

Royal Pharmaceutical Society of Great Britain

PUBLIC HEALTH LEGISLATION IN SCOTLAND: A CONSULTATION

Dear Sir/Madam

The Royal Pharmaceutical Society of Great Britain (RPSGB) is the professional and regulatory body for pharmacists in England, Scotland, and Wales. It also regulates pharmacy technicians on a voluntary basis, which is expected to become statutory in England and Wales under anticipated legislation.

The primary objectives of the Society are to lead, regulate, develop and represent the profession of pharmacy.

The Society leads and supports the development of the profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different fora.

The Society has responsibility for a wide range of functions that combine to assure competence and fitness to practise. These include controlled entry into the profession, education, registration, setting and enforcing professional standards, promoting good practice, providing support for improvement, dealing with poor performance, dealing with misconduct and removal from the register.

The Royal Pharmaceutical Society of Great Britain supports the revision of public health legislation in Scotland, much of which is outdated and does not reflect current issues and organisational arrangements. Legislation to protect the health of the public is one cornerstone of effective Public Health Practice. A modern day public health approach accepts the importance of collective responsibility for improvements in health and prevention of disease.

Pharmacists are professionals, dedicated to improving the public's health as part of the multidisciplinary health and social care team. Increasingly, in Scotland and across the UK, Public Health practice is multidisciplinary and with the development of a Defined Register for public health specialists there are now individuals with demonstrated competencies at consultant level. This will ensure that appropriately qualified staff from any discipline can undertake a role in public health. It is important that any new legislation encompasses this direction of travel.

*Pharmacy for Health: the Way Forward for Pharmaceutical Public Health in Scotland*¹ recognises the potential, often untapped, contribution pharmacy can make to improve the public's health and the need to engage all pharmacists in the public health agenda and to utilise their skills and experience to the full. Pharmacists and their staff in all sectors, including hospital, primary care and in the community, contribute to all areas of public health: health protection, health and social care quality and health improvement. However, health improvement is the area where pharmacy can make the greatest impact on people's health. There is a need to integrate pharmacy into the wider public health workforce throughout the UK, including Scotland.

Community pharmacies play an important role within the NHS and the community as a whole because of the accessibility of pharmacy and are therefore in a prime position to deliver services that improve the nation's health. A Pharmaceutical Public

Health Service is now one of the four core elements of the new Pharmaceutical Care Services Contract for community pharmacies in Scotland.

Community pharmacists have always played a role in promoting, maintaining and improving the health of the communities they serve. They are based in the heart of communities, in rural as well as deprived inner city areas, in town centres and suburbs. Situated on high streets, in shopping centres and on housing estates, they gain a particular understanding of the needs of members of their communities through daily interactions with patients and customers. Community pharmacists are often patients first point of contact, and for some their only contact, with a healthcare professional. Engaging with communities through day-to-day activities, which might include the provision of advice to parents of young children, the care and support of drug misusers, visits to the homes of older and housebound people and advice on smoking cessation, pharmacists already make a significant contribution to public health.

There is excellent evidence that demonstrates the positive impact pharmacists have on the public's health^{2, 3}. Some of the areas where pharmacy contributes effectively to public health include:

Reducing Smoking

- Opportunistic brief advice
- No-smoking campaigns
- Specialist NHS stop smoking services, including provision of Nicotine Replacement Therapy (NRT)

Heart disease, Strokes and Cancer

- Information and advice on healthy lifestyles (smoking, diet, physical activity, etc.)
- Campaigns – national and/or local
- Secondary prevention
- Risk factor monitoring & advice

Under-18 Conception Rate

- Provision of emergency hormonal contraception (EHC)
- Supply of condoms
- Signposting to other sources of help, support and advice
- Sexual health advice and screening

Obesity Among Children

- Targeted information and advice on diet & physical activity
- Weight reduction programmes

Reducing Health Inequalities

- Signposting to services: housing, support to families with young children, health literacy, financial advice
- Targeted services to reduce smoking, improve diet, increase exercise, reduce risk of coronary heart disease (CHD)

Long-term Conditions

- Support to patients and to other health and social care professionals in the effective use of medicines
- Promotion of healthy lifestyles
- Disease-specific care management

Services for Substance Misusers

- Supervised consumption of methadone and other medicines
- Needle and syringe exchange schemes
- Pro-active health information and advice

Immunisation Services

- Identifying and referring patients
- Offering clinic/floor space to other health professionals
- Administration of vaccines

Responses to some of the specific questions posed in the consultation document follow.

Question 1 - Organisational Authority

1.3 Whether there should be a requirement for the production of local Health Protection Plans and Statements, to be incorporated within Community Plans or Health Improvement Plans/Local Delivery Plans

A local Health Protection Plan is important but could be incorporated into the local Health Improvement Plan because there is considerable overlap between the two areas.

1.6 (a) Whether the provision and statutory role for a DMO should be retained in new legislation

The statutory role of the DMO should be retained and this person should be dual qualified in public health and medicine to ensure the necessary expertise to manage the complexities of the function, whilst drawing on the skills of a multidisciplinary public health team.

1.6 (b) If the role is retained should this role be a joint appointment between LA and NHS

We think this role should remain embedded within the NHS given the health related responsibilities.

1.6 (c) If the role is retained, should we define qualifications/professions eligible to fulfil this role

Yes, as above.

1.7 Whether legislation should require that certain outcomes, including those which restrict liberty, need input from a competent person and, in particular, a professional with defined qualifications

Yes, this is essential because of the implications of restriction of liberty and the need for these to be based on sound assessments of individual and population risks.

1.8 If so, whether these qualifications should be defined in regulations or guidance

Yes, these should be defined and enforceable.

1.9 Whether powers for Scottish Ministers to intervene in public health matters should follow the principles already established in legislation

Yes.

Question 2 - Notification Options

2.1 A new system of statutory notification to public health agencies, which a) has two lists: one on notifiable conditions and the second on reportable hazards
Agreed.

d) Includes the option to place a statutory duty on doctors to inform the patients of the notifiable condition as soon as possible
This should probably be a professional responsibility rather than a statutory one, given the problems of enforcing such issues.

e) Defines a "reportable hazard" as any micro-organism or environmental hazard
This definition is very wide and needs clearer parameters.

2.3 The proposal that the key issues to be considered prior to making a new condition or hazard reportable should be: a) cultural and moral sensitivities b) public health significance c) current ethical and legal guidance d) commercial considerations e) resource and quality issues
Public health has to be the main priority, although other issues may be taken into consideration in the ongoing management.

2.4 Whether to continue to exclude sexually transmitted infections from any new notification system and whether any other disease or condition be excluded
STIs should be included as notifiable conditions.

Additional comments

Drug alerts

With an increasing range of potent GSL medicines available from general retail outlets such as corner shops, supermarkets and garages, as well as registered pharmacies, there is a need to review the process of issuing drug alerts. At the moment there is a dual responsibility between the NHS for NHS settings (e.g. community pharmacies) and the LA for non-pharmacy outlets. This has the potential to lead to inconsistencies of timing and management that could be both confusing and potentially hazardous for the public. There should be a more robust process of co-ordination between the LA and NHS at either Scottish or local level, with this made explicit.

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References

1. PHIS (2002). *Pharmacy for health: the way forward for pharmaceutical public health in Scotland*. Scotland: PHIS. Available at www.phis.org.uk
2. Blenkinsopp A, Anderson C, Armstrong M. Evidence relating to community pharmacy involvement in health development: A critical review of the literature 1990-2001. Available at www.pharmacyhealthlink.org.uk

3. Blenkinsopp A, Anderson C, Armstrong M. The contribution of community pharmacy to improving the public's health. Report 2: evidence from the UK non peer-reviewed literature 1990-2002. Available at www.pharmacyhealthlink.org.uk