Face-to-face contact can have profound clinical benefits for patients and result in savings for the NHS. We look at the vital role that personal contact in community pharmacy plays in patient care.
The NPA is gearing up to launch ‘The Whites of Your Eyes’ – a drive to highlight how vital face-to-face care is. 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.

In an age when the online supply of medicines is becoming an increasingly prominent feature, it is important to remember how fundamental the human touch is in healthcare.

A survey commissioned by the NPA looks at the value of personal contact and the public’s perception. A total of seven out of every 10 people surveyed said that they find face-to-face advice from a pharmacist, or member of the pharmacy team, to be very important. This figure increases among those who are heavy users of pharmacy – for example, 80 per cent of women over 65 classed face-to-face contact as very important.

Among the other findings of the survey, which was based on interviews with more than 2,000 consumers, was that being able to speak face-to-face with someone when ordering or collecting a prescription was revealed to be five times more important than the convenience of being able to order online (see box, right, for more findings).

**Spotting problems**

But it is about far more than convenience – personal contact can save lives. A man who knows this is Raymond C Hall, a pharmacist from Hull with more than 50 years of experience.

Giving an example, he cites a regular customer who came into the pharmacy with a friend who was not feeling well. Following a conversation, they took her blood pressure, which was extremely high. They then rang her surgery and called an ambulance.

‘The customer came in to thank us and then we heard no more,’ says Raymond.

‘Many months later, the friend came in to thank us personally, saying we had saved her life. When she arrived at hospital, a crash team was waiting and she had heart surgery that day.’

Discussing the importance of face-to-face care, Raymond says: ‘The first word that comes to my mind is “trust”. We have a relationship of trust and knowledge that can’t just be replaced by someone on the end of a phone or computer.

‘We are the first port of call for so many people, and we look after them from cradle to grave. If there were to be a reduction in face-to-face care, that would definitely have a negative effect on public health. We don’t have incidents where we know we have saved a life all the time, but what we are doing all the time is helping people.’

The NPA has pulled together a range of examples in which major health incidents were picked up by community pharmacists. Among these are a medicines use review in which the pharmacist discussed with a patient their morphine prescription and use. A follow-up discussion with the patient’s GP led to a prostate cancer diagnosis. In another instance, it was literally the whites of the eyes that were at issue. A patient was purchasing a remedy for indigestion, when the pharmacists noticed the patient had yellow eyes. Three days later, the patient had gall bladder surgery.

**Holistic care**

Nick Kaye, a pharmacist from Newquay and NPA Board Member for the South West, had a patient who requested to speak to him about erectile dysfunction. However, when talking, he noticed a slight hand tremor. He referred him to his GP and the patient was diagnosed with Parkinson’s disease, enabling early management.

‘He is a patient I’ve known a long time and when we were discussing his issues, I was showing him something on the computer. He raised his hand to point at the screen, and that’s when I noticed the tremor,’ says Nick. ‘It’s not the type of thing that you could tell over Skype – you need to see the whole person to give holistic care.’

He continues: ‘An early diagnosis helped him to get his life in order. It meant he could manage the condition as soon as possible, speak to all the right organisations and then come back to me with more questions. Early
diagnosis also saves the health service a lot of money, as the later the diagnosis the more expensive.

‘GPs can find it really hard to get patients to attend, if they don’t want to. But the medicines supply function drives those people who are hardest to reach directly to pharmacy, so we have them in front of us and can engage in a way that GPs can’t.’

Nick adds: ‘One of the biggest problems for community pharmacy is that we aren’t paid for what we do. Because we aren’t paid for these consultations and for giving out advice, and for triaging, this important role that we play isn’t recorded. So it can only be a good thing to publicise what we are doing here.’

There is a long list of issues that pharmacists are able to spot from face-to-face contact, many of which are life-threatening and span social care issues, as well as clinical symptoms (see box, left).

But the role of the pharmacist in face-to-face care is about much more than spotting issues that may otherwise go unnoticed. Having someone with experience and knowledge seeing the patient in person while supplying medication can make a big difference. This is not just the case for prescription, but also for over-the-counter medications. Pharmacists are able to confirm that patients are using the correct medications for their condition, know why they are using it, and can discuss any potential side-effects.

(See Spring issue, page 50).

Pharmacy interventions currently avert 1.5 million A&E visits every year. With NHS England figures showing A&E attendance reaching 22.9 million in 2015-16, a further increase would worsen the problem.

A Nuffield Health policy briefing argues that community pharmacy has a greater role to play. ‘Preventing hospital admissions is difficult, so policy-makers should be cautious about seeing prevention as a catch-all solution,’ it says. ‘But building up the skills and capacity of healthcare professionals – from community pharmacists to ambulance paramedics – to provide high-quality urgent care services outside of hospital […] should be a priority.’

What is important now is that the government, policy-makers and NHS managers understand the vital role that pharmacists play when they look into the whites of the eyes.

**Healthcare services**

Many NHS managers are seeking to meet tough financial savings targets by increasing the use of digital technologies to deliver health services.

While this may be a sensible aspiration, the sector needs to guard against this becoming a replacement for, not an enhancement of, face-to-face care.

Aside from the negative impact on the patients if there were to be a decrease in face-to-face care, there is also a knock-on for the wider healthcare and social care landscape. In the last issue of *inpharmacy*, David Hartin, an Emergency Medicine Consultant in East Anglia, wrote:

‘Emergency medicine currently resides in a perfect storm of increasing demand, static capacity and austerity finance.’

**THE PHARMACIST NOTICED THE PATIENT HAD YELLOW EYES... DAYS LATER, THE PATIENT HAD GALL BLADDER SURGERY**

(See Spring issue, page 50).

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**NPA CORE BELIEFS**

One of the eight Core Beliefs published by the NPA (see page 16 for more details) is as follows:

‘Face-to-face care is vitally important. Even more in this age of increasing automation and digitalisation, the face-to-face relationship between health professionals and patients matters.’

**RESUL TS OF THE NPA SURVEY INTO COMMUNITY PHARMACY’S VALUES**

7 OUT OF 10 SAY FACE-TO-FACE ADVICE IS VERY IMPORTANT

5X CONTACT IS FIVE TIMES MORE IMPORTANT THAN THE ABILITY TO ORDER ONLINE

FACE-TO-FACE CONTACT IS THE NO 1 ATTRIBUTE OF ORDERING AND COLLECTING PRESCRIPTIONS

LOCAL COMMUNITY PHARMACY IS 3.5 TIMES MORE TRUSTED THAN ONLINE