

Independent Community Pharmacist Magazine

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Pharmacy and the Law

Pharmacy's future in public health

Richard Hough, a practitioner in pharmacy law, looks at the overall shape of the White Paper on public health in England and examines how pharmacy fits into it



On November 30, 2010, the coalition government published its latest health White Paper: "Healthy Lives, Healthy People: Our strategy for public health in England". The White Paper, which responds to issues raised by Professor Sir Michael Marmot in his report, "Fair Society, Healthy Lives", and also builds on proposals put forward in this summer's White Paper, "Equity and Excellence: Liberating the NHS", outlines what is described as a "radical shift" in the way public health challenges in England are to be tackled.

In a foreword, the Secretary of State for Health, Andrew Lansley, indicates that communities will be at the heart of the government's proposals by stating that "a new approach is required which empowers individuals to make healthy choices and gives communities the tools to address their own, particular needs".

Principles

The White Paper contains the principles and framework for putting local communities at the heart of public health by reducing central government control and giving local government the freedom, responsibility and funding to innovate and develop their own ways of improving public health in their localities. Importantly, financial incentives will be introduced to reward progress on improving public health and reducing health inequalities.

"Public health" is defined by the Faculty of Public Health as: "The science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society". There are three domains of public health, all of which require adequate funding, resources and organisation if progress is to be made. They are: (i) health improvement (including lifestyles and inequalities); (ii) health protection; and (iii) health services.

The White Paper contains a number of alarming statistics in relation to the country's existing health inequalities. For instance, people living in the poorest areas will on average die seven years earlier than those living in richer areas and will spend up to 17 more years living with poor health. Alcohol abuse

costs the NHS a staggering £2.7bn per year but even this seems a trifling sum compared with the £13.9bn a year which is spent on tackling drug-fuelled crime. Obesity-related conditions cost the NHS an estimated £4.2bn a year, while the NHS spends more than £2.7bn per year treating smoking-related illness, but less than £150m on smoking cessation.

Clearly, the current system for improving public health is not delivering adequate results. The government certainly thinks so and has concluded that it can do more to prevent ill health and promote health improvement.

There are several proposals contained within the White Paper for effecting this improvement in public health. Directors of public health, a role currently within primary care trusts, will transfer to local authorities and will become the strategic leaders, working in partnership with the local NHS and across public and private voluntary sectors, for the promotion of public health in local communities.

“ People living in the poorest areas will on average die seven years earlier than those living in richer areas and will spend up to 17 more years with poor health ”

A new dedicated public health service, Public Health England, will be set up as part of the Department of Health, which will replace the existing complex organisational structures. Its role will be to support local innovation, provide help for disease control and protection, and disseminate information on the latest innovations from around the world. Public Health England will also influence the development of the community pharmacy

contractual framework through the NHS Commissioning Board. It is proposed that Public Health England will assume its full responsibilities in April, 2012.

Subject to a consultation process, it is also expected that, from April, 2013, ring-fenced public health funding will be made available from within the overall central NHS budget, which will be allocated to local authorities to ensure that public health funding is prioritised and not squeezed by other pressures.

There will be an evidence-based approach to public health initiatives with the setting up of a National Institute for Health Research (NIHR) School for Public Health Research and a Policy Research Unit on Behaviour and Health.

Central role

The Chief Medical Officer will have a central role in providing independent advice on the nation's health to the Secretary of State for Health and the government.

Public health will become part of the NHS Commissioning Board's mandate, with public health support for NHS commissioning nationally and locally.

The ring-fenced public health budget will fund services primarily aimed at prevention rather than treatment and will include funding for initiatives such as smoking cessation, screening services and sexual health services. The global sum of the budget will be divided and allocated to local authorities and will be weighted for inequalities to encourage reductions in health inequalities. Disadvantaged communities, which face the greatest public health challenges, will, therefore, receive a higher premium for progress made which will be based on a public health outcomes framework.

Public Health England will have three main routes for funding such services:

1. Local authority allocations
2. NHS Commissioning Board commissioning of services
3. Direct commissioning.

However, the White Paper states that there may be other options, such as GP consortia commissioning on behalf of Public Health England where appropriate.

So what does all of the above mean for community pharmacists? Frustratingly, once again after the publication of yet another healthcare White Paper the exact role which community pharmacy will adopt in the government's plans for the nation's health remains unclear. However, the language used in the White Paper is encouraging. We are told for instance that "community pharmacies are a

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valuable and trusted public health resource” and that “there is a real potential to use community pharmacy teams more effectively to improve health and wellbeing and reduce health inequalities’.

Other mentions

Pharmacy gets a specific mention in relation to NHS Health Checks, which will continue to be offered to men and women aged 40-74 and which the Government envisages will be carried out in a variety of settings, including community pharmacies. The Department of Health will also be encouraged to strengthen its partnership working with community pharmacies to ensure their support and investment in campaigns to promote effective routes to aid smoking cessation. GP consortia, the plans for the introduction of which are proceeding at great pace, will have responsibility for the healthcare of the whole of their locality and will be encouraged to work with local authorities and a diverse range of clinicians, including pharmacists, to improve the health of the local population as a whole. Local authorities, through their proposed “health and well being boards”, will have responsibility for producing pharmaceutical needs assessments, which will inform the commissioning of community pharmacy services by the NHS Commissioning Board and local public health commissioning decisions. The Chief Pharmaceutical Officer for England will work closely with the public health community, including pharmacies, local businesses and employers. A wide range of clinicians, including pharmacists, have essential roles to play in improving and protecting the population’s health and reducing health inequalities.

So, if not quite at the forefront of the government’s plans for improving public health, there are several opportunities outlined within the White Paper which should give community pharmacists reason to be optimistic. The core elements of the proposed new system will be set out in the forthcoming Health and Social Care Bill.

The government is consulting on the public health outcomes framework and funding elements of the White Paper and the consultation questions can be found at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122252.pdf.

The consultation closes on March 8, 2011.

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