HEALTH PROMOTING PHARMACIES

DISCUSSION DOCUMENT

Background information presented to the Pharmacy Alliance in October 2012 to inform development of a Northern Ireland model

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INTRODUCTION

The purpose of this discussion document is to set out within a strategic context the important role that community pharmacy can deliver with respect to health improvement and to describe what the concept of a health promoting pharmacy might look like in Northern Ireland.

Under the wider priority “to improve and protect health and well-being through a focus on prevention, health promotion and earlier intervention” the Health and Social Care (Commissioning Plan) Direction (Northern Ireland) 2012 sets a target “by March 2013, have in place a community pharmacy health promoting pharmacies programme”.

In England, the Healthy Living Pharmacy (HLP) is a relatively new concept to meet public health needs which uses a tiered commissioning framework to deliver NHS services through community pharmacy tailored to local requirements. HLPs offer a range of high quality services, contributing towards reducing health inequalities by improving health and wellbeing outcomes in their communities.

As well as committing to and promoting a healthy living ethos, one of the key features of a HLP is having health trainer “champions” on site. Trained in behavioural change, their role is to interact with people proactively, offer practical help and advice about a range of health and wellbeing issues and be responsible for leading health promotion.

The pilot and pathfinder sites in England defined HLPs as those pharmacies which:

- Consistently deliver a broad range of commissioned services to high quality
- Promote healthy living & wellbeing as a core activity
- Have a team proactive in supporting health & wellbeing, with the community’s health at the centre of what it does
- Have at least onenon-pharmacist Healthy Living Champion per site
- Are easily recognisable to both the public and other healthcare professionals

In Northern Ireland the exact format is still to be decided upon, including the name of the programme. It is anticipated that this document will inform commissioning and the future development of this concept within practice.

1 STRATEGIC CONTEXT

There are a number of strategic drivers which support the concept of health promoting pharmacies:

- Transforming Your Care – a review of Health and Social Care in Northern Ireland, 2011
- Making it Better – A Strategy for Pharmacy
- DOH Strategy- Choosing Health Through Pharmacy
- Long Term Conditions Management (LTCM) Strategy, 2012
- Fair Society, Health Lives – 'The Marmot Review,' 2010
- Fit and Well – Changing Lives – Consultation, 2012
- Working in Partnership – a Community Development Strategy for Health and Social Care, 2012
- A Healthier Future - A Twenty Year Strategy for Health and Wellbeing – 2005-2025 DHSSPS

1.1 TRANSFORMING YOUR CARE – A REVIEW OF HEALTH AND SOCIAL CARE IN NORTHERN IRELAND 2011

Led by HSCB, Transforming Your Care will transform the way that health and social care is delivered, with a significant emphasis being placed on health improvement and the prevention of ill health.

The review also emphases the importance of patient centred care and suggests that people are best cared for as close to home as possible. It suggests a new model of integrated health, with community pharmacy as one of the central pillars of this integrated model. Recommendation 7 references the community pharmacy role in health promotion and states there will be '*an expanded role for community pharmacy in the arena of health promotion both in pharmacies in the community'.*

1.2 MAKING IT BETTER – A STRATEGY FOR PHARMACY

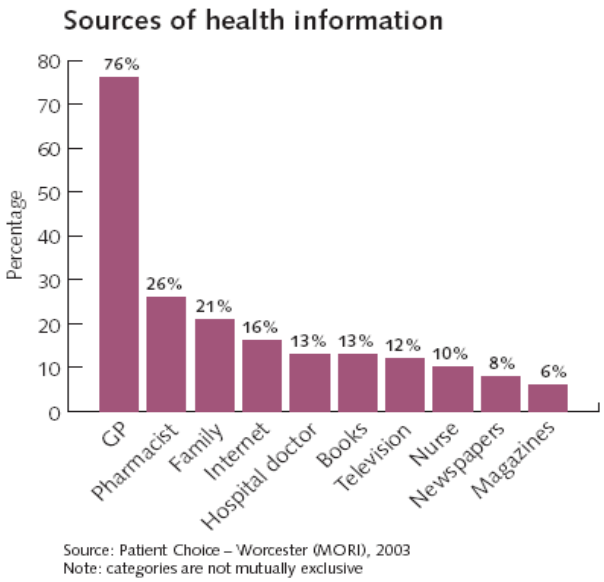
This strategy for pharmacy in the community recognises the important role that pharmacies play in health improvement, highlighting that they: "*… provide a unique forum for health development … the opportunity to target people who otherwise would have little or no contact with health promotion messages … position of the community pharmacy with its visibility, accessibility and loyal customer patronage renders it an ideal Health Promotion Centre* …"

It states that it will support and encourage community pharmacists to:

- Work with local communities to develop services tailored to their particular needs:
- Develop health promoting pharmacies, including community outreach …
- Participate in co-ordinated health promotion programmes …
- Develop as a public health resource."

1.3 DOH STRATEGY- CHOOSING HEALTH THROUGH PHARMACY

An independent survey published in 2003, identified where members of the public sought information about their health. Interestingly, those surveyed reported that pharmacy was the second most utilized source of health information.



Building on the evident interface that community pharmacy has with the public, The DoH strategy, "Choosing Health through Pharmacy – a programme for pharmaceutical public health 2005 – 2015" outlined the following roles for pharmacy in public health:

1. **Assessing the health and social needs** of the local community, through involvement in surveillance and the gathering of intelligence
2. As **public health leaders in their communities** acting as advocates on behalf of others on health issues, contributing to sustainable communities and neighbourhoods

3. **Recognising all the key influences on health**, such as income and education, as well as lifestyle issues such as smoking and diet
4. **Being accessible to all**, communicating accurate, contemporary health information clearly and promoting health literacy
5. **Signposting** to other services, including information technology, to help people make healthy choices
6. **Delivering a wide range of health improvement services**, particularly those that help to reduce inequalities in health, both in the pharmacy and in other settings such as other primary care premises, schools and workplaces
7. **Working in active partnership** with a wide range of other health-promoting statutory and voluntary services, both within the pharmacy and elsewhere in the community
8. **Supporting people with long-term conditions**, by helping people to use their medicines effectively, promoting healthier lifestyles, supporting self care, monitoring and assessing patients' conditions, and participating in multidisciplinary care teams
9. **Protecting health** through promoting the safe, effective, informed and responsible use of medicines
10. **Contributing to public health capacity at all levels**, ensuring the whole pharmacy team is trained and evaluating its services

Pharmacists and their staff in all sectors have contributed for many years to public health. There is great potential to expand and build on this excellent work. The vision is for all pharmacists and their staff to see themselves as important contributors to improving health, working closely with their local public health teams.

The DoH strategy identified examples of how Pharmacy could contribute to their PSA targets; the full table of examples is in Appendix 1. Clearly there is considerable pharmacy activity that could be coordinated in pursuit of wider public health objectives.

1.4 LONG TERM CONDITIONS MANAGEMENT (LTCM) STRATEGY2012

'*Living with Long Term Conditions, a Policy Framework'* assists people with long term conditions to maintain or enhance their quality of life through high quality services and supported self-management. A key aspect of this will be working with health and social care providers to develop personalised care plans to help people manage their condition effectively and to have maximum independence with a level of support that is appropriate to their individual needs and capability. Community

Pharmacies could play a role in the development and implementation of personalised care plans as well as with medicines management.

1.5 FAIR SOCIETY, HEALTH LIVES – 'THE MARMOT REVIEW' 2010

Marmot demonstrates that there is a social gradient in health – the lower a person's social position, the worse his or her health. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. The Marmot team coined this 'proportionate universalism'. Two of Marmot's areas for action are:

- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention
- Community pharmacies could have a leading role to play in this regard.

1.6 FIT AND WELL – CHANGING LIVES - CONSULTATION 2012

This framework proposes an updated Strategic Direction for Public Health for the next ten years, bringing together actions at government level to improvehealth and reduce health inequalities. It considers a whole systems approach and is structured around a population and lifecourse approach, focusing on:

- Pre-birth and Early Years (0-5 years)
- Children and Young people (broadly school-age, 5-16)
- Early Adulthood (17-24)
- Adults (working age, 25-64)
- Later Years (65+)

There are also two underpinning themes - Sustainable Communities, and Building Healthy Public Policy, and two strategic priorities - Early Years, and Supporting Vulnerable People and Communities.

1.7 WORKING IN PARTNERSHIP – A COMMUNITY DEVELOPMENT STRATEGY FOR HEALTH AND SOCIAL CARE 2012

The Community Development Strategy, developed jointly by PHA and HSCB, recognises the vital role that community development plays in promoting health and wellbeing and in creating strong, resilient communities. It seeks to narrow the gap in health inequalities, working to reduce the wider determinants of health, including

poverty and social exclusion, and this can only been achieved by working in partnership with the community.

The strategy adopts an asset-based approach, influenced by *A Glass Half Full*: *how an asset approach can improve community health and wellbeing (Foot and Hopkins)*[1]. This demonstrates, how identifying and mobilising the social, cultural and material assets in communities can help them overcome the health challenges they face. It demonstrates that when practitioners begin with a focus on what communities have (their assets) as opposed to what they do not have (their needs) a community's ability in addressing its own needs increases, as does its capacity to lever in external support. A community-based pharmacy could be defined as such an asset given the accessibility of pharmacy for individuals throughout the most deprived communities in Northern Ireland. There are 534 pharmacies in NI which represents a significant asset base for local communities.

1.8 A HEALTHIER FUTURE - A TWENTY YEAR STRATEGY FOR HEALTH AND WELLBEING – 2005-2025 DHSSPS

This strategy recognised that the current provision of health and social care was not sustainable and provided a clear mandate for the involvement of community pharmacies as stakeholders in the development of health and wellbeing. :

The Building Community-Pharmacy Partnership was exemplified in this Strategy as "an example of innovative community development. It focuses on local communities working together with community pharmacists to develop services and schemes tailored to meet local needs and priorities, particularly in areas of social need. "

[1] A glass half-full: how an asset approach can improve community health and well-being
J Foot, T Hopkins - London: IDeA, 2010

2 CURRENT NEEDS IN NORTHERN IRELAND

Whilst it is clear that there have been some improvements to the state of our health in Northern Ireland, health inequalities continue to grown within and between our communities and there are a significant range of underlying determinants, pressures and growing demands that we face:

- Life expectancy is lower in NI than in the rest of UK with the exception of Scotland. There are also significant gaps in life expectancy, with males living in the least deprived communities expected to live almost 12 years longer than those living in the most deprived communities. Smoking, obesity, misuse of drugs and alcohol, teenage contraception rates and poor mental health are significant factors contributing to this gap in life expectancy.
- The demographic makeup of our community is changing. We have a growing and aging community and face a growth in chronic conditions.
- Coronary Heart disease, cancer and respiratory disease continue to be the main causes of death for both sexes.
- The cost to the health service alone in respect of alcohol misuse may be as high as £122 million per year in Northern Ireland
- The alcohol related death rate in the most deprived decile is almost 9 times that in the least deprived
- At any one time, one in five adults in Northern Ireland have a mental health condition (anxiety/depression)
- The annual cost to Northern Ireland of mental health exceeds £3.5 billion a year
- Research has shown that obesity can reduce life expectancy by up to nine years
- Health Survey 2010/11 indicated that 59% of adults measured in Northern Ireland were either overweight (36%) or obese (23%)
- In children aged 8-15 years 8% were assessed as being obese (based on International Obesity Guidelines)
- Smoking remains the single greatest cause of preventable illness and premature death in Northern Ireland, and one of the primary causes of health inequality in Northern Ireland
- Smoking kills around 2,300 people per year in Northern Ireland (almost a third of which are from lung cancer)
- More people die in disadvantaged areas as a result of smoking than in more affluent areas

As a result, PHA has a range of thematic action plans which aim to address many of the underlying factors contributing to gaps in life expectancy and poor health and wellbeing throughout our communities. Some of the thematic actions plans which we feel that the Heath Promoting Pharmacies Programme can contribute to include:

- Minority Ethnic Communities
- Obesity
- Drugs and Alcohol
- LGBT
- Tobacco
- Breastfeeding
- Mental health and suicide prevention
- Older people
- Workplace health

3 LINKING COMMUNITY PHARMACY TO THE STRATEGIC CONTEXT AND CURRENT NEEDS IN NORTHERN IRELAND

3.1 POSITION OF COMMUNITY PHARMACY

"Making it Better- A strategy for pharmacy" recognised that approximately 123,000 people visit a Community Pharmacy every day, healthy as well as sick. It also reported that people in social classes of greatest need use the community pharmacy on a more regular basis than those in higher social classes. It has been reported that 83% of people visit the same pharmacy and 99% of people are very satisfied with the service.

Estimates from the NI Chief Medical Officer's report in 2007 suggest that on average, a pharmacy serves:

- 110 people with diabetes
- 200 people with asthma
- 410 people with hypertension
- 30 cancer patients
- 230 people with depression
- 280 people with obesity
- 50 pregnant women
- 320 people aged over 70

The DHSSPS policy framework for long term conditions also highlights that the number of people in Northern Ireland living with one or more long term condition is increasing and one of the main reasons for this is the changing demographics of the population. In future years, the above estimates will increase.

Community pharmacies are accessible to the public with their opening hours being consumer focused providing a convenient and less formal environment for "hard to reach" groups or those who choose not to access other kinds of health services or who simply want readily available, sound professional advice and help to deal with everyday health concerns and problems. There is a readily available networkof trusted health professionals and their teams based in the heart of communities to promote health and wellbeing, help people look after themselves better, prevent illness and provide essential treatments for those with short or long term illnesses.

534 community pharmacies in Northern Ireland are already providing a wide range of public health services that are easily accessible and cost effective. Based in the heart of the community, many in deprived areas, where people live, work and shop,

community pharmacy teams gain a particular understanding of the needs of members of their communities through daily interactions with patients and customers. Due to their convenient access to the public without the need for an appointment, visitors to pharmacies come from all sectors of the population and it has been shown that local pharmacy services are particularly valued by those without easy access to a car. The large number of pharmacies together with their accessibility increases the capacity of the health service as a whole and this should be maximised.

Market research for Department of Health which was reported in the 2008 Government White paper identified that in England:

- Most adults use pharmacies
- 84% of adults visit a pharmacy – 78% for health-related reasons – at least once a year
- Three-quarters of people have visited a pharmacy in the last six months.
- Of those who report visiting a pharmacy, adults visit a pharmacy 16 times a year, of which 13 visits are for health related reasons
- An estimated 1.6 million visits take place daily, of which 1.2 million are for health-related reasons
- Women, those aged over 35 and those with a long term health condition or disability are frequent users
- 99% of the population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport

Community pharmacies are often patients' first point of contact, and, for some, their only contact with a healthcare professional. Pharmacists already make a significant contribution to public health by engaging with communities through day-to-day activities, which might include the provision of advice to parents of young children, visits to the homes of older and housebound people and advice on stop smoking.

Pharmacies are ideally placed in the heart of the community to access 'hard to reach' groups and thus reduce health inequalities and be instrumental in the radical changes envisaged. Often the only healthcare professional situated in areas of deprivation, community pharmacies are well-positioned to target the higher levels of obesity, smoking, and drug and alcohol misuse particularly associated with low income and deprivation. Early health interventions can be made to people otherwise unknown to health services.

Pharmacists are highly trained, skilled professionals who are part of the public health professional network and the potential to use pharmacy teams more effectively to

improve health and wellbeing and reduce health inequalities has been identified. As a patient facing service, pharmacy has a number of key attributes that fit well with promoting public health and preventative healthcare messages and delivering public health services to a wide cross-section of society.

The footfall of the public through community pharmacies provides an opportunity to utilise the existing infrastructure and readily available network of trusted professionals and their teams to provide address the major challenges to improve health and well being of the population of Northern Ireland.

3.2 EXISTING COMMUNITY PHARMACY SERVICES IN NORTHERN IRELAND

Many of the services which have provided the backbone of HLPs in England are already operational in Northern Ireland community pharmacies. They also feature in the PHA's thematic plan and moving forward, it is important that consideration on how these will become integral to the model in Northern Ireland.

- **Smoking Cessation** is provided by over 300 community pharmacies across Northern Ireland and is funded through the PHA. Evidence has shown that the 12 week programme of advice and support, with Nicotine Replacement Therapy (NRT) doubles a smoker's chances of stopping.
- **NI Minor Ailments Service** encourages patient ability to self treata range of minor ailments and provides an alternative to a GP consultation for patients. It supports the use of the pharmacy as a first point of call for health advice and allows the pharmacist to make more use of their professional skills.
- **"Managing Your Medicines**" is a service commissioned by the Health and Social Care Board. It is a pharmacy based medication review service provided for patients who are vulnerable or at risk. The aim of this service is to:
    - Undertake a clinical medication review to optimise treatment
    - Educate the patient to improve understanding of the medication prescribed
    - Support patients to ensure that both OTC and prescription medicines are used appropriately
    - Liaise with other members of the healthcare team in order to agree and implement measures to overcome any problems the patient may be experiencing and/or ensure the most appropriate therapy is being used
- **Emergency Hormonal Contraception** may be supplied free of charge to teenagers through pharmacies in the Western LCG area by means of a Patient Group Directive. The HSCB and PHA are currently exploring the

potential for extending this service into other areas in Northern Ireland in line with the government target of reducing the rate of births to teenage mothers under 17 years of age by 25 per cent by 2013.

- **Chlamydia testing** has operated both in the Western LCG as an enhanced service and in the South Belfast University Area as a pilot service. Services are currently on hold pending strategic direction from the DHSSPSNI on this matter.
- **The Northern Ireland Needle and Syringe Exchange Scheme** (NSES) is a service for injecting drug users, targeted as a harm reduction measure to limit the spread of blood borne viruses such as HIV and hepatitis B and C. It was initiated in five community pharmacies in 2001 and there are currently 14 pharmacies offering needle exchange across N.I
- **Supervised consumption** currently takes place in over 130 pharmacies. Patients in treatment for drug addiction attend these pharmacies (often daily) to receive substitute treatment supervised by pharmacy staff. While primarily a mechanism to ensure compliance with treatment and prevent diversion, opportunities exist in this scheme along with the NSES for active health promotion targeted at this often hard to reach population.
- **"Healthy Hearts"** is a pilot project operating in West Belfast which includes a community pharmacy-based vascular risk screening service and weight management service. This service is targeted at over 18 year olds who are obese for weight management and adults over 45 years who are normal weight for vascular screening. Funding is provided by PHA/HSCB through the LCG and supported by the Falls Community Council and the Ulster Chemists Association.
- **"Building the Community – Pharmacy Partnership"** promotes and supports local communities to work in partnership with community pharmacists to address local health and social wellbeing needs using a community development approach. It provides funding to local community projects which involve the community pharmacist in interactive sessions away from the pharmacy setting. Themes are diverse but more often than not have a health promotion aspect and provide opportunities to signpost to services both within the pharmacy and across the broader range of healthcare providers.
- **Healthy Lifestyles (Health Promotion Leaflets) -** the community pharmacy may apply for a payment of £1,500 per year in respect of providing additional professional services. Certain criteria must be met, one of which is that the pharmacy must display up to a maximum of 8 health promotion leaflets. Contractors may display additional health promotion material if they wish, but are not required to do so to qualify for payment.

- **Alcohol use/abuse** projects have been piloted in a number of areas and pharmacies.
- **Weight management/diet and exercise** have been piloted in a number of areas as well as individual pharmacies.
- **Testing/screening and health checks** have been carried out both privately and on a small scale commissioned basis.
- **Immunisation-** community pharmacies have historically provided information or supply roles. Some larger chains have provided vaccination as a private service.

With all these services there are opportunities for further development and wider provision.

4 HEALTH PROMOTING PHARMACIES IN UK AND BEYOND

4.1 ENGLISH MODEL

The concept of Healthy Living Pharmacies (HLP) was developed alongside national policy and a 'direction of travel' published in the 2008 White Paper, *Pharmacy in England: building on strengths, delivering the future.* HLPs were piloted in one area in 2009 (Portsmouth) before been rolled out to 'pathfinder' sites nationwide, the purpose of which was to develop the original concept and adapt to local needs.

A HLP builds on existing pharmacy services (both Essential and Advanced) with provision of NHS locally commissioned enhanced services at three different levels of engagement.

LEVEL 1	Health Promotion
LEVEL 2	Health Prevention
LEVEL 3	Health Protection

An example of this stepwise approach would be obesity. A Level 1 service provides brief interventions, assessing willingness of patients and signposting as appropriate. Level 2 may provide an NHS weight management service, health checks or cancer awareness service. Level 3 could be a prescriber in obesity, diabetes or CVD, or a provider of cancer risk assessment services. The full NPA framework is shown in Appendix 2.

Participating pharmacies are expected to deliver a range of commissioned services in line with local needs rather than selectively provide enhanced services of their own choice. The principle categories of service delivery are based around promotion, prevention and protection. These, together with the foundation criteria of workforce development, premises standards and multidisciplinary engagement, form the basis upon which the three levels of HLP are based.

4.2 PORTSMOUTH PILOT

In 2009 the Department of Health (DH) invited NHS Portsmouth to inform the development of a national model of HLP by developing its own HLPs. A framework for HLPs was developed and launched locally in December 2009, through publication of a local HLP prospectus. Community pharmacies had to achieve a

number of accreditation criteria to be awarded the status of HLP. These are principally divided into Foundations (the enablers) and Services:

Foundation criteria for a Level 1 HLP:

- **Developing workforce** including having a Healthy Living Champion (HTC) and developing leadership skills
- **Premises** including having suitable environment, consultation room and IT capability
- **Multidisciplinary Engagement** working with GPs, PCT and other provider services
- Services within a Level 1 HLP
- **Wellbeing and Self-care** including active health promotion campaigns
- **Optimising medicines** including carrying out targeted respiratory Medicine Use Reviews (MURs)
- **Providing enhanced Services** including Stop Smoking and at least one other enhanced service.

The HLP prospectus for Portsmouth specifies further what a pharmacy needs to have in place in order to be accredited by the PCT as a HLP. Detailed requirements include:

- regular engagement in delivering MURs; at least 30 of these should be respiratory MURs
- at least 12 stop smoking clients to have achieved a 4 week quit;
- at least one member of the team to have attained the Health Trainer Champion (HTC) Level 2 award
- at least one pharmacist or non-pharmacist manager to have attended the PCT leadership training
- to have engaged with their local GP Practice(s) and demonstrate participation in some multidisciplinary work.

Projects and outcomes in Portsmouth

Portsmouth used ESMAQ (www.esmaq.com) to monitor individual pharmacy performance and provide audits for commissioners. In the first year of operation (2010/11) the following projects ran in Portsmouth:

- **Smoking** - 684 validated Stop Smoking Quits compared to 560 in previous year. Detailed evaluation has shown that someone walking into an HLP

pharmacy would be twice as likely to set a successful quit date and achieve four week non-smoking status

- **Alcohol** - During a pilot month coinciding with the World Cup 3649 adults took part, 1784 took brief advice and 830 had more in depth consultation. The service was continued and in the 12 month period 5000 adults took part in a 'scratch-card audit' and then received advice and signposting information as needed. 51% were identified as 'increasing or higher risk'
- **Weight management service** – 126 clients successfully lost weight with a pharmacy scheme and more than half achieved total weight loss greater than 5% during the four month programme
- **Respiratory Medicine Use Reviews –** An advice service for asthmatics and COPD focusing on inhaler technique, medication concordance and lifestyle issues. 1123 patients seen, 123 patients followed up. 74% had not achieved optimum symptom control; 27% identified as smokers.
- **Emergency Hormonal Contraception** 3450 consultations regarding supply of EHC through 32 community pharmacies
- **Chlamydia screening kits** issued on request to people aged 16-24 years of age
- **Substance misuse and needle exchange** 400+ clients supported in supervised consumption. Estimated 1000 clients accessing sterile needles.
- **NHS Health Checks** 5 pharmacies piloted NHS Health Check model. Successfully evaluated using patient satisfaction and rolled out to 12 pharmacies in total

Independent market research companies were commissioned to assess public awareness of the HLP concept. They reported a high public awareness with 34% having heard of *Healthy Living Pharmacy,* 49% recognising logos, 50% recognising campaign materials and an overall good understanding of the phrase *Healthy Living Pharmacy*. 75% of respondents said they would use services or recommend to someone else although there was varying level of awareness of actual services offered.

4.3 OTHER SITES IN ENGLAND

Following on from Portsmouth further early launches of the HLP concept took place in Birmingham, Southampton and the Isle of Wight. In August 2011 a further 16 NHS areas were selected to become Healthy Living Pharmacy pathfinders, following a competitive process, with 30 PCTs in total now represented. Healthy Living Pharmacy Pathfinder Sites are expected to inform the future direction of travel for community pharmacy.

The aim was to have 100 community pharmacies become HLPs by the end of March 2012. This target was surpassed and by June 2012 it was reported that there were 230 quality-marked HLPs recorded across 16 pathfinder areas and 2 non-pathfinder areas, along with at least 600 health champions and 500 pharmacy leaders.

A Pathfinder Support Group was formed. It included representatives from each of the national pharmacy bodies (Company Chemists Association (CCA), National Pharmacy Association (NPA), Pharmaceutical Services Negotiating Committee (PSNC) and Royal Pharmaceutical Society (RPS)), and representatives from the Department of Health and Centre for Pharmacy Postgraduate Education (CPPE). An 'NHS Network' was set up to facilitate this at http://www.networks.nhs.uk/nhs-networks/hlp-pathfinder-sites which now provides information and support to all organisations and pharmacies involved in HLP including those outside the original pathfinder sites.

4.4 FACT-FINDING VISIT TO SOUTHESSEX PATHFINDER SITE

One of the pathfinder sites for HLP is in South Essex. In June 2012 a delegation from Northern Ireland were invited by the local PCT to view the HLP concept in action. The group included representation from CPNI, NPA, DHSSPNI, HSCB and the PHA. South Essex had 4 accredited HLPs in March 2012, 11 by June 2012 and is on track for 29 fully accredited sites by December 2012. As such it presented the group an opportunity to see a HLP scheme in development and the steps that had been taken to achieve this.

South Essex used the 'Portsmouth Model' as a template. As a Pathfinder site they adapted the model for their local circumstances, whilst keeping core components. A collaborative and stepwise approach was used to ensure the success of the project:

- Joint working and project management between pharmacy contractor organisations and PCT
- Early engagement with community pharmacists, technicians and counter staff through 'World Cafe' events creating ownership
- Various training options explored from a number of providers including face-to-face and distance learning
- Healthy Living Champion training was funded by contractors with leadership training funded by PCT in return for this commitment. Both components were a pre-requisite for obtaining full HLP accreditation.
- The project was brought on in two waves. For the second wave training was modified based on the feedback from the first wave with an evening workshop for HLCs backed up with distance learning instead of two full training days

- Management training was provided by a specialist company, bespoke to South Essex requirements but based on NHS Leadership competencies. This aspect was particularly well received

The delegation from Northern Ireland visited two 'early adopter' pharmacies in the Essex area, an owner-pharmacist run local community pharmacy in an area of social deprivation along with a high street multiple. Outcomes have not been formally assessed in South Essex at this relatively early stage; the group was impressed with both sites however, in particular with the ethos of the staff and the outward projection from the pharmacies of an easily accessed and trusted health promoting environment.

4.5 SCOTLAND

The Public Health Service scheme for Scottish pharmacies was initiated in July 2006 however it offers a more passive approach than the HLP approach south of the border. The Public Health Service covers three core activities: a health promoting philosophy, health promoting activities and a health promoting environment.

Community pharmacy contractors have supported campaigns on topics such as Flu Vaccination, Meningitis and Physical Activity. The support is provided partly by the insertion of a poster in the community pharmacy window and the adoption by the pharmacy staff of opportunistic consistent health promotion messages about the topic.

Community pharmacy contractors provide an area inside their premises to support health improvement activities, including the display of health promotion campaign materials and access to appropriate health education information and support materials

National service specifications have been adopted for smoking cessation, and a sexual health service for emergency hormonal contraception. A core payment is received automatically by signed up pharmacies with additional service payments claimed by the pharmacy for each EHC consultation, Chlamydia test or smoking cessation client

4.6 WORLDWIDE

Little information could be found on any similar scheme to the HLP concept elsewhere in the world. A systemic review of public health in community pharmacy internationally published in 2011 concluded there has been little change in customer

and pharmacist attitudes since reviews conducted nearly ten years previously. Northern Ireland could provide an example to be followed elsewhere.

5 THE POTENTIAL BENEFITS OF HEALTH PROMOTING PHARMACIES IN NORTHERN IRELAND

The Health and Social Care Board is working towards the development of a new community pharmacy contract for Northern Ireland. The aspirations of the new contract are to make better use of the skills of community pharmacists and their teams to deliver improved medicines management outcomes and impact positively on the health of the population. The contract will seek to maximise the unique opportunity for community pharmacy to develop public health services building on the existing accessible infrastructure and the positive experiences of effective community development, for example through 'Building the Community Pharmacy Partnership' or local schemes such as 'Healthy Hearts' in West Belfast. In the new contract, all community pharmacies would deliver a core level of public health service including signposting and health promotion.

The development of a network of recognised health promoting pharmacies which have an accredited quality mark provides an excellent basis for commissioning of enhanced services to effectively address local public health need and address inequality. As outlined in the DoH document "Community Pharmacy: at the heart of public health", community pharmacists have always played a role in promoting, maintaining and improving the health of the communities they serve. The concept of a Health Promoting Pharmacy takes what has already been provided by pharmacy to a new level and offers an opportunity to become more actively involved in the management of health and wellbeing of the community. As well as contributing to improved wellbeing of individuals and the wider community there are advantages to the individual pharmacy as well. These include:

- An opportunity for staff to develop skills and expertise
- Improved quality of service
- Staff motivation and retention
- Improved public awareness of pharmacy services
- Improved networking (with other pharmacists, GPs, healthcare providers)
- Increased opportunity for involvement with LCGs
- Commercial benefits to contractors due to increased footfall and service delivery

There are also benefits to the wider provision of primary healthcare services:

- Primary Care Infrastructure Development Programme
- Improving the quality of services
- Involvement of LCGs/ICPs from a commissioning perspective

- Increased capacity, cohesiveness and spectrum of services
- Prevention of later chronic illness

The benefits to the public include increased access to a range of health promotion services in locations that are convenient, less formal and are already well trusted by the public. Expanding the public health skills of the existing workforce and the use of the branding across the network will enhance public and commissioner confidence in the consistent quality of the service delivery.

A social marketing survey in South Essex in January 2009 identified that pharmacists were seen as more accessible and were also seen as a mediating factor as to whether medical advice is sought. The survey recommended that services should be offered in local places including pharmacies and pharmacists were identified as appropriate providers of services.

6 KEY COMPONENTS OF A HEALTHY LIVING PHARMACY

A pharmacy health improvement service will be underpinned by a number of important features which are underpinned by quality criteria and standards. These are all equally important and include;

- Environment
- Staff attitudes and training
- Information provision
- Engagement with others through joined up working.

6.1 ENVIRONMENT

There are standards for premises for all pharmacies and the core standards are a minimum requirement for safe and effective practice of pharmacy. A pharmacy delivering health improvement services should be aiming to provide a professional environment which embraces the ethos of health improvement through the atmosphere created by premises and staff and by proactively promoting health and well being and making it clear to the public that free confidential advice can be easily accessed in the pharmacy; for example staff attitudes and their the appearance and dress, the appearance of the premises reflecting a professional healthcare and healthy living environment, readily available private areas for consultations. Opening hours will also be a feature of a pharmacy which is committed to health improvement services providing the public with access to services at times that best suit them.

6.2 STAFF ATTITUDES AND TRAINING

The pharmacy staff is an important factor in demonstrating to the public that the pharmacy has a health improvement ethos. Effective leadership within the pharmacy will champion the ethos of health improvement. All of the pharmacy team should be involved and trained to make every interaction with the public an opportunity for health promotion. All should have an understanding of the basic principles of health and well being and the health needs of the local population and be able to effectively signpost members of the public to the right members of the team for service or advice. Communication and confidentiality and sensitivity to the need for privacy for individuals seeking advice and services will be essential for all pharmacy staff. Pharmacy staff will be suitable trained to deliver health improvement service supported by the pharmacist as necessary making best use of the skill mix in the pharmacy.

It is important to remember that all pharmacy staff have a part to play in health improvement, not just the pharmacist. In England this has been by means of the 'Healthy Living Champion', a non-pharmacist member of staff who has received dedicated training to fill this role. This particular component has proved vital in the success of the HLPs in the pilot and pathfinders across England.

6.3 INFORMATION PROVISION

The pharmacy should give the public a clear impression that health and well being advice, information and services are available and accessible. Information should be readily available, up to date and well presented to encourage the promotion of health and well being. The information should be tailored to appeal to a wide range of the public should be readily supported by opportunities for conversations with pharmacy team members.

6.4 ENGAGEMENT

A health improvement pharmacy service will reach out from the pharmacy into the local community. The Pharmacy will be an active member of the local community and will understand how to respond to the local needs. The pharmacy will be integrated with other healthcare providers linking with local GP practices, other healthcare professionals, workplaces, schools, community and voluntary organizations delivering services within the pharmacy and as outreach into community or other local facilities. A community development ethos will be evident from the success of outreach programmes and the recognition of the community of the pharmacy as a centre for heath and well being advice and services. Public involvement in the design and delivery of service will also be an important feature of continuing to ensure that the services meet needs and are being used by a wide range of the public including those who are harder to reach.

6.5 QUALITY MARK

The use of a quality mark for pharmacies demonstrating that they are meeting the criteria for excellence is beneficial in developing a recognizable brand for the public and commissioners. Pharmacies meeting and maintaining the required standards would benefit from marketing of the brand. Once the brand is established it should provide confidence for the public and commissioners that the accredited pharmacies are providing high quality health improvement advice and services.

The quality criteria developed for health promoting pharmacies provide that assurance that the standards are universal and consistent across the pharmacies who have been accredited.

6.6 PROGRESSION

The concept of a tiered framework which builds from a foundation level to higher levels based on quality criteria would provide continual motivation and aspiration for pharmacies to achieve and be recognized for higher levels of quality, competence and increasing specialization. Such a framework would not be restrictive and would be able to offer commissioners the ability to commission flexibly in order to achieve high quality outcomes for their populations. The framework and quality criteria would give assurance that the services offered by accredited pharmacies are underpinned by the key components of workforce, environment and engagement of others.

A tiered model for N Ireland could be developed to enable commissioning and delivery of services which are based on local health and social care need Quality criteria could be included in the commissioning specifications for services. The foundation level would build on the core services that all pharmacies could deliver. Enhanced services could be commissioned from pharmacies that have achieved higher levels of accreditation in the framework demonstrating the increasing capability of pharmacies as they progress through the tiers. Higher levels would also reflect increasing specialism in a particular area which would enable more specialist services to be commissioned and provided from a more limited number of accredited pharmacies to meet specific needs.

7 RESOURCE CONSIDERATIONS

The pilot scheme in Portsmouth and subsequent pathfinder sites identified key resources which were required for success, and these must also be considered in Northern Ireland, including:

- Training resources for pharmacists and non-pharmacists
- Publicity and public communication
- A core project team to form and meet regularly
- Project management
- Long-term engagement- newsletters, training, one-to-one interaction

A breakdown of the resources required to implement the HLP model in Portsmouth is contained in Appendix 3.

1.1.1.1 APPENDIX 1

National PSA target	Pharmacy contribution	Population Health Impact
1 REDUCING SMOKING		
Reduce adult smoking rates to 21% or less by 2010, & to 26% in 'routine' &'manual' groups	Opportunistic brief advice No-smoking campaigns Specialist NHS Stop Smoking Service, including nicotine replacement therapy (NRT) etc.	****
2 HEART DISEASE, STROKES AND CANCER		
Reduce mortality rates by 2010 from heart disease and stroke by at least 40% in people under 75, with a 40% reduction in the inequalities gap Reduce mortality rates by 2010 from cancer by at least 20% in people under 75, with a 6% reduction in the inequalities gap Skin cancer prevention	Information & advice on healthy lifestyle (smoking, diet, physical activity, etc.) Campaigns – national or local Secondary prevention/risk factor monitoring and advice, etc. Prescribing review/prescribing Information and advice	*** **
3 UNDER-18 CONCEPTION RATE		
Reduce the under-18 conception rate by 50% by 2010, as part of a broader strategy to improve sexual health and support	Emergency hormonal contraception under Patient Group Directions (PGD) Supply of condoms Signposting to other sources of	***

1.1.1.1 APPENDIX 1

National PSA target	Pharmacy contribution	Population Health Impact
	advice Sexual health advice and screening as part of integrated system	
4 OBESITY AMONG CHILDREN		
Halt the year-on year rise in obesity among children under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole including supply of anti-obesity medicines	Targeted information & advice on diet and physical activity Weight reduction programmes	**
5 REDUCE HEALTH INEQUALITIES		
Reduce the gap in life expectancy between those living in the fifth most deprived electoral wards and the average life expectancy by 50% for both men and women by 2010	Signposting to services to: improve housing, improve income among the poorest, support to families with young children health literacy Target services to reduce smoking, improve diet, coronary heart disease (CHD) risk, etc., on disadvantaged groups Partnership projects; community action & advocacy; provide floor space for community groups, etc.	**
6 LONG-TERM CONDITIONS		

1.1.1.1 APPENDIX 1

National PSA target	Pharmacy contribution	Population Health Impact
Improve health outcomes for people with long-term conditions by offering a personalised care plan for people most at risk; and improve care in primary care and community settings	Providing support to patients & other professionals in the effective use of vulnerable medicines. Promotion of healthy lifestyles Support for self care Disease-specific care management Work with case managers	**
7 SUICIDE AND UNDETERMINED INJURY		
Reduce mortality rates from suicide and undetermined injury by 20% by 2010	Provide information & advice Signpost or refer to appropriate local services	*
8 OTHER INTERVENTIONS TO IMPROVE HEALTH AND REDUCE HEALTH INEQUALITIES		
Safe and effective use of medicines	Opportunistic advice *** Medicines – use reviews and prescription Intervention service. Reporting of adverse drug reactions Helping to reduce medication errors	***
Services for substance misusers	Supervised consumption of methadone and other medicines Needle and syringe exchange	***

1.1.1.1 APPENDIX 1

National PSA target	Pharmacy contribution	Population Health Impact
	schemes, plus information & advice	
Immunisation services	Identifying and referring clients Offering floor space to other professionals Administering the immunisation	***
Children & young people	Effective use of medicines Signposting Child Health Promotion Programme, Healthy Start, Extended Schools	**
Men's health	Information & advice	**
Reduction of harm from alcohol	Opportunistic advice Brief interventions Offering floor space to other professionals	* *
Health protection	Use of pharmacy data to identify early indications of outbreaks e.g. flu, vomiting/diarrhoea	***

* = some impact

** = moderate impact

*** = considerable impact

**** = major impact

1.1.1.2 APPENDIX 2 HLP FRAMEWORK- PUBLIC HEALTH MODEL (WWW.PORTSMOUTH.NHS.UK/DOWNLOADS/HLP**FRAMEWORK**V3.PDF)

LOCAL HEALTH NEED

HEALTHY LIVING PHARMACY FRAMEWORK PUBLIC HEALTH MODEL				
NEED	**CORE**	**LEVEL 1** *Promotion*	**LEVEL 2** *Prevention*	**LEVEL3** *Protection*
Smoking	Health promotion, self care, signposting, OTC supply	Pro-active health promotion. Brief advice, assess willingness, signpost to services	NHS stop smoking service, cancer awareness, Health Check	COPD and cancer risk assessment with referral. Prescriber for stop smoking service.
Obesity	Health promotion, self care, signposting, OTC supply	Pro-active health promotion. Brief advice, assess willingness, signpost to services	NHS weight management service, cancer awareness, Health Check	Prescriber e.g. obesity, CVD, diabetes. Cancer risk assessment
Alcohol	Health promotion, self care, signposting	Pro-active health promotion. Brief advice, assess willingness, signpost to services	NHS alcohol intervention service, cancer awareness, Health Check	Structured care planned alcohol service. Cancer risk assessment
Physical Activity	Health promotion, self care, signposting	Pro-active health promotion. Brief advice, assess willingness, signpost to services	NHS Health Checks, healthy lifestyle consultation service	Structured physical activity plans, activity prescriptions
Sexual Health	Health promotion, self care, signposting, OTC supply	Pro-active health promotion. Brief advice, signpost to services	NHS EHC & chlamydia screen and treat PGD service	Assessment, support, contraception & vaccination
Men's Health	Health promotion, self care, signposting	Pro-active health promotion. Brief advice, signpost to services	NHS Health Check. PGD treatment	PwSI/Prescriber in men's health
Substance Misuse	Health promotion, self care, signposting	Supervised consumption, needle & syringe exchange	Harm reduction, Hep B & C screening	Client assessment, support and prescribing. Hep B vaccination
Other	Health promotion, self care, signposting	Oral health, travel health, sun & mental health awareness	Cancer screening and treatment adherence support, vaccination	Prescriber for travel health and immunisation and vaccination
Minor Ailments	Health promotion, self care, OTC supply, signposting	NHS service (advice and treatment with P & GSL medicines)	NHS service (PGD treatment)	NHS service (prescribed POMs)
Long-term Conditions	Health promotion, self care, signposting, dispensing supply, risk management	Medicines adherence support (targeted Medicine Use Reviews)	Parameter monitoring, clinical review and management	Prescriber/PwSI for LTCs
ENABLERS - QUALITY CRITERIA				
Workforce Development	Core capabilities	Health Trainer Champion Leadership skills	Behavioural change skills Leadership skills	PwSI/Prescriber Leadership skills
Environment	GPhC standards	Advanced IT and premises	Enhanced IT and premises	Enhanced IT and premises
Engagement	Operational	Primary Care	Community	Public Health & Clinical leadership

PHARMACY CAPABILITY

1.1.1.3 APPENDIX 3 RESOURCES REQUIRED- PORTSMOUTH PILOT

The following table illustrates the resources that were required to implement the HLP model in Portsmouth.

What	Who	Cost	Benefit
Project management support	PCT	Within existing resource	Provides focus and leadership
Core project team	PCT/LPC	Within existing resource	Ensures all relevant functions engaged and optimises existing resources for implementation
Health Trainer Champions	PCT/Provider	£180 per HTC	Evidence shows that HTCs improve outcomes and are the differentiator between HLPs and non-HLPs
Leadership development	PCT/Provider	£80 per individual per module (x 2)	Pharmacists and pharmacy managers require support to manage the change, optimise skill mix and engage with others. Evidence shows that the enablers are important when innovating
Targeted respiratory MUR meetings	PCT/LPC/Provider	£240 per participating pharmacy (includes equipment)	Multi-disciplinary events to engage all healthcare professionals and ensure that service is joined up. Costs were raised based on equipment provided
Public communications activity Media and PR liaison	PCT/Provider	Within existing resource (internet promotion, articles in PCT and local authority newsletters, promotion of events) HLP leaflets, stickers and other in-store materials £1000 Media advertising (radio) £3000 Posters for community settings £400 Campaign on bus sides £7000 (27 sites for 8 weeks) Community roadshow (5 days, 5 sites) supported by pharmacy, PCT and LPC staff £5000	Portsmouth have developed and paid for all logo and public campaign images; this is freely available to others at no charge Once there are some HLPs in an area it is critical to let the public know what pharmacy can offer and what services are available where. This awareness creates public demand.
Pharmacy engagement events	PCT/LPC	PCT provided venue and catering £800 per event	Pharmacy team engagement, recognition and celebration is critical to maintain momentum and recognise those who do not receive direct financial benefit from their interventions