

# How can pharmacists improve diabetes care?



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Diabetes management is an excellent example of multidisciplinary team-working. The pharmacist is an important part of the diabetes team but has generally been less visible than other healthcare professionals in diabetes care. This may be because pharmacists run their businesses in working hours and find it difficult to attend local network meetings, or to access diabetes training opportunities.

However, recently there has been more recognition of the existing valuable services provided by pharmacists, and the potential for building on their skills and accessibility to provide a wide variety of services for people with long-term conditions such as diabetes. In her article, Natasha Jacques describes the changes in the pharmacy contract and other initiatives, such as independent prescribing, that are encouraging the development of a variety of innovative services.

There is an increasing emphasis on moving health services nearer to the patient's home and into the community (Department of Health [DH], 2006), and the local retail pharmacist provides "out of hours" availability (some of our local pharmacies in Birmingham are open in the evening and on Sundays). They can also be found in areas where people shop regularly, and so are usually easily accessible. In areas with large minority ethnic populations, the pharmacist or assistants may speak the languages spoken by the local population. The pharmacist can also provide continuity of care, particularly in a small pharmacy, as the person with diabetes may be served by the same pharmacist each month when they collect their regular prescriptions.

The provision of medicines, and advice on how to take them are two of the more obvious roles of the pharmacist. People with diabetes,

particularly those with type 2 diabetes, will often be on many medications: hypoglycaemic agents, anti-hypertensives, aspirin, lipid-lowering therapies, as well as medications for other conditions. Concordance with medication appears to be poor in the majority of people with diabetes, as seen in the DARTS (Diabetes Audit and Research in Tayside Scotland) study (Donnan et al, 2002). Natasha describes how pharmacists can address this.

As pharmacists will be increasingly involved in the routine management of diabetes, it is important that they have sufficient training in diabetes care. Delivery of the majority of diabetes care in primary care has been supported by the development of accredited courses in diabetes, such as the Certificate in Diabetes Care (CIDC) by Warwick University and other similar programmes. These enable healthcare professionals to attain the competencies to deliver a good quality of diabetes care. In particular, it is important that pharmacists are giving the same accurate, evidence-based information and advice to people that all healthcare professionals should be giving.

A report by Which? (*Pharmacies get test of own medicine*) suggests some people are being given inaccurate information by pharmacy staff (Which?, 2008). In our PCT, we invite our local pharmacists to PCT diabetes training programmes and three have attended our locally delivered Warwick CIDC course. However, many find it difficult to attend daytime meetings and study days, and getting them involved and trained may require evening meetings. The valuable part they can play in delivering high-quality diabetes care across a PCT area, as described by Natasha, can be worth it! ■