The growing influence of pharmacists in the sale of Rx and OTC medicines
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The community pharmacist of 2014 has a varied role. Their job is far more than just dispensing the medicines prescribed by the GP. They are health professionals, part of the primary healthcare team, offering advice and guidance on the choice and use of medicines as well as, in increasing numbers, being the primary prescriber.

A trusted advisor to the patient, they are becoming more involved in influencing prescription switching as they take a greater role in medicines management.

It is highly likely that the pharmacist’s role will diversify further as they take on more work in medicines adherence and optimisation, as the NHS struggles to care for a growing elderly population with fewer resources. Where pharmacists have offered additional services for reviewing medicines and long-term conditions, the feedback has shown it to be a cost-effective, useful part of the primary care pathway and widely welcomed by patients.

Yet the extent and impact of the pharmacist’s role in prescribing, patient management and review, and recommendation of medicines is often overlooked and underrated by pharmaceutical companies, which may still view the pharmacist as merely the dispenser. In this paper, we show the role that the pharmacist has, and will continue to have, in the medicines-buying cycle.
Improving patients’ medicines adherence

1. The new medicines service

Introduced in 2011, the new medicine service (NMS) was set up to address the problem that a quarter of medicines prescribed for long-term conditions are not taken as directed and 15 per cent of people prescribed new medicines take few, if any, doses at all.

A recent evaluation by researchers at the University of Nottingham showed that 90 per cent of pharmacies in England – more than 10,500 – have delivered an NMS consultation to patients who have been newly prescribed medicine for asthma, COPD, type 2 diabetes, hypertension or antiplatelet/anticoagulant treatment. The goal is to identify any problems the patient has with the prescribed medicine or any additional support they need, for example with inhaler technique.

The Nottingham research found that the NMS increases adherence by approximately 10 per cent and was able to identify and solve problems patients were having with medicines. In the long term, the researchers reported that the service was likely to deliver better patient outcomes at reduced cost to the NHS by nipping issues in the bud at an early stage. It is not unfeasible that, given the evidence to date, this successful national scheme will be rolled out to other health conditions in future years; the researchers recommended it be extended to other specified areas, such as mental health.
Medicines switching can be a key part of the process of improving patient adherence

2. Medicines use review
Another key route by which the community pharmacy has an impact on adherence is the medicines use review (MUR). First introduced in 2005 as an advanced service, there are now more than a quarter of a million MURs carried out in England every month. That means that between April 2013 and March this year, more than 3 million patients with long-term conditions saw a pharmacist to discuss the medicines they take and any problems they may have. Since their inception, the number of MURs being done by community pharmacy has steadily increased. And there are calls for the service to be expanded further. Shadow secretary Andy Burnham has revealed plans not only to extend MURs but also to give pharmacists a greater role in monitoring patient conditions.

During the MUR the pharmacist identifies side effects and interactions and seeks to solve any other problems that are stopping the patient taking their medicines or using them in the most effective way. Usually an annual consultation – but it can be more frequent if needed – the service is offered to people who are being prescribed more than one drug or taking a high-risk medicine.

Medicines switching can be a key part of the process of improving patient adherence. And that switch can be made for reasons including inappropriate prescribing.
3. Providing patients with choice
Mark Robinson, medicines optimisation advisor at NHS Alliance, says pharmacists are increasingly providing a key role in being the main source of information for patients to help them to make the best choices for themselves.

“The aim is for patients to make the right choices and that is not something we have done very well in the past. Often patients are just given instructions and they may not be in the right frame of mind to understand or choose the pathway they want to follow,” he says.

If a patient is part of the decision-making process, and they have chosen to follow through with their prescribed medicine, they may be more likely to take it on a regular basis.”

Mr Robinson points out that it is important the pharmacist takes on that role from the beginning. “There’s no evidence that improving health literacy after the fact improves compliance. Quite a lot of people have problems with taking medicines that are to do with sight and dexterity, and the pharmacist has a key role in helping them with that.” He explains that the pharmacist can help the patient understand their condition, their symptoms and why they need their medicine even when they feel well and the risks they run from not taking it.

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Mark Robinson, medicines optimisation advisor, NHS Alliance
“Then you engage with patients to help them make decisions which work for them. It might be medicine A or medicine B or no medicine at all. Also, what problems they have that may be stopping them making that choice. Can they read the label, can they take tablets, can they use eye drops, nose drops or whatever it is?”

He adds: “There is lots of evidence that pharmacists are very trusted health professionals and that patients appreciate the advice pharmacists give. That is beyond doubt.”

In the North of Tyne area, pharmacists are collaborating with local hospitals to provide MURs and NMS interventions to eligible patients on discharge.

North of Tyne LPC chair Jean Banks says it is about targeting a different group of patients and looking at the medicines they have been discharged on, alongside what they are already prescribed and what they may be buying OTC. “The clinical aspect of the pharmacist’s role is growing, as is the enthusiasm from pharmacists who want to do more of this.”

70:30

Prescription and OTC ratio for a typical pharmacy – (60:40) in some cases. This has moved from 80:20
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Direct influence on prescription drug supply

The community pharmacist has undergone a fundamental shift in the role they have in managing the patient’s condition. Gone are the days when the pharmacist simply dispensed the prescription. But this newfound professionalism is not just limited to reviewing those medicines prescribed by other healthcare professionals, be that the GP, nurse prescriber or hospital practitioner.

Patient group directions
Since 1999, pharmacists have also been able to supply certain prescription-only medicines without prescription, under specific circumstances, using a patient group direction (PGD). Examples include contraception, vaccines and antibiotics for chlamydia infection. These can be set up by the NHS and are commonly used for emergency contraception, smoking cessation and flu vaccination, to name just three. But many pharmacists are also applying for PGDs to use within private clinics, which means they can supply a prescription-only medicine without prescription to a patient willing to pay for it under the circumstances laid out in the PGD.

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Tony Steele, medical director of Pharmacy PGD, says they have just over 3,000 PGDs currently in use within pharmacy. “And that figure is increasing every month by about 150 to 200. Over the past two to three years we have seen a steady growth.”
through this route include drugs to treat erectile dysfunction, Orlistat for weight loss, anti-malarials and Propecia for hair loss. Now many policymakers are pushing to extend this role and to encourage more independent pharmacy prescribing: pharmacists being accredited as independent prescribers in their own right.

**Pharmacist prescribing**
Scotland has led the way with this initiative with the publication of the Prescription for Excellence action plan, which stated that by 2023 all pharmacists would be required to be independent prescribers, providing care to patients in the community. The vision from the Scottish Government placed pharmacists squarely within the primary healthcare team, caring for patients alongside GPs and nurses. The direction of travel has been moving this way for some time, with many hundreds of pharmacists in the country already having taken an independent prescriber course.

George Romanes, independent pharmacist prescriber in Duns, Scotland, qualified as a prescriber in 2007 and has run asthma clinics and currently runs a stoma clinic, which has proven very popular with patients. “We have got a lot of patients back into the pharmacy this way. The feedback we get from patients is very positive. I have been here for 30 years and most people know me and you build up that level of trust.” He adds: “Without a doubt, this is the way forward.”
Pharmacists in England have also been keen to take on this role. Sid Dajani, independent community pharmacist and English Pharmacy Board member, predicts pharmacy prescribing will really take off in the next couple of years, with many pharmacists already trained and ready to take on the additional work. In England, pharmacists can achieve independent prescriber accreditation through General Pharmaceutical Council (GPhC)-approved courses. It means, once qualified, they may prescribe autonomously for any condition within their clinical competence (currently excluding three specific controlled drugs for the treatment of addiction). The potential extent of their prescribing powers largely rests on NHS commissioners and local clinical need. There are currently 2,968 independent prescribers on the GPhC register.

"It is only a matter of time," says Mr Dajani. “Two or three years from now we will see the NHS using pharmacist prescribers as a matter of necessity.” He says that while the idea has been slow to take hold due to reticence on the part of commissioners, a growing elderly population with multiple long-term conditions and increasingly pressured general practice mean pharmacists will need to become fully integrated members of the primary health care team.

“If the NHS wants to achieve its targets, it cannot do it without community pharmacy.”

Sid Djani, independent community pharmacist and English Pharmacy Board member
“If the NHS wants to achieve its targets, it cannot do it without community pharmacy.” He gives the example of flu vaccines setting a precedent. “There was a time when people were reluctant about pharmacists doing flu vaccines but now they are even looking at making it a national contract.” Mr Dajani also points to the role pharmacists have in recommending and making generic substitutions, something he says the manufacturers have not fully realised.

Three-quarters of all NHS prescriptions are now generic. With squeezed budgets, keeping prescribing costs low is a priority for those holding the purse strings. Recent increases in the prescribing of generic medicines can be attributed to several major medicines coming off patent. It is predicted that the generics market will continue to grow and it is the pharmacist who chooses which manufacturer’s products to dispense when a generic prescription is filled.

2,968

The number of independent prescribers currently on the GPhC register
Over the counter

As outlined in The pharmacist: Tomorrow’s stakeholder report from Eye for Pharma, the revenue mix for a typical pharmacy was once 80 per cent prescription and 20 per cent OTC, but this has moved to 70:30 or even 60:40 in some cases and it is believed the trend will continue.

Community pharmacy business is being squeezed and pharmacists are having to pay greater attention to their OTC offering. For UK pharmacists, clawbacks on the cost of generic medicines have impacted pharmacy income. In this environment, a strong retail aspect to the business is vital.

Mimi Lau, director of pharmacy services at Numark, says that the evolving role of the pharmacist could make it all too easy to sideline the importance of the OTC part of the business. “But with the income from the NHS side of the business being eroded, pharmacists would be foolish to ignore the footfall in their shops and their potential as a healthcare professional to provide advice. We must not allow OTC business to walk away from our pharmacies – particularly the medicines component.”

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Mimi Lau, Director of Pharmacy services, Numark
She adds that pharmacists are in a powerful position as respected health professionals whose recommendations are widely trusted and seen to be unaffected by commercial factors. “Pharmacy’s raison d’etre is medicines - whether supplied OTC or against prescription.

And from an OTC perspective, the unique selling proposition is the range of medicines available from a pharmacy - both P and GSL. Remember, customers come to pharmacy for advice-driven sales, not for a cheap purchase. It’s what differentiates us from supermarkets.”

The pharmacist’s role as a trusted adviser on medicines is becoming increasingly important. A 2014 consumer survey by Sempora on the UK pharmacy market found two thirds of respondents said that when selecting an OTC medicine, recommendation by a pharmacist was important or very important. That was higher than the importance placed on recommendation by a GP and the survey also found that brand image was half as important as a pharmacist recommendation. The results from more than 1,000 patients also showed that more than half of consumers buy OTC medicines from the pharmacist to avoid an unnecessary trip to the doctor.

Francis Prosser, director of Sempora, says that even taking into account the claim by people that do not tend to believe they are influenced by brands, the finding that consumers place high levels of trust in pharmacist’s advice is a strong one. “Branding is becoming less important as the use of generics has increased.” He adds that any pharmacist who does not pay attention to their OTC offering is “missing a trick”. ▶

Number of GP practices predicted to close in the next 12 months

600
“Really clued up pharmacists are selling a lot of this stuff and they do have an opportunity to be retailers.”

While community pharmacies would struggle to compete with supermarkets on price, what they can offer is trusted advice and healthcare knowledge – a role that has and is changing due to the increased services offered by the sector. And business in OTC medicines is growing as patients are encouraged to self-care and as footfall increases due to higher prescription volumes. When visiting the pharmacy for NHS services such as smoking cessation, patients can take advantage of the diversified role of the pharmacist, seeking advice on all manner of chronic conditions and minor ailments.

“Patients are seeing the benefits more and more – especially as it’s getting extremely difficult in some areas to get a GP appointment,” says Ms Lau. This problem is likely to get worse given the increasing strain being seen in UK general practice. The Royal College of GPs (RCGP) has warned that the numbers leaving the profession, often through early retirement, are not being replaced by trainee posts. In fact, the RCGP warns of a shortfall of 8,000 doctors over the next few years and has predicted up to 600 practices across the UK face closure within the next 12 months because they will be unable to replace staff.
Summary

Over the past decade there has been an ever-increasing shift in the pharmacy role away from the traditional dispensing model to a wider remit around patient care and medicines management. While dispensing clearly remains a large part of the pharmacy business, the profession now provides a broad range of additional services, both through the NHS and privately. These new services, such as MURs, place pharmacists as key influencers in the buying cycle for prescription medicines, as they: provide recommendations for switching medicines; aid long-term compliance; and prescribe medicines themselves.

With an ageing population and issues facing GPs in providing services in the future, the role of the pharmacist seems set to continue towards having an even greater responsibility for drug advice, delivery and prescriptions. Both the government and independent healthcare bodies are already supporting moves in this direction, especially with elderly care, which will make the role of the pharmacist even more central to patient care in the future.

As the influence of the pharmacist on prescription medicines supply grows, their role on OTC recommendation and sales remains hugely important and even sees further growth. With the mix of income for a pharmacy shifting from 80:20 prescriptions to OTC towards 60:40, the impetus for a pharmacist to sell OTC products has increased in recent years. Combined with the recent research showing how much a pharmacist recommendation has on a customer’s propensity to buy (50 per cent higher than brand awareness), there is very little doubt about how important they are on OTC sales in today’s market.