

Improving Care through Community Pharmacy – A Call to Action

The Optical Confederation represents the 12,000 optometrists, 6,000 dispensing opticians, 7,000 optical businesses and 45,000 ancillary staff in the UK, who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of five optical representative bodies: the Association of British Dispensing Opticians (ABDO), the Association of Contact Lens Manufacturers (ACLM), the Association of Optometrists (AOP), the Federation of Manufacturing Opticians (FMO) and the Federation of (Ophthalmic and Dispensing) Opticians (FODO). As a Confederation we work with others to improve eye health for the public good.

Question 1 - How can we create a culture where the public in England are aware of and utilise fully the range of services available from their local community pharmacy now and in the future?

1.) As representatives of a professional community health sector ourselves, the Optical Confederation fully supports the Call to Action's aim of "seeking to secure community pharmacy services to deliver great outcomes cost-effectively, reaching into every community and which make the most of the expertise of pharmacists and pharmacy's unique accessibility for patients in England"¹ and for pharmacists to "play an even stronger role at the heart of more integrated out-of-hospital care"². We supported the same aim in our response to *Improving General Practice: Call to Action* and these principles apply equally to general dental services and community eye health services.

More Integrated Approach

2.) We welcome the commitment to ensuring that the strategic framework for community pharmacy services "connects up" with the approach to general medical practice³ but this does not go anywhere near far enough. The weakness of this Call to Action in our view is the silo-approach being taken and a lack of "joined-upness".

3.) It has long been our view that the only way of meeting the Government's objectives, the challenges of demographic change, growing expectations and financial constraint - indeed of saving the NHS - are by investing in, reinvigorating and reinventing the primary care sector in its totality. This cannot be done by working with professions in isolation or by GPs and pharmacists alone. It requires the contribution and commitment of the entire primary care, community health and social care workforce.

¹ Improving Health and Patient Care through Community Pharmacy – A Call to Action, NHS England, December 2013, p.2

² *Ibid*, p.10

³ *Ibid*, p. 4

4.) We are encouraged therefore by

- the emerging theme that “pharmacies (should) be fully integrated into provision of primary care and public health services, and (should) have a substantial and acknowledged role in the delivery of accessible care at the heart of their community”⁴. In our view, this applies to all the primary care professions and sectors – the challenge is to ensure that they do not do this in isolation but, to maximise the benefit, and do it by working together
- and our understanding from NHS England that there is to be further work later in 2014 to ensure there is a joined-up approach, building on the sector-specific Calls to Action, across the whole of primary care.

Joined-up services

5.) As far as working together to achieve better outcomes and improving public health is concerned, many of the patients attending community pharmacies for the 438 million visits per year are for eye-health related issues. Whilst it is quite appropriate for pharmacy colleagues to be the first point of call for relatively simple eye conditions, e.g. seasonal ocular allergies, these symptoms can sometimes mask more significant eye health problems and the aim should be to ensure that such patients are not lost in the system.

6.) What is required to address these in the most cost-effective, highest-quality way - and to achieve the best outcomes - is a simple pathway which

- ensures pharmacy staff advise patients carefully according to a simple eye health protocol
- and refer patients to an optometrist or optician (rather than a GP) if they need further advice.

This could be achieved by means of a simple additional service commissioned across primary care providers to ensure patients receive the care they need at the most appropriate and accessible point in the patient journey.

7.) If the Government is serious about maintaining frail older patients in the community, preventing unnecessary admissions to A&E and hospital, and costs of institutionalisation in care and nursing homes, older peoples’ support networks in the community need to cover sight, hearing, oral health, appropriate medicines concordance and compliance, continence and mobility.

8.) All of these services are provided in the primary care setting and through more joined-up working they will significantly enhance the health and outcomes for individuals and populations as well as reducing downstream costs to the NHS and social care.

⁴ *ibid*, p.13

Question 2 - How can the way we commission services from community pharmacy maximise the potential for community pharmacy to support patients to get more from their medicines?

National and Local commissioning

9.) As far as the balance between national and local commissioning is concerned, evidence to date suggests that for “core primary care services” national commissioning is by far the most effective means for providing appropriate health care to the entire population. All local variation adds to cost and risk without necessarily leading to better outcomes.

10.) Where local commissioning comes into its own – and where the benefits may exceed the costs – is in commissioning joined-up local services according to specific local needs and to ensure primary care is properly connected to and works in partnership with reformed acute hospital care and social care (including that provided by voluntary organisations). It is at these ‘seams’ between services that local commissioning can add most value in ensuring that the services are provided “seamlessly” to patients and the population.

Outcomes Frameworks

11.) We are also concerned about the aim of the Call to Action to “ensure that all outcomes are linked appropriately to the five domains of the NHS outcomes framework”⁵. Once again our concern here is about the lack of joined-up policy.

12.) The NHS framework is only one of three outcomes frameworks – the other two being the Public Health Outcomes Framework and the Adult Social Care Outcomes Framework. If the Government’s aims, as set out in this Call to Action and NHS England are to be achieved, the NHS – and especially primary care – needs to play its part in delivering against all three outcomes frameworks and ensuring greater synergy between the three frameworks should be a priority. The NHS is about more than service provision.

Question 3 - How can we better integrate community pharmacy services into the patient care pathway?

Supply of Ophthalmic Products

13.) Where pharmacies – rightfully and helpfully – supply ophthalmic products (whether through POM, OTC or general retail sales), it would be helpful if pharmacists could publicise the additional public health need for regular sight testing so that eye health pathologies imperceptible to patients, such as glaucoma, diabetic retinopathy and Age-related Macular Degeneration (AMD) which lead to visual impairment and blindness – can be identified and prevented. Fifty percent of avoidable blindness in the UK is currently missed through late presentation by patients particularly through their not attending for regular sight tests. Several areas

⁵ *ibid*, p.6

in England now have minor external eye/red eye pathways (called PEARS/ACES/MECS) to which patients with specific symptoms should be directed.

14.) This is particularly important in the sale of ready reader spectacles (which are simply magnifying devices). It is important that the section of the population using these (i.e. those with presbyopia aged 45 and over) are informed that they should not be used for distance vision or when driving and that buying ready-readers is no substitute for a proper eye examination to detect and prevent longer-term visual impairment and blindness.

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