Public Health England

Protecting and improving the nation's health

Pharmacy: A Way Forward for Public Health

Opportunities for action through pharmacy for public health

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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Contents

1. Executive summary

Pharmacy - A Way Forward for Public Health sets out opportunities for commissioner and provider led action at a local level to realise community pharmacy's key role in enabling a healthier nation.

It provides a menu of interventions to realise the potential of one of the most frequented health care settings in England to make an even bigger sustainable impact on the lives of people, communities and the nation.

Public Health England's strategic approach is broad and aims to maximise the opportunities for co-production and partnership with national and local partners.

Community pharmacy teams play a pivotal role as a community and health asset in communities. High quality public health and clinical interventions drive delivery that is focused on prevention, health improvement and protection of local communities. Delivered through integrated pharmacy team, working coherently in a local primary care and public health network.

Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption through pharmacy teams could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long term conditions, reducing premature death and improving mental wellbeing.

This is a menu of interventions that could be delivered by pharmacy teams in the primary and community sectors. It is recognised that not all pharmacies will deliver all of these interventions. Commissioners will commission services that are appropriate for local need and will specify the quality of services as well as the skill set required to deliver specified services.

It is important that public health interventions delivered by pharmacists and their teams are of a high quality, in premises that are professional looking, which facilitate the delivery of health promoting interventions, with appropriate skill mix, for example health champions, who are skilled to deliver health promoting interventions, in addition to their medicine optimisation role.

Healthcare professionals, including pharmacy teams working in all sectors can play an important role in supporting people to make small and sustainable changes that improve their health. Brief and very brief interventions by healthcare professionals have

been shown to be effective ways of supporting sustainable behaviour change and consumer research suggests that most people feel it is appropriate for healthcare professionals to ask about these behaviours and offer help.

The Five Year Forward View has recognised the key role of pharmacy, highlighting 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.

The NHS England programme of embedding pharmacists in general practice programme and the GP Forward View, which makes a commitment of integrating 1,500 patient facing pharmacists in general practice by 2020/21 provides further opportunities for these pharmacists to embed public health interventions in their daily practice, especially when dealing with people with long term conditions

Community pharmacies are often embedded in some of the most deprived and challenging communities, providing daily contact for individuals seeking ad hoc and unplanned health advice alongside picking up prescribed medicines or purchasing over the counter health related products. England has 1.2 million visits to a pharmacy for health related reasons every day, this presents a huge opportunity to support behaviour change through making every one of those contacts count.

Community pharmacy teams are well placed to support patients with long term conditions to reduce their risks through healthy behaviours, as these patients will be in regular contact with community pharmacies to collect their prescribed medicines. This provides a unique opportunity for secondary prevention as well the wider opportunities for primary prevention through their daily customer base.

Pharmacy - A Way Forward for Public Health sets out a broad range of opportunities for pharmacy teams working in communities and through their daily interactions with patients and the public to play a pivotal role in protecting and improving the health of the nation

2. Introduction

Pharmacy - A Way Forward for Public Health sets out the detail of potential opportunities for commissioners and pharmacy teams, to make a marked difference to the public's health. At local level, led through health and wellbeing Strategies and sustainability and transformation Partnerships (STP), there are many opportunities where pharmacy teams can offer effective and impactful interventions, which could help to reduce the burden of disease and premature mortality and reduce health inequalities in this country.

To further support realising this potential, Public Health England (PHE) is working with the Pharmacy and Public Health Forum to collect case studies of promising practice to help identify opportunities to build on current learning and scale what is working and has been shown to have impact.

Pharmacy - A Way Forward for Public Health provides a menu of opportunities to realise the potential of one of the most frequented health care settings in England to make an even bigger sustainable impact on the lives of people, communities and the nation.

It is important that public health interventions delivered by pharmacists and their teams are of a high quality, in premises that are professional looking, which facilitate the delivery of health promoting interventions, with appropriate skill mix, for example health champions, who are skilled to deliver health promoting interventions, in addition to their medicine optimisation role.

Public Health England's strategic approach is broad and aims to maximise the opportunities for co-production and partnership with national and local partners. There are two main areas of focus:

i. developing capacity and capability in the workforce to support promoting health and public health action through pharmacy settings
ii. developing the support for local authority commissioning of public health services through pharmacy in the community and in other sectors, as part of integrated care pathway development

3. Background

The NHS Five Year Forward View sets out that a 'radical upgrade in prevention' is needed to improve people's lives and achieve financial sustainability of the health and care system. This national plan sits alongside the local health and wellbeing strategies and action plans which focus at a local level on materialising the potential of prevention at scale, to improve the health of the population.

Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption can make a significant contribution to reducing the risk of disease, improving health outcomes for those with long term conditions, reducing premature death and improving mental wellbeing.

Data from the Health Survey for England highlight that[1]:

- two in 10 adults are smokers
- seven in 10 men and six in 10 women are overweight or obese
- one in three people have drinking habits that could be harmful
- half of women and one third of men do not get enough exercise
- a quarter of the population engages in three or four unhealthy behaviours

Forty per cent of the UK's disability adjusted life years lost are attributable to five risk factors: tobacco, hypertension, alcohol, being overweight or being physically inactive[2].

As well as reducing the risk of disease, many long term conditions can be improved through improving health behaviours and the risk of complications and premature death can be significantly reduced.

Healthcare professionals can play an important role in supporting people to make small and sustainable changes that improve their health through making every contact count. Brief and very brief interventions by healthcare professionals have been shown to be effective ways of supporting sustainable behaviour change and consumer research suggests that most people feel it is appropriate for healthcare professionals to ask about these behaviours and offer help.

Community pharmacies are often located in some of the most deprived and challenging communities, providing daily contact for individuals seeking ad hoc and unplanned health advice alongside picking up prescribed medicines or purchasing over the counter health related products. In England there are over 1.2 million health related issues visits every day[7], this presents a huge opportunity to support behaviour change through making every one of these contacts count.

The Five Year Forward View recognises the key role of pharmacy, highlighting 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.

Community pharmacy teams are well placed to support patients with long term conditions to reduce their risks through healthy behaviours, as these patients will be in regular contact with community pharmacies as they collect their prescribed medicines. This provides a unique opportunity for secondary prevention as well the wider opportunities for primary prevention through their daily customer base.

Pharmacy is the third largest healthcare profession. The pharmacy workforce has approximately 140,000 people, including an estimated 43,000 registered pharmacists, 19,300 registered pharmacy technicians and 75,000 unregistered dispensing assistants and medicines counter assistants. £200 million is invested in training pharmacists each year (£90,000 average cost to educate and train a pharmacist) and qualifying as a pharmacist takes a minimum of five years – a 4-year undergraduate Masters qualification followed by a year of pre-registration training.

Qualifying as a pharmacy technician takes a minimum of 2 years to gain a L3 Diploma in Pharmaceutical Science and a L3 NVQ Diploma in Pharmacy Service Skills. Training continues after professional registration to practise as an accuracy checking pharmacy technician.

The Professional Standards for Public Health Practice for Pharmacy[3] set out standards to inspire and support pharmacists and their teams to develop their daily public health professional practice and aspire to excellence when delivering public health interventions to the public.

The evidence base for pharmacy's contribution to public health is growing, although like general practice or community nursing, there is little research into which healthcare professional is most effective or cost efficient to deliver services. A systematic review[4] of pharmacy based public health interventions concluded that, given the potential reach, effectiveness and associated costs of public health interventions, commissioners should consider using community pharmacies to help deliver public health services.

4. Community pharmacy

Community pharmacies are safe havens in the heart of communities, for individuals to seek help and advice from trusted professionals[5] who support individuals, families and communities every day, and help to reduce health inequalities.

There are over 11,688 community pharmacies in England[6], providing a service to around 1.2 million health related visitors every day[7]. Community pharmacies in England dispensed nearly one billion (995.3 million) prescription items in 2015-16, nearly 2.7 million items per day. Over 90% of community pharmacies have a private consultation area to provide confidential one to one advice and support for customers and patients.

The anonymity, the flexible and informal environment of the community pharmacy setting is an added benefit that people value. Pharmacy teams play a pivotal role in improving the health of people in this country, especially deprived communities, by offering convenient and equitable access to health improvement services and are often significant social and community assets. 95% of the population is within a 20-minute walk of a local community pharmacy and access is greatest in areas of highest deprivation[8].

We know that people from deprived communities who may not access conventional NHS services, do access community pharmacies eg people from ethnic minorities, travellers, asylum seekers[9]. The Ipsos MORI survey on behalf of the General Pharmaceutical Council in 2014, showed that the majority (87%) of people trust health advice from a pharmacist[5].

Optimising the use of medicines is at the heart of pharmacy's role and supplying medicines includes advice about safe and effective use of medicines and provision of health promoting advice where appropriate eg people presenting prescriptions for the treatment of diabetes, heart disease, hypertension etc. Almost by definition, everyone with a chronic health condition will have an ongoing relationship with a member of their community pharmacy team, when they collect their repeat prescriptions on a regular basis.

They have the trust and support of the public, with staff that reflect the background of the residents they serve, who are well placed to play a key role in supporting people to self-care, stay well and manage common conditions to lead independent lives, helping to relieve the pressure on the already stretched GP practices and A&E Departments. There is also significant public appetite for a wider role for community pharmacy teams to deliver services such as vaccinations, health checks, stopping smoking, weight management[7].

5. Clinical pharmacists in GP practices

In July 2015 NHS England launched a pilot scheme to support pharmacists working in general practice[10]. Funding was made available to support more than 450 pharmacists in 650 practices across 90 sites.

The General Practice Forward View (GPFV) includes a commitment to deliver an additional 5,000 clinical and non-clinical staff in general practice[11]. Out of these 5,000 additional staff members, there is a commitment to have *''a pharmacist per 30,000 of the population, leading to a further 1,500 pharmacists in general practice by 2020''*. Funding is now available for the deployment of the 1500 pharmacists in general practice by 2020. The funding will contribute to the costs of recruitment, employment, training and development of the pharmacists and the development of employing/participating practices.

Pharmacists can work directly in general practice as part of the multi-disciplinary team in patient facing roles, clinically assessing and treating patients using their expert knowledge of medicines for specific disease areas. They will be prescribers, or training to become prescribers, and work alongside the general practice team, taking responsibility for patients with long term conditions and undertaking clinical medication reviews especially for older people and those in care homes. They will provide specialist expertise in medicines use while helping to address both the public health and social care needs of a patient at the practice(s).

Pharmacists in general practice will provide leadership to ensure all people get the best use out of their medicines. They will help support the further integration of general practice with the wider healthcare teams (including community and hospital pharmacy) to help improve patient care and safety.

Clinical pharmacist could make an important contribution to improving people's health, by embedding health improvement interventions in their daily practice, in addition to their medicines optimisation role. For example:

- promoting prevention and identifying patients who are at risk of developing long term conditions
- managing people with long term conditions such as hypertension and diabetes
- ensuring medicines are being used safely and appropriately
- advice on healthy living and lifestyle
- advising people who are eligible for NHS Health Checks and what it involves
- signposting to public health services eg NHS Health Checks, Healthy Living Pharmacies
- supporting public health campaigns

- providing specialist knowledge on all public health programmes available to general public eg flu vaccines, child immunisations, smoking cessation, antimicrobial stewardship

6. The commissioning landscape

Health and social care services are commissioned in partnership between LAs (LAs) and Clinical Commissioning Groups (CCGs). This partnership is enabled at a local level through Health and Wellbeing Boards and at a sub-national level through the Sustainability and Transformation Partnerships, which bring together partners across larger geographical footprints to achieve stronger and more sustainable system solutions.

Community pharmacy alongside general practice, community nursing, health visiting and NHS dentistry and optometry has a role in commissioned integrated clinical care pathways, as well as the potential to provide specific universal and targeted interventions to improve the public's health.

Pharmacy can be a key delivery agent for both LAs and NHS CCGs and NHS England, when commissioning public facing services and integrated care pathways for physical and mental health.

Many community pharmacy teams are already being commissioned to provide public health services such as Chlamydia screening and treatment, NHS Health Checks, as part of the mandated services for LAs, reaching out to the seldom seen, seldom heard people. 30% of LAs are already commissioning NHS Health Checks from community pharmacies and there is clear potential to scale up this approach.

Pharmacy teams across the country have a long and excellent track record of delivering health promoting interventions, such as promoting and supporting good sexual health, helping people to stop smoking and reducing substance misuse within communities. There is increasing interest from the sector to take on a greater role in improving the public's health. Importantly, they have the trust and support of the public that they serve[5].

Community pharmacy teams are often the public's first and sometimes only contact with a healthcare professional, especially for deprived communities, and provide commissioners with a unique opportunity to take advantage of their location in the heart of the communities, their universal access, especially for those who do not access conventional NHS services, and the public confidence in seeing a qualified healthcare professional.

6.1 Community pharmacy contractual framework

The current community pharmacy contractual framework, which is commissioned by NHS England, has three levels of service delivery[12].

Essential services: which all community pharmacies in England are required to provide, including:

- dispensing
- repeat dispensing
- disposal of unwanted medicines
- prescription-linked healthy lifestyle advice
- signposting
- support for self-care
- engagement in six public health campaigns a year

Advanced services, which community pharmacies can choose to provide, including:

- medicines-use reviews and prescription intervention service
- new medicine service
- appliance-use review service
- stoma appliance customization service
- seasonal flu vaccination service
- NHS Urgent Medicine Supply Advanced Service

Enhanced services: commissioned by NHS England local teams and CCGs, including:

- minor ailments management
- care home services
- out-of-hours services

Many pharmacies, however, are commissioned by LAs, usually through direct contracts managed by the local authority, to deliver public health services, including:

- weight management service
- substance misuse service
- alcohol interventions and brief advice service
- chlamydia screening and treatment
- emergency hormonal contraception
- falls prevention service
- NHS Health Checks
- stop smoking service

6.2 NHS Sustainability and Transformation Partnerships and pharmacy

NHS Sustainability and Transformation Plans (STPs) were announced in the NHS planning guidance published in December 2015. NHS organisations in different parts of the country have been asked to come together to develop place-based, long-term strategies that will help deliver the Five Year Forward View (FYFV) on the ground. The plans are bringing together all the organisations in a local health and care economy and are expected to set out how they aim to improve the health of their populations and the quality of care, and live within their means.

The STP process is overseen by the six FYFV arm's length bodies (ALBs) working together, including PHE, at a national and regional level, with NHS England holding a key co-ordinating function. PHE Regions and Centres lead PHE's engagement with the local partners in each STP footprint, offering tailored healthcare public health and health improvement advice to the STP leaders.

The proposed scope of the STPs is broad. Three headline areas have to be covered within the STPs – improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services.

Public Health England published a menu of preventative interventions for the STPs in November 2016, which outline evidence-based public health and preventative interventions that can help to improve the health of the population and reduce health and care services demand in the short to medium term[13].

Five priority areas with specific interventions have been identified with the potential to deliver savings to the NHS within five years: Alcohol, Tobacco, Hypertension, Contraception and Falls.

These are supported by further evidence based interventions across 14 topic areas:

I. alcohol
II. tobacco
III. diet and obesity
IV. health and work
V. cardiovascular disease (CVD) secondary prevention
VI. diabetes
VII. falls and musculoskeletal health
VIII. physical activity
IX. mental health
X. sexual health
XI. healthy ageing, dementia and frailty
XII. maternity and early years
XIII. drugs
XIV. antimicrobial resistance

Pharmacy is highlighted specifically in the menu as playing a role in:

- CVD secondary prevention
- improving management of patients with high blood pressure
- deliver effective brief advice on physical activity in clinical care
- raise public awareness about reducing the risk of dementia
- alcohol identification and brief advice

7. Healthy Living Pharmacy

One of the most significant developments in community pharmacy in recent years has been the emergence of Healthy Living Pharmacies (HLPs), with:

- qualified health champions, who have completed the Royal Society for Public Health level 2 award, Understanding Health Improvement, who are enthused and motivated to reach out to their communities, to help them improve their community's health
- pharmacist or manager having been through leadership training
- premises that facilitate health promoting interventions
- local stakeholder engagement with members of the public, other health and social care professionals, voluntary organisations, charities, all underpinned by quality criteria
- a pro-active team culture and ethos, with staff pro-actively promoting health and wellbeing messages within the whole pharmacy team, using every interaction in the pharmacy setting for a health promoting intervention or life-changing intervention, making very contact count
- innovative delivery models
- caters for the public health needs of the community
- consistent high quality service delivery

PHE provides strategic leadership for HLP development and acceleration, working alongside the HLP Task group, by communicating regularly with HLP leads, developing networks, setting up a buddying scheme, organising national and local events, developing an infographic, publishing regular newsletters that celebrate good practice, as well as supporting skills development.

Evaluation of the HLP pathfinder work programme[14], published in 2013 (n=1003) showed that:

- 98.3% of people said they would recommend Healthy Living Pharmacies for health promoting interventions to others
- 99% said they were comfortable to receive health promoting interventions in the pharmacy setting
- 60% of people said they would have gone to a GP for the health promoting intervention they received in the pharmacy
- 21% of people said they would have gone nowhere, missing out on opportunities to improve their health

There is a great deal of momentum across the country to implement HLPs. The most recent estimate for the number of HLPs accredited, on route to becoming accredited or

having progressed to the self-assessment process, is that the number has increased from 2,100 to over 4,000.

One of the other drivers for further acceleration of HLPs has been the announcement by NHS England to include a quality payment for attainment of level 1 HLP status, as part of the Community Pharmacy Contractual Framework, from 1 December 2016. The first review date at which contractors could claim payments under this scheme was 28 April 2017. The next date for claiming payments is November 2017. The expectation is that by then the numbers will have increased significantly. Pharmacies who want to progress to the profession-led self-assessment process need to go through a rigorous process to become a level 1 HLPs.

Many HLPs also have dementia friends supporting people with dementia and their carers to lead better lives. One of the quality payment requirements for the CP reform package announced in December 2016 is for 80% of patient facing staff to become dementia friends. This is expected to result in a great number of dementia friends in all pharmacies, including HLPs.

PHE, made an announcement at the PHE annual pharmacy event in November 2015 that the intention was to move from a totally commissioner-led accreditation system for all 3 levels of HLPs, to a profession-led self-assessment process for level 1 HLPs, with identified quality criteria and compliance with a self-assessment process, underpinned by a proportionate Quality Assurance (QA) framework.

Quality criteria and the compliance with the self-assessment process have been cascaded to LA commissioners, HLP leads, pharmacy organisations and Local Pharmaceutical Committees (LPCs).

The Royal Society for Public Health (RSPH) has led on a pilot proportionate QA process, following a formal tender process, which includes the setting up of a registry.

The RSPH opened its registry for registering and quality assuring a sample of pharmacies that are progressing to the profession-led self-assessment and compliance process for attainment of level 1 HLP status, who have not previously been accredited as HLPs locally eg by their Local Authority in January 2017. The RSPH has registered nearly 1500 community pharmacies that have progressed to the profession-led self-assessment process for level 1 HLP status.

8. Delivering public health through community pharmacies

Community pharmacies are a pivotal health and social care asset in the community, offering an ideal setting to reach out to the public, helping to improve their heath, reduce disease burden and premature mortality and reduce health inequalities.

In this section we highlight the potential role of community pharmacy addressing some of the key priorities for Health and Wellbeing Boards and Sustainability and Transformation Partnerships:

Topic	Local Government Mandated Service	Health and Wellbeing Board Priority	Sustainability and Transformation Plan Priority	National priority area for action
NHS Health Checks	X	X		X
Sexual & Reproductive health/Contraception	X	X	X	X
Healthy Child Programme	X	X		X
Alcohol	X	X	X	X
Drugs	X	X		X
Falls & MSK		X	X	
Smoking		X	X	X
Diet and Obesity		X		X
Prevention, early detection and management of blood pressure and atrial fibrillation		X	X	X
Mental Health		X		X
Healthy Ageing (Inc. Dementia/Frailty)		X		X
Maternity & Early Years		X	X	X
Antimicrobial resistance			X	X
Diabetes		X	X	X
Health & Work		X		X
Physical Activity		X	X	

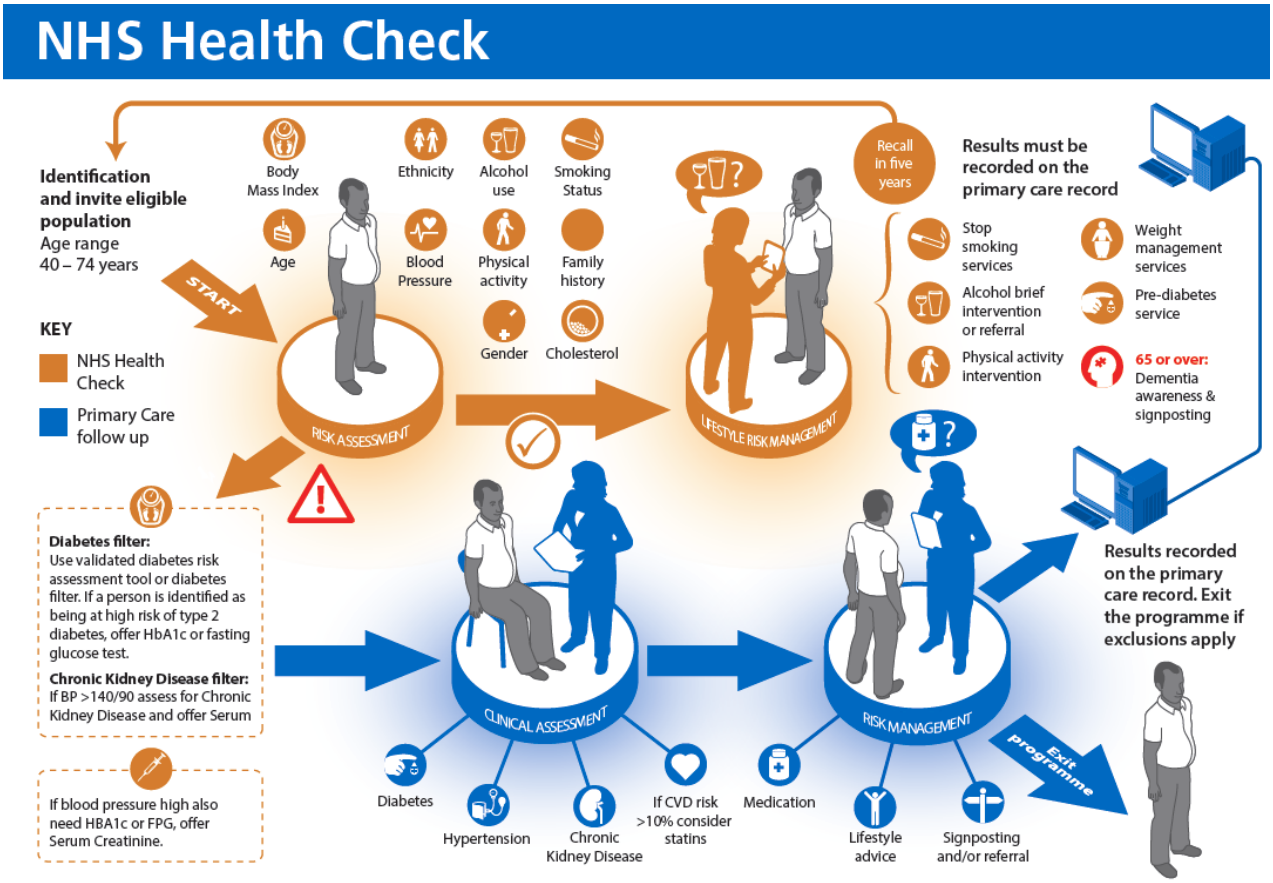
8.1 NHS Health checks

The aim of the NHS Health Check is to improve health and wellbeing of adults aged 40-74 through earlier detection and management of individual risk factors for vascular disease and other conditions associated with them. The programme was launched in 2009 in response to the rising tide of preventable death and disability from non-communicable disease, and is intended to reach 15 million eligible people in England every five years.

Initial modelling for the NHS Health Check indicated that this approach to targeting the leading causes of premature death and disability had the potential to significantly improve outcomes. Estimates suggested that the programme could prevent over 4,000 cases of diabetes, 1,600 heart attacks and strokes and 650 premature deaths each year, and help detect an additional 20 000 cases of diabetes and CKD[15].

Although we have seen an increase in the total number of people receiving an NHS Health Check, since LAs became responsible for commissioning, the uptake has remained at just under 50%. Most NHS Health Checks are offered via general practice and evidence suggests that accessibility can be a barrier for improving uptake.

Community pharmacy offers an important alternative for NHS Health Checks. It adds value to a mixed delivery model by increasing accessibility for some people.



Pharmacy teams can help maximise the impact of NHS Health Checks by:

- letting eligible people know that they can get a free NHS Health Check and what it includes
- offering NHS Health Checks to eligible people
- referring eligible patients for an NHS Health Check if the service is not available on site
- referring patients who have had an NHS Health Check to local behaviour change support services and/or back to the GP for appropriate clinical management, if they don't provide the behaviour change support

Research has shown that community pharmacists identify appropriate patients for NHS Health Checks and that those patients were positive about having a check in their community pharmacy. We also know from an internal audit conducted by PHE that about 30% of LAs are already commissioning the NHS Health Check programme from community pharmacies, but more can be done.

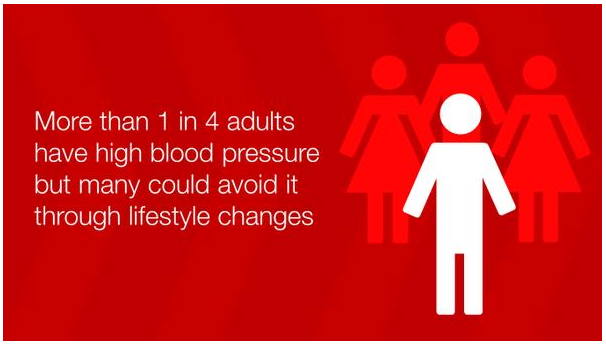
Opportunities for action

- LA Commissioners could commission Healthy Living Pharmacies to deliver more NHS Health Checks

- pharmacy teams could use national NHS Health Check resources and take part in national and local NHS Health Check events (eg conference, webinars)
- pharmacy teams could share learning, case studies and best practice within their networks
- academics could seek opportunities to undertake research on NHS Health Checks in community pharmacy settings, looking at the delivery model and cost effectiveness

8.2 Blood pressure and atrial fibrillation

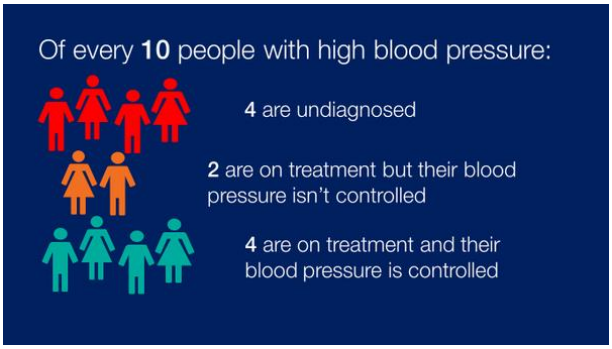
High blood pressure is the largest known risk factor for cardiovascular disease and related disability. There are an estimated 5.6 million people with undiagnosed hypertension across the country[16].



High blood pressure accounts for approximately 12% of all GP consultations[17]. There is an estimated £1bn in drug costs for high blood pressure per year, with diseases caused by high blood pressure costing the NHS over £2bn every year[17]. High blood pressure is a major risk factor for the development of atrial fibrillation (AF) which increases the risk of stroke five-fold[18]. AF related strokes are more likely to be fatal, more severe and costly than non-AF stroke[19].

By reducing the blood pressure of the nation as a whole by 5mmHg, over 10 years we could avoid £850m of NHS and social care spend and 45,000 lost quality adjusted life years[20]. PHE National Cardiovascular Intelligence Network has launched a series of hypertension profiles to highlight this disease for each CCG and lower tier local authority.

Pharmacy teams are well placed and equipped to help identify the 5 million people with undiagnosed high blood pressure and support people with high blood pressure to make lifestyle changes and benefit from appropriate clinical management. Pharmacy teams could also play a valuable role to help identify people with AF through pulse rhythm checks.



Pharmacy teams can help tackle high blood pressure by:

- providing opportunistic blood pressure checks and pulse rhythm checks for their patients and clients, where possible (by clinical pharmacists in GP practices or community pharmacy teams)
- providing NHS Health Checks
- referring patients who have high blood pressure to local lifestyle services and/or back to the GP for appropriate clinical management
- managing patient's blood pressure with medicines and modifiable risk factor interventions (by clinical pharmacists in GP practices or community pharmacists)

There is evidence to show that management of blood pressure by pharmacists is effective. Clinical pharmacists in GP practices could potentially focus on management of hypertension, helping patients to control their blood pressure.

An example of PHE's work with pharmacy and local partners was the "Blood Pressure Drop In" pilot campaign in Wakefield to increase early detection of hypertension and inspire action to improve health. In spring 2014, more than 3,500 individuals were tested and received health promoting advice across community, pharmacy and workplace settings.

Opportunities for action

- pharmacy organisations and PHE's lead public health pharmacist will continue to collaborate to further engage with pharmacy teams in the prevention, early detection and management of blood pressure. The Pharmacy Voice publication, 'Tackling high blood pressure through community pharmacy', published in February 2017, will go some way to achieving this
- pharmacy teams could use the 'Tackling high blood pressure through community pharmacy report to demonstrate that small efforts and actions on their part could reap great benefits for the public and patients
- pharmacy teams could continue to increase opportunistic testing in pharmacies or GP practices and help deliver brief advice for NHS Health Checks, and the prevention, early detection and management of high blood pressure
- clinical pharmacists in GP practices could make an important contribution by focusing on the early identification and management of blood pressure when optimising the use of medicines and taking opportunities to promote health and wellbeing messages
- pharmacy teams are encouraged to draw on the blood pressure resource hub[21] and the PHE Health Matters hypertension[22] resources to inform local action

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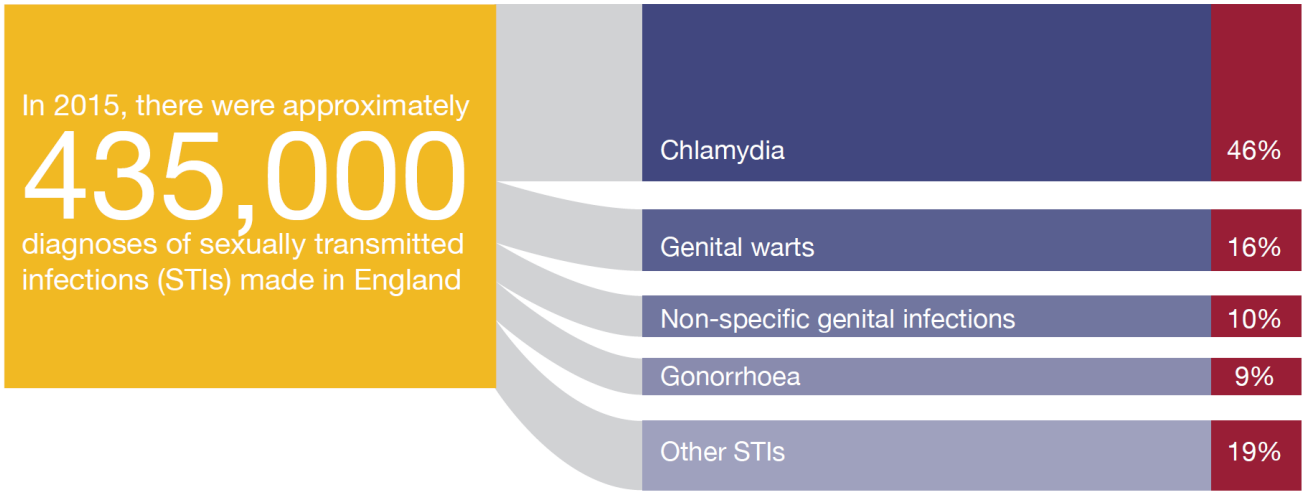
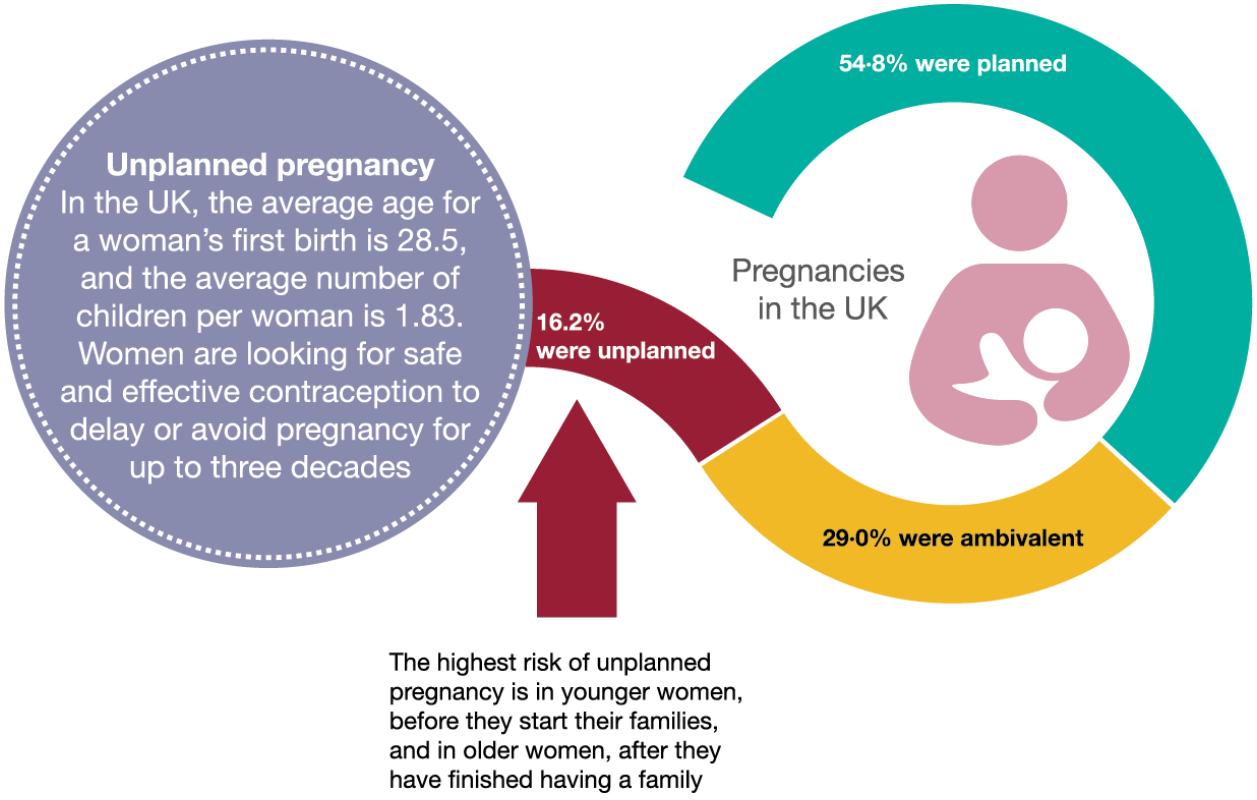
8.3 Sexual and reproductive health and HIV

Poor Sexual Health and Reproductive Health and HIV (SH, RH &HIV) have major impacts on population mortality, morbidity and wider wellbeing, and result in significant costs for health service and local authority budgets[23]. Furthermore, poor outcomes in SH, RH&HIV are concentrated in many vulnerable and marginalised communities, addressing these will reduce major health inequalities.



In 2015 there were approximately 435,000 diagnoses of STIs, and estimated 100,000 people living with HIV and teenage pregnancy rate of 22.9/1,000 15-17 year olds in 2014. Recent research has estimated that nearly half of all pregnancies are ambivalent or unplanned[24].



Pharmacy plays a vital role in the access and provision of SH, RH & HIV services across England as part of a multi-disciplinary setting offering services.

The service(s) available at each pharmacy is variable depending on the services commissioned by the each local authority. Typical commissioned enhanced services for SH, RH & HIV include emergency hormonal contraception, chlamydia screening (as part of the National Chlamydia Screening programme for under 15-24 year old young people), condom distribution and pregnancy testing. These services are often targeted at specific geography and/or at risk groups. Some areas are also commissioning additional services which can include repeat pill prescriptions, STI treatment (including chlamydia treatment) and HIV Testing.

The topic area of SH, RH & HIV continues to face many challenges. Pharmacy teams are well placed to help provide preventative solutions to some of the topics key issues, these include:

- unplanned pregnancies associated with poorer health and social outcomes for both mother and child. Even with a reduction in rates of under-18 conceptions, termination rates within women 30+ are rising. This suggests a need for targeted services that cover all women of reproductive age. Pharmacy is well placed to help implement services which provide access and referral to contraception/contraceptive services

- increases in HIV and Sexually Transmitted Infections (STIs) diagnoses. This is especially the case within vulnerable populations, especially young people and men who have sex with men (MSM). We are also seeing increasing concerns of antibiotic resistance in gonorrhoea and are also observing falling rates of chlamydia screens offered to young (15-24) people. Pharmacy will be important in providing increased access to both testing and treatment for STI's
- promoting condom use by participation in local condom distribution schemes providing a service that is local and easy to access
- signposting and referral to further services such as sexual health clinics and young peoples' services

Pharmacy is a key player in all the NICE publications related to sexual health. They include:

- contraception quality standard[25]
- contraceptive services for under 25s[26]
- long acting reversible contraception[27]
- one to one interventions to prevent STIs and Under 18 conceptions[28]

NICE recommendations relating to pharmacy and sexual health states that: In addition to providing emergency contraception, pharmacy is key to providing information, counselling (+/- provision) of the full range of choice of contraceptive methods and ensure robust rapid referral pathways are in place for longer acting methods. Emergency IUD should be offered as first line emergency provision with rapid access to appropriate clinical care. Pharmacy also has a key role in reaching disadvantaged groups for access to sexual health care and providing one to one advice to prevent against STI and under 18 pregnancies. NICE guidance on condom distribution schemes is under development and suspect that pharmacy may also feature in this.

Pharmacy teams that provide sexual health services are encouraged to use the free online training available from the centre for pharmacy post graduate education for pharmacists and pharmacy technicians[29].

Opportunities for action:

- local authority commissioners should ensure that pharmacy services are a key component of their local sexual health economy
- local authority commissioners should commission sexual health services, especially those that target local populations most at-risk from poor sexual health such as, for example, young people
- pharmacy teams are encouraged to participate in national and local sexual health and HIV prevention campaigns

8.4 Diet and obesity

Diet is ranked top alongside tobacco as contributing most morbidity for the UK population – linked to heart disease and strokes, type 2 diabetes and some cancers. The aims of government dietary recommendations are to prevent ill health and promote longer and healthier lives.

Our National Diet and Nutrition Survey tells us that we are eating too many calories, too much salt, saturated fat and sugar and too little fruit, vegetables, oily fish and fibre. In addition, one in five 4-5 year olds while one in three 10-11 year olds are overweight or obese. For adults this is 60%. Half of pregnancies are ambivalent or unplanned and young women, particularly in lower socioeconomic groups, tend to have unplanned pregnancies; few women, particularly in lower socioeconomic groups take folic acid supplements to reduce risk of birth defects. It is difficult to get enough vitamin D from the diet and current advice is that everyone should consider taking a vitamin D supplement form October to March, if they do not eat foods that naturally contain vitamin D or are fortified with it. Some groups are advised to take vitamin D supplements all year round – including children aged under-5 (including formula fed infants who have less than 500 ml of formula).

Pharmacy teams offer an important route of advice and support for the public from promotion of healthy eating messages through use of the Eatwell Guide, through to opportunistic discussion of appropriate healthy eating advice according to age, sex and lifestyle.

Opportunities for action:

- LA Commissioners could commission Healthy Living Pharmacies to deliver promotion of healthy eating using the Eatwell Guide as the basis of advice
- pharmacy teams could:
    - promote weight management services
    - discuss government advice on specific vitamin supplement requirements (eg 400 microgram of folic acid with women of childbearing age and pregnant women)
    - discuss government advice on vitamin D (8.5-10 microgram per day as drops from birth to 1 year, 10 micrograms per day from 1 to 4 years as drops and 10 micrograms upwards for everyone else)

- pharmacists and their staff are encouraged to use opportunities to help their communities understand food labelling and choose healthier options alongside avoiding allergens where appropriate
- pharmacists and their teams are encouraged to carefully manage the tensions - such as the sales of a broad range of supplements and diet products which are in general terms unlikely to be of benefit to the majority of the population

8.5 Smoking

Despite declines in prevalence over recent decades, over 7 million adults in England still smoke and tobacco use remains the largest single cause of premature death in England[30] and accounts for half the health gap between the poorest and most affluent people[31].

Tobacco use continues to be one of the most significant challenges for public health today, responsible for 78,000 or 17% of all deaths in 2014[32]. The resulting burden on the NHS is huge: annually around 475,000 hospital admissions in England are attributable to smoking[32] and the total annual cost is estimated to be £2bn, with a further £1.1bn in social care costs[33].

Promoting stopping smoking is the most effective contribution a clinician can provide to improve health outcomes for people who smoke. Advice from a clinician is also one of the most effective ways of triggering a quit attempt.

Pharmacy teams can support efforts to reduce the prevalence of smoking through:

- routinely discussing stopping smoking with people presenting prescriptions related to Chronic Obstructive Pulmonary Disease (COPD), diabetes, heart disease or hypertension or when selling relevant over the counter medicines
- where smokers are identified, pharmacy teams should provide very brief advice alongside selling over the counter nicotine replacement therapy (NRT), if appropriate. Community pharmacy delivered stop smoking interventions, including behavioural support and/or NRT, provided by those trained to the appropriate standard; offer an effective and cost effective way to support smokers to stop smoking. Evaluation of the HLP pathfinder work programme showed that trained pharmacy staff are as good as pharmacists in achieving quit rates
- pharmacy teams can support national stop smoking campaigns. In 2015 over 9,000 pharmacies took part in the New Year smoke free health harms campaign

Clinical Pharmacists in GP practices could make an important contribution by helping people with long term conditions, especially respiratory disease, high blood pressure, diabetes and cardiovascular disease to stop smoking.

Evaluation of the Healthy Living Pharmacy Pathfinder work found that smokers walking in to an HLP are twice as likely to set a quit date and go ahead and quit compared to those walking into a pharmacy that is not an HLP.

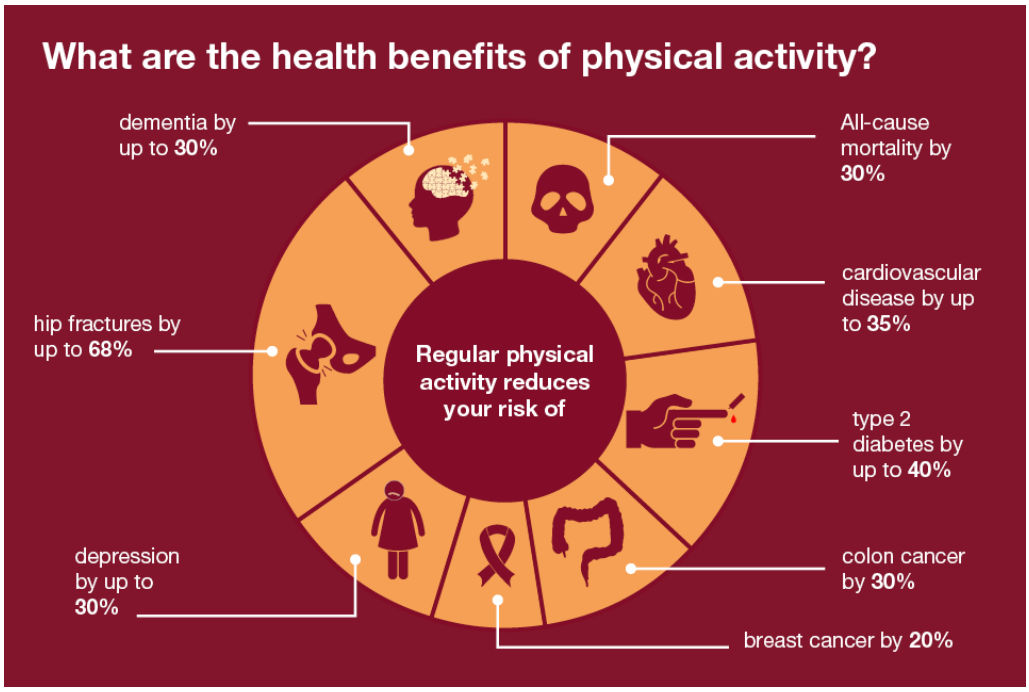
NICE guidance on *Smoking: brief interventions and referrals*[34] and *Stop Smoking Services*[35] – recommend the involvement of pharmacy teams in a number of activities associated with supporting smokers to quit. This includes raising the issue and

referring to specialist services, or offering support and monitoring smoking status (if trained), including for priority groups such as pregnant women and those with long term conditions eg CVD. In addition, NICE recommends that pharmacy staff are appropriately trained to deliver stop smoking interventions if offering specialist support and that pharmacies regularly participate in stop smoking campaigns.

Opportunities for action:

- LAs could commission pharmacy teams to deliver stop smoking interventions as part of their local service, ensuring appropriate training is included in the contract
- LAs could commission Healthy Living Pharmacies to provide stop smoking interventions for specific population groups, especially targeting people with chronic conditions
- NHS Commissioners could include reference to brief advice on stopping smoking in specifications for GP clinical pharmacy services
- pharmacy teams could make a contribution to the national and local stop smoking campaigns
- pharmacy teams are encouraged to familiarise themselves with the new on-line training module on stop smoking medicines[36], which will be particularly useful for those with less experience and as a good refresher for others (written information is also available from the National Centre for Smoking Cessation and Training[37])
- pharmacy teams should familiarise themselves with the free training on very brief advice for stopping smoking
- hospital pharmacy teams could contribute to the implementation and delivery of the new national CQUIN - Preventing ill health from risky behaviours: alcohol & tobacco - by recording the smoking status of inpatients, providing very brief advice and offer of medicines and/or referral[38].

8.6 Physical activity



Around one in two women and a third of men in England are damaging their health through a lack of physical activity and over one in four women and one in five men do less than 30 minutes of physical activity a week, so are classified as 'inactive'[39]. Physical inactivity remains one of the top ten causes of disease and disability in the UK[2]. This situation is unsustainable, and is costing the UK an estimated £7.4 billion a year[40,41]. If current trends continue, the increasing costs of health and social care will further destabilise public services as resources tighten, and take a real toll on quality of life for individuals and communities.

NICE recommends brief intervention to promote physical activity by healthcare professionals for people with long term conditions, this includes pharmacy teams[42].

Pharmacy teams can support efforts to reduce inactivity and promote health enhancing levels of physical activity by:

- routinely asking about physical activity during consultations for, for example Medicines Use Reviews and the New Medicines Service for people prescribed medicines for long-term conditions or when selling relevant over-the-counter medicines
- signposting local opportunities for physical activity, particularly specific opportunities targeted as specific groups such as Walking for Health groups to people attending pharmacies with related prescriptions or over the counter products
- Clinical pharmacists in General Practice could integrate brief advice about physical activity into routine clinical consultations

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Opportunities for action:

- LA Commissioners could work with local pharmacies, who could refer people to the local leisure centres
- LA Directors of PH could help connect local physical activity providers with community pharmacies as potential signposting healthcare settings
- Pharmacy teams are encouraged to integrate asking about physical activity and brief advice routinely into consultations
- pharmacy teams could connect with local County Sport Partnerships to find out about local health related physical activity offer
- pharmacy teams engaging in physical activity conversations should access the e-learning BMJ resources on increasing physical activity

8.7 Dementia

The aim of Public Health England's priority programme on dementia is to reduce the incidence and prevalence of dementia amongst 64-75 year olds. Dementia is not an inevitable part of ageing, but is a disease of the brain.

In 2013, there were 686,000 people living with dementia in England. Two-thirds of people with dementia live in the community. 70% of those in residential care have dementia. There are over 670,000 informal carers providing vital support to their loved ones and close family. Accessing quality and timely social care is essential for people affected by dementia to maintain their independence and reduce social isolation and loneliness. In doing so, this reduces their reliance on high-cost statutory services and importantly improves their quality of life. Diabetes, stroke, depression and cardiovascular disease are known predisposing conditions for dementia. People with learning disabilities are also four times as likely to develop dementia, at a younger age, particularly those with Downs Syndrome.

In the absence of a cure for dementia, there is action people can take to reduce their risk of getting dementia, and also to delay the onset. The risk factors for dementia are also the risk factors for cardiovascular disease (like heart disease and stroke). Leading a healthy lifestyle and taking regular exercise will help lower risk of cardiovascular diseases, and it's likely to lower risk of dementia too, particularly vascular dementia.

The British Social Attitudes Survey (2016) showed that public awareness of dementia risk reduction is very low, at 22% compared to public awareness of risk factors for cardiovascular disease and cancer (about 80%). Public knowledge of risk factors for dementia is considerably lower than knowledge of symptoms of dementia.

Community pharmacy offers an important opportunity to raise awareness of dementia risk reduction by providing health and wellbeing advice and tailored health and wellbeing activities for everyone in contact with community pharmacy staff. The inclusion of dementia friends for 80% of patient facing staff, within the quality payments announcement by NHS England is a welcome initiative.

Community pharmacy teams can help maximise the impact of contact with the general public by:

- developing Dementia Friendly pharmacy environments. This may include reviewing signage, lighting and flooring
- encouraging staff to undertake training such as: Dementia Friends, vulnerable adult training
- pharmacy teams could discuss how individual patients with dementia could be better supported in the pharmacy

- referring patients with known pre-disposing conditions and learning disabilities to local specific behaviour change support services if they do not provide these within the pharmacy setting and/or back to the GP for appropriate clinical management
- recognising people who are socially isolated and lonely, particularly those living in rural areas, supporting them and signposting to local services and opportunities

Opportunities for action:

- LA Directors of PH can help connect local specific behavior change support service providers with community pharmacies as potential signposting sources
- LA commissioners should consider commissioning the NHS Health Check service from community pharmacies, which will raise awareness of dementia risk reduction
- Pharmacy teams are encouraged to share learning, case studies and best practice about how people with dementia can be best supported in a pharmacy setting

8.8 Falls and musculoskeletal health

The Global Burden of Disease study, an international study ranking the diseases and risk factors that cause death and disability highlighted the toll that musculoskeletal conditions are taking on people's health. Low back and neck pain is the leading cause of disability in England for both adult men and women combined. Falls, which are often a result of poor musculoskeletal health also remain in the top ten causes of disability adjusted life years, a combination of the number of years of life lost to disease and the number of years lived with disability as a result of disease. Each year 20% of people in the UK[43] see a doctor about a musculoskeletal problem, and the NHS in England spends £5bn each year[44] treating these conditions. As well as causing pain and disability, musculoskeletal conditions can affect people's physical and mental health. For example, people with osteoarthritis have an increased risk of cardiovascular disease[45], and falls among older adults increase the likelihood of early mortality[46].

Many musculoskeletal conditions could be prevented and managed by people being more physically active; this includes the potential to reduce the risk of joint and back pain by 25% and falls by 30%. People aged 65 and older have the highest risk of falling in the general population, with around a third of people older than 65 and half of people older than 80 falling at least once a year. Falls are the commonest cause of death from injury in the over 65s. 10-15% of falls result in fracture, and 5% of falls result in more serious soft tissue injury or head trauma. The falls and Fractures consensus was launched in January 2017, identifying the evidence base to advocate improving balance through exercise to strengthen muscles bone and joints. PHE is working with partners across the sector to improve the data and scale up the evidence based treatments and public health messages at a national policy level and within local delivery plans.

Community pharmacy teams are in a unique position to reach out to different communities, age groups and gender across the life course and a vital partner in delivering public health interventions.

Opportunities for action:

- pharmacy teams could advise individuals who are in pain and discomfort with specific MSK conditions such as osteoarthritis and rheumatoid arthritis, back pain and focus on prevention strategies such as outlining the benefits of physical activity, good nutrition and improving balance and muscle tone, and in addition to advising about the use of medicines
- local partners could work with local pharmacies to develop referral pathways to meet the prevention, early detection and treatment recommendations for people with MSK

- pharmacy teams could sign post to some of the local service's for individuals with MSK conditions, that are available in primary care and in the community
- local voluntary/third sector organisations could liaise with local community pharmacies and inform them about the support and information that is available within the local community
- pharmacy teams could act as an advocate and knowledge hub for local providers and the community by, for example providing relevant leaflets, identifying key services that may be available locally

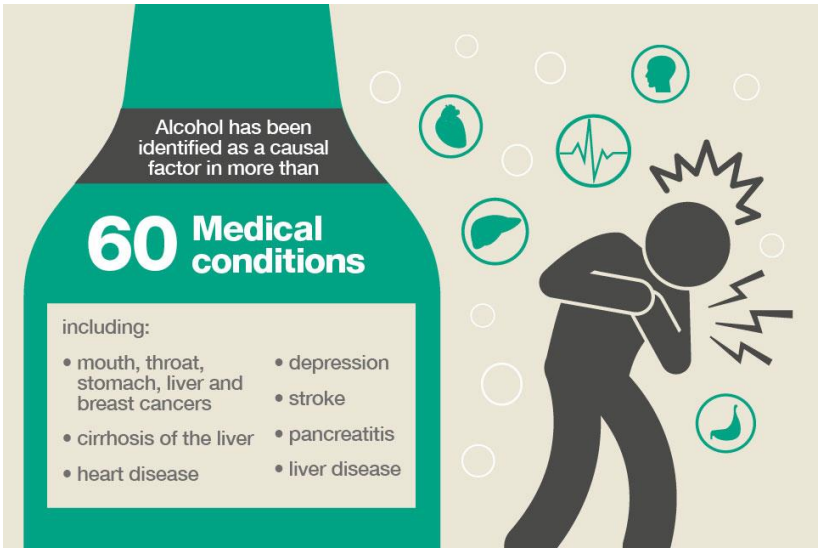
8.9 Alcohol

There are currently over 10 million adults drinking at levels that increase their risk of health harm. Alcohol has been identified as a causal factor in more than 60 medical conditions, including circulatory and digestive diseases, liver disease, a number of cancers and depression. It is the leading risk factor for early death, ill-health and disability in people aged 15 to 49 years, for all ages it is the fifth most important factor[46]. Although the risk of alcohol-related conditions is greater in people drinking at higher risk levels, (in excess of 35 or 50 units per week for women and men respectively) those regularly drinking above the Chief Medical Officer's low risk guidelines of 14 units per week (for men and women) are also at increased risk of these conditions.

Reducing the harm caused by alcohol consumption is a priority for PHE and one of the key objectives is to increase the identification of people drinking above the CMO's low risk levels, and encourage them to reduce their consumption.

Identifying people at risk and delivering brief advice about alcohol risk can make a big difference in reducing consumption and cutting risk. These interventions are often referred to as alcohol identification and brief advice (IBA).

IBA for alcohol is an opportunistic intervention that is proven to be effective in primary care, reducing alcohol consumption in drinkers who are not dependent on alcohol, but drink at risky levels. Typically, IBA is a one-off one-to-one session lasting only a few minutes which identifies the level of risk from alcohol use and prompts patients to review their use of alcohol, make decisions to change and set goals concerning their drinking behaviour.



NICE recommends delivering a range of interventions to reduce alcohol-related harm in public health guidance 24[47] (PH24), including some that can help make people aware of the potential risks they are taking (or harm they may be doing) at any early stage. PH24 specifically encourages the routine use of screening and delivery of IBA to people deemed to be at increased risk of harm from alcohol by all health and social care staff, including those in pharmacies. This practice is also encouraged through the Making Every Contact Count (MECC)

approach to healthcare, which is an initiative widely used to encourage healthcare professionals to raise and address behavioural risk factors with their patients.

Pharmacy teams can support efforts to reduce alcohol consumption and associated alcohol-related health harm by:

- ensuring alcohol is routinely addressed in the NHS Health Check (where they are commissioned to deliver this service). See section 5.1 for more on the NHS Health Check
- delivering some of the NICE-recommended interventions to make people aware of risks from their drinking, including alcohol identification and brief advice
- signposting people who are potentially dependent on alcohol to local specialist alcohol treatment providers
- raising awareness about the risks of alcohol consumption through discussing the risks of alcohol consumption over the recommended amounts, displaying posters and distributing leaflets, scratch cards and other relevant materials
- using the opportunity presented by regular medicine use reviews, eg for anti-hypertensive medicines, medicines for the treatment of diabetes to discuss the risks of alcohol consumption and in particular, during public health campaigns or in discussion with customers requesting particular over the counter medicines, to raise awareness of the risks of alcohol misuse

Opportunities for action:

- pharmacy teams could familiarise themselves with the new online training module on alcohol IBA in community pharmacy settings www.alcohollearningcentre.org.uk/eLearning, which will be particularly useful for those with less experience and as a good refresher for others
- the Sustainability and Transformation Partnership (STP) programme provides an opportunity for a renewed focus on preventative measures to improve health and well-being across the footprint. *A menu of preventative interventions for STPs*[13] was published in November 2016. This specifically references the role which pharmacy teams could play in the delivery of alcohol identification and brief advice. STP leads could include pharmacy teams in their plans for identifying people whose level of risk from alcohol use maybe at risky levels
- PHE has published resources to support the delivery of IBA through the Have a Word approach and pharmacy teams could make these materials available to the public. www.alcohollearningcentre.org.uk/have-a-word

8.10 Substance misuse

Drug use in England is common with about 2.7 million people admitting to having taken drugs in the past year (2015-16). However, only a very small proportion of people who try or occasionally use drugs go on to develop dependency. It is estimated that there are around 294,000 heroin and crack users in England and the Crime Survey for England and Wales showed that 7.5% of adults aged between 16 and 59 had misused a prescription only painkiller not prescribed to them.

Pharmacists provide a crucial role in the field of substance misuse and are frequently an important part of the management of patients in treatment for drug dependence. Their commissioned role has evolved markedly over the last decade and now often includes supervised consumption of prescribed medicines and needle and syringe provision.

Community pharmacists are well-placed to signpost and support people misusing drugs by:

- identifying and helping people (including through GP liaison) who might be getting into problems with over-the-counter or prescription medicines, as many people addicted to medicines would not identify with the illicit drug-using population or seek help from a drug treatment service
- signposting people already accessing needle and syringe provision or supervised consumption to other health professionals, such as a local dentist or GP, if they think the individual would benefit
- referring people (and their relatives and carers) to specialist substance misuse services, and to other services if they present with complications or associated problems, such as abscesses from injecting

Opportunities for action:

LAs can engage with pharmacy teams on a range of opportunities to further enhance their public health role in supporting drug misusers, including:

- monitoring for misuse of, and dependence on, prescription and over-the-counter medicines, and providing brief interventions for patients they identify as at risk or in trouble
- preventing and managing blood-borne viruses
- directly observing treatment for tuberculosis (DOT), if commissioned
- providing or referring to stop smoking interventions
- providing or referring to pain management interventions
- promoting safer injecting techniques

- promoting health eg advice on diet and nutrition, dental hygiene and pre and post-test counselling.

8.11 Mental health

Up to 1 in 4 of the population experiences mental illness. Many people struggle to access help from family, friends or services, partly due to the stigma still associated with mental illness. People with mental health problems are likely to be in poorer physical health and die younger than the rest of the population. Suicide is the biggest killer of people aged 20-34, 75% of these have no contact with mental health services and those who are bereaved are at increased risk themselves.

Being in good mental health affects everyone's ability to lead healthy and fulfilling lives, including making healthy lifestyle choices. Wellbeing, resilience and sense of control help protect our physical and mental health and buffer against health risks.

Many people accessing pharmacies, and their family members, will experience mental health problems or social conditions that put their mental health at risk. Many people may present with other issues but have an underlying problem – either a diagnosable condition that could be treated in services, or poor mental wellbeing that is a risk to their health and wellbeing.

A significant influence on mental health and wellbeing is social connectedness to family, friends or neighbours. 1 in 10 of the population report loneliness and don't have someone to rely on, and 1 in 3 people would like to have more social contact.

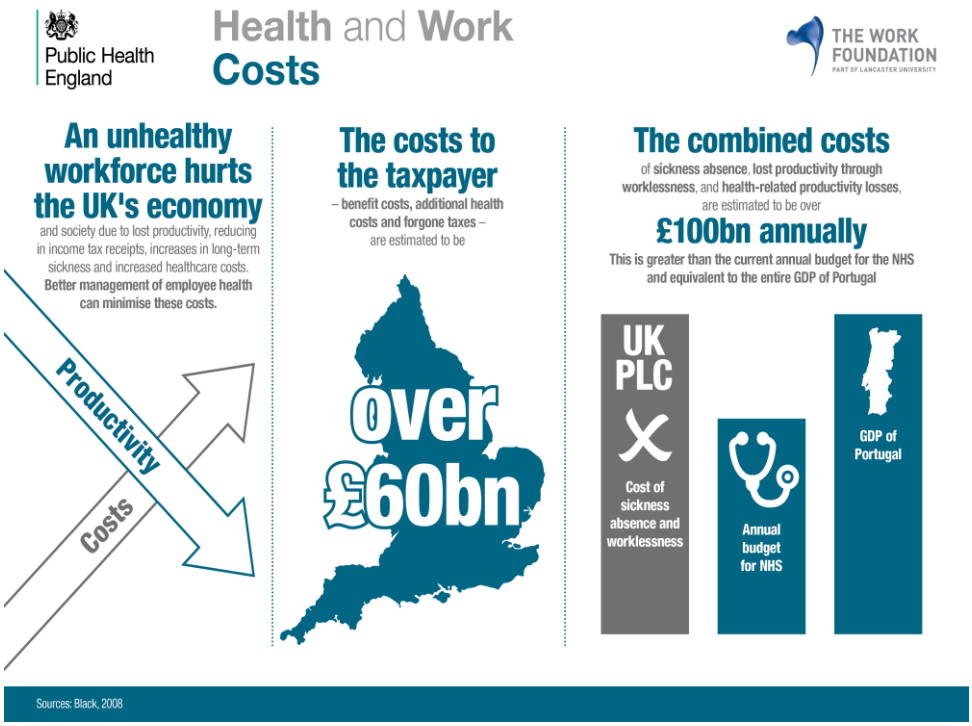
Opportunities for action:

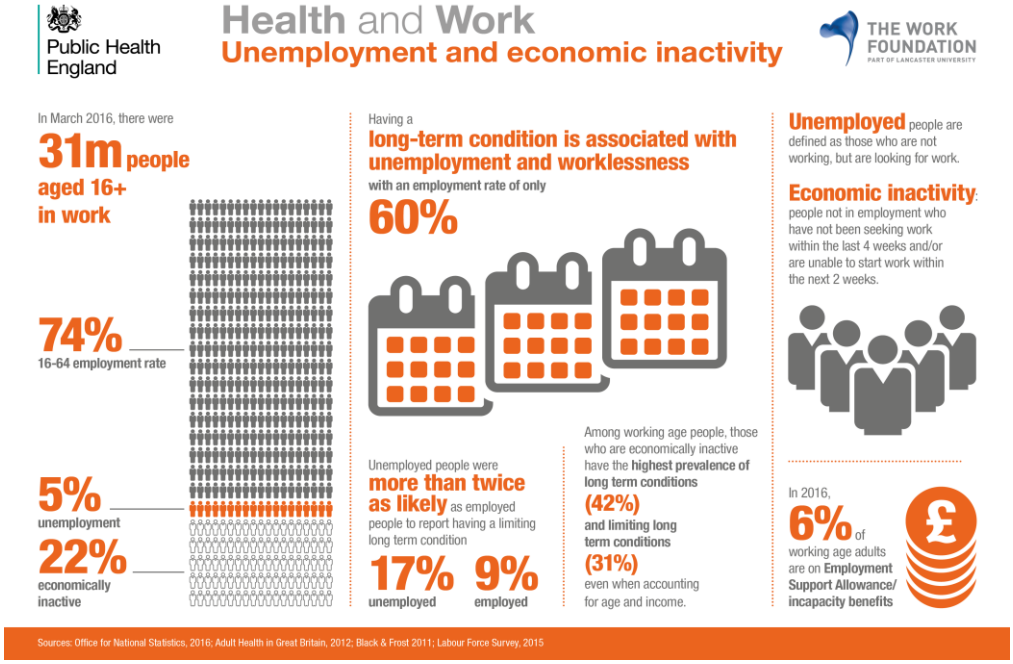
- pharmacy teams are encouraged to use 'Making Every Contact Count' (MECC) for mental health. The national consensus statement for MECC now includes mental health and wellbeing within the MECC framework. This involves conducting health conversations and brief interventions in a way that doesn't cause stress, anxiety or discontent but helps improve wellbeing, motivation, self-efficacy and sense of control; and including conversations about steps to take that can improve personal mental wellbeing, such as the Five Ways to Wellbeing Framework
- pharmacy staff could be trained as mental health champions, attaining knowledge and skills on improving mental wellbeing. Pharmacy-based mental health champions could play a key role in creating 'mentally healthy pharmacies'. Training should include promoting wellbeing and resilience, awareness of symptoms and referral pathways, reducing stigma and preventing suicide. The E-lfH has an open-access 20 minute introductory session on mental illness for healthcare staff. http://www.e-lfh.org.uk/programmes/mental-health-awareness-programme/open-access-session/
- pharmacy staff, especially health champions and mental health champions could provide a leadership role in creating a mentally healthy community, advocating for the mental health needs of local people and the role of the Healthy Living Pharmacy

as a safe space and resource for promoting individual and community wellness. See the PHE/ NHSE guide to community-centred approaches

- being a mentally healthy workplace, supporting a culture of work-life balance and adopting organisational approaches that assess and manage demands, job control, support, relationships, role and change. See NICE guidance and the Workplace Wellbeing Charter

8.12 Health and work





There is strong evidence that appropriate work can bring health and wellbeing benefits[48]. Health can be a barrier to people being able to get work or remain in work, especially if they have a long term health condition.

Ill health is also the cause of over 300,000 people falling out of work and onto welfare each year[49]. Over half (54%) of all disabled people who are out of work experience mental health and/or musculoskeletal conditions as their main health condition[50]. This has a huge cost to the individual, families, communities, employers and public services.

Health conditions also negatively impact on people in employment. Almost 1 in 3 working-age people in the UK have a long-term health condition[51]. By 2030 40%of the working age population will have a long term condition. Therefore, having a long term condition and being in work is becoming the norm.

Over a third (42%) of employees with a health condition felt it affects their work[51]. But less than half of employees (52%) report having access to occupational health through their work[52]. Thus pharmacists have a critical role in supporting patients to manage their condition and minimise the impacts on their work and the risk of health-related absence that can impact on their health, social and economic wellbeing.

The importance of employment for health is not fully reflected in commissioning decisions and clinical practice within health services, and opportunities to support people in their employment aspirations are regularly lost.

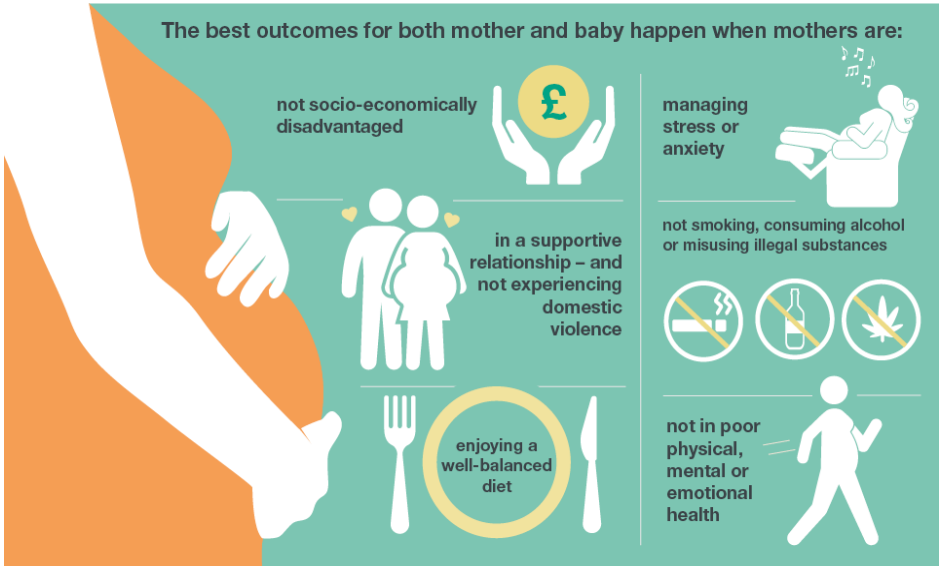
Pharmacy teams, like other healthcare professionals, can play an important role in supporting people with health conditions to find out about support and advice in the local area that will help them return to work or remain in work with their health issues.

Asking about a patients ‘employment status’ is important as it is an effective functional assessment of health status and shows how they are responding / adapting to their condition and care.

Opportunities for action:

- LA & CCG Commissioners could work with Job Centre Plus to consider how local pharmacies can provide brief advice and signposting to local support for health related worklessness
- pharmacy teams could integrate asking about employment and brief advice into consultations, where appropriate
- pharmacy teams could be upskilled so that they feel able to support people with their work aspirations

8.13 Maternity and early years



Improving women's health before, during and after pregnancy and reducing inequalities will promote choice and safer outcomes for all mothers and babies and ensure that every child has the best start in life. Specifically, promoting healthy behaviours and reducing risk factors from preconception through to transition from maternity into early years (6-8 weeks postpartum) will help women to start pregnancy well, improve outcomes and support transition to parenthood.

The Maternity Transformation Programme has been established by NHS England to implement the vision and recommendations in Better Births: A Five Year Forward View for Maternity Care. The programme brings together a range of organisations to lead and deliver on nine work streams and supports the national maternity ambition to halve the rates of stillbirths, neonatal deaths, maternal deaths and brain injuries by 2030.

Public Health England is leading on work stream 9 (Improving Prevention and Population Health) and will focus on developing a prevention pathway of evidence-based interventions to support all women to be fit for and during pregnancy. This will include tools to support commissioning and professional guidance.

Pharmacy teams can support women to achieve a healthy pregnancy and improved outcomes through early identification, brief advice and signposting to information and appropriate services.

Opportunities for action:

- pharmacists could promote contraceptive choices to women and their partners and improving access to sexual and reproductive health services
- pharmacy teams could improve preconception health for women of child bearing age, by embedding opportunistic enquiries to encourage healthy choices before pregnancy to improve wellbeing and resilience and reduce risk factors
- pharmacy teams, in particular health champions could Increase the number of smoke free pregnancies through the provision of advice'; see implementation of NICE guidelines on stopping smoking in pregnancy, signposting to stop smoking services if they don't provide them in the pharmacy, raising awareness of dangers of exposure to secondhand smoke)
- pharmacy teams could improve perinatal mental health through the promotion of good mental health; early identification and support; referral to appropriate services
- pharmacy teams have a real opportunity to improving breastfeeding rates by signposting to information and support including Start4Life resources
- promoting healthy weight and nutrition eg encouraging the use of vitamin D and folic acid
- pharmacy professionals are encouraged to promote uptake of pertussis and influenza immunisation for all pregnant women and immunisation programmes for children during their early years

8.14 Oral health

Poor oral health can cause pain and infection and can affect the individual's ability to eat, sleep, speak and socialise[53]. Accessing treatment can result in time of school and work and the costs to the NHS are around £3.4 billion a year[54].

The most recent 5 year old dental survey[55] found that almost a quarter (24.7%) of children start school with dental caries and for those with decay they will have 3-4 teeth affected. Dental decay is the most common reason for 5-9 year olds in England to be admitted to hospital to have teeth out under general anaesthesia[56] which can lead to fear and anxiety with a lifetime consequence. Poor oral health may be a sentinel marker of wider health and social issues and dental neglect may form be part of a safeguarding issue[57].

In adults, around 4000 new cases of mouth and oropharyngeal cancer are diagnosed in the UK every year and people who drink and smoke or use tobacco increase their risk of oral cancer further.

Pharmacy teams are well placed to give evidence based preventative advice. The most common oral disease affecting young children is dental caries which is largely preventable through sugar reduction and access to fluorides. Pharmacists may also be the initial contact for individuals with oral health problems seeking over the counter remedies analgesics or ulcer treatments.

Opportunities for action:

- offering brief interventions about common risk factors for oral disease such as tobacco, alcohol and sugar reduction
- offering simple evidence based preventative advice such as how often to replace toothbrushes, how much fluoride is optimal in toothpaste, when is the best time to brush and to 'spit don't rinse'
- having an awareness of the early signs of mouth cancer and signposting clinical examination of suspicious lesions, such as ulcers that have been present for more than 2 weeks
- signposting to dental services for examination or treatment, where appropriate
- giving advice on dry mouth conditions and recognising medicines that may cause dry mouth in Medicines Use Reviews
- supplying sugar free medicines where possible

9. Summary

Pharmacy - A Way Forward for Public Health has set out the detail of potential opportunities for commissioners and pharmacy teams, to make a marked difference to the public's health. At local level, led through Health and Wellbeing Strategies and Sustainable Transformation Partnerships, it has provided the many opportunities where pharmacy teams can offer effective and impactful interventions, which will reduce the burden of disease and premature mortality and reduce health inequalities in this country. Clinical pharmacists in GP practices can make an important contribution to improving people's health by focusing on health promoting interventions at the same time as optimising the use of medicines.

Pharmacy - A Way Forward for Public Health has provided a menu of opportunity to realise the potential of one of the most frequented health care settings in England to make an even bigger sustainable impact on the lives of people, communities and the nation.

Acceleration of the implementation of Healthy Living Pharmacies through the profession-led self-assessment process led by PHE and the announcement made by NHS England about the inclusion of attainment of HLP level 1 status within the quality payment scheme, has provided a great opportunity for pharmacy to demonstrate the real impact it can make on improving the health of people in England and for supporting people in their local communities as a health and social asset. Attainment of level 1 HLP status will also provide commissioners with the assurance to commission level 2 and/or 3 HLPs with attached service delivery, from pharmacies that provide health promoting interventions, underpinned by quality criteria.

There are lots of ways in which pharmacy can take action to support the health of individuals, families and communities in localities they service. We hope that commissioners and providers will use these opportunities for action to maximise the potential contribution of pharmacies' trained and trusted healthcare professionals to improve the health of the nation.

10. References

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