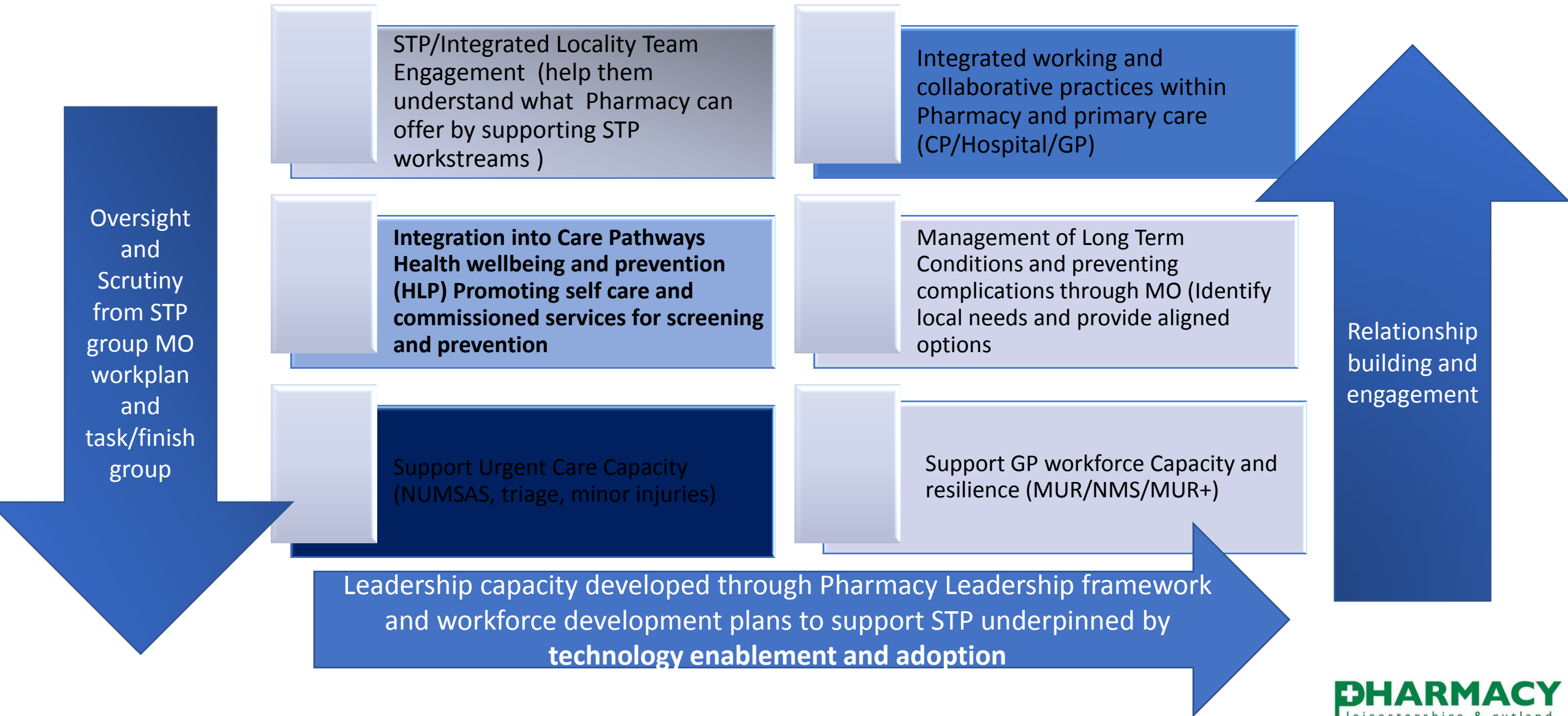


PNA recommendations and HLP

Luvjit Kandula

STP aligned Patient Centred Care – Opportunities for CP



Short Medium and Long Term CP Integration aligned to STP objectives in LLR – options

Short Term – Medicines Optimisation – MUR/NMS referral from GP Practice – interventions captured electronic template to support ADR reduction and improve adherence ii) support urgent care capacity through minor illness and triage services provided in Pharmacy reducing burden on Urgent Care iii) HLP Level 1 accreditation in progress aimed for November QP (prevention and wellbeing) iv) improved collaborative working with GP practice “walk in your shoes” initiative v) gain share model with support flu uptake vi) Erd adoption to reduce wastage, reduce GP work burden and support MO

Medium Term – i) Support GP workforce capacity through funded release session of local CP in local GP practice/Care homes to support integrated locality teams and medication reviews ii) advanced/mur + to provide extended service in CP to support LTC management eg COPD/asthma follow up and spirometry, BP monitoring, Diabetes management and structured education and HbA1C testing in CP iii) support housebound elderly with dom mur service targeting at risk patients to reduce admissions and support LTC management and MP

Long Term – Develop CP skillset to support care homes MO and GP practice on sessional basis in community pharmacy to reduce cost of recruiting second full time GP based pharmacists to extend capacity/resilience promoting interface working between GP practice and CP, developing skillset of integrated locality teams to improve capacity and resilience to support seamless care provision underpinned with electronic shared record to support evidence based/tailored intervention to patients.

Patients will only go to acute hospitals when they are acutely ill or for a planned procedure that cannot be done in a community setting through MO and adherence

General Practitioners will increasingly use their skills to support the most complex patients and routine care will be delivered by other professionals

Patients will have the skills and confidence to take responsibility for their own health and wellbeing

Professionals will have access to a shared record to improve the quality and outcome of patient care

More people will be encouraged to lead healthy lifestyles to prevent the onset of long term conditions. Screening and early detection

Patients will have more of their care provided in the community by integrated teams with the GP practice as the foundation of care.

Key PNA Recommendations : Promote optimal use of pharmacy services in promoting health and healthcare management



NHS England (and where relevant Leicester City Council and Leicester City Clinical Commissioning Group) should:

- Encourage the further implementation of Healthy Living Pharmacy to promote healthier lifestyles through pharmacies so that individuals can gain advice and support in reducing unhealthy behaviours and adopting healthier ones.
- Ensure that the promotion of healthy lifestyles (Public Health) requirement of the essential services contract is fulfilled (see section 5.1.1). While NHS England retains responsibility for this area of the pharmacy contract, local campaigns should in future be jointly defined by NHS England, Local Authority Public Health and Leicester City Clinical Commissioning Group.
- Consider and encourage the opportunity to include and develop the role of pharmacies in commissioning strategies and through the wider Sustainability and Transformation Plans - particularly in relation to providing services which deflect work out of primary care general practice.
- Assess levels of uptake of advanced and community based services and follow-up low or high performers in order to share best practice.
- Keep under review the appropriateness of monitoring and quality visits to pharmacies, in addition to pharmacy self- assessment, in order to provide assurance of effectiveness and to promote service improvement.

Pharmacy - A Way Forward for Public Health – PHE,2017 (Context)

Provides a menu of opportunities to realise the potential of one of the most frequented health care settings in England to make an even bigger sustainable impact on the lives of people, communities and the nation. (inc HLP)

Public Health England's strategic approach is broad and aims to maximise the opportunities for co-production and partnership with national and local partners. There are two main areas of focus:

- i. developing capacity and capability in the workforce to support promoting health and public health action through pharmacy settings
- ii. developing the support for local authority commissioning of public health services through pharmacy in the community and in other sectors, as part of integrated care

FYFV alignment – supporting self care, prevention. Prevent UC admissions and support NHS capacity

- Healthy Living Pharmacies (HLP) have a health and wellbeing ethos, where everyone in the team works together to proactively engage their customers in health promotion activities through advice on smoking cessation and obesity/healthy weight.
- They need a health promotion zone in the pharmacy and at least one full-time equivalent health champion, who has qualified for a Royal Society for Public Health (RSPH) level 2 award in understanding health improvement and HLP leaders trained
- There are over 150 qualified health champions across Leicester, Leicestershire and Rutland (December 2017) and more working towards it. Leicester has 169 pharmacies accredited to Healthy Living Pharmacy level 1.

What is a Healthy Living Pharmacy?



Achieved by meeting 22 specific quality criteria set by PHE -

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/538638/HLP-quality-criteria-and-self-assessment-process.pdf

What distinguishes a Healthy Living Pharmacy?

- ✓ Consistently delivers broad range of high quality commissioned services
- ✓ Quality, innovation and productivity
- ✓ Proactive team ethos
- ✓ Has a least one RSPH level 2 Health Champion covering 37.5 hours
- ✓ Trained Pharmacy leader who has undertaken accredited training
- ✓ Identifiable by the public
- ✓ Achievement of 22 Quality Criteria set by PHE
- ✓ Collate HLP evidence portfolio
- ✓ A quality mark
- ✓ RSPH Level 1 national registration



HLP criteria to achieve Level 1 – broad themes



Workforce development

- The aim of the quality criteria for this section is to develop the pharmacy staff so they are well equipped to embrace the healthy living ethos and proactively promote health and wellbeing messages.



Engagement

- The aim for the quality criteria in this section is to demonstrate that the pharmacy team is actively engaging with the local community, including the public, health and social care professionals, commissioners, other local organisations (eg the voluntary sector).



Health promotion environment

The aim of the quality criteria in this section is to have a health promoting environment that embraces the ethos of a Healthy Living Pharmacy, including an atmosphere created by premises as well as staff attitudes and actions. The environment should also ensure confidentiality for service users.



LEVEL 2 - FOCUSES ON COMMISSIONED SERVICE DELIVERY , OUTCOMES AND MEETING HEALTH INEQUALITIES BUILDING ON HEALTH IMPROVEMENT SUPPORT IN LEVEL 1

The impact of Healthy Living Pharmacies

1

Healthy Living Pharmacies improve the public's health and drive improvements in service quality and innovation

2

People walking into a Healthy Living Pharmacy are twice as likely to set a quit date for smoking and then quit than if they walked into a non-Healthy Living Pharmacy

3

Healthy Living Pharmacies consistently deliver high-quality public health services – NHS Health Checks, weight management, sexual health, etc

4

Healthy Living Pharmacies reach out to local communities (universities, businesses, schools, community centres, etc) with health improvement advice and services

99%

of people are comfortable and happy with the service provided by Healthy Living Pharmacies

98%

of people would recommend Healthy Living Pharmacies to their families and friends

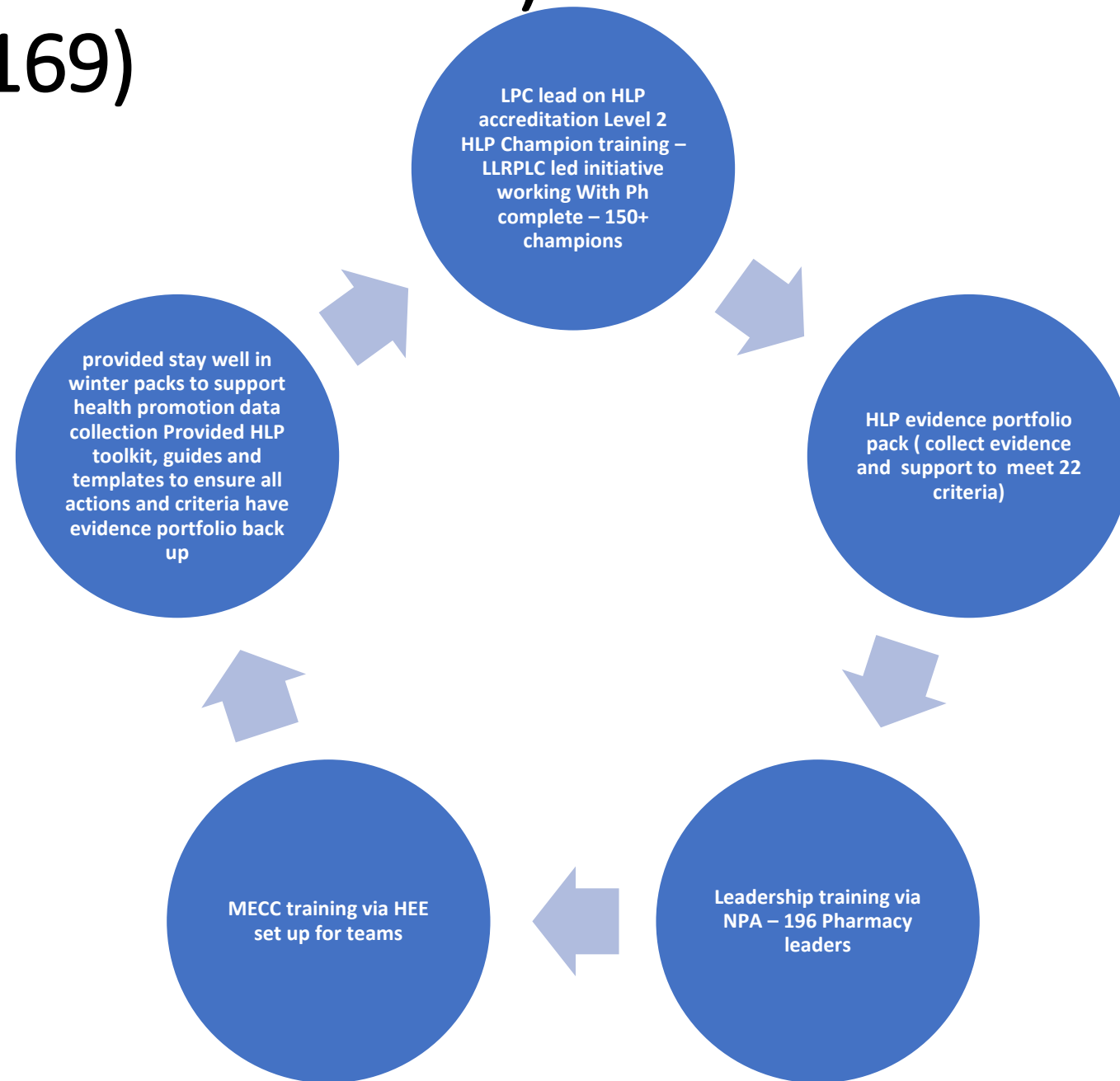
60%

of people would make an appointment with their GPs if the health improvement service was not available at a Healthy Living Pharmacy

20%

of people would not have gone to another provider (ie, they would have received no support for improving their health)

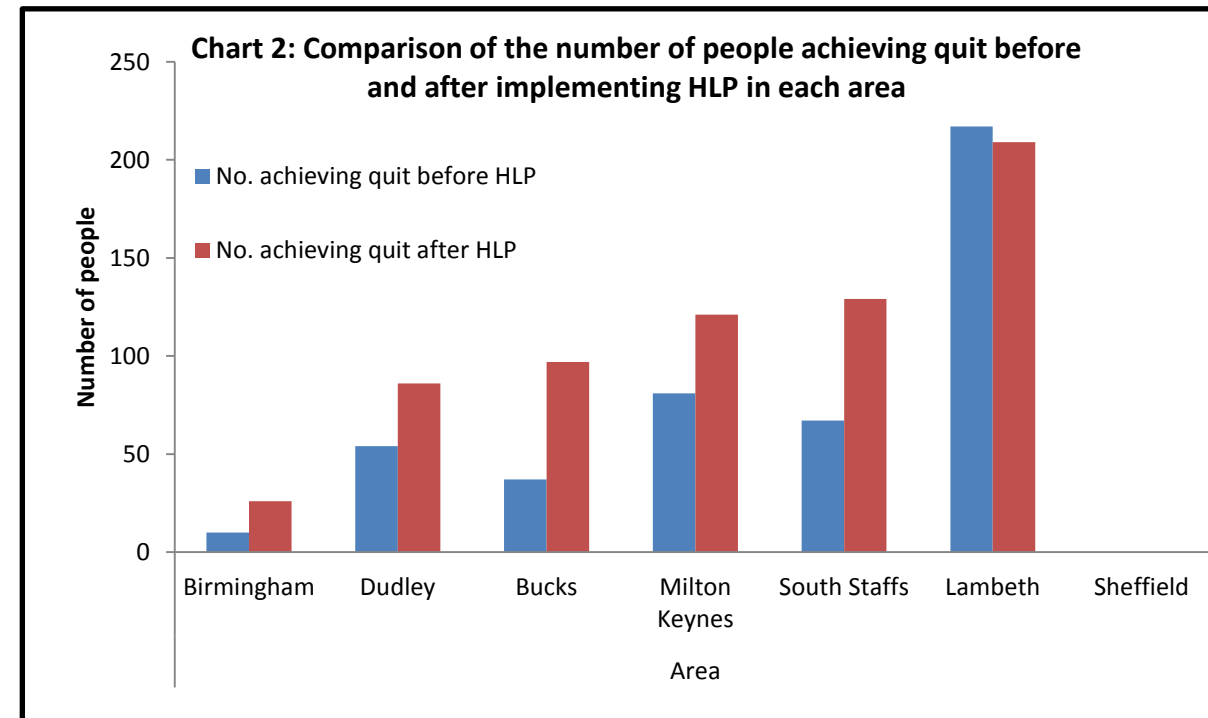
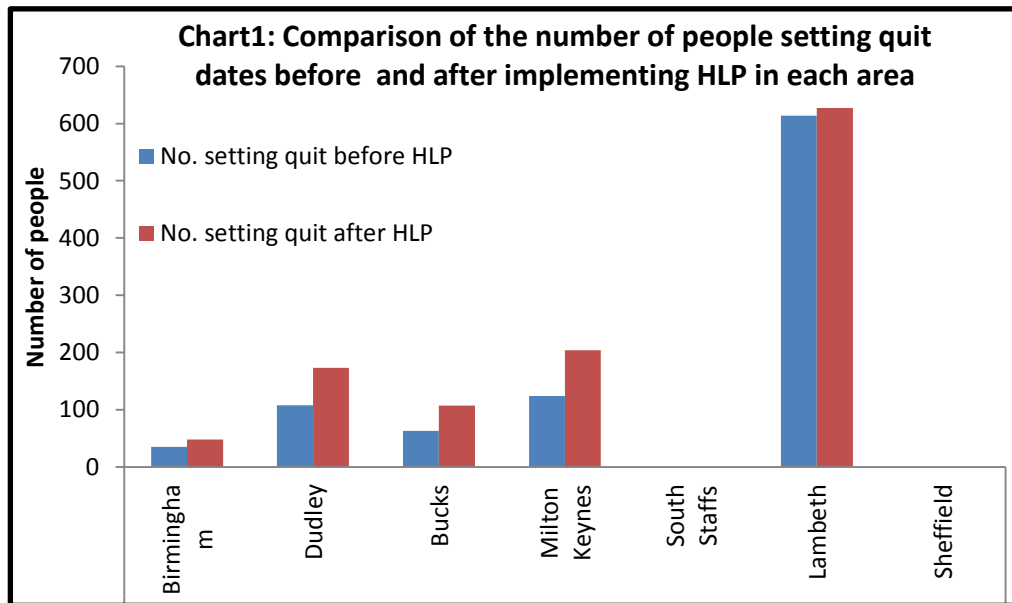
HLP in LLR (LLRLPC Initiative) – 70% HLP Level 1 Pharmacies (169)



Evidence base - HLP Pathfinder evaluation 2013

- early results seen in Portsmouth can be replicated in other areas of the country as the benefits of the scheme were shown not to be dependent on levels of local health need and deprivation;
- the HLP concept was consistent with **increased service delivery and improved quality measures and outcomes**;
- 21% of people surveyed wouldn't have done anything if they hadn't accessed a service or support in the HLP so would have missed out on the benefit of getting advice to improve their health and wellbeing;
- 60% of people surveyed would have otherwise gone to a GP;
- public feedback was positive with 98% saying they would recommend the service to others and 99% were comfortable to receive the service in the pharmacy;
- **more people successfully quit smoking in HLPs than non-HLPs or prior to becoming a HLP**;
- **the number of people who accessed sexual health services and were provided with additional sexual health advice was greater than in non-HLPs**;
- **HLPs were effective at delivering increased support for people taking medicines for long term conditions, through both Medicines Use Reviews and the New Medicine Service. Activity was higher for both services in HLPs than non-HLPs or before HLP implementation in all but one site; and**

Service outcomes: stop smoking



Tackling High BP – Background – future opportunities

Tackling high blood pressure From evidence into action (PHE, 2013)

- High blood pressure affects more than one in four adults in England, and is the second biggest risk factor for premature death and disability.
- 5.6 million people are undiagnosed
- Only four in ten of all adults with high blood pressure are both aware of their condition and managing it to the levels recommended. Compared to international leaders (in particular Canada and the US), there is much room for improvement.
- By reducing the blood pressure of the nation as a whole by 5mmHg, over 10 years we could avoid £850m of NHS and social care spend and 45,000 lost quality adjusted life years

CP can support the better prevention, detection and management of high blood pressure

Role of Pharmacists - Learning into Practice

- Pharmacists as medicines experts to support MO and adherence – costing NHS £1 billion currently
- We are highly accessible with long opening hours
- Trusted and convenient (no appointment)
- Community Based
- Located Close to GP Practices
- 1.6 million patients visit pharmacies daily nationally - opportunistic testing as asymptomatic
- On average a patient visits a pharmacy 11 times a year and equates to more than 15,000 visits daily in LLR alone

How can we support ? – what does this look like in practice ?

- **Prevention –Delivering Key Health Promotion programmes and delivering key messages to patients with healthy lifestyle support (cvd health check)**
- **Detection – Early Detection and screening programme through CP ensuring a protocol development using evidence base to target at risk groups**
- **Management – Support Medicines Optimisation and Healthy lifestyle messages through leveraging MUR/NMS advanced services**
- **Long term support GP capacity/resilience to manage stable patients and maintain MECC to deliver key prevention and management messages**

