Achieving HbA_{1c} targets with patient satisfaction in community pharmacy

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Community pharmacies represent a local and accessible public health network. As such they are well placed to be the first point of contact for people seeking help with undiagnosed symptoms as well as for the management of both acute and chronic disease. On average, people with diabetes will visit their community pharmacy three to eight times more frequently than other individuals (Pinto et al, 2006). Therefore, community pharmacies are potentially a prime source of diabetes education and care.

The 2005 Community Pharmacy Contract was a move towards recognising and remunerating community pharmacists' extended roles in the optimisation of medicine and public health. Since then the profession has gathered ample evidence of improved outcomes for people with long-term conditions (Phelan et al, 2006; Al-Blowi et al, 2007; Morgan et al, 2007; James and Kumwenda, 2008). Significantly, patients have consistently reported high satisfaction levels with these extended services.

Pharmacists are now more involved in clinical care in a variety of ways, including counselling, reviewing medication and being independent prescribers. We have evaluated the effect of a diabetes education and counselling programme on diabetes control in a community pharmacy setting.

Method

Eligible patients (type 2 diabetes, HbA_{1c} above 58 mmol/mol [7.5%] and without serious comorbidities; n=23) were enrolled on a diabetes education and counselling programme in two community pharmacies in Hertfordshire. Three community pharmacists were specifically trained by a diabetes consultant and a specialist nurse to provide enhanced care, including structured and individualised patient education and counselling about diabetes, its treatment, associated cardiovascular risk factors and diet restrictions. This included six appointments with the community pharmacist over a period of 12 months. An HbA_{1c} target was individually set for each patient at the start of the programme, and was measured at two follow-up appointments (5 and 12 months). A service satisfaction survey via paper questionnaires was also employed half-way through the programme. A matched control group received routine clinical care.

Results

Twenty-one (91%) participants achieved their set HbA_{1c} targets; mean HbA_{1c} significantly reduced over 12 months (from 66 mmol/mol [8.2%] to 49 mmol/mol [6.6%], P<0.001). Two individuals who could not meet their targets had baseline HbA_{1c} of 53 mmol/mol (7.0%).

Twenty participants (87%) responded to the service satisfaction survey. All 20 were fully satisfied with the flexibility in arranging the appointments, the length of time spent with the pharmacist and the information received from the pharmacist during each appointment. Eighteen participants (90%) thought that consultations with pharmacists improved their understanding of diabetes and medicines. All patients said that the service met their expectations. There were no negative comments.

Conclusion

Education and counselling by community pharmacists can result in a significant improvement in diabetes control, with high levels of patient satisfaction. Comparison with the control group has demonstrated improvements in other clinical parameters (Ali et al, 2012). Given the current NHS changes and the increasing prevalence and cost of diabetes, it is even more important to consider the role of pharmacological and non-pharmacological interventions using the skills of community pharmacy teams. ■

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The IMPROVE™ Control Campaign

The Global Task Force on Glycaemic Control is a group of physicians and specialists in the field of diabetes from around the world that is working in collaboration with Novo Nordisk with the ultimate aim of identifying and developing practical solutions to the global problem of poor glycaemic control in people with diabetes. Since early 2008, the *Journal of Diabetes Nursing* has featured articles and submissions under the banner of IMPROVE™ Control – a global public awareness campaign focused on the need for improved control, as part of the Task Force's work. Throughout 2012, the journal will continue to bring you articles on the barriers to good glycaemic control, and submissions from *you*, our readers, outlining the strategies you have used to help people with diabetes improve their control.

For example, perhaps you have implemented a new educational session in your area that has helped break down barriers to control, or maybe you have set up a new referral pathway that has helped improve HbA_{1c} levels. The *Journal of Diabetes Nursing* would like to help you share your practical solutions for improving control, no matter how big or small, with other nurses working in diabetes. We encourage you to take part in this global initiative by calling 020 7627 1510, or emailing jdn@sbcommunicationsgroup.com.