

Face to Face

True life stories about the benefits of accessible, locally based healthcare, and the importance of face to face relationships between patients and health professionals



KEY POINTS

- Face to face care – where patients and healthcare practitioners meet in person - is vitally important. People should not in all (or even most) circumstances be required to meet a healthcare professional in order to access advice and treatment. However, patients ought to have access to face to face support when and where they need it.
- There are probably more face to face interactions in community pharmacies than there are in any other part of the health and social care system. This provides great benefits and presents a huge opportunity to improve patient outcomes and public health.
- Certain trends in government policy and business models point away from face to face care, towards digitally enabled, remote provision. Whilst such developments have the potential to improve access to care in particular circumstances, this should not be at the cost of the availability of face to face interactions.
- This document is a compendium of true life stories about the benefits of accessible, locally based healthcare, and the importance of face to face relationships between patients and health professionals. It is a reminder of the importance of the human touch in health care.

INTRODUCTION

There are profound clinical benefits from face to face interactions between patients and healthcare professionals such as GPs and pharmacists. As well as the benefits in relation to patient outcomes, there is also a positive impact on the efficiency of the wider health and social care system. Furthermore, there are certain interventions that can currently only be made in person, some examples from community pharmacy being flu vaccinations, the supervised administration of prescribed medicines (such as methadone) and independent prescribing clinics, which may sometimes require physical examination such as sounding chests or examining eyes, ears and skin. Patients should not be viewed as passive recipients of care. Indeed even the use of the word 'patient' is problematic. We use it for convenience in this report, but acknowledge its limitations. We don't advocate that people should in all (or even most) circumstances be required to meet a healthcare professional in order to access advice and treatment.

We do argue that patients ought to have access to face to face support when and where they need it. There are probably more face to face interactions in community pharmacies than there are in any other part of the health and social care system. An estimated 1.6 million people visit a pharmacy every day, of which 1.2 million do so for health related reasons. Certain trends in government policy, NHS commissioning and business practice, point away from face to face care, towards digitally enabled, remote provision, including the online supply of medicines. Whilst such developments have the potential to improve access to care in particular circumstances, this should not be at the cost of the availability of face to face interactions. This document contains many examples of where face to face interactions between pharmacists and patients have made an important difference to the care given, sometimes with life saving interventions being made. It is a reminder of the importance of the human touch in healthcare.

PATIENTS AND PUBLIC VALUE FACE TO FACE ADVICE

People value face to face healthcare

The results of a recent survey commissioned by the National Pharmacy Association found:

- 7 in 10 people regard face to face advice from a pharmacist or other member of the pharmacy team as very important to them; the importance of the provision of face to face advice increases significantly among certain groups of heavy pharmacy users: 72% mothers, 76% carers and 80% women over the age of 65.
- Patients rate being able to speak with someone face to face, when ordering and collecting a prescription, as nearly five times more important than being able to order online (37% v 8%)
- Patients rate being able to speak with someone face to face as the single most important attribute when ordering and collecting a prescription (28% of all patients ranked this as being of the uppermost importance; compared to 2% ranking highest the ability to order prescriptions online and have them delivered).

- Patients see local versus online pharmacy as being 2.5 times more reliable, 3.5 times more trustworthy, 7 times more personal and 10 times more friendly.

(Establishing the value of Community Pharmacy' Base of 2001 consumers, fieldwork conducted by Quadrangle, Feb 2016)

A new survey (June 2017) shows:

- 69% of people are against "a shift away from local pharmacies supplying NHS medicines, towards online retailers." The figure amongst older people (heavier users of pharmacy services) rises to 93%
- 87% of people believe that local pharmacies (compared to 13% for online pharmacies) are the better way to obtain healthcare advice, including a majority in younger age groups. In the over 55s, the figure rises to 98%.

(Survey conducted by RWB, Base of 1002 consumers)

FACE TO FACE CARE CAN IMPROVE PATIENT SAFETY AND FACILITATE TIMELY & APPROPRIATE TREATMENT

Often, a face to face consultation with your doctor or pharmacist is the safest way to determine the best course of treatment.

Andrew Boyle, Shelf Pharmacy

One of our elderly patients came in very much 'under the weather'. She was very pale. We were concerned. On this particular day she was dizzy and seemed confused. I thought she looked anaemic and rang her GP to pass this on.

She had a blood test that same day and her haemoglobin was found to be low. Treatment commenced and the lady was very grateful.

A study comparing face to face and telephone consultations by GPs found that in 78% of the telephone conversations for new symptoms, the outcome was patients being invited for a face to face consultation. The same study also found that face to face consultations facilitated introduction of additional topics and rapport building. Doctors on the telephone "are less likely to elicit additional concerns... and ask fewer questions when patients present self diagnosed problems."

'Comparison of face-to-face and telephone consultations in primary care: qualitative analysis.' Heather Hewitt et al (UK) www.ncbi.nlm.nih.gov

Noel Wicks, Right Medicine Pharmacy

I was working a Saturday morning and a patient presented for a consultation under the minor ailments system because the pharmacy was nearby and the doctors were closed. She was eight months pregnant and had pain in her thigh. Bearing in mind her risk factors and the fact that I could see how much discomfort she was in, plus she looked very unwell compared to normal, I examined the affected area in the pharmacy consultation room. Rather than provide her with painkillers on the Minor Ailments Service we agreed she should be referred into see a doctor, as soon as possible.

In Scotland we can phone directly into the out of hours service on the 'professional to professional' call line. This allows us to bypass the normal NHS24 phone service that can be time consuming and onerous for patients. I was able to speak to a doctor, discuss the issue, and he agreed that she should be seen as quickly as possible. He gave me an appointment for 40 minutes time and the lady went straight there. It turns out she had a life threatening Deep Vein Thrombosis which if left untreated could have had fatal consequences. As it was she was able to receive clot busting medication that day and went on to have a successful birth.

Sally Arnison, Barnton Pharmacy

In our 'pharmacy surgery' clinic we picked up a lady with a terrible cough. Her chest was very noisy and her oxygen sats were 94%. We referred her for urgent GP assessment and she was later admitted to hospital for

eight days with a grade four pneumonia. She confided later that she really didn't want to bother the doctor but now realises if she hadn't seen us that day, she may not have made it through the night.

Dilip Joshi, Boss Pharmacy

A patient well-known to us came in for antifungal (Nizoral) tablets. She was in her first trimester of pregnancy, so we contacted the prescriber and he cancelled this medication, thereby avoiding potentially serious consequences for the patient and her unborn

child. Because she is a regular visitor to the pharmacy, we were aware of her pregnancy, as well as there being a visual indication of her being pregnant when we saw her in person in the pharmacy.

Helga Mangion, Pharmacist

When I first started as a pharmacist I remember a gentleman coming into the pharmacy to purchase Gaviscon, and upon making direct eye contact with him I noticed that the whites of his eyes were not white- they were a pale yellow. This gave me great concern as he appeared to be jaundiced, and I strongly advised him not to purchase the Gaviscon and instead to see a doctor as I

believed the Gaviscon was merely relieving the symptoms of an underlying problem. He called his doctor, whom he saw straight away, and as I suspected he had a problem with his gallbladder that required urgent surgical removal. The doctor said that if left untreated, it would have been a much more serious matter.

"The doctor said that if left untreated, it would have been a much more serious matter."

Nick Kaye, Kayes Pharmacy

A man asked to speak to the (male) pharmacist about a private matter. He wanted to talk about erectile dysfunction but the pharmacist noticed a slight tremor as they were talking. He referred him to his GP and he was diagnosed with Parkinson's disease, enabling early management.

A lady spoke to the pharmacist about a possibly infected big toe. Visual emotional cues led to further discussion and it transpired that she was a new mum and her mother was also very ill. She was referred and diagnosed with postnatal depression.

“He referred him to his GP and he was diagnosed with Parkinson’s disease, enabling early management.”

Sanjay Doegar, Ruislip Manor Pharmacy

A patient came to our pharmacy with a swollen eye that appeared infected and sore. He then proceeded to show me that he had what appeared to be a bite or spot inside his eyelid. He mentioned that he had been abroad for two weeks and used some Savlon cream his eye. I was concerned on a number of levels. I suggested that this

was inappropriate and he may actually have an ulcer inside his eyelid that needed immediate attention from either an optician or his own doctor. This is just one example of people soldiering on even with potentially serious consequences. The signposting and advice we offer is crucial.

“The signposting and advice we offer is crucial.”

Eric Goodwin, Green Lane Pharmacy

A male in his early 20’s came in with a “sore ankle”. Upon examination the whole of the foot to above the ankle bone was swollen a deep red/purple colour, and was spreading up the leg. It was like nothing I’d ever seen before. He hadn’t knocked it or sprained it nor was he taking any unusual medicines, nor had he been away on holiday. He simply woke up and it was like this. He was a Chef and had to get to work. It looked like some sort of severe reaction to a bite of some sort, and examination showed a small puncture mark. As it had happened at sometime during the night, and upon further questioning, the man said he had seen a strange

looking spider in his bedroom, but hadn’t killed it. The foot was visibly worsening so I phoned and spoke to his GP who saw him immediately. I supplied him with some Piriton 4mg Tablets for immediate use, and he returned with a script for 28 Flucloxacillin 500mg four times a day, and was given a letter of explanation by the GP and advised to go straight to hospital if it worsened. A number of weeks later he returned to thank me so very much, he did have to go to hospital, it was a tropical spider bite of some description that required IV treatment. He’s absolutely fine now, but never did see the spider again... worrying!

The paper ‘Use of email for consulting with patients in general practice’ highlights safety as being one of three main concerns for healthcare professionals in use of email for consultation, the other two being workload, and lack of proximity with the patient. Whilst the paper is encouraging better use of email, it is recognised that the intention is for email to be an additional tool for GPs not as a replacement for consultation - as with other methods such as telephone. ‘Use of email for consulting with patients in general practice’, Helen Atherton, Br J Gen Pract 2013; 63 (608): 118-119. DOI.

The examples cited in this section illustrate that there are many clinical symptoms and health and social care issues that face to face contact can identify. Others include:

- jaundice, pallor, rashes,
- laboured breathing, weight loss/gain, mobility, tremor.
- signs of skin cancer or oral cancer, and gastric symptoms
- mental health issues, behaviour change (new cases, non-compliance with medicine, social changes), signs of alcohol abuse,
- child protection
- cellulitis/ infected insect bites, DVT
- non attendance (elderly and vulnerable regulars who suddenly don’t come in, drug users not attending etc)
- overall appearance and state of dress
- seriousness of a minor injury (pharmacists are often shown injuries and asked advice on dressing wounds
- carers and bereaved neglecting their own health
- malnutrition

The pharmacist and pharmacy staff can begin to observe the customer from the second they walk in the door, and non-verbal interaction of the customer in the pharmacy can speak volumes. The pharmacist can use four of their senses in assessing a patient - seeing, hearing, smelling and touching. Browsing the shelves, making choices,

approaching the pharmacist, speaking to the pharmacy team, seeing the way their eyes and hands move are all indicative actions that may not be seen in other settings and certainly not over the internet. Other visual cues such as fear, level of alertness, intoxication and state of dress can be detected in a way that is not possible online.

Over a million people over the age of 65 are malnourished or at risk of malnourishment. Noticing things like slipping wedding rings or snippets picked up in conversation can help identify malnutrition. This is especially important for pharmacy as problems with food or drink can be caused by, or related to, issues around medication. **Age UK**

FACE TO FACE SUPPLY OF MEDICINES GIVES A PLATFORM FOR HEALTHCARE INTERVENTIONS

It is a feature of the current system for distributing medicines in primary care that there is a face to face interaction at the point of supply (in community pharmacy).

Nick Kaye, Kayes Pharmacy

A mother was collecting creams, which had been prescribed by a dermatologist and were on repeat from the GP, for their two year old and a new cream she had requested as she felt it was infected. The pharmacist was able to see the child's skin there and then and see it wasn't infected but needed better management. Once it had been explained how to use the cream properly, there was no need for the new cream and the eczema was much improved.

Addaction hold a clinic in our pharmacy every week. They have tried other locations but the rate of attendance in the pharmacy is much higher due to the link to medicines supply. The clients (mainly being treated for drug misuse) come to get their medication and also get some intervention from their carer. The team have also fed back that they find the input and advice of the pharmacist a real benefit.

"The pharmacist was able to see the child's skin there and then and see it wasn't infected but needed better management."

Pritee Panchmatia, Howletts Pharmacy

One of our patients suffering from dementia came in, as she was still struggling to understand what to do with the dosette box. The pharmacist explained it again to her, and suggested she needed some extra help. She walked away angered by the suggestion she couldn't cope. The pharmacist phoned me to explain the situation. He seemed quite worried about her. So I decided to visit the patient at her house, so that I could go through the box with her again, as I was quite concerned she may end up overdosing. However, despite having shown her again, she seemed very confused. So I suggested, if she was agreeable, that I would be happy for her to come to

the pharmacy everyday and she could take the tablets in front of me, and I would put the weekend ones in separate bottles labelled Saturday and Sunday. She said she didn't want to put me out and I assured her it was no trouble, and it would make me happier knowing that she had taken her medication correctly and I knew how confusing these things can be. She started coming to the pharmacy from Monday, and not only did it help to ensure her medication was taken correctly, but the daily chats gave her something to look forward to. The GP and her daughter were informed of this agreement.

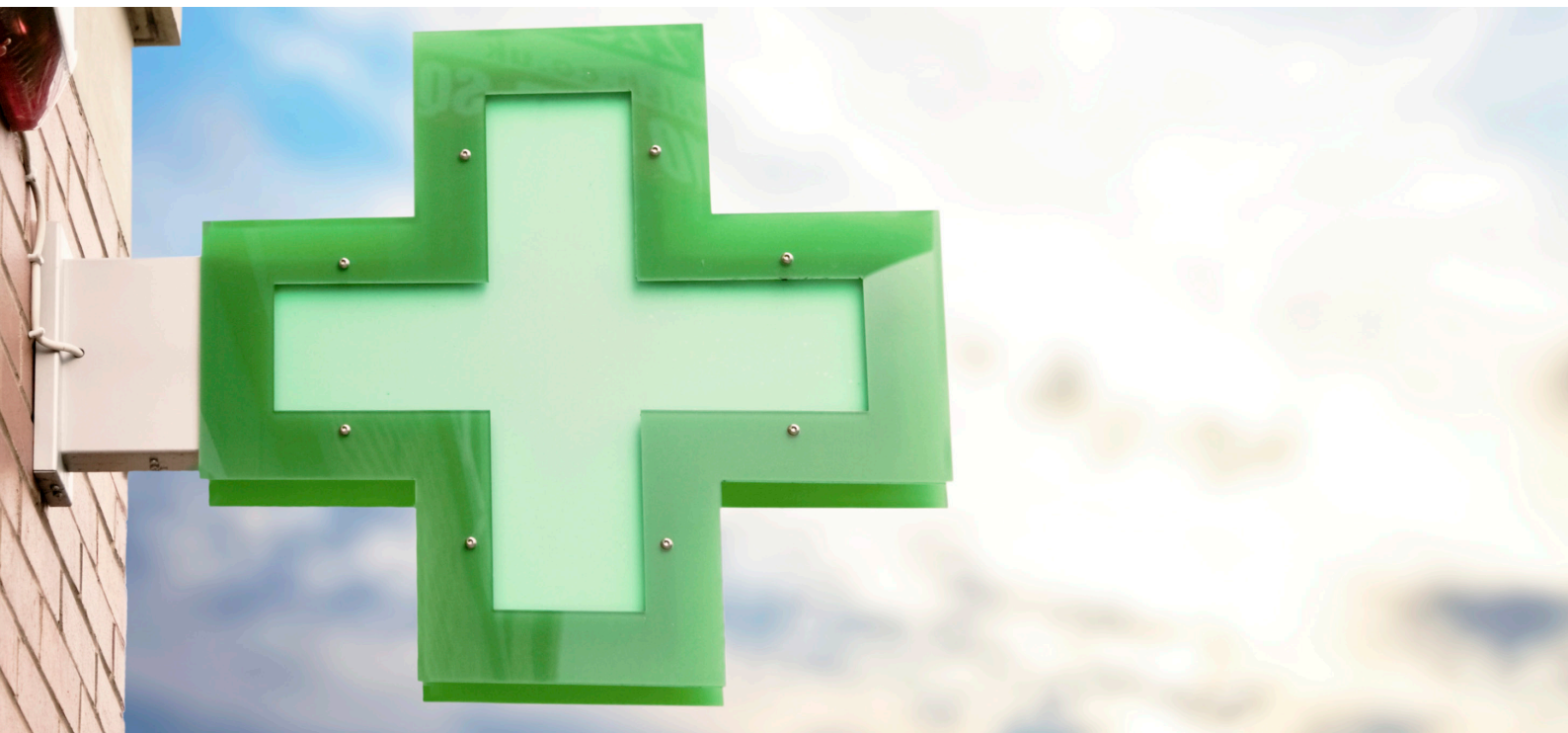
A research project looking at 'The impact of pharmacist face-to-face counseling to improve medication adherence among patients initiating statin therapy', found that "Patients who participated in brief face-to-face counseling sessions with a community pharmacist at the beginning of statin therapy demonstrated greater medication adherence and persistency than a comparison group." 'The impact of pharmacist face-to-face counseling to improve medication adherence among patients initiating statin therapy'. This helps enable a patient to take their medicine correctly and, if necessary, long term can have implications for the morbidity, mortality and safety of the patient but also cost and time savings for the NHS.

Nick Kaye, Kayes Pharmacy

A patient taking various medications attended the pharmacy. They appeared anxious and shaky and were concerned that they didn't feel right. They felt the pharmacist was approachable and had a chat about how they had been using their medication.

The pharmacist felt they were showing side effects from diazepam use and referred them to the GP which resulted in a reduction programme which the pharmacy helped put into place.

"They felt the pharmacist was approachable."



IN AN EMERGENCY, LOCAL ACCESS CAN BE A FACTOR

In some emergency situations having a pharmacist and a pharmacy nearby has made all the difference to the individuals involved.

Anthony Hui, Glennon Pharmacy

On a Saturday morning, one of the regular customers came in and requested something for an upset stomach. He did not look well and felt a little chest pain but thought it just indigestion or heartburn. Upon speaking to him and checking his blood pressure and pulse, my staff suspected he might be coming up with a heart attack and referred him to A&E straightaway.

It turned out we were correct. The hospital immediately dealt with his problem and he was discharged later on that day. They said he was on the verge of a heart attack. If he had ignored the matter he could be dead. The patient was very grateful of our intervention which indirectly saved his life.

Dawn Zandra Cruickshank, John Low Pharmacy

A gentleman was attending the anticoagulant monitoring clinic. During the consultation he admitted to being under a great deal of stress. He was having symptoms of a heart attack but not wanting to 'bother' the doctor.

The pharmacist took him through to the surgery who took an urgent ECG then rushed in to hospital.

"The pharmacist took him through to the surgery who took an urgent ECG then rushed in to hospital."

Nazneen Khideja, MyPharmacy

This teenager had seen a GP and been to a walk-in centre the same day but came to the pharmacy in the evening with his father, as he still felt unwell. We screened his

blood pressure and referred him urgently to A&E. He was subsequently diagnosed with kidney failure, and has since undergone a kidney transplant operation.

Raymond Hall, Raymond C Hall Pharmacy

A regular customer brought in a friend who was visiting her from out of town saying she did not feel well. After a conversation we took her blood pressure which was extremely high. We rang the surgery of the customer who confirmed we should call an ambulance.

The customer came in later to thank us and we heard no more. Many months later the friend came in to see us to thank us personally saying we had saved her life. When she arrived at the hospital a crash team was waiting and she had heart surgery that day.

Tony Schofield, Flagg Court Pharmacy

A patient attended who had been on a regularly increasing supply of cardiovascular medication. He reported chest pains and had been prescribed Gaviscon liquid. I drove the patient to hospital and he was admitted. He was discharged after having two stents fitted.

Allergies - there are many examples where the location of a pharmacy and the availability of an adrenaline injection and someone confident to use it has saved a life or reduced the impact of an allergic reaction. First responders and even ambulances do not always carry them and this can delay treatment by crucial minutes.

Ian Bloxham, St Dennis Pharmacy

A lady was stung by a bee and had a developing anaphylactic reaction. She rushed into the nearest pharmacy (mine) and was administered epinephrine by the pharmacist. At the

same time, pharmacy colleagues called for an ambulance. The first responder arrived but had no epinephrine and the ambulance took 20 minutes. The paramedics said they would have been too late.

"The pharmacist administered adrenaline and called an ambulance."

'Quick-thinking Leicester pharmacist saved woman who collapsed with allergic

"A lady was in a pharmacy to collect a prescription when an allergic reaction she was having to sunflower seeds became a lot worse. The pharmacist administered adrenaline and called an ambulance.

Upon the advice of a GP he administered a second injection. She subsequently made a complete recovery."

I was speaking to a patient in the pharmacy when a man dashed into the pharmacy and said someone was having a fit in the bakery four doors down and they needed medical assistance. It was his instinctive reaction to come to the pharmacy for help, given that we are highly accessible and responsive. I apologised to my patient and ran out of the door. I arrived to find a lady on the floor in the middle of the bakery. When dealing with someone

who's fitting, your training as a first aider means you let the patient have their fit whilst removing anything they can hurt themselves on. After the lady had finished fitting, it dawned on me that whilst the ambulance had been called her family hadn't. After ensuring she was comfortable I called her mother to let her know what had happened and reassure her that her daughter was in good hands.

"Patients receiving structured pharmacist consultations focused on improving medication adherence were shown to have significantly lower healthcare costs and risk of hospitalization"

'Impact of a pharmacist medication adherence consultation program on health care costs and risk of hospitalization' Wade R.L. 1, Value in Health Journal

FOR HEALTH IMPROVEMENT INTERVENTIONS, LOCAL ACCESS CAN BE A FACTOR

"Pharmacy's unique offering - access, location, informal environment - means pharmacies are ideally placed to make every contact count" Kevin Fenton (Director of Wellbeing, Public Health England) at the National Pharmacy Association conference, 2014.

Positioned at the centre of their communities, community pharmacists and their team members have millions of interactions with the public every week, all of which are potential health promoting opportunities. Pharmacies offer services and advice that can support patients and, where the pharmacy cannot itself provide the complete treatment, they signpost to relevant support networks and services.

On the Making Every Contact Count (MECC) website sits the document 'Consolidating and developing the evidence base and research for community pharmacy's contribution to public health.' which highlights that the community pharmacy setting offers:

- easy accessibility including for people from deprived communities, who cannot or do not wish to access other conventional NHS services
- long opening hours and convenience
- a health resource on the high street, in supermarkets, in every shopping centre
- anonymity, where appropriate
- flexible setting within an informal environment
- local businesses well connected to their local communities
- pharmacy staff tend to reflect the social and ethnic backgrounds of the populations they serve.

FOR CO-OPERATION WITHIN THE LOCAL HEALTH & SOCIAL CARE SYSTEM, PROXIMITY CAN BE A FACTOR

Lauren, Blakeberry Pharmacy

An elderly lady came into the pharmacy on a lot of different medication complaining of a burning sensation when passing water.

She had trouble walking so the pharmacist booked her an appointment with the GP and drove her over where she received antibiotics and it soon cleared up.

Cyber attack

The recent cyber attack (2017) affecting the NHS meant that some GPs could still unfortunately not offer their full service even days after the attack. Many patients were referred to community pharmacies for emergency supplies, showing real partnership working.

Woodlands Pharmacy (@WoodlandsPharm2) tweeted "101 emergency supplies in 6 hours and counting... and the government want to close brick and mortar pharmacies!"

"Many patients were referred to community pharmacies for emergency supplies."

Oliver Picard, Newdays Pharmacy

We work with our District Nurses for end of life care, we deliver to patients who are housebound and without our intervention would not get their medications.

These people don't have computers and without direct contact from our pharmacy, would not be able to get their medications.

Note: To support patients, nurses and carers in end of life care, some areas have 'Just in case' schemes in place. This involves a pack of specific palliative care drugs being supplied to the patient's home (or kept in stock at named pharmacies) when the need is identified. Community pharmacists are then part of a team to improve the care for people with palliative care needs, at the end of their life, enabling them to be cared for and die in the place of their choice.

Grenfell Tower Fire

Community pharmacies can also be a vital part of the collective response in the case of major incidents such as the recent, tragic, Grenfell Tower fire.

Advice issued by NHS London shortly after the incident included: "The hospitals receiving patients continue to be busier than normal and we encourage Londoners to use NHS services wisely and turn first of all to sources of advice such as NHS 111 and local pharmacies."

Chemist & Druggist magazine reported the experience of Chandni Vishrolia, pharmacist at Chana Chemist, which serves many people who live in the tower.

"We had a family come in first thing in the morning as they had left everything inside and we had to do an emergency supply of medication. We arranged for that immediately," Ms Vishrolia told C+D.

She described how she had received a call from a doctor at the respite centre with a patient of the pharmacy who had lost her medication.

"I couldn't find the lady [at the respite centre], who needed medication. I'm going to try and ring her again today," Ms Vishrolia said.

POLICY AND PRACTICE IMPLICATIONS

The National Pharmacy Association is considering the policy and practice implications of this report. We would like to invite others – in particular patient groups – to do the same.

How can technology be used to supplement or enhance, rather than diminish, face to face care and locally based services?

An example of where technology is being used appropriately – increasing the time available for direct patient contact – is the use of robotic dispensing in some pharmacies. Will Chemists in Inverurie, Scotland, reports that the use of a robot to dispense repeat prescriptions and manage certain back-office functions has “increased the time to look after our most important asset, our customers and patients.”

What more can be done to facilitate team working across the ‘neighbourhood health service’?

Food for thought is this recent report from Jackie Lewis, a pharmacist from Devon: “The local Macmillan GP came to me last year to see what we could work on locally, she has established a great working group with attendance from the CCG, NHS, Cancer Research UK, Macmillan, myself, the Local Pharmaceutical Committee and the local secondary care recovery team and this has culminated in us setting up three training evenings locally to upskill the community pharmacy workforce. The first was attended by 45 people representing 23 pharmacies. The speakers were excellent – we had Cancer Research UK speaking about red flag symptoms and how to engage with customers about cancer, GP’s encouraging us to refer and the Torbay hospital recovery team showing us an End of Treatment summary. Dialogue between all parties was really encouraging.”

Should referrals to and from community pharmacies into other parts of the health & social care system be more formalised and standardised?

As several examples in this report show, there are many direct referrals from community pharmacies to general practice, hospitals and social care. These could potentially benefit from a degree of formalisation and standardisation, as a way of integrating care and establishing a common understanding about what to expect – amongst patients, healthcare professionals and NHS managers.

Could more professional autonomy for pharmacists make face to face care more convenient for patients?

The NPA believes that pharmacists with more professional autonomy to provide treatments could more frequently completely satisfy the patient’s healthcare need, without the need for onward referral. There should be greater freedom for pharmacists to act within their scope of competence. This would be good for patients, whose access to healthcare will not be blocked by unnecessary bureaucracy, and positive for general practice and A&E as pharmacists will be able to deal with more situations and avoid putting further pressure on these stretched services. This is a natural progression in the role of the pharmacist and exactly the sort of model that the NHS needs to meet its capacity challenges and improve the patient experience. Qualifications for pharmacists to prescribe must be fit for purpose to allow the sector to deliver at scale, from the community pharmacy setting.



Should we be better at measuring the value of face to face interventions?

Many of the incidents cited in this report describe pharmacy interventions that are not routinely recorded or measured, either for the purposes of system learning or for remuneration purposes. A recent study¹ (September 2016) by PricewaterhouseCoopers shows that pharmacies deliver substantially more in benefits than they receive in payments, providing excellent value to the Department of Health. PWC found that community pharmacies contributed £3 billion to the NHS, public sector and wider society in England in 2015 through a selection of just 12 of the services they provide. The services included public health, self-care support and medicines support services. The benefits of the NHS prescription service were not in scope for the study.

¹Commissioned by The Pharmaceutical Services Negotiating Committee.

How can we optimise the benefits of face to face consultations?

As a result of NHS services such as Medicines Use Reviews and the New Medicine Service, many structured consultations now take place in pharmacies. Such services have been shown to be effective, but can they be made even more effective, for example by increased consultation skills training or by more thorough integration into NHS pathways for the management of long term conditions?