



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

Strengthening Local Public Health Delivery

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- 1) Pharmaceutical public health has been defined as:
“The application of pharmaceutical knowledge, skills and resources to the science and art of preventing disease, prolonging life, promoting, protecting and improving health for all through organised efforts of society”
The pharmaceutical services contribution to public health must be explicitly incorporated within a public health strategy that addresses the wider needs of a local population.
- 2) Within any wider public health strategy the local pharmacy service needs to improve pharmaceutical surveillance of the health of the population and review and optimise the ability of existing pharmacy services, or wider health service, to address the issues identified.
- 3) The pharmaceutical health needs, once identified, will need to be monitored in a standardised and sustainable format that applies to pharmacy and other agencies.
- 4) Examples of possible surveillance targets include:
 - Pooled data on product sales that could indicate outbreaks of headlice infection, diarrhoea, or abuse of over the counter medicines
 - Prescription records to monitor the therapeutic management of patients in nursing and residential homes. This could for example indicate over use of antipsychotics or sedatives
 - Continuation of medication prescribed following a hospital outpatient appointment. This could identify systemic communication failures.
- 5) 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 public health agenda.
- 6) It 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.

- 7) The definition of pharmaceutical services needs to reflect not only the provision of prescribed medicines and appliances but needs to be widened to reflect services under the pharmacy contract such as public health and support for self care.
- 8) Community 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.
- 9) 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.
- 10) The sustainability of community pharmacies is co-dependent on the community in which it is located. The Countryside Agency found that each post office closure historically caused an estimated 15% drop in local trade for retail businesses in rural areas. To build a sustainable service in disadvantaged areas and rural locations it is vital to enhance current provision and not duplicate it, as this will render the existing community pharmacy service non viable.
- 11) 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.
- 12) Pharmacists have an excellent record of offering non- judgemental advice on sensitive issues and generally have the trust of the public.
- 13) Pharmacists and their staff in all areas of the profession can identify individuals with risk factors for disease offering them lifestyle assessments. Under their contractual framework community pharmacists are expected to give advice to people with diabetes, coronary heart disease, high blood pressure, those who smoke and those who are overweight.
- 14) They can offer opportunistic or targeted information and advice on health an lifestyle. However to optimise the impact advice and support needs to be given within a program framework, not a one off intervention.
- 15) 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.
- 16) 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).

17) 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.

18) 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.

19) 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.

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

21) 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 issues.

22) 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, including community pharmacists, can access the appropriate parts of the record as necessary to ensure patient safety and optimise health service efficiency and effectiveness.

Conclusion:

The challenge of improving the health and wellbeing of our disadvantaged and rural population will be achieved through the innovative development of flexible multidisciplinary services in local areas supported by networks of other colleagues via outreach services and technology. The service models developed should build on existing services, their sustainability being linked to the communities they serve.

The pharmacy profession is central to the delivery of these services as both part of the multidisciplinary team but also as a central part of the local community. They provide support to those who do not need to access NHS services, as a “first port of call” for those seeking advice and treatment and undertake some of the workload associated with the management of chronic conditions.

The delivery of the NHS Pharmaceutical Services should be planned and delivered on a holistic primary care assessment that encompasses the public health, self care and medicines management needs of the population.

Local Health Boards are required to produce detailed estate strategies to ensure that opportunities are taken to reduce overlap and duplication of service environments, bring currently disparate services together and promote sharing of facilities. Registered Community Pharmacies already exist as healthcare facilities in many

localities and in addition to extending the range of pharmaceutical services could, with appropriate investment, host peripatetic services such as mobile screening, sexual health clinics, physiotherapy etc. They could also be utilise telemedicine linking GP premises, community hospitals and secondary care facilities.

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Patron: Her Majesty The Queen