

The community pharmacy offer for improving the public's health

A briefing for local
government and health
and wellbeing boards

Acknowledgements

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Gul Root

Lead Public Health Pharmacist, Health and Wellbeing Directorate, Public Health England

Reena Barai

Pharmacist, S.G. Barai Pharmacy, Sutton

Sanjay Ganvir

Director, Green Light Pharmacies

Nigel Hughes

Public Health Specialist,
Community Pharmacy West Yorkshire

Donna Reid

Pharmacy Technician, Whitworth Pharmacy,
Fitzwilliam

About this publication

As public health authorities, councils have a number of statutory duties in relation to pharmaceutical services for their residents. These include developing a pharmaceutical needs assessment for the area and commissioning certain services as part of their duty to take steps to improve the health of people in their area.

Many people think of pharmacies only as places to have their prescriptions dispensed and to buy health and cosmetic products over-the-counter. However, in recent years, pharmacy teams have engaged in a wide range of public health services from help to stop smoking, to sexual health services and advice on diet and nutrition. Pharmacies are located at the heart of communities, with trusted professional on site who reflect the social and ethnic backgrounds of their residents.

This briefing for councillors, senior council officers and commissioners describes the increasing role of community pharmacy in public health and explains councils' role and duties. A number of case studies are included to illustrate a variety of collaborative approaches by community pharmacies working with councils and other community partners.



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Foreword

Community pharmacists and their teams work at the heart of communities and are trusted professionals in supporting individual, family and community health. Pharmacies are uniquely placed to deliver public health services due to their access, location and informal environment with 95 per cent of the population within 20 minutes of their local pharmacy.

Community pharmacies are not only a valuable health asset, but also an important social asset, because often they are the only healthcare facility located in an area of deprivation. Pharmacy staff have the potential to play a critical role in improving the health of deprived communities by offering convenient and equitable access to health improvement services. Pharmacy staff reflect the social and ethnic backgrounds of the community they serve and they are accessible to deprived individuals who may not access conventional NHS services, which help to improve health inequalities. This is why we want to highlight for local authorities, those responsible for commissioning public health and related services and members of health and wellbeing boards, the wide range of services that are already provided by pharmacy teams and their potential for further involvement in services.

The Local Government Association (LGA), Public Health England (PHE) and Pharmacy Voice, the association which represents community pharmacy owners, both independent and multiples, believe that pharmacy teams should be fully integrated into local primary care networks, playing an appropriate and important role in improving people's health. Patients and the public trust their pharmacy teams and build a special relationship with them due to frequent contact, so that people are able to be honest with them about their lifestyle choices, for example the number of cigarettes they smoke.

We acknowledge pharmacy as a key strategic partner in local public health programmes and in prevention and early detection of disease. Pharmacy has an important role in medicines optimisation, ensuring that people get the best out of their medicines and providing health promoting advice for people living with long-term conditions. The new models of care being piloted across the country with the guidance of NHS England provide a real opportunity for pharmacy to be involved in tackling and reducing the impact of chronic diseases.

Clinical pharmacists in GP practices have a tremendous opportunity to promote health and wellbeing messages when they are optimising the use of medicines, especially for people with long term conditions.

This document provides facts, key messages and examples of good practice which we hope will enable those making policy and commissioning decisions to understand the contribution that community pharmacies across the country are increasingly making. The case studies below show the potential of community pharmacy teams to support our efforts to improve the health of the population and reduce inequalities in health within and between communities.

Councillor Izzi Seccombe
Chair, LGA Community
Wellbeing Board

Professor Kevin Fenton
National Director,
Health and Wellbeing,
Public Health England

Professor Rob Darracott
Chief Executive,
Pharmacy Voice

Introduction and policy context

Pharmacies are an important community resource. The local pharmacy is often patients' and the public's first point of contact and, for some, their only contact with a healthcare professional. Community pharmacy and local government share a common purpose in a number of areas:

- **public health** – pharmacists and their teams already have a track record in delivering public health services, such as promoting and supporting good sexual health, helping people to stop smoking and reducing substance misuse within communities
 - **support for independent living** – by helping people to understand the safe use of medicines, as well as provide healthy lifestyle advice, pharmacists and their teams support self-care and can help contribute to better health, through potential reduction in admissions to hospital and helping people remain independent for longer
 - **making every contact count** – by using their position at the heart of communities, pharmacy teams can use every interaction as an opportunity for a health-promoting intervention. This is particularly true in Healthy Living Pharmacies (HLPs), with qualified health champions on site. They are also sign-posters, facilitators and providers of a wide range of public health and other health and wellbeing services
- **local business** – a community pharmacy is one of the core businesses that can make a difference between a viable high street and one that is failing commercially, thereby sustaining communities, providing investment, employment and training, and building social capital.



Case study

Giving back to the community

Green Light is an employee-owned co-operative, operating a small chain of pharmacies in seven branches across London, with its flagship based at Euston. The chain places a strong emphasis on creating resilient communities with a focus on health, wellbeing and creation of social capital.

Green Light pharmacies are deliberately situated in areas of socio-economic deprivation and multi-cultural communities and the staff profile reflects this diversity. By doing this, the co-operative aims to reduce language and cultural barriers that sometimes prevent people from seeking care and support from other local health care providers. Green Light sees creating local employment as a way of contributing to the health of the community. It takes on people who might not be considered employable, for example young people with a history of gang membership, most with no history of tertiary education in their family. For instance, one staff member, whose parents were patients at the pharmacy and convinced by staff of her potential, was supported through GCSEs, A levels, her degree and post-graduate qualifications. She is now a pharmacist with hugely changed life prospects and able to 'give back' to her community. Local knowledge can be useful to pharmacy staff. One small example is that a member of staff at the Euston branch who is a trained health champion can tell people when the local market reduces fruit and vegetables to half price, as part of her role in promoting healthy eating.

As part of its commitment to supporting long-term sustainable employment in the area, the co-operative has worked with a local charity to design a year-long course that will bring together standard apprenticeships with regulated pharmacy training, thus enabling young people to get on the ladder to a career.

The pharmacies are clinically-focused and do not sell perfumes or cosmetics. The branch at Euston, while providing typical commissioned and commercial pharmaceutical services from ground-level premises, has transformed its basement into a local health education and meeting centre. This is a joint venture with the School of Pharmacy at University College London (UCL) designed to provide innovative, patient-facing real world teaching to their undergraduates. Pharmacy staff write material and lead the teaching with support from UCL, with which a community-centred vision of undergraduate pharmacy education has been co-created.

When not being used for undergraduate teaching, the basement becomes a community resource, with a particular focus on the needs of older people, ethnic minorities and those with long-term illness. The pharmacy provides regular health education sessions to the Bangladeshi and wider communities, including specialist stop-smoking services. Outreach work is carried out in the community with voluntary sector organisations. With their involvement, the West Euston Healthy Living Communities Project was formed, taking an asset-based approach, committed to co-creation of health, to accepting people's health beliefs and to working with the community. A successful lottery bid enables the Project to address the wider determinants of health. A wide range of community projects has been set up, ranging from health screening, to exercise classes to cooking and activities for children and young people. A walking group was set up which starts off from the pharmacy with the aim of supporting isolated people back into social networks. Initially led by a member of staff on a walk round Regent's Park, the walking group is now a completely self-sufficient, mutually supportive group of local women.

For the large Bengali population around Euston, diabetes is a big health issue. The pharmacy set up a diabetes support group which meets regularly to discuss relevant issues, for example, how to manage safe fasting at Ramadan.

The pharmacy believes that it is important to reach out to communities where they are accustomed to meet, tapping into existing networks, rather than “expecting people to come to us and listen to our wisdom”. For this reason, staff give talks on health issues at mosques, schools, local businesses and restaurants.

The above examples illustrate the way in which the predominant and traditional pharmacy model is being changed from a narrow focus on prescriptions and retailing to a model that gives back to the community with wellness, education and prevention as the focus.

Contact: Sanjay Ganvir
sanjay@greenlightpharmacy.com



Pharmacy and public health

The vision of PHE is a future with pharmacy teams fully integrated into local primary care networks and playing an appropriate and pivotal role in improving the health of people. PHE has recognised pharmacists and pharmacy teams as a valuable and trusted public health resource. It sees a central role for community pharmacy in providing health improvement services and supporting people living with long-term conditions and working alongside GPs as an integral part of the primary care family and the public health workforce.

The Pharmacy and Public Health Forum established by ministers in 2011, with accountability having been transferred to PHE in January 2014, provides leadership for the development, implementation and evaluation of public health practice for pharmacy in the government’s drive to improve the public’s health¹.

The Royal Pharmaceutical Society, on behalf of the Pharmacy and Public Health Forum published Professional Standards for Public Health Practice for pharmacy in March 2014, endorsed by the Faculty of Public Health and the Royal Society for Public Health. The standards provide a framework to support pharmacists and their teams to improve the delivery and quality of public health services and shape future services. These professional standards are aligned with the Faculty of Public Health standards, which other healthcare professionals practising in public health adhere to. It may be helpful to include the relevant standards in local authority contracts or specification of service level agreements by local commissioners, if commissioning public health services from community pharmacy teams.

¹ Pharmacy and Public Health Forum: www.gov.uk/government/groups/pharmacy-and-public-health-forum



There are currently over 2100 accredited and en route to becoming accredited Healthy Living Pharmacies and over 3500 Health Champions across England.

PHE is providing the strategic lead for acceleration and spread of HLPs across the country. To become a HLP, a pharmacy must have a qualified Health Champion satisfying the Royal Society for Public Health Level 2 award, 'Understanding health improvement' qualification and demonstrate that it meets a set of quality criteria.

In addition, the pharmacist or pharmacy manager is required to complete a leadership course; the premises must be fit to facilitate health promoting interventions, with a dedicated health promotion zone; and there must be local stakeholder engagement.

The culture and ethos within a HLP is focused on promoting health improvement interventions at every opportunity, making every contact count.

Plans are in hand to enable profession-led self-assessment for those pharmacies that wish to become Level 1 HLPs, with compliance with the self-assessment process and an underpinning quality assurance system. Commissioned services will no longer be a requirement for Level 1 HLPs.

The quality criteria for attaining Level 1 HLP status are underpinned by the Royal Pharmaceutical Society professional standards. The quality assurance programme is currently being developed. Level 2 and 3 HLP status will still be commissioner-led, with relevant public health services being commissioned by Local Authority commissioners.

Health champions in HLPs are pro-actively reaching out to their communities both within the pharmacy setting and in the local community, promoting healthier lifestyles and making a significant contribution to improving health and wellbeing of the local population². Health champions are engaging in innovative models of delivery. Many other non-healthy living pharmacies have expanded their role as a focus of community healthy living, introducing imaginative and innovative links with neighbourhood and voluntary groups.

The NHS 'Five Year Forward View' also emphasises the role that community pharmacies can play in helping patients

² Evaluation of Healthy Living Pharmacy pathfinder programme: www.instituteofhealthequity.org/projects/evaluation-of-the-healthy-living-pharmacy-pathfinder-work-programme-2011-2012

get 'the right care, at the right time, in the right place'. The Five Year Forward View states that there should be far greater use of pharmacists in: prevention of ill health; support for healthy living; support to self-care for minor ailments and long term conditions; medication review in care homes; and as part of more integrated local care models. For example, many community pharmacists are being commissioned to provide seasonal flu vaccinations, helping to reduce pressure on GPs.

To build on this potential, it is vital that all commissioning organisations recognise and harness the expertise and experience of community pharmacy in optimising medicines use, supporting patients' and the public's health and wellbeing and improving patient safety. All commissioners – NHS England, clinical commissioning groups (CCGs) and councils – need to understand how they can commission community pharmacies to meet the needs of their local population. Community pharmacies are also important vehicles for using community-centered approaches³.



3 Health and wellbeing: a guide to community-centred approaches: www.gov.uk/government/uploads/system/uploads/attachment_data/file/417515/A_guide_to_community-centred_approaches_for_health_and_wellbeing_full_report.pdf

Key messages

To commission community pharmacy effectively, local authorities and health and wellbeing boards need to:

- ask local people for their views on current community pharmacy services, how they could be expanded and/or improved
- engage with community pharmacies as key providers or potential providers of local public health services
- include the pharmacy Local Professional Networks (LPN) chair and Local Pharmaceutical Committee (LPC) in stakeholder engagement activity to help assess the health needs of the local population and to review and update the pharmaceutical needs assessment (PNA) and the joint health and wellbeing strategy
- engage with LPCs, NHS England, CCGs and PHE to design and develop locally commissioned pharmacy services to meet the public health needs of the local population
- review existing commissioning arrangements to ensure that they are locally appropriate, of sufficient quality and effectiveness.

Did you know?

- there were 11,674 community pharmacies in England by March 2015
- 1.6 million people visit a pharmacy each day, 1.2 million of those for health related reasons (433 million in 1 year)
- 79 per cent of people have visited a pharmacy at least once in the last 12 months, 37 per cent visit at least once a month
- over 75 per cent of adults use the same pharmacy all the time
- pharmacies in England dispensed nearly one billion (978.3 million) prescription items in 2014/15 - nearly 2.7 million items per day
- 95 per cent of people are able to get to a pharmacy within a 20 minute walk and access is greatest in the most deprived areas
- there are over 2,000 Healthy Living Pharmacies across the country with 3,500 qualified health champions on site
- over 9,000 pharmacies in England supported Smoke Free January in 2015
- nearly 10,000 pharmacies supported Stoptober 2015
- over 90 per cent of pharmacies now have a private consultation room and many have already taken on a wider public health role, for example running weekly clinics to help people lose weight, stop smoking or to monitor blood pressure or cholesterol
- pharmacies are increasingly seen as a referral mechanism to GPs for patients with possible early symptoms of cancer

- in 2015, over 8,000 (nearly 70 per cent) of pharmacy contractors had signed up to deliver the seasonal flu vaccination, with almost half a million vaccinations having been delivered by 20 November
- community pharmacies are accessed by people who may not access conventional NHS services, helping to reduce health inequalities. For example, people from deprived communities and ethnic background, asylum seekers, travellers, etc
- it takes five years to qualify as a pharmacist. During a four-year master's degree, trainee pharmacists are being trained in the safe use of medicines and, increasingly they are being trained to help people change to more healthy behaviours by equipping them with the appropriate behaviour change skills.



The role of local government

Councils have three interrelated functions in relation to locally commissioned services

1. undertaking pharmaceutical needs assessments (PNA) through the health and wellbeing board
2. commissioning certain public health services from community pharmacies
3. strategic support for the development of community pharmacies with an increased role in public health and health improvement.

These three functions are described below.

1. Duty to produce a pharmaceutical needs assessment

A local PNA is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing and appliance contractors and (where relevant) doctors' services and should identify where there are gaps in provision. Each health and wellbeing board should have produced by April 2015 its first PNA since the transfer of public health to local government⁴. The PNA can be included as an annex to the Joint Strategic Needs Assessment (JSNA). Community pharmacy can provide insight into the public's and patients' needs and behaviours around a wider group of services, not just pharmacy dispensing services and can therefore contribute to the JSNA as a whole.

⁴ As required by the The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

PNAs are important for a number of reasons.

- NHS England relies on the PNA when making decisions on applications to open new pharmacies and applications to dispense medical appliances, as well as informing the commissioning of enhanced services from pharmacies, such as pharmacy management of common conditions (eg minor ailment services).
- For deprived communities, which may have few community health facilities, the location of pharmacies is especially important in increasing equity of access to services.
- Council public health teams use the PNA to inform their commissioning decisions.
- PNAs provide an opportunity to take a strategic overview of pharmacies as community resources, develop the concept of community pharmacies as local centres of health and wellbeing and promote partnerships between pharmacies and other service providers in models that suit local communities.

The key links for health and wellbeing boards are the chair of the pharmacy LPN who is accountable to NHS England and the chief officer of the Local Pharmaceutical Committee (LPC) who are valuable sources of local information about community pharmacies and pharmaceutical services in an area⁵.

⁵ Details of LPCs including contact details can be found online at: www.lpc-online.org.uk

2. Commissioning public health services from community pharmacies

NHS England has responsibility for directly commissioning General Medical Services (GMS), NHS pharmaceutical, dental and eye care services. Individual pharmacies are commissioned to provide services to their local community.

The majority of public health services commissioned from community pharmacies have been transferred to local authorities. Some of the services that could be commissioned from community pharmacies include:

- stop smoking services
- brief alcohol advice and harm reduction services
- prevention, early detection and management of blood pressure
- weight management services
- needle and syringe exchange for people with drug addiction
- NHS Health Checks
- sexual health services including chlamydia screening and treatment, HIV testing, condom distribution and emergency hormonal contraception.

Councils need to consider their commissioning plans for community pharmacy in the wider context of their strategic approach to commissioning public health services. In some cases, they may turn to different service providers, such as voluntary sector organisations, for certain services. In other cases, where they judge community pharmacies are working effectively and imaginatively to build on their core services, they may see advantages in supporting and commissioning pharmacies to develop their public health role. Should councils decide to commission similar services from community pharmacies, they need to contract directly with the pharmacy.

In commissioning public health (PH) services from community pharmacies, some of the services will be associated with the supply

of a medicine. Some examples of medicines which may be supplied for PH services are:

- medicines relevant to stopping smoking
- screening and treatments for sexually transmitted diseases
- medicines for weight management
- methadone for people addicted to heroin.

The HLP approach could play an important role in supporting councils to deliver public health services and improve the health and wellbeing of their local populations. The first HLPs were implemented in Portsmouth, where, faced with significant public health challenges, health commissioners decided to use community pharmacy teams to play a much bigger role in promoting health and well-being messages. In HLPs, pharmacy staff are trained to take a more proactive approach to improving health and wellbeing of the local population and supporting self-care. For example, they will ask customers if they smoke and, if so, whether they have thought about quitting. Additionally, they may even offer NHS stop smoking services, helping people to stop smoking. People walking into a HLP are twice as likely to set a quit date and quit smoking compared to a non-HLP.⁶

HLPs also offer advice on health issues such as sexual health, healthy eating and alcohol consumption. In addition, they can provide signposting to other services, such as council leisure and exercise services and participate in specific initiatives in partnership with councils and other organisations.

Public health services commissioned by councils are not part of NHS pharmaceutical services but require council contracts with their own monitoring and governance arrangements, as for other providers. The General Pharmaceutical Council⁷ (GPhC) is the regulator for pharmacists, pharmacy technicians and pharmacy premises. It is, therefore, important that any new performance management requirements do not duplicate what is required by the GPhC.

⁶ Pathfinder Programme evaluation

⁷ www.pharmacyregulation.org/

Case study

A rural hub driven by a patient participation group

Fitzwilliam is a small village in West Yorkshire within the area covered by Wakefield Council. It was originally built as a pit village, but all local collieries were closed by 1988. It is still one of the most deprived areas in the country.

Whitworth Chemist in Fitzwilliam is a Healthy Living Pharmacy. Its role as a community pharmacy is driven by an active patient participation group (PPG). The PPG has regular meetings which are now attended by 20 to 30 people with two or three speakers at each meeting. Topics discussed have included, self care, dementia and the role of local Health Watch. As a result of PPG discussions, the pharmacy has initiated a number of additional services and offers to the local community. These include:

- the introduction of gluten free products
- free blood pressure checks (people are now referred by local GPs)
- a weight management group of 20 people which has lost over 200 lbs collectively; medals and trophies are given out for weight loss and other achievements decided by the group
- a private facebook account so that members can share thoughts and feelings
- 'bring and share' afternoons on which people bring a healthy food to share
- family and friends health walks around the local country park
- a healthy cook book written and produced with recipes from members of the PPG
- a suggestion box.

In addition, 30 volunteers have become 'dementia friends'. Pharmacy staff also participate in a range of outreach events throughout the year. For example, they have visited local care homes to check the blood pressure of staff members and offer lifestyle advice and weight management programmes. They also run summer/Christmas fairs at care homes where some residents have few visitors.

Pharmacy staff have also worked with and alongside health trainers and the council's health and wellbeing team offering free blood pressure checks, weight management, lifestyle advice and medicines management.

The PPG and its activities have increased customer service in the pharmacy. The whole pharmacy team has contributed to this work with increased job satisfaction. People are more likely to come to the pharmacy for advice. For example, a mother who had lost her husband through testicular cancer asked for help in ensuring that her teenage son understood the issues pharmacy staff set up a display on testicular cancer and self-checking. They also talked privately and discreetly to the young man who had lost his father and he now checks himself regularly and feels able to ask questions. Another example which staff say has given them a 'buzz' of satisfaction is that of a patient who has lost half a stone as part of the weight management programme. He says that coming into the pharmacy for checks and the weight management group are what 'gets him up in the morning'.

Pharmacy staff believe that setting up the PPG and responding to members' suggestions with new services has completely changed the way they fit into their local community. They had no idea how successful the PPG would be and are now all very proud to be part of a family-friendly pharmacy.

Contact: **Donna Reid**
donna.reidok@sky.com

3. Supporting the development of community pharmacy

There are significant opportunities for councils to commission public health services from community pharmacies as a key element of their health improvement strategies; based on their JSNA and the priorities agreed in the joint health and wellbeing strategy (JHWS). The PNA, linked to the JSNA, should be the basis on which commissioners and providers build their understanding of the contribution of community pharmacies and support their development as providers of public health services, appropriate to local circumstances.

An expanded role for community pharmacy as a supplier of public health services is well suited to run alongside its important traditional roles in supplying medicines and optimising medicines use. Additional investment in community pharmacy could be strategically and financially beneficial to local government by improving primary and secondary prevention of disease and access to services. For example, some councils have chosen to commission NHS Health Checks, stop smoking programmes, vaccinations and screening from pharmacies in their area.

Pharmacies, as well as GP practices and other local healthcare and community organisations, are potential bidders for a range of public health contracts. They will need to show, in competing for contracts, that they can provide good quality, cost effective services. Therefore, in addition to investment by local government, pharmacies commissioned to provide expanded services will need themselves to invest in appropriate staff training (and possibly facilities such as infection control measures, or an area or meeting room for groups) to provide consistent, high quality services (over 90 per cent of pharmacies now have consultation rooms). This will need to be part of the agreed health and social care workforce strategy for the area and could give added value by increasing employment and training opportunities, for example in disadvantaged areas.

In addition to the delivery of public health services, community pharmacy teams are engaging in opportunistic interventions such as the provision of healthy lifestyle advice, opportunistic blood pressure or cholesterol testing, preventing people from becoming ill. They also help to maintain the health of people who are already ill. Local authorities can play a role by specifically recognising the opportunity for such interventions in discussions with pharmacy representatives and supporting their use.

Community Pharmacy West Yorkshire Training staff for a wider role

Community Pharmacy West Yorkshire (CPWY) represents over 550 community pharmacies across West Yorkshire. CPWY established the Community Pharmacy West Yorkshire Development Academy in 2013 and now trains over 400 members of the community pharmacy team each month, using face-to-face and online training, a website, newsletter and wellbeing resources. Strong partnerships have been developed with West Yorkshire local authorities, universities, CCGs and the pharmaceutical industry who all provide financial and training support.

Initiatives on which CPWY provides training and support include the following.

The Dementia Friendly Pharmacies programme, aimed at making community pharmacy a centre of excellence for dementia identification, care and support, with at least two members of staff in 100 community pharmacies becoming Dementia Friends. CPWY is working with a number of partners to deliver this programme, including the Alzheimer's Society, Care UK, West Yorkshire Police and Wakefield local authority.

The Carer Friendly Pharmacy programme, working with Carers Trust, the Royal College of GPs and Carers UK. The aim of the programme is to ensure that carers receive

support before they reach crisis points. A 'Carer-Friendly Pharmacy' concept has been developed and tested through the programme.

Support for vulnerable adults, working with the West Yorkshire Police to link community police with community pharmacies to ensure vulnerable adults can be supported via community pharmacy. A pilot programme started in Wakefield in April 2014.

Making Time – support for people with learning disabilities, commissioned by North Leeds CCG to support 200 people with learning disabilities in South Leeds. Pharmacies make time to help people and their carers understand their medicines, what it is for and when to take it; supported by easy read literature, developed with services users, for example, on taking antibiotics. The programme is currently being evaluated by Bradford University.

The Blood Pressure Drop in, a pilot campaign in collaboration with Public Health England, the Wakefield Council public health team and a number of NHS and voluntary sector partners, aiming to use 'non-traditional' sites in the Wakefield area where different groups gather, to test people's blood pressure. Pharmacies were paid a £3 fee per client tested. Between 3,000 and 5,000 people were tested of whom 16 per cent were found to have very high blood pressure. Those identified were given the opportunity to discuss diet, alcohol use and general health issues. Pharmacies were able to provide this service very cost effectively compared with other partners.

Certificate for Community Pharmacy Health Care Assistants, developing a group of community pharmacy Health Care Assistants, many of whom live in the local community, in a 12 month training programme, to be local leaders and regional champions in public health, medicines optimisation and self care.

Contact: **Nigel Hughes**
nigel@cpwy.org

Making every contact count

An imaginative approach to community pharmacies, making the most of their location, access, longer opening hours and availability within communities, is to enlist them in tackling the wider determinants of health.

Making every contact count (MECC)

MECC is an approach to improving health and reducing health inequalities developed by the NHS and local government. One route to MECC is to support pharmacies, as well as other providers, in taking a holistic, personalised approach to individuals' needs. For example, someone taking medicines for high blood pressure might also be a smoker. As well as dispensing their medicines their local pharmacy could give them advice and support to stop smoking if commissioned to provide smoking cessation services by the council. Similarly, people with diabetes could receive healthy eating and weight management services at the pharmacy.

Pharmacy staff especially in Healthy Living Pharmacies tend to use every interaction in the pharmacy setting as an opportunity for making a health promoting intervention, making every contact count.

Case study Making every contact count

Reena Barai owns a pharmacy in a residential area in the London Borough of Sutton and is an Independent Pharmacist Contractor. The pharmacy is seen as a community resource which does not just dispense medicines but also gives advice and services related to healthy living. It has built up close relationships with patients and the public. This is likely to have contributed to Reena being voted Britain's best pharmacist in 2014 in a joint competition by the Royal Pharmaceutical Society and Women's Weekly Magazine.

Four of the pharmacy's staff are trained as Royal Society for Public Health 'health champions' and all are actively involved in making every contact count to promote the services provided by the pharmacy that encourage the public to live healthier lives. The pharmacy promotes a new public health campaign every month using an A-Board outside the pharmacy to advertise the chosen topic and by creating an information corner in the pharmacy with posters and leaflets for patients and the public to read whilst waiting for their prescriptions or purchasing over-the-counter medicines. Because people come into the pharmacy for all sorts of things other than dispensing medicines, staff have an opportunity to use these chance encounters, to provide opportunistic advice to the public. Recent campaigns that have been promoted include Stoptober, Breast Cancer Awareness, Flu Vaccination, Antibiotic Awareness and Vitamin D Deficiency symptoms.

One of the pharmacy staff is trained as a health walker and has run local health walks to encourage people to get active and be social at the same time. The pharmacy also carries out Medicines Use Reviews commissioned by NHS England. These take place in a private consultation area where the pharmacy team helps people to simplify their medicines regime.

Contact: **Reena Barai**
reenabarai@yahoo.com

On a practical level, the co-location of pharmacy with other services can provide individuals with access to a number of services in one place, a particularly important factor in disadvantaged communities and where transport may be poor or unavailable. Co-location also has the potential to improve signposting between services and to enable a more holistic approach to individuals, by bringing together a range of professional staff and ensuring the ongoing viability of key community services in sparsely populated communities. For example, in Waddington, Lincolnshire, the co-operative pharmacy is co-located with the library and post office.

There is further untapped potential for community pharmacies to take on a wider role, drawing on examples from areas where community pharmacies have been used innovatively to help address key public health challenges in the area: for example, in Wigan community pharmacies are involved in discussions about fuel poverty and supporting people at risk of domestic abuse. Community pharmacy teams see people in every state of health and are ideally placed to play a central role in the prevention of ill health. Examples of services currently offered that could be developed further include prevention, early detection and management of blood pressure, NHS Health Checks, as well as signposting potential service users to different council and other public services including leisure services for people who may need to increase physical activity.

If commissioning services from pharmacies, councils will wish to develop local service level agreements, which will set out the exact detail of what is to be provided, recorded and monitored. As with other health services they commission, councils also need to consider clinical governance arrangements to ensure consistent, high quality delivery of public health services.

Some councils and health and wellbeing boards have already recognised that community pharmacy is a valuable resource and some boards have invited local pharmacy representatives to become members of the board (eg Hackney). However, it is fair to say that in many areas the potential of pharmacies as a community resource has not yet been fully recognised. The examples and case studies in this briefing give some idea of the possibilities, not only for realising the potential to increase community health services, but also of how community pharmacy could support integration of services across the public sector.



Ideas for success

- Review the current provision of public health services provided by community pharmacies in your area to ensure that it addresses the public health needs of the community, is of good quality and is effective in improving health outcomes.
- Map local pharmacy provision across your area to ensure that there is appropriate coverage of different communities and localities.
- Councillors and other members of health and wellbeing boards may wish to visit pharmacies in their areas to find out about the range of services provided.
- When discussing local development of services provided by community pharmacies, engage with the pharmacy LPN chair, Local Pharmaceutical Committees (LPC) and other commissioners to help identify patterns of patient need and service use for your PNA, JSNA and JHWS and to discuss how community pharmacy can help improve public health services in your area. Chairs of health and wellbeing boards may wish to offer to speak at a LPC meeting or otherwise develop channels of communication.
- Ensure that your health and wellbeing board is aware of its responsibilities and has a work plan for regular review and update of the PNA alongside the JSNA.
- As a commissioner of public health pharmacy services, ensure you work with social care and CCG commissioners to develop an integrated approach to commissioning community pharmacy services.
- Ensure that your health and wellbeing board (HWB) considers the potential for a wider role for community pharmacy in supporting people's health and wellbeing, as it reviews its JSNA and JHWS; and that the HWB considers the development of community pharmacy as a key public health resource.
- In developing or reviewing your commissioning strategy for pharmacy services, ensure that you consider the Healthy Living Pharmacy model and how it could be used to help improve health and reduce inequalities in your area.
- Ensure that the health and social care workforce strategy for the area includes the pharmacy workforce and its training needs, including its role as a potential employer in deprived and rural communities. There may be opportunities for greater integration and joint workforce training, for example of healthcare assistants and health champions.
- In developing your commissioning and estate strategies, consider how pharmacy services could be better integrated with health and social care and other public services, for example through co-location.

Key questions to ask

- How will you involve community pharmacy stakeholders in reviewing and updating your PNA?
- How will you ensure that the PNA and JSNA are aligned and that issues relating to pharmacy services and the role of community pharmacies are considered in developing your JSNA and JHWS?
- Does your PNA/JSNA provide you with the right information to develop an evidence-based commissioning strategy for public health pharmacy services and, more broadly, community pharmacy services?
- Are you including community pharmacy services and the potential contribution of pharmacy teams in implementing your health and wellbeing board's duty to encourage integration of health, public health and social care?
- How will you involve patients and the public and include their views on how they wish to access services in decisions about the commissioning of public health services from community pharmacy?
- Is there potential for Local Healthwatch to investigate and report on the provision of pharmacy services in your area and how they could be improved from the point of view of those who use them? Is there a role for health scrutiny in this work?
- How well are you promoting the range of public health services available from community pharmacies and how to access them to patients and the public?
- How can you support community pharmacy in making every contact count?
- If you are not commissioning public health services from your local community pharmacies, consider them as a potential provider of public services. Their unique offering for health includes- easy access, close to people's homes, long opening hours, staff that reflect the social and ethnic backgrounds of their communities, an informal environment and most importantly, trusted professionals on site.





Local Government Association

Local Government House
Smith Square
London SW1P 3HZ

Telephone 020 7664 3000
Fax 020 7664 3030
Email info@local.gov.uk
www.local.gov.uk

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