



**Haringey Council**

<b>Report for:</b>	Adult and Health Scrutiny Panel	<b>Item Number:</b>	
<b>Title:</b>	Partnership working and pharmacies role within care pathways		
<b>Report Authorised by:</b>	Jeanelle de Gruchy, Director of Public Health		
<b>Lead Officer:</b>	Susan Oti, Assistant Director of Public Health with support from Gerald Alexander, Haringey Local Pharmaceutical Committee		
<b>Ward(s) affected:</b> All	<b>Report for Non Key Decisions:</b>		

### **1. Describe the issue under consideration**

1.1 The Adult Health and Scrutiny Panel has requested a report describing the role that the pharmacies play in various aspects such as: “prevention, advice, medicine use reviews and whether pharmacies are utilised and ‘linked in’ to the health landscape”.

### **2. Recommendations**

2.1 The Adult Health and Scrutiny Panel to support public health in furthering its work with Haringey pharmacists in developing the Healthy Living Pharmacy programme.

### **3. Background information**

3.1 Community pharmacies can be an effective setting for promoting health and wellbeing messages and for the delivery of public health services<sup>i</sup>.



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The current network of over 11,000 community pharmacies in England provides the nation with:

- Ready and easy access to healthcare professionals – in a variety of locations from community shopping parades, high street locations and retail complexes
- Long opening hours – evenings and weekends
- Anonymity, where appropriate
- Local businesses well connected to their local communities
- Pharmacy staff tend to reflect the social and ethnic backgrounds of the populations they serve
- The opportunity to consult healthcare professionals without an appointment
- Facilitating easy access for patients to their prescribed medication, this access supports self-care
- Excellent opportunities for promoting public health messages.

3.2 The key to effective service planning is to consider community pharmacy as an important service that is rooted in their communities, served and staffed by trained professionals that is complementary to general practice.

3.3 The Government has already recognised the potential of community pharmacies as “perhaps the biggest untapped resource for health improvement...a resource for reducing health inequalities, especially for vulnerable and deprived populations”.

3.4 People visit pharmacies both when they are sick and when they are well; consequently 1.6 million people enter a community pharmacy every day in England for a health-related matter. It is this daily contact between a significant cross-section of society and pharmacists and their staff that provides a genuine opportunity for tackling health inequalities. Department of Health statistics show that 96% of the population, even those in the most deprived areas, can get to a pharmacy within 20 minutes by walking or using public transport.



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3.5 The NHS Community Pharmacy contract for England and Wales was introduced in 2005<sup>ii</sup>. Under this contract community pharmacies provide the following essential services:

- Dispensing
- Repeat prescriptions
- Disposal of unwanted medicines
- Promotion of healthy lifestyles
- Signposting to other services
- Support for self care

3.6 As well as national services provided by all pharmacies, the pharmacy contract also includes enhanced services that are commissioned locally.

3.7 There are a number of local enhanced services operating throughout the country, reflecting the varying needs in different areas identified through local areas pharmaceutical needs assessment.

## **4. The Haringey experience**

4.1 Haringey has 57 pharmacy contractors that provide pharmaceutical services to Haringey residents and patients, plus one internet and mail order pharmacy that operates without providing face to face contact. 18% of these pharmacies are owned and operated by multiples that belong to the Company Chemists Association. The remainder are termed 'independents', operating as individual pharmacies or small groups in common ownership. Haringey pharmacies dispense 3.18 million prescriptions annually, which approximates to around 9,300 prescriptions daily. NHS income accounts for around 90% of a typical pharmacy's turnover.

4.2 Haringey pharmacists are able to provide advice and a wide range of services as described in section 3.5. In addition some pharmacies provide professional domiciliary services, meaning services can be offered to people in their homes, supporting enhanced efficiency of social care services often allowing earlier discharge of patients from



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secondary care back into the community; this can help reduce delayed discharge from hospital.

4.3 The Haringey Local Pharmaceutical Committee (LPC) and pharmacists have a long history of working in partnership with public health and the Haringey Clinical Commissioning Group (CCG) medicines management team. Prior to April 2013, this partnership working was formalised in the local NHS through a number of local enhanced services. Following the NHS reforms in April 2013 responsibility for some of these local enhanced services transferred with public health to the local authority as public health service contracts funded through the public health grant.

Haringey pharmacies have the opportunity to take part in a number of local enhanced services, managed either by Haringey CCG or public health, including:

- A minor ailments service to reduce waiting times in GP practices. The scheme educates patients to self-care for minor self-limiting conditions and appropriate use of primary care services. The scheme increases patient access to advice and treatment. This is likely to reduce inappropriate consultations of GPs and practice nurses, inappropriate visits to urgent care centres, A&E department and use of ambulance services and thereby provides potential cost savings. The scheme integrates community pharmacy into the NHS, providing innovation in the delivery of services
- A sexual health service for under 25 year olds including the provision of free emergency hormonal contraception, condom distribution, Chlamydia testing and treatment
- Treatment through dispensing and the supervision of consumption of opiates to support substance misusers and problematic drug users
- A needle exchange service helping prevent the spread of blood borne viruses
- The supply of healthy start vitamins to all in the following eligible groups; pregnant women, women who have had a baby in the last year and children under four years old and



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- Anticoagulation monitoring
- Hepatitis B and C spot testing and Hepatitis B vaccination to intravenous drug users.

### 5. Policy Implication

5.1 With the transfer of public health to local government and the setting up of health and Wellbeing boards (HWBs); councils have taken on three new interrelated functions in relation to locally commissioned services. The Local Government Association<sup>iii</sup> sets out local authority's new role in relation to pharmacies, as:

- Undertaking pharmaceutical needs assessments through the health and wellbeing board
- Councils and HWBs will also have a broader strategic role in supporting the development of community pharmacies with an increased role in public health and health improvement.

5.2 Public health is currently leading on the development of the pharmaceutical needs assessment on behalf of the HWB; the new PNA is due for publication in April 2015.

5.3 Public health recognises the increasing potential for health improvement programmes to be delivered through community pharmacies particularly through the national Healthy Living Pharmacy programme (HLP). HLP is supported by a number of strategic papers<sup>iv</sup> which set out a vision for pharmacy's becoming health-promoting centres. The HLP framework is a tiered commissioning framework aimed at achieving consistent delivery, through a quality assurance structure, to deliver a broad range of high quality public health services to widen access and reduce inequalities.

5.4 In November 2013 public health held a consultation meeting with local pharmacists to assess the feasibility and support of introducing HLP. The event was attended by 29 pharmacists; by the end of the consultation, 27 expressed an interest in being part of the HLP programme.



5.5 Over the next year public health will work with pharmacies, the LPC and the CCG to implement the HLP framework, at the same time building on the enhanced services already being commissioned (listed in section 4.3). The intention is to:

- Increase the number of pharmacy's offering sexual health services alongside broadening the range of sexual health services to under 25 year olds to provide a range of sexual health services, such as STI and HIV screening and increased access to condoms and emergency contraception for the over 25 year olds.
- Consider what other health promoting services could be commissioned through this framework.

## **6. Use of Appendices**

None

## **References**

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<sup>i</sup> Consolidating and developing the evidence base and research for community pharmacy's contribution to public health: a progress report from Task Group 3 of the Pharmacy and Public Health Forum. Public Health England. December 2013

<sup>ii</sup> [http://www.psn.org.uk/pages/about\\_community\\_pharmacy.html](http://www.psn.org.uk/pages/about_community_pharmacy.html)

<sup>iii</sup> Community Pharmacy: Local government's new Public Health role. The Local Government Association. October 2013

<sup>iv</sup> Pharmacy in England: Building on Strengths, Delivering the Future. The Department of Health. 2008