

**The Pharmacy Practice Research Trust's Response to the White Paper for
Pharmacy**

The Need for a UK Wide Research & Development Programme for Pharmacy

June 2008

The Pharmacy Practice Research Trust (the Trust) was established in July 1999, by the Royal Pharmaceutical Society of Great Britain, as an independent research charity, with a broad objective to promote and develop the field of pharmacy practice research. We aim to support and promote the professional practice and performance of pharmacists and the delivery of safe, patient focused services by the pharmacy workforce. To date the Trust has invested over £1.25 million across commissioned research and building research capacity in pharmacy. We are committed to disseminating the results from research to ensure that the knowledge is used to inform evidence-based changes to policy, practice and services.

The Trust therefore has a vested interest in changes and initiatives that affect the practice of pharmacy, the development of services and the professional development of pharmacists. The Trust welcomes the recent white paper, *Pharmacy in England - Building on strengths – delivering the future*¹, which outlines several areas for action as well as highlighting the role of research and underpinning evidence base required for the delivery of safe, accessible and cost effective services.

We draw specific attention to the following areas:

1. Supporting the evidence base

The Trust is delighted that research is acknowledged in the white paper as key to the future of a world class pharmacy service. We agree that future commissioning decisions will need to be based on sound evidence of improved health outcomes.

The need to ensure best use of NHS funding (2.6) strengthens the case for research to provide a sound evidence base to inform both commissioning and clinical decisions, notably in a climate of financial restraints on resources. The Trust acknowledges the need to provide evidence that pharmacy services improve patient outcomes and provide value for money and is currently commissioning research with these demonstrable outcomes in mind.

¹ Department of Health (April 2008) *Pharmacy in England - Building on strengths – delivering the future*. Available at: <http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf> (accessed 07/05/2008)

We agree with the statements in 6.1 that research into pharmaceutical services is a relatively new area and as yet, the evidence base underpinning the value for money and effectiveness of current pharmacy services on clinical outcomes is, at best, patchy (6.7). There are lessons to be learnt from the large body of work arising from the USA, Netherlands and Australia (6.3) which informs the advance of pharmacy practice in these countries and we would advocate that equivalent investment in research is required on a similar scale in the UK. Although the Trust has supported and funded pharmacy practice research over the last ten years through its commissioned research programme and through its grants and research training bursaries, funding for research continues to be an issue. It is disappointing that even with the strong support for research and the call for evidence in the white paper it would appear that there is a significant under estimation of the scale of the research that will be necessary if pharmacy is to successfully take on the new roles identified for it. Furthermore wider resources for funding this research are not mentioned.

2. Identified areas for future research

There is a need to further develop the evidence in a range of areas to support several key initiatives outlined in the white paper, for example, evidence behind the concept of vascular checks & the impact of health trainers.

In the absence of a general evidence base for these services in terms of both patient benefit and value for money it will be difficult to attract wide support from Commissioners or pharmacists in implementing the services into community pharmacies.

The Trust has recognised this lack of evidence base and is endeavouring to address the lack of evidence in key services through its commissioned research programme. The Trust recently published a call for proposal to launch a programme of funding for service evaluation which must include both evaluation in terms of patient benefit and value for money. The Trust received an over whelming response to this call. However, due to the level of funding available for this initiative, many good projects could not be funded, demonstrating that support to build a robust evidence base must go much further.

The Trust agrees with the comments that research does indeed show mixed results with the evaluation of Medicines Use Reviews (MURs) (3.6) and the Trust is delighted that this will therefore be one of the priorities for the new Expert Panel on Health Services Research in Pharmacy (6.12). Specifically, much of the published work focussing on MURs is around short term evaluation and patient satisfaction, the longer term impact of MURs will rely on robust longitudinal research following cohorts of patients and will need to be collaborative in its approach. The proposed metrics and indicators (8.47) to demonstrate quality for MURs and other pharmacy services should also be based upon research and sound evidence. The introduction of MURs is well placed to support transfer of care (3.55) and for those newly prescribed a medicine to treat a long term condition (4.56), but this too will require evaluation of the benefits to patients.

Another area for specific consideration highlighted in the white paper focuses on concordance and adherence to medication (3.26/3.69) and the call for more research in this area is welcomed. There has been a good deal of work already undertaken in this area and indeed is ongoing. This work has been supported by the Trust commissioned concordance fellowships, funded by the Department of Health^{2,3}. The

² Pollock, K., Grime, J. (2002) *Understanding Depression and its Treatment: GP, Patient and Pharmacist Perspectives*. Final Report of the Concordance Fellowship. Available at: http://www.pprt.org.uk/Documents/Publications/Understanding_depression_and_its_treatment.pdf

Trust has also recently published research on errors leading to hospital admission⁴. This work is notable for its community setting and the use of root cause analysis.

This issue is not straightforward. There is a need for collaborative working and the development of closer working relationships. Crucially, patients and the public have a key interest, as does the pharmaceutical industry. The Trust therefore welcomes the government's acknowledgement of the place of pharmaceutical industry working with the profession in promoting research and development and pharmacovigilance (6.22).

3. Supporting Service Development

The Government proposes to make stronger provision for Primary Care Trusts to prioritise services, including MURs, to meet health priorities locally and to monitor service delivery more effectively (3.8/3.9). This supports the recommendations from Trust funded research which nationally evaluated implementation of the Contractual Framework for Community Pharmacy⁵. This research identified barriers and facilitators to implementation of services including the provision of services not identified as a priority in local Pharmaceutical Needs Assessments and issues with quality of services delivered. The Trust is heartened by the call for developing a local indicator for some services (5.11) but feel that this needs to go further and for there to be reassurance that these will be informed by a robust evidence base.

In terms of specific service provision, the proposal around minor ailments schemes (4.25) discusses exploratory work only in terms of working with the Pharmaceutical Services Negotiating Committee and NHS Employers to see how best minor ailments schemes can be incorporated within the community pharmacy contractual framework. The Trust would wish to see this initiative move beyond the rhetoric and to encourage access to published information on evaluation from existing schemes in terms of patient benefit, economic impact and GP relationships. Very little research currently exists to inform commissioners around this area.

The Trust also acknowledges the role pharmacists themselves have to play in taking forward services and in ensuring that people receive a seamless service (3.27). This is highlighted in the contract evaluation². However, the delivery of seamless services relies on a supportive framework to facilitate this. Research commissioned by the Trust on supplementary prescribing⁶ highlighted how fitting new services into existing unchanged pathways may lead to fragmentation of patient care and this needs to be considered in the drive to integrate pharmacy into existing established care pathways. The Trust therefore advocates support for change management (3.15) alongside implementation of new services - this, together with research, must be part of the underpinning framework required to achieve the government's ambition of pharmacy integration into mainstream healthcare.

³ Pollock, K., Grime, J (2004) *Meeting the treatment information needs of users of specialist mental health services. A study of users' experience of information provision within a complex system of care*. Final Report of the Concordance Fellowship. Available at:
http://www.pprt.org.uk/Documents/Publications/Meeting_the_treatment_information_needs_of_users.pdf

⁴ Howard, R. (2008) *A Qualitative Exploration of the Underlying Causes of Preventable Drug-Related Morbidity in Primary Care, Resulting in Hospitalisation*. Funded by a grant from the Pharmacy Practice Research Trust. Available at:
http://www.pprt.org.uk/Documents/Publications/Drug_related_morbidity_in_primary_care.pdf

⁵ Blenkinsopp, A., Bond, C., Celino, G., Inch, J. & Gray, N. (2007) *National Evaluation of the New Community Pharmacy Contract*: Commissioned research funded by the Pharmacy Practice Research Trust. Available at:
http://www.pprt.org.uk/Documents/Publications/National_evaluation_of_the_new_pharmacy_contract.pdf

⁶ Weiss, M. C., Sutton, J. & Adams, C. (2006) *Exploring Innovation in Pharmacy Practice: A Qualitative Evaluation of Supplementary Prescribing by Pharmacists*. Commissioned by the Pharmacy Practice Research Trust. Available at:
http://www.pprt.org.uk/Documents/Publications/Exploring_innovation_in_pharmacy_practice_supplementary_prescribing.pdf

The Trust has supported research looking at patient preferences for treatment of minor ailments in Wales between GPs and pharmacists⁷. The results demonstrate the impact that conflicting national policies may well play in patient choice and access to services. The abolition of prescription charges (free care) vs. consultation with pharmacist and purchase of OTC medicine (costed care) may work against each other. The former policy may well act as a barrier to implementation of minor ailment schemes, certainly in Wales and possibly in other devolved administrations in the future. When seeking to address underpinning frameworks the way in which different policies support key initiatives must be considered.

4. Supporting Research Capacity

Building research capacity and supporting the academic and research workforce of the future is one of the key Trust objectives and we are pleased to see this reflected in the white paper. Through the Best Research for Best Health initiative, the Government is aiming to create a health research system in which the NHS supports outstanding individuals across the full breadth of service settings, conducting research focused on the needs of patients and the public (6.10). The Trust, although supportive of this ambition, would seek to have further reassurance that pharmacists would have access to this support and would advocate that the previous development of career frameworks in research for medicine, dentistry and nursing should now be considered for other health professions.

The paper cites the investment that the Community Pharmacy Research Consortium – a partnership of pharmacy organisations and the Pharmacy Practice Research Enterprise schemes have brought to research capacity (6.13/6.14). However, it should be noted that both the Research Consortium and the Enterprise Scheme finished some time ago and the Trust has effectively taken over the role of both in research capacity building within pharmacy.

Conclusion

Although the appointment of two clinical leaders for pharmacy (3.59) and the Chief Pharmaceutical Officer's expert panel will have key responsibilities for the identification of research priorities for pharmacy (6.12) there remains concern over the lack of support for profession led research. The National Institute for Health Research (NIHR) may not deem pharmacy to be as high a priority or on a par with medical research priorities. Whilst national evaluation of services and the work of the NIHR are commendable the Trust believes there remains a gap for the support and promotion of pharmacy led research and indeed for collaborations with pharmacy.

Some of these concerns are evident in the research published under the NHS Service Delivery Organisation programme which evaluates national service provisions. Pharmacy is notable in its absence from these reports. The Trust therefore urges consideration for the support of independent pharmacy led research to both inform health services and to inform professional knowledge.

There is a great deal of aspiration within the paper about the place of research informing workforce, education, practice and commissioning and a commitment to explore how best to create a clearer framework for the evaluation of pharmacy services (6.11). However, there remains no commitment to funding a programme of research and development that would underpin the evidence called for in the paper and support community pharmacists to take the pressure off primary care and to strengthen long-term care and public health needs.

⁷ Hughes, D., Myles, M., Longo, M. & Lises, C. (2008) *Investigating factors influencing user choices to visit either general practitioners or community pharmacists in the management of minor ailments – piloting a discrete choice experiment*. Available at: http://www.pprt.org.uk/Documents/Publications/Investigating_factors_influencing_user_choices.pdf

The Trust believes that there now needs to be a UK wide programme for research and development comparable in scale to that in place in other countries such as the Australian Community Pharmacy Agreement Research and Development Program⁸. This UK wide strategic plan funded by the Australian government and developed as part of the community pharmacy agreement ensures that the delivery of community services has a robust framework of research for commissioners and practitioners to use.

This would need to be tied in to the identified work programme for the expert panel, the two new clinical leaders, the Chief Pharmaceutical Officer and the Head of Public Health Workforce, particularly as the paper appears to state that these groups will be developing separate work programmes. Furthermore, the nature of pharmacy practice research has tended to be small-scale projects that have insufficient power to build a robust evidence base and anecdotal case studies that, although interesting, cannot be generalised to wider contexts. For pharmacy services to be integrated into care pathways robust evidence is needed to support commissioning and clinical decision making. The white paper discusses the underpinning framework that is required to achieve this. We would argue that a UK wide Research Strategy should be part of this framework.

⁸ The Fourth Community Pharmacy Research and Development Program Agreement:
http://www.guild.org.au/uploadedfiles/Research_and_Development_Grants_Program/News_and_Events/RD_marketingbooklet.pdf