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Submitted to Inquiry into health inequalities
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3 What is your name?

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Organisation

Organisation details

6 Name of organisation

Name of organisation:
Royal Pharmaceutical Society

7 Information about your organisation

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RPS is the professional leadership body for pharmacists working in all sectors across Scotland, England and Wales.
Our mission is to put pharmacy at the forefront of healthcare.
Our vision is to become the world leader in the safe and effective use of medicines.

We champion the profession, and are internationally renowned as publishers of medicines information.

We promote pharmacy in the media and government, lead the way in medicines information, and support pharmacists in their education and development.

Question page 1

8 What progress, if any, has been made towards tackling health inequalities in Scotland since 2015? Where have we been successful and which areas require more focus?

Please provide your response in the box provided.:

Health inequalities can arise when patients have a lack of information about how to manage their condition or how to take medication safely, and where patients are not enabled to make decisions about their care. They can result in both under- and over-prescribing. Pharmacy teams are skilled at identifying these potential inequalities and since 2015 the range of services offered by pharmacists, in all settings, has been expanded upon in a bid to address these. Pharmacies are located in communities across Scotland and provide populations of differing demographics with high quality pharmaceutical services.

Pharmacotherapy

The Pharmacotherapy Service has been embedded across Scotland and is addressing some of these inequalities. The service, which is part of the GMS contract, is provided by pharmacy teams working in GP practices and supports patients with medication reviews, medicines reconciliation, managing repeat prescriptions and acute prescription requests. Pharmacists can work directly with patients to improve their knowledge of their medication and identify any prescribing issues. Any person registered with the GP practice can use the service at their practice which improves accessibility to healthcare

professionals.

Independent prescribing

Since 2015, many pharmacists, working in all settings, have qualified as independent prescribers, and are using that qualification to provide person centred, holistic care to patients.

NHS Pharmacy First Scotland

This hugely successful service, which is part of the community pharmacy contract, enables community pharmacists to provide advice and treatment for managing common conditions such as sore throats, cold sores, skin conditions and urinary tract infections. Any person registered with a GP practice in Scotland can use the service, including people living in care settings and homeless populations. An additional service is Pharmacy First Plus through which pharmacists who are registered as prescribers can prescribe for an additional range of conditions: however, this is not yet available in every pharmacy. These services are in addition to the self-care advice pharmacists and pharmacy teams provide for a range of common infections such as sinusitis, cough, ear infections and cold and flu.

NHS Pharmacy First Scotland and Pharmacy First Plus are an essential component in how pharmacy can help tackle health inequalities. These services are available to all, an expansion on the previous restricted access Minor Ailments Service, which opens that ability to consult with a qualified healthcare professional to everyone.

Enhanced services

Since 2015, an increasing number of pharmacists, and pharmacy teams, have offered enhanced services, usually determined by local population needs, which improves access to high quality healthcare for patients:

Harm minimisation services to reduce drug deaths

These services include access to the public to naloxone which has expanded in recent years to allow family members and healthcare professionals access to this life saving medicine. Also, Blood Borne Virus (BBV) testing and treatment where patients can access testing and treatment in the pharmacy. This improves accessibility and removes the barrier of having to travel to access these services as the pharmacy in their community will offer it. Many pharmacies offer administration of substitution therapy, mainly oral medicine but this is being expanded to include injectable forms, improving patient choice about what medication they access and how they do it.

Vaccination services

Pharmacy teams are routinely involved with national NHS vaccination programmes.

Mental Health

Pharmacy teams play a pivotal role in ensuring that patients suffering from mental health problems can be treated in the community. They advise patients on initiating new medicines, monitoring, and titrating doses up and down. They work with specialist teams to support patients' management and allow them to remain at home while undergoing treatment.

Public health services

Pharmacists, and pharmacy teams, offer fantastic public health services such as smoking cessation and have expanded other services such as sexual health to be able to offer more interventions for patients at a time and place that suits them.

Areas of focus

Naloxone

While the number of pharmacy teams trained and supplying this life saving medicine has increased, we need to do more. Naloxone must be available from every community pharmacy and staff trained to use it. As a minimum, it should be available from every site offering an injecting equipment provision service. Naloxone should be kept in first aid boxes for emergency use in any clinical setting where people who use drugs attend, and pharmacy teams in those locations be among the staff trained to use it. Our recommendations on how pharmacy teams can help reduce drug deaths can be found on our website (<https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/drug-deaths-and-the-role-of-the-pharmacy-team>).

Widening treatment options for people who use drugs

Pharmacists and pharmacy teams can help support patients to make informed medication choices as an integral part of the multi-disciplinary team. As experts in medicines, pharmacists are ideally placed, at the start of treatment, to provide guidance and information on the treatment options for patients to help them make informed decisions about their care. With the correct IT infrastructure, support and training, pharmacy teams can offer clinics in the community and in GP practices for prescribing of OST and long-acting buprenorphine. Community pharmacies can also offer administration of long-acting buprenorphine. These options would be particularly beneficial to patients in rural settings where access to specialist services is a barrier to treatment.

Widening access to Pharmacy First Plus

To achieve equality of access to the NHS Pharmacy First Plus service across Scotland, investment is needed to ensure every community pharmacy has a pharmacist trained as an independent prescriber. This means both an increased number of training places and resource for pharmacist training. Pharmacists also need protected learning time in which to develop professionally.

Enhanced services

The offering of enhanced services goes a long way to addressing health inequalities and ensuring those inequalities that remain do not impact on patients' health. We now need to look at how to normalise not only the provision of these services by pharmacy teams but patients accessing these via their pharmacist. We also need to consider how to make them available to all that want to access them by looking at training provision for healthcare professionals and addressing their barriers to uptake.

Raising public awareness

Public awareness of community pharmacy services increased significantly during the Covid pandemic. Pharmacy First is a very positive service development that has been well received by patients and has been significantly used. However, awareness of the service is mixed in some populations, including more deprived groups, those with lower health literacy and people in care settings.

Public awareness of pharmacy teams in GP practices is low. There has been no national publicity around changes to the GP practice teams and the roles of different professionals within the team. People only become aware when they are directed to the pharmacist as part of routine contact. Now that the teams in practices are well established, the time is right for national publicity.

9 What are the most effective approaches to tackling health inequalities and how successful is Scotland in pursuing such approaches?

Please provide your response in the box provided.:

The most effective approach will be determined by considering what is being offered, why it is being offered and what you want the impact to be. If we consider services offered and implemented during the pandemic involving pharmacists and pharmacy teams, pharmacy first and the pharmacotherapy service have been implemented on a national scale to address inequalities across the population and to reach large numbers. Both have been hugely successful with the potential for further expansion and an increasingly positive impact. If we consider services such as BBV testing and treatment, injecting equipment provision and chronic pain services, these will have a big impact on a smaller number of people and have been most successful when implemented in a targeted way in response to a local population need.

To ensure we decide on the most effective approach when considering a new service or expansion of an existing one, we need to consider what health inequality is being addressed, the scale of the impact and we need to have access to local demographic data to help drive the decision.

10 What actions would you prioritise to transform the structural inequalities that are the underlying cause of health inequalities?

Please provide your response in the box provided.:

Education

Better education of health professionals to be aware of health inequalities and how to act on them, or address them, when they become aware.

Support for teams

Training for teams who will encounter health inequalities as part of their role about the effect of low health literacy and how to use inclusive communication, this would enable a true person-centred approach to be taken to healthcare.

Women's health

More needs to be done to improve the health and wellbeing of women and girls. A campaign is needed to reduce stigma and improve women's awareness of what is normal and what is not, covering issues like excessive menstrual bleeding and incontinence. Pharmacists and pharmacy teams are uniquely placed to provide expert advice on medicines and healthcare, and to prescribe and supply medicines to women at all stages of their lives. Greater understanding of pharmacists' role among the public and other health professionals is essential. All pharmacists should have access to a shared patient record to enable them to provide safe treatment and advice for women (as well as other patients).

Inclusion and diversity

There needs to be work done to ensure that all healthcare settings have a culture of inclusion and diversity. As an organisation, RPS has an Inclusion and Diversity Strategy (<https://www.rpharms.com/recognition/inclusion-and-diversity>) with three priorities: Create a culture of belonging, champion inclusive and authentic leadership and challenge barrier to inclusion and diversity. We have also created our Inclusion and Wellbeing Pledge (<https://www.rpharms.com/pledge>) which organisations and individuals can sign to demonstrate their support for a profession that's inclusive and supports pharmacy teams' health and wellbeing. There should be similar work done across all healthcare settings to raise awareness of this inequality and prompt action to address it.

Equity of access

Services must be offered in a way that delivers equity of access. We need to identify vulnerable patients who need specific support and adapt services for them, such as those who are housebound, live in remote and rural areas, have cultural or language barriers, and those with caring responsibilities. Approaches taken will include using alternative formats for information, creating psychologically informed environments to reduce stigma/enable

consultations, providing outreach services, and using technology to make care more accessible. People in prisons will be provided with more patient facing pharmacy services and options to self-care to avoid the risk of becoming institutionalised and support the transition after release.

Question page 2

11 What has been the impact of the pandemic both on health inequalities themselves and on action to address health inequalities in Scotland?

Please provide your response in the box provided.:

Health inequalities have always been present in Scotland, but they have been exacerbated but the Covid-19 pandemic.

Services offered by pharmacy teams have continued with pharmacies keeping their doors open to patients throughout. This has meant there has been little impact on the services from that point of view, and in fact pharmacy teams implemented new services during the pandemic to keep that impact to a minimum.

It is vital that going forward, as we return to some form of normality, that those people still unable, or anxious, to leave their homes must still have access to a full range of services in a way that is acceptable to them.

12 Can you tell us about any local, regional or national initiatives throughout the the pandemic, or prior to it, that have helped to alleviate health inequalities or address the needs of hard to reach groups? How can we sustain and embed such examples of good practice for the future?

Please provide your response in the box provided.:

NHS Scotland Pharmacy first and Pharmacy First Plus

NHS Pharmacy First, which is part of the community pharmacy contract, was rolled out during the pandemic and enables community pharmacists to provide advice and treatment for managing common conditions such as sore throats, cold sores, skin conditions and urinary tract infections. Any person registered with a GP practice in Scotland can use the service, including people living in care settings and homeless populations which allows anyone access to a highly skilled healthcare professional without an appointment. An additional service is Pharmacy First Plus through which pharmacists who are registered as prescribers can prescribe for an additional range of conditions: this is not available in every pharmacy. We have examples of both services being used to facilitate fast access to treatment, including for shingles and infected skin conditions, meaning patients have avoided the need to attend Accident & Emergency or a Minor Injuries Unit.

Social/green prescribing initiatives

An advanced Clinical Pharmacist working across two GP practices in NHS Lothian has a special interest in the promotion of sustainable healthcare in particular Green Health Prescribing. Green health prescribing in NHS Lothian uses the interaction between people and health and care services to identify those who could benefit most and connect them with nature. Nature based activities are prescribed or advised to support physical and mental health and wellbeing. The activities can take many forms from suggesting a walk in the park to referral to a therapeutic programme.

Exercising in and enjoying open spaces and nature has a proven benefit on peoples mental and physical health. The social connection that happens also has a benefit.

NHS Lothian has a vision to have green health prescribing embedded across the system and targeted at people who can benefit the most. This will result in reduce health inequalities, stronger communities and valued green spaces. It also encourages a realistic medicines approach to treatment as well as greater public awareness of non-pharmacological options as treatment.

Pharmacotherapy Service

This service, which is part of the GMS contract, is provided by pharmacy teams working in GP practices and supports patients with medication reviews, medicines reconciliation, managing repeat prescriptions and acute prescription requests. Any person registered with the GP practice can use the service at their practice.

NHS Near me roll out

Use of video consulting via Near Me, as well as telephone consulting, asynchronous communication, and submitting high resolution photos for clinical review, has increased dramatically during the Covid pandemic. This has improved access to care for patients in general practice and hospital. A key benefit of Near Me is that it enables 3, 4 or even 5-way multidisciplinary team consultations through which pharmacists can remotely play a greater role in supporting patient care. This improves access for patients to the full multidisciplinary team, particularly in remote and rural areas where this would be an issue and allows pharmacists input into patient care where it may not previously have been possible.

Clinics for screening being offered in the community

Community pharmacists have been offering hepatitis C screening and treatment to patients attending to receive opioid substitution therapy. All are offered screening and the pharmacists access the results electronically. Everything that is required takes place in the pharmacy, from the initial testing, delivery of results, to routine blood tests and treatment provision. This means patients are not burdened by extra journeys as they would be attending the pharmacy anyway and can access treatment in a safe, familiar place from a healthcare professional they have an existing relationship with. This is a fantastic example of person-centred care provided to a hard to engage group in a way which acknowledges existing health inequalities but finds a way to overcome them.

In NHS Greater Glasgow and Clyde, the hospital-based specialist hepatitis C pharmacy team has developed new models of care to enable patients to access specialist medicines in community settings rather than having to come into hospital clinics. This has reduced barriers to care. A bi-monthly pharmacist clinic within the local drug court was set up to facilitate rapid access to hepatitis C (HCV) treatment for patients who were previously difficult to engage in traditional settings. In the new clinic, patients with HCV infection are assessed for liver disease and HCV treatment by the pharmacist while they are attending the drug court. This initiative was part of a wider service that used point of care testing to increase screening and treatment. It extended the role of the HCV clinical pharmacy technician team who were trained to carry out point of care testing for HIV antibody testing and dry blood spot testing, as well as to discuss risk factors for HCV transmission and treatment options.

These initiatives contributed to significantly increased HCV screening with almost all patients tested and minimised drop off from HCV treatment with over 95% of patients with known HCV treated. In addition, the team has started to use telemedicine consultations which has been successful for patients with a prior high rate of not attending appointments and was found to be highly acceptable for patients.

Our vision for the future of pharmacy, Pharmacy 2030, which covers many of these areas in more detail, can be found on our website (<https://www.rpharms.com/pharmacy2030>).

13 How can action to tackle health inequalities be prioritised during COVID-19 recovery?

Please provide your response in the box provided.:

Changes that are made must be prioritised based on what will have the greatest impact for patients, health inequalities and overall health. Some areas where change would make a real difference are:

National mechanism for the supply of naloxone

This would have the benefit of getting more kits to the people who need them leading to a reduction in drug deaths. A national scheme would allow pharmacy teams to sign up and access training. Patients can then access a service of uniform standard across Scotland.

Enhanced services

The offering of enhanced services goes a long way to addressing health inequalities and ensuring those inequalities that remain do not impact on patients' health. We now need to look at how to normalise not only the provision of these services by pharmacy teams but patients accessing these via their pharmacist. We also need to consider how to make them available to all that want to access them by looking at training provision for healthcare professionals and addressing their barriers to uptake.

Independent prescribing for pharmacists

Increasing the number of training places available to pharmacists to become independent prescribers would widen access to pharmacy first plus in the community. This means patients accessing the right care, at the right time, in the right place. This frees up capacity in other areas of the health service allowing them to work on tackling inequalities they are faced with.

Skill mix/workforce

Invest in skill mix in the pharmacy workforce to release pharmacist capacity. This would include more pharmacy technicians, pharmacy support workers and administrative roles. A key step to improve capacity and allow time to identify and address inequalities in practice is effective workforce planning. Scottish Government should prioritise workforce planning for pharmacists and pharmacy technicians in the same way as it is done for doctors and nurses. Pharmacists are the third biggest healthcare profession, so the lack of effective workforce planning is a significant gap. There are opportunities for increasing the roles of pharmacy technicians and support staff, but the lack of workforce planning is holding this back.

Question page 3

14 What should the Scottish Government and/or other decision-makers be focusing on in terms of tackling health inequalities? What actions should be treated as the most urgent priorities?

Please provide your response in the box provided.:

Urgent actions

1. Pharmacy First/IP
2. Pharmacotherapy service

3. Digital infrastructure

4. Workforce

5. Education and training

Community Pharmacy

Alongside their primary role, pharmacy professionals in all settings are well placed to deliver 'opportunistic interventions' to help tackling health inequalities.

Community pharmacies are often embedded in some of the most deprived and challenging communities, providing daily contact for individuals who may not access conventional NHS services, making them ideal places for those opportunistic interventions and unplanned health advice. The anonymity, the flexible and informal environment of the setting is an added benefit that people value.

Current schemes such as NHS Scotland Pharmacy First and Pharmacy First Plus help tackle health inequalities by ensuring people can get access to the right care in the right place without having to go to their GP practice or Accident and Emergency department for non-urgent treatment. However, these schemes could be expanded to improve access further. Expansion in the form of increased conditions covered in the schemes and increased the number of pharmacist prescribers able to offer Pharmacy First Plus would both go a long way in addressing health inequalities.

Practice pharmacy

Enhance the role of pharmacists within GP practices through several mechanisms to allow them to offer level 3 of the pharmacotherapy service. Which will be invaluable in addressing health inequalities particularly in deprived areas which see higher levels of complex health needs in patients. This will require improved investment in the skill mix within the pharmacy team. This would include more pharmacy technicians, pharmacy support workers and administrative roles.

Digital infrastructure

An improved digital structure is vital. RPS is calling for the development of a single shared electronic patient record with read/write access for all, including pharmacists and patients. This would improve the quality and safety of the services pharmacists provide to all patients and reduce health inequalities. RPS also wants to see better use of data, including using data to make treatment decisions and deliver personalised medicines, and using outcome measures to drive service improvement.

Improvements in digital infrastructure will also provide another choice for patients in how they access care. Healthcare teams would be able to offer remote consultations if and when a patient requested it. This will become particularly important with the rising cost of living potentially having a detrimental effect on patient's ability to access services and travel to clinics.

It is important to ensure that any digital development is linked to policies to prevent digital exclusion, particularly in deprived areas. This digital exclusion can be a practical need i.e., no access to hardware or software to use the digital service or an educational need i.e., lack of knowledge or understanding of how to use the technology. All aspects must be considered and addressed.

Workforce

Pharmacists must be integrated into the multi-disciplinary team from every area of practice to prevent professional isolation and improve access to services for patients. Meaningful workforce planning is essential to identify the needs of the service going forward and ensure that the right skill mix is available. Scottish Government should prioritise workforce planning for pharmacists and pharmacy technicians in the same way as it is done for doctors and nurses. Pharmacists are the third biggest healthcare profession, so the lack of effective workforce planning is a significant gap. There are opportunities for increasing the roles of pharmacy technicians and support staff, but the lack of workforce planning is holding this back.

Education and training

Training specific to addressing health inequalities should be explored. Good clinical practice involves tackling health inequalities, for example, by being aware of key demographic data and actively seeking to address inequalities when these opportunities arise. Undergraduate and postgraduate training have the potential to actively equip future healthcare professionals, including pharmacists, with the knowledge and skills that are specifically relevant for tackling health inequalities. All healthcare professionals should be trained in neurodiversity, disability awareness and protected characteristics to give them the skills to be able to identify and address inequalities.

Supporting patients

Low health literacy is a significant barrier to shared decision making. Healthcare professionals can support their patients directly, for example, by focusing on health literacy, and prioritising ill health prevention measures in commissioning. Consideration should be given to the role of social prescribing in signposting patients at risk of poverty to non-medical support services. Awareness of health literacy is essential in all professions and can be achieved with training as above.

15 What role should the statutory sector, third, independent and private sectors have in tackling health inequalities in the future?

Please provide your response in the box provided.:

Everyone has a role in being aware of and tackling health inequalities in the future. To ensure that every sector can input into addressing these concerns we need better information sharing among those caring for patients. Introduction of an electronic single shared patient record would improve capacity, quality, and safety. It would release capacity for both community pharmacists (improved communication) and in general practice (reduced time spent on medicines reconciliation). Pharmacy teams in all settings would require read/write access to this record to allow the maximum positive impact and to have a real effect on health inequalities which are leading to health problems. A shared record would allow fully joined up working across sectors and allow each person involved in the patients journey to take a truly holistic approach to their care.