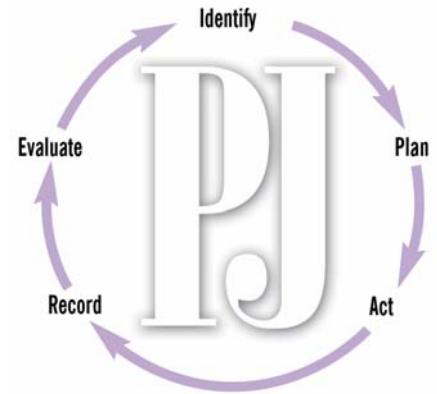


How pharmacy can help public health

In this article, **Claire Jones**, **Miriam Armstrong**, **Michael King** and **David Pruce** explain why the time is right for community pharmacists to be recognised for the parts they play in improving public health and how to go about developing this important service



Offering influenza vaccinations is just one public health role that pharmacy can play



Identify knowledge gaps

1. What is meant by public health?
2. What is meant by health inequality?
3. How could you extend your public health role?

Before reading on, think about how this article may help you to do your job better. The Royal Pharmaceutical Society's areas of competence for pharmacists are listed in "Plan and record", (available at: www.rpsgb.org/education). This article relates to "making a positive contribution to good health" (see appendix 4 of "Plan and record").

Public health is the study and practice of how best to improve the overall health and health gain of populations rather than individuals. The most widely used and over-arching definition of public health was coined by Sir Donald Acheson, in 1988, as "the science and art of preventing disease, prolonging life and promoting, protecting and improving health through the organised efforts of society".¹ This definition encompasses a wide range of activities and emphasises the importance of a strategic approach to public health as well as collaboration between different groups and individuals to achieve these aims.

Work in public health principally falls within three key domains: health protection and disease prevention, health and social care

and health improvement¹ (see Panel 1). The practice of most community pharmacy involves work on health improvement (eg, counselling on lifestyle) and health and social care (eg, ensuring patients know how to take their medicines) but, increasingly, pharmacists are also undertaking work in health protection and disease prevention and this trend is likely to continue.

Health inequalities Health inequalities are differences in health outcomes attributable to inequitable differences between groups in a population. Inequalities in health vary according to many factors, for example, gender, education attainment and ethnicity, but are principally influenced by socioeco-

nomnic factors and geography. In particular, people in lower socioeconomic groups tend to be ill more often, suffer more long-standing and limiting illnesses and die sooner compared with those in higher socioeconomic groups. For example, in Manchester, the death rate for people under 65 years is more than three times greater than in Kingston and Richmond.² National indicators of health inequality include infant mortality and life expectancy.

Health inequalities begin early in life and can cross generations.² Babies born to poorer families are more likely to be premature, are at greater risk of infant mortality and have a greater likelihood of poverty, impaired development and chronic disease later in life. High

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Panel 1: Three key domains of public health

Health protection and disease prevention

- Disease and injury prevention
- Communicable disease control
- Environmental health
- Emergency planning

Health and social care

- Quality
- Clinical effectiveness
- Efficiency
- Service planning
- Audit and evaluation
- Clinical governance

Health improvement

- Employment
- Housing
- Family/community
- Education
- Inequalities/exclusion
- Lifestyle advice

Panel 2: Health inequalities targets in the NHS

England Aims to reduce inequalities in health outcomes by 10 per cent (measured by infant mortality and life expectancy) by 2010 will be met in various ways. Targets include ensuring that prevention and treatment services for cancer and coronary heart disease reach those in greatest need or with poorest health outcomes, including ethnic groups with high prevalence; reducing excess winter deaths (eg, by increasing immunisation against influenza) and reducing smoking (eg, the incidence of lung cancer among men and women in the most deprived areas is almost double those in the most affluent areas).

Scotland Health targets (1995–2010) include reducing premature mortality from CHD by 50 per cent, reducing the proportion of women smoking during pregnancy from 29 per cent to 20 per cent, and reducing the teenage pregnancy rate among 13- to 15-year-olds by 20 per cent.

Wales Health outcome targets for cancer, mental health, children, CHD and older people have been set. For example, the target for CHD is to reduce deaths from CHD in 65- to 74-year-olds from 600 per 100,000 in 2002 to 400 per 100,000 by 2012 (eg, men in manual occupations are more than twice as likely to smoke as men in higher professional occupations).

priority is, therefore, given in Government policy to improving the health of families with children, especially those in lower socioeconomic groups. These are reflected in the following targets in England:

- By 2010 the gap in mortality between social classes and the population as a whole (starting with children under one year) is to be reduced by at least 10 per cent
- By 2010, the gap between areas with the lowest life expectancy at birth and the population as a whole (starting with local authority populations) is to be reduced by at least 10 per cent

Because all UK Government bodies accept the importance of addressing health inequalities, there are now numerous supporting targets across the NHS, as described in Panel 2.

Public health and community pharmacy

Community pharmacists already make an important contribution to public health by providing appropriate information, advice and support to a wide variety of people on subjects ranging from contraception to medicines and alternative treatments to lifestyle. They also play a vital role in sign-posting other appropriate health professionals. Community pharmacists have a lot more to offer, but to do this, they need to identify

their own public health role. Examples of the roles pharmacists play in public health are given in Panel 3.

By being situated in the heart of neighbourhoods and on high streets, community pharmacists gain a sound understanding of the needs of their local population and can make a real difference to improving the health of local communities. This contribution should not be underestimated. Research³ shows that in small communities, three core businesses make the difference between a viable business community and one that fails: a health centre, a pharmacy and a source of cash (most often provided by a post office). Where these three are present, business communities grow or are stable. If any one is absent (eg, if a surgery relocates), the business community declines, with an associated reduction in health and well-being for local people.

Policy context

Over the past few years there has been increasing recognition of the contribution that community pharmacy can make to improving the public's health and the need to integrate pharmacy into the wider public health workforce in the UK. For example, in England the recently published Wanless report "Securing good health for the whole population",⁴ states that the role of community pharmacists will need to be developed to expand overall capacity in the management of chronic conditions and to take the pressure off doctors and nurses in GP practices.

In order to identify where community pharmacy can become further involved in public health, it is important to have an understanding of Government targets and to be aware of what the priorities are for the local primary care organisation (PCO) and GP practice. Public health is now firmly on the health care agenda. For example in England, the Government has held a major consultation on the way forward for improving public health in the NHS: "Choosing health? A consultation on improving people's health,"⁵ which closed this month. This sought views on the role that individuals, the Government (both central and local), the NHS, the public sector, the voluntary sector and industry, the media and others can play in improving people's health. A White Paper on public health is due to be published later this year.

The National Pharmaceutical Association, PharmacyHealthLink, the Pharmaceutical Services Negotiating Committee and the Royal Pharmaceutical Society will be launching a major new resource pack entitled "Public health: a practical guide for community pharmacists", in June. This will explain the concept of public health in more detail, outline the potential contribution that community pharmacists can make to this agenda and describe what steps community pharmacists can take to increase their involvement and contribution to public health at a local level.

Panel 3: Examples of public health roles for pharmacists

- Provide advice on self-care
- Provide advice to young mothers
- Provide support to develop effective parenting skills
- Participate in health promotion campaigns
- Promote drug misuse awareness
- Participate in needle and syringe exchange schemes
- Promote healthy schools
- Improve AIDS awareness
- Provide sexual health support
- Provide unplanned teenage pregnancy support
- Support patients with chronic illness
- Provide advice on how medicines work
- Maintain patient medication records
- Promote patient medication adherence
- Provide out-of-hours services
- Provide collection and delivery services
- Undertake domiciliary visits
- Facilitate disposal of waste medicines
- Disease screening and risk assessment

Adapted from: Walker R. Pharmaceutical public health: the end of pharmaceutical care? *Pharmaceutical Journal*, 2000;264:340–2.

Current UK policy offers an unparalleled opportunity for community pharmacists to become more involved in the wider health agenda (eg, smoking cessation and influenza vaccinations) and to be recognised as part of the public health workforce. In addition, the new contract for community pharmacy will encourage more public health services via pharmacy.

There are now a number of Government policy documents that recognise the key public health role that community pharmacy can play. For example, "Vision for pharmacy in the new NHS"⁶ (England) states: "Community pharmacies are not just another shop on the high street or in the retail centre. They should be clearly seen as places where patients are able to access readily an increasing range of health care services. They are a valuable resource for improving health and reducing health inequalities, especially for vulnerable and deprived populations." The Vision also states that there is considerable scope to build on the current achievements in public health, and that pharmacists are probably the biggest untapped resource for health improvement. Services proposed within the new pharmacy contract will reflect the public health contribution of community pharmacists, and a pharmacy public health strategy will be published in 2005.

In Scotland, a major report of pharmaceutical public health (entitled "Pharmacy for health: the way forward for pharmaceutical public health in Scotland") was published in 2002. This report described current pharmaceutical public health practice and outlined recommendations to develop pharmacists'

Panel 4: Approaching the PCO with a service development proposal

Identify priorities of your PCO Knowledge of local NHS priorities is key since the local PCO is more likely to fund a community pharmacy service development that helps it meet its targets. The benefits to the PCO should be made clear. For example, if you are a contractor in Wales, ask the local health board for a copy of its annual service and commissioning plan. In addition, speak to the local GP practice and find out what their key public health targets are within the new GMS contract.

Identify lobbying tools In addition to finding what the overarching targets are for the PCO, it is also important to use any additional Government policy papers as a lobbying tool to strengthen your case. For example, in Scotland the tobacco action plan in "A breath of fresh air for Scotland"¹² states that "GPs, practice nurses, midwives, dentists, pharmacists, health visitors and other health professionals all potentially have a role to play in giving smoking cessation advice".

Identify evidence behind the service PCO budgets are under enormous demands, so PCOs must spend their money wisely. Being able to demonstrate the published evidence base for service

developments will help convince PCOs to buy into your service.

Identify similar established service developments It is also powerful to show that the service you are proposing has worked successfully in other areas. The PSNC database of community pharmacy projects (www.psn.org.uk) can be searched for examples of extended community pharmacy services.

Identify the need for the service All PCOs will expect some type of "needs assessment" for any service development (ie, identification of the current gaps in service provision and a proposal outlining how these gaps can be filled). In England, the NHS Support Team at the Centre for Pharmacy Postgraduate Education have developed materials to support those pharmacists considering bidding for new services involving public health needs assessment. National workshops on elements of public health will become available to all pharmacists over the coming year. For more information about these workshops, go to the CPPE website at www.cppe.man.ac.uk.

involvement in other aspects of public health. In Wales, "Remedies for success: a strategy for pharmacy in Wales"⁸ sets out a number of action points in relation to pharmaceutical public health, eg, all local health boards will have access to a pharmaceutical public health service.

As well as the numerous health inequalities targets across the NHS (Panel 2), each local PCO and GP practice will have its own priorities for improving public health based on targets in the NHS and the new general medical services contract.

Value of community pharmacy

There is an excellent published evidence base that community pharmacy can make a significant contribution to improving health and reducing health inequalities. For example, PharmacyHealthLink and the Royal Pharmaceutical Society have published two reports^{10,11} that demonstrate what community pharmacists can contribute to public health and health promotion.

The first report is a systematic literature review of the published evidence relating to the contribution of community pharmacy to health development. The second report is a review of non-peer reviewed literature and unpublished work (ie, "grey literature"). It includes masters and doctoral research at schools of pharmacy, reports to Government bodies and presentations at conferences.

The aim of this work was to determine which health improvement activities are most likely to be effective in a community pharmacy setting and how they might best be

provided, and to identify areas for further research.

The key service areas appearing in the two reviews include:

- Smoking cessation
- Prevention and management of coronary heart disease (eg, lipid management, identifying risk factors for CHD, secondary prevention with aspirin, anticoagulation, obesity and weight reduction)
- Drug misuse
- Sexual health (including emergency hormonal contraception)
- Immunisation
- Mental health
- Accidental injury prevention
- Folic acid and pregnancy
- Asthma
- Diabetes
- Nutrition and physical activity

The evidence demonstrates that pharmacists can make a positive contribution to improving the public's health. This is particularly the case for smoking cessation, CHD management, emergency contraception and immunisation.

How to become involved

Current UK policy across the NHS is increasing the opportunities for community pharmacists to become more involved in public health, but PCOs need to be persuaded to invest. Community pharmacists, therefore, need to know how to target PCOs, to use effective arguments, to construct

successful bids and implement, to monitor and continually to improve these extended services. Panel 4 contains some key areas to consider when approaching a PCO.

Now that the message is clear throughout the UK that community pharmacy can make important contributions to all domains of public health, it is time to extend this practice.

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Action: practice points

Reading is only one way to undertake CPD and the Society will expect to see various approaches in a pharmacist's CPD portfolio.

1. Evaluate how your day-to-day role is improving public health.
2. Find out what the public health targets are for your local GP practice(s) and PCO.
3. Use the resource 'Public health: a practical guide for community pharmacists' to extend your public health role. This will be available from the NPA, PSNC, RPSGB and PharmacyHealthLink in June.

Evaluate

For your work to be presented as CPD, you need to evaluate your reading and any other activities. Answer the following questions: What have you learnt? How has it added value to your practice? (Have you applied this learning or had any feedback?) What will you do now and how will this be achieved?