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Role of community pharmacists' in hypertension management – Clinical improvement and cost savings

Cardiovascular disease (CVD) is one of the biggest killers in the UK, with associated co-morbidities costing the NHS more than £10 billion every year. Community pharmacists are well placed to reduce this costly health burden through the delivery of locally commissioned services that focus on risk factors-hypertension, obesity and smoking. These services, however, must not only deliver positive patient health outcomes but must also be cost-effective.

It may be worth looking to Canada, where a number of studies have investigated the role of community pharmacists in blood pressure management. Two have addressed the clinical effectiveness of such services while the third investigated the cost-effectiveness of these interventions.

The first, a 2014 study by Santschi et al. - Improving Blood Pressure Control Through Pharmacist Interventions: A Meta-Analysis of Randomized Controlled Trials - looked at the role of "partial scope" pharmacists to improve hypertension reduction outcomes. The term "partial scope" was used to describe pharmacists who offered patient education and medicine management activities but who did not prescribe. The study noted that an average reduction in systolic blood pressure for those supported by their community pharmacist in this way was 7.6 mmHg.

Another 2015 study by Tsuyuki et al. - A Randomized Trial of the Effect of Pharmacist Prescribing on Improving Blood Pressure in the Community: The Alberta Clinical Trial in Optimizing Hypertension (RxACTION) - added pharmacist prescribing of anti-hypertensives to patient education and medicine management and found that average systolic blood pressure reduction increased to 18.3 mmHg. The authors felt that a potential reason for the extra blood pressure reduction with pharmacist prescribing was the fact that GPs may not always implement pharmacist recommendations. The impact of non-prescribing pharmacists' is, therefore, limited by a "ceiling effect".

These studies highlight that through the delivery of short educational interventions community pharmacists can have a positive impact on blood pressure reduction and that when they are given full prescribing powers their impact on blood pressure reduction is significantly greater than current care.

Following the two previously mentioned studies Marra et al. took their clinical outcomes and investigated whether these services were also cost-effective. Their paper -'Cost-effectiveness of pharmacist care for managing hypertension in Canada', published in 2017 - highlighted that not only did these services enhance patient health outcomes but that they were also cost-effective, to the tune of CD$6,364 cost-savings over lifetime per person.

Community pharmacists in the UK should use these findings as an incentive to start their own hypertension support clinics, enabling them to deliver better health outcomes for their patients and also to deliver cost-savings for the NHS.

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