



**Healthy Lives, Healthy People: Transparency on Outcomes,
Proposals for a Public Health Outcomes Framework
RPS response to the consultation**

The Royal Pharmaceutical Society (RPS) is the new professional body for every pharmacist in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain. There are approximately 75 pharmacists per parliamentary constituency, working in hospitals, industry, academia, GP practices, primary care trusts and community pharmacies. This response comes from its English Pharmacy Board (EPB) which is an elected body of pharmacists representing all sectors of pharmacy practice in England.

General Comments

In principle we agree with the five domains for Public Health as proposed in this consultation document. Pharmacists and pharmacies, in all sectors of the profession, already help deliver outcomes in each of these five domains and could do much more if actively involved in strategic and operational planning. They could provide invaluable additional information on public health as outlined below:

1. Health Protection and Resilience:

Pharmacists working at a strategic level played a significant role in planning and preparedness in the recent swine flu pandemic. They also have a vital role in planning for emergencies and pandemics, with a particular focus on the legalities of medicine supply, storage requirements, appropriate dosing, manufacture and availability. Medicines are crucial for health protection in many areas here and abroad. Pharmacists lead in horizon scanning, financial planning and surveillance of medicines use. The importance of these functions to current PCTs and SHAs is recognised and must be factored into any new NHS and local authority infrastructure. In particular aspects such as antibiotic stewardship which has an impact on resistance patterns and tuberculosis rates, and surveillance of prescribing in support of appropriate antibiotic use in order to reduce antibiotic resistance is a vital aspect of pharmaceutical public health. Pharmacists working in secondary care play an important role in the reduction of hospital acquired infections such as MRSA and *Clostridium difficile*.

Community pharmacists currently provide a number of services which produce information that is captured in systems that are separate to other parts of the NHS. For example, a number of community pharmacies are commissioned to provide flu immunisation services to members of the public and patients who are in the 'at risk' groups. Data shows that they are capturing a number of people who would not normally receive the vaccination as they do not access their GP regularly. However, this information is not currently recorded on the patient's health record and the GP would not necessarily be aware that they had been immunised. For population health and herd immunity, this information also needs to be passed onto national public health data capture service (example 1)

Example 1: NHS Isle of Wight commissioned a community pharmacy-led vaccination services which has led to more immunisation services being developed locally to improve

patient choice, uptake, and outcomes. The PCT has developed the breadth of vaccination to include seasonal 'flu, which considerably increased capacity. Top line results show:

- Total vaccinated: 2903 (approx. 10% of total vaccinated through all services)
- Under-65s with co-morbidities: 36.3% of cohort vaccinated (Other providers: 17.1%)
- Percentage Rating Service OK or Excellent: 99.6% (90.9% Excellent)
- Percentage receiving flu vaccination for first time: 8.2%
- Percentage for whom vaccination unlikely without pharmacy access: 6.2%
- Percentage indicating they would use community pharmacy again: 98.4%
- Percentage indicating they found the service more accessible: 92.8%

The patient survey of reported outcomes (PROMs) at the end of the 'flu season indicated transport issues, mobility issues either due to age or handicap that make either uphill or long journeys on foot impractical, work commitments, previous experience or non-registration at GP practices when recently moved to the Island.

2. Tackling the wider determinants of health:

The Pharmaceutical Services Regulations require that community pharmacy contracts are placed to meet the pharmaceutical needs of the neighbourhood. The presence of a community pharmacy in deprived areas, in particular, can be vital for the public health of the neighbourhood and can also be a focus for community networking on health and social issues. Such pharmacies can ensure access to treatments for minor ailments and emergency contraception.

Community pharmacy also has a unique role in that it is one of the three essential businesses that ensure the economic prosperity in a community, the other two being a GP surgery and a source of cash (usually a post office)¹. If any of these is absent, it jeopardises the business community. Community pharmacies are local premises that can provide employment for local residents and a pathway into new skills and training opportunities. They can also provide accessible information to the public on community initiatives such as 'warm front' whereby elderly and vulnerable patients can claim grants to help with their heating bills.

3. Health improvement:

As the Consultation document 'Healthy lives, healthy people' already recognises, community pharmacists play a vital role in health improvement. Community pharmacies offer a range of public health services such as smoking cessation, weight management, brief interventions on alcohol, substance misuse and sexual health services, which have a positive impact on people's health. At present, service provision of many of these public health services is patchy across England. Community pharmacy-based stop smoking services run by trained pharmacy staff are cost effective. Abstinence rates achieved by one-to-one smoking cessation services provided by community pharmacists and primary care nurses are similar and although quit rates are lower for one-to-one advice than group interventions with specialist behavioural support, pharmacy is able to cater for large numbers at a time and in locations that are acceptable to patients.² In Scotland in 2009 56% of quit attempts were made through community pharmacy delivered services, although in some areas this was as high as 83%.³ Pharmacy has a good track record for delivering services for substance

¹ National Strategy for Neighbourhood Renewal: Improving shopping access for people living in deprived neighbourhoods, 2000

² Healthy Living Pharmacy Project, a literature review. December 2009

³ NHS Smoking Cessation service Statistics (Scotland) 2009

misusers⁴ as well as sexual health services, for example, 92% of young people on the Isle of Wight choose to access sexual health services through community pharmacy because they like the anonymity, convenience and access as well as the range of services available.

In the North West of England, community pharmacy is playing a key role in the provision of an alcohol intervention and brief advice (IBA) service. Around 125 pharmacies across the area are involved in service provision. The service is targeted to those who may be at high risk such as those who come in for “hangover remedies”, with gastric problems, hypertension, falls, vulnerable groups, for Emergency Oral Contraception etc. Results to date show that of 1,165 interventions, 68% were reported as low risk; 26% have been identified at increasing risk and 6% at high risk, who have been referred to specialist services. Community pharmacy has a significant opportunity to be better utilised to deliver alcohol awareness programmes, give brief advice and provide intervention services relating to safe alcohol consumption.⁵

Pharmacists provide advice on the management of LTCs and self-care and advice and support on the safe and effective use of medicines taken by patients. Pharmacists also play a significant role in improving the mental health and well-being of patients, many patient suffering from a LTC also suffer from depression⁶.

Many pharmacies are in a good position to become the hub of health improvement in their community.

4. Prevention of ill health:

Pharmacists are experts in medicines use. Perversely, if medicines are used incorrectly they may create ill health. Whilst a variety of estimates have been made it appears that between 8-10% of acute hospital admissions are due to the incorrect use of medicines or adverse and unwanted interactions. Community pharmacists undertake Medicines Use Reviews (MURs) which focus on medicines adherence and ensure a dialogue is undertaken with patients to help them fully understand their medicines, why they are taking them and how to take them appropriately. In 2009/2010 1,703,780⁷ MURs were carried out in England. Later this year we will see the establishment of another advanced service for community pharmacies – the New Medicines Service (NMS). This service will provide pharmacists with the opportunity to discuss any new medicines with patients and to follow up this up to ensure patients are getting the best from their medicines. Both these services will help to prevent hospital readmissions as patients will have a better understanding of their medicines and are, therefore, more likely to take them following a shared dialogue with their pharmacist.

As mentioned above, pharmacists provide a significant number of public health services including smoking cessation and sexual health services. Community pharmacies have been commissioned to provide NHS Healthchecks as part of the national roll out of this service. A number of pharmacies now offer complete packages of care around sexual health, including Emergency Hormonal Contraception, Chlamydia testing, tracing and treatment and oral contraception. For every £1 invested in contraceptive services, it has been estimated that £11 is saved through prevention of unintended pregnancy⁸. Evidence also shows that the

⁴ Anderson C, Blenkinsopp A, Armstrong M (2009) Report 7: The contribution of community pharmacy to improving the public's health: Summary report of the literature review 1990-2007. Pharmacyhealthlink, London

⁵ High Impact changes and public health: Commissioning the community health and wellbeing service from community pharmacy.

⁶ [http://icn.csip.org.uk/library/Long-term conditions and depression PBC.pdf](http://icn.csip.org.uk/library/Long-term%20conditions%20and%20depression%20PBC.pdf)

⁷ http://www.psn.org.uk/pages/mur_statistics.html

⁸ The Economics of Family Planning Services, Family Planning Association, McGuire, A and Hughes, D. (1995)

NHS could save a further £30 million a year by improving contraceptive services, in particular ensuring access to the full range of methods⁹.

We believe that community pharmacy is the window into the NHS on every high street and should continue to be promoted as the first port of call for health promotion and prevention of ill health, treatment and advice on minor ailments, management of Long Term Conditions (LTCs) and support and advice on medicines. This role should be recognised and endorsed by PHE. Pharmacy is one of the few healthcare providers that engage with people whilst they consider themselves well. The estimated total number of community pharmacy visits in England is 1.6 million for any reason, 1.2 million for health related reasons per day¹⁰. In many instances, pharmacists are sited in towns and communities with high levels of deprivation, higher than average morbidity and low levels of health literacy.¹¹ Pharmacists are well positioned to identify and approach people from target groups e.g. persons from ethnic communities, the elderly and the vulnerable, asylum seekers, travellers and the homeless, and can and do offer services that more traditional NHS services may not offer, and in premises which are more local and convenient, thereby improving access and uptake.

5. Healthy life expectancy and preventable mortality:

It is well known that around 30 - 50% of medicines are not taken as the prescriber intended¹²; this obviously leads to higher morbidity and mortality rates. Pharmacists currently working at a strategic level assist in the management of medicines by providing advice on safe and cost effective prescribing and development of prescribing incentive schemes, antibiotic stewardship, medicine use surveillance, substance misuse monitoring, the procurement of community pharmacy services, the development of Pharmaceutical Needs Assessment (PNA) and pharmacy input into the wider commissioning of health services, including public health, across the PCT. These primary care pharmacists play an active role in the clinical design of local services and patient pathways. The vital role of medicines management to ensure quality and transparency in all commissioning decisions about medicines must be encouraged to continue and develop through local decision making processes. The impact of medicines in improving outcomes e.g. statins in reducing heart disease, and how this is delivered across a whole health economy from the strategic level to practice based pharmacists and community pharmacists requires strategic pharmacy involvement.

Pharmacists also play a role in supporting older people, for example, by reducing the use of medicines associated with falls and increased mortality and morbidity¹³. Some pharmacists specialise in people living in sheltered accommodation and care homes where medicine use may be up to 10 times that of the normal population, others make home visits to those who are housebound.

Recently pharmacists have become more involved in the early identification of cancer symptoms. Key findings from an, as yet unpublished study managed by the RPS, show that the community pharmacy environment provides a good point of access for health messages, that they are able to reach men as well as women and that referrals made to GPs were

⁹ The Economics of Sexual Health, Family Planning Association Armstrong, N and Donaldson, C. (2005).

¹⁰ COI/ Department of Health. 2008. Community Pharmacy Use: Quantitative and qualitative research. Market Research Report

¹¹ <http://www.pharmacy.manchester.ac.uk/cpws/publications/Bulletins/bulletinn5.pdf>

¹² National Institute for Health and Clinical Excellence (2009) Clinical Guideline 76; Medicines Adherence.

¹³ <http://www.nhs.gov.uk/content/default.asp?page=s1360>

appropriate with patients with more symptoms being referred and those with fewer symptoms getting an OTC sale¹⁴.

Specific Questions:

Q1. How can we ensure that the Outcomes Framework enables local partnerships to work together on health and wellbeing priorities, and does not act as a barrier?

We believe that it would help if indicators were identified that reflect ease of access to public health advice and services and of team involvement at a local authority level.

Q2. Do you feel these are the right criteria to use in determining indicators for public health?

We believe that the criteria suggested are the correct ones in determining indicators for public health. Particularly, the cost of gathering data must be reasonable so any new targets should be based on data sources that are already available; for example prescription information and medication levels could add to public health measures. There are concerns about how data is collated and analysed at a national level and the implementation of enabling IT systems that would reduce the burden on local authorities.

Q3. How can we ensure that the Outcomes Framework and the health premium are designed to ensure that they contribute fully to health inequality reduction and advancing equality?

It will be important for the health premium to be used to aid areas that are struggling and not just be used to reward excellence.

Q4. Is this the right approach to alignment across the NHS, Adult Social Care and Public Health Frameworks?

We believe that this is the correct approach. Aligning the three outcomes frameworks could be difficult as each of the stakeholders uses the information on quality and outcomes for different purposes. The selection and design of indicators and their presentation must be tailored to the different requirements of these stakeholders.

To ensure that this works at a local level we believe that Health and Wellbeing Boards should be able to hold GP Commissioning Consortia to account to ensure that the services they commission are in line with the needs of the community and findings from the Joint Strategic Needs Assessment.

Q5. Do you agree with the overall framework and domains?

We do agree with the overall framework and domains.

Aligning the indicators with QIPP pathways could improve the framework. At present there is no clarity of how NHS QIPP care pathways, public health outcomes framework, commissioning and allocation of grants all joins up.

Q6. Have we missed out any indicators that you think we should include?

The safe and appropriate use of medicines needs to be included in the Public Health Outcomes Framework as it is crucial in keeping people healthy and in preventing admissions, readmissions and high morbidity and mortality rates. It would be valuable to have an indicator focused on hospital admissions caused by problems with medicines (over or under use or adverse effects or interactions).

¹⁴ Unpublished data on an RPS study to create an evidence base to support the assertion that cancer can be detected through pharmacy, and specifically that pharmacy can aid the early detection of cancer. Due to be published in the Pharmaceutical Journal in April 2011

Additional data sources such as NHS contracts, prescription information and medication levels could contribute to public health measures. We would encourage more national provision of public health services via community pharmacies and data sets developed from these to inform public health locally and nationally.

Q7 – Q11. We have no specific comments on these questions.

Q12. How well do the indicators promote a life-course approach to public health?

The omission of a medicine related indicator is a major concern. We would be happy to discuss this further.

For further information or any queries you may have on our consultation response please contact Heidi Wright at heidi.wright@rpharms.com or 0207 572 2602.