



Public Health
England

Developing Pharmacy's contribution to Public Health: A progress report from the Pharmacy and Public Health Forum

June 2014

About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

About the Pharmacy & Public Health Forum

The Pharmacy and Public Health Forum provides leadership for the development, implementation and evaluation of public health practice for pharmacy in the Government's drive to improve the public's health. It leads on developing the pharmacy contribution to public health, taking into account both Government and local public health priorities.

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Foreword

Community pharmacies are a local asset and an important resource for communities - especially those that may not access other NHS services. I believe that community pharmacy is a key strategic partner for Public Health England and we are already investing effort and resources into building a strong relationship with the sector.

I know that pharmacy teams have a proven track record of delivering a whole range of public health services. Here in Public Health England, we are providing system leadership to build on this and involve pharmacy in innovative developments in prevention, early detection and management of blood pressure, NHS Health Checks and the dementia awareness programme.

Public Health England is committed to resourcing and supporting the Pharmacy and Public Health Forum, as it continues to provide leadership for the development, implementation and evaluation of public health practice for pharmacy, taking national and local priorities into account.

Over the next decade, I would like to see many more pharmacists influencing strategic decision making at national and local level: for instance, through pharmacy representation on the Blood Pressure System Leadership Board or through community pharmacists influencing local commissioning decisions. The public health system has a role to play here in promoting the contribution that pharmacists and their teams make and raising their profile with the public.

I thank Professor Richard Parish for getting the Forum to this point, for his leadership in engaging pharmacy in the wider public health agenda and for raising awareness of the added value that community pharmacy brings to local communities. I know this would have been impossible without the support of all the Task Group chairs and members of the Forum and I thank them for their commitment in delivering the Forum's work programme so far.

The Forum is now in a great position to consider how it can best build on this momentum and continue to support pharmacy in its ambition to improve the public's health, working alongside local government, NHS England, Health Education England and other important partners.

Professor Kevin Fenton
National Director Health and Wellbeing
Public Health England



Foreword

Community pharmacy is making an increasingly important contribution to population health. Pharmacies have a presence in every high street, in many rural communities and in the places where we shop, access healthcare, and enjoy our leisure time. In other words, community pharmacies are interwoven with our everyday lives in a way that few other professions and sectors can claim. Pharmacies have shown through the Healthy Living Pharmacy initiative that they can move with the times and offer a wide range of relevant, easily accessible services, transforming their contribution to public health in the process.

The role of Health Champions has been instrumental in redefining the contribution of local pharmacies. We now have a large number of 'new' community health workers – over 3000 Health Champions in pharmacy alone – upon whom we can build further capacity to promote and protect health. Further training of this new workforce will be necessary to capitalise fully on their potential.

Much thought has also been given over the past two years to the strategic repositioning of community pharmacy. The challenge is to ensure that commissioners, both national and local, understand fully the contribution pharmacy can, and now is, making to health and wellbeing. Investment will be required, through a combination of pump priming, cascade funding, commissioning budgets, and/or local procurement. But the potential health dividends and financial savings far outweigh the investment costs. At a time when Accident and Emergency Departments are under increasing pressure, it is clear that local pharmacies can and should be part of the solution.

This Progress Report emphasises the considerable achievements to date, but these merely serve to provide a foundation for future success. Such success will derive from a concerted commitment to strategic change, coupled with the necessary investment to deliver measurable health outcomes in line with the priorities published by Public Health England and the Government's Public Health Outcomes Framework.

I am indebted to the members of the Forum for their time and commitment, to the Task Group Chairs for their energy and enthusiasm, to Department of Health officials for their unstinting support, and to Public Health England for considering how best to take the work forward.

Professor Richard Parish CBE
Chair, Pharmacy and Public Health Forum



Developing Pharmacy's contribution to public health

"I have no doubt in my mind that community pharmacy should be in a position to influence decisions in the new NHS and public health arrangements, contributing to service development and delivery. I have always been clear that there should be genuine inter-professional collaboration, especially between community pharmacists and GPs, that truly puts the public and patients at the heart of everything they deliver.

I would like to encourage [commissioners] to carefully consider pharmacy as an effective delivery mechanism for public health services alongside other providers, taking into consideration all the added value that pharmacies bring to their local communities."

The Rt Hon Earl Howe, Parliamentary Under-Secretary of State for Quality

Alongside their more traditional role, community pharmacies are increasingly delivering a wide range of public health services - from stopping smoking to sexual health, including chlamydia screening and treatment and emergency hormonal contraception, healthy diet and weight, physical activity, alcohol interventions, needle and syringe exchange schemes, harm reduction, supervised administration for drug misusers, flu immunisations and more.

In doing so, they contribute to improving and protecting health and reducing health inequalities.

Pharmacists are trusted healthcare professionals in their local communities and pharmacy teams are increasingly taking on an expanded role in promoting health and wellbeing to those using their pharmacy's services.

Community pharmacies are also local businesses connected to their local communities and provide an ideal setting for the provision of public health services because they offer:

- easy access, including for people from deprived communities, who may not access other conventional NHS services
- long opening hours
- a health resource on the high street, in supermarkets, in every shopping centre
- anonymity and confidentiality, where appropriate
- a flexible setting within an informal environment
- a workforce who tend to reflect the social and ethnic backgrounds of the populations they serve, making it easier to make health promoting interventions.

Since July 2011, representatives from a wide range of important stakeholders including public health and pharmacy organisations, the NHS, local government and community pharmacy have been working to develop pharmacy's contribution to public health.

This report details the work done so far.

History

The establishment of the Pharmacy and Public Health Forum was announced by Health Ministers in July 2011 and Professor Richard Parish, the then Chief Executive of the Royal Society for Public Health and now a non-executive Public Health England Board member, was asked to chair. It started its work towards the end of the year.

The Pharmacy and Public Health Forum provides leadership for the development, implementation and evaluation of public health practice for pharmacy in the Government's drive to improve the public's health. It leads on developing the pharmacy contribution to public health, taking into account both Government and local public health priorities.

The Forum initially reported to the Department of Health. With the agreement of Department of Ministers, the reporting transferred to Public Health England on 22 January 2014, although retaining access to Ministers.

Members of the Forum are listed at Annex A.

Task Groups

To be able to deliver and implement the work programme of the Forum in an effective way and to satisfy the aspirational Terms of Reference (see Annex B), it was agreed at the inaugural meeting of the Forum that the modus operandi for the Forum would primarily be through the establishment of six Task Groups as follows:

- Task Group 1 Accelerating the roll-out of the Healthy Living Pharmacy concept
- Task Group 2 Professional standards for public health practice for pharmacy
- Task Group 3 Consolidating and developing the evidence-base and research for pharmacy's contribution to public health
- Task Group 4 Identifying how and where community pharmacy sits within the new system architecture for the NHS, public health and social care
- Task Group 5 Workforce implications, including the capacity and infrastructure for training and development
- Task Group 6 Business support (how best to utilise the combined resources and infrastructure of the major organisational players)

A communications task group, Task Group 7, was established in January 2014 with a brief to advise on internal and external communications, including possible branding. It will work closely with the other task groups particularly the one concerned with HLPs. The group will develop a communication strategy and scope the work for future meetings.

Some task groups have made more progress than others. This is mainly for three reasons:

- the sheer work load during a period of transition, which saw responsibility for public health transferred to Public Health England and the emergence of new commissioners - NHS England, clinical commissioning groups and local authorities - of public health services from pharmacy
- the work of some of the task groups builds on work initiated before their establishment eg the work on the Healthy Living Pharmacy concept and the development of professional standards for public health practice for pharmacy
- the work of some task groups is dependent on progress being achieved by other tasks groups eg the work of Task Group 5 on workforce development is dependent on the outputs from the work on Healthy Living Pharmacies (Task Group 1) as well as that on professional standards (Task Group 2)

Regional events

The Forum held four events across the country in early 2013 - in Stafford, York, London and Devon - to raise awareness of the important contribution that pharmacy can make to public health, so that new commissioners routinely consider pharmacy alongside other providers, when commissioning public health services.

The audience for these events consisted of CCGs, local authority councillors and commissioners, health and wellbeing board members, Directors of Public Health, academics, professional bodies, and the pharmacy profession itself.

Pharmacy Minister, Lord Howe contributed a pre-recorded message for all the events which emphasised the Government's belief that community pharmacies have the potential to play a much greater role in delivering public health services in the future.

Other presentations from Forum members highlighted how pharmacy can add real value to improving the public's health and why it is that pharmacy should be considered alongside other providers.

The events were very successful and some important points were raised by the new commissioners and providers. Some of those present were very interested about what had been delivered to date by pharmacy and the events certainly did raise the profile of pharmacy with councillors, health and wellbeing boards and public health professionals. The Healthy Living Pharmacy concept, in particular, attracted much interest from the stakeholders present.

Task Group 1: accelerating roll-out of the Healty Living Pharmacy concept

Aim

The aim of this task group is to accelerate the roll out of Healthy Living Pharmacies across the country informed by the Portsmouth model and the pathfinder work programme.

Membership

Chair: Dr Paul Edmondson-Jones MBE	Director of Public Health and Well-being, City of York, also representing the Association of Directors of Public Health
Anjella Coote	Community pharmacist
Dr Catherine Duggan	Director of Professional Development and Support, Royal Pharmaceutical Society
Deborah Evans	Project manager, Healthy Living Pharmacies
Robin Kenworthy	Lay member
Gopa Mitra	Director Health Policy and Public Affairs, Proprietary Association of Great Britain
Andy Murdock	External Relations and Policy Director, Celesio UK
Barbara Parsons	Head of Pharmacy Practice, Pharmaceutical Services Negotiating Committee
Nye Patel	Community pharmacist, Lambeth, Southwark & Lewisham Local Pharmaceutical Committee (LPC)
Gul Root	Principal Pharmaceutical Officer, Department of Health/Pharmaceutical Public Health Adviser, Public Health England
Ash Soni OBE	Clinical Network Lead, NHS Lambeth, community pharmacist
Paul Ogden	Senior Adviser (Public Health) Local Government Association
Alison Hemsworth	Senior Programme Manager, Community pharmacy Contractual Framework, NHS England

Background

Healthy Living Pharmacies (HLPs) aim to improve the health and well-being of the local community and help to reduce health inequalities by delivering, through community pharmacies, a broad range of high quality public health services (such as stopping smoking, brief alcohol interventions, weight loss, the treatment of minor ailments, contraception and sexual health and targeted medicines use reviews) to meet local health needs.

The HLP concept works through a structured, tiered national commissioning framework (see Annex C) based on public health need and underpinned by quality criteria, with three enablers in place including:

- workforce development, with staff trained and skilled to proactively engage with the public to deliver healthy lifestyle messages

- premises that are fit for purpose for pro-actively promoting health and well-being messages, with a dedicated health promotion zone; and
- local stakeholder engagement, helping to improve the health of the population locally

Accredited HLPs are required to commit to, and promote, a healthy living ethos with a dedicated zone within a health-promoting environment.

One of the key distinctions of an HLP is having a trained Health Champion who engages proactively with the community they serve, using every interaction as an opportunity for a health-promoting intervention, making 'every contact count' to improve people's health, reduce mortality and help to reduce health inequalities. To become Health Champions, pharmacy staff are required to undergo the Understanding Health Improvement Level 2 award accredited by the Royal Society for Public Health.

People visiting an HLP will receive health and well-being advice from informed members of the pharmacy team and either access or be signposted to public health services as appropriate.

History

The Department commissioned Portsmouth City Primary Care Trust (PCT) in early 2009 to develop a national framework for HLPs, informed by the PCT's local model. The first six HLPs were launched in Portsmouth in June 2010.

Following a visit to Portsmouth, Pharmacy Minister, Lord Howe, asked if the results obtained in Portsmouth could be replicated in other parts of the country with a different demography. The main pharmacy representative organisations, with Department of Health input, supported 20 pathfinder sites across 30 primary care trusts in different parts of the country to spread the learning of the HLP concept in an attempt to determine results in rural and urban areas and in areas with different levels of deprivation.

The PCT pathfinder sites were supported by the Pathfinder Support Group and their Local Pharmaceutical Committees throughout implementation. The HLP Pathfinder Support Group was made up of representatives from the Company Chemists' Association, Centre for Pharmacy Postgraduate Education, Department of Health, National Pharmacy Association, Pharmaceutical Services Negotiating Committee and the Royal Pharmaceutical Society.

Evaluation

Whilst the initial pathfinder work programme was taken forward under the auspices of the Pathfinder Support Group, once the task group had been established, the Pathfinder Support Group was disbanded and the task group took oversight of the evaluation phase.

The evaluation report, *Evaluation of the Healthy Living Pharmacy Pathfinder Work Programme 2011-2012* was published in April 2013¹. It focuses on the public health benefits of the concept

¹ www.npa.co.uk/Documents/Docstore/Representing-you/Evaluation.pdf

for the public, patients, contractors and commissioners. Amongst the key findings, the evaluation found that of the 1,034 people surveyed:

- over 20% said they would not have gone anywhere else for health and well-being support and would therefore have missed out on the health and well-being support that they were able to get from their HLP, helping to improve their health through the adoption of healthier lifestyles
- 60% said they would have gone to a GP
- 98% said they would recommend the service to others
- 81% said the service they had received was excellent
- 91% of contractors said becoming an HLP was a worthwhile investment with 80% saying their staff were more productive
- 61% said the public were asking for more services
- 76% of contractors said they had seen up to a 25% increase in income

A contractor survey showed that public health services delivered through HLPs are effective and potentially cost effective. It found that outcomes from services provided by members of staff were at least as good as those provided by pharmacists.

The Forum commends the work done so far to implement and spread the Healthy Living Pharmacy concept across the country and is impressed with the evaluation of the pathfinder work programme. It now awaits the next phase of the Task Group work programme.

Next steps

By May 2014, the number of HLPs across England had grown to over 800 with interest from across England and in other areas of the UK and across the world. There are over 3000 trained Health Champions proactively promoting health and well-being messages to members of the public, helping to improve the health of their local populations.

Further research is needed to build on the evaluation findings including on health economics, health benefits and business benefits. A proposal has been submitted to the Department of Health's Policy Research Programme for the next round of allocations. The outcome of the bid process is awaited.

The task group, with membership extended to the newly established organisations, will now need to consider how best to continue the acceleration and roll out of HLPs across England. It will consider the establishment of a national awarding body for the HLP quality mark underpinned by a quality assurance process

NHS England, as commissioners of NHS Pharmaceutical services, will need to consider whether, and how, the HLP framework or aspects of it might be embedded within the community pharmacy contractual framework, at the appropriate time in the future. The concept is now gaining interest in other countries.

Task Group 2: Professional standards for public health practice for pharmacy

Aim

To develop professional standards in public health practice for pharmacy teams working in the different sectors and at different levels - from defined public health specialists to the wider work force in community and hospital pharmacies, developing and delivering public health services.

These standards align with the standards that other public health professionals are required to satisfy and with other professional standards and guidance developed by the Royal Pharmaceutical Society (RPS).

Membership

Chair: Helen Gordon Scott Bryson	Chief Executive, Royal Pharmaceutical Society Lead Specialist in Pharmaceutical Public Health, NHS Greater Glasgow and Clyde
Catherine Cox Dr Heather Davidson Dr Catherine Duggan	Primary Care Services Manager, Co-operative Pharmacy Development Director, Royal Society for Public Health Director of Professional Development and Support, Royal Pharmaceutical Society
Dr Paul Edmondson-Jones MBE Fiona Harris	Director of Public Health and Well-being, City of York Head of Public Health, Surrey and Sussex Area Team, NHS England
Anne Hinchliffe	Consultant in Pharmaceutical Public Health, Public Health Wales
Dr Suzanna Matthew	Director of Curriculum and Assessment, Faculty of Public Health
Parag Oza	Senior Manager, Projects and Contract Development, Boots UK
Professor Richard Parish CBE	Former Chief Executive, Royal Society for Public Health, now a non-executive Public Health England Board member
Andrew Radley Gul Root	Consultant in Public Health (Pharmacy), NHS Tayside Principal Pharmaceutical Officer, Department of Health/Pharmaceutical Public Health Adviser PHE
Andrew Scott Clark Ash Soni, OBE Ruth Wakeman	Director of Public Health Improvement, Kent County Council Clinical Network Lead, NHS Lambeth, community pharmacist Head of Professional Support, Royal Pharmaceutical Society

Progress

Professional standards for public health practice for pharmacy have been developed to lead, support and develop the pharmacy profession to enable delivery of high quality public health services. The standards are professional standards and not regulatory ones. The work was initiated by the RPS prior to the formation of the Forum and, from the end of 2011, was formally linked the Forum as one of its work-streams, as recommended by Ministers.

The standards are high level and generic but applicable to all levels of the pharmacy workforce eg those working at specialist or strategic level, pharmacists working in all sectors and the wider workforce and pharmacy team. They are based on the nine Faculty of Public Health standards, to ensure that the standards that pharmacists and their teams are working to in public health practice, are the same as those for the rest of the public health workforce.

It is expected that one of the outcomes of the development of these professional standards will be to provide the impetus for pharmacists and their teams working in public health practice in all sectors to aspire to satisfy these standards to effectively design, implement, deliver and monitor high quality public health practice and interventions.

These professional standards will also provide assurance to commissioners and the public that delivery of public health services through pharmacy will be consistently of a high quality.

Next steps

The standards were published on 14 March 2014² following a consultation period and have been warmly welcomed by many organisations and the pharmacy and public health professions.

The consultation phase was designed to engage key stakeholders, through seeking views on implementation as well as content, so that the content and style of the standards, really aid individual professionals and organisations (both providers and commissioners) in making a difference to public health services throughout the country.

The Task Group and wider reference group may continue to support implementation and other on-going tasks yet to be defined.

The RPS will be responsible for reviewing and updating the standards, as a minimum every two years, and ensuring that they continue to be fit for purpose.

² www.rpharms.com/unsecure-support-resources/professional-standards-for-public-health.asp?

Task Group 3: Consolidating and developing the evidence-base and research for pharmacy's contribution to public health.

Aim

To advise on the current state of the evidence base in relation to the role of pharmacies in public health, advise on any gaps in the evidence base that would be amenable to research and work with other Task groups to ensure that opportunities for evaluation and research are maximised.

Membership

Chair: Professor John Newton	Formerly Regional Director of Public Health, South Central Strategic Health Authority and now Chief Knowledge Officer, Public Health England
Laura Haynes	Behavioural Insight Team, Cabinet Office
Mike Kelly	Director of the Centre of Public Health, National Institute for Health and Care Excellence
John Morrison	Associate Director for Medicines Management, QIPP and Provider Contract Delivery, Birmingham & Solihull NHS Cluster
Professor Jon Nicholl	Professor of Health Services Research in the School of Health and Related Research
Professor Richard Parish CBE	former Chief Executive of the Royal Society for Public Health and now now a non-executive Public Health England Board member
Gul Root	Principal Pharmaceutical Officer, Department of Health/Pharmaceutical Public Health Adviser, PHE
Dr Howard Stoaate	Chair, Bexley Clinical Cabinet
Professor David Taylor	Professor of Pharmaceutical and Public Health Policy, UCL School of Pharmacy
Professor Marjorie Weiss	Professor of Pharmacy Practice and Medicine Use at the University of Bath University of Aston

Progress

Solutions for Public Health (a not-for-profit organisation) was commissioned by the Chair of the Task Group to:

- carry out a high level scoping exercise of existing summaries or reviews of relevant evidence (including in the grey literature and including international experience)
- identify informative examples of research or evaluation which could help guide policy and practice
- write a brief report on the current state of the evidence base in relation to the role of pharmacy in public health

- based on the above, advise the Forum on potential gaps in the evidence base that would be amenable to research, with a view to informing research commissioning undertaken by the National Institute for Health Research
- identify significant themes from the general literature where knowledge may be available to contribute to the evidence base on further development of the role of pharmacy

The evidence of interest is that which is relevant to the concept of the Healthy Living Pharmacy, in which staff based in community pharmacies support or deliver lifestyle interventions in a pharmacy setting. This function is related to, but distinct from, traditional pharmacy skills of dispensing and advising on medicines.

The evidence base review, *Community Pharmacy and Public Health*, was published on Solutions for Public Health's website in February 2013³.

Next steps

A proposal was made by the chair of the Task Group, supported by PHE and Department of Health officials, to the Department of Health Policy Research Programme (PRP) to the need for further research on pharmacy's contribution to public health. A call for proposals for this research was issued in 2013. The bids to the research call out are being evaluated by the PRP and the outcome of the research allocation process will determine the direction of travel for consolidating the evidence-base for pharmacy's contribution to public health.

A progress report from the task group was published on the Public Health England website in January 2014⁴.

³ www.sph.nhs.uk/sph-documents/community-pharmacy-and-public-health-final-report/?searchterm=community

⁴ www.gov.uk/government/publications/consolidating-and-developing-the-evidence-base-and-research-for-community-pharmacies-contribution-to-public-health

Task Group 4: Identifying how and where community pharmacy sits within the new system architecture for the NHS, public health and social care

Aim

This Task Group was established to identify and recommend how and where community pharmacy sits within the new system architecture for the NHS, public health and social care.

Membership

Chair: Mike Farrar CBE	Chief Executive, NHS Confederation
Rob Darracott	Chief Executive, The Company Chemists Association
Dr Paul Edmondson-Jones	Director of Public Health and Well-being, City of York
MBE	Community pharmacist
Stephen Foster	NHS Employers
Taryn Harding	Chief Executive, National Pharmacy Association
Michael Holden	Former Leader of West Berkshire Council and now Chair of the Thames Valley Pharmacy Local Professional Network (LPN), Vice Chairman of West Berkshire Council
Councillor Graham Jones	Community Pharmacist
	Coventry Primary Care Trust
Stephen Jones	Senior Policy Officer, Diabetes UK
Nikki Joule	Associate Director Medicines Management, NHS South of England
Jill Loader	Society of Local Authority Chief Executives and Senior Managers
Philippa Mellish	TG 4- Senior Adviser, Local Government Association
Alyson Morley	Community Pharmacy Lead, Isle of Wight & Hampshire
Kevin Noble	Primary Care Trust
Professor Richard Parish CBE	Former Chief Executive, Royal Society for Public Health and now a non-executive Public Health England Board member
Barbara Parsons	Head of Pharmacy Practice, Pharmaceutical Services Negotiating Committee
David Roberts	National Dental, Pharmacy & Optical Contracts and Projects Lead, NHS England
Gul Root	Principal Pharmaceutical Officer, Department of Health
Kelvin Rowland-Jones	Cambridgeshire Primary Care Trust
Rosie Runciman	Director, The Sound Doctor
Liz Stafford	National Primary Care Liaison Manager, Rowlands Pharmacy
Dr Howard Stoate	Chair, Bexley Clinical Cabinet
Professor David Taylor	Professor of Pharmaceutical and Public Health Policy, UCL School of Pharmacy
Jeremy Taylor	Chief Executive, National Voices
Gary Warner	Community Pharmacist

Background

The Department of Health commissioned a cross-cutting piece of work from this Task Group on behalf of the Pharmacy and Public Health Forum. The Task Group was asked to consider how best public health services might be commissioned through community pharmacy in the future, in the light of the new NHS and public health system architecture.

One of the main reasons behind this request was the fact that the NHS Commissioning Board (now known as NHS England) would be assuming responsibility for commissioning NHS pharmaceutical services from April 2013, whereas responsibility for commissioning the majority of public health services would be transferring to local authorities alongside the funding for such services.

The NHS has historically undervalued the role that community pharmacies can play in improving and maintain the public's health. Community pharmacies sit right at the heart of our local communities, and are trusted, professional and competent partners in supporting individual, family and community health.

Progress

A report, *Health on the high street - Rethinking the role of community pharmacy* was published by the NHS Confederation on behalf of the Pharmacy and Public Health Forum in October 2013⁵. The report discusses how best public health services might be commissioned from community pharmacy within the new system architecture. It outlines the recommendations of the task group of the Pharmacy and Public Health Forum, chaired by Mike Farrar, the then Chief Executive of the NHS Confederation, which include representatives from across public health, local government, commissioning organisations and pharmacy.

It aims to inform commissioners about the added value that community pharmacy offers in the delivery of public health services playing to its strengths of accessibility, confidentiality and flexibility.

The report makes the key points that:

- community pharmacies have a major role to play in improving the public's health
- much greater awareness is needed among commissioners, providers, patients and the public of the contribution that pharmacy can make to improving the health of the population
- commissioners - local authorities, NHS England, CCGs and Health and Wellbeing Boards need to develop a coherent approach to the commissioning of public health services from community pharmacies.

Next steps

The report was published by the NHS Confederation on behalf of the Forum in October 2013, using its usual method of communicating with the NHS and public health community.

⁵ www.nhsconfed.org/Publications/reports/Pages/Health-on-high-street-rethinking-community-pharmacy.aspx

Task Group 5: Workforce implications, including the capacity and infrastructure for training and development

Overarching objective

The primary objective of the Task Group is to consider the workforce implications of the development and implementation of enhanced public health practiceⁱ for all members of the pharmacy team across all sectors of pharmacy, including the capacity and infrastructure for training and development.

Specific Objectives

- to identify what needs to be put in place to develop pharmacists and their teams to deliver public health, helping to improve population health or the public's health and reduce health inequalities; this will take into account the identified competences/standards
- to identify appropriate models and channels for workforce development
- to consider leadership development and future learning and networking needs of pharmacists and their teams delivering public health services
- to consider any training requirements of pharmacy staff delivering public health services
- to identify potential workforce barriers to pharmacy's contribution to public health and develop solutions to overcome them.

Membership*

Chair: Michael Holden	Chief Executive, National Pharmacy Association
Dr Sue Ambler	Head of Education and Training, Health Education England
Dr Heather Davison	Development Director, Royal Society for Public Health
Deidre Doogan	Company Chemists' Association
Dr Catherine Duggan	Director of Professional Development and Support, Royal Pharmaceutical Society
Deborah Evans	Project Manager, Healthy Living Pharmacy roll out
Jatinder Harchowal	Chief Pharmacist, Brighton and Sussex University Hospitals NHS Trust
Alison Hemsworth	Senior programme manager community pharmacy contractual framework, NHS England
Dr Suzanna Matthew	Director of Curriculum and Assessment, Faculty of Public Health
Professor Jane Portlock	Professor of Pharmacy Education, UCL School of Pharmacy
Gul Root	Principal Pharmaceutical Officer, Department of Health/ Pharmaceutical Public Health Adviser, PHE
Dr Anna Sasiak	Professional Workforce Development Specialist, PHE
Michelle Styles	Centre for Pharmacy Postgraduate Education

The work of Task Group 5 is dependent on the work programmes of Task Groups 1 and 2. The task group had an initial scoping meeting in July 2013 and a second meeting took place on 31 March 2014, to progress its objectives.

Task Group 6: Business support (how best to utilise the combined resources and infrastructure of the major organisational players)

Chair: Professor Rob Darracott Chief Executive, Company Chemist's Association

Task Group 6 will meet once the outputs of the other task groups become available.

Task Group 7: Communications

An initial scoping meeting was held in January, to scope the work for future meetings. The expectation is that the group will develop a communication strategy, consider the setting up a dedicated section on the PHE website for PPHF communications and the implications for possible branding.

Membership of the group:

Professor Richard Parish CBE	Former Chief Executive of the Royal Society for Public Health and now a non-executive Public Health England Board member
Gul Root	Principal Pharmaceutical Officer, Department of Health/Pharmaceutical Public Health Adviser, Public Health England
Neal Patel	Head of Corporate Communications, Royal Pharmaceutical Society
PPHF Communications Lead	Public Health England
Emma Gilgunn-Jones	Head of News Public Health England
Kate Sager	Communications, Royal Society for Public Health
Barbara Parsons to end March	Head of Pharmacy Practice, Pharmaceutical Services Negotiating Committee
Alistair Buxton from April 2014	Head of NHS Services, Pharmaceutical Services Negotiating Committee
Stephen Fishwick	Head of Communications, National Pharmacy Association

CONCLUSION

The public health issues we are facing as a society are extremely serious.

- England has one the highest rates of obesity in the developed world. Two out of three adults are overweight or obese and excess weight is a leading cause of cancer, type 2 diabetes and heart disease
- smoking still claims over 80,000 lives a year
- 1.6 million people are dependent on alcohol;
- Almost 30% of adults in England have high blood pressure, of whom over 5 million are undiagnosed. Of those in treatment, almost 40% have not reduced their level enough to be 'controlled' and
- over half a million new sexually transmitted infections were diagnosed last year with one in ten of those getting an infection, being re-infected within a year

All of these have a heavy cost in terms of people's health and reduced life expectancy. They also create a large economic burden on society through lost productivity and increased costs to the NHS.

These are sobering figures and, for us, the case for pharmacy playing a greater role in the delivery of public health services is clear.

Pharmacy is already making a significant contribution to reducing some of these figures by delivering services such as stop smoking, weight management services, alcohol intervention programmes and access to emergency hormonal contraception and chlamydia screening and treatment services.

Health Champions in Healthy Living Pharmacies are proactively supporting members of the public to change to a healthier lifestyle, helping to improve their health. Other pharmacies are also delivering a wide range of effective public health services to their local populations.

The Pharmacy and Public Health Forum is building on this excellent track record, helping to put pharmacy on the map as an effective delivery mechanism for public health services and helping to embed pharmacy teams within the wider public health workforce.

Local authorities, Clinical Commissioning Groups (CCGs) and NHS England should consider pharmacy alongside other, more traditional, providers of public health services capitalising on pharmacy's unique offer.

The pharmacy profession itself needs to change, rise to the challenge and consolidate the important contribution it makes to improving the public's health and think about changing the delivery model for public health services, using every interaction as an opportunity for a health promoting intervention, making every contact count.

Annex A

MEMBERSHIP

The Forum has high level representation from a wide range of important stakeholders under the Chair, Professor Richard Parish CBE, former Chief Executive, Royal Society for Public Health, now a non-executive Public Health England Board member.

The members are as follows:

Sir Stephen Bubb	Chief Executive, Association of Chief Executives of Voluntary Organisations
Anjella Coote	Community pharmacist
Professor Rob Darracott	Chief Executive, Company Chemists Association
Liz Morgan	Faculty of Public Health, Assistant Director of Public Health, Lincolnshire
Dr Heather Davison	Development Director, Royal Society for Public Health
Dr Paul Edmondson-Jones MBE	Director of Public Health and Well-being, City of York
Mike Farrar CBE	Chief Executive, NHS Confederation
Helen Gordon	Chief Executive, Royal Pharmaceutical Society
Dr David Halpern	Behavioural Insight Team, Cabinet Office
Michael Holden	Chief Executive, National Pharmacy Association
Dr Ruth Hussey OBE	Director of Public Health, Public Health Transition Team
Deborah Jaines	Head of Primary Care Policy NHS England
Councillor Graham Jones	Former leader of West Berkshire Council, now Chair of the Thames Valley Pharmacy Local Professional Network (LPN), Vice Chairman of West Berkshire Council
Jane Leaman	Community Pharmacist
Professor John Newton	Divisional Consultant - Programme Improvement and Delivery Health and Wellbeing Directorate, Public Health England
Bob Nicholls CBE	Formerly Regional Director of Public Health, South Central Strategic Health Authority, now Chief Knowledge Officer, PHE
Nigel Clarke	Chair, General Pharmaceutical Council -(till end March 2014)
Barbara Parsons	Chair, General Pharmaceutical Council - (from April 2014)
	Head of Pharmacy Practice, Pharmaceutical Services
	Negotiating Committee - (till end March 2014)
Alastair Buxton	Head of NHS Services, Pharmaceutical Services
	Negotiating Committee -(from April 2014)
Gul Root	Principal Pharmaceutical Officer, Department of Health /Lead pharmacist, Health and Wellbeing Directorate PHE
Ash Soni OBE	Clinical Network Lead, community pharmacist NHS Lambeth

Dr Charles Alessi	Chairman National Association Primary Care NHS Confederation
Paul Ogden	Senior Adviser (Public Health), Local Government Association
Dr Howard Storate	Chair, Bexley Clinical Cabinet
Chris Welsh (to end March 2014)	Director of Education and Quality, Health Education England (HEE)
Allan Jolley (from April 2014)	Director of Education and Quality, Health Education England -Wessex
Deborah Evans	Project manager, Healthy Living Pharmacies
Dr Keith Ridge CBE	Ex- Officio member, Chief Pharamceutical Officer supporting NHS England, Department of Health and Health Education England

Annex B

TERMS OF REFERENCE*

Overarching objectives

The aim of the Forum will be to provide leadership for the development, implementation and evaluation of public health practice for pharmacy.

It will do this by further enhancing and accelerating the pharmacy team's positive impact on public health.

In delivering this aim, the Forum will ensure that it operates in line with local and national Government's public health priorities.

Terms of Reference

A) Positioning Pharmacy as an integral part of the public health workforce delivering high quality public health services

- Ai) To provide leadership and advise on the future role of pharmacy to maximise its contribution to the achievement of improved public health outcomes, including the improvement and protection of population health and wellbeing, including emergency planning and the reduction of health inequalities, as set, defined through the national outcomes framework, or as set locally by Health and Well-Being Boards and/or by the Local Authority Director of Public Health and driven by the local Joint Strategic Needs Assessment.
- Aii) To build a communication and engagement strategy to support the re-positioning of community pharmacy as an integral part of the public health workforce in the planning and delivery of an integrated public health system at local and national levels within a revised NHS and public health infrastructure.
- Aiii) To advise on the sustainable development of and leadership aspects of the (individual) pharmacy within local communities, identifying key attributes of existing service provision and how to build on this (trusted brand status, signposting and advisory role), with particular emphasis on mapping the requirements of potential service users, commissioners and health and social care providers in a locality.

B) Healthy Living Pharmacies

- Bi) To further define role and contribution of the Healthy Living Pharmacy concept, underpinned by a skilled workforce, premises that are fit for purpose and local stakeholder engagement; supporting the roll out and implementation of HLPs nationally; to agree an ongoing evidence base and business case to illustrate

how HLPs contribute to the systematic delivery of integrated public health outcomes at local and national levels.

C) Training, Development and Standards

- Ci) To consider current and future training and development of the pharmacy workforce (including pharmacists and their teams) to align with pharmacy's increasing leadership role in delivering public health outcomes at local and national levels.

D) Developing the Evidence and Evaluation Base

- Di) To review the existing evidence base demonstrating pharmacy's contribution to public health and identify gaps in current research and evaluation to determine where further research investment is needed.
- Dii) To advise and report on the on-going monitoring process of public health outcomes delivery within community pharmacy settings, and to ensure that all research data is robust, transparent and accessible.

All members of the Forum are expected to:

- promote the role of pharmacy and ensure it is represented at appropriate fora and meetings of the public health community to gain support for and acknowledgement of pharmacy's contribution to public health
 - personally promote the pharmacy team as an integral part of the public health system and delivery channel at local, regional and national levels
 - agree and co-ordinate the roles of each member organisation and identify available resources to contribute to taking forward aspects of work identified by the Forum
- * **The Terms of Reference are to be reviewed to take account of new system architecture, new membership and the future direction of travel for the Pharmacy and Public Health Forum**

Annex C : Healthy Living Pharmacy Framework

LOCAL HEALTH NEED				
HEALTHY LIVING PHARMACY FRAMEWORK				
PUBLIC HEALTH MODEL				
NEED	CORE	LEVEL 1 <i>Promotion</i>	LEVEL 2 <i>Prevention</i>	LEVEL 3 <i>Protection</i>
Smoking	Health promotion, self care, signposting, OTC supply	Pro-active health promotion. Brief advice, assess willingness, signpost to services	NHS stop smoking service, cancer awareness, Health Check	COPD and cancer risk assessment with referral. Prescriber for stop smoking service.
Obesity	Health promotion, self care, signposting, OTC supply	Pro-active health promotion. Brief advice, assess willingness, signpost to services	NHS weight management service, cancer awareness, Health Check	Prescriber e.g. obesity, CVD, diabetes. Cancer risk assessment
Alcohol	Health promotion, self care, signposting	Pro-active health promotion. Brief advice, assess willingness, signpost to services	NHS alcohol intervention service, cancer awareness, Health Check	Structured care planned alcohol service. Cancer risk assessment
Physical Activity	Health promotion, self care, signposting	Pro-active health promotion. Brief advice, assess willingness, signpost to services	NHS Health Checks, healthy lifestyle consultation service	Structured physical activity plans, activity prescriptions
Sexual Health	Health promotion, self care, signposting, OTC supply	Pro-active health promotion. Brief advice, signpost to services	NHS EHC & chlamydia screen and treat PGD service	Assessment, support, contraception & vaccination
Men's Health	Health promotion, self care, signposting	Pro-active health promotion. Brief advice, signpost to services	NHS Health Check. PGD treatment	PwSI/Prescriber in men's health
Substance Misuse	Health promotion, self care, signposting	Supervised consumption, needle & syringe exchange	Harm reduction, Hep B & C screening	Client assessment, support and prescribing. Hep B vaccination
Other	Health promotion, self care, signposting	Oral health, travel health, sun & mental health awareness	Cancer screening and treatment adherence support, vaccination	Prescriber for travel health and immunisation and vaccination
Minor Ailments	Health promotion, self care, OTC supply, signposting	NHS service (advice and treatment with P & GSL medicines)	NHS service (PGD treatment)	NHS service (prescribed POMs)
Long-term Conditions	Health promotion, self care, signposting, dispensing supply, risk management	Medicines adherence support (targeted Medicine Use Reviews)	Parameter monitoring, clinical review and management	Prescriber/PwSI for LTCs
ENABLERS - QUALITY CRITERIA				
Workforce Development	Core capabilities	Health Trainer Champion Leadership skills	Behavioural change skills Leadership skills	PwSI/Prescriber Leadership skills
Environment	GPhC standards	Advanced IT and premises	Enhanced IT and premises	Enhanced IT and premises
Engagement	Operational	Primary Care	Community	Public Health & Clinical leadership
PHARMACY CAPABILITY				

ⁱ Public health is defined as: The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society.

The Public Health Outcomes Framework for England, 2013-2016 contains two high level outcomes:

1. Increased healthy life expectancy
2. Reduced differences in life expectancy and health life expectancy between communities

These outcomes are supported by a set of indicators which are grouped into four domains:

- improving the wider determinants of health
- health improvement
- health protection
- healthcare public health and preventing premature mortality.