

Don't lose out — play an active part in public health

Following publication of the public health White Paper "Healthy lives, healthy people" earlier this month (*PJ*, 4 December 2010, p641), England's chief pharmaceutical officer Keith Ridge talks to Dawn Connelly about its implications

Providing Government proposals are passed, by 2013 a new public health system will be in place in England, with local authorities being handed responsibility and funding to improve public health in their areas. The changes will create a new and different commissioning environment for public health services.

There are three main challenges for pharmacy as changes to commissioning arrangements take place, according to Keith Ridge, chief pharmaceutical officer for England. The first will be for the profession to gather further evidence for the effectiveness of public health services on patient and public outcomes. Dr Ridge believes that the Royal Pharmaceutical Society should take the lead, working collaboratively with other pharmacy organisations.

The second challenge will be for pharmacists to work collaboratively with other professionals. "I know pharmacy often sees others as the main cause of this lack of collaboration but, now more than ever, professionals must collaborate to ensure that patient care is delivered well and safely in a new system," says Dr Ridge.

The third challenge, Dr Ridge believes, is to ensure that the transformation that pharmacy is undergoing is delivered in a way that does not cause instability resulting in the goal of improved care through pharmacy being lost. "This will need an advanced level of understanding between those designing, those negotiating, those commissioning and those providing services," he says.

Dr Ridge is convinced that the profession will be able to overcome these challenges. "I think there is a real appetite for this. Pharmacy has, in the past, shown considerable enthusiasm for delivering new and innovative clinical and public health services to patients and the public." Moreover, he believes that pharmacy has little choice but to rise to the challenge.

Develop strong links

In terms of immediate action, Dr Ridge advises pharmacy organisations, individual businesses, local pharmaceutical committees and community pharmacists to start making strong links with local authorities and directors of public health to raise awareness of pharmacy's existing contribution as well as its potential future role within public health. He also advises making contact, as soon as possible, with the NHS commissioning board



Keith Ridge: make strong links with local authorities

(which will be established in shadow form in April 2011), as well as with local GP consortia as they emerge (52 pathfinder consortia were announced last week [*PJ*, 11 December 2010, p674]). "We need to be in there at the beginning influencing the set up and not playing catch up," he stresses.

Dr Ridge highlights the potential for decommissioning of pharmacy services by primary care trusts as a threat during transition to the new arrangements. He confirms that there will be documents going out shortly, which will remind PCTs of the importance of maintaining and developing pharmaceutical services, including local enhanced services, in their planning for 2011/12.

The public health White Paper proposes that local authority health and well-being boards will carry out pharmaceutical needs assessments, which will inform the commissioning of community pharmacy services by the NHS commissioning board and local public health commissioning decisions. Membership of these boards, it seems, will not automatically include pharmacy representation. Explaining this, Dr Ridge emphasises the importance of letting local areas decide how to do things. "It is not appropriate to be too prescriptive," he says.

However, he adds that to meet local needs and priorities, the new arrangements will require the full range of clinical and professional input: "In my mind there is no doubt that there is a clear relationship between those PCTs with community pharmacy expertise within them and PCTs

that make the most of community pharmacy's potential to improve care. So if health and well-being boards choose not to have such expertise readily and routinely available at least, then I think they will be missing out."

Dr Ridge has started working with regional directors of public health to get commitment to pharmacy's contribution. "The regional directors are the most senior public health officers in the system and they are keen to make the most of pharmacy in improving public health," he explains. "I have also had good discussions with some local directors of public health, and the DoH's public health leadership forum, which I chair, has served us well in helping to get us to the point where pharmacy is seen as a core part of the future delivery of public health services," he adds. He emphasises that if pharmacy is to live up to this expectation, implementation of the changes needs to be carefully thought through, "although not so carefully that the opportunity is missed".

Public health promotion

Dr Ridge highlights three pilots of direct to public communication programmes that are currently under way. In Dudley, the PCT is targeting 16 to 21 year olds to promote sexual health services and advice through community pharmacy, while in York, activity is aimed at getting 45 to 54 year old men into a relationship with the health service via community pharmacy. "Activity in these areas has only just got going and we expect to get the first results early in the next calendar year," he says.

He also highlights a communication programme in Portsmouth, which aims to raise awareness of the healthy living pharmacy concept, explaining that initial indications in terms of awareness and footfall in community pharmacies is positive.

Dr Ridge plans to explore how pharmacy can play a greater role in promoting public health, especially around outbreaks of norovirus and *Escherichia coli* infections.

BEST PRACTICE

The following are some examples of pharmacy public health services highlighted by Dr Ridge:

- Healthy living pharmacies in Portsmouth
- Hepatitis B and HIV testing in the Isle of Wight
- Seasonal influenza vaccination in the Isle of Wight
- Alcohol screening in Lancashire
- Substance misuse services in Sheffield
- Oral contraceptive services in Southwark and Lambeth
- Chlamydia test and treat services in West London
- Early identification of cancer in Essex
- Weight management services in Coventry and Leicester