

## **The Scottish Parliament Health and Sport Committee call for Evidence on Prevention**

The Royal Pharmaceutical Society (RPS) is the professional body for individual members of the pharmacy profession across all sectors. We welcome the opportunity to respond to this call for evidence and would like to respond to the questions from the perspective of how the pharmacy profession can contribute to preventative healthcare in Scotland, highlighting the barriers to implementing the changes we believe are required to make any large scale shift towards prevention.

Underuse of the resources available within the pharmacy profession is contributing to the difficulties in implementing the public health prevention agenda. Tackling health inequalities is only one piece of a complex landscape but it is a significant factor and we have outlined some of the evidence for this below.

We are happy to meet with the committee to discuss any aspects of this response and our support for the prevention agenda in more detail at any time.

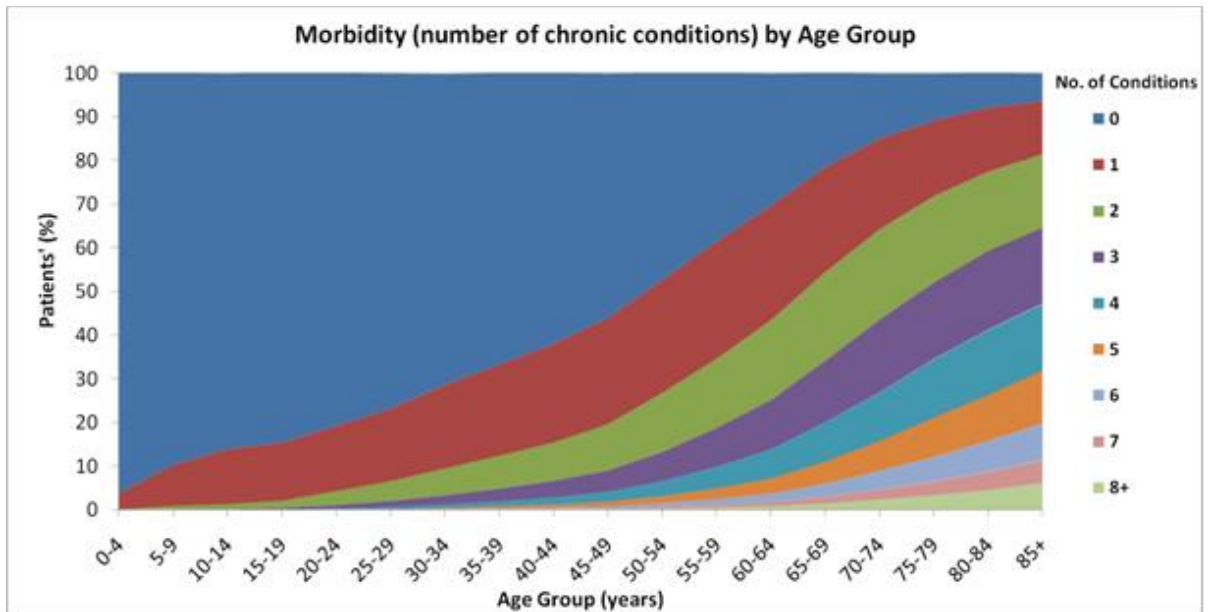
### **Background and Context**

The Christie Commission<sup>1</sup> stressed the importance of using all available resources. RPS has concerns that both at strategic and local levels this principle is not established and much more could be done, working within localities, to integrate health and social care resources to provide a more preventative approach to improve long term patient outcomes.

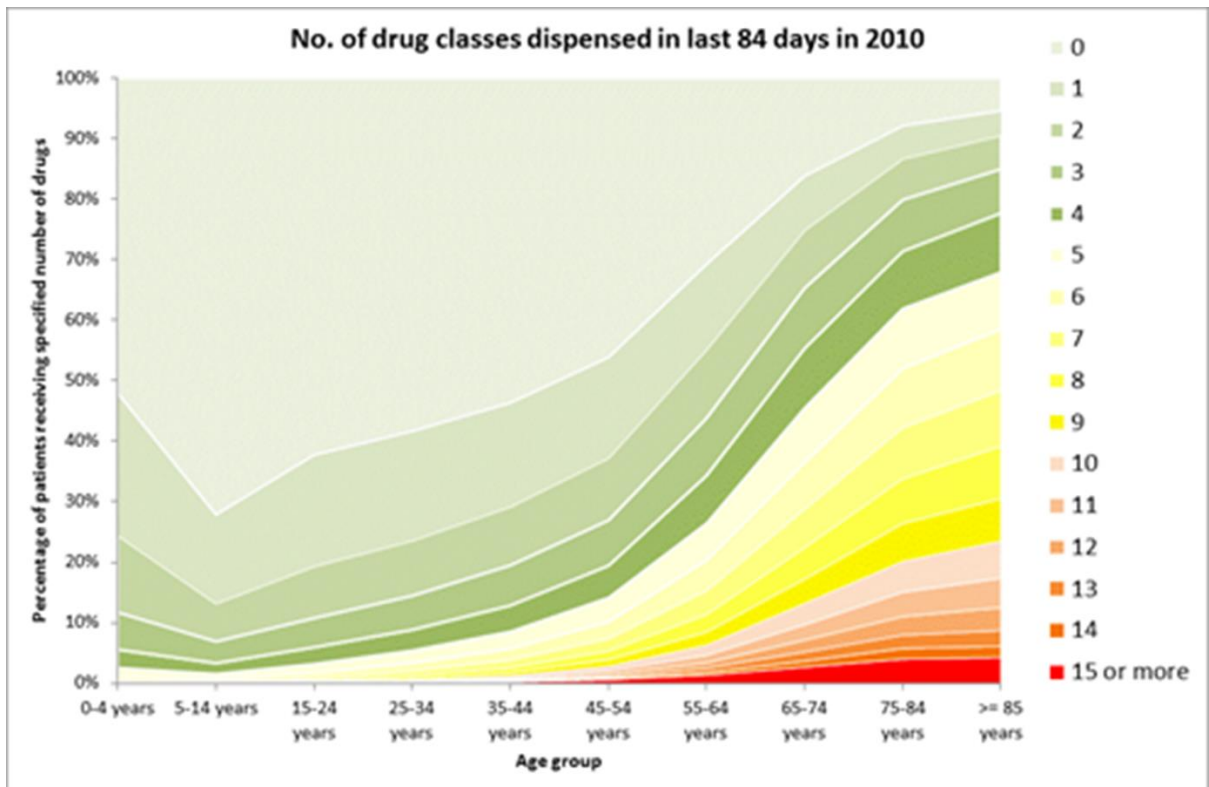
Medicines play an integral part in both treatment and prevention in the NHS and account for the second biggest expenditure after staffing. However, from a pharmacy perspective, despite the need for increasing complex care as people live longer with more co-morbidity we are still required to work to a model that focuses primarily on supply rather than care and, in general terms, the treatment of illness rather than promotion of health and wellbeing.

### **Evidence**

It is now well recognised that the NHS needs to change in order to face the demographic challenges of the future. The graphs below show the current percentage of people with long term conditions (LTCs) by age group and number of drug classes dispensed in the last 84 days of 2010.



Mercer, Guthrie, Wyke: Scottish School of Primary Care

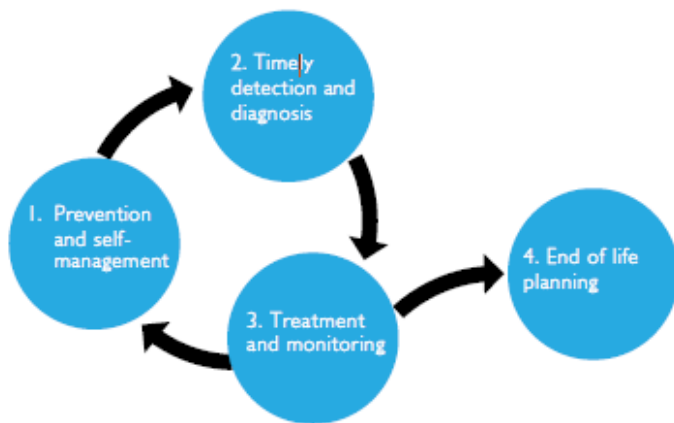


Mercer, Guthrie, Wyke: Scottish School of Primary Care

There is now a substantial body of reports and reviews<sup>2</sup> which have established that we are not using the clinical resources available in the pharmacy profession to best advantage to improve public health<sup>3</sup>, patient outcomes in prevention and treatment of LTCs and to prevent unplanned hospital admissions.

Pharmacists working in all sectors are already making important contributions to the prevention and support for the management of LTCs, however, the potential of the pharmacy workforce has not yet been fully maximised<sup>4</sup>. There are pockets of good practice and excellent pilot projects where patients benefit from coordinated care across the multidisciplinary team, but this work is often not translated to a national approach.

We need to ensure we minimise unnecessary variation in practice and provide appropriate support to patients in their care journey. Self-management must be supported and encouraged to allow people to remain independent for as long as possible and inappropriate polypharmacy addressed to minimise avoidable harm.



**Figure 1: Support for people with long term conditions cycle.**

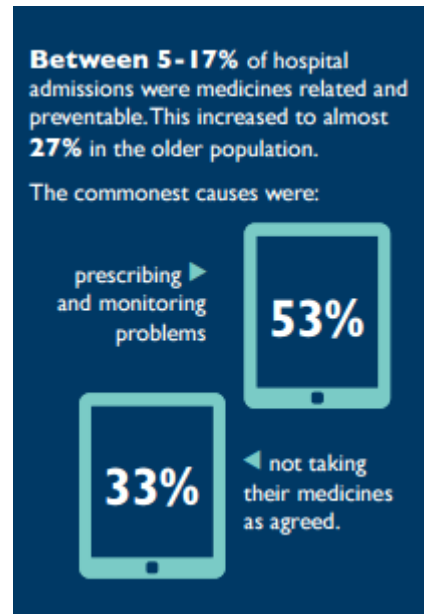
Scotland is not alone in the acknowledgement of the challenges facing the NHS and recognition of the need to change the models of care to facilitate more pharmaceutical public health in primary and secondary care. The “Now or Never” report of the Commission on future models of care delivered through pharmacy<sup>5</sup> outlined some of the potential for pharmacy to contribute to the prevention and public health agenda and the urgent need for changing the focus to prevention of ill health and helping people stay healthy”.

**Now or never – Commission of future models of care delivered through pharmacy**

*“Only by preventing ill-health and helping people to stay healthy can the NHS hope to manage demand on overstretched services. Exercise, diet, infectious disease, drug use and sexual health are key determinants of the occurrence and severity of most of the ill health facing the NHS.*

*The potential role that community pharmacy can play in improving and maintaining the public’s health is consistently identified as being underutilised. Community pharmacies are accessible, open long hours and present in communities across the country including areas of deprivation.”*

There are many statistics published which illustrate the need for a more preventative approach to pharmaceutical care and the scope for improvement.



[Right Medicine – Better Health – Fitter Future](#), Royal Pharmaceutical Society in Scotland, 2016.

- Medicine related incidents are responsible for between 1.4 -15.4% of preventable unplanned hospital admissions<sup>6</sup>. This equates to 61,000 non-elective hospital admissions due to medicines every year in Scotland.
- Audit Scotland has reported that the increasing numbers of older people will result in a 24% rise in emergency admissions to hospital in this group by 2016<sup>7</sup>.
- NHS and councils spend more on unplanned admissions to hospital for older people (£1.4bn/ 30%) than on home care (£395m/9%) and care homes (£637m/ 14%) and most of GP prescribing (£379m/8%) put together<sup>8</sup>.

According to Asthma UK<sup>9</sup> there were 1,143 deaths from Asthma in the UK in 2010 and approximately 75% of the hospital admissions and 90% of deaths which then occurred were preventable. Non-adherence to routine medicines has been estimated to cause approximately 48% of asthma deaths.

Type 2 Diabetes is an example of where some inroads have been made to prevention with a national Diabetes Improvement Plan but the scale of the challenge is enormous and treatment costs with new medicines are increasing. Treatment of preventable complications of type 2 Diabetes is estimated to cost NHS Scotland around £800M annually and Diabetes Scotland<sup>10</sup> estimates that 500,000 people are still at risk.

Preventing obesity in general is a challenge which must be addressed. Cancer UK estimates that obesity is responsible for 13 types of cancer and that four in ten cancers can be prevented<sup>11</sup>.

In England the “Healthy Living Pharmacies” project, using community pharmacies as a local health hub and encouraging pharmacy support staff to engage with local communities with advice and support for lifestyle changes, has been positively evaluated. Much more could be achieved with this model to raise public awareness of the importance of prevention<sup>12</sup>.

There are 10,000 smoking related deaths in Scotland every year and 128,000 hospital admissions due to the effects of smoking<sup>13</sup>. Stopping smoking is one of the most effective preventive measures any individual can undertake. Smoking cessation measures have been very successful in the more affluent social groups but much more needs to be done in deprived areas where smoking rates have not decreased to the same extent. Pharmaceutical public health is integral to all pharmacy practice but the accessibility of community pharmacies in particular has contributed to the success of smoking cessation services.

RPS in Scotland is a member of the Scottish Coalition on Tobacco and fully endorses the response to this preventative inquiry from ASH Scotland.

### **Recommendations to improve prevention**

- The correct drivers must be put in place for models of care to encourage and incentivise public health and preventative initiatives.
- Sustainability of services must be addressed so that successful pilots are funded for longer periods and rolled out nationally to take advantage of the health gains obtained.
- Pharmaceutical public health should be an integral part of primary care using analysis of data now available at local level which allows resources to be targeted at areas of highest disease prevalence. We need to focus on prevention at a much earlier age, particularly in deprived areas where we know life expectancy is lower than in affluent areas
- Pharmaceutical Service Care Plans need to become working documents to identify gaps in services which are then priority areas for action. The pharmacist specialists in public health can support this wider agenda.
- Prevention covers many areas of health and social care and pharmacists can contribute by being fully integrated into a patient’s multidisciplinary care team, ensuring support at every stage of their journey, from prevention through to treatment and management of their long term conditions.
- Pharmacist independent prescribers can substantially increase access to treatment which can have a positive impact in tackling the health aspects of inequalities.
- Preventative spending should be focused on those long term conditions where better use and understanding of medicines will improve adherence and support lifestyle choices to have a positive impact on patient outcomes. The examples of asthma and diabetes are outlined above but this approach could be widened to more general areas such as smoking and obesity which have substantial impacts on NHS resources.

- Investment in primary care services where 90% of healthcare interaction<sup>14</sup> take place will have a positive impact on secondary care requirements in the longer term.
- Social prescribing should be enabled to encourage lifestyle changes such as exercise initiatives and gym memberships.
- Health and Social Care Integration provides an opportunity to improve public health and focus on a prevention agenda, providing coordinated local support and improving health literacy.
- All registered professionals directly involved in patient care should have appropriate read and write access to a patient's health record. This will not only support the individual care a person receives from their multidisciplinary team but could also support improvements in health and social care public services.

### Measuring a preventative approach

There can be complexities in obtaining key performance indicators and metrics around individual healthcare interventions. Preventative measures require a long term overview of outcomes such as reduced hospital admissions and referrals.

There are also many qualitative ways to demonstrate positive impacts, looking at patient satisfaction and changes in lifestyle at individual and local level as well as community improvements.



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<sup>11</sup> Report on the Future Delivery of Public Services by the Commission chaired by Dr Campbell Christie. Published on 29 June 2011.

<sup>2</sup> Review of NHS Pharmaceutical Care of Patients in the Community in Scotland. Scottish Government 2013

<sup>3</sup> Reducing premature mortality: the role of community pharmacies Royal Society for Public health Vision, Voice and Practice.

<sup>4</sup> "[Improving Care for People with Long Term Conditions](#)". Royal Pharmaceutical Society in Scotland, December 2016.

<sup>5</sup> Now or Never: Shaping pharmacy for the future. Judith Smith, Catherine Picton, mark Dayan. 2014

<sup>6</sup> Howard RL, Avery AJ et al, British Journal of Clinical Pharmacology, Vol63,issue2,Feb2007,136-147.

<sup>7</sup> Audit Scotland [http://www.audit-scotland.gov.uk/docs/health/2012/nr\\_120301\\_social\\_care.pdf](http://www.audit-scotland.gov.uk/docs/health/2012/nr_120301_social_care.pdf) accessed 22/10/15

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<sup>8</sup> [http://www.audit-scotland.gov.uk/docs/central/2014/nr\\_140206\\_reshaping\\_care.pdf](http://www.audit-scotland.gov.uk/docs/central/2014/nr_140206_reshaping_care.pdf)

<sup>8</sup> <http://www.asthma.org.uk/compareyourcare-reports>

<sup>8</sup> Diabetes Scotland. The State of the Nation 2015 report. The age of Diabetes

<sup>8</sup> Ibid

<sup>8</sup> <http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers>

<sup>8</sup> Evaluation of the Healthy Living Pharmacy Pathfinder Work Programme 2011-2012

<sup>8</sup> <http://www.gov.scot/Topics/Statistics/Browse/Health/TrendSmoking>