

Show'em the evidence!

Economic evidence supports the provision of enhanced services at community pharmacies.

In March 2018, NICE published its guideline NG94: “Emergency and acute medical care in over 16s: service delivery and organisation” available at: <https://www.nice.org.uk/guidance/ng94> . In this guideline 2 chapters focused on pharmacy’s contribution to the delivery of emergency and acute care in the NHS. I have been fortunate enough to be part of the technical team who developed this guideline, as a Senior Health Economist. My role was focused on systematically reviewing the published economic evidence for topics considered in this guideline, including the two pharmacy-related ones, to which I would like to draw your attention.

The first review, assessed the effectiveness and cost effectiveness of enhanced roles provided by pharmacists in the community setting and the second assessed the outcomes of having a ward-based pharmacist for either 7 days or less than 7 days a week. The results of these two reviews confirmed the cost effectiveness of enhanced roles provided by pharmacists at community pharmacies and general practice settings; but not at people’s homes. They also supported the cost effectiveness of regular ward-based pharmacist input. These findings, alongside the effectiveness evidence from randomised controlled trials, were considered by the guideline committee in its discussions and ended up informing the following guideline recommendations:

1.1.3 For people who are at increased risk of developing a medical emergency:

- provide advanced community pharmacy-based services
- consider providing advanced pharmacist services in general practices. [See the evidence review on [community-based pharmacists](#).]

1.1.4 For people at risk of an acute medical emergency, do not commission pharmacists to conduct medication reviews in the home unless needed for logistical or clinical reasons. [See the evidence review on [community-based pharmacists](#).]

1.2.7 Include ward-based pharmacists in the multidisciplinary care of people admitted to hospital with a medical emergency[3]. [See the evidence review on pharmacist support.]

[3]NICE's guideline on [medicines optimisation](#) includes recommendations on medicines-related communication systems when patients move from one care setting to another, medicines reconciliation, clinical decision support, and medicines-related models of organisational and cross-sector working.

These recommendations should support the case for funding enhanced services provided by pharmacists at community pharmacies, as the evidence shows their cost effectiveness. This does not only apply to the UK but to other OECD countries where the evidence came from. In fact, the findings have been welcomed by delegates from these countries who attended

the 1st International FIP Pharmacy Practice Research Conference held in Lisbon, Portugal from 25 to 27 June 2018 when presented there. They noted that a positive recommendation from NICE should pave the way to funding these services in their countries.

It is surprising, though, that here in the UK there is little awareness of the existence of these NICE recommendations. It is important that commissioners take note of these recommendations and implement them to maximise the benefit that could be gained from pharmacists' contribution to the emergency and acute care service provision in the NHS.

I believe that March 2018, the date of publication of this NICE guideline (NG94), should be added as one of the NHS70: major moments in pharmacy 1948–2018 outlined in the infographic published in the PJ on 22 June 2018!

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