

12-22 Linenhall Street  
Belfast  
BT2 8BS

Tel : 028 90553782

Fax : 028 90553622

<MAIL MERGE- NAME/ADDRESS PHARMACY>

<date>

Dear Colleague

### **Becoming Accredited as a Health+Pharmacy**

As a successful 'first-wave' applicant to the Health+Pharmacy training programme we hope you will find the training useful. If you have not yet attended training, you should register with NICPLD on behalf of both staff members for one of the remaining live two-day courses as soon as possible. In addition, the healthcare assistant nominated to attend the training should have by now commenced the associated distance learning programme.

As outlined during the training event and in previous communications, the intended outcome after attending the training is for your pharmacy to become accredited as a Health+Pharmacy. In addition to the training requirements, there are a number of quality criteria that your pharmacy must meet to become accredited (see attached Appendix 1 for a summary of these). It is expected that it will take approximately six months for your pharmacy to become fully accredited, although an extension to this can be considered. For those who attended phase 1 of cohort 1 training, there is a deadline of March 2015 for accreditation.

### **Steps to becoming accredited as a Health+Pharmacy:**

1. Familiarise yourself with the quality standards in Appendix 1.
2. Use Appendix 2: Quality Criteria – Guidance and Self-Assessment Questionnaire to assess where your pharmacy lies in relation to each of the standards.
3. Agree with staff what work still needs to be done in your pharmacy to fully meet each of the criteria. It is likely that whilst you will already fully meet some of these, others may take a longer time period to complete. The self-

assessment questionnaire (Appendix 2) can be used as a working document to chart your progress towards meeting each of the criteria.

4. On a monthly basis, complete and return the Progress Report (Appendix 3) to HSC, as outlined on the form. This will allow both your pharmacy and HSC to monitor progress towards accreditation.
5. Approximately one month from the date when you expect to fully meet all the criteria, contact [healthpluspharmacy@hscni.net](mailto:healthpluspharmacy@hscni.net) to arrange a date for your accreditation visit to take place. Your completed self-assessment questionnaire should be sent in as soon as possible after this.
6. HSC will then contact you to arrange a mutually convenient date for your accreditation visit to take place. Both the pharmacist and Health and Well-Being Adviser who attended the training should be available for this visit, which will take no more than two hours. During the visit, the HSCB/PHA representative carrying out the assessment will discuss the information contained in your self-assessment questionnaire and will also talk to, and observe, staff.
7. The recommendation for accreditation from this visit will be reviewed and agreed by a panel from the Pharmacy Alliance and you will then be advised of the outcome. There will be an appeals process available for any concerns about the process followed for the accreditation of an individual pharmacy.
8. No accreditations will be carried out before June 2014.

Work is ongoing to finalise the accreditation process. If you have any views on this or you require clarification or assistance on becoming accredited, please contact [healthpluspharmacy@hscni.net](mailto:healthpluspharmacy@hscni.net) .

Yours sincerely



Mr Joe Brogan  
Assistant Director – DOIC  
Head of Pharmacy and Medicines  
Management



Mrs Mary Black CBE  
Assistant Director Health and Social  
Wellbeing Improvement PHA

## Appendix 1: Health + Pharmacy: Quality Criteria



### 1. Environment

	Quality Criteria for Health + Pharmacy
<b>1.1 Premises</b>	<p><b>Standard:</b> The pharmacy complies with <i>all</i> the essential and <i>appropriate</i> desirable indicators included in the PSNI Standards for Registered Pharmacy Premises. Desirable indicators are:</p> <p>1.4: Windows reflect a professional image; 2.2: Front shop area is maintained in a good state of repair and decoration; 2.4: Stock is effectively managed and reflects a professional image. 3.7: The pharmacy has an appropriate area for counselling patients; 3.9: The professional area does not contain any non-health related products; 8.3: The name(s) of the pharmacist(s) who is (are) on duty, or their registration certificates, are prominently displayed in the professional area.</p>
<b>1.2 Merchandise</b>	<p><b>Standard:</b> The pharmacy promotes messages that support the delivery of public health goals for prevention, self-care and harm reduction by stocking appropriate products, in line with local and national guidance and policy. The pharmacy does not stock products which the professional regulator advises against or which evidence shows may be injurious to health.</p>
<b>1.3 Health promotion area</b>	<p><b>Standard:</b> There is a publicly accessible area for engaging with patients and providing public health information.</p>
<b>1.4 Private consultation area</b>	<p><b>Standard:</b> A readily identifiable consultation area/room is available for private and confidential conversations; this should be easily accessible and used as appropriate by all members of the team.</p>

## 2. Staff Development

	<b>Quality Criteria for Health + Pharmacy</b>
<b>2.1 Training</b>	<p><b>Standard:</b> The pharmacist and one other member of staff (Health and Well-Being Adviser) have completed the mandatory NICPLD live training. The Health and Well-Being Adviser has completed the C&amp;D distance learning course. Cascade training has been provided to current staff members.</p> <p>A training programme is in place to train new staff, and provide refresher training to existing staff as needed. If either the H+P trained pharmacist or Health and Well-Being Adviser leave the pharmacy, arrangements should be made with the HSCB and NICPLD to ensure that a replacement member of staff is trained as soon as possible.</p>
<b>2.2 Public Health Needs</b>	<p><b>Standard:</b> All relevant staff are aware of the local health needs in their area and understand the basic needs of their community. Staff can identify public health needs both in their own community, regionally and the potential impact that the pharmacy may have in addressing these.</p> <p>Staff should support Public Health information campaigns and uptake of services such as immunisation and screening services.</p> <p>Pharmacists should build on existing partnerships and develop new links with other health / community / voluntary service providers and organisations to target hard to reach groups</p>
<b>2.3 Communication skills</b>	<p><b>Standard:</b> Relevant members of staff understand the benefits of engagement and developing different communications styles to suit individuals and communities.</p>
<b>2.4 Behavioural change</b>	<p><b>Standard:</b> All relevant staff offer brief public health advice, can identify readiness to change, provide support and/or signpost where additional support is needed.</p>
<b>2.5 Privacy and confidentiality</b>	<p><b>Standard:</b> All staff are sensitive to confidentiality requirements when offering health and wellbeing advice, support and/or services, and give the individual the opportunity to discuss in an area suitable for the client e.g. private or semi-private.</p>

	There is a written policy on privacy and confidentiality which all staff should adhere to.
<b>2.6 Protection of children and vulnerable adults</b>	<b>Standard:</b> Staff are aware of and work under procedures for child protection and vulnerable adults and are aware of the principles of disclosure. All relevant staff use Fraser competency routinely. There are clear procedures, policies and training in place
<b>2.7 Service awareness</b>	<b>Standard:</b> All staff understand and proactively explain the services available in the pharmacy for health and wellbeing, as appropriate.
<b>2.8 Staff</b>	<b>Standards:</b> All staff are clearly identifiable and reflect the professional image of Health + Pharmacy.  Staff refer appropriately to other members of the team within the pharmacy where necessary to ensure the public are advised by the right person and develop confidence in the service.  Pharmacy leads should demonstrate how the health and well-being of staff is actively considered.
<b>2.9 Pharmacist engagement</b>	<b>Standard:</b> The pharmacist is committed to public health initiatives and readily engages in proactive public health advice in their interactions with the public.

### 3. Engagement with others in the local community

	<b>Quality Criteria for Health + Pharmacy</b>
<b>3.1</b> <b>Engagement with primary care team, Trusts and community and voluntary sector and statutory bodies</b>	<b>Standard:</b> The pharmacy team engages with the local GP practices, the wider health and social care team and community and voluntary sector in the local area to support patient referral and follow up pathways for health and wellbeing services.
<b>3.2</b> <b>Signposting and referral</b>	<b>Standard:</b> The pharmacy has communicated with local health, community and voluntary groups and exchanged contact details and information relating to the services that they each provide.  The pharmacist and staff are aware of the health, community and voluntary services available locally and have access to up to date contact information for them.  All relevant staff signpost and refer into appropriate services correctly and proactively where necessary and actively use relevant signposting/referral resources. There should be a Standard Operating Procedure in place for this.
<b>3.3</b> <b>Engagement with local community</b>	<b>Standard:</b> The pharmacist and staff work in partnership with individuals and communities to identify local health needs and are active in working with their community to address these needs.  The pharmacy can demonstrate active engagement with their local community.

## Appendix 2: Health + Pharmacy: Quality Criteria – Guidance and Self-Assessment Questionnaire

### Introduction

This self-assessment is designed to help you and the HSCB understand whether you have met the Health + Pharmacy quality criteria for the environment you have created. The evidence you put together will help towards you receiving your Health + Pharmacy 'quality mark'. These quality criteria relate to:

- the environment
- staff development *and*
- engagement with others in the local community

These are not listed in any priority order; all are equally important. These Health + Pharmacy quality criteria will help to support pharmacies in meeting their professional requirements when delivering commissioned services.

### How to assess your pharmacy

1. The criteria for staff relate to those individuals working within the scope of healthcare provision, they do not apply to staff working in larger stores who do not interface in the health aspects of the business (e.g. beauty counter staff).
2. This assessment is for an individual pharmacy. It is not appropriate to complete a single form for a number of pharmacies within a group, as the status may be very different in each location.
3. Read the quality criteria and, together with members of your team, decide what aspects of the criteria you currently meet by using the questions asked as a prompt and what additional actions you need to take to meet these. Document how you meet these criteria, providing supporting information and evidence where appropriate.
4. Consider aspects of the criteria not met, using the questions in italics under each criteria as a prompt. Using the information on training and support provided detail what action you need to take to meet the criteria. Many of the gaps will be covered by the mandatory training provided to nominated staff but you may wish to consider additional training to meet your specific needs. Nominated staff who have completed mandatory training will cascade their learning to colleagues to ensure that everyone working in the healthcare area can meet the required standards.

### Quality Criteria

In assessing your level of service delivery decide if you:

**Partially meet Health + Pharmacy criteria** : This means that some arrangements are in place and the pharmacy is moving towards achieving the criteria. You should develop a robust action plan to achieve the criteria using support and resources provided.

**Fully meet Health + Pharmacy criteria**: All criteria are met

#### 4. Environment

**The pharmacy staff, premises and merchandise reflect a professional healthcare and healthy living environment.**

##### Principles:

The 'professional' environment reflects the impression and ethos of a Health + Pharmacy, pro-actively promoting health and wellbeing to the public. The pharmacy gives the public a clear impression that free and confidential health and wellbeing advice, information and services are readily available.

##### Standards:

	<b>Quality Criteria for Health + Pharmacy</b>	<b>Guidance, training and support available/provided</b>	<b>How are we currently meeting criteria?</b>	<b>Is the criteria partially or fully met?</b>	<b>What we need to do to meet the criteria?</b>	<b>Comments / progress towards completion</b>
<b>1.1 Premises</b>	<p><b>Standard:</b> The pharmacy complies with <i>all</i> the essential and <i>appropriate</i> desirable indicators included in the PSNI Standards for Registered Pharmacy Premises. Desirable indicators are:</p> <p>1.4: Windows reflect a professional image;</p> <p>2.2: Front shop area is maintained in a good state of repair and decoration;</p> <p>2.4: Stock is effectively managed and reflects a professional image.</p> <p>3.7: The pharmacy has an</p>	<p>PSNI Standards for registered pharmacy premises (<a href="http://www.psni.org.uk/publications/code-of-ethics-and-standards/">http://www.psni.org.uk/publications/code-of-ethics-and-standards/</a> )</p> <p>NB footnote to standard 2.4 - Lottery must not be promoted or sold within the premises.</p>				

	<p>appropriate area for counselling patients;</p> <p>3.9: The professional area does not contain any non-health related products;</p> <p>8.3: The name(s) of the pharmacist(s) who is (are) on duty, or their registration certificates, are prominently displayed in the professional area</p> <p><b>Consider:</b>  <i>Do the premises reflect the required environment?</i>  <i>Are the retail space and staff only areas conducive to promoting health and wellbeing?</i></p>	<p>Standard 3.9 states:          "Toiletries, cosmetics etc should not be displayed for sale within the professional area. Non-health related confectionery must not be placed at till points or at the medicines counter. Pharmacies are discouraged from selling non-health related confectionery and drinks since there is considerable evidence that their consumption, especially in children, contributes to dental caries."</p>				
<p><b>1.2 Merchandise</b></p>	<p><b>Standard:</b>          The pharmacy promotes messages that support the delivery of public health goals for prevention, self-care and harm reduction by stocking appropriate products, in line with local and national guidance and policy. The pharmacy does not stock products which the professional regulator advises</p>	<p>Mandatory standard 1.10 of the Professional Standards and Guidance for the Sale and Supply of Medicines (<a href="http://www.psni.org.uk/publications/code-of-ethics-and-standards">www.psni.org.uk/publications/code-of-ethics-and-standards</a>) states: "The pharmacist must ensure that [there is] a ban on the sale or supply of products, from registered pharmacy premises, that may be</p>				

	<p>against or which evidence shows may be injurious to health.</p> <p><b>Consider:</b></p> <p><i>What is the pharmacy's policy relating to merchandise stocked e.g. confectionery, cigarettes and e-cigarettes, SPF and UV protection of sunscreens available?</i></p>	<p>injurious to a person's health, for example, tobacco products, alcoholic beverages and products intended to mask the signs of alcohol or drug consumption."</p> <p>PSNI 2013 communication to registrants regarding e-cigarettes:  <a href="http://www.psn.org.uk/wp-content/uploads/2013/02/e-cigarettes-statements1.pdf">www.psn.org.uk/wp-content/uploads/2013/02/e-cigarettes-statements1.pdf</a></p> <p>Current evidence around products that are either beneficial or injurious to health is available from a range of sources:</p> <p>NICE Clinical Guidelines are applicable in Northern Ireland and relevant guidance should inform activities within pharmacies (e.g. NICE guidance January 2011, Skin cancer prevention: information, resources and environmental changes  <a href="http://guidance.nice.org.uk/PH32">http://guidance.nice.org.uk/PH32</a>) includes promotion of skin protection including adequate UVA and UVB</p>				
--	--	--	--	--	--	--

		<p>protection; NICE guidance on Maternal and Child Nutrition, March 2008, updated July 2011 includes appropriate promotion of vitamins (<a href="http://www.nice.org.uk/PH11">www.nice.org.uk/PH11</a>).</p> <p>The Public Health Agency (<a href="http://www.publichealth.hscni.net">www.publichealth.hscni.net</a>) is a useful source of local policy imperatives across each of the key health and wellbeing topics.</p>				
<p><b>1.3 Health promotion area</b></p>	<p><b>Standard:</b> There is a publicly accessible area for engaging with patients and providing public health information.</p> <p><b>Consider:</b> <i>Is there a health promotion area available?</i></p> <p><i>Is this accessible to all, e.g. disabled patients?</i></p> <p><i>Can the needs of other groups of patients such as visually impaired, non-English speaking, those with literacy issues be met?</i></p> <p><i>What resources e.g. books, DVDs leaflets, promotional displays, electronic or web-based information sources are available?</i></p>					

<p><b>1.4</b> <b>Private consultation area</b></p>	<p><b>Standard:</b> A readily identifiable consultation area/room is available for private and confidential conversations; this should be easily accessible and used as appropriate by all members of the team.</p> <p><b>Consider:</b></p> <p><i>Can both the patient and the pharmacist sit down together?</i></p> <p><i>Can the patient and pharmacist talk at normal speaking volumes without being overheard by any other person (including pharmacy staff)?</i></p> <p><i>Is the consultation area clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy?</i></p>					
--	--	--	--	--	--	--

## 5. Staff Development

### Staff embrace the healthy living ethos through their training, attitude and competence

#### Principles:

- All staff understand the concepts of health and wellbeing
- All staff have some understanding of the public health needs in their area and how these may impact on the health and health-related choices, of people living in the local community
- Staff understand that every interaction is an opportunity for a health intervention – “every contact counts”
- In recognising the need for equality and diversity all staff are friendly, welcoming and sensitive to the need for privacy for different individuals seeking advice and health services
- Members of the pharmacy team make appropriate use of resources from within and outside the pharmacy to best meet the health and well-being needs of their local population

#### Standards:

	Quality Criteria for Health + Pharmacy	Guidance, training and support available/ provided	How are we currently meeting criteria?	Is the criteria partially or fully met?	What we need to do to meet the criteria?	Comments / progress towards completion
<b>2.1 Training</b>	<p><b>Standard:</b> The pharmacist and one other member of staff (Health and Well-Being Adviser) have completed the mandatory NICPLD live training. The Health and Well-Being Adviser has completed the C&amp;D distance learning course. Cascade training has been provided to current staff members.</p> <p>A training programme is in</p>	DL training, NICPLD live training, NICPLD online resources from live training, NICPLD train the trainers resources				

	<p>place to train new staff, and provide refresher training to existing staff as needed. If either the H+P trained pharmacist or Health and Well-Being Adviser leave the pharmacy, arrangements should be made with the HSCB and NICPLD to ensure that a replacement member of staff is trained as soon as possible.</p> <p><b>Consider:</b> <i>Is there a plan in place to cascade learning to other members of staff and gauge their understanding?</i></p>					
<p><b>2.2 Public Health Needs</b></p>	<p><b>Standard:</b> All relevant staff are aware of the local health needs in their area and understand the basic needs of their community. Staff can identify public health needs both in their own community, regionally and the potential impact that the pharmacy may have in addressing these.</p> <p>Staff should support Public Health information campaigns and uptake of services such as immunisation and screening services.</p> <p>Pharmacists should build on existing partnerships and develop new links with other health / community /</p>	<p>Distance learning (DL) training, NICPLD training, local knowledge and contacts</p>				

	<p>voluntary service providers and organisations to target hard to reach groups</p> <p><b>Consider:</b>  <i>What awareness has the pharmacist and other staff of local needs e.g. work with BCPP, contact with community/voluntary groups, local health needs through prescription and OTC business?</i></p>					
<p><b>2.3</b>  <b>Communication skills</b></p>	<p><b>Standard:</b>  Relevant members of staff understand the benefits of engagement and developing different communications styles to suit individuals and communities.</p> <p><b>Consider:</b>  <i>Do staff adjust their communication styles to different patient needs?</i></p>	<p>DL training, NICPLD training</p>				
<p><b>2.4</b>  <b>Behavioural change</b></p>	<p><b>Standard:</b>  All relevant staff offer brief public health advice, can identify readiness to change, provide support and/or signpost where additional support is needed.</p> <p><b>Consider:</b>  <i>Do staff require further training to understand the need to support behavioural</i></p>	<p>DL training, NICPLD training</p>				

	<p><i>change?</i></p> <p><i>Do staff recognise the impact of wider issues impacting on people's ability to make positive health changes e.g. social circumstance?</i></p>					
<p><b>2.5</b></p> <p><b>Privacy and confidentiality</b></p>	<p><b>Standard:</b> All staff are sensitive to confidentiality requirements when offering health and wellbeing advice, support and/or services, and give the individual the opportunity to discuss in an area suitable for the client e.g. private or semi-private.</p> <p>There is a written policy on privacy and confidentiality which all staff should adhere to.</p> <p><b>Consider:</b> <i>Does a policy exist?</i></p> <p><i>Have all staff been trained?</i></p> <p><i>Are new staff always made aware of this?</i></p>	<p>DL training; PSNI Code of Ethics; local pharmacy procedures</p>				
<p><b>2.6</b></p> <p><b>Protection of children and vulnerable adults</b></p>	<p><b>Standard:</b> Staff are aware of and work under procedures for child protection and vulnerable adults and are aware of the principles of disclosure All relevant staff use Fraser competency routinely. There are clear procedures, policies and training in place</p>	<p>DL training, NICPLD course on child protection, on-line NICLD resources</p>				

	<p><b>Consider:</b> Do any relevant staff require further training?</p>					
<p><b>2.7</b> <b>Service awareness</b></p>	<p><b>Standard:</b> All staff understand and proactively explain the services available in the pharmacy for health and wellbeing, as appropriate.</p> <p><b>Consider:</b> Are regular staff briefings and training events held to provide updates on services?  Is there evidence of good communication with staff?</p>	<p>Service specific specifications, guidance from HSCB</p>				
<p><b>2.8</b> <b>Staff</b></p>	<p><b>Standards:</b> All staff are clearly identifiable and reflect the professional image of Health + Pharmacy.</p> <p>Staff refer appropriately to other members of the team within the pharmacy where necessary to ensure the public are advised by the right person and develop confidence in the service.</p> <p>Pharmacy leads should demonstrate how the health and well-being of staff is actively considered.</p> <p><b>Consider:</b> Are there instances when staff do not refer to others when appropriate?</p>	<p>Staff training, Pharmacy policies and procedures, NICPLD training</p>				

	<i>Is the health and wellbeing of pharmacy staff considered?</i>					
<b>2.9 Pharmacist engagement</b>	<p><b>Standard:</b> The pharmacist is committed to public health initiatives and readily engages in proactive public health advice in their interactions with the public.</p> <p><b>Consider:</b> <i>How does the pharmacist proactively engage with individuals or are they more reactive with public health advice?</i></p>	Code of Ethics, SOPs				

## 6. Engagement with others in the local community

The pharmacy team are active in their local community; engaging with the public, healthcare professionals, other organisations and commissioners.

### Principles:

- Relevant staff are active members of their local community and understand how to work with their communities and respond to their local needs
- The pharmacy team is an integral part of local public health delivery and engages with other healthcare professionals, other statutory, community and voluntary organisations to contribute to the implementation of an integrated system
- The pharmacy provides information that is relevant to all sections of the community

### Standards:

	Quality Criteria for Health + Pharmacy	Guidance, training and support available/ provided	How are we currently meeting criteria?	Is the criteria partially or fully met?	What we need to do to meet the criteria?	Comments / progress towards completion
<b>3.1 Engagement with primary care team, Trusts and community and voluntary sector and statutory bodies</b>	<p><b>Standard:</b> The pharmacy team engages with the local GP practices, the wider health and social care team and community and voluntary sector in the local area to support patient referral and follow up pathways for health and wellbeing services.</p> <p><b>Consider:</b> <i>What action has the pharmacy team taken to contribute to work with relevant groups/individuals in the development of referral pathways? How are patients referred onwards?</i></p>	NICPLD training, ICP pharmacists and projects				

	<p><i>Where the GP practice is reluctant to engage, what has the pharmacy done to attempt to engage with their local practice?</i></p>					
<p><b>3.2 Signposting and referral</b></p>	<p><b>Standard:</b> The pharmacy has communicated with local health, community and voluntary groups and exchanged contact details and information relating to the services that they each provide.</p> <p>The pharmacist and staff are aware of the health, community and voluntary services available locally and have access to up to date contact information for them</p> <p>All relevant staff signpost and refer into appropriate services correctly and proactively where necessary and actively use relevant signposting/referral resources. There should be a Standard Operating Procedure in place for this.</p> <p><b>Consider:</b> <i>Do the pharmacy team have any signposting/referral resources available to them?</i></p> <p><i>Do these include local contacts in the community and voluntary sector?</i></p> <p><i>Is this information current?</i></p> <p><i>Are systems in place for updating</i></p>	<p>NICPLD training, local knowledge and contacts</p>				

	<i>the available resources?</i>					
<b>3.3 Engagement with local community</b>	<p><b>Standard:</b> The pharmacist and staff work in partnership with individuals and communities to identify local health needs and are active in working with their community to address these needs.</p> <p>The pharmacy can demonstrate active engagement with their local community.</p> <p><b>Consider:</b> <i>Does the pharmacy engage with the local community within/outside of the pharmacy premises?</i></p> <p><i>What local groups could the pharmacy start to work with?</i></p>	BCPP, local knowledge and contacts				

**Appendix 3: Health + Pharmacy: Quality Criteria – Progress report**

Name of pharmacy: \_\_\_\_\_ Contractor number: \_\_\_\_\_

Progress report for the month of: \_\_\_\_\_

**Guidance on completing this document**

Please indicate beside each of the standards your progress towards achieving the standard in your pharmacy on a scale of 1 to 10, where 1 represents just starting work on this standard and 10 represents full achievement. Please refer to the H+P Quality Criteria for full descriptions of each standard.

- Also please indicate beside each standard the date by which you estimate that you will fully achieve this standard.
- At the end of the document, please indicate the date by which you estimate you will be ready for assessment and full accreditation as a Health + Pharmacy.

Area	Standard		Progress towards achieving this standard (1 = just starting work, 10 = full achievement)	Estimated date for completion of this standard
Environment	1.1	Premises		
	1.2	Merchandise		
	1.3	Health promotion area		
	1.4	Private consultation area		
Staff development	2.1	Training		
	2.2	Public health needs		
	2.3	Communication skills		
	2.4	Behavioural change		
	2.5	Privacy & confidentiality		
	2.6	Protection of children and vulnerable adults		
	2.7	Service awareness		
	2.8	Staff		
	2.9	Pharmacist engagement		
Engagement with others in the local community	3.1	Engagement with primary care team, Trusts and C&V sector and statutory bodies		
	3.2	Signposting & referral		
	3.3	Engagement with local community		

Declaration (Please tick as appropriate):

- Work is progressing to meet all the standards required for a Health + Pharmacy. I estimate that the pharmacy will be ready for assessment by \_\_\_\_\_ (insert date)
- I consider that the pharmacy has fully achieved each of the standards outlined above and I request an assessment, for the pharmacy named above, to be accredited as a Health + Pharmacy.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**The completed form should be returned by the last Friday of each month:**

FAO Sandra Leeman , HSCB Integrated Care, 12-22 Linenhall St, Belfast, BT2 8BS

Alternatively by email: [healthpluspharmacy@hscni.net](mailto:healthpluspharmacy@hscni.net)

