

## Manchester Healthy Living Pharmacy Pathfinder Masterclass

### Outputs – 6<sup>th</sup> October 2011

#### Questions and comments arising from pathfinders

##### Data collection and evaluation

- How do we measure outcomes and collate the evidence?
- Can this be done realistically by March 2012 – must be kept simple and avoid trying to measure too much?
- Have you picked off too many parameters and will get too complicated?
- How do we ensure our contractors collect the data – there has to be a culture change to do this?
- When will we know what is to be evaluated?
- Do we collect a central set of data?
- When do we start data collecting?
- Where do we get baseline from to measure success?
- Can we evaluate minor ailments as this is in several pathfinders and an opportunity to prove value for the self-care agenda?
- We don't want to disrupt the data collection we have by paper
- Could webstar release some of the data relevant to areas; this should only take a signed declaration from the commissioner?

##### Communications

- Can we have the Portsmouth communication plan? Sheffield has found communications plan useful to define key messages to stakeholders
- Can you provide suggestions for measuring greater public awareness before and after HLP
- We have concerns about branding in terms of cost and time (South Tyne and Wear)
- Would it be useful if we all worked with same branding with areas where we can customise?

##### General

- Has anyone built in other quality criteria beyond HLP e.g. infection control, DH criteria for young people?
- What is the role of HLP in mental well being?
- How can we link with neighbouring non-pathfinders in the area to share resources and learning?
- What patient involvement is there?

#### What services are being asked for at level 1 and preferred data methodology?

| Area               | Services   | Preferred data method   |
|--------------------|--|---|
| East Riding & Hull | Depends on data set requirements   | On-line<br>PharmaBase may be OK   |
| Sheffield          | Supervised consumption<br>EHC and Chlamydia<br>Minor ailments<br>Smoking cessation<br>Evidence and commitment to MUR delivery<br>High standards and practice evidence for contract | Electronic<br>Options:<br>1. PharmaBase<br>2. National health trainer database<br>3. Local PCT solution |

|                        |   |   |
|------------------------|---|---|
|                        | monitoring<br>Regular pharmacy ?  |   |
| Dudley                 | Smoking cessation<br>Alcohol intervention<br>Chlamydia screening<br>EHC<br>Targeted MURs<br>NMS<br>Supervised consumption<br>Weight management  | Electronic<br>PharmaBase preferred  |
| East Lancs             | All essential and advanced service requirements<br>Main pharmacist to have completed at least one HLP event<br>At least one person accredited HLC and to have attended brief advice training<br>Active engagement in PH campaigns<br>At least 20 targeted respiratory MURs or 50 non-targeted in one year<br>Plus two other services from:<br>Stop smoking service, NHS Health Checks, sexual health, substance misuse and supervised consumption<br>Demonstrate evidence of quality criteria | PharmBase   |
| South of Tyne and Wear | Stop smoking service with 24 quit dates in previous year<br>Must deliver MURs<br>Must have HLC<br>Must deliver one of the following:<br>EHC, supervised methadone, minor ailments, NHS Health Checks (12 in last year), flu vaccinations  | Existing data collection to be used initially (complied for us by IT department). May consider PharmaBase in the future.  |
| Wigan                  | <u>Level 1:</u><br>Smoking service<br>Minor ailments<br>EHC<br>MURs<br><u>Level 2:</u><br>Supervised consumption<br>Needle exchange<br>NMS<br>MDS<br>Chlamydia screening  | Use established forms of data collection which is through a central agency (LASCA) and webstar<br><br>Moving forward in next 12 months, would consider Pharmabase but would need to see how it develops |
| HoB                    | Level 1:<br>Health Trainers, Health Champions, customer care training<br>Healthcare information<br>Touchpoint screens<br>Mystery shopper/photos<br>Consulting room<br>Local healthcare professional engagement e.g. GPs, council, DNs<br>Protected learning time, 4 events per year   | PharmaBase  |

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|  | Pharmacy first scheme<br>Sexual health (EHC/pregnancy testing)<br>Smoking cessation<br>Targeted MURs |  |
|--|--|--|

### Resources wish-list

| <b>Must Have</b>   | <b>Nice to have</b>  |
|--|--|
| Branding templates<br>Evaluation framework<br>Clear public messages<br>Outline plan with clear expectations<br>Requirements re. baseline data and timelines<br>January Masterclass<br>NPA produced collateral and public campaign materials such as leaflets, posters<br>One pager that can be used to promote HLPs to CCGs and LAs<br>Slide set to use with GPs | Template prospectus<br>A brand – generic for independents and multiples<br>Training – NPA to provide leadership events<br>Outline communications plan<br>National support for press releases and public engagement (Wigan) |