Public Health England

Pharmacy teams – seizing opportunities for addressing health inequalities

Purpose of this briefing

Local pharmacies are often peoples first point of contact and, for some, their only contact with a healthcare professional. This briefing provides a summary of the unique role that pharmacy teams, located in the heart of communities, can play in helping to address health inequalities. It sets out suggestions for action that make the most of their potential to work with local community and faith leaders, reach out to under-served communities and those with the poorest health outcomes, and to take on a health inequalities leadership role. It sets out recommendations for system leaders, commissioners and community pharmacy teams themselves.

1. What are health inequalities?

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing. Figure 1 shows the complex interplay between these features of society which drive health inequalities[1].

Despite an increasingly complex understanding of the drivers of health inequalities, the gap in life expectancy in England has grown in recent years, with both males and females in the most deprived parts of the country experiencing significantly lower life expectancy compared with those in less deprived areas. The gap in healthy life expectancy at birth is even greater at around 19 years for both males and females[1]. Those living in the most deprived areas spend nearly a third of their lives in poor health, compared with only about a sixth for those in the least deprived areas[2].

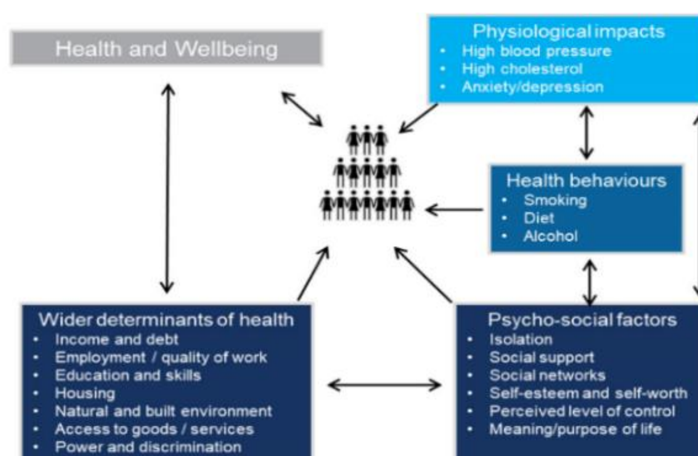

Figure 1. System map of the causes of health inequalities- adapted Labonte model

COVID-19 and health inequalities

COVID-19 has had a disproportionate impact on many who already face disadvantage, discrimination and unequal health outcomes. The impact of the virus has been particularly detrimental on people with some pre-existing health conditions, as well as people living in areas of high deprivation, people from certain ethnic groups, older people, men, those with a learning disability and others with protected characteristics[3].

The interaction between determinants of health, existing health conditions, individual risk factors and the social context in which people live their lives has contributed to the differing impact of COVID-19 between populations and groups[4].

In recognition of this, NHS England & Improvement (NHSEI) has identified that a central part of responding to COVID-19 and restoring services must be to increase the scale and pace of NHS action to tackle health inequalities to protect those at greatest risk. To support this, NHSEI has identified five priorities for recovery which build on the measures to implement the NHS Long Term Plan[5]. All systems and NHS organisations are being asked to implement these actions, working in close partnership with colleagues in local government, other public services, the voluntary sector, and with communities[3]. Community pharmacy teams are well placed to use their in-depth understanding of local communities to link with local community leaders and reach into those groups at greater risk of poorer outcomes from COVID-19.

NHSEI key health inequalities priorities for recovery

There are five priorities set out in the 2021/22 operational planning guidance

Priority 1: Restore NHS services inclusively

Priority 2: Mitigate against digital exclusion

Priority 3: Ensure datasets are complete and timely

Priority 4: Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes

Priority 5: Strengthen leadership and accountability

In addition, community pharmacies are recognised as a good location for vaccinations because of their reach into local communities, ease of access and long opening hours. The complexity of the COVID-19 vaccination roll-out programme and the storage requirements for some vaccines means that pharmacy involvement has been different than for some other vaccination programmes[6]. NHSE&I has directly commissioned a pharmacy-led COVID-19 vaccination programme, and other pharmacies are involved in vaccination through working with general practices in Primary Care Networks, or through provision at temporary vaccination sites, partnering with community venues. There is an expectation that pharmacy will have a continuing role in future phases of the vaccination programme.

2. What can we do to address health inequalities?

The Population Intervention Triangle[7] describes the importance of co-ordinated *Civic* action (e.g. the role of local authorities), *Services* such as those provided by the NHS, and *Community-centred* approaches[8] which recognise the centrality and contribution of communities themselves. The model proposes that action in each of the sections, and better integration and co-ordination between the 'seams', together with place-based planning and leadership are key components of at scale, systematic and sustainable/sensitive action on health inequalities.

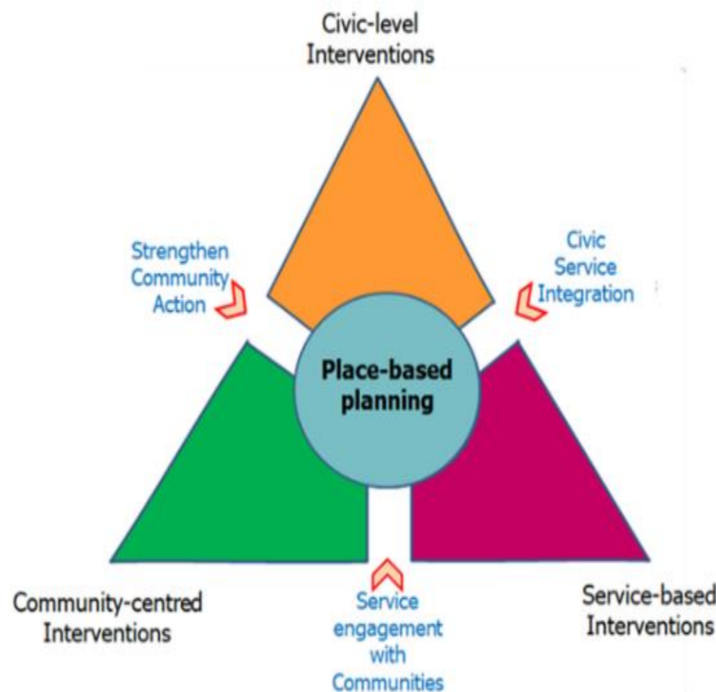

Figure 2. The Population Intervention Triangle

This lens for action on health inequalities is reflected in the role and activity of community pharmacy teams:

Place based planning and leadership

Integrated Care System (ICS) pharmacists will have a critical leadership role in further enhancing the role of community pharmacy teams in addressing health inequalities.

Community

- The almost 11,200 community pharmacies in England are rooted in the heart of local communities. 80% of people can get to a pharmacy within a 20-minute walk (DHSC internal data – March 2019), with access highest in the most deprived areas, bucking the inverse care law.
- Community pharmacy staff are drawn from local communities and reflect their make-up. Community pharmacy teams have a long history of delivering community health promoting interventions – engaging in an annual series of public health campaigns and rolling out initiatives such as stop smoking services, reducing alcohol consumption, sexual health services and dementia friends.
- The new Community Pharmacy Contractual Framework (CPCF) for 2019/20 to 2023/24[9] identifies the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.

Service

- The CPCF has also identified community pharmacy as a setting for clinical service delivery, with the potential to support important primary care services to reach further into the heart of communities with the greatest need. New services already introduced include - referrals from NHS111 and GPs to community pharmacists for minor illnesses, the urgent supply of a prescribed medicine, and the Discharge Medicines Service with referrals from hospitals to community pharmacists for patients discharged from hospital who need support with their medicines. From August 2021, blood pressure case finding and stop smoking services for patients discharged from hospital have been embedded within the community pharmacy contractual framework[9].
- All community pharmacies are now Healthy Living Pharmacies (HLPs), with qualified health champions on site. Having completed the Royal Society for Public Health level 2 award, Understanding Health Improvement[10], health champions are well placed to deliver health improvement interventions on key

issues. This includes stopping smoking, improving diet and nutrition and weight management, as well as pro-actively promoting health and wellbeing interventions at every opportunity, providing self-care advice, and signposting people to other relevant services, where they don't provide the services themselves.

Civic

- The Health and Social Care Act (2012)[11] shifted responsibility for public health to upper tier local authorities. This provided an opportunity to strengthen the relationship and recognise the common purpose between community pharmacy and local authorities, recognising community pharmacies as an important community asset.
- Community pharmacy and local government share a common purpose in a number of areas: public health interventions, support for independent living, making every contact count through their position at the heart of communities, and as an important part of the local business infrastructure contributing to building thriving communities and high streets[12].

Priority themes for addressing health inequalities

Following a review of the drivers influencing health inequalities, and opportunities for further support, PHE has identified the following priority themes for cross system action on health inequalities. These highlight where focussed activity can support systems and programmes in their plans to address health inequalities.

Figure 3 PHE Priority themes for addressing health inequalities

3. Opportunities for addressing health inequalities – recognition of the role of community pharmacy

There is widespread recognition of the role of community pharmacy teams in improving health[13]. Community pharmacies are one of the most frequented health care settings in England, with 1.1 million visits every day[14]. With their presence in most high streets, many rural communities, and in the places where people shop, access healthcare and enjoy leisure time, community pharmacy teams are a local health and social asset interwoven with people's daily lives in a way that few other professions can claim[15]. Pharmacy teams working in all sectors have an important role to play in prevention, by embedding public health practice in their everyday role. Their importance was re-emphasised in the NHS Long Term Plan, which refers to the "essential role" of pharmacists in delivering the various initiatives it proposes for the next 10 years.

Alongside this, NICE Guidelines on community pharmacies: promoting health and wellbeing NG102[16] identify the reach of community pharmacy into communities that are most likely to experience health inequalities, indicating that 'underserved' groups may be more likely to go to a community pharmacy than a GP or another primary care service. This includes people who are housebound, homeless or sleep rough; people who misuse drugs or alcohol; and Gypsy, Traveller and Roma people.

Overarching principles of good practice on addressing health inequalities set out in NICE Guidelines identify the following components of action on health inequalities, indicating that community pharmacies can address health inequalities by working with other agencies to identify underserved groups, tailor health

and wellbeing interventions to suit their individual needs and preferences, and maximise their impact. For example:

- Use knowledge of the local community (particularly from staff who live in the community where they work), to consider the context in which people live and work (their physical, economic and social environment)
- Make use of the skills staff members already have (for example, if they speak languages commonly used in the area)
- Consider other personal factors such as gender, identity, ethnicity, faith, culture or any disability that may affect the approach taken (for example, provide information in an appropriate format for people's individual circumstances considering individual health literacy)[17].
- Use shared decision making[18] approaches in line with NICE guidelines

A systematic map of the evidence on public health service provision[19] by community pharmacies identified that a broad range of community pharmacy public health interventions have been evaluated; that the research literature on public health interventions provided by community pharmacies is expanding and diverse, showing particular growth in the last five years. A small number of gaps in the evidence were identified through the review, including in respect of community pharmacy and particular underserved communities.

A systematic review of the effects of community pharmacy-delivered public health interventions on population health and health inequalities[20] supported the role of community pharmacy teams in delivering public health programmes to improve health and prevent disease – particularly those aimed at primary prevention. The review highlighted a gap in good quality evidence on how community pharmacy-delivered public health interventions impact on health inequalities.

4. What next – enhancing the role of pharmacy in addressing health inequalities

The NHS Long -Term Plan, NICE guidelines, the new community pharmacy contractual framework, and learning from the impact of COVID-19 come together to signal the potential for enhancing the role of community pharmacy teams in addressing health inequalities. Alongside this, the NHS White paper Working together to improve health and social care for all builds on the NHS Long Term plan, outlining the intention to legislate to facilitate care that focuses not just on treating particular conditions, but also on healthy behaviours, prevention, and helping people live more independent lives for longer. The ability of community pharmacy teams to work with partners to bring together community, services and civic action at a neighbourhood level, focussing efforts on the needs of those with the poorest health outcomes can make an important contribution to addressing health inequalities and delivering the government's policy objectives.

Commissioners, ICSs, PCNs, pharmacy teams themselves, and other system partners are encouraged to consider how they can systematically further enhance and utilise the role of community pharmacy teams in addressing health inequalities. Some suggestions of potential action are set out below against the PHE priority themes for health inequalities.

1. Strategy – clear vision and strategy with measurable goals, and clear focus on priority groups

- Specific aims could be set for the contribution that community pharmacy teams can make to improving the health of priority communities (including deprived, ethnic minority and inclusion health groups)
- System partners could work together to grow the role of community pharmacy as a hub to support access to health improvement support, and enable action on the wider determinants of health
- Community pharmacy services could be specifically targeted and tailored, including varying the intensity of input, to enable earlier investigation, prevention programmes, diagnoses and treatment for underserved communities
- Impact on health inequalities could be systematically considered as part of development of digital services in pharmacy, including the role of heath literacy and access to technology, and the need for alternative models of provision for some population groups

2. Leadership – providing leadership and accountability for action on health inequalities

- Community pharmacy teams could be further supported to proactively use their community leadership role to engage with priority communities
- The ability of community pharmacies to draw staff from the priority communities they serve, could be utilised as part of a whole system targeted recruitment and skills escalator approach to develop career pathways and progression into good quality employment for people from communities with the poorest health outcomes

3. Intelligence and evidence - systematic approach to data usage, data driven health inequalities policy development and implementation, and building the evidence base of what works

- A range of data sources including from Joint Strategic Needs Assessment, Pharmacy Needs Assessment, PHE Fingertips[21], dispensing, locally commissioned services activity and other local sources of quantitative and qualitative insight could be combined to inform local commissioning and evaluation of health inequalities interventions delivered by community pharmacy teams
- Evaluation of the impact on health inequalities could be built into new and existing pharmacy health improvement interventions and shared widely to grow the evidence base
- NICE Guideline 102[14] makes recommendations for research relating to promoting health and wellbeing in community pharmacy settings. This includes consideration of the following in respect of health inequalities and underserved populations:
    - How effective and cost effective are awareness raising, advice and education or behavioural support interventions delivered by community pharmacy teams to improve health and behavioural outcomes in underserved groups and the general population
    - What are the barriers to and facilitators for increasing access to community pharmacy services by underserved groups? How should health and wellbeing interventions be tailored to increase service uptake in underserved groups?
    - How do the professional characteristics of pharmacy staff affect the effectiveness and cost effectiveness of delivering information, advice, education or behavioural support to underserved groups and the general population
    - Is referral from a community pharmacy within a formal local care pathway framework more effective and cost effective than signposting alone in improving access to, and uptake of, services by underserved groups and the general population?

4. Capability - improving system capability for reducing health inequalities and addressing wider determinants of health

- Healthy Living Pharmacies (all community pharmacies now) could be used to further increase staff knowledge, skills and confidence to address health inequalities, including on how pharmacy teams can contribute to addressing the wider determinants of health e.g. through understanding barriers to change and referral to other services

5. Assessment - use of systematic assessment tools to demonstrate impact and meet legal requirements

- Tools such as the Health Equity Assessment Tool[22] (HEAT) could be routinely used in the development of new pharmacy services

6. Community voice - undertaking community engagement and magnifying community voice

- The knowledge and skills of pharmacy staff from underserved communities could routinely be used to inform the development and design of health inequalities interventions e.g. as part of needs assessments, and to target health champion activity to the needs of their communities
- Community pharmacy teams could be systematically utilised to reach out to faith and other community leaders to promote health and wellbeing interventions, helping to reduce health inequalities

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