

Health and Social Care Institute

CHASE

Centre for Health and Social Evaluation

**An Evaluation of the
Tees Healthy Living Pharmacy
Pilot Scheme**



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**An Evaluation of the Tees
Healthy Living Pharmacy Pilot Scheme**

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Centre for Health and Social Evaluation (CHASE)

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Table of Contents

1	Executive Summary	1
2	Introduction	5
2.1	Background	5
2.2	What is a Healthy Living Pharmacy?.....	6
2.3	Tees Healthy Living Pharmacy Project	9
2.4	Aim of the evaluation.....	10
3	Methodology	12
3.1	Research Design.....	12
3.1.1	Phase 1: Postal Questionnaire phase	12
3.1.2	Phase 2: Interviews with pharmacy teams and project manager	12
3.1.3	Phase 3: Telephone interviews with a selection of HLP customers	13
3.2	Participant Recruitment.....	13
3.2.1	Phase 1 – Postal Questionnaire	13
3.2.2	Phase 2 – Interviews with pharmacy teams.....	13
3.2.3	Phase 3 - Telephone interviews with customers.....	13
3.3	Data analysis.....	14
4	Results	15
4.1	Phase 1: Questionnaire findings	15
4.1.1	Pharmacy information.....	15
4.1.2	Training.....	16
4.1.3	Support	19
4.1.4	Pharmacy engagement with the pilot.....	19
4.1.5	Customer engagement with the pilot	20
4.1.6	Benefits and drawbacks of participation within the scheme.....	21
4.2	Phase 2: Interviews with pharmacy teams	22
4.2.1	The initial appeal of the Healthy Living Pharmacy Pilot	22
4.2.2	Enhanced services	24
4.2.3	Training.....	25
4.2.4	Location and type	28
4.2.5	Building relationships with customers	29
4.2.6	Developing the Health Promotion displays	31
4.2.7	Support.....	33
4.2.8	Future directions.....	34
4.3	Phase 3: Interviews with customers	35
5	Discussion.....	39

6 Recommendations	42
References	44

List of Tables and Figures

Figure 1: The Portsmouth Healthy Living Pharmacy (HLP) model of service delivery	8
Figure 2: Tees HLP Level 1 assessment criteria	10
Table 1: Number of pharmacies within each locality and the type of organisation ...	15
Table 2: Number of pharmacies who had achieved aims by locality	16
Table 3: Number of pharmacies which are giving advice across key services	16
Table 4: Number of pharmacies in each locality where pharmacists have attended training.....	17
Table 5: Number of pharmacies in each locality where Healthy Living Champions had attended training.....	17
Table 6: Services that customers interviewed had accessed through HLP	35

Glossary

C-Card	Condom Card
CPPE	Centre for Pharmacist Postgraduate Education
CPR	Cardiopulmonary Resuscitation
EHC	Emergency Hormonal Contraception
HLC	Healthy Living Champion
HLP	Healthy Living Pharmacy
MECC	Making Every Contact Count
MUR	Medicine Use Review
NHS	National Health Service
NMS	New Medicines Service
NPA	National Pharmaceutical Association
PGD	Patient Group Directions
RSPH	Royal Society of Public Health

1 Executive Summary

The concept of the Healthy Living Pharmacy (HLP) represents a commissioning framework that is designed to achieve a consistently high standard of delivery for key public health services within the community pharmacy setting (National Pharmaceutical Association, 2013). According to the evaluation of the national pathfinder scheme, the concept of the HLP builds upon the role of community pharmacies and attempts to establish them as a key element within public health services. It aims to do this through the delivery of high quality services, advice and intervention as well as regular health promotion activities (NPA, 2013).

Given the nature and convenience of the community pharmacy service, it is not surprising that their potential to engage with and deliver a wider range of public health services is being recognised. In accordance with the recommendations of the *Pharmacy in England: Building on strengths, delivering the future* (2008) White Paper. The HLP project framework supports pharmacy to adapt to become 'healthy living centres' that operate to pro-actively promote health and wellbeing within their community. By delivering a consistently high level of quality commissioned services the HLP is said to meet local need for improving health and wellbeing within the community as well as helping to reduce health inequalities. The ultimate goal of the HLP is to engage the entire pharmacy team with the healthy living 'ethos' and turn every customer encounter into a health promoting interaction.

The Tees HLP project has been tailored to meet the public health needs of the local population. It offers a bespoke approach building on the national pathfinder programme since there is more flexibility in the range of services that it incorporates.

It is the scope of this evaluation to provide an additional qualitative evaluation that will:

- Evaluate perceived barriers and facilitators to accessing the services
- Identify aspects of service that have:
 - a. Worked well
 - b. Could be improved
- Capture information about lifestyle changes consequent on the initiative
- Identify gaps in service provision, e.g. where customers have not been referred to specific pathways.

The evaluation was designed across three phases, in order to incorporate a range of views taken from those who have had direct involvement with the project.

- Phase 1: Postal Questionnaire
- Phase 2: Interviews with pharmacy teams and project manager
- Phase 3: Telephone interviews with customers.

Results demonstrate that the HLP pilot scheme was viewed very positively by pharmacy teams and customers alike.

The availability and quality of the training events attended by the pharmacy teams were very good, with some of the service specific training being highlighted as particularly influential on the everyday practice of the pharmacy teams. Though some issues were highlighted around timing and relevance of training, for the most part training was well received and accessible.

Two factors appear to be crucial in terms of their impact on the extent to which the pharmacy teams have been able to engage with the pilot scheme: firstly, the location of the pharmacy and secondly, the type of organisation. It is evident that the independently owned and, largely, community-based pharmacies are engaging with this pilot scheme particularly well. The much busier stores, particularly those which form part of a national multiple chain, have many more restrictions imposed on them that ultimately restrict their ability to engage with the pilot scheme to the same degree.

Where pharmacy teams are in a position to know their customers they have found it easier to approach them proactively about relevant services, since they are already conversing with them about more general issues and the customers are therefore very responsive to them when they introduce these new services. Pharmacies with a more transient clientele (e.g. supermarket in-store pharmacies) offer fewer such opportunities. The development of strong relationships with customers would therefore appear to be of significant benefit to the participating pharmacies, since these customers are likely to become regular, loyal customers who go on to recommend services to friends and family

Customers reported that they were coming to regard the pharmacy as a real alternative to visiting their General Practitioner (GP). Pharmacy is considered to be more accessible than the GP, since services are often offered 'there and then' with no appointments necessary. All of the customers describe a much more personal service from the pharmacy team, where they feel that the pharmacist has more time for explanation or that the team simply offers friendlier, informal support when they visit the store

Health promotion zones within pharmacies play a vital part in supporting the public health role of the pharmacy. These displays are seen as a 'way in' so that staff can talk to customers about the services they offer whilst the customers engage with the displays. Some of the displays have been particularly effective and have triggered customers to access services like smoking cessation. Networking events will give the opportunity for staff in all participating stores to come together and share their ideas around the displays and other issues.

Some of the pharmacies suggested that there was a lack of marketing around the HLP 'brand' and they suggest that few customers would recognise the HLP logo. Further marketing will increase customer recognition of the HLP scheme.

The report recommends:

- Increasing the accessibility, standardisation and relevance of training
- Prioritising membership of the scheme to amongst local community pharmacies

- Developing more networking opportunities to share good practice amongst pharmacies
- Raising awareness of HLP amongst customers through ongoing campaigns.

2 Introduction

2.1 Background

The concept of the Healthy Living Pharmacy (HLP) was originally developed by NHS Portsmouth Primary Care Trust in 2009 and rolled out nationally, to 20 HLP pathfinder sites, in 2011. It represents a commissioning framework that is designed to achieve a consistently high standard of delivery for key public health services within the community pharmacy setting (National Pharmaceutical Association, 2013). According to the evaluation of the national pathfinder scheme, the concept of the HLP builds upon the role of community pharmacies and attempts to establish them as a key element within public health services. It aims to do this through the delivery of high quality services, advice and intervention as well as regular health promotion activities (NPA, 2013).

The White Paper, *Pharmacy in England: Building on strengths, delivering the future* (2008) had identified the potential for establishing a role for community pharmacies within the public health services across England. Pharmacy is deemed to be a readily accessible service since 96% of the population are considered to live within walking distance to their nearest store and 99% of the population are considered to reside within a 20 minute car journey. In addition to the geographic location, community pharmacies are thought to offer more convenient opening hours and a less formal environment than other healthcare services which means that they may also attract hard to reach patients. Furthermore, there is an indication that pharmacy is also a growing service, with increasing numbers of stores opening and an annual 5% increase in dispensed prescriptions since 2006. Given the nature and convenience of the community pharmacy service, it is not surprising that their potential to engage with and deliver a wider range of public health services is being recognised. In accordance with the recommendations of this White Paper, the HLP project framework supports pharmacy to adapt to become 'healthy living centres' that operate to pro-actively promote health and wellbeing within their community.

The potential to develop the role of community pharmacies into 'healthy living centres' is consistent with the *Making Every Contact Count* (MECC) initiative that is considered to be one of the aims of the 25 year vision document of the North East of England: *Better Health, Fairer Health* (2008). It is proposed that, within this initiative, there are countless opportunities for frontline staff within the healthcare services to promote a healthy lifestyle amongst service users. In addition, it is recognised that public health is 'everyone's business' and therefore responsibility is taken by the wider workforce rather than solely clinical staff. In practice, this initiative is supported by the broadening of the knowledge base of practitioners from a wide range of backgrounds through health improvement and health promotional training. By opening up a range of services and training opportunities that are made available to pharmacy, the HLP project extends the skills base of pharmacy staff and opens up the possibility for them to engage in health promoting encounters at every opportunity (Carlebach & Shucksmith, 2013).

The active promotion of public health and healthy lifestyles that is emergent across the health services is intended to facilitate a shift in focus from treatment to prevention, and this is evident within the overall HLP project aims.

2.2 What is a Healthy Living Pharmacy?

According to the National Evaluation of the pathfinder programme (NPA, 2013), a HLP:

- Consistently delivers a range of high quality health and wellbeing services
- Has achieved defined quality criteria requirements and met productivity targets linked to local health needs e.g. a number of Stop Smoking quits at 4 weeks
- Has a team that proactively promotes health and wellbeing and proactively offers brief advice on a range of health issues such as smoking, physical activity, sexual health, healthy eating and alcohol
- Has a trained Health Champion (also known as Healthy Living Champion (HLC) and Health Trainer Champion), who is proactive in promoting health and wellbeing messages, signposts the public to appropriate services and enables and supports the team in demonstrating the 'ethos' of an HLP
- Has premises that are fit for purpose for promoting health and wellbeing messages as well as delivering commissioned services
- Engages with the local community and other health and social care professionals
- Is recognisable by the public through the display of the HLP logo.

In order to achieve the HLP status, pharmacies must also be meeting all contracted requirements for essential and advanced services provided within the pharmacy contract. Additional requirements are as follows:

- A minimum of one health champion, who has achieved the Understanding Health Improvement Level 2 Royal Society for Public Health (RSPH) award, must be appointed to support the important health and wellbeing role of the HLP – this is a suitable role for a Medicines Counter Assistant
- Leadership training must be undertaken by an individual involved in a leadership or management position so that they can support the development of the pharmacy team and change from providing reactive to proactive health interventions
- The consultation room should be equipped appropriately, depending on the services offered
- Every interaction in the pharmacy should be seen as an opportunity for a health promoting intervention, 'making every contact count'
- The pharmacy should be actively participating in all directed public health promotion campaigns listed as specific requirement of their HLP criteria and as a requirement of the essential services component of the community pharmacy contractual framework
- HLPs are required to commit to and promote a healthy living ethos within a dedicated health promoting environment
- HLPs should meet output targets for the services commissioned in accordance with Local Authority Public Health Department requirements.

These criteria relate to three key areas that include a commitment to workforce development, requirements relating to the physical environment of pharmacy

premises as well as demonstrating multidisciplinary and community engagement.

Brown et al (in press) indicate that, in addition to the additional finance that pharmacies receive from the new services they offer, a number of positive factors are associated with membership of this scheme. An additional factor is the up skilling of the pharmacy workforce through the range of training courses that are being made available to pharmacist and non-pharmacist staff. But, most importantly, it is the development of a regular, loyal customer base that benefits from the range of services and which is increasingly likely to visit pharmacy for services and advice in the future.

Once accepted into the scheme, the HLP builds upon existing, core, services that are already offered in community pharmacies over a three-tiered commissioning framework. The three levels of service delivery that were agreed under the Portsmouth Pilot scheme (2010) comprise promotion (level 1), prevention (level 2) and protection (level 3). The model that informed this framework is presented in Figure 1 below.

Public Health Need	Essential Services	Level 1	Level 2	Level 3
Smoking	Promotion of health and wellbeing support for self-care, signposting	Stop smoking (Nicotine Replacement Therapy) proactive advice and signposting	PGD treatment brief intervention	Chronic Obstructive Pulmonary Disease (COPD) risk assessment NHS Health Check
Obesity	Promotion of health and wellbeing support for self-care, signposting	Weight management; proactive advice and signposting	PGD treatment brief intervention	NHS health check
Sexual Health	Promotion of health and wellbeing support for self-care, signposting	Emergency Hormonal Contraception PGD, Fast track pregnancy testing and referral, condom distribution	Chlamydia screening PGD treatment, brief intervention	Contraception service, Human Papillomavirus/hepatitis B vaccination and screening
Alcohol	Promotion of health and wellbeing support for self-care, signposting	Alcohol risk assessment, brief intervention and appropriate referral	Alcohol specific non-planned interventions	Structured care planned alcohol treatment
Minor Ailments	Promotion of health and wellbeing support for self-care, Over the counter supply	Pharmacy first; assessment, advice and treatment with GSL and P meds	PGD treatment	Pharmacist prescribing
Substance misuse	Promotion of health and wellbeing support for self-care, signposting	Supervised consumption	Harm reduction, screening, needle exchange	Client assistance and support. Hepatitis B vaccination
Men's Health	Promotion of health and wellbeing support for self-care, signposting	Proactive health promotion targeted at men; prostate and testicular cancer awareness	Early identification of some cancers/cancer treatment adherence support	NHS health Check
Long-term conditions	Promotion of health and wellbeing support for self-care, signposting	Adherence support (Medicine Use Review)	Condition parameter monitoring appropriate referral	Chronic medication. service pharmaceutical care planning
Locally driven services (maternal)	Promotion of health and wellbeing support for self-care, signposting	Early pregnancy testing, healthy start	Maternal smoking/weight interventions	Pregnancy and diabetes service inc PGD

PGD= Patient Group Directions

Figure 1: The Portsmouth Healthy Living Pharmacy (HLP) model of service delivery

Within this model, the core activities represent the essential services within the pharmacy contractual framework. Level 1 service activities represent those which pharmacies are required to engage with in order to be awarded HLP status. It is anticipated that, as the initiative develops further, some pharmacies will progress through levels 2 and 3 of this framework.

One of the defining features of the HLP programme is the emergence of the role of HLC (HLC). Healthy Living Champions are members of the pharmacy team who have been adequately trained to Royal Society of Public Health (RSPH) Understanding Health Improvement, level 2. This training enables the HLC to provide customers with appropriate health promotion advice. Their role is to proactively offer health related information and to signpost customers to other appropriate services.

By delivering a consistently high level of quality commissioned services the HLP is said to meet local need for improving health and wellbeing within the community as well as helping to reduce health inequalities. The ultimate goal of the HLP is to engage the entire pharmacy team with the healthy living 'ethos' and turn every customer encounter into a health promoting interaction.

2.3 Tees Healthy Living Pharmacy Project

The Tees HLP (HLP) project has been designed around the Portsmouth model but, whilst the underlying principles of the project remain the same, it has been tailored to meet the public health needs of the local population. It offers a bespoke approach building on the national pathfinder programme since there is more flexibility in the range of services that it incorporates.

According to the Tees targeted outcomes (2012), a number of benefits of being a HLP have been claimed:

- Improvements in outcomes, quality and productivity
- Ability to demonstrate to both present and future commissioners what community pharmacy can deliver to improve the health and wellbeing.
- Increased public awareness of community pharmacy in the breadth of health and wellbeing services that can be delivered
- Demonstrates raised awareness of the role of community pharmacy in support of health and wellbeing to local populations.
- Community pharmacy becomes an access point of choice for patients seeking solutions to their health and wellbeing needs
- A recognisable branding for HLP that represents excellent quality to the public and health professionals
- An engaged and motivated pharmacy team able to deliver proactive health and wellbeing interventions and improved performance.
- Improved involvement and engagement of pharmacy team including trained HLCs and further opportunities for job progression
- Enhanced engagement and collaboration with other health professionals.
- A commissioning framework and evidenced health outcomes that highlights the community pharmacies role in public health intervention.

The first wave of implementation of the HLP (HLP) project across the Tees area was launched in September 2012. A total of 16 pharmacies successfully applied to enter into the first wave of the project. In a similar vein to the Portsmouth HLP framework, the Tees model is structured across a three tiered service delivery framework. The

first wave of implementation has involved bringing all 16 pharmacies to Kitemark level 1 status, the assessment criteria of which is set out in Figure 2 below:

Quality criteria	Standards achieved
Healthy Living Champion	<ul style="list-style-type: none"> At least two non-pharmacist members of staff have achieved Royal Society of Public Health (RSPH) Understanding Health Improvement, level 2 award If achieved as a distance learning package – attendance at one event to demonstrate skills in practical setting to be carried out
Leadership Training	<ul style="list-style-type: none"> At least one member of the team to complete specific HLP Leadership Training Programme
Premises Criteria	<ul style="list-style-type: none"> Must reflect professional image and promote healthy living Posters and health promotion literature current and accessible Health related products and services are clearly differentiated from other activity Premises are welcoming, with positive signage for confidentiality and consultation areas Consultation rooms include space for chaperone if requested and suitable equipment for the services being provided Confidentiality is at the route of all interactions (including fraser and data protection) Consultation rooms have Information Technology (IT) accessibility
Service provision	<ul style="list-style-type: none"> Pharmacy has a strategy for targeting respiratory MURs with a target of 25 Pharmacy can supply follow-up or signposting details if required for follow up of all Medicine Use Reviews/New Medicine Service Pharmacy has provision and expertise for alcohol brief advice Pharmacy has provision and expertise for needle exchange and/or supervised substitution in a safe environment Pharmacy has provision and expertise for sexual health
Health promotion	<ul style="list-style-type: none"> Pharmacy has participated in 6 Tees Health Promotion campaign
Engagement	<ul style="list-style-type: none"> Pharmacy has participated in at least one public engagement event

Figure 2: Tees HLP Level 1 assessment criteria

The public health needs that are the focus of enhanced services within the first wave within the Tees model include:

- Long term conditions – Respiratory Medicine Use Reviews (MUR)
- Smoking – Smoking cessation clinic
- Alcohol – brief advice
- Substance misuse – supervised consumption and/or needle exchange
- Sexual health – Emergency Hormonal contraception (EHC).

2.4 Aim of the evaluation

As part of the HLP project, routine data is being collected on an ongoing basis that will allow for an audit of the services being delivered. It is the scope of this evaluation to provide an additional qualitative evaluation that will:

- Evaluate perceived barriers and facilitators to accessing the services

- Identify aspects of service that have
 - a. Worked well
 - b. Could be improved
- Capture information about lifestyle changes consequent on the initiative
- Identify gaps in service provision, e.g. Where customers have not been referred to specific pathways.

3 Methodology

3.1 Research Design

A mixed methods approach to the evaluation was taken in order to elicit the views of the HLP project manager, pharmacy teams and their customers in relation to their thoughts and experiences about their involvement with the HLP project. The evaluation was designed across three 'phases' in order to incorporate a range of views taken from those who have had direct involvement with the project. Each phase is now described in turn.

3.1.1 Phase 1: Postal Questionnaire phase

A brief questionnaire comprising both closed and open ended questions was sent to all pharmacies. The questionnaire was designed in order to ascertain:

- Demographic information about the pharmacy
 - a. Type of organisation (independently owned or part of a national multiple chain)
 - b. Progress to date on becoming Kitemark accredited
 - c. Training (staff numbers and types of training received)
- Thoughts about becoming involved in the pilot scheme
- Views on training and support that is made available
- Barriers and facilitators to implementation of the project
- Customer engagement with the HLP pilot.

3.1.2 Phase 2: Interviews with pharmacy teams and project manager

Semi structured interviews were conducted to complement the questionnaire phase, and further explore issues in more depth. The interviews enabled the research team to explore, in more detail, some of the key elements that were identified during the earlier phase. Interview schedules with pharmacy teams were broadly based around key topic areas:

- Thoughts about being involved in the pilot scheme
 - a. Appeal of the pilot scheme
 - b. Benefits of the scheme
 - c. What they perceived as the added value
- Views about training and support that has been made available
- Barriers/facilitators to implementation of the project
- Customer engagement.

In addition to the pharmacy teams, a single semi-structured interview was carried out with the project manager of the HLP pilot scheme. This interview schedule was broadly based around the same key topics as for the pharmacy teams, but with additional topic areas including:

- Expectations and limitations of the Project Manager role
- Views on what makes a HLP successful.

3.1.3 Phase 3: Telephone interviews with a selection of HLP customers

Semi-structured telephone interviews explored the relationship that customers had with pharmacy before and after their engagement with the service(s) they received under the HLP scheme:

- Their use of pharmacy before engaging with the service
- How they found out about the service
- Experiences of using the service
- Experiences of being referred to other pathways
- Whether any lifestyle or behaviour changes had occurred as a result of using this service
- Any potential gaps in provision.

3.2 Participant Recruitment

3.2.1 Phase 1 – Postal Questionnaire

All pharmacies that were selected to take part in the first wave of the HLP pilot scheme (n=16) were contacted and asked to participate in the evaluation by completing a brief, self-report questionnaire that was designed to assess their views and experiences of becoming a HLP. Questionnaires were completed by and returned from all 16 pharmacies.

3.2.2 Phase 2 – Interviews with pharmacy teams

From the 16 pharmacies who had completed and returned the questionnaire to us, a small subsample (n=8) were invited to participate in a semi-structured interview. This subsample was selected on the basis of locality (two from each locality) and also based upon the type of organisation (independent or multiple) and the range of responses given within the questionnaire. This ensured as broad a range of responses as possible. Within each of these locations, the HLP team, comprising one pharmacist and two HLCs, was invited to take part. The interviews were arranged for a time that was convenient for the pharmacy team and were usually conducted in the form of a small focus group. However, due to staffing levels in two pharmacies, interviews were carried out separately with the pharmacist and HLCs.

In addition to the pharmacy staff, one further semi-structured interview was carried out with the Project Manager of the HLP pilot scheme. This was carried out after all interviews with pharmacy teams had been completed.

3.2.3 Phase 3 - Telephone interviews with customers

Pharmacy staff were asked to approach customers who have accessed services under the HLP pilot scheme and explain to them the nature and aims of the evaluation. Following this discussion, customers were asked if they would agree to be contacted directly by the research team. Those who gave their verbal consent were provided with a detailed information sheet that explained the evaluation project in more detail and asked to leave their contact details with the pharmacy. The research team arranged for all customer contact details forms to be collected in

person from each of the pharmacies and the customers were contacted directly using the details that they had provided. Customers taking part in the telephone interview were offered a high street voucher to the value of £10 as a gesture of good will. A total of 26 customers participated in this phase of the evaluation.

3.3 Data analysis

The postal questionnaire was designed using open and closed questions and therefore yielded both quantitative and qualitative data. Quantitative data was entered into SPSS and a descriptive analysis carried out.

The interviews with pharmacy teams, project manager and customers were digitally recorded and transcribed. Qualitative software, Nvivo9 was used as a data management tool and thematic analysis was carried out across all interviews. A six-stage approach to thematic analysis was used (Braun & Clarke 2006). This started with an initial familiarisation with the data which was followed by the generation of initial codes. These codes were then applied to the data to enable the collation of codes into potential themes. These themes were then reviewed, generating a thematic map of the analysis. The next stage was to refine and name the themes. The final stage was the selection of examples of direct quotes to illustrate the thematic framework.

4 Results

4.1 Phase 1: Questionnaire findings

The initial phase of the evaluation involved the completion of a self-report questionnaire by all pharmacies taking part in the scheme. It is important to note that this questionnaire was completed by a member of the pharmacy team at an early stage of the pilot. The responses reported below represent a snapshot in time prior to achieving HLP Kitemark accredited status.

4.1.1 Pharmacy information

A total of 17 pharmacies were successfully accepted into the first wave of the HLP pilot scheme. All of these were contacted and invited to participate in the first phase of the evaluation by completing a postal questionnaire. One pharmacy did not complete the questionnaire as HLP status was in the process of being transferred to another store, but all others completed and returned the questionnaire. The pharmacies who are participating in the pilot scheme are distributed throughout the four localities, as demonstrated in Table 1 below.

	Hartlepool	Stockton	Middlesbrough	Redcar & Cleveland	Total
Chain	2	2	2	4	10
Independent	1	3	2	0	6
Total	3	5	4	4	16

Table 1: Number of pharmacies within each locality and the type of organisation

Of the 16 pharmacies included at this stage of the evaluation, 10 formed part of a national chain and 6 were independently owned. All of the pharmacies reported that they were currently operating with the minimum requirement of at least one trained pharmacist and one HLC within the team. In some cases, pharmacies were considerably better placed. Thus five pharmacies reported having two trained pharmacists and whilst ten pharmacies (62%) reported that they had two HLCs, some had more. One pharmacy, for example, indicated that they currently operated with a total of 6 staff members who were trained as HLCs.

All 16 pharmacies were considered to be providing appropriate consultation facilities, comprising a private room with sufficient space for a chaperone and suitable equipment for the services being offered, this is a condition of acceptance to the scheme. Promotional campaigns had been delivered in 14 (87.5%) pharmacies, though two were still working towards this aim. It was indicated that six pharmacies (37.5%) were still working towards having an adequate number of trained staff members and seven pharmacies (43.8%) reported that there was further to go if they were to become fully engaged with GPs and referral pathways.

	Consultation facilities		Trained staff		Referral pathways		Campaigns	
	Achieved	Working towards	Achieved	Working towards	Achieved	Working towards	Achieved	Working towards
Hartlepool	3	0	2	1	2	1	3	0
Stockton	5	0	3	2	2	3	4	1
Middlesbrough	4	0	3	1	1	3	3	1
Redcar & Cleveland	4	0	2	2	4	0	4	0
Total	16	0	10	6	9	7	14	2

Table 2: Number of pharmacies who had achieved aims by locality

All pharmacies had trained staff and have begun delivering advice on smoking cessation and most are currently delivering advice on substance misuse (n=14, 87.5%) and sexual health. Only 13 (n=13, 81.3%) reported that they were delivering sexual health services though all were paid to undertake this work as part of their Local Enhanced Service Agreement. Fewer pharmacies are currently offering advice on other matters such as long term conditions (n=11, 68.8%), alcohol (n=8, 50%) and cancer (n=7, 43.8%). Table 3 below shows the number of pharmacies who are offering advice across key services within each locality.

	Smoking	Alcohol	Sexual Health	Substance misuse	cancer	Long term conditions
Hartlepool	3	2	2	3	2	2
Stockton	5	3	4	4	0	2
Middlesbrough	4	2	3	4	2	3
Redcar & Cleveland	4	1	4	3	3	4
Total	16	8	13	14	7	11

Table 3: Number of pharmacies which are giving advice across key services

4.1.2 Training

A range of training courses has been provided under the pilot scheme, with leadership training being the most frequently attended so far. All (100%) pharmacies reported that they had at least one pharmacist who had completed this training, which is a compulsory aspect of membership of the scheme. In four pharmacies, the HLCs have also completed this course. The health improvement training has been more popular amongst HLCs, with ten stores (62.5%) having champions who had completed this training at the time the questionnaire was completed, whilst only three had pharmacists who had undertaken this course.

Of the service specific training that had been attended by pharmacists so far, alcohol awareness (n=8, 50%) and chlamydia screening (n=7, 43.8%) had been least well attended. Training had been received by most pharmacies in all other services being delivered under the HLP banner. Substance use and smoking had been the most popular with 14 of the 16 stores having pharmacists who are trained to deliver these services. Of the other training courses offered, respiratory Medicine User Reviews (MUR) training had been completed by 13, CPR training had been taken up by 12 and 11 had undertaken the flu vaccination training. Table 4 shows the number of pharmacies where the pharmacist had attended training.

	Leadership	Health Improvement	Respiratory MUR	Alcohol	Flu	CPR	Smoking 2	Smoking 3	Chlamydia	Substance Misuse
Hartlepool	3	0	3	1	2	2	1	1	2	2
Stockton	5	3	4	4	5	5	5	5	1	5
Middlesbrough	4	0	3	2	1	2	4	2	2	4
Redcar & Cleveland	4	0	3	1	3	3	4	3	2	3
	16	3	13	8	11	12	14	11	7	14

Table 4: Number of pharmacies in each locality where pharmacists have attended training

As demonstrated in Table 5, most pharmacies have HLCs who have been trained in smoking cessation, with 15 pharmacies (93.8%) reporting that their champions were trained to Smoking 2 and 11 (68.8%) were trained to Smoking 3. Whilst half of champions had undertaken the training in alcohol awareness, only very few had received training for the other services being delivered. Training in substance misuse had been received by four champions, whilst chlamydia training had been attended by two and respiratory MUR, Flu vaccine and CPR had been attended by one champion. Pharmacies within Redcar and Cleveland area have the fewest HLCs who have attended service specific training; smoking cessation is the only course that had been attended here.

	Leadership	Health Improvement	Respiratory MUR	Alcohol	Flu	CPR	Smoking 2	Smoking 3	Chlamydia	Substance Misuse
Hartlepool	0	2	0	2	1	0	3	1	1	1
Stockton	1	4	1	3	0	0	5	5	1	3
Middlesbrough	3	2	0	3	0	1	3	3	0	0
Redcar & Cleveland	0	2	0	0	0	0	4	2	0	0
	4	10	1	8	1	1	15	11	2	4

Table 5: Number of pharmacies in each locality where Healthy Living Champions had attended training

Training courses have generally been viewed positively by all 16 pharmacy teams taking part in this phase of the evaluation. All 16 reported on the questionnaire that the training was carried out in an accessible location and that it was both useful and relevant to their practice. When asked about positive aspects of the pilot scheme, training was often indicated to be central to enabling their engagement:

The training which has been provided has been very useful and informative. (QP6)

Good training (especially alcohol awareness session, leadership training and respiratory MUR training). (QP13)

Excellent training. (QP14)

One respondent felt that the staff member delivering training was not entirely competent in the subject and one felt that one of the courses had not been delivered at the appropriate level for the colleagues who were attending it. The responses offered within the open questions of the questionnaire indicated that some training wasn't entirely comprehensive for all colleagues taking part, sometimes re-covering elements of practice that were not necessary:

Sometimes the training went over things we already knew and do on a daily basis. (QP8)

And on another occasion it was felt that the level was pitched too high for those taking part:

Smoking cessation training events attended by pharmacist and 2 members of our healthcare team were 'intermediate' level and didn't prepare the staff to engage with clients – it was set at too high a level. (QP7)

However, overall, there appears to be a consensus that the training courses have been appropriate, accessible and relevant to practice.

The time of day when training was given had been acceptable to most of the respondents, though three indicated that it was not always suitable. Giving more details within the open responses, it appears that the timing of some of the training courses was sometimes difficult to accommodate. But there appears to be no consensus as to when the most suitable time might be:

Most sessions were OK but sometimes daytime sessions were difficult to attend being a small independent pharmacy. (QP8)

Training on Sunday hard to go to. (QP2)

It would seem that, depending on the organisation itself, it is difficult to arrange an appropriate time for courses to be held that would suit everybody.

A further issue that has arisen around the availability for staff to attend training is that pharmacy staff was sometimes expected to attend training sessions outside of their working hours and were unpaid for these events. Staffing levels have been cited as a further problem:

A lot of training seems to be on a weekend or evening and as staff do not get paid for attending by our company it puts staff off giving up their free time. (QP17)

Very difficult to get time out of work to attend training. We can only send 1 or 2 staff at a time otherwise the pharmacy is too short-staffed. (QP6)

4.1.3 Support

All 16 pharmacies indicated that the support they had received from the project management team had been useful, adequate and easily accessible. The level of support received from the project manager had played a big part in helping the pharmacies to engage actively with the pilot scheme:

Excellent support that was vital to keeping the pilot going with enthusiasm. (QP9)

The support has been excellent. [Project manager] is so enthusiastic and is trying so hard to fight for pharmacy. (QP14)

Very supportive, readily available and accessible. Nothing has been too much to ask. (QP11)

The availability of resources to support delivery of the pilot programme had been imperfect at times. This had reportedly hindered engagement with the pilot:

The resources library's website (Guisborough) did not accurately reflect availability of resources, and staff (HLCs) felt that resources were not always easy to obtain. (QP13)

Sometimes it was not clear what resources were available and where to obtain them from. (QP8)

No resources brought, unless asked. (QP5)

4.1.4 Pharmacy engagement with the pilot

Some of the things that pharmacies have attributed their successful engagement with the pilot to was the availability of successful accommodation, including adequate display space and a private consultation room. Similarly, when health promotion materials had been available and accessible to pharmacy, the visual impact of displays had been viewed very positively. Some pharmacies had contacted local charities and other organisations in order to proactively obtain additional resources to support the displays that they were creating.

The opportunity to provide a wider range of services to their customers was a common theme emerging from all pharmacies. The new scheme is helping to improve services to their customers and providing satisfaction to the staff who are delivering them. The overall enthusiasm of staff towards the pilot was also suggested as contributing to the level of engagement that the pharmacy has. Staff were described as being well motivated and enthused as a result of the training and additional services that they are being offered.

Where pharmacies felt that they were not fully engaged with the pilot scheme, issues around having the time or space to build displays and complete the extra paperwork involved were mentioned. Staff turnover, sickness absence and low staffing levels overall were also cited as constituting drawbacks to becoming fully engaged with the

scheme. One organisation indicated that they might not be best placed to engage with the scheme in reality:

[our] Pharmacy is very busy, dispensing over 4000 items per week and is often short staffed. Very difficult to find time to arrange health promotion displays and have conversations with patients. (QP6)

4.1.5 Customer engagement with the pilot

Customer engagement with the pilot scheme was reported to have been largely through the proactive approaches made by trained pharmacy staff, with 14 pharmacies (87.5%) indicating this to be a major factor in customers accessing the service. In many cases, however, pharmacies stated that customers are said to be frequently coming into pharmacy and actively seeking out services that are being advertised through displays or word of mouth (n=12, 75%). Pharmacies reported that fewest customers appear to be drawn to the pilot scheme from media advertisements (18.8%).

Direct, proactive promotion of services appeared to be the favoured approach to engaging customers:

We actively promote the new cessation clinic and recruit patients who are eligible for the service. (QP12)

Overall, pharmacies reported that customers who had engaged with a range of services offered under the HLP pilot scheme had given positive feedback. The displays were seen as an excellent focus that could be used to actively engage with customers and as a result, customers had been very positive about their impact:

The customers love the displays, especially when we have props. E.g. oral health – they got to see how much sugar was in drinks etc. (QP17)

Lots of interest in our displays, also customers thinking about their health. (QP16)

Some feedback to pharmacy suggested that customers were coming for advice ahead of visiting the GP in some instances. In one pharmacy, it was suggested that customers valued their position within the local area:

More convenient than visiting the GP surgery. Appreciate the extra help and support. (QP9)

A combination of specific examples, and general responses were given on the questionnaires:

They are pleased with support received, particularly when accessing smoking cessation. (QP7)

Customer diagnosed with cancer told to give up smoking and came to us for treatment through smoking cessation clinic which has led to a positive outcome. (QP3)

Substance misuse client requested help to go on treatment, couldn't get help so we got in touch with the various drug teams and now on treatment. (QP3)

Despite the positive feedback received, a few pharmacies suggested that both lack of marketing about the scheme and the fact that many services were offered prior to the HLP scheme, resulted in customers being unaware that the scheme was in operation and that they were therefore failing to feed back about the quality of services they had received. One of the services that provided flu vaccinations was reported by one pharmacy to have received some poor feedback due to the restrictions on criteria for customer eligibility for the scheme.

4.1.6 Benefits and drawbacks of participation within the scheme

Pharmacies were asked about the benefits of participating in the HLP pilot. Of all benefits that were suggested, it was the increase in the quality of links to the local community that were most frequently cited. Re-establishing pharmacy as a key, trusted, source of healthcare advice and services was a key element for informants and of great importance to the pharmacies taking part:

Being recognised as a location that can provide quality and accessible public health/healthy lifestyle information and advice. (QP11)

We hopefully are a community pharmacy, customers will identify as one that can meet all their health needs, one that they can trust to deliver. (QP15)

The pharmacy is already established in the community and we are trusted to give advice. (QP7)

In addition to the raising of pharmacy profile within the community, the expanding range of services and commitment and motivation of staff were the most important benefits that were cited within the questionnaire responses. A few pharmacies recognised the potential for networking and sharing best practice that came with membership of this scheme. The ability to network with other pharmacies, healthcare professionals and other agencies was felt to be of great benefit to them and their customers in the long term.

Key drawbacks to the scheme were noted as the amount of additional time required for attending training, completing additional paperwork and carrying out the additional services, as well as the time taken in order to produce appropriate visual displays:

Time is a constraint, in as much as that we don't have sufficient staff to offer the full range of potential services. (QP7)

Finding time to do extra things e.g. display. (QP17)

Sometimes there was felt to be a conflict of interests between the business priorities of a multi-national chain and the enthusiasm of the staff taking part. These competing priorities had to be managed by the staff themselves:

More difficult to maintain status quo when part of a large organisation, as changes are managed at a level above individual pharmacy location. (QP11)

Interestingly, four of the 16 pharmacies taking part stated that they could see no drawbacks at all to participation in the HLP pilot scheme.

4.2 Phase 2: Interviews with pharmacy teams

Focus groups were carried out with eight of the sixteen pharmacy teams that were involved in the first wave of the pilot scheme. A range of issues was discussed.

4.2.1 The initial appeal of the Healthy Living Pharmacy Pilot

All of the pharmacy teams that were interviewed were asked about the initial appeal of the HLP pilot and they each expressed great enthusiasm from the outset at the prospect of being involved. It was mainly the acquisition of new services that was reported to have driven their participation in the first wave of the scheme:

R1: We felt that we didn't offer very many services at that point and we wanted to look at the smoking cessation and the C-Card and a lot around sexual health and things like that

Q: So this gives you that platform, as you say

R1: Yeah, yeah it does. (HLC, team 7)

It was an opportunity to offer a lot of new services. (HLC, team 1)

Some of the pharmacy teams reported that they were offering some of the services in store before the pilot scheme had begun. This was seen as a great positive to them because being part of the scheme would not involve a greater commitment, and it thus felt like an achievable goal that was seen to be an extension of their existing role:

R2: Well we always did a lot of the service anyway that they were talking about and to me a lot of pharmacies who were there didn't do smoking or supervised methadone.

R1: We have a big smoking cessation clinic.

R2: So yeah we were.

R1: [the pharmacist] does a lot of EHCs

R2: Yeah and we did Chlamydia tests, so a lot of the things we were doing already. So we thought that, you know, really it would just be like an extension of most services which we were currently doing. (All, team 1)

In some instances, however, they did recognise that they have engaged with these

services in more depth than they would have done had they not been involved with the HLP pilot:

R2: We do a lot of it anyway already don't we? So

R1: We do yeah.

R2: It's just a bit more ... there's a bit more involvement with it. But we do a lot of services in here. (HLC, team 3)

R3: You are able to offer a wider range of services to the customers and it's also brought in things like smoking cessation and things through the HLP that we offer, weight control and things like that that we do

Q: So are those services that you hadn't been doing before?

R3: Yeah, or we had been, but not on the same sort of depth before as we're doing now. (HLC, team 8)

Whilst some of the pharmacies that were involved in the first wave of the pilot reported that they offered some of these services prior to their involvement with the scheme, for some it was a clear opportunity to engage with the wider range of enhanced services that they would not otherwise be able to offer:

R1: We could finally start offering some more services because that was something we've ... Although we've always been interested in doing certain services, the opportunity has never come up like. The PCTs didn't ever run training, and every now and again they'd send you a thing and say, what services do you offer, what are you interested in offering. You'd express interest and then you'd send it off and you'd never hear anything back. So we were - well I was - enthusiastic about it.

R2: I mean we all were at the time.

R3: We thought it could be really good. (team 5)

It was also felt that, as a result of being able to offer additional enhanced services in pharmacy, being part of the HLP pilot would attract new customers into pharmacy:

The most important thing was to increase the awareness of the services that pharmacies can provide for patients which most people didn't or still don't know about but are becoming more aware of because of this Healthy Living pilot. (Pharmacist, team 2)

R2: We weren't getting as many customers or anything

R3: We weren't getting as many customers and it sort of changed something in the pharmacy whether it was the display or people asking questions about it and things like that so it's quite good from that point of view. (HLC, team 8)

A further point which appealed to pharmacy teams was that the HLP had given them the opportunity to take a more active, public health role within their communities:

I suspect that it was nice to be kind of more involved and promoting health generally in the population, it was certainly what I liked the idea of. (Pharmacist, team 6)

Actually improve the health of customers we already have. (HLC, team 1)

The project manager of the HLP pilot reiterated these factors that pharmacies found appealing but went on to explain that, in addition, the pilot scheme has the propensity to change the role of pharmacy within local healthcare provision. She suggested that:

It [HLP] has given pharmacy a voice... public health are now looking to pharmacy to deliver on an awful lot more projects. (HLP Project Manager)

Following a launch event, pharmacies were given an application form encouraging them to consider entry into wave 1 of the HLP pilot scheme. Overall this was deemed to be a very straightforward and uncomplicated method of applying to the scheme:

We just had to literally put down what services you provided, what services you didn't provide, what we were willing to provide, give examples of your best practice and the reasons why you wanted to do it so it wasn't complicated to do. We just had to take the time to fill it out. (Pharmacist, team 2)

Although some stores found that completing the application form was challenging, in some instances it was completed by the team themselves and in others it was forwarded to more senior management. It was considered a fair and appropriate method of applying to take part.

4.2.2 Enhanced services

One of the defining features of the HLP pilot has been the implementation of high quality, enhanced services. As indicated above, these services were a key priority for pharmacies who applied to become part of the first wave of this pilot scheme. The scheme offers a great opportunity for a benchmark where all pharmacies will be providing the same level of service across a structured commissioning framework. The pharmacy teams that were interviewed acknowledged the value that the HLP pilot added to their business. They indicated that, even with pre-existing services, there has been a marked increase in the number of customers that are engaging with services.

Q: So did you get more people referred into the smoking cessation from the display?

R1: We did, especially with it being Stop Smoking day in March and we had a lot of new sign ups, didn't we?

R2: Yeah.

R1: A lot of people didn't know that we offered those services, so we did have a lot of new smokers. (HLC, team 1)

Some pharmacy teams suggested that without the pilot scheme, they would not have been in a position to offer some of the new services at all:

I know the services that we provide just since the pilot we've started to

do and when you think it's only a relatively short space of time, six months, but we provide two new services which we wouldn't have before and the main one being flu vaccination. That was done very quickly, really in preparation for this year's flu season, but it just proved how quick we could get it done with the pilot behind us. Because otherwise, personally, I don't think it would have been done as quickly. It was all done within three or four weeks. (Pharmacist, team 2)

But, according to the project manager of the scheme, the introduction of new services into Healthy Living Pharmacies is more likely given that these enhanced services were implemented so successfully under the pilot scheme:

Pharmacy are looking at services and saying, oh yeah, we would quite like a piece of that. And because things tend to pilot through HLP, because it's managed, they think oh ok... The other thing that's happened is because there is the opportunity to pilot. Public Health are coming up with, well actually we could pilot this or we could pilot this through HLP - which is how flu [immunisation] came about. (HLP Project Manager)

As well as the increased activity associated with the new and increasing popularity of the enhanced services, it is the opportunities for personal and professional development that are considered the most valuable aspect of delivering these new services.

4.2.3 Training

The training courses are considered to be a fundamental aspect in the implementation of the HLP pilot scheme and a great deal of discussion with pharmacy teams was focused around some of the issues surrounding the availability quality and timing of these courses. There are clear requirements that set out the criteria for a pharmacy achieving level 1 status as a HLP and this includes having at least one pharmacist having attended the HLP leadership training and two HLCs undertaking the RSPH level 2 Understanding Health Improvement training. Beyond this, service specific training that is accredited through the Centre for Pharmacist Postgraduate Education (CPPE) is mandatory before any new service can be implemented in store.

Training courses are, according to the project manager, being arranged regularly with at least one training event taking place each month. Pharmacy teams report that these are made available to them on a regular basis:

Since October there's been the Flu Vaccination stuff, the Smoking Cessation training (but we were already accredited to do that). There's been further Emergency Hormonal Contraception training, plus the new service for the Chlamydia 'Test and Treat', which is brand new - that's never been done before and that was brought together with the Healthy Living pilot, the Alcohol Brief Intervention training, so there's just five in six months that I can, sort of straight away.... There's probably others. (Pharmacist team 2)

Most pharmacy teams agree that whilst the training courses have been provided, sometimes the timing of these events can prove difficult for people to attend due to the pharmacy opening hours and other organisational commitments. This has been problematic for some:

In terms of other forms of training that they've offered us, they've just been at like odd times, haven't they? I mean some days they are during the day, some days its after work sometimes it's not like convenient for us... We've not been able to do that because it's either been during the day or its been on a night that we've not been able to go. (Pharmacist, team 7)

The training was actually good, I mean I just don't like it because it's on a weekend and the weekend is my precious time and that's my grievance isn't it. (HLC, team 4)

It is difficult to gauge, because of the wide range of hours that are worked in each pharmacy, what might be the best time to hold training sessions, since not everybody agrees on which times are best. The training is currently carried out in the evening and at weekends when most pharmacies are closed, in order to ensure the greatest possible attendance.

In terms of the quality of the training events, the Leadership and Health Improvement courses were generally well received. They were considered by most teams to have been helpful and beneficial to their roles:

I think it's helped that we're all Healthy Living Pharmacies that have been at certain training so that we can share our views such as the leadership training, how we can promote it, what we can take away to implement to make sure the service went well. They've been useful and they've all being things they could apply to your everyday, so what you're doing is your job day in day out, with some tips that we've learned that we can use them. Definitely worthwhile, yeah. (Pharmacist, team 3)

I think the training's been really good. I don't think it could have been improved, I think we did like two days initially and then like an exam at the end to actually be a Champion. That was really interesting and then, like I say, all the others have been alright. They're not that long; they're only like an hour and a half, two hours at the most. (HLC, team 2)

However, two pharmacy teams expressed their concerns about the quality of the RSPH Leadership and Understanding Health Improvement training and so they felt they did not gain a great deal from their experience:

The leadership training... I didn't feel it really showed anything that I didn't already know. It made me think a little bit about my style and kind of how, what type of leader I am, made me think a little bit more about myself but it wasn't much on what to do to improve yourself, change. It was more kind of reflective of where you are. So I didn't really feel as if it did anything that kind of moved you on further. (Pharmacist, team 6)

R: [Re health improvement training] Really we weren't very impressed with it, were we?

R3: No and we're quite surprised by that.

Q: Why not?

R2 I think everyone felt the same. Sort of, the exam was really difficult and we didn't cover a lot that was in the exam beforehand.

R3: And considering it was multiple choice as well, it was still ...Well I thought it was difficult.

R2: I thought I'd failed. (HLCs, team7)

These experiences were the only negative ones that were reported about the HLP training events, and these particular concerns were not shared by other pharmacy teams. The HLP project management has now received accreditation to deliver these training courses and so it is expected that similar concerns should not arise in future

Some of the service specific training has been very well received, especially the alcohol awareness training:

Yeah the alcohol one was really interesting! Just the way he didn't just sit and talk at you and talk at you. They had you doing stuff and questions, and it was really good, really good, really good. (HLC, team 2)

It's brilliant, it's one of the best training sessions that I've ever been to as a pharmacist, and it's a difficult subject to approach and it's how to approach it, and they gave us hints and tips and ways to initiate conversation and so that whoever you are speaking to goes away knowing that, that little change can actually dramatically impact on their health. It's not a lecture to them, and it was very useful. (Pharmacist, team 3)

It was suggested that this particular training event took a very innovative approach, especially since it related to such a sensitive area that pharmacy teams had previously been reluctant to approach with customers. Taking part in this training appeared to increase the confidence and willingness of staff to talk about alcohol concerns with their customers.

In some cases, the timing of training was closely followed by the introduction of the new service. When this happened it really helped pharmacy teams maintain their enthusiasm for the new service:

We've set up a Chlamydia Test and Treat this month, so that's a new one that's started. Having said that, the training was actually in line with it as well, because I only went to it three or four weeks before it started, so that was well organised. (Pharmacist, team 1)

There are times when there was a mistiming between training and implementation of the new service and this can be a source of some frustration for pharmacy teams. An example of this was the flu vaccination service that was being delivered later than expected:

A few people came in for the flu jab and stuff but it was right at the ... It was not till, like, the end of October when we started doing that, so most people had had it [the flu jab] like, who would come here for it.
(HLC, team 2)

However, upon reflection, a number of pharmacies turned this into a positive, suggesting that although it was 'rushed through' last time, that it meant at least that they were currently ready to deliver this service in time for the coming flu season.

4.2.4 Location and type

The pharmacies that participated in this phase of the evaluation were very different from one another in terms of their location and organisation type. This ensured a broad range of perspectives were explored. It was clear that some pharmacies were more able to engage with the pilot scheme than others and one of the factors that contributed to their ability to engage was geographical location. The types of pharmacies taking part included some within supermarkets, others on a traditional high street, still others integrated into a very busy healthcare centre, as well as those based within communities. Some of these pharmacies could adapt more easily to the HLP approach than others. However, all of the teams felt that they were in a position that the HLP would benefit their customers in some way:

R1: I think that the big thing in the supermarket is that you do get the people who wouldn't normally go and ask a question.

R2: You get a lot don't you?

R1: But they see it's here and they're like 'now we're here we'll ask the question' so you get, sort of, a lot more opportunities that way.

(Pharmacist, team 3)

R1: See potentially we could have a lot of customers.

R2: That could benefit from it.

R1: That could benefit because they've maybes just come out of a doctor's consultation and been told something, they've not took it in and they want more advice so actually we're in a really good position to do something. (HLC, team 5)

Where the location of the HLP results in a transient throughflow of customers, the pharmacy team may be more unfamiliar with its customer base than stores located within, for example, residential areas. The teams in these stores need to explore alternative ways of involving customers in their services. Some teams have found this difficult and the barrier it creates can be difficult for the staff members to overcome and they may lack motivation and become more likely to disengage:

R3: I think it is to do with location for us more than anything else.

R1: Yeah, McDonalds pharmacy we've been described as.

R3: Yeah I can understand.

R3: it is just literally just in and out.

R2: A lot of our failure to perhaps embrace it fully has been on the location of where we are and how our job is slightly different.

(HLC, team 5)

The project manager disagrees with this position, arguing that as long as the team understand what it means to be a HLP, then they will not be restricted by their location:

I would say if they are a proactive team you can do HLP anywhere and we've got everything from tiny little pharmacies who have just got it to great big huge supermarket pharmacies who've got it and then we've got other people who have struggled. (HLP project manager)

What she does go on to say, is that the greater risk to engagement lies with the type of organisation rather than the location since it is those teams who are restricted by head office directives that are more likely to struggle:

We don't have the opportunity or the time to sort of go 'what was that you said?' Oh well you know we just don't. I mean it's a pilot scheme, we're not getting any money for it. The company therefore aren't giving us any staff to be able to do it, so... (HLC, team 5)

Yeah space is the one yeah, particularly if we want something up front of the store. There's various different promotions they put on, so it's fitting in around it so sort of during Stop Smoking Week we went down there and we had a stand. The store also had something else going on, so there is trying to find the balance of sort of you can have the space. (HLC, team 3)

Where pharmacy teams felt that either the location or organisational constraints are having a negative effect on their ability to engage, they do not feel that they have either the amount of time or level of commitment that is necessary to fully engage with this pilot scheme. The pharmacy teams have remained enthusiastic and positive about being part of the scheme and its wider benefits but feel that they are unable to engage to the extent that they would like.

4.2.5 Building relationships with customers

The HLP promotes proactive engagement with customers around services and health promotion messages being offered:

The whole basis of HLP is moving from reactive to proactive care. So where, in the past, someone would approach the pharmacy counter and say, 'I'd like to give up smoking. How do I do that?', now the pharmacy team will actually approach customers. (HLP project manager)

This is considered to be an essential component of the HHLPP scheme and a relatively new concept to counter staff who initially felt uncomfortable approaching customers about some services. In some ways this has become easier as they have become more engaged with the process but they are always aware of how customers might react to them:

R2: Like as we know now, you know what I mean, it doesn't bother us now, you know what I mean so.

R3: It is still.

R2: It is about the weight.

R3: I mean it's alright when they maybe bring it up or you can tell they're looking at something and you can approach them but to directly approach someone and say have you thought about losing weight.

R1: It's just basically like calling them fat isn't it?

R3: Well yeah that is the worry and you never know whether somebody....

R2: Or they're going to turn round and say 'hang on what are you talking about you?' They'd knock you out round here. (All, team 4)

Establishing a strong relationship with customers is therefore seen to be a very important factor in order to be able to proactively approach customers about services. The most common approach is to find a 'way in' and this is done most easily when having a more general conversation with customers. It is for this reason that those customers who are already attending regularly, often for other services such as smoking cessation or substance misuse services are approached about other, relevant services:

R3: It's surprising when they come in for the smoking isn't it but they want to tell you everything, don't they?

R2: Everything!

R3: It's like counselling, isn't it (HLC, team 7)

Alcohol. I mean the two patients that I saw they were Methadone patients so I knew them a bit more, so one just in general, I think one made a comment about drinking and he was feeling rough and I said 'you know there's, if you want we can offer you some advice on trying to reduce, if you're interested. No pressure, but it's there if you need it'. And he said, 'Oh yeah, that would be a good idea.' (Pharmacist, team 1)

Some of the community based pharmacies have built up relationships with their customers, who they often know by name, over a number of years. In one of the pharmacies, at least one member of staff lives within the community and so is in regular contact with customers both inside and outside of the pharmacy environment. These pharmacy teams suggest that their existing relationships have helped them when they approach customers about services:

Q: how do you find approaching customers?

R3: I think because we know them.

R1: It's easier.

R3: It is a lot easier because there's a lot of it's quite relaxed here, so there's a lot of banter already and you get to...

R2: Because you're asking them questions anyway, when they're buying, you know like the normal questions anyway, so then it just escalates from there into a conversation.

R4: And most of them know them don't they?

R3: We know a bit of background as well like. The reason we've done cancer [training] is a few of our sort of really regular customers have sort of just been told they've got cancer or have got families or they've just ... So we can kind of fit it to the customers a bit as well, but I think approaching them has been a lot easier than we thought because we were really, really worried about that. (All, team 4)

Some services are considered to not fit as well with this proactive approach and it would be deemed inappropriate to ask some customers. Whilst displaying health promotional material around available services, for example, sexual health may increase take up of the service itself, staff would be reluctant to approach people directly about it:

I mean obviously things like EHC you only get asked about when a person needs it. (Pharmacist, team 2)

A lot of the time when patients just come up to the counter with prescriptions we just ask, are you interested in any of the services we provide; stop smoking, medicines check? Obviously sexual health is different to approach. (Pharmacist, team 1)

The training courses do provide tips on how to approach customers about the different services, and as a result pharmacy teams reported being much more confident about asking probing questions and relating the customer's initial query to other services. This is helping them to build up rapport with their more regular customers and normalises these kinds of conversations within their everyday practice. Over time, they felt they were gaining confidence and so these conversations were becoming easier for the pharmacy team to initiate:

Yeah, certainly when you go for the training and you know [how] to approach people and just how you interact with people really; it gets easier, doesn't it, the more you do it. At first you think, oh that's me, nervous. (HLC, team 1)

Some pharmacy teams are, however, struggling to adopt the proactive approach that is central to the HLP approach. They remain very reluctant to approach customers at all.

I think it's the other aspect of us proactively going to them - customers. That aspect I don't think we're fully going to be able to embrace. (Pharmacist, team 5)

4.2.6 Developing the Health Promotion displays

One of the key areas that helps develop this public health role of the pharmacies is the importance placed on the health promotion zones, or displays that each pharmacy is able to create. It is the primary aim of these displays to stimulate discussion around important health messages and it is one aspect that some of the stores found particularly appealing from the outset.

I was really like reading about it. I was quite enthusiastic about it and I thought, oh this could be really good, you know, thinking about all you could have ... displays, we could do this, we could do that. (HLC, team 5)

Q: what attracted you to becoming part of the scheme?

R2: I just like doing displays and things like that (HLC, team 8)

The display areas are a valued aspect of the HLP. Most of the pharmacy teams have commented on the impact that the displays have on their customers who take a keen interest in what they are doing. The health messages that they are sending out are relevant and sometimes targeted to problems that are specific to their area. In some cases, specifically around smoking displays, teams have linked the visual impact of the display to raised awareness of their services:

Q: Did you get more people in because of the displays?

R1: Yeah it did, we actually had a baby's bottle with cigarettes, bits and bobs in for the effect on your children [of] passive smoking and stuff. And everyone who came in mentioned it. It was really good to get people talking and thinking about health. (HLC, team 1)

The pharmacy teams seemed to really pull together to try to create displays with the most impact possible. Teams from across the stores have the opportunity to share their display with other stores through forwarding photographs to the project manager. This has provoked some friendly competition between stores. This is proving to be a very valuable team building exercise. Where pharmacy teams have really engaged with this side of the HLP, they are enthusiastic and regularly share ideas around possible upcoming themes and ideas of how to create the most impact:

R2: Yeah because we all enjoy doing it now. It's like a big thing in here, isn't it?

R1: Yeah, it is.

Q: So does everybody get involved?

All: No, we all get involved. (HLCs, team 8)

The teams tend to understand each other's strengths when creating these displays. There are resources available through the resource library, but some pharmacies opt to make their own from papier maché or other miscellaneous items that they can find:

R2: ...and we all like just sat there - well stood there - and we we're working and we think right... Like last night I went 'I've got a bunch of grapes in the house, they'll look like tumours.' You know what I mean, they're plastic.

R3: Yeah so we....

R2: So I brought them in today. Just daft things like that.

Q: It's really good that you're kind of thinking about that.

R4: We do all the time, don't we?

R3: Yeah we do, because we try and make as much as we can as well, so we're not like spending money on it, we're sort of making our own stuff. (All, team 6)

These teams are working together to realise their ideas and they frequently talk about it and propose ideas during their normal working day. The creation of these displays seems to channel pharmacy teams to understand the importance of health promotion to their local communities. Because some teams are working very closely together on this there appeared to be a shift in the team ethos where they appear to enjoy taking on the extra responsibilities, as they can see the value in so doing:

It's more, it's a change of mind-set really, about trying to do what you can - within your limits obviously as well. But there is slightly more work involved, but, I mean, overall it's benefitting. (Pharmacist, team 2)

More work, no more pay but it's worth it. (HLC, team 4)

It is good and also just by having a conversation with someone we've learnt that it can literally change their life and I think that it doesn't matter that we have to go on a Saturday or that we don't get any money for the service. That's just nice. (Pharmacist, team 3)

Whilst pharmacy teams acknowledge the importance of creating a good visual health promotion zone, some teams are more creative than others. Where some enjoyed making their own resources, many rely on obtaining existing resources, which can be more difficult. Sourcing appropriate props to use within the display is often done through the resource library, but this can be limiting:

Some things you can get and make up yourself but at Guisbrough they have some stuff that you couldn't keep it all in here but you are sort of limited with it. You can only have it a week and by the time you've got up to Guisbrough for it and brought it back and set it up you've got to take it down again and take it back and you've only had it a few days. It would be quite nice if there was somewhere else you could get it for a little bit longer really, because we put one up before, didn't we? Was it the dental one? And we'd only just got it up and we had to take it down and take it back. (HLC, team 8)

But, generally, pharmacy teams are very positive about having access to these resources, especially where they use one or two items to supplement their own creative ideas. A further issue that can affect a team's ability to fully engage with the health promotion zones is the extra time that is required to do it effectively:

Timing yeah, I suppose it depends on how busy you are as, in the pharmacy, if you've got an awful lot of prescriptions in, it might be difficult. (Pharmacist, team 3)

4.2.7 Support

Most pharmacies indicate that they have received an excellent level of support from the Project Manager and that this has helped them to maintain their motivation and enthusiasm for the scheme:

I cannot fault, I say I cannot fault, because it wouldn't have been, it wouldn't have been getting this far I don't think without [the project manager] and the way that she keeps on top of things and pushing things as well. Because it's dead easy the first few months you know 'oh yeah get in we're going to do this and get sorted', and then after a while it sort of wanes off. Yeah, she keeps it going, yeah. (Pharmacist, team 2)

Whatever we've needed I'd say it's always been given or provided for us, within an adequate timescale. Or if she hasn't known the answer to something, she's gone elsewhere to find it. (Pharmacist, team 3)

R1: [project manager] has been great. If you want to ask her anything, you know, you can always email her or ring her up. She's really enthusiastic about what she does. It's just ... well we don't really see her a lot; she's always at the training events, she doesn't tend to come in for anything but.

R2: Yeah, you know, if you wanted somebody to ring.

R1: You know that she would help you out wherever you need her to. (HLC, team 5)

However, two of the pharmacy teams have indicated that they have not felt as well supported during the pilot scheme. Both pharmacies claim to have received little contact from the project manager and suggest that they feel that they are on the periphery of the pilot scheme and uninvolved:

Nobody has come and said, 'how's it going? How do you feel? Do you need any more support?' What's her name, [Project manager] said she was going to come round, she did she didn't. I don't know, I think she came once or something – I don't know, did she come once? (Pharmacist, team 7)

Yeah, and it does kind of feel that obviously you're out on your own and thinking well, are we doing good, are we doing bad, is there anything we should be doing differently? It's just there's no feedback on those kinds of lines at all. (Pharmacist, team 6)

The project manager feels that some pharmacy teams have misunderstood the nature and extent of her role and this has led to some frustration:

I just facilitate the project and facilitate the teams to deliver. I don't deliver the project and that has been a challenge getting across for some people, but it's an occasional one. And some people think it hasn't made any difference to them because they don't think they are doing anything different. (HLP project manager)

4.2.8 Future directions

As part of this phase of the evaluation, the pharmacy teams were asked to make any suggestions for the future of the scheme. Most of the pharmacies would like to be able to offer C-Card and other suggestions have included the minor ailments scheme, weight management services, needle exchange and diabetes/cholesterol testing.

More generalised suggestions were offered that may help support the implementation of the scheme:

- Having an agreed topic of the month for the Health Promotion Zones so that it is standardised across all Healthy Living Pharmacies
- Having a set of key resources that are held centrally for use by Healthy Living Pharmacies (in addition to those available from the resource library)
- Being able to receive more detailed feedback from the stop smoking service so that they have a clear picture of how successful their particular service is being
- Having condition specific and not just service specific training for HLCs so that they can become more knowledgeable and confident when creating displays and speaking to customers
- Developing a HLP network where staff from all stores can get together and share ideas
- Making brief but intensive training events available to teams in store to make it easier for them to attend.

4.3 Phase 3: Interviews with customers

A total of 26 HLP customers were recruited to participate in this evaluation. A short interview took place by telephone which aimed to explore their thoughts and experiences of the services they have received as part of the HLP pilot scheme. The customers that were spoken to during this phase of the evaluation had been referred to us from pharmacies where they had accessed services. Although most of the customers had accessed the smoking service and Medicine Use review (MUR), other services were also accessed. Some customers had accessed multiple services. The table below illustrates the services that customers had accessed in pharmacy.

Service	Smoking	MUR	Blood Pressure	New Medicine Service	Flu Vaccination	Diabetes check	Substance misuse	Weight management
customers	11	10	3	1	1	1	1	1

Table 6: Services that customers interviewed had accessed through HLP

It was clear that customers used the pharmacy for different reasons before they accessed the services provided under the HLP pilot scheme. Some of the customers report using the pharmacy for the sake of convenience, either in terms of its location or the opening hours:

Well, if I'm in store I use it... there's been a pharmacy in there about 10 years. It's not a pharmacy I use; it's only if I'm in there for my shopping.
(Customer 1)

It was also reported that, in some cases, they simply used the pharmacy out of habit. For these customers, the role of the pharmacy is limited to the processing of their repeat prescriptions:

[I visit] about once or twice a fortnight. My tablets, my pills and the drugs I take all run out at different times so I go to my doctors and ask for a repeat prescription and they send them through to the chemist and I pick them up there. (Customer 11)

These customers did not express any loyalty to that particular pharmacy. They did not have any relationship with the pharmacy team and would not have necessarily approached them for advice. Two of the customers who took part in the interviews had never used the pharmacy prior to accessing the service with them.

Where relationships with pharmacy teams have been built up over a period of time, the customers visit more frequently and are more willing to ask for general health advice. These customers tend to value the role of the pharmacist as an alternative to the doctor in some circumstances:

I've lived round the corner for 10 years, I know the staff well and I visit regularly. I was in there only this morning. (Customer 24)

I know most of the staff. I have been in there asking for advice instead of bothering the doctor because sometimes you can't get an appointment with the doctor for a week or more. But I know [the pharmacist], I know him quite well, he's very helpful. (Customer 20)

Where relationships were pre-existing with the pharmacy teams, customers described their introduction to the service as resulting from being proactively approached by a member of the pharmacy team. This related mostly to Medicine Use Reviews and the smoking cessation clinic but in either case the service was described as arising out of a more general conversation that they were already having with the pharmacy staff. At no point did any of the customers feel that they were pressured into taking part. They viewed this as a very positive aspect of the service that they received:

R: It was [HLC] in there that told me because I was talking to her while I was waiting for my prescription and I was finding it hard by myself so she told me they were doing the stop smoking clinic there. She told me all about it, what would happen and how they could help before I went there first.

Q: Were you happy for her to talk to you about it?

R: Yeah, it was fine. Yeah (Customer 24)

For less frequent or new visitors, the displays and advertising around the services that are on offer encouraged them to ask the pharmacy team directly about the services on offer:

R: There was a sign on the door, I was going to try months before and I found out that most chemists do it now, the smoking clinics. I never asked the doctor or anything I just found out by the sign they had in the shop and the fact that I've heard through a few people that the chemist do it, the non-smoking clinics.

Q: Did you ask them or did they ask you?

R: I went in and asked, I saw the sign like I say when I was going in and I was talking to my partner about it and she said why don't you try it so I went for it. (Customer 19)

Once engaged in the service, all of the customers felt that they experienced a confidential service which they attributed to the use of the private consultation room:

They've got like a little booth that you can go into that is totally sealed off, so it is. You say what you need to say and them to you as well without anyone else poking their nose in. It gives you that little bit more trust in them. (Customer 12)

And they also felt that the pharmacy teams were all knowledgeable and supportive throughout. In fact, all of the customers that were interviewed reported that the pharmacy team were friendly, supportive and they were very confident in the advice that they gave.

When talking about what factors were particularly effective within the services they received, customers who had accessed the smoking cessation clinics were particularly impressed with the speed of acceptance to the service. In most cases this happened instantly, as soon as they asked about it. Where this was not the case, this was because they were encouraged to return as soon as they were ready to begin the course:

When I needed it to be there, it was there basically. I made that decision and I had to do it there and then, or that would have been it. (Customer 15)

I went in and signed up on the Monday and started on the Friday. They were that helpful that I just waited until the time was right for me, going into it with the positive thinking that got me through a hell of a lot more than I think if I'd just gone in and done it on a whim. The time was right. (Customer 12)

For those who had undertaken an MUR, they felt that it had left them with a deeper knowledge of the medicines they were taking which, they explained, were just 'given' to them by their doctor with little explanation or understanding of how or why they should be used and taken:

[The pharmacist] explained what the tablets were doing for me more than the doctor did. The doctor just seemed to like give us them and like, 'there you go, take them.' So when I was really bad with the diabetes and stuff, I asked [the pharmacist] what the tablets actually did and he took his time to sit us down and explain the full lot but if it wasn't for him I wouldn't have known what I do now... He really did help us in a big way. The doctor just gave me the tablets and sent me on my merry way. (Customer 17)

Of greatest importance to these customers, however, is the quality of service that they receive from the pharmacy staff. Many customers explained that they felt

supported, encouraged and motivated to make lifestyle changes by the pharmacy team and it was because of this support that they felt able to do so:

[HLC] who I have been seeing, she has been a really, really good help and boosts you up and gives you some moral support and [other HLC] is the same. They keep up with your progress and it might be the most silliest thing but they just turn round and say, 'congratulations' or 'you're doing really well.' That gives you that ...it does give you that extra boost.
(Customer 12)

Last year I went to the doctors and they said I have COPD and thought, well that's it, I must pack in smoking. So I came out of the doctors and went into [the pharmacy] because I knew they did the smoking thing and got onto their books and I went. The first couple of weeks I didn't do very good at all, to be honest. I still smoked. I found the first couple of weeks really, really hard, and then I said to myself, look this is not working. So I had a word with [the HLC] and she said, 'Don't worry about it, a lot of people do that. Don't get depressed about it. Just carry on.' And I did and I done the third week so when it gets to the last week of June I've been off the cigarettes a year and I never thought I could do it.
(Customer 6)

Overall the customers were very happy with the services that they accessed and few were able to identify ways in which the service could be improved. The only suggestions that were put forward were to suggest more advertising for the service and more physical space (however, the pharmacy that this comment relates to has recently been refurbished).

One of the key changes that appear to have occurred since their engagement with the services is the way in which their views on pharmacy and the way they use it have changed. Many of the customers now suggest that they would be more likely to go into pharmacy to ask for advice about other health related issues as a result of their engagement with the services. A number of these customers draw comparisons with their doctor, suggesting that they would prefer to use the pharmacy for services because of the lack of waiting times and greater communication they receive from the pharmacy team:

[The pharmacy team ask] how am I finding the medication and if I have any queries, I don't even bother phoning the doctors anymore. I just go to [the pharmacist]. He never comes across as if it's a chore. He's just one of these genuine people what's passionate about his work. (Customer 17)

5 Discussion

Overall the pharmacy teams and customers have been very positive about the HLP pilot scheme. Each of the pharmacies that have participated in the first wave of this scheme has now been awarded Kitemark level 1 status and the second wave of implementation has begun. The questionnaires and interviews that were carried out with pharmacy teams and customers have identified some key issues.

The availability and quality of the training events attended by the pharmacy teams were very good, with some of the service specific training being highlighted as particularly influential on the everyday practice of the pharmacy teams. The alcohol training, in particular, was seen to be very innovative, with most suggesting that attendance on this course had reduced their fear of proactively approaching customers in store and offering brief advice. A minority of staff members, however, did feel that the content of the mandatory training was not appropriate to them or relevant to their everyday role. Since the pilot scheme began, the project management team have taken steps to becoming accredited to deliver the RSPH training 'in house'. It is therefore expected that this will eliminate any concerns of this nature in the future. There were some barriers identified by the pharmacy teams in terms of accessing the training courses that were available. The timing of training events has, at times, proved difficult for pharmacy staff to attend. Organisational demands around opening hours, providing cover for staff and paying staff to attend events can have an impact on their ability to attend. In many cases pharmacy teams accept these difficulties and attend training on an unpaid basis outside of their normal working hours, since they value their involvement in the scheme and the professional development opportunities that it brings.

This evaluation of the pilot scheme has identified examples of where the scheme has been more or less challenging to engage with. Two factors appear to be crucial in terms of their impact on the extent to which the pharmacy teams have been able to engage with the pilot scheme: firstly, the location of the pharmacy and secondly, the type of organisation. It is evident that the independent and, largely, community based pharmacies are engaging with this pilot scheme particularly well. These pharmacies know their customer base incredibly well, often knowing a large proportion of customers by name, and they experience fewer restrictions on their time and space than is the case within the multi-national chain store pharmacies. The much busier stores, particularly those which form part of a national chain have many more restrictions imposed on them in terms of time, space, pre-defined campaigns and staff changeovers. These factors ultimately restrict their ability to engage with the pilot scheme to the same degree. These conflicting priorities between the larger commercial organisation and the local pharmacy teams are very challenging for the staff involved and they feel that they have little control over how they can move forward with the scheme.

Where pharmacy teams are in a position to know their customers they have found it easier to approach them proactively about relevant services, since they are already conversing with them about more general issues and the customers are therefore very responsive to them when they introduce these new services. Pharmacy store teams are often comprised of local people, who therefore have an understanding of people in the neighbourhood which may be superior to that held by staff in GP

practices, for example. Pharmacies with a more transient clientele (e.g. supermarket in-store pharmacies) offer fewer such opportunities. Interviews with pharmacy customers suggest that where customers have a pre-existing relationship with pharmacy staff they are more likely to return for advice and other services in the future. Customers who had not previously visited the pharmacy where they accessed the service(s) reported being more likely to use that pharmacy again as they had come to know and trust staff through the course of the service. The development of strong relationships with customers would appear to be of significant benefit to the participating pharmacies since these customers are likely to become regular, loyal customers who go on to recommend services to friends and family.

Customers who were spoken to as part of this evaluation appear to have changed the relationship they had with the pharmacy as a direct result of the services they had accessed. In many respects, customers reported that were coming to see the pharmacy as a real alternative to visiting their General Practitioner (GP). Pharmacy is considered to be more accessible than the GP since services are often offered 'there and then' with no appointments necessary. All of the customers describe a much more personal service from the pharmacy team where they feel that the pharmacist has more time for explanation or simply offers a friendly, informal support when they visit the store. These are the key factors that are cited as their reasons for returning to that pharmacy in future.

Both customers and the pharmacy teams recognise that the health promotion zones play a vital part in supporting the Public Health role of the pharmacy. These displays are seen as a 'way in' so that staff can talk to customers about the services they offer as the customers engage with the displays. Some of the displays have been particularly effective and have triggered customers to access services like smoking cessation. Whilst some of the pharmacies face restrictions on the amount of space they have or the topic that can be displayed, others take the opportunity to talk about it and decide amongst the team. Pharmacy teams recognise how useful these displays can be, especially the busier stores which lack time to proactively approach customers. Networking events will give the opportunity for staff in all participating stores to come together and share their ideas around the displays and other issues.

All pharmacy questionnaires and most of the interviews with pharmacy teams have identified that the support that they have received from the project manager has been excellent. They suggest that the enthusiasm and motivation of the project manager has maintained the momentum for the pilot scheme and greatly facilitated their engagement with the scheme. Two teams had suggested that they had lacked support during the process though they had found it challenging to engage with the requirements of the pilot scheme due to organisational demands.

Whilst this evaluation does not attempt to measure impact in any definite sense, a number of interviews with HLP customers have identified some of the success stories around their engagement with the services provided. Customers who were interviewed were all very pleased with the services they had accessed; these were mainly the smoking cessation clinic and Medicine Use Review (MUR). A number of customers had quit smoking with the help of the pharmacy team; these customers report being more likely to use the pharmacy in future for more general advice since they now 'know' the pharmacy team much better than they had before. Attendance

at this clinic helps build up the relationship that is important to the pharmacy teams when proactively approaching customers, as they report doing this much more effectively once they 'know' a customer than with a relative stranger. None of the customers who took part in the research said anything negative about the pharmacy teams, and did not feel that that the service they received could have been done any differently.

Within the initial, questionnaire phase of the evaluation, some of the pharmacies suggested that there was a lack of marketing around the HLP 'brand' and they suggest that few customers would associate with the HLP logo. Although not a formal line of questioning within the interviews, none of the customers mentioned HLP within their interviews. They spoke very positively about their experiences of the service and their relationship with pharmacies but it appears that they have not associated this with the HLP 'brand'. Further marketing within stores and across localities may increase customer understanding of what HLP means for them.

Since the pilot scheme began, pharmacy teams have become much more knowledgeable and confident in their ability to proactively approach customers and engage in health promoting encounters at every opportunity. Initially, they feared approaching customers but with the quality training they have received and the experience they have gained they are becoming more willing to engage with certain services. They remain reluctant to proactively approach customers around sexual health, alcohol brief advice and are worried at the prospect of introducing weight management services for this reason. Training and experience might help alleviate these concerns.

Overall, the HLP pilot scheme has been viewed positively by pharmacy teams and customers alike. Its acceptability as a low threshold service which promotes health is providing an opportunity for many customers to take the first step who might not otherwise wish to take their concerns to the doctor or who do not find it easy to raise concerns and issues with their GP.

6 Recommendations

Although the HLP pilot scheme has been received well by pharmacy and customers, a number of recommendations have been identified:

With regard to training:

- The timing of training events was a great concern to staff. In order to ensure maximum attendance at these events it is therefore recommended that different times should be made available for each training event being offered. e.g. daytime and evening sessions.
- The provision for 'in house' accreditation for the RSPH modules in leadership and health improvement has been a great step in ensuring standardisation of the course delivery, ensuring that pharmacy teams are trained to a high standard. Furthermore, it is expected that this may contribute to the overall sustainability of the HLP scheme.
- The availability of training events ought to be in line with the opening up of new services to pharmacy teams; it appears to be counterproductive to deliver training where services are not yet available.

With regard to the location and type of pharmacy best suited to the scheme:

- HLP appears to be most successful amongst independently owned or community based pharmacies. Their success is, however, largely attributed to the strong relationships that they have established with their customers over time and so, whilst there is potential for all pharmacies to engage with the HLP scheme in some way, some pharmacies are better suited to the scheme than others.
- Pharmacies that are community based are likely to make the greatest impact on promoting health and wellbeing in their local area since they are able to use their local knowledge to target health campaigns to the most relevant issues. Their familiarity with people in the community may also help to engage hard to reach customers in health services. Encouraging these types of pharmacies in key areas of deprivation to participate in the scheme may contribute to reducing health inequalities across targeted areas.

With regard to developing in store health promotion zones:

- The impact that the health promotion displays has on the pharmacy customers is evident. They work well by offering a discussion point and a chance to proactively approach customers with the services being offered. The importance of these displays must continue to be emphasised and the sharing of ideas encouraged.
- The displays have also been a focus for staff engagement and development. It is understood that one of the HLCs has recently arranged an event for pharmacy teams to attend in order to share ideas and examples of their displays. It is recommended that this, and other networking opportunities, are developed in order to share best practice.

With regard to customer recognition of the HLP:

- It is recommended that in order to establish the HLP 'brand' across Tees-wide localities, an ongoing marketing campaign and identification within stores of

their Kitemarked status is necessary to raise the profile of HLP and increase public awareness.

References

- Braun, V & Clark, V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* 3: 77-101
- Brown, D. Portlock, J. Rutter, P. Nazar, Z. (in press) From community pharmacy to healthy living pharmacy: Positive early experiences from Portsmouth, England. *Research in Social and Administrative Pharmacy*
- Carlebach, S & Shucksmith, J (2013) *Making Every Contact Count: Embedding the RSPH Level 2 'Understanding Health Improvement' module in North East England*. Middlesbrough: CHASE report, Teesside University
- Department of Health (2008) *Pharmacy in England: Building on strengths – delivering the future*. London: Department of Health. Available at: <http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf>
- National Pharmaceutical Association (2013) *Evaluation of the Healthy Living Pharmacy Pathfinder Work Programme 2011-2012*. Available at <http://www.npa.co.uk/Documents/Docstore/Representing-you/Evaluation.pdf>
- NHS Public Health North East (2008) *Better Health, Fairer Health – A strategy for 21st century health and wellbeing in the North East of England*. Newcastle-upon-Tyne: Public Health North East, Government Office for the North East
- Tees Local Pharmaceutical Committee (2013) *Tees Healthy Living Pharmacy Project: Targeted Outcomes*. NHS Tees

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