

Dispensing public health

In some areas, public health in Britain is taken for granted. An example of this is the provision of clean drinking water. But it was not always so. A pioneer in the public health arena was John Snow. He worked out that it was the public water pump in Broad Street, Soho, that was the source of London's 1854 cholera outbreak in which nearly 700 people died, all of whom lived within 250 yards of the pump. A simple intervention, removing the pump handle, made a significant impact: it stopped the epidemic. Could such simple interventions in the pharmacy have similarly dramatic consequences for public health in 2007? We believe they could.

Pharmacists should not be fazed by public health. It is very much part of their day-to-day life and, this week, we are devoting a sizeable section of *The Journal* to the topic. We

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hope that we can make pharmacists realise that they are already engaged and that they should be confident about what they do. We have tried to be as practical as possible in order to show pharmacists that they are on the right tack and to point out simple and decisive interventions that they can make. Smoking cessation is one of the major public health services that pharmacists provide.

Others, including emergency hormonal contraception (p19), are described in this issue. And if, or when, there is an influenza pandemic, pharmacists — who are freely accessible at the centre of communities — will be at the heart of the Government's public health campaign, since it will want to keep the population as healthy and informed as possible in order to reserve resources for the seriously ill.

What pharmacists might find hard is the practicalities of communicating public health issues. In a busy pharmacy it is difficult enough to ensure that patients know the basic details about the medicines they are receiving without worrying about striking up opportunistic conversations about somebody's weight or smoking status. To help with this, tips for running successful public health campaigns are covered in this issue (p17).

To be most effective, however, pharmacists need to be aware of the wider determinants of public health, including environmental and psychosocial influences, at all levels of society (pp13–14). They especially will need to be au fait with these if they are to be successful in signposting patients to other sources of care and information (p20).

There are concerns around the recording of public health interventions in the pharmacy. Of course records are essential, but the worst thing that could happen is if time is wasted on form filling and bureaucracy at the expense of getting on with the job. There is no doubt that pharmacists will have to manage their time better (pp15–16) and perhaps patients will need to make appointments if they want to discuss health issues with their pharmacist. A side effect of that might be that patients will view pharmacists in an even more professional light, and that can only be a good thing.

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