

Abstract Submission

Pharmaceutical practice:

Community pharmacy

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Cost-effectiveness of enhanced pharmacy services in community and primary care: a systematic review

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My preferred method of presentation is: Oral Presentation

Background: Pharmacists working in community and primary care develop advanced skills to provide enhanced services, particularly in dealing with minor acute illness. However, it is not clear if these services are sufficiently cost-effective to warrant wider implementation in the English National Health Service (NHS)

Purpose: To review the economic evidence assessing community and primary care-based pharmacy services from the NHS perspective

Methods: Review protocol and search strategies were developed. Databases searched included: NHS Economic Evaluation Database, Health Technology Assessment, Medline and Embase. Includable studies were assessed for applicability and quality. Data were extracted and summarised

Results: Of the 2694 records retrieved, 10 studies were included. These were conducted in the UK, Spain, The Netherlands, Australia and Canada. Most were assessed as partially applicable with potentially serious limitations. Six studies found that interventions delivered at community pharmacies either dominated usual care or were cost-effective (Incremental Cost-Effectiveness Ratios (ICERs) ranging from £2,121 to £10,000 per quality-adjusted life-year (QALY)-gained. Interventions delivered at patients' homes were not cost-effective compared to usual care (two studies, ICER > £30,000/QALY-gained). Interventions delivered at GP surgeries either dominated (1 study) or were cost-effective (ICER = £5,567/QALY-gained)

Conclusion: Few economic evaluation studies assessed enhanced pharmacy services from the perspective of the English NHS and similar organisations. The studies identified supported the cost-effectiveness of services provided in community and general practice, but not at patients' homes