ALL-PARTY PHARMACY GROUP

Chair: Dr Howard Stoate MP
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Treasurer: David Heath CBE MP
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Community pharmacy - tackling obesity
A report to Health Ministers

Background
The All-Party Pharmacy Group has closely followed the growing debate in recent months over the public health implications of obesity. We ourselves held a meeting to discuss the matter in late-2003 when we heard from the Food and Drink Federation, the UK Public Health Association and a leading community pharmacist engaged in weight management counselling and public health. These three speakers - Christine Fisk, Dr Geof Rayner and Roger King - were extremely helpful in setting out the issues for us and pointing towards solutions, and we record here our gratitude to them.

We have also been following the detailed inquiry of the Health Select Committee and look forward to their report on the matter. However, I am prompted to write to you now with our views by John Reid's announcement of the Department's major consultation on public health issues in advance of a White Paper later in the year. The views and recommendations set out below are intended to be our contribution to the consultation in respect of obesity.

Scale of the problem
There is a general consensus that obesity is becoming a major, perhaps our biggest public health challenge. The statistics are well-known:

- the UK has the highest incidence of obesity in the EU;
- the incidence of obesity here has trebled in the past 20 years;
- one in five people are obese, a further two in five are overweight;
- obesity is growing especially fast among children - since 1982 child obesity in the UK has doubled;
- 10% of six-year olds and 20% of 15-year olds are now affected;
- on average obesity shortens life expectancy by 9 years;
- it cost the NHS more than £2.5billion last year and that figure is rising fast.

Causes and effects
The causal factors are various:

- increasingly sedentary lifestyles;
- high fat, high energy diets;
- genetic factors;
- socio-economic factors - there is a link between deprivation and obesity.

Obesity is a contributor to various major diseases and chronic conditions:

- coronary heart disease;
- stroke;
- cancer;
- high blood pressure;
- osteoarthritis;
- respiratory diseases;
- diabetes.

Tackling the problem

Just as the causes of obesity are a complex mix of factors, a range of measures is required to address the problem.

Some of the policy decisions that need to be taken are in territory that is beyond the immediate remit of our Group. For example, should the marketing and advertising of food and drink products that can cause obesity be regulated? Should manufacturers be required to reduce the fat and salt content of their products? Are fiscal measures appropriate? Would health warnings and better labelling be helpful?

However, we do favour the imposition of greater regulatory requirements in the event that food and drink manufacturers fail to respond to health concerns on a voluntary basis. We believe current consumer information is unclear and, in the case of many 'fast food' products, almost non-existent. Consumers need to be able to make informed choices about the products they eat and drink. In the case of young children their parents need to know more about the content of food and drink products.

Like many others, we are concerned by the marketing activities of certain food and drink manufacturers, much of which is carefully targeted at children. Television advertising, sponsorship, gift promotions, etc. are often designed to appeal directly to children and young people. Whilst imposing a prohibition on the marketing of products legally produced and sold is generally undesirable, it may prove to be a necessary last resort if manufacturers fail to respond to growing public concern.

The government has already recognised the importance of promoting healthy diet. The Five a Day and fruit in schools initiatives are useful steps, though they are set against the enormous financial and marketing muscle of global food and drink manufacturers.

Promotion of healthy lifestyles and regular exercise, especially among children, needs to be strengthened. The forthcoming White Paper needs to identify ways of reaching more people with more effective information in these regards. The responsibility here does not lie solely with government. Parents, schools, health professionals, manufacturers and the media all have an important role to play.

The role of community pharmacy

When our Group met to discuss obesity we heard from a number of practicing community pharmacists about the work they currently undertake in weight management and health promotion, and about the potential to increase the role and responsibility of community pharmacists in this area. We are particularly grateful to Roger King, a community pharmacist from Dorset and secretary of Dorset Local Pharmaceutical Committee.

For the most part, the valuable contribution that pharmacists can make in this area is not related to providing medicines. It is their ability to reach a large number of people with expert advice and information. Many millions of people visit a pharmacy every day. This includes people seeking treatments or advice for a specific condition, but it also includes others who are not - who consider themselves well, but visit the pharmacy for other reasons. From a public health perspective, this puts community pharmacy in a unique position: it is the most accessible and visited part of the NHS family and it can reach people who are well, not just those suffering an ailment. In developing the government's public health strategy, in particular its plans for tackling obesity, this is an important consideration.

But what services can pharmacy provide? Roger King and others described to us some of the initiatives already under way, which we believe are highly effective and hold great potential.

Many community pharmacists are able to counsel patients on diet and lifestyle in an opportune way. In other words they can intervene when a patient requests advice or visits the pharmacy for another reason. Though valuable, this is unplanned and unco-ordinated. Nearly all pharmacies also provide leaflets on diet, nutrition and healthy lifestyles.

In Dorset community pharmacists have been involved in a comprehensive screening programme for coronary heart disease, inspired by the National Service Framework on CHD. Patients are asked to complete a lifestyle assessment via touchscreen in the pharmacy. This collects information including age and gender profile, diet, incidence of smoking, and exercise. It also provides a body mass index calculation. Using this information, each patient is rated on a risk scale between 0 and 100. Those rated as medium risk or higher are offered a fingerpad blood test and lipid profiling. Experience so far has clearly shown that there is a direct correlation between overweight or obesity and medium to high risk of CHD. Those patients who take a blood test and undergo lipid profiling are then given a more detailed risk profile in relation to CHD and stroke. Then finally patients are given counselling and advice on measures that can be taken to reduce risk. If necessary patients are also referred directly to their GP, but this pharmacy intervention has not led to increased calls on GPs' time. Indeed it is reasonable to assume that some patients who might have otherwise gone to their GP were given the information and counselling they needed by their pharmacist instead.

Though this service is designed to reduce risk of CHD its benefits in respect of tackling obesity are clear.

Other pharmacists described the weight management service they provide, which involves regular monitoring of patients, BMI readings and structured counselling sessions. Though the use of drugs is not by any means the solution to the problem of obesity it was felt by many that using patient group directions for anti-obesity therapies would be a helpful step.

Pharmacists in some parts of the country have also been involved in health information and awareness programmes in local schools, as part of the health education curriculum.

What is needed?

The excellent local initiatives that we heard evidence about are just that - local and often for budgetary reasons temporary. There is a lack of co-ordination, structure and planning from the centre which we believe is sorely needed. This is not to suggest that services cannot be shaped to local needs, but without a national framework too many parts of the country are likely to miss out on these services and in the context of the government's forthcoming public health strategy that would be an opportunity missed.

As with many other new pharmacy services, activity focused on weight management and counselling requires pharmacists to have access to electronic patient records if it is to realise its full potential. Pharmacists need to see the patient's health record to provide the most appropriate advice and treatment.

Though some pharmacists are already capable of providing obesity-related advice and counselling, for many pharmacists there will be a need to undergo additional training and accreditation. This is a matter that requires further investigation and we look not only to the Department but to the PSNC and the Royal Pharmaceutical Society of Great Britain to give it priority.

Similarly it is important that community pharmacies are properly equipped to provide the service. This means having in place the right human resources and of course fair funding, but it also means counselling areas so that patients can speak to their pharmacist with a satisfactory degree of privacy.

We are aware that some, perhaps most of these needs are likely to be addressed in the continuing negotiations over the new national community pharmacy contract but we would welcome assurances on that point.

Our recommendations

- **Ensure that the new community pharmacy contract incorporates a defined public health role, with particular regard for obesity and weight management services. This should provide a national service standard that can be adapted and prioritised according to local need. Draw on the range of excellent local initiatives to develop the service specification.**

- **Enable community pharmacies to have access to electronic patient records, subject to safeguards regarding confidentiality and patient consent.**

- **Through the new contract, ensure that pharmacies providing such services are supported in the provision of counselling areas.**

- **Provide community pharmacists and their assistants with the necessary training resources. Ensure that pharmacies providing this public health service are suitably accredited and performance-monitored.**

- **Develop and support initiatives that raise public awareness of the role of community pharmacies in providing advice and information on obesity and other public health issues, this to be tied to the roll-out of services under the new contract.**

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Dr Howard Stoate MP
Chair, All-Party Pharmacy Group
House of Commons
London SW1A 0AA