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Integrating community pharmacy and NHS Direct — pharmacists' views

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AIM • **To establish the views of community pharmacists on NHS Direct and its forthcoming integration with community pharmacy.**

DESIGN • **Postal questionnaire survey.**

SUBJECTS AND SETTING • **Pharmacists working in community pharmacies within the area of the NHS Direct pharmacy pilot scheme — Essex, Barking and Havering.**

RESULTS • **The response rate to the postal survey was 72% (263/364). Most pharmacists were generally supportive of NHS Direct (80%) and the pharmacy scheme in principle (83%), although their experience of the scheme in practice was limited. Perhaps because of this, the majority of pharmacists were unsure as to whether NHS Direct was referring appropriately, or whether the pharmacy would be able to meet the needs of patients without further referral. Almost half believed that patients referred by NHS Direct should be seen in a quiet area, away from the counter. Over two-thirds of pharmacists were willing to accommodate an NHS Direct information point in their pharmacy, although space was an issue.**

CONCLUSION • **Overall, the results of this study suggest that community pharmacists welcome their increasing involvement in the developing immediate care system. As the Government commitment in the NHS plan to integrate community pharmacy with NHS Direct becomes a reality across England and Wales over coming months the implications for pharmacists, in terms of workload and the adequacy of premises, will become clearer. Careful audit of the operation of the scheme will be essential.**

Recent developments in the National Health Service — in particular, the arrival of NHS Direct and walk-in centres, and the current reorganisation of primary care — seem to be leading towards the creation of an integrated system of "immediate care" in which patients are quickly directed to the health professional most able to meet their needs.[1] NHS Direct is a 24-hour telephone advice line staffed by nurses which was established to offer "easier and faster advice and information for people about health, illness and the National Health Service so that they are better able to care for themselves and their families".[2] Three pilot sites were established in England in 1998 with the whole population of England and Wales covered by 2001. A Scottish version, NHS 24, will begin operating in mid 2002.

Although the role of community pharmacists in such a system was initially slow to emerge, there is now a wide-ranging and rapidly developing agenda for change which recognises the many contributions which pharmacists can make.[3,4] Notably, however, the initial implementation of NHS Direct in England and Wales did not envisage any particular role for community pharmacists.[5] Until now, the standard approach of the NHS Direct telephone service has been to offer callers self-care advice, to advise them to contact their general practitioner or local accident and emergency department, or in urgent cases to divert their call to the emergency ambulance service. However, the Government made a commitment in the NHS plan that, by 2002, "NHS Direct will refer people, where appropriate, to help from their local pharmacy"[6] and followed this with the appointment of pharmacists to advise Department of Health teams on NHS Direct and walk-in centres.[7]

Other roles for pharmacists in the immediate care system are also developing. As well as taking referrals from NHS Direct, pharmacists may become involved in handling the medicines enquiries of NHS Direct callers on the telephone.[8] In addition, the NHS plan has promised that by 2004 more than 500 NHS Direct information points giving touch-screen information and advice about health will be available, some of which will be located in community pharmacies.[6]

A scheme to pilot the referral of patients from NHS Direct to community pharmacists was established in Essex in March 2000, with the aims of further integrating NHS Direct with other immediate care services — in this case pharmacy — while appropriately, safely and conveniently meeting the needs of callers. Previous research into how and why patients choose to seek advice from pharmacists suggested that this development might prove both acceptable and helpful to patients.[9–12]

We evaluated of the scheme to determine its impact on callers, pharmacists and the wider NHS. Here, we report the results of our study, which assessed the views and experiences of community pharmacists within the area covered by the scheme.

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METHOD

We carried out a postal questionnaire of one pharmacist in each community pharmacy covered by the scheme in September 2000, approximately six months after the start of the pilot scheme. The addresses of community pharmacies were obtained from the local pharmaceutical committee registers in Essex, Barking and Havering; 365 pharmacies were provided. Up to two reminders were sent to non-responders.

It became clear as the survey was being developed that the number of referrals by NHS Direct to pharmacists was lower than expected, so that any one pharmacist's direct experience of the scheme was likely to be limited. In view of this, we focused a number of questions on impressions, rather than experience, of the scheme so that respondents would have the opportunity to offer their opinions without necessarily having had direct experience of dealing with an NHS Direct referral. The final survey included questions on general impressions of NHS Direct, impressions of the pharmacy pilot

scheme, experience of the scheme, views on NHS Direct information points, and questions about the respondent and the pharmacy.

Survey data were entered into Microsoft Access and exported into the Statistical Package for the Social Sciences (SPSS) for analysis. The study was approved by the local research ethics committees.

RESULTS

Response rates Of the 365 questionnaires mailed, one questionnaire was returned by the Royal Mail. In all, 263 usable responses were returned, giving a response rate of 72 per cent (263/364).

Characteristics of respondents Of the respondents, 67 per cent (174/260) were male, 40 per cent (105/261) owned their pharmacy, and 57 per cent (147/259) of pharmacies were located in a suburban area. Of pharmacies, 46 per cent (121/262) were independent, 39 per cent (103/262) were part of a national chain and 15 per cent (38/262) were part of a local chain. Respondents had been on the Register of Pharmaceutical Chemists for a mean time of 16 years.

Experience of NHS Direct Pharmacists had little experience of using NHS Direct themselves. Only 10 per cent (26/259) of respondents had ever contacted NHS Direct as a user, whether on behalf of themselves or someone else.

Experience of receiving referrals from NHS Direct through the pilot scheme was also low. Of pharmacies, 35 per cent (90/259) were aware of having dealt with an NHS Direct referral in the six months since the scheme began. Of these, 59 pharmacists (22 per cent of all respondents) reported dealing with one or more referrals in the previous month, amounting to 161 patients in total.

Views of NHS Direct Pharmacists were asked for their views on NHS Direct (Table 1). Overall, respondents appeared to be positive about the service. High levels of agreement with general statements about the value of NHS Direct to patients and to the NHS indicated strong support for NHS Direct in principle. However, more specific statements about the "value for money" of NHS Direct and its impact on the NHS met with a mixed pattern of responses suggesting less certainty on these issues.

Views of the scheme before it began We asked respondents to think about the views they held of the pilot scheme before it started. Three-quarters (194/263) said that they had been supportive of plans for the scheme, even though half (130/262) had expected it to lead to an increase in workload.

Views of the scheme in operation Respondents were asked for their impressions of the pharmacy scheme in operation (Table 2). Overall, the responses indicated a high level of support for the scheme in principle regardless of whether or not pharmacists had direct experience of the scheme, and suggested that there was good understanding of how the scheme worked.

However, as might be expected in the absence of much experience of the scheme, there was considerable uncertainty about how well the scheme operated in practice, in terms of whether patients were appropriately referred to pharmacists. Encouragingly, those pharmacists who did have experience of an NHS Direct referral were significantly more likely to feel that they had a good understanding of the scheme (84 per cent versus 68 per cent, c^2=8.587, P<0.02), and that referrals through it were appropriate (42 per cent versus 19 per cent, c^2=16.708, P<0.001), than those who had no experience.

We asked about a number of other practical issues for pharmacists which might be raised by dealing with referrals from NHS Direct. Although about three-quarters of respondents felt that NHS Direct referrals merited the personal attention of the pharmacist, there was a strong rejection of the idea that patients referred by NHS Direct should have a higher priority for attention than other patients of the pharmacy. There was much less unanimity on the issue of whether the consultation should be in a quiet area, although almost half of pharmacists believed this was desirable. Experience of the scheme seemed to make no significant difference to these views.

Workload Although a half of all respondents had expected an increase in their workload before the scheme began, only 6 per cent (5/90) of those who were aware of seeing a referral said they had experienced an increase in workload as a result of the scheme.

TABLE 1: PHARMACISTS' VIEWS OF NHS DIRECT

Statement	Agree/ strongly agree	Not sure	Disagree/ strongly disagree
I am generally supportive of NHS Direct (n=262)	80%	12%	8%
NHS Direct is beneficial for patients (n=262)	77%	16%	6%
NHS Direct is beneficial for the NHS (n=260)	65%	25%	10%
NHS Direct is value for money (n=261)	21%	54%	25%
NHS Direct is an unnecessary addition to the NHS (n=261)	18%	21%	61%
NHS Direct will increase demands on the NHS (n=259)	30%	33%	37%

TABLE 2: PHARMACISTS' IMPRESSIONS OF THE PHARMACY SCHEME

Statement	Agree/ strongly agree	Not sure	Disagree/ strongly disagree
The pharmacy scheme is a good thing for callers (n=260)	83%	15%	2%
I believe I have a good understanding of how the NHS Direct pharmacy scheme works (n=261)	73%	18%	9%
Too many NHS Direct referrals have to be sent on to other services (n=261)	24%	60%	16%
Some NHS Direct callers are inappropriately referred to pharmacists (n=259)	16%	58%	27%
A pharmacist, rather than a counter assistant, should deal with people referred by NHS Direct (n=262)	73%	7%	20%
Pharmacists should spend more time with people referred by NHS Direct than with other patients (n=261)	11%	10%	79%
People referred by NHS Direct need a consultation in a quiet area away from the counter (n=261)	47%	25%	29%

Perceptions of NHS Direct patients A total of 6 per cent (5/89) of pharmacists did not feel comfortable about advising patients referred by NHS Direct. Some 77 per cent (69/90) reported that patients appeared to be happy about being referred to the pharmacy and 86 per cent (77/90) believed that people accepted the advice given to them by the pharmacist.

NHS Direct information points Respondents were also asked for their views about NHS Direct information points and the feasibility of accommodating one in their pharmacy (Table 3). About a third of pharmacists were not willing or able to accommodate an information point, with lack of space given as the main obstacle. Of those who would not accommodate an information point, about one in four believed that information points should not replace advice from a pharmacist.

DISCUSSION

Overall, the results of this study suggest that community pharmacists welcome their increasing involvement in the developing immediate care system. Respondents to our survey were generally supportive of NHS Direct and of the scheme before it began, even though there was recognition that it might lead to an increase in workload, and they remained positive about the scheme during its first six months. The high response rate to our survey gives reason to be confident that these results accurately reflect the views of community pharmacists in Essex. There is no particular reason to believe that views elsewhere would differ from these.

Because the number of referrals to pharmacists through the pilot scheme was lower

TABLE 3: PHARMACISTS' VIEWS ON NHS DIRECT INFORMATION POINTS

View on information points	No	Percentage
Willing and able to accommodate an information point	86/239	36%
Willing and able if certain conditions were met	84/239	35%
Would not be willing or able to accommodate an information point	69/239	29%
Of those willing and able if certain conditions were met:		
if they had more space	44/84	52%
if a financial incentive were offered	24/84	29%
Of those not willing or able to accommodate an information point:		
lack of space in pharmacy	46/69	66%
pharmacist rather than computer should advise patients	19/69	27%
financial resource issues	2/69	3%

than had been expected by NHS Direct, experience among our respondents of dealing with a referral was limited (although some may have seen patients referred by NHS Direct without realising it) and our results should be seen in that light. Not surprisingly, therefore, most pharmacists were unsure as to whether NHS Direct was referring appropriately, or whether the pharmacy was able to meet the needs of patients without further referral onwards.

The issue of whether referrals from NHS Direct are appropriate has, of course, been a common concern among health professionals.[13] Among pharmacists with experience of a referral, uncertainty over appropriateness was somewhat lower but still common, suggesting that a longer period of "bedding down" will be necessary before pharmacists are able to form a clear picture of whether the service is operating optimally. Local audits of referral to pharmacy will be needed to ensure the scheme works well, and community pharmacists should see themselves as active partners with NHS Direct in initiating local audit activity.

The introduction of the scheme also raises a number of practical issues about how patients referred by NHS Direct should be dealt with. A clear majority of respondents in this study believed that referrals should always be seen by a pharmacist, but should not automatically be given more attention than other patients of the pharmacy. In addition, almost a half believed that patients referred by NHS Direct should be seen in a quiet area, away from the counter. Given the lack of space available for private consultation in many pharmacies, however, this may prove to be problematic and may lead to a lack of compliance with the referral if the patient believes that privacy is necessary but sees that it is not available.[14]

Lack of space also emerged as the central concern in considering whether an NHS Direct information point might be located in the pharmacy. New funds have recently been announced in Scotland to modernise pharmacy premises, which may include the addition of private consultation rooms, but no similar announcement has yet been made in England and Wales.[8]

Although community pharmacists report a heavy workload[15] and recognise that referrals from NHS Direct may add to this, this did not seem to raise any difficulties during this pilot scheme. Of course, as the commitment in the NHS plan to integrate community pharmacy with NHS Direct becomes a reality across England and Wales over the coming months, the workload implication for pharmacists is likely to become more apparent and this situation may change.

In addition, an increasing volume of referrals from NHS Direct will inevitably cause some pharmacists difficulty in balancing this new demand with that of existing clients, and the issue of the lack of quiet consultation areas in many pharmacies is also likely to become pressing. None the less, our results suggest that, at least at present, community pharmacists are ready to embrace their new role in the immediate care system.

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SPECIAL INTEREST GROUPS

The Royal Pharmaceutical Society has established special interest groups for community pharmacists, for veterinary pharmacists, for industrial and technical pharmacists, for hospital pharmacists and for pharmacy academic staff.

The groups hold meetings to consider topics of interest within their own fields of practice and they provide a source of advice to the Society's Council on specialist matters. Each group is administered by a committee, most of whose members are elected by the group, the remainder being members of the Council.

Details of the groups can be obtained from the following persons at the Society's headquarters: Angela Canning (practice division) for the Community Pharmacists Group and Industrial Pharmacists Group (tel 020 7572 2412); Liz Griffiths (practice division) for the Veterinary Pharmacists Group and Hospital Pharmacists Group (tel 020 7572 2408); Rachel Ollerearnshaw (education division) for the Academic Pharmacy Group (020 7572 2375). Written enquiries should be addressed to the Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN.