

Debate on the Public Accounts Committee report on tackling inequalities in life expectancy: a briefing for Parliamentarians

Introduction

The Royal Pharmaceutical Society (RPS) is the professional body for every pharmacist in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain and currently have 49,000 members. There are approximately 75 pharmacists per constituency, working in hospitals, industry, academia and community pharmacies.

This briefing has been prepared for MPs wishing to participate in the debate on the Public Accounts Committee report on tackling inequalities in health and life expectancy. It demonstrates how pharmacies are already helping tackle inequalities in health and how this resource can be better utilized.

The Need for Action

The human and financial costs of health inequalities are considerable. Health inequalities result in productivity losses of £31-33 billion every year, lost taxes and higher welfare payments in the range of £20-32 billion per year and additional NHS healthcare costs well in excess of £5.5 billion per year.ⁱ

The gap between the national average life expectancy and the most deprived areas has widened by 7 per cent for men and 14 per cent for women since 1995–97. If we do not act to reduce health inequalities, we condemn these people to a spiral of deprivation, poverty and ill-health.

Community Pharmacy: Easy and Equitable Access for All Patients

The NAO found that people in the poorest communities are less likely to attend GPs and that those areas still tend to be under-served with doctors. The Public Accounts Committee finds that “the Department of Health has failed adequately to address GP shortages in areas of highest need” and recommends that the Department should implement an action plan to deliver this objective. We recommend that this action plan includes proposals for the targeted expansion of pharmacy services to deliver public health objectives. Commissioners must consider mixed care pathways whereby multiple professions provide integrated, cost effective care.

Pharmacy offers easy and equitable access for all patients. More than 99% of the population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport.ⁱⁱ In contrast to GP distribution, the most deprived PCTs have *higher* concentrations of pharmacists than more affluent areas.ⁱⁱⁱ

We hope the Department will examine how GPs can be encouraged to work more closely with other healthcare professions to strengthen provision in deprived areas. The Royal College of General Practitioners has already set out a vision for the future of general practice with an emphasis on Federations - groups of practices collaborating to provide a greater range of services – working in partnership with other healthcare professions including pharmacies, optical services and dentistry. This now needs to be made a reality.

Pharmacy Enhanced Services: Improving Public Health in Deprived Communities

A recent Bow Group report^{iv} recommended that Pharmacy Enhanced Services feature prominently in the new Public Health Service as a way to reduce health inequalities. The following services target health conditions which disproportionately affect low socio-economic groups and poor communities.

Smoking cessation

Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK^v. Both NICE and the Department of Health identify that action to reduce smoking prevalence in target groups will help to reduce health inequalities more than any other measure. As NICE guidance on smoking cessation states, community pharmacies serve local communities and have the potential to reach large numbers of people who use tobacco, particularly in deprived areas.

Pharmacists can provide advice and support on smoking cessation as well as nicotine replacement therapy. In Glasgow, a pharmacy-based smoking cessation service is provided by 94% of the pharmacies in the city. It helped more than 5000 patients to quit smoking in 2009, with more than three quarters of patients coming from the most socially deprived quartile.

Vascular checks

Death rates from coronary heart disease in people aged 35-64 in the lowest socio-economic groups are almost double those from the highest.

The NHS Health Check programme aims to help prevent heart disease and other conditions by providing everyone aged 40-74 with the opportunity to speak to a healthcare professional about their risk and receive personalised advice on how to reduce it. Pharmacies are a key route for the delivery of the programme. Pharmacists are able to offer lifestyle advice, advice on programmes such as weight management, or referral to a GP.

Sexual Health

Teenage girls living in deprived areas are four times more likely to fall pregnant than those living in more affluent areas. Sexually transmitted infections affect everyone but the highest burden is borne by women, gay men, teenagers, young adults and black and ethnic minorities. The rates of gonorrhoea in some inner city black and minority ethnic groups are more than ten times higher than in white residents.^{vi}

Pharmacies are particularly well-placed to provide Emergency Hormonal Contraception (EHC) (which is most effective if used in the first 72 hours after unprotected sex) because they are open in the evening and at weekends and no appointment is required. Consultations for EHC are also an opportunity for pharmacists to discuss sexually transmitted infections and future contraception needs with patients.

Plaistow in East London has one of the highest teenage pregnancy rates in the country. The PCT and local authority supported a pharmacy to set up an emergency contraception scheme. Staff were trained to offer free emergency contraception to young people aged 13 to 19, and to provide sexual health education. The service is advertised on health websites and at local schools and colleges. Since introducing the service there has been a significant reduction in teenage pregnancies in the area.

Many patients may find it easier to speak confidentially to a pharmacist than go to their family doctor or a GUM clinic and pharmacies in many areas now provide a chlamydia testing and treatment service. Specially-trained pharmacists can provide those patients who test positive with a course of antibiotics without a doctors' prescription. Last year more than 16,000 free chlamydia tests were carried out in pharmacies as part of the National Chlamydia Screening Programme, which targets people under 25.

For every £1 invested in contraceptive services, it has been estimated that £11 is saved through prevention of unintended pregnancy^{vii}. Evidence also shows that the NHS could save a further £30 million a year by improving contraceptive services, in particular ensuring access to the full range of methods.^{viii}

Healthy Living Pharmacies

Healthy Living Pharmacies (HLPs) have the potential to play a significant role in providing information to inform patients' health and lifestyle choices. HLPs have to demonstrate consistent, high-quality delivery of a range of services such as those listed above. They work closely with local GPs and other providers.

NHS Portsmouth has established ten HLPs with the aim of reducing health inequalities and preventing disease. Early indications from this Portsmouth scheme show that HLPs have greater productivity and offer higher-quality services. Early evaluation results include a 140% increase in smoking quits from pharmacies compared with the previous year.

Recommendations

As this briefing note has demonstrated, the pharmacy profession has been at the forefront of efforts to tackle health inequalities. Its role must now be expanded to maximise its potential to deliver cost effective care to hard-to-reach groups in deprived communities. With this goal, the RPS recommends action by the Government to:

- Support the roll-out of Healthy Living Pharmacies in deprived communities
- Encourage and incentivise GPs to work with other healthcare professions including pharmacy
- Ensure all healthcare professionals are fully represented on Health and Wellbeing Boards
- Ensure Pharmacy Enhanced Services feature prominently in the new Public Health Service
- Include expanded pharmacy provision in the forthcoming sexual health strategy

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ⁱ Fair Society, Healthy Lives, Marmot Review (2010)

ⁱⁱ Pharmacy in England: Building on Strengths – Delivering the Future, Department of Health White Paper (2008)

ⁱⁱⁱ CPWS Bulletin, Issue 5, School of Pharmacy, University of Manchester (2008)

^{iv} Delivering Enhanced Pharmacy Services in a Modern NHS, Bow Group Health Policy Committee (2010)

^v Securing Good Health for the Whole Population, Wanless D (2004)

^{vi} Sexual Health, House of Commons Health Select Committee (2003)

^{vii} The Economics of Family Planning Services, Family Planning Association, McGuire, A and Hughes, D. (1995)

^{viii} The Economics of Sexual Health, Family Planning Association Armstrong, N and Donaldson, C. (2005).