

# Give students a better deal for health

There are opportunities for community pharmacist in the health care of Britain's student population. **Fawz Farhan** finds out what they are

Student health may have been compromised by the new GP contract. It appears that university practices, unlike other GP practices, are financially disadvantaged under the new contract because greater emphasis is placed on the prevalence of chronic diseases that affect older populations.

Granted the vast majority of students are young and healthy and require little need for medical services. However, their needs are concentrated in public health and health promotion. University students in particular are at a vulnerable time in their lives and catering for these needs now ensures their health in the long-term and reduces the burden on the NHS in the future.

At the All Party Pharmacy Group meeting held in February at the House of Commons, pharmacy was viewed as the means for bridging the gaps in specialist student health services. The pharmacy contract could make up for the shortcomings in the GP contract, particularly since pharmacy has a strong role in health promotion and public health, such as smoking cessation and sexual health. The potential inadequacies in student health also prompted a House of Lords debate last month.

However, even if medical and pharmaceutical services to students are strengthened, there is no guarantee that students will use them. The National Union of Students believes students are missing out on health because of worries over cost. National Union of Students health campaign co-convenor Helen Symons says the statistics provided by the web-based "Students' access to healthcare" survey,



More positively, the BMA recognised an opportunity for university practices to obtain funding by tendering for some national enhanced services, such as specialised care for depression and sexual health, and local enhanced services, such as a sports injury service or prophylactic care following a meningitis outbreak. However, many primary care organisations have been slow to commission such enhanced services and the BMA has seen little evidence that university practices are being resourced in this way.

The BMA is concerned that the finances of university practices will fall relative to their colleagues and that these important services will suffer, leading to an adverse effect on the health of their university populations.

## Opportunity for pharmacy

On-campus pharmacies is the most obvious way of making up any shortfall in services provided by university practices. However it may not be the most financially viable for a pharmacy proprietor, according to Noel Wicks, who co-owns Campus Pharmacy at Stirling University. Testament to this is the fact that there are only three or four other university pharmacies that he is aware of and all of those only operate on a part-time basis.

A campus pharmacy works best when the university and student accommodation are out of town, and remote from local amenities and community health services such as local pharmacies and GP practices, says Mr Wicks. Generally this does not happen: usually students can readily access pharmacy and other health care services in the local community.

Mr Wicks believes a better approach would be for community pharmacies in the vicinity of a university to have specific arrangements for dealing with the particular health needs of students. These pharmacies could work together and potentially lodge a joint bid with the primary care trust for a specialist student service under a local pharmaceutical services scheme.

A student-focused approach is what Campus Pharmacy takes. Mr Wick explains: "In our pharmacy 90 per cent of our patients are aged 17 to 24 and the majority of our prescriptions are for travel vaccines and oral contraceptives. Their needs are very different from those of a local community and this allows us to focus on providing different services."

Mr Wicks says pharmacy often overlooks the young. However, health promotion and early intervention, such as getting someone to quit smoking at 21, is a worthwhile investment. "Our pharmacy is often students' first introduction to the health service. I view the time we spend with them as an investment in their health and in pharmacy as a whole because it sets up a good relationship for the future," says Mr Wicks.

published on 4 March, are worrying (see Panel). "This survey shows that there is a clear need for students to be informed of their rights regarding current health care cost exemptions and how to access health care services in general. With so many students missing out on the support they are entitled to, the Government needs to simplify the system and remove the red tape that is currently putting students off applying to what is their right to receive. Costs and complications should not act as barriers to students accessing health care."

The NUS is now calling on the Government to exempt all full-time and part-time students from all health care costs, regardless of age. In the meantime, it is urging all students to check what they are entitled to.

## GP contract shortcomings

The British Medical Association's General Practitioners Committee met GPs from university practices, including representatives of the British Association of Health Services in Higher Education, to discuss how students health services can be maintained.

The shortcomings of the GP contract in the provision of medical services for students were highlighted. First, a practice with large numbers of university students would generate a much smaller global sum compared with many other similar-sized practices because the practice population is relatively healthier and younger. Secondly, the points system in the new contract's Quality and Outcomes Framework (see *PJ*, 6 March, p204) works against practices catering for students because more points are awarded to practices with a prevalence to a given chronic disease area, for example, coronary heart disease, rather than the patient list size.

## Survey findings

"Students' access to healthcare" revealed that:

- 79 per cent of students (n=1,689) had not applied to the Prescription Pricing Authority low-income scheme for financial health care support
- Over a quarter cited an over-complicated application procedure as the reason why they had not applied
- One in seven students does not seek medical help when needed — 48 per cent said it was because the illness was not serious enough while 13 per cent said it was because of fears about the cost
- Students most commonly forgo treatment for influenza and respiratory problems, injuries and accidents and mental health problems
- One in 10 students are not registered with a doctor either at home or in their area of study
- 52 per cent of students do not know if they qualify for free prescriptions, 59 per cent for free dentist treatment and 51 per cent for free eye tests