

# HIGH IMPACT CHANGES AND PUBLIC HEALTH:

## COMMISSIONING A HEALTH AND WELLBEING SERVICE FROM COMMUNITY PHARMACY



### KEY MESSAGES:

- Community pharmacy is a valuable and under-utilised resource that should be part of the solution to reduce health inequalities and improve the wellbeing of our communities.
- Community pharmacy provides a range of health and wellbeing services that improve public health. These include NHS Health Checks, stop smoking, weight management and alcohol interventions.
- Community pharmacy's health and wellbeing services are well established and are an efficient mechanism to effectively roll out new public health initiatives.
- Community pharmacists and their teams see many people who are not registered with GPs; they can provide accessible and personalised services that can reach the individuals that GPs are missing.
- This is more than a policy briefing; it is a call to action for you to:
  - **Engage with your Local Pharmaceutical Committee** to discuss how community pharmacy can help improve public health services in your area; and
  - **Maintain and develop your relationships** with community pharmacy to ensure a smooth transition of health and wellbeing services into the new public health landscape.

### HIGH IMPACT CHANGES:

The Department of Health has previously identified a number of High Impact Changes that highlight practical measures that can be implemented at local level. These have been extensively used across the NHS and local government and include:

- Working in partnership;
- Influencing change through advocacy;
- Appointing a champion;
- Developing integrated activities to reduce variation and align priorities;
- Personalising services by providing more help to encourage people to improve their lifestyle;
- Improving the effectiveness and capacity of services; and
- Amplifying national social marketing priorities.

### HIGH IMPACT CHANGES THAT COMMUNITY PHARMACY CAN DELIVER:

Community pharmacy is ideally placed to implement these High Impact Changes and help drive the Government's new public health agenda. We can do this by providing:

- Greater patient choice;
- Personalised services and enhancing patient involvement and understanding of their care: 'no decision about me, without me';
- Accessible care closer to home, in pharmacies at the heart of local communities;
- Early intervention and effective outcomes; and
- A positive patient experience in an open and friendly environment.

## THE COMMUNITY PHARMACY HEALTH AND WELLBEING SERVICE

There are over 10,500 community pharmacies across England, including in areas of significant social deprivation, under-doctored areas and in rural communities. Department of Health data shows that 99 per cent of the population, even those living in the most deprived areas, can get to a pharmacy within 20 minutes by car. An estimated 1.6 million people visit a pharmacy each day, of which 1.2 million do so for health related reasons (Department of Health, 2009).

The convenient locations of community pharmacies, where people live, work and shop, and their extended opening hours make them the most accessible point of contact for health services. Accordingly, community pharmacy is better able to reach all members of the community and, in particular, make it easier for certain groups to choose to access services locally.

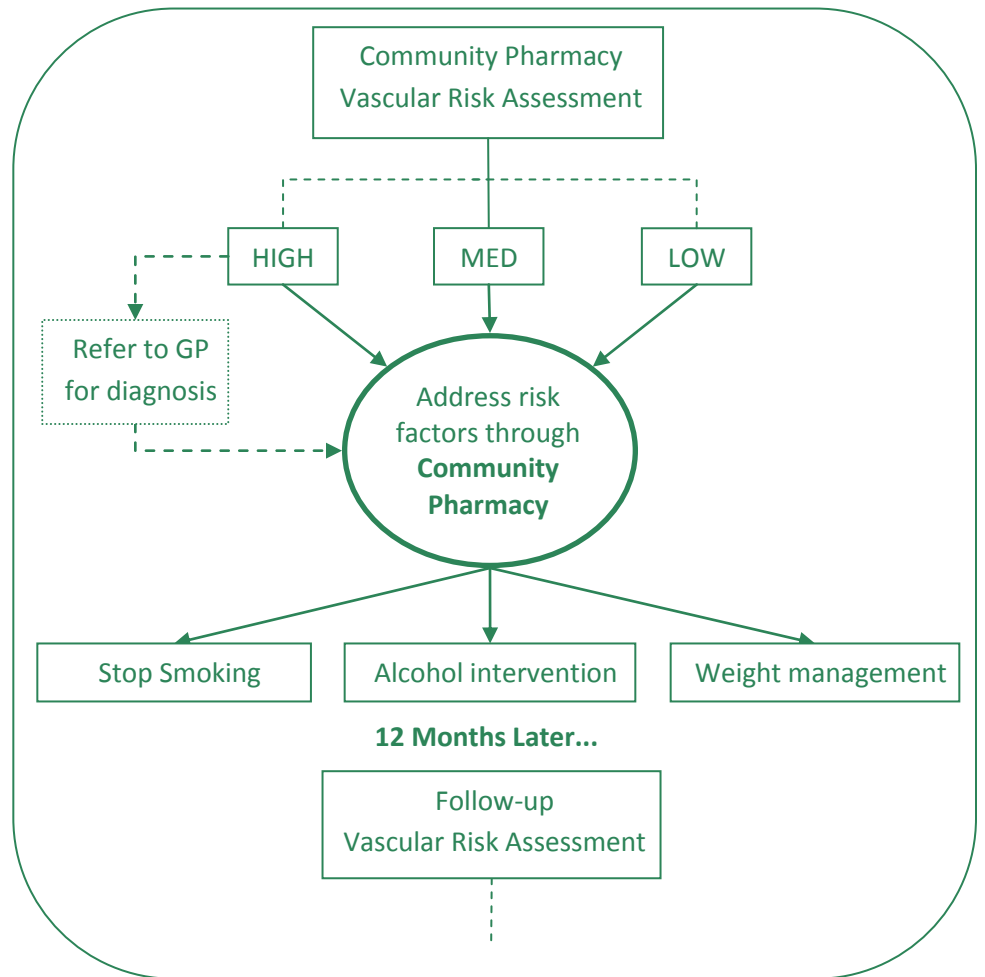
Community pharmacies are ready, willing and able to deliver a package of health and wellbeing health services for commissioners; Healthy Living Pharmacies are one vehicle for this that is currently working particularly effectively.

### HIGH IMPACT CHANGE:

**Develop integrated activities to reduce variation and align priorities.**

The Health and Wellbeing service pathway is illustrated in Figure One. We highlight each of the potential elements of such a package in the rest of this briefing.

FIGURE ONE: HEALTH AND WELLBEING SERVICE PATHWAY



### CASE STUDY:

*Healthy Living Pharmacies (HLPs) are making a real difference to the health of people in Portsmouth, with 10 pharmacies awarded HLP status by NHS Portsmouth. HLPs have to demonstrate consistent, high-quality delivery of a range of services such as stopping smoking, weight management, emergency hormonal contraception, chlamydia screening, advice on alcohol and reviews of the use of their medicines.*

*They proactively promote a healthy living ethos and work closely with local GPs and other health and social care professionals. Early indications show that HLPs have greater productivity and offer higher-quality services. Early evaluation results include a 140% increase in smoking quits from pharmacies compared with the previous year; and 75% of the 200 smokers with asthma or chronic obstructive pulmonary disease who had a medicines use review accepted help to stop smoking.*

*Source: NHS Portsmouth, 2010.*

### NHS HEALTH CHECK PROGRAMME

The NHS Health Check Programme is a national initiative which aims to identify and reduce cardiovascular risk in people aged 40-74 (NHS Improvement Programme, 2008).

The burden of vascular disease falls disproportionately on people living in deprived circumstances and on particular ethnic groups and it accounts for the largest part of the health inequalities in our society (NHS Improvement Programme, 2008).

Vital Signs national outturn results for 2009/10 show that around 1 million people were offered an NHS Health Check, and almost 800,000 NHS Health Checks were delivered (Boyle, 2010). GPs have been responsible for conducting the vast majority of checks to date; however, a study of 338 patients by Pfizer revealed that two-thirds of those at risk said they would not access screening at their GP (Hunt, 2010). In the Pfizer community pharmacy-based pilot, 26 per cent of people accessing the service had not visited their GP in more than a year, and 66 per cent said they were unlikely to have a similar screening appointment at their GP practice (PrimaryCareToday, 2010).

Results from a GP-led pilot study suggest that GPs are missing a large number of at-risk individuals (Polak, 2010). Consultations were undertaken at a major supermarket in south east London, screening over 1,000 people. On average, each consultation was only four minutes 23 seconds. The study revealed that 425 participants needed a follow-up, 261 were previously undiagnosed, while 106 had abnormal results in a previously undiagnosed condition.

The lead GP in the study said, '...my practice worked really well and our QOF

targets were great...so where are these people?' This indicates that if people are unwilling or unable to present to the practice during normal working hours then healthcare providers must go out and find them opportunistically.

Community pharmacy can provide these quality services, reaching people who would otherwise not access GP services. Community pharmacy, as an additional provider of NHS Health Checks, can identify individuals who are at risk of developing vascular disease and can support them to reduce their risk through lifestyle modifications. Community pharmacy provides an opportunity for greater patient choice and access to one-to-one professional assessment, advice and support.

#### CASE STUDY:

*Birmingham South PCT commissioned a 'Heart MOT' pilot, a cardiovascular risk-based assessment, in 30 community pharmacies in Birmingham. The results of the pilot show that males who would not normally see a GP can be targeted; and in addition that individuals from deprived areas and with a minority ethnic background can be targeted.*

*Of those assessed, 60 per cent were male, 65 per cent were from the average, less deprived, and most deprived quintiles, and 7.4 per cent and 24.8 per cent were from Black and Asian communities respectively. Importantly, it highlights that a significant number of individuals can be identified for whom intervention for vascular disease risk or other risk factors is required; around 70 per cent of those assessed were referred to their GP.*

*Source: NHS Improvement Programme, 2009*

Individuals are allowed to take ownership of their treatment and condition and this enhances the likelihood of improved health outcomes. Community pharmacy is able to maintain ongoing relationships with these individuals through an effective personalised service which encourages adherence with lifestyle modification programmes.

#### HIGH IMPACT CHANGE:

**Personalise services by providing more help to encourage people to improve their lifestyle.**

#### CASE STUDY:

*Knowsley PCT targeted men aged 50-65 with their free health checks in 10 pharmacies across the region. After conducting the check, Knowsley PCT surveyed participants to evaluate the service. The study found that 96 per cent of men said they have made at least one lifestyle change as a result of the check-up, while almost 100 per cent said they were either very or quite likely to attend a follow-up health check and would recommend the checks to other men.*

*Source: NHS Improvement Programme, 2009*

### ALCOHOL INTERVENTIONS

The Alcohol Learning Centre (2010a) describes Identification and Brief Advice (IBA) as opportunistic case finding followed by the delivery of simple alcohol advice (in the research literature, this is referred to as 'Alcohol Screening and Brief Interventions').

These are effective interventions directed at people consuming alcohol at increasing or higher-risk levels who are

### CASE STUDY:

*In the North West of England pharmacy is playing a key role in the provision of alcohol intervention and brief advice (IBA). Around 125 pharmacies across Wirral, Blackpool, Knowsley, Oldham, Liverpool and Warrington are involved in service provision. The service can be targeted to those who may be at high risk such as those who present for treatment of hangovers, gastric problems and falls. Pharmacy sees a different demographic of people from those who may visit a GP practice, especially in areas of health inequality.*

*The initial reports for NHS Blackpool showed that of the 138 interventions made, 39 per cent of people screened were found to be drinking either at increasing or high risk. Based on these results the potential cost savings could be significantly greater than those estimated by the Department of Health, which makes an assumption that only one in four people would be identified at increasing or high risk.*

*Source: Stafford, 2010.*

not typically complaining about or seeking help for an alcohol problem.

A Cochrane Collaboration review (Kaner et al., 2007) provides substantial evidence for the effectiveness of IBA. There is a large body of evidence supporting IBA in primary care, including at least 56 controlled trials (Moyer et al., 2002). Indeed, these authors suggest that for every eight people who receive simple alcohol advice, one will reduce their drinking to within lower-risk levels.

This compares favourably with smoking where only one in twenty will act on the advice given, increasing to one in ten with nicotine replacement therapy (Silagy & Stead, 2003). People who received IBA in A&E made 0.5 fewer visits to the A&E during the following 12 months (Crawford et al., 2004), leading to significant cost savings.

In this regard, NHS East of England (2009) reflected that IBA services delivered through the Direct Enhanced Services to 50 per cent of new GP practice registrants by 2011/12 would cost £873,000, but would deliver benefits of £3 million through reducing A&E

attendances by 8,500 and hospital admissions by 3,300 annually.

Using a model adapted from the Alcohol Learning Centre's 'Ready-Reckoner' tool (2010b), and based on pharmacy identifying one in four people at high risk (as assumed by the Department), the net cost saving to the NHS works out as follows:

- 100 pharmacies – net cost saving to NHS: £215,107 per annum
- 400 pharmacies: £860,427
- 800 pharmacies: £1,720,853
- 1,000 pharmacies: £2,151,067

Community pharmacy has a significant opportunity to be better utilised to deliver alcohol awareness programmes, give brief advice, and provide intervention services relating to safe alcohol consumption.

### HIGH IMPACT CHANGE:

**Improve the effectiveness and capacity of services.**

### CASE STUDY:

*Hampshire and Isle of Wight LPC ran a community pharmacy IBA service in 2009. A total of 794 opportunistic and proactive interactions and 801 interventions were made. Of these, 47 per cent reported low risk, 26 per cent increasing risk, 13 per cent higher risk and 3 per cent possible dependence. Information was offered to 58 per cent of participants, 37 per cent were given brief advice and 5 per cent were referred for further support.*

*Source: HubCAPP, 2009.*

## STOP SMOKING SERVICES

Community pharmacy is now an established and trusted provider of stop smoking services and these are widely commissioned by PCTs.

### CASE STUDY:

*The Isle of Wight has recognised that stop smoking services play an integral part of cardiovascular disease prevention programmes. Their programme engaged 11 community pharmacies within the target area to provide up to three hours a week of one-to-one stop smoking support. At the time of evaluation, of the 53 smokers that engaged with the pharmacy-led smoking cessation service at least 18 had not been smoking for over a month.*

*Source: NHS Improvement Programme, 2009*

The healthcare benefits achieved by stopping smoking are irrefutable, as are

the benefits of offering stop smoking services in community pharmacy. In 2009/10 757,537 people set a quit date through NHS Stop Smoking Services in England. At the four week follow-up 373,954 people had successfully quit - 49 per cent of those who set a quit date. Stop Smoking services within a community pharmacy setting helped 140,000 set a quit date in 2009/10, and at week four 62,000 people had successfully quit compared to 55,000 in 2008/09; an increase of 15 per cent (NHS Information Centre, 2010).

### WEIGHT MANAGEMENT

It has been estimated that those who are overweight or obese cost the economy £7 billion in treatment, benefits, loss of earnings and reduced productivity. If no action is taken, the total costs to society are expected to rise to £50 billion by 2050 (Foresight, 2007). Pharmacies can provide additional services to help tackle obesity in the community through innovative weight management programmes.

### SAVINGS BY MOVING PATIENTS FROM THE GP SURGERY TO COMMUNITY PHARMACY

Not only will community pharmacy Health and Wellbeing Services help to provide greater access and capacity, it will also be of greater added value to commission these services from community pharmacy than from GPs. An average GP surgery consultation last 11.7 minutes and costs £32, while the same 11.7 minute consultation in community pharmacy would cost £17.75 (PSSRU, 2008).

The initial VRA in community pharmacy ought to take between 20 and 30 minutes meaning the disparity and hence

#### CASE STUDY:

*The weight management service in Central Lancashire is a structured behavioural change programme over 12 months based on setting achievable interim goals, supported by holistic lifestyle advice including diet and exercise.*

*An evaluation by the University of Central Lancashire revealed that after 12 months, the average reduction in BMI was 2.4. The service was also found to be more cost effective than prescribing Orlistat over 12 months, at £160 per patient compared to £419.51 per patient. There was also found to be an average reduction in blood pressure of 9/6 mmHg.*

*The evaluation found significant support from the service users who appreciated the informal pharmacy environment and the flexibility for drop-in appointments.*

*Source: Vohra, 2010.*

savings would be even greater, and GP capacity could be freed-up to deal with more complex cases.

#### SUMMARY

- All of the elements that make up health and wellbeing services are already commissioned as individual services by community pharmacies.
- Combining these elements into a health and wellbeing package would be more effective than commissioning and pricing individual services.
- Community pharmacy staff already have the competencies to deliver all

elements of the service efficiently and effectively with minimal additional training.

- The existing infrastructure and staff capabilities will enable quick roll-out of services and delivery of the programme within short timescales.
- Pharmacy is ready and willing to provide a package of health and wellbeing services.

Notwithstanding the above, the purpose of this paper is not just to highlight the benefits of commissioning a health and wellbeing package of services from community pharmacy. It is a call to action to ensure pharmacy is at the forefront of commissioners' thinking as the new public health landscape develops.

## CALLS TO ACTION

<b>Primary Care Trusts</b>	<ol style="list-style-type: none"> <li>1. Ensure the communication lines are open: as commissioning processes change it will be crucial that commissioners are fully aware of the impact being made by community pharmacy on the ground. Regular engagement with LPCs will facilitate this understanding, so we ask that full and frequent communications with your LPC are maintained.</li> <li>2. Publish the list of people involved in forming shadow boards who will have interim responsibility for commissioning in the same way as SHAs have published the bridging arrangements.</li> <li>3. Publish contact details for the Directors of Public Health and key members of their team.</li> </ol>
<b>Local Authorities</b>	<ol style="list-style-type: none"> <li>1. Identify and establish communications with the responsible persons in PCTs and shadow GP consortia for commissioning public health services.</li> <li>2. Identify the process and responsibility for ensuring the public health requirements within Joint Strategic Needs Assessment and Pharmaceutical Needs Assessments are integrated and updated.</li> <li>3. Publish contact details for the Joint Directors of Public Health and key members of their team.</li> <li>4. Engage community pharmacy and other primary care professional bodies in the process of identifying effective representation in the formation of Health and Wellbeing Boards.</li> </ol>
<b>Local Pharmaceutical Committees</b>	<ol style="list-style-type: none"> <li>1. Invite Directors of Public Health to meet and discuss how local community pharmacies can make a significant contribution to reducing health inequalities by providing health and wellbeing services.</li> <li>2. Contact Local Authorities: commissioning of most public health services will be the responsibility of the Health and Wellbeing Board. Contact the individuals within local authorities to ensure pharmacy remains well and truly on the radar of these commissioners-to-be.</li> </ol>

### NOTES:

The CCA, NPA and AIMp are members of Pharmacy Voice, bringing together all pharmacy owners. For further information on Pharmacy Voice please contact the NPA press office on 01727 795901 or email [communications@npa.co.uk](mailto:communications@npa.co.uk)

For a copy of this document or further information please email [office@thecca.org.uk](mailto:office@thecca.org.uk).

## REFERENCES

- Alcohol Learning Centre. 2010a. **Pharmacy**. 12 October 2010, viewed 22 October 2010. <<http://www.alcohollearningcentre.org.uk/Topics/Browse/Pharmacy/>>
- Alcohol Learning Centre. 2010b. **Ready-reckoner v5**. 12 May 2010, viewed 2 November 2010. <<http://www.alcohollearningcentre.org.uk/Topics/Browse/Commissioning/Data/?parent=5113&child=5109>>
- Boyle, R. 2010. **Presentations and Feedback from the National Learning Network Workshop Series**, Department of Health, 12 July 2010.
- Brown, D., Portlock, J. & Rutter, P. 2009. **Healthy Living Pharmacy Project - a literature review**. Healthy Living Pharmacy Research Group: University of Portsmouth.
- C+D. 2010. PCT investigation reveals pharmacy service spend lottery. **Chemist + Druggist**, 6 October 2010.
- Crawford, M.J., Patton, R., Touquet, R., Drummond, C., Byford, S., Barrett, B., Reece, B., Brown, A. & Henry, J.A. 2004. Screening and referral for brief intervention of alcohol-misusing patients in an Emergency Department: a pragmatic randomised controlled trial. **The Lancet**, 364: 1334-1339.
- Department of Health. 2009. Improving quality in primary care. **DH Primary and Community Care Strategy team and Primary Care Contracting**. 7 October 2009, viewed 22 October 2010. <[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_106594](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_106594)>
- HubCAPP. 2009. Hampshire pharmacy alcohol brief intervention pilot project. **Hub of Commissioned Alcohol Projects and Policies**. 2009, viewed 22 October 2010. <<http://www.hubcapp.org.uk/php/displayprojects.php?status=displayprojecthistory&projectid=256&key=>>
- Hunt, N. 2010. Pfizer launches pharmacy vascular health check service. **Chemist + Druggist**, 7 June 2010.
- Kaner, E., Beyer, F., Dickinson, H., Pienaar, E., Campbell, F., Schlesinger, C., Heather, N., Saunders, J. & Bernard, B. 2007. Brief interventions for excessive drinkers in primary health care settings. **Cochrane Database of Systematic Reviews 2007**, Issue 2.
- Moyer, A., Finney, J., Swearingen, C. & Vergun, P. 2002. Brief Interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment-seeking and non-treatment seeking populations, **Addiction**, 97: 279-292.
- NHS Choices. 2009. What is NHS Health Check? **NHS Choices, Health A-Z, NHS Planners, Over-40s Health Check**, viewed 22 October 2010. <<http://www.nhs.uk/Planners/NHSHealthCheck/Pages/NHSHealthCheckwhat.aspx>>
- NHS East of England. 2009. NHS East of England Idea 7: Increased provision of Alcohol Identification and Brief Advice (IBA) in Primary and Secondary Care. **NHS East of England QIPP Bazaar**, 3 September 2009.
- NHS Improvement Programme. 2009. Free NHS Health Check: Helping you prevent heart disease, stroke, diabetes and kidney disease. **NHS Improvement Programme**, viewed 22 October 2010. <<http://www.improvement.nhs.uk/nhshhealthcheck/>>
- NHS Information Centre. 2010. Statistics on NHS Stop Smoking Services: England, April 2009 – March 2010. **NHS Information Centre**, viewed 22 October 2010, <<http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/nhs-stop-smoking-services/statistics-on-nhs-stop-smoking-services-england-april-2009--march-2010>>
- NICE. 2010a. **NICE guidelines CG67 LIPID MODIFICATION: Cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease**. National Collaboration Centre for Primary Care. Revised March 2010
- NICE. 2010b. **NICE guidelines 25: Prevention of cardiovascular disease at population level**, June 2010
- Polak, M. 2010. Opportunistic health checks identify undiagnosed patients. **Healthcare Republic**, 19 October 2010.
- PrimaryCareToday. 2010. New pharmacy-based health check service launched. **PrimaryCareToday.co.uk**, June 2010, viewed 2 November 2010. <<http://www.primarycareday.co.uk/pharmacy/?pid=4216&lsid=4421&edname=29114.htm&ped=29114>>
- PSSRU. 2008. **Unit Costs of Health and Social Care 2008**. Personal Social Services Research Unit, 23 December 2008
- Silagy, C. & Stead, L.F. 2003. Physician advice for smoking cessation (Cochrane Review), in: **The Cochrane Library, Issue 4**. Chichester: Wiley.
- Stafford, L. 2010. **NW regional alcohol screening and brief intervention service in community pharmacy**. NHS North West Community Pharmacy Group.
- Vohra, S. 2010. **Summary - evaluation of NHS Central Lancashire's pilot pharmacy weight management service**. University of Central Lancashire, School of Pharmacy.