Community pharmacy’s traditional role in helping people to treat themselves for minor illnesses is an important way in which demand for NHS services is managed. However, we believe that the wider promotion of pharmacies as a place to treat minor illnesses, and the national commissioning of a pharmacy minor ailments service to provide care at NHS expense for patients who would otherwise visit a GP practice, could bring further advantages by increasing choice and access, freeing up GP capacity, avoiding unnecessary A&E visits and supporting NHS 111.

Other community pharmacy services which can be commissioned locally include falls assessment services to reduce the risk of medicines related falls, and re-ablement services to support people with their medicines following discharge from hospital. The development of medicines optimisation services could help to keep patients living independently by reducing the risk of complications with their medicines and conditions.

The NHS is facing its toughest challenges yet and to survive, we believe radical transformation is needed. PSNC believes that better use of NHS community pharmacies must be at the heart of those changes to create a community pharmacy service that helps people to keep healthy, stay independent and manage their own care, thereby improving public health and reducing burdens on GPs and secondary care.

There are over 11,500 community pharmacies in England, situated in high-street locations, supermarkets and residential neighbourhoods. Ninety-six per cent of the population can reach a pharmacy within 20 minutes by walking or using public transport; and 84% of adults visit a pharmacy every year. There are an estimated 1.6 million visits to pharmacies daily, with 1.2 million of those for health related reasons.

This means that community pharmacies are uniquely positioned to reach out to local communities and to improve the health of the ‘apparently well’ and people in deprived or vulnerable circumstances.
In order to capitalise on this and to improve public health, we propose that NHS community pharmacy public health services should be developed across four key domains:

1. Optimising the use of medicines
2. Supporting people to live healthier lives
3. Supporting people to self-care
4. Supporting people to live independently

We believe that by developing across these four domains the NHS community pharmacy service can help the NHS to manage the financial constraints and increasing demands it faces, by becoming the basis of a third pillar, supporting NHS service provision alongside the traditionally dominant pillars of GP-led care and secondary care.

It is estimated that up to 50% of medicines to treat long term conditions are not taken as prescribed. This can mean that long term conditions are not managed optimally and patients’ health suffers. In the US, it is estimated that 11-20% of hospital admissions (30% for the elderly), A&E visits and repeat GP visits may be due to non-adherence to medicines.

Most community pharmacies now have private consultation rooms in which they can provide confidential advice about medicines and other health topics. In particular the NHS community pharmacy contractual framework includes two services to help patients optimise the use of their medicines – the **New Medicine Service (NMS)** and the **Medicines Use Review (MUR)**.

These services have been shown to improve medicines adherence in which can help people to stay healthy and avoid the need for additional healthcare. For example, in one study on the Isle of Wight, which examined the effects of educating patients regarding the use of their medicines and the adoption of correct inhaler technique through MURs, it was seen that emergency admissions due to asthma fell by more than 50% over a three-month period.

PSNC believes these services could be developed further to increase pharmacies’ contribution to this important health agenda.

**2. Supporting people to live healthier lives**

The provision of healthy living advice already forms part of the Essential tier within the community pharmacy contractual framework and pharmacies offer this advice as part of their MUR and NMS consultations. Many pharmacies also offer a wide range of other public health services such as smoking cessation advice; provision of emergency hormonal contraception (EHC); sexual health screening; substance misuse services; flu vaccinations; NHS Health Checks; and flu vaccinations.

In recent years the Healthy Living Pharmacy scheme has demonstrated the difference that public health champions within pharmacies can make to patients’ health and behaviours. Community pharmacies also participate in up to six public health campaigns per year and national campaign topics could be chosen by NHS England to help modify public behaviours to a greater extent.

PSNC believes community pharmacy public health services will need to develop using a range of mechanisms – some should remain the remit of local commissioners; for others, such as the provision of EHC, need will be sufficiently widespread to justify a national service; while others still, such as the provision of seasonal flu vaccinations, could be commissioned from pharmacies under an Any Qualified Provider (AQP) scheme.