About Pharmacy Voice

1.1 Pharmacy Voice is the association of trade bodies which brings together and speaks on behalf of the community pharmacy sector in England. Pharmacy Voice is formed by the three largest community pharmacy owner associations - the Association of Independent Multiple pharmacies, the Company Chemists’ Association and the National Pharmacy Association. Collectively, we represent over 11,000 community pharmacy contractors in England, including pharmacy businesses of all sizes. Our members directly and indirectly employ over 30,000 pharmacists and more than 50,000 pharmacy staff members in the community and invest significantly in neighbourhoods, towns, areas of deprivation and rural communities.

1.2 Pharmacy voice is pleased to provide this brief submission to support the Health Committee’s inquiry into the impact on public health post-2013 of the Health and Social Care reforms. We would welcome the opportunity to provide more information about the points raised in this response, or to provide further oral evidence to the Health Committee. We would also be happy to provide details of specific case studies and examples demonstrating the impact of commissioning arrangements on the delivery of public health services through the community pharmacy network.

1. Executive Summary

1.1. Community pharmacy plays a vital role in protecting and improving the health of the nation. The community pharmacy workforce comprises highly skilled health professionals who deliver a wide range of health and wellbeing services to the public. These include effective public health interventions such as the provision of healthy lifestyle services, involvement in local and national public health campaigns and the delivery of health protection initiatives such as the national Flu Vaccination Service. Furthermore, almost all community pharmacy services, including the dispensing of medicines, medication adherence and optimisation services, and schemes to support self care for minor ailments, contribute to maintaining the public’s health at various levels. These public health functions are delivered through an extensive network of highly accessible community pharmacies, which are open for up to 100 hours a week, including evenings and weekends and often when other health services are unavailable.

1.2. Since 2013, structural changes across the health and care system have created a significantly more complex commissioning landscape. This has generated many challenges and in some areas has hindered community pharmacy’s ability to fully realise its potential as a key provider of
public health services, to the detriment of the public. The number of Locally Commissioned Services from community pharmacy is less than optimal, and there is discernible and unwarranted variation in service availability and service delivery across localities, which cannot be explained by differing local needs.

1.3. **Pharmacy Voice** is extremely concerned this will be further exacerbated by the recently announced proposal to cut each local authority’s public health grant by 6.2% for 2015/16, which will result in a total reduction of £200 million in funding. This is contradictory to the government’s vision for the NHS, as it would reduce access to services such as stop smoking, alcohol-reduction, and weight management support. Fundamentally, without investing in prevention, greater costs will simply be stored up to impact on the health system further down the line.

1.4. **Recommendations:** The Five Year Forward View signalled the need for a ‘radical upgrade to prevention and public health’; community pharmacy is a cost-effective solution, uniquely and ideally positioned to support this shift. Pharmacy Voice calls on both national and local commissioners to take full advantage of community pharmacy’s potential by:

- Increasing the commissioning of public health services from community pharmacy,
- Including community pharmacy leaders in the planning, decision-making and development of health and wellbeing improvement strategies, and
- Increasing the consistency of locally commissioned services.

Doing so represents an opportunity to improve the delivery of public health functions to the community in a cost-effective way.

2. **Community pharmacy’s role in public health**

2.1. Community pharmacies are uniquely positioned to support people in staying healthy and minimising the risks and consequences of ill health. Almost all community pharmacy services, including the dispensing of medicines, minor ailments schemes and medication adherence and optimisation services, as well as health promotion services, contribute to prevention at various levels.\(^3\),\(^4\)

2.2. There are over 11,600 community pharmacies throughout England,\(^5\) strategically situated in the heart of local communities where people live and work. This extensive network delivers a significant service and distribution footprint, and makes community pharmacy teams the most accessible primary care professionals, available without an appointment up to 100 hours a week, including evenings and weekends and often when other services are unavailable.\(^6\) Crucially, the ‘inverse care law’ that applies to many other health services does not apply to community pharmacy, with accessibility greater in areas of highest deprivation.\(^22\)

2.3. The community pharmacy workforce comprises highly skilled health professionals who are able to deliver effective public health interventions, and are often representative of local community
diversity. Community pharmacists are university-educated clinicians, who train for a minimum of five years and are qualified to give advice on health issues and medicines, and ensure the safe provision and use of medicines by the public. Members of pharmacy teams include pharmacy technicians, dispensing assistants and medicines counter assistants, who all work under the supervision of the pharmacist, and must undertake appropriate training which is recognised by the General Pharmaceutical Council.

2.4. With this existing accessibility, infrastructure and expertise available to the public, it is unsurprising that every day, around 1.6 million people visit a community pharmacy for health-related reasons and 96% of the population can access a community pharmacy within 20 minutes on foot or on public transport. Consequently, community pharmacy teams have unprecedented reach to almost all parts of the population, including at-risk groups and those who are less likely to seek health and care services or are not registered with a general practitioner. This environment provides significant value in the delivery of opportunistic public health services, with every visit to a pharmacy providing a chance to engage individuals in discussion about healthy lifestyles, provide information, or signpost to other services.

2.5. In addition to safe and efficient access to medicines, medication adherence and optimisation services and professional advice on managing minor ailments, the public is able to access a wide range of public health services via their local community pharmacy. While the breadth of services available is immense and availability varies between localities (see 4.7), some examples include:

- Screening and risk assessment services (e.g. NHS health checks, chlamydia screening, COPD screening);
- Healthy lifestyle advice and services (e.g. smoking cessation, alcohol awareness, weight management);
- Access to Emergency Hormonal Contraception;
- Substance misuse support services (e.g. needle and syringe programmes, supervised administration services);
- Vaccination services (e.g. national Flu Vaccination service, travel vaccination clinics); and
- Self care support and signposting.

2.6. While the majority of these interventions are being delivered within the pharmacy premises, some community pharmacy teams also visit community centres and workplaces, providing further value to the public with even more convenient access to important public health services. This model presents an opportunity to make better utilisation of the community pharmacy workforce in supporting public health functions. Community pharmacists also have the opportunity to discuss healthy lifestyle advice during the course of medication optimisation services such as the New Medicines Service and Medicines Use Reviews.

2.7. Many community pharmacies have adopted the Health Living Pharmacy (HLP) framework and are using this to shape their delivery of public health services. The HLP programme is aimed at
achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. Originally developed in Portsmouth, there are now over 1,000 HLPs in England and Public Health England, recognising the value of the framework, has an ambition to increase the number of HLPs significantly. Evaluation of the HLP framework demonstrates the ability of community pharmacies to achieve formidable outcomes in smoking cessation support, brief alcohol interventions, and weight loss services.

3. Impact of Health and Social Care Act reforms
3.1. The delivery of public health functions via community pharmacies is enabled by a variety of commissioning mechanisms. Since 2013, structural changes have led to a significantly more complex commissioning landscape, which in turn created many challenges and has in some areas hindered community pharmacy’s ability to fully realise its potential as a key provider of public health services.

3.2. The majority of community pharmacy services are commissioned nationally via the Community Pharmacy Contractual Framework (national contract) which is negotiated between NHS England and the Pharmaceutical Services Negotiating Committee. Core pharmacy services such as the dispensing of medicines, promotion of healthy lifestyles and signposting are required to be delivered by all community pharmacy contractors.

3.3. Recently, NHS England has commissioned a national Flu Vaccination service as an Advanced Service, via the national contract. At a local level, many community pharmacies provided vaccination services in the past, however a nationally consistent public health service has been welcomed. This is evident in rapid uptake of the National Flu Vaccination Service; between the 16th September and the 1st December 2015, over 455,000 vaccinations have been provided to the public, by over 8,000 community pharmacies, or 68.5% of all community pharmacy contractors.

3.4. The remainder of pharmacy services, including the majority of public health service examples outlined in 3.5, are known as Enhanced and Locally Commissioned Services. Since 2013, structural changes have resulted in a significantly more fragmented system, with the commissioning of these services now split between local authorities, NHS England Area Teams and Clinical Commissioning Groups. Collectively there are now over 350 organisations that have substantial responsibility for directly commissioning services or influencing strategies and plans.

3.5. This inherent complexity of local commissioning structures has made it difficult for some community pharmacy teams to forge relationships and work effectively with new groups of commissioners and primary care colleagues to contribute to the planning and provision of local
public health services. This is due in part to new organisations being unfamiliar with both community pharmacy capabilities and their contractual arrangements, and variable community pharmacy representation on Health and Wellbeing Boards.

3.6. Two years on, the negative impact of the reforms are evident and overall, the number of Locally Commissioned Services from community pharmacy is less than optimal. For example, data indicates only 56 out of 152 local authorities commission smoking cessation services from community pharmacies despite this being identified as key national priority.¹⁹,²⁰,²¹

3.7. A further challenge is the significant variation in service availability and service delivery across localities.

3.7.1. **Variation in service availability.** While Pharmacy Voice understands the importance of tailoring the delivery of services to local need, significant variation in availability of services across the country is counterproductive. This ‘postcode lottery’ effect undermines public confidence in community pharmacy services, as people cannot be sure of the services they should expect from their local pharmacy, putting people at a disadvantage.

3.7.2. **Variation in service delivery.** Even where the same types of services are commissioned by a number of CCGs or local authorities, specifications, eligibility criteria, funding levels, training and reporting requirements for equivalent interventions vary significantly across the country. This multiplicity of local service specifications and accreditation requirements has not helped the commissioning process as it makes it difficult for contractors, particularly those operating at a regional or national level, to put in place the necessary business development infrastructure to deliver new services in an efficient and effective way.

3.8. Pharmacy Voice is extremely concerned this will be further exacerbated by the recently announced proposal to cut each local authority’s public health grant by 6.2% for 2015/16, which will result in a total reduction of £200 million in funding.²⁰ This is contradictory to the government’s vision for the NHS, as it would reduce access to services such as stop smoking, alcohol-reduction, and weight management support. Fundamentally, without investing in prevention, greater costs will simply be stored up to impact on the health system further down the line.

### 4. Recommendations

4.1. The Five Year Forward View signalled the need for a ‘radical upgrade to prevention and public health’.²¹ With accessibility to the public, existing infrastructure and a highly skilled workforce, community pharmacy is a cost-effective solution, uniquely and ideally positioned to support this shift by delivering more services that support people in staying well and reducing their risk of long term conditions in the heart of local communities. Pharmacy Voice calls on both national and local commissioners to take full advantage of community pharmacy’s potential by:

- Increasing the commissioning of community pharmacy services,
• Including community pharmacy leaders in the development and implementation of health and wellbeing improvement strategies, and
• Increasing the consistency of locally commissioned services.
Doing so represents an opportunity to improve the delivery of public health functions to the community in a cost-effective way.

4.2. Community pharmacy has consistently demonstrated rapid uptake and implementation of nationally commissioned Advanced Services, most recently evident with the introduction of the National Flu Vaccination Service (see 4.3). **Pharmacy Voice believes where national public health priorities have been identified and where community pharmacy interventions have been proven to yield favourable results, these services should be nationally commissioned.** For example, smoking is a modifiable risk factor for a raft of long-term conditions, which the NHS has identified as a key public health priority area. At least 20% of all attempts made by smokers to quit – 100,000 people a year – are the result of services offered by community pharmacies, but only 56 out of 152 local authorities commission smoking cessation services from community pharmacies. These services could be delivered at scale with better utilisation of the community pharmacy network.

4.3. Locally commissioned public health services could be improved through increasing the involvement of community pharmacy teams and fully utilising their capability and expertise. **Pharmacy Voice calls for the inclusion of local community pharmacy leaders in the planning, and delivery of locally commissioned public health services, which could be mandated by a statutory responsibility to ensure community pharmacy is represented on Health and Wellbeing Boards and within Clinical Commissioning Groups.** Doing so will support the full realisation of community pharmacy’s potential, and help ensure pharmacy services are better integrated into the delivery of health and care in local communities.

4.4. Locally commissioned services could be more efficiently implemented through the adoption of a core national framework of service specifications, training and tariffs, which would reduce variation in service delivery while enabling a degree of flexibility to tailor a service to the needs of the local area. The multiplicity of local service specifications, particularly for community pharmacy contractors operating at a regional or national level, presents a number of challenges to implementation of new public health services. A more consistent approach to locally commissioned services would enable contractors to implement the required training and resources with greater ease without compromising on quality, and in turn allow local pharmacy teams to concentrate on driving service delivery and improving public health outcomes.

14 December 2015
References

1 NHS Choices, NHS pharmacy services explained, retrieved from: http://www.nhs.uk/NHSEngland/AboutNHSservices/pharmacists/Pages/pharmacistsandchemists.aspx

2 Pharmaceutical Services Negotiating Committee, Flu Vaccination Service, retrieved from: http://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/


6 Department of Health, Pharmacy in England: building on strengths – delivering the future, April 2008

7 General Pharmaceutical Council, Pharmacist education, 2015, retrieved from: https://www.pharmacyregulation.org/education/pharmacist-education


9 General Pharmaceutical Council, Pharmacy technician, 2015, retrieved from: https://www.pharmacyregulation.org/education/pharmacy-technician

10 General Pharmaceutical Council, Support staff, 2015, retrieved from: https://www.pharmacyregulation.org/education/support-staff

11 Local Government Association, Community pharmacy – local government’s new public health role, October 2013


17 NHS Confederation, Health on the high street: rethinking the role of community pharmacy, 2013


19 Pharmaceutical Services Negotiating Committee, Service Database (last updated 1st December 2015, retrieved from: http://psnc.org.uk/services-commissioning/services-database/

20 Department of Health, Local authorities public health grant allocations 2015/16: Government response to public consultation on in-year savings and equalities and health inequalities analysis, November 2015

21 NHS, Five Year Forward View, October 2014