pharmacy.

It is estimated that 18% of a GP's workload is spent dealing with minor ailments, costing the NHS in the UK £2.5 billion. Research has shown that 80% of this cost is due to the cost of the GP's time and that 10 minor ailments: back pain, indigestion, dermatitis, nasal congestion, constipation, migraine, acne, cough, sprains and strains, and headache were responsible for 75% of the cost of minor ailment consultations and 85% of the cost of prescriptions for minor ailments.¹ Pharmacy-based Minor Ailment Schemes can lead to reduced GP consultations, according to a study by the UK Pharmacy Practice Research Trust. Re-consultation rates in general practice following a consultation under a Minor Ailment Scheme range from 2.4% to 23.4%.

¹ Source: Pharmaceutical Society of Ireland, Pharmacy Ireland 2020.

In terms of the success of the scheme in the UK, the UK Pharmacy Practice Research Trust showed that up to 94% of patients reported complete resolution of symptoms after a Minor Ailment Scheme consultation with a pharmacist. Out of the patients that utilised the scheme, 90% or more were willing to re-use the scheme and expressed general satisfaction with their consultation and the expertise of pharmacy staff.² The data from the English and Scottish experience provides evidence that the implementation of a Minor Ailment Scheme negates the need for many patients to attend their GP and that patient satisfaction levels indicates its attractiveness to the public.

The Minor Ailment Scheme is an internationally-recognised extended pharmacy service, the implementation of which would demonstrate how the Government is enhancing public health access, delivering quality patient care and improving public health outcomes.

3.2 Medicines Use Review Service

We propose the introduction of a Medicines Use Review Service, which would reduce the cost for the HSE in terms of medicines and GP/hospital resources 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.

The objective of any review of expenditure on medicines must be to ensure better health outcomes for patients and to maximise value for money. The introduction of a Medicines Use Review service delivered in community pharmacies will deliver on this objective.

² Source: The Pharmaceutical Journal 6 July 2013 (Volume 291)

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.

3.3 Additional Services

In addition to the two services mentioned above, which we believe could be implemented most easily and with the best immediate effect, pharmacists can also provide the following services:

I) 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.

II) Health Promotion Service

With 85 million people visiting community pharmacies every year in Ireland, pharmacists are in an ideal position to communicate health promotion messages. Community pharmacists have delivered a number of such campaigns in recent years, in conjunction with patient groups, and are now seeking a more structured health promotion role with the support of the HSE.

III) Extended Vaccination Service

The pharmacy profession welcomed the decision by the Minister for Health to introduce legislation in 2011 to facilitate pharmacists in participating in the seasonal influenza vaccination programme. This has significantly improved access to such a vital healthcare intervention and we would now like to see vaccination services extended to include pneumonia, Hepatitis B, cervical cancer and travel vaccines.

IV) New Medicines Service

A New Medicines Service 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.

V) 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 will be a collaborative initiative between the GP, practice nurse, community pharmacist and other healthcare providers.

VI) 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.

VII) Monitored Dosage System Service

Monitored Dosage Systems (MDS) are devices or packaging systems where doses of one or more solid oral medications can be organised according to time of administration. MDS can lead to cost savings through improved patient compliance, reduction of waste and better medicines management. MDS have been shown to improve patients' confidence in medication taking and prevent previously non-compliant patients from being admitted to high cost healthcare facilities.

VIII) DUMP Scheme

A Disposal of Unused Medication Properly (DUMP) scheme is a potential way of restricting access to means for suicide and deliberate self-harm, accidental poisoning in children and preventing environmental pollution, as it encourages patients to return their unused medicines to their local community pharmacy.

Allowing pharmacies to provide these services would:

- Improve access to professional healthcare;
- Reduce overall Exchequer spending on healthcare;
- Ease some of the existing burden on GP services and free up crucial resources; and
- Improve health outcomes for patients and the public.

4. Conclusion

The establishment of the Minor Ailment Scheme and other schemes through community pharmacy would be a significant step towards delivering on the plan to introduce universal healthcare. The schemes set out above provide pathways towards a new model of integrated care, which treats patients at the lowest level of complexity that is safe, timely, efficient and as close to home as possible. It is recognised by the Department of Health in the *Healthy Ireland* framework document that pharmacists play '*an increasingly important role*' in improving and maintaining the health of the populace. In light of this recognition, the IPU submits that expanding the role of the community pharmacist should be considered to achieve the goals of the health service when formulating the Strategy for the Department of Health 2015-2017.