

Increasing traffic

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Steven Pink, CEO of SELDOC, lifts the lid on its new privately focused spin-off Verve Healthcare

Treatment in the community

The team at Candesco explore the potential for community pharmacies

MARCH 2023 | VOLUME 27 | ISSUE 2



Healthcare Markets

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In focus

The state of diagnostics

The UK still lags behind other countries in its diagnostic capacity but can a ramp up in activity from private partners help solve the NHS backlog?

LaingBuisson
ANALYTICAL PARTNER

In a health sector struggling to keep up with increasing patient demand, community pharmacies could provide an easily accessible and convenient solution in the growing world of consumer healthcare. **Dr Michelle Tempest, Alina Trabattoni and Isabel Brooks** of Candesic explore some of the benefits of a revived pharmacy sector



Community pharmacies a future driven by purchasing power?

Funding for community pharmacies has remained largely unchanged at £2.6bn since 2017/18 with no adjustments for inflation (see Figure One). Clearly, there is more that could be done at a policy and political level to harness the potential of this vital part of the healthcare system. But, beyond state funding, the future and potential purchasing prowess of shoppers plays a crucial role for these key businesses. And central to their success is harnessing consumer power to develop businesses which are far more than just retail outlets for cough medicines, vitamin tablets and shampoo.

Community pharmacies proved the valuable contribution they can make to society during the Covid-19 pandemic. They have played a pivotal role throughout, rapidly administering 71% of the 87 million vaccinations in the period leading up to October 2021 (NAO report).

The next logical step for our community pharmacies is to expand their roles to become the first port of call for common ailments and chronic illnesses. This approach has already enjoyed some success where it has been trialled in Scotland.

Strikes and closures

With strike action hitting emergency, tertiary, secondary and primary care, it is a good time to reach out and support community pharmacies, which in turn could help relieve the pressure of hyper-demand.

However, current trends highlight ongoing closures. Lloyds Pharmacy, among others, is set to close 237 of its outlets in Sainsbury amid fears of insufficient government funding.

'This decision has not been an easy one and we understand that our patients and customers may have questions about how the change will affect them,' said Kevin Birch, chief executive of Lloyds.

Nigel Swift, deputy managing director of Phoenix UK, which owns the Numark and Rowlands pharmacy groups, said the Lloyds closures should be a wake-up call for the government.

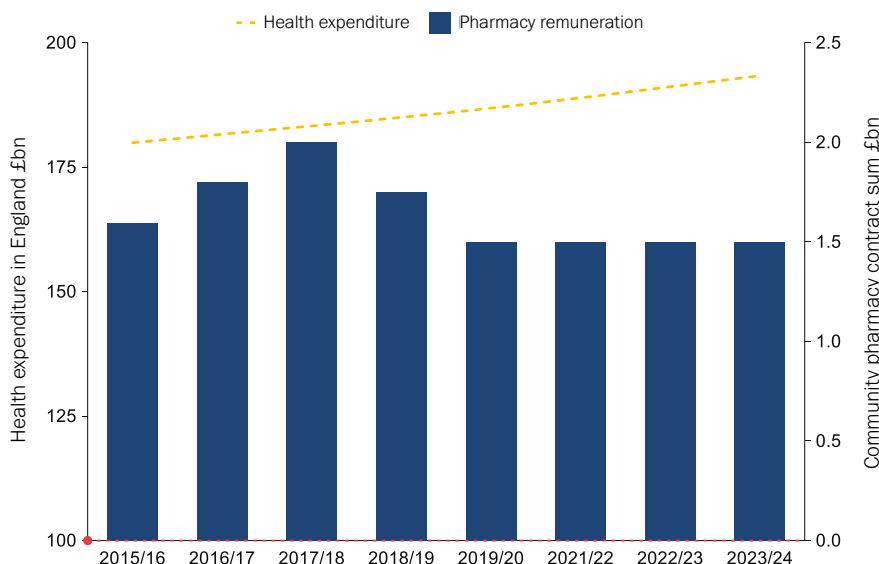
'This announcement is the clearest possible sign of the dire situation facing community pharmacies in England as a result of insufficient government funding. Since the start of the pharmacy contract there has been a massive cut in real-term funding, resulting in hundreds of closures,' Swift said.

Consumer trends

Consumers already see pharmacists as a trusted part of the high street (see Figure Two), but to encourage more spend there will have to be some reimagining of provision. Bricks-and-mortar stores are going to have to compete with digital pharmacies and US-style Amazon healthcare which already boasts a three-step treatment plan:

FIGURE ONE
TOTAL HEALTH EXPENDITURE IN ENGLAND HAS RISEN, COMMUNITY PHARMACY REMUNERATION HAS FLATLINED, FAILING TO KEEP UP WITH INFLATION

HEALTH EXPENDITURE AND PHARMACY REMUNERATION IN ENGLAND
COMMUNITY PHARMACY CONTRACT SUM AND TOTAL HEALTH EXPENDITURE IN ENGLAND



SOURCE HARPER (2019) AND GOV.UK (2022) BUILD BACK BETTER; CANDASIC RESEARCH AND ANALYSIS



1. Amazon online platform lists more than 20 everyday health concerns and asks questions about symptoms and health history.
2. Answers get reviewed, with a clinician proactively reaching out to patients with more deep-dive questions.
3. Personalised treatments are offered where appropriate with a treatment plan and a prescription, if needed.

To go head-to-head with this level of service, community pharmacists need to do more than dispense and check prescriptions.

They need to become the friendly face, listening ear and problem solvers for common ailments. And they need to provide proactive care for diagnosing and treating chronic illnesses. To deliver

on this, training is required to ensure that pharmacists are able to guide and prescribe.

Prescribing pharmacist shortage

Currently, only 24% of the registered base of pharmacists are prescribers (see Figure Three). Excluding hospital pharmacists, the number of community pharmacists with the qualifications to prescribe drugs drops to about 10%. There has been some effort to deliver more training and, according to current estimates, by 2026 all newly qualified pharmacists will be able to prescribe. However, the way this workforce challenge is being addressed is too little, too late. And according to many critics, this level of training needs to extend beyond new graduates.

An interesting example is Boots, which

has been proactively training pharmacists of all ages and funding training programmes with the aim that all of their community pharmacists will have prescribing capability by 2026.

Marc Donovan, director of healthcare development at Boots said: 'At Boots, our ambition in the coming years is to have a pharmacist prescriber available at every store. Pharmacists are highly trained healthcare professionals that, with the right training and support, will be fully equipped to prescribe certain medicines as well as dispense them. This will give patients greater and more convenient access to the medicines they need.'

'Our investment in training for 500 pharmacists and our private service for England demonstrates our commitment to the future potential for prescribing in community pharmacies, which we believe will save time and money for GPs and other parts of the NHS.'

FIGURE TWO
PHARMACIES PLAY A KEY AND TRUSTED ROLE IN THE COMMUNITY



SOURCE MIPSOS PUBLIC PERCEPTIONS OF COMMUNITY PHARMACY SURVEY 2022; CANDESIC RESEARCH AND ANALYSIS

Put prescribing pharmacists on the front line

Aside from a more highly trained workforce, a plethora of opportunities are emerging for the expansion of high street deliverables.

Chronic disease management is one example. Proactive care and disease prevention is becoming increasingly consumerised. Smart watches and wearables are developing fast and it is anticipated that continuous blood pressure monitoring will soon become their next much-required functionality.

However, despite all the excitement around AI, gadgets and even home virtual care, people will likely always need a helpful human around. This is not to detract from modern-day digital health wonders, but consumers may wish to pay pharmacists to be their human support safety net – in a similar way they pop to the Apple store’s Genius bar when chatbot conversations or video tutorials have failed to solve a query. The outcome may be that personalised care payments are stepped up.

Clinical protocols and NICE guidelines will still have to be strictly adhered to, but pharmacists could add the human touch to lipid therapy, cholesterol checks, diabetes management and even pharmacogenetics to name but a few. In the Netherlands, Boots already offers a panel of genetic tests to better understand how individuals respond to medications

such as Clopidogrel and Warfarin and can adjust doses accordingly.

The pharmacists of the future could become key to personalisation and helping to reduce polypharmacy. Community pharmacists are often best suited to be the first port of call for common conditions: they are easy to access, located in the heart of communities and outnumber GP surgeries more than two to one in terms of supply.

Community pharmacies could also play a more prominent role in common minor ailments. They have long provided informal support to patients for common conditions such as colds, constipation, urinary tract infections and upset stomachs.

Scotland piloted a formal approach with its ‘minor ailments’ scheme in 2006. This incentivised people to visit their pharmacies by providing medication free-of-charge. Initially for children, the elderly and medical exemption certificate holders, the scheme was expanded to the remaining population in 2018. This particular scheme was later replaced by the ‘Pharmacy First’ programme, used by over 2 million people to date. Schemes of this kind could prove particularly helpful during the current cost of living crisis where pharmacists in England have raised concerns that some people are avoiding prescriptions to save on the £9.35 charge.

In England, the Community Pharmacist Consultation Service (CPCS) was set up in November 2020 – but unlike in Scotland

– pharmacists are not the first point of contact. Instead, referrals to CPCS are from GPs or 111 services, a counterintuitive indication to patients as it fails to relieve the burden on primary care.

What next for UK pharmacies?

Health monitoring could be a logical next step for community pharmacies. Pilot schemes are underway to train pharmacists to identify and refer individuals presenting with potential signs of cancer. For example, when there are people repeatedly buying cough medicine or reporting changes in bowel movements, pharmacists will be able to make hospital referrals.

The Pharmacy Contraception Service has also been piloted in 191 pharmacies in England. These community pharmacists prescribe repeat oral contraceptives and from October 2023 will also be able to sell first-time contraceptives. Transitioning prescription and management of this single medication could have significant time and cost savings. NHS Sexual and Reproductive Health (SRH) services report close to one million contraception-related appointments annually, with an additional two million appointments delivered by GPs. The contraceptive pill represents more than a quarter of contraceptive uptake (27%) and this one small change could relieve pressure on over-stretched family doctors.

Personalised prescriptions

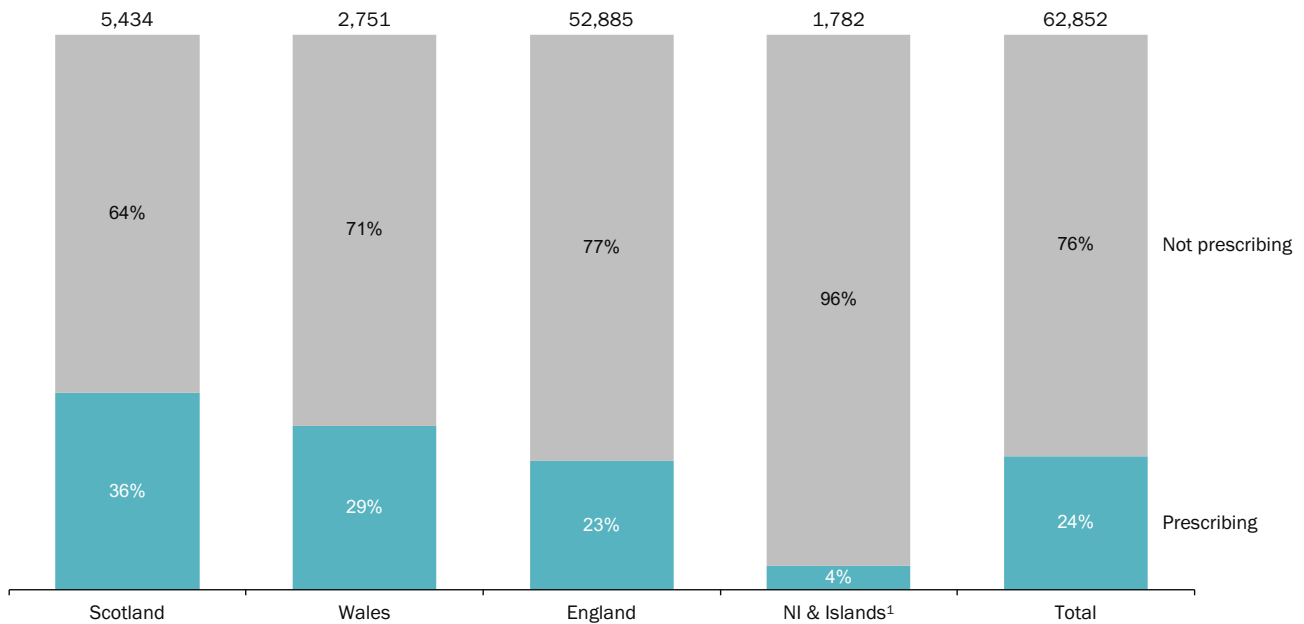
Pharmacists are also well-placed to provide personalised services. Take hypertension as an example: high blood pressure represents 12% of GP appointments, or 44 million appointments every year in England, with 33 million prescriptions for the common medication amlodipine written every year. If prescribing pharmacists could take on amlodipine prescriptions, this could save over 33 million GP appointments.

High street pharmacists are also very well placed to spot amlodipine’s 196 drug interactions and could also then leverage new companies such as Closed Loop Medicine (CLM) to develop personalised doses.

Hakim Yadi, CEO of Closed Loop Medicine explained: ‘So many of the medicines we take to support our health come in a

FIGURE THREE
PRESCRIBING PHARMACISTS ACROSS ENGLAND, SCOTLAND, WALES AND NORTHERN IRELAND

PROPORTION OF PHARMACISTS ABLE TO PRESCRIBE MEDICATION
 PRESCRIBING ANNOTATION PHARMACISTS AMONG REGISTERED PHARMACISTS



NOTE 1 TOTAL REGISTERED PHARMACIST NUMBER DEDUCED FROM TOTAL UK REGISTERED PHARMACISTS, WITHOUT SCOTLAND, WALES AND ENGLAND
SOURCE RPS; GPhC; CANDESCIC RESEARCH AND ANALYSIS

limited number of dose forms. The ability to put ‘Software as a Medical Device’, as an App, in the hands of any patient with a smart phone creates an opportunity for digital companions to be prescribed alongside traditional therapeutics, enabling real-world data integration into care regimens more precisely tailored for individuals. This approach has the ability to identify the optimum dose that provides maximum efficacy with minimum side effects.

Applying this approach to a disease like hypertension offers the opportunity to level the playing field, providing universal access to the highest quality care, usually only accessible to the few.

Point of care diagnostics

In vitro diagnostics (IVD), including point-of-care testing, could also be integrated in pharmacy-based prescription algorithms to increase the certainty with which prescriptions are made. UK-based PocDoc, a five-lipid marker test for high cholesterol, won an NHS contract in January to supply point-of-care testing to ‘dramatically increase access to cholesterol testing outside of a traditional GP surgery environment, including at-home,

on the high street and in other community settings’.

With community pharmacies already successfully conducting blood pressure testing and concomitant cholesterol testing, over time it’s likely that more testing will be available.

One such innovative company is H4D, which uses pods to test vital signs. Matthew Guenin, H4D head of UK market strategy said: ‘H4D’s healthcare pod could be an ideal solution for community pharmacies. The Consult Station® contains 15 integrated medical devices allowing for immersive remote consultations within the pharmacy, connecting a patient to a clinician who can thoroughly examine them using the integrated high quality PTZ camera, stethoscope, dermatoscope, ENT camera and conduct visual and audio tests. Patients can take their vital signs autonomously using the blood pressure cuffs, oximeter, thermometer, scales and height sensor, and have instant access to their results.

This could transform pharmacies into a local healthcare hub, allowing for screening, triaging and chronic disease monitoring without the need for a healthcare professional to be present.’

Robots

Robotic dispensing could also be used to reduce pharmacy running costs. However, it is no panacea. Implementation is costly and can only offer marginal reductions in human-based dispensing, given that only 60% of prescriptions are suitable for robotic dispensing. The capital expenditure required also means automatic dispensing centres cannot be expected to generate financial benefits until the start of the 2030s, according to a government Impact Assessment.

Conclusion

Overall, the power of the consumer should not be underestimated in the changing world of community-based healthcare.

We have only just touched on the surface of what pharmacies can do. They are set to become a vital piece of the puzzle to help relieve pressure on overworked primary and secondary care staff. To be a success, they will need to cater more for the health consumer, offer more personalised services and proactively deliver population health management on the high street.