

**267 CAN COMMUNITY PHARMACY SERVICES HELP EARLY IDENTIFICATION OF PSORIATIC ARTHRITIS? A NOVEL PROOF OF CONCEPT STUDY**Pankaj Mehra<sup>1</sup>, Tanya Baqai<sup>2</sup> and Muhammad K. Nisar<sup>2</sup><sup>1</sup>Community Pharmacy, Farley Hill Chemists, Luton, UNITED KINGDOM, and <sup>2</sup>Rheumatology, Luton & Dunstable University Hospital, Luton, UNITED KINGDOM

**Background:** The NHS five-year forward view has set out the need to look at new models to improve quality of care. The core domains of community pharmacy forward view also align the focus to NHS aspirations in the management of long-term conditions. Psoriasis is one such example, affecting 1% to 3% of the population with up to 40% of these patients at risk of developing PsA. There is plenty of evidence that early diagnosis of PsA remains suboptimal leading to poorer outcomes. The objective of this proof-of-concept study was to utilise community pharmacists in collaboration with the local rheumatology service to screen patients with psoriasis aiming to achieve earlier diagnosis of PsA.

**Methods:** Following discussions with CCG, a community pharmacy was identified as pilot site. Logistics were finalised and a dedicated teaching was delivered covering PsA and PEST tool. The dispensing personnel highlighted all patients requesting prescribed standard psoriasis-treating topical applications to the pharmacists. They offered the PEST questionnaire. Those who scored positive were signposted to their GPs for further consultation. The data was gathered anonymously and analysed to assess the utility of the service.

**Results:** 31 patients were identified during the first six weeks of the project. 21 (68%) participants were women. Median age of the group was 48 years (range 19-73). 17/31 (55%) were white Caucasians with eight Asian and three each of Afro-Caribbean or Mixed race background. 15/31 (48%) answered yes to three or more of five-question PEST tool thereby scoring positive. Eight (26%) replies were negative and another eight (26%) declined to participate. No reasons were offered for not filling in the questionnaire. Two of the positive patients have since been reviewed by GP and referred to rheumatology for further evaluation.

**Conclusion:** To our knowledge, this is the first study ever conducted utilising community pharmacists to employ a screening questionnaire to help early identification of possible PsA patients. These are the interim results with final set of findings expected by the year end. This novel approach of involving community pharmacy helps explore new and proactive ways of early detection of psoriasis patients at risk of PsA and challenges the traditional model of confining the screening process to GPs in primary care. Early findings have already identified nearly half of this cohort with hitherto potentially undiagnosed PsA. This pioneering development highlights a new model of care streamlining the diagnostic pathway for over 90% of psoriasis patients managed in primary care. It would also encourage quicker assessment by a rheumatologist without burdening the already busy GP practices. Focused strategy and better utilisation of community pharmacists can be pivotal to providing better care for PsA patients in line with NICE recommendations and NHS and community pharmacy forward view.

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