Community Pharmacies and Community Public Health:
Moving from a Pharmacy Products Service to a People Centred Public Health Service in Community Pharmacy

Findings from the 2011 Public Health Survey of Community Pharmacies in Devon & Cornwall

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Community Pharmacy and Public Health Survey 2011

Project Steering Group

Sue Taylor, Chief Officer, Devon LPC
Phillip Yelling, Chief Officer, Cornwall LPC
Mark Stone, Project Pharmacist, Devon LPC
Professor Graham Sewell, Head of School of Health Professions, Plymouth University
Professor Kevin Elliston (Report author), Associate Director of Public Health, NHS Plymouth

Acknowledgements

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Executive Summary

This is the first survey of its kind in the Peninsula to engage community pharmacy teams in exploring what the pharmacy teams think of the new direction in public health; the findings clearly indicate there is real ‘on the ground’ interest in the delivery of public health services. The report highlights key professional development needs, requiring a response, in order to enable an effective delivery of core public health advice in pharmacies.

Community pharmacy teams are rising to the challenges and seeing the opportunities of a renewed public health role by attending locally delivered training events, however there is scope to strengthen this provision via formal accredited training and structured learning.

Unsurprisingly there was a high level of reported activity for health promotion in community pharmacies in the Peninsula; however it was surprising that less attention had been given to nominating a health promotion lead or champion to support health promotion activity in many of the respondents’ pharmacies. A named pharmacy lead for health promotion, with a clearly defined and recognised role in the community pharmacy team, would be of benefit to the community pharmacy and the population health in their area. A named lead could, for example, ensure there is a co-ordinated approach and review the outcomes of the planned public health activities in their community pharmacy. The report also identifies there is scope in developing standardised processes for record keeping and evaluation. Training would raise awareness of the need to record activities to support the outcomes of delivery of public health services in community pharmacies; this is an important area for pharmacy going forward.

The community pharmacies in this survey would welcome a greater awareness of the public health needs in their locale. Community pharmacy teams know their patients however this report suggests community pharmacy teams are less aware of the ‘collective public health needs’ of their patients and may indicate that community pharmacies are somewhat isolated from the wider public health system and the need for integration of pharmacy into primary care health service provision. Closer working through pharmacy health promotion champions (where set up) and local public health networks could deliver a real benefit to patients; the information available to them via these networks would be of high quality and consistency. This identifies

There is clearly an appetite for developing the community pharmacy public health role in the Peninsula, not withstanding there were real concerns expressed by some community pharmacy teams with regard to potential tensions of a product and sales business model competing with perhaps a more altruistic health improvement model. The majority of respondents (96%) however said they were interested in finding out more of the Healthy Living Pharmacy project; this indicates a strong interest in public health service in community pharmacy. The Devon and Cornwall LPCs and PCTs need to raise awareness and spread good practice of the Healthy Living Pharmacy approach via pharmacy locality forums and enable future effective delivery of public health services, through training, up skilling, and promoting best practice through formal networks. Evaluation and record keeping needs to be standardised to capture health promotion activity and its impact via community pharmacy and ensure that community pharmacies only collect data and information needed to prove delivery and link to outcomes in the local area.

The report identifies ten key recommendations and reflects this is a step change for community pharmacy, i.e., moving from dispensing pharmacy products to dispensing advice and public health services to their patients and general customers.
Community Pharmacies and Public Health.

Community pharmacists have always played a role in promoting, maintaining and improving the health of the communities they serve. They are, after all, based in the heart of communities in rural as well as deprived inner city areas, in town centres and suburbs. Situated on high streets, in shopping centres and on housing estates, Community pharmacists gain a particular understanding of the needs of members of their communities through daily interactions with patients and customers.

The NHS Community Pharmacy Service contractual framework consists of three service levels: Essential Services, Advanced Services and Enhanced Services. Public Health is an Essential Service for all contractors, i.e. ‘opportunistic one to one advice given on healthy lifestyle topics such as smoking cessation to certain patient groups who present prescriptions for dispensing. Also community pharmacies have to participate in up to six local campaigns a year, organised by PCTs. Campaign may include promotion of flu vaccination uptake or educating the public about the appropriate use of antibiotics.

During 2011 the Royal Pharmaceutical Society will present an evidenced based case for an enhanced role for community pharmacists in the delivery of public health. Guidance will also describe what good pharmacy public health looks like and how they will recognise their members who provide such services.

Aim of the Community Pharmacy and Public Health Survey

- To encourage the development of all community pharmacy teams in their public health roles via the joint working of the Devon and Cornwall Local Pharmaceutical Committee's (LPC).

The Survey Objectives were to:

- Identify professional development needs for community pharmacy teams and their public health role across the Peninsula.
- Use the survey outcomes to help Community Pharmacy teams develop their public health role.

Survey of Community Pharmacies in Devon and Cornwall

A self completing Community Pharmacy and Public Health questionnaire, taking approximately 10 minutes to complete, was designed by the Project Steering Group; the survey was piloted with LPC members at two of the Devon and Cornwall LPC meetings respectively. The survey consisted of fourteen questions, covering the range of public health topics and related professional development issues for public health practice in a community pharmacy setting.

Online Survey Monkey was used as the survey design tool (www.surveymonkey.com); however surveys were ‘posted’ to all community pharmacies in Devon (260) and Cornwall (90) as many of the community pharmacies do not have online access. The survey was open for one month between June and July 2011; reminders were sent twice to encourage participation and uptake. Survey participation was voluntary and the surveys were returned, via Freepost envelope, to the Devon LPC offices and were then entered manually online, into Survey Monkey, via the Public Health Directorate in Plymouth. All data was held in accordance with Data Protection guidance and all survey responses were anonymous; there was no requirement for personal identifiable information to be recorded.

¹ Public Health: a practical guide for Community Pharmacists (2006)  
Responses to the Public Health survey

A total of 113 Community Pharmacies participated in the survey; the response rate for the survey was 32% of all community pharmacies (n=350) in Devon and Cornwall (see Appendix 1 for the survey questionnaire). Of the participating community pharmacies 83% (n=94) were in Devon and 17% (n=19) were in Cornwall. Most respondents (66%) were from large multiple community pharmacies (i.e.; ten or more pharmacies), 27% were from independent community pharmacies (i.e., less than five pharmacies) 6% were from an independent community pharmacy (i.e., five or more pharmacies) and the remainder of respondents (1%) were from small multiple community pharmacies (i.e., less than ten pharmacies).

Community Pharmacy Health Promotion Champions

Of the community pharmacies in the survey less than half (39%) reported having a nominated health promotion champion (Table 1).

Table 1

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>39.8%</td>
<td>45</td>
</tr>
<tr>
<td>No</td>
<td>50.4%</td>
<td>57</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>9.7%</td>
<td>11</td>
</tr>
</tbody>
</table>

answered question 113

Healthy Living Pharmacy Programme

Of the community pharmacies in the survey just under half (46%) reported having an awareness of the Health Living Pharmacy Programme (HLP) running in Portsmouth (Table 2). However, the majority of survey respondents (96%) would be interested in receiving details about the HLP (Table 3).

Table 2

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>46.0%</td>
<td>52</td>
</tr>
<tr>
<td>No</td>
<td>54.0%</td>
<td>61</td>
</tr>
</tbody>
</table>

answered question 113

Table 3

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>95.6%</td>
<td>108</td>
</tr>
<tr>
<td>No</td>
<td>4.4%</td>
<td>5</td>
</tr>
</tbody>
</table>

answered question 113
Current Pharmaceutical Public Health Services in Community Pharmacies

From the range of pharmaceutical public health services listed in the survey the top 12 services provided by community pharmacies (Table 4) were:

1. Participating in health promotion campaigns.
2. Providing advice on how medicines work.
3. Providing collection and delivery services.
4. Providing information on travel medications
5. Providing health advice on self-care (all ages).
6. Providing monitored dosage systems.
7. Promoting patient medication adherence.
8. Providing advice on minor ailments.
9. Providing health advice to young mothers.
10. Supporting patients with chronic illness.
11. Providing sexual health support.
12. Providing 'signposting’ to healthy living centres.

Table 4

<table>
<thead>
<tr>
<th>Does your Pharmacy Team provide any of the following 'pharmaceutical' public health functions? (please tick all that apply)</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating in health promotion campaigns.</td>
<td>94.7%</td>
<td>107</td>
</tr>
<tr>
<td>Providing advice on how medicines work.</td>
<td>89.4%</td>
<td>101</td>
</tr>
<tr>
<td>Providing collection and delivery services.</td>
<td>87.6%</td>
<td>99</td>
</tr>
<tr>
<td>Providing information on travel medications.</td>
<td>85.8%</td>
<td>97</td>
</tr>
<tr>
<td>Providing health advice on self-care (all ages).</td>
<td>79.6%</td>
<td>90</td>
</tr>
<tr>
<td>Providing monitored dosage systems.</td>
<td>79.6%</td>
<td>90</td>
</tr>
<tr>
<td>Promoting patient medication adherence.</td>
<td>73.5%</td>
<td>83</td>
</tr>
<tr>
<td>Providing advice on minor ailments.</td>
<td>70.8%</td>
<td>80</td>
</tr>
<tr>
<td>Providing health advice to young mothers.</td>
<td>49.6%</td>
<td>56</td>
</tr>
<tr>
<td>Supporting patients with chronic illness.</td>
<td>49.6%</td>
<td>56</td>
</tr>
<tr>
<td>Providing sexual health support.</td>
<td>47.8%</td>
<td>54</td>
</tr>
<tr>
<td>Providing 'signposting’ to healthy living centres.</td>
<td>46.9%</td>
<td>53</td>
</tr>
<tr>
<td>Promoting drug misuse awareness.</td>
<td>33.6%</td>
<td>38</td>
</tr>
<tr>
<td>Providing out-of-hours services.</td>
<td>31.0%</td>
<td>35</td>
</tr>
<tr>
<td>Participating in needle and syringe exchange schemes.</td>
<td>28.3%</td>
<td>32</td>
</tr>
<tr>
<td>Providing unplanned teenage pregnancy support.</td>
<td>16.8%</td>
<td>19</td>
</tr>
<tr>
<td>Undertaking domiciliary visits.</td>
<td>14.2%</td>
<td>16</td>
</tr>
<tr>
<td>Providing HIV/AIDS awareness.</td>
<td>11.5%</td>
<td>13</td>
</tr>
<tr>
<td>Providing general vaccinations.</td>
<td>8.8%</td>
<td>10</td>
</tr>
<tr>
<td>Providing cervical cancer vaccinations.</td>
<td>3.5%</td>
<td>4</td>
</tr>
<tr>
<td>Participating in healthy living centres.</td>
<td>2.7%</td>
<td>3</td>
</tr>
<tr>
<td>Providing support to develop effective parenting skills.</td>
<td>1.8%</td>
<td>2</td>
</tr>
<tr>
<td>Promoting healthy schools.</td>
<td>0.9%</td>
<td>1</td>
</tr>
</tbody>
</table>

answered question 113
Health Promotion Campaigns in Community Pharmacies

The top six topics for health promotion campaigns that were ‘currently provided’ by the community pharmacy respondents were: Healthy Lifestyle Advice (n=64), Healthy Weight (n=51), Sexual Health Promotion (n=48), Substance Misuse (n=33), Skin Care (n=33) and Healthy Heart Promotion (n=29) (Figure 1).

The top six health promotion topics that the community pharmacies respondents were ‘interested in providing’ included: Asthma and Respiratory Diseases (n=67), Older People’s health promotion (n=62), Women’s health promotion (n=56), Men’s Health Promotion (n=56), Parents and Babies Health Promotion (n=55), and Healthy Heart Promotion (n=52) (Figure 1).

Figure 1
Records and Monitoring/Evaluating Health Promotion Activity

Of the community pharmacy respondents in the survey two thirds reported that they kept records of their health promotion activities some or most of the time; however only 10% reported keeping records all the time of all health promotion activities in their pharmacy (Table 5).

Table 5

<table>
<thead>
<tr>
<th>Does your Pharmacy Team keep records of its Health Promotion Activities?</th>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
<td>10.7%</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Most of the time</td>
<td>24.1%</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Some of the time</td>
<td>44.6%</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Very rarely</td>
<td>20.5%</td>
<td>23</td>
<td></td>
</tr>
</tbody>
</table>

answered question 112

skipped question 1

Half of the community pharmacies in the survey monitored and evaluated their health promotion activities; a third used recording the number of patient consultation and one in five pharmacies used patient or customer satisfaction surveys as methods of monitoring and evaluating the community pharmacy health promotion activities (Table 6).

Table 6

<table>
<thead>
<tr>
<th>Please tick which method(s) of monitoring or evaluation you currently use for your Health Promotion activities.</th>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not currently monitored/evaluated</td>
<td>48.7%</td>
<td>55</td>
</tr>
<tr>
<td>Recording number of referrals to health promoting agencies (e.g. a healthy living centre)</td>
<td>15.0%</td>
<td>17</td>
</tr>
<tr>
<td>Recording number of health promotion consultations</td>
<td>32.7%</td>
<td>37</td>
</tr>
<tr>
<td>Patient/customer questionnaires</td>
<td>21.2%</td>
<td>24</td>
</tr>
<tr>
<td>Other methods of monitoring/evaluation (please specify)</td>
<td></td>
<td>13</td>
</tr>
</tbody>
</table>

answered question 113
Giving Health Promotion advice and instigating Behaviour Change

About two-thirds of community pharmacies (63%) in the survey reported that their pharmacy team were moderately confident in advising customers about personal public health and health promotion issues. One in four of the community pharmacies felt that their teams had 'very little confidence' or were 'not confident' in advising customers about personal public health and health promotion issues (Table 7).

Table 7

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Confident</td>
<td>11.5%</td>
<td>13</td>
</tr>
<tr>
<td>Moderately Confident</td>
<td>62.8%</td>
<td>71</td>
</tr>
<tr>
<td>Very Little Confidence</td>
<td>23.0%</td>
<td>26</td>
</tr>
<tr>
<td>Not Confident</td>
<td>2.7%</td>
<td>3</td>
</tr>
</tbody>
</table>

Comments about Team Confidence

Several practices provided additional comments about their community pharmacies teams' confidence in giving advice and information (Table 8).

Table 8

Respondents comments on their Community Pharmacies teams’ confidence in giving advice to customers

- Confidence varies between team.
- Confident if sufficient training provided.
- Difficult to decide which advice is accurate i.e. opinions vary.
- However, on areas we have studied I am very confident.
- I have an experienced team who use their knowledge and health promotion materials available in the pharmacy and refer to the pharmacist as needed.
- Moderately confident on topics they have had training on - very new team will need developing.
- Most of them are new to the company and still completing their training. All new staff are keen to increase their knowledge, so I’m hoping our involvement in health promotion will improve.
- Needs/ skills in engaging, good if patient asks for advice.
- Only on areas regularly covered.
- Only opened for 4 months, staff still undergoing training.
- Some of the team are out of their depth with complex messages.
- Starting conversations is difficult.
- Team confidence strongly related to knowledge and training of specific health promotions.
- Very confident after appropriate training is given.
- Very difficult to cascade information from PCT training of Health Promotion Champion.
- Worried about alienating customers. Length of consultations vs. payment/results.
- Years of neglect in face to face training and no regular pharmacist has damaged their confidence.
Approximately half of the community pharmacies in the survey reported that their team had a moderate level of skills in behaviour change, less than one in ten pharmacies reported that their teams had no skills in behaviour change (Figure 3).

Several survey respondents offered comments on their community pharmacies skill in behaviour change (Table 9).

Table 9
Respondents’ comments on their Community Pharmacy teams’ skills in behaviour change.

- Company policy to observe sales.
- Confidence varies between team.
- However, on areas we have studied - good confidence.
- Lack of experience, skills will build through training, coaching and experience
- More a reflection on how long they can speak with customer.
- Most confidence in providing smoking cessation; needs work on other areas.
- Needs development - very new team.
- Never received any training regarding behaviour change skills
- Obviously, different team members have different levels of skills, knowledge and confidence.
- Only smoking trained have any skills.
- Personal friendly service built over time.
- The team has been constantly changing. Therefore it has been difficult to train and maintain staff
- They would not feel it is their role to persuade/tell someone to change (behaviour).
- Training needed.
- Very variable - pharmacist moderately skilled, other staff less so and refer; thus the team is moderately skilled but not all.
Community Pharmacy Training in Public Health Development

The majority (n=69) of the community pharmacy respondents in the survey reported that members of their team had undertaken training opportunities for public health development offered by their PCT (Figure 3).

Several respondents offered comments on the types of public health development training that had been undertaken by their community pharmacy team members (Table 10).

Table 10

<table>
<thead>
<tr>
<th>Respondents comments on the Community Pharmacy training undertaken in Public Health Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• &quot;CPPE public health and emergency planning Course&quot; - some locums have.</td>
</tr>
<tr>
<td>• Events run by LPC.</td>
</tr>
<tr>
<td>• Individual CPPE training courses.</td>
</tr>
<tr>
<td>• Local Enhanced Service - Stop smoking.</td>
</tr>
<tr>
<td>• Lloyd's Pharmacy training days.</td>
</tr>
<tr>
<td>• Only PCT training - if it happens.</td>
</tr>
<tr>
<td>• PCT health promotion champion introductory day.</td>
</tr>
<tr>
<td>• Stop Smoking.</td>
</tr>
<tr>
<td>• Sun protection.</td>
</tr>
<tr>
<td>• Supervisor has attended PCT training event on skin cancer recently.</td>
</tr>
<tr>
<td>• When do any of these take place?</td>
</tr>
<tr>
<td>• Would not get paid/backfill to attend, therefore would not go.</td>
</tr>
</tbody>
</table>
Training and Development Needs in Community Pharmacy and Public Health

Of the community pharmacies in the survey the top five training and development needs reported that would be of 'great benefit' for public health development are listed in Table 11.

Table 11

<table>
<thead>
<tr>
<th>To what extent would your pharmacy team benefit from additional training/skills development in each of the following areas?</th>
<th>Great Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding the public health needs in their area</td>
<td>63%</td>
</tr>
<tr>
<td>Developing leadership within the team for responsibility in creating an ethos of proactive health and wellbeing within the pharmacy</td>
<td>60%</td>
</tr>
<tr>
<td>Effective and sensitive communication skills when recruiting members of the public to health and wellbeing services or providing them with advice</td>
<td>56%</td>
</tr>
<tr>
<td>Understanding that every interaction is an opportunity for a health promotion intervention</td>
<td>54%</td>
</tr>
<tr>
<td>Understanding the basic principles of health and wellbeing</td>
<td>53%</td>
</tr>
</tbody>
</table>

Of the community pharmacies who responded to the survey the three training and development needs reported as would being of 'some benefit' for public health development are listed in Table 12.

Table 12

<table>
<thead>
<tr>
<th>To what extent would your pharmacy team benefit from additional training/skills development in each of the following areas?</th>
<th>Some Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training on issues of confidentiality and consent issues</td>
<td>52%</td>
</tr>
<tr>
<td>Understanding of sensitivity and the need for privacy for different individuals seeking advice and health services</td>
<td>50%</td>
</tr>
<tr>
<td>Equality and diversity awareness and providing a person-centred approach</td>
<td>47%</td>
</tr>
</tbody>
</table>
Preferred mode of training/professional development in public health for community pharmacies

When asked what types of public health, health and well-being professional development training the respondents would like to see available in Devon & Cornwall for Community Pharmacy, the most favoured was by CPD events with a certificate of attendance (n=97) and the least favoured option was by full-time study (n=9) Table 13.

Table 13

<table>
<thead>
<tr>
<th>What types of public health, health and well-being professional development training would you like to see available in Devon &amp; Cornwall for Community Pharmacy?</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPD events with Certificate of attendance</td>
<td>97</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>Distance/e-learning</td>
<td>83</td>
<td>5</td>
<td>88</td>
</tr>
<tr>
<td>Mixture of all modes of delivery</td>
<td>82</td>
<td>3</td>
<td>85</td>
</tr>
<tr>
<td>Face to face learning</td>
<td>67</td>
<td>11</td>
<td>78</td>
</tr>
<tr>
<td>Master classes with accreditation</td>
<td>50</td>
<td>22</td>
<td>72</td>
</tr>
<tr>
<td>Part-time study</td>
<td>40</td>
<td>35</td>
<td>75</td>
</tr>
<tr>
<td>Academic credits</td>
<td>37</td>
<td>32</td>
<td>69</td>
</tr>
<tr>
<td>Master classes without accreditation</td>
<td>13</td>
<td>45</td>
<td>58</td>
</tr>
<tr>
<td>Full time study</td>
<td>9</td>
<td>57</td>
<td>66</td>
</tr>
</tbody>
</table>

General expressed concerns of respondents

The qualitative nature of the survey enabled respondents to raise issues of concern they had in relation to developing community pharmacies public health role. Although in the minority of responses, the expressed concerns should not be overlooked by the Peninsula PCT commissioners and respective LPCs. Table 14 presents the expressed concerns arising in this survey and relate to the following: company policy/pressure for sales and targets over-riding opportunistic health promotion, tensions with regard to the time needed for customer interactions for health promotion and the need for sales, issues around backfill funding to release staff for training, the quality of training offered to community pharmacies to develop their roles and community pharmacy teams already stretched with heavy workloads.

Table 14

<table>
<thead>
<tr>
<th>Concerns expressed by respondents in the community pharmacy and community public health survey.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If more public health is undertaken for pharmacy then training should be during daytime, and fully funded - relying on the goodwill of staff to attend in evenings, or contractors to fund their release during daytime.</td>
</tr>
<tr>
<td>Would not get paid/backfill to attend, therefore would not go (to attend training) / We are businesses and cannot provide health promotion for no money!</td>
</tr>
<tr>
<td>Too pushed and stretched to expect staff to engage in involved conversations with current staff cuts.</td>
</tr>
<tr>
<td>Years of neglect in face to face training and no regular pharmacists has damaged confidence</td>
</tr>
<tr>
<td>The team has been constantly changing, therefore is has been difficult to train and maintain staff</td>
</tr>
<tr>
<td>It's the company policy to observe sales / Length of consultations vs payment/results</td>
</tr>
<tr>
<td>Not funded, despite having done appropriate training</td>
</tr>
<tr>
<td>Worried about alienating customers</td>
</tr>
</tbody>
</table>
What was learnt from this survey?

Pharmaceutical Public Health Services

The findings of this survey reflect the different levels of service in the 2005 NHS Community Pharmacy Contractual Framework; public health is a requisite as an ‘essential service’ for all community pharmacy contractors. The essential service for public health is largely around opportunistic advice and information regarding healthy lifestyles and supporting up to six health promotion campaigns per year. It was evident that some of the respondents were from contractors who were providing advanced and enhanced services approved by their respective PCTs, i.e. Smoking Cessation, Substance Misuse, Needle Exchange schemes etc.

Given the footfall and customer relationships in community pharmacies the opportunities for further developing the role of public health via the community pharmacy is vast. Tailor made public health programmes, such as the Healthy Living Pharmacy project and the award winning programme in Northern Ireland of ‘Building the Community-Pharmacy Partnership’ which seek to recognise existing public health knowledge and skills in community pharmacies, and to encourage community pharmacies to work in collaboration with their local communities to improve health and social wellbeing, are all models of practice which could be introduced into Devon and Cornwall community pharmacies via their respective LPCs and PCTs. It would be of interest to research the views of customers of community pharmacies across Devon and Cornwall to assess their perceptions, experience of and their needs for public health services provided by their community pharmacy.

Health Promotion Activity in Community Pharmacies

It is evident that health promotion activities are a feature of the most of the pharmacies that participated in this Peninsula public health survey. Running or supporting health promotion campaigns was the top listed health promotion activity in this survey cohort of community pharmacies.

Given the level of reported activity and interest in health promotion in the community pharmacies in this survey it was interesting to note that less than half of them had a nominated health promotion champion or lead team member. There could be a number of reasons for not having a nominated health promotion lead and this was not explored in this survey, however this fact could point to the moderate response to keeping records of health promotion activities. Where there is not a named person in the team with responsibility for health promotion activities it is far more likely that records of activity may not be kept as routine.

Approximately half of the community pharmacy respondents do no currently monitor or evaluate their health promotion activities, although about a third do record their health promotion consultations and others returned monitoring forms issued by their respective Primary Care Trust.

Health promotion campaigns are clearly a feature across a range of topics, and patient/customer groups in these community pharmacies. Generic topics are supported in

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3 [www.psnc.org.uk/news.php/1056/become_a_healthy_living_pharmacy_pathfinder_site](http://www.psnc.org.uk/news.php/1056/become_a_healthy_living_pharmacy_pathfinder_site)
their health promotion campaigns, e.g. healthy lifestyle advice and healthy weight, to more specific issues such as sexual health and substance misuse themes. Interest was expressed by the community pharmacies in providing health promotion campaigns on asthma and respiratory diseases, older people’s health promotion and men and women specific health promotion.

**Training and skills development in public health**

*Skills and confidence in health promotion and behaviour change*

A relatively small number of community pharmacies reported that they felt their teams were very confident in giving health promotion advice and behaviour change, with at least two-thirds reporting that their teams were moderately confident in their health promotion and behaviour change knowledge. The additional comments provided by the community pharmacies provide insight into the skills and knowledge of the teams with regard to health promotion and behaviour change; for example the respondents recognised that confidence will vary across a team and is often training and topic specific and dependent, i.e. in relation to smoking cessation skills. Other respondents commented on the tension between the amount of customer contact time permitted and the need for efficient through-put of customers in the community pharmacies in order to meet company sales.

*Understanding local health needs*

With regard to identifying the public health training and skills that would be of greatest benefit to community pharmacy the respondents said that training in understanding the health needs of their areas would be a great benefit; training in this area would strengthen and contextualise the types of health promotion activities undertaken by community pharmacists. There is scope for LPCs and PCTs to introduce Community Pharmacy teams to the 235 GP Practice Profiles produced by the Association of Public Health Observatories (APHO) for Devon and Cornwall. The APHO General Practice Profiles are a set of 158 general practice level indicators that have been developed for practices across England. The indicators cover practice population, deprivation, patient satisfaction, the Quality and Outcomes Framework (QOF) and hospital activity levels in some specialities. The APHO profile information could be supported with information from the broader Pharmaceutical Needs Assessments that PCTs are currently required to undertake and produce detailed reports.

*Leadership and wellbeing pro-activeness*

Survey respondents also said training in leadership and establishing pro-active wellbeing initiatives for their community pharmacy would be of great benefit; training in this area would equip and enable the nomination of health promotion champions in their pharmacy. Training in communication skills and interaction opportunities with customers for opportunistic health promotion were listed as being of great benefit for community pharmacy teams along with understanding the basic principles of health and wellbeing; training in these areas would increase pharmacy teams’ knowledge, skills and their confidence in dealing with a broad range of health promotion issues and behaviour change approaches.

*Confidentiality and sensitivity*

Training that was felt to be of some benefit to community pharmacy teams in relation to public health included confidentiality, dealing with clients sensitively and raising awareness of

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5 [www.apho.org.uk/pracprof](http://www.apho.org.uk/pracprof)

6 [www.nhsemployers.org/PayAndContracts/CommunityPharmacyContract/Pages/PNA_Guidance.aspx](http://www.nhsemployers.org/PayAndContracts/CommunityPharmacyContract/Pages/PNA_Guidance.aspx)
equality and diversity issues; training in these areas would support the generic clinical and customer care relationship that the pharmacy team members have with their clients and also enhance existing health promotion ethos of their community pharmacy practice.

**Cascading the training received**

The reports highlights that where community pharmacy team members have received training in public health that it was problematic in cascading the information down to other members of the pharmacy team. The expectation is that pharmacy teams members, who attend local training being offered, will disseminate what they have learnt to other members of the team; however in some cases this would also involve briefing staff from other branches of the same company. In order to maximise the greatest benefit from the time and costs associated with staff training, as well as sharing the knowledge learned, it is important that PCTs and LPCs should be thinking about how they can empower the community pharmacy staff to disseminate their learning across their teams and to other branches.

**Preferred mode for training in public health**

A minority of community pharmacy teams had attended specific training for health improvement, i.e., courses aimed at entry level knowledge and skills in health improvement such as the RSPH ‘Understanding Health Improvement Course’. However over half of the respondents’ community pharmacies had attended PCT provided public health training events.

The preferred method and mode of public health training and delivery was by Continuing Professional Development (CPD) events with a certificate of attendance and also by distance and e-learning. The Peninsula Public Health Network (PPHN) runs six CPD events per academic year, covering a range of public health issues; the PPHN needs to be advertised more widely to include more community pharmacies. Survey respondents made some call for more academic and deeper level master-classes; however these could be accommodated relatively easily into CPD events or distance and e-learning course content. There was less preference expressed for academic credits and full-time study in public health development for community pharmacists.

**Developing Healthy Living Pharmacies**

Clearly professional development and training in public health and health promotion is important for community pharmacies and the ‘Healthy Living Pharmacy’ programme developed by NHS Portsmouth offers an opportunity to benchmark skills and level of practice. The HLP project in Portsmouth has enabled an improvement in the quality and productivity in community pharmacy services. Approximately half of the contractors in Portsmouth have now received the HLP Quality Mark and there is improved access for the public to health and wellbeing services including stop smoking, alcohol interventions, emergency hormonal contraception, Chlamydia screening, NHS health checks and targeted respiratory Medicine Use Reviews. Approximately half of the community pharmacies were aware of the Healthy Living Pharmacy (HLP) project, now being rolled out by the Department of Health; however the majority of the respondents were interested to receive more details and information about the HLP. Developing and implementing a HLP scheme in the Peninsula would not only strengthen community pharmacists and their teams’ knowledge and skills in health promotion activities and behaviour change approaches, but also develop skills in monitoring and evaluation methods associated with health and wellbeing initiatives in community pharmacies.
Concluding comments
This survey was the first of its kind to attempt to capture the breadth of health promotion activity and the associated knowledge, skills and methods of evaluating health promotion activity occurring in community pharmacies across the Peninsula. It is evident from this survey that there is a broad range of health promotion themes and issues addressed by community pharmacies in the Peninsula; much of this activity is generated in supporting specific health promotion campaigns and in response to delivering an essential public health service as part of the NHS Community Pharmacy contractual framework. Further work is probably required, as a research project, to assess customer perceptions, needs and expectations of public health services in community pharmacies.

The community pharmacy teams recognised their current level of knowledge and skills in behaviour change is variable within teams and across the Peninsula; however there was interest expressed in enhancing their current knowledge and skills in key areas of public health practice as well as having a greater insight into the health needs of their locale and communities. Given that some community pharmacy teams reported that their teams were very confident in knowledge and skills of health promotion and behaviour change there may be an opportunity for peer learning and transfer of knowledge and skills between community pharmacies. The APHO GP practice profiles could also be made available to community pharmacy teams to raise their awareness of the morbidity burden and other health related information in their locales.

There is scope to develop monitoring and evaluation processes to support the community pharmacies in assessing the effectiveness and efficacy of their efforts with regard to their essential public health services in particular. Examples of monitoring and evaluation processes for community pharmacy public health could be drawn from the projects being run in Northern Ireland via the Community Development and Health Network7. Community pharmacy could be linked up with other pharmacy teams in Northern Ireland or Hampshire to learn from their approaches to monitoring and evaluating health promotion activities.

There is scope to explore with education providers in the Peninsula developing bespoke public health training packages along the lines of CPD events and also blended learning modes to include e-learning. The RSPH ‘Understanding Health Improvement’ course, which is run by several of the Peninsula PCTs could be made accessible to community pharmacies. Training and skills development for community pharmacies in public health will clearly have funding and resource cost implications which would need to be explored further by the LPCs and their respective public health partners. The existence of the PPHN CPD events needs to be made more widely known to all community pharmacies in the Peninsula.

The roll-out of the Healthy Living Pharmacy programme across the Peninsula would provide structure and process to public health service development. The renewed focus of the role of public health of community pharmacies affords the Devon and Cornwall LPCs, and their health improvement partners, an opportunity to shape, support and further develop the key role that community pharmacies play in promoting and protecting the health of local people in towns and rural settings alike; in short, good community pharmacy is good community public health.

Key Recommendations

The survey of community pharmacy public health in Devon and Cornwall has generated the following ten key recommendations for contractors, commissioners and the respective LPCs to consider.

1. The Devon and Cornwall LPCs and PCTs, to disseminate the findings of the Community Pharmacy: Community Public Health Survey to community pharmacies, via Locality Forums and respective newsletters.

2. Raise awareness with community pharmacies of the Healthy Living Pharmacy and Northern Ireland Community Pharmacy and public health programmes.

3. Explore developing a research proposal, in association with the University of Plymouth, to assess customer’s public health wants, needs and expectations in relation to community pharmacy provision.

4. Encourage all community pharmacies to nominate a named health promotion lead/champion, with clearly defined roles and responsibilities in their pharmacy.

5. Explore methods of monitoring and evaluating public health/health promotion service provision in community pharmacies in Devon and Cornwall by drawing upon examples of best practice.

6. Consider establishing peer-mentoring between community pharmacies with very skilled and confident teams in public health with those community pharmacies who are seeking to up-skill their teams in the Peninsula.

7. Raise awareness of the availability of the APHO GP Practice Profiles and the PCT Pharmaceutical Needs Assessments to inform community pharmacies knowledge of the health needs in their locales.

8. Raise awareness of current provision of introductory courses to health improvement in the Peninsula, i.e. ‘Understanding Health Improvement’.

9. Discuss with education providers in the Peninsula the possibility of developing blended learning and bespoke training in public health/health promotion related issues relevant to community pharmacy teams.

10. Devon and Cornwall LPCs, in association with their respective public health partners, to explore funding routes and opportunities to support and further develop the public health role of community pharmacies in Devon and Cornwall.
Appendix 1: Survey questionnaire
Community Pharmacy & Public Health

1. Community Pharmacies & Public Health Survey

Dear Colleague

Community pharmacists have always played a role in promoting, maintaining and improving the health of the communities they serve. They are, after all, based in the heart of communities - in rural as well as deprived inner city areas, in town centres and suburbs.

Situated on high streets, in shopping centres and on housing estates, Community pharmacists gain a particular understanding of the needs of members of their communities through daily interactions with patients and customers (Public Health – a practical guide for Community Pharmacists 2006).

During 2011 the Royal Pharmaceutical Society will present an evidenced based case for an enhanced role for pharmacists in the delivery of public health. Guidance will also describe what good pharmacy public health looks like and how they will recognise our members who provide such services (Royal Pharmaceutical Society 2011).

- The Devon and Cornwall LPC’s would like to encourage the development of all community pharmacy teams in their public health roles.
- It is conducting this brief survey of all their LPC members, in association with Professor Kevin Elliston, NHS Plymouth Public Health Directorate.
- The survey will identify professional development needs for community pharmacy teams and their public health role across the Peninsula.
- The LPC’s will use the survey outcomes to help Community Pharmacy teams develop their public health role.

Please take 10 minutes to complete this brief survey to tell us about your professional development needs in relation to developing public health services in community pharmacies.

Please respond to all sections and questions in the Survey.

Thank you for your participation.

Kind Regards,

Sue Taylor, Chief Officer, Devon Local Pharmaceutical Committee

Philip Yelling, Chief Officer, Cornwall Local Pharmaceutical Committee

Please return the Survey by 18th July 2011 in the Freepost Envelope (attached) to Devon LPC who are collating all the Survey responses on behalf of Devon & Cornwall LPCs.

Please note: All information/data collected in this survey will be held securely and will be reported anonymously. No personal identifiable data is required.

2. Healthy Living Pharmacies

*1. Are you aware of the ‘Healthy Living Pharmacy’ programme in Portsmouth?

☐ Yes
☐ No

*2. Does your Pharmacy Team have a nominated 'Health Promotion Champion/Lead'?

☐ Yes
☐ No
☐ Don't Know

*3. Would you, or members of your Pharmacy Team, be interested in receiving information on developing a ‘Healthy Living Pharmacy’ programme for Devon and Cornwall?

☐ Yes
☐ No
Community Pharmacy & Public Health

3. Current Pharmaceutical Public Health Services

*4. Does your Pharmacy Team provide any of the following ‘pharmaceutical’ public health functions? (please tick all that apply)

- Participating in health promotion campaigns.
- Participating in healthy living centres.
- Participating in needle and syringe exchange schemes.
- Promoting drug misuse awareness.
- Promoting healthy schools.
- Promoting patient medication adherence.
- Providing advice on how medicines work.
- Providing advice on minor ailments.
- Providing cervical cancer vaccinations.
- Providing collection and delivery services.
- Providing general vaccinations.
- Providing health advice on self-care (all ages).

Other Functions (please specify)

5. What health promotion campaigns does your pharmacy currently carry out? (Please tick all that apply)

<table>
<thead>
<tr>
<th>Asthma/Respiratory Diseases</th>
<th>Currently Provide</th>
<th>Interested in Providing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s health promotion.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy heart promotion.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy lifestyle advice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men’s health promotion.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older people’s health promotion.</td>
<td></td>
<td></td>
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<tr>
<td>Oral health promotion.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents and babies health promotion.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety/injury prevention.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual health promotion.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse risk reduction.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women’s health promotion.</td>
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</tr>
</tbody>
</table>

Other Health Promotion Activities (please specify)

6. Does your Pharmacy Team keep records of its Health Promotion Activities?

- All the time
- Most of the time
- Some of the time
- Very rarely
Community Pharmacy & Public Health

7. Please tick which method(s) of monitoring or evaluation you currently use for your Health Promotion activities.

- Not currently monitored/evaluated
- Recording number of referrals to health promoting agencies (e.g. a health visiting centre)
- Recording number of health promotion consultations
- Patient/customer questionnaires

Other methods of monitoring/evaluation (please specify):

8. In your opinion, how confident do you feel your pharmacy team is with regard to advising customers about personal public health/health promotion issues?

- Very Confident
- Moderately Confident
- Very Little Confidence
- Not Confident

Comments about Team Confidence:

9. To what extent does your 'Pharmacy Team' have skills in behaviour change to help improve their customers wellbeing.

- Very skilled in Behaviour Change
- Moderately skilled in Behaviour Change
- Very little skills in Behaviour Change
- Do not have skills in Behaviour Change

Any comments about behaviour change skills in the Team:

4. Professional Development

10. Have members of your pharmacy team undertaken any of the following training opportunities for public health development?

- CPPE public health and emergency planning Course
- RSPH Understanding Health Improvement Course
- Peninsula Public Health CPD days/conferences
- PCT Public Health training events

If other please specify:

Page 3
Community Pharmacy & Public Health

11. To what extent would your pharmacy team benefit from additional training/skills development in each of the following areas?

<table>
<thead>
<tr>
<th>Area</th>
<th>Great Benefit</th>
<th>Some Benefit</th>
<th>No Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding the basic principles of health and wellbeing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding the public health needs in their area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training on issues of confidentiality and consent issues</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Understanding of sensitivity and the need for privacy for different individuals seeking advice and health services</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Effective and sensitive communication skills when recruiting members of the public to health and wellbeing services or providing them with advice</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Equality and diversity awareness and providing a person-centred approach</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Understanding that every interaction is an opportunity for a health promotion intervention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing leadership within the team for responsibility in creating an ethos of proactive health and wellbeing within the pharmacy</td>
<td></td>
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</tr>
</tbody>
</table>

Any comments

*12. What types of public health, health and well-being professional development training would you like to see available in Devon & Cornwall for Community Pharmacy? (please tick all that apply).

<table>
<thead>
<tr>
<th>Type of Training</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-time study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic credits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPD events with Certificate of attendance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master classes with accreditation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master classes without accreditation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distance-learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face to face learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixture of the above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. About your Pharmacy

13. Is your Pharmacy:

- [ ] An independent (less than 5 practices)
- [ ] An independent (5 or more practices)
- [ ] Small Multiple (less than 10 practices)
- [ ] Large Multiple (10 or more practices)
14. Please select 'your' Pharmacy postcode from the list:

☐ EX1  ☐ PL5  ☐ TR7
☐ EX2  ☐ PL6  ☐ TR8
☐ EX3  ☐ PL7  ☐ TR9
☐ EX4  ☐ PL8  ☐ TR10
☐ EX5  ☐ PL9  ☐ TR11
☐ EX6  ☐ PL10 ☐ TR12
☐ EX7  ☐ PL11 ☐ TR13
☐ EX8  ☐ PL12 ☐ TR14
☐ EX9  ☐ PL13 ☐ TR15
☐ EX10 ☐ PL14 ☐ TR16
☐ EX11 ☐ PL15 ☐ TR17
☐ EX12 ☐ PL16 ☐ TR18
☐ EX13 ☐ PL17 ☐ TR19
☐ EX14 ☐ PL18 ☐ TR20
☐ EX15 ☐ PL19 ☐ TR21
☐ EX16 ☐ PL20 ☐ TR22
☐ EX17 ☐ PL21 ☐ TR23
☐ EX18 ☐ PL22 ☐ TR24
☐ EX19 ☐ PL23 ☐ TR25
☐ EX20 ☐ PL24 ☐ TR26
☐ EX21 ☐ PL25 ☐ TR27
☐ EX22 ☐ PL26 ☐ TR28
☐ EX23 ☐ PL27 ☐ TQ1
☐ EX24 ☐ PL28 ☐ TQ2
☐ EX25 ☐ PL29 ☐ TQ3
☐ EX26 ☐ PL30 ☐ TQ4
☐ EX27 ☐ PL31 ☐ TQ5
☐ EX28 ☐ PL32 ☐ TQ6
☐ EX29 ☐ PL33 ☐ TQ7
☐ EX30 ☐ PL34 ☐ TQ8
☐ EX31 ☐ PL35 ☐ TQ9
☐ EX32 ☐ TR1  ☐ TQ10
☐ EX33 ☐ TR2  ☐ TQ11
☐ EX34 ☐ TR3  ☐ TQ12
☐ EX35 ☐ TR4  ☐ TQ13
☐ PL1  ☐ TR5  ☐ TQ14
☐ PL2  ☐ TR6  ☐
☐ PL3  ☐ TR7  ☐
☐ PL4  ☐ TR8  ☐

15. Which LPC is your Pharmacy in?

☐ Devon

☐ Cornwall