

Health in the Future

New Challenges, Better Solutions

York Health and Wellbeing Board
2nd April 2014

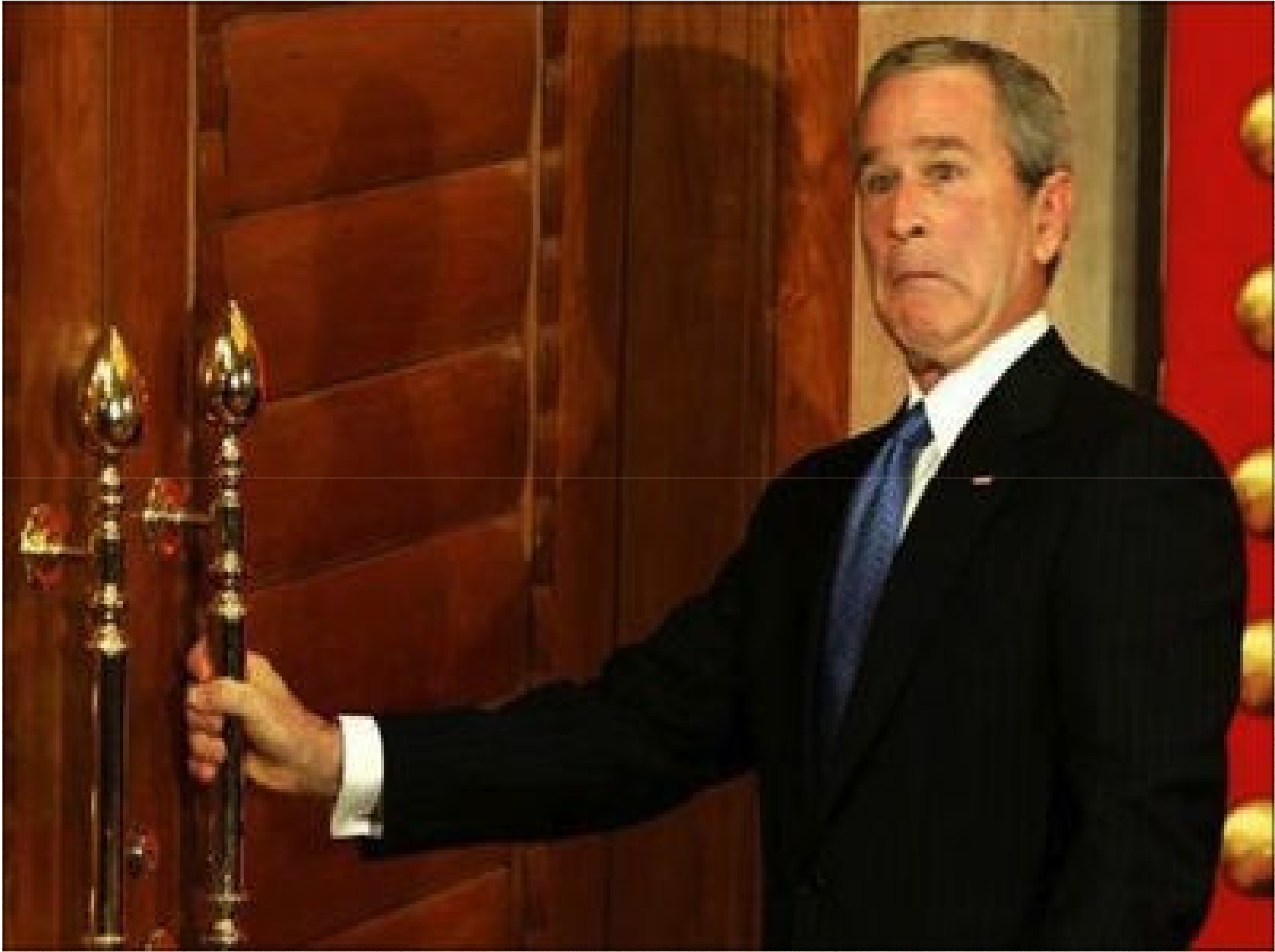
Professor Richard Parish
Chair, National Forum for Pharmacy and Public Health

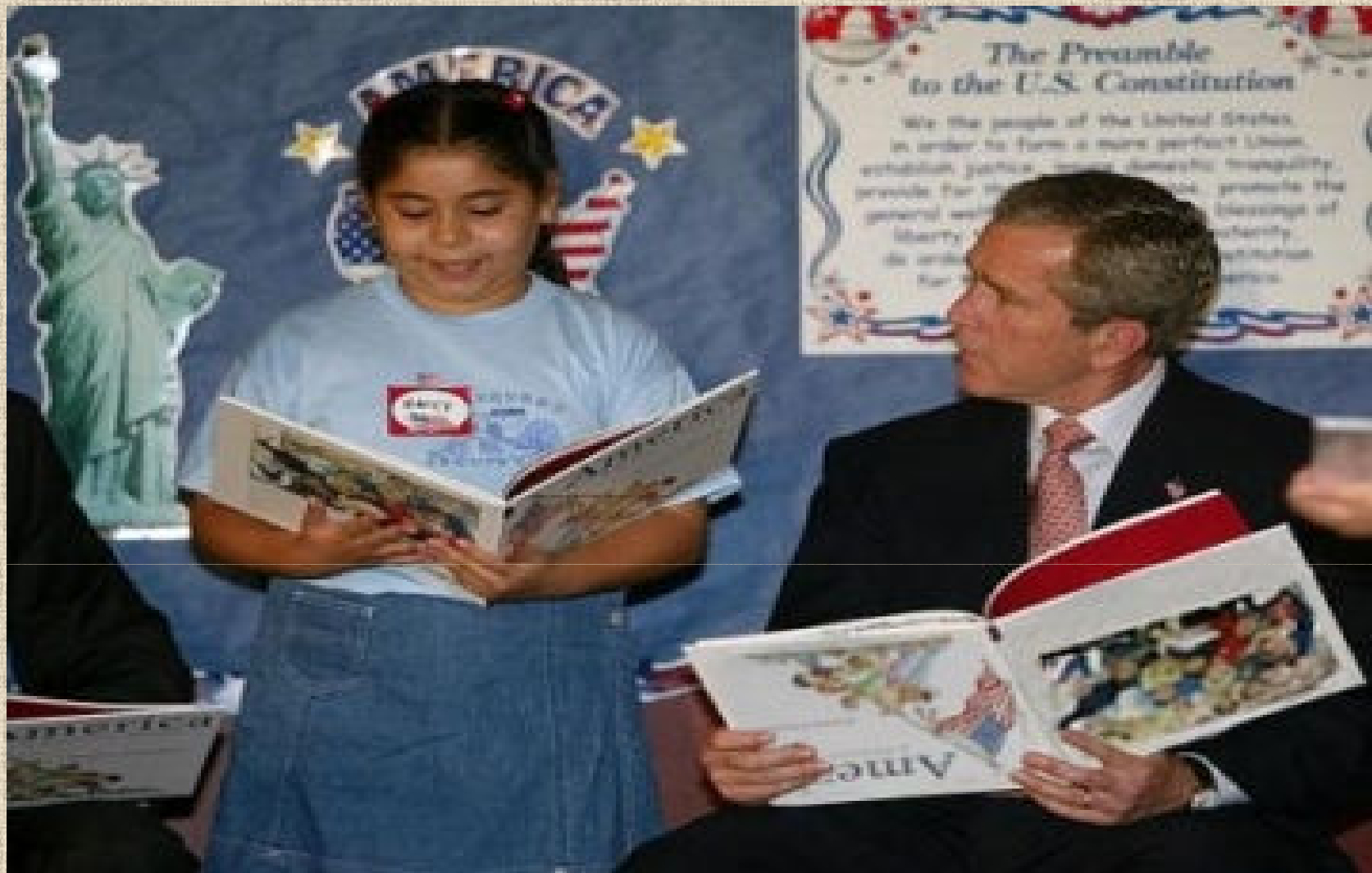
and

Non-Executive Board Member, Public Health England

What will I cover?

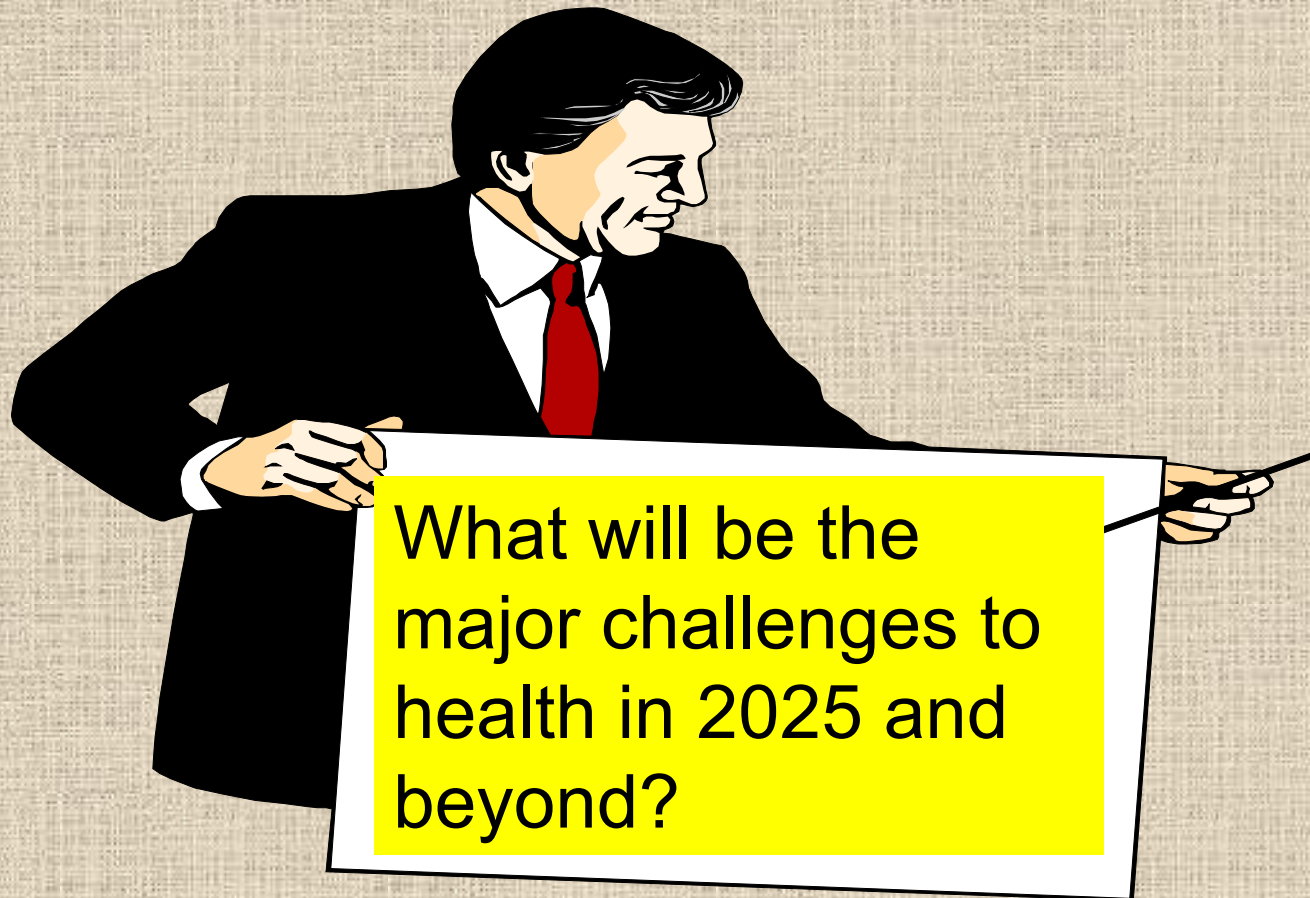
- The major health challenges facing us over coming decades
- Community Pharmacy developments in England

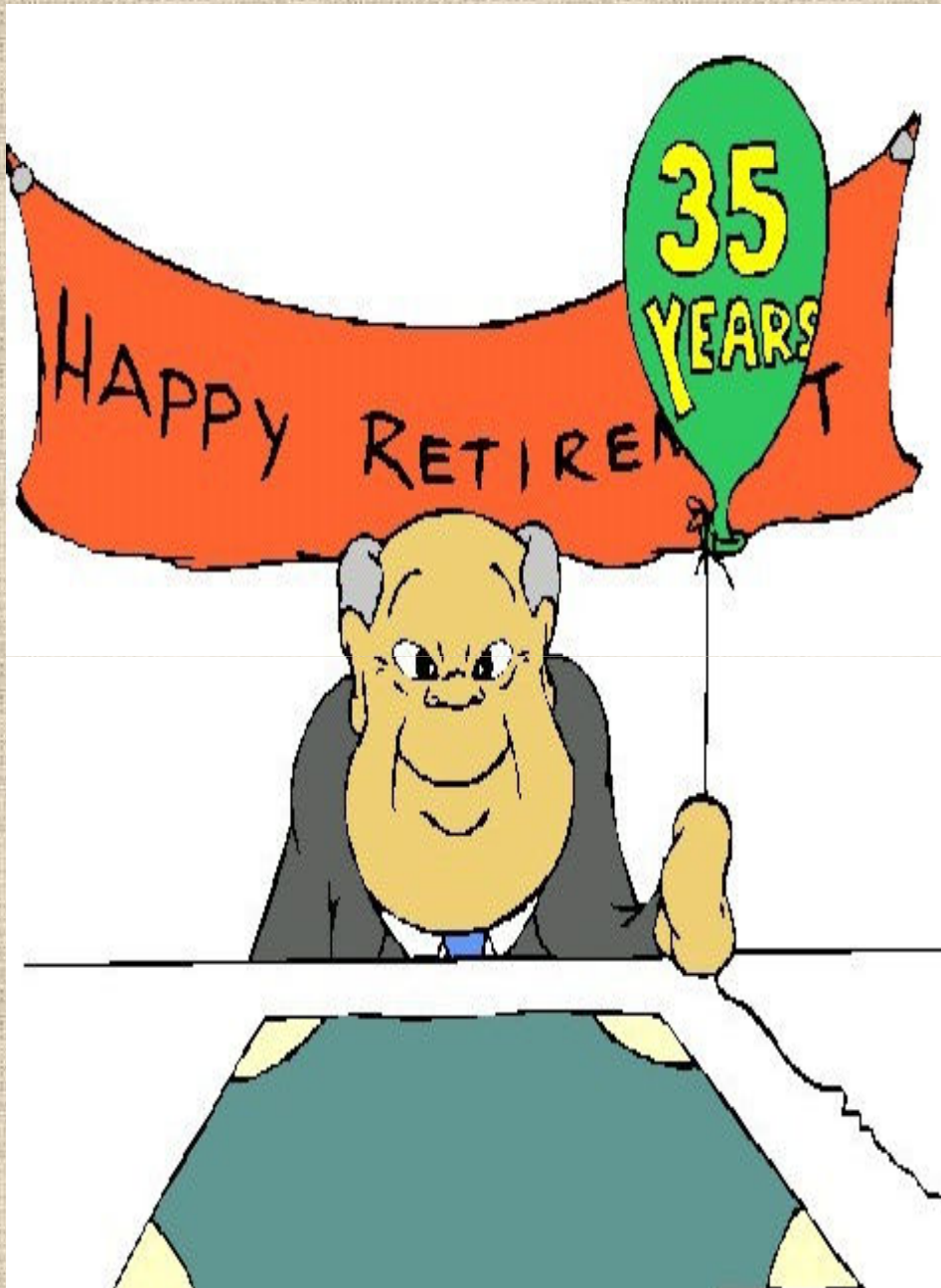




“You teach or learn a child to read and she or her will be able to pass a literacy test”

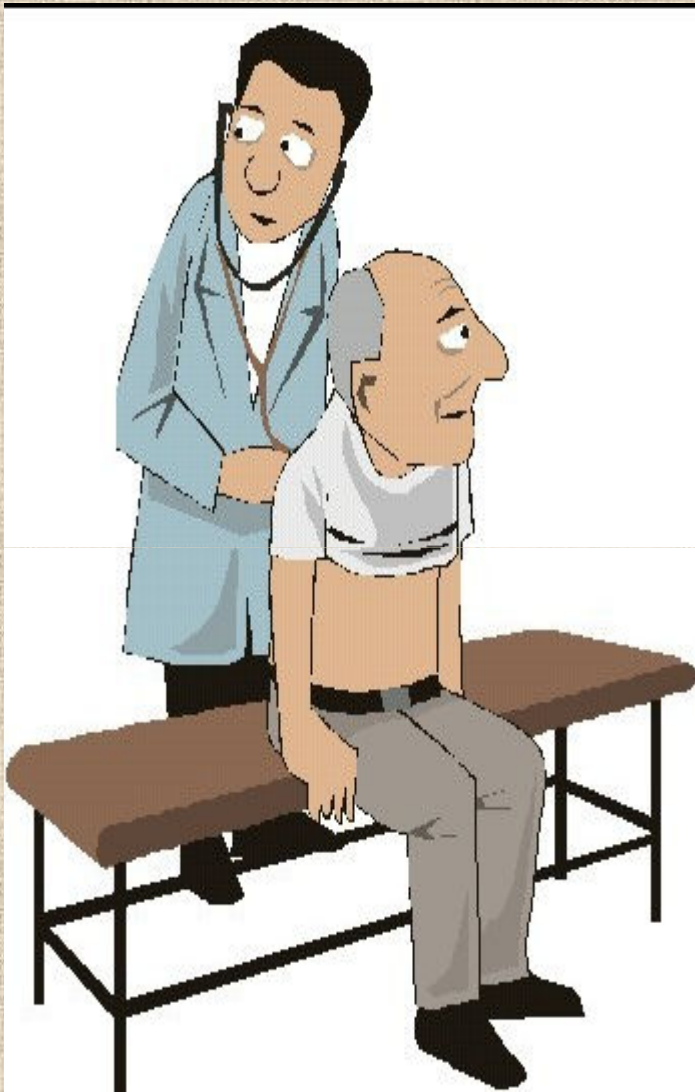
Future health challenges





Demographic Changes

- increase in older citizens
- smaller proportion of people who are 'economically active'
- increasing migration within countries and between continents and ethnic groups
- redistribution of skills across regional and national boundaries



Future Challenges

- **new and re-emerging communicable diseases (TB, HIV and Aids, SARS, H5N1)**
- **more rapid transmission**
- **increasing demands upon the health care system**

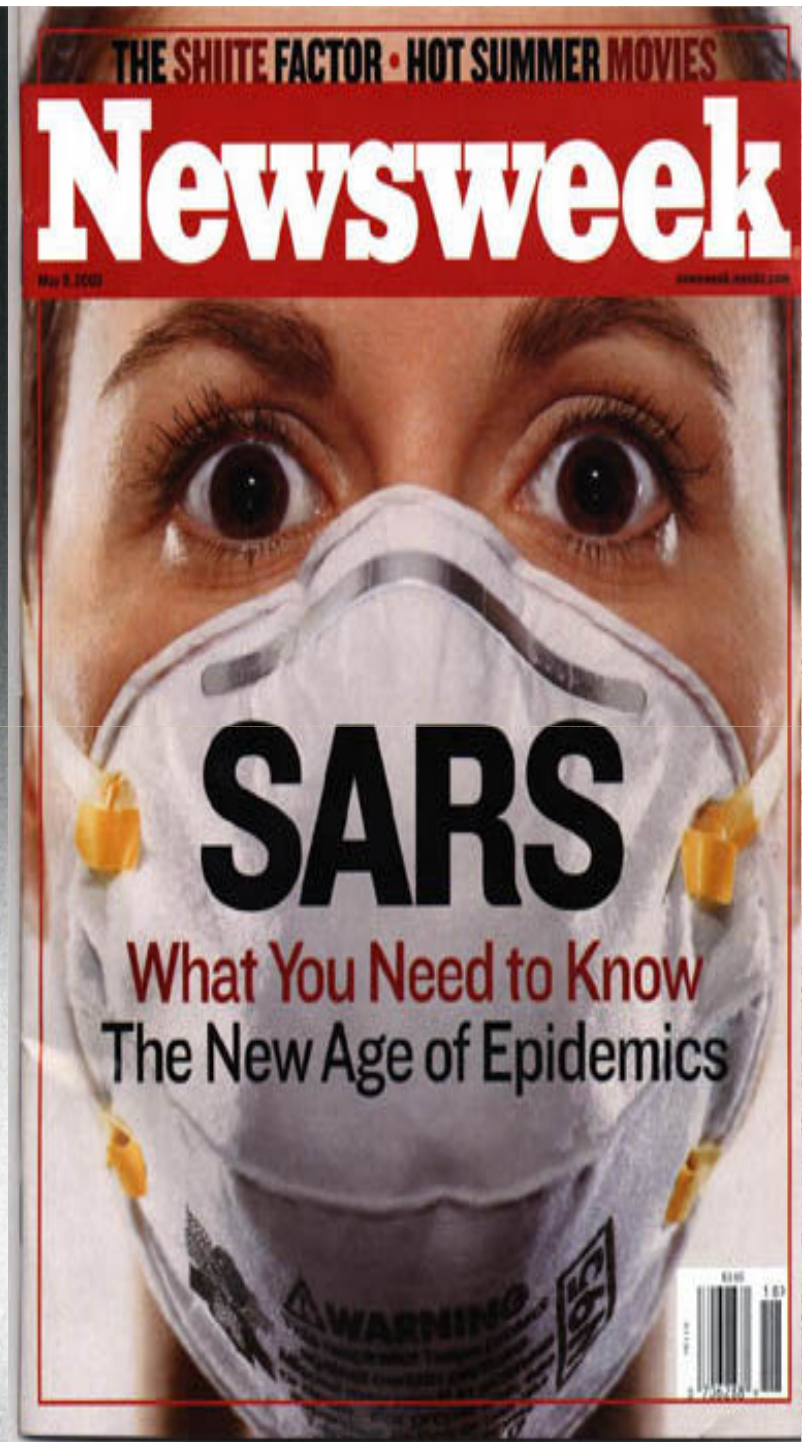
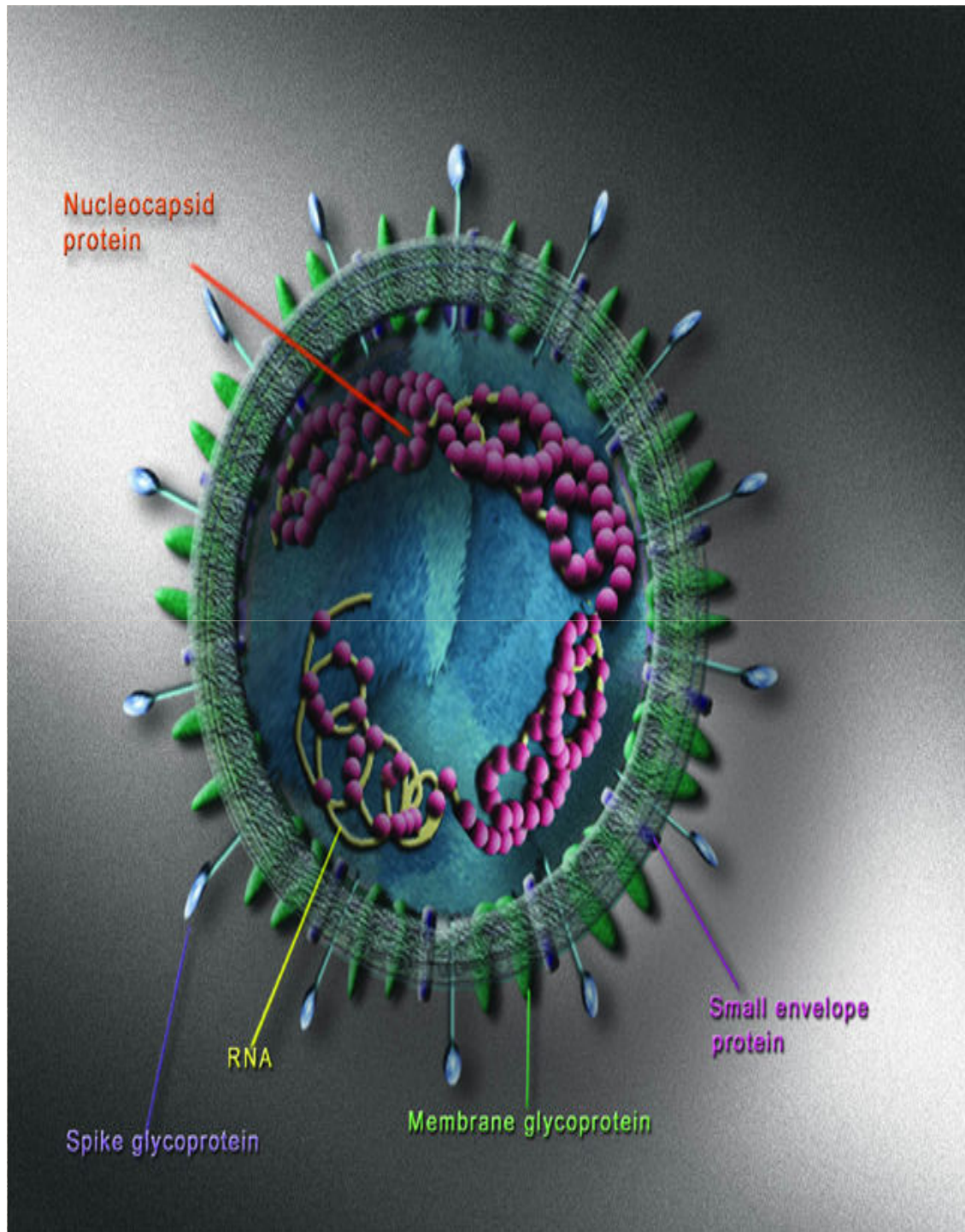
Pandemic Flu

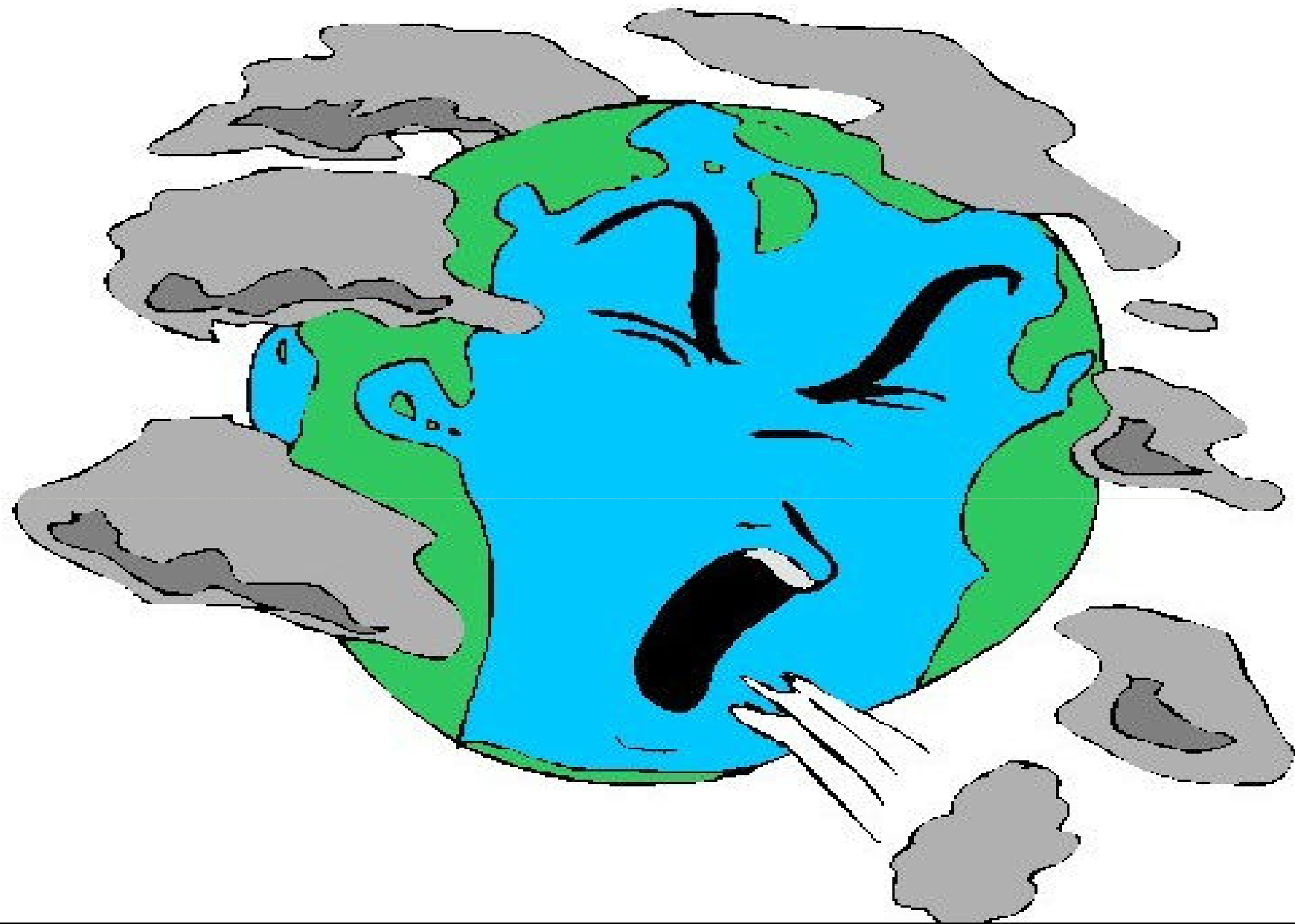
Tamiflu®
75 mg
10 capsules

Tamiflu®
75 mg
10 capsules



H5N1





Floods and 'natural' disasters



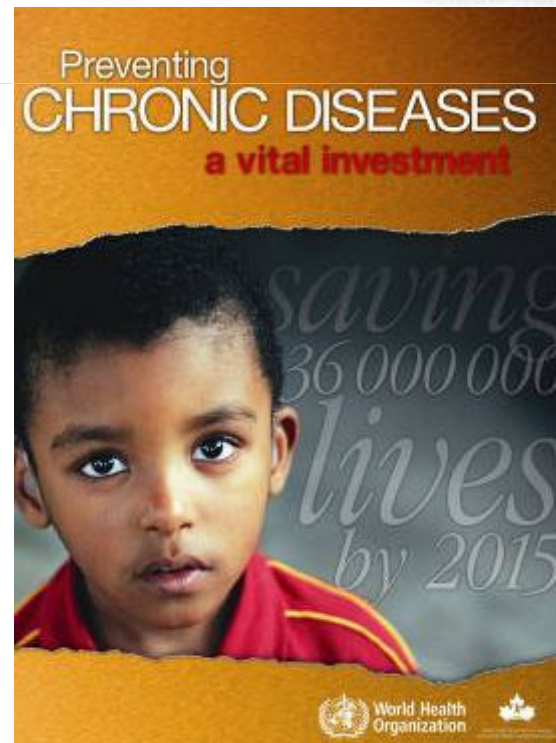


“What people don’t realise is that most imports come from other countries.”

(George W. Bush)

**Public health is
a global issue**

Preventing **CHRONIC DISEASES** a vital investment



Chronic and Long Term Conditions

What are the major chronic health conditions here in the UK?

?????

?????

?????

Chronic Diseases

Leading Causes in Developed Countries

- Arthritis
- Cardiovascular disease
- Breast and colon cancer
- Diabetes
- Epilepsy and seizures
- Mental health
- Obesity
- Oral health problems

U.S. Center for Health Statistics

RSPH

VISION, VOICE AND PRACTICE

ROYAL SOCIETY FOR PUBLIC HEALTH

The myths about chronic disease

Reality: 80% of premature heart disease, stroke and type 2 diabetes is preventable, 40% of cancer is preventable

MISUNDERSTANDING

**CHRONIC DISEASES
CAN'T BE PREVENTED**

WHO 2005

**Reality: inexpensive and
cost-effective interventions exist**

MISUNDERSTANDING

**CHRONIC DISEASE
PREVENTION AND CONTROL
IS TOO EXPENSIVE**

WHO 2005

Scale of the Problem in the UK



- **17.5 million living with chronic disease**
- **By 2030 expected to double in over 65s**
- **45% with chronic disease suffer from more than one condition**

DH 2004

RSPH

VISION, VOICE AND PRACTICE
ROYAL SOCIETY FOR PUBLIC HEALTH

Burden of the Problem in the UK



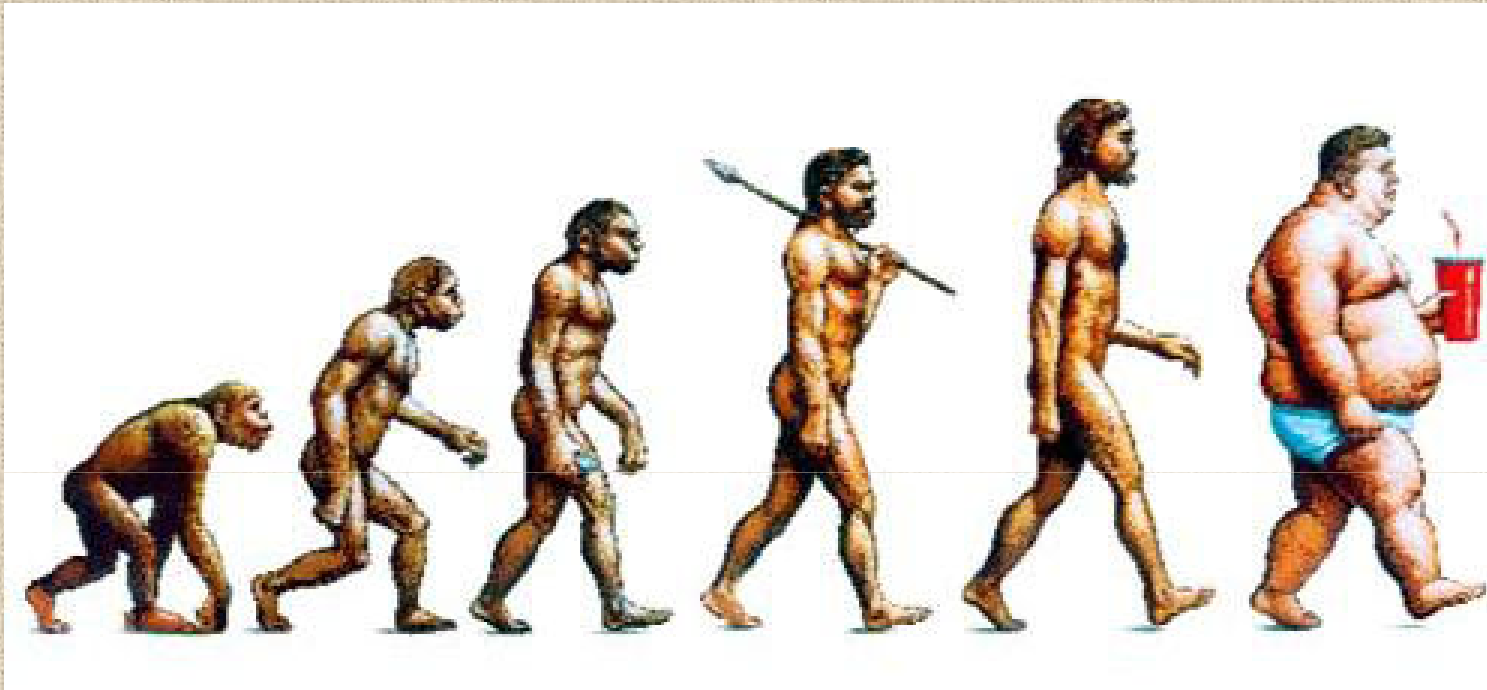
- **80% of GP consultations**
- **60% of hospital bed days**
- **Two thirds of medical emergencies**
- **Costs 6 times higher for patients with more than one condition**

DH 2004

RSPH

VISION, VOICE AND PRACTICE

ROYAL SOCIETY FOR PUBLIC HEALTH



The Shape of Things to Come - cover of The Economist, Dec 13-19 2003

RSPH

ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE



Fair Society, Healthy Lives

The Marmot Review
Executive Summary



Strategic Review of Health Inequalities
in England post-2010

RSPH

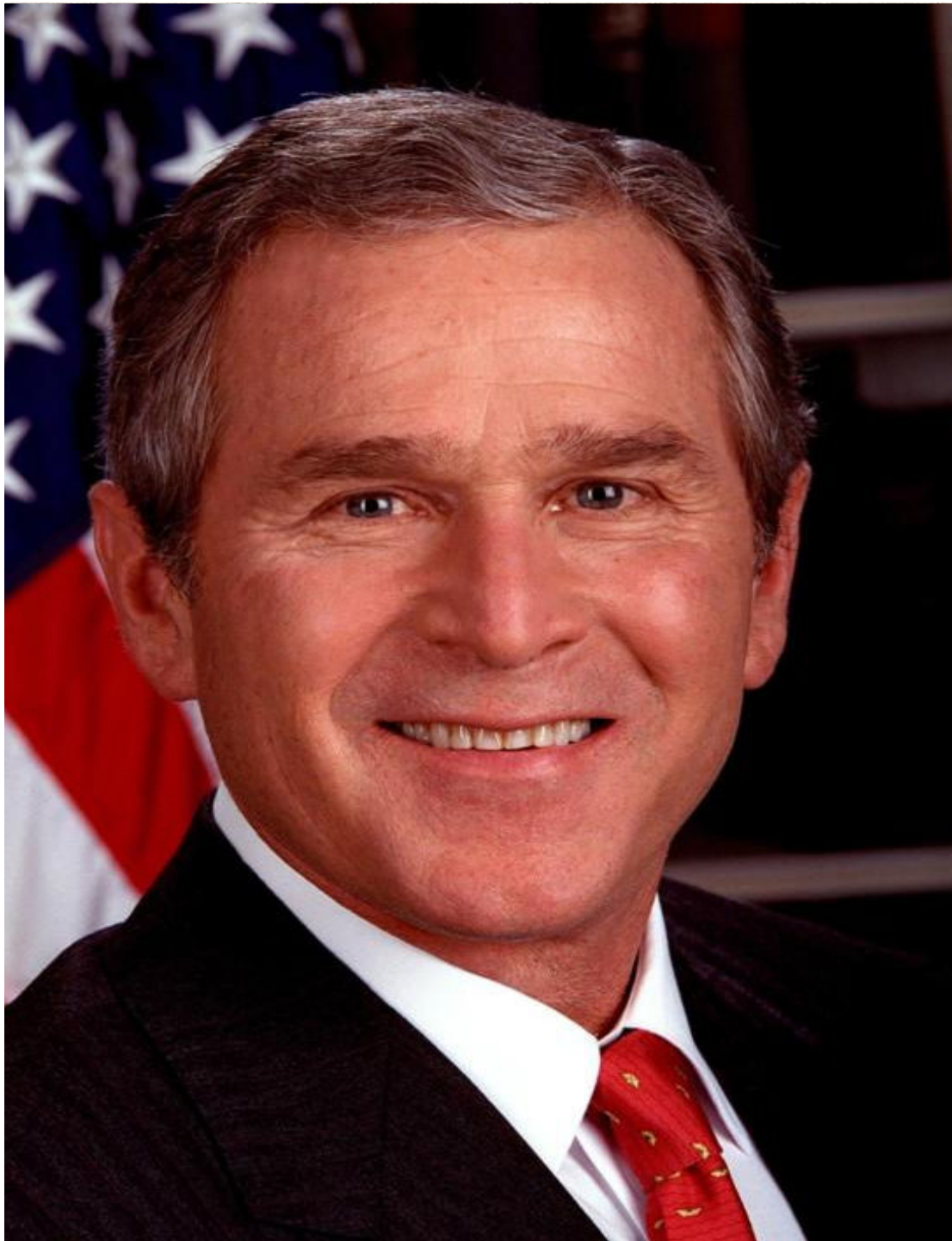
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

If we could give the 20% most disadvantaged in society the same living conditions and circumstances as the 20% most advantaged, we would transform health and the demand upon the health services

Future Health Challenges



- Modern day NCDs and so called 'lifestyle' issues
- Re-emerging communicable diseases
- Emergency and disaster responses
- Impact of climate change
- Emerging communicable diseases



**“I have a vision for
the future as well
as the past!”**

**Health is an investment,
not a cost!**

Approximately half the economic growth achieved by Western Countries between 1790 and 1980 has been attributed to better nutrition and improved health and sanitation conditions

Health = Wealth

UNICEF 1998

We need a new vision for the
future



.....and an evidence informed
plan



Multi-level, Multi-setting

Global

National

Local

Community

Settings for health

Settings for health



- Schools
- Workplaces
- Communities
- Universities

Community Pharmacy



Community Pharmacy and Public Health



- 13,500 community pharmacies in UK
- Accessible 'Walk-in' centres
- 95% of population within 20 minutes of a local pharmacy
- Employ in excess of 100,000 people
- Highly trained and knowledgeable staff
- Pharmacy and Public Health Forum established by Ministers

Easy Access to Health Advice and Services



- Location and transport
- Familiar
- Less intimidating environment
- Opening hours
- Immediate access, no appointment
- Opportunistic shopping
- 'Psychological' access
- Men may find more acceptable

The Pharmacy Contribution

Blood Pressure	BMI Checks/ Weight management	Lung Function
Diabetes/Blood Glucose	Alcohol Awareness and Counselling	Smoking Cessation
Pain Management	Emergency Contraception	Chlamydia Treatment
Vaccination and Immunisation	Inhaler use	Medicines Review
Self care	Early Detection and Referral	Service Signposting

A role for Community Pharmacy



Clinical

- Medicines optimisation
- Pain management
- Emergency contraception
- Chlamydia treatment
- Inhaler use

A role for Community Pharmacy



Prevention

- Smoking cessation
- Weight management and dietary advice
- Diabetes management
- Alcohol awareness and counselling
- Vaccination and Immunisation
- Self care

A role for Community Pharmacy



The Future?

- Gatekeeper to welfare benefits and social services
- Conduit for public priorities and feedback
- Direct referral to hospital and secondary care
- The 'People and Place' health centre on the High Street

Community Pharmacy and the Public's Health



- Local centre for Health Improvement and wellbeing
- Key player in health protection (vaccination, emergency response, etc)
- Health services efficiency – medicines management, pain control, etc
- Signposting to other health services
- Conduit for patient/consumer feedback
- Access to welfare services

Making Every Contact Count - Essex

Population	1,761,200
Number of GP Practices	284
Number of Community Pharmacies	318
Daily Pharmacy Contacts	63,600
Monthly Pharmacy Contacts	<u>1.91 million</u>

What is a Health Living Pharmacy?



- Consistently delivers a range of health and wellbeing services
- Defined quality and productivity criteria e.g. smoking quits at 4 weeks
- Proactive health and wellbeing team – smoking, physical activity, sexual health, alcohol, weight management and healthy eating
- Trained Health Champion
- Signposts to other community services
- Fit for purpose premises
- Engages with wider community, e.g. schools, other health professionals
- Recognised by public for HLP services
- Clear workforce development programme



HLP Evaluation

- 'Ambitious' target of 100 Pathfinder pharmacies by April 2012 – 163 achieved
- Drawn from 47 geographical areas in England
- Sample 1034 individual members of public

- National Project Lead – queries, advice, support and co-ordination
- NHS Network – share ideas and resources
- Masterclasses
- Quality Criteria based on
 Portsmouth pilot
- Support resources
- Pharmacy team engagement
 with keynote speakers
- Public promotion
 – support resources
- Evaluation guidance

National support



Findings from Portsmouth



- 140% increase in smoking quits
- 75% of smokers with asthma or COPD accepted Stop Smoking help
- Twice the opportunistic quit rate of non-HLPs
- Over 3,500 alcohol assessments. 36% at risk; 10% at high risk
- Over 1,100 with respiratory condition received medicines review support
- 70% showed sustained improvement in respiratory condition following pharmacist intervention
- 126 clients lost weight; over half losing more than 5%

Portsmouth University, Sept 2010

Portsmouth – Qualitative research findings



- Enhanced standing with public as health professionals
- Enhanced morale
- Counter staff more interactive
- Increased request from public for help and advice
- Improved collaboration with GPs
- Better customer loyalty
- Demonstrable ability as public health service provider
- Quality mark for future commissioning
- Overt recognition for staff and pharmacies
- Increased footfall and revenue

HLP Evaluation Objectives



- Is there a better uptake and delivery in HLPs compared to baseline?
- Does geography and demography impact on HLP performance?
- What is the public experience?
- Benefits to public, commissioners and employer?
- Is it cost effective?

Evaluation of Healthy Living Pharmacies

- Increase in setting smoking quit dates
- Increase in actually quitting
- Increase in sustained quits
- Increase in alcohol awareness and assessment
- Improved uptake in weight management
- Larger numbers seeking health advice

- Improved uptake in minor ailments treatment
- Better 'medicines optimisation' service
- Increase in emergency contraception

HLP Evaluation

“The strength of the improvements seen was notable as, despite the limitations of the evaluation, gains were seen across different services, with different specifications (for service), in geographically varied areas with different levels of health need and deprivation. The data suggest that the HLP concept is consistent with increased service delivery, improved quality measures and improved outcomes (where measured)”

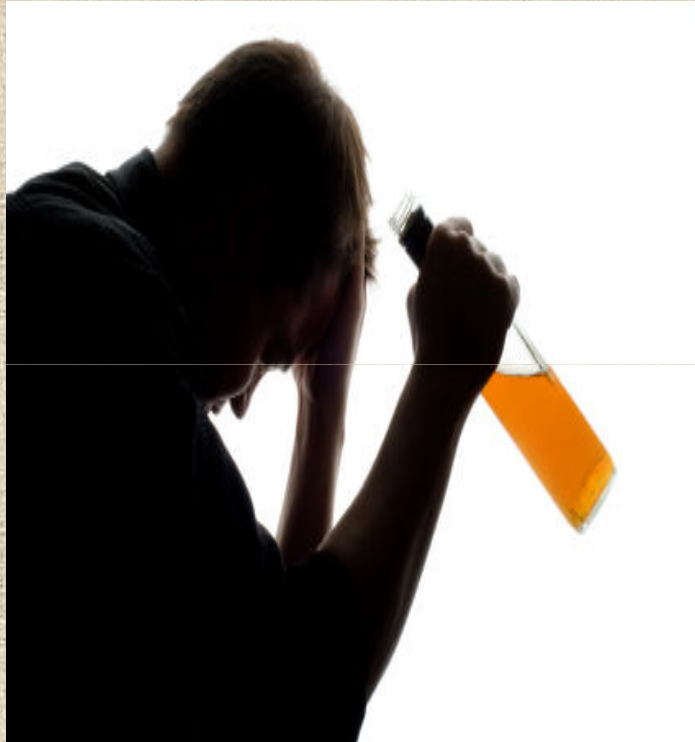
HLP Findings

- Increased investment in premises and staff training
 - Staff morale and satisfaction
 - Increased productivity reported
-
- Most impact in: smoking cessation, emergency hormonal contraception, minor ailments treatment, alcohol awareness and assessment, weight management

Alternatives to HLP

- 60.2% would have seen GP
- 1.6% would have visited A & E
- 5.45% would have gone to 'Walk-in' Centre
- 3.7% would have used the internet
- 21.2% would have done nothing

Alcohol – the scale of the problem



- 3rd leading cause of preventable ill health and death
- 9 million engage in risk drinking
- Contributes to over 60 conditions
- 1.2 million p.a. hospital admissions
- £3.5 million annually to NHS
- Involved in nearly half of all violent crime
- Involved in 73% of domestic violence
- Approx 4 X mortality in 20% most disadvantaged

Alcohol – potential benefits



REDUCE

- Inequalities
- Premature deaths
- A and E attendances/NHS costs
- Numerous health conditions
- Anti-social behaviour and crime
- Accidents
- Lost productivity
- 'Troubled families'

Impact on Contractors, Employers and Staff



- 508 HLPs (April 2013)
- Staff other than pharmacists delivered most services
- New opportunities for staff development
- Pharmacy staff engaged and enthused by new roles
- Improvements in quality and productivity
- Over 90% of contractors saw benefits for staff development

HLP Evaluation

HLP status has been the differentiator when recruiting high calibre pre-registration trainee. This has been a really demonstrable benefit to us.....

HLP branding in our promotional materials has helped raise awareness of pharmacy services. This has seen the uptake of a number of services increase and a large increase in public awareness of the enhanced role of pharmacy.

We have used HLP as a means of introducing the pharmacy to a number of local community groups about the services we offer.

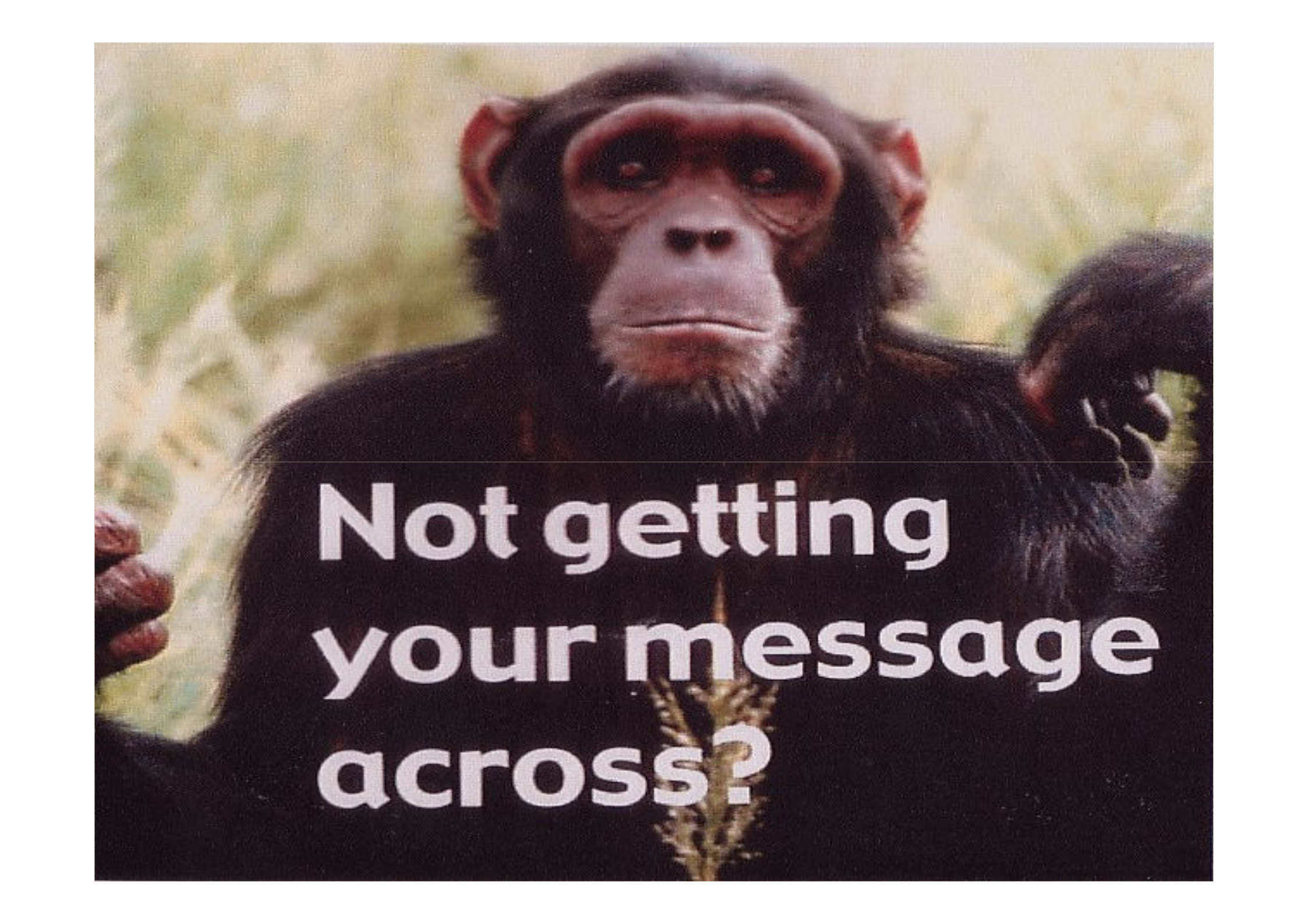
Feedback from pharmacists

Ensuring indispensability



EXPENDABILITY

KIRK, SPOCK, MCCOY, AND ENSIGN RICKY ARE BEAMING DOWN TO THE PLANET. GUESS WHO'S NOT COMING BACK.

A close-up photograph of a chimpanzee's face, looking directly at the camera with a serious, thoughtful expression. The background is a blurred natural setting with green and yellow foliage. The text is overlaid in the lower half of the image.

**Not getting
your message
across?**

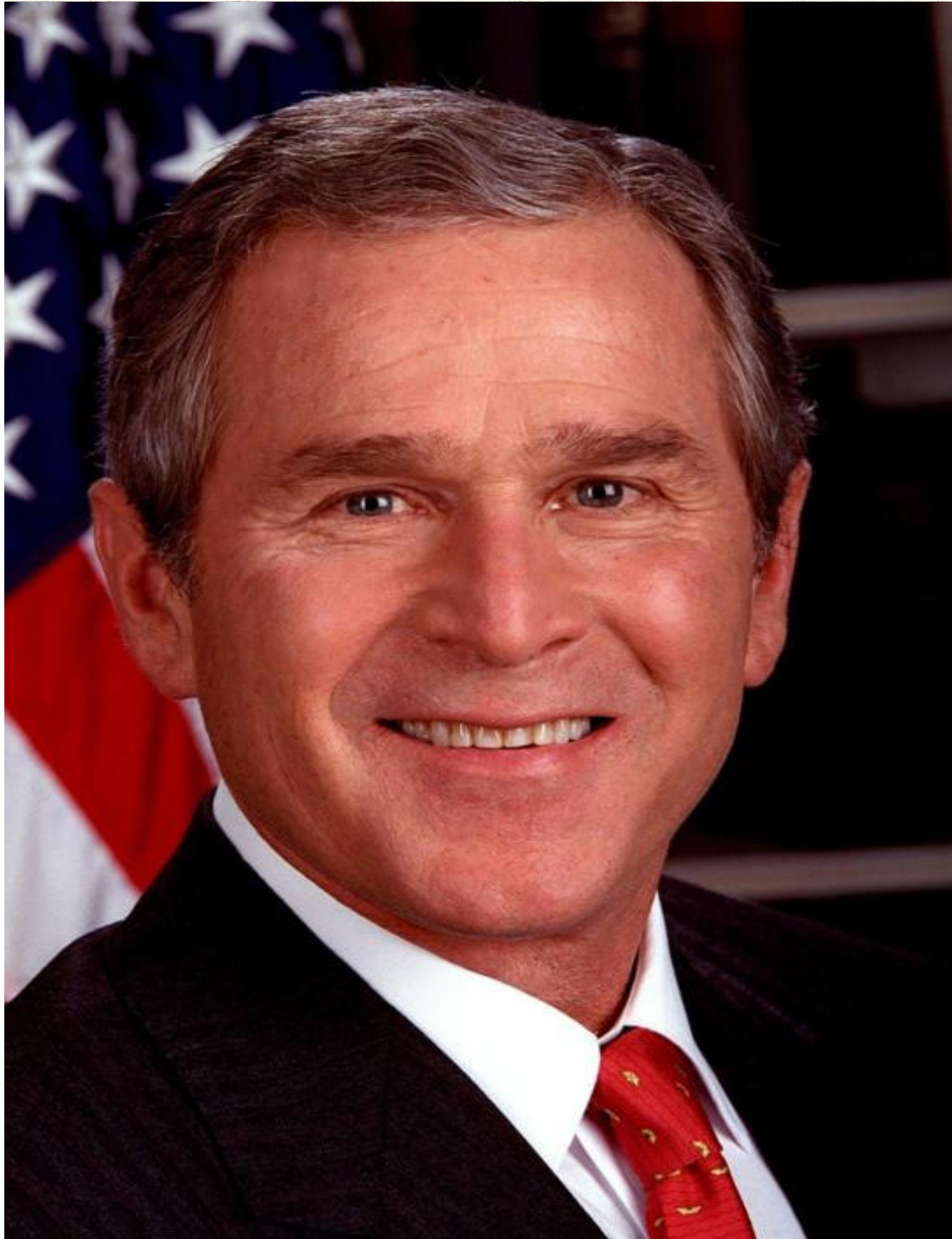


滅火瓶
HAND GRENADE

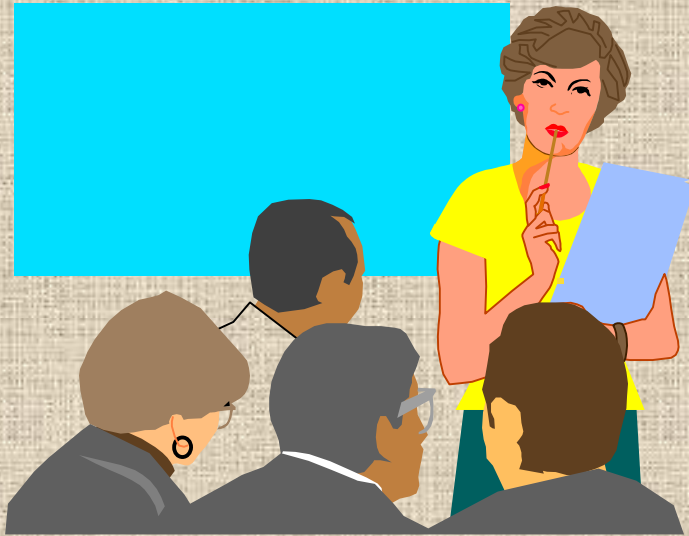


www.english.com

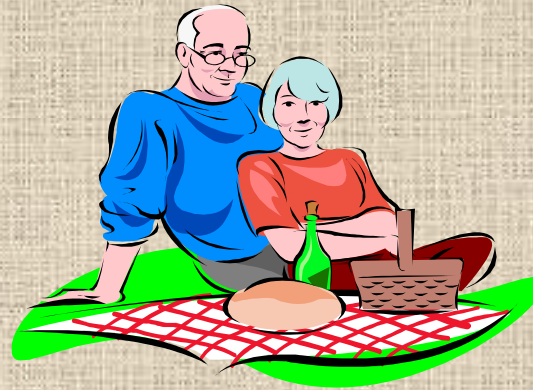




“If we don’t
succeed this, we
run the risk of failure”



Meetings are gatherings of people who individually can do nothing, but collectively can decide that nothing can be done!



*The future is not just
something we travel to,
it's something we build*



*One ship sails east and another sails west
With the self same wind that blows
T'is the set of the sails and not the gales
That determines the way we go
Like the winds of the sea are the winds of fate
As we journey along through life
T'is the set of the soul that determines the goal
And not the calm or the strife*

Ella Wheller Wilcox



Thank you!



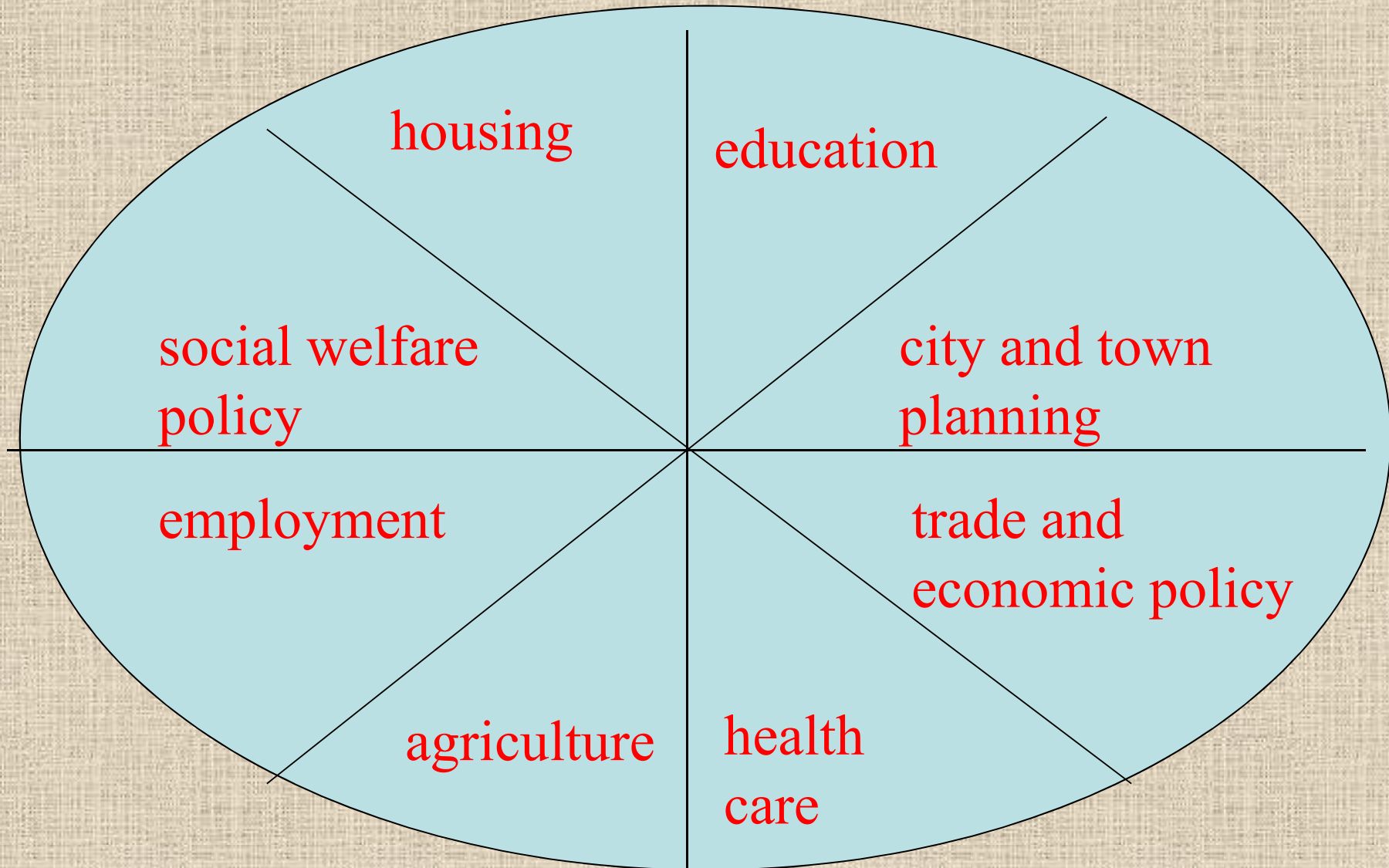
What's in the toolbox?



But what about the fundamental influences on health?

What determines our health circumstances?

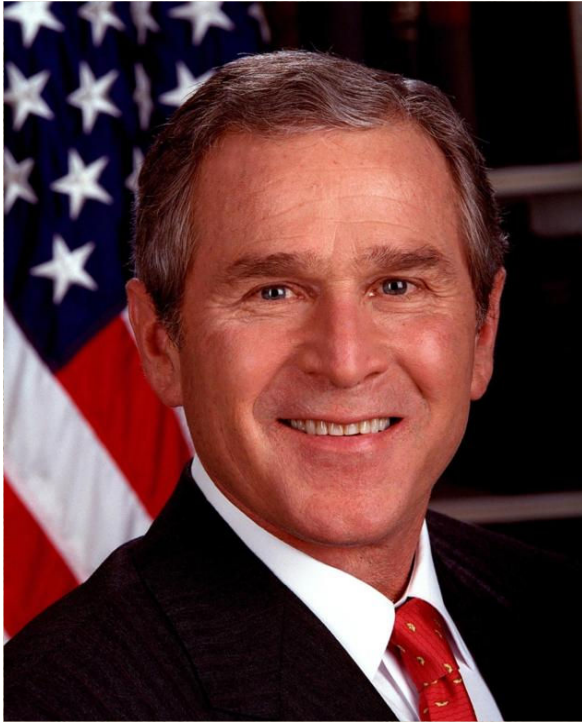
Determinants of Health



1.17

Which policy tools have been or will be used intentionally to improve child and adolescent health? (Please circle or tick.)

<p>LEGISLATION (e.g. smoking in public places, wearing seat belts, environmental improvement)</p>	<p>REGULATIONS (e.g. consumer protection, food labelling, industrial and vehicle emissions, speed limits)</p>
<p>ORGANISATIONAL CHANGE (e.g. new services, improved access)</p>	<p>PUBLIC EDUCATION (e.g. mass media campaigns)</p>
<p>PROFESSIONAL DEVELOPMENT (e.g. training of health professionals, professional regulation)</p>	<p>BUDGET ALLOCATION (e.g. increased health or education budget)</p>
<p>FISCAL MEASURES (e.g. taxation, corporate subsidies, financial penalties, investment funds, tax exemption)</p>	<p>WELFARE POLICY (e.g. food coupons, welfare benefits, housing support)</p>
<p>RESEARCH (commissioned research, information dissemination)</p>	<p>PERFORMANCE RELATED PUBLIC SERVICE FUNDING (e.g. funds follow targets)</p>
<p>CURRICULUM DEVELOPMENT (e.g. primary and secondary school knowledge and skills development)</p>	<p>ENVIRONMENTAL CHANGE (e.g. transport planning, water and sewage supply, playground design)</p>



“What people don’t realise is that most imports come from other countries.”

(George W. Bush)

Goods, services, communication, culture, social norms, health related behaviours, policy, trade tariffs, economic investment, communicable diseases, environmental standards

Over population and over consumption

Biology in tune with
our social and physical
environment

