

Major public health role for pharmacy

Pharmacists are to develop major new roles in public health, it was announced last week. **Clare Bellingham** reports

Pharmacists are set to have a major impact on improving public health. So said health minister Rosie Winterton last week. "To date, pharmacists have been a major untapped resource for health improvement. The track record of community pharmacists in areas such as stopping smoking, sexual health advice and substance misuse is evidence of how integral they are to tackling public health issues," said Ms Winterton. "But we would like pharmacists to do even more."

Working out exactly what pharmacists' roles in public health could be falls to four organisations. Pharmacy HealthLink, the Royal Pharmaceutical Society, the Faculty of Public Health and the UK Public Health Association have been awarded a joint contract to develop a public health strategy for pharmacists in England.

Miriam Armstrong, chief executive of Pharmacy HealthLink, explains that the consortium brings together a balance of input from both pharmacy and public health. "The resulting strategy will be broader than any other document in pharmaceutical public health published so far," she says. "This is a serious commitment by the Government to develop pharmacists' roles."

Current agenda

The strategy that the consortium is developing will be published by the Department of Health next year. Before that, a White Paper on public health is expected this summer. Ms Armstrong explains that the pharmaceutical public health strategy will build on this White Paper, a bit like Pharmacy in the Future developed pharmacists' roles in the NHS Plan. The White Paper is being developed from work undertaken as part of the "Choosing health" consultation which will close later this month.

However, public health has been on the agenda for much longer. Work to improve public health is already under way but there is still much to do: the public's health is not what it should be (see Panel 1).

In addition to it being high on the Government agenda, community pharmacists have another reason for wanting to develop roles in public health. That is the fact that their new contracts are expected to encompass public health.

In England and Wales, basic public health roles are expected to form an essential part of the new community pharmacy contract. Additional public health roles could be offered as enhanced services (negotiated locally with primary care trusts). In Scotland, the proposed new pharmacy contract is built around four core services of which public health is one.

Alastair Buxton, head of NHS services at the Pharmaceutical Services Negotiating Committee, comments: "PSNC is committed to public health being central to the new pharmacy contract." Exactly where the roles will fit is not yet agreed.

Gary Boorman, chairman of North East London Local Pharmaceutical Committees, comments that many pharmacists want to provide services but a number of issues stand in their way. "Finance is a problem that we hope will be solved through the new contract. Then there are manpower shortages, premises that have to be refitted and a need to increase communication between pharmacists and PCTs. We have set up a forum at which pharmacists can meet PCT representatives, something that otherwise can be hard to do."

However, it is not just about community pharmacy. Ms Armstrong emphasises that the new strategy will be about pharmacy's contribution to public health in all sectors: community, hospital, industry and primary care.



Pharmacists will play a more significant role in helping people lead healthier lives

development, comments: "Public health is something pharmacists have been doing forever on an ad hoc basis. It is the lack of structure that causes the problem." This is exactly what the new strategy aims to resolve: pharmacists' roles in public health will be structured. The strategy will set out:

- The functions of pharmaceutical public health
- The framework within which pharmacists delivering public health should work
- The contribution that the settings within which pharmacists work can make
- The competencies that pharmacists and staff will need to deliver public health

The consortium has six months to produce the strategy. An outline framework for the strategy has already been produced by a DoH public health steering group. "Our first task is to get together a group of people who are strategic thinkers to look at this outline framework and start adding the detail," explains Ms Armstrong.

The outline framework has not been made public. However, Mr Foreman is on the steering group and his views provide a clue to what might be included. He hopes that it will formalise the pharmacists' role in the safe and proper use of medicines and confirm pharmacists' importance as an integral part of stop smoking services.

"I think pharmacists will have a more active role in immunisation and screening campaigns," he says. This could include childhood and influenza immunisation. "Public health is about preventing disease and identifying peo-

Consortium aims

One of the difficulties pharmacists have faced in the past is that the concept of public health services is vague. Many services that pharmacists offer now — smoking cessation being the most obvious — fit into the public health bracket but are not promoted as such.

John Foreman, a community pharmacist at Greenlight Pharmacy in north London, who is involved in the new public health strategy's

Panel 2: Contact information

Pharmacists who wish to contribute to the consultation on the new pharmacy strategy, particularly with examples of local work, should contact the project's director, Jenny Griffiths, e-mail GriffHobbs@aol.com.

Panel 1: Public health issues

The public's health is not as good as it should be as some of the following statistics show:

- Obesity has trebled in the past 20 years
- Smoking kills 13 people an hour
- One in five children does not eat any fruit
- One in 10 sexually active young women are infected with chlamydia
- Death rates in some parts of England are the same as the national average in the 1950s
- People living in the north-east are three times more likely to be on sickness/disability benefit as those living in the south-east
- Since the early 1990s, the proportion of primary school aged children who walk to school has fallen from 60 to 51 per cent

ple at risk," he adds. Mr Foreman hopes that the strategy will result in public health roles becoming core services in the pharmacy, particularly smoking cessation and weight management services. "The strategy should establish pharmacists as an accessible expert in public health," he says.

The consortium will use real-life examples of pharmacy practice to illustrate the detailed framework. "We will be interviewing pharmacists who are offering public health services or who have an interest in pharmaceutical public health," says Ms Armstrong. "We need to find innovative practitioners."

A strong evidence base is an important aim of the strategy and pharmacists are invited to contribute (see Panel 2).

Already happening

Many pharmacists are already providing public health services. These could be expanded to other pharmacies and it is hoped that broader roles will develop too.

Where should pharmacists start? "Obesity is a really obvious one. Pharmacists can play a big role in obesity and it is a national priority," says Ms Armstrong. "My advice to pharmacists is don't wait for the strategy when you could realistically contribute a considerable amount to weight management right now. Get in touch with your PCT and find out what you can offer."

Smoking cessation is another obvious service (see Panel 3). "In hospitals, particularly, something that is often said but still not done by enough pharmacists, is providing smoking cessation advice, especially following a heart attack. We know it is effective so it shouldn't be an optional extra," she says.

Nicola Gray, lecturer in pharmacy practice at the school of pharmacy, University of Nottingham, suggests that pharmacists consider group sessions for smoking cessation. "A big problem, particularly for young people, is

that giving up smoking might mean giving up a group of friends. This puts people off."

Other public health roles that pharmacists could consider are in substance misuse. Dr Gray describes needle exchange as a "triumph for pharmacy" through which the spread of blood-borne disease has been limited.

Then there is sexual health, immunisation (see Panel 4), and endless opportunities to provide advice about chronic conditions, their prevention (see Panel 5) and their treatment — coronary heart disease, diabetes (see Panel 6), osteoporosis and asthma to name but a few. Disease screening is another option, particularly blood pressure, blood glucose and blood cholesterol. And many services, such as waste medicines disposal, have a public health aspect.

But pharmacists could go much further. Dr Gray believes that pharmacists need to think more broadly about public health, beyond what would be considered a traditional pharmacy service. They should also think about what specific services their local community needs. For example, some people choose to ignore public health advice and this needs to be understood. Dr Gray cites research she undertook in a deprived area of Manchester where a commonly found attitude was that people did not want to live until the age of 70 because they lacked hope and did not like living there. "To close the mortality gap, we need to do something about economics, housing and providing people with something to live for," she explains. Similarly, she points out that not all teenage pregnancies are unwanted.

"In many deprived areas, pharmacies are one of only a few businesses that survive. These pharmacies should be seen as a beacon of success, talking to local schools about what can be achieved through qualifications and training," she says. This is what the broader role in public health is all about. "Pharmacies

in deprived communities can become a focal point for the community. One possibility is to bring other services into the pharmacy, such as nurses, counsellors and even things like the Citizens Advice Bureau."

In Dundee, a community pharmacy that specialises in health promotion has demonstrated exactly this. It was refurbished two years ago (*PJ*, 24 August 2002, p240) and the outcomes seen so far are positive. A survey found that 30 per cent of customers used the pharmacy more frequently since the new services were introduced and 80 per cent are comfortable about talking to pharmacy staff about health promotion. Among the services the pharmacy offers are blood pressure monitoring, testing peoples' inhaler technique, group smoking cessation, glucose monitoring meter servicing and drug misuse services. It also offers chiropody clinics and welfare rights' surgeries. A large section of the pharmacy has been sectioned off for health promotion where over 500 customers a month access touch-screen health information.

Pharmacy's accessibility is a key strength in providing public health services to as large a proportion of the general public as possible. The roles pharmacists could play seem endless: the pharmaceutical public health strategy will help pharmacists transform the ideas into tangible services.

Panel 5: Education

Camden PCT uses public health assistants to offer lifestyle advice at a number of settings including Greenlight Pharmacy in Euston. The assistant, who is from the local Bangladeshi community, provides "health MOTs" and then helps people to make step-by-step changes to improve their lifestyle. This is a role that could also be taken on by the pharmacist or pharmacy staff.

Panel 3: Smoking cessation

There are many examples of smoking cessation services across the UK. One that was recently recognised as a best practice model by the Health Commission is run by Barking and Dagenham PCT. A total of 34 community pharmacies offer one-to-one support over five weeks for people who are trying to stop smoking.

Nicola Hill, the smoking cessation lead, explains that at the first appointment, the pharmacist assesses a patient's motivation to quit and recommends treatment. "We have a patient group direction in place for nicotine replacement therapy so the pharmacist can prescribe it there and then. If bupropion is more appropriate, patients are referred to their GP." Once started on a treatment, the patient returns to see the pharmacist on a weekly basis for the rest of the course. "The pharmacists have a phenomenal success rate. The national average quit rate after four weeks is 52 per cent but, in our service, the figure is 68 per cent," she says.

Panel 4: Flu immunisation

Community pharmacists in Aberdeen have been offering influenza immunisation for two years. Under an initiative set up by Grampian Primary Care Trust, six pharmacists use a patient group direction to provide the immunisation either on the NHS, if the person falls into one of the identified at-risk categories, or privately.

Caroline Hind, pharmacist facilitator at the PCT, explains: "The pharmacists are trained in giving the immunisation and also in how to use an EpiPen in the case of anaphylaxis," she says.

The pharmacies hold immunisation clinics at which patients book appointments. Clinics were necessary in order to plan for two pharmacists to be at the pharmacy. Another requirement is that the premises must have a separate room for the clinic and an area in which patients can sit after the immunisation. A particular success is that some clinics are offered during lunchtimes or on Saturdays which is ideal for people who find it difficult to visit their GP during working hours.

Panel 6: Diabetes

A new pharmacy-based service for people with diabetes was launched in Alloa, Clackmannanshire, this week. It aims to encourage people with the condition to develop healthier lifestyles. Pharmacists at four community pharmacies will provide a health assessment, medication review and ongoing advice to people with diabetes.

Liz McGovern, specialist in pharmaceutical public health for NHS Forth Valley, says that pharmacists will explain what health improvements the patient should consider and then asks them to choose one to tackle first. "It could be weight reduction, smoking cessation or fitness improvement," she says. The patient is then given a voucher to try something out for a month, such as aerobics, swimming or nicotine replacement therapy. The pharmacist reviews the patient a month later and gives another voucher. "The idea is that people get a chance to try a healthier lifestyle, feel its effect and then go on to continue it themselves," she says.