



Response

Department of Health and Social Care
Women's Health Strategy

June 2021

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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 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.

Executive summary

The CCA welcomes this landmark consultation that recognises the fact that women's health needs are often overlooked. In this response we have highlighted some of the gaps in women's healthcare services, and how community pharmacies can respond to support the Women's Health Strategy.

Community pharmacies are a key part of primary care and provide a convenient location for women to access healthcare and wellbeing advice and services. The community pharmacy sector's impact is particularly important in areas of high deprivation. This is because community pharmacy has more contact with deprived communities and can therefore help to reduce health inequalities by meeting population health needs through tailored services and advice.

Many primary care services, including GP appointments, are centered around a 9-5 working day. This presents significant challenges for many women, including those with caring responsibilities. Community pharmacies are not only highly accessible, but they are also open for longer hours and at weekends. Therefore, the network of 11,500 community pharmacies has a huge role to play in delivering more person-centered healthcare for women, if robust commissioning frameworks and innovative service delivery are considered.

We believe that implementing the following key recommendations will enable community pharmacy to support the wider health service to deliver the Women's Health Strategy:

1. DHSC and the NHS to use this call for evidence to inform broader commissioning frameworks to tailor community pharmacy services to support women's health at critical points in their lives e.g. pregnancy, menopause etc.
2. The NHS and UKHSA should work with the community pharmacy sector to deliver effective health messaging and public health campaigns targeted to women including those whose first language is not English.
3. The NHS and other local partners to work to strengthen the links between community pharmacy and local safeguarding teams, as well as improving referral pathways to ensure timely, and seamless referrals from pharmacy to the appropriate setting when concerns are raised.
4. DHSC to use forthcoming Data Strategy for Health and Social Care to maximise opportunities that data sharing can bring for healthcare professionals, patients, and the public.

Response

Theme 1: Women's Voices

Placing women's voices at the centre of their health and care is necessary for empowering patients and achieving fundamental patient safety aims. There is an abundance of evidence highlighting the negative impacts of ignoring the experience that women have in the healthcare system. There is also more that can be done to tailor services to address women's health needs, however, there needs to be an appetite from commissioners to design and commission these services and we hope that the learnings from DHSC's call for evidence form part of a broader commissioning framework. We have highlighted some key evidence about the harms that come from not listening to women's healthcare needs and concerns, and areas where commissioning services from community pharmacy can bring potentially significant benefits.

In 2020, the Independent Medicines and Medical Devices Safety (IMMDS) Review published its report *First Do No Harm* (the 'Cumberlege report'), about the detrimental and often devastating impact that medical interventions had had on women's lives¹. The interventions examined by the IMMDS were: Hormone pregnancy tests (HPTs), Sodium Valproate, and Pelvic Mesh implants. The report found that the healthcare system in England systematically failed to respond to women's concerns, and that these interventions continued to be used on many more women with many more damaging and preventable outcomes.

The IMMDS found that a culture of blame exacerbated the safety risks to women and worsened the health inequalities that women face. Equally the Marmot review² on health inequalities which was initially published in 2010 and updated 10 years on during the pandemic³ found that:

- Inequalities in life expectancy have increased since 2010, especially for women.
- Life expectancy for women in the most deprived 10% of neighbourhoods decreased in every region except London, the West Midlands, and the North West.
- Healthy life expectancy has declined for women since 2010.
- Effects from the pandemic include increased rates of unhappiness and depression and women are in the groups more likely to have lost their jobs.

Inequalities related to ethnicity were also a theme in the Marmot report and the difficulties in accessing care for those in ethnic minority populations has been widely documented⁴.

Another key concern is that women who are accessing healthcare are not receiving appropriate interventions and monitoring. For example, women are 50% more likely to be misdiagnosed than men with a heart attack⁵.

The Public Health England report into *Dependence and withdrawal associated with some prescribed medicines* found that of the medicines reviewed (antidepressants, opioid pain medicines, gabapentinoids, benzodiazepines, and z-drugs), rates of prescribing were higher for women (1.5 times those of men), and the rates generally increased with age⁶. There was also a link between some of these medications and deprivation.

On the other hand, women can also face barriers accessing appropriate interventions. A key example of this known to community pharmacy is Emergency Hormonal Contraception (EHC). Despite being an effective and safe method of preventing an unwanted pregnancy, there are variabilities to accessing this medication free of charge as a national service is yet to be commissioned. Instead, women face a 'postcode lottery' for access. The CCA has previously called for there to be a singly commissioned national service for EHC in England⁷.

Fragmented commissioning of sexual and reproductive health services has created a complex environment that women must navigate to find the care they need. This barrier to accessing care created by the split in commissioning is exacerbated by cuts in Local Authority spending, and women in the most deprived areas are most impacted. The Advisory Group on contraception reported that 61% of Local Authorities with the highest quartile of social deprivation either cut or froze their budgets for sexual and reproductive health services between 2016/17 and 2017/18. Consequently, there was a 53% increase in the number of abortions in these areas⁸.

With the right nationally commissioned community pharmacy services, the sector can help address some of these barriers women face in accessing care. This is partly due to the accessibility of

¹ https://www.immndsreview.org.uk/downloads/IMMDSReview_Web.pdf

² <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

³ <https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review>

⁴ <https://pmj.bmj.com/content/81/953/141>

⁵ <https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/behind-the-headlines/misdiagnosis>

⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940255/PHE_PMR_report_Dec2020.pdf

⁷ <https://thecca.org.uk/wp-content/uploads/2019/05/APPG-inquiry-into-access-to-contraception-CCA-response.pdf>

⁸ <https://www.rcog.org.uk/globalassets/documents/news/campaigns-and-opinions/better-for-women/better-for-women-full-report.pdf>

community pharmacy, which increases in areas of high deprivation. 89% of the population are within a 20-minute walk of a community pharmacy, and in areas of high deprivation, 99% of people are within a 20-minute walk⁹. Therefore, there are measures in place that can go some way to supporting women's health needs including:

- Contraception services, including EHC
- Maternity support, e.g. smoking cessation services, post-delivery contraception
- Early-years support, e.g. Healthy Start Vitamins
- Lifestyle and wellbeing support
- Blood pressure monitoring

Often community pharmacy can build strong relationships with patients because they are the most frequent, or only, point of healthcare that an individual may access. Therefore, services specifically commissioned from community pharmacy toward women could have a positive impact. This could be new services or could build on existing services. For example, community pharmacists provide a New Medicine Service (NMS) for patients which involves a patient-centred consultation about their medicines. This service has an approved list of medications, and this could be reviewed to include anti-depressants, particularly if these have been prescribed for postnatal depression. Research shows that community pharmacy could have a role in identifying, supporting, and monitoring women at risk of perinatal depression but this needs to be designed as a service with training for pharmacists¹⁰.

Additionally, there are longer-term next steps to explore such as ensuring that digital apps and Artificial Intelligence (AI) are responsive to the health needs of women. In 2019 it was reported that a doctor consultation app wrongly diagnosed a woman having a heart attack as having 'hysteria'¹¹. Although this may be an outlier in the app's algorithm, it will be important to ensure that digital systems are rigorously guarded against unintended bias as they become used more frequently across the NHS.

Recommendations

- DHSC and the NHS to use the findings from this call for evidence to inform broader commissioning frameworks to tailor services to support women's health at critical points in their lives e.g. pregnancy, menopause etc.
- The NHS to explore commissioning a community pharmacy service to identify, support, and monitor women at risk of perinatal depression.
- The NHS to establish a single national commissioning specification (and an associated training specification) for contraception services, including EHC services, to be used by all commissioners in England.
- NHSD/X to work to ensure that apps and AI used to provide health advice and support are responsive to the health needs of women.

Theme 2: Information and education on women's health

Pharmacies already play a key role in providing health information and education to women in their local communities, and they are particularly well-placed to reach under-represented groups. We believe that the NHS could make greater use of community pharmacies as locations for providing key health information for women. There are also steps to take to improve healthcare professionals' understanding of women's health including relating to the different effects medicines have on women.

Pharmacies are required under the Community Pharmacy Contractual Framework (CPCF) to participate in up to six NHS campaigns each year. In previous years, these campaigns have focussed on key issues including Antimicrobial Resistance, children's oral health, and smoking cessation. In 2020 and 2021, pharmacies have been a key location to provide reliable information and guidance about Covid, including about the importance of getting a vaccination.

⁹ <https://psnc.org.uk/psncs-work/about-community-pharmacy/>

¹⁰ <https://journals.sagepub.com/doi/abs/10.1177/0020764017746198?journalCode=ispa>

¹¹ <https://www.thetimes.co.uk/article/its-hysteria-not-a-heart-attack-gp-app-tells-women-gm2vxbqrk#:~:text=A%20virtual%20GP%20app%20praised,resulted%20in%20different%20suggested%20diagnoses.>

However, there are opportunities to make greater use of community pharmacies' unique role as health and wellbeing hubs at the heart of communities, for example by providing more targeted interventions and campaigns to meet the needs of local populations.

This call for evidence recognises that there may be barriers for under-represented groups of women accessing health information and education. Because community pharmacies are highly accessible, they may be the only place that some people see information about health and wellbeing. One way in which pharmacy can support under-represented groups is through providing support in other languages, either through leaflets and posters, or through discussions with pharmacy staff who speak more than one language.

As well as providing information in different languages, the accessibility of pharmacies can be capitalised on to provide more support to under-represented groups. Some women may be uncomfortable discussing health issues which are personal or may be stigmatised due to religion or custom. Furthermore, people in areas of high deprivation often don't have the means to book an appointment at a GP surgery, or people may face religious or cultural barriers. Therefore, a consultation with a pharmacist in the private consultation room, is a key opportunity for women to have a discussion with a healthcare professional, without the need for an appointment. We would therefore call upon the Government to highlight this important role that pharmacy teams have and make the best use of these locations to provide women with essential information and education.

During the Covid pandemic, community pharmacies demonstrated the immense support they can provide to vulnerable people in their communities. The domestic abuse charity UK SAYS NO MORE, in partnership with Hestia, worked with community pharmacies to deliver their 'Safe Spaces' scheme. People can now access help from over 5,000 pharmacies across the UK. Pharmacy teams are trained in safeguarding, and they undertook additional training to enable them to support survivors of domestic abuse. This training enables them to signpost survivors to a safe space in the consultation room or call the police for support as part of a complementary Home Office scheme called Ask for ANI. The success of this scheme demonstrates that community pharmacies are a trusted and accessible location for people to access essential support, including for vulnerable women.

Strengthening the links between community pharmacy and local safeguarding teams, as well as improving referral pathways, would ensure that any concerns raised in community pharmacy are shared with the relevant professional, and that the patient is seamlessly referred to the most appropriate setting.

As well as sharing information with patients, the call for evidence recognises the importance of informing healthcare professionals about women's health needs. In the context of pharmacy, it is crucial that there is understanding about the different ways that drugs affect women compared to men. Data has shown that women experience more adverse drug reactions compared to men, and that these adverse events are more serious in women¹². It is therefore critical that pharmacists, and prescribers, are well informed about the different considerations that must be taken when women take medicines to ensure that they provide the safest possible care and achieve optimum clinical outcomes.

Recommendations:

- The NHS and UKHSA should work with the community pharmacy sector to deliver effective health messaging and public health campaigns targeted to women including those whose first language is not English.
- The NHS and other local partners to work to strengthen the links between community pharmacy and local safeguarding teams, as well as improving referral pathways to ensure timely, and seamless referrals from pharmacy to the appropriate setting when concerns are raised.
- Education and training of healthcare professionals to include more information about the different ways that medicines affect women.

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3644551/>

Theme 3: Women's health across the life course

Community pharmacies have touch points with women throughout their lives, whether through dispensing medicines, or providing clinical services and healthcare advice. For example, throughout her life, a woman may use a pharmacy to access:

- Medicines to support with period symptoms (e.g. painkillers)
- Contraception, including long-lasting options, and emergency contraception
- Advice about taking medicines pre, during, and post pregnancy
- Medical support and advice for babies and toddlers
- Menopause medicines
- Treatment for arthritis
- End of life medicines

As well as delivering NHS services, community pharmacies are uniquely placed to provide opportunistic interventions. Therefore, services specifically commissioned from community pharmacy toward women could have a positive impact. To ensure that any opportunistic interventions in pharmacy lead to the best outcomes for patients, data sharing, and systems integration must facilitate joined up care. This would provide a seamless journey of patient care and would support patients to be seen in the right care setting at the right time.

As highlighted in the call for evidence, taking a life course approach can facilitate preventative and targeted health interventions. A key enabler for this is healthcare professionals having access to relevant patient information at the point of care. For example, during a discussion with a female patient in pharmacy, the pharmacist may note that the patient previously took antihypertensive medicines but has not had their blood pressure checked for a while. The pharmacy can offer to take a blood pressure reading and then take any necessary actions. This blood pressure reading result should then be automatically added to the patient record, which would be seen by their GP. Having timely access to relevant patient information can therefore enable healthcare professionals to identify opportunities for interventions which may prevent future illness.

Improved collaboration and integration between health and care settings is also crucial to enhance the health outcomes and experiences of women in care homes, who make up a higher proportion of care home patients¹³.

While we welcome the overarching aims in the Government's recent White Paper to improve collaboration, there is a lack of focus on plans to address the significant challenges in social care. It is crucial that both the health, and care, system are suitably funded and backed by forward thinking and robust policy. There is a risk that women are disproportionately affected by the lack of funding in social care as most of the care workforce, both paid and unpaid, are women¹⁴.

Care home residents are prescribed an average of seven medicines a day, with many taking 10 or more¹⁵. As experts in medicines, pharmacists have a crucial role in supporting care home patients at the end of their life. There are many locally commissioned or private services offered by community pharmacies to support care home residents to get the most from their medicines, including medicines optimisation services to support patients taking multiple medicines. These services improve patient health outcomes and can also offer efficiencies for the NHS through deprescribing. While these services provide valuable care for vulnerable people in residential care, there is a risk that variation in local commissioning leads to a postcode lottery.

During the Covid pandemic, examples of innovative service delivery have improved access to healthcare for women. For example, the option to have an EHC consultation remotely rather than face to face may be preferable to some people, and the new pilot offering the option of conducting a smear test at home is hoped to increase the uptake and participation in this crucial testing. These services should be thoroughly evaluated to ensure that improved access is achieved, and that digital exclusion does not exacerbate health inequalities.

¹³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/897497/S0343_Care_Homes_Analysis.pdf

¹⁴ <https://wbg.org.uk/analysis/uk-policy-briefings/2019-wbg-briefing-social-care-and-gender/#:~:text=The%20paid%20care%20sector%20is,UK%20and%2058%25%20are%20women.>

¹⁵ <https://www.england.nhs.uk/2019/05/army-of-nhs-experts-to-tackle-over-medication/>

Recommendation

- NHSD/X to develop the infrastructure and national data sharing agreements to facilitate the sharing of clinical information between community pharmacy and other health settings, including general practice, and secondary care.

Theme 4: Women's health in the workplace

Evidence shows that women make up the majority of the community pharmacy workforce. Results from a survey conducted by the General Pharmaceutical Council (GPhC) in 2019, found that 62% of respondents identified as female, and 38% as male. The divide is even greater among pharmacy technicians, 88% of whom identified as female and 12% as male¹⁶. While analysis of the gender split among non GPhC registrants is more difficult, a review of gender pay data shows women also make up the majority of roles falling into the lower and lower middle pay quartiles, this is likely to include dispensing assistants and health care assistants. Women's health needs and caring responsibilities affect their working lives, and this is particularly relevant to the community pharmacy workforce.

Impacts of Covid

In the UK, women are responsible for the majority of unpaid care and domestic duties, carrying out 60% more than men¹⁷. Evidence shows this has been exacerbated by Covid¹⁸. Contributing factors include the closure of schools, reduced access to informal childcare, and reduced access to social care for older or disabled family members.

While it is difficult to quantify the impact of this on female pharmacy staff, internal company data shows high rates of absences, particularly at the start of the pandemic, which in some companies reached double typical absence rates. Given the breakdown of staff, and anecdotal evidence regarding reasons for absence, we can assume that at least part of this is associated with caring responsibilities.

As well as an economic burden, Covid is having a clear impact on the mental health and wellbeing of female pharmacy staff. Results from a survey conducted by the Royal Pharmaceutical Society found that 43% of respondents reported their mental health was not good or poor, and 85% said that Covid had impacted their mental health. It is worth noting that almost three quarters (73%) of respondents were women¹⁹.

Given the proportion of women working in community pharmacy, many of the health and societal issues affecting women during the pandemic (for example increased rates of domestic abuse²⁰ and reduced access to sexual and reproductive health services, which occurred against a backdrop of existing challenges²¹) are likely to have affected pharmacy colleagues.

Furthermore, as the pharmacy profession develops, there will likely be an increased need for training, including for example, to develop practice into advanced areas including Independent Prescriber qualifications. It is important that women's needs are considered as part of the planning and development of any training to ensure there are not barriers preventing women from progressing in their career. For example, providing flexible training online may be preferable for people with caring responsibilities, and consideration should be made to how training courses could be completed with breaks to accommodate maternity leave, for example.

¹⁶ <https://www.pharmacyregulation.org/sites/default/files/document/gphc-2019-survey-pharmacy-professionals-comparison-with-2013-survey-report-december-2019.pdf>

¹⁷ ONS, [Women shoulder the responsibility of 'unpaid work'](#), 2016

¹⁸ ONS, [Parenting in lockdown: Coronavirus and the effects on work-life balance](#), 2020

¹⁹ RPS, [workforce wellbeing survey 2020](#)

²⁰ ONS, [Domestic abuse during the coronavirus \(COVID-19\) pandemic, England and Wales: November 2020](#)

²¹ APPGSRH, [Women's Lives, Women's Rights, 2020](#)

Recommendation

- The NHS and training providers should ensure that women's needs are considered as part of designing training for pharmacy staff, to ensure that training programmes are accessible for all.

Theme 5: Research, evidence, and data

Recording and sharing data from community pharmacy can improve health outcomes for women through better service design and commissioning and providing more information for pharmacists at the point of care leading to improved clinical outcomes.

Some challenges with research, evidence, and women's health stem from a data gap. Without knowledge of the current stratified needs of populations, health interventions to meet population-based health needs cannot be designed. Data-driven commissioning is essential to ensure that local populations can access the health and wellbeing services they need. Without using data to decide what type of services are needed and where, there is a risk that resources are not used efficiently and that health inequalities are exacerbated.

Good care design is underpinned by the existence of a solid evidence-base. Many commissioners strive to include academic literature (where available) into good service design. However, research has shown that women continue to be underrepresented in medical research²², and these gaps in the data potentially translate into gaps in access to services.

Community pharmacies could potentially support future opportunities for research targeted at women. Furthermore, community pharmacy teams often represent the communities in which they are based, creating a common ground for engagement.

As well as using data to inform service design and commissioning, ensuring that healthcare professionals across the system have access to relevant clinical information at the point of care can improve health outcomes. We welcome the forthcoming Data Strategy for Health and Social Care, and we would encourage DHSC and the NHS to maximise the opportunities that data sharing can bring for healthcare professionals, patients, and the public. It is crucial that there is consistency in underlying principles and data standards to facilitate interoperable and joined up working, while enabling a competitive environment between system providers. It would not be desirable to have siloed approaches and unwarranted local variation, as this can create inefficiencies in the system at a national level and may also exacerbate health inequalities.

Recommendations

- DHSC to use the forthcoming Data Strategy for Health and Social Care to maximise opportunities that data sharing can bring for healthcare professionals, patients, and the public.
- All service data that is collected should be publicly available in an aggregated and anonymised form to allow service innovation. Where sex data is collected this should be indicated as standard.

Theme 6: Impacts of Covid on women's health

The Covid pandemic has had a significant impact on everyone's life, changing the way we work, socialise, care for family, and access healthcare. The long-term impacts on many of these areas of life will be seen in the coming years and decades, both positive and negative.

As the 'front door' to the NHS, community pharmacies were on the frontline during the Covid pandemic. Pharmacy teams rose to the challenge of unprecedented demand to support their local communities through a once in a lifetime global health crisis. Community pharmacies remained open without appointment which increased pressure and demand for prescriptions, advice, and support. A record 93 million prescribed medicines were dispensed in March 2020, immediately before lockdown, the highest number since records began in 2014²³. The community pharmacy sector faced an unparalleled period

²² <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2737103?widget=personalizedcontent&previousarticle=0>

²³ <https://thecca.org.uk/press-release-new-nhs-data-shows-record-93-million-prescription-items-dispensed-in-march/>

where it was often the only health service provider which remained 'open' to the public as many GP surgeries closed or provided remote consultations only. Despite this, community pharmacy showed rapid and agile decision-making to ensure patients could access their medicines.

As well as dispensing medicines, pharmacies remained open to provide healthcare services for the public. During the pandemic, many sexual health clinics closed, which caused worry for women who needed to access treatment and advice. The impacts of these decisions to close services were often not safety netted, and pharmacy teams provided an essential point of care as they remained open during the pandemic. The presence of open pharmacies on the high street was particularly important for women accessing services such as Emergency Hormonal Contraception. Accessing EHC may already be a stressful or worrying time for women, and the continuity provided by pharmacies remaining open was crucial.

During the pandemic, the NHS commissioned a service whereby lateral flow testing kits could be collected from community pharmacies. Building on the success of this service, the NHS should explore further opportunities to use the accessibility of pharmacies to provide testing services. Using pharmacies as a location to collect a test kit for Sexually Transmitted Diseases, for example, may be preferable to some women who may not be comfortable having these tests delivered to their home address.

Covid has also led to an increase in patient care being delivered remotely. The opportunity to have discussions with a GP, or pharmacist, via phone or video may be of particular benefit to women who have caring responsibilities. This rapid uptake in the health system's ability to deliver care in a different way in response to the pandemic was welcomed. However, thorough evaluation must be undertaken to ensure that certain cohorts of patients are not excluded from this offering, and that the increase in remote care does not exacerbate health inequalities.

Recommendations

- The NHS to ensure that patients have the information they need to allow them to choose how they access care, including supporting the community pharmacy sector to be able to deliver remote consultations.
- The NHS to explore other testing services that could be commissioned through community pharmacy.

Conclusion and summary of recommendations

We welcome this call for evidence, recognising the fact that women's health needs are often overlooked. The core themes in this call for evidence highlight some of the major barriers and challenges women face accessing the right information and healthcare services to meet their needs.

There is huge untapped potential in the community pharmacy network, to provide women with a trusted location for services, advice, and support. CCA member companies are committed to working collaboratively with the NHS and Government, to cocreate solutions for developing pharmacy services to meet the aims in the Women's Health Strategy. As detailed in our response, we believe that implementing the following key recommendations will greatly benefit women's health:

1. DHSC and the NHS to use this call for evidence to inform broader commissioning frameworks to tailor community pharmacy services to support women's health at critical points in their lives e.g. pregnancy, menopause etc.
2. The NHS and UKHSA should work with the community pharmacy sector to deliver effective health messaging and public health campaigns targeted to women including those whose first language is not English.
3. The NHS and other local partners to work to strengthen the links between community pharmacy and local safeguarding teams, as well as improving referral pathways to ensure timely, and seamless referrals from pharmacy to the appropriate setting when concerns are raised.
4. DHSC to use the forthcoming Data Strategy for Health and Social Care to maximise opportunities that data sharing can bring for healthcare professionals, patients, and the public.