A Healthy Living Pharmacy consistently delivers a broad range of commissioned services to a high quality, whatever the day of the week or the month of the year.

A Healthy Living Pharmacy promotes healthy living and wellbeing as a core activity.
# TABLE OF CONTENTS

Foreward By Dr John Linanne .............................................3  
Background – Public Health Warwickshire ..........................4  
Healthy Living Pharmacies Warwickshire ..........................7  
Map of Warwickshire ....................................................9  

Current Position:  
Stop Smoking ..............................................................10  
COPD and CV ..............................................................11  
Hospital Admissions (Asthma – Diabetes) .........................12  
Sexual Health .............................................................13  

Way Forward ..................................................................14  
Healthy Living Pharmacy Framework ..............................15  

Foundations – Workforce Development .........................16  
Premises .................................................................17  
Engagement ............................................................18  
Health, Wellbeing and Self Care ................................19  
Medicine Optimization .............................................20  
Treatment .............................................................21  

What is Special about HLPS ..........................................22  

The Detail .................................................................23  

Working towards Accreditation ...................................26  

Appendix 1 - Monthly Monitoring Forms  
Appendix 2. – Self Assessment Framework
Foreword

Dear Pharmacist

Welcome to the Healthy Living Pharmacy (HLP) prospectus which signals the start of the journey towards the development of HLP’s in Warwickshire. It also signals the Warwickshire Department of Public Health’s commitment to this initiative. The Pharmaceutical Services Negotiating Committee and National Pharmaceutical Association have also commissioned, on behalf of Department of Health (DoH), research to support the development of a national HLP framework and we will consider the learning from that programme.

Public Health Warwickshire (PHW) is passionate about improving the health and wellbeing of Warwickshire residents. The development of you, the community pharmacies, as healthy living centres, has the potential to make significant impact on optimizing health gains and reducing health inequalities within the County. In fact you have already contributed to these aims through, for example, smoking cessation and sexual health services. Crucial to the future development of HLP’s 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.

Through the various stakeholder events, Warwickshire Local Pharmaceutical Committee and Public Health Warwickshire has sought the views of community pharmacy teams and other stakeholders on what some of the barriers to developing in Warwickshire and what the LPC and Public Health Warwickshire intends to do, in the first instance, to support you in helping us achieve Healthy Living status.

It also provides insight into our commissioning aspirations for the future and highlights the requirement to link the needs of the population with the commissioning of services.

To be a 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. Also a commitment to staff training, development, and capacity building of the whole 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 of Warwickshire.

Dr John Linnane
Joint Director of Public Health for Warwickshire.
Background

The White Paper, *Pharmacy in England: Building on strengths delivering the future*, published in April 2008 described the role community pharmacy could play in supporting public health. 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.

Health in Warwickshire

The health of people living in Warwickshire is mixed compared to the England Average. Deprivation is lower than average, however 14,760 children live in poverty. Life Expectancy for both men and women is higher than the England Average.

- Life expectancy is 7.8 years lower for men and 6.6 years lower for women in the most deprived area (based on the Slope Index of Inequality published on 5th January 2011).

- Over the last 10 years, all cause mortality rates have fallen. The early death rate from heart disease and stroke has fallen and is better than the England average.

- About 16.6% of Year 6 children are classified as obese, A lower percentage than average of pupils spend at least three hours each week on school sport.

- 71.9% of mothers initiate breast feeding and 15.7% of expectant mothers smoke during pregnancy.

- The estimated level of adult obesity is worse than the England average. The rate of road injuries and deaths is higher than average.

(source: Health Profile 2011English Public Health Observatories)

Priority Public Health Areas

Joint Director of Public Health Annual Report 2011

Reviewing the public health outcomes for Warwickshire show the need to prioritise and focus on five main areas; sexual health, cancer and screening, mental health and wellbeing, alcohol and obesity. These do not stand in isolation of each other, they are interlinked. These issues cut across all sectors of society and we all have a role to play in addressing these but focusing on these areas I believe will give us the greatest health gain.

Obesity.

The increasing prevalence of obesity amongst adults and children is a major public health challenge, placing significant strain on budgets and resources.
It is estimated that approximately 8% premature adult deaths could be reduced if the population maintained a healthy weight.

**Alcohol.**

We are seeing a continued growth in hospital admissions and liver disease as a result of alcohol across the County. The cost of dealing with alcohol related harm in Warwickshire each year is estimated at £300million. The Department of Health estimates that changing the way we deliver alcohol-related services can save PCTs up to £650,000 a year.

**Cancer.**

Cancer is a major cause of ill health and death. It is estimated that more than one in three people will develop some form of cancer at some point in their lifetime, and one in four will die from cancer. The incidence of cancer generally increases with age. Increases in the number of cases are predicted despite the relatively stable rates in recent years, mainly due to the ageing population. 5% of the NHS budget is spent on cancer care, with some estimates suggesting that the overall cost could increase by more than a third in the next decade. Up to half of all cancers may be preventable through lifestyle changes.

**Mental illness.**

Affects not only the individual with the condition, but also family, friends and the wider society. Around 1 in 4 people will have mental illness during their lifetime. 12% of the health budget is spent on mental health.

**Sexually Transmitted Infections.**

Sexually Transmitted Infections: Over the past decade, there has been an increase in the number of sexually transmitted infections (STIs). Teens are particularly at risk. Many STIs are without symptoms but if left untreated can lead to complications. Safe sex and condom use can prevent STIs but early detection is vital. An estimated £63 million a year is spent on the NHS on teenage pregnancies. Teenage Pregnancies are, however, falling in Warwickshire but not at the same rate across all districts and boroughs.

**Smoking Cessation.**

Warwickshire Stop Smoking Service continues to exceed its targets. In 2009/10, 3,629 4-week quitters were achieved (19% over-performance) and in 2008/09 3,280 4-week quitters were achieved (6% over-performance). However, Warwickshire still has around 97,000 smokers, so it is important for the issue to be maintained as a key priority.

**Key Themes**

There are a number of key themes that cut across all priorities and are all relevant to all organisations.

**Prevention** is everyone’s business. It is a solid investment that will save us money in the longer term.
• All agencies/partners to be aware of and adopt the Every Contact Counts philosophy which every opportunity and contact with healthcare professionals and other frontline staff, is seen as an opportunity to reinforce advice about healthy lifestyles and or/signpost to the services. It should be part of all routine services. We need to maximise these lost opportunities with clients/patients/public

• Exercise improves mental wellbeing, it is an effective treatment for mild and moderate depression and helps delay the onset of dementia.

• We need to ensure we increase uptake of screening programmes across the County, targeting the areas with the lowest update.

Inequalities
• The health of the most disadvantaged in our society should be our top priority; however, we need to ensure our programmes target people right across the inequality profile.

• In-line with the Marmot report, the highest priority should be given to children from pre-conception through to adolescence.

Aspiration
• The report demonstrates that our health outcomes are not inline with our level of affluence as a County. Aspiration both at the individual level and within communities, is key to ensuring that we enable people in Warwickshire to lead long healthy and productive lives.

“This is the Public Health Offer; that we can improve the health of our population, increasing life expectancy and reducing inequalities by working together, investing in prevention and making every contact count.”

(source: Joint Director of Public Health Annual Report 2011)
Healthy Living Pharmacies in Warwickshire

The concept of Healthy Living Pharmacies was established in Portsmouth in June 2009 and as the programme has rolled out it has provided a model of pharmacy care beyond the normal pharmacy services and has demonstrated that Community Pharmacy can add value to the locality in providing a range of additional services to support the local population.

Some pharmacies in Warwickshire are well on their way to becoming Healthy Living Pharmacies and so we have set ourselves the challenge of helping at least a quarter of the pharmacies in Warwickshire achieve Level 1 status during 2012 - 13. Some of you may even achieve elements of the next level in that time, particularly as services within Level 2 emerge locally.

The public will recognize 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 optimizing 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 NHS net or alternative secure e-mail address 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.

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 Warwickshire.

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
• Support to up-skill team members and access to Health Living Champion development
• Prepare for the evolving role of pharmacy; lead the way locally
• Personal development
• Customer loyalty
• Attract new customers and patients
• New business development
• Optimize revenue from Advanced and Enhanced Services

In return, the PCT(or it’s successor) and Public Health Warwickshire needs commitment from you to deliver commissioned services consistently and to the high standard expected by the public.

In the context of World Class Commissioning, 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 scrutinized 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 the PCT and Public Health Warwickshire a pharmacy’s commitment to delivering cost effective and high quality services
Current Position:

**Stop Smoking** – Currently 58 of the 105 pharmacies, in Warwickshire are registered to provide stop smoking services. The quit rate achieve in Community Pharmacy is comparable with that where services are provided by other providers. In 2011, 522 patients achieved a 4 week quit equal to 14% of total service. Using the HLP programme we would expect to see an increase in service availability and the number of patients supported to a 4 week quit, particularly in the vulnerable groups such as teenagers and pregnant women.

**Medicines Use Review** - Medicines Use Review (MUR) was introduced as part of the Community Pharmacy Contract of 2005 and helps patients understand their medicines and identify any problems they are experiencing. The programme also improves adherence particularly in patients with long term conditions such as Coronary Heart Disease, Diabetes, Asthma and COPD.

The LPC has provided template MUR programmes and continues to hold training events. 100 of the 105 pharmacies currently provide MUR services. The number of MURs provided in Warwickshire continues to increase and now stands in excess of 19000 per annum. Which still leaves room for improvement.

**New Medicine Service** – The New Medicines Service introduced in October 2011 is designed to provide support to patients whose medication is changed, ensuring that they understand their medicine, are aware of any problems and supported where issues arise.
to improve adherence and reduce the number of patients to stop taking medicines within short periods of time.

In the first three months, 77 pharmacies claimed NMS payments and provided 1183 services to patients.

HLPs will be expected to continue to provide a high number of tMURs and NMS to support patients gain optimum benefit from their prescribed medication.

Mortality Rates from Chronic Obstructive Pulmonary Disease (COPD) 2007 - 2010

Mortality Rates from Cardiovascular Disease (CVD 2007 – 2010)
EMERGENCY HOSPITAL ADMISSIONS - All Causes

Diabetes

738 emergency diabetes admissions across the county in 3 year period.

Asthma

Asthma emergency admissions in a 3 year period.
Emergency Contraception & Sexual Health – Currently 59 pharmacies provide EHC and Chlamydia services and whilst there has been a countywide reduction in teenage pregnancies in line with the national picture, there remains local areas where teenage pregnancies have increased. The levels of Sexually Transmitted Infections however continues to increase and there is a clear role for pharmacy to work with teenagers and young people to increase awareness of safer sex, testing and signposting to appropriate services.

Under 18 Conception Rates

Substance Misuse and Harm Reduction Currently 63 pharmacies are registered to provide Supervised Medicines. With the change in the service provision in the County to a single Treatment Provider there continues to be a need to ensure that pharmacy is able to provide support in the heart of the Community.

Minor Ailments – Minor Ailment services are only available from pharmacies in the north of the County using a limited range of medications. The LPC will seek to work with the Clinical Commissioning Groups to develop a county wide programme using a wider range of medications.
The Way Forward:

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

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.
# The Healthy Living Pharmacy Framework

## The Model

<table>
<thead>
<tr>
<th>ROLE</th>
<th>CORE</th>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROMOTES HEALTH WELLBEING &amp; SELF CARE</strong></td>
<td>Health promotion</td>
<td>Smoking Cessation</td>
<td>Weight Management</td>
<td>Health Checks</td>
</tr>
<tr>
<td></td>
<td>Self-care, Healthy lifestyles &amp; Signposting</td>
<td>EHC Service</td>
<td>Harm Reduction</td>
<td>Chlamydia Screen and Treat</td>
</tr>
<tr>
<td><strong>OPTIMISES MEDICINES INTERVENTIONS</strong></td>
<td>Risk Management, Counseling &amp; MURs</td>
<td>Directed MUR+ (respiratory)</td>
<td>First prescription service</td>
<td>Clinical medication review</td>
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<tr>
<td></td>
<td></td>
<td>Supervised consumption</td>
<td>NMS</td>
<td></td>
</tr>
<tr>
<td><strong>PROVIDES TREATMENT</strong></td>
<td>Dispensing supply</td>
<td>Minor Ailments</td>
<td>PGDs for MAS, STIs smoking cessation</td>
<td>Prescribing Pharmacist</td>
</tr>
<tr>
<td></td>
<td>RDS and OTC sales</td>
<td>EHC PGD</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WORKFORCE DEVELOPMENT</strong></td>
<td>Core competencies</td>
<td>Healthy Living Champion</td>
<td>Healthy Living Champion Level 2 (Assess &amp; Coach)</td>
<td>Advanced clinical/PH skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Assess &amp; Signpost)</td>
<td>Clinical Skills</td>
<td>(PhwSI, Rx)</td>
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<tr>
<td></td>
<td></td>
<td>Leadership skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PREMISES</strong></td>
<td>Fit for purpose consultation room (Drug Tariff spec) &amp; IT capability</td>
<td>Fit for purpose consultation room(s) (Enhanced spec) &amp; IT capability</td>
<td>Fit for purpose consultation room(s) (Enhanced spec) &amp; IT capability</td>
<td>Fit for purpose consultation room(s) (Enhanced spec) &amp; IT capability</td>
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</tr>
<tr>
<td><strong>ENGAGEMENT</strong></td>
<td>Operational (RDS, EPS, collection &amp; delivery services)</td>
<td>Primary Care (Referral protocols, integrated care pathways)</td>
<td>Community (Integrated with local authority priorities &amp; carers)</td>
<td>Local Leader (Driving service redesign and delivery)</td>
</tr>
</tbody>
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**LOCAL HEALTH NEED**

**PHARMACY CAPABILITY**
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 LPC and PCT/Public Health Warwickshire will consider whether they may be recognized as an HLP and commissioned for services to meet local needs.

This prospectus only considers what is required to reach Level 1.

**Services**

One of the fundamental principles relating to an 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 single model and different HLP’s will potentially deliver different services and different levels of services dependant on need, priorities and the financial environment.

There are three categories of service delivery within an HLP

- Promoting health, wellbeing, and self-care
- Optimizing medicines interventions
- Providing treatment

**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>Healthy Living Champion (Assess and Signpost) Leadership skills</td>
<td>Healthy Living Champion Level 2 (Assess and coach) Clinical skills</td>
<td>Advanced clinical/public health skills (PhWSI, Prescriber)</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. In addition to core competencies a Level 1 HLP must have in place:

- A Healthy Living Champion who has undertaken health improvement training and successfully completed Module 1 of Every Contact Counts Brief Encounters – Education NHS Local.
- A Manager and/or Pharmacist who has undertaken the leadership training (provided within the development programme), on workforce development and primary care engagement.

**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) &amp; IT capability</td>
<td>Fit for purpose Consultation Room(s) (enhanced spec) &amp; IT capability</td>
<td>Fit for purpose Consultation Room(s) (enhanced spec) &amp; IT capability</td>
<td>Fit for purpose Consultation Room(s) (enhanced spec) &amp; IT capability</td>
</tr>
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</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 this will move to the General Pharmaceutical Council.

The Drug Tariff also specifies minimum standards required for a consultation area in order to self-accredit 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 and Public Health Warwickshire, 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.

**Foundation: Engagement**

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Core</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
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</thead>
<tbody>
<tr>
<td>Engagement</td>
<td>Operational</td>
<td>Primary Care (Referral</td>
<td>Community (Integrated with local Authority Priorities &amp; Carers)</td>
<td>Local Leader (Driving service Redesign and Delivery)</td>
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<td></td>
<td>(RDS/EPS)</td>
<td>protocols</td>
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<tr>
<td></td>
<td>Collection and Delivery Service</td>
<td>Integrated</td>
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<td>Care Pathway</td>
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</table>

Pharmacy teams normally have good operational engagement with GP practices concerning repeat prescriptions.

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

A Healthy Living Pharmacy pharmacist must engage on a regular basis to develop improved and on-going clinical relationships with GP’s, Nurses and other healthcare professionals and thus optimize patient outcomes.

More detail as to what is required at Level 1 is being developed through the HLP levels, engagement will expand to wider stakeholders in community and secondary care.

**Services: Promotes Health, Wellbeing and Self-Care**

<table>
<thead>
<tr>
<th>Role</th>
<th>Core</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotes Health, Wellbeing And Self-care</td>
<td>Health Promotion</td>
<td>Smoking Cessation</td>
<td>Weight Management</td>
<td>Health Checks</td>
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<tr>
<td></td>
<td>Self-care, Healthy lifestyles &amp; Signposting</td>
<td>EHC service Harm reduction Chlamydia</td>
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<tr>
<td></td>
<td></td>
<td>Screen and Treat (Where Comissioned)</td>
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</table>

With extensive and almost unique access to both patients and the public, community pharmacies are well placed to deliver a range of public health services and interventions.
This has already been demonstrated with successful outcomes from stop smoking and sexual health services but could be extended by a range of active health promotion and healthy lifestyle services; community pharmacy will have to embrace this opportunity and deliver the outcomes and benefits to the population it serves. Critical within this are reduced prevalence of smoking and increased access to emergency hormonal contraception (EHC).

**Services: Optimizes Medicines Interventions**

<table>
<thead>
<tr>
<th>Role</th>
<th>Core</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimizes Medicines interventions</td>
<td>Risk Management Counseling &amp; MUR’s</td>
<td>Targeted MUR and NMS Supervised consumption</td>
<td></td>
<td>Clinical Medication review</td>
</tr>
</tbody>
</table>

Up to 50% of medication is not taken as prescribed resulting in unmet treatment goals, unplanned and unnecessary hospital admissions and wasted resources.

Effectively delivered and targeted Medicines Use Reviews with additional activity and an outcome audit (MUR+) have demonstrated improved adherence to treatment.

Engagement with the NMS scheme demonstrates improved adherence to patients who have changed medication.

Supervised consumption is an effective means to improve adherence with treatment during the early stages of support for substance mis-users.

Clinical medication reviews within a community pharmacy will require access to patient records and appropriate clinical skills. This will be integrated with patient care from GP’s, Nurses and medicines management team strategies.

**Services: Provides Treatment**

<table>
<thead>
<tr>
<th>Role</th>
<th>Core</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides Treatment</td>
<td>Dispensing Supply, RDS And OTC sales</td>
<td>PGDs for EHC/STIs Smoking cessation</td>
<td>PGDs for MAS</td>
<td>Pharmacist prescribing</td>
</tr>
</tbody>
</table>
Community pharmacy provides treatment and supportive advice to the public presenting in the pharmacy with minor ailments using OTCs.

Provision of Emergency Hormonal Contraception (EHC) and for the treatment of Chlamydia through a Patient Group Direction (PGD) from a pharmacist also improves access to treatment.

There is evidence that Minor Ailments Service can reduce the need for patients to attend a GP Surgery for a prescription for a medication which can be supplied by a pharmacist using PGDs. The LPC will engage with the Clinical Commissioning Groups to take this service forward.

The opportunity for pharmacist to become prescribers (Level 3) is already possible, for this to be effective in a community pharmacy an HLP will require access to patient medical records.

**What is special about 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 is 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
The Detail

To keep this simple and easy to implement, the aim is to focus on what is required of a Level 1 Healthy Living Pharmacy. More details on Level 2 requirements are under development.

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Pharmacy Activity</th>
<th>LPC/PHW Activity</th>
<th>Evidence</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develops workforce Level 1</td>
<td>Pharmacy to have trained Health Living Champion</td>
<td>The PCT/Public Health Warwickshire will provide access to Module 1 Every Contact Counts Brief Encounters – Education NHS Local.</td>
<td>The Health Living Champion will keep a written health promotion &amp; training log. Will be responsible for PCT/DPH directed campaigns. Will be responsible for developing and maintaining supply of health promotion literature. Will maintain the PCT/DPH provided signposting folder, with any additional information as it becomes available.</td>
<td>A member of staff can access free training. Module 1 Every Contact Counts Brief Encounters – Education NHS Local. The programme will be made available for all pharmacy staff. The Healthy Living Champion will support the important health and wellbeing role of the Healthy Living Pharmacy.</td>
</tr>
<tr>
<td>Develops workforce Level 1</td>
<td>Demonstrate Team Leadership.</td>
<td>To provide training for pharmacists and/or pharmacy manager to support and make the best use of their team.</td>
<td>To maintain a record of evidence within the pharmacy e.g. in diary or in dedicated notebook or computer based log on how the pharmacy team is supporting health promotion and how staff training in this area is supported. Typical entries should include; Health Living Champion, cascade training to staff and skill mix development.</td>
<td>WLPC and PHW will seek funding to train key staff. Development of workforce and skill mix will build the foundations to effectively implement and deliver existing and potential new services within the HLP framework.</td>
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<tr>
<td>Foundations</td>
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<td><strong>Enabler</strong></td>
<td><strong>Pharmacy Activity</strong></td>
<td><strong>LPC/PHW Activity</strong></td>
<td><strong>Evidence</strong></td>
<td><strong>Benefits</strong></td>
</tr>
<tr>
<td><strong>Engagement</strong></td>
<td><strong>Level 1</strong></td>
<td>To attend engagement events linked to Leadership &amp; development and MUR service (detailed below) to demonstrate participation in a minimum of one other primary care engagement event that will develop your relationship with other health practitioners, e.g.</td>
<td>Leadership &amp; Development training session on (date to be filled in) MUR training – respiratory conditions. Details to follow.</td>
<td>Attendance of key members of Pharmacy team at PCT/PHW/LPC provided events. After attending you will write up a CPD record and make available a copy of that record to the PCT/DPH if requested. This record should indicate the benefits to self, your organization, the public and the NHS and how this experience will affect the way you work in the future.</td>
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<tr>
<td><strong>Premises</strong></td>
<td><strong>Level 1</strong></td>
<td>To have consultation are that: • Seats a minimum of 3 people • Professional in its appearance and facilities • Good access to written literature to support key health promotion messages • IT access to PMR and internet.</td>
<td>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 NHS mail being actively pursued. Alternately the pharmacy will have an active e-mail address</td>
<td>Self accreditation and visual inspection during official PCT visit e.g. contract monitoring.</td>
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<tr>
<td>Wellbeing and self-care Level 1</td>
<td>Take an active part in all core PCT/DPH directed health promotion campaigns in a year.</td>
<td>To provide support material, top tips for staff training &amp; evaluation forms</td>
<td>Pharmacies to fax back evaluation forms including written confirmation of: Staff training, Evaluation of Campaign, Description of any extra activities the pharmacy participates in, suggestion on how the campaign can be improved.</td>
<td>All members of pharmacy staff can access free training. Module 1 Every Contact Counts Brief Encounters – Education NHS Local</td>
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<td>For your information the next 3 campaigns are:</td>
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<td>• Alcohol</td>
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<td>• Mental Health</td>
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<td>• Healthy Eating</td>
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<tr>
<td>Wellbeing and self-care Level 1</td>
<td>Permanent display of health promotion material (both local &amp; national) targeted at:</td>
<td>PHW will supply materials and a current list of freely available leaflets offered by organizations. For company pharmacies they may display equivalent ‘company material’. Where possible we will provide local signposting materials e.g. to C&amp;SH services and substance misuse services.</td>
<td>Self declaration and PCT monitoring visits.</td>
<td>Active health promotion will improve the professional standing of the pharmacy within their community.</td>
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<td></td>
<td>• Healthy eating</td>
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<tr>
<td></td>
<td>• Smoking</td>
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<td>• Alcohol</td>
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<td>• Physical Activity</td>
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<td>• Sexual Health</td>
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<td></td>
<td>• Mental Health and Wellbeing</td>
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## Services

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<thead>
<tr>
<th>Role</th>
<th>Pharmacy Activity</th>
<th>LPC/PHW Activity</th>
<th>Evidence</th>
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</thead>
<tbody>
<tr>
<td><strong>Optimizes medicines interventions level 1</strong></td>
<td>Routinely carry out targeted MUR’s and NMS within Advanced Service with additional lifestyle advice.</td>
<td>Prioritize tMURs to the identified therapeutic areas of maximum benefit.</td>
<td>An HLP should carry out at least 300 MUR’s a year and achieve minimum targets for NMS Annually</td>
<td>Pharmacy will receive the fees associated with MUR’s and NMS and benefit from signposting to other services.</td>
</tr>
<tr>
<td><strong>Optimizes medicines interventions level 1</strong></td>
<td>The Pharmacy will need to demonstrate that the pharmacy can undertake MURs across all Targeted Therapeutic Areas.</td>
<td>LPC/PCT/DPH will provide expert training at a multi-disciplinary events to meet with GP’s and practice nurses.</td>
<td>Attendance at the two training events. Simple audit to capture outcomes of respiratory MUR to be carried out.</td>
<td>Income stream associated with MURs and NMS.</td>
</tr>
<tr>
<td><strong>Optimizes medicines interventions level 1</strong></td>
<td>Supervised Consumption of Substance Misuse. A commissioned service delivered to specification</td>
<td>Recovery Partnership to support training and competency to provide service.</td>
<td>Monthly monitoring of activity/outcome date.</td>
<td>Income stream associated with this service.</td>
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<tr>
<th>Role</th>
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<th>PCT Activity</th>
<th>Evidence</th>
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</thead>
<tbody>
<tr>
<td><strong>Provides treatment Level 1</strong></td>
<td>To carry out stop smoking service and at least one other service.</td>
<td>As below.</td>
<td>To carry out stop smoking service and at least one other service.</td>
<td>As below.</td>
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<tr>
<td><strong>Provides treatment Level 1</strong></td>
<td>Stop Smoking Service.</td>
<td>Warwickshire Stop Smoking Service to support training and competency to provide service.</td>
<td>To successfully support a minimum of 12 clients to achieve a 4 week quit during this financial year.</td>
<td>Income stream associated with this service.</td>
</tr>
<tr>
<td><strong>Provides treatment Level 1</strong></td>
<td>EHC PDG with tailored lifestyle advice. Chlamydia Screening and Treatment</td>
<td>Respect Yourself Team to support training and competency to provide service.</td>
<td>Monthly monitoring of activity/outcome date.</td>
<td>Income stream associated with this service.</td>
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<tr>
<td><strong>Provides treatment Level 1</strong></td>
<td>Minor Ailment Scheme When commissioned</td>
<td>LPC to support training and competency to provide service.</td>
<td>Minor Ailment Scheme When Commissioned</td>
<td>Income stream associated with this service.</td>
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</tbody>
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PCT Commitment

The PCT/PHW is committed to supporting pharmacies to optimize their contribution to public health and in doing so their income from Advanced and Local Enhanced Services.

The PCT/PHW is supporting the development of Healthy Living Pharmacies and the teams that work within them:

- Develop members of the pharmacy team to become health living champions
- Stop Smoking Training
- Leadership training for pharmacy managers and pharmacists on developing the workforce and primary care engagement
- Regular communication through the Health Living Pharmacy newsletters
- Recognition of Healthy Living Pharmacies; awards, case studies and certificates

The PCT/PHW are committed to engaging the public and other healthcare professionals so that they understand the services available from Healthy Living Pharmacies.
Working towards Accreditation.

In order to achieve accreditation the pharmacy will need to:

1. Maintain and submit monthly records of patient conversations and services as per Appendix 1. (This is designed to demonstrate that the pharmacy staff are actively engaging patients in pharmacy services and public health messages).

2. All staff in the pharmacy to complete the Every Contact Counts Level 1

3. The Pharmacist and senior staff to complete Every Contact Counts Level 2.
   

4. Pharmacist and at least one member of the pharmacy team to attend Leadership Training Programme

5. Ensure all staff are engaged in the programme and able to engage with patients – all pharmacies will be Mystery Shopped during the last months of the development programme as part of monitoring.

6. Demonstrate that the pharmacist and his team can meet the requirements of the self assessment framework.

For further information contact

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E-mail Lesyeates@gmail.com