



# **A healthy future: a public health strategic framework for Wales – a briefing paper to support development**

## **Children and young people**

*Chairman: Ken Sawyers – CEO Neath and Prot Talbot County Borough Council*

- 1) Pharmacists work at the heart of the communities they serve and have frequent opportunities to offer health messages and advice. The local community pharmacist is readily accessible, without an appointment. They are visited by both the fit and the unwell and give ready access to people who are not in contact with any other health professional. They act as a crucial lifeline and primary point of contact with a healthcare professional for many rural and disadvantaged communities
- 2) People living in socially disadvantaged areas are more likely to use primary care services than those in higher socio economic groups, with twice the number of visits to their GP and Community Pharmacy. The provision of local health services is particularly important in socially disadvantaged areas
- 3) Pharmacies in rural or disadvantaged communities can become the focal point of the community and robust development of their public health role can contribute to reducing health inequalities
- 4) Community pharmacy has access to areas of the population that have traditionally been hard for the NHS to reach, for example ethnic minorities.
- 5) To build a sustainable service in disadvantaged areas and rural locations it is vital to enhance current service provision and not duplicate it, as this could render the existing community pharmacy service non viable.
- 6) The community pharmacy can provide a range of health care inputs from public health information, prevention programs, self care with over the counter medicines, dispensing, monitoring and medicines use review. They, and hospital pharmacists, have regular, ongoing contact, with children with chronic conditions and their parents. As such they may also be involved in supporting schools with the management of medicines.
- 7) Pharmacists are a source of health advice to expectant mothers, and may provide ongoing advice, support and medication for the new born and young child. They act as a source of advice on a wide range of health issues e.g. pre-conception folic acid, medication that may be excreted in breast milk, milk substitutes, childhood vaccination, medicines “scares” in the media, fluoride supplementation, sunscreens.
- 8) Community pharmacists can offer opportunistic or targeted information and advice on diet, smoking, alcohol consumption. However to optimise the impact

support needs to be given within a program framework that agrees milestones and monitoring arrangements with both the patient and the LHB.

9) LHBs can target support to community pharmacies in those areas where health inequalities are manifest and target groups e.g. halting the year on year rise in childhood obesity, within the broader strategy to tackle obesity in the population as a whole.

10) Community pharmacist offer emergency hormonal contraception (EHC) via patient group direction. It is primarily, but not exclusively, targeted at teenage pregnancy. EHC consultations are an opportunity to discuss and inform on issues around sexual health, the menstrual cycle and contraception.

11) Free Chlamydia screening can then be included with EHC or offered as a stand alone service. If a positive result is obtained antibiotic therapy can be provided under a patient group direction.

12) Community pharmacies should be required to collect specified data on interventions that are made that support the public health agenda to establish an evidence base to optimise allocation of resources in the contracting process.

13) Pharmacists both from hospital and the community have provided education programs in schools, presented seminars on healthy living, obesity, smoking, and substance misuse. These tend to be individual initiatives and would be more effectively delivered within a strategy and framework commissioned by the LHB.

14) The restructuring of the NHS in Wales gives the opportunity to effectively engage all parts of the pharmacy service – community, primary care and hospital pharmacy in the child health agenda. Young children with chronic conditions pay regular visits to hospital and effective communication between all parties is essential if a safe and efficient “handover” is to occur.

15) The restructuring also gives the opportunity to increase inter-professional cooperation through integrated working between services and identify clearly the pharmaceutical needs and priorities of the local population.

16) Pharmacists in both hospital and community should be cognisant of issues such as sugar free medicines, particularly with children with chronic conditions, and the safe and secure storage of all medicines.

17) Community pharmacies may also include signposting to other services and if appropriate referral to required support. They provide a readily accessible healthcare facility that can host other peripatetic health professionals as part of local strategy for addressing local public health priorities.

18) The IM&T strategy for Wales incorporates access to patients individual health record. The health record needs to clearly identify an individuals health risks and actions taken. It is essential that all health professionals, wherever they practice, can access the appropriate parts of the record as necessary to ensure patient safety and optimise health service efficiency and effectiveness.

Conclusion:

The community pharmacy provides the general public with a readily accessible source of information, advice, support and if appropriate, medication. The community

pharmacist can be accessed without appointment and is often the only point of contact with a healthcare professional for the wider population.

A wide range of services relating to child public health are provided by community pharmacies, but provision is not co-ordinated and opportunities maximised. The input currently provided, and the potential for new services, through the community pharmacies should be recognized and fully integrated into local public health plans.

The restructuring of the NHS in Wales gives the opportunity to effectively engage all parts of the pharmacy service – community, primary care and hospital pharmacy in the child health agenda.

**Patron: Her Majesty The Queen**