About programme updates
The Centre for Pharmacy Postgraduate Education (CPPE) has a quality assurance process called programme guardians. A programme guardian is a recognised expert in an area relevant to the content of a learning programme who reviews the programme every six to eight months. Following the regular programme guardian review we have developed this update to inform you of any necessary corrections, additions, deletions or further supporting materials. We recommend that you check you have the most recent update if you are using a programme more than six months after its initial publication date.

This update should be read in conjunction with the *An introduction to public health* open learning programme. We have indicated the relevant section and page number of the original document wherever we provide updated information.

Learning with CPPE
CPPE offers a wide range of learning opportunities in a variety of formats for pharmacy professionals from all sectors of practice. We are funded by Health Education England to offer continuing professional development for all pharmacists and pharmacy technicians providing NHS services in England. For further information about our learning portfolio, visit: [www.cppe.ac.uk](http://www.cppe.ac.uk)

A note about web links
Where we think it will be helpful we have provided web links to take you directly to an article or specific part of a website. However, we are aware that web links can change. If you have difficulty accessing any web links we provide, please go to the organisation’s home page or your preferred internet search engine and use appropriate key words to search for the relevant item.

All web links were accessed on 27 November 2016.

Access to the BNF online
You can access the *BNF* online through MedicinesComplete. If you are not already registered, you will need to do so. UK-based individuals working for or on behalf of the NHS can register for free and access the *BNF* and *BNF for children*. To register, go to: [www.medicinescomplete.com/about/subscribe.htm](http://www.medicinescomplete.com/about/subscribe.htm)

Assessment
As part of your learning for this programme, you may wish to undertake the associated e-assessment. To access the assessment, go to: [www.cppe.ac.uk/assessment](http://www.cppe.ac.uk/assessment)

References in the programme to the RPSGB
The Royal Pharmaceutical Society of Great Britain (RPSGB) closed in September 2010. The General Pharmaceutical Council (GPhC) is the regulator for the pharmacy profession. The Royal Pharmaceutical Society (RPS) is the professional representative body. Please bear this in mind if you are working through this programme for the first time.
References in the programme to primary care trusts (PCTs)
As part of the NHS reorganisation, from 1 April 2013 PCTs no longer exist. Clinical commissioning groups (CCGs) and area teams (ATs) share the responsibilities of commissioning services. Please take this into consideration as you work through this learning programme.

References in the programme to competency frameworks
In this programme we may map our learning objectives against the Royal Pharmaceutical Society of Great Britain’s competency framework, the General level framework or the Knowledge and skills framework. You can easily map the learning objectives against a competency framework that is relevant to your practice.

About this learning programme
(page vii – amendment)
Change the website for the Royal Pharmaceutical Society continuing professional development webpage to: www.rpharms.com/development/continuing-professional-development.asp

(page ix – amendment)
Replace the first paragraph with the following text:
The Health and Social Care Act 2012 intended to put clinicians at the centre of commissioning, free up providers to innovate, empower patients and give a new focus to public health. The Act provided the underpinnings for Public Health England (PHE), a new body to drive improvements in the public’s health.¹
Local authorities are now in charge of driving health improvement, pulling together the work done by the NHS, social care, housing, environmental health, leisure and transport services.²

Public health, which focuses on the health of populations, is increasing in prominence. Public health challenges in England are wide-ranging and a major cause for concern as they are having a profound effect on the nation’s health and economy. The government set out its long-term vision for the future of public health through the Department of Health White Paper, Healthy lives, healthy people – our strategy for public health in England.³ Through this the government recognised that community pharmacies are a valuable and trusted public health resource. It also recognised that, with millions of contacts with the public each day, pharmacies have real potential to effectively improve the health and wellbeing of the public and reduce health inequalities.

PHE has published a Pharmacy and Public Health Forum progress report⁴ which details the development of evidence and research on community pharmacy’s contribution to public health.
A Public Health Outcomes Framework\(^5\) has also been produced which sets out the desired outcomes for public health and how these will be measured. The framework concentrates on two high-level outcomes to be achieved across the public health system. These are:

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities.

The outcomes reflect a focus not only on how long people live but on how well they live at all stages of life. The second outcome focuses attention on reducing health inequalities between people, communities and areas. Using a measure of both life expectancy and healthy life expectancy enables the use of the most reliable information available to understand the nature of health inequalities both within areas and between areas.

A set of supporting public health indicators has been developed which are grouped into four ‘domains’:

- improving the wider determinants of health
- health improvement
- health protection
- healthcare public health and preventing premature mortality.

The Royal Pharmaceutical Society has produced Professional Standards for Public Health Practice for Pharmacy.\(^6\) These nine overarching standards are intended to provide a framework to help pharmacy teams, commissioners and those contracting services to design, implement, deliver and monitor high-quality public health practice through pharmacy, regardless of the pharmacy settings from which services are delivered.

Supporting you, your practice and the NHS
(page xii – amendment)
PCTs and their practice-based commissioning (PBC) role were replaced by CCGs who now fulfill the role. This was a part of the Health and Social Care Act 2012.

Glossary of key terms
Odds (page xv – amendment)
Read the last figure in the second sentence as 1.5 (decimalisation) rather than 1:5 (ratio).

Section 1 A brief overview of public health
Suggested answers (page 5 – additional text)
Add the following text at the end of the suggested answer:
Be aware of, and support where possible, any local and national public health campaigns. These may be related to issues such as smoking cessation, obesity and antibiotic use. Community pharmacies and
pharmacists working elsewhere in primary care can signpost patients to relevant information and services, some of which will be accessed via their GP.

Section 2 Individual and population approaches to health

Practice point (page 9 – additional text)

Add the following text at the end of the first paragraph:
The National Institute for Health and Care Excellence (NICE) has published clinical guideline 181: Cardiovascular disease: risk assessment and reduction, including lipid modification (2014) that include changes to the previous advice about the use of statins in primary and secondary prevention of cardiovascular disease.7

Add the following text at the end of the second paragraph:
For this reason all pregnant women in the UK are now offered foetal screening for Down’s syndrome: www.screening.nhs.uk/downs

Add the following text after the third paragraph:
In November 2014 Public Health England produced a document on the prevention, detection and management of high blood pressure Tackling high blood pressure: from evidence into action.8 This offers guidance on the subject. Additionally in March 2015, NICE published new guidance Maintaining a healthy weight and preventing excess weight gain among adults and children.9

In some parts of England, NHS funded health checks are now commissioned by CCGs through community pharmacies. The above documents will influence the requirements of the health checks and practitioners should be aware of their contents and main recommendations. Find out more about NHS health checks at: www.healthcheck.nhs.uk

Suggested answers (page 11 – amendment)

Exercise 3

Change the final sentence in the suggested answer to:
Still, 15 percent of all myocardial infarctions would not be averted by an individually-focused programme since these are experienced by men with no risk factors or ischaemia.

Exercise 4 (page 11 – additional text)

Add the following text to the end of the first paragraph of the suggested answer:
A high-risk approach may also be more cost-effective than wider screening.

Add the following paragraph to the end of the suggested answer:
Nevertheless, government policies on, for example, taxation of tobacco and alcohol and the mandatory addition of vitamins and minerals to certain foods can be effective. In June 2015 the World Health Organisation (WHO) issued guidance that called for a further substantial reduction in the maximum
recommended amount of sugars in the diet. Such documents add weight to campaigns for the taxation of certain foods and can ultimately affect government policy and legislation. Knowledge of guidance like this is also useful to pharmacists when offering health advice to their patients.

Section 3 The determinants of health
Section 3.3 Health inequalities (page 19 – additional text)
Add the following text at the end of this section:
Health inequalities remain a major focus of the government’s public health agenda. At the end of 2008, Michael Marmot was commissioned to conduct the ‘Post-2020 strategic review of health inequalities’ (also known as the ‘Marmot review’). The aim was to develop an evidence-based, feasible strategy for tackling health inequalities in the short to medium (to 2015) and long term (to 2020). Further details can be found at: www.local.gov.uk/health/-/journal_content/56/10180/3510094/ARTICLE

The National Conversation on Health Inequalities 2014 is a PHE programme about reducing differences in health. The aim is for local authorities to start talking about health inequalities in their communities. Further details can be found at the Department of Health website: www.gov.uk/government/collections/national-conversation-on-health-inequalities

New practice points
PHE produces Health Profiles annually to improve availability and accessibility for health and health-related information in England. They are designed to help local government and health services make decisions and plans to improve local people’s health and reduce health inequalities. The profiles present a set of health indicators that show how each local authority area compares to the national average. The indicators are carefully selected each year to reflect important public health topics.

Access the Health Profile for your local area using the link: www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

Reflect on any health inequalities in the population you work with. Consider how this compares to surrounding areas.

Health Inequalities Intervention Tool
An introduction to public health
An overview of the approaches and methods of public health for pharmacists
A CPPE open learning programme
Update January 2017


Take a look at the guide and toolkit to familiarise yourself with the content.

Section 4 Measures of health and disease
Section 4.1 Measures of frequency (page 21 – amendment)
Example 1
Change the first sentence to:
A survey of a population of 1,500 found that 75 people were diagnosed with diabetes and 225 rarely undertook any physical exercise.

(page 22 – amendment and deletion)
Practice point
Change the website address for the ASH smoking maps:
www.ash.org.uk/information/ash-local-toolkit

The Experian/Dr Foster obesity maps are no longer available online.

Section 4.2 Measures of association (page 23 – amendment)
Add the following text to the end of the first paragraph:
For example, research has shown that smokers have a higher risk of developing heart disease relative to non-smokers.

Add the following paragraph after the final paragraph:
Another measure of risk is the absolute risk. We all have absolute risks of developing various diseases such as heart disease, cancer or stroke. The absolute risk can be expressed in different ways, for example, you may have a one in ten risk of developing a certain disease in your life. This can also be said to be a ten percent risk, or a 0.1 risk. For example, one’s risk of harm from an activity may be three times the risk of the population as a whole. However if the population’s absolute risk is only one in 100,000 per year, those doing this activity only have a risk of three per 100,000, which is very small.

Reference sources and further reading

i. References sources (pages 51-52 – amendments)
9. Change web address to: www.who.int/en
10. Change web address to: www.fph.org.uk
17. Change web address to: www.euro.who.int/document/e81384.pdf
An introduction to public health
An overview of the approaches and methods of public health for pharmacists
A CPPE open learning programme
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ii. Further reading (pages 53-54 - deletions and additional text)

About this learning programme
Delete the first two paragraphs and replace with:


www.rpharms.com/unsecure-support-resources/professional-standards-for-public-health.asp

Assessment (page 55 – amendment)
Replace the text in the box with the following:

As part of your learning for this programme, you may wish to undertake the associated e-assessment. To access the assessment, go to: www.cppe.ac.uk/assessment

References for this update
Feedback
We hope you find this learning programme useful for your practice. Please help us to assess its value and effectiveness by visiting your learning record in the My CPPE section on our website:
www.cppe.ac.uk/myppe/record

Alternatively, please email us at: feedback@cppe.ac.uk

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