

Community Pharmacy weight management service based on behavioural change NICE guidelines ; integrated within the Central Lancs PCO weight management care pathway .

Joined Up Thinking and Integration :

Local data estimated 85,000 people with BMI over or equal to 30 and of those people 53,000 (16 years and over) were not registered as obese. Life expectancy in males and females in Lancashire is significantly worse than average in England. The Local Pharmaceutical Committee (LPC) proposed that community pharmacists could help because they already delivered successful quit smoking services and the skills required would be similar, but clearly it was a multi-professional solution that was needed.

Collaborative Leadership :

A programme called “Leading Across Boundaries” originally developed by the RPSGB and NW SHA was used to bring together a project team consisting of GP trainer and PEC member, PEC pharmacist, head of community dietetics, public health lead, LPC pharmacist, community pharmacist practitioner, PCO community pharmacy adviser, PBC business manager, commissioning lead and finance lead.

With a clear shared goal in mind, the team were supported to meet together for 6 full days over a 6 month period (whilst they also undertook a leadership programme based on the NHS Leadership Framework with 360% appraisal). This programme has been refreshed and is re-titled “The Primary Care Home Integrated Leadership Development Programme” which is supported by NAPC and NHSA.

Communications :

GPs wanted the pharmacy service to be based on behavioural change (motivational interviewing and brief interventions) and as we developed the service it was presented at GP PETs (protected education and learning events) so that GPs could feedback and input. [The PCO also established funded PETs for pharmacists.] Consent criteria and two way referral protocols were written into service specifications.

What the patients/ public wanted :

A survey was carried out in GP practices which identified that what the patients wanted was a weight management service that was medically endorsed, that was free of charge (NHS commissioned), that they could easily access close to where they lived and that they could have flexibility with appointments. A community pharmacy service ticked all the boxes.

Evaluation by University of Central Lancashire of 12 month project in 10 pharmacies :

The service was a structured behavioural change programme over 12 months based on setting achievable interim goals, supported by holistic lifestyle advice including diet and exercise.

Target group were people over 18 years old with BMI > 25 and <40.

- Statistically significant results for agreed weight loss (5% of body mass or more) maintained over 12 months (NICE guidelines). Average loss of 2.9kg or reduction in BMI of 2.4.
- This shows that pharmacists can deliver a structured behaviour change programme.

- Service is more cost effective than prescribing orlistat over 12 months (£160 per patient vs £419.51 per patient)
- Average reduction in blood pressure of 9/6. (Substitute for an antihypertensive drug ?)
- Ticks all the boxes in terms of what patients/ public wanted.
- Patients / public liked the informal pharmacy environment for this service which made them feel comfortable. It was on their “doorstep” ; they could be flexible about appointments/ drop-ins.
- Pharmacists felt satisfied delivering patient-centred services.
- Recommendation that the pharmacy based weight management service should be commissioned to play it’s part within the weight management care pathway, especially as NICE (CG 43) advises that “Drug treatment should only be considered after dietary, exercise and behavioural approaches have been started and evaluated.”

The service has been shown to be clinically and cost effective, is based on NICE standards and provides what patients/ public want including easy and flexible access. High satisfaction with patients/ public and providers. It helps to reduce health inequalities and the deterioration in LTC patients.

Other Outcomes :

PCO Medical Director sponsored this community pharmacy project and as a result I was invited to join the National Clinical Leaders network at NW SHA where there has been the opportunity to link professional networks and discuss QIPP challenges.

At PCO level, the LPC and other primary care contractor organisations are now members of the Clinical Executive Committee. The PCO is part of the DH QIPP programme for LTCs (diabetes and COPD) and we hope to be able to integrate community pharmacy into the pathways.

A legacy of the “Leading Across Boundaries” programme is a “local clinical leadership network to take further new service redesign.

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For : evaluation, service specification, SOPs, accreditation, etc. and for outline of “ Primary Care Home Integrated Leadership Development Programme.”

