



# THE CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMME



This module is suitable for use by pharmacists as part of their continuing professional development. After reading this module, complete the learning scenarios and post-test at [www.pharmacymag.co.uk](http://www.pharmacymag.co.uk) and include in your CPD portfolio. Previous modules in the Pharmacy Magazine CPD Programme are also available to download from the website

## MODULE 192

Welcome to the one hundred and ninety second module in the *Pharmacy Magazine* Continuing Professional Development Programme, which looks at healthy living pharmacies. It is valid until September 2014.

Continuing professional development (CPD) is a mandatory requirement for pharmacists. Journal-based educational programmes are an important means of keeping up-to-date with clinical and professional developments and form a significant element of your CPD. Completion of this module will contribute to the nine pieces of CPD that must be recorded a year.

Before reading this module, test your existing understanding of the topic by completing the pre-test at [www.pharmacymag.co.uk](http://www.pharmacymag.co.uk). Then after studying the module in the magazine, work through the six learning scenarios and post-test on the website. Record your learning and how you applied it in practice using the CPD report form, available online and on pviii.

### Self-assess your learning needs:

- Can you describe the criteria that must be met to become a Level 1 healthy living pharmacy?
- What is the role and responsibilities of a healthy living champion and who can become one?
- What is the national agenda for healthy living pharmacies?

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## CURRENT THINKING ON... HEALTHY LIVING PHARMACIES

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### Introduction

Healthy living pharmacies (HLPs) are appearing all over England after being launched in Portsmouth and the early adoption of the HLP approach in Birmingham, the Isle of Wight and Southampton.

NHS Portsmouth (the primary care trust), working together with the Hampshire and Isle of Wight Local Pharmaceutical Committee (LPC), developed the healthy living pharmacy concept to tackle local health inequalities and deliver consistently high quality outcomes from community pharmacy services. The PCT, on behalf of NHS South Central, was subsequently commissioned by the Department of Health to develop a national framework for healthy living pharmacies.

HLPs represent a new concept designed to meet public health needs through a tiered commissioning framework that delivers a range of high quality health and wellbeing services tailored to local requirements. As well as committing to and promoting a healthy living ethos, one of the key distinctions of a HLP is having healthy living champions on site.

The framework for healthy living pharmacies was developed and launched in Portsmouth in December 2009 through publication of a local HLP prospectus, which was delivered in person to every pharmacy in Portsmouth by the HLP team. The prospectus described what was required to achieve the HLP quality mark and what pharmacies could expect in the way of support from the PCT.

### FOR THIS MODULE

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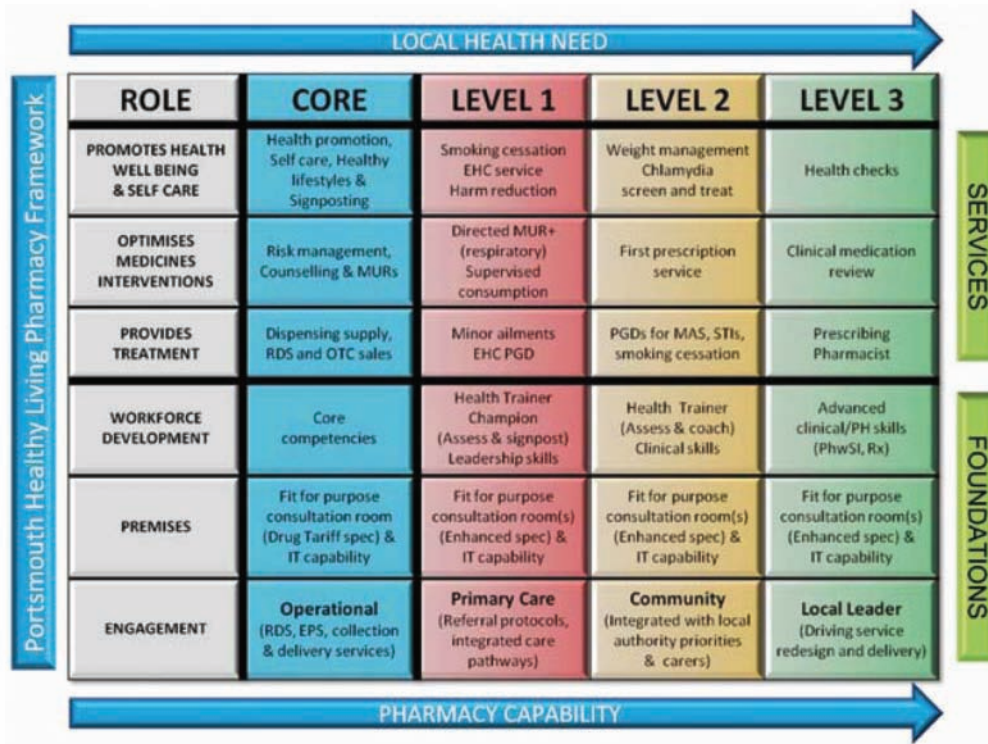
**GOAL:** To explain the theory and practicalities of healthy living pharmacies (HLPs)

**OBJECTIVES:** After completing this module you should be able to:

- Understand the thinking behind the HLP scheme
- Explain the activities and characteristics of a HLP
- Consider which components of healthy living pharmacies could be adopted in your own pharmacy to enhance its role in supporting health and wellbeing.



**Figure 1: The Portsmouth healthy living pharmacy model**



Community pharmacies had to achieve a number of quality and performance criteria to be awarded HLP status. These were divided into foundations, such as engagement, leadership and premises (which enabled the pharmacy to carry out HLP activities), and services (initially stop smoking quits at four weeks, respiratory MURs and one other commissioned service).

The original Portsmouth model informed the development of a commissioning framework, which was ratified by the Public Health Leadership Forum, chaired by the Department of Health in January 2010. Portsmouth's original model is shown in Figure 1.

The core activities listed in the Portsmouth model were those that all pharmacies provided as part of the essential services tier within the pharmacy contractual framework. The Level 1 activities were those which Portsmouth pharmacies were encouraged to undertake in order to be awarded the HLP quality mark.

It is intended that Levels 2 and 3 will be awarded as community pharmacy services are

developed further. Some Portsmouth pharmacies are currently working towards their Level 2 status.

The foundation criteria for the award of Level 1 HLP status in Portsmouth were:

- Developing the workforce, including having a healthy living champion (formerly health trainer champion) and developing leadership and change management skills
- Premises having a suitable environment, consultation room and IT capability
- Multidisciplinary engagement working with GPs, PCT and other provider services.

The services within a Level 1 HLP in Portsmouth were:

- Wellbeing and self-care including active health promotion campaigns
- Optimising medicines including carrying out targeted medicines use reviews
- Providing enhanced services, including stop smoking and at least one other enhanced scheme.

One of the key principles underpinning the development and implementation of this initiative was engaging with pharmacists and their teams throughout the project to ensure that they felt inspired and involved.

A series of key activities were planned for the project (see Table 1). The HLP prospectus, which was delivered to every pharmacy in Portsmouth, outlined what a pharmacy needed to have in place in order to be awarded its HLP status. This included:

- Regular engagement in delivering MURs, at least 30 of which should be targeted at respiratory patients
- At least 12 stop smoking clients to have achieved a four-week quit
- At least one member of the team to have attained the Royal Society of Public Health's Health Improvement Level 2 award (and therefore be a healthy living champion)
- At least one pharmacist or non-pharmacist manager to have attended the PCT leadership training sessions
- Engagement with local GP practice(s) and participation in some multidisciplinary work.

Let's now look at some of the services provided by Portsmouth HLPs in more detail.

**Targeted respiratory MURs**

HLP status requires a pharmacy to be actively delivering MURs (200 in a 12-month period) and to deliver 30 targeted respiratory MURs. The PCT supported targeted MURs with a multidisciplinary training event open to pharmacists, GPs

**Table 1: Activities in Portsmouth's HLP programme**

- A series of key activities were planned for the HLP project including the following in the order described:
- Appointment of a project lead (Deborah Evans)
  - World Café event for 90 local pharmacy staff to introduce the key concepts of HLPs and seek views on how the HLP initiative could be implemented
  - Bimonthly publication of a newsletter for all pharmacies in Portsmouth to keep everyone in touch with developments
  - Formation and regular meeting of a local stakeholder group (including Portsmouth City Council, local medical committee and representation from the voluntary sector)
  - Formation of a pharmacy staff engagement group (including area managers, independent contractor representation and senior managers from the national multiple community pharmacy organisations)
  - Publication and distribution to all community pharmacies of the Portsmouth HLP prospectus outlining accreditation criteria and commissioning intent
  - Development and delivery of healthy living champion (HLC) training for medicines counter assistants
  - Launch of the targeted respiratory MUR service
  - Leadership course for pharmacists/managers on developing pharmacy team skill mix
  - Public communications plan developed and public focus group to understand the public's views of pharmacy
  - Branding materials and logo commissioned for HLPs
  - Launch of alcohol awareness campaign with training for healthy living champions
  - Celebration event with six pharmacies accredited as HLPs
  - Public relations and public publicity contracts awarded following pitching process involving members of the public
  - Leadership and development course for pharmacists on multidisciplinary working and engagement
  - Commissioning and advertising on buses, radio and website to raise public awareness
  - HLP roadshows across sites in Portsmouth to raise public awareness
  - Second World Café event one year on to identify progress and celebrate successes so far
  - HLP awards evening
  - Additional HLPs awarded their quality mark
  - Health trainer course (City & Guilds Level 3) for those pharmacies wishing to develop further.

**Reflection exercise 1**

Describe the foundation criteria for Level 1 healthy living pharmacy status. How near to achieving these is your pharmacy and what could you do now to start developing the environment to enhance health and wellbeing?

## Reflection exercise 2

How could you use the asthma control test (ACT) scoring chart in your respiratory medicines use reviews?

and practice nurses on the effective use of inhalers and a second workshop for pharmacy staff on how to administer an asthma control test (ACT) and record results from the MURs onto the web-based data collection form developed for the project. The 2Tone inhaler training device was used in each MUR, as well as the In-Check device to check inspiration speed during inhaler use.

Hampshire and Isle of Wight LPC supported the development of a bespoke data collection site using the Enhanced Services Monitoring and Quality (ESMAQ) system. Data was collected on those patients requiring education on how and when to use their inhalers properly. The validated ACT score (see Table 2) provided an indication of those individuals who had the potential to improve their symptoms and achieve better control of their disease.

Anyone with a score of less than 20 was considered “uncontrolled” and pharmacists were able to recall these patients for a second respiratory MUR at about six months to check both the ACT score and smoking status. The current results for Portsmouth indicate the effectiveness of HLPs. Over 1,000 targeted MURs have now been recorded and ACT scores showed improvement at the second MUR.

## Table 2: the asthma control test

The asthma control test (ACT) was developed to provide a snapshot of how well asthma has been controlled over the previous four weeks<sup>1</sup>. Answers to five questions provide an ACT score of between five and 25. The five questions are:

- During the past four weeks how often did your asthma prevent you from getting as much done at work, school or home?
- During the past four weeks how often have you had shortness of breath?
- During the past four weeks how often did your asthma symptoms (wheezing, coughing, chest tightness, shortness of breath) wake you up at night or earlier than usual in the morning?
- During the past four weeks how often have you used your reliever inhaler?
- How would you rate your asthma control during the past four weeks?

## Stop smoking

The stop smoking service was one of the compulsory activities required to achieve HLP status and participating pharmacies needed to achieve a minimum of 12 quits per year. The scheme was a continuation of a pharmacy-based initiative that had been running for a number of years based on national guidance for stop smoking services.

The service required the client to attend the pharmacy on a weekly basis and meet with the trained member of staff, who helped ascertain their confidence in quitting. The trained service provider would use a Smokerlyzer to record current carbon monoxide levels, discuss with the client how the quit attempt could be best supported, and select the most appropriate nicotine replacement therapy. The client returned each week for five consecutive weeks so that his/her success or otherwise could be recorded. If the client achieved a four-week quit, he/she was eligible for support for up to a further 12 weeks.

Since the start of the project community pharmacies in Portsmouth have delivered 664 four-week quits. The data demonstrated that if someone walked into a HLP they were almost twice as likely as those going into a non-HLP to set a successful quit date and achieve their four-week stop smoking status.

## Alcohol awareness campaign

The alcohol awareness campaign was one of the four health promotion campaigns in which pharmacies were asked to participate. The campaign was implemented as part of the essential services within the pharmacy contractual framework. There was an incentive of £100 for those pharmacies sending in 100 completed alcohol awareness cards by customers.

The campaign aimed to raise awareness of alcohol consumption. Adults entering the pharmacy were asked to take a scratch card (see Figure 2), answer three questions about their drinking habits by scratching over the appropriate answer, and to total the scores revealed.

Customers who achieved a score of between 0-4 were complimented on their safe use of alcohol and the message reinforced about safe alcohol intake.

Figure 2: The ‘Rethink your drink’ leaflet



Customers who scored 5 or above were offered brief advice and/or a leaflet about their alcohol consumption.

The pharmacy team was also asked to capture some simple demographic data such as age, sex, alcohol score, first part of postcode and the level of intervention made by the pharmacy staff (no intervention; leaflet and brief counselling; consultation; active signposting to alcohol intervention team or Alcoholics Anonymous).

All pharmacies were given the same protocol for the intervention, a supply of scratch cards, leaflets and branded promotional biros. The HLCs in each pharmacy received training as part of a networking event they attended.

In the initial project timeframe, over 3,500 members of the public used the scratch cards to complete the alcohol audit, nearly 2,000 took a leaflet and received brief advice on safe drinking levels, with nearly 900 of these receiving more in-depth guidance and a consultation. Twenty-nine



### Reflection exercise 3

Score your own alcohol consumption using the "Rethink your drink" leaflet. The scoring system is as follows: First column answers = 0, second column = 1, third column = 2, fourth column = 3, fifth column = 4. What could you do to reduce your own risks from alcohol consumption?

individuals were referred to a specialised alcohol intervention service.

The alcohol awareness campaign showed that more than 40 per cent of respondents were drinking at levels that are considered risky (i.e. a score of 5 or more). Approximately eight per cent were drinking at levels considered high risk (a score of 10 or more). Although all pharmacies in Portsmouth could participate in the initiative, the HLPs were appreciably more effective at collecting alcohol audit data.

N.B. Since the Portsmouth project started the risk categorisation has been modified: 0-4 = low risk; 5-8 = increasing risk; 9-12 = high risk.

#### Commissioner benefits

The PCT saw improved outcomes in all three of the services outlined above. Other services, such as supervised consumption of methadone, a minor ailments scheme, weight management and emergency hormonal contraception, are currently being evaluated.

Although analysis is still continuing, now that there are 17 HLPs in Portsmouth the overall improvement in service delivery has continued throughout 2011. There have also been a number of other "softer" benefits:

- A faster response to requests for information and improved engagement of community pharmacies (e.g. a high response to being involved in the HLP roadshows)
- A higher uptake of PCT training courses by community pharmacies (e.g. stop smoking, emergency hormonal contraception)
- The continued delivery of other commissioned services (e.g. weight management, emergency hormonal contraception, supervised methadone consumption)
- A desire to be involved in new services (e.g. NHS Health Checks)

- Improved public awareness of pharmacy and the services available within community pharmacies

- A sense of community across the pharmacies in Portsmouth (e.g. developing a network of HLCs, the independent pharmacies forum, the pharmacy engagement group and high attendance at the LPC's local pharmacy group in Portsmouth).

Further data analysis is ongoing to understand the cost-effectiveness of commissioning services within pharmacy compared to other providers.

#### Contractor benefits

Feedback obtained at the HLP celebration event in June 2010 showed that individuals have benefited from the initiative through:

- Access to better resources (e.g. improved consultation room and investment in IT [provided by their employers as a result of the initiative], information and leaflets)
- Workforce development (e.g. HLCs, leadership)
- Greater overall involvement and engagement
- Motivation and excitement
- Having a HLC to provide support on health and wellbeing for people coming into the pharmacy.

It is likely that contractor benefits will include (and this is being assessed at the moment):

- Staff motivation and retention
- Commercial benefits through increased service delivery in terms of revenue and footfall
- Improved engagement and collaboration with GPs and other healthcare professionals
- Public awareness.

There are strong indications that there has been much higher staff engagement and improved communication with the public and other healthcare professionals. Further work is being carried out to evaluate this alongside measures of workload, training requirements and the financial remuneration for services.

There were two events a year apart. The first (in June 2009) introduced the concept of HLPs to all interested pharmacies in Portsmouth and the second (in June 2010) celebrated what had been

achieved in the first year. At the beginning of each event the same three questions were asked:

- What do you think of when you see or hear the words 'healthy living pharmacy'?
- Imagine you are going into a HLP as a consumer; what would you see, hear and feel?
- What services do you think should be available in HLPs?

Respondents in June 2010 indicated that they would think of knowledgeable and qualified staff (15 per cent) compared with four per cent in 2009. They also thought of health advice (12 per cent in 2010 compared with eight per cent in 2009). It is possible that this is linked to the presence and high profile of the HLCs within HLPs. Further qualitative evaluation within pharmacies across Portsmouth is being carried out.

There was a slight increase in the findings for question two between 2009 and 2010, where participants would expect to see happy, friendly, trained staff (20 per cent in 2009; 26 per cent in 2010) and promotional leaflets, flyers and posters (18 per cent in 2009; 26 per cent in 2010), indicating a greater awareness of the role of staff and presence of information on health and wellbeing.

There was an approximately 17 per cent increase in the number of respondents supporting the idea of MURs, EHC and contraception services being available in a HLP and a 42 per cent increase in respondents supporting the idea of alcohol assessment and support within HLPs.

#### Public engagement

An important element of the Portsmouth HLP initiative was to ensure that the public understood what pharmacy, and specifically HLPs, had to offer them. NHS Portsmouth commissioned a brand agency and a public relations consultant to ensure that communication to the public was optimised. The campaign was launched in July 2010. A roadshow to raise public awareness of the role of community pharmacy in enhancing health and wellbeing, as well as introducing the HLP concept, took place in Portsmouth over five days in five different locations.

The evaluation of the public awareness campaign indicated that:

- 34 per cent of respondents had heard of HLPs
- 49 per cent recognised at least one of the HLP logos
- 50 per cent recognised examples of the campaign materials and people understood the meaning of the phrase 'healthy living pharmacy'
- 75 per cent would be likely to use HLP services themselves or recommend them to a friend.

These promising results reflect the early development of Portsmouth's HLPs. Results are encouraging for all three services described (stop smoking, alcohol awareness and targeted respiratory MURs) and others, such as the men's health campaign. In all instances, HLPs performed better than those in the process of becoming HLPs (i.e. with healthy living champions but not yet awarded their HLP status), which in turn performed better than pharmacies that had not yet become actively involved in working towards HLP status.

Further work is ongoing to evaluate whether the trends picked up in the early days of implementation are maintained. Ongoing monitoring of services indicates continued improved performance.

### The national agenda for HLPs

At the same time as the Portsmouth project was being developed and launched, consideration was given to national development. This led to the establishment of an operational research group and national reference group, the commissioning of a research provider, the development of a national HLP framework based on public health needs and underpinned by evi-

dence (see Figure 3), ratification of the HLP framework by the Public Health Leadership Forum for pharmacy, research into innovation and barriers, development of the criteria used to 'quality mark' the pharmacy as a HLP and proposals for service outlines at the Level 1 stage across four public health priorities: smoking, obesity, alcohol and sexual health.

Each public health area listed in the left-hand column has been sub-divided into services at Levels 1, 2 and 3. The quality criteria (explained below) for each level are mapped across the bottom half of the diagram. As with the Portsmouth HLP model, Level 1 HLP status requires healthy living champions and leadership training, advanced IT and premises as per quality criteria, and engagement with primary care (i.e. GPs). The description of the specific services in this HLP model is the same as for the original Portsmouth scheme.

### Quality criteria and the HLP quality mark

A self-assessment document has been designed to help pharmacies and PCTs determine whether the HLP quality criteria have been met. This, together with other service-specific criteria, helps commissioners decide whether each pharmacy can be awarded the HLP quality mark. These quality criteria cover the environment, staff attitudes and training, information provision, and engagement with others through joined-up working. They may, in time, incorporate additional criteria relevant for HLP Levels 2 and 3.

All members of the pharmacy team are asked to read the quality criteria and assess where they think they are. Evidence should be provided to demonstrate to commissioners that the criteria

have been reached. Where the pharmacy does not meet the requirements for HLP Level 1, the team needs to think about what they must do to achieve the criteria:

### 1. Staff attitude, skills, values and training

- All pharmacy staff understand the basic principles of health and wellbeing
- All pharmacy staff have an understanding of public health needs in their area
- Members of staff receive training on issues of confidentiality and consent, and other matters relevant to the member of the public receiving the service
- The team is friendly, welcoming and sensitive to the need for privacy for different individuals seeking advice and health services
- Members of the pharmacy team are able to communicate effectively and sensitively when recruiting members of the public to health and wellbeing services or providing them with advice
- The team recognises the need for equality and diversity and provide a person-centred approach
- The team understands that every interaction is an opportunity for a health intervention
- There is a clear leader within the team who is responsible for creating an ethos of proactive health and wellbeing within the pharmacy.

### 2. Joined-up working

- The pharmacy is an active member of the local community and understands how to respond to local needs
- The pharmacy team is an integral part of local healthcare delivery and engages with other healthcare professionals
- The pharmacy team understands the need to deliver consistent services as part of its commitment to commissioners and leads on integrated health and wellbeing initiatives.

### 3. Professional environment

- The professional environment reflects the impression and ethos of a healthy living pharmacy to the public (e.g. the appearance of the premises; what the staff wear)

Figure 3: The healthy living pharmacy model (ratified January 2010)

LOCAL HEALTH NEED				
HEALTHY LIVING PHARMACY FRAMEWORK				
PUBLIC HEALTH MODEL				
NEED	CORE	LEVEL 1 Promotion	LEVEL 2 Prevention	LEVEL 3 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				



■ A HLP takes its responsibility to contribute to a sustainable environment seriously and this is reflected in the way it operates

■ It is clear to the public that free, confidential advice on public health and wellbeing can be accessed at that pharmacy.

**4. Information environment**

■ The pharmacy gives the public a clear impression that health and wellbeing advice, information and services are readily available

■ There are appropriate materials available for members of the public on health and wellbeing. This information is refreshed and checked regularly to ensure it is current and relevant

■ The information available appeals to a wide range of the public including men and women, young people, smokers, people with long-term conditions and learning difficulties, and older people. Where the community includes a significant ethnic minority group, their needs must be accommodated as well

■ There is a clearly marked and accessible health promotion 'zone' in the pharmacy.

**What happens next?**

The interim outcomes achieved in Portsmouth have led to considerable interest in the HLP concept. The initiative has caught the attention of Government ministers with mentions in the document 'NHS 2010-2015: From Good to Great – Preventative, People-centred, Productive'<sup>2</sup> and the white paper 'Healthy Lives, Healthy People: our Strategy for Public Health in England'<sup>3</sup>.

In the past nine months, Heart of Birmingham, Southampton and the Isle of Wight have also launched the concept and expect their first quality-marked HLPs this autumn. South Essex, Buckinghamshire and Milton Keynes have also recently launched the initiative to their contractors.

The national pharmacy bodies (Company Chemists' Association, National Pharmacy Association, Pharmaceutical Services Negotiating Committee and Royal Pharmaceutical Society, working, together with the Department of Health and the Centre for Pharmacy Post-graduate Education) have expressed the belief

that HLPs are an important means by which high quality health and wellbeing services can be delivered to the public from pharmacy. These bodies have collaborated to form a Pathfinder Support Group (PSG) to roll out the concept and collate evidence to demonstrate that the HLP initiative is replicable elsewhere.

There has never been a more important time for community pharmacy to demonstrate its value to public health and it is critical that further evidence of successful HLPs in a wider geographical area is gathered to influence national policy and provide contractors and their teams with confidence that this approach can make a difference.

The PSG will support the development of HLP pathfinders and wants at least 100 community pharmacies to become HLPs over the next 12 months to provide robust data that will be independently evaluated. Deborah Evans has been commissioned as project lead.

Following an outstanding response to the invitation to become a pathfinder (47 areas expressed an interest), 20 pathfinder sites were selected covering 30 PCT areas. Each pathfinder site will enjoy a number of potential benefits, such as backing and advice from the national pharmacy organisations, an opportunity to collect evidence and demonstrate effectiveness to future commissioners and shared learning among all pathfinders.

Specific support provided includes an online implementation pack, complete with a template prospectus; outline framework for Level 1 quality criteria; an outline planning flowchart (see Figure 4); access to the HLP Logo (see Figure 5) developed and used by NHS Portsmouth (PCTs may choose to use their own local logo); signposting to Royal Society of Public Health Level 2 Health Improvement Award and healthy living champion training; a list of outcome measures;

**Figure 4: HLP planning flowchart for primary care trusts and local pharmaceutical committees**

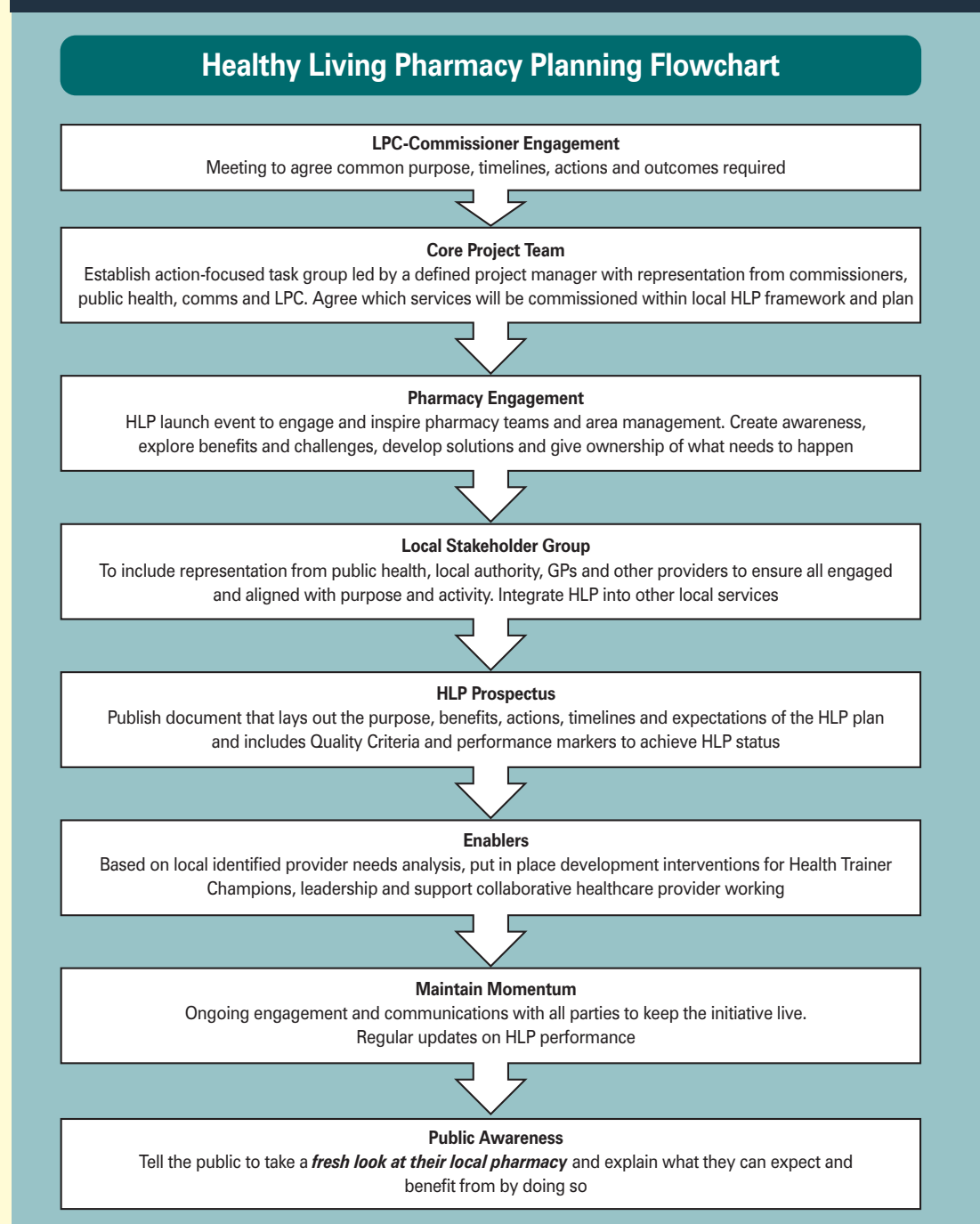




Figure 5: The Portsmouth HLP logo

a mechanism for collecting and processing data (with independent evaluation); and signposting to training and support for pathfinder sites.

### What can community pharmacies do?

You may already be part of a pathfinder site, so contact your PCT or LPC to find out. If you are not, there is still plenty that you can do to move towards the ethos and practice of a HLP and apply to be 'quality marked' by the commissioning organisation that will be involved in checking quality criteria:

- If you are in a site that is implementing the HLP concept, decide whether you want your pharmacy to join up
- If you are not in a site implementing HLP, ask your LPC/PCT to consider developing the concept of HLPs in your area (they may already be doing so). Talk to your PCT about which enhanced services are being planned and could be part of the specification for a HLP
- See [www.portsmouth.nhs.uk/Services/Guide-to-services/resources-for-professionals.htm](http://www.portsmouth.nhs.uk/Services/Guide-to-services/resources-for-professionals.htm), which has resources developed by the team in Portsmouth to help you start on the road to becoming a HLP
- Undertake the quality criteria self-assessment to see what needs to be done to become a HLP
- Talk to patients and customers to find out what sort of HLP activities they would appreciate in your pharmacy

### Reflection exercise 4

How could you and your pharmacy team develop the quality criteria of "understanding the basic principles of health and wellbeing"?

### CPD competences

This module supports the following community pharmacy competences:

Competence	Where this module supports competence development
G1a: Using expert knowledge and skills to benefit patients	The module explains how the healthy living pharmacy concept utilises the skills of the whole pharmacy team to deliver high quality outcomes
G1q: Promoting health and healthy lifestyles	The ethos of HLPs in engaging and communicating with the public is discussed, as is research which shows there has been much higher staff engagement and improved communication with the public and other healthcare professionals in HLPs
G1w: Taking on new roles and responsibilities	Developing the workforce, including having a healthy living champion, and developing leadership and change management skills within a HLP is discussed in the module
G2a: Demonstrating interpersonal skills, irrespective of the person/people involved	The module explains how the HLP concept stresses that the pharmacy team recognises the need for equality and diversity and providing a person-centred approach

- Think about the skill mix needed to be a HLP – how many staff could be trained to be healthy living champions and what sort of leadership training would be supportive to develop HLPs?
- Undertake the training needed in your pharmacy for healthy living champions, leadership, skill mix and professional communication and engagement as required
- Engage with PCT initiatives and plans for enhanced services, once you have agreed which ones would form the activities of your HLP, with reference to the national HLP model
- Deliver advanced and enhanced services excellently, generating evidence of what you do
- Talk to GPs to let them know what you are doing and ask what would be most helpful for your shared patients
- Communicate the developments with the public and ask for feedback
- Celebrate the successes of individuals within the pharmacy as they develop new roles, and engage patients in health and wellbeing support.

### What can LPCs and PCTs do?

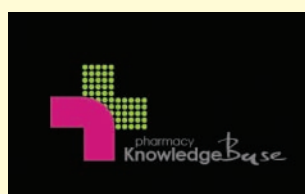
The HLP planning flowchart provides a step-wise approach (see Figure 4) and further information can be found at [www.portsmouth.nhs.uk/Services/Guide-to-services/resources-for-professionals.htm](http://www.portsmouth.nhs.uk/Services/Guide-to-services/resources-for-professionals.htm).

### References

1. [www.asthma.org.uk/health\\_professionals/materials\\_to\\_help\\_you\\_your\\_patients/asthma\\_control\\_test.html](http://www.asthma.org.uk/health_professionals/materials_to_help_you_your_patients/asthma_control_test.html) (accessed August 15, 2011)
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3. [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_121941](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941) (accessed August 15, 2011)

### Other authors\*

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# ASSESSMENT QUESTIONS

## HEALTHY LIVING PHARMACIES

### PHARMACY MAGAZINE CPD RECORD – OCTOBER 2011

USE THIS FORM TO RECORD YOUR LEARNING AND ACTION POINTS FROM THIS MODULE ON HEALTHY LIVING PHARMACIES OR DOWNLOAD FROM WWW.PHARMACYMAG.CO.UK AFTER COMPLETING THE ONLINE LEARNING SCENARIOS

**1. What are the core activities in the healthy living pharmacy (HLP) model?**

- a. The essential services of the NHS pharmacy contractual framework
- b. The main health promotion focus chosen by the pharmacy
- c. The training required to become a HLP
- d. The preparation for HLPs by the local PCT

**2. The key activities in HLPs are categorised in how many levels?**

- a. Two
- b. Three
- c. Four
- d. Five

**3. The foundation criteria that must be met in order to become a Level 1 HLP include:**

- a. Having a trained healthy living champion
- b. Having a second pharmacist
- c. Having a health trainer
- d. Participating in a stop smoking service

**4. The services within a HLP will always include:**

- a. Alcohol intervention and brief advice
- b. Respiratory MURs
- c. Needle exchange
- d. Proactive health, wellbeing and self-care support including active health promotion campaigns

**5. A "Rethink your drink" score of between 5-8 means:**

- a. A lower risk consumption of alcohol
- b. A moderate risk consumption of alcohol
- c. An increasing risk consumption of alcohol
- d. That the respondent is drinking five units a day

**6. Level 2 and 3 HLPs in Portsmouth require:**

- a. More staff in the pharmacy
- b. A health trainer or equivalent with skills in behavioural change
- c. A refit to expand the consultation room
- d. Provision of services to meet all of the locality's public health needs

**7. HLP stop smoking service outcomes tend to be measured in terms of:**

- a. Four-week quits
- b. 12-month quits
- c. 12-week quits
- d. Six-month quits

**8. To be a HLP, a pharmacy needs:**

- a. To be in one of the national pathfinder sites
- b. To have undertaken the quality criteria self-assessment
- c. All staff to be trained as healthy living champions
- d. A health trainer working at the pharmacy

**Activity completed. (Describe what you did to increase your learning. Be specific) (Act)**

Name/date:

Time taken to complete activity:

**What did I learn that was new in terms of developing my skills, knowledge and behaviours? Have my learning objectives been met?\*** (Evaluate)

**How have I put this into practice? (Give an example of how you applied your learning. Why did it benefit your practice? How did your learning affect outcomes?)** (Evaluate)

**Do I need to learn anything else in this area? (List your learning action points. How do you intend to meet these action points?)** (Reflect)

\* If as a result of completing your evaluation you have identified another new learning objective, start a new cycle – this will enable you to start at **Reflect** and then go on to **Plan, Act** and **Evaluate**. This form can be photocopied to avoid having to cut this page out of the module. Complete the learning scenarios at [www.pharmacymag.co.uk](http://www.pharmacymag.co.uk)

## MODULE 192 ANSWER SHEET

**ENTER YOUR ANSWERS HERE** Please mark your answers on the sheet below by placing a cross in the box next to the correct answer. Only mark one box for each question. Once you have completed the answer sheet in ink, return it to the address below together with your payment of £3.75. Clear photocopies are acceptable. You may need to consult other information sources to answer the questions.

- |    |                             |    |                             |    |                             |    |                             |    |                             |    |                             |    |                             |    |                             |
|----|-----------------------------|----|-----------------------------|----|-----------------------------|----|-----------------------------|----|-----------------------------|----|-----------------------------|----|-----------------------------|----|-----------------------------|
| 1. | a. <input type="checkbox"/> | 2. | a. <input type="checkbox"/> | 3. | a. <input type="checkbox"/> | 4. | a. <input type="checkbox"/> | 5. | a. <input type="checkbox"/> | 6. | a. <input type="checkbox"/> | 7. | a. <input type="checkbox"/> | 8. | a. <input type="checkbox"/> |
|    | b. <input type="checkbox"/> |    | b. <input type="checkbox"/> |    | b. <input type="checkbox"/> |    | b. <input type="checkbox"/> |    | b. <input type="checkbox"/> |    | b. <input type="checkbox"/> |    | b. <input type="checkbox"/> |    | b. <input type="checkbox"/> |
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Name (Mr, Mrs, Ms) \_\_\_\_\_

Business/home address \_\_\_\_\_

Town \_\_\_\_\_ Postcode \_\_\_\_\_ Tel: \_\_\_\_\_ GPhC/PSNI Reg no.

I am a PM subscriber  I confirm the form submitted is my own work (signature): \_\_\_\_\_

Please charge my card the sum of £3.75 Name on card \_\_\_\_\_  Visa  Mastercard  Switch/Maestro

Card No. \_\_\_\_\_ Start date \_\_\_\_\_ Expiry date \_\_\_\_\_

Date \_\_\_\_\_ Switch/Maestro Issue Number \_\_\_\_\_

**Processing of answers**  
Completed answer sheets should be sent to Precision Marketing Group, Precision House, Bury Road, Beyton, Bury St Edmunds IP30 9PP (tel: 01284 718918; fax: 01284 718920; email: [cpd@precisionmarketinggroup.co.uk](mailto:cpd@precisionmarketinggroup.co.uk)), together with credit/debit card/cheque details to cover administration costs. This assessment will be marked and you will be notified of your result and sent a copy of the correct answers. The examiners' decision is final and no correspondence will be entered into.