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

Health related behaviours and risks

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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) 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 equalities.

3) Pharmacists have an excellent record of offering non- judgemental advice on sensitive issues and generally have the trust of the public.

4) Community pharmacy has access to areas of the population that have traditionally been hard for the NHS to reach, for example men and ethnic minorities.

5) Patients who need regular medication can be monitored for concordance with the regime and outcomes and side effects monitored. It is estimated that up to 10% of all hospital acute admissions are related to medication issues and two thirds of these are potentially avoidable.

6) The community pharmacist provides an accessible health care information to inform individual decisions when there are areas of public concern e.g. childhood vaccination, medicine “scares” in the media.

7) Pharmacists and their staff can identify individuals with risk factors for disease, offering them lifestyle assessments. Under their contractual framework they are expected to give advice to people with diabetes, coronary heart disease, high blood pressure, those who smoke and those who are overweight. There are many successful examples of pharmacy involvement in screening for chronic conditions.

8) 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.

9) 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.

10) LHBs can target support to community pharmacies in those areas where health inequalities are manifest and target groups.

11) Community Pharmacies in Scotland are now offering the public an "MOT". As well as a structured questionnaire which examines lifestyle issues such as smoking, diet, exercise, family history, and mental health they provide blood pressure monitoring, finger prick tests for glucose and cholesterol. Patients maybe referred on to a GP, to a smoking cessation service or to a leisure centre or commercial slimming club (with vouchers to reduce the cost).

12) Scotland has community pharmacy based smoking cessation clinics and is now introducing pharmacy based weight management services. Participants get lifestyle advice, a reduced calorie diet and regular weighing for three months. If weight loss is not achieved the addition of drug therapy by a pharmacist under a patient group direction maybe appropriate.

13) 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 issues around sexual health, the menstrual cycle and contraception.

14) 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.

15) Supervised consumption of methadone and syringe and needle exchange schemes are part of many community pharmacies contracts. The community pharmacists see these patients daily and offer advice and support. Many patients want to reduce their methadone consumption and proactive dialogue between the community pharmacist and the substance misuse service can facilitate this. Pharmacists also provide signposts to other healthcare advice for these patients, who often only engage with the substance misuse service.

16) The community pharmacist can "signpost" patients to relevant services provided by the health service or local authorities and social services. They provide a readily accessible healthcare facility that can also facilitate easier access by hosting peripatetic practioners.

17) Pharmacists have provided education programs in schools and presented seminars on health related behaviours and risks. These tend to be individual initiatives and would be more effectively delivered within a strategy and framework commissioned by the LHB.

Conclusion

The Community Pharmacy is a central part of the local community. It provides ready and convenient access to a healthcare professional without an appointment. They provide support to those who do not need to access NHS services and act as a “first port of call” for those seeking advice and treatment. They often have routine contact with a patient population who are receiving medication for chronic conditions.

The Community Pharmacist is often the only healthcare contact for many of the traditionally hard to reach groups in the community e.g. men and ethnic minorities.

Many Community Pharmacies provide both generalised and individualised advice and support for members of the public. However to maximise the effectiveness of many interventions members of the public need to be seen on a regular basis within the context of a structured program to address their individual needs. Such programs need milestones and outcomes agreed with the individual patient and LHBs

Examples of the range of services delivered, under a public health framework within the UK, through community pharmacies are illustrated above. The provision is not universal and whilst opportunity exists for LHBs to target resources through community pharmacies in areas where health inequalities are greatest, this inconsistent availability causes confusion in the mind of the public.

LHB local strategic plans on health and wellbeing need to recognise and optimise the contribution that can be made by and through the Community Pharmacy.
The community pharmacist contribution needs to be recognised by the individual specialist healthcare teams and relevant patient information shared to optimise outcomes.

The use of Community Pharmacy premises as a base for services delivered by other professionals is an opportunity to be explored.

Patron: Her Majesty The Queen