Helping community pharmacists in their emerging public health roles

By Terry Maguire

Public health is king again. After more than a generation confined to the margins of the National Health Service, the Government has brought it back to centre stage and accepted its importance in the creation and maintenance of good health. Historically public health specialists were medically qualified — legally some public health responsibilities must be undertaken by a doctor — but this is changing and public health is embracing a new generation of specialists from varied backgrounds. The Faculty of Public Health Medicine (FPHM) considers anyone with appropriate expertise and working in the public health arena for membership and some pharmacists have already been admitted. For a career professional working in the managed NHS, it now makes sense to be linked as closely as possible to public health. It might even make sense to incorporate public health into your title so that others can sit up and take notice. Indeed, this is happening in Wales and Scotland.

Being itself a discipline, and in common with all disciplines, public health comes with it is own list of skills, competencies and jargon. This allows its members to work and communicate with accuracy and precision but makes it difficult for the uninitiated to appreciate what it all means. This has been a particular challenge for pharmacy, where undergraduate training covers little of the science of public health, and community pharmacists have little exposure to it in their day-to-day practice. We need to learn more about public health, its principles and its practice. Thankfully this is being addressed. For those pharmacists working strategically within the NHS and wishing to specialise in public health there is the opportunity to become a member of the FPHM. For those of us working operationally in community pharmacy and where faculty membership might seem excessive, postgraduate training is being provided by the four UK centres for pharmacy postgraduate educations. It is my hope that schools of pharmacy are recognising its importance and incorporating it into undergraduate curricula.

However, there is quiet debate ongoing as to whether pharmacy should set up a specialism of pharmaceutical public health or whether this specialty should exist through membership of the FPHM. At this year's British Pharmaceutical Conference some workers in public health believed strongly that pharmacy, by going it alone, would be going against the grain and blocking development of a fully integrated, multiprofessional public health discipline. This debate needs to happen, not least to ensure that pharmacy, and particularly community pharmacy, benefits from greater involvement in public health across the UK.

Things are already beginning to happen. In Northern Ireland an innovative programme sponsored by the Department of Health and Social Services and Public Safety, "Building the community — pharmacy partnership", supports pharmacy-based projects that are developing social capital within communities, particularly deprived communities. For those pharmacists involved it is proving an important educational opportunity. The programmes are about pharmacies working with local community groups to address relevant public health problems. Some 30 projects have already been supported with grants of up to £10,000 each. But it has been, to say the least, challenging. For example, in one project addressing obesity, the local community group has refused to allow the words; "fat", "overweight" or "obese" to appear on supporting materials. This reflects a clash of cultural beliefs expressed through use of language.

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Pharmacy is deeply embedded in a scientific approach to health and sometimes finds it difficult to appreciate, or incorporate, other cultural beliefs and values into its approach to improving the health of the public. However, there is little doubt that the profession is already contributing to the public's health. But this is mainly directed at individuals, those we meet in our pharmacies daily, rather than at the communities within which we work. It will be up to those pharmacists working at a strategic level to create the models that will allow us, at the operational level, to intervene effectively and improve the population's health. This has been recognised in Scotland and Wales and those leading the way in these two countries will need to expand their thinking and be much more creative and daring than we have been.

Some years ago I debated on national radio the merits of a roof insulation scheme being promoted by community pharmacists in Croydon. The logic that brought me publicly to oppose this initiative was that the service had no link with medicines. On reflection that position was too restrictive. However, there is good sense for pharmacists wishing to contribute to public health to keep, initially at least, a focus on medicines as we could be in danger of, with little experience in this field, spread ourselves too thinly and, in trying to be all things to all men, achieve very little.

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Community pharmacy health promotion programmes have been running for some years and are providing positive results. Such initiatives include: the promotion of immunisation schemes, smoking cessation, prevention of teenage pregnancy and reducing obesity. Each of these public health issues is linked, in some way, to the supply of medicines and this seems to be a good place to start. The main challenge will be to ensure that such campaigns are directed more widely than the individual and into communities building their social capital.

I very much hope that the Pharmacy Healthcare Scheme can play an important role in this development through advocating, supporting and facilitating the process. The Pharmacy Healthcare Scheme is a charity that was set up in the mid 1980s to promote health through pharmacies. Ten years ago this essentially meant the distribution of health promotion leaflets. We now appreciate the limitations in this activity and over the past three years, the scheme has undergone a radical assessment of its mission and its vision. With the appointment of a new board, incorporating more representation from the public health community, the charity is now working very differently. We have re-engineered ourselves to be advocates for the profession in public health.

At the next UK Public Health Association Forum in Cardiff (March 2003) we will launch our evidence base for the effectiveness of community pharmacists in health development. Jill Jesson (*PJ*, 16 November, p725) was rather pessimistic at the contribution pharmacy has made to this important forum. We hope that our contribution next year will ensure that pharmacy has a clear voice in the forum. We will be working to make the pharmacy special interest group of the UK Public Health Association more active in promoting the role of the pharmacist in public health.

Achievement of Government objectives in public health will need the support of all health care professionals working together and collectively tackling common problems. Pharmacists have a unique role to offer the public health agenda and as our evidence-base will show there is already a strong endorsement of the effectiveness of our role.

The Pharmacy Healthcare Scheme will not allow the wider public health community to ignore pharmacy. We are committed to supporting and facilitating community pharmacists in their emerging public health roles.