Choosing health through pharmacy

A programme for pharmaceutical public health

2005-2015
Choosing health through pharmacy

A programme for pharmaceutical public health 2005–2015
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A resource for pharmacists, PCTs, NHS Trusts and public health organisations to help maximise the contribution of pharmacists, their staff and the premises in which they work to improve health and reduce inequalities. It provides examples of innovative practice

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Ministerial Foreword

In *Choosing Health*, published last November, the Government set out a programme of action to provide more of the opportunities, support and information people want to enable them to improve their health. As part of this programme, we also made a commitment to publish a strategy for pharmaceutical public health in 2005 which will expand the contribution that pharmacists, their staff and the premises in which they work can make to improving health and reducing health inequalities.

Pharmacists work at the heart of the communities they serve and they enjoy the confidence of the public. Every day, they support self care and provide health messages, advice and services in areas such as diet, physical activity, stop smoking and sexual health. And one of pharmacy’s strengths is the ability to communicate health messages to people who are well, in addition to the sick. We are pleased to be able to recognise this important work, and to thank the many people who have been involved in developing this strategy.

We want to build on pharmacy’s strengths, to develop and further extend health improvement services, working closely with the wider public health team and expanding their role as advocates for health. This strategy will enable pharmacists and their staff to make better use of their skills, and it will open up opportunities for pharmacy to make a bigger difference to improving the health of people in England.

Rosie Winterton  
Minister of State

Melanie Johnson  
Parliamentary Under Secretary of State for Public Health
Choosing health through pharmacy

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Chapter 1: Executive summary

Choosing Health Through Pharmacy

“To date pharmacists have been a major untapped resource for health improvement. The track record of community pharmacists in areas such as stopping smoking, sexual health advice and substance misuse is evidence of how integral they are to tackling public health issues. But we would like pharmacists to do even more.”

(Health Minister Rosie Winterton MP, June 2004)

This strategy is about pharmacists and their staff in all NHS sectors: in the high street in community pharmacies, in GP surgeries, in hospitals, in Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs). It contains good practice guidance, which is not mandatory, but aims to support NHS organisations and the wider public health community to further develop the role of pharmacy in public health. Community pharmacies provide an increasingly wide range of accessible services and the recently agreed contractual framework provides a good platform for pharmacists and their staff to contribute to public health. Pharmacists and their staff work in hospitals as members of clinical teams and alongside GPs in primary care teams. We want pharmacists and their teams in all these settings to maximise their contribution to improving health and reducing health inequalities, by further extending their roles as advocates for health.

Public health is – The science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals.

Wanless 2004

Pharmacists will play a key role in the ‘health-promoting NHS’ described in the Government’s White Paper Choosing Health: Making healthy choices easier’ (Department of Health 2004a). Their distinctive contributions will echo the White Paper’s main themes, such as reducing tobacco and alcohol consumption, obesity, unwanted pregnancy, and inequalities in health. For community pharmacies, their location provides opportunities for community involvement and leadership (e.g. through school and workplace initiatives). Pharmacies are local, accessible and convenient for patients and the public. In many places, they have extended opening hours.
In Choosing Health we said that:

“We will put in place measures which make the most of the contribution that pharmacists can make. Working at the heart of the communities that they serve, they have real opportunities to offer health messages and advice ... The strategy for pharmaceutical public health, to be published in 2005, will demonstrate how pharmacists and their staff can contribute to improving health and reducing inequalities and how we can develop new services in the places they work.”

This strategy includes all areas of public health: health protection, health and social care quality and health improvement. However, the main focus is on health improvement, where pharmacy can make the greatest impact on people’s health.

Releasing the potential of pharmacy for health improvement

We recognise the important contribution that pharmacy already makes, particularly in supporting self care and providing health advice and information to the public. Pharmacists and their staff in all sectors have contributed for many years to public health.

There is great potential to expand and build on this excellent work. Our vision is for all pharmacists and their staff to see themselves as important contributors to improving health, working closely with their local public health teams.

This strategy sets out the contribution that pharmacy can make to delivering Choosing Health. In addition, it identifies areas for further development over the next decade and describes what pharmaceutical public health might look like in 2015. Key features of the strategy include:

- The public health challenge, the importance of building on the strengths of pharmacy, the evidence base for pharmaceutical public health and the contribution that pharmacy can make in different sectors
- The potential for tackling health inequalities by investing in health improvement services in pharmacies in areas with the worst health indicators
- The contribution that pharmacists can make as community leaders and health champions, and as entrepreneurs in developing social capital for neighbourhood renewal and development
The key role of pharmacists and their staff in providing information and advice to the public on health improvement, and in providing signposting to other services

The need to develop closer working relationships between pharmacists and local authorities to help influence the wider determinants of health

The potential for provision of electronic health information for the public in the pharmacy setting

The contribution of pharmacy to promoting health literacy, for example by participating in national programmes such as Skilled for Health and the Medicines Partnership Programme

How pharmacy can put people in touch with health trainers, identify people who might become health trainers and provide a setting in which health trainers may work

How pharmacy can be a major provider of NHS stop-smoking services, and the importance of offering opportunistic advice on smoking where appropriate

The provision of a range of sexual health services through pharmacy, including emergency hormonal contraception and chlamydia screening

How pharmacy-based needle and syringe exchange schemes and supervised administration schemes are reducing the spread of HIV infection and improving the management of substance misuse in local communities

Developing pharmacy’s contribution to tackling obesity

The key role of pharmacists in the prevention, identification and reporting of medication errors

The contribution that pharmacy can make to improving uptake of immunisation programmes by referring people to appropriate clinicians, by providing a setting in which other professionals may administer vaccines and, in the future, by directly administering vaccines

How pharmacists and their staff can identify individuals with risk factors for disease, offering them lifestyle assessments

The important part that pharmacy can play in managing medicines safely and effectively for children and becoming involved in child health promotion programmes

Making pharmacies more accessible and inviting to men, offering information, advice and support for self care

The contribution of pharmacy to the care of people with long-term conditions, e.g. heart disease, diabetes and asthma, by encouraging the effective use of medicines; promoting healthy lifestyles; supporting self care; carrying out medication reviews; managing disease systematically within multi-professional teams; and working in partnership with case managers

The strategic role of SHA pharmacy leads, PCT pharmaceutical public health specialists and pharmaceutical advisers working with PCT Professional Executive Committees and Local Pharmaceutical Committees to expand pharmacy’s contribution
Executive summary

- Developing the pharmacy workforce to deliver Choosing Health, in the three main groups identified by the Chief Medical Officer – the wider public health workforce, public health practitioners and specialists
- Strengthening the undergraduate pharmacy curriculum and training of support staff to better encompass public health
- Using pharmacy premises to maximum benefit in delivering health improvement services; taking account of this in pharmacy design

**Getting started – what are the priorities?**

The NHS Improvement Plan (Department of Health 2004b) sets out the Public Service Agreement (PSA) targets agreed between the Department of Health and the Treasury, which are the key deliverables for the NHS and include challenging public health targets (section 2.1). The table below suggests a list of priorities for pharmacy, based on the PSA targets, the importance of the identified health problem and the size of the potential population health impact.
Choosing health through pharmacy

### Some Public Health Priorities for Pharmacy

<table>
<thead>
<tr>
<th>Overall Priority</th>
<th>National PSA target</th>
<th>Pharmacy contribution</th>
<th>Population health impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 REDUCING SMOKING</strong></td>
<td>Reduce adult smoking rates to 21% or less by 2010, &amp; to 26% in ‘routine’ &amp; ‘manual’ groups</td>
<td>Opportunistic brief advice, No-smoking campaigns, Specialist NHS Stop Smoking Service, including nicotine replacement therapy (NRT) etc.</td>
<td>****</td>
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<tr>
<td><strong>2 HEART DISEASE, STROKES AND CANCER</strong></td>
<td>Reduce mortality rates by 2010 from heart disease and stroke by at least 40% in people under 75, with a 40% reduction in the inequalities gap</td>
<td>Information &amp; advice on healthy lifestyle (smoking, diet, physical activity, etc.), Campaigns – national or local Secondary prevention/risk factor monitoring and advice, etc.</td>
<td>***</td>
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<tr>
<td></td>
<td>Reduce mortality rates by 2010 from cancer by at least 20% in people under 75, with a 6% reduction in the inequalities gap</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3 UNDER-18 CONCEPTION RATE</strong></td>
<td>Reduce the under-18 conception rate by 50% by 2010, as part of a broader strategy to improve sexual health</td>
<td>Emergency hormonal contraception under Patient Group Directions (PGD), Supply of condoms, Signposting to other sources of advice and support, Sexual health advice and screening as part of integrated system</td>
<td>***</td>
</tr>
<tr>
<td><strong>4 OBESITY AMONG CHILDREN</strong></td>
<td>Halt the year-on-year rise in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole</td>
<td>Targeted information &amp; advice on diet and physical activity, Weight reduction programmes including supply of anti-obesity medicines</td>
<td>**</td>
</tr>
<tr>
<td><strong>5 REDUCE HEALTH INEQUALITIES</strong></td>
<td>Reduce health inequalities by 10% by 2010 as measured by infant mortality &amp; life expectancy at birth (&amp; see priority 2 above)</td>
<td>Signposting to services to: improve housing, improve income among the poorest, support to families with young children, health literacy, Target services to reduce smoking, improve diet, coronary heart disease (CHD) risk, etc., on disadvantaged groups, PCT investment in pharmacies in areas with the worst health indicators, Community action &amp; advocacy; provide floor space for community groups, etc.</td>
<td>**</td>
</tr>
</tbody>
</table>
Executive summary

Overall Priority   National PSA target   Pharmacy contribution   Population health impact

6  LONG-TERM CONDITIONS

Improve health outcomes for people with long-term conditions by offering a personalised care plan for vulnerable people most at risk; and improve care in primary care and community settings

Providing support to patients & other professionals in the effective use of medicines. Promotion of healthy lifestyles

Support for self care

Disease-specific care management

Work with case managers

**

7  SUICIDE AND UNDETERMINED INJURY

Reduce mortality rates from suicide and undetermined injury by 20% by 2010

Provide information & advice

Signpost or refer to appropriate local services

*

8  OTHER INTERVENTIONS TO IMPROVE HEALTH AND REDUCE HEALTH INEQUALITIES

Safe and effective use of medicines

Opportunistic advice

Medicines – use reviews and prescription intervention service.

Reporting of adverse drug reactions

Helping to reduce medication errors

***

Services for substance misusers

Supervised consumption of methadone and other medicines

Needle and syringe exchange schemes, plus information & advice

***

Immunisation services

Identifying and referring clients

Offering floor space to other professionals

Administering the immunisation

***

Management of asthma

Opportunistic advice

Involvement/lead in asthma care pathway

*

Children & young people

Effective use of medicines

Signposting

Child Health Promotion Programme, Healthy Start, Extended Schools

**

Men’s health

Information & advice

**

Reduction of harm from alcohol

Opportunistic advice

Brief interventions

Offering floor space to other professionals

*

We estimated the potential population health impact of pharmacy interventions from the importance of the identified health problem and the strength of the available evidence for the intervention.

* = some impact

** = moderate impact

*** = considerable impact

**** = major impact
Choosing health through pharmacy

The health-promoting pharmacy in 2015
Over the next decade we expect to see pharmacists and their staff develop a much wider role in public health, as part of our vision for a health-promoting NHS set out in Choosing Health. The Wanless report (2004) highlighted three scenarios for public engagement in health: slow uptake, solid progress, and fully engaged. In the fully-engaged scenario, levels of public engagement in relation to health are high and health status improves dramatically. In the context of the fully-engaged scenario, what would the health-promoting pharmacy of the future look like?

The health-promoting pharmacy in 2015

- Is a primary source of information and advice on health issues and local services for the community, helps reduce health inequalities, and is part of a strong local network of health improvement services
- Provides directly, or makes space available for, a range of health improvement services in particular for disadvantaged people, older people, children and young people, and focusing on specific services such as stop smoking, sexual health, substance misuse, weight management and immunisation
- Identifies people with risk factors for disease and provides appropriate advice, including support for self care
- Works in partnership with the local authority and voluntary organisations to improve the wider determinants of health, such as poverty, housing, education and employment
- Is linked with schools, workplaces and other local settings, including people’s homes, to provide health information and advice
- Helps people to take more control of their own health and to shape the services they need by being a trusted health advocate, visible and active beyond the pharmacy and working closely with local community leaders and volunteers
- Improves the health of people with long-term conditions by helping them with their medicines, promoting healthy lifestyles, supporting self care, signposting to other services and working closely with community matrons and case managers
- Makes best use of the extended pharmacy team with active links to training, research and public health networks
- Works in partnership with health organisations and the wider public health community across primary, community, social care and hospital settings
- Uses a wide range of modern IT and communications technology to provide electronic health information to the public and to access electronic health records shared with patients
Executive summary

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Making it happen

Department of Health

To support the implementation of this strategy, the Department of Health will:

- Continue to promote to the public the use of pharmacies for health advice
- Bring together key stakeholders nationally to provide leadership and support for the implementation of the strategy
- Work with relevant stakeholders to develop an education and training framework for pharmaceutical public health
- Identify the scope to extend further the contribution of pharmacists and their staff in the delivery of the preventive elements of National Service Frameworks
- Explore with the Modernisation Agency and its successor body, the NHS Institute for Learning, Skills and Innovation, the feasibility of establishing pharmaceutical public health networks for innovation to support this strategy

Developing the pharmaceutical public health workforce

The Chief Medical Officer has described three main groups within the multi-disciplinary public health workforce (DH 2001d):

- **The wider public health workforce** – such as care professionals or teachers, who make a positive contribution to public health through their work, but do not spend the majority of their time on public health
- **Public health practitioners** – such as health visitors or health promotion staff, who spend a major part of their time in public health practice
- **Public health specialists** – who work at a strategic or senior level to influence the health of whole communities

Most pharmacists and their staff will be part of the wider public health workforce. They will, with additional education and training where necessary, have a high awareness of public health and knowledge of the tools and techniques necessary to improve health.

Over time, we expect more pharmacy staff in all settings to become public health practitioners. They will spend a significant proportion of their time on public health and may work at a number of pharmacies, for example, running health advice sessions and providing advice or training to other staff.

We also expect a number of pharmacists to qualify as public health specialists. They will lead and support the development of pharmaceutical public health in PCTs and SHAs and contribute to wider public health development.
**Primary Care Trusts**

- Should consider embedding the contribution of pharmacists and their staff in the health improvement element of their local delivery plans and in their public health capacity-building programmes and annual public health reports.
- Should consider the location of pharmacies in relation to areas of social deprivation and health need, and review the range and distribution of pharmacy services.
- Should ensure that pharmacy is represented on appropriate planning groups for service developments such as sexual health, smoking and weight management.

*Choosing Health* announced new funding for priorities such as obesity, sexual health and alcohol services. PCTs should consider the contribution of pharmacy when commissioning these services, possibly as enhanced services within the new contractual framework for community pharmacy. They will need to agree service specifications in line with national policies and standards, where available.

**Strategic Health Authorities**

- Should encourage PCTs to include pharmacy in the health improvement element of their local delivery plans.
- Should include pharmacists and their staff (from all sectors) in their health improvement workforce plans.
- SHA directors of public health, pharmacy leads and specialists in pharmaceutical public health should promote the contribution of pharmacy, facilitate the development of pharmacy networks and help to build pharmacy capacity.

**Pharmacists**

- Pharmacists and their teams in all sectors should consider how they can best contribute to improving health and reducing health inequalities in the light of this strategy and the Government’s wider policy on public health.
- Pharmacist members of PCT professional executive committees should ensure that pharmacy’s contribution is considered in local planning, working closely with their pharmaceutical advisers and taking advice from public health specialists where appropriate.
- Local pharmaceutical committees should work with PCTs and SHAs to develop community pharmacy’s contribution to health improvement.
Conclusions: Choosing Health through pharmacy

In Choosing Health, the Government set out a framework for action to make a difference to the health of people in England. It describes the challenges in ensuring that people continue to benefit from longer and healthier lives, and seeks to engage everyone in choosing health and tackling health inequalities.

Our strategy – Choosing Health through pharmacy – identifies how pharmacists and their staff in all NHS sectors can maximise their contribution to improving health and reducing health inequalities, by developing new services and by further extending their roles as advocates for health. Pharmacy already makes a significant contribution to health improvement – there are many examples of good practice in this report. By systematically building on and extending these, pharmacy can make a real difference to improving the health of people in England.
Chapter 2: Introduction

Pharmacy and Public Health

“We must embed pharmacy into all NHS public health decision-making processes.”

“Pharmacists and their staff should be recognised as part of the NHS public health family.”

“Action can be in small steps, not major changes all at once.”

(from contributors to the strategy)

This strategy for pharmaceutical public health aims to maximise the contribution of pharmacists, their staff and the premises in which they work to improving health and reducing health inequalities. It stems from the Government’s commitment in Choosing Health, published in November 2004, to put in place measures that make the most of the contribution of pharmacy. The White Paper said that community pharmacies, working at the heart of communities they serve, have real opportunities to offer health messages and advice on issues such as diet, physical activity, alcohol, stopping smoking and looking after our own ailments ourselves.

This strategy sets out the background to pharmaceutical public health and the evidence base underpinning pharmacy interventions, and builds on these to recommend action to expand and deliver pharmacy’s contribution to public health. It identifies models of innovation and good practice and steps that NHS organisations should consider to maximise the benefit pharmacy can bring to local health improvement programmes. And it examines the workforce, education and training and research and development implications.

2.1 The Public Health Challenge

The Government’s commitment to improving health and tackling health inequalities was underlined through four major publications in 2004:

First, the report by Derek Wanless, Securing Good Health for the Whole Population (2004) stressed that action to improve the health of the whole population and to reduce inequalities in health was cost effective.

Second, The NHS Improvement Plan (Department of Health 2004b) set out the Public Service Agreement (PSA) targets agreed between the Department of Health and the Treasury. These are the key deliverables for the NHS and include:

- Inequalities in health will be reduced by 10% by 2010 as measured by infant mortality and life expectancy at birth
- Death rates from coronary heart disease and stroke in those under 75 will be reduced from 1997 by at least 40% by 2010, with at least a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole
Death rates from cancer in those under 75 will be reduced by at least 20% by 2010, with at least a 6% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole.

Death rates from suicide and undetermined injury will be reduced by at least 20% by 2010.

Adult smoking rates will be reduced to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less.

Halting the year-on-year rise in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole.

Reducing the under-18 conception rate by 50% by 2010, as part of a broader strategy to improve sexual health.

Improving Health outcomes for people with long-term conditions by offering a personalised care plan for vulnerable people most at risk; and to reduce emergency bed days by 5% by 2008, through improved care in primary care and community settings for people with long-term conditions.

Third, Choosing Health describes how these goals will be achieved:

- The provision of better information to support the demand for healthy choices created by a consumer society.
- Treating children and young people as a special priority.
- Community action to help people to have control over their own health.
- Creating personal support for people.
- A vision for a health-promoting NHS.

Fourth, the health and social care standards and planning framework for 2005–08, National Standards, Local Action (Department of Health 2004c), has, as a first priority, improving the health of the population. This strategy describes how pharmacy can make a full contribution to these national goals. Pharmacists and their staff need to recognise their key role, and the NHS needs to value the contribution that pharmacy can make.

2.2 Building on the strengths of pharmacy

Pharmacy, in all its settings, already makes a significant contribution to health improvement and the potential for an even greater contribution over the next ten years is considerable. We want to see pharmacists and their staff in all parts of the country becoming involved in public health initiatives, instead of only some pharmacists in some parts of the country. There is also scope for pharmacy to engage with new initiatives, for example in tackling the wider determinants of health. Pharmacy premises can be used for health improvement services not only by pharmacists and their staff, but also by other health and social care professionals.

Community pharmacies provide a wide range of NHS-funded services. They also sell an increasing range of medicines for self care, health and lifestyle products. Pharmacies can give people clear and credible information to allow them to make informed choices, and can provide personalised, practical advice and support. And pharmacists have an excellent record in offering non-judgemental advice on sensitive issues such as emergency hormonal contraception and needle and syringe exchange, which suggests that the public trust them.
Research (Royal Pharmaceutical Society of Great Britain (RPSGB) 1996) shows that:

- 94% of the population visits a pharmacy at least once a year
- Each adult visits a pharmacy on average 12 times a year
- There are 1.8 million visits to pharmacies every day for prescriptions, buying medicines and health advice
- Of these, 260,000 visits each day are specifically for health advice
- Some priority groups are frequent users of pharmacy: older people, families with young children, unemployed people, the homeless, drug users and those living in inner cities or rural areas. These groups are likely to have greater health needs, may not have access to a car and rely more on local pharmacies to meet their needs

**2.3 The Evidence for the contribution of pharmacy to improving health**

There is good evidence that community pharmacy can provide effective health improvement services (Annex 4). There is some evidence of the contribution that other sectors of pharmacy, such as hospital or primary care-based services, can make to improving health. However, as in other areas of public health, the evidence for pharmacy-based health improvement services needs to be strengthened (section 6.8).

As this is a developing area of public health in the UK and internationally, the available evidence, as generated from research studies will inevitably lag behind the reality of good practice and service innovation. We have therefore adopted a consensus-based approach to utilising existing knowledge and devising new methods of service delivery. It is likely that evidence of effectiveness can be transferred to pharmacy from other settings, and other health professionals (such as GPs and nurses). What works elsewhere has the potential to work in pharmacy settings, and what works for one health profession could work for the pharmacy profession.

We have identified ten key roles for pharmacy in public health, based on the ten key areas of public health practice as defined by the Faculty of Public Health and Skills for Health (Annex 2).
Ten key roles for pharmacy in public health

1. **Assessing the health and social needs** of the local community, through involvement in surveillance and the gathering of intelligence

2. As **public health leaders in their communities** acting as advocates on behalf of others on health issues, contributing to sustainable communities and neighbourhoods

3. **Recognising all the key influences on health**, such as income and education, as well as lifestyle issues such as smoking and diet

4. **Being accessible to all**, communicating accurate, contemporary health information clearly and promoting health literacy

5. **Signposting** to other services, including information technology, to help people make healthy choices

6. **Delivering a wide range of health improvement services**, particularly those that help to reduce inequalities in health, both in the pharmacy and in other settings such as other primary care premises, schools and workplaces

7. **Working in active partnership** with a wide range of other health-promoting statutory and voluntary services, both within the pharmacy and elsewhere in the community

8. **Supporting people with long-term conditions**, by helping people to use their medicines effectively, promoting healthier lifestyles, supporting self care, monitoring and assessing patients’ conditions, and participating in multidisciplinary care teams

9. **Protecting health** through promoting the safe, effective, informed and responsible use of medicines

10. **Contributing to public health capacity at all levels**, ensuring the whole pharmacy team is trained and evaluating its services

### 2.4 Pharmacy in all NHS sectors

Pharmacists and their staff working in the community, in primary care and in the hospital setting can play a key role in the ‘health-promoting NHS’ set out in *Choosing Health*. Their distinctive contributions will echo the White Paper’s main themes, such as reducing tobacco and alcohol consumption, obesity, unwanted pregnancy, and inequalities in health. For community pharmacies, their location in the heart of communities provides opportunities for community involvement and leadership (e.g. through school and workplace initiatives) and for supporting individuals to take control of their own lives, their health and (if applicable) self-management of their long-term condition. The new contractual framework for community pharmacy provides a real platform for pharmacy to contribute to improving health and reducing health inequalities. This strategy will also identify ways in which pharmacists and their teams in hospitals and in primary care can contribute to improving health. **Annex 3** provides an overview of pharmacy with reference to public health.
Supplementary and independent prescribing

Over 400 pharmacists are currently qualified to act as supplementary prescribers, who can prescribe within individual clinical management plans (CMP) agreed with the independent prescriber (for example the GP) and the patient. The Government is currently undertaking a public consultation on independent prescribing by pharmacists and, subject to legislation, we expect to have the framework in place by 2005.

Supplementary and, in future, independent prescribing will increase pharmacists’ contribution to the care of people with long-term conditions, particularly in secondary prevention (Annex 2), for example the management of cardiovascular risk.

Action

- PCTs should consider the benefits of supplementary prescribing by pharmacists, particularly in the care of people with long-term conditions
- When independent prescribing is in place, PCTs should consider how pharmacists can contribute by, for example, prescribing emergency hormonal contraception, oral contraceptives and stop-smoking medicines

The new contractual framework for community pharmacy

The new contractual framework for community pharmacy provides an important vehicle for improving health (Annex 1). It incorporates public health at each of the three levels of service (essential, advanced and enhanced). The promotion of healthy lifestyle messages and proactive involvement in national/local campaigns are included within the essential services component which all community pharmacies will be expected to provide. In addition, PCTs may commission enhanced services to meet local needs, including emergency hormonal contraception, supervised administration of methadone and other substances, stop-smoking services and needle exchange services.

The strategic tests developed for the contractual framework include public health (www.natpact.nhs.uk).
Making the most of the new contractual framework

“I am trying to develop a model for future pharmacy practice, so our new pharmacy is designed to be a combined medicines-management and health promotion centre of excellence. In addition to providing locally commissioned services under the enhanced tier of the new contract, I am hoping to support the GPs and the PCT in meeting the targets of the new General Medical Services (GMS) contract and the Quality and Outcomes Framework … I believe that integrating services, like medicines management, near patient testing and health promotion, so they are all available in one easily accessible place, is the right way forward. The future is about building ‘added value’ around our core role of dispensing. Pharmacy should be viewed as a key public health network as well as a very efficient medicines-distribution network.”

Graham Phillips
GSP1Manor@aol.com

Further integration of pharmacy within primary care

The Royal Pharmaceutical Society of Great Britain (RPSGB) workforce census (Hassell 2004 – Annex 3) suggests that at present about 8% of pharmacists work in primary care. Of these, 5% work for PCTs and about 3% work directly for GP practices. Many of these pharmacists combine community pharmacy with sessional work in GP practices. In the future, more pharmacists are likely to work alongside GPs, nurses and other health professionals in this way, particularly in the light of the new community pharmacy and general medical services (GMS) contractual arrangements.
The new GMS contract was introduced in April 2004. Its quality and outcomes framework (QoF) includes quality indicators for stopping smoking, coronary heart disease, stroke, blood pressure, diabetes, asthma and patient communication, amongst others. Pharmacists are already helping to improve care in these areas (sections 4.8 and 5).

**Community pharmacists in GP practices**

**Greater Peterborough Primary Care Partnership**

The two Primary Care Trusts in Peterborough employ 18 pharmacists, many of them community pharmacists, on a sessional basis, so that all GP practices have input from a pharmacist. They undertake medication reviews (at all three levels depending on their experience) and advise patients on minor ailments and self care. They were specially interviewed for the posts using an assessment of their clinical skills, which are further enhanced by regular training sessions.

Val Shaw

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About 25 pilots had been approved by the end of 2004. Some of these schemes include public health priorities such as stopping smoking, substance misuse services and emergency hormonal contraception. The Department of Health has commissioned a national evaluation of LPS pilots, which will report in 2005/06. This evaluation will determine whether LPS should be mainstreamed (www.dh.gov.uk/PolicyandGuidance/MedicinesPharmacyAndIndustry/LocalPharmaceuticalServices).

**Local pharmaceutical services and personal medical services**

In Liverpool, Boots has an LPS pharmacy co-located with a PMS GP practice set up in response to the local, predominantly student, population. The LPS supports the work of a number of agencies on public health campaigns and specific services, such as prescription interventions, medicines management, stopping smoking and emergency hormonal contraception. There are plans to increase the range of services provided.

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**Action points:**

- PCTs should consider how pharmacists, working alongside GPs, nurses and other health professionals, can best contribute to improving health through the pharmacy and primary medical care contractual frameworks.
If the national evaluation is successful, LPS will be mainstreamed. Wider use of the more flexible Local Pharmaceutical Services contracting arrangements would help to deliver public health priorities and to integrate pharmacy further with other services.

The contribution of hospital pharmacy
The RPSGB’s workforce census shows that about 22% of pharmacists work in hospitals. Hospital pharmacists and their staff are employed directly by the NHS and should be regarded as part of the ‘health-promoting NHS’ workforce. In addition to advising patients, carers, families and health professionals about the clinical and cost-effective use of medicines, they also oversee the initial use and uptake of new medicines and manage the distribution and disposal of medicines. They also advise on risks inherent in the use of existing medicines, for example combating antimicrobial resistance. They could substantially expand their public health roles in the future, for example by:

- Expanding their current role in offering patients, families and carers, children as well as adults, information on making healthy lifestyle choices while on hospital wards; providing information to outpatients, day cases and during the admission and discharge processes
- Participating in public health interventions by hospital clinical teams and in long-term care pathways, for example cardiac rehabilitation and diabetes management
- Participating in training offered by the hospital for health professionals, such as stopping smoking and self care for long-term conditions
- Leading on work with other NHS colleagues to offer advice and support to NHS employees on making healthy lifestyle choices
- Providing outreach services, telephone help lines and health information support for other professionals, patients and carers
- Liaising with, and providing follow-up, where appropriate, to, community and primary care-based pharmacy services to ensure seamless care on discharge
"Public health should not be a bolt-on activity, but fundamental to what pharmacists do day by day."
(from a contributor to the strategy)

3.1 Introduction
This chapter describes how pharmacy can make a real contribution over the next ten years to the health improvement challenges set out in section 2.

3.2 How pharmacy can help to reduce inequalities in health
Pharmacies already provide a range of products and services such as emergency contraception and stop-smoking medicines, helping to reduce health inequalities. Many PCTs have commissioned such services locally to ensure that they are available equitably, especially in deprived areas with greatest needs.

The national programme for action on inequalities in health Tackling Health Inequalities: Department of Health 2003 is summarised in Annex 2, together with information on relevant national initiatives.

Impacting on the wider determinants of health
The evidence summarised in Tackling Health Inequalities suggests that pharmacy could impact on the wider determinants of health, such as poverty, housing, education and employment (Annex 2), by actively signposting to the following services:

- Local authority services to improve housing quality by tackling cold and dampness, and to reduce fuel poverty
- Services to improve income among the poorest, such as sources of advice on benefits, tax credits, debt counselling, etc.
- Services to support families with young children
- Services to support teenage parents
- Services to support mental health patients

Wider determinants of health – pharmacy providing help with debt management
“… debt advice on my estate is a particular problem … people are in debt and they don’t borrow from banks and building societies … they borrow from loan sharks. So we have a credit union collection point in the pharmacy so every week there’s a guy that comes in and uses one of the consulting rooms and collects money off people who are within the credit union.”
Hooman Ghalamkari,
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Signposting is an essential service in the new contractual framework for community pharmacy. Pharmacists will provide signposting to support, advice or treatment that cannot be provided by the pharmacy, to other health and social care providers or support organisations as appropriate. In order to make the biggest impact on inequalities in health, pharmacists and their staff may need to actively help people who may not always ask for assistance. Hospital pharmacists should also provide relevant signposting to sources of information and support.
Health improvement strategies are jointly planned and delivered by health and local authorities, through Local Strategic Partnerships and in future through Local Area Agreements. Because many local authority services have a particular impact on the wider determinants of health, pharmacists and their staff need to develop stronger links with local authority staff in order to develop partnerships to reduce inequalities in health.

**Action point:**
- To ensure maximum impact of their signposting services on the determinants of health, pharmacists (in all settings) need information from local authorities. PCTs could facilitate this through the new Local Area Agreements, and the new contractual framework for community pharmacy.

**Further action to reduce inequalities in health**

The evidence suggests that, in order to reduce inequalities in health, pharmacists and their staff should signpost, and/or directly provide or host services:
- To improve educational attainment and skills development among disadvantaged populations (section 3.6)
- To help specific groups, for example unskilled workers, pregnant women and others, to stop smoking
- To help people to improve their diet and/or manage their weight, including improving nutrition in pregnant women (section 4)
- To help to prevent and manage other risks for coronary heart disease and cancer such as physical inactivity, diabetes and hypertension, especially in people over 50 and people in manual social groups
- To help to prevent teenage pregnancy and improve sexual health
- To provide floor space for other services and groups to improve access to services in disadvantaged communities

Pharmacists and their staff should target the hard-to-reach sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector (Pharmaceutical Services Negotiating Committee (PSNC) 2004).

Programmes to help people stop smoking and prevent teenage pregnancy are enhanced services within the new contractual framework which PCTs can commission (sections 4.2 and 4.3).

Hospital and primary care pharmacists can also be involved in many of these services, as described in section 2.4.

### 3.3 Investing in pharmacies in areas with the worst health indicators

“Pharmacies in deprived communities can become a focal point for the community.”  

*(Dr Nicola Gray, University of Nottingham)*

“Many pharmacies are located within poor communities – robust development of their public health role can contribute to reducing health inequalities.”  

*(Professor David Hunter, Chair, UK Public Health Association)*

The Government’s PSA targets (section 2.1) aim to reduce the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole. The ‘Spearhead Group’, announced by the Secretary of State in November 2004, is made up of 70 Local Authorities and 88 Primary Care Trusts that map to them.
Achievement of the PSA targets will be assessed on the outcomes for this group in 2010. Investing in the health improvement role of pharmacies in these areas could therefore be particularly valuable. Pharmacies can also provide, or host, services to reduce inequalities in more localised areas of need in PCTs which are not defined as ‘spearhead’, but which may also have very significant health gaps.

**Hillingdon PCT: involving pharmaceutical advisers in assessment of inequalities**

Hillingdon PCT’s public health team had seen reference to Low Income Scheme Index (LISI) scores in the Compendium of Clinical Indicators, and involved its pharmaceutical advisers in finding ways of using them to understand local health inequalities. The LISI records, by GP practice, the proportion of prescriptions exempt from prescription charges. The national average is 11% and the range in Hillingdon was between 1.7% and 37.6%. The PCT has used the LISI data to highlight areas of inequality due to low income and to plan appropriate public health interventions.

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**Action points:**

- Health improvement services in pharmacies will have most impact on reducing inequalities if investment is targeted by PCTs on pharmacies in the areas with the worst health indicators. All pharmacy public health initiatives should be carefully designed to ensure that they do not widen the health gap.
- Services to reduce inequalities can be provided directly by pharmacists and their staff, or by making their premises available to other professionals.
- PCTs should consider commissioning enhanced services from pharmacies to help to reduce health inequalities, informed by their needs assessment.

**3.4 Becoming a neighbourhood resource for health**

In some communities and neighbourhoods, the pharmacy, perhaps with the post office, is the main community resource. The health-promoting pharmacy is socially aware, perceptive about the needs of its local community and of its role in leading, in partnership with others, action in the community to tackle health needs. It provides signposting to services, for example to improve uptake of benefits and reduce fuel poverty, and hosts community groups in the pharmacy.
Lloydspharmacy CHAT centres

Lloydspharmacy has 12 CHAT centres across the UK, underpinned by the concept of ‘social pharmacy’. Their aim is to provide the local community with the most up-to-date information using a cohort of multidisciplinary advisers, from both statutory and voluntary sectors, covering a variety of health, social and welfare topics.

A CHAT centre is an area of the pharmacy that is reserved for the provision of information and advice. The acronym stands for: C = community and local, H = health, social and welfare, A = advice provided informally by T = trained professionals.

The uptake rate is by far the highest for leaflets on benefits (30%). Leaflets for elderly care, child care and health care also have high uptake rates. The information is supported by a programme of specialist events. Multi-agency advisers, who may be from social services, community nurses, or from organisations such as Age Concern and Arthritis Care, are available on a non-appointment basis.

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Green Light Pharmacy

Green Light Pharmacy near Euston station in central London has invested in and actively involved their local community. Whilst providing typical pharmacy services from ground-level premises, their basement has been transformed, with neighbourhood renewal funding and private investment, into a local health education and meeting centre with a particular focus on the needs of older people, ethnic minorities and those with long-term illness.

The pharmacy provides regular health education sessions to the Bangladeshi and wider communities, including specialist stop-smoking services. Pharmacy visitors also benefit from a PCT-funded public health assistant who conducts healthy lifestyle assessments and motivational counselling.
Choosing health through pharmacy

Green Light is also one of six partners in the West Euston Healthy Communities Project, which is supported by the New Opportunities Fund (now the Big Lottery) and helps local people shape community services. Green Light operates a training programme for community volunteers, which enables them to become community leaders on health issues. Volunteers encourage local people to complete a series of questions about their health. Individuals may then be invited to the pharmacy for health checks and health education.

The strong links Green Light has with both the local community and other service providers, including GPs, ensure they can be confident of providing services the community really need.

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Choosing Health notes that workplaces are often underutilised as a setting for promoting health. The Department of Health is developing a programme of pilots, in partnership with other national agencies, to develop the evidence base for effectiveness of promoting health through the workplace.

Hospital, community and primary care pharmacists can also expand their health information and advice services by outreach into the community, for example into schools (section 4.8) and local workplaces. This is particularly important in areas where many other public services are not readily accessible. The stop-smoking service in Harrow PCT is a good example (see box on page 36).

**Action points:**

- Pharmacists should consider the contribution they can make as community leaders and health champions.
- They should also consider their role as entrepreneurs in developing social capital for neighbourhood renewal and development, for example by engaging with programmes included in Choosing Health such as the new Communities for Health initiative, the Healthy Communities Collaborative and as health champions (see Choosing Health, Chapter 4).
- We will carefully consider the contribution that pharmacists and their staff can make to the forthcoming national pilot programme on promoting health and well-being through the workplace.

**3.5 Providing information and advice**

People obtain information about health from a wide range of sources. Choosing Health stresses the importance of information that people can trust. Providing information and advice is an important role for pharmacists in all settings. A MORI survey in 2003 showed that people use pharmacists as a health resource second only to GPs.
Sources of health information

Pharmacies can provide information on health and lifestyle issues, including smoking, diet, physical activity, sexual health, alcohol and substance misuse, and skin cancer prevention, as well as information on other determinants of health such as housing and education. Information and advice can be offered through prescription-linked interventions, campaign-based services, and signposting, which all community pharmacies will be providing from April 2005. Other creative ways of providing information should also be considered.

Locality working to support health campaigns in Epping Forest PCT

Epping Forest PCT is made up of five localities, centred on its main market towns. Community pharmacies are included in locality working and involved in locality needs assessment. Each pharmacy is being asked to nominate a public health lead, who is encouraged to attend locality meetings. The locality health needs assessment will increasingly provide the direction for the six campaigns a year required by the new contractual framework. The campaigns will be part of wider locality and district-wide campaigns that will be run in a wide range of settings, including GP practices, community clinics and community facilities. Community pharmacies can decide on two of the six campaigns, but the remainder are directed by the PCT in line with the priorities in the Choosing Health White Paper.

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Source: Patient Choice – Worcester (MORI), 2003
Note: categories are not mutually exclusion
Pharmacists should take a holistic view of health and be proactive in the provision of opportunistic health advice. Evidence shows that some pharmacists and their staff are uncomfortable about providing unsolicited health advice, as it is perceived to be an unwelcome intrusion (PharmacyHealthLink and RPSGB forthcoming). Studies have shown that training can help change pharmacists’ perceptions about offering advice proactively (section 6.4).

**East Surrey PCT Pharmacy Information Project**

Since April 2000, an increasing number of pharmacies (now 29) in the East Surrey PCT area have taken part in a project to improve health through the provision of a rolling programme of information. The programme is multidisciplinary and involves close working between the Local Pharmaceutical Committee, the PCT, Social Services and the voluntary sector.

Information is provided within the pharmacies on display boards, leaflets and posters. Resource folders are updated as the topics change on a monthly basis and include contact details of local and national agencies and groups. Topics covered so far include sun safety, flu, falls in the elderly, depression, healthy hearts, men’s health, stopping smoking, arthritis, emergency contraception, travel health, asthma, diabetes, osteoporosis, reducing stress, dental health, insomnia, head lice, children’s health, domestic violence, fuel poverty, food safety, abuse of the elderly and the misuse of alcohol and drugs.

Regular training is provided on new topics. The pharmacist co-ordinator visits each pharmacy on a monthly basis. The project has been independently evaluated.

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The provision of health information electronically can be another useful way of imparting information. Some pharmacies already provide a computer for visitors to access *NHS Direct Online* and other health-related websites.
The Department of Health will launch Health Direct, a new telephone, internet and interactive digital television service, in 2007. It will provide health professionals and the public, especially those operating and living in deprived circumstances, with easily accessible and confidential personal advice, relevant information and practical support about how individuals and communities can lead a healthier life and the health choices available to them. Pharmacies could be considered as one of the access points for the internet version.

**Action points:**

- Pharmacies should be one of the primary sources of information and advice on health issues
- PCTs should integrate the six health campaigns per year required by the new contractual framework for community pharmacy with the health improvement element of their local delivery plans
- Pharmacies should consider making electronic health information available to the public, for example NHS Direct and other health-related websites, and the new Health Direct service when it becomes available

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**NHS Live: Boots and Halton PCT**

The NHS Live programme provides opportunities for NHS organisations to partner with the private sector, to share expertise and learning and to focus on patient-centred service improvements. In one project, Boots has worked closely with Halton PCT and the local education department, to improve self-esteem and life skills among families in disadvantaged communities. The project is focused on behaviour in schools, sexual health education, asthma, dental health and nutrition.

Pharmacies have also been running a programme of events to improve health awareness and self-esteem among the local community. These events have been well attended and have reached people who do not always access other sources of health advice.

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3.6 Promoting Health Literacy

The health gap between those who are empowered to help themselves and those who are not is growing. Derek Wanless’ ‘fully engaged scenario’ (Wanless 2004) depends on people being able to make informed decisions. About 15% of the adult population, often from disadvantaged backgrounds, lack the literacy and other skills to understand and act upon basic health information. Low levels of literacy and numeracy can have a major adverse impact on health and well-being. For example:

- Different social groups vary in their responsiveness to health education and information campaigns, and differences in health literacy contribute to variations in behaviour and health inequalities
- People with low literacy levels have less understanding of their medical conditions and self-care instructions than their more literate counterparts
- Health literacy aims to help individuals in the community to take control of the management of their own health and health problems, and of getting the best from the services they need

The Skilled for Health programme

The Skilled for Health programme is a partnership between the Department of Health, the Department for Education and Skills and the learning charity ContinYou (www.continyou.org.uk). It combines learning objectives with health content to help adult learners gain a better understanding of their own health and how to make better use of the NHS, while improving their basic skills. It also aims to develop partnership working between health and adult education.

One of the demonstration projects includes the Green Light pharmacy in Camden. It is planned to develop other pharmacy-based demonstration projects. New funding will enable every Primary Care Trust to run at least one Skilled for Health programme each year by 2007, starting in the spearhead PCTs. A national collaborative of organisations with expertise in adult education and health will develop a range of tools and resources for frontline staff.

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The Medicines Partnership
The Medicines Partnership Programme is supported by the Department of Health to enable patients to get the best out of their medicines, by involving them as partners in decisions about treatment and providing support with their medicines. It aims to change professional and patient behaviour, by building the skills of pharmacists, doctors, nurses and other professionals to involve patients as partners.

Joanne Shaw
www.medicines-partnership.org

3.7 Working with personal health trainers

Choosing Health announced a new kind of personal health resource, NHS health trainers: “They will be drawn from local communities and will offer practical advice and good connections into the services and support available locally. They will help people develop and implement their own personal health plans … They will receive accredited training in health improvement, communication skills and promoting behaviour change.”

Action points:

- Pharmacists and their staff can play an active part in the promotion of health literacy: by working with individual patients, and encouraging them to become advocates for service improvements; by working with other professionals to help them to explain to patients how to use their medicines effectively; by participating in the Skilled for Health and Medicines Partnership programmes; and as exemplar employers themselves, ensuring their staff are health literate

- We will also explore the value of a resource pack for frontline professionals, including pharmacists

Source: www.comstock.com
Action points:

- As part of their signposting role, pharmacists and their staff could put people in touch with a health trainer.
- They could also identify local people who might be interested in becoming personal health trainers; some pharmacy staff, particularly medicines-counter assistants, who often come from the local community, could acquire accredited health trainer status.
- Pharmacies could be used as a setting where health trainers are available.
- We see a development role for pharmacists and their staff in supporting health trainers.
Chapter 4: Tackling Health Priorities

4.1 Introduction
This chapter sets out how pharmacists and their staff can improve the health of specific groups in the population and target particular health issues.

4.2 Providing support for stop smoking
For every two smokers who quit, one premature death will be prevented. NHS Stop Smoking Services are used by increasing numbers of people.

There is a strong evidence base for the effectiveness of pharmacy-led stop-smoking programmes. NHS stop-smoking services in community pharmacy are a major success story, in some cases enabling PCTs to achieve their stop-smoking targets. They have also been shown to be cost effective (Pharmacy HealthLink and RPSGB forthcoming). Over 50% of PCTs are already commissioning NHS stop-smoking services through pharmacy (Annex 3). Community pharmacy could become one of the major providers of NHS stop-smoking services.

Giving advice
Pharmacists should opportunistically provide brief advice1 on stopping smoking. This will be routinely provided by community pharmacists under the contractual framework for community pharmacy. Hospital and primary care-based pharmacists should also consider the provision of opportunistic advice, especially for people with diabetes and those at risk of coronary heart disease.

Some pharmacists may want to become trained health advisers who give specialist behavioural advice as part of the NHS stop-smoking services. These services should be integrated with other services provided by the PCT, to ensure that all efforts are co-ordinated and that messages to patients are consistent. Pharmacists who wish to provide these services are advised to take up training that meets the national training standard.

Nicotine replacement therapy (NRT) and bupropion
A National Institute for Clinical Excellence (NICE) technology appraisal (2002) demonstrated that NRT and bupropion are clinically and cost effective.

Some NRT products are available on prescription, some can be purchased from the pharmacy, and some are on general sale to the public. Bupropion is a prescription-only medicine. PCTs and NHS Trusts should consider enabling pharmacists to use PGDs, to increase smokers’ access to these treatments. This should be done in conjunction with local NHS stop-smoking services, the PCT pharmaceutical adviser or hospital chief pharmacist, and other relevant clinicians. A template for the supply of both NRT and bupropion under PGD is available from www.pharmacyhealthlink.org.uk

Supplementary prescribing is another mechanism for making NRT and bupropion available to people who satisfy the criteria for these medicines. Hospitals should consider including NRT and bupropion in their formularies, within an integrated programme of stop-smoking support with PCTs.

1 More guidance on how pharmacists can give brief advice is provided in the publication Pharmacists – can you do more to help smokers stop? available from www.pharmacyhealthlink.org.uk
When brief advice from a health professional is combined with use of either nicotine replacement therapy (NRT) or bupropion, a smoker’s chances of stopping are doubled (West et al. 2000). However, combining specialist behavioural support (from trained health advisers) with NRT or bupropion approximately quadruples their chances of successfully stopping (West and Shiffman 2004).

**Quality standards for NHS stop-smoking services**

The Health Development Agency (HDA) has produced a national training standard for NHS stop-smoking services (HDA 2003). All pharmacists and providers of pharmacy training services should ensure that the training they provide meets this standard. The HDA/National Institute for Health and Clinical Excellence (NICE) will explore the accreditation of NHS stop-smoking services.

Pharmacists should also be aware of local PCT stop-smoking programmes and standards, including local training and/or guidance. They should also follow the practice guidance produced by the Royal Pharmaceutical Society of Great Britain, the Health Development Agency and PharmacyHealthLink.

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**Harrow PCT**

Before mid-2003, Harrow had a clinic-based stop-smoking service with poor quit rates. Redesigning the scheme to a pharmacy-based model had a dramatic impact. The service was relaunched in October 2003 and delivered the majority of the PCT’s 4-week quitters, enabling the PCT to achieve its 2003/04 target of 751 quitters. From April 2004 the service has been completely pharmacy led and is on course to achieve the 2004/05 target.

Referrals come from all care settings, for example dentists, hospitals, district nurses and health visitors. People can also self-refer. The service is also provided outside the pharmacy, for example in mosques, schools, and at local employers. The scheme assists GPs in meeting the targets in the new GMS contract. They no longer need to prescribe NRT, which is supplied through pharmacies, thus reducing GP workload, and improving patient access.

Work has now started with the London-wide Inequalities Collaborative to improve access to the service, particularly in areas of deprivation.

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**Riaz Esmail**
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2 In April 2005 the Health Development Agency will become part of the National Institute for Health and Clinical Excellence (NICE).
Barking and Dagenham PCT

Thirty-four community pharmacies offer one-to-one support over five weeks for people who are trying to stop smoking. The pharmacists have an excellent success rate of 68% after four weeks, compared to the national average quit rate of 52%.

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There is great variation in quit rates between PCTs. Pharmacies are well placed to help in those areas with low quit rates.

Guy’s and St Thomas’ Stopping Smoking Project

At Guy’s and St Thomas’ NHS Foundation Trust, a dedicated smoking cessation service for in-patients admitted with smoking-related disorders is led by the pharmacy department. Patients receive an initial consultation and are then followed up by Trust staff for four weeks. However, it is well recognised that symptoms of nicotine withdrawal persist for eight weeks or longer. A referral system has been developed to ensure continuity of support for patients making a quit attempt initiated in hospital. Patients are referred to trained community pharmacists who provide ongoing stop-smoking support. Additional nicotine replacement therapy is provided as needed, for up to four further weeks (providing eight weeks of support in total).

An evaluation has shown that at ten weeks, 22% of patients who had no extra follow-up by the community pharmacists had stopped smoking, compared to 43% of patients allocated to extra follow-up. Further research and development of this service is being undertaken.

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Action points:
- Pharmacists in all settings should opportunistically offer advice on stopping smoking
Community pharmacists can additionally become one of the main providers of specialist NHS stop-smoking services

PCTs, particularly those with low quit rates, should consider setting up pharmacy-led services

All hospital patients who smoke can benefit from support to help them stop. This can be effectively led by the pharmacy department. Follow-up of patients in the community is important to achieve good quit rates

Where appropriate, PCT pharmaceutical advisers and hospital chief pharmacists should consider setting up a PGD for pharmacists to supply both NRT and bupropion

Hospitals should consider including NRT and bupropion in their formularies within an integrated programme of stop-smoking support with PCTs

Pharmacists wishing to provide NHS stop-smoking services should follow practice guidance issued by the RPSGB and PharmacyHealthLink

Pharmacists and their staff should undertake training on setting up and running stop-smoking services in line with HDA standards

Pharmacists should participate actively in national and local stop-smoking campaigns

4.3 Transforming sexual health services and reducing unwanted conceptions

HIV prevalence increased by 20% between 2001 and 2002. As many as one in ten sexually active young women under the age of 25 may be infected with chlamydia which, if untreated, can lead to pelvic inflammatory disease, ectopic pregnancy and infertility. If condoms were more regularly used, there would be fewer sexually transmitted infections and HIV infections, and fewer unplanned pregnancies.

Source: BrandXPictures/Steve Allen/Getty Images

National Standards, Local Action (DH 2004c) includes improving sexual health within the national targets for the NHS. Choosing Health highlights the extension of the roles of pharmacists in sexual health, including testing and treatment services, alongside nurses, youth workers and others in a network of primary
Tackling Health Priorities

Care providers. PCTs will be receiving new funding for sexual health services, to be delivered through a flexible multidisciplinary workforce in a range of settings, with more emphasis on primary care.

A recent review of the evidence showed that people would like more access to sexual health advice through pharmacies (Pharmacy HealthLink and RPSGB forthcoming). If advice is targeted at young people and hard-to-reach groups in the population, it can help to reduce inequalities in health.

**Reducing chlamydia infection rates**

*Choosing Health* made a commitment to accelerating the implementation of a national screening programme for chlamydia to cover the whole of England by March 2007. It identified a potential role for community pharmacists as part of this programme. The Department of Health is now seeking expressions of interest for a centrally funded two-year pathfinder service, in London and Cornwall, to test chlamydia screening in community pharmacy. A comprehensive evaluation is being commissioned and will inform the decision to roll out nationally.

The community pharmacy chlamydia screening service will operate within the framework set out by the National Chlamydia Screening Programme (NCSP). Pharmacies will offer chlamydia screening free at the point of access to sexually active, asymptomatic, 16 to 24 year olds (the target population), plus the partners of those who test positive. Clients who test positive may be offered the choice of receiving treatment and advice at a community pharmacy.

**Targeting young people in pharmacies**

Chlamydia infection rates are increasing, particularly in those under 25 years of age. Current estimates indicate that 16 to 24 year olds visit community pharmacies seven times a year on average. The development of appropriate sexual health services for this group in pharmacies could significantly increase their access to confidential professional advice and testing, leading to higher rates of detection of sexually transmitted infections and improved self care.

A report commissioned by the charity Brook Advisory Centres, March 1998, “*Someone with a smile would be your best bet*” What young people want from sex advice services suggested that many young people are dissuaded from asking for sexual health advice in pharmacies, primarily because of concerns about confidentiality. The report suggests that pharmacists need training to meet the needs of the under-25s.

The advanced services component of the new contractual framework for community pharmacy requires the provision of a consultation area so that conversations are not heard by others using the pharmacy. As more pharmacies provide these services, the availability of consultation areas will increase.
Choosing health through pharmacy

Lambeth and Southwark modernisation initiative on sexual health

All sexual health service providers in Lambeth and Southwark are working in partnership (GPs, reproductive health services, Genito Urinary Medicare (GUM) clinics, pharmacy) and the programme is funded through the Guy’s and St Thomas’ Development Forum.

GP practices and pharmacies in Streatham audited all activity relating to sexual health for a one-week period in 2004. More patients visited pharmacy than any other setting (nearly twice as many as visits to GPs), for contraception, emergency contraception and help with sexually transmitted infections. The three-year programme from January 2005 includes development of further sexual health services based in accredited pharmacies, in particular, testing and treatment of chlamydia infections.

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Chlamydia screening service in Birkenhead and Wallasey

In collaboration with Birkenhead and Wallasey PCT, Boots set up a chlamydia screening service in two pharmacies during May 2004. The pharmacists are able to distribute urine collection kits, collect urine samples from customers, and provide drug treatment for positive results, through a PGD. Patients like the convenience:

“… I didn’t want to go to my doctor’s and have all the hassle of making an appointment and being questioned … Collecting a pack from Boots was easy and discreet and no hassle as I just called in at the weekend. I’m surprised it’s a positive test but am glad that I found out. Probably wouldn’t have bothered having a test if I’d have had to take time off work to go to a clinic …”

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Reducing unwanted conceptions and teenage pregnancy

Britain has the worst record on teenage pregnancies in Western Europe. The national target is to reduce the under-18 conception rate by 50% by 2010. As recommended by the Department of Health’s National Strategy for Sexual Health and HIV (Department of Health 2001), a small number of PCTs have commissioned community pharmacies to supply emergency hormonal contraception (EHC) on the NHS, which has been well received by service users. Uptake of EHC has increased since it became available over the counter from community pharmacies.
The contraception and sexual health survey carried out in 2003/04 showed that 27% of emergency hormonal contraception was obtained through community pharmacies. (The Office for National Statistics (ONS) 2004).

**Pharmacy supply of EHC in Manchester, Salford and Trafford**
Manchester, Salford and Trafford Health Action Zone (HAZ) initiated a PGD for the supply of EHC on the NHS from community pharmacies. Pharmacists undertake a training programme and young people were involved in the local accreditation process. Independent evaluation showed that 99% of users were satisfied or very satisfied with the service. In the first 15 months, over 13,000 women accessed the service, over a quarter of whom were aged under 19.
Three-quarters felt there was sufficient privacy in the pharmacy, although one fifth had concerns about confidentiality.
Multi-agency working, training and the provision of clinical back-up from reproductive health doctors over the telephone were all important in contributing to the success of the service.

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**Action point:**
- PCTs should consider commissioning sexual health services through pharmacy, including access to EHC, condoms, and signposting to appropriate sources of advice and support, particularly in disadvantaged areas.

### 4.4 Services for substance misusers
Supervised consumption of methadone and other substitute treatment reduces relapse rates and admission to hospital, decreases health risks to the user and others in the community, and reduces the risk of medicines being diverted to the illicit market.

**Source:** www.StockVisuals.com
Choosing health through pharmacy

Pharmacy-based needle and syringe exchange schemes offer health protection for the individual and the local population. The rapport that pharmacists develop during their frequent contact with substance misusers enables them to promote safer sex, better general health and reduced dependency on drugs in the medium to longer term.

East Elmbridge and Mid Surrey and East Surrey PCTs’ needle exchange scheme
This scheme is available in 27 community pharmacies. In 2003, some 84,800 syringes (and many more needles) were supplied. More than 350 clients regularly used the service, an increase of 17% over 2002. The average return rate of used equipment is over 70%. There have been no new cases locally of HIV among injecting drug users for eight years.

The scheme undertakes a wide range of campaigns and projects, often linked with other services, aimed at improving health and well-being; for example, overdose prevention, good nutrition, and prevention of initiation into injecting. Special attention is given to raising awareness of hepatitis infection. Pharmacists participating in the scheme receive regular training and support.

“I’d heard about needle exchange but was too frightened to go to one. I saw that my local chemist was on the scheme and they seemed friendly in there, so one day I plucked up the courage and asked for some needles. I was really sweating and trembling inside but they didn’t turn a hair, just asked what I wanted and handed it over in a bag! After that I got all my equipment from there and there was a lot of helpful advice and information in the pack as well. It made me feel better about myself somehow – more in control. I began to think that I had a choice about my life. One day I phoned the number and got an appointment at the clinic. I was scared but it’s been OK and I’m on the methadone mixture now. I hope I will never inject again. I know that I would never have cleaned up without the needle exchange – they gave me the help I needed when I needed it.”

This client has not injected for over a year.

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Drug (and Alcohol) Action Teams are a partnership of all the local agencies involved in tackling substance misuse, some of whom have pioneered shared care schemes. For example, in Berkshire, the award-winning Four-Way Agreement is a shared care scheme involving four partners – the patient, the GP, the pharmacist and the specialist key-worker. Originally set up for patients treated with methadone, the system has proved itself adaptable for other medicines, including benzodiazepines, and disulfiram (Antabuse).
The aims of the scheme are to improve consistency and quality of care to the patient, to ensure as far as possible that only the patient uses the medicine prescribed for them, to minimise disruption to services from any antisocial behaviour, to improve communication, and to provide structured guidelines for prescribing. The scheme has been independently evaluated. A shared care monitoring group meets regularly and supports training and clinical governance activities (Walker and Maloney 2003). Pharmacy-based needle and syringe exchange schemes and supervised consumption schemes are making a real difference in their communities.

**Action points:**
- PCTs who have not yet set up such schemes should consider, in their assessment of local priorities, whether substance misuse services could be improved through pharmacies
- We would like to see more pharmacists involved in shared care schemes in collaboration with other stakeholders such as drug team workers, GPs, users and others

4.5 Reduction of harm from alcohol

One in 20 people in the UK is dependent on alcohol. There have been large rises in death rates from chronic liver disease and cirrhosis in most age groups (Department of Health 2001c). Alcohol misuse costs the NHS in England up to £1.7 billion each year. *Choosing Health* states that guidance and training will be provided to ensure all health professionals are able to identify alcohol problems early, both in primary care and in hospital settings.

There is some evidence that, with appropriate training, pharmacists and their staff can identify alcohol problems and provide brief interventions to help people modify their drinking patterns (PharmacyHealthLink and RPSGB forthcoming).

**Feasibility of setting up an alcohol screening service in community pharmacy**

This pilot study conducted brief interventions with customers at a pharmacy in West London using the questionnaire *Alcohol Use Identification Test*. 26 out of 73 volunteers who were screened were found to be drinking in ways that were harmful to them. Volunteers were offered a discussion with the pharmacist and a diary to record their alcohol consumption. There was a 10% reduction in the weekly units of alcohol consumed by the test group.

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**Action points:**
- Pharmacists should consider training to identify and support people with alcohol problems
- Pharmacy-based interventions for people with alcohol problems should be further piloted and evaluated
4.6 Tackling obesity

In England in 2002, almost six out of ten women and seven out of ten men were overweight or obese, bringing health risks that include diabetes, heart disease and cancer. National initiatives to promote healthier behaviours, such as 5-a-day for fruit and vegetables, and exercise on prescription, could be developed in the pharmacy setting. The evidence (Annex 4) suggests that pharmacy-based weight reduction programmes are effective.

Obesity prevention in Dorset

Roger King, a community pharmacist in Dorset, educates people about diet, nutrition and weight management, referring them to a GP when appropriate. He provides education programmes in schools, including a seminar on healthy living, the importance of a balanced diet, and the health risks of being obese.

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Multidisciplinary healthy lifestyle advice

A community pharmacist, district nurse, exercise and fitness co-ordinator and nurse practitioner in Basildon held a healthy living event on No Smoking Day. As well as the opportunity to discuss ways to stop smoking, people were able to get their blood pressure checked and find out how to improve their health through physical activity and healthy eating.

Shalina Guy
Vanas Pharmacy, Pitsea

Choosing Health proposes a ‘care pathway’ for obesity.

Raise awareness and provide information

Raise the issue opportunistically and provide advice

Refer as appropriate to specialist services, e.g. diet, physical activity, drugs, surgery

Review and maintain progress
Obesity and weight management in Denmark

One quarter of Danish community pharmacies offer weight management services on a group or individual basis. The model was developed by the Danish College of Pharmacy Practice in 1999. Pharmacists and their staff undergo two days’ training and are issued with an operational manual. Support groups consist of 10–12 people and are run by a pharmacist and one or two pharmacy assistants. People attend eight 90-minute sessions. The service for individuals includes five counselling sessions, of which the first is the longest, with subsequent sessions intended to take 5–10 minutes.

PharmacyHealthLink and RPSGB, 2005

www.pharmacyhealthlink.org.uk

Action points:

- PCTs should consider involving community pharmacies in their programmes for tackling obesity, including regular weight checks, healthy lifestyle advice and, where appropriate, supply of appropriate anti-obesity medicines (either through PGDs or supplementary prescribing or independent prescribing in the future)
- Programmes should include signposting to other services and, if appropriate, referral to personal health trainers when they become available
- There may also be benefits in pharmacists contributing to outreach weight management programmes in schools and workplaces

4.7 Health Protection

The protection of people’s health is one of the three key domains of public health (Annex 2).

Medication safety

Pharmacists have a key role in identifying inappropriate and unsafe use of medicines. They can also identify people who may be at risk of dependence, for example, through long-term use of benzodiazepines; or at risk of allergic reactions to medicines such as penicillin.

Medication errors are an important cause of avoidable harm to patients. In An Organisation with a Memory (Department of Health, 2000), the Chief Medical Officer set out the aim of reducing by 40% the number of serious errors in the use of prescribed medicines. The Chief Pharmaceutical Officer’s report on improving medication safety (Department of Health 2004d), describes a range of measures to drive down the risk of errors, thereby preventing much avoidable ill health.
Antimicrobial use and resistance

Some antibiotic prescribing continues to be inappropriate and hazardous to public health because it increases the risk of resistance. The Department of Health has invested £12 million over three years to build on pharmacists’ present involvement in antimicrobial prescribing and usage.

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Antimicrobial strategy in the West Midlands

Following the Department of Health investment in pharmacist involvement in antimicrobial prescribing and usage, the three Strategic Health Authorities in the West Midlands (Birmingham and the Black Country, Shropshire and Staffordshire, West Midlands South) have identified examples of the successful implementation of the national investment to promote prudent use of antibiotics. The SHAs asked acute trusts to provide evidence of their action and report outcomes arising from this investment.

The information required included: establishment of new roles for pharmacists in antimicrobial usage, development or implementation of new policies (e.g. intravenous to oral switches), managed change in prescribing practice, changes in incidence of antibiotic resistance and of MRSA, and improved compliance with antibiotic policies. The SHAs have found that a wide range of initiatives are being taken that are consistent with the intended outcome measures and that positive progress has been made.

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**Action points:**

- Pharmacists should engage actively in the identification and reporting of medication errors to the National Patient Safety Agency and in the learning and dissemination of good practice to reduce errors.
- They should also report adverse drug reactions to the Committee on Safety of Medicines.
- Pharmacists should engage actively with local strategies to manage antimicrobial usage and reduce resistance.

**Immunisation**

Pharmacists can support immunisation campaigns in three ways:

- By identifying people, for example using patient medication records, who may be at risk of influenza and referring them for immunisation.
- By using pharmacy premises for immunisation by nurses and other professionals to provide a locally accessible service.
- By pharmacists administering the immunisation.

Data from the US show that immunisation services can be safely provided by community pharmacists and that some members of the public prefer such services because of improved access, convenience, and trust (PharmacyHealthLink and RPSGB forthcoming).

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Following training, community pharmacists in Aberdeen have been offering influenza immunisation using a PGD (Hind et al. 2004). Some clinics are held during lunchtimes or on Saturdays, when GP practices may not be open. This improves access for people who find it difficult to make an appointment during work hours.

**Supporting delivery of immunisation programmes in South East London**

Pharmacy staff in South East London are working closely with immunisation coordinators, consultants in communicable diseases, health visitors, nurses and GPs to deliver childhood immunisation programmes, including MMR. They provide an immunisation helpline, information and staff training on safe handling of vaccines and the cold chain, and advice on the management of anaphylaxis. They handle an average of 100 calls per month across three PCTs.

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Choosing health through pharmacy

Emergency planning for influenza: rapid access to flu treatment in South Staffordshire

During a flu epidemic, patients need to be treated within 48 hours with the antiviral drug oseltamivir, according to NICE guidelines. GP practices may not have the resources to see and prescribe for all patients who need treatment.

More than 80 community pharmacists in South Staffordshire have been trained and accredited to support Rapid Access to Flu Treatment (RAFT) should a flu epidemic occur. This scheme is implemented as flu levels exceed the epidemic threshold, by authorisation of supply through a PGD from the Health Protection Agency in South Staffordshire.

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Action points:

- Pharmacists can help improve uptake of immunisation by identifying people who may be at risk and referring them to other professionals where appropriate
- Pharmacy premises can be used by nurses and other professionals to administer vaccines
- With appropriate training, pharmacists can safely administer vaccines
- Pharmacists are an important source of advice on immunisation, for example by providing balanced advice on MMR

4.8 Identifying individuals with risk factors for disease

A recent review of the literature (PharmacyHealthLink and RPSGB forthcoming) outlined how community pharmacy could identify individuals with risk factors for disease:

Opportunistically identifying people with unrecognised illness or risk factors

Some pharmacies provide blood pressure testing, cholesterol testing or computerised ‘lifestyle assessments’. They may promote these through a range of mechanisms, including window displays, leaflets and the national or local media.

While such services can help identify unrecognised illness, it is important to appreciate that one-off measurements, for example of blood pressure or cholesterol, can sometimes be misleading. People may worry, and visit their GP unnecessarily. Such testing should, therefore, be in accordance with relevant national screening guidelines, where they exist, and in line with local PCT programmes for prevention and management of risk factors and with robust quality assurance processes.
Healthy lifestyle assessments

A healthy lifestyle assessment provides a more holistic approach. It could include measurement of blood pressure, weight, height and body mass, together with advice on diet, physical activity, smoking and substance misuse, mental and sexual health, and signposting to other services as appropriate. It could be provided both within the pharmacy and in other settings, for example schools and workplaces.

Targeted approaches to identify those who might be at risk

There is good evidence that pharmacy-held patient medication records (PMRs) can be used to identify patients at risk, for example of coronary heart disease and influenza.

Action point:

- PCTs should consider how community pharmacies might help identify people at risk of illness, and how this could be integrated into other local action provision for health priorities, such as heart disease.

4.9 Children and young people

Choosing Health emphasises the importance of the health of children and young people. New Child Health Guides will form the foundation for personal health guides for life. The National Service Framework for Children, Young People and Maternity Services (Department of Health/Department for Education and Skills 2004) states in its medicines standard that the expertise of pharmacists should be used in commissioning medicine management services for children and in supporting wider health promotion strategies for children and young people.

Community pharmacies could provide health advice within Sure Start local programmes in disadvantaged areas, and within the Extended Schools strategy (Department for Education and Skills 2004), where schools are providing a range of extended services and activities beyond the school day.

Action points:

- PCTs should consider making greater use of pharmacists to ensure that medicines for children and young people are managed safely and effectively.
- Pharmacists could contribute to the Child Health Promotion programme in the Children’s National Service Framework (NSF), and to the new Children’s Health Guides, referred to in Choosing Health, focusing on the most hard-to-reach and vulnerable families.
- They should work with health visitors, midwives and others to provide support, information and advice to children and families.
- PCTs are encouraged to consider how pharmacists can contribute to the new Healthy Start scheme, to children’s centres and to the Extended Schools strategy.
- Pharmacists could be linked with the Royal College of General Practitioners’ Getting it Right for Teenagers initiative, which provides a checklist and training for GPs to help them develop services for young people.
4.10 Men’s health

The incidence of prostate cancer, suicide in young men, testicular cancer, alcohol misuse and obesity in men has increased substantially in the last twenty years (Men’s Health Forum 2003). Men under-use pharmacies (and other health services) relative to other groups, even though pharmacies are potentially the kind of service men are more likely to use because they are anonymous and easily accessible. Men do want more health information and are more likely to use diagnostic tests if offered in the appropriate setting, e.g. for chlamydia, cholesterol and blood pressure.

Men are more likely to access pharmacy services if they are perceived to be more men friendly. This could include advertisements aimed at men in magazines read by them, national newspapers, etc. Male-friendly services could be advertised in the pharmacy window.

Telford PCT Men’s Health Forum: Men and Chlamydia Project

This research project, led by the Men’s Health Forum, is funded by the Department of Health with the National Pharmaceutical Association and Roche Diagnostics, in collaboration with Telford and Wrekin PCT. It aims to test whether the workplace is a suitable environment for sexual health promotion, and which route men who test positive for chlamydia would choose to access treatment from (the GUM department, their GP, or a community pharmacy).

Men accessed testing services via the workplace; five major employers agreed to participate. The men were contacted by a community health adviser who notified them of the result, took a contact history and advised them of where they could access treatment. The project is currently being evaluated.

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Pop Down Your Local campaign

In May 2004, Developing Patient Partnerships (www.dpp.org.uk) launched a campaign, Pop Down Your Local, to encourage men to make greater use of pharmacy services. The campaign was supported by the Royal Pharmaceutical Society of Great Britain, the Consumer Health Information Centre, the National Pharmaceutical Association and the Men’s Health Forum. Over 800,000 leaflets and 16,600 posters were distributed. This initiative will be repeated during National Men’s Health Week in June 2005.

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Action points:

- Pharmacy services should be promoted and developed as a source of advice, information and support for self care for men
- Pharmacies should consider how they could make their services and premises more attractive to men
Chapter 5: Improving the Health of People with Long-Term Conditions

5.1 Introduction

The Wanless report, Securing Good Health for the Whole Population and Choosing Health both emphasise the need to improve the health of people who have long-term conditions. Some 17.5 million adults may have long-term conditions, such as diabetes, asthma, arthritis, heart disease and depression; of these about 45% have more than one condition. About half do not take their medicines as intended. People with long-term conditions may have more contact with pharmacists than with any other health care professional:
- Many long-term illnesses are managed by means of prescribed medicines
- Three out of four people over 75 are taking prescribed medicines
- 36% of older people take four or more different medicines on a regular basis

(Source: www.medicines-partnership.org)

5.2 National Service Frameworks

Pharmacists and their staff have an important part to play in the implementation of National Service Frameworks (NSFs). To date, eight NSFs have been published, covering mental health, coronary heart disease, cancer, older people, diabetes, children, young people and maternity services, renal services and long-term conditions. Choosing Health includes a commitment to build a comprehensive framework for primary, secondary and tertiary prevention across all the health needs and conditions covered by the NSFs.

The NSFs recognise the central role of safe and effective use of medicines and the important contribution of pharmacy. This chapter sets out the wider roles for pharmacists and their staff in health improvement for people with long-term conditions, focusing on secondary and tertiary prevention (Annex 2).

5.3 Levels of care

Ratio of Shared Professional Care to Self Care across the Long-Term Conditions population base

Services for people with long-term conditions can be stratified at three different levels according to the needs of patients (Department of Health 2005a). Over the next ten years, pharmacists could develop roles not only at Level 1, but also at Levels 2 and 3. Pharmacy could contribute in the following ways:
Level 1: 70–80% of people with a long-term condition

Supported self care: Patients actively manage their own care, supported by pharmacists and others in primary care. Actions include health promotion, counselling and help with medicines.

Level 2: 15–25% of high-risk patients

Care management: In the future, in appropriate cases, a pharmacist could work alongside community matrons, advanced primary care nurses/practitioners as a lead clinician within a multidisciplinary team. Actions include detecting poor control of conditions, initiating action to avoid deterioration, helping people to optimise their use of medicines, using supplementary/independent prescribing (in the future) within clinical guidelines, and, where appropriate, referring on to another professional.

Level 3: 5% of highly complex patients, often with multiple conditions

Case management, in which a key professional co-ordinates care. Pharmacists could work closely with case managers, such as community matrons, advanced primary care nurses/practitioners.

5.4 Using medicines safely and effectively

About two-thirds of medicines prescribed are for long-term conditions. Some 10% of admissions to hospitals may be due to older people’s inability to cope with their medicines (NHS Modernisation Agency 2004b). While pharmacists and their staff have always provided advice to patients to ensure that they obtain the maximum benefit from their medicines, this role is now being strengthened in the following ways:

Medicines-use review and prescription intervention service

This advanced service in the contractual framework for community pharmacy will provide medicines-use reviews, to be undertaken periodically or in response to a particular problem with a patient’s prescribed medicines. Pharmacists will carry out medicines-use reviews for patients on multiple medicines and with long-term conditions every 12 months (Department of Health 2004)

www.dh.gov.uk/mpi

With kind permission of Chemist & Druggist
Increasing access to medicines
More medicines are being made available over the counter, without prescription, when it is safe and in the public interest to do so. For example, over-the-counter simvastatin offers people a new choice in managing their risk of coronary heart disease.

Medicines Management Services Collaborative
Some 46 PCTs are now participating in the National Medicines Management Services (MMS) Collaborative, which is funded by the Department of Health and hosted by the National Prescribing Centre. Pharmacists work in partnership with GPs, nurses and others to improve health through better medicines management, benefiting patients through e.g. reduction in falls, and osteoporosis, and improving the management of high blood pressure and coronary heart disease. The positive results demonstrate both that improvement methodologies can be successfully applied to medicines management, and that medicines management is important for improving health outcomes for people with long-term conditions (National Prescribing Centre 2004).

A Hospital Medicines Management Collaborative has also been launched (www.npc.co.uk/mms). Its goal is to optimise medicines management systems within the hospital service to ensure safe and informed outcomes of patient care. Improved management of medicines by hospitals taking part in the programme may result in fewer admissions, reduced length of stay and better outcomes for patients.

5.5 Support for self care
Helping people to care for themselves is vital for improving health. Research shows that self care can improve health outcomes and patient satisfaction. It is increasingly important in improving well-being, and maintaining independence and quality of life (Department of Health 2005b). Pharmacists in all sectors should, therefore, provide advice, services and support to enable people with long-term conditions to care for themselves or their families and get the maximum benefit from their treatment.
The Expert Patient Programme (EPP) provides training for people in the self-management of their condition. It is delivered locally by a network of trainers and volunteer tutors with long-term conditions themselves. The NHS Improvement Plan includes a commitment to roll out the EPP throughout the NHS by 2008.

5.6 Systematic disease management

The application of a systematic approach to care for people with long-term conditions has been highlighted by the NHS Modernisation Agency as one of ten high-impact changes for NHS service improvement.

Over the next few years, more pharmacists could be commissioned by PCTs to be members of the multidisciplinary teams that implement integrated care pathways to help patients avoid complications, slow down the progression of disease, and promote good health. These teams include doctors, nurses, care home matrons, health visitors and social services. Pharmacists joining them could undertake proactive monitoring and assessment of patients’ needs, particularly, but not only, concerning medicines management, underpinned by good information systems.

Results from a pilot of a pharmacy-led diabetes service in Hillingdon PCT demonstrate the benefits of disease management by pharmacists. When patients were recruited into the study, it was found that 55% of them had a poor understanding of their medicines; 52% had a poor understanding of diabetes; 34% needed to modify their lifestyle to improve their health and 24% had problems with glucose monitoring. Each subsequent consultation with the pharmacist reduced these problems.
The contribution of pharmacies to diabetes management

The Diabetes NSF (Department of Health 2002) recognises the role of pharmacists in the identification of undiagnosed diabetes and in disease management. Control of diabetes can be improved by pharmacists offering quality-assured diabetic testing services within an integrated service, together with information and advice. An example of a primary care diabetes integrated care pathway for a specialist team including pharmacists, can be found in the Department of Health document Management of Medicines: A resource to support implementation of the wider aspects of medicines management for the National Service Frameworks for Diabetes, Renal Services and Long-Term Conditions (Department of Health 2004e).

Diabetes management in Kensington and Chelsea and Westminster PCTs

The Pharmacy Windows Diabetes Campaign aims to detect undiagnosed diabetes and encourage people with diagnosed diabetes to have an annual review with their pharmacist, including lifestyle advice and, where appropriate, referral for retinopathy screening. Following review and documentation of the results, about 25% of people with symptoms of diabetes are referred back to their GP. The community pharmacists track patients referred to their GP to ascertain the outcome of the referral. This service supports the clinical indicators for diabetes within the Quality Outcomes Framework in the GMS contract.

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Improving the Health of People with Long-Term Conditions

Medicines management service for people with diabetes in Hillingdon PCT

The service is provided by specially trained community pharmacists. Six of the pharmacists have completed a certificate in primary care diabetes from Warwick University. Patients are offered up to three consultations over a twelve-month period. The service aims to improve control of blood glucose, blood pressure and cholesterol by providing opportunities for discussion, regular monitoring and review. There is quality-assured in-pharmacy testing of blood pressure, blood glucose, cholesterol and HbA1c, according to a protocol agreed with primary care diabetes specialists. Patients are referred to their GP or diabetes nurse specialists when monitoring parameters fall outside the target range and if the pharmacists are unable to identify poor compliance as a cause. Four of the pharmacists are currently being trained as supplementary prescribers.

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Pharmacist-led hospital clinic for people with diabetes

A pharmacist-led clinic was set up at Harrogate and District NHS Foundation Trust to improve hypertension control and reduce cardiovascular risk in patients with diabetes. Patients are referred to the pharmacist from the consultant endocrinologist’s outpatient clinic and from diabetes nurse specialists at the hospital. The pharmacist measures blood pressure, checks lipid levels and adjusts treatment using an evidence-based algorithm within a protocol. Significant improvements in blood pressure control and reductions in lipid levels have been achieved. The service may now be extended to include direct referral from primary care for the treatment of resistant hypertension in patients with diabetes.

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Cardiac rehabilitation at King’s College Hospital
At King’s College Hospital, pharmacists have contributed to a comprehensive rehabilitation programme for many years, to ensure patients obtain the best outcomes from their medicines. The aims of their treatment are discussed with a small group of patients: how and when to take the medicines, how to deal with side effects and what long-term monitoring is required. Such teaching sessions are further enhanced by offering the opportunity to discuss their medicines on a one-to-one basis with the pharmacist. This has helped to identify and address medicines-related issues soon after hospital discharge and, where necessary, liaise with the patient, hospital clinicians and GPs to facilitate initiation, dose titration and continuation of therapy.
Supplementary prescribing has enabled a pharmacist-led medicine and dose optimisation clinic to be established, which will run in tandem with the cardiac rehabilitation programme. This will allow the pharmacist to monitor cardiovascular risk factors (such as blood pressure, cholesterol) and to optimise treatment.
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Mental health
There is little direct evidence about the contribution of community pharmacists in mental health. Customers purchase products to reduce stress and anxiety, and take leaflets available in pharmacies, particularly on sleep problems and relaxation. There is scope for appropriately trained pharmacists to offer support and advice, for example by picking up signs of depression from the symptoms patients describe such as not being able to sleep, loss of interest, etc. Pharmacists can signpost or refer people to appropriate local services. Some hospital pharmacists work on mental health teams to improve outcomes through appropriate medicines management.

With kind permission of Chemist & Druggist
Improving the Health of People with Long-Term Conditions

**Asthma care**

Boots launched an asthma service in eight stores in September 2003. All health care staff opportunistically asked people with asthma basic questions about their level of symptom control. Based on the response, people were then offered a further ten-minute consultation with the pharmacist, who assessed the individual's inhaler technique and use of medicines. If necessary, the pharmacist would refer individuals to the GP or asthma nurse within guidelines agreed within the PCT.

The entire pharmacy team proactively tried to seek out asthma sufferers. Members of the team approached local GPs and nurses to encourage multidisciplinary working. The team also worked with stop-smoking groups, shopping centre managers, local schools and newspapers to raise awareness of asthma.

Pharmacy teams have found this project very motivating and customers are positive, as the service is tailored to their specific needs. There are plans to extend this service to 50 stores.

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**5.7 Case management**

Case management is a system of co-ordinated health care interventions, which could be appropriate for about 5% of patients with complex long-term problems. The case manager assesses and co-ordinates care from all agencies to stabilise the person's condition, and builds a long-term relationship with the patient. Case management is a developing role.

Pharmacists could work in close partnership with case managers (such as advanced primary care nurses) for some people with complex conditions, providing advice on medicines management and healthy living.

**Action points:**

- PCTs should review the contribution that pharmacists and their staff can make to implement NSFs, particularly in areas with the greatest health needs
- Pharmacists should participate in the development and implementation of integrated care pathways for people with long-term conditions
- Pharmacists should provide medicines-use review and prescription intervention services under the new contractual framework, where appropriate, to enable improved medicines management for people with long-term conditions
- Pharmacists should actively support self care for people with long-term conditions and provide signposting to other health and social care professionals
- Pharmacists should, where appropriate, refer people to the Expert Patient Programme, as it is rolled out
- PCTs should consider including pharmacists in their plans to improve the care of people with long-term conditions
- Pharmacists should work in close partnership with case managers for people with complex needs
- Pharmacists should consider how they can contribute to care pathways in partnership with GPs and nurses (and in some cases could take a lead role) for many long-term conditions, e.g. asthma and diabetes
Chapter 6: Making It Happen: national and local delivery

6.1 Introduction
The contribution of pharmacists and their staff to public health initiatives is currently underdeveloped and unevenly spread. The infrastructure needs to be developed to ensure the systematic engagement of pharmacists and their staff in public health in the future. This section recommends a programme of action to achieve greater engagement.

6.2 Leadership and support
“The interface between the public health workforce and pharmacy is weak and underdeveloped.”
(Professor David Hunter, Chair, UK Public Health Association)

Primary Care Trusts
In their strategic leadership role, PCT specialists in pharmaceutical public health and pharmaceutical advisers should ensure that pharmacy staff in all settings recognise the importance of their public health role and, where appropriate, are included in public health development programmes. Pharmaceutical advisers need to develop their leadership skills further to ensure their visibility, and they should work closely with their directors of public health and the wider public health team. PCT directors of public health should ensure that pharmacy is represented on appropriate planning and working groups for service developments such as sexual health and obesity. To be able to make a full contribution to public health, senior pharmaceutical advisers will need, where appropriate, to develop knowledge and experience across all ten key areas of public health practice (Annex 2). Some may want to aim for registration in the defined or generalist category, with the Voluntary Register for Public Health Specialists. www.publichealthregister.org.uk

PCTs could also use the skills of health promotion staff, who support and train the NHS workforce in health improvement, to facilitate public health development in pharmacy.

From 2005, a new performance framework, Standards for Better Health, is being introduced by the Healthcare Commission. Public health is one of the standards and can provide a vehicle for integrating pharmaceutical public health into PCTs’ delivery plans.

PCT Professional Executive Committees (PECs) should work with their pharmaceutical public health specialists or pharmaceutical advisers to maximise pharmacy’s contribution to public health development programmes.

Local Pharmaceutical Committees (LPCs) can have an important part to play in supporting the development of pharmaceutical public health, working closely with the PCT pharmaceutical advisers and pharmacists on PCT PECs.

Strategic Health Authority specialists in pharmaceutical public health and pharmacist leads should ensure high visibility for pharmaceutical public health at the SHA, facilitate pharmacy networks, champion the role of pharmacists and their staff in local public health networks, and help to build pharmaceutical public health capacity.
6.3 Developing the pharmacy public health workforce

The Department of Health has recently published a workforce consultation on possible changes to the law to enable all those working in pharmacy to contribute as effectively as possible to patient care. The outcome of this consultation is likely to strengthen the profession’s ability to engage in health improvement by increasing the scope for delegation within the pharmacy team.

Current shortfalls in numbers of staff mean that existing staff need to be deployed flexibly. The skills escalator should be used to develop new staff and skills. (The skills escalator encourages staff from diverse occupational backgrounds to access new work-based knowledge and skills, enabling them to perform more effectively in their jobs or to move on to other jobs.)

It is possible to use a range of different skill mixes to achieve the goals in this strategy, with various combinations of directly employed and shared staff. Most pharmacists and their staff will continue to deliver public health services as one part of their work, albeit of growing importance. Additionally individual pharmacists and their staff, trained to deliver specialist services such as stop smoking or weight management, could be wholly employed within the pharmacy, or shared between pharmacies, or shared with the PCT, or with local primary care and hospital sectors.

Suggestions for pharmacy public health workforce development:

- **Specialists or consultants in pharmaceutical public health** should continue to develop their strategic leadership roles across communities
- **PCTs should review their public health teams** and ensure that pharmacy is included within their workforce development programmes
- Each pharmacy team could have a **named public health lead** accountable for the quality of delivery of public health interventions, training, etc., who could be trained and, in the future, accredited as a public health practitioner (section 6.5).
- Counter assistants in the pharmacy are often recruited from the local population, know the area well and may speak the language of a significant local ethnic minority. They have front-line customer contact and their public health role could be developed significantly
- **PCT health promotion staff and nurses could use pharmacy as a setting for delivering health education sessions and could also be involved in training pharmacy staff**
- **Phlebotomists and nurses could be deployed by PCTs to work within pharmacies, subject to further evaluation of the cost-effectiveness of this way of working**
6.4 Education and Training
Choosing Health announced the development of a national competency framework and training for all NHS staff. Pharmacists and their staff, because of their key role in public health set out in this strategy, would be in a strong position to make early use of such training. Pharmaceutical public health education and training should take place within a strong multidisciplinary context, should commence at undergraduate level, and should feature strongly in continuing professional development.
Education and training should be closely linked with the mainstream of public health professional development, i.e. the Faculty of Public Health (FPH) nationally and the public health networks to which PCTs belong locally.
The Ten Key Areas of Public Health Practice (Annex 2) can effectively be used as the basis for training. This strategy has also emphasised the need for pharmacists to:
- Take a holistic and proactive approach to health improvement
- Be aware of the wider determinants of ill health, in particular socio-economic factors, and the need to reduce health inequalities
- Be able to communicate appropriate and consistent health information
- Work with NHS and other professionals on integrated care pathways for people with long-term conditions
- Locate and critically appraise evidence and evaluate their own services
- Extend skills for community engagement and advocacy
- Develop further their competencies in multidisciplinary team working, leadership and management

A teaching community pharmacy
The School of Pharmacy at the University of London and Green Light Pharmacy in North West London launched a teaching community pharmacy facility in 2004. The purpose-built facility allows students from the School of Pharmacy to benefit from watching real-life consultations in the pharmacy. Students are able to observe live consultations from a seminar room via a video link. By observing and interacting with skilled pharmacists, students gain valuable insight into best practice, together with communication and consultation skills. Students also have the opportunity to be involved in some of the consultations.
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Development of pharmaceutical public health education and training
Collaboration between the relevant organisations will be essential in the development of pharmaceutical public health education. A consortium approach may be helpful. Pharmacists’ current training at undergraduate level does not typically prepare them for a significant role in public health. Public health curricular content varies between schools of pharmacy.
The undergraduate curriculum should include an overview of the three domains of public health (Annex 2), strategies for preventing disease and promoting health, the wider
Making It Happen: national and local delivery

Determinants of health and the health psychology elements of behaviour change. This work could be led by the Royal Pharmaceutical Society of Great Britain (RPSGB) working collaboratively with schools of pharmacy, the Faculty of Public Health, the Department of Health and other appropriate stakeholders. Training programmes for pharmacy technicians and other pharmacy support staff should also include relevant elements of public health.

**Continuing professional development (CPD)**

Postgraduate public health training for pharmacists and their staff is currently fragmented. It tends to focus on development of specific services such as stop-smoking and sexual health. A more holistic approach is needed to meet the challenges of Choosing Health. The Centre for Pharmacy Postgraduate Education is currently developing its educational material to include public health. For example, it has developed a training package on needs assessment for public health. Pharmacists and registered pharmacy technicians should be supported in satisfying their formal CPD requirements, and all staff should keep their public health knowledge and skills up to date. In addition they should be supported to obtain appropriate postgraduate qualifications in public health. The Masters in Public Health (the main academic qualification for senior public health practitioners and specialists) is already open to pharmacists.

Workforce development directorates should include pharmacy staff in all sectors in their plans for professional development in public health. This should include pharmacists aspiring for defined registration for pharmaceutical public health with the Voluntary Register/RPSGB.

**Training for public health services**

In the longer term, consideration should be given to the development of standardised training for pharmacists and their staff who provide public health services. For example:

- The Health Development Agency has developed a training standard for stop-smoking treatments (section 4.2). Similar models could be developed for other pharmacy-based programmes, such as weight management and reduction of harm from alcohol.
- The Health Protection Agency has drafted a core curriculum and national minimum standards for immunisation training and is considering the involvement of pharmacists.

**6.5 Regulation, Registration and Accreditation**

Regulation is important to ensure public confidence in standards of professional practice. Poor standards of public health practice can be damaging to health. In addition, regulation brings recognition, including parity of status with other public health disciplines.

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3 The Royal Pharmaceutical Society of Great Britain has published the outcome of Phase 2 of a project that aims to identify the knowledge, skills, attitudes and behaviour that will be needed for future pharmacy roles. The findings suggest that root and branch review of the current model and structure of pharmacy education and training is needed (both undergraduate/pre-registration and post-registration). There are gaps between the ‘common core’ competencies and the current basic education and training requirements for pharmacy, e.g. in relation to working with other professions, leadership and management skills, political skills and influencing skills, communication and consultation skills, public health and many others (RPSGB 2004).
All practising pharmacists in England must be registered with the RPSGB. Pharmacy technicians are also beginning to register with the Society on a voluntary basis. Subject to legislation, this will become mandatory in 2007. Pharmacists working in public health at a senior level can already seek registration with the UK Voluntary Register for Public Health Specialists, by demonstrating their competence through a portfolio of evidence. This route will be appropriate for only a small proportion of the workforce in pharmaceutical public health.

The UK Voluntary Register, in collaboration with the RPSGB, is also developing a category of defined registration for health professionals, including pharmacists. Registration is based on the Ten Key Areas of Public Health Practice (Annex 2) developed by the Faculty of Public Health (www.publichealthregister.org.uk).

Both general and defined registration requires a level of competence equivalent to that of consultants in public health registered with the GMC through the Faculty of Public Health. Specialists in pharmaceutical public health will therefore have parity of competence with public health physicians. Those achieving registration may hold posts as consultants in pharmaceutical public health.

The FPH is developing proposals for a new membership examination for people working at practitioner level. It is also proposing to develop diplomas in the three domains of public health, including health improvement. Both of these developments would offer opportunities for pharmacists.

6.6 The use of Information Technology

Information technology will be crucial in facilitating and enhancing pharmacy's contribution to public health. Pharmacy has an important part to play in reporting of adverse drug reactions and responding to drug alerts and epinet messages from the Medicines and Healthcare products Regulatory Agency and the Department of Health. Pharmacy staff need ready access to up-to-date evidence and information, on-line training and on-line professional networks. IT is needed also to support increasingly informed and empowered patients.

The National Programme for IT (NPfIT) in the NHS, as part of the NHS care record service, will, in time, ensure that every person has an electronic national care record. The more information pharmacists have, the better they will be able to tailor the advice and treatment that they offer for health improvement, particularly for people with long-term conditions. It will also enable pharmacists to inform other professionals of their interventions, for example that they have given advice on stop-smoking. We will be consulting on proposals for pharmacists to have access to the national care record, appropriate to their clinical role.

People will increasingly use the pharmacy as a point of contact with the ‘eNHS’. Some pharmacies already provide computer access to NHS Direct and other sources of health information.

In time, it is likely that people will be able to consult their pharmacist electronically by e-mail, and will be able to access their personal care record, and seek support and help from the pharmacist in interpreting it.
6.7 Location and premises

Community pharmacy premises are a resource for the community, a neighbourhood resource for health (section 3.4), and are particularly important in deprived areas. Realising the full potential of pharmacy for health improvement will require space: to display information, to store health promotion resources, to access information on-line, to talk with clients confidentially, and to hold group sessions and activities.

Under the new contractual framework for community pharmacy, a consultation area for confidential discussions is required for pharmacists to provide the medicines-use review advanced service. Some locally commissioned enhanced services will also require private consultation areas or consultation rooms with additional facilities.

Pharmacies undergoing relocation or upgrading should consider the provision of additional space for health improvement services, computers and other information services, and diagnostic and testing equipment, as part of an integrated package of care.

Hospital pharmacy design should include provision of space for confidential discussions and for the display of information, including on-line access to information.
The Manor Pharmacy, Letchworth
The pharmacy was refitted in 2004. Its consulting room has a glass door to maintain privacy but ensure people can see in to protect both staff and patients.
Health information is available via a Healthpoint touch-screen computer in the consulting room, which also has a copy of the Patient Medication Records (PMR): the combination is invaluable for the medicines-use review service amongst others. There is also a Healthpoint Centre in the main pharmacy, so that people can find out more about their condition and treatments and contact details for support groups.
Information on services offered and on healthy lifestyles is displayed on an LCD television screening the Pharmacy Channel.
A Wellpoint monitor offers a range of services, including measurement of blood pressure, pulse, weight, body mass index and body fat composition, which are backed up by information and advice from the pharmacist and trained staff.
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6.8 Research and evidence
A summary of the current evidence base underpinning the expanded role of pharmacy in public health is at Annex 4. However, in common with other areas of public health practice (as distinct from its robust epidemiological evidence base), there is a need for more research and development in pharmaceutical public health.

In particular, there is limited evidence on cost-effectiveness and efficiency. This is an important issue for public health practice in general. It was highlighted by Derek Wanless in his two reports to Government and in Choosing Health. There is little evidence of pharmacy’s contribution to tackling health inequalities, and there is a lack of direct evidence of the impact of pharmaceutical public health in the hospital setting (although there are many examples of innovative practice). Research is also needed on the workforce and skill mix for pharmacy public health practice.

Action points:

- Pharmaceutical public health research should be brought within the wider framework of multidisciplinary public health and health services research, helping to integrate its research base within the health and health care system.
- Researchers in pharmacy and public health should collaborate with academic departments of management and social sciences, including health economics, to develop the research base for pharmaceutical public health. In particular, evidence to support integrated working within primary care and public health is needed to meet national priorities for health improvement (section 2.1) and care for people with long-term conditions (section 5).
- New and existing methods of public health delivery by pharmacists need to be properly evaluated and modified in the light of emerging evidence.
Participation by pharmacists in public health research and evaluation will depend upon the acquisition of public health competencies as described in section 6.4 and Annex 2, and will be greatly enhanced by collaboration with local public health specialists through PCTs, Public Health Observatories, public health networks and academic departments of public health.

### 6.9 Resources

When considering investment in pharmacy services, PCTs should take into account the contribution of pharmacy to the delivery of the Public Service Agreement targets set out in section 2.1, and the health improvement elements of their local delivery plans (LDPs). *Choosing Health* announced new funding for some priorities such as obesity, sexual health and alcohol misuse services. Pharmacists could be strong candidates for providing such services.

The new Local Area Agreements between Primary Care Trusts and local authorities will also be an important vehicle for committing investment. Local authorities receive a variety of grants for specific purposes, including some intended to support delivery of National Service Frameworks (section 5.2).

Pharmacists, particularly community pharmacists, will need to engage with the planning process at PCT and locality levels. They will need to be aware of the local financial position of the NHS and local government, understand the evidence supporting one intervention over another, and actively engage in local commissioning, where they are able to effectively provide services being developed by the PCT and/or the local authority.
Annex 1: Overview of the New Contractual Framework for Community Pharmacy

Services are categorised into essential, advanced and enhanced services, with a focus on quality and outcome. The new contractual framework is designed to be flexible and responsive to changing health needs. Over time, it is envisaged that there should be a periodic review of services in the contractual framework to allow for updating or revision of service requirements and standards of provision. As part of this, there may be a shift in the categorisation of services. For example, a service might move from being in the enhanced category to the essential category.

**Essential services**

Essential services are defined as those services that must normally be provided by all community pharmacy contractors. Such services are nationally agreed and are not open to local negotiation. Activities to be undertaken as part of each essential service and standards of delivery are specified. Those essential services relevant to public health are:

- **Signposting to appropriate health education and health promotion services**
- **Each year pharmacies will proactively participate in six national/local campaigns as agreed with the Primary Care Trust, to promote important public health messages.**

- **Promotion of healthy lifestyles for people presenting prescriptions who have diabetes and coronary heart disease, or those who smoke or are overweight:** pharmacists will have a structured discussion about relevant health issues such as stopping smoking, reducing alcohol intake, nutrition and increased physical activity
- **Support for self care – pharmacy staff will support people, especially those with long term conditions, so they can better care for themselves and their families**
- **Disposal of waste medicines – community pharmacies will accept unwanted medicines from the public for safe disposal**

**Advanced services**

Advanced services are those which require accreditation of the pharmacist providing the service and/or specific requirements for premises, such as discrete consultation areas.

- **Medicine-use review, where a pharmacist periodically and systematically discusses with a patient their medicines; in response to the need to make a prescription intervention**

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**Enhanced services**

These are services that will be locally commissioned by PCTs, according to the needs of the local population. Examples include needle exchange and supervised methadone for drug misusers, stop-smoking services and supplementary prescribing. Model templates with benchmark prices to aid local commissioning are being developed for some of the most commonly commissioned services, but these can be tailored to meet local needs. PCTs can also commission other enhanced services to meet their needs, over and above those already identified. The contractual framework gives PCTs the opportunity to plan services in a more integrated way across primary care.
Annex 2: Overview of public health with reference to pharmacy

Influences on people’s health

The main determinants of health

The main determinants of health were identified by Dahlgren and Whitehead (1991). They include non-modifiable factors (age, sex, hereditary factors) and modifiable ones (individual lifestyle factors, social and community influences, living and working conditions and general socio-economic, cultural and environmental conditions).

Inequalities in health and opportunities to choose health

“Health inequalities are stubborn, persistent and difficult to change. They are also widening and will continue to do so unless we do things differently.”

(Tackling Health Inequalities: A Programme for Action, 2003)

Health inequalities are differences in health experiences and outcomes between different population groups – according to socio-economic status, geographical area, age, disability, gender or ethnic group. Differences in opportunity lead to unequal life chances and unequal access to health services, nutritious food, adequate housing, etc.

The Government is strongly committed to ensuring that the people in the most marginalised groups and geographical areas see faster improvements in health.

For more background information, refer to:

www.socialexclusion.gov.uk The Social Exclusion Unit was set up by the Prime Minister in 1997 and leads innovative thinking in tackling some of society’s most difficult problems.

www.dh.gov.uk/PolicyandGuidance/HealthandSocialCareTopics/HealthyLiving/HealthyLivingCentres Healthy Living Centres build on existing community centres, health services and leisure facilities to contribute to the health of the most deprived members of the population.

www.neighbourhood.odpm.gov.uk The Neighbourhood Renewal Fund aims to enable the 88 most deprived areas, through their Local Strategic Partnerships, to improve services.
The three domains of public health
Pharmacy has a major role to play in all three of the domains described by the Faculty of Public Health.

Health protection
Infectious diseases, chemicals and poisons, radiation, emergency response, environmental health hazards.

Health & Social Care Quality
Clinical effectiveness, efficiency, service planning, audit and evaluation, clinical governance.

Health Improvement
Inequalities, education, housing, employment, family/community, lifestyles, surveillance and monitoring of specific diseases and risk factors.

Primary, secondary and tertiary prevention
The framework of primary, secondary and tertiary prevention is also useful for bringing pharmacy and public health together.

Primary prevention includes health promotion and requires action on the determinants of health to prevent disease occurring. It has been described as refocusing upstream to stop people falling in to the waters of disease.

Secondary prevention is essentially the early detection of disease, followed by appropriate intervention, such as health promotion or treatment.

Tertiary prevention aims to reduce the impact of the disease and promote quality of life through active rehabilitation.

The ten keys areas of public health practice
The Faculty of Public Health and Skills for Health have developed ten key areas as the basis of public health practice. They are widely used in job specifications and for training and accreditation, and need to be understood by pharmacy teams.

The Qualifications and Curriculum Authority (QCA) has National Occupational Standards for Public Health Practice based on the same ten key areas of practice (Skills for Health 2004). These apply to practitioners working in all sectors. The box contains an illustrative example of pharmacy’s contribution to each area.
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The ten keys areas of public health practice

■ Surveillance & assessment of the population’s health and well-being
  Analysing pharmacy data to identify unmet health and social care needs of the local population or groups at increased risk of poor health (e.g. people with diabetes or high blood pressure, smokers, those with housing problems)

■ Promoting and protecting the population’s health and well-being
  Contributing to screening and immunisation programmes, encouraging clinically effective prescribing of antimicrobial medicines

■ Developing quality and risk management within an evaluative culture
  Developing multidisciplinary guidance for identifying and reporting potential hazards (e.g. the safe administration and disposal of medicines, reporting incidents, errors with medicines)

■ Collaborative working for health
  Working with GP practices, district nurses, health promotion staff, or in hospitals, with multidisciplinary teams to develop care pathways for those with long-term conditions

■ Developing health programmes and services and reducing inequalities
  Contributing to local programmes to reduce the impact of coronary heart disease or diabetes

■ Policy and strategy development and implementation
  Ensuring that pharmacy contributes effectively to local strategies for the implementation of National Service Frameworks

■ Working with and for communities
  Working in partnership to implement initiatives such as Healthy Living Centres, the Expert Patient Programme, or substance misuse programmes

■ Strategic leadership for health
  Influencing local decision-making to ensure the effective use of medicines; acting as an advocate for the needs of the local community, or at SHA level through performance improvement

■ Research and development
  Ensuring implementation of evidence-based pharmacy practice or ensuring formal evaluation of new initiatives not yet supported by published evidence

■ Ethically managing self, people and resources
  Ensuring self and staff are trained to the level of competence and experience required for public health practice
Annex 3: Overview of Pharmacy with Reference to Public Health

Pharmacists work in a wide range of sectors. The total pharmacist registered workforce in England is just under 24,000, of whom 79% (i.e. just under 19,000) are actively employed (Hassell 2004). The distribution of the workforce across sectors is:

- 73% in community pharmacy
- 22% in hospital pharmacy
- 8% in primary care
- 4% in industry
- 10% in other sectors (including prisons, universities, veterinary pharmacy)

Technicians, dispensing assistants, medicines-counter assistants and other support staff are an important part of the pharmacy workforce, but no data are collected centrally on their numbers or distribution.

Community pharmacy
There are about 9,800 community pharmacies in England – the average PCT thus has around 40 pharmacies. Most community pharmacies operate, at any one time, with a single pharmacist and support staff. Larger multiples and supermarkets tend to employ a number of part-time pharmacists and locums on a shift basis to cover the longer opening hours.

The provision of public health services in community pharmacy has expanded greatly in recent years. A survey by Keele University and Webstar Health found that in 2004, the figures for PCTs commissioning public health services from community pharmacy were:

- Services for supervised consumption of methadone and other substitute medicines – 83%
- Needle and syringe exchange schemes – 79%
- Stop-smoking advice and support services – 56%
- Opportunistic diabetes screening, e.g. HbA1C, blood glucose – 4%
- Diabetes monitoring and support, e.g. regular tests and reviews – 4%
- Weight management, e.g. Body Mass Index (BMI) assessment and advice on weight control – 3%
- CHD risk assessment, blood pressure & lipid measurement – 3%
- Advice and support on medicines in schools – 3%
- Other services (sexual health, men’s health, influenza campaigns, EHC) – 8%

There were wide variations in the level of pharmacy public health activity between Strategic Health Authority areas, suggesting considerable scope for further development of services.

Hospital pharmacy
The roles of hospital pharmacists and their staff are described in section 2.4.
Pharmacy in primary care
Primary care pharmacists are typically based in GP surgeries, health centres and PCTs, but can also provide outreach services from a hospital base. Although they may not currently recognise public health as part of their role, they will almost certainly be providing health advice and services to improve health outcomes.

Pharmacy in prisons
Many prisoners have complex physical and mental health problems. The Department of Health published *A Pharmacy Service for Prisoners* in 2003b ([www.dh.gov.uk/socialcare](http://www.dh.gov.uk/socialcare)). Many of the public health services proposed in this strategy, e.g. stop-smoking services, substance misuse services, etc., are particularly relevant to the needs of prisoners.

Veterinary pharmacy
Some pharmacists are involved in the care and treatment of animals and those who care for or house them. They advise on public health issues such as zoonoses (diseases that are passed from animals to people), and the safe storage, use and disposal of animal medicines. They are a source of information on important national issues such as salmonella and foot and mouth disease.

Pharmacy leadership and strategic roles
The roles of pharmacists in Primary Care Trusts and Strategic Health Authorities are discussed in section 6.2.
Annex 4: Summary of the Evidence for the Contribution of Pharmacy to Public Health

Overview of the evidence base: Community Pharmacy
(PharmacyHealthLink and RPSGB forthcoming)

1. Research suggests a strong evidence base for the following:
   - **Proactive** leaflet distribution supporting advice on medicines or health advice
   - **Brief consultations** with clients on health behaviours, linked to PCTs’ public health programmes
   - **Stop-smoking services** – community pharmacies as providers of opportunistic and specialist services
   - **Community-based initiatives** to reduce health inequalities and contribute to neighbourhood renewal
   - **Diabetes** – people with diabetes being offered monitoring and information in community pharmacies
   - **Emergency hormonal contraception** – the continuation of, and expansion into, services for the under-16s and into sexual health advice generally
   - **Flu immunisation** for older people

2. The evidence base also supports, with appropriate evaluation:
   - **Secondary prevention of coronary heart disease** – pharmacy-based programmes for risk factor monitoring and advice, prophylactic aspirin, and lipid control
   - **Weight reduction and healthy eating programmes** – based in pharmacies

3. The careful evaluation of pharmacy-based programmes is recommended in the following areas where the evidence is, as yet, less strong:
   - Physical activity, alcohol misuse, skin cancer, oral health, asthma education (in schools), mental health, head lice, prevention of sexually transmitted infections, travel health
Annex 5: Stakeholder Involvement in Development of the Strategy

Pharmacists and the wider public health community were engaged in a number of ways.

**Questionnaires and requests for models of good practice**
- NHS service development leads and PEC pharmacists via the National Pharmaceutical Association
- PCT pharmacists via National Primary and Care Trust Development Programme (NatPaCT)
- Local Pharmaceutical Committees via the Pharmaceutical Services Negotiating Committee
- Primary care pharmacists via the Primary and Community Care Pharmacists network
- Primary Care Trust leads via the National Prescribing Centre
- Hospital chief pharmacists via the Guild of Healthcare Pharmacists
- Strategic Health Authority lead pharmacists
- Public health workforce via the UK Public Health Association

**Engagement events**
- National conference, two brainstorming meetings, and a special meeting on education and training

**Focus groups, including:**
- Industrial Pharmacists Group
- Strategic Health Authority lead pharmacists
- Academic Pharmacists Group
- Veterinary Pharmacists Group
- Hospital Pharmacists Group
- Primary and Community Care Pharmacists Network conference
- United Kingdom Clinical Pharmacy Association weekend symposium fringe meeting
- Community Pharmacists Group
- UK Public Health Association members
- 4th year students, School of Pharmacy, London
- Guild of Healthcare Pharmacists practice committee
- London Senior Pharmacy Managers
- Company Chemists Association practice committee
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Centre for Pharmacy Postgraduate Education (CPPE)
The CPPE, funded by the Department of Health, is the main provider of postgraduate education materials through distance learning and workshops for pharmacists in England. It is continuing to develop learning materials on health promotion and public health. www.cppe.man.ac.uk

College of Pharmacy Practice
The College’s aim is to promote excellence in pharmacy practice. It has set up a public health interest group (PHIG). The College accredits a wide range of training and educational materials for pharmacists and their support staff. www.collpharm.org.uk

Faculty of Public Health (FPH)
Promotes, for the public benefit, the advancement of knowledge in public health and develops public health to maintain the highest possible standards of professional practice. www.fph.org.uk

General Medical Services (GMS)
GMS are services provided by general practitioners and their staff.

Local delivery plan (LDP)
LDPs are the main component of the NHS planning system. PCTs are responsible for these three-year plans, which describe health and service improvement in their area. SHAs bring together PCT LDPs into a comprehensive plan for their area.

Local Strategic Partnership (LSP)
An LSP brings together at a local level the different parts of the public sector, as well as the private, business, community and voluntary sectors, so that different initiatives and services support each other. LSPs are central to tackling health inequalities.

National Pharmaceutical Association (NPA)
The NPA is the national body for the vast majority of community pharmacy owners in the UK. Its NHS Service Development Department has a wide range of resources on service development and the Education and Training Department provides training for pharmacists and their staff. www.npa.co.uk

National Prescribing Centre (NPC)
The NPC was formed by the Department of Health to promote and support high-quality, cost-effective prescribing and medicines management across the NHS. It hosts the national medicines management services programme. The NPC provides a range of resources, including therapeutic workshops, and resources on prescribing and medicines management. www.npc.nhs.uk

National Service Frameworks (NSFs)
NSFs are long-term strategies for improving specific areas of care. They set measurable goals within set timeframes. They bring together the best evidence of clinical and cost effectiveness with the views of service users to determine the best ways of providing particular services.
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NHS Institute for Learning, Skills and Innovation
This new organisation will encompass some of the work currently undertaken by the Modernisation Agency, the NHS Leadership Centre and the NHS University.

NHS Local Improvement Finance Trust (NHS LIFT)
NHS LIFT is a public–private partnership to improve the primary care estate and assist the regeneration of local communities, through the establishment of LIFT companies.

Patient Group Directions (PGDs)
PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment by named health professionals (HSC 2000/026). For more information about PGDs see www.npc.nhs.uk.

Pharmaceutical Services Negotiating Committee (PSNC)
The PSNC is recognised by the Secretary of State as representative of community pharmacy on NHS matters. It is the negotiating body for pharmacy contractors. It provides advice on service development.
www.psnc.org.uk

PharmacyHealthLink
PharmacyHealthLink supports the promotion of health through pharmacy by working with Government, health professionals, pharmacists and the public. Works in partnership with other bodies to produce guidance, runs workshops, conferences, etc.
www.pharmacyhealthlink.org.uk

Public health practitioner
A public health practitioner is a professional who spends a major part of their time in public health practice, such as a health visitor or specialised health promotion practitioner.

Public health specialist
A public health specialist is a professional who works at strategic or senior level to influence the health of whole communities.

Royal Pharmaceutical Society of Great Britain (RPSGB)
The RPSGB is the regulatory and professional body for pharmacists. Each of the university schools of pharmacy has its MPharm course accredited by the RPSGB every five years. Each MPharm course is based on an indicative syllabus set by the RPSGB. www.rpsgb.org.uk

Royal Institute of Public Health (RIPH)
The RIPH is an independent organisation promoting public health and hygiene through education and training, information, quality testing and policy development.
www.riph.org.uk

Royal Society for the Promotion of Health (RSPH)
The RSPH aims to promote continuous improvement in human health world-wide through education, communication and the encouragement of scientific research.
www.rsph.org
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- Mala Rao, Joint Head of Public Health Development, Department of Health (co-chair)
- Gul Root, Principal Pharmaceutical Officer, Department of Health
- Angela Alexander, independent consultant in pharmacy practice, and past Chair, College of Pharmacy Practice
- Miriam Armstrong, Chief Executive, Pharmacy HealthLink
- Steve Athey, Chief Pharmacist, York Hospitals NHS Trust
- Gary Belfield, Head of Primary Care, Department of Health
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References


Departments of General Practice, Primary Care and Management Studies, University of Aberdeen 2003, *Evolution and Change in Community Pharmacy.* Royal Pharmaceutical Society of Great Britain.


Department of Health 2004d. *Building a Safer NHS for Patients: Improving medication safety.* A report by the Chief Pharmaceutical Officer. 
[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsLibrary](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsLibrary)


Choosing health through pharmacy

www.content.modern.nhs.uk/cmsWISE/HIC/HIC+intro.htm


www.statistics.gov.uk/STATBASE/Product.asp?vlnk=6988


PharmacyHealthLink and RPSGB (forthcoming). *The Contribution of Community Pharmacy to Improving the Public’s Health: An overview of evidence from the peer reviewed and non-peer reviewed literature and recommendations for action.*
www.pharmacyhealthlink.org.uk

Royal Pharmaceutical Society of Great Britain 1996. *Community Pharmacy: The Choice is Yours – Baseline mapping study to define access to and usage of community pharmacy.*

www.rpsgb.org.uk


www.berkshire.nhs.uk/mentalhealth


Further reading


NatPaCT 2004. *A Guide to Support for pharmacists, PCTs and SHAs as they enter the new Community Pharmacy Contractual framework* [www.natpact.nhs.uk/pharmacy](http://www.natpact.nhs.uk/pharmacy)


