

Community Pharmacy – The missing patient link?

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What is a quality service?

- * 30 -50% of medicines not taken as indicated
- * 5-8% of hospital admissions due to preventable adverse effects (17% in over 65's)
- * Medicine wastage in primary care £300m pa
- * Medication errors across all sectors at unacceptable levels
- * Very little understanding of clinical effectiveness of medicines in real practice yet £14Bn spend on medicines in England

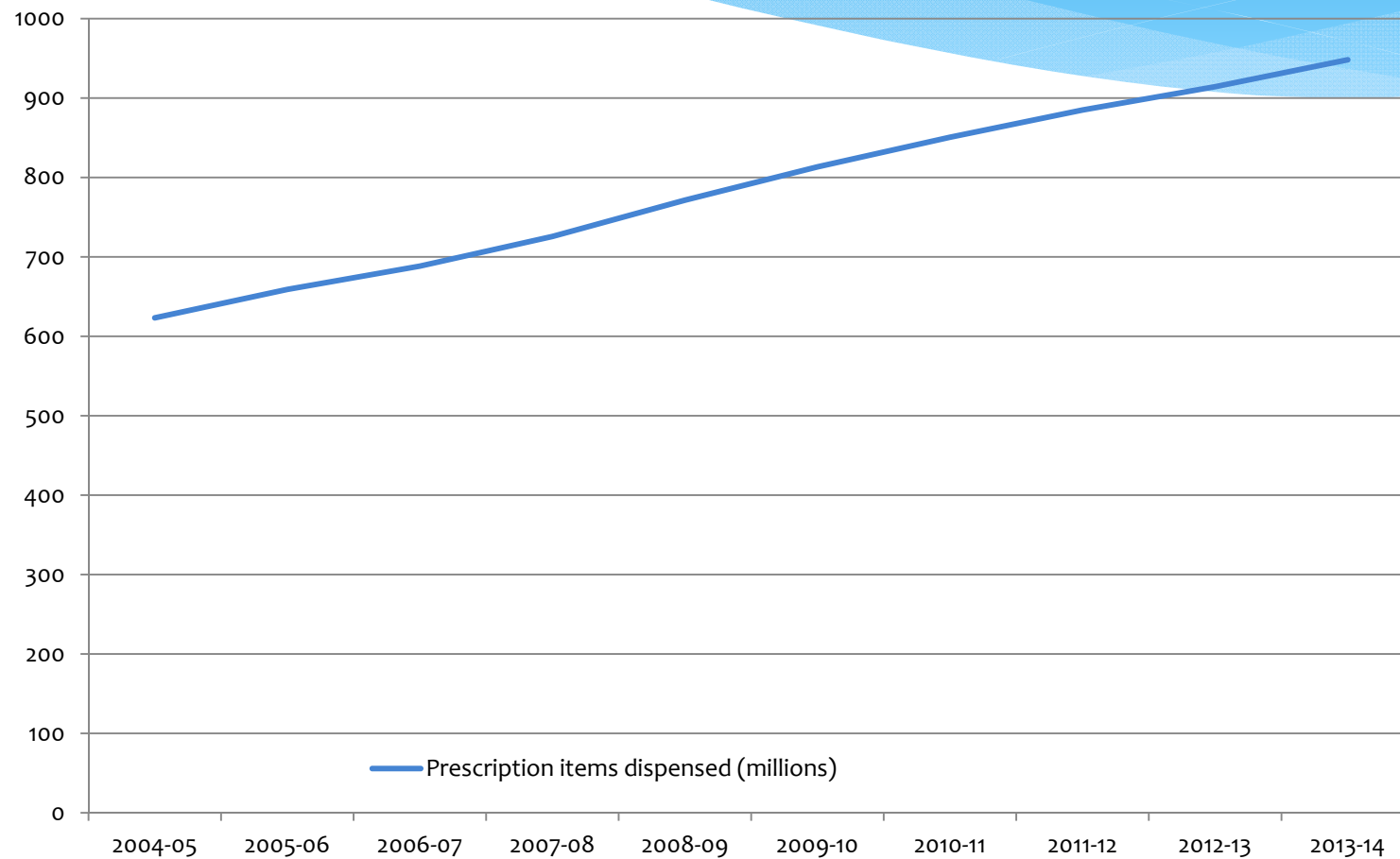
Why has it happened?

- * Silo working, silo contracts
- * Focus on Cost rather than value & outcomes
- * Pathways that stop at prescribing – not at patient outcomes
- * Patients – done to rather than included
- * Medicines / prescribing seen as a panacea
- * Disease treatment in conditions rather than the person

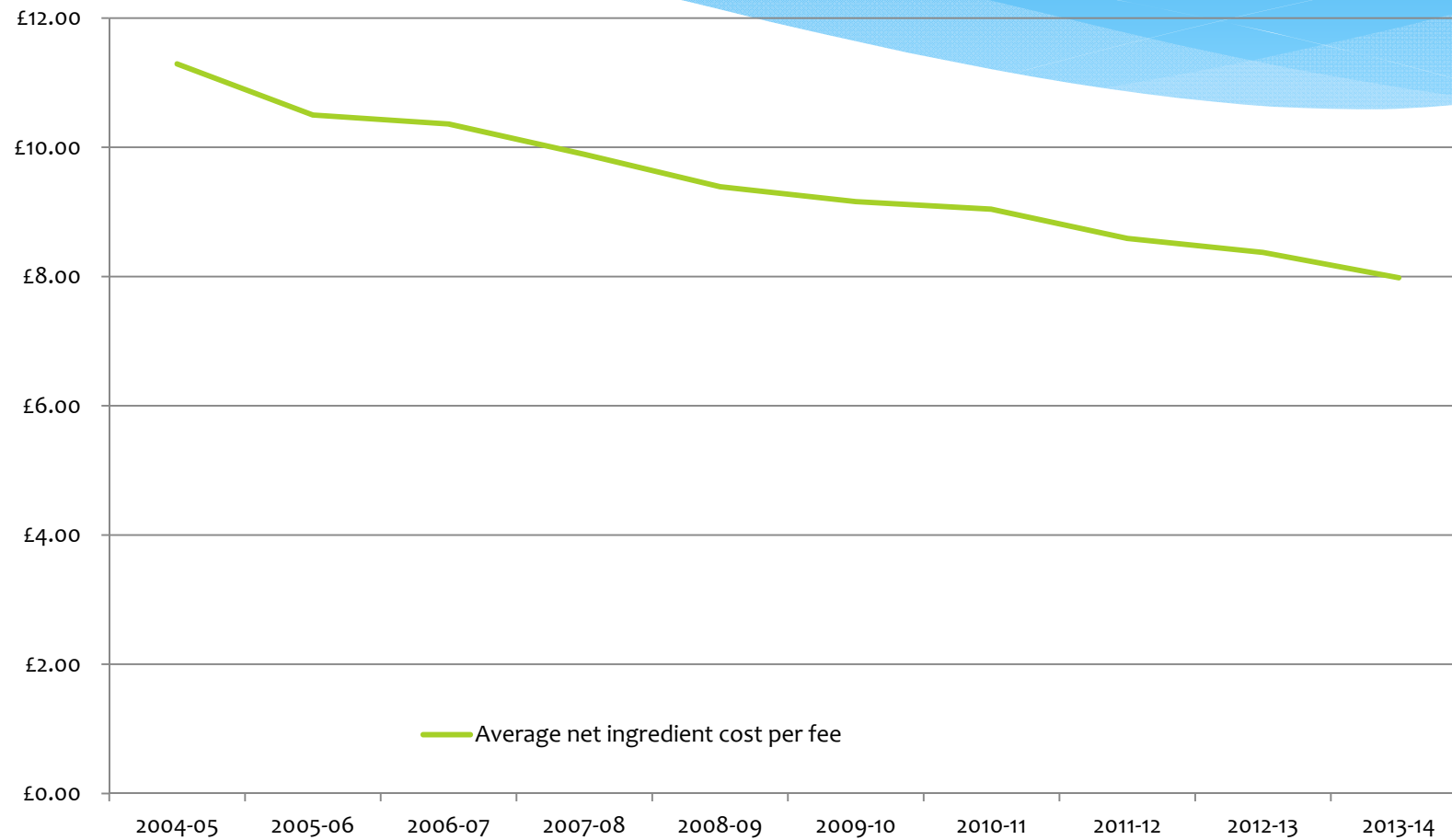
Community pharmacy track record

- * Delivered cost savings on drugs
- * Delivered efficiency savings on distribution
- * Has a network very accessible for patients
- * Are well trusted and liked by patients
- * Not necessarily “health” environments
- * Focused on wellness
 - * HLP
 - * Self Care project

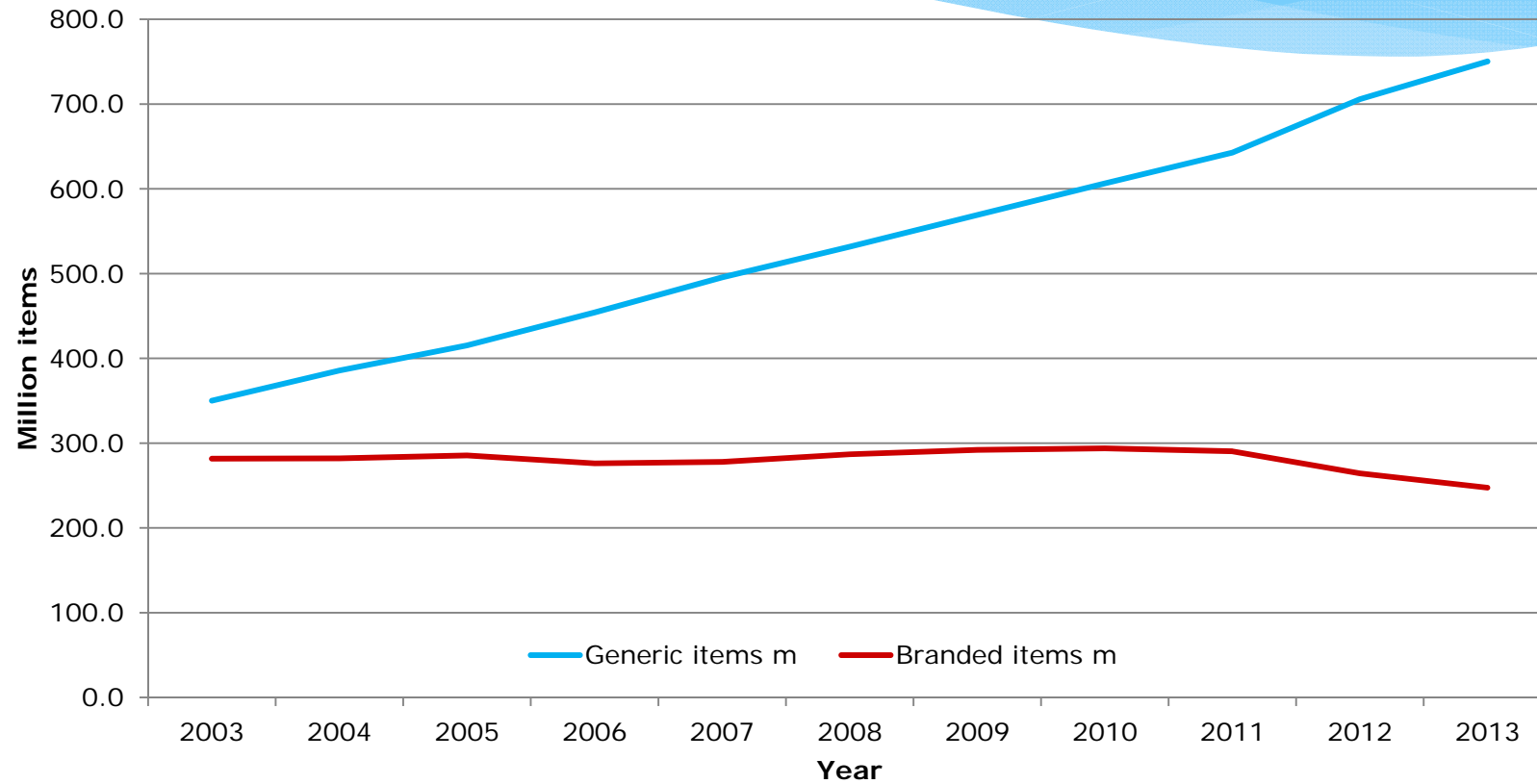
Prescription items dispensed (millions)



Average net ingredient cost per fee

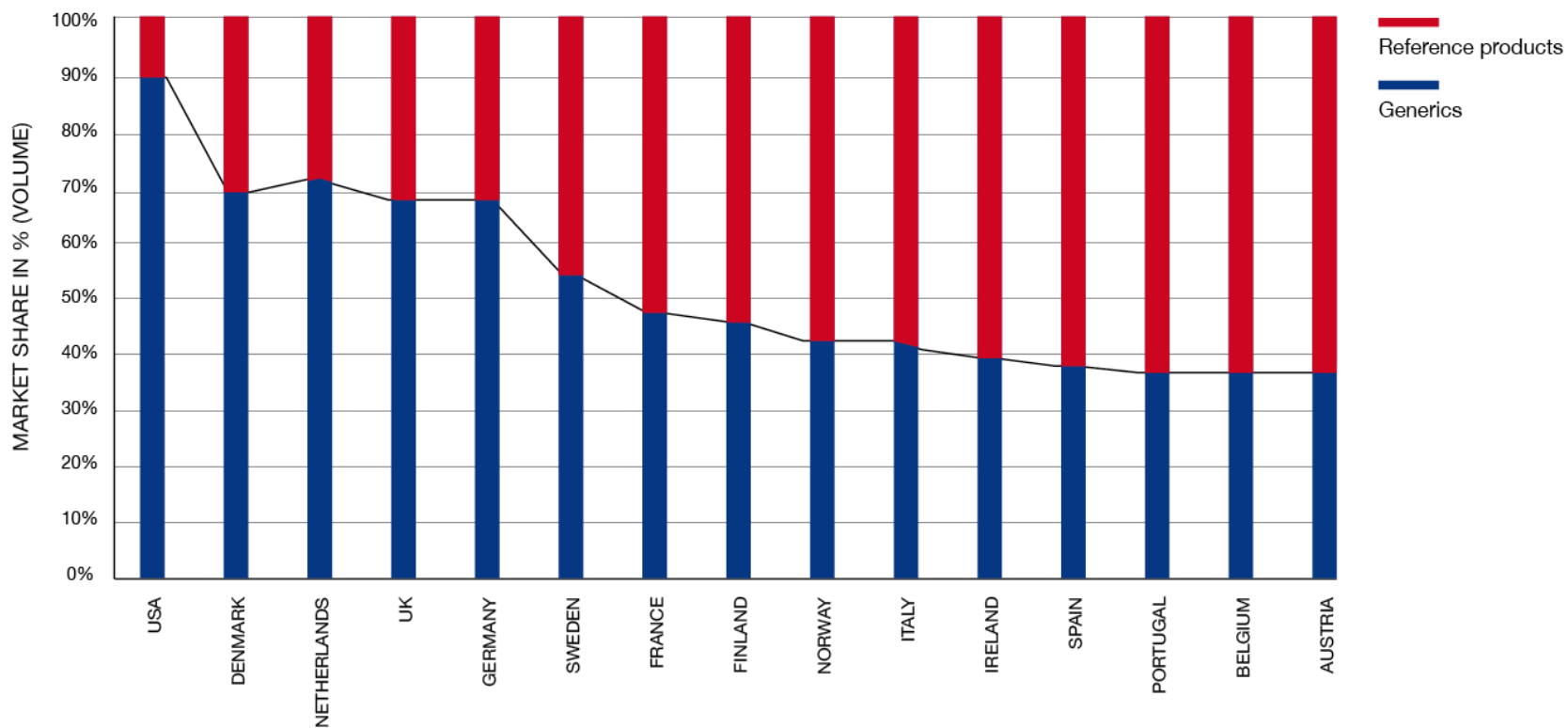


Growth of generic market



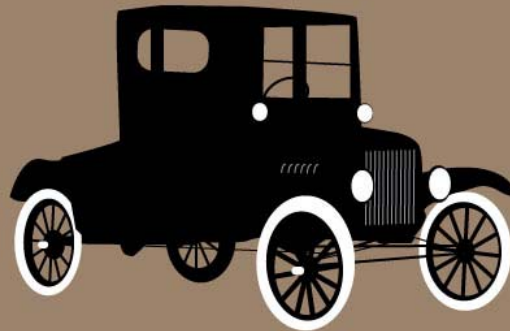
UK generic market penetration good

Unprotected Market Segmentation (Volume)



**IF I HAD ASKED MY
CUSTOMERS WHAT
THEY WANTED, THEY
WOULD HAVE SAID A
FASTER HORSE.**

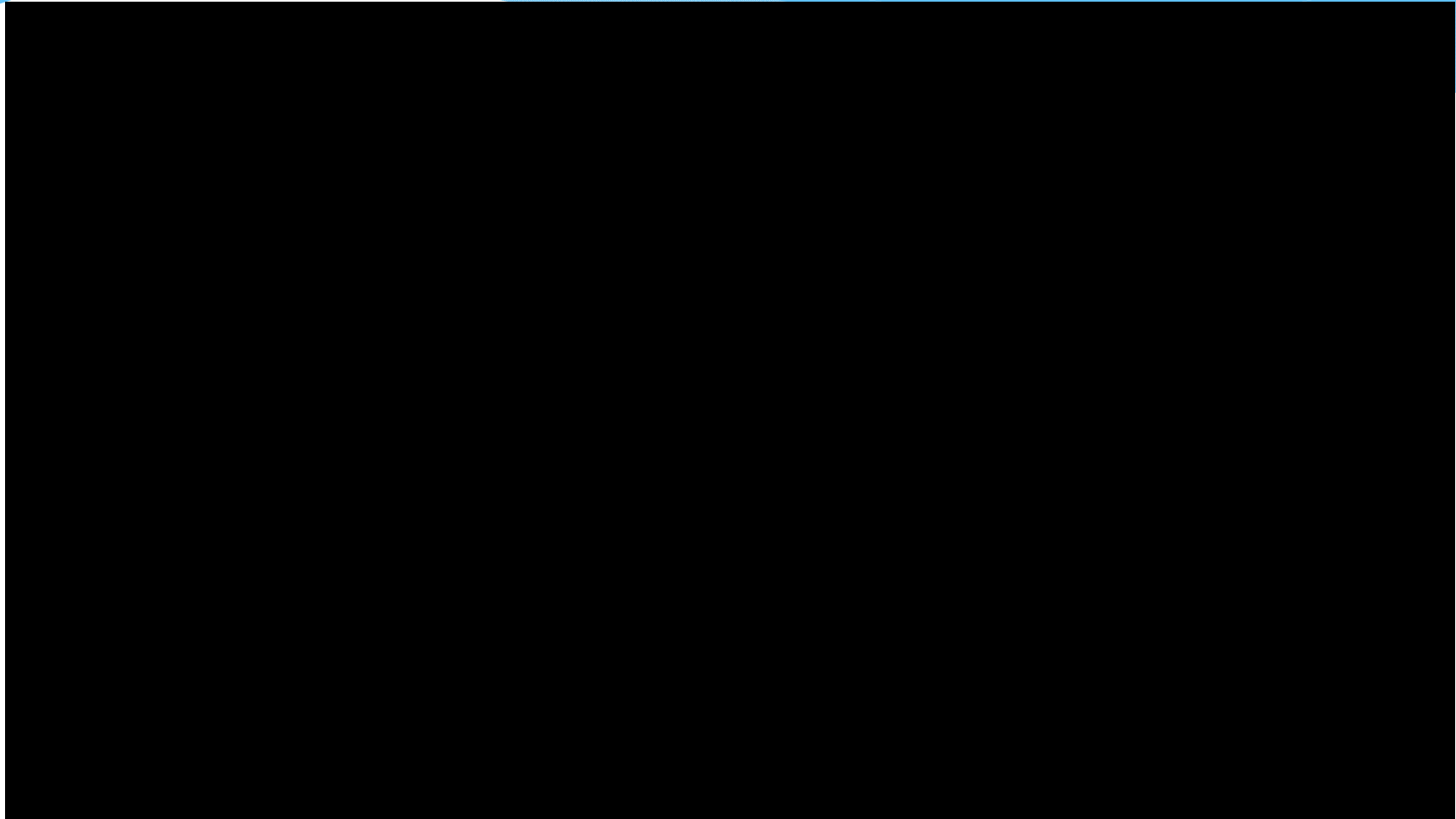
- Henry Ford



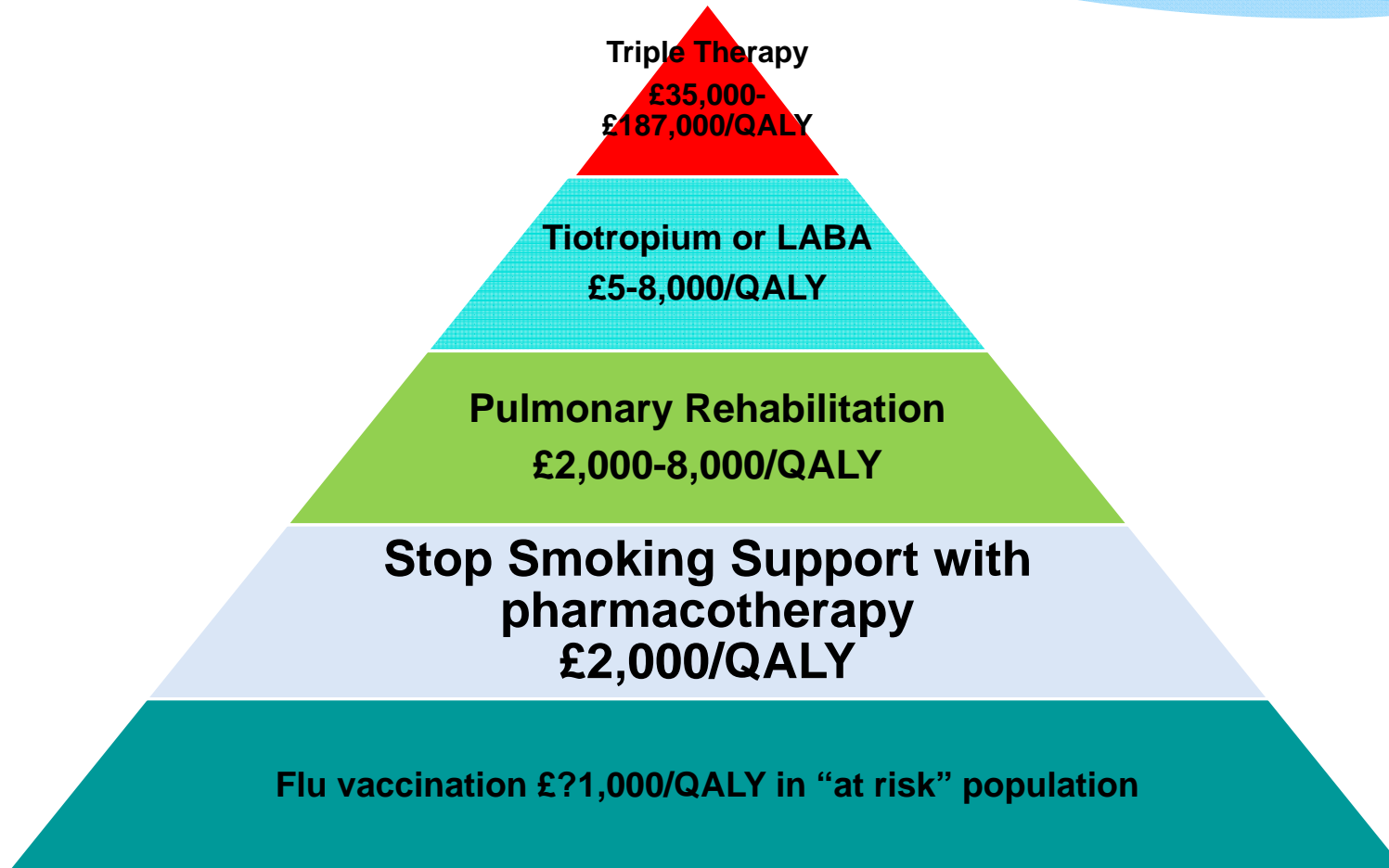
Effective use of medicines

- Need better patient engagement / ownership
- Surrogate measures at prescription collection
- Reinforced messages
- Feedback loop to GP
- Effective long term condition management
- Use wider determinants of health

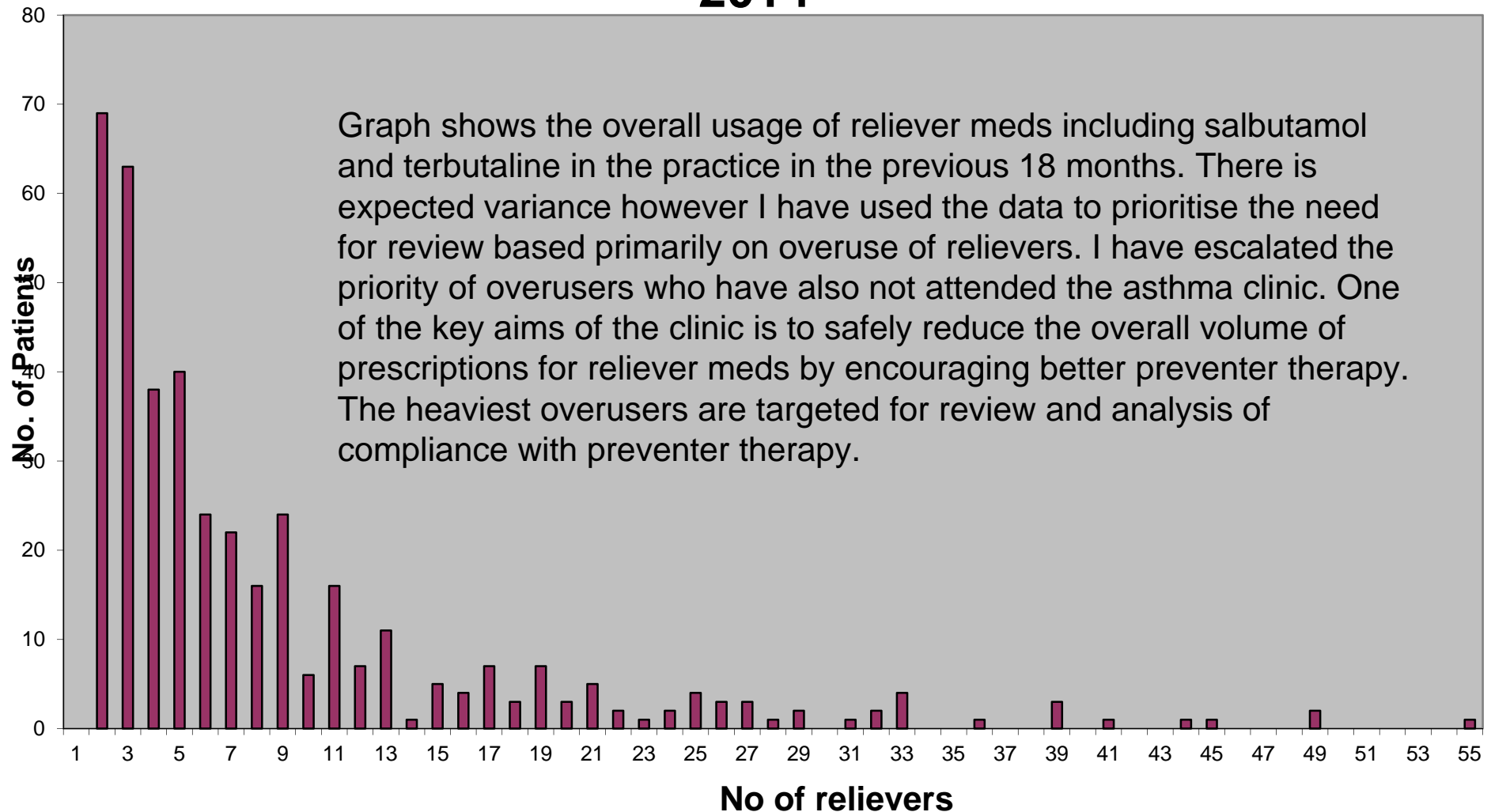
Respiratory conditions



COPD 'Value' Pyramid - Cost/QALY



Reliever usage in the last 18 months from August 2014



High Blood Pressure

- * “The rule of halves” in a population
- * Approximately 50% diagnosed
- * Of those approximately 50% treated
- * Of those approximately 50% to effective BP levels
- * Yet with raised BP
 - * 4x more likely to have a stroke
 - * 2x more likely to have a heart attack

The 5YFV

- * What?
 - * Outcomes for patients
 - * New models of care
- * How?
 - * Radical upgrade in prevention & public health
 - * Patients to gain far greater control of their own health
 - * NHS to break down barriers in how health delivered

The missing patient link



Why community pharmacy team?

- * Accessible
- * In the community, part of the community
- * Health care team – wellness agenda
- * Track record of delivery
 - * need a new focus
- * We do primary and secondary prevention
- * We improve the outcomes for patients and the NHS – needs scale thinking
- * Now is the time to think radically