



Public Health Review Engagement Response

At its initial meeting, in December 2014, the review group asked for this engagement paper to be drafted to seek input from stakeholders on a number of questions to help inform the considerations of the group:

1. How can public health in Scotland best contribute to the challenges discussed? Specifically, what is your view and evidence of the Strengths, Weaknesses, Opportunities and Threats (SWOT) to the contribution of the public health function in improving Scotland's health and reducing inequalities?
2. How can public health leadership in Scotland be developed to deliver maximum impact?
3. How do we strengthen and support partnerships to tackle the challenges and add greater value. How do we support the wider public health workforce within those partnerships to continue to develop and sustain their public health roles?
4. What would help to maintain a core/specialist public health resource that works effectively, is well co-ordinated and resilient?
5. How can we provide opportunities for professional development and workforce succession planning for the core public health workforce?

Public Health Review Stakeholder Engagement

Stakeholders are invited to offer their responses to the engagement questions to the review group by emailing publichealthreview@scotland.gsi.gov.uk by 12 March 2015. Please complete the respondent information questions on page 5 and return with your information. We would be grateful if you are able to limit responses to 12 A4 sides to help the secretariat with reviewing the information

We are aware that the Scottish Public Health Workforce Development Group, chaired by Andrew Fraser, has sought input from stakeholders on a range of workforce matters and Andrew Fraser has agreed to share the responses with the review group.

For further information or enquiries please contact the publichealthreview@scotland.gsi.gov.uk mailbox or the Scottish Government policy lead Heather Cowan on 0131 244 2136

Please complete the respondent information questions on page 5 and return with your responses:

1. Organisation name

Community Pharmacy Scotland

2. Title | Forename | Surname

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3. Postal Address

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5. I am responding as a group/organisation and note that the response will be shared with the public health review groupⁱ.

The name and address of your organisation will be made available to the public (e.g. if the Scottish Government publishes a report on behalf of the review group or if responses are published on the Scottish Government website).

Are you content for your response to be made available?

Please tick as appropriate Yes No

6. I am responding as an individual and note that the response will be shared with the public health review groupⁱⁱ.

Do you agree to your response being made public? (e.g. if the Scottish Government publishes a report on behalf of the review group or if responses are published on the Scottish Government website?)

Please tick as appropriate Yes No

Where confidentiality is not requested the Scottish Government can make your responses available in one of the following basis please tick the one that applies.

Yes, make my response, name and address all available

Yes, make my response available, but not my name and address

Yes, make my response and name available, but not my address

7. Public Health Division of the Scottish Government (SG) will share your response internally with other SG policy teams who may be addressing the issues you discuss. SG may then wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this engagement exercise

Please tick as appropriate Yes No

1. How can public health in Scotland best contribute to the challenges discussed? Specifically, what is your view and evidence of the Strengths, Weaknesses, Opportunities and Threats (SWOT) to the contribution of the public health function in improving Scotland's health and reducing inequalities?

Community Pharmacy Scotland (CPS) is the organisation which represents community pharmacy owners throughout Scotland in almost every aspect of their working lives. CPS is the voice of these vital healthcare professionals, as they deliver pharmaceutical care to the people of Scotland.

The community pharmacy contract has had public health services as a core element for the past 7 years. Within this, health promotion activities are carried out in the pharmacy with the Scottish Government providing poster campaigns in premises windows. Two clinical patient services are also provided nationally through the public health contract. Patients can access smoking cessation services and emergency hormonal contraception through all 1253 NHS community pharmacy sites.

Our response will focus on how community pharmacy can support the Scottish Government help improve the health of the Scottish population.

Strengths

The NHS community pharmacy network is nationwide and presents opportunities for public health interventions with the public having easy access to a trained health care team without any need for appointments. Audit Scotland also recognised in December 2012 that community pharmacies are the health care resource most likely to be in areas of deprivation when compared to other NHS contractors⁽¹⁾.

The network already has contractual responsibilities around public health services namely; opportunistic interventions, smoking cessation programmes and the provision of emergency hormonal contraception.

With regards to smoking cessation community pharmacy contractors helped deliver the Scottish Governments HEAT target from 2011-2014 around successful smoking quits. During this period the pharmacy network was at times responsible for 75% of the successful quits nationwide ⁽²⁾.

In respect to emergency hormonal contraception around 6500 women access this service every month ⁽³⁾. Evidence from both services suggests that patients are comfortable with accessing public health services from community pharmacies and engaging with pharmacy teams.

- 1) [Audit Scotland, Health Inequalities in Scotland, December 2012](#)
- 2) [NHS Health Scotland, Review of Smoking Cessation Services, November 2013](#)
- 3) [Review of Community Pharmacy Public Health Service for Smoking Cessation and EHC 2011](#)

Weaknesses

Public Health activities in primary care is often fragmented and can lack common goals. For example it is rare to have initiatives which involve the primary care contractors working together for a common aim. There can be a risk of contractors working detached from other services and local third sector organisations. Greater integration would likely have significant benefits for patient care and best utilise the assets available in a community.

With regards to vaccination NHS Scotland has consistently failed to achieve the 75% WHO target for “at risk” groups who are eligible for flu vaccine⁽⁴⁾.

Community Pharmacy service can have rigid structures which often have strict criteria to treat patients or collect minimum data sets. Services can appear to be designed to fit the needs of others rather than the patient or service providing practitioner.

4) Based on Health Protection Scotland 2004-2011 and GP Payment data 2011-2014.

Opportunities

Opportunities exist to integrate primary care with joint targets for local contractor groups to help deliver a collaborative approach to public health. An example of this may be General Practice and Pharmacy contractors working together to deliver NHS vaccination programmes.

There is also a chance to integrate NHS services better with 3rd sector organisations. Tools like the ALISS programme could be further utilised to make practitioners aware of the local organisations and services operating in their area.

Evidence also exists that community pharmacies are appropriate settings for the delivery of alcohol brief interventions.

Threats

Specific to smoking cessation services the growth in popularity of e-cigarette devices has likely been the major factor in a reduction of smokers entering cessation services. The e-cigarette market has developed faster than policy responses and this may need to be addressed before the number of smokers entering NHS cessation services is likely to increase again. NHS smoking cessation services are still the most effective evidence based approach. IT infrastructure for pharmacy smoking cessation has also been identified by those delivering the service as not user friendly and a potential barrier to patient care.

There is a danger that contractual negotiations for NHS contractors will continue to happen on a separate basis and not facilitating a collaborative approach across primary care to public health.

Public Health and particularly health inequalities can often be strongly influenced by societal and economic factors and there is a risk that interventions in health care may be undermined by factors out with the control of the health service.

2. How can public health leadership in Scotland be developed to deliver maximum impact?

Public health leaders in Scotland should be responsible for setting policy priorities, and ensuring these priorities, such as reducing health inequalities, are implemented. Public health leaders have to ensure that all stakeholders across the newly formed Health and Social Care partnerships are aware and are considering ways to deliver on these priorities.

They will have responsibility for determining the overall vision and objectives for public health, based on local/national area public health information and on public health evidence.

They will be accountable for ensuring the delivery of key health objectives, and on preparing annual reports on the state of the public's health and progress towards achieving public health targets.

They may be required to coordinate complex programmes in partnership with other organisations, leading on prioritisation and strategy development in different areas of health, providing senior level management of units etc. within a number of different organisations. This should ultimately lead to the maximum impact being delivered on the ground for all public health objectives.

Community Pharmacy Scotland would expect to be part of any work to look to provide maximum impact as we feel the community pharmacies have a crucial role to play in reaching the population at large.

3. How do we strengthen and support partnerships to tackle the challenges and add greater value. How do we support the wider public health workforce within those partnerships to continue to develop and sustain their public health roles?

An understanding of different public health stakeholder roles and opportunities for further potential roles is important. Within this the workforce planning can be built in once the capacity within an area is understood. Essentially what we have to understand is the public health assets within a given area and work to bring them together. Awareness raising of services across communities is important to avoid duplication.

Community pharmacy has an important part to play in health promotion through opportunistic lifestyle interventions and as part of our national contract we deliver smoking cessation and sexual health NHS services. However we very much sit outside the NHS Health Board teams in many ways and much can still be done to forge integrated referral pathways/relationships with Health Board colleagues delivering in similar service areas for patients. The third sector again is very separate from community pharmacy however much could be done to highlight each other roles and encourage two way referrals for patients in an integrated way where appropriate.

Allowing the right individual to see the right professional/person at the right time must be right for the service user. It is important that the skills of the workforce are also maximised: an example of this is immunisation where through primary legislation community pharmacy (who has a widely trained workforce in this area) is currently unable to support GP colleagues to deliver the national immunisation targets with flu where certain targets are always missed (e.g. at risk groups). This also has the potential

to free up GP time for other work and allow community pharmacies to deliver an effective, accessible service.

4. What would help to maintain a core/specialist public health resource that works effectively, is well co-ordinated and resilient?

A Public Health Resource Unit (PHRU) should collaborate with public health practitioners to develop local policy and practice.

They should do this by:

- Offering learning and workforce development opportunities.
- Providing research and evaluation services.
- Supporting access to current and relevant literature.
- Distributing resources to support public health information and education
- Taking a lead role in disseminating local good practice.

Community Pharmacy Scotland believes that community pharmacy teams can contribute to this and should have easy access to all up to date information. Community pharmacies should also be part of any local information dissemination and can be part of any relevant evaluation.

5. How can we provide opportunities for professional development and workforce succession planning for the core public health workforce?

It should be up to Health Boards to ensure effective development and workforce succession planning takes place within their Boards according to the needs identified within that Board for those employees directly under their jurisdiction.

As independent contractors who have contractual obligations to deliver NHS public services as part of the core contract, community pharmacy contractors should ensure that appropriate development of the pharmacy team takes place to ensure smooth running and effective services for patients. It is for them to decide how to ensure the services are provided with effective team succession in mind. It is a professional obligation for pharmacists to keep themselves up to date with new developments in public health, particularly around the services they provide.

The core contractual elements are delivered by the pharmacy teams but are overseen by Health Boards who can measure effective delivery of the services. Community pharmacies are there to support Health Boards in the delivery of many of these services e.g. smoking cessation. It is here that the two can support each other through information and training of teams to ensure that the pharmacy public health workforce understands the aims and objectives of the wider public health workforce. In this way the common aims of supporting patients in their areas can be understood.