

February 2015

Reducing premature mortality: the role of community pharmacies

RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE



Key points

- An estimated 95% of people visit a pharmacy at least once per year
- Community pharmacies are easily accessible, providing convenience and anonymity in a relatively informal setting
- RSPH research demonstrates widespread public support for public health programmes and services delivered by pharmacy teams

Calls to action

- Further expansion of healthy living pharmacies
- Greater visibility of pharmacy teams in the community
- Inclusion of pharmacy representatives on health and wellbeing boards
- Further research into the effectiveness of pharmacy-based public health programmes

Background

High levels of avoidable illness are an enduring problem in the UK, placing an unsustainable burden on the NHS and the welfare system, and resulting in thousands of preventable deaths each year. The Office for National Statistics¹ estimates that one in four of all deaths recorded in 2012 for England and Wales were 'potentially avoidable'. With the predicted rises in obesity rates and chronic conditions, such as type-2 diabetes, this figure is likely to increase over the next few decades.²

The costs of avoidable illness are staggering, currently estimated at around £60 billion per year.³ Without effective action, this is set to rise further; by 2035, it is predicted that the cost of treating diabetes alone will reach £16.9 billion per year.⁴ A significant proportion of the 'big killers', such as heart disease, stroke and some cancers, could be avoided through the adoption of healthier lifestyles, for example by losing weight, stopping smoking and increasing levels of physical activity. It is, therefore, crucial to

invest in initiatives seeking to provide individuals with the tools and support necessary to make positive, sustained lifestyle changes.

Over the past decade, there has been growing interest in the role of community pharmacies in addressing these major public health issues. With an estimated 95% of people visiting a pharmacy at least once per year⁵ and an estimated 99.8% of people from the most deprived areas living within just a 20 minute walk of a community pharmacy, this setting offers the ideal location to reach out to the public.⁶

Of the 11,495 community pharmacies in England,⁷ many of them are now delivering a wide range of health improvement programmes, including services relating to the management and prevention of chronic disease (e.g. cholesterol and blood pressure reduction programmes), emergency hormonal contraception services and programmes relating to drug abuse, misuse and addiction (e.g. needle exchange services).

There is a growing evidence base demonstrating the considerable success of community pharmacies in these areas. The most frequently delivered service by community pharmacies is the smoking cessation service. An evaluation of healthy living pharmacies (HLPs), one model for pharmacy-based health improvement initiatives, found that, following the introduction of HLPs in Portsmouth, there was a 140% increase in successful 'quits', with individuals entering a HLP being twice as likely to set a successful quit date and achieve a four week non-smoker status than if they had entered a non-HLP.⁸ A study by Parsons et al⁹ of a pharmacy-based oral contraception service in Southwark and Lambeth found that the majority of users were either satisfied or very satisfied with the service and felt comfortable discussing the topic with a pharmacist. Likewise, Brown et al¹⁰ found that pharmacy-based methadone administrative services and needle exchange services received high attendance and proved to be a cost-effective approach.

Pharmacy-based initiatives also have the potential to reach groups often underrepresented in primary healthcare services. Based in a variety of locations, such as the high street, shopping centres and the supermarket, the pharmacy offers greater accessibility than many other services, with the added convenience of weekend opening times. Todd et al⁶ found that 90% of the population live within just a 20 minute walk of a community pharmacy. Accordingly, Anderson and Thornley¹¹ found that 61% of people participating in a pharmacy-based vaccination programme in Sheffield stated that convenience was their main reason for accessing the service in a pharmacy rather than alternative locations. Other popular answers included the ease of access and lack of an appointment system. The pharmacy setting also provides greater anonymity and a more informal environment, which some individuals may find less intimidating than a GP surgery. The evaluation of the HLP pathfinder programme found that 20% of individuals surveyed stated that they would not have accessed the service elsewhere. This indicates that there is real potential for pharmacies to target 'hard to reach' groups.¹²

With investment, pharmacies have the potential to successfully deliver a wide range of services and reach out to those most in need, thus reducing the burden on overstretched primary healthcare services. However, there are a number of challenges currently restricting this potential that must be overcome, including a lack of awareness of the breadth of services offered by community pharmacies and in some areas, the need for greater collaboration between pharmacy and other healthcare professionals.

What is the RSPH calling for?

Further expansion of healthy living pharmacies

The RSPH calls on commissioners in local authorities to invest in the expansion of the healthy living pharmacy (HLP) model to a greater number of pharmacies across the UK.

The HLP concept and framework, ratified in 2010 by the Department of Health, Public Health Leadership Forum for

Pharmacy with input from the pharmacy and public health organisations, is the most prominent example of pharmacies delivering public health services and programmes. In line with the recommendations of the 2008 White Paper, Pharmacy in England: Building on strengths, delivering the future, the HLP framework aims to support the development of pharmacies which embody the 'ethos' of health improvement and meet the individual needs of the community by delivering commissioned services in areas such as smoking cessation, sexual health, weight management and long-term condition management.¹³ Since its launch in 2009, the HLP framework has been adopted by over 800 pharmacies, with an estimated 3000 pharmacy-based health champions now trained to offer brief advice and brief interventions.

This model consists of a tiered commissioning framework with three distinct levels of service provision; level 1 – health promotion, level 2 – disease prevention and level 3 – health protection. Each level represents a further development in a pharmacy's capability and responsibility for health and wellbeing. Whilst there are other models available, the HLP concept offers an identifiable brand, greater uniformity and quality assurance, which is not necessarily provided by other models.

Greater visibility of pharmacy teams in the community

The RSPH calls for greater visibility of pharmacies and the advice and services they offer within communities in order to encourage greater awareness and usage.

The ever-increasing workload of primary healthcare services is widely documented. A survey conducted last year, for example, found that 9 out of 10 GPs stated that they regularly worked beyond their normal hours, with more than half of GPs reporting that morale was either 'low' or 'very low'.¹⁴ With the increasing role of pharmacies in delivering services such as health checks, immunisation programmes and support on long term conditions, pharmacies have the potential to help ease the workload of primary healthcare services. This is demonstrated by the evaluation of the HLPs in West Yorkshire which found that 60% of respondents stated that, had a pharmacy-based service not been available, they would have instead accessed the service via their GP.¹⁵

To realise this potential, however, it is essential that the HLPs and other pharmacy-based initiatives are advertised effectively and as widely as possible to increase public awareness of the services available. This may include, for example, displays in other areas of host shops, and also using mediums with a wider reach, such as radio and newspaper advertisements. Pharmacy teams have a vital role to play in this. Using outreach in, for example, schools, universities or community venues, pharmacy teams could become a more recognisable and therefore, more approachable face of the pharmacy.

Signposting is also vital for ensuring greater awareness and use of pharmacy-based services. Members of the wider public health workforce, such as staff in Job Centres and libraries,

could be instrumental in increasing awareness through signposting. Additionally, when making an appointment with the GP, surgery receptionists could have a vital role in signposting patients to pharmacies to avoid inappropriate appointments being made.

Inclusion of pharmacy representatives on health and wellbeing boards

The RSPH calls for greater presence of the pharmaceutical profession on health and wellbeing boards. The Health and Social Care Act 2012 established health and wellbeing boards within all local authorities with the aim of bringing together leaders from the health and care sectors with local elected representatives, to discuss health and wellbeing priorities and collaborate on a strategy to tackle health inequalities.¹⁶

Outside of the board's core membership of an elected representative, representatives from the CCG and Healthwatch and local directors, the Act allows for considerable flexibility. Additional, non-statutory members can be invited to join the board when particular expertise or experience is required.¹⁷ To ensure that the role of pharmacy in tackling avoidable illness features more prominently in the board's discussions and planning, it is essential that these non-statutory positions are used

to increase the representation of the pharmaceutical profession, such as members of the pharmacy local professional networks. The health and wellbeing boards are responsible for producing the pharmaceutical needs assessments, the joint strategic needs assessments and the joint health and wellbeing strategies for each local area; to ensure that these documents are as effective and comprehensive as possible, collaboration from all health and care sectors is vital.

Further research into the effectiveness of pharmacy-based public health programmes

Whilst the evidence currently available demonstrates the considerable potential of pharmacy-based public health programmes, the evidence base does require further development. A report released by the Pharmacy and Public Health Forum recognises that in areas such as weight management the evidence is currently insufficient.¹⁸ We, therefore, call for more research examining the effectiveness and value for money of pharmacy-based initiatives by the pharmacy organisations and also, at a local level, by the pharmacies delivering such programmes.

References

- Office for National Statistics, 2014. Statistical bulletin: Avoidable Mortality in England and Wales, 2012. Available online at: <http://www.ons.gov.uk/ons/rel/subnational-health4/avoidable-mortality-in-england-and-wales/2012/stb-avoidable-mortality--2012.html> (Last accessed 31st July 2014)
- Public Health England. Adult obesity and type 2 diabetes. London: Public Health England, 2014
- Frontier Economics. Estimating the Costs of Health Inequalities: A Report Prepared for the Marmot Review. London: Frontier Economic Ltd, 2010
- NHS Choices, 2012. Diabetes: cases and costs predicted to rise. Available online at: <http://www.nhs.uk/news/2012/04/april/Pages/nhs-diabetes-costs-cases-rising.aspx> (Last accessed 31st July 2014)
- Morrison D, McLoone P, Brosnahan N, McCombie L, Smith A, Gordon J. A community pharmacy weight management programme: an evaluation of effectiveness. *BMC Public Health* 2013; 13: 282
- Todd A, Copeland A, Husband A, Kasim A, Bamba C. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014; 4
- Office for National Statistics. General Pharmaceutical Services in England – 2003-04 to 2012-13 [NS] Available online at: <http://www.hscic.gov.uk/catalogue/PUB12683> (Last accessed 10th September 2014)
- Fajemisin F. Community Pharmacy and Public Health. Cowley: Solutions for Public Health, 2013. Available online at: <http://www.sph.nhs.uk/sph-documents/community-pharmacy-and-public-health-final-report/?searchterm=community%20pharmacy> (Last accessed 4th August 2014)
- Parsons J, Adams C, Aziz N, Holmes J, Jawad R, Whittlesea C. Evaluation of a community pharmacy delivered oral contraception service. *Journal of Family Planning and Reproductive Health Care* 2012; 39: 97 - 101
- Brown D, Portlock J, Rutter P, Nazar Z. From community pharmacy to healthy living pharmacy: Positive early experiences from Portsmouth, England. *Research in Social and Administrative Pharmacy* 2014; 10: 72 - 87
- Anderson C, Thornley T. 'It's easier in pharmacy': why some patients prefer to pay for flu jabs rather than use the National Health Service. *BMC Health Services Research* 2014; 14: 35
- Duggan C, Evans D, Holden M, Kennington E, Leach R, Root G, Shepherd E. Evaluation of the healthy living pharmacy pathfinder work programme 2011-2012. Healthy Living Pharmacy, 2013. Available online at: <http://www.npa.co.uk/Documents/Docstore/Representing-you/Evaluation.pdf> (Last accessed 4th August 2014)
- Mohan L, McNaughton R, Shucksmith J. An evaluation of the Tees healthy living pharmacy pilot scheme. Middlesborough: University of Teesside, Health and Social Care Institute, 2013. Available online at: <http://www.npa.co.uk/Documents/HLP/Healthy-Living-Pharmacy-Evaluation-Tees.pdf> (Last accessed 4th August 2014)
- British Medical Association. GP morale damaged by workload, survey says. Available online: <http://bma.org.uk/news-views-analysis/news/2014/march/gp-morale-damaged-by-workload-says-survey> (last accessed 19th February 2015)
- Blenkinsopp A, Silcock J. Evaluation of the West Yorkshire Healthy Living Pharmacy Programme. Bradford: University of Bradford, 2014. Available online at: https://www.npa.co.uk/Documents/HLP/Final_HLP_Evaluation_Report_West_Yorkshire.pdf
- Local Government Association. Health and Wellbeing Boards (HWP) leadership offer. Available online: http://www.local.gov.uk/health/-/journal_content/56/10180/3510973/ARTICLE (2014, last accessed 14th September 2014)
- Department of Health. A short guide to health and wellbeing boards. Available online: <http://webarchive.nationalarchives.gov.uk/20130805112926/http://healthandcare.dh.gov.uk/hwb-guide/> (last accessed 14th September 2014)
- Public Health England, 2014. Consolidating and developing the evidence base and research for community pharmacy's contribution to public health: a progress report from Task Group 3 of the Pharmacy and Public Health Forum. Available online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271682/20140110-Community_pharmacy_contribution_to_public_health.pdf (Last accessed 4th August 2014)