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How community pharmacy is addressing health inequalities

Foreword

Community pharmacy is playing an increasingly important role in primary care, working alongside family doctors to support people’s health and wellbeing. This is particularly true in deprived areas, where an inverse care law1 applies. Communities that most need doctors are, in reality, frequently under-doctored. In these areas, local pharmacies are not just an invaluable community asset, dispensing medicines and vital public health services, they are potentially a key to unlocking deep-rooted health inequalities.

New research by YouGov,2 commissioned for Dispensing Health Equality, shows that, if faced with closure, one in four people who would normally seek advice from their local pharmacy on common ailments, would instead make an appointment with their GP.

Evidence suggests this is considerably higher in more deprived communities. According to research undertaken by NHS Fylde and Wyre in Fleetwood, Lancashire, from July 2015 to March 20163, four in five people would go to their GP were they no longer able to access a pharmacy minor ailment scheme. An uplift in GP appointments is untenable in any part of the country, but especially so in those areas that find it difficult to attract GPs in the first place. In its publication, Community Pharmacy in 2016/17 and Beyond, the government has indicated that its proposals will lead to up to one in four pharmacies facing closure under proposed arbitrary funding cuts.4 This will affect communities such as Fleetwood and Easington Lane, a former coal mining village, where there is no GP surgery and just one local pharmacy serving the needs of more than 2,000 people.

Our field research showed us that there is a growing role for pharmacy as ‘health champions’

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and ‘care navigators’, supported by GPs and people alike. At a time when there is an entirely unacceptable widening gap in life expectancy between rich and poor, extreme pressure on GPs, and increasing public awareness of the role pharmacy is playing in delivering services to support public health, it would be catastrophic if the areas that most need it, are deprived of access to this crucial community asset.

**Dispensing Health Equality** sets out to share the stories of people who live and work in some of England’s most deprived areas. People whose lives and health would be affected by the withdrawal of a key health service. The cost is both human and fiscal. We should be outraged that there is now a more than 30 year life expectancy gap between our richest and poorest, and no general practice can afford additional appointments to advise on common ailments that can be self-treated.

The Government’s proposed arbitrary cuts to pharmacy funding must take account of this.

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Deputy director, Centre of Health and Inequalities Research

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Facts at a glance

1.2 million
people visit a community pharmacy daily for health related reasons

£3-5* / £25-30
difference in cost per consultation for pharmacy and GP

7 in 10
people said they would use more expensive NHS services if it became more difficult to access their community pharmacies

Community pharmacies are more accessible than GP surgeries

11,500
community pharmacies in England

650
the number each month of significant interventions for healthy living in Lancashire pharmacies

33.3
the life expectancy gap in years between richest 5% and poorest 10% of men (England and Wales)

77%
the proportion of those people who didn’t need referring to the NHS

1 in 4
the number of people who would, as regular pharmacy users, go to a GP if their local pharmacy closed

100% - proportion of population living within a 20 minute walk in the most deprived areas

* Example of a pilot MAS. The cost per consultations vary depending on a CCG
Dispensing Health Equality is the second paper in Pharmacy Voice’s Dispensing Health initiative. A first paper, Dispensing Health in Later Life, explored the role of community pharmacy in improving the use and adherence of medicines in people aged over 75.6

Dispensing Health Equality examines the critical role community pharmacy is playing to support people’s health in some of England’s most deprived communities. Recent research by City University London’s Cass Business School7 shows the richest 5% of men are living an average of 96.2 years, which is 34.2 years longer than the poorest 10% of men. The gap is 1.7 years wider than 1993, when the two figures were closest together. The richest women live 98.5 years on average, 31.5 years more than the poorest women.

The gap in life expectancy comes sharply into focus between the ages of 60 and 75, and according to the Cass Business School research, this can be influenced by behavioural factors, as well as social and biological determinants. Earlier interventions like smoking cessation programmes delivered by community pharmacy could, over time, reverse this disturbing trend.

A recent study published in BMJ Open stated: “Community pharmacy-delivered interventions are effective for smoking cessation, and demonstrate that the pharmacy is a feasible option for weight management interventions. Given the potential reach, effectiveness, and associated costs of these interventions, commissioners should consider using community pharmacies to help deliver public health services.”8

However, proposals to cut community pharmacy funding may threaten their existence in the very areas they are most needed.

We wanted to better understand the work being undertaken by community pharmacy across England to support public health improvement, especially in those areas where life expectancy is lower. To do this, we undertook a series of in-depth conversations and field visits in some of the most deprived parts of the country. We talked to community pharmacists, the people they serve, GPs, social workers, public health specialists, commissioners, and academics. Dispensing Health Equality tells their stories.

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6 Dispensing Health http://www.dispensinghealth.org/reports/
8 Community pharmacy-delivered interventions for public health priorities. Brown, Todd, et al http://bmjopen.bmj.com/content/6/2/e009828.full
How community pharmacy is addressing health inequalities

Context

Good health follows a social gradient: postcode can be more influential on life expectancy than genetic code.

This comes into sharp focus after the age of 60, when the life expectancy gap is more than 30 years between those living in affluent areas and those living in deprived ones.

Research by Durham University\(^8\) has shown that most people in England can get to a community pharmacy easily, with the greatest access in deprived areas. This means our high street pharmacies could be key in tackling some of society’s major public health concerns such as obesity, smoking, and alcohol.

Described as the ‘inverse care law’,\(^10\) the country’s most deprived areas are frequently under-doctored, which can exacerbate health inequalities and the gap in life expectancy. Community pharmacy offers a ‘positive care law’.

Local pharmacies - a health hub offering expert advice and support from highly trained healthcare professionals without needing an appointment - are within a 20 minute walk of almost 100 per cent of people in our most deprived communities.

Relieving pressure

GPs are increasingly unable to meet intense pressure from rising patient demand, driven by an ageing population living with a number of long-term conditions.

Community pharmacy can relieve this demand, but currently faces proposals that will arbitrarily reduce funding to the sector. The government has indicated that up to one in four pharmacies will close.

This paper highlights the imperative for people to have ongoing access to community pharmacies, especially those in our most deprived communities. They actively use and rely on them, especially where they have limited access to their GP.

New research by YouGov shows that one in four people who would normally visit a pharmacy for advice on common ailments would instead make an appointment with their GP. Previous research shows that advice from the GP on common ailments that could be self-treated already costs the NHS £2 billion,\(^11\) equivalent to £250,000 per general practice.

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\(^8\) Adam Todd, Alison Copeland, Andy Husband, Adetayo Kasim, Clare Bambra, BMJ Open, The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England

http://bmjopen.bmj.com/content/4/8/e005764.fu

\(^10\) John Appleby, Chris Deeming, The King’s Fund, Inverse care law

http://www.kingsfund.org.uk/publications/articles/inverse-care-law

\(^11\) Save our NHS: Time for Action on Self Care

Data collated by NHS Fylde & Wyre shows that in Fleetwood Lancashire, of the 1,388 people who attended the local pharmacy for a minor condition, nearly 84 per cent said they would be forced to go to the GP or walk-in centre in the absence of the pharmacy.

In the past two years, Pharmacy Voice – through its Dispensing Health campaign – has generated a continuous uplift in awareness of community pharmacy’s role in managing these common disturbances, and in helping improve their health and wellbeing.

Dispensing more than medicines, community pharmacy is uniquely positioned in our society to dispense health, especially in communities with limited access to their family doctor.

NHS England recognises community pharmacy is an underutilised resource that, working in collaboration with other primary care providers, can play a key part in dispensing health equality.

It is universally recognised that demand for health services is set to grow. The Department of Health estimates that by 2018, 2.9 million people will have three long-term conditions – up 1.1 million from 2012.12

Local pharmacy does a great deal more than dispense medicines: it is at the heart of our communities and is potentially a key to unlocking health inequalities. In many cases, it is frequently the first, or only, human health point of contact. This is particularly true in some of the country’s most deprived areas.

Pharmacists and their teams deliver important and effective public health services;13 these include weight management programmes, promoting and supporting safe sexual health, and smoking cessation clinics.

They can support people to live independently by helping them understand the safe use of medicines, while also offering healthy lifestyle advice.

Importantly, pharmacies are local businesses, bringing employment, as well as accessible healthcare to people in the most deprived communities.

However, community pharmacy faces funding cuts, which the government has indicated will result in as many as one in four closures. Our research shows that this would hit already hard-pressed GPs.

The Office for National Statistics indicates that the gap in life expectancy between the richest and poorest in our communities is widening. Restricting access to healthcare services could lead to those who most need access to professional advice and support from health services, being deprived of them.

The network of over 11,500 community pharmacies offers the public unrivalled access to healthcare professionals and services, and provides an important early warning system.

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12 General Practice Forward View https://www.england.nhs.uk/ourwork/gpfv/
13 Community pharmacy-delivered interventions for public health priorities. Brown, Todd, et al http://bmjopen.bmj.com/content/6/2/e009828.full
How community pharmacy is addressing health inequalities

Dispensing Health Equality relied on desk research, and field research across the country. We are very grateful to the many people we spoke to and visited: their human stories have brought to life the crucial role pharmacy plays in deprived areas, supporting both the people they serve and their health professional colleagues.

The King’s Fund report published on May 5, 2016, Understanding Pressures in General Practice14, states that general practice is in crisis: too few doctors, too many patients, and not enough new doctors being recruited. Work is being shifted from hospitals to primary care, without sufficient funding to follow it, and insufficient data means authorities are unable to understand fully the scale of the problem.

NHS England acknowledged the depth of the crisis in its General Practice Forward View, published in April 2016. The patients whom GP surgeries are unable to cope with are ending up in A&E and some hard-pressed parts of the country are in danger of losing access to GPs altogether. There is an intention to provide bursaries for new doctors in hard-pressed areas, and investment for more clinical pharmacists to work alongside GPs in their surgeries. These are pragmatic and reasonable intentions but are not an overnight solution; nor do they reflect the value people place on access to an alternative health hub – their local pharmacy.

The real story is a human one told by GPs, pharmacists, health advisers and the people they serve. Our research shows that were there is need, there is innovation, and the role of community pharmacy in deprived areas is not an add-on but a critical and integral part of people’s care and wellbeing, and ahead of the curve in providing the 24/7 access to health services the government wants.

Our key findings:

- There is a healthy dynamic where general practice and community pharmacy work in close collaboration, less demand for GP appointments, significant savings around the treatment of minor ailments, improvement in public health through the delivery of interventions like eat well and stop smoking cessations.

- GPs and directors of public health across the country see a key role for community pharmacy as ‘care navigators’ and ‘health champions’. This extends significantly beyond pharmacy’s traditional role as medicines dispenser. We especially liked the Green Light Co-operative’s approach in inner London, where ‘eat well’ support extend to advising people when fruit and veg have been reduced to half price at the local market.

- People really value their local pharmacy and have developed close and long-term relationships with them. “We call them and they call us”. Often, they are the only regular point of human contact for elderly and vulnerable people, and are able to spot indications of something more serious on their visits.

- Local pharmacy sees itself as serving “not just our patients, but our community”. They take huge pride in what they do, and many go above and beyond the call of duty to ensure their patients are protected.

- They are valued equally in deprived rural, and urban, areas: the loss of a local pharmacy on which a community depends would be hugely detrimental in both.

How community pharmacy is addressing health inequalities

Dr Sohail Munshi is chair of three GP federations that have come together as The Manchester Primary Care Partnership. “The fact is we’re facing a shortage of 7-10,000 GPs. Barriers will only be broken down when people understand what each other does. In a deprived area like North Manchester where I practise, many people live haphazard lives. People need to access healthcare whenever and wherever they can get it. You need more easy points of contact like community pharmacies in deprived areas.”

John Richardson, 62, is a retired miner from Easington Lane, Tyne and Wear, a former coal mining village with a population of just over 2,000 people; it is located within one of the most deprived communities in England. “I’ve got two primary cancers. I depend a lot on help from this pharmacy. I can’t travel. It’s unbelievable what these people have done for me. It takes two weeks to get an appointment with a doctor. And, you can’t see the doctor you want to and I can’t rely on my family to run me to Houghton or Hetton. I can call the pharmacy. They call me. We’d be lost without a pharmacy in the village.”

Green Light is an independent employee owned co-operative chain of seven pharmacies that are deliberately situated in areas of socio-economic deprivation and multi-cultural communities across London. Sanjay Ganvir explains: “It’s the brief interventions we can make in our interactions with people who don’t access health services in a conventional way that can really make a difference to people’s lives. Being a local pharmacy, open in the evenings and weekends, makes us probably the most easily accessible part of the NHS and very attractive to the local community – many of whom live in a highly deprived part of the inner city. But outreach is also core to our philosophy – we do not have an expectation that people can only access services by coming to the pharmacy – the staff regularly give talks in mosques, schools, local businesses and restaurants.”

Aisling O’Brien runs three of the six community pharmacies in Fleetwood, Lancashire. The town ranks sixth out of 209 in England’s index of deprivation by CCG. The pharmacies employ 68 staff in an area of high unemployment. “We know that in some cases, our delivery driver is the only human contact an elderly resident will see on a regular basis. Also, we review patients medicines with them and support them in understanding any new medicines and any problems they may have so they can take their medicines appropriately to improve their day-to-day living.”
"We can reduce pressure on GP time"

Aisling O’Brien runs three of the six community pharmacies in Fleetwood, Lancashire. The town ranks sixth out of 209 in England’s index of deprivation by CCG. The pharmacies employ 68 staff in an area of high unemployment.

"Fleetwood is a town of two halves. One side is exceptionally deprived. 50% of the population is 60 plus. The age and social demographics in the area means we tend to see lots of people with complex health needs. A high proportion of our population is frail and elderly, and not very mobile.

The latest pharmaceutical needs assessment stated that the number of pharmacies was sufficient for the demographics in the area. But, if one closes, another has to pick up the healthcare needs of our local community. One of the challenges is that our pharmacy will be hard pushed to offer the personal attention to the patients that have come to know and trust them. People, especially the older ones, don’t like change – and may end up avoiding presenting to a health professional.

There are lots of services we offer free of charge to our patients. Like our meds delivery service. **We know that in some cases, our delivery driver is the only human contact an elderly resident will see on a regular basis.** Also, we review patients medicines with them and support them in understanding any new medicines and any problems they may have so they can take their medicines appropriately to improve their day-to-day living. The minor ailments scheme that’s been running has shown we can reduce pressure on GP time because of the large number of referrals we received from GP surgeries.

**Community pharmacies are part of the NHS, like GPs, and with the challenges the NHS is facing, it is time for us all to work more closely together to help our patients access the service they need when they need it.**

Every day community pharmacies are providing public health information and advice to help them stay well. The reality here is that many public health services are being withdrawn or not commissioned. Community pharmacy is an underutilised resource.

Ultimately any closures will reduce access to healthcare services; instead of using the skills that are already there to help keep our community well."
How community pharmacy is addressing health inequalities

PERSPECTIVE 2: FLEETWOOD, THE GP
PERSPECTIVE

“How patients have different, and longer, health conversations with their pharmacist.”

Dr Mark Spencer runs the Mount View Practice in Fleetwood and is chair of the New NHS Alliance:

“Male life expectancy here is 70 – that’s 10 years lower than the average in England and 18 years lower than a neighbouring town six miles away! Prevalence of long-term conditions here is twice the national average and we have high incidence of mental health problems, alcohol and substance misuse, and smoking related diseases. We have to think about how we address these issues and we think working closely with our community pharmacy colleagues is an obvious solution.

Our six community pharmacies are central to extending our practice through our plan introduced as part of the Prime Minister’s Care Fund. A fundamental starting point was for us all to have full access to medical records and that’s what we’ve achieved. Its success has meant that the CCG is rolling out the programme from a population of 30,000 to 150,000.

Within our local authority, Lancashire County Council, the public health services you can find within the pharmacy teams can include methadone programmes, needle exchange, sexual health and smoking cessation. I’d really like to see community pharmacies involved in more complicated long-term condition management like hypertension – and to discuss appropriate medication on a monthly basis. I think patients have a greater level of trust with community pharmacists. It means they can have different – and longer – conversations. It certainly means they dispense more than medicines.

We’ve noticeably benefited from fewer GP consultations from people who don’t really need them. And, there’s the question of where else would people here go?”
Easington Lane is a former coal mining village with a population of just over 2,000 people; it is located within one of the most deprived communities in England.

Siobhan Todd is manager of the village’s only pharmacy. “On a Saturday, it’s us or A&E for our residents. One of the biggest issues here is that there is no GP surgery in the village; people have to travel – in many cases by public transport – to see a GP; at one surgery, the bus doesn’t even stop there so people have to get a taxi. And that’s a big expense for people.

“We see the usual conditions associated with high levels of deprivation – high levels of smoking, diabetes and depression. Poor diets are also a problem.

Lots of people here have multiple co-morbidities and illnesses that makes medication complex. Seeing the patients as we do means we can monitor their health – as well as their meds - as we think it’s all part of the dispensing process. Our consultation room has made a big difference; people now see us differently and are happier to discuss their conditions or meds with us.”

Ailsa Shackler, 73, is a regular visitor to Easington Lane Pharmacy

“My husband had a stroke and we don’t have a car any more. If me or my husband needs the doctor and my daughter can’t take us, we get a taxi which costs a tenner. If this pharmacy wasn’t here I suppose I’d have to get my meds delivered but I like the walk and the bit of exercise. Plus, you can talk to the team here.”

John Richardson, 62, is a retired miner

“I’ve got two primary cancers. I depend a lot for help from my pharmacist. I can’t travel. This place means a lot to me and my family. It’s unbelievable what these people have done for me. It takes two weeks to get an appointment with a doctor. And, you can’t see the doctor you want to. I can’t rely on my family to run me to Houghton or Hetton. I can call the pharmacy and they call me. We need a pharmacist in the village.”
How community pharmacy is addressing health inequalities

PERSPECTIVE 4: GREEN LIGHT, AN EMPLOYEE OWNED PHARMACY

“Being a local pharmacy, open in the evenings and weekends makes pharmacies like us probably the most easily accessible part of the NHS and very attractive to the local community – many of whom live in a highly deprived part of the inner city.”

Green Light is an employee owned co-operative chain of seven pharmacies that are deliberately situated in areas of socio-economic deprivation and multi-cultural communities across London.

“We believe very much in the notion that every contact counts”, says Sanjay Ganvir, Partner in Green Light. “It’s the brief interventions we can make in our interactions with people who don’t access health services in a conventional way that can really make a difference to people’s lives. Being a local pharmacy, open in the evenings and weekends makes pharmacies like us probably the most easily accessible part of the NHS and very attractive to the local community – many of whom live in a highly deprived part of the inner city.

Local knowledge is crucial – for example, one member of staff, a trained health champion, advises local people not just on healthy eating but also when the local market’s fruit has been reduced to half-price!”

The pharmacies are clinically (not retail) focused, deliver undergraduate teaching to University College London, as well as being a community resource. As part of a local Healthy Living Project, a wide range of community initiatives are on offer, from health screening, health and self-care talks and activity classes to cooking and a walking group for isolated people, as well as more traditional services including stop smoking advice. The pharmacy delivers regular health education sessions to the Bangladeshi and wider communities. Diabetes is highly prevalent among the local Bengali population and the pharmacy operates a support group which meets to discuss relevant issues such as how to manage fasting at Ramadan.

Outreach is core to Green Light’s philosophy – they do not have an expectation that people can only access services by coming to the pharmacy – the staff regularly give talks in mosques, schools, local businesses and restaurants.

Green Light illustrates how the traditional pharmacy model can be changed to focus on wellness, education and prevention in highly deprived and socially isolated communities.
How community pharmacy is addressing health inequalities

PERSPECTIVE 5: THE MANCHESTER PRIMARY CARE PARTNERSHIP (MPCP)

Manchester has the highest incidence of premature mortality in England. The inverse care law is demonstrated by the fact that Manchester CCGs are some of the least funded.

Dr Sohail Munshi, chair of three GP federations that have come together as The Manchester Primary Care Partnership (MPCP), explains:

“Manchester is in a unique position in that MPCP has 100% coverage of all 91 GP practices within the City. We’re very involved in the transformation of primary care. Core to what we’re doing is developing our 12 ‘patches’. Each patch will have a population of 30-50,000. The ambition is to have neighbourhood teams, each consisting of primary care professions, social care, and third sector agencies working alongside each other.

As a GP, around 15% of my time is spent signposting people to non-medical services, which I’m not best qualified to answer. Each patch will have someone who can direct people to the relevant services - a care navigator, and we see community pharmacies as having an important role in that also.

The fact is we’re facing a shortage of 7-10,000 GPs. So, I also support the idea of community pharmacies doing more than their traditional role. There’s a wide range of medicines optimisation work for example, that pharmacists are far better qualified to do than GPs. One of the greatest opportunities offered by devolution is the development of neighbourhood based care close to patients that will allow cross-professional cooperation to evolve. Barriers will only be broken down when people understand what each other does. And, the process means that we all have a greater understanding and appreciation of what each of us can do.

In a deprived area like North Manchester where I practice, many people live haphazard lives. People need to access healthcare whenever and wherever they can get it. You need more easy points of contact like community pharmacies in deprived areas.”
PERSPECTIVE 6: MERTON, SOUTH LONDON

“I want community pharmacies to be an extended part of the team”

Dr Nav Chana is a GP and chair of the National Association of Primary Care:

“Our practice is in the London Borough of Merton. This is one of the most deprived wards in London and yet is in the same borough as affluent Wimbledon. They’re physically close but a world away in terms of health needs and health outcomes.

I want community pharmacists to be an extended part of the team but I don’t think we are tapping far enough into the resource they can bring.

Pharmacists and their teams could play a bigger role in primary care – as defined by me as the visit before the visit to the GP.

I welcome what they do with medicines use reviews (MURs), understanding of polypharmacy, and treating minor illnesses. But, community pharmacy can make an impact on lifestyle changes and they’ve got the potential for a role for greater signposting to other services. We are promoting the idea of “care navigators” – people who are based in pharmacies who are trained health champions but also know how to help people with non-medical queries that will make their lives easier.”
How community pharmacy is addressing health inequalities

PERSPECTIVE 7: WINTHORPE COMMUNITY PARTNERSHIP
Addressing rural isolation in Skegness, Lincolnshire:

Jodi Bradbury lives in the rural, coastal community of Winthorpe, Lincolnshire.

“A high proportion of its 5,000 people are elderly and retired. Work for non-retirees is mostly seasonal and low paid. Transport links and education facilities are limited. These factors contribute to Winthorpe being in one of the top 10 per cent of deprived wards in England.”

Jodi coordinates the Winthorpe Community Partnership, a group of local people who have recognised that making life better for a community starts with the community itself.

“The Community Partnership offers clubs, activities, training – anything that people say they want to enrich their and their neighbours’ lives. While they have been very successful in building many social aspects of their community, what is missing is the healthcare support.

It’s over two miles to town – one bus ride to the nearest pharmacist and two to the doctor. Most people go straight to the hospital because it’s nearer the bus station and we can’t easily get an appointment at the surgery. It takes ages.

Ideally, we would have a pharmacy here – it would be popular with our residents. Failing that, I know I could persuade people to go to see the pharmacist as a first option for things that aren’t serious – but the majority of people here don’t pay for prescriptions so would rather go to A&E, which is ridiculous.

We have terrible problems trying to attract or retain doctors here and the Skegness hospital is bursting – but people round here don’t feel they’ve got a choice.

I’ve just found out that the pharmacist runs a minor ailments scheme. I’m sure that our community will use it more as a result but someone might have let us know! And, now it might go, which would be a bad move having just discovered it. Still, now the Community Partnership knows about it, we can explain to people what the benefits are and that they won’t have to pay for a lot of their everyday medicines.”
**How community pharmacy is addressing health inequalities**

**PERSPECTIVE 8: TEIGNMOUTH, DEVON**

“They seem to know more about the medicines than the doctor – and they’ve got a bit more time to explain things to you.”

Keith Guppy, Teignmouth, Devon

Keith, 40, is a community worker and computer technician living with his wife and family around a mile from the centre of Teignmouth, Devon. They have five children ranging in ages from three to 14.

“The family are frequent users of community pharmacy “because it’s easier than the process of going to a GP.” says Keith.

“We can tell the pharmacist the symptoms and they’ll tell you what to do. It’s a lot more convenient than waiting for a GP appointment, and then being told it’s something the pharmacist could have told you. If one of the kids has a temperature, we'll call NHS 111 or go to the pharmacist. They seem to know more about the medicines than the doctor – and they’ve got a bit more time to explain things to you.

If our nearest pharmacy wasn’t there, we’d have to go to Newton Abbot or Dawlish – three and five miles away respectively. We drive but it would be a nightmare with five kids if we didn’t have a car.”

Keith’s wife has also recently been diagnosed with rheumatoid arthritis which requires significant quantities of regular medication.

“Without somewhere local we can pick up her medication from, things would be a lot trickier.”
PERSPECTIVE 9: LANCASHIRE, THE PUBLIC HEALTH PERSPECTIVE

“Community pharmacies are one of the key aspects in the local community”

Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council

“We’re one of the pioneering areas for using Healthy Living Pharmacies – and they are central to our plans to commission public health services.

Healthy Living Pharmacies could help and support chronic disease management as well as medicines optimisation that could help reduce emergency admissions. We’re also using community pharmacies to give the flu vaccine to our staff at Lancashire County Council.

Lancashire has one of the most striking health inequalities – especially when you look at the variation in healthy life expectancy. We’ve been successful in adding years to life but not life to years.

A significant proportion of our residents will have illnesses during their working life – with all the implications that brings. We work in a three-dimensional way to address all the gaps we face in terms of health and wellbeing, care quality, and financial.

Community pharmacies are one of the key aspects in the local community not just for providing health care but maintaining and improving wellbeing. They’re one of the most accessible points in any community.

I believe that any changes to community pharmacies without considering the wider impact on other health and care services is likely to have a negative effect on people’s health outcomes”
"Our plans include greater integration of healthy living pharmacies and their teams"

Helen Lowey, Consultant in Public Health, Blackburn with Darwen Borough Council

"Blackburn with Darwen is one of the more deprived boroughs in the country. We have low quality housing, high unemployment, and the associated poor health and social outcomes. The area is in the worst 10% in the country for health deprivation, and we have high levels of children living in poverty. Heart failure, asthma, depression, and severe mental illness are above average. Obesity and use of alcohol and tobacco which, are strongly associated with deprivation also persist.

Prevention is key. We think there’s untapped potential for people to take greater responsibility for their health. There’s a lot to do but it’s going to be the people themselves who must be empowered to make healthier lifestyle choices, improve their lives, and reduce pressure on the existing services.

We’ve got to work with the system to transform the way we do things - and I think community pharmacy has a significant part to play. They are widely distributed throughout the area, many people use community pharmacies who wouldn’t use other health services and there are existing relations with the community, which we can really build upon.

Our plans include greater integration of healthy living pharmacies and their teams of health champions to change patients’ and professionals’ attitudes to health and supporting people to make healthier choices.”
Ashok Mehta is a community pharmacist in the Wigan borough of Tyldesley, Greater Manchester. The area ranks as one of the most deprived in England.

“The people here are fantastic,” he says, “and I’m very proud to have been part of this community for over 13 years. Life is quite tough for lot of people round here, there are a lot of social and health issues - but our team really does make a difference to people’s lives.

For example, we led a project called ‘Active Living’, where an expert visited our pharmacy every morning for one week, highlighting the importance of healthy lifestyle and various activities available within the borough. This is a joint venture between WLCT Active Living, Inspiring Healthy Lifestyles and us. It aims to take practical health advice into the community. It works because we’re trusted. People know us. And, they’re not always very good at presenting to a GP.

The outcome of the project is very encouraging, and Active Living can now provide a new class of Strength and Balance weekly, planning Health Walks in groups and most encouraging is that we can refer patients to the Active Living programme.

I think it would be disastrous for communities like ours if there were fewer small pharmacies for people to call into. Lots of people would have to go to a GP which is difficult – which might mean they’d just not bother.

People really need a place they can come for help and advice about their health – and sometimes it’s not always about health. We offer a very healthy choice – care in the community!”
Clement Chapajong and his team from LloydsPharmacy in Winson Green, Birmingham are motivated and passionate about making a difference to people’s lives and are very much part of the multi-cultural community that they serve.

Winson Green, an area recently made famous by the controversial TV series Benefits Street, has around 63% of its residents living in the top 5% most deprived areas in England. 70% of the community is from an ethnic minority background.

Clement explains, “Between us we can speak 11 different languages and that has really helped us to interact and build trust with a community that has a high immigrant population. Being able to speak many languages myself, including Polish, Czech, German and French, enables me to reach out to the immigrant community surrounding the pharmacy, helping patients with serious health conditions receive the care they need.

These patients sometimes are not registered with a GP because they do not speak English and helping them register and settle in with a surgery has proved very life changing for some.”

Clement has been working at the pharmacy for over nine years and, with his 11 strong team has become well known for the range of services they provide to the diverse demographic;

“I have had patients come to our pharmacy from other parts of Birmingham just because they have heard that there is a healthcare professional who can communicate in their language and can help. We are open seven days a week until 8pm, so we can provide access to health advice and information out of hours”.

As well as supporting the community with out-reach health checks; Clement has strong relationships with other healthcare professionals operating within the health centre where the pharmacy is located.

“There is a very high immigrant community here and patients may not speak English. Often, we are called by other healthcare professionals to help interpret medical advice or diagnosis to patients. Being able to communicate well in English and other languages has enabled us to work closely with GPs to make sure patients do not feel left confused or disappointed. We also work closely with the health visiting team who refer new mums to the pharmacy for advice and information”. 

The centre also holds a weekly baby clinic, whereby new mums and their babies come to receive health advice, screening and routine reviews. We have regular contact with the health visiting team, who have come to rely not only on the pharmacy’s services, but also make use of our language skills as they refer many mums to us for advice and information”.

PERSPECTIVE 11: LLOYDSPHARMACY, WINSON GREEN, BIRMINGHAM
Oliver Kearney and the team at LloydsPharmacy in Irlam are known for being far more than just a pharmacy within the neighbourhood; they are also renowned for being incredibly active in the local community, attending around 10 community events a year, where they carry out health checks.

Last year they carried out diabetes and blood pressure checks at the Cheshire Show, Urmston Party in the Park to celebrate 50 years of the NHS, and the Disability Awareness Day at Warrington, where they won an award as the best attended attraction.

The team runs health awareness days for local council employees and visitors to council sites – seeing between 50 and 100 people at each session.

Oliver, who has been at the pharmacy for 11 years said “We have developed strong relationships with the Irlam community, with colleagues at the surgery we’re co-located with and beyond. We really wanted to put pharmacy on the map and reach out to the community to show what we can do”.

The Irlam pharmacy demonstrates authority in health and wellbeing and works hard at placing pharmacy on the map. It is involved in a number of health pilots and services that benefit not just their local community, but also neighbouring towns. These include projects such as the NHS Health Check. The pharmacy works in collaboration with local organisations such as GPs and NHS Local Stop Smoking Services.

Together with his team Oliver aims to ensure his pharmacy is a vital, caring, active part of the community. When a gas explosion meant that 200 families had to be evacuated from their homes, the team provided them with free toiletries, nappies, baby food, clothes etc.
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