

A Response to the Department of Health Consultation

Choosing Health? A consultation on improving people's health

This document is submitted on behalf of the Royal Pharmaceutical Society of Great Britain (RPSGB) in response to the consultation document *Choosing Health? A consultation on improving people's health*. The RPSGB is both the professional and regulatory body for pharmacists in Great Britain.

Public Health Leadership

We are pleased to see that the Government is taking such a broad ranging and inclusive approach to this consultation and to what will become the White Paper later in 2004. We welcome this opportunity to share our comments on the role of pharmacists in promoting health and wellbeing, and minimising morbidity and the burden of illness on patients and the public.

The strength of Government leadership means that this is arguably the best time in living memory for public health policy in England. The RPSGB wants to ensure that pharmacists, who are respected by and are in close daily contact with the public, and who work in all healthcare sectors, play a key role in the implementation of that policy.

Background

Pharmacy and Public Health

Pharmacists have been involved in public health for more than 160 years. This core role for the profession was probably more widely recognised before the establishment of the NHS, when people had to pay to visit a doctor, so the poorest of those who fell on hard times chose to seek the advice of a pharmacist.

The Government's focus on public health is primarily directed at developing the capacity within the public health workforce and reducing inequalities in health.^{1,2,3} Until recently, the potential contribution that pharmacists can and do make to achieve these stated aims was not always mentioned or singled out for development. However, we are pleased that a number of key Government documents have outlined the areas in which the public health role of pharmacists should be developed further. For example, the Government strategy document, *Pharmacy in the Future*, recognised that the skills and expertise of the pharmacist could be further utilised⁴ by pharmacy becoming more integrated within the NHS, working more flexibly as part of a multidisciplinary healthcare team and through playing a greater role in supporting self-care.

Even more recently, the publication of both the 'Wanless II' report⁵ - *Securing good health for the whole population* - and *Tackling Health Inequalities: A Programme for Action*,

¹ Department of Health (2004) *Choosing Health? A consultation on improving people's health*, Department of Health, London

² Department of Health (2002) *Improvement, expansion and reform: the next 3 years. Priorities and planning framework 2003 – 2006*. Department of Health: London. www.doh.gov.uk/planning2003-2006

³ Department of Health (2001) Report of the Chief Medical Officer's project to strengthen the public health function. Department of Health: London. www.doh.gov.uk/phfunction.htm. AND

Department of Health (2002) *Tackling Health Inequalities: 2002 Cross-Cutting Review*: Department of Health: London. www.doh.gov.uk/healthinequalities/ccsrfinal.pdf

⁴ Department of Health (2000) *Pharmacy in the Future – Implementing the NHS Plan*. Department of Health: London. www.doh.gov.uk/pharmacyfuture

⁵ *Securing Good Health for the Whole Population* (2004). www.hm-treasury.gov.uk/consultations_and_legislation/wanless/consult_wanless04_final.cfm

highlighted the importance of community settings and services in addressing health inequalities, including community pharmacies.⁶ *A Programme for Action* states that community pharmacists have a vital role to play in improving the public's health by giving advice, specifically on how to quit smoking, offering exercise on prescription, identifying patients at risk of heart disease and providing services for substance misusers.⁷

The recent strategy document, *A Vision for Pharmacy in the New NHS*, recognises the untapped contribution that pharmacists can make to the public health agenda.⁸ The *Vision* makes a commitment to develop a Pharmaceutical Public Health Strategy for England by 2005, which will integrate pharmacy with the wider public health agenda and workforce. The *Vision* also reflects on the public health contribution that community pharmacy can make under the new community pharmacy contract. This new contract will be essential to delivering public health services in community pharmacy. Under the new contractual framework, essential services, which will be provided by all community pharmacies, will include the promotion of healthy lifestyles and the promotion of self-care. The inclusion of public health in the essential service element recognises the importance of public health and the contribution that can be made by pharmacy.

It is increasingly recognised that community pharmacists and their staff, based in the heart of the community, have an important role in improving the health of the population and contributing to reducing health inequalities. They can influence health determinants by working within local strategic partnerships and developing a range of public health services directly delivered to patients.

However, the potential of pharmacists to contribute to public health reaches far beyond community pharmacy. Pharmacists also work within local primary care organisations, including those employed directly by Primary Care Trusts (PCTs), and others who influence the development of local pharmacy services through PCT Professional Executive Committees (PECs), Local Pharmaceutical Committees (LPCs) and Pharmacy Development Groups (PDGs). Hospital pharmacists also have important roles both in ensuring the use of clinically effective medicines and, increasingly, by working across the local health community. In addition, pharmaceutical public health specialists working at a senior level take a strategic role in leading the local pharmacy workforce, participating in multidisciplinary public health networks and ensuring evidence-based practice.

These contributions, though recognised, are not yet systematically deployed and organised to maximise improvements to the public's health. There is interest and energy, but much untapped potential. However, we are delighted to be part of the consortium that has been awarded a contract by Department of Health to develop the pharmacy public health strategy for England as part of the Government's wider public health strategy⁹.

⁶ Department of Health (2003) *Tackling Health Inequalities: A Programme for Action*. Department of Health: London.
www.doh.gov.uk/healthinequalities/programmeforaction

⁷ Department of Health (2003) *Tackling inequalities: A programme for action*. Department of Health: London.
www.doh.gov.uk/healthinequalities/programmeforaction/index.htm

⁸ Department of Health (2003) *A Vision for Pharmacy in the New NHS*. Department of Health: London.
www.doh.gov.uk/pharmacyvision/visionforpharmacy.pdf

⁹ Department of Health (2004) "New public health role for pharmacists" Department of Health Press Release Thursday 10 June 2004
Reference number: 2004/0219

Pharmacy and the Public

Research shows that 94% of the population visits pharmacies at least once a year, and that the average number of visits by adults each year is 12. The total number of visits to pharmacies each year, for health-related reasons, is more than 565 million. This means that there are 1.8 million visits to pharmacies every day for health-related matters defined as prescriptions, buying medicines without advice, general health-related advice, and specific advice with regard to symptoms and medicines. Dividing these data further, the total number of visits for advice is 81 million per year, or 260,000 a day¹⁰. These data demonstrate the huge capacity that community pharmacy has to reach patients and the public. It dwarfs the capacity of other healthcare providers providing direct healthcare advice to patients for example, walk-in-centres and NHS Direct: walk-in centres have had 4 million visits since 2000¹¹; NHS Direct plans to more than double its capacity by 2006 to 16 million calls a year¹².

Core Work and New Roles

Pharmacists' roles are changing and we are becoming ever more clinically focused, but the core function of supervising dispensing grows every year, with more than 40% volume growth in prescription items in the last 10 years¹³. This cost of the medicines and prescription service is around 15% of total NHS expenditure each year.

In 2002/3 pharmacists supplied more than **three-quarters of a billion NHS items to patients**: more than 180 million items in hospitals in England, i.e. half a million items a day¹⁴; and 617 million items dispensing in community pharmacies in England¹³. In addition, there are many items supplied daily, at NHS expense, under patient group direction (PGD), or through local minor ailments schemes without the need for PGDs. We cannot add these figures as the NHS IT infrastructure is not yet in place to enable these areas of NHS pharmacy activity to be counted. We hope that this facility will be available in the future, as many of these activities contribute to the key areas outlined in the consultation document, e.g. provision of emergency hormonal contraception, and nicotine replacement treatments.

In addition to these NHS roles, the pharmacist's role in promoting and supporting self-care has recently been given a new boost with the first group of over the counter (OTC) products that offer long term public health benefits, i.e. statins¹⁵. Previously, medicines switched from prescription-only to pharmacy status have been used to treat self-limiting conditions and minor ailments.

¹⁰ Baseline Mapping Study to Define Access to and Usage of Community Pharmacy. March 1996 BMRB International

¹¹ Department of Health (2004) *Further expansion to walk-in centres* Department of Health Press Release Monday 05 January 2004 Reference number: 2004/0003

¹² Department of Health (2004) *NHS Direct to more than double in size* Department of Health Press Release Tuesday 15 April 2003 Reference number: 2003/0165

¹³ Department of Health (2003) *Prescriptions Dispensed in the Community Statistics for 1992 to 2002: England* Department of Health, London ISBN 1 84182 736 3

¹⁴ Department of Health (2003) *Building a safer NHS for Patients* Department of Health London

¹⁵ Department of Health (2004) *Heart Drug Available Without A Prescription* Department of Health Press Release Reference Number 2004/0186 12 May 2004

"We welcome this new opportunity for pharmacists that will allow them to play a greater role in helping to reduce the risk of people developing coronary heart disease. Pharmacists are highly trained health professionals who already advise clients on a wide range of healthcare issues. The drive to reduce the risk of coronary heart disease is a major public health care priority and the contribution that pharmacists can make in achieving this goal will be invaluable...."

**David Pruce, Director of Practice and Quality Improvement
for the Royal Pharmaceutical Society of Great Britain**

Supporting Local Communities

The ongoing changing environment of consumerism has resulted in shops based in outlets or out-of-town centres, the loss of local high street greengrocers and butchers and many communities are fighting to keep their post offices and village shops. In shopping parades, on estates and in town centres, the pharmacy remains an anchor from which communities can develop and give rise to social capital. Those who are unable to travel to the out-of-town centres can rely on the pharmacy to provide them with a wide range of advice, not simply health advice. Members of staff who work in the pharmacy are normally drawn from within the local community and contribute daily to maintaining cohesion amongst those who live in the area and use the pharmacy. The pharmacy can feel, to many, like in an increasingly isolating position offering them an accessible and reliable source of support and information.

The public health impact of pharmacists in local communities is not confined to community pharmacies. At more strategic levels, pharmacists are working as members of PECs, as advisers within PCTs and Strategic Health Authorities (SHA)s and as clinical directors within hospitals. Their roles include promoting effective and safe medicines use, implementation of national and local strategies and advising on the pharmaceutical health needs of the population. This includes work on introduction of new drugs, implementation of NICE guidance and NSFs, immunisation and vaccination programmes, the development of local formularies and performance management of prescribing by new and existing prescribers. We would like to see a national development programme aimed at pharmaceutical advisers to help them develop their strategic role beyond managing the prescribing budget.

A similar programme should be developed to help pharmacists appointed to PECs to maximise their contribution to the PCT and to local development plans. There are currently pharmacists on at least half of all PECs in England. In contrast, there are pharmacists on the Boards of all Local Health Boards in Wales. Consequently, we would like to see a pharmacist appointed to every PEC in England. These pharmacists will be key to developing integrated local pharmacy public health strategies and supporting local communities.

We are also pleased to see the recognition of the need for SHAs to have access to high level pharmaceutical advice. We see this as essential for supporting the Government's programme for pharmacy services and we feel that it requires direct input from the Department of Health to ensure that this advice is followed.

Many hospital pharmacists are involved in providing: advice to patients with chronic conditions; rehabilitation services; outreach and interface services, including discharge services; out-patient clinics, and self-administration medicines management services. All of this is in addition to their clinical roles and routine dispensing services.

In primary care organisations, pharmaceutical advisers, in addition to their strategic role outlined above, provide support to GPs and local pharmacists to: improve medicines management; review patients' medication; maintain health, and reduce morbidity for local people. They also provide community services, for example supporting immunisation programmes, and are involved in the development of local public health services, such as smoking cessation, minor ailments schemes and provision of medicines, such as nicotine replacement treatment and emergency hormonal contraception, under patient group directions. Others are involved in training nurse prescribers, home care workers and healthcare assistants in medicines administration. Furthermore, pharmacists in PCTs are involved in local emergency planning from provision of medicines in response to meningitis to planning for major incidents such as terrorist attacks, fires, etc.

Community pharmacists are developing their practise to give more time to medicines management, self-care and self-funded services. They are involved in: smoking cessation; family planning (from ovulation testing kits, pregnancy tests, sale of condoms and EHC), and services for drug misusers, including supervised methadone consumption and needle exchange services. They are developing concordance partnerships with patients and the public to promote effective usage. Pharmacy policies, supported by RPSGB guidance, have encouraged removal of sweets and confectionery from till points and have increased the use of sugar-free medicines to reduce obesity and promote oral hygiene.

Community pharmacy developments around health screening and monitoring are increasing and could be further developed to improve access for patients and cheaply administered either privately or by the NHS.

Local pharmaceutical services and the new pharmacy contract, if they follow the medical model and/or along the lines outlined in the negotiation process, will provide opportunities for further development of services to fit local communities' needs.

Choice and Access

Much of this has already been recognised in the Government's Choice¹⁶ and Access agendas for patients and we hope to see this recognised in the public health white paper.

The NHS does not always handle minor ailments efficiently and effectively. It has been estimated that between 100 and 150 million GP consultations a year are for conditions that are potentially self-treatable¹⁷, with perhaps a quarter of adults with minor ailments consulting a GP or dentist about them at some stage¹⁸. One study found that GPs spend 39% of their time dealing with minor ailments¹⁹, whilst another study found that each GP's workload could be reduced by 16 consultations a day if self-medication was used for certain minor ailments²⁰.

There are now a number of local minor ailments schemes in place that involve referral of patients with minor ailments from the GP practice to the community pharmacy²¹. The majority of these include the supply of medicines from an agreed range at NHS expense. Such schemes improve patient choice and free up time for GPs and other healthcare professionals.

Improved access to prescription medicines – repeat dispensing

About 80% of NHS prescriptions are for repeat medication: once a patient is stabilised on a medicine for a chronic condition, they are likely to continue taking the medicine for several months before the medicine is reviewed. The patient has to regularly order repeat prescriptions that are signed by the GP and taken by the patient or their carer to a pharmacy for dispensing. This is a laborious system that may require the patient and/or their carer to visit the GP surgery to deliver a request for a new prescription and later to collect the signed prescription. This process can be frustrating and costly for the patient and/or their carer.

Patients' access to medicines could be streamlined by a repeat dispensing service, making it possible for patients to get their repeat medication for up to a year without having to contact their GP surgery. There are currently a number of pathfinder sites in England trialing a paper-based repeat dispensing service. Patients will be able to collect their medicines from their nominated pharmacy for up to a year without the need to collect a further prescription. However, an electronic repeat dispensing service across the whole country would further improve this by allowing patients to collect their repeat medication from any pharmacy.

What needs to change?

The introduction of a system of electronic transfer of prescriptions between GP practices and community pharmacists is needed in order to allow repeat dispensing to be rolled out

¹⁶ Department of Health (2004) *Building on the Best* Department of Health, London
<http://www.dh.gov.uk/assetRoot/04/07/52/93/04075293.pdf>

¹⁷ Editorial (1994) *Over-the-counter drugs*, *Lancet* 343:1374-5

¹⁸ Thomas DHV and Noyce P (1996) Over the counter drugs: the interface between self medication and the NHS, *BMJ* 312: 688-91

¹⁹ Bradley C (1998) *Self-medication and the GP*, In Proprietary Association of Great Britain OTC Directory 1997/1998 London: PAGB

²⁰ Hoog S (1992) *The self-medication market – a literature review*, *Journal of Social and Administrative Pharmacy* 9: 123-137

²¹ Community Pharmacy minor ailment schemes at June 24th 2003 Alison Blenkinsopp June 24th 2003
<http://www.rpsgb.org.uk/nhsplan/pdfs/minailmat.pdf>

throughout the country. This, in turn, requires community pharmacy to be connected to the NHS net.

Choice of treatment

Choice needs to go beyond issues of where and/or by whom a patient is treated. Patients should be given greater choice over the treatment they receive. This should include choices over whether to receive a medicine and options over which medicines to be prescribed.

People often do not take their medicines as prescribed. This non-compliance has serious and wide reaching outcomes

- Cost to the NHS of wasted medicines and additional treatment
- Cost to patients of avoidable illness and, in serious cases, death

The reasons for non-compliance are not just about forgetting instructions. In many cases people do not follow treatment because they have made a definite choice, based on beliefs and factors that are important to them.

Research shows that patients are more likely to be motivated to take their medicines as prescribed when they:

- Understand and accept the diagnosis
- Agree with the treatment proposed
- Have had their concerns about the medicines specifically and seriously addressed.

The processes necessary to achieve this are described as concordance. The RPSGB has been at the forefront of promoting and developing the concept of concordance.²²

The decision to prescribe a medicine for a long-term condition will often require the patient to take the medicine for many months, or even for life. Patients need to understand their options and the possible effects on their lives. This is difficult for patients to do in a 5-10 minute consultation, especially if a patient also wants to discuss issues over the diagnosis. It must also be recognised that patients change their minds over time. An individual who agreed that they needed treatment at the point of diagnosis may later decide that they no longer want or need the treatment. This may be influenced by a number of different factors, including the side effects of the treatment.

The NSF for Older People identified that patients should have their medication reviewed regularly, especially if they are taking more than four different medicines. These reviews should include discussions over whether the patient still wants to receive their current medication.

We believe that the principles of concordance should be at the heart of all consultations between healthcare professionals and patients. Pharmacists have an important role in promoting concordance. Pharmacists are used to assisting patients making choices over which medicine to buy when purchasing medicines over the counter: these same skills can be used to help patients make choices over which medicines are prescribed for them.

There are a number of examples of pharmacists' involvement in concordance work: these include work: with people with Parkinson's Disease²³, diabetes²⁴, and asthma²⁵; with older people²⁶; and in anti-coagulant clinics²⁷.

²² From Compliance to Concordance: Achieving shared goals in medicine taking. RPSGB 1997

Health inequalities

Community pharmacy's major advantage over many other healthcare professionals regarding health improvement is that they see people when they are healthy as well as when they are ill. This gives opportunities to reinforce messages about maintaining a healthy lifestyle, such as the "5 a day" campaign.

There are a number of areas where pharmacists can help to reduce health inequalities. Pharmacists can target their health improvement activities towards those who are most at risk from health inequalities. Examples^{28 29} include: -

- Targeting influenza vaccinations for patient at risk especially older people
- Smoking cessation advice targeted at manual workers
- Emergency hormonal contraception for reducing teenage conception
- Improving access to treatments for minor ailments, such as head lice, without prescription, for families exempt from prescription charges
- Medicines management interventions targeted against the major killer diseases
- Tackling substance misuse through supervised administration of methadone, and
- Drop in centres/CHAT centres for people wanting information, e.g. about benefits and tax-credits, and advice from local agencies, providing health and social care services, including the voluntary sectors

Community pharmacies are based in the heart of communities and are a key player in community development. Many of the staff employed in the pharmacy will come from the local community. This enables pharmacy staff to relate to their customers and patients. A number of pharmacies build on this to engage with the local community and reach vulnerable groups. For example, the Greenlight Pharmacy in Camden has made valuable in-roads into the local Bangladeshi community and has targeted them with programmes aimed at diabetic screening and education.

Community pharmacy's position in the community can be utilised to play into other local initiatives. An example of this is the initiative by the London Pharmacy Forum to increase the uptake of the government funded "Warm Front" grants. Community pharmacists used their position in the community to identify people visiting their pharmacy who could be eligible for a grant. This signposting activity is currently underutilised, but could bring benefits in helping to reduce health inequalities

²³ http://www.medicines-partnership.org/sys_upl/templates/PT_Directory/PT_Directory_details.asp?esLtr=ALL&id=577&action=Display&pgid=927&tid=68&Keywords=&OrderDir=ASC&OrderFld=

²⁴ http://www.medicines-partnership.org/sys_upl/templates/PT_Directory/PY_Directory_details.asp?esLtr=ALL&id=489&action=Display&pgid=927&tid=68&Keywords=&OrderDir=ASC&OrderFld=

²⁵ Anna Murphy & Raymond Tallis. (2003) *Pharmaceutical Journal* 271 p511-512

²⁶ Sam Crowe. (2002) *Medicines Management*. Issue no 4, p9-10

²⁷ http://www.medicines-partnership.org/sys_upl/templates/PT_Directory/PT_Directory_details.asp?esLtr=ALL&id=489&action=Display&pgid=927&tid=68&Keywords=&OrderDir=ASC&OrderFld=

²⁸ Alison Blenkinsopp, Claire Anderson and Miriam Armstrong (2003) *The contribution of community pharmacy to improving the public's health Report 1: evidence from the UK Peer Reviewed Literature 1990-2002* London ISBN 0-9538505-1-X

²⁹ Alison Blenkinsopp, Claire Anderson and Miriam Armstrong (2003) *The contribution of community pharmacy to improving the public's health Report 2: evidence from the UK Non Peer Reviewed Literature 1990-2002* London ISBN 0 9538505 5 2

Detailed Comments on Points raised in the Consultation Document

Paragraphs 1-10

More activity is needed at local and national level, within and across professional and community boundaries to improve the health of the population, and to reduce the health differential between people who are well off and those least well-off in this country. To achieve this reversal of the widening gap will require substantial resources to ensure the necessary infrastructure is developed and has sufficient capacity to deliver its goals. A co-ordinated, multi-agency approach will be required for the development of the skills and knowledge of workers in the healthcare, social care, teaching, and voluntary sectors, and in environmental and local authorities.

Paragraph 11 - Key Areas of Concern

The key areas of concern identified in this document will be very familiar to pharmacists – who see the effects everyday in their practise. Many pharmacists are already directly involved in local projects, pilots or through personal interest and expertise, in one or more of these areas of concern.

Examples^{28 29}

Accidents

- All pharmacists provide medicines in child-resistant containers (CRCs)
- Pharmacies accept unwanted medicines for safe disposal
- Pharmacists providing compliance aids and monitored dosage systems for patients who need a physical reminder that they have/have not taken their medicines and for those patients who have help with their medicines for numerous carers, e.g. as residents of a care home or from domiciliary care agencies.
- Pharmacists are working with colleagues to prevent falls in older people caused by the effects/side-effects of medicines
- Pharmacists are providing advice to manual workers and drivers on use when driving or operating machinery.

Diet

- Pharmacists in hospital and community work with dietetic colleagues to ensure appropriate nutritional support for patients requiring parenteral, and other forms of artificial nutrition
- Promoting breastfeeding, via health promotion campaigns
- Local store policies on sale of confectionery in pharmacies
- Encouraging use of sugar-free medicines for children, especially those with long-term medical conditions

Drug Misuse

- Needle exchange services to reduce transmission of blood-borne diseases and to reduce 'dirty works' in the community
- Instalment dispensing schemes
- Supervised methadone consumption in primary and secondary care

Inequalities

- Minor ailments schemes for people exempt from prescription charges
- Provision of nicotine replacement therapies and EHC under Patient Group Directions
- Sign posting people to advice on benefits, tax credits, help with NHS costs, such as transport and prescription charges
- Signposting to local voluntary services for help with aids for daily living for those people who cannot afford to purchase them and where equipment waiting lists are long.

Mental Health

- Information and support for medicine taking
- Signposting of people with previously undiagnosed depression to medical services
- Team members of outreach services
- Running helplines for patients wanting information about their medicines
- Discharge planning for patients leaving hospital for intermediate care at home
- Advice to care homes, shelters and re-provision services for people leaving long-term mental health units
- Support for people with learning difficulties to encourage safe self-care and self-administration of medicines
- Advice to carers, careworkers, community psychiatric nurses (CPNs) and other nurses, and psychiatrists on use of medicines

However, pharmacists could do more, e.g. Instalment supervised medicine taking for at-risk patients in primary care.

Obesity

- Exercise on prescription
- Cholesterol testing
- Promoting healthy eating
- Selling dietary/slimming products
- Weight reduction support services
- Developing policies on new medicines to support weight loss
- Pharmacy chains company policies against marketing and sale of sweets at till-points

Sexual Health

- Provision of emergency hormonal contraception as an over the counter sale, supply on prescription or under patient group directions (PGD)
- Sign posting to family planning services
- Sale of Condoms (male and female)
- Sale/supply of spermicides, diaphragms and intra-uterine contraceptive devices (IUCDs), pregnancy testing services and ovulation kits
- NHS supply of contraceptives
- Advice and support to family planning clinics and fertility services

Smoking Cessation

- Pharmacies are smoke-free environments
- RPSGB service specification prohibiting the sale of goods that might be injurious to public health, including tobacco and alcohol, from registered pharmacies premises³⁰

³⁰ RPSGB *Code of Ethics Standards and Practice (Part 3) in Medicines Ethics and Practice* 27 Edition July 2003, RPSGB London ISBN 0 85369-549-0

- Sale and supply of Nicotine replacement products, over the counter, on prescription and under patient group directions
- Pharmacists, and their staff, providing level 1 and 2 smoking cessation services under local NHS contracts
- Pharmacists providing private smoking cessation services
- Over 15 years participation by pharmacists in No-Smoking Day

Other areas

Although not in the top 10 areas of concern, emergency planning and antibiotic resistance are two significant public health problems and areas where pharmacists have been very active at strategic level.

What prevents pharmacists doing more?

Pharmacists are keen to develop these roles and other new roles, but there are barriers. These include:

- The current NHS remuneration system, which does not reward advisory or signposting roles
- Pressure of increasing dispensing volumes year on year
- Lack of on-going support at local and national levels to mainstream successful pilot or development projects
- Lack of recognition of pharmacists' current and potential contribution to public health services at practitioner and specialist practice level

What could be done?

We welcome the recent announcement of a pharmacy public health strategy for England. We hope that the emerging findings from this work will further inform the team developing the public health white paper and bring longer term benefits to the population's health. The timing of these complementary work streams will enhance the recognition of the public health contribution of pharmacists and, we hope, will result in full participation in the public health professional networks.

Role of RPSGB in Public Health Agenda

- Protecting the public through regulation of pharmacists and pharmacies
- Providing effective leadership for pharmacists as they develop their public health roles
- Encouraging research, innovation and spread of good practise
- Promoting to the public, other professionals and governments the benefits of having pharmacists as partners in the public health team