



Lancashire Healthy Living Pharmacy (HLP) Requirements

This prospectus covers Community Pharmacies in:

- Blackburn with Darwen Borough Council area
- Blackpool Borough Council area
- Lancashire County Council area

Partner Organisations

- Choose Health Limited
- NHS England
- Lancashire Local Professional Network (Pharmacy)
- Community Pharmacy Lancashire (Local Pharmaceutical Committee)
- Health Education North West
- Blackburn with Darwen Borough Council
- Blackpool Borough Council
- Lancashire County Council



Delivering Sustainable Quality

April 2017

Healthy Living Pharmacy Requirements 2017/19

This programme will create a sustainable future for HLP and develop the community pharmacy workforce. It will build on the foundations of existing community pharmacy services such as support for self care, promotion of healthy lifestyles and other health services that empower their communities to support the delivery of the ambitions of the Healthier Lancashire and South Cumbria Sustainability and Transformation Plan (STP), in particular, supporting the delivery of the “Must do’s” as set out in the STP. In particular it will support the achievement of the following “Must do’s” as quoted in the STP:

- *“Must do 3 - Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues.*
 - *Our GPs will work with colleagues in community pharmacy to promote best access for those with minor self limiting conditions, those on multiple medications and those needing medicines management support.*

- *Must do 4 - Get back on track with access standards for A&E and ambulance waits, ensuring more than 95 percent of patients wait no more than four hours in A&E, and that all ambulance trusts respond to 75 percent of Category A calls within eight minutes; including through making progress in implementing the urgent and emergency care review and associated ambulance standard pilots.*
 - *We will offer increased access to primary care services in the evenings and at weekends using a hub approach.*

- *Must do 9 - Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of avoidable mortality rates by individual trusts. Also: suicide prevention; improving emotional resilience in CYP; improve dementia diagnosis. Diabetes prevention, Workplace health and wellbeing to reduce sickness absence and improve productivity Cancer prevention, screening and early detection Addressing Right Care priorities to reduce unwarranted clinical variation, in particular improve the uptake of shared decision making, Supporting improvement of patient safety and reducing avoidable mortality.*
 - *A key focus of our plan is to scale up our strategies to prevent ill health so that, in the medium to longer term we have a healthier, more health literate population, engaged in, and with the knowledge to adopt lifestyles which promote good health particularly with regard to smoking, alcohol and obesity.*
 - *Our population will be supported to have the confidence to manage their own care at home when suffering from minor, self limiting conditions, thus limiting the burden on primary and urgent care services.*
 - *Those with Long Term Conditions such as COPD , Diabetes and Heart failure will benefit from structured education and support to help them to manage the own condition as effectively as possible .*
 - *We will focus primary care teams on systematic, evidence based secondary prevention to reduce the risk of further complication or deterioration in those already suffering from long term conditions.*



- *Population health approach to risk stratification to achieve Proactive, anticipatory, joined up community based support for the top 5% complex individuals and families across all ages*
- *Supporting self care and health coaching for the next tier (6%-20%) of the risk stratified population*
- *Fully engaged confident and connected communities for health, wellbeing and resilience”*

Healthier Lancashire and South Cumbria, Sustainability and Transformation Plan 2016/17 – 2020/21 Draft, Third Submission to NHS England, 21st October 2016, Draft version 7.7

<http://www.lancshiresouthcumbria.org.uk/sustainability-and-transformation-plan>

The model of Healthy Living Pharmacy has been recognised nationally as a quality standard under the new Quality Payments Scheme. In Lancashire we have been supporting our pharmacy teams to become HLPs since the first national HLP pathfinder programme in 2012 and subsequently in 2014 to 2016 when this model was developed. The Lancashire HLP programme is above and beyond the national Quality Payments HLP standards and therefore accreditation to the Lancashire standard ensures national accreditation by the provision of additional training and support.

- A Healthy living Pharmacy is one where the ethos and approach have ~~been~~ transformed to be proactive and public health focused by investment in staff development and a new emphasis on skill mix.
- Achievement of Healthy Living Pharmacy accreditation is defined by changes in staff attitudes and approach that encourage sharing of healthy lifestyle and wellbeing advice and interventions with all patients and customers in the pharmacy. Thus further enhancing the promotion of self care and prevention of long term conditions.
- Assessments take place using tools such as PharmOutcomes™ and accreditation visits.
- On accreditation as a Lancashire Healthy Living Pharmacy, the pharmacy will receive their certificate.
- The pharmacy will be able to use the Healthy Living Pharmacy logo, in accordance with local guidance.

The requirements that NHS England in conjunction with the Lancashire Local Professional Network (Pharmacy)(LPN) asks of your pharmacy to be awarded the HLP accreditation are laid out below.

Overarching Requirements

- At all times the pharmacy practices in accordance with all pharmaceutical legislation and professional guidance
- At all times the pharmacy practices in accordance with General Pharmaceutical Council Standards of conduct, ethics and performance⁽⁶⁾
- The pharmacy actively uses PharmOutcomes™
- The pharmacy is contracted to receive and dispense prescriptions on a face to face basis with patients. Distance selling pharmacies are therefore excluded on this basis.
- The pharmacy complies with and demonstrates all the requirements as part of Lancashire HLP accreditation
- Plans to meet the PharmOutcomes™ assessment criteria are entered in the boxes under each criterion on the assessments found under the Assessments tab. Boxes are created by clicking “Reveal Plans”
- Evidence of compliance with the assessment standards is collected and organised in a portfolio that is

available for inspection by Choose Health and NHSE representatives.

The Community Pharmacy Contractual Framework (CPCF): Essential Services

At all times the pharmacy fulfils every Community Pharmacy Contractual Framework Essential Services requirement.

Health Champion and Health Promotion

- The pharmacy has at least two trained Health Champions that have passed Royal Society of Public Health Understanding Health Improvement level 2 course.
- All pharmacy staff have undertaken Lancashire locality specified brief intervention training: <http://www.e-lfh.org.uk/programmes/making-every-contact-count/> (*See Appendix 2*)
- The pharmacy has a dedicated Healthy Living Zone with attractive, professional regularly updated displays. New posters and leaflets reflecting the current contractual directed or pharmacy selected contractual campaign, to be displayed for at least one week. Displays should be impactful to the public and raise interest. All pharmacy staff actively promote each campaign.
- The Health Champion maintains a supply of relevant, up to date health promotion literature.
- The Health Champion co-ordinates the pharmacy approach and delivery of the 6 mandatory contractual campaigns including which customers to target and how.
 - Of the 6 contractual campaigns, at least 4 must be in line with the advice sheet received, but the pharmacy may replace up to 2 of the 6 mandatory campaigns with campaigns of their own choosing relevant to their local population.
 - Of the 6 contractual campaigns 1 must be in partnership with a charity, community organisation, voluntary sector organisation, Clinical Commissioning Group or health care professional; and one must be a special outreach event with an invited guest e.g. local GP, school teacher etc.
 - For these campaigns a short report and photographic evidence of your activity must be prepared and a press report for the HLP Project Manager to include in the HLP newsletter or to pass to the local communications team to forward to the local media.
- The Health Champion plans how to target relevant customers for each campaign the pharmacy conducts and obtains adequate supplies of materials in advance.
- The pharmacy receives and displays resources organised or supplied by the local Public Health teams and targets suitable customers opportunistically.
- The Health Champion keeps a written or electronic health promotion and staff training log detailing all pharmacy health promotion campaigns including details of partner organisations and invited guests (e.g. see above) where appropriate and training provided or cascaded to pharmacy staff.

Signposting

- The Health Champion maintains and updates the pharmacy signposting information in a Signposting folder whether from local commissioners or independently sourced, and ensures that staff are aware of its contents.
- The pharmacy identifies individuals who need support for health and wellbeing and pro-actively signposts them to appropriate free at the point of delivery commissioned services. This may include a service within the pharmacy setting. This activity is recorded in the pharmacy PharmOutcomes™ log.
- Pharmacy proactively approaches individuals about their health and wellbeing

- Pharmacy proactively signposts individuals to NHS Choices
- The pharmacy refers would-be quitters to locally commissioned free at point of delivery Stop Smoking services. This may be within a pharmacy or elsewhere
- If not commissioned to provide emergency contraception, pharmacy staff signpost clients to alternative emergency contraception service provision nearby, checking first that the pharmacy or service has a qualified person in attendance, able to deliver the service.
- The pharmacy actively promotes chlamydia screening to young people and signposts to the best2know website <http://www.best2know.co.uk/>

Team Leadership

- Pharmacy has a person either the main pharmacist or an individual in a management role who has undertaken Lancashire locality HLP leadership training either previously or as part of this programme. HLP leadership training provided by the following providers will also be accepted:
 - CPPE
 - Pharmacy Complete
- The individual identified as the team leader has set up a record of supporting information within the pharmacy e.g. in diary or in dedicated notebook or computer based log on how the pharmacy team is supporting health promotion including
 - All staff log opportunistic healthy living conversations with patients / customers on PharmOutcomes™. (This is not a log of the everyday activities but of conversations about healthy living that the member of staff has had which have sprung out of their everyday interactions.)
 - All staff have completed the local Public Health team specified brief intervention training but team leader has not yet set up how staff will be trained and supported with their health and wellbeing development.
- The individual identified as the team leader has set up a plan and records how staff training and development in this area is being supported. Typical entries should include; - Healthy Living Champion support and development, how training is cascaded to staff and skill mix development.
- The pharmacy team leader has approached the local GP practices to discuss how the pharmacy agenda can support the GPs. Examples of planned collaboration are recorded. e.g. targeting patients for MURs in line with GP agenda.

Advanced Services

- The identified pharmacist leader/regular manager if not team leader is MUR accredited.
- The pharmacy delivers 50 MURs p.a. on patients and feeds back any actions to the patient's GP according to national requirements for the advanced service. 70% of MURs to be conducted on patients in national target groups defined as patients on high risk medicines, patients recently discharged from hospital, patients prescribed certain respiratory medicines and patients prescribed certain medicines for cardiovascular risk
- The pharmacy has set up a system for actively recruiting patients for the New Medicines Service. The pharmacy actively delivers NMS every month.
- In the past year the pharmacy has participated in the provision of the NHS community pharmacy seasonal influenza vaccination Advanced Service or has actively referred patients to other NHS providers of vaccinations

Local Requirements



- The pharmacy has plans for an internet linked IT terminal in the consultation area
- The pharmacy and consultation area are clean uncluttered and welcoming providing a professional environment with the impression that health and wellbeing services can be accessed readily
- The pharmacy refrains from promoting e-cigarettes unless or until regulated licensed Nicotine Replacement e-cigarette products become available. Current products do not have an established evidence base of effectiveness or safety as NRT products.
- The pharmacy refrains from promoting healthy lifestyle products that are not endorsed through national licensing and regulatory guidance.
- Information about which commissioned, free at the point of delivery services are available at the pharmacy is conspicuously displayed. The NHS logo should be used where appropriate. Guidelines on the use of the NHS logo can be found at: <https://www.england.nhs.uk/nhsidentity/identity-guidelines/nhs-logo/>
- The pharmacy and staff contribute to research evaluation of the HLP programme including surveys and use of anonymised data from PharmOutcomes

What happens after an application is accepted?

1. When your pharmacy has signed up to Lancashire HLP, you will have maximum 1 year to become accredited.
2. Your pharmacy will be set up for Lancashire HLP on PharmOutcomes™
3. If your pharmacy has not achieved accreditation after 1 year, the pharmacy will have to re-sign up, and again, will have one year to achieve accreditation.
4. If after the second year, your pharmacy has not achieved accreditation, then the pharmacy must wait 6 months before signing up to HLP again

Assessment of achievement of HLP standards

Assessment will be by

1. Portfolio e.g.

- Copies of certificates
 - Relevant Lancashire locality specified Brief Intervention training certificates for all staff
 - Health Champion RSPH level 2 Understanding Health Improvement certificates
 - Pharmacist / Team leader training certificate
 - Pharmacist leader MUR certificates
 - In the past year the pharmacy has participated in the provision of the NHS community pharmacy seasonal influenza vaccination Advanced Service or has actively referred patients to other NHS providers of vaccinations
 - Other relevant certificates
- Pharmacy public health campaign log
- Reports or photographs from special public health campaigns
- CPD entries (optional but may prevent need for duplicate recording)
- Signposting resources

2. IT - PharmOutcomes™

- Completion and 100% compliance with PharmOutcomes™ Enabler and Quality self-assessments
- Service and HLP data

3. A visit will take place

Maintenance of HLP accreditation

The pharmacy continues to comply with all the requirements of this prospectus on a rolling basis.

If an accredited HLP pharmacy cannot comply with the requirements of this prospectus, then the pharmacy is invited to withdraw from the programme and relinquish HLP accreditation by contacting the HLP Project Manager. This does not exclude the pharmacy from re-applying when it is in a position to achieve compliance with the Lancashire HLP requirements.

If a Health Champion or pharmacist/pharmacy team leader trained in the Lancashire locality leaves the pharmacy, then the pharmacy will be expected to fund the training of a replacement according to the Lancashire locality specified training, within a reasonable time (Maximum 6 months).

Removal of HLP accreditation

As the HLP awarding body, NHSE via the LPN has the authority to remove the HLP accreditation. This may take place, for example for

- Failure to meet the HLP standard

Health Promotion Resources

- Campaign material, either sourced by the contractor or provided by a commissioner should be displayed in a prominent area within the pharmacy.
- Supporting literature for mandatory contractual campaigns, such as patient leaflets and/or briefing sheets for staff for each campaign, where available, will be provided to contractors in advance. This campaign material may come from a host of organisations including Department of Health, NHS Public Health England, NHS England, CCGs and Local Authorities.
- Pharmacists and pharmacy staff are to actively take part in, and contribute to the campaigns for patients (and general pharmacy visitors) during the campaign period, including giving advice to people on the campaign issues. This advice may be supplemented by provision of written information and in-store displays.
- Pharmacy staff are aware of the public health campaigns and their involvement.

References

[Health on the high street – rethinking the role of community pharmacy](#): Pharmacy and Public Health Forum: Oct 2013

[Evaluation of the Healthy Living Pharmacy pathfinder work programme](#)

[Now or never: shaping pharmacy for the future: Royal Pharmaceutical Society](#): Nov 2013 Healthy Living Pharmacy framework

[Healthy Lives, Healthy People: Our Strategy for Public Health in England](#): Department of Health White Paper: Nov 2010

[Standards of conduct, ethics and performance](#): General Pharmaceutical Council: July 2012



Appendix 1 Healthy Living Pharmacy: Quality Criteria

Introduction

This self-assessment is designed to help you and the accrediting body understand whether you have met the Healthy Living Pharmacy (HLP) quality criteria for the environment you have created. This, together with other service specific criteria will help the commissioners decide whether your pharmacy can be accredited as a Healthy Living Pharmacy. The evidence you put together will help inform Choose Health how it will review this as part of a monitoring visit.

These quality criteria cover the environment, staff attitudes and training, information provision and engagement with others through joined up working. These are not listed in any priority order; all are equally important.

There are some regulatory requirements issued by the General Pharmaceutical Council which require you to ensure that arrangements are in place to ensure that pharmacy staff and premises are fit for purpose. These quality criteria support a pharmacy in meeting their professional and legal requirements when delivering healthy living services.

The HLP quality criteria will, in time, incorporate additional criteria where it is relevant for HLP programme development.

How to assess yourself

- This assessment is for an individual pharmacy. It is not appropriate to complete a single form for a number of pharmacies within a group, as the status may be very different in each location.
- Read the quality criteria and, together with members of your team, decide which level you are achieving.
- Record evidence in each of the categories.
- Where you do not meet the requirements for HLP Level 1, think about what you need to do to achieve the criteria.

Criteria: Getting there / Meets HLP: The following describes the different levels of service delivery that form the self-assessment

Getting there: Some arrangements are in place and the pharmacy is moving towards achieving the criteria.

If arrangements are not in place, there is a robust action plan to achieve the criteria.

Meets HLP: Arrangements are in place that meets all criteria and overall the service is working at that level of provision.



Workforce Development

The aim is ensure that, irrespective of premises, the staff demonstrate that they embrace the healthy living ethos.

1. Staff attitude, skills, values and training

- All staff understand the basic principles of health and wellbeing
- All staff have an understanding of public health needs in their area
- Members of staff receive training on issues of confidentiality and consent issues relevant to the member of the public receiving the service
- The team are friendly, welcoming and sensitive to the need for privacy for different individuals seeking advice and health services
- Members of the pharmacy team are able to communicate effectively and sensitively when recruiting members of the public to health and wellbeing services or providing them with advice
- The team recognise the need for equality and diversity; providing a patient-centred approach
- The team understand that each interaction is an opportunity for a health intervention
- There is a clear leader within the team who is responsible for creating an ethos of proactive health and wellbeing within the pharmacy

	Getting there	Achieved	Meets HLP	Achieved
Public Health needs	The team leader has an awareness of the local public health needs outlined in the Joint Strategic Needs Assessment and there are plans to make other members of the team aware. There are plans to provide all members of the team with training on the basic principles of health and wellbeing		All staff have an awareness of the local public health needs outlined in the Joint Strategic Needs Assessment. They have been trained in the basic principles of health and wellbeing and are able to advise the public proactively	
Privacy	Staff, including Medicine Counter Assistants (MCAs) are trained in confidentiality and are sensitive to the needs of members of the public being offered a health and wellbeing service e.g. weight management, sexual health, stop smoking; but these are not always acted upon		Staff, including MCAs are trained in confidentiality and are sensitive to the needs of members of the public being offered a health and wellbeing service e.g. weight management, sexual health, stop smoking, alcohol advice	



Fraser competence	Fraser competence is understood by some staff and assessment is sometimes part of routine practice		Fraser competence is understood by all appropriate staff and assessment of the individual is a routine part of practice	
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Service awareness	The staff explain which services are available but this is reactive rather than proactive and not always explained as NHS and/or private services		The staff are proactive in explaining the NHS and/or private services that are available from the pharmacy	
Staff role	Staff sometimes explain who they are, the services on offer and provide advice on health and wellbeing when asked. The public are sometimes directed to another member of the team when appropriate. There is some evidence of continuing professional development but this is not clearly on view to the public		Staff routinely explain who they are and the services on offer. They are proactive in offering advice on health and wellbeing, making the most of every interaction. The public are directed to the most appropriate member of the team. Individuals wear name badges. The public are made aware that continuing professional development takes place	
Raising difficult issues	Staff understand that they should approach members of the public sensitively to discuss public health issues but have not yet completed training		Staff receive training on how to approach member of the public to discuss difficult public health issues, provide advice and recruit into health and wellbeing services e.g. sexual health services, stop smoking	
Behavioural change	Staff are able to make some brief interventions but do not yet understand the need to support behavioural change		Staff are able to make brief health interventions and have an awareness that the member of the public may need additional support for behavioural change. In this instance they are able to either provide this support or signpost appropriately	
Pharmacist availability	The pharmacist proactively engages with the public on prescription interventions. The pharmacist tends to be more reactive than proactive with respect to public health advice		The pharmacist is highly visible to the public and readily engages in proactive public health advice. The operational processes allow for this and layout may be considered to facilitate more open access	
Leadership	The business has identified a leader who has yet to complete or implement any leadership development.		There is a 'can do' attitude within the pharmacy team and this is driven through effective leadership. A member of the team proactively demonstrates leadership capabilities and is likely to have undertaken some leadership development. The leader provides a vision for the pharmacy, has jointly developed an action plan and is a positive role model	



Engagement

The aim is to demonstrate that the pharmacy team are active in their local community; engaging with the public, healthcare professionals and commissioners.

1. Joined up working

- The pharmacy is an active member of the local community and understands how to respond to their local needs
- The pharmacy team are an integral part of local healthcare delivery and engage with other healthcare professionals
- The pharmacy team understands the need to deliver consistent services as part of their commitment to commissioners and leads on integrated health and wellbeing initiatives

	Getting there	Achieved	Meets HLP	Achieved
Understand local needs	The patient survey has been developed to include questions linked to public health and wellbeing services but is only used annually and the results do not influence the services offered locally		The patient survey has been developed to include questions linked to public health and wellbeing services so that the pharmacy responds to local needs. The survey is proactively marketed and used to engage the public in developing services to meet their needs	
Engagement with GP practice	The pharmacy team has good operational engagement with the practice so that repeat prescriptions are managed effectively and issues are resolved quickly		The pharmacy team clinically engages with the local GP practices and appropriate members of the team to ensure that there are formalised referral protocols and follow up protocols. Where the GP practice is reluctant to engage, the pharmacy is able to demonstrate what they have done to approach their local practice. There may be involvement in the development of local patient care pathways and the role of the pharmacy is defined within these	
Signposting	The pharmacy team have developed signposting resources beyond those provided by local commissioners. Relevant referral happens as appropriate		Members of the pharmacy team proactively signpost and/or directly refer patients into appropriate services, notifying the GP when necessary and in accordance with local agreements	
Other providers	The pharmacy team link into other service providers and groups on an ad hoc basis		The pharmacy team are aware of and link into other appropriate groups depending on the services commissioned and level of HLP e.g. DAAT team, alcohol groups, specialist clinics, Health Trainer service, local authorities and social services, local patient support groups, LINK, etc.	



<p>Commissioner's needs</p>	<p>The pharmacy team knows who is commissioning the service and sometimes but not always delivers against service expectations; reporting back may be beyond timelines agreed</p>		<p>The pharmacy team has a good understanding of their commissioners' priorities and knows who to contact, consistently delivers against service expectations and reports back within timelines specified. The pharmacy establishes links with their local public health team and understands the role the Local Pharmaceutical Committee have to represent their interests locally when services are commissioned</p>	
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Environment

The aim is to provide an environment that embraces the ethos of a Healthy Living Pharmacy, including an atmosphere created by premises as well as staff attitudes and actions. The environment can also contribute to ensuring confidentiality for service users.

2. Professional environment

- The 'professional' environment reflects the impression and ethos of a healthy living pharmacy to the public e.g. the appearance and dress of the staff and premises
- A healthy living pharmacy takes its responsibility to contribute to a sustainable environment seriously and this is reflected in the way they operate their business
- It is clear to the public that free, confidential advice on public health and wellbeing can be accessed

	Getting there	Achieved	Meets HLP	Achieved
Appearance	The pharmacy and consultation area are clean and uncluttered; although the merchandise does not necessarily reflect a healthcare environment		The pharmacy and consultation area are clean, uncluttered and the merchandise and environment reflect a professional healthcare and healthy living environment e.g. products for sale, health promotion materials, etc.	
Equipment and paperwork	There is an attempt to ensure that all equipment and paperwork necessary for service delivery is available but this is not consistent		The equipment and paperwork necessary for service delivery is always available within the consultation room together with health and wellbeing material relevant for the service	
Awareness of private consultation area	The consultation room is clearly indicated to the public but has simple signage that does not highlight the presence of a private and confidential area; the doors may be transparent		The consultation area is prominent and it is clear to the public that they can access this area to have private conversations with a healthcare professional. The windows and doors allow for privacy e.g. blinds/opaque glass	



3. Information environment

- The pharmacy gives the public a clear impression that health and wellbeing advice and services are readily available
- There are appropriate materials readily available for members of the public on health and wellbeing. This information is refreshed and checked regularly to ensure that it is current and relevant
- The information available appeals to a wide range of the public including men and women, young people, smokers, people with long term conditions, learning difficulties and older people. Where the community includes a significant ethnic minority group, then their needs must be accommodated
- There is a clearly marked and accessible health promotion zone

	Getting there	Achieved	Meets HLP	Achieved
Promoting a healthy living environment	Some attempts have been made to promote a healthy living environment e.g. posters and leaflets		The pharmacy environment is clean, welcoming and gives the impression that health and wellbeing services and advice can be accessed readily. Once accredited, the HLP logo is displayed in prominent places and the HLP services that are available to support health and wellbeing are clearly identified. The staff only areas within an HLP supportive of healthy living	
Health promotion zone	Some materials available in an area but this is not clearly identified for the public		There is a dedicated health promotion zone clearly marked and accessible to the public. This may include a touch-screen, plasma screen, books, DVDs, leaflets, promotional displays etc. The information available is likely to be issued by recognised bodies and not promotional	
Materials available	Appropriate reading materials are available although these may not be up to date or relevant to local needs and priorities		There is a good display of health and wellbeing material and this appeals to a wide range of the local public including the groups above and ethnicity is accommodated where appropriate. Material is checked every month. This may include access to touchscreen displays by the public. Some of the materials are relevant to locally available services and there may be a local health and wellbeing notice board	
IT connectivity	There is a computer in the consultation room but this is not networked to the PMR		IT system in the consultation room with access to the internet and/or networked into PMR system	



Appendix 2 Workforce Development opportunities

Brief Intervention training

All staff to have completed their locality public health team specified face to face or e- learning brief intervention training:

Blackburn with Darwen	Lancashire Public Health Network e-learning course "Making every Contact Count"	http://www.e-lfh.org.uk/programmes/making-every-contact-count/
Blackpool	Lancashire Public Health Network e-learning course "Making every Contact Count"	http://www.e-lfh.org.uk/programmes/making-every-contact-count/
Lancashire	Lancashire Public Health Network e-learning course "Making every Contact Count"	http://www.e-lfh.org.uk/programmes/making-every-contact-count/

Other additional brief intervention e-learning packages are also available. These are not part of the programme requirements but are included as options for your own further development

- Alcohol learning Centre www.alcohollearningcentre.org.uk
- Buttercups www.buttercups.co.uk
- NPA www.npa.co.uk
- CPPE www.cppe.ac.uk

Health Champion training

Face to face training for the Royal Society for Public Health level 2 award in Understanding Health Improvement is being planned for all Lancashire localities including Blackpool and Blackburn with Darwen. Details will be shared via the usual channels and on the Community Pharmacy Lancashire (LPC) website <http://www.pharmacylancashire.org/> and Choose Health website www.choosehealth.org.uk

Support in the practical aspects of being a Health Champion will be provided.

Prospective Health Champions will have opportunities to develop local networks.

Pharmacist / Pharmacy Team Leader Leadership Training

Pharmacist / Pharmacy team HLP leadership training will be provided in localities. Details will be shared via the Community Pharmacy Lancashire (Local Pharmaceutical Committee) bulletin and on the Choose Health and Community Pharmacy Lancashire (LPC) website <http://www.pharmacylancashire.org/> www.choosehealth.org.uk

Resources to support the implementation of HLP are finite, a deposit of £250 per pharmacy (£100 for CH members) will be required for leadership and Health Champion training. This will be refunded if successfully accredited within 12 months.

