

UPDATE

Module 1703

This module covers:

- Evidence of community pharmacy's involvement in public health
- The negative consequences of health challenges that pharmacy can help prevent
- England's healthy living pharmacy (HLP) framework
- Bidding for pharmaceutical services

May >>

Diagnostics and public health

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*Online-only for Update and Update Plus subscribers.

Public health part 2: a foot in the door

Patrick Grice

Public health, in its broadest sense, is already a part of what every community pharmacy offers. All pharmacies in Great Britain are already providing healthy living advice to patients as part of the public health element of their pharmacy contract.

An evaluation of new medicine service (NMS) interventions in the first year of the service found that a total of 366,702 separate pieces of healthy-living advice were given to the 224,554 patients who received the NMS (three for every two patients). The majority of pharmacies will also provide at least one locally commissioned public health service.

Further evidence of community pharmacy's growing involvement with public health is the recent publication of professional standards by the Royal Pharmaceutical Society (RPS) in March. The framework of nine standards is aimed not only at the pharmacy team but also those who commission pharmacy public health services. Standard 4 (health improvement) and Standard 5 (health protection) give numerous examples of the types of activities community pharmacies already engage in.

The three domains of public health in which pharmacy has a role to play are shown in *Figure 1*, above right (more details can be found in last week's Update article, *Public health part 1: the new frontier?*, C+D, May 10, p16-18, or at chemistanddruggist.co.uk/update).

All health professionals are encouraged to make every contact count when talking to patients: brief interventions genuinely make a difference. Since community pharmacy reaches a significant cohort of

Figure 1: The domains of public health in which pharmacy can make an impact



Health improvement
including people's lifestyles as well as inequalities in health and the wider social influences of health



Health protection
including infectious diseases, environmental hazards and emergency preparedness



Health service delivery and quality
including service planning, efficiency, audit and evaluation

people who do not regularly access other health services, this presents a unique opportunity for such interventions.

The benefits to patients from pharmacy involvement in public health services is increasingly well recognised, if not acted upon. In 2008, the Department of Health (DH) set out how pharmacies might help address a range of health challenges. Some of these are shown in *Table 1: How pharmacy can help with challenges to health*. A common theme across all these interventions is that they help patients look after themselves more effectively, stay healthy and reduce the burdens on health and social care services, often with the prospect of significant cash savings.

How pharmacy can get involved

Delivering pharmacy-led public health services that are not enshrined within the national

pharmacy contracts relies on local knowledge, initiative and persistence. The great strengths of England's healthy living pharmacy (HLP) scheme are that it has provided a framework that is easy for commissioners to understand and that it provides an umbrella for services many pharmacies already provide. This framework can be seen online at tinyurl.com/publichealth10.

The standardisation of training requirements (such as the Well Being course delivered by C+D Training, which leads to the Royal Society for Public Health (RSPH) Level 2 award in understanding health improvement) and quality criteria used by HLPs has made it more straightforward for commissioners to commission services.

In its response to the government's NHS Call to Action - aimed at improving health and care through community pharmacy

Table 1: How pharmacy can help with challenges to health

Health challenge	Long-term impact if not addressed	How pharmacy can help
<p>Healthy weight The current eating patterns of the average British adult substantially increase their risks of becoming obese and developing heart disease or cancer, with a third of vascular cases and a quarter of cancer deaths thought to be diet-related.</p>	<p>By 2050, 60 per cent of men and 50 per cent of women are forecast to be obese. The health complications that can result – high blood pressure and diabetes – are among the most pressing problems faced. Improving diet could save 70,000 lives a year, or one in 10 deaths.</p>	<ul style="list-style-type: none"> • Body mass index (BMI) and waist circumference measurements • Weight management clinics in the pharmacy • Prescribing or patient group directions (PGDs) to enable the supply of weight reduction medicines as part of an overall weight reduction strategy • Education, information and advice for all patients, including families with young children • Outreach work in the community • Vascular checks
<p>Sexual health Chlamydia is the most common sexually transmitted infection (STI). Around one in 10 young people under the age of 25 are diagnosed with it each year.</p>	<p>The risk of pelvic inflammatory disease, infertility and ectopic pregnancy will increase. Untreated infection will damage reproductive health. The cost to the NHS will be around £100 million a year. The number of unintended pregnancies will increase.</p>	<ul style="list-style-type: none"> • Promotion of condom use and access to free condoms • PGDs to enable the supply of medicines related to sexual health • Availability of advice, EHC and other contraception in a secure and private environment • Raising awareness of HIV, chlamydia and other STIs • Providing non-invasive testing kits
<p>Alcohol use Alcohol causes major health problems. Between 1991 and 2005, deaths directly attributed to alcohol almost doubled. More people die from alcohol-related causes than from breast cancer, cervical cancer and MRSA infection combined.</p>	<p>Excessive alcohol consumption has insidious health complications, because it can take a long time for life-threatening problems such as liver cirrhosis to become evident. For every £1 spent in treatment, the public sector saves £5. For every £1 spent on alcohol interventions, £1.70 is saved by the NHS.</p>	<ul style="list-style-type: none"> • Providing healthy-lifestyle advice aimed at raising awareness of the harmful effects of excess alcohol • Brief interventions (such as screening and NHS health checks) • Prescribing or PGDs to enable the supply of medicines related to reducing alcohol intake • Blood tests to detect levels of alcohol consumption and early risks of complications developing
<p>An ageing population By 2029, the number of 65- to 75-year-olds will have increased by just over 40 per cent, and the number of those aged 75 to 84 years by 50 per cent. The most dramatic increase will be in those who are over 85 years, with the numbers forecast to double. Three out of four people over 75 are prescribed medicines and 36 per cent of older people are prescribed four or more medicines. Yet some estimates suggest that up to 50 per cent of people do not take them as intended.</p>	<p>The greatest health costs arise in the final years of life. If healthy 75- to 84-year-olds become unhealthy 85-year-olds, this will increase the burden on the NHS. Around 10 per cent of hospital admissions may result from older people not coping with or taking their medicines as intended.</p>	<ul style="list-style-type: none"> • Support for staying healthy and healthy lifestyle advice • Signposting to social care • Medicines optimisation to help self-care • Focused MURs for the most vulnerable, such as to prevent falls • Targeted pharmaceutical care through domiciliary visiting for those on complex medicine regimes • A dispensing and delivery service for compliance aids

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- Pharmaceutical Services Negotiating Committee (PSNC) points out that, while not all public health services are suitable for commissioning at a national level, there is unwarranted variability in the way many public health services are commissioned and specified. This leads to additional complexity and expense for commissioners and providers.

PSNC provides a useful list of service specifications which can be used by local pharmaceutical committees (LPCs) and local consortia in England and Wales when bidding to provide services. But a first step, before approaching local authorities and clinical commissioning groups (CCGs) with a bid to provide public health services, is to do some homework with key local documents such as:

- joint strategic needs assessment (JSNA);
- joint health and wellbeing strategy (JHWS);
- pharmaceutical needs assessment (PNA).

These set out local health priorities and strategies with which any bid must be aligned.

Those putting together bids should put themselves in the position of a commissioner and address the types of questions they will be asking, including:

1. The nature of public health need

- Is it a universal need across the local authority area or a more localised one? Does it apply to the entire population or to specific population groups?
- Is there a strong evidence base for a commissioned service or does this need to be developed?

2. Service-related factors

- What is the nature of the intervention? Is it a one-off or ongoing?
- What is the cost of commissioning the proposed service?
- What is the capacity and capability of the workforce? Linked to this, is training required to deliver the service?
- Does the service need to be integrated with services delivered by other local providers? How will this be managed?
- Does the service link to other services commissioned from community pharmacies?
- What is the expected impact of the service?
- What is the cost-effectiveness of the service compared with other interventions? Will this reinforce and complement the effectiveness of other interventions?

3. Consumer choice factors

- Where would people use or access the service? Will they need to be directed to community pharmacies?
- What are the demographics and groups of patients who would access this service? Do these support a business case for commissioning the service from community pharmacies?
- Could these people access services elsewhere or do community pharmacies provide added opportunities and value to access certain

Table 1: Continued from p19

Health challenge	Long-term impact if not addressed	How pharmacy can help
<p>Long-term conditions (LTCs) About two-thirds of medicines prescribed are for people with LTCs and 15 million people live with one or more of these conditions, such as asthma, heart disease or stroke.</p>	<p>The prevalence of LTCs increases with age. By the age of 60, over half the population have at least one LTC. The prevalence of LTCs is predicted to increase over the next 20 years by approximately 25 per cent due to ageing of the population. Those living with LTCs will be using NHS services for longer. Care services will face increasing pressures to support people at home and in the community.</p>	<ul style="list-style-type: none"> • Health campaigns aimed at improving awareness of the risks associated with certain LTCs • Improving medicine-related care for people with LTCs to reduce emergency admissions • Providing screening services to identify those at risk of developing a condition • MURs and adherence programmes to improve medicine taking • Dedicated clinics using PGDs to help control cholesterol for those on statins and blood pressure for those on antihypertensives • Prevention and early detection of some cancers

Adapted from Pharmacy in England: Building on Strengths - Delivering the Future, Department of Health, 2008

populations that other settings do not provide, or where people prefer to use community pharmacies compared to other conventional NHS services?

The NHS Confederation, a membership body providing a voice for the whole healthcare system, sees community pharmacy as a key partner in improving public health. The challenge for pharmacy at a local level is to gain proper recognition and funding for services. Nationally, the task is to push for a more coherent approach from commissioners to make this happen.

References

1. *Improving Health & Patient Care through Community Pharmacy - a Call to Action*, PSNC: tinyurl.com/publichealth11
2. *Professional Standards for Public Health Practice for Pharmacy*, RPS: tinyurl.com/publichealth12
3. *Pharmacy in England: Building on strengths - delivering the future*, DH: tinyurl.com/publichealth13
4. Service specifications and resources, PSNC: tinyurl.com/publichealth14
6. *Health on the high street: rethinking the role of community pharmacy*, NHS Confederation: tinyurl.com/publichealth15

Further information is available to Update and Update Plus subscribers in the online version of this article at chemistanddruggist.co.uk/update

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. The domains of public health in which pharmacy has a role to play are health improvement, health protection, health service delivery and quality.

True or false?

2. A quarter of cancer deaths are thought to be diet-related.

True or false?

3. Deaths directly attributed to alcohol almost doubled between 1991 and 2005.

True or false?

4. More people die from alcohol-related causes than from breast cancer, cervical cancer and MRSA infection combined.

True or false?

5. By 2029, the number of people aged 65 to 75 years will have increased by 20 per cent.

True or false?

6. Surveys suggest that up to 65 per cent of people do not take their medicines as instructed.

True or false?

7. About two-thirds of medicines prescribed are for people with long-term conditions (LTCs).

True or false?

8. By the age of 60, over half the population have at least one LTC.

True or false?

9. LTCs are predicted to increase over the next 20 years by approximately 40 per cent.

True or false?

10. England's healthy living pharmacy framework covers public health needs such as smoking, obesity, alcohol and physical activity.

True or false?

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Tips for your CPD entry on public health

Reflect Which challenges to health can pharmacy help to address? What does the Healthy Living Pharmacy framework involve? What should be considered when bidding for public health services?

Plan This article discusses the public health services that pharmacies already provide and additional services that could be provided. It includes information about where pharmacy can make an impact on certain health challenges and advice for those putting together a bid for providing a service.

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.

Read more about professional standards for public health practice on the Royal Pharmaceutical Society (RPS) website, including information about Standard 4 (health improvement) and Standard 5 (health protection)

tinyurl.com/publichealth7

Find out more about the NHS Community Pharmacy Call to Action on the Pharmaceutical Services Negotiating Committee (PSNC) website tinyurl.com/publichealth8

Find out about specific locally commissioned pharmacy services and template service specifications on the PSNC website tinyurl.com/publichealth9

What services are provided in your area? Think about what services your pharmacy could provide (or how to improve those already carried out) and the health benefits to the local community

Evaluate

Do you know what public health services pharmacies can carry out? Do you know what factors to consider if bidding to provide a service?

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

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