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**Carer-Friendly Pharmacy Pilot:
Summary of the Evaluation Results
Carers Trust**

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1. Background and introduction to the Carer-Friendly Pharmacy Pilots

The Carer-Friendly Pharmacy Pilot was developed and implemented in 2014-15, after much discussion and developmental work, and as part of a wider Department of Health (DH) funded programme 'Supporting Carers in Primary Care' (representing a collaborative programme between Carers Trust, Carers UK and the Royal College of General Practitioners (RCGP)). The Pharmacy Pilot builds on work that had previously been carried out at a local level between carers services and community pharmacies in the UK, together with initiatives led by Carers Trust in Wales and Scotland. The Pharmacy Pilot essentially highlights the key role community pharmacy teams can play in identifying carers and referring them to appropriate services (including General Practices and carers services). The Pharmacy Pilot represents a collaboration between Carers Trust, PSNC (Pharmaceutical Services Negotiating Committee - which promotes and supports the interests of all NHS community pharmacies in England), and CPPE (Centre for Pharmacy Postgraduate Education). The key to its success has been the development of strong relationships between these organisations and LPCs (Local Pharmaceutical Committees), pharmacies and local carers services.

The Pharmacy Pilot involved Carers Trust working closely with PSNC and CPPE the latter of which developed, in partnership with Carers Trust, a training package 'train the trainer' which was designed to provide training for carers services and to equip them with the skills to then train pharmacy staff in issues relating to carers. Carers Trust provided information, guidance and support for the development of the training, which covered a range of substantive knowledge and skill areas.

Carers services were then supported in providing training for pharmacy staff around carers issues, mechanisms of referral, and in the use of the PharmOutcomes tool (a web-based system, provided free-of-charge by PSNC and Pinnacle Health Partnership for the pilot, that is designed to assist pharmacies and commissioners record and analyse data relating to activity in the pharmacy). The PharmOutcomes tool is a key and innovative step forward for Carers Trust and for the Supporting Carers in Primary Care programme overall, as an early evaluation report (CIRCLE, 2012) highlighted the need for the programme to identify and track carers as they are referred to carers services. PharmOutcomes enables carers to be referred quickly, easily and securely, and reduces the amount of paperwork required to make referrals, as well as ensuring that accurate records are kept of all referrals made.

In terms of recruiting participants to the pilot, PSNC sought expressions of interest from LPCs across England. From this cohort, nine LPCs were selected in areas where their local carers service provider was also keen to take part in the pilot. The LPCs then recruited a total of 44 pharmacies to take part in the pilot. After receiving training, which was delivered by the local carers service, 37 pharmacies went on to become active participants. Pharmacies were provided with a range of resources to help them engage with carers, offer them support and refer them on to other services. As part of the pilot, Carers Trust also developed additional support resources such as a web portal for the pharmacies involved in the pilot, which included a blog and a discussion forum, where good practice could be shared, and any concerns or challenges discussed. This was reported as being a helpful

additional resource for those involved with the pilot to access peer support, share problems, as well as providing the opportunity to share good practice.

Initial evaluation of the pilot suggests that it has broadly been successful: 247 carers are now linked to some kind of support as a result of the initiative, and both carers services and pharmacies generally report positively on the training they provided/received as well as how the pilot progressed. Furthermore, many new carers who were previously unknown to Carers Services and primary care were identified, referred and provided with support.

There have been unexpected outcomes of the pilot too: including interest from geographical areas that were not included in the initial pilot; and Carers Trust has been invited to present about the pilot at a range of events. Additional data has also been gathered through the ongoing monitoring and evaluation of the pilot which provides useful insights into the reasons some carers may not wish to access support, and this will be used by Carers Trust to inform the next phase of the programme.

All LPC representatives surveyed for the evaluation study felt that the service provided for carers by the pilot pharmacies had benefited from their involvement. This was mainly reported as being through an increased awareness of carers' issues among pharmacy staff. It was also, however, reported by the LPC representatives surveyed that the improvements had been patchy, with some pharmacies responding better than others, while some did not engage with the pilot at all. The reasons for this were cited as potentially being rooted in the lack of funding available, a perception that the pilot would be time consuming for already busy staff, and that in the initial stages of the pilot there were insufficient information resources available in order to 'sell' the pilot to pharmacies. This lack of engagement from some pharmacies was also highlighted by stakeholders who were interviewed and it was suggested that one explanation for this was the lack of funding for pharmacies involved in the project. It was also suggested that, in hindsight, perhaps the number of initial LPC areas should have been lower, allowing for a greater number of pharmacies per LPC area and thus greater incentive by the LPC representatives to encourage engagement of pharmacies in their area.

Following the Pharmacy Pilot, interest in the initiative has been expressed by stakeholders in a number of areas across England including LPCs, commissioners, public health and carers services. This has led to early discussions about how the learning and resources from the pilot might be used to support work with pharmacies in specific localities, notably Wandsworth, Devon, Windsor and Maidenhead and Norfolk. Cheshire and Warrington Carers Centre also invited Carers Trust to present at two different events, and to talk about their wider primary care work, but specifically the Pharmacy Pilot. This included the Cheshire Carers Rights Day (in attendance were commissioners, carers, Carers Centre staff, pharmacy managers and representatives from care services organisations) and the Cheshire Health and Wellbeing Day (in attendance were carers, Carers Centre staff and Care Services organisations). Furthermore, all but one of the LPC representatives who were surveyed for the evaluation study felt that the pilot could be rolled out more widely to all pharmacies. When asked to elaborate on what would need to happen for this to occur, the major factor mentioned was the need for funding at a national level to incentivise pharmacies to take part, and to ensure they had the required resources.

PSNC are also keen to continue this pilot in the future, working in partnership with Carers Trust, perhaps in a small number of LPC areas and with a greater number of participating

pharmacies per LPC area. This will help to build on the existing evidence base around the role in which pharmacies can play in successfully identifying, supporting, referring and signposting carers. PSNC anticipate that a more robust evidence base, together with detailed case studies, will support the case for the Carer-Friendly Pharmacy Pilot to be commissioned both locally and possibly nationally in the future.

2. Carer-Friendly Pharmacy online survey: key findings from pharmacy teams and LPCs

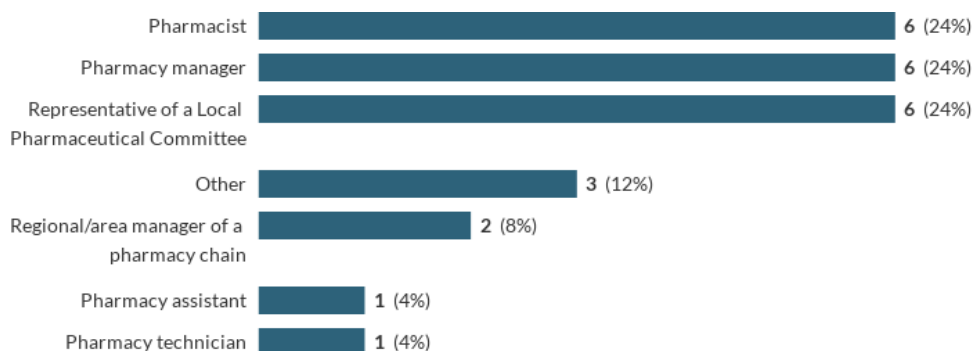
Below is a summary of some of the key findings from the online survey for pharmacy teams.

Survey respondents

The total number of survey respondents was 25.

Roles of Respondents

Almost three quarters of respondents were pharmacists, pharmacy managers or a representative of an LPC (see below).



Impact on LPC representatives

- 40% of those who were identified as representatives of LPCs stated that they had contact with carers centres prior to being involved in the pilot, through supporting their involvement in developing, or responding to, strategies or initiatives to support carers, such as health and wellbeing checks.
- All but one of the LPC representatives stated that they provided additional support for pharmacies, and this was mostly reported as providing the initial training, as well as ongoing support in terms of being available for pharmacies as a point of contact and for disseminating good practice.
- Again, all but one of the LPC representatives felt that the pilot could be rolled out to all pharmacies, and when asked to elaborate on what would need to happen for this to occur, the major factor mentioned was the need for funding at a national level in order for it to be feasible, to incentivise pharmacies to take part, and to ensure they had the resources required.
- All LPC representatives felt that the service provided for carers by the pilot had been improved as a result of their involvement, mainly through the increased awareness of carers' issues among pharmacy staff. This included not only increased understanding of the realities of life as a carer, but also the connections that were made between pharmacies and carers services. It was also reported that the improvements had been patchy, with some pharmacies responding better than others, and some not engaging with the pilot at all.
- For LPCs, their role in delivering the Carer-Friendly Pharmacy Pilot created some challenges, issues were highlighted around the recruitment of pharmacies, and their

ongoing engagement. This was highlighted as being an issue with communication with pharmacies, rather than an inherent issue with the pilot itself. Funding was highlighted as an additional issue, and it was felt that some financial assistance would have made the task easier for all parties involved.

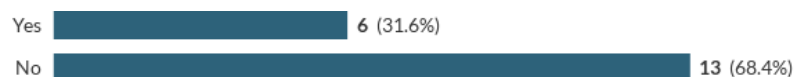
Pharmacies

The pharmacies involved in the pilot who responded to the questionnaire were a mix of small independent pharmacies and those that were part of a larger chain. Eight Pharmacies which responded to the survey were Healthy Living Pharmacies.



Overall, the biggest reason pharmacies provided for becoming involved in the pilot was to help carers access better support services. Many said that the particular demographic makeup of their customer base included potentially large numbers of carers.

Prior to becoming involved with the Carer-Friendly Pharmacy Pilot, did your pharmacy have a policy/procedure in place for identifying carers?



Pharmacies tended not to have a formal policy for identifying carers prior to their involvement in the pilot, instead adopting an informal approach through speaking to customers as they came in to use other services.

Prior to becoming involved with the Carer-Friendly Pharmacy pilot, did your pharmacy have a policy/procedure in place for referring carers?

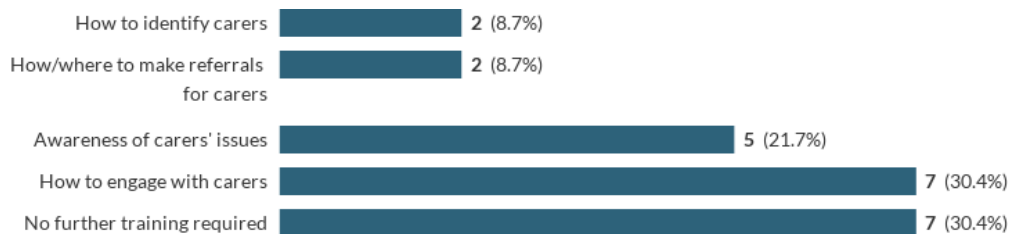


Most pharmacies did not have a policy or procedure in place for referral prior to their involvement in the pilot, and for those which did this often involved signposting to local carers services.

Training

The overwhelming majority of the respondents (89%) took part in some training for the pilot, and around half thought it was 'very helpful', with most of the rest reporting the training had been helpful. Only one respondent said that they did not find the training helpful. The most common suggestion for improvement was to include a carer in the training, which has been identified as a powerful and effective means by which to convey the realities of life as a carer. In terms of further training, while 30% of respondents felt they didn't require any further training, there was some interest expressed in many other aspects of training (see chart below), to varying degrees, suggesting that some pharmacy staff did not feel they had been sufficiently prepared to take part in the pilot.

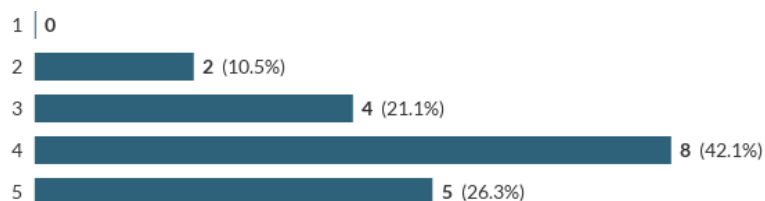
Please indicate whether you feel you would benefit from further training in any of the following areas: (please tick all that apply)



Resources

The majority of respondents felt the resources that were provided were either useful or very useful. Below are the charts for how useful the respondents found each of the resources provided through the pilot.

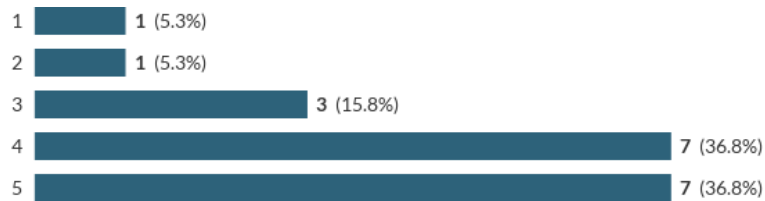
PharmOutcomes (1 = not at all useful, 5 = very useful)



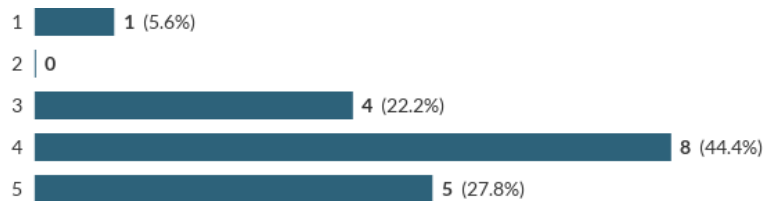
The carer referral pad (1 = not at all useful, 5 = very useful)



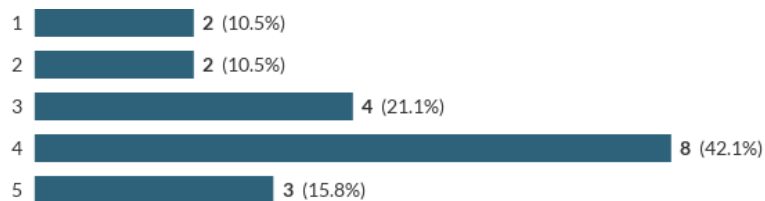
The leaflet for carers (1 = not at all useful, 5 = very useful)



The larger poster (1 = not at all useful, 5 = very useful)



The smaller poster (1 = not at all useful, 5 = very useful)



PharmOutcomes

The overall impression of PharmOutcomes was mixed, with a lean towards a positive view in terms of its ease of use and usefulness in tracking referrals. Two thirds of respondents felt that they had been sufficiently trained how to use it but many (58%) felt there were improvements that could be made to the system. One issue highlighted was the requirement to provide GP details for the customer, which some were unwilling to provide, as they did not wish to be referred there (the information is still required whether the referral is made or not).

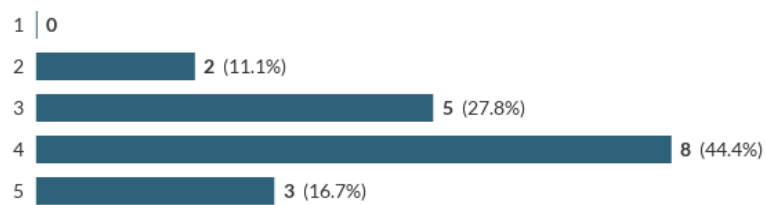
Additionally, some respondents highlighted a lack of a facility to receive feedback on the outcome of the referral, or at least confirmation that it had been received and actioned by the GP or carers service.

Impact

When asked about impact, the responses varied, but all respondents felt that the pilot had helped to improve awareness of carers' issues, through the training they received, as well as the fact that they thought more about caring as an issue when dealing with customers. The overall feeling was that the attitude of staff within pharmacies had improved, giving more time and consideration to carers when dealing with them and trying to be more understanding of their situations, and more interested in identifying carers through the pharmacy setting.

The majority of respondents (71%) felt that the pilot had improved carers access to services in the area (see below).

To what extent do you feel that the Carer-Friendly Pharmacy Pilot has improved the overall access to services for carers available in your area? (1 = not at all useful, 5 = very useful)



The overall impression of the impact of the pilot has been positive, with only 11% of respondents reporting little improvement in the access to services for carers. The minority who felt the pilot was less successful in terms of improving access to services referred to difficulties in encouraging carers to consent to a referral, and the issues surrounding the lack of knowledge around available services.

3. Carer-Friendly Pharmacy online survey: key findings from carers services

11 representatives of carers services completed the questionnaire, the majority of which (82%) were part of the Carers Trust network.

Is your organisation part of the Carers Trust Network?



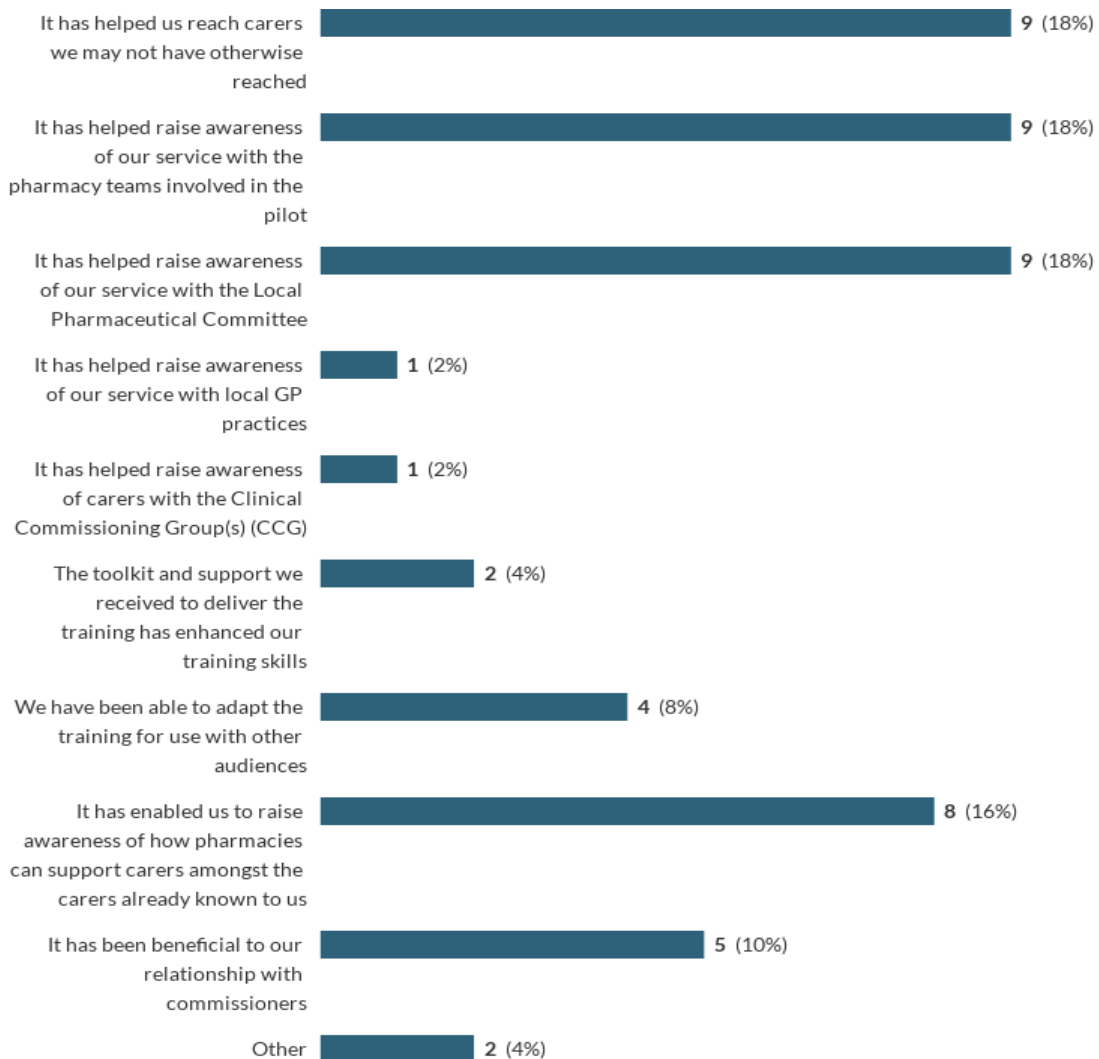
Just over half the respondents said that their service had not received any carer referrals from pharmacies prior to the pilot.

Before becoming involved with the Carer-Friendly Pharmacy Pilot, did your service receive carer referrals from pharmacies?



Representatives of carers services were asked about the three main reasons for engaging with the Carer-Friendly Pharmacy Pilot. The responses generally referred to a desire to increase referrals into their services, and raise awareness of carers issues within pharmacies, as they were identified as a key site for identifying carers (especially 'hidden carers'). Additionally several respondents referred to wishing to build better links within the community, and felt that the pilot's branding and association with both the PSNC and Carers Trust would serve to add credibility to their work.

How has the Carer-Friendly Pharmacy Pilot benefitted your service?



The chart above shows that the respondents pointed to a number of benefits of the Carer-Friendly Pharmacy Pilot, including reaching newly identified and additional carers; raising awareness of the carers service amongst pharmacy teams and the LPCs; raising awareness of how carers can benefit from pharmacy services.

PharmOutcomes

The general perception towards PharmOutcomes was positive, although there were reservations about the extra work involved for some services in learning how to use it and its difference from the systems they already had in place. There were some suggestions for its improvement, summarised below. However, the overall impression was that it facilitated the pilot well, and it may not have been so successful without it.

Most suggestions for improvement in the PharmOutcomes system were around having knowledge and control over the outcomes of referrals. There was some confusion over knowing how to 'close' a referral, and it was suggested that follow up some time after the

referral had been made would be helpful to ensure that the appropriate response had occurred.

Training

The majority of respondents felt that additional training for pharmacies would have been helpful:

- 60% felt additional training and support to help identify more carers would have helped.
- 80% would have liked additional training and support to help better engage with carers.
- 60% felt further training and support in the use of PharmOutcomes would have been beneficial.

However, only 30% felt that the carers services would have benefited from additional training in the use of PharmOutcomes.

Challenges

The challenges identified by the carers services were mainly centred on the amount of time that pharmacy staff had available for working on the project, and the additional work required by staff members. It was also highlighted that sometimes a lack of communication between pharmacy staff meant that in some cases, not all those working in a pharmacy knew they were part of the pilot, or what it entailed.

Summary

Overall, participants reported mixed responses in terms of the numbers of referrals from pharmacies, but almost all of the respondents felt that the pilot had been an excellent opportunity to learn how they could make better links in the community through pharmacies, as well as the potential role pharmacies can play in identifying and supporting carers. The links that had been made were highlighted, and some respondents mentioned how they would be moving forward with the new working relationships they had forged through the Carer-Friendly Pharmacy Pilot.

4. Carer-Friendly Pharmacy Pilot Case Study: Gateshead and South Tyneside

Introduction

The Carer-Friendly Pharmacy Pilot was designed and implemented with the aim of empowering pharmacies to use their contact with patients to identify and provide support and referrals for unpaid carers in the community. The pilot was set up and delivered by Carers Trust and PSNC, and involved partnerships between existing local carers services, LPCs, and pharmacies.

This case study offers a picture of how the pilot was implemented in Gateshead and South Tyneside. It provides an outline of the service offered in the area; highlights some of the particular successes; and considers some of the lessons that can be learned for taking the project forward. The case study draws on data gathered from online surveys, statistical data gathered during the pilot, case study interview data (interviews were carried out with a representative of the local carers service in the area, and a pharmacist at a participating pharmacy), and management information data provided by Carers Trust.

Key information overview

The representative of the local carers service, who works as a training and GP liaison officer, explained during the interview that she had been looking to access pharmacies as a site for identifying and supporting carers for some time. She had previously been involved with delivering training to general practices in the area around carers' issues, but had been unsuccessful in engaging pharmacies in the work. When contacted by Carers Trust about the Carer-Friendly Pharmacy Pilot, she took up the opportunity to become involved, and found the experience rewarding:

"I think it's been a brilliant experience because, on a personal note, this was something I tried to do on my own three years ago and nobody would listen to me locally. So I think the Carer-Friendly pilot has given me a springboard to achieve that because Carers Trust kind of made the contact, strategically as opposed to locally, so the information came from top to bottom and I felt that that way I got listened to and people came to work with me, so I do really appreciate that support."

(Training and GP Liaison Officer, local carers service).

Gateshead Carers Service received 23 referrals from pharmacies over the life of the pilot, and one of the most positive outcomes noted was that all of the referrals were new contacts to the service. The Carer-Friendly Pharmacy Pilot enabled carers (who were previously potentially isolated) to be contacted and receive support that they may otherwise not have accessed. Many of those identified through the pilot had been in their caring role for a long time (two years or more) without receiving any (or only minimal) additional support, so a major outcome of this pilot was the identification and support of previously unknown 'hidden' carers.

The pharmacy that participated in the interviews for this case study was one of five that were involved in the pilot in the area. The pharmacist there said they were enthusiastic about becoming involved with the pilot, and as they had been designated 'a Healthy Living Pharmacy', the pilot was particularly appealing to them. Over the course of the pilot, the pharmacy made contact with 6 people who they identified as carers. As the pharmacist explained during the interview, the pilot has helped them to open a better dialogue about

caring with the customers. Furthermore the pharmacy has begun to take a more proactive approach to talking about carers and caring.

“...sparking up the conversations, that’s the main thing.”

(Pharmacist)

It was pointed out by the carers centre representative that the partnership with Carers Trust was central to the effectiveness of the pilot: the attached name of Carers Trust; the use of branded materials; and the point of contact within the national organisation provided a level of credibility that is often not available for smaller, local organisations. An additional benefit was not having to incur expenses for travel and production of publicity materials which was a major factor in making the pilot a possibility, as many smaller local services are being run on small budgets that prevent financial outlays of this kind.

Particular successes

The overall benefit of building relationships between the various organisations and the positive effects this had both within the pilot and beyond was identified in this area and across many of the others too. The LPC did not previously have a relationship with the carers centre, but the pilot facilitated the forging of a strong relationship with them. Moreover, the LPC now assist with other projects run by the carers service, ultimately improving services and support for carers in the region more generally. Specifically, the LPC is working with the carers service around a newly developed project to support those who are caring for individuals with substance misuse problems. They make connections to pharmacies offering relevant services which play a key role in developing and delivering this new project.

The pharmacies involved in the pilot now have better connections with the carers service in their area, and feel more able to contact them, not only through the PharmOutcomes system that was put in place to handle referrals for the pilot, but on a more informal level. This connection is reciprocal. Indeed, the carers service representative reported that she now feels that she has a point of contact within the pilot pharmacies through the nominated Carers Champion, and can contact them, as and when she needs to.

The training for pharmacies, provided through the pilot, was also very well received in this area, although some small potential improvements were identified for future iterations of the project (see ‘Looking forward’). The pharmacist interviewed said that the training raised awareness of carers’ issues among the staff in the pharmacy, helping them to understand how to identify carers and how they could be supported through the pharmacy and elsewhere. They also described how the training helped them to identify ‘ways in’ to talking with patients in the pharmacy about caring, specifically how to approach the topic with the appropriate sensitivity and understanding:

“We didn’t really want to, kind of, jump on top of every single person coming in, because that ... wouldn’t really work, so it was just more about speaking to people and getting clues from what they’re kind of saying”

(Pharmacist)

The pharmacist interviewed reported that pharmacy staff found it relatively simple to absorb the work for the pilot into their everyday practice. The training enabled them to be sensitive to clues about patients’ status, and so they were able to incorporate this work into the ongoing conversations and dialogues which they try to maintain with their patients through their day-to-day work.

Several particular successes of the pilot were identified, and in this area the carers service collected examples of good practice and case studies of those who had benefitted from the pilot. The carers service representative felt that these examples were crucial for demonstrating the success of the pilot, as well as for building up a resource bank of examples that could be used in training and practice to improve the service further and identify and support more carers. In particular, an example of a woman who had been forced to give up her job as a teacher in order to care for her elderly parents was highlighted. After the death of her father, she felt she would like to return to work whilst ensuring that her mother still received the care she needed, but did not know where to start on that journey. She had been identified as a carer through the Carer-Friendly Pharmacy Pilot, and went on to be supported towards getting back into work through the local carers service. She said about her experience:

“I never knew I could go back to work and still care for my mum. With the info and support you have provided, I now have confidence to go back into teaching”

These kinds of examples of the positive effects of the Carer-Friendly Pharmacy Pilot are highly valuable, not only for promoting the pilot to professionals, but also to serve as examples of the potential benefits for carers of identifying and registering as a carer with their GP, and accepting support from carers services.

Challenges

The reluctance amongst some carers to identify themselves as such was raised frequently in the evaluative research of the pharmacy pilot. The carers service representative in this area mentioned that one of the pharmacies involved in the pilot had failed to provide any referrals at all throughout the life of the pilot. This pharmacy is located in a particularly deprived area, and many of the patients that use it are benefit claimants. It was the only pharmacy in the area which had not made a single referral. Upon making a visit to the pharmacy with the project lead, the carers service representative reported that customers at that pharmacy had been extremely reluctant to identify themselves as carers as they had fears about potential consequences, such as losing out on benefit payments, or what they viewed as intrusive involvement from statutory organisations such as social services. In this instance, the pharmacy was equipped with some real-life examples of people who had benefitted greatly from identifying as a carer. Some for example, had received back-dated payments for benefits to which they were entitled but had not been claiming. Another example included a woman who was given a new television, as her old one had broken and she could not afford to replace it. As watching television was her only real break from her caring responsibilities, she was able to access a fund designed to provide carers with resources to have time for themselves, and she was given a new television. That carer said of her experience:

“I thought getting a new telly to replace the broken one was just a joke until I had it delivered to my doorstep; thanks for giving me something to occupy my lonely evenings.”

Examples like these are powerful, and can make a big difference in how people perceive the consequences of identifying themselves as carers. The pharmacy described above, after being visited by the carers service, began to send referrals towards the end of the pilot, and reported that discussing these kinds of local examples was central to turning the pilot around in their pharmacy. Another quote provided by a carer demonstrates the difference that can be made:

“I was worried about my benefits being stopped, I can’t believe how much carers can get without losing their benefits”

At the strategic level, other challenges were encountered around the relationships between pharmacies and general practices. The carers service representative identified, through the training and ongoing support she provided for pharmacies, that there was sometimes a lack of trust between the two, which could prevent referrals of carers by pharmacies to GPs. Some pharmacies suggested that they did not feel they were 'taken seriously' by general practices, and that previous attempts to make referrals had been unsuccessful. Here, the PharmOutcomes system for making referrals was used as a means by which to overcome some of these issues. Referrals were made through the system to both GPs and the local carers service (if the carer consented), meaning a 'double' referral was made. In addition, in Gateshead, an existing pathway for carer referral ran alongside the Carer-Friendly Pharmacy Pilot, which acted here as a further safeguard, ensuring that referrals were getting through to the right individuals and organisations. Significant reassurance was required, however, about GPs' willingness to accept and act on referrals, and further work on this issue may be required to overcome similar challenges with these relationships and ensure a seamless, joined-up service.

Finally, the pharmacist interviewed for the case study said that, although the staff within the pharmacy had taken to the pilot with enthusiasm, since it had finished, it had rather slipped from being part of their day-to-day practice in the way it was previously, although there was still a marked difference in the approach taken to dealing with and identifying carers within the pharmacy. She explained that there is a high degree of pressure on pharmacies to provide a very wide range of services, and so it can be easy for an issue to slip down the list of priorities. She suggested that some sort of 'refresher' training, delivered periodically might help to combat this and maintain the momentum within pharmacies. She also felt that a network for pharmacies to share good practice and discuss issues with one another might be a useful way to keep the issue fresh in the minds of those working in pharmacies and maintain impetus.

Looking forward

The evaluation research suggests that the Carer-Friendly Pharmacy Pilot is an effective and pragmatic approach to identifying and supporting carers, with pharmacy staff being an invaluable resource. In the area in which this case study has been carried out, all parties involved reported it to be a positive step, and there is a definite will to roll it out to further pharmacies in the area, and to embed it into the ongoing practice of all of the organisations involved.

In terms of potential modifications that could be made to the pilot in order for it to be rolled out, feedback from this case study centred largely on training. It was suggested that some additional flexibility in how the training might be developed and delivered would benefit the initiative. It was mentioned that the training programme felt a little too prescriptive, and did not allow sufficient space for discussion and questions, especially pertaining to the supporting materials that participants were given to go through prior to the training session. Additionally, it was felt that space to include more local examples that pharmacy staff might use to 'sell' the carers service to patients would have been useful and may have helped with the overall success of the pilot. The pharmacist interviewed said that some additional training on carer awareness issues would be beneficial, and that the inclusion of some input from a carer into the training, talking about their own experiences might have been a helpful addition. However, in spite of these suggestions, the training was well received by everyone involved. This is testament to the robust manner in which the pilot was developed, and the individual skill of the training officer at the carers service in this area.

When asked about the advice they might give to other carers services or pharmacies planning to become involved in similar work, the interview participants said that a strong will within the organisation is essential to success, but this needs to be paired with high quality training. Building a strong base of carer awareness among all parties was identified as being

vital in making the pilot effective, and employing real examples that can be used with patients to give context and authenticity to discussions. The pharmacist stated, during interview, that she felt that it was definitely a worthwhile project to take part in, and would encourage other pharmacies to get involved. The architecture of the project, in terms of the systems in place for making referrals, means that the additional workload for pharmacy staff is minimal, with any potential disruption being outweighed by the potential benefits to patients, and the community as a whole.

Conclusions

In the case of Gateshead and South Tyneside, the Carer-Friendly Pharmacy Pilot proved to be extremely successful, both in terms of achieving the target of mobilising pharmacies in the fight to identify and support carers, and in forging relationships between organisations that will have impact far beyond the life and scope of this pilot.

Obtaining the enthusiastic 'buy in' of all of the organisations has been crucial in this area to making the pilot effective, with all parties being willing to take on the responsibilities required of them. In particular here, though, the Training/GP liaison officer at the carers service has served as the central person through which the whole pilot has been conducted. She has acted as a go-between for different organisations, been a point of contact for all parties involved, and co-ordinated much of the work at all levels. Her passion for the work is clear, and it is undoubtedly this passion that has ensured the success of the pilot in this area. Her work here demonstrates a model of good practice to which other areas might aspire.

"It was a brilliant experience, which kept me enthused from the start to finish! I can't wait for a roll out to all pharmacies. Our local pharmacy teams were keen and very eager to identify and refer carers. I can see no other reason for this other than the realisation that it makes business sense and is good for customer care; as referrals are still coming in even after the pilot has ended!"

(Carers Centre representative survey response)

It is clear, looking at the data in this case study, and the data provided across the evaluation for the pilot, that this approach has the real potential to identify, support and ultimately improve the situations of carers in ways which may not otherwise been possible.