Getting the most out of community pharmacy for people with lung disease

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# **Introduction**

Community pharmacies can offer a wide range of services for people with lung disease, including ordering and collecting prescriptions; buying medication; flu vaccination; stop smoking services; medication reviews; and inhaler technique checks. Until now, relatively little was known about how people with lung disease use and value these services. Our survey of over 2,000 people with lung disease who use community pharmacies has revealed they are a valued and essential part of routine care. However, the survey has also shown there are many missed opportunities to maximise care support of people with lung disease. Vital services such as medication reviews, inhaler technique checks, and flu vaccinations could be more widely used through community pharmacy if they were effectively promoted and more people knew about them. We also know the value of community pharmacy to patients in it being an easily accessible and local service. Community pharmacy could therefore play a crucial role in reducing health inequalities. This report sets out how people with lung disease use and value existing services, the barriers and enablers to accessing them, the opportunities to make more of and improve existing services, and how services could be expanded to more effectively meet the needs of people with lung disease.

# **Methodology**

The Taskforce for Lung Health conducted a survey of 2,157 people with lung disease and carers of people with lung disease who use community pharmacy as part of their usual care. The survey ran for one month from 19/08/2020 to 18/09/2020 and was promoted through email and social media. The majority of respondents had COPD (47%), asthma (46%) or bronchiectasis (24%). Please see a breakout of ‘other’ diseases below in the appendix. Most respondents were female (75%) and aged 45 or over (86%). There was a skew to those who were retired (50%) and with a household income of less that £20,000 a year (48%). A full methodology and demographics analysis can be found in the appendix.

Respondents were asked to respond to the bulk of the survey as per how they used community pharmacy pre-COVID-19. This was in order to gain an understanding of how community pharmacy is used under ‘normal’ circumstances with the aim that this offers insight into how people with lung disease will use community pharmacy post-COVID-19. Nonetheless the survey also included an explicit section asking about the use of community pharmacy throughout the COVID-19 pandemic which is summarised in section 5.

# **Section 1**: *How people with lung disease use and value community pharmacy services*

Before the COVID-19 pandemic, nearly half (46%) of respondents used community pharmacy once a month with 38% using it even more frequently than this. Results show that usage is more frequent in those with higher levels of deprivation (based on the index of multiple deprivation). Responses for visiting more than once a month were 4.3% higher in respondents with high deprivation (IMD decile 1,2 or 3) than those with low deprivation (IMD decile 8, 9 or 10). Unsurprisingly, the most used community services were collecting and ordering prescriptions, asking for advice and buying other medication (figure 1). Less utilised but with still at least 40% using the service were face-to-face medicine reviews, flu vaccination, inhaler technique checks and recycling/returning old medications. Services related to stop smoking services (medication and advice) were the least used. Results show that the usage of services to ‘recycling/return old medications’ is 13% lower in responses from respondents with high levels of deprivation (IMD Decile 1 and 2) than from respondents with low deprivation (IMD Decile 9 and 10). However, usage of stop smoking advice and supply of stop smoking medicines was 16% and 13% higher respectively from respondents with high levels of deprivation.

Figure 1:Community pharmacy services used by people with lung disease

Nearly all respondents (95%) stated that they had used one or more community pharmacy service and that this was either valuable and essential for them, or something they could not live without. Evaluating responses from just those who used the services shows that every service was considered ‘valuable and essential’ or ‘could not live without’ by over 53% of respondents. This rises to over 80% of respondents, with an average of 91% when including ‘valuable but not essential’. Less than 12% of people stated that community pharmacy was not the right place for any given service, and even fewer respondents stated that a service was not valuable (less than 10%).

*“They [are] invaluable for two things: repeat prescriptions (they'd liaise with the GP and, in emergencies, could give emergency supplies!) and b) discussion of any and every condition, hugely useful and informative.”*

*“[I value community pharmacy for] Just "being there when I need them”*

Figure 2: How people value different community pharmacy services

Respondents who stated they had not used a particular service were asked to provide more detail. The primary reason for lack of use was the perception that these services were not needed (figure 3). However, nearly 80% of respondents received their flu vaccination elsewhere, such as at the GP. Recycling/returning old medication and face-to-face reviews received the highest number of respondents stating they were unaware that these services are available at community pharmacies.

Figure 3: Why people with lung disease don’t use community pharmacy services

When assessing how deprivation may impact the use of community pharmacy, survey results show that services are valued more highly by those from deprived backgrounds. Votes for ‘could not live without’ were 6% higher in those with respondents with high deprivation (IMD 1 or 2) than those with low deprivation (IMD 9 or 10). Figure 4 highlights the services that stand out the most as being more valuable to those with higher deprivation. The graph is ordered by the so that services with the largest disparity in votes appear at the top. These include advice on how you should use your inhaler devices, asking for advice from staff and face-to-face medication reviews.

Figure 4: Proportion of votes for 'Valuable and Essential' or 'Could not live without' from respondents with high deprivations vs low deprivation.

People with lung disease use and value a range of community pharmacy services, with many survey respondents stating that they could not live without these services. However, there is a lack of awareness about some of the services available such as recycling/returning old medication and the availability of face-to-face medication reviews.

# **Section 2**: *The barriers and enablers to accessing community pharmacies*

Community pharmacies can offer many advantages over appointments with a GP. Our survey revealed that people with lung disease value community pharmacies because they are close to home, they don’t need an appointment or it is easier to get to than a GP appointment, and they have convenient opening times. Figure 5 shows that three quarters (75%) of respondents value how community pharmacies are close to home. This is a key enabler for accessing these services. We also know that 99% of the most deprived communities live within a 20-minute walk of a community pharmacy and as discussed, the survey results show that people from more deprived backgrounds use community pharmacy more frequently and value community pharmacy services more than those who are less deprived. This makes community pharmacies well placed to reduce health inequalities by being easily accessible and highly valuable to the most deprived communities.

Almost half (48%) of respondents valued that you do not need an appointment or how it is easier to get to than an appointment with their GP, once again reiterating the accessibility and convenience of community pharmacies.

*“The…pharmacist knows my medical history and can give valuable advice without an appointment.”*

The free text box also revealed how people valued the quality of the service they received (30% of free text responses mentioned an aspect of service quality) and the convenience of accessing the service (41% of free text responses mentioned convenience or ease of access).

The key themes emerging around service quality were related to the staff being friendly, helpful and able to provide good quality advice. There were also several comments relating to community pharmacy being trustworthy/reliable.

*“Friendly, informative staff who see me as a person.”*

*“I don't consider any barriers, I have always had excellent service that is professional, friendly and caring.”*

Figure 5: Why people with lung disease value community pharmacy services

The survey showed clear advantages of using community pharmacies over a GP or other parts of the NHS in that community pharmacy delivers high quality and highly valued services in an accessible and convenient setting for people with lung disease. However, it also revealed that there are barriers to accessing these services. One in four felt that their condition was too specialist for a pharmacist and a fifth prefer to use another service such as their GP. Similarly, 16% stated they don’t like seeing a health care professional they don’t know and who doesn’t know their medical history. One in five have concerns about their privacy and just under 20% don’t think the services are well promoted or aren’t aware of them. This last barrier presents an opportunity to better promote community pharmacy services especially as this contributed significantly to the for services not being used.

*“Not confident that I’d get specialist advice, [so I] rely on [my] asthma consultant”*

Figure 6: Barriers to using community pharmacy

Community pharmacies are accessible, convenient and could play an important role in serving the most deprived communities. However, there is a lack of awareness about the full range of services available and people with lung disease may prefer to see their GP who knows them, has full access to their medical records, is considered as more knowledgeable about their lung condition and can be seen more privately.

# **Section 3**: *Getting the most out of existing community pharmacy services*

As shown earlier, uptake of community pharmacy services varied by the service considered. Respondents didn’t use some services because of a perceived lack of need, low awareness of available services (20% don’t think the services are well promoted or aren’t aware of them) or because they accessed them elsewhere. This has revealed a huge opportunity for better utilisation of vital community pharmacy services for people with lung disease. For example, flu vaccinations are accessed elsewhere by 77% of respondents, if more flu vaccinations were delivered through community pharmacies this may help reduce the strain on other parts of the NHS. Similarly, face-to-face medication reviews, an essential part of care proven to improve health outcomes, are accessed somewhere else by 37% of respondents but 29% were not even aware it was available through a community pharmacy. Inhaler technique checks are a crucial part of basic care for people with lung disease but are so often missed or not carried out properly. With 46% believing they don’t need this service, 38% receiving it elsewhere and 15% not aware it could be done at a community pharmacy, there is a real opportunity to make this service more accessible and improve its uptake among people with lung disease.

The survey also revealed that 57% of respondents did not know that pharmacies can take back inhalers for recycling or for safe disposal. Even of those that were aware of this service, only 27% had returned their inhalers for recycling or safe disposal.

As well as identifying opportunities for better use of community pharmacy services, the survey has also revealed areas where people with lung disease think services could be improved. Figure 7 shows that 71% of respondents felt that one or more service could be improved. Over a third thought recycling/returning old medicine needed improvement. This is unsurprising given the low utilisation of this service and may be due to the low awareness of its availability.

Figure 76: Community pharmacy services which could be improved

The survey has shown that community pharmacy is more convenient for people with lung disease, but current services are underutilised and could be improved. This is important because accessing vital services through community pharmacy may help improve health outcomes (through greater uptake of these services more broadly) and help free up resources in other parts of the NHS.

# **Section 4:** *Expanding community pharmacy services to better meet the needs of people with lung disease*

The huge majority of respondents (86%) felt there were more services that community pharmacies could offer. Just over half felt that help after an exacerbation or support managing an exacerbation would enable better management of their lung condition. Similarly, 52% stated that direct referral to their GP from the pharmacist when they needed more support would be helpful. Although not covered in the question, the open text box revealed that many people would like signposting or access to support groups including emotional support, exercise and pulmonary rehab.

*“Signposting for self-help groups, advice around weight control and healthy eating, where to get mental health support.”*

Access to diagnostics and monitoring tools also came out as important with 47% stating they would like access to lung function tests at their community pharmacy. Lastly, 42% thought an annual review of medication with a healthcare professional available at their community pharmacy would help support better self-management. Therefore, expanding the services offered by community pharmacies would better meet the needs of people with lung disease.

*“[There should be] more signposting that there is help within the local community than just the GP”*

*“an asthma nurse appointment is impossible to get in my doctors, if you could have it done in the chemist, that would be better for me”*

Figure 8: Expanding community pharmacy services to better meet the needs of people with lung disease

# **Section 5:** *The impact of COVID-19 on how people with lung disease use community pharmacy*

COVID-19 has impacted every part of the health service and community pharmacies are no exception. However, they continue to be a vital service for people with lung disease, remaining open and providing services throughout the pandemic.

One participant reflected*: “They stayed open, the GP closed for non-urgent patients and remains closed for non-urgent work”*

The survey revealed that over half of respondents (58%) stated they still feel safe using community pharmacy in light of COVID-19. Despite this, feelings of anxiousness, nervousness or hesitancy were present in 65% of respondents and while the implementation of appropriate measures such as social distancing and hand washing was said to make them feel safe these did not necessarily lessen feelings of anxiousness.

Two in five respondents (41%) stated that they continue to use community pharmacy as normal while observing social distancing, whilst 47% stated they are now not visiting community pharmacy services in person, with 28% sending someone else for them. More than a quarter stated they were using community pharmacy delivery services, with 40% stating this option would make them feel safe.

Unfortunately, 37% of respondents say they are now making use of services less than before COVID-19. However, we don’t expect a change in level of need for services post-COVID-19 and expect use to return to normal eventually. The survey results have shown that people with lung disease have continued to rely on community pharmacy services throughout the COVID-19 pandemic despite high levels of anxiety.

# **Conclusion**

Our survey of over 2,000 people with lung disease has shown that a wide range of community pharmacy services are used and highly valued by those that use them. They are not only convenient and accessible, but they may be a lifeline to the most deprived communities with lung disease. However, there is low awareness about all services available, including face-to-face medication reviews and recycling old medications. There are also barriers such as privacy concerns and preference for a GP who is considered more knowledgeable about lung conditions and has access to patients’ medical records.

The survey has revealed real opportunities to increase uptake of, and improve existing, services such as flu vaccination, face-to-face medication reviews, inhaler technique checks and recycling old inhalers. It showed how services could be expanded to more effectively meet the needs of people with lung disease such as by providing more support around exacerbations, direct referrals to the GP and annual reviews.

There are three key themes that emerging which merit particular further discussion:

* People with lung disease value community pharmacy services, but there are barriers preventing access to all services available. How can these barriers be overcome?
* Where are the missed opportunities for community pharmacy services and how can they be promoted to increase uptake with people with lung disease?
* How can services be improved or expanded to better meet the needs of people with lung disease?

# **Appendix**

**Survey methodology and demographics**

The survey received 2,157 responses, with an average completion rate of 69%, making up 1,487 complete responses. Incomplete responses still contribute to the questions that were answered. The average time spent on the survey was 10 minutes. The survey was distributed digitally, and responses came through the following streams.

* Email distribution list – 954
* BLF Facebook – 666
* AUK Facebook – 309
* BLF SG Newsletter – 118
* AUK Twitter – 33
* MO WG – 15
* Taskforce Twitter – 11
* BLF Twitter – 10
* Health Unlocked – 10

The majority of responses came from people responding for themselves (94%). Of those responding for others 70% were family and 24% were carers. People with Asthma or COPD made up the bulk of respondents at 46% and 47% respectively. However, the following diseases were represented in the respondents.

|  |  |
| --- | --- |
| **Disease** | **No. of Respondents with disease**  **Note: Some respondents reported multiple diseases** |
| Asthma | 831 |
| Bronchiectasis | 435 |
| ILD | 148 |
| Other | 103 |
| Emphysema | 20 |
| Lung Cancer | 18 |
| Sarcoidosis | 11 |
| Pulmonary hypertension | 7 |
| Lung cancer | 5 |
| Hypersensitivity Pneumonitis | 5 |
| Aspergillosis | 5 |
| ABPA | 4 |
| Asbestosis | 3 |
| Lymphangioleiomyomatosis | 3 |

Bronchiectasis made up 24%, IPF 7% and lung cancer 1%. Almost half (47%) of respondents reported a household income of less than £20,000 and 75% had an income of less than £34,000. This is likely due to a high number of responses from people who are retired/not able to work– retirees made up 49% of respondents and not able to work made up 16%. An index of multiple deprivation rank was attached to each respondent based on their postcode and these ranks were then converted into deciles which were used to assess any deprivation related trends. Respondents were well distributed across levels of deprivation, with a slight skew towards less deprived. This is despite a skew towards lower income, this may be explained by many respondents being on lower incomes due to retirement rather than this reflecting deprivation.

**Data Tables**

[Taskforce for Lung Health - Community Pharmacy Survey Results.xlsx](https://www.blf.org.uk/file/taskforce-for-lung-health-community-pharmacy-survey-resultsxlsx)