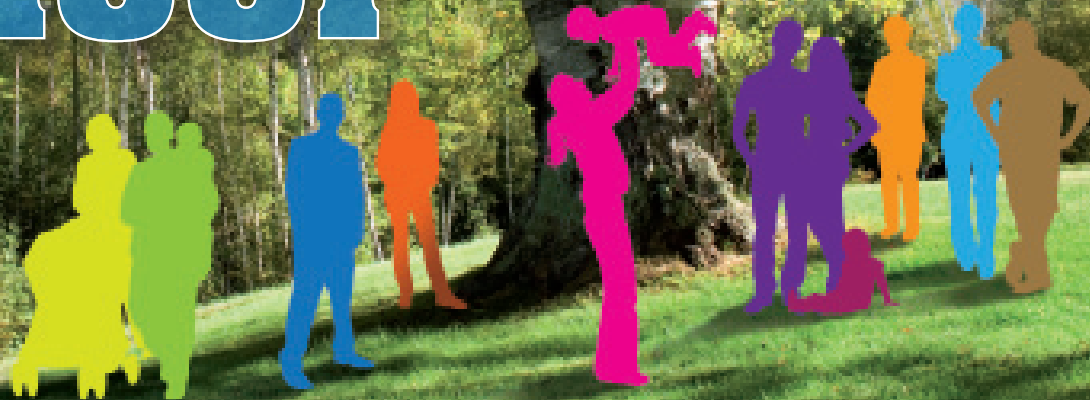


# LIVING PROOF



## Christine Michael discovers how the healthy living pharmacy concept is taking shape

The healthy living pharmacy (HLP) initiative, which was launched in the coastal city of Portsmouth just over two years ago, is now making waves further afield. In February, national pharmacy bodies agreed to work together to encourage wider uptake of the concept by community pharmacy, and plans are under way to launch HLPs at a number of pathfinder sites across England.

The vision behind HLPs is ambitious: to place community pharmacy at the heart of commissioned health and wellbeing services in the new NHS. Essentially, it is a quality assurance scheme, designed to inspire both commissioners and patients with confidence that an HLP will consistently deliver a range of services to a high standard. "The HLP framework fits with the NHS QIPP [Quality, Innovation, Productivity, Prevention] agenda, with community health and wellbeing needs, and also works for community



pharmacies," comments HLP project lead in Portsmouth, Deborah Evans.

The aim of the HLP framework is that it is flexible enough to meet local needs, but consistent enough to be a nationally recognised hallmark of quality. An HLP must demonstrate that it is equipped and has staff trained to meet targets in delivering core health services and enhanced services. It has to commit to and promote a healthy living ethos. A key requirement is to have a health trainer champion (HTC) or health trainer (a higher qualification) on site. The pharmacy must have a health promotion area, a consultation room and IT facilities, and staff must be working with GPs and other commissioners.

Once it is delivering core services and is accredited at level 1 (promotion), an HLP can progress to level 2 (prevention), which involves engagement activities such as community events, and level 3 (protection), which requires specialist skills such as prescribing. Underpinning the service levels are quality criteria that spell out the standards for the pharmacy environment, staff attitudes and training, information provision and "joined-up working".

Evans stresses that contractors should see these standards as an opportunity to have existing good practice recognised, rather than a barrier. "Quality criteria are not a stick; they are a way of capturing an ethos," she says. NPA chief executive, Michael Holden, who in his previous role at Hampshire and

**The vision is to place pharmacy at the heart of health and wellbeing services in the new NHS**



Isle of Wight local pharmaceutical committee helped drive the Portsmouth project, agrees. "The quality criteria provide clarity for providers in terms of what they need to have in place, and confidence for commissioners in consistency and high quality services," he says.

Providing clear evidence that HLPs are effective, in costs and in outcomes, is seen as essential to the process of building confidence at all levels. Following a visit to Portsmouth, pharmacy minister Lord Howe said he would be interested to see if the "impressive outcomes" achieved could be replicated in areas of England with different demographics. Early results from Portsmouth indicate that HLPs are more effective than non-HLPs in delivering smoking quits, alcohol interventions and respiratory medicines use reviews.

Building an evidence base for commissioning public health services through community pharmacy will also be vital as the responsibility passes from PCTs to GP consortia and local authorities. "A lot of our work, such as stop smoking services, has been driven by the PCT," says Linda Bracewell of Baxenden Pharmacy in Accrington, East Lancashire, who is working to the same standard as HLPs. "At the moment it is not clear how GP commissioners or public health directorates will use the resource, so it's important that in this transition period we do what we can to develop and drive up standards, raising quality and collecting evidence."

Rowlands Pharmacy has been involved in the HLP project from the outset. It has five HLPs in Portsmouth and recently appointed Debbie Crockford as national HLP clinical lead, with a remit to develop the concept in other areas. Liz Stafford, Rowlands' national primary care liaison manager, agrees that having evidence will be important when working with GP commissioners and is cautiously optimistic. "I think it will become clear to GP pathfinder leads that they can't do everything themselves, especially in the area of public health, and that they will have to work with partners," she says. "I can see it all moving forward very positively."

Stafford points out, however, that contractors also need evidence that HLP status is good for business. "The HLP concept has to be the right direction, but if pharmacies are investing in premises and staff development, they need more



### THE HLP STORY SO FAR

- **2008** HLP concept emerges from the white paper 'Pharmacy in England: building on strengths, delivering the future'
- **2008** NHS Portsmouth, and Hampshire and Isle of Wight LPC, begin to develop the HLP model
- **Early 2009** The Department of Health invites NHS Portsmouth to inform development of a national model for HLPs
- **Spring 2009** Two groups, an operational research group and a national reference group, set up to progress national development alongside local implementation
- **June 2009** HLP concept brainstormed with Portsmouth community pharmacies at World Café event
- **December 2009** NHS Portsmouth launches an HLP prospectus
- **January 2010** HLP model is ratified as a national framework by the Public Health Leadership Forum for Pharmacy at the Department of Health
- **March 2010** NPA publishes national resource on health trainers
- **June 2010** First HLPs accredited in Portsmouth
- **December 2010** Pharmacy Minister Lord Howe visits an HLP and praises "impressive" outcomes
- **December 2010** HLPs cited as example of good practice in the white paper 'Healthy lives, healthy people: our strategy for public health in England'
- **February 2011** National bodies agree to encourage wider take-up of HLPs at a planning event
- **March 2011** 14 HLPs accredited in Portsmouth; HLPs launched by Heart of Birmingham PCT

There is a healthy living pharmacy microsite at NHS Portsmouth: see [tinyurl.com/6fuxbuo](http://tinyurl.com/6fuxbuo)



clarity and firming up of the return on investment and cost model," she says.

Holden agrees that historically, contractors have been wary of sharing commercially sensitive data to help establish evidence on this aspect.

"Anecdotal evidence suggests that where the model is done correctly – in this case, that there is implementation and ongoing support by both the commissioner and contractor – it does provide a return on investment," he says.

Bracewell, who has a part-time role with NHS East Lancashire and is working on plans to develop a local HLP model, advises that contractors look at the broader benefits of HLP status rather than focusing on the return on investment of each individual service. "I'd hope that pharmacies are encouraged to offer as many services as possible and to involve the whole team," she says. "For example, a weight loss service costs too much if it takes up the pharmacist's time. Training a member of staff might result in a better service – because that person can relate to members of the public better – and it is better value for money too."

Evans says that research shows that the high profile of



**Pharmacy teams enjoy working in HLPs. They can cut turnover and improve service outcomes**



### THE COMMISSIONER'S VIEW

Heart of Birmingham Teaching PCT launched its HLP initiative last month and hopes to have accredited at least 20 HLPs by the end of 2011. "The PCT is a great believer in community pharmacy and wants to make even more use of this valuable resource," says John Morrison, head of medicines management, who is spearheading the project and is a member of the HLP national reference group.

With the LPC and other stakeholders, the PCT has developed a model requiring level 1 HLPs to deliver four services – minor ailments, pregnancy testing, emergency contraception and smoking cessation – plus two more out of a possible ten. As the trust has already invested in touchscreen health information kiosks, demonstrating active use of these in the pharmacy will be required, as well as having a consultation area and a health trainer or health trainer champion.

"The quality criteria have to be flexible to allow for local variability," says Morrison. The PCT will run a PR campaign but expects pharmacies to cover staff time for training, as Morrison sees the model as a two-way commitment. "We do not want contractors to sign up for every service and then not deliver," he says.

Morrison says HLPs represent a huge opportunity for contractors and warns that there is a real danger that those who don't get involved will be left behind. That said, reaction has been mainly positive. "Contractors tend to say, 'If you say we should do it, we can't afford not to,'" he says.

"It's about developing the gold standard in pharmacy, about being the best."

### THE INDEPENDENT VIEW

City Pharmacy in London Road, Portsmouth, was accredited as a level 1 HLP last summer, and pharmacy manager Sarah Coffin is an enthusiastic advocate of the scheme. She has found financial support for training from the PCT particularly valuable as her whole team has been involved. "Staff are very motivated; one even came in for training on her day off," she says.

Coffin believes the HLP project has worked well for independents. "We have been able to run with it because we can make decisions quickly." Since the project started the independent HLPs have set up their own discussion forum. "No one tells you exactly what to do or how to do it, so it is good to swap ideas," she says. "Before this I thought we were all in competition, but I've found that each pharmacy has its own clientele.

"I can't say we are seeing more money in the till, but we are doing more MURs and smoking cessations so the revenue comes back. But people are seeing the advertisements, and are using the pharmacy more. The self-care message is getting through."

The pharmacy is now working towards level 2 accreditation, for which Coffin's plans include a health promotion visit to a SureStart centre. "Being an HLP isn't entirely new; it's a more structured way of what we've been doing for years," she says. "I think of it as providing proof that we are worth our weight in gold."

HLPs in Portsmouth has benefited the image of community pharmacy generally. "It is about raising awareness of everything community pharmacy has to offer, not just about HLPs," she says. Holden also believes that becoming an HLP confers far-reaching benefits. "HLPs are environments that pharmacy teams enjoy working in; early evidence suggests they improve the outcome of services, reduce staff turnover and improve staff satisfaction levels," he says.

Holden hopes that within two years, the HLP framework might be embedded in the community pharmacy contract. "It will require some strong leadership, investment from providers, open minds from commissioners and leadership at local level, but it can happen if we all put the effort in to ensure the appropriate engagement, inspiration and enablers are in place," he says.

While the revolution in NHS commissioning presents undoubted challenges for community pharmacy, it also presents a unique opportunity for pharmacy to demonstrate its ability to provide cost-effective, targeted, high-quality services, reducing health inequalities and improving the health of the nation. As a vessel for achieving this, the HLP project has the wind in its sails; supporters now hope that pharmacies and commissioners across England will climb on board.