

# The role of community pharmacists health essay

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The landscape of pharmacy has drastically changed over the past decade as it has become a profession which is much more patient orientated. The profession has changed to one that has more of a clinical role with more patient interaction than one that just dispenses pharmaceutical products. In order to achieve a more clinically orientated profession, pharmacists' must work and interact with other health care professionals for the best patient care. Pharmacists have much more interaction with patients due to introduction of various services such as the medicines use review and the new medicines service which aims for patients to get the most out of their medicines. However, pharmacists are now faced with much more pressure, stress and workload due to the expanding role of a pharmacist. In April 2005 the Medicines Use Review was introduced. It was the first advanced service within the NHS community pharmacy contract. This service requires a lot of clinical interaction with the patient to achieve the best patient care as they have to try and identify any problems they may be experiencing and offer solutions to overcome these problems using their vast extent of knowledge. This service also requires pharmacists to interact and communicate with the GP and work alongside one another to provide the best patient care in identifying possible solutions to the problems the patient is facing (McDonald R et al. 2010). This service has enabled pharmacists' to become increasingly empowered in their decisions regarding the patients' medication (Latif, A and Boardman, H. 2008). This has been possible due to the vast amount of clinical knowledge the pharmacists obtains and also due to effective communication with patients and other healthcare professionals.

Pharmacists perceive medicines use reviews to be an opportunity for an extended role and value to patients. This service also promotes their

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knowledge and skills as part of a professionalising strategy (McDonald R et al. 2010). It allows pharmacists to work alongside GP's to provide a service that is specifically tailored to respond to patients' problems. Research shows that patients and pharmacists find the MUR service effective and largely patient centred. (Latif, A and Boardman, H. 2008). On the other hand, it has been reported that medicines use reviews are not very clinically effective and may not be a valuable service to the public. It has been shown that the levels of patient engagement and clinical input vary. From a survey that was conducted, 40% of people said that they did not know pharmacies provide medicines use reviews (Smeaton, Z. 2011). It shows that there was a lack of public awareness emanating from the department of health as patients did not know that pharmacies provide this service; therefore it is essential to promote the benefits of medicines use reviews. It has also been shown that GP's are not promoting the fact pharmacies offer medicines use reviews to patients which suggests that they are very protective of this service; it shows that there is minimal interaction between the GP and pharmacists to promote this service. Furthermore, GP's are not turning to pharmacy (Smeaton, Z. 2011) as they are not helping to optimise the patients' good health. A study conducted shows that only 23% of pharmacists were in agreement that GP's perceived medicines use reviews as a valuable service which further showed only 12% indicated that providing medicines use reviews had improved their relationship with GP's (Latif, A and Boardman, H. 2008) resulting in a lack of clinical interaction between the patient and the pharmacist. Opinions obtained from pharmacists say that medicines use reviews are time consuming and difficult to fit in the day to day routine; they are pressurised by pharmacy multiples to achieve the maximum number of

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medicines use reviews. Moreover, GP's have declared that pharmacists are making clinical recommendations that are deemed clinically inappropriate. This shows that GP's question a lot of the decisions that pharmacists make and that they do not trust their judgement showing a strained relationship between the GP and pharmacist (Connelly D. 2007). Lack of time, support staff and financial incentives are some of the barriers pharmacists' face when conducting medicines use reviews which prevents them from showcasing their vast knowledge and skills. Doctors do not welcome medicines use reviews and perceive them negatively as they offer poor quality of detail (Connelly D. 2007). One suggestion could be that primary care trusts can ensure GP's meet with pharmacists to agree on a process of feedback. This would ensure effective communication and pharmacists would offer more of a clinical role to the public with no barriers that they are faced with. Evidence shows that medicines use reviews are not as effective as integration between pharmacists and other health care professionals are strained. The new medicines service is the fourth advanced service that was introduced in 2011 by the community pharmacy contractual framework. Research shows that 35% of prescribed medicines are not taken as recommended (Vermeire, E. 2001). The new medicines service is designed to tackle problems with adherence to new treatment in patients with long-term conditions. The pharmacist must ensure that they have effective communication with the patient so that they can assess adherence, identify any problems and provide advice. They must also communicate with the GP and other healthcare professionals to ensure that their solutions will help the patient (Chaplin, S. 2011). With the introduction of the new medicines service, pharmacists must now work and interact with patients and other

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health care professionals more than ever before (Weinbren, E. 2011). The PSNC has hailed the new medicines service a success as it says that pharmacists have improved their performance in providing this service following the launch of medicines use reviews (Chaplin, S. 2011). This suggests that this service was widely accepted from other health care professionals and more people believe in giving pharmacists more clinical roles as they have more knowledge and are worthy in giving the best patient advice through effective communication. Pharmacists based intervention reduces prescribing errors in primary care and the new medicines service tackles known problems in treatment (Chaplin, S. 2012). All this evidence shows that the pharmacists' role has increased to a more a clinical one and this service requires a lot of patient interaction and they must also interact with GP's to discuss any treatment options that the patient may require which leads to increased patient care. However, this service also has a lot of barriers that pharmacists must overcome for this service to be operational; skills and beliefs about capability of offering this service was a key issue. This shows that pharmacists are not confident enough with sharing their knowledge and are finding it difficult to make decisions. Pharmacists have a more clinical role and so they must be confident enough in their judgements as they now have much more knowledge and skills than they did a decade ago. It is suggested that there should be closer working between primary and secondary care, which shows that there is not enough communication between other health-care professionals. Communication is key for effective decision making regarding the patient, and individuals must put their differences aside to ensure the best patient care is being given (Chaplin, S. 2012). Communication requires the pharmacist interacting with the GP

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regarding the patient's medicines usage and the patient reinforcing information provided by the GP to help them make informed choices.

Pharmacists must ensure that they deliver a service that engages with the GP to ensure that the decision is complementary to the GP rather than being contradicted. In 2005 pharmaceutical services were put into three groups: essential, advanced and enhanced services. NHS services must deliver seven essential services and show some evidence that they have met the requirements of a quality assurance framework (Noyce, PR. 2007). In 2005, the RPSGB wanted to increase the pharmacy's public health role further as they had identified that pharmacists were not maximizing the opportunities that existed to improve public health. Some of the reasons for this included a poor understanding of the pharmacists' role in promotion of public health and minimal training (Anderson, S. 2007). Pharmacies offer a lot of services such as smoking cessation and weight management schemes. Ghalamkari (1999) discusses that weight management services are very effective and that counselling between the pharmacist and patient is also effective.

Research showed patients had followed advice received as part of a local health promotion scheme. Further research showed that 96% of patients were happy with pharmacy services but many believe it is an untapped resource. Offering public health allows pharmacists to have more of an advisory role and helps them build special relationships with regular customers and enables them to promote health and give advice to passing trade (Anderson, C. 2000). Health promotion also requires a lot of communication with patients and other health care professionals; they also show counselling skills where the pharmacist must be prepared to listen to and respond to patients' questions and concerns (Smith, F. 1998). However

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community pharmacists aren't used to their full extent and it is difficult to expand on the public awareness of these services (Blenkinsopp, A et al. 2004). A study showed that pharmacists were readily available to the patients and advised them with symptoms they presented. It further discussed that pharmacists were more focussed on the supply of medicines rather than advice on how to prevent the illness which resulted in lost opportunities for health promotion (Smith, F. 1998). However, promoting public health raises issues such as training and barriers to payment mechanisms (Anderson, C. 2000). Lack of training is an issue as pharmacists aren't promoting health effectively and are lacking in giving key advice which deviates from their advisory role suggesting that community pharmacies are an underutilised resource for health promotion (Moore, S et al. 1999). In areas where public health is properly promoted it has achieved a high level of satisfaction and good results. The role of the pharmacists has advanced as they can now perform supplementary prescribing. This allows medicines to be readily available to patients while better utilizing the skills of health care professionals (Cooper, RJ et al. 2012). Supplementary prescribing is very welcomed by the public; a study that was conducted interviewed patients on their view on this service and they perceived pharmacists to be more approachable and easier to talk to (Hobson, RJ and Sewell, GJ. 2006). The role has expanded as a supplementary pharmacist can now prescribe medicines and it provides pharmacists with more independence; therefore the role has become much more pro-active which makes them better at decision making. Pharmacists have to work with the wider public and have to communicate effectively in order for this service to be delivered to the public requiring all participants to work together as a team with a reduction in

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workload for doctors resulting in better patient care (Lloyd, F and Hughes, CM. 2007). However, there is some resistance from patients as they fear for their safety when medicines are prescribed from the pharmacist. It has been shown that a lack of adequate training, uncertainty over diagnosis and decision making and extreme responsibility were barriers to supplementary prescribing (Lloyd, F and Hughes, CM. 2007). Evidence shows that there is still not enough confidence from pharmacists in offering this service and that further training may be required. In conclusion, community pharmacists have developed their roles over the past decade and are continuously expanding with more GP interaction and other healthcare professionals than ever before; however there are still a lot of improvements to be made in order for their skills and roles to become properly utilized by the public. Barriers faced by pharmacists' can be overcome with appropriate training and suitable communication with GP's. Due to new services introduced in the community pharmacy contractual framework, it allows pharmacists to develop their skills and take on more responsibility by more decision making; it also allows pharmacists to work with GP's and other healthcare professionals to help make decisions on patient care.