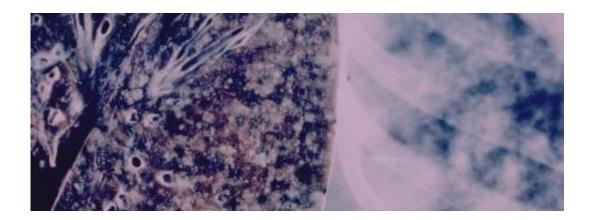


Research shows lung disease case finding in pharmacies could save £264 million

November 11 2014



Credit: Yale Rosen

Using community pharmacies to identify undiagnosed cases of chronic obstructive pulmonary disease (COPD) at an early stage could save £264 million a year according to new research from the University of East Anglia (UEA).

A report published today shows the value of pharmacies in addressing diseases at an <u>early stage</u>. It reveals that case-finding would provide "significant NHS and societal benefits" and save the NHS more money than the service costs to deliver.

The research shows that more than half (57 per cent) of people screened by pharmacies were identified as being at higher risk of COPD.



There are approximately 900,000 people diagnosed with COPD in England and an estimated 2.7 million people living with undiagnosed COPD. The research suggests that if rolled out across 11,100 pharmacies in England, an annual benefit to the NHS and wider society could be £264 million from diagnosing patients earlier and a reduction in lost productivity costs. Additional lifetime savings from stopping smoking are estimated at £215 million.

The research is based on 238 people screened by 21 pharmacies on the Wirral. A detailed analysis of the results shows that there were 88 active smokers in the <u>high risk group</u>. When they were offered smoking cessation advice by pharmacy teams, over a third (39 per cent) declined, just under a fifth (18 per cent) took part in pharmacy-based services and a third (34 per cent) were referred to other stop smoking support.

In addition, two thirds (63 per cent) of those screened were offered general lifestyle advice – two fifths (41 per cent) about smoking, 13 per cent on diet and nutrition, a fifth (21 per cent) on physical activity, 7 per cent on alcohol consumption, 5 per cent on weight management and 8 per cent on other topics.

Lead researcher Prof David Wright from UEA's School of Pharmacy said: "Our evidence from this service evaluation shows that case finding of COPD patients by community pharmacy is possible. Targeted screening identifies one patient with moderately severe COPD risk for every two who are screened.

"A simple cost analysis based on the <u>smoking cessation</u> element alone suggests that providing the cost per patient screened is less than £400, then the service should be adopted by the NHS because the costs are less than the current model of doing nothing."

In the service, customers were identified by pharmacy teams for



screening on the basis of smoking status, frequency of purchases of cough medicines and use of medicines to manage exacerbations of chest infections.

Customers completed a risk assessment questionnaire and had a microspirometry test. Those with a high risk score and/or a low test result were referred to their GP for further investigation, as well as being offered lifestyle advice in the pharmacy, where appropriate.

Clare Kerr, head of external affairs at Lloydspharmacy and a member of the project's management committee, said: "Our work has shown that pharmacies are an ideal place to undertake COPD case finding. Our work complements that of GPs, as many of our customers are not in regular contact with other health services. It uses the whole pharmacy team to identify the most appropriate people for screening and delivers significant benefits for the NHS and society as a whole, as a result. We have also demonstrated that this service can be delivered by pharmacies in a wide range of settings.

"We are very pleased that this work has resulted in a robust addition to the evidence base supporting the commissioning of services from community pharmacies."

The results of the Community Pharmacy Future (CPF) project's COPD Case Finding Service are published in the *International Journal of Pharmacy Practice*.

Provided by University of East Anglia

Citation: Research shows lung disease case finding in pharmacies could save £264 million (2014, November 11) retrieved 4 May 2024 from https://medicalxpress.com/news/2014-11-lung-disease-case-pharmacies-million.html



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