“Community pharmacies are a valuable and trusted public health resource. With millions of contacts with the public each day, there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and reduce health inequalities.”

Healthy Lives, Healthy People: Our strategy for Public Health in England
DH November 2010
Foreword

Welcome to the Healthy Living Pharmacy (HLP) prospectus which signals the start of the journey towards the development of HLPs in the Heart of Birmingham. It also signals the Primary Care Trust’s (PCT) commitment to this initiative, for which the PCT is an ‘early adopter’.

The PCT is passionate about improving the health and wellbeing of our residents. The development of you, the community pharmacies, as healthy living centres, has the potential to make a significant impact on optimising health gains and reducing health inequalities. In fact you have already contributed to these aims through, for example, smoking cessation and substance misuse services. Crucial to the future development of HLPs will be the ability to continue to identify success stories which demonstrate this and the ability of you to achieve and demonstrate key clinical and other outcomes.

The PCT has sought the views of community pharmacy and other stakeholders on what some of the barriers to developing HLPs might be. This prospectus provides you with more detail on how we see HLPs developing and what the PCT intends to do, in the first instance, to support you in helping us achieve this aim.

To be an HLP will require a commitment to and demonstration of proactive engagement with both the community you serve and with other healthcare professionals. It will also require a change in ethos and effective leadership both within and outside the community pharmacy team.

I would like to invite you, as a valued member of the healthcare team, to participate in this exciting programme. I believe it will prove to be both personally and professionally rewarding for you and impact positively on the health of the people in some of the most deprived areas of our city.

Dr Andrew Wakeman
Acting Director of Public Health
Healthy Living Pharmacy Prospectus: March 2011

Background


"Pharmacies will become healthy living centres: promoting and supporting healthy living and health literacy; offering patients and the public healthy lifestyle advice, support on self care and a range of pressing public health concerns; treating minor ailments and; supporting patients with long-term conditions."

But this initiative is not solely about health, it is about healthy living and developing pharmacy to be part of the future of preventing ill-health not simply treating it.

This shift from treatment to prevention will also involve work with other agencies so that our services line up, for example with Birmingham City Council and the Joint Prevention Strategy and the Total Place initiative. The Joint Prevention Strategy supports a future vision for Birmingham, wherein prevention is integral to organisational strategies and the provision and commissioning of services. It demonstrates a cultural and organisational shift that recognises that early intervention and targeted support and information can increase the resilience of the population, improve quality of life and thereby reduce or delay the demand on statutory services.

Pharmacy has an opportunity to be at the heart of this; people visit pharmacies for a number of reasons not just for treatment for existing conditions. As a PCT we have significantly more community pharmacies per head of population than the national average, giving us the capacity to deliver new services.

This prospectus outlines Heart of Birmingham Teaching PCT’s approach to developing this role for our community pharmacies.
Health in the Heart of Birmingham

Public Health Overview

The population served by the Heart of Birmingham Teaching PCT is richly diverse, relatively young, growing and constantly changing as a result of inward migration of people from all over the world.

The PCT covers 10 inner city wards in Birmingham and has an estimated population of 270,000. Economic deprivation (IMD score), income poverty, overcrowded housing and lack of open space are the main environmental factors which adversely affect people’s health.

Five years ago, we described the health of people who live in the area served by the Heart of Birmingham Teaching Primary Care Trust. [DPP Public Health Report 2005/6: Our health Our community] As our public health report for 2009/10 shows, the health of our residents has improved. Fewer babies die in infancy, fewer adults die prematurely from heart disease and more people live beyond the age of 75.

Nonetheless local people continue to have poor health compared with the rest of Birmingham and the nation as a whole. Health inequalities between different communities, between neighbourhoods, and between social classes are stark and unacceptable. They result from the continued impact and lifetime experience of economic, social and environmental deprivation.

The reputation and track record of Birmingham as a healthy city in which to live grow up and work will only improve if we can:

- focus our efforts and resources on changing the environment, services and employment opportunities in those areas and communities with the worst health experience
- enable local people to have more power over decisions and services which affect them
- spend more time helping young people, families and adults understand how to stay healthy and how to use the health care system
- have the courage, commitment and leverage to address the unacceptable variations to the quality of primary care.
So, where does community pharmacy fit in to this?

The Heart of Birmingham teaching PCT has a vision to improve the health and wellbeing of local people and reduce inequalities of access to healthcare and health services for all.

This long term aim is at the heart of everything we do and we see community pharmacy as having an important role, as Healthy Living Pharmacies (HLP), in supporting our goals:

- Improving quality of life and increasing life expectancy, raising the lowest to the best to ensure equity and equality of access for all.
- Investing in health services and ill-health prevention advice that focuses on young people, recognising the long term benefits this brings to them and future generations in both health and social attainment.
- Improving the quality and safety of services, ensuring dignity, control and choice to service users.
- Improving access to services for the most vulnerable (such as those with mental health problems, learning disabilities and those from the most deprived populations).
- Investing in health promotion and social marketing in partnership with Birmingham City Council, to help people stay healthy and take greater responsibility for their own health and wellbeing.
- Focusing on cost-effective ill-health prevention to allow greater independence and avoid the unnecessary use of hospital services.

The PCT Medicines Management Team has developed a framework for an HLP and is launching the initial phase of implementation in March 2011.

Concurrently, the DH, is working with PCTs to manage a national research project to develop a national HLP framework.

This national framework may or may not resemble our local one; however our learning and experiences will inform its development.

Your participation and involvement in this innovative work is needed to make a real difference to the people in the Heart of Birmingham and inform the national framework.
Healthy Living Pharmacies in the Heart of Birmingham

Some pharmacies across the PCT area are well on their way to becoming Healthy Living Pharmacies and so we have set ourselves the challenge of helping at least half of our pharmacies achieve Level 1 status during 2011.

Some of you may even achieve elements of the next level in that time, particularly as services within Level 2 emerge locally. Our priority this year, however, will be to establish a Level 1 service.

An HLP will provide more than a set of services; it is a place where the public feel they can receive high quality advice, consistent services and access to a highly qualified healthcare professional when they need to.

The public will recognise the pharmacy as a place that provides general advice on leading a healthier lifestyle and take a holistic approach in improving general health and wellbeing.

The HLP framework overlays existing (and future) pharmacy services; it is not a new contract but a way of optimising income already available, generating customer loyalty, and accessing new patients through a change in ethos in which a proactive approach is a cornerstone.

There are a number of enablers which will help you become an HLP including training, workforce development, access to NHSnet and the opportunity to provide funded NHS enhanced services. We are working on all of these to support you; some will be more difficult than others as they require national sign-off e.g. IT connectivity.

In the early stages of implementation, we will focus on those services which are already available, fine tuning them within the HLP framework to differentiate delivery and provide optimum benefits for the population that live and work in the Heart of Birmingham area.

There are many potential benefits to becoming an HLP:

• Improve public perception of community pharmacy
• Better engagement with other healthcare professionals
• Professional satisfaction
• Access to leadership development
We will be looking to commission services from those pharmacies who we are confident can provide services to the required standard and volume; a proven track record will be a factor in this commissioning process.

As you are aware the funding streams within the NHS will be tightly constrained over the next few years. All services provided by the NHS will be scrutinised to ensure they are delivering cost effective, high quality care for the benefit of the service user.

This may lead to service re-design or decommissioning of services which cannot demonstrate their effectiveness.

Becoming an HLP will display to commissioner’s pharmacy’s commitment to delivering cost effective and high quality services.
The Way Forward

The Healthy Living Pharmacy framework is a way of bringing together the many services that can enhance public health and reduce inequalities within the community pharmacy setting. Becoming an HLP is about adopting a philosophy within your community where the public’s health and wellbeing is at the centre of what you do. In an HLP, the whole team work together and recognise that every interaction is a potential opportunity for a health intervention.

There are three levels to an HLP which build on the core service provided by community pharmacies (essential and advanced services within the pharmacy contract). Local Enhanced Services will be commissioned at the different levels of an HLP. This will depend on the health need within the local area and the capability and reliability of the pharmacy to deliver.

Becoming an HLP requires more than having the services commissioned. It requires demonstration of consistent, high quality service delivery, appropriate premises, trained and skilled staff and engagement with other healthcare professionals and the public.

Simply, a Level 1 HLP will provide good quality advice on healthy lifestyles, and a range of commissioned services. This is different to a community pharmacy choosing to deliver just one or more enhanced services.

Within the Healthy Living Pharmacy framework, customer loyalty, professional pride and funding follows those successfully engaging in and delivering advanced and enhanced services.

Successful implementation of the Healthy Living Pharmacy framework requires an understanding that pharmacies may progress through the different levels depending on local health need and their own capability to deliver required outcomes.

Foundations

Before a pharmacy can be considered as an HLP, it must already be achieving the standards required within the contractual framework for Essential and Advanced Services; these are incorporated within the blue core column and covered by the specifications within the Pharmacy Contract.
The next step is to put the necessary foundations in place before the PCT will consider whether they may be recognised as an HLP and commissioned for services to meet local needs.

**Services**

One of the fundamental principles relating to a Healthy Living Pharmacy is that services will only be commissioned where there is a local need and where appropriate capability is in place. Hence, there is no one model and different HLPs will potentially deliver different services and different levels of services dependent on need, priorities and the financial environment.

There are three categories of service delivery within an HLP (although there is some scope for movement within these):

- promoting health, wellbeing and self-care (Level 1);
- optimising medicines interventions; and (Level 2)
- providing treatment (level 3)
## Service Delivery with Healthy Living Pharmacy

<table>
<thead>
<tr>
<th>Public Health Need</th>
<th>Essential Services</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Smoking</strong></td>
<td>Promotion of health and wellbeing, support for self-care, signposting</td>
<td>Stop smoking NRT, Proactive advice and signposting</td>
<td>PGD treatment, brief intervention</td>
<td>COPD risk assessment, NHS Health Check</td>
</tr>
<tr>
<td><strong>Obesity</strong></td>
<td>Promotion of health and wellbeing, support for self-care, signposting</td>
<td>Weight management; Proactive advice and signposting</td>
<td>PGD Treatment, brief intervention</td>
<td>NHS Health Check</td>
</tr>
<tr>
<td><strong>Sexual Health</strong></td>
<td>Promotion of health and wellbeing, support for self-care, signposting</td>
<td>EHC PGD, Fast track pregnancy testing and referral, condom distribution</td>
<td>Chlamydia screening, PGD Treatment, brief intervention</td>
<td>Contraception service, HPV/Hep B Vacc, screening</td>
</tr>
<tr>
<td><strong>Alcohol</strong></td>
<td>Promotion of health and wellbeing, support for self-care, signposting</td>
<td>Alcohol risk assessment, brief intervention and appropriate referral</td>
<td>Alcohol specific non-planned interventions</td>
<td>Structured care planned alcohol treatment</td>
</tr>
<tr>
<td><strong>Minor Ailments</strong></td>
<td>Promotion of health and wellbeing, support for self-care, OTC supply</td>
<td>Pharmacy First; assessment, advice and treatment with GSL and P meds</td>
<td>PGD Treatment</td>
<td>Pharmacist prescribing</td>
</tr>
<tr>
<td><strong>Substance Misuse</strong></td>
<td>Promotion of health and wellbeing, support for self-care, signposting</td>
<td>Supervised consumption</td>
<td>Harm reduction, screening needle exchange</td>
<td>Client assessment and support. Hep B Vaccination</td>
</tr>
<tr>
<td><strong>Men’s Health</strong></td>
<td>Promotion of health and wellbeing, support for self-care, signposting</td>
<td>Pro-active health promotion targeted at men; prostate and testicular cancer awareness</td>
<td>Early identification of some cancers / cancer treatment adherence support</td>
<td>NHS Health Check</td>
</tr>
<tr>
<td><strong>Long-term conditions</strong></td>
<td>Promotion of health and wellbeing, support for self-care, signposting</td>
<td>Adherence support (MUR, MUR+, targeted MUR’s, First prescription service)</td>
<td>Condition parameter monitoring, Appropriate referral</td>
<td>Chronic medication service, pharmaceutical care planning</td>
</tr>
<tr>
<td><strong>Locally driven services (Maternal Health)</strong></td>
<td>Promotion of health and wellbeing, support for self-care, signposting</td>
<td>Early Pregnancy Testing</td>
<td>Maternal Smoking/weight interventions</td>
<td>Pregnancy and diabetes service inc PGD</td>
</tr>
</tbody>
</table>

---

*Healthy Living Pharmacy Prospectus: March 2011*
As discussed, the initial approach is to try and establish our pharmacies at Level 1. To achieve this, pharmacies will need to demonstrate a commitment to the HLP concept by putting in place the foundations/enablers listed in this prospectus.

Developing your workforce and premises alongside engagement with local communities and other contractors are key to the implementation of the HLP model.

Any pharmacy wishing to become an HLP will need to have the Foundations levels in place to meet Level 1 as well as delivering the services listed at Level 1.

These Foundations / Enablers are:

- Workforce Development
- Premises Development
- Engagement

The reasoning behind this and the detail attached to these is laid out in the next few pages.

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Core</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce Development</td>
<td>Core Competencies</td>
<td>Health trainer Champion (Assess &amp; Signpost) Clinical skills Leadership Evaluation capability</td>
<td>Accredited Health Trainer (Assess &amp; Coach) Clinical skills Leadership Audit Capability</td>
<td>Advanced clinical / Public Health skills (PhwSI, prescribers)</td>
</tr>
<tr>
<td>Premises</td>
<td>Fit for purpose consultation room (Drug Tariff)</td>
<td>Fit for purpose consultation room(s) DT;Enhanced Spec Health Screen</td>
<td>Fit for purpose consultation room(s) Enhanced Spec Health Screen</td>
<td>Fit for purpose consultation room(s) Enhanced Spec Health Screen</td>
</tr>
<tr>
<td>Engagement</td>
<td>Operational (RDS, EPS, collection and delivery services) Signposting and referral to other services</td>
<td>Primary Care</td>
<td>Community Engagement</td>
<td>Community Leader</td>
</tr>
</tbody>
</table>

| Premises          | Fit for purpose consultation room (Drug Tariff) | Fit for purpose consultation room(s) DT;Enhanced Spec Health Screen | Fit for purpose consultation room(s) Enhanced Spec Health Screen | Fit for purpose consultation room(s) Enhanced Spec Health Screen |
| Engagement        | Operational (RDS, EPS, collection and delivery services) Signposting and referral to other services | Primary Care | Community Engagement | Community Leader |
Foundation: Workforce Development

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Core Competencies</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce Development</td>
<td>Core Competencies</td>
<td>Health trainer Champion (Assess &amp; Signpost) Clinical skills Leadership Evaluation capability</td>
<td>Accredited Health Trainer (Assess &amp; Coach) Clinical skills Leadership Audit Capability</td>
<td>Advanced clinical / Public Health skills (Phw5L, prescribers)</td>
</tr>
</tbody>
</table>

Having a competent workforce with the appropriate skill-mix and capacity to deliver commissioned services with consistently high outcomes is one of many critical success factors for an HLP.

Having staff trained as Health Trainers or Health Trainer Champions will mean that staff have a nationally recognised qualification allowing them to deliver a service from community pharmacy which is integrated into the overall healthcare agenda and has links to many different agencies and services in the local community.

Increased staff skills will make it easier for pharmacies to deliver the essential services of the contractual framework particularly the public health and signposting services. This should free up more of the pharmacist’s time which may have been previously used to deliver these services.

In addition to core competencies, a Level 1 HLP must have in place:

- As a minimum, a Health Trainer Champion who has undertaken health improvement training and obtained The Royal Society for the Promotion of Health (RSPH) Understanding Health Improvement award or equivalent.
- A Manager and/or Pharmacist who has undertaken the leadership training provided by the PCT on workforce development and primary care engagement.

The Health Trainer Programme is a national programme aimed at reducing health inequalities. Since 2006 Health Trainers, and more recently Health Trainer Champions, have been reaching the “hard to reach”, delivering sustained health improvements through behavioural change and by providing access to, and encouraging the use of NHS and other local services. The aspiration to develop local services that reduce health inequalities by informing, empowering and supporting people from disadvantaged communities is becoming a reality.
Based in the heart of communities, pharmacies are the natural place to extend this programme, to reach out to more communities and develop new models of delivery to meet local needs.

**Foundation: Premises**

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Core</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premises</td>
<td>Fit for purpose consultation room (Drug Tariff) Spec</td>
<td>Fit for purpose consultation room(s) DT/Enhanced Spec Health Screen</td>
<td>Fit for purpose consultation room(s) Enhanced Spec Health Screen</td>
<td>Fit for purpose consultation room(s) Enhanced Spec Health Screen</td>
</tr>
</tbody>
</table>

The Royal Pharmaceutical Society of Great Britain (RPSGB) Medicines, Ethics and Practice guide sets out minimum standards for registered premises and guidance related to certain services; the responsibility for regulating has now moved to the General Pharmaceutical Council inspectorate, established in 2010.

The PCT also specifies minimum standards required for a consultation area in order to accredit pharmacies for Advanced Services.

As an HLP prepares to deliver commissioned services it will need to consider whether its consultation room (or rooms) provides appropriate access, space and facilities which may be included in a service specification and/or additional best practice or regulatory standards relating to the service provided (e.g. Health and Safety legislation).

This may include, depending on the service, sufficient space for a patient/client and their parent/guardian/carer, a Patient Medication Record networked computer terminal with internet access, hand-washing facilities, clinical waste disposal, point of care testing equipment/storage and work area and a patient couch.

As future services are commissioned or re-commissioned by the PCT, requirements for a consultation room will be specified. Consideration should also be given to capacity to deliver several services at once and hence the potential need for more than one consultation room.
Healthy Living Pharmacy Prospectus: March 2011

In 2009/10 the PCT invested in touch screen technology for its pharmacies; this allows us to provide up to date health information and signposting through our contractors; for a pharmacy to qualify as an HLP it will need to have an active health screen.

We will also expect pharmacies to have a dedicated health promotion section that will run alongside our health screens.

**Foundation: Engagement**

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Core</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement</td>
<td>Operational (RDS, EPS, collection and delivery services)</td>
<td>Primary Care</td>
<td>Community Engagement</td>
<td>Community Leader</td>
</tr>
</tbody>
</table>

Pharmacy teams normally have good operational engagement with GP practices e.g. repeat prescriptions systems.

However, clinical engagement often only takes place when there is a problem (e.g. drug interactions, prescribing error etc).

A Healthy Living Pharmacy must engage on a regular basis to develop improved and ongoing clinical relationships with GPs, nurses and other healthcare professionals and thus optimise patient outcomes.

More detail as to what is required at each level is being developed. As a pharmacy progresses through the HLP levels, engagement will expand to wider stakeholders in community and secondary care.

Level 1 Engagement will involve pharmacies becoming more involved with their General Practice colleagues.

As with the service provision levels, Healthy Living Pharmacies will have to be able to demonstrate a level of engagement consistent with that set at Level 1 e.g. a record of engagement.
What is special about a Healthy Living Pharmacy?

A Healthy Living Pharmacy:

- Consistently delivers a broad range of commissioned services to a high quality, whatever the day of the week or month of the year.
- Has a team that are proactive in supporting health and wellbeing, with the community's health at the centre of what it does.
- Promotes healthy living and wellbeing as a core activity.
- Supports people with long-term conditions.
- Is accessible and approachable.
- Is valued and trusted.
- Maintains premises to a high professional standard with private consultation facilities and IT linked to local practices when available.
- Works closely with other healthcare providers, reactively and proactively.
- Will be identifiable by the public and other healthcare professionals.
Delivering Services

Pharmacies across the PCT area already offer a number of enhanced services. The HLP concept aims to deliver these services as a package with deliverable targets rather than in isolation; it will be important to see how these services link together. For example, a woman coming into one of our pharmacies requesting a pregnancy test would just be the start. There are potential links to smoking cessation, diabetes and pregnancy, EHC, weight management to name but a few and delivering these links will be key to the success of the HLP model.

Below we have listed the services already available and the current position of these services.

Stop Smoking

The pharmacy stop smoking service has been established for over 10 years. Since then the scheme has been expanded to include 64 pharmacies across the PCT area and has become a major component of the city’s stop smoking strategy.

Last year community pharmacy helped more than 1200 people to achieve a ‘4-week’ quit and this year the aspiration is to do even better, with a target of just over [number] people quitting through the pharmacy scheme.

Smoking is the most important single behavioural cause of health inequalities. Tobacco is a highly addictive and poisonous substance which, inhaled or chewed, affects every tissue in the body and causes premature ageing. If an individual smokes heavily for more than 15 years, then they can expect to live on average 5 years less – and to suffer long term conditions and disability related to their smoking habit.

Smoking trebles the risk of heart disease, increases by six times the risk of dying from chronic respiratory illness and by thirteen times the risk of dying from lung cancer in men over 35 years. In HoB an estimated 600 deaths and 6,000 hospital admissions a year are related to smoking. Around 1,750 potential years of life are lost (11%) as a result of smoking – another major contributor to lower life expectancy.
A recent (2009) survey (Birmingham PHIT team) suggests that around 30.6% of men smoke and 17.4% of women. The average pharmacy across the PCT area will have around 600 smokers using its services.

If we could lower smoking rates in HoB men over 40 from 1 in 5 to 1 in 10 then we could expect:

- 4,530 life years to be saved
- 55,000 fewer GP consultations
- 1,200 fewer hospital admissions
- To save £6.2 million in cost of healthcare.

**Minor Ailments Scheme**

The HoB Minor Ailment Scheme launched in December 2005 and has grown to be one of the largest Minor Ailments schemes in England. For the past three years you have delivered over 150,000 consultations through the scheme and this year’s figures are looking similar.

The response of both the public and community pharmacy to the scheme has shown just how pharmacy can deliver against patient need. At the same time our own research has shown how this has reduced the impact on general practice, ultimately improving access and delivering value for money.

Every pharmacy has an important role to support the public in appropriate self care. As qualified experts, pharmacists give confidential, relevant advice and supply treatment for a wide variety of conditions.

The presence of pharmacies in more deprived areas offers enormous potential to expand access for those who do not regularly use other health services.

The pharmacy white paper describes a ‘minor ailments’ service from pharmacies on the NHS. Such a scheme can include treatment for a wide range of common conditions and allow people to visit their local pharmacy and obtain medicines on the NHS.

**Pregnancy Fast-Track**

35 pharmacies currently provide the pregnancy fast-track service delivering around 6,000 tests per year. The service was set up to try to improve early access to maternity services.
across the PCT. This service also links to a number of other services and future developments may include engagement with community midwives.

**EHC**

Reducing teenage conceptions and births is a key public health aim for reducing infant mortality. Reducing teenage conceptions should also lead to important sexual health benefits in terms of reduced incidence of sexually transmitted infections. 40 pharmacies provide this service delivering around 1300 courses of EHC per year to under 21’s. While our GP’s provide a greater number of courses of EHC (2,300) we have no idea if these are targeted at our under 21 population.

**Substance Misuse and Harm Reduction**

**Needle exchange**

Needle exchange was first introduced in England during the 1980s in response to the HIV/AIDS epidemic. It is a facility whereby drug users who inject can obtain sterile injecting equipment and paraphernalia, and also dispose of used equipment in a responsible, hygienic and safe manner.

As well as providing clean equipment, a needle exchange scheme also offers the opportunity for users to learn about safe injecting practices, equipment disposal, access into treatment services and education on drug use in general. It is a chance for substance users who are not currently receiving treatment to engage with someone who can provide advice and information.

In particular, needle exchanges have a vital role to play in reducing the risks associated with injecting drug use. The main aims are:

- To reduce the spread of blood borne pathogens (HIV, Hepatitis B & C).
- To provide information and advice to reduce the harms associated with injecting drug use.
- To refer drug users into treatment or to signpost to other agencies for advice and support.
There are a total of 41 pharmacies that take part in this service. Approximately 20% of all the pharmacy packs distributed across the whole of Birmingham come from the three pharmacies located in the city centre.

**Supervised administration**

Substitution therapy using methadone or buprenorphine is an evidence-based, highly effective intervention in the treatment of patients dependent on opiates. During the first few weeks of treatment, supervised consumption of the medication is important to ensure that stability is achieved safely. This enhanced service requires the pharmacist to supervise the consumption of methadone or buprenorphine by the client at the point of dispensing in the pharmacy.

The service not only reduces the risk of drug-related death during the induction and titration stages of treatment, but also prevents diversion of prescribed medication. Importantly, this service ensures frequent (usually daily) contact with patients by the pharmacist during the early, more chaotic stages of treatment and as such offers the opportunity for an increased contribution towards patient care. A total of 39 pharmacies took part in this service.

**Chlamydia**

Chlamydia screening in pharmacy is a relatively new concept and data is still emerging. Although all 87 pharmacies potentially provide this service, uptake has been slow and we are reviewing how we proceed with this in conjunction with the Chlamydia Screening Team.

**Obesity and Weight Management**

There are 12 pilot sights for the Weight Management pilot scheme; patients are still completing the programme and final results will not be available until June 2011. For the monitoring forms received so far 56% of patients have completed the programme with an average weight loss (86 pts) of 2.54kg (2.91%) and a BMI decrease of 0.93. While our GP sites recruited slightly more patients, their completion rates are lower (42%). The initial data suggests that Pharmacy would appear to be a good, easily accessed and well liked provider for weight management services.
Men's Health

Men, in general, access primary care services far less than women, have poorer health outcomes and have a reduced life expectancy compared to women. Life expectancy is also closely linked to poverty. This is especially true for men - their health is even more affected by disadvantage than women’s.

Long-term Conditions

A Medicines Use Review (MUR) helps patients understand their medicines and identify any problems they are experiencing along with possible solutions to help their adherence and reduce medicines-related issues. MURs are particularly important for those patients who have been prescribed medication for a long-term health condition such as Coronary Heart Disease, diabetes, asthma and COPD.

The asthma MUR project run across the PCT demonstrated the benefits to patients and pharmacists of effectively targeted and delivered MURs both in terms of clinical outcomes and improved communication:

“The project kick started the MUR process....”

“The project gave additional confidence in communicating with patients”

“It created greater links with patients, improved the links between patients and pharmacists. It helped me learn how to speak to patients to uncover their needs”

“The Patients that received MUR’s, generally had very poor inhaler technique, even after regular visits to the GP and Asthma clinics. By correcting their inhaler technique, the patients were made to feel better... By delivering the education, the confidence in the pharmacist was increased.”
Delivery of Services

While, ideally, an HLP would deliver all of these services at the appropriate level to be accredited, practically this is not always possible; for example our weight management pilot scheme is simply that at the moment, a pilot. As such it only covers a dozen pharmacies; it would be unfair and inequitable to require every pharmacy to do this, at the moment.

Discussions with the LPC and contractors have therefore centred around which services would be mandatory to achieving accreditation at level 1.

Our current expectation is that pharmacies will be required to deliver against the following five core elements plus at least one other service (although pharmacies may choose to deliver more):

Core Elements

- Smoking Cessation
- Sexual Health
- Minor Ailments
- Long-term conditions
- Local Service (EPT)

Extra Services (at least one must be delivered)

- Weight Management
- Substance Misuse and Harm Reduction
- Men’s Health
- Alcohol

We are currently in the process of agreeing what levels of delivery will be needed for an accredited HLP. Your input at the meeting on the 22nd March will be important in defining these levels.
Next Steps

For many years the pharmacy profession has talked about changing from a volume based model to a service based one. Whilst prescription volume will still provide the vast majority of contractors income adopting the HLP model will at the very least move us some way down the line towards this service based approach. At the same time it will deliver better, more efficient and more customer friendly services that are specifically targeted at the needs of our population.

This is your opportunity to be part of this change in the way we work.

So what do you need to do now as a pharmacist contractor / pharmacy manager?

You need to decide if this is the way forward for you and your pharmacy.

You need to attend the launch event at the Pharmacy PLT on the 22nd March

If at that point you are interested in delivering this innovation then you will be asked to declare this interest so that we can move forward with those contractors that are fully engaged.
### Foundations / Enabler Details

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Pharmacy Activity</th>
<th>PCT Activity</th>
<th>Evidence</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Develops Workforce – Level 1</strong></td>
<td>Pharmacy to have minimum trained Health Trainer Champion (Level 2 RPHS or equivalent)</td>
<td>Delivery of training and accreditation for Pharmacy Health Trainer / HT Champion, in conjunction with Teaching Team.</td>
<td>The Health Trainer / HT Champion will keep a written health promotion and training log. Evidence of delivery of PCT directed campaigns. Evidence of maintenance of supply of health promotion literature. Evidence of use of health screens.</td>
<td>Staff can benefit from PCT provided training. Improved skill mix and delivery of PH services. The HT/HTC will support the important health and wellbeing role of the HLP.</td>
</tr>
<tr>
<td>Demonstrate Team Leadership Attend PCT led Leadership training</td>
<td>Toprovide training for pharmacists / pharmacy manager.</td>
<td>To maintain a record of evidence within the pharmacy on how the pharmacy team is supporting health promotion and how staff training in this area is supported.</td>
<td>PCT will fund training for key staff. Development of workforce and skill mix will build the foundations to effectively implement and deliver existing and potential new PH services within hte HLP.</td>
<td></td>
</tr>
</tbody>
</table>
## Foundations

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Pharmacy Activity</th>
<th>PCT Activity</th>
<th>Evidence</th>
<th>Benefits</th>
</tr>
</thead>
</table>
| **Premises Level 1** | To have a consultation area that:  
  - Seats a minimum of 2 people  
  - Is professional in it’s appearance and facilities  
  - Has good access to written literature to support key health messages  
  - Has IT access to PMR and internet | At Level 1 no support required as standards will be expected to match highest levels of professional requirement for advanced services and be fit for purpose for commissioned services. Access to Graphnet and medicines history is being pursued | Initial self accreditation in line with PCT policy. PCT accreditation during contract visits. | Access to professional and confidential consultation are in line with public expectation. |
<p>| To have a pharmacy health screen | Maintenance and development of pharmacy health screens content | Activity log | Up to date health and social care information available. Information is adaptable to need. |</p>
<table>
<thead>
<tr>
<th>Enabler</th>
<th>Pharmacy Activity</th>
<th>PCT Activity</th>
<th>Evidence</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Engagement Level 1</strong></td>
<td>To attend engagement events linked to Leadership and Development and MUR service. To demonstrate participation in a minimum of one primary care engagement event that will develop your relationship with other health practitioners e.g. Attend GP practice meeting(s) Shadow GP, or other practice staff member for half day GP and/or other practice staff shadowing in pharmacy Attend specialist clinic e.g. substance misuse, dermatology, sexual health Attend multidisciplinary meeting on long term conditions Meet with district nursing, health visiting or community midwife services Meet with local social services on specific projects e.g. falls prevention</td>
<td>Deliver Leadership and development event(s) Targeted MUR training</td>
<td>Attendance of key members of pharmacy team at PCT events Attendance at primary care engagement activity record CPD entry on attendance to include benefits to yourself, your organisation, the public and local NHS services and how this experience will alter the way you work in the future.</td>
<td>PCT funded events Development of multidisciplinary links will improve collaborative working, improve patient care and facilitate better outcomes.</td>
</tr>
<tr>
<td>Role</td>
<td>Pharmacy Activity</td>
<td>PCT Activity</td>
<td>Evidence</td>
<td>Benefits</td>
</tr>
<tr>
<td>------</td>
<td>-------------------</td>
<td>--------------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>Well-being and self care – Level 1</td>
<td>Take an active part in all core PCT directed health promotion campaigns in year.</td>
<td>To provide support materials, top tips for staff training &amp; evaluation forms PLT sessions on specific public health topics</td>
<td>Pharmacies to supply evaluation forms to include written confirmation of: Staff training, Evaluation of campaign, extra activity undertaken.</td>
<td>A member of the pharmacy staff can access free training for Health Trainer / Health Trainer Champion award</td>
</tr>
<tr>
<td>Permanent display of health promotion material targeted at</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| • Healthy eating  
• Smoking  
• Alcohol  
• Physical activity  
• Sexual Health | | | | |
| Active use of health screens | Make sure Health Screens website is up to date to include relevant signposting. | Activity log via internet provider Evidence log of use | | Active health promotion will improve pharmacy standing within the local community |

Foundations

Evaluating Pharmacies to

Self declaration and Champion award

Health Trainer

A member of the pharmacy staff can access free training for Health Trainer / Health Trainer Champion award
## Services

<table>
<thead>
<tr>
<th>Role</th>
<th>Service</th>
<th>Pharmacy Activity</th>
<th>PCT Activity</th>
<th>Delivery Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Smoking Cessation</td>
<td>Carry out PCT Smoking Cessation service</td>
<td>Activity monitoring Payment Training</td>
<td>Minimum 4 quitters per month</td>
</tr>
<tr>
<td></td>
<td>Obesity</td>
<td>PCT led Weight management service</td>
<td>Monitoring and appraisal of pilot. Service review</td>
<td>Minimum 3 patients enrolled per month</td>
</tr>
<tr>
<td></td>
<td>Sexual Health</td>
<td>EHC PGD service</td>
<td>Activity monitoring Payment Training</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alcohol</td>
<td>Health Promotion Development</td>
<td></td>
<td>TBC</td>
</tr>
<tr>
<td></td>
<td>Minor Ailments</td>
<td>PCT Minor Ailment Scheme</td>
<td>Activity monitoring Payment Training</td>
<td>TBC</td>
</tr>
<tr>
<td></td>
<td>Substance Misuse</td>
<td>Supervised Dispensing Needle Exchange</td>
<td>Activity monitoring Payment Training</td>
<td>TBC</td>
</tr>
<tr>
<td></td>
<td>Men’s Health</td>
<td>Health Promotion and intervention service</td>
<td>Development of Men’s Health provision in particular cancers and promotion</td>
<td>Active health promotion log and CPD records</td>
</tr>
<tr>
<td></td>
<td>Long-term conditions</td>
<td>Directed MUR’s</td>
<td>Select targeted areas in line with PH need</td>
<td>Minimum 200 MUR’s per year with 25% in targeted population</td>
</tr>
<tr>
<td></td>
<td>Local services</td>
<td>Pregnancy Testing Service</td>
<td>Activity monitoring Payment Training</td>
<td></td>
</tr>
</tbody>
</table>