WE ARE PRIMARY CARE

PharmacyVoice
Speaking up for community pharmacy

nhsalliance
connecting, integrating, innovating

Optical Confederation
The voice of UK optics

National Community Hearing Association

WE ARE PRIMARY CARE

CONTENTS

Foreword

An ageing population, increasing levels of obesity and an associated increase in diabetes are creating an unsustainable demand for NHS services against a backdrop of huge funding gaps. With no additional funding forthcoming, policymakers recognise the need to prevent people requiring admittance to hospital and move services out of hospitals into primary care.

New research from YouGov commissioned by Pharmacy Voice shows that the public is confused about what primary care is and who can provide it. Results of the survey of over 2400 people has identified a clear need to help patients and the public understand that primary care is health care delivered outside hospital by a range of skilled and competent professionals other than GPs or practice nurses, including community pharmacists, pharmacy technicians, dentists, and optometrists.

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Pharmacy Voice has taken the initiative to work with colleagues in general practice, optical, dental and hearing health sectors to identify where collaborative work can take place to deliver better care for patients and to tackle health inequalities.

Around 80 per cent of deaths from major diseases, like cancer or heart disease, are attributable to lifestyle risk factors such as smoking, excess alcohol and inappropriate diet, and are very often linked to health and social inequalities[1]. From a public health perspective, we believe primary care providers working together with social care, community and voluntary groups have far greater potential for preventing ill health and improving health and wellbeing, than working apart.

There needs to be investment in primary care, where the majority of patients are managed and supported. We need to find more and better ways to work together at a local and national level, including new unified commissioning and payment systems that recognise quality of service and reward improved patient outcomes.

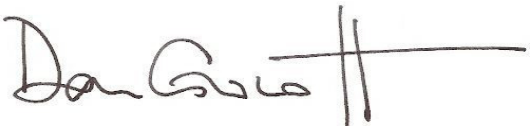
If NHS services are to remain accessible and available to all, everyone must take greater responsibility for looking after their own health and wellbeing.

We Are Primary Care is not just a statement of fact, it is a statement of our intent to work collaboratively with other primary care providers; social care and housing providers, local government, carers, volunteers and local communities and of our ambition to redesign and deliver services which help people live long, healthy, and independent lives.

Rob Darracott
Chief Executive, Pharmacy Voice

Dr Michael Dixon
Chairman, NHS Alliance

David Hewlett
Chief Executive, National Community Hearing Association



Don Grocott
Chairman, Optical Confederation

1 Global status report on noncommunicable diseases 2010. Geneva, World Health Organization, 2011

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Executive summary

The future stability of a national health service that has provided care, free at the point of delivery for more than 65 years, is precarious. Challenged daily by the need to do more with less, the message from and to the NHS is simple and consistent: care for long term conditions and minor ailments must move away from hospitals and into primary care, and funding models must be reviewed[2].

However, there are significant barriers to making this a reality – scant understanding of primary care by the general public, an outdated view of the sector by policy makers, and a dramatic imbalance in funding: 90% of care already takes place in primary care[3] yet it attracts only 20% of NHS funds[4].

Recent research by YouGov[5*] shows that while only one in 10 people wants the care of a short-term injury or long-term condition to take place in hospital, with more than two thirds (76%) preferring it at or close to home (that is, within primary care), just a quarter of people (27%) think that the term 'primary care' describes care delivered outside hospital while over one in five (22%) also thinks it describes all services delivered within hospital[5**].

Moreover, primary care itself is concerned that NHS England persists in viewing the sector as a set of discrete providers – general practice, community pharmacy, community eye care, community hearing care and dental practice – evidenced by its recent Call to Action to each discipline, rather than regarding it as a cohesive whole able to wrap integrated care around the patient and dispense health to the general public.

Our paper, We Are Primary Care, launched today, seeks to:

- introduce and define contemporary primary care to the general public, encouraging them to use it for all but the most serious of conditions and emergencies;
- look beyond general practice as the only alternative to hospital care;
- highlight the vital role primary care has to play in supporting public health and the vital role public health has to play in sustaining an NHS that is free at the point of need;
- present primary care's view of itself as delivered to NHS England as part of its Call to Action consultation;
- highlight the different ways in which much of primary and secondary care is funded: much of primary care – eg, general practice, on a per capita basis, secondary care largely by activity.

2 "We're going to have to find new ways of blending funding streams in order to expand primary and community health services, and do so for defined populations in particular geographies." Simon Stevens, NHS England chief executive. HSJ , 6 June, 2014
3 The Department of Health
4 *The Guardian*, 4 December 2012
5 *YouGov Plc. Total sample size was 2,423 adults. Fieldwork was undertaken between 12th - 13th June 2014. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).
**YouGov Plc. Total sample size was 2,742 adults. Fieldwork was undertaken between 10th - 11th June 2014. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).

1. Introduction

The National Health Service (NHS) is one of our greatest achievements – every day millions of people across the UK access the NHS for diagnosis, treatment, management of short term injuries, long term conditions, palliative care, medicines management, eye care, and dental treatment. However, the NHS is facing challenges as never before – huge financial limitations, new technologies, increasing demand from an ageing population, and rising expectations of the public and patients in terms of access and quality of service.

NHS England estimates that, with the current model of care and expected funding levels, there could be a funding gap of £30 billion between 2013/14 and 2020/21[6]. Under current government plans in England, approximately £4 billion of current NHS funds (representing approximately 4% of its budget) will be transferred to local authorities in April next year to provide support for older and disabled people to stay out of hospital and receive care closer to or at home.

The treatment of long-term conditions is estimated to account for £7 in every £10 of total health and social care spending in England[7], and the number affected is set to rise by 25% over the next 20 years. It is also becoming more common for people to have multiple long-term conditions; by 2018 the number of people with three or more long-term conditions is predicted to grow from 1.9 million in 2008 to 2.9 million[8].

Increasing attendances at GP surgeries and A&E departments and reported difficulties accessing GP appointments have prompted calls for greater investment in general practice capacity. However, many question the wisdom of further investment in a medical model where the most expensive professionals are dealing with illnesses or ailments that could be more appropriately dealt with by other primary care professionals.

If the NHS is to be sustainable as a high quality service that is free at the point of need, we need to think differently about how health and social care is funded and delivered. Four driving principles must come into play:

- self care;
- care outside hospital;
- professional collaboration around improved patient pathways;
- preventing illness by tackling public health issues such as smoking and obesity.

All require extended and reshaped models of primary care delivery and funding to support them.

6 NHS England Call to Action
7 Pharmacy in England: Building on Strengths – delivering the future. Department of Health. April 2008
8 *Long Term Conditions Compendium of Information: Third Edition, 2012, Department of Health*

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Patients and the public often categorise NHS services into two broad groups, hospital / A&E for emergencies or operations, and a family doctor for everything else. Over time, general practice has become synonymous with primary care and the terms primary care and general practice are often used interchangeably in the media, and by patients and the public. This has created further confusion. It is clear that boundaries or labels such as primary care, secondary care and social care are less relevant to patients or carers who simply want easily accessible, high quality, appropriate care at the time it is needed.

In January 2014 Pharmacy Voice launched a new initiative, 'Dispensing Health™' campaign with a report, Who Do You Think We Are, which aimed to reverse a lack of awareness by the general public about the capacity and capabilities of community pharmacy. The report highlighted the key role community pharmacy teams play in delivering NHS services and how the sector can help the NHS achieve efficiencies without compromising patient care. It was the first stage in getting people to think differently about their responsibility for their own health and wellbeing, and using precious NHS resources appropriately.

'We Are Primary Care' is the next stage in our Dispensing Health™ campaign. It highlights the need to inform patients and the public about how care is provided outside hospitals by a range of skilled and competent primary care professionals, including community pharmacists, pharmacy technicians, dentists, optometrists, and hearing aid dispensers, as well as general practitioners, practice nurses and health care assistants. Better understanding of primary care will help the public navigate the NHS more effectively and appropriately, accessing the right service in the right place at the right time, relieving pressure points in general practice and A&E, and delivering better value for the NHS. We all have a responsibility to make it easy for people to access services and advice and by working more collaboratively, referring and signposting people to the right place, at the right time and to the healthcare professional with the right skills and competencies.

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General practice, pharmacy, dentistry, optometry, audiology and social care, working alongside community and voluntary groups and the wider community, are all part of extended primary care. Together they have far greater potential for preventing ill health and improving health and wellbeing rather than working apart. We need to find more and better ways for all these partners to work together at a local and national level, including new unified payment systems that recognise quality of service and reward improved patient outcomes.

Pharmacy Voice recognises the need for professional collaboration across primary care and is working with the NHS Alliance, the Optical Confederation, and the National Community Hearing Association to support people to access appropriate information and advice in a wide range of primary care settings. Developing new professional relationships across professional and local boundaries will help ensure that the public and patients get the best health advice and care in the most appropriate setting.

Our health service is sustainable only if policymakers, commissioners, local government, healthcare professionals and the public start to think differently about how health care services are delivered and accessed in primary care.

> ***"Service pressures are intensifying, and longstanding problems are not going to disappear overnight. Successfully navigating the next few years is going to take a team effort - involving the biggest team in the biggest effort the NHS has ever seen."***
>
> **Simon Stevens, Chief Executive, NHS England[9]**

9 Simon Stevens, 01 April 2014

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2. Policy background

Over the last two years the NHS has undergone a radical restructuring with the disappearance of Primary Care Trusts and the introduction of Clinical Commissioning Groups (CCGs). NHS allocations for 2013 / 14 show that local CCGs received £65.6 billion to pay for hospital care, drugs and treatment for patients, and £1.8 billion was allocated for NHS England's public health responsibilities on behalf of Public Health England, which broadly comprise immunisation, screening and health visiting.

Responsibility and funding for public health transferred from the NHS to local authorities, which means that local authorities commission public health services such as smoking cessation as part of their duty to improve the health of people in their area. To help local authorities fulfil their new public health responsibilities, they have received more than £2.5 billion from the Department of Health in ring-fenced funds in 2013 / 14, and will receive a similar amount in 2015 / 16[10].

The consequence of this transfer is that responsibility for the treatment of ill health, in many cases due to negative lifestyle choices, is now slightly disconnected from the prevention of these conditions through effective public health initiatives. Primary care providers themselves – community pharmacy, optometry, audiology, dental and general practice, and others – will need to co-ordinate their initiatives to provide better local health in liaison with local health and wellbeing boards and Clinical Commissioning Groups.

Health and wellbeing boards will have duties to encourage integrated working between commissioners of services across health, social care, public health and children's services, involving elected representatives of local people. Local authorities are expected to work more closely with other health and care providers, community groups and agencies, using their knowledge of local communities to tackle challenges such as smoking, alcohol, drug misuse and obesity.

Around 80 per cent of deaths from major diseases, such as cancer, are attributable to lifestyle risk factors such as smoking, excess alcohol and inappropriate diet[11].

10 *Improving the public's health, The King's Fund, 2013*
11 *Global status report on noncommunicable diseases 2010. Geneva, World Health Organization, 2011*

NHS England - Call to Action

NHS England has begun a process of open consultation to help redesign services in primary care. Through a series of Calls to Action, NHS England has been asking everyone who works in health and social care, or who uses the NHS, to join a national conversation about future demands on NHS services, the impact of changing health needs, and what could be done differently to ensure the NHS serves current and future generations.

NHS England wants to develop a strategic commissioning framework operating across primary care – general practice, pharmacy, dental, and optical - that:

- improves health and leads to better clinical outcomes for patients;
- delivers excellent patient experience;
- encourages a preventative approach to health, including the promotion of self care by patients and a better appreciation of good health generally;
- increased access to services, including the extension of patient choice;
- develops a "pathway approach" to commissioning and services, within an integrated primary care model that ensures that patients are seen and treated according to clinical need in the most appropriate location;
- reduces health inequalities;
- promotes greater patient and public involvement in the planning and commissioning of primary care services;
- develops a workforce that is appropriate for the future; and,
- ensures that resources are used appropriately and effectively, ensuring best use of tax payers' money.

Primary care providers have been supportive of the ambition of "consistent care pathways across England" to ensure that all patients "receive a consistent approach to assessment and treatment, according to clinical need and complexity". This is a change in the direction of travel for the NHS, which, in recent years, has gone against national standards for national services and added to NHS and provider costs without delivering significant benefits. Unjustified local variations in commissioning have not only added to transaction costs for the NHS and providers, but have also increased risk, thus undermining the first principle of a consistent national service.

The five-year Strategic Commissioning Framework that NHS England produces as a result of the Call to Action process will succeed if it gets the right services commissioned from appropriate health care providers, delivered at scale and collaborating with others across primary care to provide a seamless patient journey.

In order to improve patient outcomes and deliver cost effective-care, it will be important to focus on new forms of choice that are based on the principles of prevention, shared-decision making, improved sharing of patient information, and the provision of more care in the community.

For new services to be developed out of hospital and in the wider community there will need to be a flow of money from secondary to primary care. Current payment and contracting mechanisms make this difficult to achieve as secondary care continues to be paid by activity (Payment by Results), while general practice is largely paid on a capitation basis. New payment systems, where appropriate, should support working partnerships and reward primary care for producing health, not just for treating ill health.

3. We are Primary Care

Primary care is a term used to describe care provided outside hospitals and, although about 80% of all contact with health services in the UK involves primary care, this is not reflected in the funding. NHS net expenditure has increased from £57 billion in 2002 / 03 to £105 billion in 2012 / 13, and planned expenditure for 2013 / 14 is almost £110 billion[12]. NHS England directly commissions primary care contracts for dentistry, general practice, pharmacy, audiology and optometry and the total direct commission budget is £20 billion per annum[13].

As primary care professionals; general practice, dentistry, optometry, auditory and pharmacy share common values and objectives in providing quality person-centred care.

Our daily contacts with the public are not only an excellent opportunity to provide preventive care – properly utilised, our workforce and locations hold the key to transforming public health outcomes in this country. New research from YouGov[14*] for this report shows that more than three quarters (76%) of people want to be cared for at home or close to home (that is, within 'primary care') for non-emergency care like a short-term injury or care for a long term condition like diabetes, while only one in 10 would want to be cared for in a hospital setting.

12 NHS Confederation, April 2014
13 *Developing the NHS Commissioning Board, Department of Health, 2014*
14 *YouGov Plc. Total sample size was 2,423 adults. Fieldwork was undertaken between 12th - 13th June 2014. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).
**YouGov Plc. Total sample size was 2,742 adults. Fieldwork was undertaken between 10th - 11th June 2014. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).

However, the YouGov[14**] research further reveals that people have little understanding of what is actually meant by 'primary care' when used by policy makers and health professionals. 74% of people correctly identified GP practices as providers of primary care, which is accurate; but almost half of people (47%) also regard A&E as a provider of primary care, which is inaccurate. And a small proportion of people understand that community pharmacies (34%), optometrists (31%) or community hearing aid services (24%) are also a part of primary care, despite the fact that they deliver more than 40% of the primary care budget[15].

Between April 2012 and March 2013 community pharmacists carried out over 2.8 million Medicine Use Reviews (MURs)

Community pharmacy

Community pharmacy has a unique combination of strengths as a primary care provider: accessible health expertise; a bricks and mortar network of premises close to where people live, work and shop, entrepreneurial spirit; a reach into deprived communities and a willingness to dispense health, not just medicines.

Over 1.2 million people visit around 11,500 community pharmacies in England for health-related reasons every day, creating nearly half a billion opportunities yearly to engage the public about their health and wellbeing, particularly those who have the greatest needs and who may not access mainstream health services.

Community pharmacists and pharmacy technicians are the most accessible primary care professionals, available without an appointment up to 100 hours a week, including evenings and weekends for people who might not want to visit their GP or A&E but are in need of advice or support from a healthcare professional.

Medicines remain the most common treatment offered to patients and dispensing and supplying medicines safely is at the heart of what community pharmacy does and what patients expect. The community pharmacy network safely and effectively supplies around 2.5 million prescription items every day and no other part of the health service manages as many transactions with so few errors and incidents[16].

Pharmacists and their teams are using their clinical skills and experience to help people gain the maximum benefit from their medicines, through Medicines Use Reviews (MURs) or the New Medicines Service (NMS). Patients and pharmacy customers are also benefiting from public health interventions including stop smoking services, weight management and sexual health screening.

The supply role is of vital importance to the public but should be built on to provide further opportunities for the management of long-term conditions and other services.

15 *The Guardian, 4 December 2012*
16 Pharmacy Voice Call to Action response

General practice

General practice is at the heart of the primary care team, and is often described as the cornerstone of the NHS, with roughly one million people visiting their general practice every day – approximately 340 million visits annually[17].

In England in 2012 / 13, there were 31,578 full time equivalent GPs working across 8,000 practices.

GPs are often referred to as the "gatekeepers of the NHS" for their central role in assessing and diagnosing patients and allocating treatments or referrals as necessary. This means that many people believe that all medical issues, however small or transient, require a GP appointment (or, when surgeries are not open, a visit to A&E), leading to pressure on these access points. Common ailments account for 51.4million GP consultations annually, equating to nearly a fifth of the GPs total workload at an estimated cost of £2 billion every year[18]. The majority of these ailments could be effectively treated in community pharmacy freeing up GP capacity to manage more complex cases.

Increased life expectancy, coupled with a falling birth rate, means that by 2020 the proportion of people aged 65 and above is projected to rise from a current figure of 15.7% to 18.9%.

Since 1995, consultation rates within general practice have grown steadily, in part due to an ageing population and an increase in long term conditions including diabetes.

In 2008, the average number of consultations per year was estimated to be 300 million and it has been suggested that the number could now be closer to 340 million[19]. with significant increases in consultation rates for older people. Lack of capacity to deal with this increase in numbers is reflected in difficulties accessing GP appointments, which leads people to access A&E services creating an impact on emergency care. General practice is also experiencing workforce pressures as a large tranche of GPs approach retirement and many opt to work part-time. Recruitment and retention pressures, often in more deprived areas, are leading to persistent inequalities in access and quality of primary care, including twofold variation in GPs and nurses per head of population between more and less deprived areas. Responsibility for clinical commissioning at a time of huge funding constraints is also adding to the workplace pressures of general practice.

GPs recognise the need to work together and develop new relationships; not just with other practices, but with primary care colleagues in order to break the boundaries between the different parts of primary care – including health, social care, self care and the wider community.

17 *Improving General Practice - a call to action, NHS England*
18 Minor Ailment Workload in General Practice; December 2007, IMS Health
19 *Improving General Practice - a call to action, NHS England*

Dental

NHS England directly commissions all dental services for the NHS and they are provided in primary care and community settings, and in hospitals for more specialised care. The NHS in England spends around £3.4 billion per year on dental services, with over 1 million patient contacts with NHS dental services in England each week.

5.6 million dental prescription items, costing approximately £22million, were dispensed by community pharmacy in 2013 in England.

The primary care dental team is diverse, comprising: dentists; dental therapists; dental hygienists; dental technicians; clinical dental technicians; and dental nurses, and there were over 100,000 dentists and dental care professionals registered with the General Dental Council in 2012[20]

An unacceptable and growing chasm exists in the UK between those with good and poor dental health. Many of the key factors that lead to poor oral health such as diet and nutrition, tobacco, and alcohol, are risk factors for other diseases such as heart disease and diabetes, so improving oral health should be part of the government's wider public health strategy.

Even though there have been some improvements in oral health over the past 30 years, inequalities still exist and this is particularly true for children. By the age of five, more than a quarter of British children have suffered tooth decay, missing teeth or fillings, but in some parts of the UK as many as three-quarters of children are affected[21].

Dentists and the dental team are ideally placed to provide prevention and promotion messages to patients, and are increasingly looking to their role in public health and developing a shared care protocol with their patients – addressing issues such as smoking, diet, alcohol consumption, exercise and change behaviour during routine appointments. Dental services must be fully integrated within primary care to help develop local solutions for local needs, thus helping to tackle local health inequalities. It is clear that dentistry should be more integrated in health services to improve holistic patient care.

Dentists are increasingly looking to their role in public health and developing a shared care protocol with their patients – addressing issues such as smoking, diet, exercise and change behaviour during routine appointments.

20 General Dental Council
21 *Oral Health Inequalities,* British Dental Association

Optical

There are approximately 13,500 registered optometrists and over 6000 dispensing opticians in the UK. Community optometrists and dispensing opticians, already carry out 17.5 million sight tests a year in communities across England, either through conveniently located optical practices on the high street or through domiciliary eye care service providers. A detailed examination of the eye can reveal conditions such as high blood pressure or diabetes, as well as defects in vision, signs of injury, ocular diseases or abnormality and other problems with general health

There are almost two million people in the UK living with sight loss, half of which could have been avoided through early intervention and diagnosis. Sight loss affects people of all ages but especially older people. The number of people in the UK with sight loss is set to increase in line with population ageing: by 2050, the number could be nearly four million[22].

1 in 5 people aged 75 and 1 in 2 aged 90 and over are living with sight loss[23].

Vision is fundamental to co-ordinating our movement – balance and postural stability are directly affected by vision and to enable safe travel though the environment, avoiding obstacles and negotiating steps and stairs. Older people with reduced vision are more likely to fall, often leading to serious consequences to them as individuals and to the NHS. Falls are the most common cause of hospitalisation for people aged over 65 and remain the biggest cause of accidental death in people aged over 75. Optometrists can play a vital role in helping to prevent falls by detecting and appropriately correcting sight loss, providing the right advice and ensuring that spectacles are suitable for the patient. The optical sector is also pursuing solutions to support both optometrists and falls teams in linking up services for the benefit of the patient[24].

Many community optical practices are successfully and safely delivering community services in primary care for eye conditions such as glaucoma and ocular hypertension, cataract, minor eye conditions and for people with learning disabilities. Diabetic eye screening is a national programme commissioned by the UK National Screening Committee (NSC) and some areas do commission the optical practices to provide this service.

Delivering these eye health services outside of hospital settings is freeing up hospital capacity to cope with increasing demand from an ageing population and the management of more complex cases, and is offering patients greater choice and access. However, commissioning of these services across England is variable and many patients are being denied the choice of convenient and accessible eye services in their local community.

Fractures from falling cost the NHS approximately £2.2 billion per annum.

22 Optical Confederation
23 Optical Confederation
24 *Focus on Falls,* The College of Optometrists

Community hearing care

Six million people in the UK have hearing loss and would benefit from a hearing aid and as the population ages this is set to increase to 10 million by 2037 - equivalent to 17% of all UK adults[25].

Hearing loss is often accepted as an inevitable part of the ageing process and a report from the national charity Action on Hearing Loss suggests that one million people delay seeking help for hearing loss by up to ten years[26].

Hearing loss can lead to reduced quality of life in several ways including poor health and mobility, lower levels of mental wellbeing including social isolation, reduced cognitive ability and increased risk of dementia.

Community hearing care providers are currently underutilised and can be a part of the solution to the problem of improving access to healthcare around the country. Currently GPs perform routine audiology tasks which can be carried out by local hearing care providers close to patients in their communities. By encouraging closer working relationship between primary care professionals, including GPs, the NHS can improve access to hearing health services and meet people's health care needs in their local community.

Community hearing providers are committed to creating a modern integrated primary care service, including referral within different primary care professions, centred on people's needs.

25 ILC-UK Commission on Hearing Loss
26 *Hearing Matters*, Action on Hearing Loss

4. Making every contact count

Primary care indicates a first point of contact, so across all the primary care providers - general practice, pharmacy, dental, optical, auditory - there are millions of opportunities every day to make appropriate referrals to keep people out of hospital, tackle health inequalities and recognise when people want to make changes in their lives.

A commitment across primary care to making every contact count has the potential to deliver huge benefits for patients, public health and the sustainability of our national health service. NHS England should be working with Public Health England, to make every contact with the primary care team count. Early detection of illness and tackling major lifestyle problems including smoking, obesity, drug and alcohol abuse, and sexually transmitted disease are the responsibility of all members of the primary care team and offer opportunities for contact with people who do not regard themselves as patients.

The wide distribution of the community pharmacy and the wider primary care network, right across the full spectrum of socio-demographic locations, and areas of high footfall (eg high streets, major stations and airports and shopping destinations) allow pharmacies and other providers to provide unrivalled access to NHS and public health services, helping to address inequalities in provision and access.

High footfall and a broad customer base, including those who do not perceive themselves as ill, make pharmacies an ideal location for delivering services aimed at early identification and intervention in health and lifestyle issues. These include screening (eg diabetes, chlamydia, high blood pressure) and brief interventions (eg on alcohol use or exercise). Pharmacies can also signpost or refer patients to other health or social care services, based on issues that are raised or identified. These could include referral to dentists for people seeking pain relief for toothache, a reminder to people purchasing glasses or eye drops to have a regular eye test, or referral to the GP if there is reduced adherence to medicines, which can be both a symptom and a cause of poor mental health.

As well as regular contact with patients, pharmacies also have frequent contact with thousands of carers. Many pharmacies offer home deliveries to housebound patients, which bring opportunities for pharmacy team members to notice changes patients who may not be able to visit other NHS providers regularly.

Prevention and public health

In order to reduce pressures on primary care and A&E over the long term, the NHS has to support programmes that tackle "upstream" issues:

- public health services to support behavioural changes for better lifestyles;
- screening and early awareness programmes for long-term conditions, such as diabetes and COPD, and cancers, prompting earlier and more successful interventions;
- point-of-care test-and-treat programmes for sexual health alongside early access to emergency hormonal contraception;
- signposting and liaison with social services and third-sector support programmes;
- harm reduction services (drug misuse, needle exchange, tobacco and alcohol); and,
- exercise and information prescriptions for better public awareness and self care.

NHS bodies, Public Health England, CCGs and health and wellbeing boards should all ensure they have full involvement from primary care providers in prevention and public health programmes in order to achieve the broadest coverage. National specifications and best practice guidance will ensure that large numbers of the primary care workforce can be trained and accredited to deliver these services, ensuring wide availability and continuity of service.

Reducing smoking rates represents a huge opportunity for public health as smoking is the single biggest preventable cause of early death and illness and is associated with loss of vision and poor oral health. There are 2 million fewer smokers now than a decade ago, but one in five adults still smokes and smoking is estimated to cost the NHS at least £2.7 billion a year in England[27].

Community pharmacies already have an extensive and proven track record in delivering public health services that involve behavioural change. Pharmacies in England helped more than 71,000 smokers to quit between April 2012 and March 2013[28], one in five of all NHS-funded successful quit attempts. Many thousands more people make self-funded quit attempts using non-prescription nicotine-replacement therapies purchased from pharmacies[29]. Optometrists and dentists could add further impetus to stop smoking campaigns by using their contact with smokers as an opportunity to provide advice, support or signpost to stop smoking services.

27 *Who do you think we are?* 2014, Pharmacy Voice
28 Statistics on NHS Stop Smoking Services, HSCIC
29 General Practice Call to Action response, Boots

Tackling inequalities

Health inequality is a term used to describe the significant differences in health, illness and life expectancy experienced by different groups of people within our society. People living in the poorest areas of England and Wales will, on average, die seven years earlier than those living in the richest areas. The difference in life expectancy between the richest and poorest parts of the country is now 17 years[30] and it is generally accepted that social deprivation is closely linked to poor health.

Inequalities in health are influenced by a much wider range of factors than simply income or location and include housing and education. Difficulties in communicating needs and expectations to healthcare professionals can result in a poorer quality of service for disadvantaged groups including the frail older population, some black and minority ethnic groups, younger people and vulnerable children. Some of these groups have lower expectations of the experience of care and are less likely to seek redress, which means the service is unlikely to improve.

The 1998 Adult Dental Health Survey[31] showed that many conditions in dental health are related to deprivation. People in the most deprived areas were found to be more likely than those in the least deprived areas to have teeth with cavities and decay and suffered more tooth loss. There is regional variation in the prevalence of tooth decay in the 5 year olds surveyed ranging from around 1 in four children in the South East to more than 1 in 3 children in the North West. For those 5 year olds with decay, the extent of the decay correlates with deprivation. The more deprived the area the higher the rate of decay found in the 5 year olds surveyed.

Concerns about NHS dental charges can be a very real barrier for those on low incomes. Primary care colleagues in community pharmacy and general practice can help by helping raise awareness that NHS dental care, as well as being free to all children, is also free or partially free to adults on qualifying benefits or low incomes. Although some ethnic groups are known to have a higher prevalence of certain oral diseases they are less likely to access NHS dental services[32] and again other members of the primary care team can encourage patients or customers to visit their dentist.

30 NHS England Call to Action
31 *Adult dental health survey, 1998,* British Dental Journal
32 Oral Health and Access to Dental Services for People from Black and Minority Ethnic Groups, Race Equality Foundation, 2013

5. Improving access and choice

More appropriate use of primary care providers will improve access and choice for patients. Outside of general practice there are over 100,000 trained and regulated primary care professionals (pharmacy, dentistry, optometry and audiology) operating out of 30,000 locations, the majority in high street locations with extended opening hours.

Community pharmacies are located at the heart of communities where people live, shop, work and eat. It is estimated that 96% of the population, even those living in the most deprived areas can reach a community pharmacy within 20 minutes on foot or on public transport[33].

The on-going crisis in A&E departments has been attributed in part to the difficulty or delays some patients experience when accessing GP services, particularly out of hours. Patients attending A&E or their GP surgery with common ailments such as colds, which could be treated effectively by pharmacy teams, are reducing the capacity of the GP to manage patients with more complex needs. Routes into urgent care are too variable and often obscure to patients, and access to urgent care needs to be clearly sign-posted so that A&E departments do not continue to have to deal with patients who will be more appropriately treated in the community. This is something that NHS England, as the sole commissioner working with primary care providers, should easily be able to rectify.

Pharmacy Voice urges the government to agree a national common conditions scheme to support immediate self care and promote it to the public to relieve pressure on GP services.

The problem is even more acute in the eye health sector, where urgent services outside hospital have to be commissioned by over 200 CCGs and where the absence of such services in many places mean that over 3% of A&E admissions are still patients presenting with visual or eye health problems. Almost eight out of every 10 cases (78.1%) attending eye casualty are deemed 'non-serious and could be more appropriately, conveniently and cost-effectively treated in the community[35].

While capacity is a major drawback for hospital delivery of hearing health services, under the current NHS reforms thousands of patients are now being seen in a community setting for their hearing needs. This reduces pressure on the hospital service and meets patient needs for both choice and access.

Common ailments, such as coughs and colds, account for around one fifth of a GP's workload incurring a cost to the NHS of £2 billion annually[34].

33 Pharmacy in England: Building on strengths – delivering the future. Department of Health. April 2008
34 *Who do you think we are?* 2014, Pharmacy Voice
35 Dental CtA response, Optical Confederation

Access to NHS dental services has improved considerably, with 1.8m more people having seen an NHS dentist in a 24 month period finishing in March 2014, compared to a baseline in March 2006[36].

At present there is a general lack of awareness among primary care professionals about the services available from other primary care providers. We are Primary Care calls for information sharing and signposting of patients and the public to the right services to meet their needs.

About 8% of A&E attendances could be managed by a pharmacist equating to approximately 1.5million visits annually.

6. Community assets

Community pharmacy teams, optometrists and opticians and hearing aid dispensers are not only major providers of health services, but also play a vital role in the wellbeing of communities.

Pharmacies are located in a wide variety of settings and locations, including some of the most deprived areas and those with very high footfalls but which are often “under-doctored”.

At a time when the high streets of England are being deserted in favour of virtual shopping and retail parks, it is important to remember that pharmacies, optometrists and hearing health providers employ local people and help to bring variety over and above betting and charity shops, with the network of premises reaching into our communities.

Community pharmacies, dentists, optometrists, opticians, and community hearing providers, are investors in a trained workforce, so much more than simply employment alone. They also invest significantly in the bricks and mortar, interiors, consultation areas, staff training and development, IT systems and technology to give the public a positive experience when they visit. With much to offer our high streets, neighbourhoods, towns, cities and rural communities, primary care contractors need a degree of certainty to enable investment and sustainability to continue.

36 NHS Dental Statistics for England, 2013-14, Third quarterly report

7. Investing in innovation

Investment and support is required to develop innovative ideas that improve services. Pharmacy Voice is calling on NHS England to invest in building on the pockets of successful innovation that are already in place in primary care settings across the country, expanding and scaling them up to provide sustainable, deliverable solutions that will benefit patient outcomes nationwide.

At the same time, the Optical Confederation, National Community Hearing Association and the British Society of Hearing Aid Audiologists have responded to all four of NHS England's Calls to Action. The organisations have been calling for new dispensation for the NHS with, at its heart, a new, joined-up, integrated and interconnected primary and community care service focused around the needs and wishes of patients and their families. Making the most of new technologies (eg near patient testing) and IT connectivity, this wider primary care network should be the cornerstone of the 21st Century NHS and the key to living within constrained resources while improving access, quality or outcomes.

Sharing information to improve patient care

If the Government and NHS England are to achieve the aims of re-invigorating, re-vitalising and re-establishing primary care at the heart of the NHS, we need to invest in better information flows across and between primary care sectors and practices to support people outside hospital and to maintain their independence, well-being and quality of life in the community, and to reduce health inequalities.

Sharing patient data across boundaries in different services and settings will deliver better care for patients but we must make sure patients are involved and feel safe and secure that their information is being used appropriately and not for commercial advantage or gain.

8. Strategy for the future

As primary care providers we must place far greater emphasis on keeping people healthy and well in order to lead longer, more illness-free lives: preventing rather than treating illness.

A greater proportion of the NHS budget needs to be invested in primary and community care, including a steady increase in the capacity of the primary and community workforce.

The current financial systems in which primary care is largely paid per head of population with no reward for quality or improved patient outcomes must be reviewed. Payment systems must be reformed to remove activity-based payments for hospital services and introduce incentives to break down boundaries between primary and secondary care and encourage acute providers to provide specialist support to primary care providers, particularly GPs. They must work alongside one another to prevent the need for people to go to hospital and speed up the move of more services into primary care, and the community, and supporting people to live longer in their own homes.

The NHS health check model should be extended to include oral health, vision and hearing as these three aspects of life, together with continence, medicines compliance and mobility, are the most important factors in maintaining independent living, well-being and social participation among older people.

Pharmacy Voice believes NHS England should invest in a new alternative overarching contract that could operate while the current NHS contracts for the primary care professions, including the Community Pharmacy Contractual Framework, transform by aligning incentives and sharing quality outcomes frameworks. This would support the delivery of integrated services in the right place, at the right time, by the right person, to the right quality. The Optical Confederation, National Community Hearing Association and the British Society of Hearing Aid Audiologists are also calling for a new, joined-up, integrated and interconnected primary and community care service focused around the needs and wishes of patients and their families. Making the most of new technologies (eg near patient testing) and IT connectivity, this wider primary care network should be the cornerstone of the 21st Century NHS and the key to living within constrained resources while improving access, quality or outcomes.

Primary care providers and social care providers need to stop operating in silos and start to form new structures and co-operatives in which they work together to benefit individuals and communities.

We believe that primary care needs to be supported, and investment made across primary care to enable community pharmacy, optical, dental and community hearing care providers to play an even stronger role at the heart of more integrated community-based services that deliver better outcomes, more personalised care, excellent patient experience, and make the most efficient possible use of NHS resources. NHS England and Monitor need to work together to get the funding necessary for primary care to innovate and transform so that NHS England achieves the central objective of more integrated out-of-hospital services that help people stay healthy and provide proactive, coordinated support, particularly for people with long-term conditions.

Pharmacy Voice

Pharmacy Voice (PV) represents community pharmacy owners with the principal aim of enabling community pharmacy to fulfil its potential in playing an expanded role as a healthcare provider of choice in medicines optimisation, long term conditions and public health.
Its founder members are the Association of Independent Multiple pharmacies (AIMp), the Company Chemists' Association (CCA) and the National Pharmacy Association (NPA). We represent the owners of over 11,500 community pharmacies.

www.pharmacyvoice.com

NHS Alliance

The NHS Alliance uniquely brings together clinicians of every kind, and managers and patients. It also brings together providers in primary care – whether they be general practice, NHS Trust, social enterprise or independent – all with a mission to improve and do their very best for each and every patient. Its strong values over the past fifteen years have given it the ear of government, while its tireless work in patient and public involvement has provided a voice for patients. This ethic extends from the NHS Alliance National Executive, who all give their time for free. Everyone in Alliance has a day job – that is its strength as the voice of the working frontline.

http://www.nhsalliance.org/

The Optical Confederation

The Optical Confederation (OC) represents the 12,000 optometrists, the 6,000 dispensing opticians and 7,000 optical businesses in the UK who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of the five optical representative bodies: the Association of British Dispensing Opticians (ABDO); the Association of Contact Lens Manufacturers (ACLM); the Association of Optometrists (AOP); the Federation of Manufacturing Opticians (FMO) and the Federation of Opticians (FODO). As a Confederation, it works with others to improve eye health for the public good.

www.opticalconfederation.org.uk.

National Community Hearing Association

The National Community Hearing Association (NCHA) represents community hearing providers in the UK. NCHA members are committed to good hearing for all and are responsible for the majority of adult community hearing care services in the UK with an excellent record of outcome, safety, and patient satisfaction.

www.the-ncha.com.