A cross-sectional study using freedom of information requests to evaluate variation in local authority commissioning of community pharmacy public health services in England

Adam John Mackridge, Nicola Jane Gray, Janet Krska

ABSTRACT

Objectives This study aims to provide a national picture of the extent and nature of public health services commissioned by local authorities (LAs) from community pharmacies across England in financial year 2014/15.

Design Cross-sectional survey of public health services commissioned in community pharmacies by LAs, gathered via freedom of information requests and documentary analysis.

Setting and participants All 152 LAs in England.

Results A total of 833 commissioned services were reported across England (range 3–10 per LA). Four services were commissioned by over 90% of LAs: emergency hormonal contraception (EHC), smoking cessation support, supervised consumption of methadone or other opiates and needle and syringe programmes (NSPs). The proportion of pharmacies commissioned to deliver these services varied considerably between LAs from <10% to 100%. This variation was not related to differences in relevant proxy measures of need. NHS Health Checks and alcohol screening and brief advice were commissioned by fewer LAs (32% and 15%, respectively), again with no relationship to relevant measures of need. A range of other services were commissioned less frequently, by fewer than 10% of LAs. Supervised consumption and NSPs were the most frequently used services, with over 4.4 million individual supervisions and over 1.4 million needle packs supplied. Pharmacies provided over 200,000 consultations for supply of EHC, over 30,000 supplies of free condoms and almost 16,000 chlamydia screening kits. More than 55,000 people registered to stop smoking in a community pharmacy, almost 30,000 were screened for alcohol use and over 26,000 NHS Health Checks were delivered.

Conclusions There is significant variation in commissioning and delivery of public health services in community pharmacies across England, which correlate poorly with potential benefit to local populations. Research to ascertain reasons for this variation is needed to ensure that future commissioning and delivery of these services matches local need.

INTRODUCTION

National Government in England, community pharmacy contractors’ representatives and pharmacy professional bodies have repeatedly expressed the desire for community pharmacy to deliver public health interventions to help promote health and well-being in a wider population. Community pharmacy’s particular strengths in providing such services have been suggested as follows: widening access to services, increasing patient’s choice and the potential to reach underserved groups. Indeed, community pharmacies are accessible within a 20-min walk for almost 90% of the English population, with this rising to almost 100% for those areas in the most deprived decile.

Public health services are commissioned from community pharmacies through multiple mechanisms, including under the English Community Pharmacy Contractual Framework, local pharmaceutical services contracts and commissioning through local authorities (LAs) and clinical commissioning groups.
Following the reorganisation of NHS Primary Care, LAs took primary responsibility from the former primary care trusts (PCTs) for commissioning of the majority of public health services. However, the commissioning landscape for pharmacies is complex and variable across England, with different ways of working and subcontracting of commissioning responsibilities operating in some areas. Further, some services have been decommissioned in the face of resource challenges and lack of evidence of their effectiveness and cost-effectiveness. In addition, while pharmacy public health services are well accepted, such as smoking cessation, provision of free condoms, chlamydia screening and treatment, alcohol screening and brief advice, weight management, NHS Health Checks and vaccination services. A national picture of services is desirable to inform policy-makers and commissioners of both the overall extent of provision and variation across the country.

This study sought to obtain information about the extent of such provision through requests to LA commissioners under the Freedom of Information Act 2000, which provides public right of access to information held by public authorities.

**Aim**

This study aims to describe the extent of, and variation within, LA-commissioned pharmacy public health services across England.

**Methods**

We sent a freedom of information (FOI) request to all 152 LAs in England in July 2015, requesting details of any public health services commissioned from community pharmacies in their authority. The authorities that failed to respond, and those which directed us to their published Pharmaceutical Needs Assessment (PNA) documents, were sent a second, shorter request in February 2016 that focused on numbers of pharmacies commissioned and the number of service episodes completed. Some LAs failed to provide the relevant data after two requests and, in order to provide as complete a picture as possible, we approached the owners of PharmOutcomes (Pinnacle Health in partnership with Health Information Exchange) and Service PACT (Webstar Health) (two data packages supporting delivery of community pharmacy services) to supplement the data.

**Data handling and analysis**

We determined the number of different public health services commissioned, numbers of pharmacies commissioned and service usage for each LA. For non-responding LAs and where data were missing, we extracted data on services commissioned and the numbers of pharmacies commissioned, where available, from the PNA for each LA. To protect confidentiality, available usage data from the pharmacy data suppliers were added in aggregate form only and none is identifiable to a particular LA. The definitions we used to estimate usage were relevant to the nature of each service and are listed in table 1.

We calculated the total number of different public health services commissioned for England and for each LA. The numbers of community pharmacies in England and in each LA were obtained from the Local Government Authority website (http://lginform.local.gov.uk/reports/lgastandard?mod-metric=3706&mod-period=1&mod-area=E92000001&mod-group=AllLaInCountry_England), enabling the proportion of pharmacies...
parties and provided no data). Four LAs indicated that (two indicated that services were commissioned by third parties and provided no data). Four LAs indicated that services were commissioned by a neighbouring authority; thus, usable responses were obtained from 144 of the 148 commissioning authorities (97.3%).

Usage data were not provided by 26 LAs. However, PharmOutcomes and Service PACT were able to supply data for at least one service for 14 of these, resulting in just 12/148 LAs (8%) with no usage data for any service.

Overview of commissioned services

Information on the services commissioned was available for all 148 LAs, either from the FOI responses or from PNAs. A total of 833 services were reported as being commissioned, with those reported most frequently covering sexual health, services to people who use drugs (NSPs and supervised consumption) and smoking cessation (additional datafile 1). Relatively few authorities commissioned services relating to cardiovascular screening, lifestyle-related services or vaccinations. There were at least five services commissioned in 80% of all LAs, with a median of five services per LA (range 3–10).

Of the 833 services, 130 (15.5%) were explicitly stated, or appeared, to be commissioned indirectly through third parties, such as via Drug and Alcohol Teams or integrated NHS trusts. This was most common for services to people who use drugs and smoking cessation, but some sexual health services were also externally commissioned, as were some small-scale services (additional datafile 2). Fewer data were obtained on service use across the LAs (58%) (table 2), but the available data do illustrate both the extent to which the services are accessed and the variation across LAs.

Individual services

Almost all LAs reported commissioning at least one pharmacy sexual health service (144; 97%), with the most widespread service being EHC, being commissioned in 144 LAs (97%) and provided by at least 47% (5529) of the 11819 pharmacies registered in England at 29 November 2014. Chlamydia screening/treatment was available in 97% (5529) of the 11819 pharmacies registered in England at 29 November 2014. Chlamydia screening/treatment was available in 95% (64%) LAs with at least 28% of pharmacies (3315) providing this service. There were five LAs where an oral contraception service was commissioned, and one commissioned a fitting service for long-acting reversible contraception across three pharmacies. Pregnancy testing was also mentioned as a service by several LAs, but it was more frequently incorporated into an integrated sexual health service.

Supervised consumption of opioid substitution therapy was the most frequently reported service for people who use drugs and was commissioned by all 148 LAs, provided by over half of all pharmacies in England (6186; 52%).

<table>
<thead>
<tr>
<th>Table 1 Definitions used for estimation of service usage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service</strong></td>
</tr>
<tr>
<td>Emergency hormonal contraception</td>
</tr>
<tr>
<td>Chlamydia screening</td>
</tr>
<tr>
<td>Chlamydia treatment</td>
</tr>
<tr>
<td>Free condoms</td>
</tr>
<tr>
<td>Supervised consumption</td>
</tr>
<tr>
<td>Needle and syringe programmes</td>
</tr>
<tr>
<td>Smoking cessation</td>
</tr>
<tr>
<td>NHS Health Checks</td>
</tr>
<tr>
<td>Alcohol screening</td>
</tr>
<tr>
<td>Weight management</td>
</tr>
<tr>
<td>Healthy Start vitamin supply</td>
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</tbody>
</table>
NSPs were commissioned from pharmacies in 145 (98%) LAs, although the number of pharmacies providing this service was much lower than supervised consumption at 20% (2315).

Smoking cessation was by far the most frequently commissioned lifestyle modification service, in 133 (90%) of LAs, and provided by 5660 pharmacies in England (48%). Only 22 LAs (15%) had commissioned an alcohol screening and brief intervention service and six (4%) commissioned weight management services, while NHS Health Checks were commissioned by 48 (32%) LAs.

Only 13 LAs outside London reported that they commissioned an influenza vaccination service, but five of these were specifically for staff employed by LAs. Assuming that all 33 London boroughs were commissioned to provide this service, a total of 46 LAs (31%) had a commissioned service, involving 1531 pharmacies (in 44 of the 46 LAs). Two other LAs commissioned vaccination against hepatitis B. Among other smaller scale services, 10 LAs commissioned pharmacies to provide Healthy Start vitamins through the NHS voucher scheme, five commissioned testing for HIV, a further three commissioned screening services for blood-borne viruses (potentially covering both HIV and hepatitis B and C) and two commissioned directly observed treatment for tuberculosis.

Comparison to population health data
The variation in the proportion of pharmacies within LAs across England providing services to people who use drugs, EHC, smoking cessation, alcohol screening and NHS Health Checks showed poor correlations with relevant measures of population health in these LAs (table 3 and additional datafile 3). For example, 14 LAs did not report a commissioned pharmacy smoking cessation service, seven of which had adult smoking rates above the national average, while in 16 out of 61 other LAs (26%) with above-average smoking rates, fewer than 50% of pharmacies provided a service. Only 48 LAs commissioned NHS Health Checks in pharmacies, 31 (65%) of these were in areas with below-average diabetes prevalence and 29 (60%) in areas with lower than average cardiovascular mortality rates. Of the 30 areas with the highest cardiovascular mortality rates, only six had commissioned pharmacies to provide NHS Health Checks, in contrast to 14 of the 30 LAs (47%) with the lowest rates commissioning services. Only nine (41%) of the 22 LAs commissioning alcohol screening from pharmacies had above-average rates of alcohol-related hospital stays.

**DISCUSSION**
The commissioning, subsequent provision and uptake of public health services in pharmacies is highly variable across England, with a wide range in number of services commissioned and in the proportion of pharmacies providing these within each LA. However, four services (EHC, smoking cessation support, supervised consumption of methadone or other medicines and NSPs) were...
<table>
<thead>
<tr>
<th>Service</th>
<th>Number (%) of LAs with commissioned service</th>
<th>Proportion of LAs with available data (n)</th>
<th>Proportion of all pharmacies providing services in England (n)</th>
<th>Range in proportion of pharmacies providing services in LAs where it is commissioned</th>
<th>Proportion of LAs with available data (n)</th>
<th>Total service use</th>
<th>Median per LA (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHC</td>
<td>144 (97)</td>
<td>99% (141)</td>
<td>47% (5529)</td>
<td>4%–100%</td>
<td>73% (105)</td>
<td>241 720</td>
<td>1105; (54–11 601)</td>
</tr>
<tr>
<td>Chlamydia screen/treat</td>
<td>95 (64)</td>
<td>93% (88)</td>
<td>28% (3315)</td>
<td>3%–100%</td>
<td>46% (44)</td>
<td>15 898</td>
<td>141; (0–4 762)</td>
</tr>
<tr>
<td>Free condoms</td>
<td>43 (29)</td>
<td>79% (34)</td>
<td>9% (1077)</td>
<td>2%–92%</td>
<td>35% (15)</td>
<td>31 496</td>
<td>1191; (29–11 601)</td>
</tr>
<tr>
<td>Oral contraception</td>
<td>5 (3)</td>
<td>20% (1)</td>
<td>n/a</td>
<td>n/a</td>
<td>20% (1)</td>
<td>1039</td>
<td>n/a</td>
</tr>
<tr>
<td>Supervised consumption</td>
<td>148 (100)</td>
<td>93% (136)</td>
<td>52% (6186)</td>
<td>2%–100%</td>
<td>61% (90)</td>
<td>4 410 279</td>
<td>27 502; (603–31 478)</td>
</tr>
<tr>
<td>Needle and syringe programme</td>
<td>145 (97)</td>
<td>87% (126)</td>
<td>20% (2315)</td>
<td>2%–100%</td>
<td>56% (81)</td>
<td>1 431 703</td>
<td>9 073; (11 00–136 373)</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>133 (89)</td>
<td>88% (117)</td>
<td>48% (5660)</td>
<td>6%–100%</td>
<td>53% (70)</td>
<td>55 798</td>
<td>417; (6–3 966)</td>
</tr>
<tr>
<td>NHS Health Checks</td>
<td>48 (33)</td>
<td>94% (45)</td>
<td>6% (680)</td>
<td>1%–67%</td>
<td>69% (33)</td>
<td>2 6510</td>
<td>321; (0–5 686)</td>
</tr>
<tr>
<td>Alcohol screening/intervention</td>
<td>22 (15)</td>
<td>95% (21)</td>
<td>5% (618)</td>
<td>2%–96%</td>
<td>73% (16)</td>
<td>2 9478</td>
<td>1 359; (77–7 219)</td>
</tr>
<tr>
<td>Healthy Start vitamin supply</td>
<td>10 (6)</td>
<td>80% (8)</td>
<td>2% (207)</td>
<td>n/a</td>
<td>70% (7)</td>
<td>2 3414</td>
<td>1695; (353–11 632)</td>
</tr>
<tr>
<td>Weight management</td>
<td>6 (4)</td>
<td>100% (6)</td>
<td>&lt;1% (63)</td>
<td>n/a</td>
<td>67% (4)</td>
<td>719</td>
<td>66; (20–566)</td>
</tr>
<tr>
<td>Blood testing</td>
<td>8 (5)</td>
<td>100% (8)</td>
<td>&lt;1% (69)</td>
<td>n/a</td>
<td>75% (6)</td>
<td>2 956</td>
<td>66; (1–2810)</td>
</tr>
<tr>
<td>TB services</td>
<td>3 (2)</td>
<td>100% (3)</td>
<td>&lt;1% (25)</td>
<td>n/a</td>
<td>33% (1)</td>
<td>16</td>
<td>n/a</td>
</tr>
</tbody>
</table>

EHC, emergency hormonal contraception; TB, tuberculosis.
The data requested covered the financial year 1
macy contractual framework or minor ailments services.
Commissioning Groups, services relating to medicines
to seek information on services commissioned by Clinical
commissioned services. The study also did not attempt
the FOI requests did seek information on indirectly
and data on service usage are 57.5% complete (479/833
services is 90.2% complete (available for 751/833 services)
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sioning LAs was achieved, some data being provided by
Year 2014/15. A high response rate from the 148 commis-
sioning pharmacy services to date, covering the financial
year 2014/15. A high response rate from the 148 commis-

Table 3 Correlations between proportion of pharmacies commissioned to provide services and population health data for
local authorities in England

<table>
<thead>
<tr>
<th>Pharmacy service</th>
<th>Health data</th>
<th>Correlation (Spearman’s r)</th>
<th>n</th>
<th>p Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHC</td>
<td>Under 18 pregnancy rate</td>
<td>0.161</td>
<td>140</td>
<td>0.057</td>
</tr>
<tr>
<td>Chlamydia screening</td>
<td>New sexually transmitted infections</td>
<td>−0.078</td>
<td>88</td>
<td>0.467</td>
</tr>
<tr>
<td>Supervised consumption</td>
<td>Deaths from substance use</td>
<td>0.113</td>
<td>79</td>
<td>0.321</td>
</tr>
<tr>
<td>Needle and syringe programmes</td>
<td>Deaths from substance use</td>
<td>−0.055</td>
<td>77</td>
<td>0.633</td>
</tr>
<tr>
<td>Smoking cessation support</td>
<td>Adult smoking rate</td>
<td>0.156</td>
<td>130</td>
<td>0.076</td>
</tr>
<tr>
<td>NHS Health Checks</td>
<td>Diabetes prevalence</td>
<td>0.244</td>
<td>45</td>
<td>0.107</td>
</tr>
<tr>
<td>NHS Health Checks</td>
<td>Under-75 cardiovascular mortality</td>
<td>−0.146</td>
<td>45</td>
<td>0.338</td>
</tr>
<tr>
<td>Alcohol screening/intervention</td>
<td>Hospital admissions related to alcohol in adults</td>
<td>0.321</td>
<td>23</td>
<td>0.135</td>
</tr>
</tbody>
</table>

EHC, emergency hormonal contraception; NHS, National Health Service.

all commissioned by at least 90% of LAs, with the first
three being provided by at least 45% of all pharmacies
in England. Supervised consumption and NSPs were the
most frequently used service, with over 4.4 million indi-
vidual supervisions and over 1.4 million needle packs
supplied. There were over 200,000 consultations with
a pharmacist for supply of EHC, over 30,000 received
supplies of free condoms and almost 16,000 received chla-
mydia screening kits provided by a pharmacy. Over 55,000
people registered to stop smoking in a community pharmacy,
almost 30,000 were screened for alcohol use and over 26,000 NHS Health Checks were carried out in
pharmacies. However, commissioning of services did not
appear to relate well to potential for benefit, estimated
via local population health measures; indeed, for several
services, the correlations obtained were negative.

This study provides the most comprehensive picture of
public health services commissioned by English LAs from
community pharmacies to date, covering the financial
year 2014/15. A high response rate from the 148 commis-

sioning LAs was achieved, some data being provided by
144 (97.3%), with much missing data obtained from other
sources; thus, the range of commissioned services across
all LAs is complete, the number of pharmacies providing
services is 90.2% complete (available for 751/833 services)
and data on service usage are 57.5% complete (479/833
services).

The data on services commissioned on behalf of LAs
by other agencies may also be incomplete, although the
FOI requests did seek information on indirectly
commissioned services. The study also did not attempt
to seek information on services commissioned by Clinical
Commissioning Groups, services relating to medicines
support provided under the national community phar-
macy contractual framework or minor ailments services.
The data requested covered the financial year 1 April 2014
to 31 March 2015, and we had to rely on the accuracy of
the data provided in responses to FOI requests and avail-
able in PNAs, as it was not possible to corroborate these
against other sources of data. The analysis assumes that
services were provided throughout the year; thus, some
data may contain inaccuracies, caused by the dynamic
nature of commissioning and provision of services. Our
study relates only to the particular commissioning struc-
ture used in England; thus, the findings are only of direct
relevance to this setting and not generalisable to other
countries. However, the need to include community
pharmacy in strategic planning of services to meet local
health needs is relevant to anywhere that they form a part
of the public health service landscape.

The study did not take account of the provision of similar
services by other agencies, so it is possible that local health
needs were being met through other service providers.

Relevant measures of population health were used to
assess potential health need for individual services across
LA areas, but these are recognised as a proxy measure.
Also, the cross-sectional nature of the study and the corre-
sponding data on health need mean that it is not possible
to fully describe the relationship between the two. However,
the intention of including these data is to illustrate the
disconnect between the apparent health need and the
provision of services through community pharmacies and
not to suggest any causative relationship.

There are few published data on the commissioning or
provision of these services. The most recent data available
from the Health and Social Care Information Centre covered
the period before the reorganisation of primary care in
April 2013, and data were available for only three services
in financial year 2012/13 (supervised consumption of opioid
substitution therapy, NSPs and smoking cessation) and
were also incomplete, being available for only 137 of the
153 commissioning trusts in England at the time. In this
year, 51% of pharmacies provided supervised consumption,
20% provided NSPs and 55% provided smoking cessation
services. There appears to be little change in these propor-
tions in 2014/15, being 52%, 20% and 48%, respectively.
Our data indicate that the report in November 2015, which
estimated that supervised consumption was commissioned
in 89 LAs, NSPs were commissioned in 86, stop smoking
services were commissioned in 88, EHC was commissioned
in 71 and chlamydia screening was commissioned in 47,17
was a significant underestimate. More recently, estimates

based on data provided to PSNC indicated that supervised administration was commissioned in 130 LAs, NSPs were in 111 and EHC was in 131. This too appears to underestimate the extent of commissioning; however, the estimate of 6158 pharmacies providing supervised consumption given in this report is in line with our findings (6186). The variation found here is in contrast to the nationally commissioned influenza vaccination service introduced in 2015/16, which involved a total of 7195 pharmacies, which provided 595467 vaccinations, with the proportion of pharmacies providing the service across NHS area teams ranging from 53% to 76%.19

Community pharmacy has long been championed as a potential setting for the delivery of public health services to significant sectors of the communities in which they are located, primarily because of their accessibility. While a few key services are widely commissioned from community pharmacies by LAs and are extensively used, there is significant variation in the distribution of these services, which appears to be poorly correlated to potential need. Other services such as NHS Health Checks and screening for risky alcohol use, for which there is less evidence of benefit, are much less frequently commissioned but again are not concentrated in areas where the local community is most likely to benefit. The reasons for the variation we have found are not clear; from our work or the available literature, but do warrant investigation. There is a need to re-visit the benefits of local commissioning of these services, which may be influenced by a range of factors other than identified need. The poor, sometimes negative, correlations we found suggest that commissioners should consider more strategically how community pharmacies could most usefully contribute to addressing local public health issues. Regional or national approaches to commissioning, designed to allow flexibility in the extent of service provision based on differing needs, but using common service specification structures and data templates, could facilitate better large-scale data gathering. As our study shows, this is not the case with the current situation.

Acknowledgements We are grateful to the LAs that diligently and comprehensively responded to our initial and subsequent requests. We acknowledge the assistance of Alastair Thomas in distributing the initial FOI request and recording data and are extremely grateful to Gary Warner (PharmOutcomes) and Gian Celino (Service PACT) for providing aggregated service usage data.

Contributors AJM and JK conceived and designed the study. JK and NJG performed the analysis of the data. AJM, JK and NJG interpreted the results. AJM and Gian Celino (Service PACT) for providing aggregated service usage data.

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Competing interests AJM has received payments in respect of locum pharmacist work from one community pharmacy owning company. In the previous 3 years, NJG has received research funding for other projects from Pharmacy Research UK. Greater Manchester Local Pharmaceutical Committee (formerly Community Pharmacy Greater Manchester), Webstar Health Limited and an independent pharmacy company, and payment from PHE via the University of Kent to participate in this project, all of which organisations might have an interest in the submitted work. NJG’s spouse has financial relationships that may be relevant to the submitted work. AJM provided advice to NICE on the scope for a guideline relating to community pharmacy’s promotion of health and well-being and is an Expert Member of the NICE Public Health Advisory Committee that is developing this guideline. AJM and NJG are registered pharmacists in Great Britain. No other relationships or activities that relate to the submitted work exist.

Provenance and peer review Not commissioned; externally peer reviewed.

Data sharing statement Data on the numbers of pharmacies in each Local Authority commissioned to provide the individual services is available from the corresponding author.

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