



ROYAL  
PHARMACEUTICAL  
SOCIETY

# Professional Standards for Public Health Practice for Pharmacy

For pharmacists and pharmacy teams  
working in England and Wales

March 2014



FACULTY OF  
PUBLIC HEALTH

**RSPH**  
ROYAL SOCIETY FOR PUBLIC HEALTH  
VISION, VOICE AND PRACTICE



# FOREWORD

---

The Royal Pharmaceutical Society (RPS) is delighted to publish Professional Standards for Public Health Practice for Pharmacy. These standards provide a framework to support pharmacists and their teams to improve public health services, and shape future services and pharmacy roles to deliver quality patient care and improve health outcomes. We hope these standards, and the accompanying examples of public health practice from all areas of pharmacy, will inspire and support pharmacists to develop their professional practice and aspire to excellence.

The RPS has worked with public health experts, including the Royal Society for Public Health (RSPH) and the Faculty of Public Health (FPH), pharmacists and pharmacy teams and the Department of Health England, to develop these professional standards to lead, support and develop the pharmacy profession to enable delivery of high quality public health services. The professional standards also align with standards for other healthcare professionals practicing in public health.

I would like to thank the Task Group who led the development of these standards and all those who have contributed. As a professional body our responsibility is also to support the ongoing development and implementation of standards in practice. With that in mind, we hope that pharmacy teams find these standards useful in supporting delivery of high quality public health practice in pharmacy and look forward to your feedback on their use.



**HELEN GORDON**

**Chief Executive, Royal Pharmaceutical Society  
Chair of the RPS Professional Standards  
for Public Health Task Group**

# ACKNOWLEDGEMENTS

---

## Task Group

---

**Professor Scott Bryson**, Lead Specialist in Pharmaceutical Public Health, NHS Greater Glasgow and Clyde

**Catherine Cox**, Primary Care Services Manager, Co-operative Pharmacy

**Dr Heather Davison**, Education and Development Director, Royal Society for Public Health

**Dr Paul Edmondson-Jones**, Director of Public Health, City of York Council

**Fiona Harris**, Head of Public Health, Surrey and Sussex Area Team NHS England

**Anne Hinchliffe**, Consultant in Pharmaceutical Public Health, Public Health Wales

**Dr Suzanna Mathew**, Director of Training (Curriculum and Assessment), Faculty of Public Health

**Parag Oza**, Healthcare Development Manager for Middlesex and Hertfordshire, Boots UK

**Professor Richard Parish**, Chair, Pharmacy and Public Health Forum

**Andrew Radley**, Consultant in Public Health (Pharmacy) NHS Tayside

**Gul Root**, Principal Pharmaceutical Officer, Department of Health, Pharmaceutical Public Health Advisor, Public Health England

**Andrew Scott-Clark**, Director of Public Health Improvement, Kent County Council

**Ash Soni**, Community Pharmacist, Future Forum Lead on Public Health

## Royal Pharmaceutical Society

---

**Helen Gordon**, Chief Executive

**Ruth Wakeman**, Head of Professional Support

**Dr Catherine Duggan**, Director of Professional Development and Support

## Other contributors

---

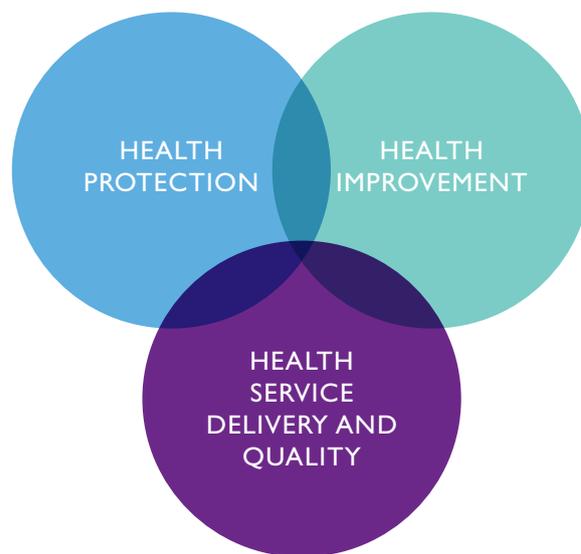
As part of the development process the standards were sent to a wide range of individuals and organisations from within and outside pharmacy for comment and the standards were also published on the RPS website for consultation. We would like to thank all the individuals and organisations who responded, we are grateful for their feedback which was used to help refine the standards.

# WHAT IS PUBLIC HEALTH?

The Faculty of Public Health defines public health as:

*The science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society<sup>1</sup>.*

There are three domains of public health: **health improvement** including people's lifestyles as well as inequalities in health and the wider social influences of health, **health protection** including infectious diseases, environmental hazards and emergency preparedness and **health service delivery and quality (healthcare public health)** including service planning, efficiency, audit and evaluation<sup>2</sup>. Pharmacy has a role to play across all three domains of public health.



**FIGURE 1** THE THREE DOMAINS OF PUBLIC HEALTH

## Purpose of the professional standards for public health practice for pharmacy

There are many examples of the valuable and unique contribution pharmacists and their teams, working in all sectors, make to improving and protecting the health of the public. Pharmacy teams promote and protect health and well-being through their core role and as part of all the services they provide on a daily basis. Public health services have been part of pharmacy practice for many years. However, until now there have not been any professional standards for public health practice for pharmacy to support the development and delivery of consistently high quality services and evaluation of those services. The nine overarching standards in this document are intended to provide a framework to help pharmacy teams, commissioners and those contracting services to design, implement, deliver and monitor high quality public health practice through pharmacy, regardless of the pharmacy settings from which services are delivered.

## Scope of the professional standards

The RPS, as the professional body for pharmacy, provides professional standards, developed and owned by the profession, which are supportive, enabling and also professionally challenging. Professional standards provide a broad framework to support pharmacists and their teams to develop their professional practice, improve services, shape future services and deliver high quality patient care. The professional standards can be used in different ways by pharmacists, and their teams, working in a variety of settings and roles.

The standards align with existing resources and tools for the wider healthcare workforce, therefore mirroring the nine core competency areas identified by the Faculty of Public Health (FPH). Aligning the professional standards for pharmacy with the FPH core areas, supports pharmacy practitioners in delivering public health practice that is demonstrably consistent with other healthcare practitioners delivering public health. The standards are applicable to all levels of the pharmacy workforce across all settings e.g. those working at specialist or strategic level,

<sup>1</sup> Adapted from the original definition in the Public Health in England report by Sir Donald Acheson, 1988

<sup>2</sup> Department of Health white paper Healthy Lives, Healthy People: our strategy for public health in England, 2010

those working as a practitioner and the wider pharmacy workforce. It is recognised that many public health services in pharmacy are delivered by the wider pharmacy team and therefore the professional standards reflect this.

These professional standards have been developed to have wide appeal as they broadly align with pharmacy and public health developments in England and Wales. It is envisaged that elements of these standards will prove to be helpful as the RPS supports the Scottish Government in producing standards and guidance for pharmacists working in the NHS in Scotland. The RPS in Scotland is committed to pharmacists' public health role developing further within pharmaceutical care as part of the programme of work associated with Prescription for Excellence, the Scottish Government's vision and action plan for the right pharmaceutical care through integrated partnerships and innovation.

## Development of the professional standards

The standards have been developed by a group, led by the Royal Pharmaceutical Society, chaired by the Chief Executive, with input from pharmacy practitioners and experts in both pharmacy and public health from across Great Britain. Colleagues from the Department of Health, the Royal Society for Public Health (RSPH) and the Faculty of Public Health (FPH) joined pharmacists on this group.

This work forms part of the work of the Pharmacy and Public Health Forum (PPHF) in England. The PPHF reports to Public Health England (reporting transferred from the Department of Health) and leads on developing, implementing and evaluating pharmacy public health practice, taking into account both the Government's and local public health priorities. One of the ministerial priorities for the forum when it was set up, was to see the development of professional standards. This dovetailed with the RPS's intent to develop professional standards for pharmacy and public health. The PPHF is an England only forum, however given the GB wide responsibilities of the RPS and the generic nature of these standards, the Task Group included representatives from all three nations and input from pharmacy and public health practitioners in Scotland, Wales and England was actively sought.

The standards are intended primarily for use in England and Wales. The Scottish Government launched its vision and action plan 'Prescription for Excellence' in September

2013. This vision dovetails and complements the aims and aspirations of Scotland's 2020 Vision for Healthcare. The plan focuses on delivering safety, effectiveness and person-centredness in pharmaceutical care and medicines and the Society is committed to working with the Scottish Government and other stakeholders to ensure that pharmacists' public health role is developed intrinsically within pharmaceutical care in a context of collaborative and cooperative partnership working with other health and social care professionals, in keeping with the aspirations of Scotland's NHS.

## Uses of the professional standards

These professional standards will be used both within the profession and more widely. They will give:

- **The public and patients** – a recognised standard of person centred care that they should expect when they experience public health services, advice and care provided by pharmacists and pharmacy teams.
- **Pharmacists** – a set of professional standards which they can use as a framework to develop their professional practice and to inspire them to improve services and innovate for patient and public benefit.
- **The pharmacy team** – a framework of standards that supports them to recognise, develop and deliver the best possible outcomes for the public in their local communities from pharmacy public health practice.
- **Those who commission or contract for pharmacy public health services** – an informative framework that outlines the standards for high quality public health services from pharmacy in order to support the development and delivery of consistently high quality public health services from pharmacy both nationally and locally.

## Structure of the professional standards

The professional standards consist of high level principles based on nine core areas of public health practice, as defined by the Faculty of Public Health<sup>3</sup>.

- Surveillance and assessment of the population's health and wellbeing
- Public health intelligence

<sup>3</sup> [http://www.fph.org.uk/what\\_is\\_public\\_health](http://www.fph.org.uk/what_is_public_health)

- Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services
- Health improvement
- Health protection
- Health and social service quality (also known as healthcare public health)
- Policy and strategy development and implementation
- Strategic leadership and collaborative working for health
- Academic public health.

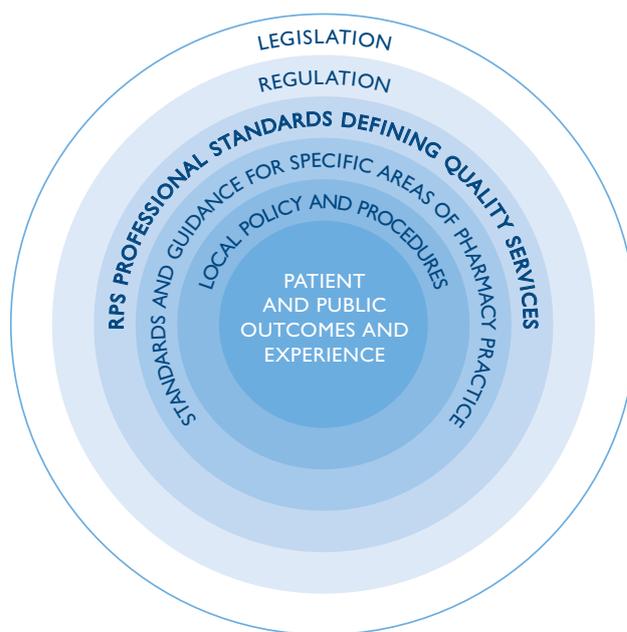
Each overarching standard is accompanied by supporting statements which outline high quality pharmacy public health practice.

Improving public health is a core part of every pharmacy professional's practice. However, the way in which the different standards will be interpreted will depend on the practitioner's role and the setting in which they practice. Pharmacists and pharmacy teams working in different settings and at different levels, e.g. as public health specialists, practitioners or as part of the wider pharmacy workforce, may meet the standards in different ways and to a different level of detail and this is illustrated by the practice examples throughout the document.

## Using the standards

To help you make the best use of the professional standards and the supporting resources we have a few handy tips:

1. All of the nine overarching standard statements are relevant to the breadth of pharmacy providers; however, some of the supporting statements may be more relevant to some pharmacy practitioners than others, depending on the practice setting and range of public health services you provide.
2. The standards can be used in any order; you may wish to start by identifying the standards that are most useful for you in your role and use one of these as a starting point to develop yourself and your practice within localised frameworks for delivering public health.
3. Use the supporting resources to see where to find further information and tools to help you develop and deliver a quality public health service.
4. In addition to these professional standards, you should also consider all relevant legal frameworks and regulatory standards e.g. the General Pharmaceutical Council, the NHS Litigation Authority, the Care Quality Commission, Healthcare Improvement Scotland, the Care Inspectorate and the Medicines and Healthcare Regulatory Agency etc. See Figure 2.



**FIGURE 2** PROFESSIONAL STANDARDS IN RELATION TO RELEVANT LEGAL AND REGULATORY REQUIREMENTS

# STANDARD 1.0 SURVEILLANCE AND ASSESSMENT OF THE POPULATION'S HEALTH AND WELLBEING

---

Data are collected from a variety of sources to support better understanding of the health and wellbeing needs of a population or community.

**Whenever data are collected within a pharmacy setting (community, hospital or primary care) this is accurate, comprehensive and relevant so that it can be used to:**

- understand the needs of the local population or community
  - identify who is and who isn't accessing pharmacy services
  - identify vulnerable subgroups of people within the local community and develop interventions to meet their needs, helping to reduce health inequalities
  - quantify the effect of social deprivation on the health of specific communities
  - demonstrate how pharmacy services are improving health outcomes
  - demonstrate how pharmacy services are improving the health and wellbeing of the local community
  - demonstrate how pharmacy services are improving access to public health services
  - populate Pharmaceutical Needs Assessments (and equivalents).
- 

## 1.1 Accuracy

---

**Where data are collected in pharmacy settings:**

- this is accurately recorded and complete
- staff have access to computers, software and the internet to be able to carry out data collection effectively
- good information systems are available to determine whether pharmacy services are meeting local health needs or contributing to local health and wellbeing strategies.

## 1.2 Relevance

---

**Where data are collected in pharmacy settings, this is relevant for:**

- the purpose that it is collected and supports pharmacy gaining a better understanding of both individual and population health needs
- commissioners and those contracting services
- contributing to local information needs e.g. informing the Joint Strategic Needs Assessments or other local public health needs assessments.

## 1.3 Information governance

---

**Where data are collected in pharmacy settings, this is treated with dignity and respect in accordance with legal, regulatory and professional guidance on consent, confidentiality, information governance and data protection.**

## STANDARD 1.0 EXAMPLES IN PRACTICE

Useful information already collected by pharmacy as part of existing pharmacy services may include (list is not mandatory or exclusive):

- demographics e.g. age, gender, and ethnicity (where this information is available)
- number of people receiving opportunistic and prescription linked healthy lifestyle advice
- numbers of people with identified long term conditions accessing a service e.g. the New Medicine Service (in England) and receiving health and well-being advice
- any disabilities that may stop people getting the best outcome from the service (blindness, arthritis, learning disabilities)
- home status e.g. housebound, living alone.

### IN COMMUNITY PHARMACY

Data collected:

- routinely as part of services provided in the pharmacy e.g. dispensing, medicines use reviews, patient surveys, Patient Medication Records (PMRs), smoking cessation services, emergency hormonal contraception services
- on the number of people who have set a quit date and successfully quit smoking
- on the number of people provided azithromycin following a positive chlamydia test
- on the quantity of medicines supplied e.g. antiviral medicines to inform local surveillance data for seasonal influenza, sales of over the counter medicines such as cough and cold remedies, head lice treatments to show trends for communicable diseases.

### IN HOSPITAL PHARMACY

Data collected:

- on antibiotic use to support monitoring of antimicrobial use and resistance
- as part of support and advice to patients on the safe and effective use of medicines e.g. medicines reconciliation, discharge etc.

### IN PRIMARY CARE AND LOCAL AUTHORITIES

Data collected:

- to inform further commissioning or contracting for public health services in pharmacies e.g. chlamydia screening, national stop smoking services, emergency hormonal contraception and new initiatives and pilot services
- on any interventions which inform and support advice on the safe and effective use of medicines
- from pharmacies to inform the local Joint Strategic Needs Assessment, Pharmaceutical Needs Assessments or local public health needs assessments.

# STANDARD 2.0 PUBLIC HEALTH INTELLIGENCE

Information and analysis of the health and wellbeing needs of the population or community is used to inform the development of pharmacy public health practice.

**Data collected from pharmacy services (Standard 1) are analysed and used alongside other sources of population public health intelligence to:**

- identify and understand the pharmaceutical and health needs of the local community and population
- evaluate the effectiveness and outcomes of pharmacy interventions and services to improve population health
- inform future development of pharmacy interventions and services to improve and protect the health of the local population or community.

## 2.1 Analysis

- Data collected routinely as part of the delivery of pharmacy services are analysed to identify who is using pharmacy public health services and, where possible, the outcomes achieved
- Relevant links are identified between pharmaceutical data and other public health and morbidity data to look at the wider impact of pharmacy based public health services on population health.

- compared to demographics of expected service users to identify unmet health needs for specific populations and hard to reach population groups to inform targeting of services for vulnerable groups, helping to reduce health inequalities
- evaluated against agreed health outcomes and this is embedded in service design in order to enable continuous development, drive quality improvement and contribute to the evidence base.

## 2.2 Evaluation

**Key outcomes and performance indicators for pharmacy interventions and public health services including demographic data, measures of patient satisfaction, qualitative and quantitative outcomes, patient acceptability, adherence and quality of life are:**

- assessed and used to improve public health service delivery and outcomes
- assessed and used to determine whether local public health needs are being met
- compared to expected outcomes to identify gaps, whether expected benefits are achieved and measure service quality

## 2.3 Sharing data

**Data are shared, in accordance with legal, regulatory and professional guidance, at a local and/or national level to:**

- inform the continuous quality improvement and future development of public health services
- enable broad analysis and evaluation of trends in service outcomes
- support the development of evidence-based guidance and frameworks for healthcare professionals to improve population health.

## STANDARD 2.0 EXAMPLES IN PRACTICE

### IN COMMUNITY PHARMACY

- Where data are collected in accordance with Standard 1, such as demographic data (age, gender, and ethnicity), this is analysed and compared to the demographics for the local population in order to identify who is not accessing pharmacy services. This information is used to develop and market pharmacy services to support hard-to-reach groups and to identify barriers to service use and solutions to improve uptake, helping to reduce health inequalities
- Information and analysis is used to help improve delivery of public health services and target messages to encourage uptake e.g. HPV immunisation for hard to reach groups of young women
- Information on the sales of over the counter pharmacy items (e.g. cough and cold remedies, head lice treatments) is shared locally or at a national level to understand trends in communicable diseases
- Data collected from pharmacies acting as antiviral collection points are used to inform the emergence and progression of a pandemic
- Data collected from pharmacies providing seasonal influenza vaccination to show effectiveness of increasing vaccination rates in hard to reach populations
- Evaluating a community pharmacy tuberculosis medicines compliance scheme to show the proportion of patients completing treatment and cost effectiveness of treatment compared to hospital services.

### IN HOSPITAL PHARMACY

Data collected:

- from hospital pharmacies acting as antiviral collection points are used to inform the surveillance of pandemic progression
- on antibiotic use is used to help influence local antimicrobial policies and formularies and to inform trends in antimicrobial resistance patterns
- on medicine related adverse events is used to inform good models of care.

### IN PRIMARY CARE AND LOCAL AUTHORITIES

- Data from audits for public health services are used to support local planning and policy for example, the Joint Strategic Needs Assessment (JSNA)/pharmaceutical needs assessment to help meet local health needs
- Data are collected and analysed to inform future commissioning or community pharmacy contracting decisions e.g. a seasonal influenza vaccination service to target at risk groups, population screening, substance misuse, alcohol intervention programmes, weight management services.

# STANDARD 3.0 ASSESSING THE EVIDENCE OF EFFECTIVENESS OF HEALTH AND HEALTHCARE INTERVENTIONS, PROGRAMMES AND SERVICES

---

Population health is improved by the assessment and application to practice of evidence-based public health interventions, programmes and public health services.

Pharmacy teams ensure public health services and interventions are evidence-based as far as possible, in order to ensure consistency, high quality services and optimum outcomes for population health from public health services and interventions delivered through pharmacy.

New service developments are evaluated to ensure they are effective and potentially cost effective, provide efficient use of resources, support health literacy and deliver good outcomes, especially for people experiencing health inequalities or issues with health literacy.

---

## 3.1 Pharmacy advice

---

- Pharmacy staff understand the differences in the robustness and reliability of evidence and information from different sources
- Therapeutic advice to prescribers and patients is evidence-based wherever possible
- Advice provided by pharmacy staff is evidence-based wherever possible.

## 3.2 Decision making

---

- Pharmacists balance evidence from a range of appropriate sources when making decisions on which interventions/treatments to recommend or use in public health practice.

## 3.3 Service design

---

- Developments in public health practice which may impact on the health of the public, based on credible evidence, are applied to pharmacy service delivery and design
- Recommendations based on research findings including clinical trials, population studies (cohort and case studies), systematic reviews and meta-analyses are implemented through public health practice where appropriate and in accordance with local and national guidelines
- Where the evidence base for pharmacy contribution to public health services is not strong, research is carried out to build the evidence base.

## STANDARD 3.0 EXAMPLES IN PRACTICE

### IN COMMUNITY PHARMACY

- Evidence-based recommendations are integrated into routine practice e.g. checking the smoking status of patients with respiratory disease and advising on stopping smoking where appropriate or adding an inhaler technique check when carrying out a medicine review
- Evaluating new service developments to help build the evidence base e.g. evaluating a new weight management service for patients with T2 diabetes to identify whether expected patient outcomes are realised.

### IN HOSPITAL PHARMACY

- Evaluating new service developments, e.g. pharmacy's contribution to public health interventions in hospital settings, to build the evidence base
- Using evidence to inform delivery of public health services within a hospital setting
- Ensuring decisions on formularies are evidence-based as far as possible.

### IN PRIMARY CARE AND LOCAL AUTHORITIES

- Assessing the evidence for effectiveness and cost effectiveness of lifestyle interventions to influence decisions to contract for or commission services e.g. weight management, alcohol interventions, Chlamydia screening and treatment
- Identifying training needs of pharmacy staff to deliver public health services, where the evidence base is strong and there is a local public health need and providing or commissioning the training, ideally with other public health professionals
- Evaluating any new public health service developments to strengthen the evidence base and to assess whether the interventions result in improvements in population health
- Ensuring the planning and design of pharmacy public health services is informed by evidence e.g. by undertaking a literature review
- Making prescribing recommendations within primary and secondary care following literature and evidence review in accordance with local and national guidelines
- Assessing the evidence for clinical and cost effectiveness and safety when making formulary recommendations, individual patient funding request (IPFR, Wales) decisions, developing prescribing advice.

# STANDARD 4.0 HEALTH IMPROVEMENT

Pharmacists and their teams improve the health and well-being of the population and help to reduce health inequalities by proactively promoting health and well-being messages and supporting and enabling people to adopt healthier lifestyles, and take responsibility for their own and their family's health and support self care.

Pharmacy teams use every interaction as an opportunity to provide health promoting messages, contributing to improving population health and reducing health inequalities, making every contact count.

## 4.1 Advice and information

### Pharmacists and their teams:

- are confident and knowledgeable and provide healthy lifestyle advice and information that is clear and consistent with national and/or local public health messages
- seek opportunities to provide patients and the public with advice and information to enable people to look after their own and their family's health and support self care
- work in partnership with other practitioners and agencies to provide evidence-based advice and information to improve the health and well-being of their local communities and improve health literacy.

## 4.2 Communication

### Pharmacists and their teams:

- are aware of the wider factors influencing health (including health literacy, socio-economic, ethnic and genetic factors) and the health needs of their local population or community
- communicate and signpost public health advice and information in a clear, non-judgmental and consistent way
- are appropriately trained in evidence-based communication techniques e.g. motivational interviewing techniques and brief intervention skills

- provide non-judgemental support to improve health literacy and access to health related information to enable people to set their own health goals to achieve better population health outcomes.

## 4.3 Service delivery

### Pharmacists and their teams:

- are competent in the effective delivery of public health services and interventions designed to improve people's health
- are aware of, and signpost to relevant local and national public health services to support people to live healthier lives (when appropriate and when they are not themselves able to provide support)
- deliver services which support self care and enable people to take responsibility for their own and their family's health
- are aware of the groups and communities within their local population at most risk of experiencing health inequalities and take steps to assist them in accessing and delivering public health services to meet their needs
- seek opportunities to deliver public health services, based on local public health need.

Pharmacy leads promote personal, team and organisational development to ensure a skilled pharmacy public health workforce that is integrated with the wider public health workforce and fit for purpose to deliver high quality public health services and outcomes.

## STANDARD 4.0 EXAMPLES IN PRACTICE

### IN COMMUNITY PHARMACY

- Pharmacy teams use every opportunity to promote messages of health and well-being when selling over-the-counter medicines or supplying dispensed medicines e.g. nicotine replacement therapy or requests for cough medicines
- Provision of services such as healthy lifestyle advice, healthy weight management, and support for self care and minor ailments
- The pharmacy premises encourage members of the public to seek health-promoting advice e.g. a dedicated health promotion zone in the pharmacy
- Community pharmacies that aspire to become Healthy Living Pharmacies in England, with health champions on site proactively promoting health and well-being messages
- Pharmacy teams proactively engage in national and local public health campaigns e.g. early cancer awareness, stopping smoking, encouragement of seasonal influenza vaccinations for at risk groups, campaigns on the dangers of persistent cough and risk factors associated with respiratory disease
- Alcohol identification and brief advice services e.g. alcohol awareness campaigns using scratch cards
- Early years campaigns i.e. promoting community pharmacy as the first port of call for advice on health issues relating to pregnancy and young children
- When supporting patients with long term conditions to achieve better outcomes from taking their medicines, pharmacists proactively provide health and well-being advice and engage them in appropriate public health services if willing and appropriate
- Supporting mental well-being for people presenting with symptoms of mild to moderate depression by providing lifestyle advice, e.g. increased physical activity, and encouraging them to see another health professional for further support
- Assessing Body Mass Index and providing lifestyle advice for patients taking antipsychotic medicines
- Harm reduction and provision of holistic care is provided to clients who misuse substances e.g. substitution, needle exchange, advice on polysubstance use, advice on dental health, advice on alcohol use
- Signposting motivated individuals to other services locally that can help them adopt a healthier lifestyle
- Working with commissioners or other providers to deliver high quality public health services e.g. falls and hip fracture prevention, smoking cessation and alcohol brief advice
- Identifying people who are at risk and would benefit from healthy lifestyle advice e.g. through initiatives such as the NHS Health Check service in England
- Supporting patients with upper respiratory tract infections, providing stop smoking advice if appropriate, advice on self care and when to seek medical advice
- Using opportunities to provide sexual health advice e.g. to women accessing emergency hormonal contraception
- Providing outreach services for communities who may not access conventional health services e.g. the traveller community or asylum seekers.

## STANDARD 4.0 EXAMPLES IN PRACTICE (CONTINUED)

### IN HOSPITAL PHARMACY

- When supporting patients with long term conditions e.g. diabetes, heart disease, pharmacists and their teams proactively provide health and well-being advice and engage them in appropriate public health services if willing and appropriate e.g. advice on stopping smoking, diet and nutrition, increased physical activity etc.
- Providing healthy lifestyle advice at the same time as advice on the safe and effective use of medicines especially for newly diagnosed patients
- Pharmacy staff lead on or signpost to services, e.g. weight management clinics, stop smoking services, linking to services in community pharmacies or other locations to ensure continuity of support for people once discharged from hospital
- Providing appropriate healthy lifestyle advice to outpatients who are supplied medicines.

### IN PRIMARY CARE AND LOCAL AUTHORITIES

- Ensuring high quality public health services are provided through community pharmacies to meet the needs of the local population to improve their health and help to reduce health inequalities e.g. NHS health checks, prevention, diagnosis and treatment of hypertension
- Ensuring pharmacy health improvement and wellbeing strategies and interventions have clear aims and objectives with demonstrable population health benefits and outcomes
- Providing evidence-based services, advice and information on health and well-being interventions to GPs, other health and social care professionals and the public (e.g. advice on vitamin D supplements in older people, pregnant women and young children) to support better outcomes
- Promoting pharmacy's contribution to public health to commissioners and contractors of public health services
- Providing system leadership for pharmacy's contribution to public health.

# STANDARD 5.0 HEALTH PROTECTION

---

The population's health and well-being is protected by supporting the prevention and transmission of communicable and other infectious diseases, screening for risk factors and disease, ensuring prudent use of antibiotics helping to mitigate the risks of antimicrobial resistance, protecting against pharmaceutical hazards and supporting the pharmacy response to an emergency.

**Pharmacy teams have an important role in the control of infectious and communicable diseases and protecting against health hazards. This role is diverse and can include:**

- ensuring antimicrobials are used optimally, including contributing to and promoting stewardship systems to preserve their effectiveness thereby helping to mitigate the risk of antimicrobial resistance
  - being involved in reporting systems for the identification of potential hazards such as seasonal and pandemic influenza
  - ensuring the safe storage, administration and disposal of all medicinal products including maintenance of cold chains
  - being involved in local and national emergency planning and response and public health cascades
  - effectively communicating information on threats to health to patients and the public
  - supporting the communication of public health messages for emergencies e.g. advice on respiratory and hand hygiene during pandemic and seasonal influenza and other communicable diseases such as norovirus infections.
- 

## 5.1 Reporting

---

- Local and national guidelines and procedures for reporting on the control of infectious and communicable diseases and identification of potential hazards are implemented and followed
- Local and national guidance for reporting on antimicrobials is followed and implemented to help reduce antimicrobial resistance
- Early presentation, identification, diagnosis and appropriate referral for disease is supported by pharmacy teams.

## 5.2 Safety

---

- Evidence-based guidance and protocols on the safe and appropriate use of antibiotics are developed and implemented
- Evidence-based guidance and protocols on the safe administration and disposal of all medicinal products including maintenance of cold chains are developed and implemented

- Safety alerts are acted upon within designated timeframes
- Medicines safety surveillance systems are actively supported
- Business continuity plans are in place to maintain services in the face of adverse circumstances e.g. floods, pandemic influenza etc.

## Communication

---

- Local and national emergency planning and response and public health cascades are supported and appropriate action taken to communicate information to patients and the public
- Threats to health are understood and communicated effectively to patients and the public including responding to national, local and media information
- Evidence-based advice and information is provided to raise awareness of infectious and communicable diseases and their avoidance.

## STANDARD 5.0 EXAMPLES IN PRACTICE

### IN COMMUNITY PHARMACY

- Offering supervised antibiotic supply to people with drug resistant tuberculosis
- Acting as a distribution centre for population-based control measures during communicable disease outbreaks, epidemics or pandemics e.g. antiviral medicines during influenza pandemics
- Offering needle exchange services, supervised methadone supply, immunisation and dry blood spot testing for hepatitis B and C, HIV and syphilis for substance misusers
- Reinforcing messages on good hygiene and disease transmission prevention strategies, for example when selling over the counter (OTC) products related to infectious diseases or during pandemics and seasonal influenza outbreaks
- Providing the public with appropriate travel vaccines, sun protection and anti-malarial medicines and relevant advice on other health protection measures if at risk from overseas travel (people may be identified from OTC purchases)
- Ensuring continuity of medicines supply as far as possible during public health emergencies e.g. during pandemic influenza
- Ensuring safe disposal of medicines to avoid harm, for example through misuse or environmental contamination such as water supplies
- Encouraging and supporting the appropriate reporting of adverse drug reactions through the Medicines and Healthcare products Regulatory Agency (MHRA) Yellow Card Scheme
- Engaging in early cancer awareness programmes and referring appropriately to relevant healthcare professionals in a timely manner
- Engaging in the dementia awareness programme including becoming 'dementia friends', making the pharmacy environment dementia friendly, supporting people with early dementia and their carers and referring appropriately

- Working collaboratively with other healthcare professionals to administer vaccines to improve uptake of immunisation for at-risk groups e.g. seasonal influenza
- Supporting antimicrobial stewardship by proactively engaging in antibiotics awareness campaigns and raising patients' awareness of the risks of overuse of antibiotics
- Responding in a timely manner to medicine recalls and safety alerts
- Encouraging prescribers and patients to report medicine adverse events.

### IN HOSPITAL PHARMACY

- Contributing to a multi-disciplinary approach to the prudent use of antibiotics including influencing the inclusion/exclusion of appropriate antibiotics within the hospital formulary and ensuring antimicrobials are used optimally, including contributing to and promoting stewardship systems to preserve their effectiveness thereby helping to mitigate the risk of antimicrobial resistance
- Encouraging and supporting the appropriate reporting of adverse drug reactions through the MHRA Yellow Card Scheme
- Responding to an emergency, ensuring there are safe systems for the supply and administration of medicines e.g. during a pandemic or other communicable disease outbreak
- Acting as a distribution centre for population-based control measures during communicable disease outbreaks, epidemics or pandemics e.g. antiviral medicines during influenza pandemics
- Reinforcing messages of good hygiene and disease transmission prevention strategies, for example when visiting wards or supplying medicines to outpatients
- Ensuring safe disposal of medicines to avoid harm, for example through misuse or environmental contamination such as water supplies

## STANDARD 5.0 EXAMPLES IN PRACTICE (CONTINUED)

- Engaging in the dementia awareness programme supporting people with early dementia, referring appropriately and advising on the appropriate use of medicines for people with dementia
- Working collaboratively with other healthcare professionals to administer vaccines in at-risk groups to improve uptake of immunisation and hence protect the population e.g. influenza.

### IN PRIMARY CARE AND LOCAL AUTHORITIES

- The medicinal aspects of infectious and communicable disease outbreaks are influenced, supported and managed by pharmacy teams as appropriate
- Influencing the development and supporting the implementation of local and national antimicrobial guidelines and policies for primary care, helping to reduce antimicrobial resistance
- Encouraging evidence-based prescribing of antibiotics by medical and non medical prescribers
- Raising awareness of local outbreaks of infection and communicable disease and supporting the control response e.g. encouraging parents to have their at-risk children vaccinated with MMR during a measles outbreak, discouraging sales of chloramphenicol eye drops during an outbreak of viral conjunctivitis
- Working collaboratively with other healthcare professionals to recommend pharmacy engagement in immunisation programmes
- Working collaboratively to deliver NHS health checks within pharmacies and providing outreach services e.g. workplaces
- Supporting antimicrobial stewardship by monitoring and ensuring appropriate prescribing of antibiotics and ensuring adherence to national and local guidelines
- System leadership role for pharmacy in the health protection agenda.

# STANDARD 6.0 HEALTH AND SOCIAL SERVICE QUALITY (ALSO KNOWN AS HEALTHCARE PUBLIC HEALTH)

---

Innovative, high quality pharmacy public health services improve health outcomes and ensure fair and effective targeting of available resources.

All public health services delivered by pharmacy teams are delivered in accordance with legal, regulatory and professional requirements and local and national guidance and are evidence-based as far as possible. Clinical governance and continuous quality improvement are integral to service design and delivery. New service developments are evaluated to ensure they are clinically effective, provide efficient use of resources, support health literacy and deliver good outcomes, especially for people experiencing health inequalities or issues with health literacy.

---

## 6.1 Implementation

---

- Local and national policies, guidelines, protocols and procedures relevant to pharmacy public health practice are adopted and implemented for public health services through pharmacy
- Training and learning needs are reviewed and assessed and any identified training needs are met in order to ensure that pharmacists and their teams are competent to deliver quality public health services and support the public and patients to achieve good health outcomes.

## 6.2 Reliability

---

- Pharmacy-based public health services are consistently and reliably available to the public and patients and are delivered to a consistently high standard
- Information about the availability of pharmacy public health services is readily available to patients and the public.

## 6.3 Continuous quality improvement and governance

---

- The principles of evaluation, audit, research and development are applied to public health service delivery, as far as possible, to improve service quality
- Priorities for quality improvement are identified and steps taken to improve quality
- Good practice is recognised, promoted and disseminated
- Regular audits are carried out to review performance against relevant local and national standards and guidelines
- The development of governance principles is supported and facilitated
- National and local guidance and recommendations are implemented.

## STANDARD 6.0 EXAMPLES IN PRACTICE

### IN COMMUNITY PHARMACY

- Patients are supported to optimise the use of their medicines in order to achieve the best individual outcomes for them and improve their quality of life e.g. Medicines Use Review (MUR), the New Medicine Service and Chronic Medication Service
- Information is readily available on the range of pharmacy public health services available from the pharmacy, including any restrictions on service availability, in formats that support access by a wide range of individuals
- Audit is used to improve the quality of service offered to patients
- Supporting safe and effective use of medicines in care homes.

### IN HOSPITAL PHARMACY

- Influencing formulary and prescribing decisions and policies as an integral part of the wider healthcare team to ensure patient safety and clinical and cost effectiveness of medicines
- Working with colleagues to ensure that models of care provided can be accessed by a wide range of individuals, including those experiencing health inequalities or issues with health literacy
- Supporting and monitoring implementation of medicines policies and guidelines
- Working with community pharmacy and primary care colleagues on interface issues e.g. services to reduce medication errors on admission and at discharge, transfer between care settings and shared care guidelines
- Providing medicines information and expertise in order to support and influence the safe and effective use of medicines, improving patient care
- Following national guidelines to improve patient safety through the safe use of high risk medicines e.g. warfarin, methotrexate.

### IN PRIMARY CARE AND LOCAL AUTHORITIES

- Developing and implementing services to support the effective use of medicines and reduce waste to improve health outcomes and make the best use of public health and NHS resources
- Influencing policies and practice on service delivery and design wherever medicines are used including for specialist services
- Supporting initiatives such as Health Equity Audits to ensure that the effects of social disadvantage on the ability to access services are minimised
- Contributing to the development and implementation of clinical/public health audits locally and/or nationally
- Monitoring primary care prescribing and influencing prescribers to change their prescribing behaviour when necessary in accordance with national guidelines and in accordance with the current evidence base
- Developing guidelines to support the safe and effective use of medicines where appropriate e.g. new drugs
- Developing audits to improve prescribing quality and safety
- Developing audits for public health practice in a pharmacy setting.

# STANDARD 7.0 POLICY AND STRATEGY DEVELOPMENT AND IMPLEMENTATION

---

Local and national policies and strategies are developed and implemented, in accordance with local and national needs, in order to improve and protect the health of the community or population.

Effective policies and strategies are developed and their implementation monitored in order to improve and protect the health and well-being of the population. Pharmacy leaders engage with policy and strategy makers to raise awareness of pharmacy's contribution to improving and protecting people's health and reducing health inequalities. Plans involving pharmacy teams' contribution to public health are developed in a multidisciplinary forum where appropriate and are achievable and measurable, taking into account the skills and capabilities of the workforce. Strategic leaders work together to understand each other's priorities and to clearly demonstrate how the proposed policy and strategy developments meet the local and national public health priorities and are based on evidence, as far as possible.

---

## 7.1 Influencing and developing

---

### Pharmacy leaders:

- are aware of and understand national policies that impact on public health and use these to influence the development of strategies to ensure pharmacy is effectively engaged in public health practice
- engage in national and local public health policy development by making links with appropriate stakeholders
- engage with national public health policy leads, including Government officials and Ministers to ensure that pharmacy's contribution to public health is recognised, and helps to inform new policy developments
- support pharmacy integration in the development of local health plans
- ensure resources are prioritised to meet the needs of those most in need
- raise awareness about the stewardship role of pharmacists in the prudent use of antibiotics, helping to mitigate the risks of antimicrobial resistance.

### Pharmacists and their teams:

- identify, engage and influence policy and strategy makers to raise awareness of pharmacy's contribution to public health

- communicate with stakeholders to demonstrate how pharmacy can help meet local health targets designed to improve the health of the population.

## 7.2 Interpreting and applying

---

- The pharmacy team is aware of key national and local policies and strategies to improve and protect health and identifies and implements implications and opportunities for pharmacy
- Pharmacy initiatives are aligned with public health policy at local, national and global levels and support the implementation of strategic national and local delivery plans.

## 7.3 Assessing

---

- Evidence of effective interventions and pharmacy service evaluation is used to influence policy change and drive health improvement and health protection policies
- Research is promoted where there are gaps in the evidence base for pharmacy's contribution to public health.

## STANDARD 7.0 EXAMPLES IN PRACTICE

### IN COMMUNITY PHARMACY

- Ensuring awareness of national and local public health needs, priorities and commitments e.g. in England the Public Health Outcomes Framework, or the local health and well-being strategy, Pharmaceutical Needs Assessment and the Joint Strategic Needs Assessment (PNA and the JSNA) for the local area
- Interpreting and applying national guidance locally e.g. Scottish Intercollegiate Guidelines Network (SIGN), National Institute for Health and Care Excellence (NICE), All Wales Medicines Strategy Group (AWMSG)
- Reflecting on how national and local policies and strategies could impact on specific areas of pharmacy public health practice and take appropriate action
- Engaging and responding to national and local consultations on public health practice
- Using the development or implementation of a new policy or strategy as an opportunity to develop and strengthen inter-professional relationships for delivery of public health services.

### IN HOSPITAL PHARMACY

- Applying national guidelines on acceptance of new medicines or other relevant public health policies in a timely and efficient manner
- Taking the lead for the development and/or implementation of public health initiatives e.g. a stop smoking service for newly diagnosed patients with e.g. heart disease, diabetes, cancer; setting up weight management clinics etc.
- Seeking to influence strategy and policy development that could result in utilising pharmacy staff to deliver public health priorities within the hospital.

### IN PRIMARY CARE AND LOCAL AUTHORITIES

- Being aware of local public health priorities when planning new public health services, supporting the development of new public health services and delivering public health services
- Influencing the development of local health and well-being strategies, ensuring that where appropriate, pharmacy's contribution is highlighted
- Evaluating the evidence prior to proposing policy, strategy and implementation options for pharmacy's contribution to public health
- Ensuring decision makers are aware of the contribution pharmacy can and does make in addressing public health priorities, for example in smoking cessation and minimising antimicrobial resistance through the rational and effective use of antibiotics
- Highlighting the impact and risks that the introduction of a new policy or strategy could have on local pharmacy public health services
- Advising on relevant pharmacy/medicines legislation and contractual arrangements which could impact on public health policy or strategy implementation
- Working within and across organisations as necessary to implement pharmacy public health policies and strategies
- During the planning stage of any new service or strategy, considering what measures would be needed in order to define clear, measurable outcomes and contribute to the evidence base.

# STANDARD 8.0 STRATEGIC LEADERSHIP AND COLLABORATIVE WORKING FOR HEALTH

Pharmacists and their teams take the lead in ensuring pharmacy's contribution to public health is recognised strategically and work collaboratively and in partnership with other practitioners and agencies to improve and protect health and well-being of populations, helping to reduce health inequalities.

Pharmacy leaders, teams and individuals work to develop and build national and local relationships, capacity and capability, working in partnership with other practitioners and agencies to improve and protect health for a population or community.

## 8.1 Leadership

### Pharmacy leaders:

- influence national and local Government in the development of national and local public health policy, ensuring that the contribution of pharmacy to improve the populations health is recognised
- promote pharmacy's contribution to public health to those responsible for planning and commissioning or contracting for community pharmacy services
- keep abreast of new national/local public health policy development so that pharmacy's contribution can be recognised at an early stage in public health policy development
- promote personal, team and organisational development to ensure a skilled pharmacy public health workforce, integrated with the wider public health workforce that is fit for purpose to deliver high quality public health services and outcomes.

### Pharmacists and their teams:

- engage and effectively lead multidisciplinary teams to maximise the contribution of pharmacy teams to improve and protect the public's health
- take the lead to engage effectively with a range of different audiences and stakeholders through written communications and face-to-face interaction to ensure collaborative working for health

- influence local commissioners and contractors of services to ensure that pharmacy is appropriately engaged in population health strategies.

## 8.2 Collaborative working

**Pharmacy leaders work collaboratively with other relevant organisations to ensure effective delivery of public health services locally and nationally.**

**Pharmacists and their teams identify and engage with:**

- local, relevant stakeholders, health and social care professionals, local councillors, local communities and the voluntary sector to ensure that pharmacy teams are integrated into the local public health workforce
- multi-agency groups to influence policies that improve and protect the health of the local population
- other health and social care professionals, local health providers, care settings and agencies to provide services complementing each other's skills for the benefit of the local population's health.

## STANDARD 8.0 EXAMPLES IN PRACTICE

### IN COMMUNITY PHARMACY

- Working collaboratively with:
  - other agencies in the care of substance misusers
  - local sexual health and genitourinary medicine services, particularly where safeguarding issues and referral to other local services may be required, in the provision of emergency hormonal contraception and other sexual health services
  - other public health teams and professionals to maximise health gain for the population
- Accessing leadership training and development
- Reviewing and changing the model of service delivery, developing the role of pharmacy teams through maximising skill mix
- Pharmacy staff initiating and leading others in delivering health promoting messages effectively, making every contact count to improve the health of the local community.

### IN HOSPITAL PHARMACY

- Engaging with local Drugs and Therapeutics Committees, formularies and antimicrobial policies, influencing and informing policy development
- Providing strategic high level professional and clinical advice, shaping, informing, guiding and influencing hospital wide policies on the use of medicines and public health practice
- Leading and contributing to the development and implementation of policies to reduce 'Never Events' which relate to medicines
- Working as part of an integrated care team, supporting the best use of medicines that achieve health improvement, improved health outcomes and reduced risks of adverse drug reactions.

### IN PRIMARY CARE AND LOCAL AUTHORITIES

- Leading and contributing to the development and implementation of local guidelines and policies, working collaboratively with other professionals e.g. antimicrobial policies
- Leading and developing others to support pharmacy's contribution to local public health practice and policies
- Influencing and informing commissioners and contractors of services and the development of local and national public health policies
- In England influencing the Health and Wellbeing Board's direction of travel including incorporating pharmacy's contribution to local population health within the Health and Wellbeing Board's strategy
- Using opportunities, particularly structural and organisation changes to ensure pharmacy continues to be integrated into the wider public health workforce.

# STANDARD 9.0 ACADEMIC PUBLIC HEALTH

---

Everyone working in pharmacy has a role in contributing to the evidence base for the contribution of pharmacy in improving and protecting the health of the population. This is strengthened by academic research and pharmacy practice research across the profession.

Pharmacists and their teams, both in clinical practice across the profession and in academia, take part in research to strengthen the evidence base for pharmacy's contribution to public health in order to assure policy makers, commissioners, senior managers and those contracting pharmacy services of the evidence of effectiveness of public health services delivered through pharmacy.

Academia takes a lead role in training and education of pharmacists. Practising pharmacists and teams, particularly in specialist public health roles and/or research, contribute significantly to developing the public health skills and knowledge of colleagues by providing formal and informal teaching and through coaching, mentoring and research collaboration.

---

## 9.1 Prioritisation

---

- Priority areas for research and development are determined locally and/or nationally to demonstrate how pharmacy can contribute to improving and protecting people's health
- Gaps in the evidence base for pharmacy's contribution to public health are identified and research prioritised to strengthen the evidence base
- Evaluation is embedded at the start of all new pharmacy developments in public health practice strengthening the evidence base for pharmacy's contribution to public health.

## 9.2 Collaboration

---

- Pharmacists lead and engage with research groups and networks to identify research that informs decision making on public health service provision and service format
- Local research and development programmes to improve and protect people's health include pharmacy
- Strong links are developed and maintained between academic institutions and research networks to ensure access to robust methodologies and analysis.

## 9.3 Knowledge and skills

---

- Pharmacists have the knowledge and skills necessary to support pharmacy research and evaluation
- Higher level knowledge and skills are developed by those in specialist roles addressing complex health problems and questions e.g. consultant pharmacists, research and development pharmacists.

## 9.4 Dissemination

---

- Research findings and evaluations of pharmacy public health practice are published so others can learn from and emulate best practice, and build on what has already been done helping to strengthen the evidence base for pharmacy's contribution to public health
- Innovative practice is identified, evaluated and disseminated to support best practice in areas where pharmacy teams may not be engaging in innovative delivery of public health practice.

## 9.5 Education and training

- Pharmacy education both pre and post registration includes public health as a core element, which equips pharmacists, pharmacy technicians and support staff with the knowledge and skills needed to support patients and the public in improving and protecting their health
- The contribution each member of the pharmacy team makes in developing colleagues' knowledge and skills is recognised and utilised to ensure all members of the team develop appropriate skills and knowledge in public health practice.

### STANDARD 9.0 EXAMPLES IN PRACTICE

#### IN COMMUNITY PHARMACY

- Pharmacy teams support research or evaluation of pharmacy public health interventions, for example by providing data, patient surveys or completing a questionnaire for a researcher or those contracting services
- Ensuring data required by commissioners and those contracting services is accurate and complete
- Becoming a 'research ready pharmacy'; collaborating with local research groups and networks
- Establishing a public health lead within each pharmacy to encourage other members of the pharmacy team to develop their public health skills and knowledge
- Planning for evaluation at the outset of a project or new service development or implementation
- Ensuring data collection is intrinsic to service provision with both new and existing services
- Developing and honing critical appraisal skills.

#### IN HOSPITAL PHARMACY

- Participating in initiatives to improve patient safety which have evaluation embedded into their methodology e.g. 1000 Lives Plus
- Developing the evidence base to inform how public health practice is delivered in a hospital setting
- Planning for evaluation at the outset of a project or new public health service development or implementation

- Participating in a journal club, developing and honing critical appraisal skills.

#### IN PRIMARY CARE AND LOCAL AUTHORITIES

- Planning for evaluation at the outset of a project or new service development or implementation and ensuring the necessary resources for evaluation are accounted for in the project plan, service specification and funding negotiations
- Establishing information systems to facilitate evaluation
- Encouraging community pharmacies to adopt a research ready ethos and culture by highlighting the benefits to pharmacy public health practice by engaging in research programmes
- Presenting research/evaluation at a conference or publishing it in a peer-reviewed journal and/or presenting to commissioners, Health Boards, Health and Well Being Boards etc.
- Encouraging pharmacy staff to engage in public health research projects
- Submitting applications and bids for research grants to further build the evidence base for pharmacy's contribution to public health
- Developing and honing critical appraisal skills.

# APPENDIX I FURTHER INFORMATION AND RESOURCES

---

## COMMUNITY PHARMACY SCOTLAND

Range of resources on public health services for pharmacies in Scotland.

<http://www.communitypharmacyscotland.org.uk/>

## CENTRE FOR PHARMACY POSTGRADUATE EDUCATION (CPPE)

CPPE offers continuing professional development (CPD) opportunities to all pharmacists and pharmacy technicians providing NHS services in England including a range of public health training programmes.

<http://www.cppe.ac.uk/default.asp>

## FACULTY OF PUBLIC HEALTH (FPH)

The FPH is the standard setting body for specialists in public health in the United Kingdom.

[http://www.fph.org.uk/professional\\_standards](http://www.fph.org.uk/professional_standards)

## HEALTH KNOWLEDGE UK

An online public health learning resource.

<http://www.healthknowledge.org.uk/>

## HEALTHY LIVING PHARMACY (HLP) FRAMEWORK

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework in England aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

<http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>

## LOCAL GOVERNMENT ASSOCIATION (LGA)

The LGA has published a public health resource sheet on the contribution of community pharmacy to local public health services. It includes information on local government statutory responsibilities for community pharmacy and several case studies that illustrate the potential of community pharmacy as a key public health resource.

[http://www.local.gov.uk/publications/-/journal\\_content/56/10180/5597846/PUBLICATION](http://www.local.gov.uk/publications/-/journal_content/56/10180/5597846/PUBLICATION)

## NHS CONFEDERATION

Report Health on the High Street. <http://www.nhsconfed.org/Publications/reports/Pages/Health-on-high-street-rethinking-community-pharmacy.aspx>

## NHS EDUCATION FOR SCOTLAND (NES)

NES develops and delivers education and training for those who work in NHS Scotland.

<http://www.nes.scot.nhs.uk/>

## NHS HEALTH SCOTLAND

<http://www.healthscotland.com/about/index.aspx>

Pharmacy for health: the way forward for pharmaceutical public health in Scotland 2002. This document explores the way forward for Pharmaceutical Public Health in Scotland including the numerous opportunities to develop and enhance the profession's involvement in delivering the health improvement agenda through the efforts of pharmacists working in the community and in hospitals, and of specialists who work within multi-disciplinary public health teams.

<http://www.healthscotland.com/documents/1092.aspx>

## NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE)

NICE public health guidance and quality standards.

Public health guidance.

<http://www.nice.org.uk/guidance/phg/index.jsp>

Public health quality standards. <http://guidance.nice.org.uk/qualitystandards/qualitystandards.jsp>

## NELM

Bibliography of public health related services provided by community pharmacy in the UK 2011. <http://www.networks.nhs.uk/nhs-networks/hlp-pathfinder-sites/documents/mm-public-health-2010-2011-final-1.pdf>

## NURSING AND MIDWIFERY COUNCIL (NMC)

Standards of proficiency for specialist community public health nurses. <http://www.nmc-uk.org/Educators/Standards-for-education/Standards-of-proficiency-for-specialist-community-public-health-nurses/>

### PHORCaST

PHORCaST is a UK-wide website currently aimed at those working within public health, those wishing to enter public health and those responsible for public health education, development, training, planning and providing careers advice to the public health workforce. It aims to promote public health careers for the entire public health workforce in the UK, and in particular, to aid recruitment and retention. Includes career stories of pharmacists with a public health role. <http://www.phorcast.org.uk/>

### PHARMACEUTICAL SERVICES NEGOTIATING COMMITTEE (PSNC)

Range of public health resources including a database of pharmacy service developments and briefing paper on community pharmacy at the heart of public health. <http://psnc.org.uk/services-commissioning/4-service-domains/public-health-services/>

### PUBLIC HEALTH ENGLAND

Public Health England, an executive agency of the Department of Health, was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service. <https://www.gov.uk/government/organisations/public-health-england>

A progress report from Task Group 3 of the Pharmacy and Public Health Forum January 2014 Consolidating and developing the evidence base and research for community pharmacy's contribution to public health. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/271682/20140110-Community\\_pharmacy\\_contribution\\_to\\_public\\_health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271682/20140110-Community_pharmacy_contribution_to_public_health.pdf)

### PUBLIC HEALTH WALES

Public Health Wales provides professionally independent public health advice and services to protect and improve the health and wellbeing of the population of Wales. <http://www.publichealthwales.wales.nhs.uk/>

Papers on pharmaceutical public health issues. <http://www2.nphs.wales.nhs.uk:8080/pharmaceuticalphtdocs.nsf>

### THE ROYAL COLLEGE OF PSYCHIATRISTS

The Lester UK Adaptation, a public health intervention framework for patients treated with antipsychotic medication. <http://www.rcpsych.ac.uk/quality/nationalclinicalaudits/schizophrenia/nationalschizophreniaaudit/nasresources.aspx#cmhresource>.

### ROYAL SOCIETY FOR PUBLIC HEALTH (RSPH)

An independent charity which advises on policy and provides education and training services with membership open to anyone working in public health. <https://www.rsph.org.uk/>

### SCOTTISH PUBLIC HEALTH NETWORK (SCOTPHN)

Open to everyone in Scotland with an interest in the wider health improvement agenda. <http://www.scotphn.net/>

### SKILLS FOR HEALTH PUBLIC HEALTH CAREER FRAMEWORK

Skills for Health have developed public health career frameworks for use across the UK with examples of job roles and case studies across public health. <http://www.skillsforhealth.org.uk/career-framework/?sec=cf&id=2>

### SOLUTIONS FOR PUBLIC HEALTH

Community Pharmacy and Public Health 2013. <http://www.sph.nhs.uk/what-we-do/better-value-commissioning/community-pharmacy-and-public-health>

### UK PUBLIC HEALTH REGISTER (UKPHR)

The UKPHR is an independent regulator for public health professionals in the UK. <http://www.publichealthregister.org.uk/>

### WALES CENTRE FOR PHARMACY PROFESSIONAL EDUCATION (WCPPE)

The WCPPE training and education portfolio is open to all registered pharmacists, pharmacy technicians, pre-registration pharmacists and support staff living or providing NHS pharmacy services in Wales. <http://www.wcppe.org.uk/>

### WORLD HEALTH ORGANISATION (WHO)

World Health Organisation Glossary of health promotion terms. <http://www.who.int/healthpromotion/about/HPG/en/>

# APPENDIX 2 GLOSSARY

TERM	DEFINITION
<b>AWMSG</b> All Wales Medicines Strategy Group	All Wales Medicines Strategy Group (AWMSG) advises on medicines management and prescribing.
<b>ATs</b> Area Teams of NHS England	NHS England (previously known as the NHS Commissioning Board) has 27 local Area Teams (ATs) but acts as one single organisation operating to a common model with one board.
<b>Brief advice</b>	A short intervention delivered opportunistically.
<b>Brief interventions</b>	<p>A brief intervention by a health care professional is used where a lifestyle behaviour (such as smoking/drinking alcohol/being inactive) has been identified as increasing risk of future disease. The aim of the intervention is to motivate an individual to make a positive change.</p> <p>Brief interventions are low in cost and have proven to be effective; Health workers and policy-makers have increasingly focused on them as tools to fill the gap between primary prevention efforts and more intensive treatment.</p> <p>A brief intervention may include brief advice (see separate definition) as well as motivational interviewing techniques.</p> <p>Reference: <a href="http://guidance.nice.org.uk/PHG/Published">http://guidance.nice.org.uk/PHG/Published</a></p>
<b>CCGs</b> Clinical Commissioning Groups (England)	<p>Clinical Commissioning Groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to commission certain NHS services in England (namely local Acute, Community and Mental Health services but excludes specialised services, section 7a public health services, such as national screening and immunisation programmes and primary care services).</p> <p>CCGs are clinically led groups that include representation from all of the GP practices in their geographical area. The aim of the CCGs is to give GPs and other clinicians the power to influence commissioning decisions for their patients.</p>
<b>Clinical governance</b>	<p>Clinical governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment to achieve clinical excellence.</p> <p>Reference: <a href="http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publichealth/Patientsafety/Clinicalgovernance/index.htm">http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publichealth/Patientsafety/Clinicalgovernance/index.htm</a></p>
<b>Co- and multi-morbid conditions</b>	Co-morbidity and multi-morbidity are terms used to describe individuals who have two or more long term conditions co-existing such as diabetes and heart disease.
<b>Cold chain</b>	The continuous maintenance of low temperature required for certain products such as vaccines, from the time of manufacture to shipping, warehousing, and storing before giving to a patient or individual.

TERM	DEFINITION
<b>Commissioning</b>	Commissioning is a process by which health care services are designed, developed or procured according to the needs of the local population/community. Effective commissioning is based on continual analysis of a community's needs and designing, specifying and procuring services to meet these needs, gaining the best possible outcomes for the community within the resources available.
<b>Determinants of health</b>	Health is determined by a complex interaction between individual characteristics (age, gender, ethnicity and genetics), lifestyle (the way we live) and the physical, social and economic environment. Reference: <a href="http://www.who.int/hia/evidence/doh/en/">http://www.who.int/hia/evidence/doh/en/</a>
<b>DMR (Wales) Discharge Medicines Review service</b>	The Discharge Medicines Review (DMR) service provides support to patients recently discharged between care settings, ensuring that changes to medicines are followed up in the community.
<b>Evidence based medicine</b>	"The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients." Reference: Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS (January 1996). "Evidence based medicine: what it is and what it isn't". <i>BMJ</i> 312 (7023): 71–2.
<b>Genesis of diseases</b>	Genesis or Pathogenesis of a disease describes the development of a disease; the sequence of events leading up to that disease.
<b>Health Board (Wales)</b>	In Wales there are 7 Health Boards responsible for planning, funding and delivering health care to their populations. Health boards also provide information to patients and the public about the range of services they provide.
<b>Health improvement</b>	Activities to improve or promote health. Health improvement has superseded 'health promotion' – a term which is less widely used nowadays.
<b>Health inequalities</b>	In a widely cited paper on <i>The Concepts and Principles of Equity in Health</i> , Whitehead defined health inequities as "differences in health that are unnecessary, avoidable, unfair and unjust". Health inequalities are preventable and unjustifiable differences in health status or in the distribution of health determinants between different population groups. Reference: Whitehead M. The concepts and principles of equity in health. <i>Int J Health Serv</i> 1992;22:429–445.
<b>Health literacy</b>	Health literacy is defined as the ability to obtain, read, understand and use health and healthcare information to make appropriate health decisions and follow instructions for treatment. Reference: Roundtable on Health Literacy; Board on Population Health and Public Health Practice; Institute of Medicine (10 February 2012). <i>Facilitating State Health Exchange Communication Through the Use of Health Literate Practices: Workshop Summary</i> . National Academies Press. p. 1. ISBN 978-0-309-22029-3.

TERM	DEFINITION
<b>HLP</b> <b>Healthy Living Pharmacy Initiative (England)</b>	<p>A nationally recognised concept enabling pharmacies to help reduce health inequalities within the local community, by delivering high quality health and well-being services, promoting health and providing proactive health advice.</p> <p>The Healthy Living Pharmacy Initiative (HLP) concept works through a structured, tiered national commissioning framework based on public health need and underpinned by quality criteria, with three enablers in place including:</p> <ul style="list-style-type: none"> <li>■ workforce development, with staff skilled to proactively engage with the public to improve their lifestyle;</li> <li>■ premises that are fit for purpose for proactively promoting health and well-being messages, with a dedicated health promotion zone; and</li> <li>■ local stakeholder engagement.</li> </ul> <p>Reference: <a href="http://www.npa.co.uk/business-management/service-development-opportunities/healthy-living-pharmacy/">http://www.npa.co.uk/business-management/service-development-opportunities/healthy-living-pharmacy/</a></p>
<b>IPFR</b> <b>Individual Patient Funding Request</b>	<p>Individual Patient Funding Request (IPFR) is the process in Wales that is applied to requests for treatments which are either new, novel, developing or unproven (and not within the Health Board's routine schedule of services and treatments).</p>
<b>LPF</b> <b>Local Practice Forum</b>	<p>A Local Practice Forum (LPF) is a local network of Royal Pharmaceutical Society members, who come together at regular local meetings to:</p> <ul style="list-style-type: none"> <li>■ promote and share best practice</li> <li>■ demonstrate local leadership</li> <li>■ help influence country boards</li> <li>■ provide local peer-to-peer support.</li> </ul> <p>Reference: <a href="http://www.rpharms.com/networking/about-local-practice-forums.asp">http://www.rpharms.com/networking/about-local-practice-forums.asp</a></p>
<b>LPNs (England)</b> <b>Local Professional Networks</b>	<p>Local Professional Networks (LPNs) for dentistry, pharmacy and eye health aim to:</p> <ul style="list-style-type: none"> <li>■ support the implementation of national strategy and policy at local level</li> <li>■ work with key stakeholders on the development and delivery of local priorities</li> <li>■ provide local clinical leadership.</li> </ul> <p>The LPNs are overseen by Area Teams of NHS England.</p> <p>Reference: <a href="http://www.england.nhs.uk/ourwork/d-com/primary-care-comm/lpn/">http://www.england.nhs.uk/ourwork/d-com/primary-care-comm/lpn/</a></p>
<b>Medicines management</b>	<p>Medicines management focuses on the effective and safe prescribing and supply of medicines, the financial and clinical impact of medicines on the NHS, and how medicines are accessed. See also medicines optimisation.</p>
<b>Medicines optimisation</b>	<p>A person-centred approach to safe and effective medicines use, enabling people to obtain the best possible outcomes from their medicines.</p> <p>Reference: <a href="http://www.nice.org.uk/nicemedia/live/14175/65802/65802.pdf">http://www.nice.org.uk/nicemedia/live/14175/65802/65802.pdf</a></p>
<b>MUR (England and Wales)</b> <b>Medicines Use Review</b>	<p>Medicines Use Review (MUR) is a structured review undertaken with the patient and focusing on how the patient is taking their medicines. MURs usually focus on patients who are on multiple medicines for long term conditions.</p>

TERM	DEFINITION
<b>Mental illness</b>	Mental illness refers to a wide range of mental health conditions – disorders that affect mood, thinking and behaviour. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviours.
<b>Motivational interviewing</b>	Motivational interviewing is a method that works by facilitating and engaging an individual's own motivation in order to change how they are behaving (usually reflecting a lifestyle behaviour such as smoking, not being physically active or drinking alcohol excessively).
<b>Needs assessment</b>	<p>A systematic procedure for determining the nature and extent of health needs in a population, the causes and contributing factors to those needs and the human, organisational and community resources which are available to respond to these.</p> <p>Reference: <a href="http://www.who.int/healthpromotion/about/HP%20Glossay%20in%20HPI.pdf?ua=1">http://www.who.int/healthpromotion/about/HP%20Glossay%20in%20HPI.pdf?ua=1</a></p> <p>Joint Strategic Needs Assessment (JSNA) is a process that identifies the current and future health and wellbeing needs of a local population, informing priorities and leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities.</p> <p>Reference: <a href="https://www.gov.uk/government/publications/joint-strategic-needs-assessment-and-joint-health-and-wellbeing-strategies-explained">https://www.gov.uk/government/publications/joint-strategic-needs-assessment-and-joint-health-and-wellbeing-strategies-explained</a></p>
<b>NMS (England) New Medicines Service</b>	<p>The New Medicines Service (NMS) provides support for people with long-term conditions who have been newly prescribed a medicine in order to help improve medicines adherence; it is initially focused on particular patient groups and conditions.</p> <p>Reference: <a href="http://psnc.org.uk/services-commissioning/advanced-services/nms/">http://psnc.org.uk/services-commissioning/advanced-services/nms/</a></p>
<b>Pandemic progression</b>	<p>A pandemic is an epidemic of an disease (usually a virus) that spreads on a worldwide scale and infects a large proportion of the human population.</p> <p>The progression of a pandemic is used to describe the progress or circulation of the illness throughout the world.</p>
<b>Pharmaceutical Care</b>	<p>Pharmaceutical Care is a patient-centered, outcomes oriented pharmacy practice that requires the pharmacist to work with the patient and the patient's other healthcare providers to promote health, to prevent disease, and to assess, monitor, initiate, and modify medication use to assure that drug therapy regimens are safe and effective.</p> <p>Reference: <a href="http://www.pharmacist.com/principles-practice-pharmaceutical-care">http://www.pharmacist.com/principles-practice-pharmaceutical-care</a>  <i>"The responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life."</i></p> <p>Reference: <a href="http://www.ukcpa.net/wp-content/uploads/2012/03/Statement-on-Pharmaceutical-Care-1996-NEW.pdf">http://www.ukcpa.net/wp-content/uploads/2012/03/Statement-on-Pharmaceutical-Care-1996-NEW.pdf</a></p>

TERM	DEFINITION
<b>PNA</b> <b>Pharmaceutical Needs Assessment</b>	<p>Pharmaceutical Needs Assessment (PNA), is a needs assessment of the pharmaceutical services in the local area with the aim of identifying gaps in the provision of the service for a community and making recommendations on how those gaps can be filled (related to the market entry regulations for community pharmacy in England).</p> <p>In Wales PNA are also used in contexts unrelated to control of entry e.g. the prison population. PNA can also be used to assess the pharmaceutical needs of certain patient groups e.g. patients with asthma.</p> <p>The stages of PNA comprise:</p> <ul style="list-style-type: none"> <li>■ to examine the pharmaceutical needs of the population</li> <li>■ to build a picture of current pharmaceutical services, the baseline</li> <li>■ to assess the extent to which the pharmaceutical needs of the population are being addressed</li> <li>■ to provide information in order to identify any priorities for development and change in order to meet pharmaceutical needs.</li> </ul>
<b>Pharmacovigilance</b>	<p>Before a medicine is given authorisation to be marketed, any experience of its safety and efficacy is limited to its use in clinical trials. However, the conditions under which patients and medicines are studied in clinical trials do not necessarily reflect the way the medicines are used in hospitals or general practice once it is marketed. Some adverse reactions may not be seen until a very large number of people have received the medicine. Therefore it is vital that the safety of all medicines is monitored throughout their marketed life – this is known as Pharmacovigilance.</p> <p>Reference: <a href="http://www.mhra.gov.uk/Safetyinformation/Howwemonitorthesafetyofproducts/Medicines/Pharmacovigilance/index.htm">http://www.mhra.gov.uk/Safetyinformation/Howwemonitorthesafetyofproducts/Medicines/Pharmacovigilance/index.htm</a></p>
<b>Population</b>	<p>A group of individuals: for example the UK population, meaning everyone living in the UK. As well as defining a population according to geography, there are also populations comprised of individuals sharing common features for example, older people; those with a particular clinical condition; prisoners; refugees; those living in rural areas.</p>
<b>Population Studies</b>	<p>Population based studies (epidemiology) look at patterns of disease, associating these patterns with likely causes and factors that can lead to future disease (risk factors). The population studies are carried out by observation.</p> <p>The three main types of population based studies:</p> <ul style="list-style-type: none"> <li>■ cohort (prospective study looking at what may happen in a population exposed to a particular risk factor)</li> <li>■ case control (retrospective study looking at what factors may have influenced a certain disease)</li> <li>■ cross-sectional or prevalence (point in time study to look at how many people in a population have a certain disease or risk factor).</li> </ul>
<b>PCO</b> <b>Primary Care Organisation</b>	<p>Primary Care Organisation (PCO); previously used to describe a Primary Care Trust or Care Trust (in England).</p>

TERM	DEFINITION
<b>Public Health</b>	Public Health is defined as “the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society”. Reference: <a href="http://www.fph.org.uk/what_is_public_health">http://www.fph.org.uk/what_is_public_health</a>
<b>Public Health Cascade</b>	Process by which public health messages or alerts are cascaded (by Public Health England, Scotland, Welsh Government or Northern Ireland or the Department of Health) to all healthcare professionals.
<b>Public Mental Health</b>	Public Mental Health has more recently been defined as: <i>“The art and science of promoting well-being and equality and preventing mental ill health through population-based interventions to: reduce risk and promote protective, evidence-based interventions to improve physical and mental well-being; and create flourishing, connected individuals, families and communities.”</i> Reference: <a href="https://www.gov.uk/government/publications/the-mental-health-strategy-for-england">https://www.gov.uk/government/publications/the-mental-health-strategy-for-england</a> Welsh Government   Together for Mental Health – A Strategy for Mental Health and Wellbeing in Wales. <a href="http://wales.gov.uk/topics/health/publications/health/strategies/strategy?!lang=en">http://wales.gov.uk/topics/health/publications/health/strategies/strategy?!lang=en</a> <a href="http://www.scotland.gov.uk/Topics/Health/Services/Mental-Health/Strategy">http://www.scotland.gov.uk/Topics/Health/Services/Mental-Health/Strategy</a>
<b>Surveillance and assessment of a populations health</b>	Surveying and assessing health (and illness) is the process by which data and information that is readily collected (both quantitative and qualitative) is used to assess the health and wellbeing of a population. This includes managing, analysing, interpreting and communicating information that relates to the health needs and outcomes of the community.
<b>Wellbeing</b>	Wellbeing has been defined as: “A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.” Reference: <i>Foresight report, Mental capital and wellbeing (2008)</i> ; the Department of Health-funded healthy communities programme, <i>Local government improvement and development (2006–11)</i> ; the Department of Health-funded agency, the National Mental Health Development Unit (2009–11); and mental well-being programmes of the Young Foundation, New Economics Foundation and Mental Health Foundation.

# NOTES

Published by: Royal Pharmaceutical Society  
1 Lambeth High Street  
London SE1 7JN  
0845 257 2570

© 2014 Royal Pharmaceutical Society

