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PSNC Briefing 009/17: A summary of PHE's Local Health and Care Planning: Menu of preventative interventions report

Public Health England (PHE) has produced a report detailing a [menu of preventative interventions \(Mol\)](#). The Mol outlines evidence-based, preventative public health interventions that can help improve the health of the population and reduce health and care service demand in the short to medium term. It aims to help local decision makers consider evidence-based local challenges through the health and care planning process.

This PSNC Briefing summarises the elements of the report which are of most relevance to community pharmacy and which may be of interest to LPCs in discussions they have with local commissioners.

Introduction

The Mol report builds on the NHS England [Prevention Aide-Memoire](#), a guide that was developed to help local leaders work together across [Sustainability and Transformation Plan \(STP\)](#) footprints.

The Mol is structured into 14 topic areas; each has an overview section with evidence of the problem and a selection of up to five interventions for consideration; two of which are then presented in more detail. The detailed intervention sections bring together clinical and operational advice, clinical and cost effectiveness evidence, indicators for monitoring progress, and a list of resources.

The 14 topic areas are:

Alcohol	Tobacco	Diet & obesity	Health & work	CVD secondary prevention	Diabetes	Falls & musculoskeletal health
Physical activity	Mental health	Sexual health	Healthy ageing, dementia & frailty	Maternity & early years	Drugs	Antimicrobial resistance

Alcohol

Five selected interventions are listed in the report on the topic of alcohol; 'alcohol – identification and brief advice (IBA)' is one of these interventions and in primary care, this is an area where PHE has identified preventative interactions that are estimated to improve health and wellbeing and save money to the health and/or care system within a five-year horizon.

The report states that this could be achieved by tackling the poor understanding of alcohol-related health risks among patients by:

- increasing screening of patients (using Audit-C scratch cards);
- providing brief advice on alcohol consumption to cover potential harm. This can be facilitated in primary care by ensuring effective delivery within NHS Health Checks; and
- referral for specialist treatment where relevant. This can be facilitated in primary care by ensuring effective delivery within NHS Health Check.

Pharmacy teams in Healthy Living Pharmacies (HLPs) are listed as a provider which could act to help achieve this aim (Pg 13). However, as well as HLPs providing proactive alcohol IBA, this could be a service that is commissioned locally from all community pharmacies.

LPCs may wish to explore the commissioning of such a service; further information on commissioned alcohol IBA services can be found on the [PSNC Services Database](#) and supporting resources can be found on the [alcohol screening and brief intervention page](#) on the PSNC website.

Tobacco

The interventions in this section focus on secondary care; however, HLPs are listed as a stop smoking provider in a community setting which can act on accelerating the savings to the NHS by treating tobacco dependence as an essential part of care plans for patients (Pg 16).

Community pharmacy teams are not mentioned specifically in the section on reducing harm to patients who smoke; however, they fall into the group of local stop smoking service providers in community settings (Pg 18).

[Research](#) has shown that community pharmacy-delivered interventions are effective for smoking cessation and these services are widely commissioned in community pharmacies. Therefore, if a service is not commissioned, this may be an area for an LPC to explore.

Further information on commissioned stop smoking services and NRT and/or varenicline voucher schemes can be found on the [PSNC Services Database](#) and supporting resources can be found on the [stop smoking page](#) on the PSNC website.

Diet and obesity

Community pharmacies and HLPs are not specifically named in this section; however, health professionals and public health professionals are named as providers who could act to help achieve the aim of reducing levels of excess weight among adults and children through increased and improved access to comprehensive weight management pathways across England (Pg 21).

[Research](#) has shown that community pharmacy is a feasible option for weight management interventions and this type of service is commissioned in some areas in community pharmacies. Therefore, if a service is not commissioned, this may be an area for an LPC to explore.

Further information on commissioned weight management services can be found on the [PSNC Services Database](#) and supporting resources can be found on the [weight management services page](#) on the PSNC website.

Cardiovascular disease secondary prevention

Improved management of hypertension in primary care is an area where identified preventative interactions are estimated to improve health and wellbeing and save money to the health and/or care system within a five-year horizon.

The public health ambition is for a higher proportion of patients with hypertension, atrial fibrillation (AF) and familial hypercholesterolaemia to be diagnosed and optimally managed, through an enhanced use of NHS Health Checks, pharmacies and community settings (Pg 29).

The selected interventions are:

- local authorities commission NHS Health Checks and Clinical Commissioning Groups (CCGs) support providers to increase the offer of NHS Health Checks, testing and risk assessment (being more proactive with deprived groups), particularly via GPs and outreach testing, e.g. pharmacy; and

- CCGs support primary care to ensure patients receive optimal care and drug treatment where relevant; extend the role of pharmacists in clinical management; and support patient activation and self-care (Pg 30).

Community pharmacists are listed as a provider who can act to reduce the incidence of avoidable AF-related strokes (Pg 31). Community pharmacists and their teams are listed as a provider who can act to improve management for patients with high blood pressure (Pg 33).

One of the aims in the report is to increase the proportion of people with a hypertension diagnosis whose blood pressure is optimally managed to less than 140/90mmHg. To achieve this, innovative approaches to managing hypertension are suggested, one of which is to manage hypertension using multiple interventions such as developing the role of community and GP practice-based pharmacists to monitor and control blood pressure of sub-optimally managed hypertensives, to support adherence to drug regimens and to advise on lifestyle change (Pg 32). This fits with the vision of the [Community Pharmacy Forward View](#) to see community pharmacy as ‘the facilitator of personalised care for people with long-term conditions’ and builds on work carried out by the [Pharmacy and Public Health Forum](#) to explore the role of community pharmacy in hypertension.

There are only a small number of commissioned pharmacy services in this area at present; however, this should not stop LPCs exploring the possibility of a cardiovascular service being commissioned, especially since this report recognises community pharmacy’s potential involvement in this area.

Further information on commissioned cardiovascular services can be found on the [PSNC Services Database](#) and supporting resources can be found on the [AF page](#) and the [hypertension page](#) on the PSNC website.

Diabetes

Pharmacy is not specifically mentioned in this section; however, providers of NHS Health Checks are listed (Pg 34) and in some areas, pharmacies are commissioned to provide this service. Research has shown that community pharmacies are effective at engaging hard-to-reach groups and in Lewisham a quarter of all NHS Health Checks are carried out by the 17 pharmacies commissioned to provide the service. An [evaluation](#) of the Lewisham service showed that pharmacies see a higher proportion of black African and black Caribbean residents and people from deprived communities – and because of this it identifies a greater proportion of people at risk of diabetes and cardiovascular disease, making it a valuable location to deliver NHS Health Checks from.

LPCs could explore the commissioning of NHS Health Checks through community pharmacies to help commissioners achieve the aims in this topic area if the service is not available in their area.

Further information on commissioned NHS Health Checks services can be found on the [PSNC Services Database](#) and supporting resources can be found on the [NHS Health Checks page](#) on the PSNC website.

Physical activity

Pharmacy teams in HLPs, who have completed clinical champion training are listed as a provider who could act to increase the proportion of people achieving more than 30 minutes moderate activity each week and the proportion undertaking at least 150 minutes per week through brief advice from healthcare professionals (Pg 44-45). However, this is something that all community pharmacy teams can be involved in as prescription-linked interventions on major areas of public health concern is part of the Essential Service, promotion of healthy lifestyles.

Mental health

Community pharmacy is not mentioned in this section; however, one of the selected interventions is to train A&E and other frontline staff in mental health first aid and that CCGs should commission training for A&E staff, school nurses, maternity, health visitors, GPs and walk-in centres. It is disappointing that community pharmacy staff are not listed here; the local pharmacy is often patients’ and the public’s first point of contact and, for some, their only

contact with a healthcare professional; pharmacy staff could make a valuable contribution in mental health. This may be an area LPCs wish to explore with their CCG.

Sexual health

One of the listed interventions is to reduce increasing rates of sexually transmitted infections (STIs) and to improve detection of STIs. Primary care professionals including GPs and pharmacists are highlighted as being able to ensure that good prescribing practice and national guidance on the management of STIs in primary care is followed, and to refer those diagnosed with STIs to specialist services including for partner notification (Pg 54).

Further information on commissioned blood-borne virus screening services, chlamydia screening and treatment and sexual health services can be found on the [PSNC Services Database](#) and supporting resources can be found on the [blood-borne virus screening page](#), [chlamydia screening and treatment page](#) on the PSNC website.

Community pharmacy is not listed as a provider for increasing uptake of HIV testing (Pg 56); however, pharmacies in certain areas are providing this service, for example, pharmacies in Cumbria have recently started offering an [HIV testing service](#). This may be an area LPCs wish to explore with local commissioners.

Healthy ageing, dementia and frailty

Pharmacy teams are listed as a provider who can act to raise public awareness about reducing the risk of dementia (Pg 60). Since becoming a Dementia Friend is now a [Quality Payments criterion](#) of the [Quality Payments Scheme](#), this is an area where many pharmacy teams will have increased their knowledge on, and may be a good platform for LPCs to use to start talking to commissioners about how pharmacy teams can get involved in achieving the aim of reducing the population risk of dementia.

Further information on dementia services can be found on the [PSNC Services Database](#) and supporting resources can be found on the [dementia page](#) on the PSNC website.

Drugs

Community pharmacy is not specifically mentioned in this section; however, identifying patients with repeat prescriptions for medicines liable to dependence, is something that pharmacy teams could be involved in, especially when providing services such as Medicines Use Reviews.

Screening, identifying and treating hepatitis C in the community is also another area that community pharmacy teams could be involved. A recently published [evaluation](#) of a hepatitis C virus (HCV) testing service pilot has shown that community pharmacy teams on the Isle of Wight have undertaken a pivotal and innovative role in linking up patients with HCV to local specialist organisations. This may be an area LPCs wish to explore with local commissioners.

Further information on commissioned blood-borne virus screening services can be found on the [PSNC Services Database](#) and supporting resources can be found on the [blood-borne virus screening page](#) on the PSNC website.

Antimicrobial resistance (AMR)

Community pharmacy is not specifically mentioned in this section; however, community pharmacy is well placed to raise awareness of antimicrobial resistance and stewardship. Further information can be found on the [antibiotic resistance page](#) on the PSNC website.

If you have queries on this PSNC Briefing or you require more information please contact [Zainab Al-Kharsan, Service Development Pharmacist](#).