

# Community Pharmacy England's response to DHSC's major conditions strategy

June 2023

## About Community Pharmacy England

**We are the voice of community pharmacy in England, representing all 11,000+ community pharmacies across the country.**

We exist to represent all community pharmacies – our members – in negotiations with the Government and the NHS. We are responsible for negotiating the NHS Community Pharmacy Contractual Framework (CPCF), currently around £2.592 billion per year, under which all NHS community pharmacies operate.

We are recognised by the Secretary of State for Health and Social Care as the body that represents NHS pharmacy contractors. We work closely with Local Pharmaceutical Committees (LPCs) to support their role as the local NHS representative organisations.

Our goal is to develop the NHS community pharmacy service, to enable community pharmacies to offer an increased range of high quality and fully funded services that meet the needs of their local communities and provide value and good health outcomes for the NHS and the public.

## Cardiovascular disease

Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels. It is one of the main causes of death and disability in the UK, and includes coronary heart disease, strokes, peripheral arterial disease, and aortic disease. Atrial fibrillation (an irregular, and sometimes fast heartbeat), high blood pressure, and high cholesterol are all risk factors for CVD.

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Evidence suggests taking action on these 3 risk factors will significantly reduce the number of strokes, heart attacks, and other types of CVD.

### **In your opinion, which of these areas would you like to see prioritised for CVD?**

Select up to 3

- Preventing the onset of CVD through population-wide action on risk factors and wider influences on health (sometimes referred to as primary prevention)
- Stopping or delaying the progression of CVD through clinical interventions for individuals at high risk (sometimes referred to as secondary prevention)
- Getting more people diagnosed quicker
- Improving treatment provided by urgent and emergency care
- Improving non-urgent and long-term treatment and care to support the management of CVD

### **How can we successfully identify, engage and treat groups at high risk of developing CVD through delivery of services that target clinical risk factors (atrial fibrillation, high blood pressure and high cholesterol)?**

Community pharmacy teams can support these goals in all communities across England.

Overall 89.2% of the population is estimated to have access to a community pharmacy within a 20 minute walk and an estimated 99.8% of people from the most deprived areas live within just a 20 minute walk of a community pharmacy. Pharmacy staff often reflect the social and ethnic backgrounds of the community they serve, and they are accessible to individuals in inclusion health groups who may not access conventional NHS services, which can help to reduce health inequalities.

All pharmacies meet the Healthy Living Pharmacy requirements, which are a framework aimed at achieving consistent provision of a broad range of health promotion interventions to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

The successful introduction of the NHS Hypertension Case-finding Service in October 2021 illustrates how community pharmacies can support the identification of people at-risk of

developing CVD. Around 6,000 pharmacies have provided over 930,000 blood pressure checks in just over a year, allowing those with high blood pressure to be identified and referred for onward management.

A logical expansion of the service, building on the evidence base from services commissioned by local NHS bodies, could cover identification of AF, e.g. Capture AF. This service has demonstrated that community pharmacies are able to successfully offer such a service, with just under 600 patients being screened and 15 patients with undiagnosed AF being identified and referred for treatment. Many pharmacies have also provided non-NHS services to measure patient's blood lipid levels, such as LloydsPharmacy's cholesterol check-up service, which allows patients to access support, a cholesterol measurement and a personalised action plan highlighting the ways to reduce their risk.

From 2026, all newly trained pharmacists will register with an Independent Prescribing qualification. This, along with work ongoing to upskill the current pharmacist workforce to become independent prescribers, will allow pharmacists to take on a bigger role in managing patients with long-term conditions such as CVD. We believe a sensible starting point would be for community pharmacists to manage hypertension identified via the NHS Hypertension Case-finding Service in collaboration with the patient and their general practice. This approach would help reduce the access challenges many general practices currently suffer from and could develop to include the management of cholesterol or other aspects of CVD management.

## Chronic respiratory disease

Chronic respiratory diseases (CRDs) affect the airways and other structures of the lungs. Some of the most common are chronic obstructive pulmonary disease (COPD), asthma, occupational lung diseases and pulmonary hypertension. Respiratory diseases contribute to around 8,000 preventable deaths in the under 75s in England each year, and the UK has the highest prevalence of asthma in the world at around 9 to 10% of the adult population.

### In your opinion, which of these areas would you like to see prioritised for CRD?

Select up to 3

- Preventing the onset of CRDs through population-wide action on risk factors and wider influences on health (sometimes referred to as primary prevention)
- Stopping or delaying the progression of CRDs through clinical interventions for individuals at high risk (sometimes referred to as secondary prevention)
- Getting more people diagnosed quicker
- Improving treatment provided by urgent and emergency care
- Improving non-urgent and long-term treatment and care to support the management of CRD

## Dementia

Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning. There are many different causes of dementia, and many different types. We recognise that dementia is a growing challenge. The number of people in England estimated to have dementia is set to rise to almost 900,000 in 2025 and to more than 1.3 million by 2040.

### In your opinion, which of these areas would you like to see prioritised for CRD?

Select up to 3

- Preventing the onset of dementia through population-wide action on risk factors and wider influences on health (sometimes referred to as primary prevention)
- Stopping or delaying the progression of dementia through clinical interventions for individuals at high risk (sometimes referred to as secondary prevention)
- Getting more people diagnosed quicker
- Improving treatment provided by urgent and emergency care
- Improving non-urgent and long-term treatment and care to support the management of dementia

## Musculoskeletal conditions

Musculoskeletal conditions (MSK) affect the bones, joints, muscles, and spine, and are a common cause of severe long-term pain and physical disability. There are 3 groups of MSK conditions:

- conditions of MSK pain, for example, osteoarthritis and back pain
- inflammatory conditions, for example, rheumatoid arthritis
- osteoporosis and fragility fractures, for example, a fracture after a fall from standing height

Each year, 1 in 5 people in the UK consult a doctor about an MSK problem, and MSK is the leading cause of disability.

### In your opinion, which of these areas would you like to see prioritised for MSK?

Select up to 3

- Preventing the onset of MSK through population-wide action on risk factors and wider influences on health (sometimes referred to as primary prevention)
- Stopping or delaying the progression of MSK through clinical interventions for individuals at high risk (sometimes referred to as secondary prevention)
- Getting more people diagnosed quicker
- Improving treatment provided by urgent and emergency care
- Improving non-urgent and long-term treatment and care to support the management of MSK

## Tackling the risk factors for ill health

The condition groups we are focusing on are often driven by preventable risk factors, with nearly half (42%) of ill health and early death being due to them. This includes tobacco, alcohol, physical activity, and diet-related risk factors. Action on preventable risk factors is also central to our work on tackling health disparities, since people living in more deprived areas are more likely to partake in these behaviours.

**Do you have any suggestions on how we can support people to tackle these risk factors?**

- Yes
- No

**How can we support people to tackle these risk factors?**

You might consider suggestions on how we could:

- make changes at a local level to improve the food offer and support people to achieve or maintain a healthy weight and eat a healthy diet
- identify and support inactive people to be more physically active
- support people to quit smoking, including through increasing referrals to stop smoking support and uptake of tobacco dependency treatment
- support people who want to drink less alcohol to do so

**Suggestions for tackling the risk factors for ill health (500 words max).**

Community pharmacies are uniquely placed to deliver public health services due to their access, location and informal environment with 89% of the population having access to a community pharmacy within a 20 minute walk.

Pharmacy staff often reflect the social and ethnic backgrounds of the community they serve, and they are accessible to individuals in inclusion health groups who may not access conventional NHS services, which can help to reduce health inequalities.

Patients and the public trust their pharmacy teams and build a special relationship with them due to frequent contact, so that people are able to be honest with them about their lifestyle choices, for example, the number of cigarettes they smoke (Ref: Local Government Association, The community pharmacy offer for improving the public's health: a briefing for local government and health and wellbeing boards (March 2016)).

All community pharmacies in England are now Healthy Living Pharmacies (HLP). The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

Therefore consideration could be given to the commissioning, with the appropriate funding, a range of prevention-focused services, including stop smoking services, weight management and alcohol intervention and brief advice services in community pharmacies.

In March 2022, a national NHS Smoking Cessation Service was commissioned in community pharmacies which allows NHS trusts to transfer patients for smoking cessation support into the community. Many local authorities also commission local smoking cessation services from community pharmacies. Consequently, there is a skilled workforce already available in community pharmacies. The development of an open access national nicotine cessation service could allow more people to be able to access a consistent offer of smoking and nicotine (vaping) cessation support.

Over the last couple of years, pharmacy teams have also upskilled themselves on weight management. Under the Pharmacy Quality Scheme 2021/22, 9,721 pharmacy teams completed learning on weight management; created or updated existing weight management action plans focused on how they would assist a person who would like support with their weight; and ensured that they had a member of staff who could offer to measure a patient's Body Mass Index and waist circumference, and then provide advice to the individual. These pharmacies discussed weight management with at least 243,025 people (Ref: Community Pharmacy England Briefing 021/22: Outcomes of the 2021/22 Pharmacy Quality Scheme). This highlights the trained workforce which could be used to support patients with weight management, through commissioned services.

Community pharmacy teams also participate in up to six NHS organised health campaigns per year, the topics of which are agreed between NHS England and Community Pharmacy England. There is consequently scope to use community pharmacy teams to promote the messages of national campaigns focused on reducing the risk factors for development of conditions such as CVD.

## **Supporting those with conditions - supporting local areas to diagnose more people at an earlier stage**

This part of the survey seeks to understand how we can improve outcomes for people with any of the major conditions, or a combination of them, across their life course. You do not need to respond for every condition – please just reply in the relevant box for where you have suggestions.

For these questions, we ask for you to consider the following in your responses:

- How we can improve outcomes for people across the life course, from pre-conception, early years, childhood and young adulthood, into adulthood and older age
- How we can target population groups most in need – including addressing disparities in health outcomes and experiences by gender, ethnicity and geography
- What could be adopted and scaled quickly (that is, in the next 1 to 2 years) with impact
- What we can learn from local, national, and international examples of good practice, and what wider factors are either enabling them to be a success or are blocking them from being even more successful
- If you've tried a particular approach with success, please indicate the cost and be as specific as possible about how the approach was implemented

## Supporting local areas to diagnose more people at an earlier stage

**Do you have any suggestions on how we can better support local areas to diagnose more people at an earlier stage?**

- Yes
- No

**How can we better support local areas to diagnose more people at an earlier stage?**

You might consider suggestions to increase capacity available for diagnostic testing or identify people who need a diagnosis sooner (500 word limit).

### Suggestions for multiple conditions

Many community pharmacies already provide a range of private diagnostic tests and some NHS commissioned services, such as NHS Health Checks. Such testing often makes use of point of care testing technologies, which are increasingly allowing testing in pharmacies, which was once only possible in biochemistry laboratories. We believe there is significant scope to make use of the easy accessibility of community pharmacies, the trained healthcare workforce within and modern point of care testing technology to increase the availability of diagnostic testing and the provision of initial advice and referrals on to other healthcare professionals, where appropriate. With the increasing number of pharmacists qualified as independent prescribers, it would also be possible

to start the management of some conditions, in partnership with the patient and their general practice.

### **Suggestions for CVD**

We believe there is significant scope to make use of the easy accessibility of community pharmacies, the trained healthcare workforce within and modern point of care testing technology to increase the availability of diagnostic testing and the provision of initial advice and referrals on to other healthcare professionals, where appropriate. With the increasing number of pharmacists qualified as independent prescribers, it would also be possible to start the management of some conditions, in partnership with the patient and their general practice.

In relation to CVD, commissioning community pharmacies to provide AF identification or to measure people's cholesterol would increase capacity for diagnostic testing and would build on the currently commissioned NHS Hypertension Case-finding Service which is commissioned in pharmacies across England.

### **Suggestions for chronic respiratory diseases**

We believe there is significant scope to make use of the easy accessibility of community pharmacies, the trained healthcare workforce within and modern point of care testing technology to increase the availability of diagnostic testing and the provision of initial advice and referrals on to other healthcare professionals, where appropriate. With the increasing number of pharmacists qualified as independent prescribers, it would also be possible to start the management of some conditions, in partnership with the patient and their general practice.

In relation to chronic respiratory disease, community pharmacies have been demonstrated to be an appropriate location where point of care testing could be used to support case-finding and diagnosis, such as provision of micro-spirometry to people with persistent cough and a history of smoking (e.g. the [Community Pharmacy Future COPD case-finding service](#)) or the use of Fractional Exhaled Nitric Oxide (FeNO) testing to support the diagnosis of asthma.

## Supporting those with conditions - supporting and providing treatment for people after a diagnosis

Do you have any suggestions on how we can better support and provide treatment for people after a diagnosis?

- Yes
- No

This part of the survey seeks to understand how we can improve outcomes for people with any of the major conditions, or a combination of them, across their life course. You do not need to respond for every condition – please just reply in the relevant box for where you have suggestions.

For these questions, we ask for you to consider the following in your responses:

- How we can improve outcomes for people across the life course, from pre-conception, early years, childhood and young adulthood, into adulthood and older age
- How we can target population groups most in need – including addressing disparities in health outcomes and experiences by gender, ethnicity and geography
- What could be adopted and scaled quickly (that is, in the next 1 to 2 years) with impact
- What we can learn from local, national, and international examples of good practice, and what wider factors are either enabling them to be a success or are blocking them from being even more successful
- If you've tried a particular approach with success, please indicate the cost and be as specific as possible about how the approach was implemented

### How can we better support and provide treatment for people after a diagnosis?

You might consider suggestions that help people to manage and live well with their conditions, with support from both medical and non-medical settings (500 word limit).

### Suggestions for multiple conditions

We believe there is significant scope to make greater use of the easy accessibility of community pharmacies, the availability of a highly trained pharmacist and the wider trained pharmacy workforce to provide more support to help people to live well with their long term conditions (LTC).

Most LTCs are in part managed through the use of medicines, but frequently patients do not fully adhere to their prescribed medicines regimen. This can have adverse consequences for the individual, due to the potential progression of the condition. Community pharmacists are well placed to support people to improve their adherence and the management of their condition by providing medicines optimisation services, which take a person-centred, shared decision-making approach.

With the increasing number of pharmacists qualified as independent prescribers, it would also be possible for community pharmacists to play a wider role, starting to manage of some LTCs, in partnership with the patient and their general practice.

### **Suggestions for CVD**

Once a diagnosis has been made, it is essential that patients receive good basic care which includes smoking cessation, support with taking/using their medicines and appropriate vaccinations. Community pharmacies currently provide support to this group of patients by providing smoking cessation advice (either over the counter or through a commissioned service if available), the NHS New Medicine Service and NHS flu vaccinations. However, they could also be commissioned to provide the pneumococcal vaccine allowing patients with heart disease the choice of where is most convenient for them to receive their vaccine.

From 2026, all newly trained pharmacists will register with an Independent Prescribing qualification. This, along with work ongoing to upskill the current pharmacist workforce to become independent prescribers, will allow pharmacists to take on a bigger role in managing patients with long-term conditions such as CVD. We believe a sensible starting point would be for community pharmacists to manage hypertension identified via the NHS Hypertension Case-finding Service in collaboration with the patient and their general practice. This approach would help reduce the access challenges many general practices currently suffer from and could develop to include the management of cholesterol or other aspects of CVD management.

### **Suggestions for chronic respiratory diseases**

Once a diagnosis has been made, it is essential that patients receive good basic care which includes smoking cessation, support with taking/using their medicines, inhaler technique checks and appropriate vaccinations. Community pharmacies currently provide support to this group of patients by providing smoking cessation advice (either over the counter or through a

commissioned service if available), the NHS New Medicine Service, inhaler technique checks and flu vaccinations. However, they could also be commissioned to provide the pneumococcal vaccine allowing patients the choice of where is most convenient for them to receive their vaccine.

From 2026, all newly trained pharmacists will register with an Independent Prescribing qualification. This, along with work ongoing to upskill the current pharmacist workforce to become independent prescribers, will allow pharmacists to take on a bigger role in managing patients with long-term conditions such as respiratory diseases. We believe a sensible starting point would be for community pharmacists to support the management of asthma and COPD in collaboration with the patient and their general practice.