

Public health: a big issue in Scotland

Reducing cardiovascular disease and teenage pregnancy rates are two key public health targets in Scotland. **Clare Bellingham** reports on pharmacy initiatives tackling them

With Scotland's reputation as "the sick man of Europe", it is no surprise that public health is a big issue for the Scottish Executive. A quick search of the executive's website reveals hundreds of targets relating to public health (www.scotland.gov.uk/Topics/Health/health).

And there are signs that things are beginning to turn around — not least since the ban on smoking in enclosed public places in March 2006, which has resulted in an increased number of smokers asking for help to quit. In a recent report on health improvement in Scotland, health minister Andy Kerr described the ban as "the single biggest advance in public health in a decade". He added: "There is now a real sense of optimism about the future and our ability to change our nation's health for the better."

Where does this leave pharmacy? The commitment to public health is demonstrated within the new community pharmacy contract in Scotland. One of its four core services is a public health service (PHS). This comprises two tiers: the basic service, which all pharmacies have to provide, and an optional second tier. The basic service involves adopting a health promoting philosophy, taking part in national health promotion campaigns and providing health promotion materials. The second tier involves using pharmacy windows or shop frontages to display health promotion messages. Details of how this work are still being negotiated.

But pharmacy's role does not end there. Many pharmacists are involved in local initiatives and it is two of these schemes that this article will examine. There are many more, some of which are outlined in NHS Education for Scotland's recent publication "Flavours of pharmaceutical public health",¹ a distance learning package. One Scottish Executive initiative that is currently getting going is "Prevention 2010". Its aim is to prevent ill health through screening in areas with deprived populations.

Such initiatives demonstrate pharmacy's value in public health. However, some health boards are not involving pharmacists in even the most basic public health services like smoking cessation or emergency hormonal contraception. This results in a patchy service and frustrated pharmacists. One way around the problem would be to incorporate these roles into PHS. Otherwise, the Scottish Executive must find a way to ensure better service provision across Scotland.

Healthy North Ayrshire

In North Ayrshire, health "MOTs" have been provided through community pharmacies since April 2006. The programme is about

primary prevention of ill health and targets 15 postcode areas with deprived populations.

Elaine Ward, programme pharmacist, Healthy North Ayrshire, explains that the MOT involves two parts. First, a structured questionnaire which examines lifestyle issues like smoking, diet, exercise, family history, current physical health and mental health. Second, blood pressure is measured, and fingerprick blood tests are conducted for glucose and cholesterol. "All of the information is taken together to calculate cardiovascular risk," she explains. One of the keys to the service's success is the involvement of the entire pharmacy team. "Pharmacy assistants are trained to carry out the vast majority of the work with the pharmacist coming in at the end to provide the clinical input," she adds.

Every patient who has an MOT is given individualised lifestyle advice. Some, depending on the results of the assessment, are referred to other services. These can include referral to a GP (eg, patients with hypertension or high risk of cardiovascular disease), to a pharmacy-based smoking cessation service, to a leisure centre (with vouchers to reduce the costs of using the facilities) or to a commercial slimming club (with vouchers). This month sees the launch of a new weight management service from community pharmacies. It will involve lifestyle advice, a reduced calorie diet and regular weighing for three months then, if weight loss has not been achieved, the addition of drug therapy (orlistat) by the pharmacist via a patient group direction.

How did Healthy North Ayrshire get started? William Malcolm, specialist in pharmaceutical public health, NHS Ayrshire and Arran, explains that the funding came from "regeneration money" rather than health funding. "One of the principle objectives of regeneration is to improve health," he says. The pharmacy scheme fits into North Ayrshire Community Planning Partnership's regeneration plan and, as a result, has secured ring-fenced funding for three years. "I was of the opinion that community pharmacy could contribute a great deal since pharmacies are at the heart of communities and have a different relationship with the public than other parts of the NHS," says Mr Malcolm.

Pharmacists and staff each received five days' training, with costs to replace the workforce paid. Pharmacies are paid £40 per MOT, which each takes 20 to 30 minutes to complete. So far, 700 MOTs have been provided through 22 pharmacies. Figures to December 2006 show that there had been 57 referrals to GPs for blood pressure management, 54 for lipid management and 23 for raised glucose. Smoking cessation services received 97 refer-

als, leisure centres 103 and weight management 95 referrals. In addition, 81 patients were given books about mental health.

Sexual health services in Fife

Sexual health is another topic high on the public health agenda, and it is something in which a number of Scottish pharmacists are playing a growing role. One such pharmacist is Peter Cook, of Robertson Chemists, Dunfermline. He explains: "We started by offering emergency hormonal contraception via a patient group direction. It was primarily to target teenage pregnancy, although it is open to all women. Then we opportunistically tagged on to that free chlamydia screening for anyone aged under 25 years." The next step — which is expected to happen within the next few months — is to make the chlamydia testing available as a stand-alone service so that anyone, particularly young men, can access it.

Jane Appleton, of nearby Co-op Pharmacy in Abbeyview, Dunfermline, adds: "What surprised me was the number of women who know very little about their menstrual cycle. So EHC consultations provide an opportunity to talk to them not just about contraception but also about their cycle in general." Free condoms can be provided as part of the service. The EHC service is now well established, having been offered for five years. Pharmacists are paid £17 per consultation, plus £5 if a pregnancy test is required plus £5 if EHC is supplied.

If someone opts to have chlamydia testing, the pharmacist issues a urine sample bottle and asks the patient to return it to the pharmacy. It is then sent to a laboratory in Fife for testing. The patient can either get the results from the pharmacy, or from the local genitourinary medicine clinic.

"In our experience, all patients want to come back to the pharmacy because it is accessible and there is no stigma attached," says Mr Cook. If the result is positive, the pharmacist can provide antibiotic treatment (azithromycin or erythromycin) via a patient group direction. Pharmacists are paid £5 for initiating a test, and £10 for providing the result and treatment (plus reimbursement for drug costs).

These services show how valuable pharmacy is in public health: now is the time to see that recognised across Scotland.

Reference

1. NHS Education for Scotland. Flavours of pharmaceutical public health Available at www.nes.scot.nhs.uk/pharmacy/public_health (accessed on 21 December 2006).