The National Pharmacy Association (NPA) is the body which represents the vast majority of independent community pharmacies (including independent multiples) in Scotland and across the UK.

Scottish Government describe pharmacists as “highly trained clinical experts in the use of medicines”.

Over 1,200 community pharmacies are distributed across Scotland in villages, towns and cities, in affluent and deprived areas. Each pharmacy is required to have on duty a Responsible Pharmacist to provide NHSScotland pharmaceutical care services who has undergone at least five years of training in the use of medicines and associated pharmaceutical care supported by a team of accredited pharmacy staff.

All pharmacists, registered pharmacy technicians and pharmacy premises are regulated to Professional Standards by the General Pharmaceutical Council of Great Britain. The vast majority of pharmacists are trained in Child Protection matters and are included in the Protecting Vulnerable Adults and Children scheme.

**Specific questions**

1. How effective are early years interventions in addressing health inequalities?
2. What are your views on current early years policy in Scotland in terms of addressing health inequalities?
3. What role can the health service play in addressing health inequalities through interventions in the early years?
4. What barriers and challenges do early years services face when working to reduce health inequalities?
5. Are there any specific initiatives or research evidence from Scotland, UK or internationally that you would wish to highlight to the Health and Sport Committee?
6. How effective are early years interventions in addressing health inequalities?

The NPA agrees with Scottish Government that NHSScotland health services and in particular Public Health services delivered locally need to be a priority in addressing health inequalities and may be most effective when integrated with social care and provided with sustainable funding. Many factors leading to health inequality are more prevalent in deprived areas including lower mental health wellbeing, certain conditions which predispose to cardiovascular risk such as Type 2 diabetes or obesity and lower uptake of health screening opportunities. Pharmacies are much more likely to be present in areas of high deprivation than any other health care provider. Inequalities although perhaps more obvious in areas of deprivation can present in any locality. With
medicines being the most common health intervention we suggest that the supply of medicines from community pharmacy provides the most accessible equitable opportunity for public health messaging targeted to reduce health inequalities coupled with access to an expert health professional.

The NPA believes that community pharmacy has a vital role to play in reducing health inequalities and is confident that progression of the Scottish Government Vision and Action Plan for the right pharmaceutical care through integrated partnerships and innovation – A prescription for Excellence, will impact positively on inequalities.

The Vision is that “All patients, regardless of their age and setting of care, receive high quality pharmaceutical care”. The Action Plan “recognises the important traditional role of the supply of medicines from registered pharmacies located in high streets across Scotland” and will “consider new and innovative models to facilitate professional independence of pharmacists working in partnership with other health and social care professionals and the third sector”.

The NPA considers that community pharmacy contributes to reducing health inequalities in the following ways:

- Provision of safe and effective prescription medicines and associated pharmaceutical care advice to patients efficiently on behalf NHSScotland. 98 million prescription items are dispensed to NHSScotland patients annually from pharmacies.

- Access to expert health professional self-care and signposting advice for patients without the need for an appointment in a location and at a time appropriate to patient need. All community pharmacies display a prominent external NHSScotland logo and most pharmacies have at least one consultation room.

- Access to self care medicines and associated advice for appropriate use for purchase.

- Access to free NHSScotland treatment and advice for minor clinical conditions via the Minor Ailment Service (MAS). Approximately 900,000 eligible patients are registered for MAS receiving just over 2 million medicine supplies per annum at an average cost to the NHS of just over £2 each.

- Access to NHSScotland Pharmaceutical Care planning for patients with long term conditions via the Chronic Medication Service.

- Access to NHS smoking cessation services. Over half a million supplies of nicotine replacement therapies are issued annually from pharmacies to NHSScotland smoking cessation patients.

- Access to free emergency hormonal contraception (EHC). Community Pharmacy is the main primary care provider of NHS supplies of EHC,
More than 90,000 NHS supplies of EHC are made annually from pharmacies along with appropriate advice and signposting for patients from 13 years of age.

The 2011 Review of the Community Pharmacy Public Health Service for Smoking Cessation and Emergency Hormonal Contraception concluded that “both the PHS smoking cessation and EHC services are considered valuable services by both community pharmacy and NHS Board staff and in the case of the smoking cessation service, by the users as well.”

- Access to NHSScotland substance misuse services. Scottish Drug Strategy Delivery Commission: Independent Expert Review of Opioid Replacement Therapies (ORT) in Scotland stated that “the role of pharmacists in the community is central to the delivery of high quality ORT” “and gives an opportunity to positively impact on the care received by an individual.”

- Access to NHSScotland unscheduled care patient care which facilitates free emergency supply of prescription medicines and direct referral to the NHS Board Out of Hours services if required without accessing NHS Accident and Emergency services.

- Access to co-ordinated public health messaging via the Pharmacy Public Health Service including the use of prominent NHSScotland window posters and associated pharmacy staff training for signposting.

- Supply of Healthy Start vitamins from community pharmacy.

The NPA believes the community pharmacy contract could be developed to further enhance the role of the community pharmacist in positively influencing health inequalities by:

- Developing a single patient social care and health electronic record, with read/write access in appropriate parts to community pharmacists and relevant other health and social care professionals.

- Developing National electronic methods of claiming and recording current pharmacy services would improve data used for calculating health inequalities.

- NHSScotland providing a prescribing budget and service to utilise the independent prescribing community pharmacist expertise.

- Expanding the Pharmacy Public health service to include alcohol interventions as suggested in Scottish Government’s A Prescription for Excellence.

- Including community pharmacy expertise in any local or national planning for services aiming to reduce health inequalities.
• Enabling direct referral of patients by pharmacists to other primary and secondary care professionals and social care where appropriate.

• Expanding the Pharmacy Sexual Health Public Health service to include licensed products other than levonorgestral for emergency hormonal contraception with oral contraceptive supply services in place in community pharmacy where appropriate.

• The development of “deep end practice” community pharmacies with additional contractual arrangements to provide targeted services in the most deprived areas, similar to the GP “deep end practices”.

• The development of the current successful pharmacy substance misuse services to include other medicines, signposting and referrals, thus utilising the frequent contact these patients have with NHSScotland via the relationship with the pharmacist supervising their medicine supply.

• The development of NHSScotland community pharmacy weight management support services.

• The inclusion of community pharmacy in Detect Cancer Early initiatives with direct referral to the GP or secondary care when appropriate for suspected cancer symptoms.

• Community pharmacy staff and consultation rooms to be used for screening for cardiovascular risk as part of an NHS pharmacy service. This was provided as an opportunity to some pharmacists with the Keep Well scheme.

• The development of the community pharmacy premises as a health hub being used by other social care and health professionals for signposting messages and patient interventions where appropriate. Most patients will access their most local pharmacy for pharmaceutical care whereas they may not be registered with their most local GP practice.

• The supply of medicines to be used for targeted interventions similar to that used presently within the Chronic Medication Service for New medicines, gluten free foods and high risk medicines. Examples of this could be anti-depressant or anxiolytic medicines interventions or specific children’s medicines including behaviour altering medicines or targeted to specific patient characteristics such as teenage or pregnant patients.

Many of the barriers and challenges faced are due to:

• The lack of sustainable funding
• The lack of a joined up electronic referral system between health and social care professionals.

• The lack of a patient owned medical and social care record.

• The lack of knowledge amongst health and social care professionals and the public of what skills and expertise are available by accessing different NHSScotland services and professionals

The National Pharmacy Association
March 2014