Response ID ANON-U5DP-ABQT-6

Submitted to Core20PLUS5
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Core20PLUS5 page 1

1 Have you read the 'Core20PLUS5 Online Engage Survey - supporting document'?

Yes

2 Which of the following best describes you?

Other (please state below)

Other::
Professional Leadership Body

3 Considering the 'Core20' part of the approach outlined in the supporting document, what are your thoughts on the following statements?

Considering the 'Core20' part of the approach outlined in the supporting document, what are your thoughts on the following statements? - A focus on the nationally most deprived 20% is a good approach to tackling health inequalities:
Agree

Considering the 'Core20' part of the approach outlined in the supporting document, what are your thoughts on the following statements? - Identifying the 20% most deprived will provide ICSs with direction & focus in improving health inequalities:
Agree

Considering the 'Core20' part of the approach outlined in the supporting document, what are your thoughts on the following statements? - The 'Core20' approach will be straightforward to apply:
Neither

4 Please use this space to provide further context to the answers you have given to Q3 on the 'Core20' part of the approach:

Please use this space to provide further context to the answers you have given to Q3 on the 'Core20' part of the approach::

Identifying the core 20% of the population within each ICS who are most deprived will ensure that the interventions around health inequalities are focused in the right area. If services can be developed and implemented for these groups of people then they are likely to be successful across the wider population.

A report by the Institute of Health (https://www.instituteofhealthequity.org/resources-reports/working-for-health-equity-the-role-of-health-professionals) demonstrates that healthcare systems and those working within them have an important and often under-utilised role in reducing health inequalities, through action on the social determinants of health. The health workforce is well placed to initiate and develop services that take into account and attempt to improve the wider social context for patients and staff.

5 Considering the 'PLUS' element of the approach outlined in the supporting document, what are your thoughts on the following statements?

Considering the 'PLUS' element of the approach outlined in the supporting document, what are your thoughts on the following statements? - I understand which population groups fit into the 'PLUS' element of the framework:
Agree

Considering the 'PLUS' element of the approach outlined in the supporting document, what are your thoughts on the following statements? - My ICS will need support to identify their 'PLUS' groups:
Neither

Considering the 'PLUS' element of the approach outlined in the supporting document, what are your thoughts on the following statements? - I would benefit from additional training to identify and respond to the sensitive and cultural needs of 'PLUS' groups:
Agree

Considering the 'PLUS' element of the approach outlined in the supporting document, what are your thoughts on the following statements? - The 'PLUS' element of the framework will enable local flexibility:
Agree

Considering the 'PLUS' element of the approach outlined in the supporting document, what are your thoughts on the following statements? - Partnerships established through the COVID-19 vaccination roll-out can be built on to identify and respond to the healthcare needs of the 'PLUS' groups:
Agree

Considering the 'PLUS' element of the approach outlined in the supporting document, what are your thoughts on the following statements? - This approach will positively impact inclusion health groups:
Agree

Considering the 'PLUS' element of the approach outlined in the supporting document, what are your thoughts on the following statements? - The 'PLUS' element of the approach is straightforward to apply:
Neither

6 Please use this space to provide further context to the answers you have given to Q5 on the 'PLUS' part of the approach.

Please use this space to provide further context to the answers you have given to Q5 on the 'PLUS' part of the approach.:

Whilst we recognise that this programme is being implemented at a system level, we believe that the PLUS element would need to be identified at a place level as within an ICS there can be a mixture of areas in terms of deprivation, homelessness, substance misuse etc. PCNs will be better able to identify their populations that require support in terms of health inequalities. They will be able to identify the areas where the biggest impact can be made.

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7 Considering the five focus clinical areas outlined in the supporting document, what are your thoughts on the following statements?

Considering the five focus clinical areas outlined in the supporting document, what are your thoughts on the following statements? - I understand how the five focus clinical areas have been identified:
Agree

Considering the five focus clinical areas outlined in the supporting document, what are your thoughts on the following statements? - I agree that the five focus areas identified are the right place to start in reducing health inequalities:
Agree

Considering the five focus clinical areas outlined in the supporting document, what are your thoughts on the following statements? - Application of the 'Core20PLUS' approach should lead to improvements in the five clinical areas in the target populations:
Agree

Considering the five focus clinical areas outlined in the supporting document, what are your thoughts on the following statements? - The five focus areas should be adapted as progress is made:
Strongly agree

Considering the five focus clinical areas outlined in the supporting document, what are your thoughts on the following statements? - I understand how ICSs can apply the Core20PLUS approach to these five focus areas:
Neither

8 Please use this space to provide further context to the answers you have given to Q7 on the five focus clinical areas:

Please use this space to provide further context to the answers you have given to Q7 on the five focus clinical areas::

The five areas seem a sensible approach in the first instance but will need to be monitored to demonstrate improvements but also to see if other clinical areas may become a priority in terms of health inequalities.

Cardiovascular disease (heart disease and stroke), cancer (e.g. lung cancer), and chronic lower respiratory diseases contribute the most to the life expectancy gap in the most deprived populations, with smoking and obesity the main risk factors for these diseases. The main causes of mortality in the most deprived populations are summarised below (https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-5-inequalities-in-health; https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on):

• Cardiovascular disease - people in the most deprived areas are almost four times as likely to die prematurely from cardiovascular disease compared with those in the least deprived areas; this has significantly widened since 2010 to 2017.
• Cancer - people in the most deprived areas are more than twice as likely to die prematurely from cancer compared with those in the least deprived areas; there has been no significant change in this inequality from 2010 to 2012.
• Suicide and self-harm - people in the most deprived areas were twice as likely to die from suicide compared with those in the least deprived areas; there has been no change in this inequality since 2010 to 2012.

In addition, Injuries, considered an avoidable mortality, are higher and increasing in the most deprived decile, for both males and females (2010 to 2017).

Currently, pharmacy makes significant contributions to these areas through national campaigns focusing on smoking cessation, cancer awareness and prevention and management of cardiovascular disease. Services such as hypertension case finding and continuation of smoking cessations services are part of the community pharmacy contractual framework in England.

9 Considering the whole Core20PLUS5 approach, what are your thoughts on the following statements?

Considering the whole Core20PLUS5 approach, what are your thoughts on the following statements? - The Core20PLUS5 approach is clear and understandable:
Agree

Considering the whole Core20PLUS5 approach, what are your thoughts on the following statements? - I understand my role in Core20PLUS5:
Neither

Considering the whole Core20PLUS5 approach, what are your thoughts on the following statements? - I understand how to integrate Core20PLUS5 with my own existing priority areas:
Neither

Considering the whole Core20PLUS5 approach, what are your thoughts on the following statements? - I am confident that if applied across all ICSs, the Core20PLUS5 approach will lead to reductions in health inequalities:
Agree

10 Overall, how useful an approach is 'Core20PLUS5' in helping NHS systems to reduce health inequalities?

Somewhat useful,

11 In your opinion, what support from the national Health Inequalities Improvement team would help ICSs the most to reduce health inequalities through application of the Core20PLUS5 framework?

In your opinion, what support from the national Health Inequalities Improvement team would help ICSs the most to reduce health inequalities through application of the Core20PLUS5 framework? - Support in identifying their 'Core20PLUS' populations and their specific healthcare needs:
6

In your opinion, what support from the national Health Inequalities Improvement team would help ICSs the most to reduce health inequalities through application of the Core20PLUS5 framework? - Support and advice on working in partnership with people and communities who are being targeted through this approach:
2

In your opinion, what support from the national Health Inequalities Improvement team would help ICSs the most to reduce health inequalities through application of the Core20PLUS5 framework? - Support with data including collection, analysis or access:
3

In your opinion, what support from the national Health Inequalities Improvement team would help ICSs the most to reduce health inequalities through application of the Core20PLUS5 framework? - Provide platforms, networks and other opportunities for sharing learning and best practice:
5

In your opinion, what support from the national Health Inequalities Improvement team would help ICSs the most to reduce health inequalities through application of the Core20PLUS5 framework? - Recommended interventions to reach target populations:
1

In your opinion, what support from the national Health Inequalities Improvement team would help ICSs the most to reduce health inequalities through application of the Core20PLUS5 framework? - Provide Health Inequalities training for NHS professionals:
4

12 Use this space to share any other suggestions for what support ICSs will need to successfully apply the Core20PLUS5 approach:

Use this space to share any other suggestions for what support ICSs will need to successfully apply the Core20PLUS5 approach::

It is vital that this is a system wide approach, and all health and social care professionals are involved in the design and delivery of services to support the people and groups identified by this process. All of the workforce across an ICS will need to be involved to make the programme a success as the reason for health inequalities stems from several factors.

Being able to gain access to the heart of communities is central to being able to address both the causes and consequences of health inequalities in the UK. An extension to the existing role of pharmacy teams and increased multidisciplinary team working should be considered to support people from underserved communities, such as some minority ethnic groups, people who are homeless or have no permanent address, and those unlikely to access other healthcare services that require making an appointment (e.g. travellers, asylum seekers, etc.). Teams also need to be supported, such as those within pharmacy teams, with the skills to understand and access data to identify the 20%. This is key in ensuring that the right populations are accessed and services are taken to them .

Interventions to improve health literacy have been recognised as one of the few evidence-based approaches for addressing and reducing health inequalities and improving self-care. In addition, indirect interventions, which target the wider factors associated with an individual's vulnerabilities and inequalities, are known to have a positive impact that extends to changes in health behaviours

13 Use this space to share any other comments on the Core20PLUS5 approach:

Use this space to share any other comments on the Core20PLUS5 approach::

Pharmacy is the third largest healthcare profession and is incredibly diverse, across the range of protected characteristics. Pharmacists working across all health and care settings have a role to play in addressing health inequalities. It is important that an ICS maps and understand who within their area contributes to addressing health inequalities, including specialists (such as pharmacists who are specialist in mental health, cardiovascular disease or respiratory disease), substance misuse support as well as a whole range of other services and support. Pharmacists work across the ICS in different care settings and RPS would be happy to be involved in scoping this out in further detail to identify pharmacists' contributions across systems and provide case studies where available.

Pharmacists working in primary care have an obvious role in tackling health inequalities, but those working in secondary care can also play a role in terms

of outreach services and through their specialisms.

Pharmacists are also key in the delivery of medicines optimisation and helping to deliver the recommendations from the national Overprescribing review. Medicines, and how they are taken also links strongly to health inequalities.

We also believe that women's health should be considered as part of this approach to health inequalities and we have published a position statement on this
(https://www.rpharms.com/Portals/0/RPS%20document%20library/RPS%20Position%20Statement%20on%20Women's%20Health%20July%202021.pdf?ver=zrRRJ5A

Training specific to addressing health inequalities should be explored. Good clinical practice involves tackling health inequalities, for example, by being aware of key demographic data and actively seeking to address inequalities when these opportunities arise. Undergraduate and postgraduate training have the potential to actively equip future healthcare professionals, including pharmacists, with the knowledge and skills that are specifically relevant for tackling health inequalities.

IT systems could support the monitoring of inequalities. Data monitoring systems offer a unique opportunity to monitor inequalities and adapt activities to reduce or prevent them. Systems for monitoring and benchmarking inequalities have been developed in some areas, but their application at national level is patchy. Advocating for organisations to collect relevant data (e.g. age, sex, ethnicity, sexual orientation, disability etc.) and implement robust monitoring systems would enable further assessment of health inequalities. IT and data access for community pharmacy is critical so that they can help to identify people and also share and feedback data on the interventions they undertake.

Community pharmacies (CPs) are well placed to help address health inequalities given they are well established in the community and have a good understanding of the needs and challenges facing local populations. Being able to gain access to the heart of communities is central to being able to address both the causes and consequences of health inequalities in the UK. An extension to the existing role of CP teams and increased multidisciplinary team working with PCNs should be considered to support people from underserved communities, such as some minority ethnic groups, people who are homeless or have no permanent address, and those unlikely to access other healthcare services that require making an appointment (e.g. travellers, asylum seekers, etc.).

CPs help mitigate health inequalities through the provision of a range of public health services, particularly primary disease prevention and management: vaccination and infection prevention; health screening and self-care; healthy lifestyle, diet and weight management; prevention, management and cessation of substance dependence; management of chronic conditions such as cardiovascular and respiratory disease, diabetes, pain; and supporting mental health and wellbeing.

Fewer GPs in areas of deprivation,
(https://www.cam.ac.uk/research/news/worsening-gp-shortages-in-disadvantaged-areas-likely-to-widen-health-inequalities) where high levels of clinical demands are experienced, may contribute to health inequalities. There is a great potential for pharmacists, particularly those working closely with communities (GP pharmacists, CPs, care homes, etc.), to expand their role in this area. Practice pharmacists can work with their colleagues in general practice to help identify those patients who need most, those who need a moderate amount, and those who need least. They can be involved in social prescribing which facilitates greater participation of patients and citizens and support in developing health literacy and improving health and wellbeing. Some examples of how practice teams can support health inequalities can be found at
https://www.kingsfund.org.uk/sites/default/files/field/field_document/health-inequalities-general-practice-gp-inquiry-research-paper-mar11.pdf.

Mechanisms to ensure that the distribution of health professionals adequately reflects clinical need should be explored, such as expanding the role of CP in deprived areas. CP provides a good opportunity to deliver preventative services which seek to address health inequalities as the inverse care law indicates that geographically, people in areas with higher deprivation often struggle to engage with general medical practice; however, there is conversely, a higher concentration of community pharmacies serving these populations.

They are situated in the heart of communities and can help to identify those who would benefit from HI services as part of the PLUS element of this programme. Health literacy requirements are low in order to find a pharmacy and they are easily accessible. In the UK, 95-100% of the population can reach a CP within 20 minutes, including areas of high deprivation (Todd et al., 2014). In England, every day, there are 1.6 million pharmacy visits for health-related reasons (PSNC, 2021).

Some examples of where community pharmacies are supporting health inequalities work:

Community Pharmacy flu vaccination services complement those provided by general practitioners to help improve overall coverage and vaccination rates for patients in at-risk groups. These services are highly accessed by patients from all socio demographic areas, and seem to be particularly attractive to carers, frontline healthcare workers, and those of working age https://link.springer.com/article/10.1007/s11096-016-0255-z

West Yorkshire LPC has undertaken a range of community pharmacy services which, whilst not specifically targeted at reducing health inequalities, have reached out to those living in more deprived areas. http://www.cpwy.org/pharmacy-contracts-services/evaluations-publications.shtml#MTF

Public Health England estimates that one third of women cannot access contraception from their preferred setting and the recent All Party Parliamentary Group (APPG) inquiry heard that people from deprived or marginalised groups are particularly affected. Funding cuts have resulted in reduced Local Authority funded provision of contraception services in general including form community pharmacy, increasing demand on remaining services and on General Practice as women are redirected there. It is evident that there are further opportunities to make much better use of pharmacy contraceptive services and for pharmacy to rise to this challenge. It is widely acknowledged that pharmacy services are more convenient and accessible for women and that they engage with women who are not accessing contraception from other settings. Over 99% of people living in areas of highest deprivation are within a 20-minute walk of a community pharmacy. Provision of EC by
community pharmacies has been a successful addition to the range of available sexual health services. Most women now access EC from community

pharmacy. Women from socially economic disadvantaged communities are more likely to access EC from a pharmacy than from other services
1.Black KI, Geary R, French R, et al. Trends in the use of emergency contraception in Britain: evidence from the second and third National Surveys of Sexual Attitudes and Lifestyles. BJOG 2016;123:1600–7.
2. Gonsalves L, Hindin MJ. Pharmacy provision of sexual and reproductive health commodities to young people: a systematic literature review and synthesis of the evidence. Contraception 2017;95:339–63.

In the North East of England, they are undertaking a project with community pharmacies that is addressing health inequalities as they are commissioning the service in areas of higher need. They are seeking to address the higher rates of cardiovascular disease in certain populations by increasing access to testing for hypertension and as a result hopefully earlier detection and management of the disease.

A report 'Getting the most out of community pharmacy for people with lung disease' from a recent LungHealth Taskforce workshop states that 'Before the COVID-19 pandemic, nearly half (46%) of respondents used community pharmacy once a month with 38% using it even more frequently than this. Results show that usage is more frequent in those with higher levels of deprivation (based on the index of multiple deprivation).'

Community pharmacy: public health interventions sets out opportunities for commissioners and providers to realise community pharmacy's role in protecting and improving the nation's health. https://www.gov.uk/government/publications/community-pharmacy-public-health-interventions

Community Pharmacy provides the opportunity to provide interventions outside of a General Practice setting. Through this approach Pharmacy has a good opportunity to extend the NHS Health Check ensuring interventions and follow up are consistently offered after assessment
Pharmacists continue to play a significant role in reducing AMR and this also relates to health inequalities

There is a role for pharmacists in gathering intelligence and sharing that

Pharmacists are supporting the trial at Oxford
https://www.phc.ox.ac.uk/news/principle-trial-to-strengthen-black-asian-and-minority-ethnic-community-participation
this highlights the role of pharmacy in engaging with communities.8000 pharmacies are taking part. Pharmacy network to reach out to communities

More information on how pharmacy teams can help address health inequalities can be found at
https://psnc.org.uk/wp-content/uploads/2021/09/Pharmacy-teams-seizing-opportunities-for-addresssing-health-inequalities.pdf

RPS is keen to be involved in this agenda and we have much to contribute through engagement with members and the profession. Due to the short timeline on this we have submitted a high-level response but would like to be further involved and we hope that NHSE/I will reach out to us, as the professional leadership body for pharmacists across all health and care settings, for further discussions

14 If you are interested in staying informed about further engagement opportunities around NHS England and NHS Improvement's approach for reducing health inequalities, please provide your name, job title, organisation and email address:

Name::
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