HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM National Pharmacy Association Ltd

The National Pharmacy Association Ltd (NPA) is the body which represents the vast majority of independent community pharmacy owners in the UK. We count amongst our members independent regional chains through to single-handed independent pharmacies. This spread of members, our UK-wide geographical coverage, and our remit for NHS and non-NHS affairs means that we are uniquely representative of the independent community pharmacy sector. In addition to being a representative voice, we provide members with a range of professional services to help them maintain and improve the health of the communities they service. Pharmacy premises, pharmacy technicians, pharmacists and their pharmacy teams are regulated by the General Pharmaceutical Council using standards to provide safe and effective care. Scottish pharmacy services are being developed in line with the Achieving excellence in pharmaceutical care: a strategy for Scotland for “achieving excellence in improving and integrating the provision of NHS pharmaceutical care in order to support people through their healthcare journey”

There are 1257 community pharmacies across Scotland, with distribution more closely matched to the needs of patients in deprived areas than GP surgeries as identified by Audit Scotland. Access to healthcare services is a well-established social determinant of health: disadvantaged areas often lack access to the level of NHS services that their health needs require. This has been termed as an Inverse Care Law, as proposed by Tudor Hart in 1971, who stated “the availability of good medical care tends to vary inversely with the need for it in the population served”. Community pharmacy is a part of the health service that bucks the inverse care law – there are more pharmacies per head of population in deprived areas than in more affluent areas.

At the recent NPA member forum, Scottish pharmacy owners covering over one hundred of independent community pharmacies discussed Scottish Parliament call for views on What primary care will look like for the next generation, and also on community pharmacy role in social prescribing. They welcomed the Primary Care review and discussion round social prescribing and perceived it to be an opportunity to identify aspirational pharmacy practice for the benefit patients and the NHS.

The NPA responded to the What primary care will look like for the next generation fully and much of what is covered in that response is relevant to why our members strongly view that community pharmacy should be able to social prescribe and refer to the GP cluster link worker where appropriate.

We would be happy to discuss social prescribing in more detail as the implementation of the review of Primary Care progresses, however at this stage rather than answer the specific questions we wish to express:

- Our members believe that community pharmacy teams regularly signpost patients to activities that will support physical or mental wellbeing.
Community Pharmacy teams actively take an interest in what activities are available in their local area via NHS, social care, and the voluntary sector. Where appropriate these services are promoted in patient conversations, pharmacy posters and patient leaflets.

Community Pharmacy teams provide NHS services which can support patients in their self-management of health and wellbeing. Other non-NHS services, are often provided in pharmacies for patient benefit, at low or no cost to patients. The Link worker should be fully aware of the local and national community pharmacy services available to signpost patients to.

Collaborative working between Community pharmacy and Link workers would highlight services available to patients that the pharmacy team can signpost patients to directly.

Referral of patients to Link workers by community pharmacists would extend the care provided in Primary Care to patients that require additional support to enter the change cycle towards self-care.