**HLP Level 1 Evidence Portfolio Workbook**

If having read this PSNC HLP Level 1 Evidence Portfolio Workbook and the information and resources on the PSNC website you have further queries about HLP or you require more information please contact [Services.Team@psnc.org.uk](mailto:Services.Team@psnc.org.uk).

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**Introduction**

Community pharmacy contractors who wish to become a Healthy Living Pharmacy (HLP) Level 1 must be able to meet the 27 quality criteria ([tinyurl.com/HLPLevel1](http://www.tinyurl.com/HLPLevel1)) developed by the HLP Task Group of the Pharmacy and Public Health Forum, which has been published by Public Health England (PHE).

The quality criteria outline what is required for achieving HLP Level 1 status as part of the assessment of compliance process and set out the behaviours, activities and physical environment contractors must be able to evidence.

**Evidence**

Contractors must be able to provide evidence for each of the quality criteria and may be required to make this available.

This Workbook aims to support contractors to work through each of the quality criteria and to collect evidence to show the pharmacy team has met the quality criteria to enable the pharmacy to become registered as an HLP Level 1.

This Workbook contains mainly suggested evidence from PHE’s quality criteria. If your pharmacy team has other forms of evidence that demonstrate the quality criteria, these can also be used as appropriate. Contractors do not need to complete all the suggested evidence within the workbook; however, contractors should include at least one example of evidence for each of the 27 criteria and contractors must be confident that the pharmacy meets the quality criteria and has evidence to support this. Contractors can use the same piece of evidence, if appropriate, to support more than one criterion.

If certain evidence for a quality criterion is a requirement, it is stated as **REQUIRED** in the Workbook.

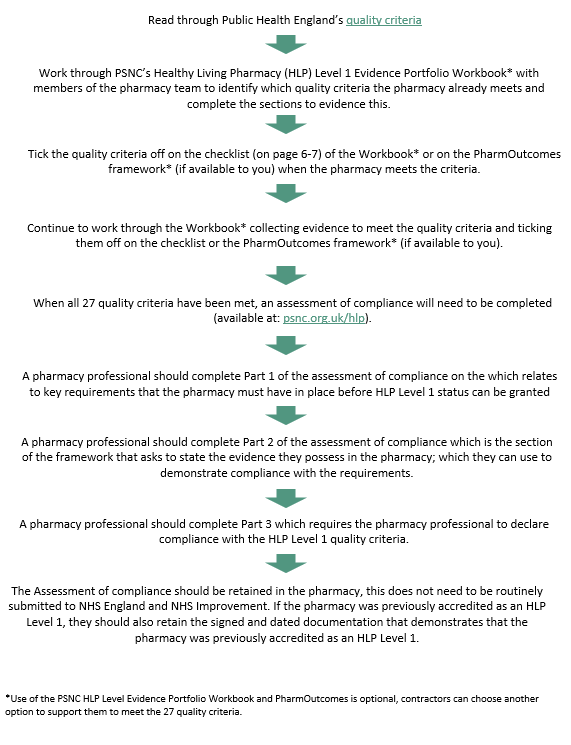
This Workbook is for an individual pharmacy. It cannot be used to complete a declaration of compliance for multiple pharmacies. Each pharmacy team must complete its own individual assessment.

**Key requirements that must be met before becoming an HLP Level 1**

The following requirements must be met before a pharmacy can be registered as an HLP Level 1; therefore, contractors should ensure that they meet the requirements before they start working their way through the quality criteria.

|  |  |
| --- | --- |
| **Key requirement** | **Requirement met** |
| The pharmacy has a consultation room which is compliant with the Advanced Services standards and is appropriate for the services on offer. |  |
| In the past year, the pharmacy has participated in the provision of both Medicines Use Reviews and the New Medicine Service and has proactively engaged in health promoting conversations. |  |
| In the past year, the pharmacy has participated in the provision of the NHS Community Pharmacy Seasonal Influenza Vaccination Advanced Service or has actively referred patients to other NHS providers of vaccinations. |  |
| The pharmacy complies with the General Pharmaceutical Council’s Standards for Registered Premises and Standards of Conduct, Ethics and Performance ([www.pharmacyregulation.org/standards](http://www.pharmacyregulation.org/standards)). |  |
| The pharmacy complies with the NHS Community Pharmacy Contractual Framework (CPCF) requirements ([psnc.org.uk/contract](http://www.psnc.org.uk/contract)). |  |

**Process to follow to become an HLP Level 1**



**HLP Level 1 checklist**

**Workforce development**

|  |  |  |
| --- | --- | --- |
| **Public health needs** | | **Completed** |
| **1.** | All pharmacy staff have an awareness of the local public health and pharmaceutical needs outlined in the Joint Strategic Needs Assessment (JSNA), Pharmaceutical Needs Assessment (PNA) and Health Profiles for their area including where and how to access them. |  |
| **Health and Wellbeing Ethos** | | |
| **2.** | All pharmacy staff understand the basic principles of health and wellbeing, and that every interaction is an opportunity for a health promoting intervention. |  |
| **3.** | At least **one** member of pharmacy staff (1 Full Time Equivalent) has completed the training and assessment of the Royal Society for Public Health (RSPH) Level 2 Award in Understanding Health Improvement and is therefore a Health Champion. |  |
| **Team leadership** | | |
| **4.** | An individual from the pharmacy team has undergone leadership training internally or through an organisation that maps to/encompasses the following domains:   * **Inspiring a shared purpose** – Valuing a service ethos, curious about how to improve services and care, behaving in a way that reflects the principles and values of the organisation; * **Sharing the vision** – Communicating a compelling and credible vision of the future in a way that makes it feel achievable and exciting; * **Engaging the team** – Involving individuals and demonstrating that their contributions and ideas are valued and important for delivering outcomes and continuous improvements to the service; * **Developing capability** – Building capability to enable people to meet future challenges, using a range of experiences as a vehicle for individual and organisational learning, acting as a role model for personal development; and * **Influencing for results** – Deciding how to have a positive impact on other people, building relationships to recognise other people’s passions and concerns, using interpersonal and organisational understanding to persuade and build collaboration. |  |
| **5.** | There is a clear leader within the team who is responsible for creating an ethos of proactive health and wellbeing within the pharmacy. |  |
| **6.** | There is effective leadership within the team that encourages the best use of team members’ skills and creates an environment that supports and mentors other team members. |  |
| **7.** | The leader, jointly with the pharmacy team, has developed an action plan on achieving Level 1 HLP. |  |
| **Communication** | | |
| **8.** | All pharmacy staff can use the NHS website, the local public health information and pharmaceutical needs information, bearing in mind the findings of e.g. PNAs and JSNAs such as location of services, when providing advice on health issues when appropriate. |  |
| **9.** | The pharmacy team is friendly, welcoming and sensitive to the need for privacy for different individuals seeking advice including respecting people’s values and beliefs. |  |
| **10.** | The pharmacy team routinely explain who they are, wear a name badge and inform people about the information and/or services on offer. |  |
| **11.** | All pharmacy staff receive training on how to approach people to discuss difficult or sensitive public health issues. |  |
| **12.** | All pharmacy staff are able to provide brief health and wellbeing advice (2-3 minutes) and have an awareness that the person may need additional support for behavioural change. |  |

**Engagement**

|  |  |  |
| --- | --- | --- |
| **Community engagement** | | **Completed** |
| **13.** | The pharmacy team proactively engages with patients and the public in the pharmacy, to offer them advice, support and signposting to other providers of services in the community where applicable. |  |
| **14.** | The pharmacy team actively works in collaboration with other community organisations (e.g. schools, care homes, local events, charities) to deliver pharmacy outreach and or services. |  |
| **15.** | The pharmacy team is aware of health and wellbeing resources available in the community to direct the public/patients to (e.g. support groups, community exercise groups). |  |
| **16** | The pharmacy encourages local charities and other providers to work with the pharmacy for delivery of key health messages/displays where appropriate. |  |
| **17.** | The pharmacy team is aware of appropriate health and social care providers in their community (e.g. specialist clinics, Healthwatch, Smoking Cessation, Drug and Alcohol Services, Health Trainer Service), which local authorities could provide information about. |  |
| **Commissioner engagement** | | |
| **18.** | The HLP lead is aware of the local commissioners for public health services, which may include local authority, NHS England (now known as NHS England and NHS Improvement) Clinical Commissioning Group, etc. |  |
| **19.** | The pharmacy team is aware of the commissioner contacts if seeking to submit bids for public health services. |  |

**Environment**

|  |  |  |
| --- | --- | --- |
| **Health promoting environment** | | |
| **20.** | It is clear to the public that free, confidential advice on their health and wellbeing can be accessed. |  |
| **21.** | The pharmacy has a dedicated Health Promotion Zone, that:   * Is clearly marked and accessible; * Has a professional appearance; and * Is appropriately equipped with up-to-date professional health and wellbeing information that meets the local public health needs as suggested in the JSNA/PNA, Annual Report of the Director of Public Health or after discussion with commissioners/public health professionals. |  |
| **22.** | The health and wellbeing information available appeals to a wide range of the public including men and women, young people, smokers, people with long term conditions, learning difficulties and older people. Where the community includes a significant ethnic minority group, then their needs must be accommodated. |  |
| **23.** | All materials should be generic and not promoting a specific brand over another, which can be seen as endorsement or promotional. |  |
| **24.** | The Health Promotion Zone resources should be updated at least every two months to ensure information provided is relevant, up-to-date and appropriate. |  |
| **25.** | Once accredited, the HLP logo is displayed in prominent places. |  |
| **Data collection** | | |
| **26.** | Procedures are in place to ensure emails are checked regularly and that they are appropriately secure. Internet access enabled for accessing locally and nationally recognised websites. |  |
| **Sustainability** | | |
| **27.** | The pharmacy contributes to a sustainable environment and this is reflected in the way they operate their business (e.g. using recyclable materials). |  |

**Workforce development: Public health needs**

|  |
| --- |
| 1. **All pharmacy staff have an awareness of the local public health and pharmaceutical needs outlined in the Joint Strategic Needs Assessment (JSNA), Pharmaceutical Needs Assessment (PNA) and Health Profiles for their area including where and how to access them.** |

**Table 1** can be used to record details of those pharmacy professionals (pharmacists and pharmacy technicians) who have completed the Centre for Pharmacy Postgraduate Education (CPPE) *An introduction to public health* distance learning course and e-assessment ([tinyurl.com/CPPEPublicHealthIntro](https://tinyurl.com/CPPEPublicHealthIntro)).

It would be advisable to also retain copies of certificates when pharmacy professionals complete the distance learning course and to keep these with this evidence portfolio workbook.

|  |  |  |
| --- | --- | --- |
| **Member of staff’s name** | **Pharmacist or pharmacy technician** | **Date course completed** |
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**Table 2** can be used to list the website address of the Joint Strategic Needs Assessment (JSNA), Pharmaceutical Needs Assessment (PNA) and/or Health Profiles[[1]](#footnote-2) for the area in which the pharmacy is located.

|  |  |  |
| --- | --- | --- |
| **Document** | **Website address to these documents for your area** | **Printed front page or web page of document\*** |
| JSNA | www. |  |
| (PNA) | www. |  |
| Health Profiles | www. |  |

**\***As these may be very bulky documents, printing the front page or the web page is acceptable as evidence. It is advisable to keep these with this evidence portfolio workbook.

**Table 3** can be used to listdetails of correspondence about the JSNA or PNA or to record details of seminars or meetings on them.

|  |  |
| --- | --- |
| **Date of event** | **Details of correspondence/event attended** |
|  |  |
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**Table 4** can be used to list pharmacy events in the local area or local/national campaigns showing direct links to the local public health and pharmaceutical needs.

|  |  |
| --- | --- |
| **Date of event** | **Details of event** |
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**Table 5** can be used to record questions linked to health and wellbeing services that have been added to the annual Community Pharmacy Patient Questionnaire (CPPQ) so that the pharmacy responds to local needs.

|  |  |
| --- | --- |
| **Number** | **Questions added** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |

**Table 6** can be used to record details of any other evidence collected.

|  |
| --- |
| **Details of additional evidence collected:** |

**Workforce development: Health and wellbeing ethos**

|  |
| --- |
| 1. **All pharmacy staff understand the basic principles of health and wellbeing, and that every interaction is an opportunity for a health promoting intervention.** 2. **At least one member of pharmacy staff (1 Full Time Equivalent) has completed the training and assessment of the Royal Society for Public Health (RSPH) Level 2 Award in Understanding Health Improvement and is therefore a Health Champion.** |

**Table 1** can be used to record details of pharmacy staff that have completed the training and assessment of the Royal Society for Public Health (RSPH) Level 2 Award in Understanding Health Improvement ([tinyurl.com/RSPHaward](https://www.rsph.org.uk/qualification/level-2-award-in-understanding-health-improvement-2017.html)) and are therefore a Health Champion (At least one member of pharmacy staff (one Full Time Equivalent) is **REQUIRED** to complete this training.

There are several national and local organisations that provide the RSPH Level 2 Award. Details of training providers can be found at: [psnc.org.uk/hlp](http://www.psnc.org.uk/hlp)

**Table 7** can be used to record details of any pharmacy team members who have completed the RSPH Level 2 Award in Understanding Health Improvement.

It is a requirement to retain copies of certificates for the RSPH Level 2 Award in Understanding Health Improvement. It is advisable to keep these with the evidence portfolio workbook.

|  |  |
| --- | --- |
| **Member of staff’s name** | **Date course completed** |
|  |  |
|  |  |
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**Table 8** can be used to recorddetails of any pharmacy team member who has completed any other Health and Wellbeing Training.

It would be advisable to also retain copies of certificates of attendance when available or supporting letters from the commissioner and to keep these with this evidence portfolio workbook.

|  |  |  |
| --- | --- | --- |
| **Member of staff’s name** | **Details of other Health and Wellbeing Training completed** | **Date course completed** |
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Details of those pharmacists and pharmacy technicians (pharmacy professionals) who have completed the CPPE *An introduction to public health* distance learning course ([tinyurl.com/CPPEPublicHealthIntro](https://tinyurl.com/CPPEPublicHealthIntro)) can be found on page 7.

**Table 9** can be used to record whether minutes of pharmacy team meetings that show shared learning from the Health Champion(s) to the pharmacy team are available. If so, these should be kept with this evidence portfolio workbook.

|  |  |
| --- | --- |
| **Date of pharmacy team meeting** | **Minutes available that show shared learning from the Health Champion(s) to the pharmacy team** |
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**Table 10** can be used to record details of any other evidence collected.

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| --- |
| **Details of additional evidence collected:** |

**Workforce development: Team leadership**

|  |
| --- |
| 1. **An individual from the pharmacy team has undergone leadership training internally or through an organisation that maps to/encompasses the following domains:**  * **Inspiring a shared purpose – Valuing a service ethos, curious about how to improve services and care, behaving in a way that reflects the principles and values of the organisation;** * **Sharing the vision – Communicating a compelling and credible vision of the future in a way that makes it feel achievable and exciting;** * **Engaging the team – Involving individuals and demonstrating that their contributions and ideas are valued and important for delivering outcomes and continuous improvements to the service;** * **Developing capability – Building capability to enable people to meet future challenges, using a range of experiences as a vehicle for individual and organisational learning, acting as a role model for personal development; and** * **Influencing for results – Deciding how to have a positive impact on other people, building relationships to recognise other people’s passions and concerns, using interpersonal and organisational understanding to persuade and build collaboration.**  1. **There is a clear leader within the team who is responsible for creating an ethos of proactive health and wellbeing within the pharmacy.** 2. **There is effective leadership within the team that encourages the best use of team members’ skills and creates an environment that supports and mentors other team members.** 3. **The leader, jointly with the pharmacy team, has developed an action plan on achieving Level 1 HLP.** |

**Table 11** can be used to record details of pharmacy staff that have completed leadership training (further details on the domains that the training must encompass can be found in PHE’s quality criteria ([tinyurl.com/HLPLevel1](http://www.tinyurl.com/HLPLevel1)). At least one member of pharmacy staff is **REQUIRED** to complete this training.

There are several national and local organisations that provide the RSPH Level 2 Award. Details of training providers can be found at: [psnc.org.uk/hlp](http://www.psnc.org.uk/hlp) listing on the PSNC website **does not** constitute endorsement of the course or provider by PSNC).

It is a requirement to retain copies of certificates for the leadership training. It is advisable to keep these with this Workbook.

|  |  |  |
| --- | --- | --- |
| **Member of staff’s name** | **Details of leadership training completed** | **Date course completed** |
|  |  |  |
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**Table 12** can be used as a template action plan. This can be accessed as a standalone document at: [psnc.org.uk/hlp](http://www.psnc.org.uk/hlp)

|  |  |  |  |
| --- | --- | --- | --- |
| **Key area** | **Objective and Action Points** | **To be done by (whom)** | **By when** |
| Engage everyone in the pharmacy team so that they understand what Healthy Living Pharmacy is about |  |  |  |
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| Agree what difference you all want to make to your local community: identify two or three keys health areas relevant for the community that you will get involved with |  |  |  |
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| Identify who in the team will develop as a Health Champion and enrol on the relevant training |  |  |  |
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| Ensure that the pharmacist or manager has undertaken the appropriate leadership development |  |  |  |
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| Review your pharmacy’s performance against the HLP Quality Criteria identifying where you meet them and where you need to do more work; put together specific action plan |  |  |  |
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**Table 13** can be used to record whether written feedback of pharmacy team members on their team leader is available. If so, these should be kept with this Workbook.

|  |  |
| --- | --- |
| **Pharmacy team members** | **Feedback available** |
|  |  |
|  |  |
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**Table 14** can be used to record details of any other evidence collected.

|  |
| --- |
| **Details of additional evidence collected:** |

**Workforce development: Communication**

|  |
| --- |
| 1. **All pharmacy staff can use NHS Choices (now known as the NHS website), the local public health information and pharmaceutical needs information, bearing in mind the findings of e.g. PNAs and JSNAs such as location of services, when providing advice on health issues when appropriate.** 2. **The pharmacy team is friendly, welcoming and sensitive to the need for privacy for different individuals seeking advice including respecting people’s values and beliefs.** 3. **The pharmacy team routinely explain who they are, wear a name badge and inform people about the information and/or services on offer.** 4. **All pharmacy staff receive training on how to approach people to discuss difficult or sensitive public health issues.** 5. **All pharmacy staff are able to provide brief health and wellbeing advice (2-3 minutes) and have an awareness that the person may need additional support for behavioural change.** |

**Table 15** can be used to record details of members of staff who can use the NHS website ([www.nhs.uk](http://www.nhs.uk)).

|  |  |
| --- | --- |
| **Member of staff’s name** | **Can use the NHS website** |
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**Table 16** can be used to record details of pharmacy staff that have completed customer service training, unconscious bias training, equality and diversity training, have become a Dementia Friend, etc. or instead it may be appropriate to signpost to the training log for the pharmacy.

It would be advisable to also retain copies of certificates when pharmacy team members have completed training and keep these with this Workbook.

|  |  |  |
| --- | --- | --- |
| **Member of staff’s name** | **Details of training completed** | **Date course completed** |
|  |  |  |
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|  |  |  |
| --- | --- | --- |
| **Member of staff’s name** | **Details of training completed** | **Date course completed** |
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**Table 17** can be used to record details of any other evidence collected.

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| --- |
| **Details of additional evidence collected:** |

**Engagement: Community engagement**

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| --- |
| 1. **The pharmacy team proactively engages with patients and the public in the pharmacy, to offer them advice, support and signposting to other providers of services in the community where applicable.** 2. **The pharmacy team actively works in collaboration with other community organisations (e.g. schools, care homes, local events, charities) to deliver pharmacy outreach and or services.** 3. **The pharmacy team is aware of health and wellbeing resources available in the community to direct the public/patients to (e.g. support groups, community exercise groups).** 4. **The pharmacy encourages local charities and other providers to work with the pharmacy for delivery of key health messages/displays where appropriate.** 5. **The pharmacy team is aware of appropriate health and social care providers in their community (e.g. specialist clinics, Healthwatch, Smoking Cessation, Drug and Alcohol Services, Health Trainer Service), which local authorities could provide information about.** |

Photographs of pharmacy teams engaging with the public can be found in (it would be advisable to keep these with this evidence portfolio workbook):

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Details of case studies and photographs of local outreach work (e.g. roadshows attended) can be found in (it would be advisable to keep these with this evidence portfolio workbook):

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**Table 18** can be used to list the health and wellbeing resources readily available in the pharmacy.

|  |
| --- |
| **Name of resource** |
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|  |

Does the pharmacy have a health and wellbeing notice board? YES  NO

Does the pharmacy have a signposting folder? YES  NO

If yes, this signposting folder can be found: ……………………………………………………………………………………………………………….

The local authority website is (please add website address): www.

**Table 19** can be used to list the public health campaigns that the pharmacy has participated in as part of the CPCF (up to six campaigns):

|  |  |
| --- | --- |
|  | **Name of public health campaign** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |

**Table 20** can be used to record details of any other evidence collected.

|  |
| --- |
| Details of evidence collected: |

**Engagement: Commissioner engagement**

|  |
| --- |
| 1. **The HLP lead is aware of the local commissioners for public health services, which may include local authority, NHS England (now known as NHS England and NHS Improvement), Clinical Commissioning Group, etc.** 2. **The pharmacy team is aware of the commissioner contacts if seeking to submit bids for public health services.** |

**Table 21** can be used to list local commissioners of public health services and their contact details.

|  |  |  |  |
| --- | --- | --- | --- |
| **Commissioner name** | **Organisation name** | **Email address** | **Phone number** |
|  |  |  |  |
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It is advisable to retain any correspondence for public health services and to keep these with this evidence portfolio workbook.

**Table 22** can be used to record details of any other evidence collected.

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| --- |
| **Details of additional evidence collected:** |

**Environment: Health promoting environment**

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| --- |
| 1. **It is clear to the public that free, confidential advice on their health and wellbeing can be accessed.** 2. **The pharmacy has a dedicated Health Promotion Zone, that:**  * **Is clearly marked and accessible;** * **Has a professional appearance; and** * **Is appropriately equipped with up-to-date professional health and wellbeing information that meets the local public health needs as suggested in the JSNA/PNA, Annual Report of the Director of Public Health or after discussion with commissioners/public health professionals.**  1. **The health and wellbeing information available appeals to a wide range of the public including men and women, young people, smokers, people with long term conditions, learning difficulties and older people. Where the community includes a significant ethnic minority group, then their needs must be accommodated.** 2. **All materials should be generic and not promoting a specific brand over another, which can be seen as endorsement or promotional.** 3. **The Health Promotion Zone resources should be updated at least every two months to ensure information provided is relevant, up-to-date and appropriate.** 4. **Once accredited, the HLP logo is displayed in prominent places.** |

Photographs of the pharmacy and consultation area can be found in (it would be advisable to keep these with this evidence portfolio workbook):

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**Table 23** can be used to list the leaflets or promotional materials used in the Health Promotion Zone.

|  |
| --- |
| **Name of leaflet or promotional materials used in the Health Promotional Zone** |
|  |

Our annual CPPQ results can be found:

……………………………………………………………………………………………………………………………………………………………………………………

**Table 24** can be used to record when the Health Promotion Zone has been checked by a member of the pharmacy staff and restocked appropriately (this should be done at least once monthly).

|  |  |
| --- | --- |
| **Date Health Promotion Zone was checked and restocked appropriately** | **Member of staff’s name who completed the check and restocked the Health Promotion Zone** |
|  |  |
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The location where the HLP logo is displayed in the pharmacy (after accreditation) is:

……………………………………………………………………………………………………………………………………………………………………………………

A photograph of where the HLP logo is displayed in the pharmacy can be found in (it would be advisable to keep these with this evidence portfolio workbook):

……………………………………………………………………………………………………………………………………………………………………………………

Page 19 states whether the pharmacy has a health and wellbeing notice board.

**Table 25** can be used to record details of any other evidence collected.

|  |
| --- |
| **Details of evidence collected:** |

**Environment: Data collection**

|  |
| --- |
| 1. **Procedures are in place to ensure emails are checked regularly and that they are appropriately secure. Internet access enabled for accessing locally and nationally recognised websites.** |

* Does the pharmacy have an IT system which is accessible in the consultation room with access to the internet?

YES  NO

* Does the pharmacy have accessibility to the internet (for data collection where applicable) and ability to print appropriate material?

YES  NO

* Does the pharmacy have an Information Governance policy?

YES  NO

If yes, the Information Governance Policy can be found in: ……………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………

**Table 26** can be used to record details of any other evidence collected.

|  |
| --- |
| **Details of additional evidence collected:** |

**Environment: Sustainability**

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| --- |
| 1. **The pharmacy contributes to a sustainable environment and this is reflected in the way they operate their business (e.g. using recyclable materials).** |

Photos of the recycling bins, paper disposal system, etc. can be found in (it would be advisable to keep these with this evidence portfolio workbook):

…………………………………………………………………………………………………………………………………………………………………………………

**Table 27** can be used to record details of any other evidence collected.

|  |
| --- |
| **Details of additional evidence collected:** |

1. Health Profiles: Public Health Observatories: [www.healthprofiles.info/](http://www.healthprofiles.info/) [↑](#footnote-ref-2)