



Response

Department for Health and Social Care – Call for Evidence: 10-Year Cancer Plan

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i. Awareness and Prevention

We welcome prevention as the first of the Department's priorities in achieving its 10-year vision for cancer. Community pharmacies have long championed the importance of prevention and early intervention. As Healthy Living Pharmacies (HLPs), pharmacy teams promote healthy, preventative life-style interventions and self-care, particularly surrounding behaviours associated with increased cancer risk.

The 10-Year Plan is right to focus on "*tackling health disparities*" across the country as part of its preventative strategy. Research suggests that cancer incidence rates are 16% and 19% higher for women and men respectively who live in the most deprived areas in England.ⁱ High street pharmacies, delivering highly accessible healthcare at the heart of their communities, are well positioned to understand local health needs and profiles. Public health campaigns, signposting and opportunistic interventions to support or advise patients form essential parts of community pharmacy work on preventative healthcare, particularly in deprived populations where lifestyle factors are associated with disproportionate harm.ⁱⁱ Encouraging greater use of community pharmacy addresses some of the inequalities surrounding cancer incidence amongst the most underserved communities.

Indeed, whilst pharmacy teams are well placed to provide information and advice of this nature to support patients to live a healthier life, more targeted support as commissioned will enable pharmacies to deliver healthcare interventions that will lead to better health outcomes. Tailored and ongoing support is often needed for individuals and communities to successfully adopt lifestyle changes. Community pharmacy teams routinely offer support with adopting healthier behaviours, including stopping smoking, reducing alcohol consumption, and managing weight.

These services commissioned through community pharmacy have been found to be both clinically effective and cost effective. A systematic review and meta-analysis of smoking cessation services delivered through community pharmacy showed that it is both effective and cost-effective when compared with usual care.ⁱⁱⁱ Now commissioned as an Advanced Service within the NHS Community Pharmacy Contractual Framework (CPCF) as of March 2022, the results from the pilot NHS Smoking Cessation Service in Greater Manchester are further testament to how additional commissioned services within community pharmacy complements existing targeted support on minimising lifestyle risks. A key outcome saw more than half of the patients recorded at least 4 weeks and almost 40% of this cohort going on to record a 12-week quit. Since this service relies on local, a nationally commissioned programme could see better health outcomes for more population groups across England

The Government should also fully harness the clinical expertise of community pharmacists by way of commissioning other preventative services that can combine patient education with key public health interventions against cancer. For instance, commissioning a mole screening service across pharmacies would complement the ongoing campaigns colleagues

in the sector deliver to promote sun safety and the causes of skin cancer. would enable pharmacists to identify any suspicious moles or lesions and make timely, onward referrals where necessary.

ii. **Earlier and Quicker Diagnosis**

Building on the point of harnessing the clinical expertise of pharmacist colleagues, policy makers must therefore acknowledge community pharmacy as an important clinical setting in which opportunistic interventions are a crucial part in early triaging and diagnosis.

Community pharmacists have regular meaningful interactions with patients. This allows them to potentially identify any red flag symptoms that could lead to quicker assessment. This type of opportunistic intervention may come about following a patient repeatedly purchasing over the counter medicines for a persistent cough or self-care treatment for mouth ulcers, for example.

Recognition of community pharmacy's clinical capacity, through better resourcing and investment, presents new and expanded opportunities to flag suspected cancers as early as possible. To facilitate this, we would like to see the commissioning of more structured referral pathways to enable community pharmacies to make referrals and directly book patients for appointments in other health and care settings.

This is particularly important in light of the care backlog as worsened by the pandemic. The cumulative pressures upon services to deliver timely and high-quality cancer care and detection can be effectively navigated through wide-spread commissioning of services within community pharmacy.

In the first instance, we would propose a targeted referral service from community pharmacy to other parts of the health service to increase earlier detection rates. The promising results from a lung health service pilots in London and Doncaster to identify and improve the diagnosis of suspected lung abnormalities, shows the opportunity for early detection and direct referral from community pharmacy.

From this, there is a need to create digital pathways allowing community pharmacy to directly refer patients onwards, as well as to implement better communication channels. This will foster quicker and more transparent diagnostic, treatment and side effect reporting between services.

As a second point, community pharmacy has the potential to offer significant benefit to local populations by way of supporting with screening, diagnosis, and treatment of patients within deprived or 'left behind' communities, especially amongst those who experience poorer cancer outcomes. As high street pharmacies are concentrated in areas of higher deprivation, this means that teams have local knowledge of issues surrounding cancer risk factors or treatment access faced by certain population cohorts.

Harnessing this local knowledge and relationship-building to improve cancer-related outcomes can only work by standardising services to create equitable access. In other words, regional variation in cancer outcomes must not be deepened by the transferring the commissioning of national services to a more local level. Remediating this would need standardised design processes across England within local commissioning frameworks.

Finally, we would encourage the ambitious plans from the NHS Genomic Medicine Service to transform the use of genomics in England, and for this to be embedded into clinical practice by 2025. This presents a significant opportunity for high street pharmacies to provide this new model of care to local communities through testing patients for genetic risk factors for cancer. Pilots already exist demonstrating models of testing, software supported decision making and intervention by pharmacy teams. Through the existing routes of access, located on the high streets the public access, this technology can be brought to the wider population.

iii. After-care and Support Services

Community pharmacies have multiple touchpoints with cancer patients and survivors and, at times, their families throughout their journeys. Many patients will be prescribed anticancer and other long-term medication, some of which may have strong or unpleasant side effects. Symptom management may also require further over-the-counter medication. Through these interactions, pharmacy teams provide significant levels of ongoing support and care.

To better facilitate pharmacy teams in their after-care support, proposals to further integrate healthcare in England must level the playing field between providers. Cancer care must be designed and delivered around an integrated service that supports patients as they transition between services. More specifically, community pharmacy must be fully embedded within a network of local providers providing wraparound after-care and support for patients.

For instance, administering oral anticancer medicines (OAMs) in the community is becoming increasingly common. Community pharmacists are already able to explain how the medicine works, provide ongoing support to patients, and review side effects. However, OAMs can carry the same risks as chemotherapy that is administered intravenously. There is scope here for greater investment in upskilling and training the community pharmacy workforce on OAM management. A study in 2019 pointed to the feasibility of operating a larger-scale pilot trial of an OAM referral pathway to community pharmacies.^{iv} An integrated model of service delivery between NHS trusts and pharmacies would further facilitate the safe administration of oral anticancer medicines in the community.

Further, a seamless transition of care between hospital teams and community pharmacy is vital for post-discharge reconciliation and continuity for cancer patients who have received treatment during an admission. The launch of the Discharge Medicine Service last year as

an essential service in all pharmacies in England shows that pharmacy contractors are able to deliver a timely transition of care.

However, the service has seen unwanted regional variation and lower levels of referrals by NHS trusts to pharmacies. High-risk or vulnerable patients – including cancer patients with complex post-admission needs – require timely post-discharge support, there must be further efforts to incentivise uptake of the service by NHS trusts. Improvements to the service's digital and data infrastructure would be a key turning point for driving efficiency and patient safety.

ⁱ Calculated by Cancer Research UK (April 2020) using cancer incidence data (2013-2017) from Public Health England.

ⁱⁱ Hamish Foster MRCGP et al (November 2018) 'The effect of socioeconomic deprivation on the association between an extended measurement of unhealthy lifestyle factors and health outcomes: a prospective analysis of the UK Biobank cohort', *The Lancet*, 3(12)

ⁱⁱⁱ Brown et al (2016) 'Community pharmacy-delivered interventions for public health priorities: a systematic review of interventions for alcohol reduction, smoking cessation and weight management, including meta-analysis for smoking cessation'

^{iv} Dalby, M., et al (2019) 'Feasibility of a referral pathway to community pharmacy for patients taking oral anticancer medication', *Cancer Nursing Practice*