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## **Royal Pharmaceutical Society Response to the Public Health Review**

The Royal Pharmaceutical Society (RPS) welcomes the opportunity to contribute to this public health review.

Pharmaceutical public health is an intrinsic part of pharmacy practice both at strategic levels, including specialist roles within health boards, and as part of daily pharmacy practice for all pharmacists in patient facing roles. Health improvement, prevention of ill health and improving patient outcomes are key drivers for pharmaceutical care across the pharmacy profession. We understand that public health encompasses a much wider agenda than healthcare alone, however our response is from a healthcare perspective, highlighting the role that pharmacists play and the potential they have to contribute to the success of this agenda, working together with other health and social care professionals and the populations they serve.

### Background

The then Scottish Executive recognised the opportunity presented by making more use of pharmacists' expertise in "*The Right Medicine - A Strategy for Pharmaceutical Care*" in 2002.<sup>1</sup> This was followed by *Pharmacy for Health: The Way Forward for Pharmaceutical Public Health in Scotland*<sup>2</sup> which outlined the potential to use the accessibility of community pharmacies in high streets around the country, as well as the expertise of pharmacists with their support teams, to improve the health of the nation by both preventative interventions and improved access to treatments. Furthermore, the recent Scottish Government action plan "*Prescription for Excellence*"<sup>3</sup> has highlighted the need to free up pharmacists time to deliver pharmaceutical care to the public, to improve patient outcomes by improving understanding of and adherence to their medicines.

### Specialist Roles

Pharmacists specialising in public health are present in health boards across Scotland providing expertise and strategic input to the NHS. Medicines are the second most expensive intervention in the NHS after staffing and therefore the pharmacists specialising in public health bring a unique perspective to policy making and service development, working in multidisciplinary teams across many areas of the NHS.

Pharmacists specialising in public health are a small group, who work together in Scotland under the umbrella of the Pharmaceutical Public Health Network (PPHN) The PPHN's separate response to this review gives more details of the workforce requirement going forward. It is important to retain these roles across health boards

as their specialist pharmaceutical expertise is required at strategic levels to improve public health and patient outcomes at a local level. RPS endorses the PPHN response and would draw your attention to their very constructive comments.

At a practitioner level, the current community pharmacy contract has public health as a core element, providing convenient access to sexual health, smoking cessation services, and supporting NHS care for substance misusers, as well as various local initiatives to encourage healthy lifestyle choices and promote well-being.

The engagement paper quotes the domains of public health as defined by the Faculty of Public Health. Pharmacy can contribute to all of these domains in different ways.

Domain	Current Pharmacy contributions (not exhaustive)
Health improvement	<ul style="list-style-type: none"> <li>• Improving patient understanding and adherence to their medicines, reducing unplanned hospital admissions and improving patient outcomes. We know that approximately 50% of people do not take their medicines as prescribed and that between 1.4% and 15.4% of unplanned hospital admission are from medicine related issues.<sup>4</sup></li> <li>• Signposting to local resources and participation in Scottish Government public health campaigns, patient education and advice on lifestyle choices.</li> </ul>
Improving health services	<ul style="list-style-type: none"> <li>• Community pharmacies provide access to the NHS in the high street. Minor ailment services encourage self-care and self-management and out of hours services reduce pressure on GP appointments and Accident and Emergency units.</li> <li>• Independent prescribers provide improved access to care and the chronic medication service supports those with long term conditions</li> </ul>
Health protection	<ul style="list-style-type: none"> <li>• Many pharmacies now offer flu and travel vaccinations, providing convenient access and supporting GP services.</li> <li>• Support for substance misusers includes harm reduction, prevention of blood borne viruses, overdose prevention and a holistic approach to care.</li> </ul>
Public health intelligence and evidence	<ul style="list-style-type: none"> <li>• Pharmacist public health specialists can now analyse data available from CHI numbers to show local disease demographics and facilitate improved pharmaceutical care planning in health boards. This has potential to drive service improvement and reduce variation in front line practice to improve patient outcomes.</li> </ul>

There is however much more which could be done to build on the success so far, to drive service improvements which will improve patient outcomes, eliminating the variation across the country and using the demographic evidence now available to prioritise and target resources.

## Recommendations

- Community pharmacies should be viewed as a local community public health resource, ideally placed to provide healthy living interventions and messages to the population as a whole to prevent ill health or detect it early. We need to have a holistic approach to care, with a more streamlined approach to signposting such as ensuring all pharmacies are utilising the ALISS project (A Local Information System for Scotland).
- Public health roles should be expanded and become an integral part of all pharmaceutical care services such as the Chronic Medication Service and integrated appropriately into all routine interventions, with a national strategy to raise awareness of public health priorities.
- To gain maximum impact the poster campaigns in community pharmacies should be coordinated with a wider multidisciplinary approach in other healthcare outlets and with more general population messages through social media to encourage public ownership and participation.
- Prescribing and demographic data now provides evidence down to patient level which can be interpreted using the pharmaceutical expertise of the public health pharmacists to identify gaps in service provision and variation in practice. Pharmaceutical Care Plans (PCPs) can now access health data which allows services to be targeted at the areas of greatest need, tailoring resources to the specific public health priorities in local communities. The PCPs need to be working documents which use the evidence to improve patient outcomes and prioritise public health initiatives locally for maximum population impact.
- In a similar way to GP contracts, resource to pharmacies should be flexible to reflect the level of deprivation and the demographics in the local population.
- Health and Social Care Integration provides an opportunity to improve public health. This needs to focus on person centred care and getting things right first time for patients, providing coordinated local support and improving health education and prevention, rather than infrastructure and co-location.
- A coordinated, national, multidisciplinary approach with standards and specifications is essential to ensure equitable access to some specialist public health services such as substance misuse.

The support staff in community pharmacies play a valuable role in public health and this could be developed further as has been demonstrated by the Healthy Living Pharmacies (HLP) project in England and the success of smoking cessation services, emergency hormonal contraception and Keep Well initiatives in Scotland. We know that these services have been most successful where support staff have been involved in providing the service.

## Healthy Living Pharmacies

The HLP concept provided a framework for public health services in community pharmacies which used the support staff to pro-actively promote and support behaviour change, improving health and wellbeing, engaging with the local community, GPs, public health, social care other health professionals and local authorities. Each pharmacy had a trained health champion promoting the wellbeing messages and signposting the public to appropriate resources and services.

The public had a very positive opinion of the HLPs and the pharmacy teams engaged with people who would otherwise not have sought out lifestyle support or advice. 20% of the users said they would not have gone anywhere else and 60% would have gone to their GPs demonstrating the impact this service could have on the workload faced by GPs. There is considerable variation in the success of pharmaceutical public health services, particularly smoking cessation. This project showed that public health services were delivered more consistently and successfully in the participating pharmacies and the Royal Society for Public Health (RSPH) has called for more HLPs.<sup>5</sup>

The Pharmacy and Public Health Forum published a progress report<sup>6</sup> in 2014 which, while recognising the need for more research and evaluation, confirmed the potential for community pharmacies to deliver public health, taking advantage of their unique qualities for delivering lifestyle messages and services as part of an integrated approach to delivering public health. The *Review of NHS Pharmaceutical Care of Patients in the Community in Scotland*<sup>7</sup> highlighted the measurable impact achieved through specific targeted initiatives in community pharmacy, including positive behavioural change, and stressed the requirement for prioritisation and evidence based services.

Community pharmacies see more people than any other healthcare outlet. They interact with people who are well and people who are hard to reach in other mainstream healthcare services. The opportunities for signposting, health education, access to medicines and other healthcare services as well as opportunistic interventions must not be underestimated.

## Specific Review Questions

- 1. How can public health in Scotland best contribute to the challenges discussed? Specifically, what is your view and evidence of the Strengths, Weaknesses, Opportunities and Threats (SWOT) to the contribution of the public health function in improving Scotland's health and reducing inequalities?**

### Strengths

- Scotland has the advantage of small size allowing national guidelines and initiatives to be implemented enabling a consistency of approach in patient care. Despite this, currently sharing of best practice is not optimal and could be improved across health boards.
- Public health encompasses a wide spectrum of activities. From a pharmacy perspective almost all pharmacy practice could be within the public health definitions. While this is a strength allowing many opportunities it also requires prioritisation of resources using the prescribing evidence and data available to tailor projects to local requirements.

### Weaknesses

- Information technology is not being fully utilised as a tool to improve patient care. There is a need to be able to electronically share patient information between all those involved in patient care in order to improve patient safety and avoid duplication of resources. With non-medical prescribing, in addition to general practitioners, many healthcare professionals can now be prescribing simultaneously for one person, including substance misuse and mental health prescribers. Secondary care and primary care systems do not communicate with each other, neither do health and social care systems and pharmacy and GP practice systems have limited connections. Despite integration proposals and aspirations for multidisciplinary working it is currently difficult to achieve a holistic, person centred approach to public health for individuals.

### Opportunities

- Healthcare practice across all disciplines is actively engaged in mitigating the effects of inequalities, and treating disease, much of which is preventable. There is a requirement to shift emphasis from treating illness to preventing illness and promoting health.
- The Scottish Government should raise awareness of the need for self-care, self-management and the need to prevent ill health in order to allow our NHS to provide the level of care required for the general population, considering the challenging demographics we face.

## Threats

- There is a danger that if radical review is not undertaken with a focus on constructive change the NHS will not be able to deliver acute patient care and support long term conditions to the high standards of patient care we all aspire to.

### **2. How can public health leadership in Scotland be developed to deliver maximum impact?**

- Leadership must be multidisciplinary to break down professional barriers in health and social care, enabling a true person centred and holistic approach to have maximum impact on patient outcomes. We refer to the PPHN response for more specific detail on the leadership requirements. Pharmacists are the only health professional with expertise in all aspects of medicines and given the importance of medicines in so many aspects of public health we emphasise the need for the specialist pharmacist roles to be retained, to use the available data to continue building the evidence base for pharmaceutical public health, targeting public health campaigns locally, improving patient outcomes where most needed delivering maximum impact.

### **3. How do we strengthen and support partnerships to tackle the challenges and add greater value. How do we support the wider public health workforce within those partnerships to continue to develop and sustain their public health roles?**

- There needs to be a heightened public awareness of the importance of public health and prevention of ill health, public ownership of the NHS and awareness of the challenges the country faces in terms of inequalities, ageing population, and lifestyle issues.
- Stronger public education and messaging are required to encourage the population to take more responsibility for their own health.

### **4. What would help to maintain a core/specialist public health resource that works effectively, is well co-ordinated and resilient?**

- Public health must be integrated into general health services and education to maximise opportunities for preventative care. Prevention should be prioritised to alleviate future potential pressures on many sections of the NHS as we tackle the increasing demands caused by changing demographics.
- There needs to be more clarity around the roles in the public health workforce to avoid duplication of resources and to share best practice and the learning from successful initiatives.

## 5. How can we provide opportunities for professional development and workforce succession planning for the core public health workforce?

- Pharmaceutical public health has been more successful in pharmacies where the whole pharmacy team has been engaged in providing patient care, using the expertise of the pharmacist whenever appropriate for clinical input. The ethos of a team approach is equally valid across the health and social care professions, and could be considered essential to provide true person centred care and facilitate positive patient outcomes. The Royal Pharmaceutical Society in Scotland is already working closely with the Royal College of General Practitioners in Scotland, other professional bodies and the third sector to establish closer working relationships in order to improve patient journeys and afford patients the benefit of different areas of expertise.
- New models of care should be explored to capitalise on the wide skill sets already available within our communities.
- A multidisciplinary approach at undergraduate level builds understanding of different roles. This is already happening on a small scale in between some schools of pharmacy and medical schools but needs to be expanded much further to embed a team approach across health and social care and encourage holistic person centred care.
- At post graduate level closer working together across the professions and the third sector would be advantageous in developing local strategic plans using the evidence base available and to consider where further evidence is required to ascertain local priorities in the wide spectrum of potential public health activity.

12<sup>th</sup> March 2015

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<sup>1</sup> *The Right Medicine - A strategy for Pharmaceutical Care in Scotland* Scottish Executive 2002

<sup>2</sup> Public Health Institute for Scotland. *Pharmacy for health: the way forward for pharmaceutical public health in Scotland* 2003

<sup>3</sup> *Prescription for Excellence. A vision and action plan for the right pharmaceutical care through integrated partnerships and innovation* The Scottish Government 2013

<sup>4</sup> Howard RL, Avery AJ et al, *British Journal of Pharmacology*, Vol63, Issue 2, Feb 2007, 136-147

<sup>5</sup> <http://www.instituteofhealthequity.org/projects/evaluation-of-the-healthy-living-pharmacy-pathfinder-work-programme-2011-2012> accessed Thursday 12/3/15

<sup>6</sup> *Consolidating and developing the evidence base and research for community pharmacy's contribution to public health: a progress report from Task Group 3 of the Pharmacy and Public Health Forum*

<sup>7</sup> *Review of NHS Pharmaceutical Care of Patients in the Community in Scotland* Dr Hamish Wilson and Professor Nick Barber 2013