

Public Health Consultation
Department of Health
Room G13,
Wellington House
133–155 Waterloo Road
London SE1 8UG

28th March 2011

Dear Sir/Madam,

Our Health and Wellbeing Today – Devon LPC Response to the Consultation

The following are the comments of the Devon Local Pharmaceutical Committee (LPC) in response to the Department of Health Public Health White paper “Our Health and Wellbeing today”. The LPC represents 232 community pharmacy contractors across Devon.

General Comment

The LPC welcomes the Government’s commitment to building a national public health service that ensures the NHS is as effective as preventing illness as it is at curing it. We are hopeful that the move towards public health being the responsibility of local government should allow a wider approach that focuses on the wider determinants of health and inequalities.

The White Paper examines public health under the following headings:

- 1. Seizing opportunities for better health;**
- 2. A radical new approach;**
- 3. Health and wellbeing throughout life;**
- 4. A new public health system with strong local and national leadership; and**
- 5. Making it happen.**

1. Seizing opportunities for better health;

Healthcare only contributes one-third of potential improvements in life expectancy. The Devon LPC and national pharmacy bodies have consistently raised the opportunity for improving health inequalities and changing lifestyles (that contribute the other two thirds) through community pharmacy. Often the argument, though accepted to various degrees, has fallen on barren ground because the message from Public Health to Community Pharmacy has consistently been ‘there is no money’.

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We wholeheartedly support the ring fencing of Public Health monies as a cornerstone of the public health strategy, but believe that the local authority must be accountable to the NHS Commissioning Board for the way in which the public health funding is allocated.

It is now accepted that community pharmacy is ideally situated to contribute to tackling ‘smoking’, obesity, alcohol intake, drug misuse, teenage pregnancy and sexual health, and many schemes have been tried and proved . In these areas of national significance monies should also be ring fenced specifically for delivering public health through pharmacies, as a cost effective and efficient means of making public health interventions.

The national pharmacy contractual framework includes an element of funding for directed public health campaigns. Local Public Health commissioners have not always taken the opportunity to manage this resource, as is their responsibility.

The money within the national pharmacy contractual framework is effectively ring fenced, yet even in this respect the existing **commissioners have not seized this opportunity** and the opportunity to use community pharmacy effectively has been wasted.

It is important that the government not only ring fences the money for public health but creates structures and monitoring outcomes to ensure that money and opportunities are not wasted.

The LPC would wish to see within the ring fenced funding a portion being further protected for support of community pharmacy services to overcome the existing inertia in the system which has so far greatly delayed their development and which may well be carried forward in to the new organisations as people are transferred to new jobs.

2. A Radical New Approach

The LPC welcomes the government’s aim of enabling and empowering the individual to take responsibility for their own health.

Part of this process must include access through avenues other than the narrow medicalised approach traditionally followed by the NHS, via GPs and Nurses. It is recognised that community pharmacy sees more people (including healthy people) than any other group of health care professionals.

Figure 2: Pharmacy versus GP visits per year in the UK (Bow Report

| Location | Est. visits/day | Est. visits/year |
|---|------------------------|-------------------------|
| Community Pharmacy - specific health advice | 260,000 | 95 million |
| Community Pharmacy - prescriptions and other purchases | 1,540,000 | 560 million |
| Community Pharmacy - all visits | 1,800,000 | 655 million |
| General Practice | 510,000 | 186 million |

Whilst a host of papers, leaders of policy, economists, and researchers have identified the potential for community pharmacy to contribute to health improvement, there has been a **singular operational failure to convert this in to consistently delivered services.**

The LPC also welcomes Local Government having the freedom and responsibility to deliver the needs of their own specific populations.

These changes are indeed radical. It will be vitally important that local government has access to expertise, and experience that will champion this approach. It would seem that this implies change and we would wish to make three points as a consequence:

i) In order to support adequately at least one radical change, **a community pharmacist should be present on each Health and Wellbeing Board** to support and guide the increased use of community pharmacy that the government identifies as desirable in the White Paper

iii) A senior pharmacist post should be created to sit at the highest level within Public Health England

iii) The outcomes framework should include an element which measures the degree to which local public health leadership engage new avenues of approach, in keeping with the government's intentions to radicalise public health delivery.

3. Health and Wellbeing through Life

It appears that community pharmacy surfaces clearly as offering superior accessibility, an environment which attracts both the sick and the well, and welcomes individuals of all ages and all social backgrounds. The local community pharmacy remains very much a local resource for each and every community.

The White Paper states 'community pharmacies are a valuable and trusted public health resource' and identifies the potential to use pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.

It is our concern that without considerable operational support in addition to strategic support, that this will not convert in to any radical change in the extent to which pharmacy is utilised as a provider of public health services. As a result a clear avenue for taking public health to the public will not be used to its' fullest potential.

The Portsmouth Healthy Living Pharmacies scheme has been recognised as an example of best practice within the White Paper, and it is widely accepted within the profession that these pharmacies demonstrate the way pharmacy can make a difference by delivering identifiable outcomes, provided there are adequate enablers in terms of development and marketing of the services.

We would like to propose:

A national menu of pharmacy public health services is created. A number of these would be identified as important nationally, and funding and direction would be provided by the NHS

Commissioning Board. A further number would be designed, including protocols, funding levels and outcomes criteria which local commissioners could identify as being suitable for their areas.

The Healthy Living Pharmacies model is developed and extended as a national programme. The programme is funded centrally, or is developed by local government with money protected within the larger body of ring fenced public health money.

A community pharmacist representative is present by statute on every Health and Wellbeing Board, to support the ethos of the White Paper, and the translation from aspiration to reality of the government's recognition that the skills within community pharmacy are currently not used to their fullest potential.

4. A new public health system with strong local and national leadership

The Devon LPC recognises the potential for the new structure to deliver direction, and clarity, whilst allowing local leadership and innovation to deliver services best suited to local need.

Public Health England should include a 'Director of Pharmaceutical Public Health'. This role would be dually accountable to Public Health England and the Chief Pharmacist (England) role.

The NHS Commissioning Board should directly commission those pharmacy public health services which are recognised as of national value, against a nationally agreed specification and fee structure. This is an efficient way of delivering universally valuable services, and of overcoming the likely gaps in local authority's understanding of what community pharmacy offers and can do. The LPC would encourage the government to investigate the possibility of the Royal Pharmaceutical Society developing the competency framework for the delivery of public health services through pharmacy, and that the responsibility for ensuring local providers have the necessary training to meet the competencies rests with the providers themselves.

Local government will have responsibility for producing the Pharmaceutical Needs Assessment (PNA). **Local Health and Well Being Boards must include a community pharmacist,** to support quality and innovation and to advise on the links between the PNA and the strategic framework provided through the Joint Strategic Needs Assessment. The Health and Wellbeing board would then have access to a strong network of potential providers of services developed to meet local needs.

5. Making it Happen

Historically the greater use of pharmacy has been highlighted in government and NHS papers, and in the NHS strategic framework. This is not sufficient to fully gain pharmacy support to deliver the radical change that the government envisages.

Pharmacy must be built into the Public Health Structures at every level. Some of the ways it can be built into the new structures we have already highlighted but in addition we feel that the new NIHR School for Public Health Research and Policy Research Unit on Behaviour and Health should have a specific responsibility to:

Sponsor or undertake and publicise research in to community pharmacy as a public health resource.

Forge close links with the Royal Pharmaceutical Society, and community pharmacy learning resources e.g. Centre for Pharmacy Postgraduate Education.

In response to the specific questions within the consultation the LPC has the following comments to make.

Role of GPs and GP Practices in Public Health: Are there additional ways in which we can ensure GPs and GP practices will continue to play a key role in areas for which public health England will take responsibility?

The patient focused perspective of GPs will be needed for successful commissioning of public health services. However, the **House of Commons Health Select Committee report** into commissioning commented that commissioning is still an Achilles heel within the NHS and that:

“...weaknesses are due in large part to PCTs“ lack of skills, notably poor analysis of data, lack of clinical knowledge and the poor quality of much PCT management.” (Bow Report)

This is likely to be similar in the new structures, since the skills will take time to acquire, and there is not a surplus of high quality individuals on which to draw.

We would therefore like to recommend to the government that it considers how it can ensure that pharmacy plays a key role in areas for which Public Health England will take responsibility.

GP practices and indeed community pharmacists are most likely to engage if their services are contracted for, or their Quality and Outcomes framework prescribes or aspires to particular aspects of Public Health. To ensure that GPs are engaged in the delivery of public health services, while optimising the community asset that is community pharmacy, the LPC would like to recommend that the government considers the development of a joint quality and outcomes framework between GP practices and community pharmacies. This could be built into the national contractual frameworks for both professional groups.

We believe that the network of community pharmacies has a really important role to play in screening and improving awareness about a host of public health issues. Community pharmacy bucks the inverse care law. There is a greater density of pharmacies in areas of deprivation. Pharmacy can be at the spearhead of reducing health inequalities.

Increased public investment in community pharmacy would mark a shift to more equitable health provision by bringing a wider range of NHS services into the heart of neighbourhood communities where they are within reach of the people who need them most.

96% of the population – even those in the most deprived areas – can get to a pharmacy within 20 minutes by walking or using public transport. It is imperative the **skills and expertise of all healthcare professionals** are fully optimised and utilised in public health services.

Public Health Evidence: What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?

Some excellent outcomes have been identified from Community Pharmacy Enhanced Services in some areas of the country, but commissioning of Enhanced Services is patchy and far from universal.

There are numerous reasons for this, including poor measurement and capture of outcomes from Contractors; lack of understanding from commissioners; uncompetitive remuneration structures for different providers; and a perception that GPs influence and preferences dominate local decisions.

To develop and enhance the provision of pharmacy services contributing to Public Health, such that radical change to provision might take place the Devon LPC would recommend that pharmacists are included **at the highest levels of responsibility in each strata of organisational structures, thereby improving the understanding of what pharmacy can offer, and how it can offer it.**

We feel that if the government truly wishes to achieve change in public health delivery, and if as it states in the paper that community pharmacy is seen as playing an important role, then the only way to ensure pharmacy inclusion in public health solutions is by putting pharmacists where the decisions are made to determine local strategy.

Public Health Evidence: How can public health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness, and tackling inequalities?

In respect of cost effectiveness and tackling inequalities community pharmacies are an expert but cost effective alternative to the traditional routes of public health delivery. They are located in every sort of social area, and provide easy access to expertise for people of all ages.

Community Pharmacy Enhanced Services have been directly aligned with the Government's policy emphasis on public health and preventative healthcare. Furthermore, as set out in the White Paper emergent Healthy Living Pharmacies (HLPs) have the potential to play a significant role in providing information to inform patients' health and lifestyle choices. Community pharmacies and their teams offer a wide network of trained health professionals that could be further trained in cognitive behavioural therapy to support patients and the public in changing their lifestyle habits as community pharmacy offers a setting that is atmospherically different to that of general practice (medicalised).

In the arena of public health, pharmacies are well placed given their accessibility and the skills set of their staff to provide public health information and appropriate interventions to patients and the public as part of a "healthy living pharmacy" initiative.

Public Health Evidence: What can wider partners nationally and locally contribute to improving the use of evidence in public health?

By contributing to research funding, and sharing information in a readily accessible way the structures (e.g. NIHR School for Public Health Research) that the government is putting in place can support the role that community pharmacy can contribute.

The support mechanisms in place to enable delivery of the agenda Public Health England, NHSCB (NHS Commissioning Board) and Health and Wellbeing Boards will need this information if they are to effectively evaluate and commission alternative routes of delivery of public health initiatives.,

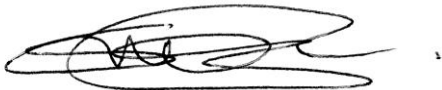
Public Health England can use this evidence to prepare a national menu of community pharmacy public health services. Without such a menu it can mean that there are tremendous differences between the same services in neighbouring localities. Training and paperwork then make the operation of enhanced services onerous. The North West Harmonisation of Accreditation Group (HAG) was a pioneering initiative which has sought to align the requirements of PCT enhanced services. Plans to roll this model out across the UK have been impeded for a number of reasons. However, there is an alternative approach – National Enhanced Services, such as those employed by the GP Contract. Service specifications are set to national standards, reducing the need for individual organisations to expend time and effort defining the minutiae of a new service.

Pharmacists – along with other appropriate healthcare professionals – should be involved in providing clinical evidence to GP commissioning consortia to ensure that GP commissioning encompasses the full range of clinical expertise, and evidence base, of all relevant frontline healthcare professionals. The agenda needs to be aligned with the spectrum of primary care professionals as linkage between the different professional groups will deliver better integration of provision and better commissioning of other care.

Regulation of Public Health Professionals: We would welcome views on Dr Gabriel Scully's report. If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for Public Health specialists?

We have no comment to make on this question.

Yours faithfully,



Sue Taylor (Mrs)
Chief Officer

References:

Delivering Enhanced Pharmacy Services in a Modern NHS: Improving Outcomes in Public Health and Long-Term Conditions. *The Bow Group Health Policy Committee (Ross Carroll, Michael Hewitson and Stuart Carroll) September 16th 2010*