



Response

Advancing our health: prevention in the 2020s

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For enquiries regarding this response please contact office@thecca.org.uk

Company Chemists' Association
16 Upper Woburn Place
London
WC1H 0AF

About the Company Chemists' Association (CCA)

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland and Wales. The CCA membership includes ASDA, Boots, LloydsPharmacy, Morrisons, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate around 6,000 pharmacies, which represents nearly half of the market. CCA members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing almost 500 million NHS prescription items every year. The CCA represents the interests of its members and brings together their unique skills, knowledge and scale for the benefit of community pharmacy, the NHS, patients and the public.

About the Association of Independent Multiple Pharmacies (AIM)

AIM is a membership organisation representing community pharmacy businesses with multiple pharmacies. AIM member pharmacies deliver primary healthcare services and advice to local communities across the UK. AIM engages with politicians, policy makers, the NHS and local government stakeholders to influence decisions about community pharmacy provision, services and remuneration.

The CCA and AIM have a history of collaborative working and in 2018, representatives from AIM joined the CCA's Professional Practice Group (PPG) to create a new combined working group. The joint PPG acts as a forum for professionals from across the community pharmacy sector to share ideas, intelligence and best practice on important developments relevant to the operation of community pharmacy. The group works with stakeholders and other partners to ensure that evolving legislation, pharmacy regulation and professional standards underpin and facilitate the innovative delivery of pharmacy operational practice that is future-facing and pragmatic.

Executive summary

Community pharmacies are accessible healthcare providers and well placed within communities to complement the landscape of primary care providers. The sector's impact is particularly important in areas of high deprivation. This is because community pharmacy has more contact with deprived communities and can help to reduce health inequalities by meeting population health needs through tailored support and advice.

Much progress has been made within our sector to transform pharmacies into community health and wellbeing hubs which support the prevention of ill health. By empowering patients to play an active role in the individual management of health and wellbeing, community pharmacy can help patients to reduce their risk of developing conditions such as heart disease, diabetes and some cancers. Through locally or nationally commissioned services, as well as those delivered privately, community pharmacy teams can further support behavioural change and provide brief interventions on lifestyle choices including smoking, poor diet and alcohol misuse.

However, the full potential of community pharmacies is yet to be realised and with the right funding, regulatory and legislative frameworks in place, pharmacies could be much better integrated into the health system to improve patient care and health outcomes as well as increasing capacity in other health settings such as general practice and emergency care.

We welcome the green paper on prevention and the opportunity to outline what we believe are key priorities. In this response we set out what community pharmacy does, and can do, to support the Department of Health and Social Care's aim to make the 2020s the decade of proactive, predictive, and personalised prevention.

Consultation questions

1. Which health and social care policies should be reviewed to improve the health of people living in poorer communities, or excluded groups?

Tackling health inequalities is a key Government focus, as set out in the [NHS Long Term Plan](#). Health policies which improve provision of services from community pharmacies will help to ensure people living in poorer communities can easily access essential health and wellbeing services.

The community pharmacy network is a unique exception to the inverse care law (i.e. there are more community pharmacies located in areas of higher deprivation). Commissioned services delivered through community pharmacies can provide an essential health and wellbeing hub for patients who may be less likely to visit another healthcare setting. As well as the convenience of locality, pharmacies are often open longer hours and at weekends when other healthcare professionals may not be available.

Since certain conditions are more prevalent among deprived communities, the accessibility of community pharmacies could be further capitalised on by tailoring service commissioning to meet the needs of the local population. For example, in areas with high smoking rates, especially among pregnant women, community pharmacies could be commissioned to deliver a smoking cessation service.

2. Do you have any ideas for how the NHS Health Checks programme could be improved?

Currently NHS Health Checks are mostly delivered in GP surgeries. The programme could be improved by making greater use of the community pharmacy network and enhancing the role pharmacy teams already play in promoting, maintaining and improving the health of the patients they serve. Local Authorities are responsible for commissioning NHS Health Checks, and as such the service provision, including where Health Checks are available, varies depending on where you live.

Community pharmacies do deliver Health Checks in some areas however we believe there are significant benefits, to both the NHS and patients, in commissioning NHS Health Checks from all community pharmacies. This could build capacity for GPs to focus on patients with more complex needs and will also give patients more choice and potentially be more convenient, given the accessibility of community pharmacies and the fact that many are open longer hours and at weekends.

An additional benefit that community pharmacists can offer is tailored lifestyle information and advice on areas indicated as requiring support. Community pharmacies could support patients through follow-up services relating to their Health Check, for example, blood pressure monitoring and brief interventions about smoking cessation or weight management. Pharmacists can also refer and signpost patients to other healthcare professionals for support.

As well as delivering Health Checks in different settings, technology can be used to improve access to the programme. A digital version of the NHS Health Check commissioned by Southwark Councilⁱ not only reduces the need for patients to visit a GP practice, it also contributed to an increased proportion of eligible patients receiving the check. Given that only around half of people take up the invitation to attend an NHS Health Checkⁱⁱ significant improvements can be made to ensure that health outcomes from this service are optimised to prevent development of high-risk conditions such as heart disease. In Southwark the digital Health Check was offered to those patients who did not respond to letters inviting them to a face-to-face NHS Health Check. Following the online check, the patient is advised to contact a pharmacist, practice nurse or GP if they have concerns. This service demonstrates how delivering NHS Health Checks digitally can increase patient access and engagement as well as reducing the need for consultations in GPs and pharmacies.

Currently the NHS Health Check is offered to adults over 40. We believe that extending the programme to target younger people in at-risk groups, such as smokers or those who are overweight, could encourage people to improve their health and aid the prevention of ill-health at an earlier age.

3. How else can we help people reach and stay at a healthier weight?

By taking a holistic approach to weight and lifestyle, healthcare providers can help patients to prevent weight-related conditions, such as diabetes, CVD and some types of cancer.

Community pharmacy teams have more direct engagement with the patients and communities they serve and are therefore well placed to provide tailored lifestyle advice. As part of a weight management service, community pharmacy teams can initiate discussions with people about the health risks associated with being overweight or obese. Where consent is given, simple tests such as BMI and waist measurements can support the provision of tailored advice and discussions about factors including eating behaviour, co-morbidities, medication and psychological problems. A personalised action plan with goals for weight management can be used by the pharmacy team to provide ongoing monitoring and empower patients to improve their own health and wellbeing. For many people, losing weight requires making significant lifestyle and behavioural changes, therefore ongoing support is important to ensure long term health benefits. Weight management services currently offered in pharmacies include regular consultations and follow-up discussions. For example, pharmacies in Kent offer regular appointments for six months, starting weekly, and subsequent follow-up appointments after 9 and 12 months. Community pharmacy can also signpost patients to local groups and organisations, such as a gym or Slimming World to further support them in managing their weight.

It is a requirement of the Community Pharmacy Contractual Framework (CPCF) that, by April 2020, all community pharmacies in England will be Level one accredited Healthy Living Pharmacies (HLP), which will further enhance the contribution of pharmacy teams in supporting people to stay at a healthy weight. The HLP initiative provides a framework within which pharmacies can develop as providers of healthy living advice, lifestyle interventions and public health services. Patients could be directed from other healthcare providers and local organisations to HLPs to receive weight management advice and support.

Raising awareness among the public and other health professionals about the services that community pharmacies provide, including through the HLP framework, can ensure that those wishing to access weight management advice can get the information and services in a setting that is most convenient to them. As a result, this may help patients from deprived communities manage concerns about their weight and reduce associated health inequalities.

4. There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?

For people with mental health conditions, their community pharmacy team can form part of their extended community support network. Pharmacy teams have frequent contact with people with mental health conditions, through the dispensing of prescribed medicines, or in interacting with patients with substance misuse issues. This provides regular opportunities for engagement with vulnerable patients and potentially identifying deterioration or concerns for their safety and wellbeing. Pharmacists can also refer people who may require additional support to another healthcare professional or signpost patients to local groups and voluntary organisations.

The Royal Pharmaceutical Society's report: [No health without mental health: How can pharmacy support people with mental health problems?](#)ⁱⁱⁱ highlights the important role of pharmacy teams in the early identification of patients suffering with mental health problems as well as supporting the treatment and monitoring of existing patients. Many medicines used in the treatment of mental health conditions are associated with health risks and as such, pharmacists can support patients to take their medicines as intended to maximise patient outcomes and reduce adverse events. As well as the high-risk nature of these medicines, adherence levels are particularly poor for patients taking medicines for mental health conditions, with around 50% of people prescribed antidepressants stopping taking them early. Pharmacists can support patients to improve adherence which could reduce readmissions to hospital.

People with mental health conditions are at a higher risk of life limiting co-morbidities. Therefore, some of the other services community pharmacies offer would greatly benefit them such as weight management, smoking cessation, brief alcohol interventions and blood pressure checks. Conversely, people with a chronic physical health problem are two or three times more likely to suffer from depression^{iv}. Through the dispensing of medicines to manage long-term conditions, pharmacy teams will have frequent contact with these patients who are more at risk of developing mental health conditions and can provide advice, support and signposting.

5. Have you got examples or ideas for services and or advice that could be delivered by community pharmacies to promote health?

Community pharmacies are a source of healthy living advice and an important contributor to supporting the prevention of ill health. They also provide services that can alleviate pressures on other parts of the health system, including general practice and urgent care settings. However, there is significant potential to expand and enhance this contribution to enable all community pharmacies to operate as neighbourhood health and wellbeing centres, providing the 'go-to' location for support, advice and resources for staying well.

The community pharmacy seasonal influenza (flu) vaccination service for at-risk groups is a notable example of scaling-up initiatives in community pharmacy. Not only is vaccinating members of the public in community pharmacies more convenient for patients, it reduces pressures on GPs and contributes to the wider prevention agenda, especially considering that for many at-risk and vulnerable patients contracting flu can be more dangerous or even fatal. During the 2018/19 flu season, community pharmacists in England administered over 1.4 million vaccinations to patients under the national NHS Flu Vaccination Service^v. Community pharmacies could be further commissioned to deliver other immunisations such as hepatitis or the HPV vaccination.

A national smoking cessation service commissioned through community pharmacy would contribute to the aim outlined in the green paper to make England smoke-free by 2030. This would also have wider benefits in preventing prevalence of smoking-related diseases such as CVD and lung cancer. We welcome the pilot highlighted in the CPCF in which patients beginning a smoking cessation programme in secondary care are referred to community pharmacy for completion of their treatment. Community pharmacies do currently provide locally commissioned smoking cessation services, but the service level agreements vary across different localities. A single national service specification would not only ensure that patients across the country can access equitable care, it would bring significant benefits to the NHS.

6. How can we make better use of existing assets – across both the public and private sectors – to promote the prevention agenda?

Building on current initiatives to achieve fuller digital interoperability between community pharmacy and other services such as general practice, would enable significantly improved patient care, experience and efficiency of service provision. Enabling healthcare professionals to access relevant and timely information will provide a more seamless and joined-up journey of care for patients.

During a period of hospitalisation, a patient's prescribed medicines often change and improved communication about these changes can underpin ongoing patient safety, improve patient experience and enhance health outcomes, thereby reducing the risk of readmission to hospital. A study looking at medicine adherence after hospital discharge in the elderly^{vi} found that 78% of patients reported taking medications that were not recommended at the time of hospital discharge. By improving the transfer of information, community pharmacists' expertise can be used to support patients in taking their medicines as intended on discharge from secondary care back into the community.

The introduction of the Community Pharmacist Consultation Service (CPCS), enabling direct referrals into community pharmacy from NHS111, will facilitate the integration of pharmacies into primary care systems. CPCS will encourage patients to self-care for minor ailments, such as minor skin complaints

and sore throats, and addressing these cases in pharmacies will enable GPs and other healthcare professionals to concentrate on more complex patients.

A key aspect of harnessing the greater potential that community pharmacy provides is growing public, and other health professional, understanding of the role of community pharmacy and the professionals that make up the pharmacy team. Pharmacists are experts in medicines and are perfectly placed to support the public in adherence and how to take their medicines to maximise health outcomes. The wider pharmacy team, especially through the Healthy Living Pharmacy framework, can offer lifestyle guidance and advice to improve health and wellbeing as well as contributing to the prevention of conditions such as CVD.

7. What are the top 3 things you'd like to see covered in a future strategy on sexual and reproductive health?

Firstly, we would like to see a single national service specification for the provision of Emergency Hormonal Contraception (EHC). Community pharmacies already provide a number of sexual health services which are either run privately or are commissioned by Local Authorities and CCGs. Currently, EHC is commissioned by over 90% of Local Authorities but a number of these services are being closed due to funding restrictions and, where commissioned, the service specifications can vary widely depending on the locality. These variations can manifest in different age restrictions and post code requirements, creating unwarranted uncertainty for patients accessing EHC. A 2016 PwC report^{vii} found that delivering an EHC service through community pharmacy delivers a total net value of £24.9m of short-term benefit to the NHS suggesting that a national contraception service would realise further financial and social benefits.

Secondly, building on the commissioning of consistent EHC provision, we would like to see pharmacist independent prescribers' skills being used to prescribe oral contraceptives in the community. A service delivered in London pharmacies enabled the supply of oral contraception using a Patient Group Direction (PGD) and was aimed at young women using EHC who had not previously used oral contraceptives^{viii}. This service allows independent prescribers in community to use their skills and provides a convenient location for people to access contraception along with advice, without needing to attend a GP appointment.

Thirdly, we believe that there would be considerable benefits, to both patients and the NHS, if community pharmacies were commissioned to routinely monitor patients taking oral contraception as part of repeat dispensing, such as checking their weight and blood pressure. This would be more convenient and accessible to patients as they wouldn't need to book a GP appointment or attend a sexual health clinic. Community pharmacies could also provide some additional sexual health services such as chlamydia screening and treatment.

ⁱ <https://www.southwark.gov.uk/news/2019/aug/southwark-council-becomes-first-to-launch-digital-health-checks>

ⁱⁱ <https://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data#page/4/qid/1938132726/pat/6/par/E12000004/ati/202/are/E06000015/iid/91116/age/219/sex/4>

ⁱⁱⁱ https://www.rpharms.com/Portals/0/Documents/RPS%20mental%20health%20roundtable%20report%20June%202018_FINAL.pdf?ver=2018-06-04-100634-577

^{iv} <https://www.nice.org.uk/guidance/cg91/resources/depression-in-adults-with-a-chronic-physical-health-problem-recognition-and-management-pdf-975744316357>

^v <https://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/flu-vaccination-statistics/flu-vaccination-data-for-2018-19/>

^{vi} <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3622370/>

^{vii} <https://psnc.org.uk/derbyshire/wp-content/uploads/sites/8/2017/01/PAPER-H-PwC-summary-report-Sept-2016.pdf>

^{viii} <https://srh.bmj.com/content/familyplanning/39/2/97.full.pdf>