

UPDATE

Module 1702

This module covers:

- What public health is and how it fits within the NHS
- The drivers of public health and how pharmacy can deliver on the challenges in public health outcomes framework
- Commissioning of pharmaceutical services
- Public health priorities in Scotland and Wales

May >>

Diagnostics and public health

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*Online-only for Update and Update Plus subscribers.

Public health part 1: the new frontier?

Patrick Grice

Community pharmacies are increasingly engaged in public health services. This - the first of two articles on public health - sets out how public health integrates with the NHS and where pharmacy fits in. Public health is the science of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, communities and individuals. In practical terms it aims to improve the health and wellbeing of the population, stop the healthy becoming sick, prolong life and reduce health inequalities.

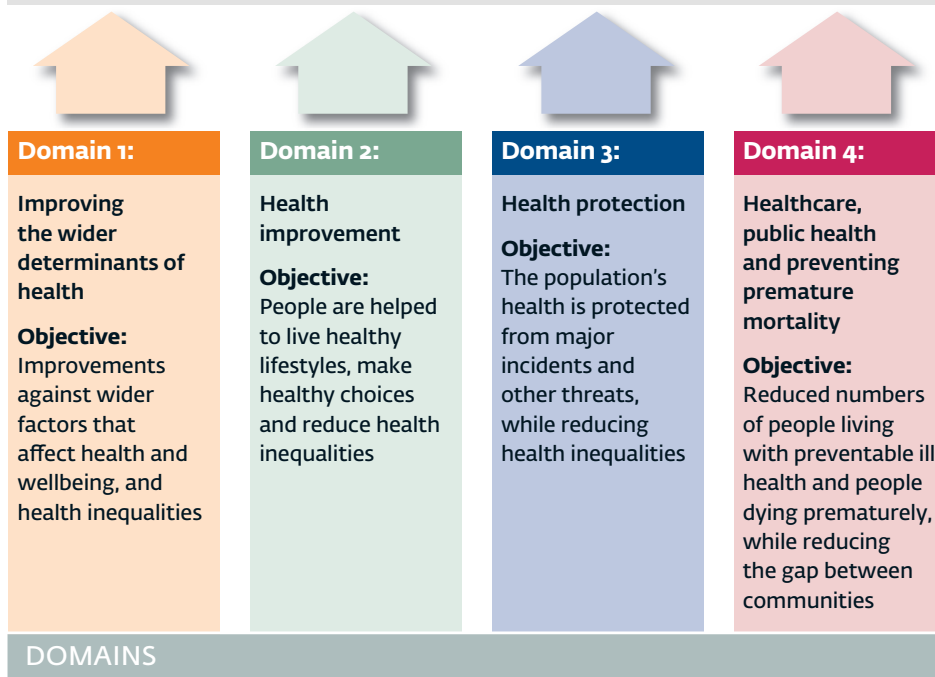
The past decade, with restructures of pharmacy contractual frameworks across the UK, has seen the evolution of a number of pharmacy services linked to public health. The public health service delivered through pharmacies in Scotland and the healthy living pharmacy (HLP) initiative in England are manifestations of this.

As healthcare focuses more on illness prevention rather than curing disease, many pharmacists see public health in its various domains (see right) as the new frontier for service development. However, the 2013 NHS reorganisation saw a major change for public health services, with funding for many enhanced services being moved from primary care trusts (PCTs) to local authorities. This has done little to simplify the commissioning and funding of such services through community pharmacies.

The NHS has historically undervalued the role that community pharmacy can play in improving and maintaining the public's health, says the Pharmacy and Public Health Forum in a recent report and argues that a more coherent approach is needed to commissioning services.

Table 1: The objectives of the public health outcomes framework in England

OUTCOMES
Vision: To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.
Outcome 1: Increased health expectancy Taking account of the health quality as well as the length of life (Note: This measure uses a self-reported health assessment, applied to life expectancy.)
Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities Through greater improvements in more disadvantaged communities (Note: These two measures would work as a package covering both morbidity and mortality, addressing within-area differences and between-area differences)



The big picture

In England, Public Health England (PHE) is the new delivery organisation for public health systems. The NHS is charged with delivering some public health services, and with promoting health through all its clinical activities. Scotland and Wales have different structures, which are shown below.

Outside the clinical arena, the responsibility for improving the health of local populations rests with local authorities. The Health and Social Care Act 2012 requires them to “take such steps as [they] consider appropriate for improving the health of the people in [their] area”. This includes setting up statutory health and wellbeing boards to drive local commissioning and integration of all health services, based upon local needs.

So, in overview:

- NHS England is responsible for commissioning NHS pharmaceutical services and for monitoring the national community pharmacy contract framework. Area teams can commission local primary care, including pharmaceutical services.
- Local authorities commission public health services, with funding transferred from the now defunct PCTs for those public health services that they commissioned.
- Clinical commissioning groups (CCGs) (with commissioning support units - CSUs) can commission minor ailments, palliative care and other health services that can be delivered through community pharmacies.
- Health and wellbeing boards (HWBs) are responsible for developing and updating pharmaceutical needs assessments as well as promoting integrated care.

In practice, the system is still adjusting to the changes and can be confusing at a local level. A useful guide to who can commission what is available on the PSNC website, but sources of funding may be complex. For example, funding for training may come from a local education and training board, while service fees may come from a CCG. This approach is being taken to roll out the HLP scheme in south London. Training is being funded by Health Education South London, while pilots in Lambeth and Lewisham have been supported by the CCGs and the LPC.

The benefits

The potential benefits for the NHS from a healthier population should not be underestimated. Many of the services delivered from pharmacies directly address some of the challenges set out by the NHS in its Call to Action. Some of the key facts are:

- between 1990 and 2010, life expectancy in England increased by 4.2 years, so people need to remain healthy for longer
- the difference in life expectancy between the richest and poorest parts of the country is now 17 years, so there are health inequalities

to be addressed

- around 80 per cent of deaths from major diseases, such as cancer, are attributable to lifestyle risk factors such as smoking, excess alcohol and poor diet
- one quarter of the population has a long-term condition such as diabetes, depression, dementia and high blood pressure
- the number of older people likely to require care is predicted to rise by more than 60 per cent by 2030.

Since it was formed in 1948, the NHS has received around 4 per cent of national income and modelling shows that continuing with the current model of care will lead to a funding gap of around £30bn between 2013-14 and 2020-21.

Drivers of public health

Public health activities in England are driven by the public health outcomes framework. This focuses on two high level outcomes:

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities.

The documents published under the framework are the ones that local authorities must have regard to in the exercise of their public health functions. The objectives of the public health outcomes framework are shown in table 1, left.

Domain 1 covers a broad range of social issues such as child poverty and domestic abuse. Domains 2, 3 and 4 are the ones in which pharmacy services can make an impact. Domain 2 focuses on actions to help people make healthy choices and lead healthy lifestyles. The intention is that improvements in these indicators will be led locally through health improvement programmes commissioned by local authorities. Indicators in Domain 2 include:

- diet
- excess weight in adults
- proportion of physically active and inactive adults
- smoking prevalence - adults (over 18s)
- successful completion of drug treatment
- recorded diabetes
- alcohol-related admissions to hospital
- take up of the NHS Health Check Programme.

Domain 3 covers population-based indicators. While PHE has a core role in delivering improvements in these indicators nationally, this is in support of the NHS's and local authorities' responsibility in health protection locally. Examples of indicators in Domain 3 include chlamydia diagnoses (15 to 24-year-olds), population vaccination coverage and treatment completion for tuberculosis.

Improvements in indicators in Domain 4 are being delivered by the whole public health system, with some mortality indicators shared with the NHS outcomes framework.

Domain 4 indicators include mortality from all cardiovascular diseases, liver disease and respiratory diseases.

Recognising local priorities

In exercising their public health functions local authorities and CCGs have a joint responsibility to assess the health and wellbeing of their local communities and put in place strategies for improving it. Each HWB is required to produce joint strategic needs assessments (JSNA) and joint health and wellbeing strategies (JHWS).

The purpose of these is to improve the health and wellbeing of the local community and reduce inequalities for all ages. Their aim is to develop local evidence-based priorities for commissioning. The outputs from the JSNA feed into the JHWS, which sets out the actions local authorities and the local NHS plan to take to meet health and social care needs.

HWBs are also required to undertake pharmaceutical needs assessments (PNAs) and many choose to combine the process with JSNAs. For LPC or pharmacy consortia planning to prepare a bid to provide services, these are key documents. Any bid must be aligned with local health priorities.

Public health in Scotland

NHS Health Scotland is the equivalent to PHE in England, but operates within the NHS as a special health board with a national remit. It works with Scotland's 14 regional NHS boards and their partners to implement health improvement programmes. Priority areas include healthy weight and oral health in children, alcohol brief interventions, smoking cessation and cardiovascular health.

Public health has been integral to the Scottish pharmacy contract since 2006, with national service specifications for smoking cessation and EHC rolled out in 2008. Pharmacy contractors receive a fixed-sum allowance for providing the public health service, which supports community pharmacies' contribution to health protection, health improvement and medicine safety.

Plans for the future of pharmaceutical care in Scotland are set out in *A Prescription for Excellence*, published by the Scottish Government last September. It says there is a good distribution of pharmacies across deprived communities in Scotland, which will enable the further development of accessible public health services. Its vision is to develop national service specifications around cardiovascular health, older people (in care homes and in their own home), alcohol and substance misuse, mental health, sexual health and children.

Public health in Wales

Pharmacies in Wales operate under the same contractual framework as English pharmacies. The seven Welsh health boards have statutory responsibilities for public and population

health and commission services. Public Health Wales (PHW) is an NHS trust that works with the boards to develop a common and consistent public health approach, but with local delivery.

PHW co-ordinated a number of public health pharmacy campaigns in 2012 and 2013 with Community Pharmacy Wales. The latest, Keep Well This Winter, was one of six contractual campaigns and ran through all local health boards.

Current public health priorities for PHW include early years' interventions (with a focus on maternal smoking, breastfeeding and childhood obesity), over-50s health checks, interventions focused on healthy ageing, cardiovascular disease and cancer, and plans for reducing liver disease, alcohol abuse and obesity.

Further information

- The *Public Health Outcomes Framework 2013-16* for England can be found at gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency, along with links to DH policies that support outcomes including giving all children a healthy start in life, reducing obesity and improving diet, helping more people survive cancer, reducing harmful drinking, reducing drugs misuse and dependence and reducing smoking.
- PSNC's resource area for service specifications and resources for locally commissioned services is at psnc.org.uk/services-commissioning/locally-commissioned-services/service-specifications-and-resources
- Public Health Wales supports local health boards. A useful list of services and links is at wales.nhs.uk/sitesplus/888/home wales.nhs.uk/sitesplus/888/page/44949 and The Public Health Observatory Wales at wales.nhs.uk/sitesplus/922/home provides detailed information on local health issues.
- NHS Health Scotland looks after public health north of the border at www.healthscotland.com/index.aspx
- www.scotpho.org.uk provides public health information and data.
- The Public Health England website is still being rebuilt since PHE took on its new responsibilities. It contains a mine of information (via the data and knowledge gateway) on public health, including local health profiles at gov.uk/government/organisations/public-health-england. The Public Health England local health website has links to local and regional contacts at www.localhealth.org.uk/#l=en;v=map9

References

- Wanless, D. *Securing Good Health for the Whole Population*. Final Report. HM Treasury, 2004.
- Community Pharmacy Scotland: www.communitypharmacyscotland.org.uk/nhs-care-services/services/public-health-

service/phs-core-specification/

- PSNC: <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>
- NHS Confederation: www.nhsconfed.org/Publications/reports/Pages/Health-on-high-street-rethinking-community-pharmacy.aspx
- PSNC: <http://psnc.org.uk/wp-content/uploads/2013/07/Community-Pharmacy-Local-Service-Commissioning-Routes-March-2014.pdf>
- Health Education South London: <https://southlondon.hee.nhs.uk/2014/02/12/community-pharmacy-health-champions/>
- NHS England: *A Call to Action*: http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf
- Department of Health: *Public Health Outcomes Framework 2013-2016*: www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency
- The Scottish Government: *Prescription for Excellence*: <http://www.scotland.gov.uk/Resource/0043/00434053.pdf>
- Public Health Wales: <http://www.wales.nhs.uk/sitesplus/888/page/70468>

5 minute test

■ Sign up to take the 5 Minute Test and get your answers marked online: chemistanddruggist.co.uk/update

Take the 5 Minute Test

1. NHS England is responsible for commissioning NHS pharmaceutical services.

True or false?

2. The commissioning of public health services is solely the responsibility of CCGs.

True or false?

3. Health and wellbeing boards (HWBs) are responsible for developing and updating pharmaceutical needs assessments.

True or false?

4. Between 1990 and 2010, life expectancy in England increased by 1.5 years.

True or false?

5. Around 40 per cent of deaths from major diseases are attributable to lifestyle risk factors.

True or false?

6. One quarter of the population has a long term condition such as diabetes, depression, dementia and high blood pressure.

True or false?

7. The number of older people likely to require

care is predicted to rise by more than 60 per cent by 2030.

True or false?

8. The public health outcomes framework focuses on increasing healthy life expectancy and reducing differences in life expectancy between communities.

True or false?

9. Domain 1 of the public health outcomes framework focuses on actions to help people make healthy choices and lead healthy lifestyles.

True or false?

10. Health and wellbeing boards are required to produce joint strategic needs assessments.

True or false?

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Tips for your CPD entry on public health

Reflect How are public health schemes delivered in England, Scotland and Wales? What are health and wellbeing boards responsible for? Which objectives does the public health outcomes framework focus on?

Plan This article provides information for pharmacists about how public health integrates with the NHS and pharmacy's role within it. It discusses how NHS pharmaceutical services are commissioned, the role of health and wellbeing boards, the public health outcomes framework and the benefits to the NHS of these initiatives.

Act Read the Update article and the suggested reading (below), then take the 5 Minute Test (above). Update and Update Plus subscribers can then access their answers and a pre-filled CPD logsheet at chemistanddruggist.co.uk/mycpd.

Find out more about health and wellbeing boards from the Department of Health
tinyurl.com/publichealth1

Find out more about healthy living pharmacies from PSNC and the NPA
tinyurl.com/publichealth2
tinyurl.com/publichealth3

Read more about the public health outcomes framework
tinyurl.com/publichealth4

Find out more about public health in Scotland and Wales
tinyurl.com/publichealth5
tinyurl.com/publichealth6

Evaluate

Do you now have a good understanding of how public health integrates with the NHS, and where pharmacy fits in? Do you know how NHS pharmaceutical services are commissioned?

ASK THE EXPERT

May is diagnostics and public health month and our expert is on hand to answer your queries. Submit your questions by email to:
pooja.sisodia@ubm.com