



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

Socio-economic, cultural and environmental conditions

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1) The local community pharmacist is the source of healthcare advice and medicines that 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.

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

3) The community pharmacy can provide a range of health care inputs from public health information, prevention programs, self care, medicines supply, monitoring and medicines use review. They can host other peripatetic healthcare professionals or signpost people to other services. They act as a crucial lifeline and primary point of contact with a healthcare professional for many rural and disadvantaged communities.

4) 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.

5) Community Pharmacist can make a contribution as community leaders and health champions, and as entrepreneurs, in developing social capital for neighbourhood renewal and development.

6) Health A report "Improving shopping access for people living in deprived neighbourhoods" produced by the Department of Health in England, identified the following core businesses that make a difference between a viable business community and one that fails:

- A health centre
- A pharmacy
- A source of cash – most often a post office

7) 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.

8) 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.

9) There is potential for tackling health inequalities by investing in health improvement services in pharmacies in areas with the worst health indicators

10) The sustainability of services is reliant on the recruitment and retention of professionals which can be difficult in both rural and disadvantaged areas. Solutions to this challenge, including incentives and work placements, need to be developed to ease this problem. For example in North Wales a portfolio working approach has proved successful with pharmacists employed in Secondary Care providing prescribing support within GP practices, delivering chronic disease management services and community pharmacy services through sessional contracts.

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.

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

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