

# Meeting Young People's Health Needs in Other Primary Care Settings

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# Opportunities to Engage

(Statistics from HSCIC, 2015 for England)

- ▶ 5,943 optical practices
  - ▶ “The number of children aged 0-15 receiving an NHS sight test has increased by 7.5 per cent to 2.7 million since 2013-14. This corresponds to 26,7644 sight tests per 100,000”
- ▶ 23,947 NHS high street dentists
  - ▶ “The number of children seen by an NHS dentist in the 12 months up to 31 March 2015 was 6.9 million. This equates to 60.0 per cent of the child population”
- ▶ 11,674 community pharmacies
- ▶ 7,959 general practices

# Opportunities to Care

- ▶ NHS funded services
  - ▶ Eye care
    - ▶ Tests, glasses, contact lenses
  - ▶ Dental care
    - ▶ Check-ups, treatment, orthodontics
  - ▶ Prescription medicines for acute and long-term medication
- ▶ Private services
  - ▶ Over-the-counter medicines for self-limiting illness
  - ▶ Beauty and healthcare
  - ▶ Cosmetic dentistry

# Community Pharmacy Services relevant to Young People

- ▶ Public Health
  - ▶ EHC, Chlamydia testing, Condoms, Pregnancy testing
  - ▶ Smoking cessation
  - ▶ Alcohol brief intervention
  - ▶ Substance misuse (needle exchange, supervised consumption)
  - ▶ Weight management
  - ▶ Folic acid supply
- ▶ Medicines Optimisation
  - ▶ Medicines Use Review
  - ▶ New Medicines Service
  - ▶ Condition-specific e.g. Asthma inhaler technique check
- ▶ Relevant to - but not necessarily targeted towards - YP

# Rethinking services for YP

Examples might include:

- ▶ Smoking cessation
  - ▶ Individual to group
- ▶ Weight management
  - ▶ Link to body image
- ▶ Medicines Use Review
  - ▶ Encourage YP to pick up prescriptions

# Young People Friendly Services

- ▶ It was possible to map the 'You're Welcome' criteria to different characteristics and aspects of community pharmacy services
- ▶ Community pharmacy services showed particular strengths relevant to the criteria (e.g. accessibility)
- ▶ There were opportunities and priorities for service development to meet the needs of young people
  - ▶ Staff training
  - ▶ Engagement of young people in service design
  - ▶ Tailoring and marketing services to young people
  - ▶ Integration with other local service providers

*And we've also got the credit cards... [that] just say that I would like to talk to you in private... So we give a lot of those out in young people's venues like the colleges so young people can just use that... they don't even have to say whatever, they can just hand over that card and straightaway the staff will know that they want a private consultation and we bring them into a consultation room.*

Interviewee 9 (Public Health Pharmacist)

## **Confidentiality and Consent**

*I mean we have regular training sessions once a week...over the last month, we've had training sessions on confidentiality and on young people and referrals and safeguarding."*

Interviewee 4 (Pharmacy Dispenser)

## **Staff Training, Skills, Attitudes and Values**

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Young People's Health



# Opportunities to Signpost

- ▶ ‘Early warning’
  - ▶ Purchase of medicines that might indicate more serious problems
    - ▶ Caffeine tablets
    - ▶ Sleep aids
    - ▶ Painkillers
    - ▶ Laxatives
  - ▶ General health opportunities
    - ▶ Information about health and wellbeing
  - ▶ General healthcare skills
    - ▶ Making and keeping appointments
    - ▶ Learning how to consult a health professional
    - ▶ Getting help with payment for services

Original Article

**Why don't younger adults in England go to have their eyes examined?**

Darren Shickle<sup>1\*</sup>, Marcus Griffin<sup>1</sup>, Rebecca Evans<sup>2</sup>, Benjamas Brown<sup>2</sup>, Almira Haseeb<sup>2</sup>, Sharon Knight<sup>2</sup> and Emily Dorrington<sup>2</sup>

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EDITORIAL  
**Pharmacist Partners in the Care of Children and Adolescents**

**I**N THE PAST 12 or so years, important changes have occurred in the profession of pharmacy that may not have captured notice among practitioners of other medical specialties. The concept of "pharmacist care" (ie, pharmacists accepting responsibility for interventions to improve the outcomes of medication therapy) has been institutionalized in schools of pharmacy; pharmacy organizations; and clinic, hospital, and community pharmacy practice. Thus, the knowledgeable clinical pharmacist whom physicians may have come to know in the pediatric and neonatal intensive care units of hospitals may also be found behind the counter of the corner drug store.

See also page 361

Pharmacists entering practice during the years since the early 1990s are trained and eager to practice their profession at a higher level of involvement with prescribers and with patients of all ages. To support these changes, community pharmacies are increasingly implementing both physical layouts and staffing patterns that allow for private consultations with patients. These consultations include contraceptive counseling; administration of vaccines or injectable contraceptives; screening for diabetes, hyperlipidemia, osteoporosis, obesity, or *Streptococcus*; and monitoring the use and outcome of medications from anticoagulants to human immunodeficiency virus drug cocktails. The National Institute for Standards in Pharmacist Credentialing (Alexandria, Va) reports a growing number of pharmacists who avail themselves of additional targeted training and examination to receive certification as providers of collaborative drug therapy management services.<sup>1</sup> Standards have been developed for anticoagulation, asthma, diabetes, and dyslipidemia management. In addition, state pharmacy associations offer standardized continuing education, and certification as providers of specialized services. Do all pharmacists practice this way? No, but many do and more will every year.

The study by Conard et al<sup>2</sup> in this issue of the ARCHIVES concludes that pharmacists present a potential barrier to adolescents seeking contraception advice, supplies, and prescriptions. The authors mailed questionnaire packets without notice orientation to 1361 Indiana pharmacists. They

narios involving younger adolescents were the more problematic. However, 82% to 90% of pharmacists would dispense the oral contraceptive, two thirds to three fourths would dispense Accutane (Roche Pharmaceuticals, Nutley, NJ), and 52% to 62% would dispense the emergency contraceptive without further queries. Recognizing that the pharmacist would most likely not have knowledge of the Premarin (Wyeth, Madison, NJ) indication, contacting the provider, as proposed by 35% to 40% of pharmacists, may be the most appropriate action. From the data presented, it cannot be ascertained whether the discomfort expressed by pharmacists was centered on adolescents as patients or on the complex of legal, ethical, and parental rights' issues that abound in the family planning arena when adolescents are involved. Indeed, the authors comment that Indiana law "does not address" provision of contraception to minors, which means that there is inevitable confusion about the consequences of doing so. One wishes that a more neutral scenario (perhaps selecting an anti-infective or another of the dermatologies that are nationally ranked first among drug categories dispensed to 13- to 17-year-old boys, and second among those dispensed to girls of the same age<sup>3</sup>) had been included. Nonetheless, the authors make a valid point that where reproductive health-related prescriptions are concerned, the prescriber would do well to refer young patients to a pharmacist known to be willing to dispense in accord with the prescriber's judgment.

There is evidence that pharmacists are willing to provide emergency contraception to adolescents and that the young clients are satisfied with the service they receive from pharmacists. Sucasato et al<sup>4</sup> found that although nearly all adolescent respondents (92%) who received emergency contraception from community pharmacist providers had a source for routine medical care, they chose to go to pharmacists because it was easy to get there, it was the only place they knew to go, and they felt their privacy was protected by the pharmacists. Ninety-four percent of adolescents who responded to the survey reported being "satisfied" or "very satisfied" with the amount of privacy they had and with the amount of time they had to ask questions, and the same number said they would recommend the service to a friend. Further, Sommers et al<sup>5</sup> found that the prescribers and pharmacists

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adolescent dentist

E.g. "breast cancer" HER2 Smith J

Social and psychological problems of adolescence and their relevance to dental care. (PMID:6749696)

Abstract Citations BioEntities Related Articles External Links

Albino IE, Tedesco LA, Phipps GT

International Dental Journal [1982, 32(2):184-193]

Type: Journal Article, Review

Abstract

Highlight Terms  
 Gene Ontology(3)

Troublesome behaviours of adolescent patients are explained using the cognitive-developmental framework of Elkind (1978). Self-contradictory and seemingly irrational behaviours reflect the limited experience of adolescents with newly acquired thinking and reasoning processes. The most important task of adolescence is establishing the adult identity. Just as physiological factors are producing a new adult body, cognitive processes

Dentists are advised to remember that adolescent behaviour patterns are not fixed. Of primary importance is the willingness of dentists to listen to young patients and to work towards trusting relationships with them. By serving as a stable adult role model the dentist can facilitate the adolescent's personal growth, as well as positively influencing dental health.



# Opportunities to Empower

- ▶ Does the young person have a relationship with a primary care professional?
  - ▶ Who is it?
- ▶ What is important to this young person?
  - ▶ Confidence in their appearance (good teeth/hair/skin, contact lenses instead of glasses)
  - ▶ Doing well at school (effective glasses or contact lenses, revision aids, sleep problems)
- ▶ How can we capitalise on that relationship?
- ▶ How can we build transferable skills for YP through that relationship?
- ▶ How can we support all primary care practitioners seeing YP?

# First Contact - Only Contact?

- ▶ All health professionals should be aware that when they see a young person they might be the only health professional in contact with them
- ▶ HEEADSSS for all
- ▶ Confidentiality training for all
- ▶ Raising awareness of 'You're Welcome'
- ▶ Build a critical mass of young people's health professionals in all primary care settings