



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: MONDAY, 9 APRIL 2018 at 2:00 pm

P R E S E N T :

Present:

- | | |
|---------------------------------|---|
| Councillor Clarke
(Chair) | – Deputy City Mayor, Leicester City Council. |
| Lord Willy Bach | – Leicestershire and Rutland Police and Crime
Commissioner |
| Councillor Vi Dempster | – Assistant City Mayor, Adult Social Care and
Wellbeing, Leicester City Council. |
| Steven Forbes | – Strategic Director of Adult Social Care, Leicester
City Council. |
| Simon Fogell | – Executive Director, Engaging Communities
Staffordshire. |
| Andy Keeling | – Chief Operating Officer, Leicester City Council. |
| Sue Lock | – Managing Director, Leicester Clinical
Commissioning Group |
| Superintendent Shane
O'Neill | – Local Policing Directorate |
| Councillor Sarah Russell | – Assistant City Mayor, Children's Young People and
Schools, Leicester City Council. |
| Ruth Tennant | – Director of Public Health, Leicester City Council. |
| Rachana Vyas | – Head of Strategic Development, University
Hospitals of Leicester NHS Trust. |

In attendance

- | | |
|--------------|--|
| Graham Carey | – Democratic Services, Leicester City Council. |
|--------------|--|

114. WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed Simon Fogell, Executive Director, Engaging Communities Staffordshire, who had been awarded the contract for Leicester and Leicestershire Healthwatch.

Apologies for absence were received from:-

John Adler	Chief Executive, University Hospitals of Leicester NHS Trust
Andrew Brodie	Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service
Councillor Piara Singh Clair	Deputy City Mayor, Culture, Leisure and Regulatory Services
Professor Azhar Farooqi	Co-Chair, Leicester City Clinical Commissioning Group
Chief Supt Andy Lee	Head of Local Policing Directorate, Leicestershire Police
Ros Lindridge	Locality Director Central NHS England, Midlands and east (Central Area)
Dr Peter Miller	Chief Executive, Leicestershire Partnership NHS Trust
Dr Avi Prasad	Co-Chair, Leicester City Clinical Commissioning Group

115. DECLARATIONS OF INTEREST

Members are asked to declare any interests they might have in the business to be discussed at the meeting. No such declarations were received.

116. MINUTES OF THE PREVIOUS MEETING

RESOLVED:-

The Minutes of the previous meeting of the Board held on 7 December 2017 be approved as a correct record.

117. PHARMACEUTICAL NEEDS ASSESSMENT

The Director of Public Health submitted a report on the Pharmaceutical Needs Assessment (PNA). Consultation on the draft PNA was conducted from 2

October 2017 to 2 January 2018 and the responses to the consultation were summarised in Appendix 1 to the report.

The Board also received a presentation which is attached to these minutes.

It was noted that, in addition to the contents of the presentation:-

- It was expected nationally that there would be a reduction in the number of pharmacies and there would be a continuing trend of pharmacies consolidating and joining together. The Board was now required to make a statement within 45 days of any consolidation of local pharmacies as to whether the change would make a difference to the area.
- The City had an above average number of pharmacies per 10,000 population; but their distribution was not evenly spread across the City.
- 88% of pharmacies currently offered Medicine Use Reviews for patients and each pharmacy was permitted to undertake up to 400 per year. 10 pharmacies in the City had undertaken the maximum of 400 reviews but 4 pharmacies had only carried out as few as 9 reviews.
- New Medicines Service were offered by 76% of pharmacies.
- 45 pharmacies offered flu vaccinations and over 5,000 had been carried out in 2016/17. The national average for pharmacies offering flu vaccinations was 62% but the proportion of pharmacies offering flu vaccinations in the City was lower.
- The Council had complied with the new statutory duties.

Members of the Board commented that:-

- The emerging number of pharmacies situated within supermarkets were acknowledged as being a convenient place to collect prescriptions but it was questioned whether they engaged sufficiently in health promotion campaigns to the same degree as other 'high street' pharmacies.
- There were differing health needs in different parts of the City – for example, the west area of the City had higher incidents of lung conditions/smoke rates and it was questioned whether there was any information to link the take up pharmacies to offer specific services to the health needs of specific localities and how they could be encouraged to deliver services to match those local needs and how better links with NHS England could be established to share data etc.
- Healthwatch, indicated they had concerns about the low levels of self-care currently used by the public and their awareness of the services offered by pharmacies and wished to work with the Board to increase the level of understanding of services that were available to reduce the

pressures on the GP services.

In response to the comments made by Board members it was stated that:-

- The Local Pharmacy Committee (LPC) were aware that 5-6 pharmacies in supermarkets had carried out approximately 200 health checks in 6 months and that some regular shoppers had established a regular relationship with the pharmacist as part of their daily shopping routines.
- The LPC now had statistical evidence that it could share to demonstrate the levels of engagement across pharmacies. For example, the Urgent Medicine Supply Advanced Services Scheme was designed to enable the 111 service to refer patients to local pharmacies to obtain their supplies and this was already producing data on the reduced impact upon Emergency Care Centre attendance.
- It would be beneficial if LPC – tries to link with long term illness leads – like to get GPs to refer patients with long term health needs to local pharmacies to support their health care.
- It was difficult to work out the services that local pharmacies should provide for their local population as people did not always use their nearest pharmacy but may use pharmacies near to their work or in the City Centre.
- It was considered that NHS England should also assess new applications from pharmacies against the PNA to make sure that they were in the right place etc and assess how the application reflected the needs of the PNA.

The Board noted:-

- 1) That all mandatory consultation was complete and the PNA was ready for publication.
- 2) The detail of the PNA and specifically the recommendations to commissioners.
- 3) The role of the Health and Wellbeing Board in ensuring the recommendations contained within the PNA were enacted.
- 4) The role of the Health and Wellbeing Board in supporting the development and accreditation of Healthy Living Pharmacies.

The Board asked the Director of Public Health to write to NHS England asking for an assurance that they would use the PNA actively to consider the distribution of pharmacies and the services offered by them and take this into account when considering applications from pharmacies.

118. HEALTHY LIVING PHARMACIES

The Board received a presentation from Luvjit Kandula, FRPharmS, Chief Officer, Leicestershire and Rutland Local Pharmaceutical Committee on promoting the use of pharmacy services to promote health and healthcare management. Copy attached to these minutes.

It was noted that:-

- Pharmacy Services were seen as part of an integrated patient care pathway to give patients the skills and knowledge to promote a structured patient led self-care process to assist with the promotion and prevention of both minor and long term illnesses.
- A shared summary of the patient record was a key factor on this process.
- Pharmacy Services were already starting to work towards the key recommendations of the PNA to promote the optimal use of pharmacy services in promoting health and healthcare management. and there was a desire to take these forward in partnership with the Board at a local level and as part of the Public Health's strategic approach in "A Way Forward for Public Health".
- The constituent elements of a Healthy Living Pharmacy were outlined in the presentation.
- Locally there were now 150 qualified level 2 Health Champions and 169 pharmacies were accredited to RSPH Level 1. These figures did not include those trained by Boots, Lloyds, Tesco and Morrisons etc. It was further noted that Boots were aiming to put 2 champions into each pharmacy and it was accepted that this needed to be clarified on the presentation.
- Locally a patient visits a pharmacy 11 times a year and equates to more than 15,000 visits daily in the LLR area.
- Some pharmacies were facing financial pressures and there were concerns that depending on what the next level of cuts looked like, the government had suggested that 3,000 pharmacies may close.
- This proposed model had some advantages as it established closer relationship with GPs and was a seamless process with the patients, especially where pharmacies are co-located within GP surgeries or adjacent to them. Even so, patients would still retain the freedom of choice of where they wished to collect their prescription.

Members of the Board made the following comments and observations:-

- The JSNA was a living web-based document that was constantly updated and was could not be printed as it was viewed that if the document was enabled to be printed once a copy had been taken people would not go back and view subsequent updates.
- The STP recognised that increased use of pharmacies and the promotion of patient self-help was seen as one solution to reducing GP pressures. The expected change in regulation could reduce the number of pharmacies and the likely impact of these reductions were unknown at this stage and some local and community pharmacies would be a loss of a good community asset

The Chair commented that it would be helpful to have sight of the data that was held by the LPC in order to have a better understanding of the presentation and its implications. He was also supportive of the Board having a more strategic approach to pharmacies in the city.

The Board Chair noted the presentation and welcomed the contribution made by Members of the Board. It would be useful in future to have a glossary of acronyms to assist dialogue and understanding.

119. DRAFT HEALTH AND WELLBEING STRATEGY

The Director of Public Health to give a verbal update on the Health and Wellbeing Strategy. It was anticipated that the Draft Strategy would be circulated to Board Members in the next 2 weeks. Frailty had emerged as a local issue and this was now reflected in the Draft Strategy. Another emerging challenge reflected in the Strategy was recognising the need to provide a way to manage people with multiple long term health conditions, rather than looking at each illness in isolation.

Members were asked to submit comments upon the Draft Strategy when it was circulated.

120. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from Members of the Public.

121. DATES OF FUTURE MEETINGS

It was noted that future meetings of the Board were currently under discussion and would be approved at the Annual Council Meeting on 17 May 2018.

Meetings of the Board were scheduled to be held in Meeting Room G01 at City Hall unless stated otherwise on the agenda for an individual meeting.

122. ANY OTHER URGENT BUSINESS

There were no other items of Any Other Urgent Business.

123. CLOSE OF MEETING

The Chair declared the meeting closed at 3.10pm.

Pharmaceutical Needs Assessment

Presentation to Leicester City Health and
Wellbeing Board

Monday 9th April 2018

Julie O'Boyle Consultant in Public Health LCC



Pharmaceutical Needs Assessment 2018

- HWB Statutory Duty
- Content of PNA
- Recommendations of PNA

HWB Statutory Duty

- Publish and keep up to date a PNA
- Publish every 3 years
- 60 day consultation on the draft version prior to formal publication
- Other statutory duties related to the PNA

What does the PNA consider?

Local population:

Size of the population, age profile, ethnic diversity, level of deprivation, long term health conditions



Services provided

- Essential services (all pharmacies)
- Advanced services (optional)
- Community based services (optional)

Access to pharmacies:

Number and location of pharmacies, travel times to the nearest pharmacy by walking, public transport and drive-times, opening hours

Future provision:

Population growth, estimated increase in long term health conditions, growth in housing

What does the PNA consider? 2

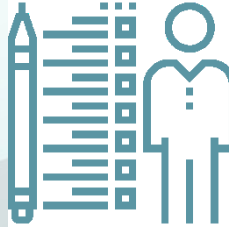
Policy:

Pharmaceutical policy
development

Community pharmacy in
2016/17 and beyond

Update from last PNA:

- Use made of the PNA by NHS England
- Applications made for mergers of community pharmacies
- Information regarding regulations
- Follow up to the 2015 PNA



Consultation:

Statutory requirement for each HWB to consult a number of bodies about the contents of the PNA for a minimum of 60 days

- Consultation period ran from Oct – Dec 2017 as a questionnaire on Citizen Space
- 13 responses: 77% agreed the purpose of the PNA was adequately explained, an accurate account residents' needs and community pharmacy services in Leicester had been reflected

Gap Analysis and recommendations:

- ❖ In relation to number of pharmacies, uptake of services, promotion of healthcare management and pharmacy policy

What services does the PNA cover?

Essential services –

carried out by all pharmacies:

- Dispensing and repeat dispensing
- Clinical governance
- Promotion of healthy lifestyles
- Disposal of unwanted medicines
- Signposting
- Support for self-care



Advanced services – optional, nationally commissioned service

- Medicines Use Reviews
- New Medicines Service
- Appliance Use Reviews
- Stoma Appliance Customisation
- Seasonal Influenza Vaccination



Community based services – optional, locally commissioned services

- Emergency hormonal contraception
- H-Pylori screening
- Minor ailments
- Needle exchange



- Palliative care
- Smoking cessation
- Supervised methadone consumption



What are the needs of Leicester's population?

Young population:

Leicester's population is approximately 343,000 with relatively more young people and fewer older people than the national average.



Ethnic diversity:

Leicester's residents come from over 50 countries, around a third were born outside the UK and almost half belong to a non-white ethnic group. Asian communities make up 37% of the population.



Deprivation:

Leicester has a high level of deprivation (21st most deprived local authority).

10% of the population live in the fifth most deprived areas nationally.

Only 1% live in the fifth least deprived areas.

Local health needs.

Lower than average life expectancy

High prevalence of long term health conditions including heart disease and strokes, diabetes

Poor lifestyles in terms of smoking, alcohol consumption, low levels of physical activity, high levels of teenage pregnancy



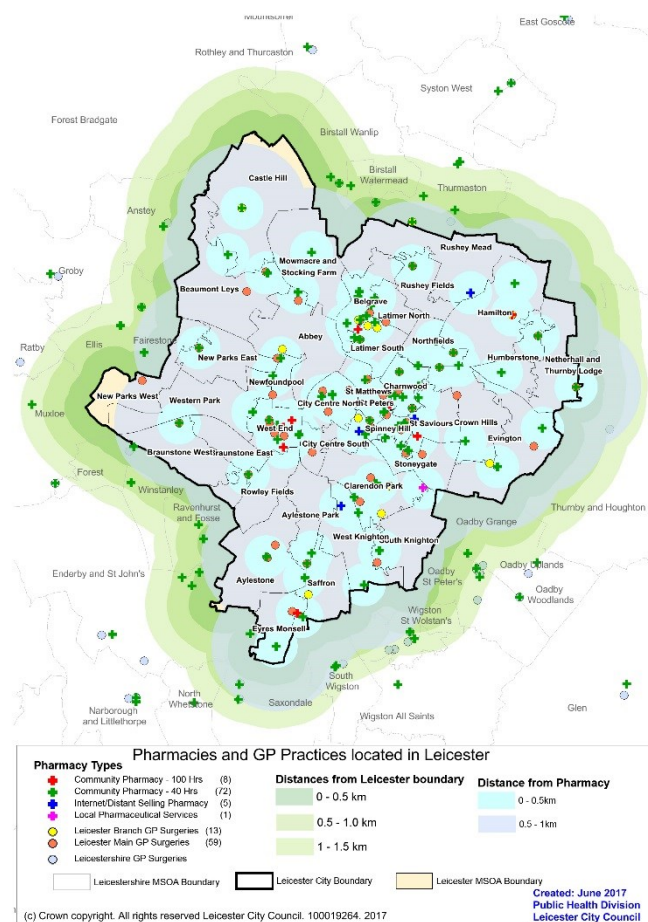
How accessible are Leicester pharmacies?

86
pharmacies:

Including 5 internet
pharmacies and 1
local
pharmaceutical
service (LPS)

2.5
pharmacies per
10,000
population:

Higher than
England (2.1 per
10,000)



Pharmacy
within 1km
distance
for most
residents

Travel times
within 20
mins
Walking, public
transport and car

Opening
hours
Majority open
40+ hours
8 open for 100
hours per week

Medicines Use Reviews (MURs)

- ❖ Appointment with the local pharmacist in a private consultation room to discuss the patient's knowledge and use of their medicines

Offered by
88%
pharmacies
in Leicester
(76)

Up to a
maximum of
400 MURs
per year

Over
19,000
MURs in
2016/17

10 pharmacies
each
completed 400
MURs,
4 pharmacies
each
completed
only 9 MURs

New Medicines Service (NMS)

Offered by
76%
pharmacies
in Leicester
(62)

- ❖ Support and advice for patients prescribed new medicines for asthma and COPD, diabetes, antiplatelet/anticoagulant therapy or hypertension

6,500
NMS in
2016/17

24 pharmacies
completed Less
than 25 NMS
each
1 Pharmacy
completed 400
NMS

Stoma Appliance Customisation (SAC)

- ❖ Comfortable fitting of stoma appliance and advice on proper use

SACs provided by 8 pharmacies – lower rate than nationally

Appliance Use Reviews (AURs)

- ❖ Review with pharmacist or specialist nurse to improve patient's knowledge of their appliance

AURs not available in any Leicester pharmacies

Flu vaccination service

- ❖ Flu vaccinations available Sept to Jan each year including over 65s and those at risk

vaccinations available in 45 pharmacies, over 5,000 in 2016/17

Community based services

Emergency Hormonal Contraception (EHC):

Free service to under 25s

Offered by 24 pharmacies in 2016/17 providing nearly 3,000 EHC consultations

H-Pylori screening:

Service to improve care of patients with dyspepsia

Offered by 22 pharmacies in Leicester

Lower provision in west of city

Minor ailments: service available in 41 pharmacies to improve access for people with minor ailments by providing advice, promoting self-care, provision of appropriate medicines and devices

Palliative care

10 Accredited pharmacies hold a stock of an agreed range of drugs used in palliative care, and provide information, advice and referral to specialist groups where appropriate

Community based services

Smoking cessation:

1-2-1 support, advice and access to treatment for people wanting to give up smoking

Taken up by nearly 800 people in 2016/17 provided by 39 pharmacies in Leicester

Substance Misuse:

Needle exchange:

Service aiming to reduce rate of needle sharing and high-risk injecting by providing sterile injecting equipment and responsible needle disposal. Offered at 10 Leicester pharmacies

Supervised consumption:

Pharmacy service providing registered drug addicts with regular monitored doses of an opiate substitute to support them becoming progressively drug free
Offered at 41 Leicester pharmacies

Services in Pharmacies 2014 and 2017

	March 2014	March 2017
Pharmacy types		
100 hour	8	8
Community	72	72
Internet /distance selling	5	5
Local Pharmaceutical Services	1	1
Opening hours per week	4624	4670
Services offered		
Medicines Use Reviews	75	76
New Medicines Service	65	61
Appliance Use Reviews	10	9
Stoma Appliance Customisation	7	0
Flu vaccinations	0	45
Chlamydia Screening	38	0
EHC	55	24
H-Pylori	36	22
Minor Ailments	44	41
Palliative Care	11	10
Needle exchange	12	10
Stop Smoking	50	39
Supervised consumption	49	41

Overall in 2017, fewer pharmacies are providing community based services than in 2014

Recommendations

Equity of Service

- Overall pharmaceutical provision is adequate for Leicester's population
- Pharmacies are not evenly distributed across Leicester, with higher numbers in the east and lower in the west
- All patients should be able to access a pharmacy within 20 minutes of their home

Recommendation:

- Keep under review locations and opening times to assess whether access is equitable for all residents.
- Work with pharmacies and Local Pharmaceutical Committee to examine how equity issues can be addressed further
- Review cross-city and county-border service provision to ensure uniformity of access and quality of service
- Encourage pharmacies to offer discretionary services in relation to local need.

Recommendations

Promote health and healthcare management:

- Healthy living pharmacies (HLP) have a health and wellbeing ethos to engage customers in health promotion activities.
- 46 pharmacies in Leicester are accredited to HLP level 1 and many working towards level 2

Recommendations:

It is recommended that NHS England (and where relevant Leicester City Council and Leicester City Clinical Commissioning Group) should:

- Encourage the 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 requirement for promotion of healthy lifestyles campaigns through pharmacies (Public Health) is fulfilled
- 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.

Community Pharmacies 2016/17 and Beyond

In December 2016, new policy *Community pharmacy in 2016/17 and beyond* came into effect with the intention of more effectively integrating community pharmacy with primary and urgent care, and to reduce the costs of community pharmacy overall - including reducing the close proximity of community pharmacies to other community pharmacies

Recommendations

It is recommended that NHS England (and where relevant Leicester City Council and Leicester City Clinical Commissioning Group) should:

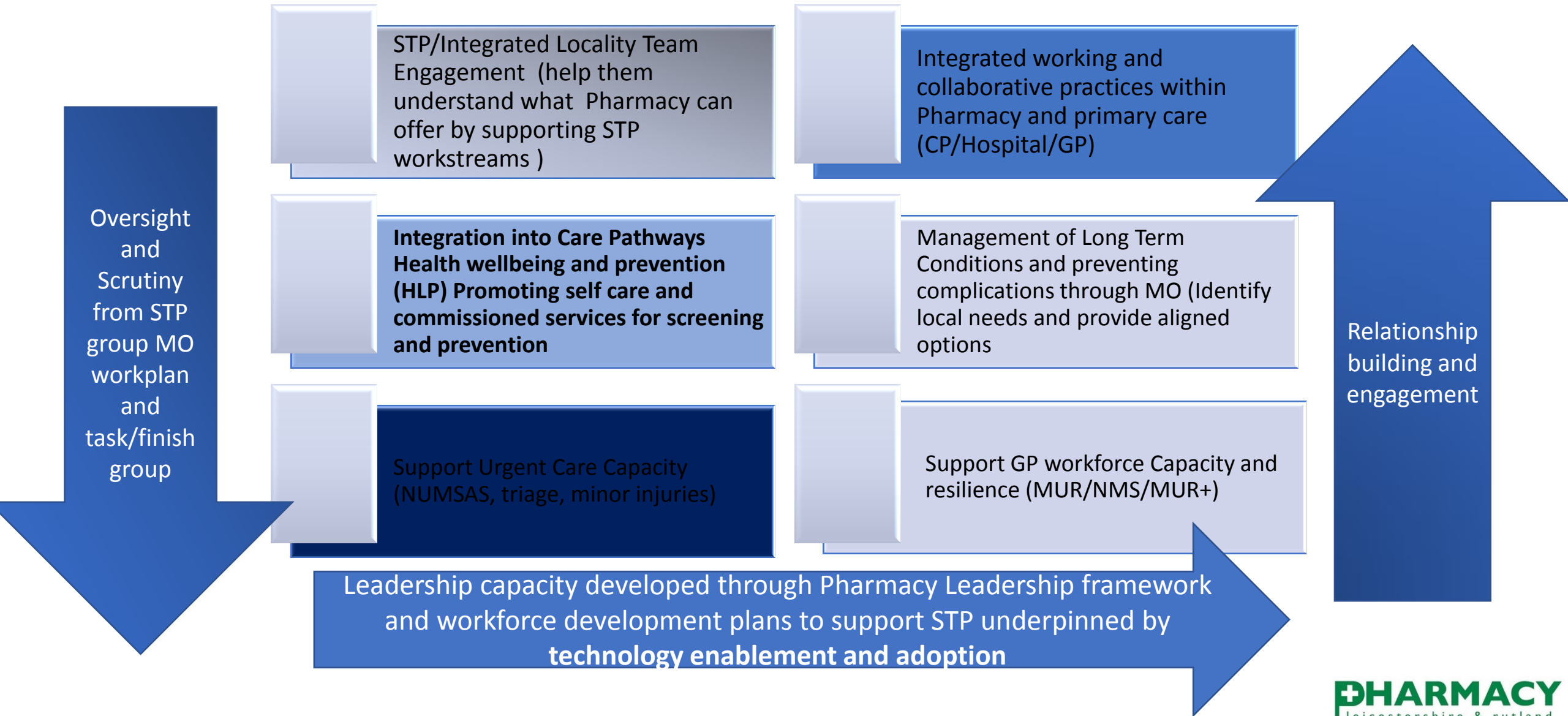
- Provide detailed guidance to the Health and Wellbeing Board on new responsibilities given to it in connection with regulations regarding mergers and consolidation of community pharmacies within the Health and Wellbeing Board area.
- Review evidence of impact of policy and funding changes on services annually and report

PNA recommendations and HLP

Luvjit Kandula

Minute Item 118

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

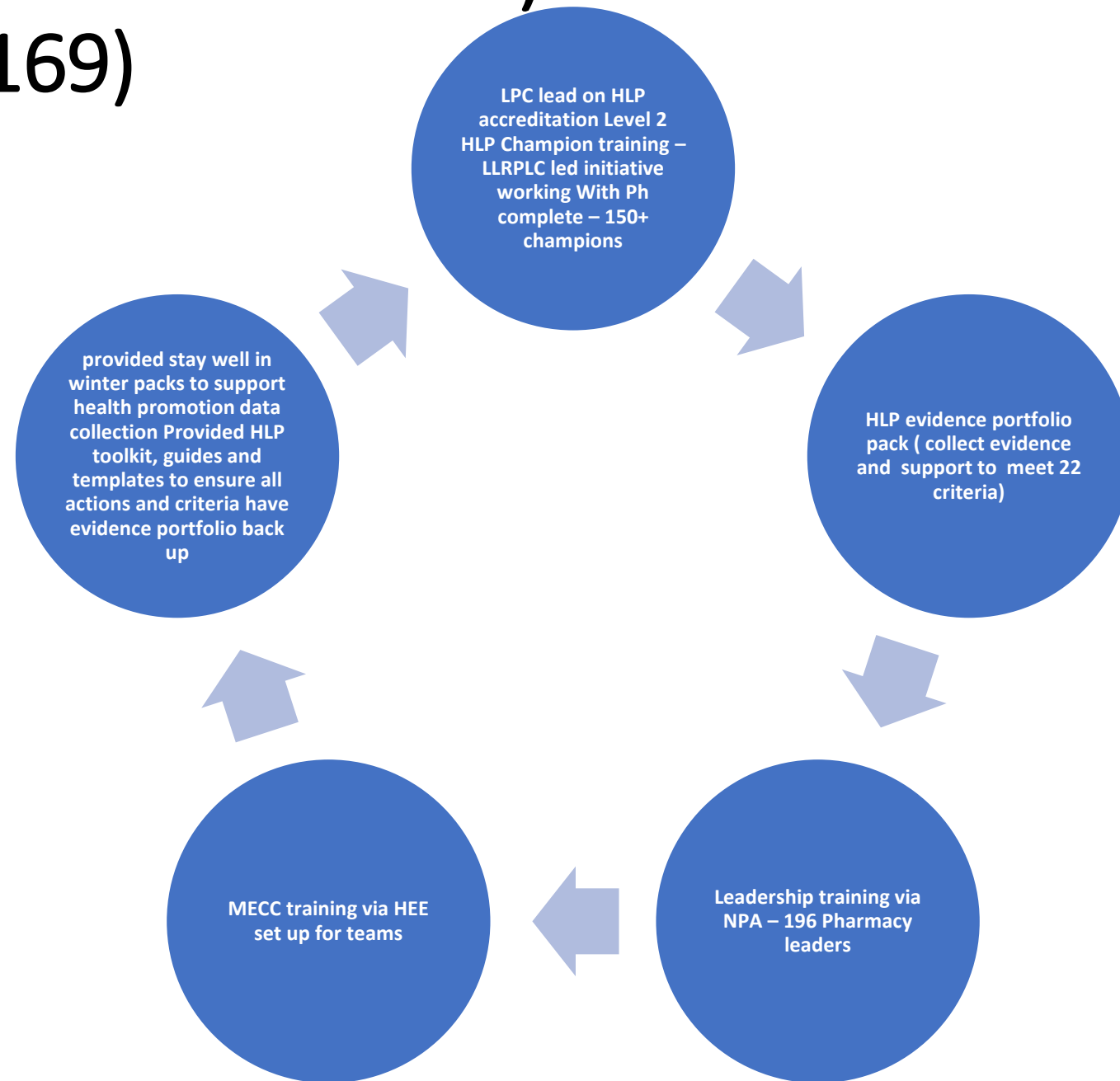
60%

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)

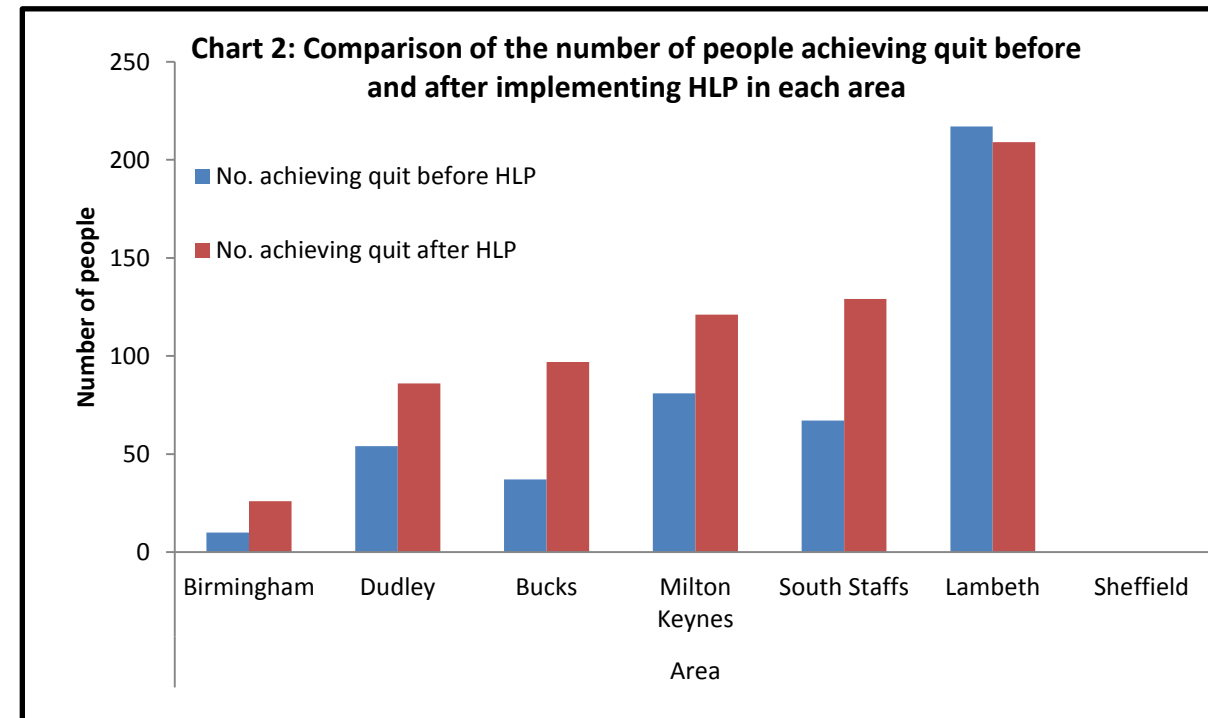
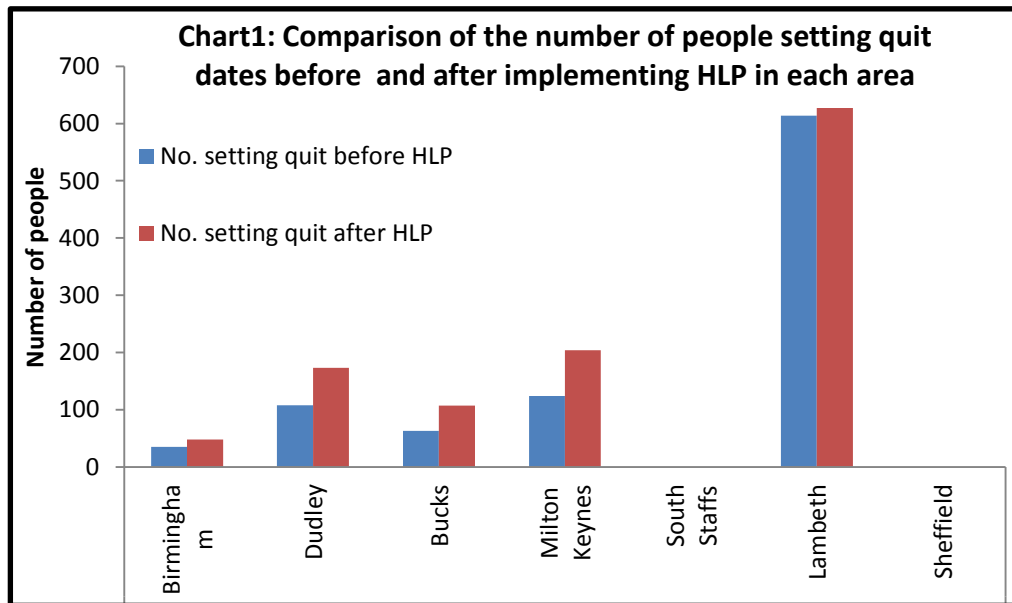
HLP in LLR (LLRLPC Initiative) – 70% HLP Level 1 Pharmacies (169)



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**

