Evaluation of the West Yorkshire Healthy Living Pharmacy Programme

January 2014

Alison Blenkinsopp & Jon Silcock, University of Bradford School of Pharmacy

With contributions from Dr Gillian Hawksworth, Harkirit Kaur Mudhar & Fouziya Asim (School of Pharmacy, University of Huddersfield) and from Luqman Ali, Ali An-Enbaree, Maria Aurangzeb, Nargis Hussain and Subtain Hussain (School of Pharmacy, University of Bradford)

Evaluation of the West Yorkshire Healthy Living Pharmacy Programme

Contents

Glossary

CPCF	Community Pharmacy Contractual Framework
CPWY	Community Pharmacy West Yorkshire
HLP	Healthy Living Pharmacy
MUR	Medicines Use Review
NMS	New Medicines Service
PCT	Primary Care Trust
PSNC	Pharmaceutical Services Negotiating Committee
UoB	University of Bradford
UoH	University of Huddersfield

Evaluation of the West Yorkshire Healthy Living Pharmacy Programme

1. Introduction

A Healthy Living Pharmacy (HLP) scheme was introduced by NHS Portsmouth in 2009 with a local HLP prospectus which set out three service themes: 'wellbeing and self-care', 'optimising medicines' and 'providing enhanced services' underpinned by foundation criteria in developing workforce, premises and multidisciplinary engagement. Three PCTs (Heart of Birmingham, Southampton and Isle of Wight) then implemented HLP prior to a national pathfinder programme with 20 PCTs which commenced in autumn 2011.

Community Pharmacy West Yorkshire (CPWY, formed by the merger of the LPCs of Leeds, Bradford & Airedale, Calderdale & Kirklees) established a Healthy Living Pharmacy (HLP) programme in which the first pharmacies were accredited in April 2012. In its prospectus for the programme CPWY set out the requirements for award of Level 1 HLP status:

"The pharmacy must fulfil all essential and advanced service requirements plus:

- *The main pharmacist or an individual in a management role to have completed the CPWY arranged Healthy Living Pharmacy leadership event.*
- *Have at least two members of staff accredited as Healthy Living Champions (80% of the pharmacy's opening hours need to be regularly covered by a Healthy Living Champion).*
- *Pro-active engagement in the public health elements of essential and advanced services*
- *To be delivering MURs and the New Medicine Service on a regular basis*
- *Provision of two enhanced services currently commissioned in your PCT area, for example : Stop Smoking Service, Sexual Health, Substance Misuse/Supervised Consumption Demonstrate evidence of all aspects of Quality Criteria*
- *Premises - Maintains premises to a high professional standard with private consultation facilities"[2]*

Implementation was in three waves and the evaluation includes waves 1 & 2. Thirty of the 88 pharmacies which applied were selected for wave 1. Participating pharmacies have a nominated HLP lead (usually the pharmacist) and two HLP Champions (Level 2 Health Improvement Award, Royal Society of Public Health), all have participated in mandatory training for these roles. The West Yorkshire HLP is the largest regional programme in England with over 90 community pharmacies accredited at level 1. The Level 1 requirements are broadly similar to those in the national programme except that pharmacies in West Yorkshire need to have two HLP Champions and to commit to covering a minimum of 80% of pharmacy opening hours. This is a potentially important difference if the HLP Champions are to embed a change to a culture of health and wellbeing.

The evaluation design drew on national guidance[3] and focused on priorities agreed with CPWY. Within the available resources the University team would analyse available data which CPWY would

provide. The study had a particular focus on team working and team development in HLP pharmacies following award of HLP status, reflecting CPWY's commitment to establishing its Community Pharmacy Development Academy to provide resources and training for pharmacy teams.

Objectives:

The evaluation investigated:

- Is participation as a HLP associated with changes in uptake and delivery of services?
- What is the effect of HLP services on public-reported experiences?
- What is the effect of HLP on pharmacy team performance?
- Is pharmacy demography associated with HLP performance?
- Are there any other effects of the HLP programme?

The specific evaluation questions were:

1. Is the award of HLP status associated with changes in the volume of service provision for MUR and NMS?

2. Is the award of HLP status associated with any changes in the provision of healthy living advice in the MUR and NMS services?

3. Do non-HLP pharmacies show any changes in the volume and content of MUR and NMS?

4. Are the services provided by HLP pharmacies acceptable to the public?

5. What is the level of service user awareness of the HLP concept?

6. If the HLP services had not been available, what alternatives would service users have utilised?

7. What is the demographic profile of HLP service users?

8. Is there any evidence that the HLP programme contributes to reducing health inequalities?

9. Is HLP status associated with any changes in organisational development?

2 Methods

2.1 Evaluation Design

The evaluation aimed to use a longitudinal design comparing the performance of Healthy Living Pharmacies pre- and post-HLP status, and with other pharmacies in the area.

Summary of evaluation questions and data sources

Evaluation question	Data sources
Is participation as a pilot HLP associated with changes in uptake and delivery of services?	MUR and NMS
	Tobacco service data
What is the effect of HLP services on public-reported experiences?	CPWY survey based on national pathfinder questionnaire with additional demographic and behavioural intent questions
What is the effect of HLP on pharmacy team performance?	Team Climate Inventory (TCI) questionnaires at baseline and 1-year follow-up Qualitative study of HLP and non-HLP pharmacies Survey of HLP & non-HLP pharmacists (University of Huddersfield undergraduate project)
Is pharmacy demography associated with HLP performance?	IMD classification

The study used mixed methods including a survey of pharmacy users, a survey and interviews with members of pharmacy teams, and secondary analysis of routinely-collected NHS data on provision of the Medicines Use Review service to compare the performance of Healthy Living Pharmacies pre- and post-HLP status, and with other pharmacies in the area.

The study drew upon guidance issued for the national pathfinder evaluation[4] and included the pharmacies (n=70) in the first and second waves of the programme that were awarded HLP status in April and July 2012 respectively and located in four areas (at that time, Primary Care Trusts [PCTs].

Changes from the original evaluation plan

At the time the evaluation was commissioned community pharmacy service data was the responsibility of PCTs. The HLP project manager and UoB contacted the four PCTs (Bradford & Airedale, Calderdale, Kirklees and Leeds) and secured agreement that each PCT would provide CPWY with service provision data for Advanced services (MUR & NMS) and Enhanced services. The latter varied according to which services were commissioned by the PCT, the intention was as a minimum to include Tobacco services which, at that time were commissioned by all four. Discontinuity of data was recognised as a risk at the time the evaluation was designed due to the planned abolition of PCTs on 31st March 2013. The organisational and staffing changes prior to and after April 1st 2013 had significant implications for data availability and completeness. In the event only one PCT (Bradford & Airedale) was able to provide complete MUR data for the intended study period and only one (Leeds) was able to provide tobacco service data and for a shorter period than intended.

A survey of service user experience was planned by CPWY during 2013 and did not form part of the original evaluation proposal. UoB agreed to provide academic support for the survey and also cleaned, entered and analysed the questionnaire data to include it in the evaluation. The Universities of Bradford and Huddersfield allocated MPharm projects to the evaluation to provide additional data resources. The evaluation was originally due to be completed by the end of July 2013 but there was a need for additional follow-up reminders for the surveys of service users and of pharmacy teams. Final survey data was collected by mid-July and entered during August. Tobacco services data was obtained in September 2013. Preliminary findings were presented to the CPWY Board on September 25th 2013.

Experience of service users

An anonymised survey of pharmacy service users was conducted by CPWY based on a questionnaire used in the national HLP pathfinder evaluation to enable comparison of key findings[3]. The academic team reviewed the questionnaire and made suggestions for changes, and undertook a pilot to test the understandability and ease of completion of the questions. The team also liaised with an LPC which was also reviewing and adapting the national questionnaire. Changes made to the original questionnaire by the Bradford team were: the addition of a small number of questions on intention, confidence and motivation to change behaviour together with items on key demographics. Participants were asked to select an age range, to report their employment/education/retirement status, to state whether they had a long term illness or disability, and to report their usage of the pharmacy ("the pharmacy I choose to visit if possible", "one of several pharmacies I use, "the pharmacy that was just convenient today". The questionnaire asked the service user to indicate which of 13 pharmacy services they had used during their pharmacy visit. A copy of the questionnaire is at Appendix 1.

Methods of survey administration considered were self-completion and interviewer-administered. Although the latter could have been helpful for service users with lower health literacy and may have been feasible as a MPharm project it was not utilised due to the sensitive nature of individual services (for example, supervised methadone consumption and emergency hormonal contraception). All 70 HLP pharmacies were asked to distribute questionnaires to up to 10 service users during a 2-week period in June 2013. A survey pack was provided to each of the 70 pharmacies including instructions for the pharmacy team and a log of questionnaires handed out. Pharmacies were requested to provide a box for service users to place their completed questionnaire rather than handing it to a member of staff.

Questionnaire data were anonymised at respondent and pharmacy level. CPWY coded the questionnaires with the NHS pharmacy code and provided a list of the codes corresponding to the four PCT areas. Following the survey the team entered, cleaned and analysed the data.

Provision of Medicines Use Review service

The NHS collects and holds data on MUR provision from all community pharmacies providing the service. From October 2011 community pharmacies were required to submit a specified dataset to their PCT including: numbers of targeted/non-targeted MURs, number of MURs in which a medication issue was identified and action taken, number of patients referred to the GP practice or other primary health care provider, number of patients where as a result of the MUR the pharmacist believes there would be an improvement in adherence and the type of benefit (better understanding of: what the medicine is for, when/how to take the medicine/s, side effects and how to manage them, condition being treated), total number of patients given brief advice about lifestyle (diet/nutrition, smoking, physical activity, alcohol, sexual health, weight management, other).

At the start of the West Yorkshire HLP programme the evaluation team and CPWY made a joint approach to each of the four PCTs in which the programme was running and requested a dataset for MURs conducted by all pharmacies during the period October 2011-December 2012. This time period was selected to include six months prior to the start of the programme and up to six months after the HLP pharmacies were accredited. Due to staffing changes in the PCTs in the period up to their abolition only one PCT (Bradford & Airedale) was able to provide data covering the study period (n=129 pharmacies). Data on the provision of lifestyle advice within MURs was available from Q2 2012-13 and was provided for all pharmacies by Bradford & Airedale for Q2 and Q3 of that year.

Provision of tobacco services

The four PCTs were requested to provide quarterly data on community pharmacy Stop Smoking services during the period October 2011-December 2012. Each PCT was requested to share data on numbers of quit attempts, type of staff member providing the service and number of confirmed quits for all pharmacies providing the service in the PCT.

Effects of HLP on pharmacy teams

The successful adoption of the HLP programme is dependent on pharmacy teams and their propensity to change. It was thus important to attempt to measure both the relevant characteristics of pharmacy teams and any change over time after becoming a HLP. The Team Climate Inventory was selected for this purpose because of its strong theoretical basis and substantial evidence of validity and its gradually increasing use in health quality improvement programmes [5]. The TCI measures four group processes (termed ‘facets’ by Anderson and West): i) team vision and objectives, ii) participatory safety, iii) task orientation, and iv) support for innovation [6 7]. Team vision measures members’ perceptions of team objectives – their clarity, sharedness and achievability. Participative safety refers to team members’ psychological safety and related participation in sharing of information and making decisions. Task orientation refers to performance monitoring, appraisal and feedback on work tasks. Support for innovation measures team members’ perception of the help available to them in putting new ideas and changes into practice.

Pharmacy teams were asked to complete the 14-item Team Climate Inventory (TCI) at baseline (spring 2012) and at approximately one year later (July 2013). A survey pack was prepared for each pharmacy containing brief instructions for completing the questionnaire, copies of the questionnaire, a log sheet on which the team was asked to list the job roles of its members, and an envelope in which to return the questionnaires. The questionnaire contained only the TCI questions

and respondents were not asked for any additional information. Engagement of pharmacy teams was encouraged through personal contact with CPWY's HLP project manager, who distributed the survey packs to each pharmacist during their first leadership training event and provided a short verbal briefing. The pharmacy team for an individual pharmacy was as defined by the pharmacist and staff. So, for example, if the team members thought that the medicines delivery driver was a member of their team that person was asked to complete the survey. The follow up survey packs were distributed by post in June 2013 and followed up by a phone call from the HLP project manager. For both baseline and follow-up surveys the HLP project manager made up to three telephone reminders to teams to return the survey. Questionnaire data were anonymised at individual respondent and pharmacy level. Pharmacy teams returned their questionnaires to CPWY where they were coded with the NHS pharmacy code and checked to ensure that they contained no information that might identify an individual or their pharmacy.

The quantitative study was supplemented with a small qualitative study to which five Bradford School of Pharmacy MPharm students were allocated, involving semi-structured interviews with five pharmacists (three in HLP pharmacies) and three Healthy Living Champions. Each pharmacy was visited and a detailed template completed describing the exterior appearance and interior facilities and features. The interview schedule drew on published literature and was reviewed by three community pharmacy teacher-practitioner pharmacists, one of whom had experience of working in a HLP. Participants received written information about the study and gave written consent for the interview to be audio-recorded. Ethical approval was granted by University of Bradford and NHS approval on behalf of Airedale, Bradford and Leeds PCTs. The students also conducted a thematic analysis of an anonymised sample of HLP application forms.

Attitudes towards HLP

A survey of 114 HLP and non-HLP pharmacies was conducted in Kirklees and Calderdale within an undergraduate project conducted under the supervision of Dr Gill Hawksworth (School of Pharmacy, University of Huddersfield) to investigate pharmacists' attitudes towards HLP and to explore perceived benefits and drawbacks. The questionnaire contained a mix of closed and open questions; respondents were asked about their reasons for becoming or not becoming a HLP. HLP pharmacists were asked to reflect in hindsight on whether they would have done anything differently.

HLP health awareness activities

CPWY agreed to provide examples of activities and events held as part of the HLP programme.

2.2 Data analysis

2.2.1 Survey of service users

Data were entered from hard copy questionnaires into a pre-designed Excel spreadsheet with specified and restricted fields to minimise data entry errors. Accuracy of data entry was checked for a 10% sample of questionnaires. Response frequencies for all questions were calculated for the total sample.

2.2.2 NMS and MUR data

Data were provided by the PCT in Excel spreadsheets. Mean and median monthly activity were calculated for HLP and non-HLP pharmacies across each quarter of data.

'Regularity' of MUR provision. HLP pharmacies are required to "provide MURs and NMS on a regular basis", included with the intention of evening out the recognised previous troughs and peaks of MUR provision (eg large numbers of MURs in the last month of the financial year and low or variable provision in other months).

2.2.3 Tobacco services

Tobacco services data were available for one area (Leeds) pharmacies for Q1-Q3 of the 2012-13 NHS year. Numbers of quit attempts and confirmed quits were compared for HLP and other providers.

2.2.4 Team Climate Inventory

Data were entered from hard copy questionnaires into a pre-designed Excel spreadsheet with specified and restricted fields to minimise data entry errors. Accuracy of data entry was checked for a 10% sample of questionnaires. Response frequencies for all questions were calculated for the total sample at baseline and at one year follow-up.

2.2.5 Qualitative study

Interviews with pharmacists and Healthy Living Champions were audio-recorded (with permission) and fully transcribed then subjected to thematic analysis.

2.2.6 Pharmacist Attitudinal survey

The project report was shared with the UoB team by Dr Gill Hawksworth. For closed questions response frequencies had been calculated for the total sample, and for open questions responses were listed. A simple thematic analysis was undertaken with some grouping of responses reflecting similar topics and ideas.

3. Results

3.1 Feedback from service users

In total 385 questionnaires were returned from 40 individual pharmacies (range 3-21 per pharmacy).

3.1.1 Demography of respondents

Fifty seven per cent of respondents were females and 43% were males; overall 35% reported having a long term health condition or disability. Respondents' ages are shown in Table 1.

Table 1: Age of survey respondents (n=374)

Age	Number
16-19	13
20-24	28
25-34	100
35-44	116
45-54	10
55-64	57
65-74	37
75+	13
Total	374

Respondents' employment status is shown in Table 2. Twenty-seven per cent of respondents were aged 34 or younger, 48% were aged 35-64 years and 25% were aged 65 or older. These findings show that the profile of service users was considerably wider than the typical profile of pharmacy prescription customers.

Table 2: Employment status of survey respondents (n=373)

Full time paid work (30+ hours)	23.6% (88)
Part time paid work (8-29 hours)	15.3% (57)
Part time paid work (under 8 hours)	1.1% (4)
Retired	16.4% (61)
Still at school	1.3% (5)
In full time higher education	4.3% (16)
Unemployed (seeking work)	29.5% (110)
Not in paid employment (not seeking work)	8.6% (32)
Total	373

Forty per cent of respondents reported being in paid work, 29.5% were unemployed, 16.4% were retired and 5.6% were in full time education. Overall the demographic data indicate:

- HLP services are reaching those who are healthy as well as those who are ill
- Service users range from young adults to elderly people and from a mix of socioeconomic circumstances

3.1.2 Usage of pharmacies and services

In order to characterise respondents' patterns of pharmacy use the survey asked participants to choose one of four statements; the data are shown in Table 3.

Table 3: Respondents' description of the pharmacy where they completed the survey (n=370)

The pharmacy I choose to visit if possible	80.3% (297)
One of several pharmacies I use	11.9% (44)
The pharmacy that was just convenient today	7.3% (27)
Don't know/not sure	0.5% (2)
Total	370

The majority (80.3%) of respondents described the pharmacy in which they received the service as "my regular pharmacy". The services used by the survey respondents during their visit to the pharmacy are shown in Table 4.

Table 4: Services used by survey respondents (n=382)

Supervised Consumption	20.4% (78)
Medicines Use Review	16.2% (62)
Stop Smoking	11.8% (45)
Minor Ailments	9.7% (37)
BP Check	9.4% (36)
Alcohol Advice	6.3% (24)
Head Lice	6% (23)
Sexual Health (EHC)	5.5% (21)
New Medicines Service	5.2% (20)
Needle Exchange	4.7% (18)
Diabetes Check	2.4% (9)
Heallthy Weight	2.1% (8)
Chlamydia Screening	0.3% (1)

Supervised consumption (20.4%), Medicines Use Review (16.2%) and Stop Smoking (11.8%) were the services most frequently reported, accounting for almost half of the returned questionnaires.

In relation to the service they had received on the current occasion, respondents' information sources are shown in Table 5.

Table 5: Sources of information about the service used

Approached by pharmacy team	39.5% (152)
Leaflet or poster	18.4% (71)
Directed by doctor/other professional	18.2% (70)
Friends/family	17.7% (68)
Radio	0.3% (1)
Other	5.2% (20)
Total	382

The majority of service users had found out about the service they used from in-pharmacy promotion. In 39.5% this was from a member of the pharmacy team and in a further 18.4% a leaflet or poster.

Had the pharmacy service not been available the alternatives that respondents reported they would have used instead are shown in Table 6.

Table 6: Alternative sources of services/advice (n=385)

	West Yorkshire HLPs	National pathfinder evaluation
Doctor	60.0% (231)	60.2%
Nothing	21.6% (83)	21.2%
NHS Walk-In Centre	7.5% (29)	5.4%
Internet	6.8% (26)	3.7%
A & E	1.2% (6)	1.6%
Other	4.5% (19)	1.3%

Most service users (60%) said they would have seen their doctor if the pharmacy service had not been available, the same percentage as in the national pathfinder survey. These 231 general practice appointments would have represented a substantial and more costly use of NHS resources.

One in five respondents in both the West Yorkshire and national pathfinder surveys said they would have done nothing if the pharmacy service had not been available[3]. Other NHS services were cited by 7.5% (NHS Walk-In Centre) and 1.2% (A & E).

3.1.3 Feedback on pharmacy services

Service users were asked the same questions as those in the national evaluation about whether they felt comfortable receiving the service in the pharmacy, whether they were happy with the pharmacy staff providing the service, whether they were given sufficient information during the service, whether they had previously heard of HLP and whether they would recommend the service they had received to others. The results are shown in Table 7.

Table 7 Service users' satisfaction with the pharmacy and the service received

	West Yorkshire HLPs n=385	National evaluation n=1034
Felt comfortable in the pharmacy	384 (99.7%)	99.9%
Happy with pharmacy staff	385 (100%)	99.7%
Received sufficient information	382 (99.2%)	99.6%
Had heard of HLP before	127 (33%)	27.0%
Would recommend the service to others	371 (96.4%)	98.3%

Satisfaction with the pharmacy environment, staff and services received was very high, and more than 95% of service users said they would recommend the service they had used to others.

A minority of service users (one in three) reported having previously heard of Healthy Living Pharmacies. Overall these results were very similar to those from the national HLP pathfinder evaluation.[3]

Respondents' ratings of the individual service they received are shown in Table 8. Data from the West Yorkshire and national surveys are shown, although the rating scales were different.

Table 8: Service users' rating of the pharmacy service they received

	West Yorkshire HLPs (n=385)	National evaluation n=1034
Very poor	1.1% (4)	
Fairly poor	-	1.5% OK
Fairly good	6.6% (25)	17.4% Good
Very good	92.0% (346)	80.6% Excellent
Don't know	0.3% (1)	
Not answered	9	

Nine in ten West Yorkshire service users rated the service they received as “very good” with 6.6% “fairly good” and 1.1% “very poor”. The national pathfinder evaluation survey used a different rating scale and results were broadly similar.

3.1.4 Effects of services on respondents’ intentions to change lifestyle behaviour

Among the additional questions asked in the West Yorkshire HLP survey were three which aimed to discern respondents’ intentions to make changes after receiving the pharmacy service and to explore effects on motivation and confidence to affect change. The results are shown in Tables 9 and 10.

Table 9: Respondents’ intentions to make a lifestyle change following the pharmacy service (n=357)

Yes	46.2% (165)
No	7.3% (26)
Not sure	19.9% (71)
Not applicable	26.6% (95)

Almost half of service users (46.2%) reported planning to make a lifestyle change following the pharmacy service, 7.3% did not, 19.9% saying they were unsure, and 26.6% that the question was not applicable to them.

Table 10: Respondents’ motivation and confidence to change their lifestyle following the pharmacy service (n=357)

	Motivation to change lifestyle	Confidence to change lifestyle
Increased	49.6% (177)	51.8% (186)
Same as before	6.2% (22)	5.6% (20)
Not sure	19.9% (71)	19.2% (69)
Not applicable	24.4% (87)	23.4% (84)

Almost half of service users (49.6%) reported feeling more motivated to make a lifestyle change with 6.2% saying their motivation was unchanged, and 19.9% unsure.

Just over half (51.8%) reported feeling more confident to make a lifestyle change with 5.6% saying their confidence was unchanged and 19.2% unsure.

3.2 Provision of Medicines Use Review & New Medicines Service

Data were available for all Bradford pharmacies for the period prior to HLP status to at least two quarters after HLP staus: Q3 2011-12 (Oct-Dec 2011) to Q3 2012-13 (Oct-Dec 2012) inclusive. During that time the total number of pharmacies in Bradford increased from 129 to 137. Wave 1 HLP pharmacies were accredited during Q1 of 2012-13 and Wave 2 early in Q2 of that year. The data period therefore covered 6-9 months prior to HLP status and 6-8 months afterwards. MUR data were available for the 21 HLP pharmacies and for all other pharmacies in the area.

The numbers of MURs provided by HLP and other pharmacies are shown in Table 11.

Table 11: Numbers of MURs provided by HLP and other pharmacies in Bradford & Airedale PCT (Q3 2011-12 to Q3 2012-13)

	Respiratory	High Risk	Discharge	Non-target
Mean (all)				
1112Q3	13.57	20.95	0.19	31.62
1112Q4	11.78	27.79	0.7	26.13
1213Q1	13.14	25.23	0.44	20.86
1213Q2	14.25	27.97	0.31	21.52
1213Q3	15.02	29.39	0.16	24.71
Mean (HLP)				
1112Q3	10.67	10.5	0.17	30.83
1112Q4	6.25	18.88	1.34	16.04
1213Q1	15.39	33.61	0.5	22.5
1213Q2	17.72	42.11	0.22	22
1213Q3	15.88	33.82	0.47	21.94
Mean (Rest)				
1112Q3	14.73	25.13	0.2	31.93
1112Q4	13.88	30.86	0.45	30.1
1213Q1	12.4	22.54	0.42	20.34
1213Q2	12.76	21.9	0.34	21.31
1213Q3	14.59	27.18	0	26.09
Mean Difference (HLP-Rest)				
1112Q3	-4.06	-14.63	-0.03	-1.1
1112Q4	-7.63	-11.98	0.89	-14.06
1213Q1	2.99	11.07	0.08	2.16
1213Q2	4.96	20.21	-0.12	0.69
1213Q3	1.29	6.64	0.47	-4.15

Prior to their accreditation as HLPs the mean number of targeted MURs provided was lower than for other pharmacies. After accreditation as HLPs the numbers of targeted Respiratory and High Risk

Medicine MURs increased to become substantially higher than non-HLP pharmacies. These differences were not observed for non-targeted MURs.

The percentage of HLP pharmacies claiming for targeted MURs rose from 52% in Q4 2011-12 to consistently above 80% in the next three Quarters. This finding indicates that HLP pharmacies were meeting the requirement for 'regular' provision of MURs. The rate was lower among other pharmacies in Q4 2011 at 27% and in the following three Quarters was 50%, 39% and 29%.

The provision of lifestyle-related advice in MURs is shown in Table 12.

Table 12: Provision of lifestyle-related advice during MURs provided by HLP and other pharmacies in Bradford & Airedale PCT (Q2-Q3 2012-13)

Note: data collection for lifestyle advice commenced from Q2 2012-13

	Diet	Smoking	Activity	Alcohol	Sexual health	Weight	Other
Mean (all)							
1213Q2	22.17	11.08	18.43	8.17	0.71	5.6	1.86
1213Q3	37.66	16.93	28.7	13.8	2.05	7.41	
Mean HLP							
1213Q2	29.82	17.55	30.4	16.1	0.9	6.4	2.8
1213Q3	40.73	19.67	37.47	17.8	0.8	7	3.07
Mean (Rest)							
1213Q2	18.8	8.24	13.64	5	0.64	5.28	1.4
1213Q3	36.07	15.52	24.17	11.72	2.69	7.62	1.24
Mean Difference (HLP – Rest)							
1213Q2	11.02	9.31	16.76	11.1	0.26	1.12	1.4
1213Q3	4.66	4.15	13.3	6.08	-1.89	-0.62	1.83

HLPs provided lifestyle advice in higher numbers of MURs than other pharmacies.

"W*hat it is doing is motivating me to make sure that I do include health promoting advice in my consultations."*HLP1 P

The national evaluation found that more MURs were carried out by HLP pharmacies than other pharmacies in three of the four areas studied, and that HLPs provided more NMS in all of the four areas studied.

3.3 Tobacco services

Tobacco services data were available for one area (Leeds) pharmacies for Q1-Q3 of the 2012-13 NHS year. The data were aggregated by quarter at pharmacy level and in total 387 quit dates were set across all of the pharmacies providing the service; 83 in HLP pharmacies and 304 in other pharmacies. Numbers were not sufficiently large to enable comparisons by quarter or by pre- and post-HLP status.

The overall quit rate was 54.5% (211/387). Rates for HLP pharmacies were 63% (52/83) and for other pharmacies 52% (159/304).

In the national pathfinder evaluation in each of the eight areas that recorded quit dates set, the number of service users setting a quit date increased in HLPs compared with pre-HLP status and was higher in HLPs compared with other pharmacies. In the areas that recorded quit numbers, the number of quits increased in HLPs in all but one area. Quit rates increased in three areas (two substantially, one slightly), remained the same in one, and decreased in two. Quit rates were 50% or higher in five out of the six areas which reported them.

The national evaluation's survey of 151 HLP contractors generated data on which pharmacy staff were involved in delivery of Stop Smoking services, the results showed:

Pharmacists (62% of HLPs)
Pharmacy technicians (52 %)
Dispensing Assistants (57%)
Other pharmacy team members - pre-registration trainees, counter assistants, or Accuracy Checking Technicians (13%)

These data showed that pharmacies were utilising the pharmacy team to deliver Stop Smoking services. Analysis of quit data in the national evaluation indicated that Stop Smoking services delivered by non-pharmacist staff performed at least as well as pharmacist-delivered services. This finding suggested that Stop Smoking services can be delivered effectively by both pharmacists and pharmacy team members.

3.4 Pharmacy team development

3.4.1 Team Climate

Completed Team Climate Inventory questionnaires were received from 381 individuals at baseline and 207 at follow-up. Data for both baseline and follow-up was returned by 37 pharmacy teams and for baseline only by 33 pharmacy teams. The questionnaire findings are summarised in Table 13.

Table 13: Comparison of baseline/follow-up

	Baseline (n=381) Mostly/completely	Follow-up (n=207) Mostly/completely	Difference
1. How far are you in agreement with your work team's objectives?	83%	90.3%	+7.3%
2. To what extent do you think your team's objectives are clearly understood by other team members?	67.2%	80.2%	+13.0%
3. To what extent do you think your team's objectives can actually be achieved?	77.9%	83.1%	+5.2%
4. How worthwhile do you think these objectives are to the organization?	88.2%	87.2%	-1.0%
5. We have a "we are together" attitude	80.9%	84.6%	+3.7%
6. People keep each other informed about work related issues in the team	78%	83.5%	+5.5%
7. People feel understood and accepted by each other	78.2%	86.4%	+6.2%
8. There are real attempts to share information throughout the team	78.0%	84.6%	+6.6%
9. Are team members prepared to question the basis of what the team is doing?	80.4%	82.5%	+2.1%
10. Does the team critically appraise potential weaknesses in what it is doing to achieve the best outcome?	72.4%	72.2%	-0.2%
11. Do members of the team build on each other's ideas to achieve the best possible outcome?	72.8%	83.0%	+10.3%
12. People in this team are always searching for fresh, new ways of looking at problems.	64.5%	78.7%	+13.2%
13. In this team we take the time needed to develop new ideas.	59.2%	74.8%	+15.6%
14. People in the team cooperate to help develop and apply new ideas.	71.3%	83.6%	+12.3%

At follow up there was an increase in 12 of the 14 questions (range +2.1% to +15.6%) and a decrease in two (-0.2%; -1.0%). The findings of the TCI indicate positive changes in team climate during the period between HLP accreditation and one year later.

The TCI findings are corroborated by data from the qualitative study undertaken by University of Bradford undergraduate pharmacy students, and by data from a survey of contractors in the national pathfinder evaluation. In the quotations below the code denotes the pharmacy number and whether the respondent is a pharmacist (P) or a Healthy Living Champion (HLC).

Both pharmacists and Healthy Living Champions in HLP pharmacies made reference to the importance of the whole pharmacy team:

*"I know that we, as pharmacists, have to be leaders, but even them [HC], they are leaders too. We're able to get the dispensers to do more, making it more worthwhile and interesting."*HLP1P

"(HLP) Involves the pharmacist freeing up their time from tasks that can be delegated, and moving away from the dispensary and being at the forefront of other pharmacy services . . . . you think about what you're doing and if you're the best person to do this" HLP2P

"I have employed a group of staff [HCs] now who are resourced to allow me to put as much time into those services [MURS/NMS] as I need." HLP3P

Healthy Living Champions indicated taking a more proactive approach to promoting healthy living:

"A pharmacy that's proactive in encouraging our patients to think about healthy living choices." HLP1 HLC

"I can't wait for it [the increase in responsibilities that come with HLC]. HLP must be proactive in providing health and lifestyle advice.. majority of the local public are uneducated or illiterate, [and] the government struggles to reach them so I'm hoping we can target those." HLP2P

'More focus on trying to provide patients with additional advice which we wouldn't offer before, If the patient was diabetic I would give more advice about their diet, exercise, trying to encourage individuals to stop smoking, and anything related to diabetes." HLP3P

The importance of the training that both pharmacists and Healthy Living Champions had received in supporting their role in the HLP pharmacy team was highlighted:

"I think the difference is that, now that I've been to the training, I've a better understanding of services. I think that's an important difference, where we've done the training and have better understanding." HLP2 HLC

"I went to the training day and realised that actually there's a lot more we can provide." HLP2 HLC

*"we are glad because of what we have been taught; we are in fact inspired…"*HLP2 P

Qualitative data from the national pathfinder evaluation[3] also describe how Healthy Living Champions had changed their ways of working:

"My staff have taken the role of Health Champion very seriously which can been seen from the clients that we have recruited. When doing a New Medicine Service for a client who was put on a new medicine to treat diabetes. I asked him if he would be interested in our My Choice Weight Management service. He joined the service and taking the advice from our Health Champion, he lost 14lbs in 12 weeks. He was so happy, but his doctor was even happier and he informed me that he will refer his patients to this service" Pharmacist owner, Birmingham

HLP status was also cited as a factor in attracting high quality staff:

"HLP status has been the differentiator when recruiting a high calibre pre-registration trainee when we had another equal offer to consider. This has been a really demonstrable benefit to us and in the medium term we are looking to increase our Health Champion resource". Pharmacist, Dorset

In the national pathfinder evaluation a survey of HLP contractors (n=151) found that over 90% of respondents reported that HLP had resulted in benefits for staff development including employee development, and increased motivation. The majority reported that their staff had become more productive since becoming an HLP; 80% of participants reported an increase in output, with the remaining 20% reporting no change[3].

3.4.2 Pharmacist attitudes

In the University of Huddersfield MPharm survey 50/114 (44%) pharmacists responded: 14 HLP (3 Calderdale; 11 Kirklees) and 36 non-HLP (13 Calderdale; 23 Kirklees).

HLP Pharmacists

- Almost all HLP pharmacists thought the scheme had made a positive difference to services provided, 71% said it had improved patient care.
- Over 70% of HLP pharmacists reported that staff-patient relationships have improved since participating in HLP.
- One in three HLP pharmacists agreed that they found initiating conversations about healthy living challenging.
- 43% of HLP pharmacists reported having new learning as a result of becoming a HLP.
- Over three quarters of HLP pharmacists said there is a need for other health care professionals to be involved in HLP.
- Most HLP pharmacists said that progress is being made towards meeting HLP objectives with one in three agreeing the objectives were already met.

Non-HLP Pharmacists

- Two thirds were positive towards the scheme. One in three either expressed a negative view about HLP or preferred not to give an opinion.
- 47% thought it would improve the services their pharmacy provided.
- All but one were aware of HLP and around half said they were aware of benefits of participating but none had made any enquiries about taking part.
- Just over half (53%) said they had received sufficient information about HLP and 47% said they knew how to develop their pharmacy into a HLP.
- 22 pharmacists answered a question about their reasons for not becoming a HLP was insufficient pharmacy resources (13), followed by not knowing enough about HLP (5) and too much paperwork (4).

Thirteen of the 14 HLPs answered a question about why they became a HLP; their responses are shown below.

HLP pharmacists' reasons for becoming a HLP
Service development
The HLP project was aimed at improving the services currently provided and going the extra mile with new services
To get support for current services
Was interested in the services.
Better services to help the local community
Improve health of the community
To interact more with the community and make them more aware of a healthy lifestyle
To make a difference to my customers, improve health in the area and staff training and job satisfaction
Got forced into it
Area manager decision
Nominated by the area manager
Funding! We will be selected to provide more services and drive income. Currently we provide very few services
Believe HLP to be an important initiative but there has been zero banking from Calderdale NHS. No new service or promotion of existing services. Pharmacy does what it can to improve healthy living but little to offer patients (NHS services)

Having a positive effect on community health was a key reason given by HLP pharmacists, with phrases such as "make a difference" and "going the extra mile" indicating commitment and passion.

A wish to offer new services and to sustain existing services was a key driver mentioned by seven pharmacists. The decision to become a HLP was made by the pharmacist's employer in 3 cases.

Six of the 14 HLP pharmacists responded to a question asking for suggestions about things the HLP organisers could do differently; their answers are shown below.

HLP Pharmacists: "In hindsight, is there anything you would do differently?"
Offer more training to HLP pharmacist e.g. diploma/prescribing
More funding needs to be readily available.
We would like to have more space to make a specific HLP display but this is not possible due to the lack of space
Still need to encourage staff to push the HLP scheme more, as most of services come from the pharmacist
Scheme doesn't provide anything we don't already offer
Scrap the whole scheme altogether, we are already providing this advice before the scheme started

Twenty-one of the 36 non-HLP pharmacists gave reasons for not becoming a HLP; their responses are shown below.

Non-HLP pharmacists' reasons for not becoming a HLP
Staffing levels low.
Lack of staff to carry out services
Staff would have to whole heartedly believe in the project but they don't
Do not have the backing of staff
Time/staffing and space within the pharmacy
Shop too small, no consultation room
Not enough resources or time for paperwork etc
May be too complicated to set up and too much paperwork
Already too much workload for pharmacist, cannot participate in every service
Too much workload, based inside GP surgery, would consider in another branch
Too much paperwork, already offer enough services
I have just started at this pharmacy and feel it would be too much for me at the moment.
We are a part of a large chain, so it is not up to me to decide whether to be a HLP?
We have been asked by the superintendent pharmacist not to participate as there are other elements that contradict company pharmacy areas/policy.
The whole concept! We always have provided a comprehensive community pharmacy service anyway.
Training time, we have other commitments and can only do training by distance at the minute.
No distance learning pack provided
Very few customers visit pharmacy, mainly delivers for house bound patients
What is in it for us? Pharmacists are forced to take on more for less. GP's are asked to do less for more. Work that out if you can.
The dispensing process as a whole is being put aside and belittled by too much paperwork and involvement of beaurocrats who know little/nothing about what we actually do. Everything is not quantifiable by audit.

Not interested

Resources (including staff), paperwork and workload were themes in 11 responses. Five responses made reference to pharmacy staff; in three cases staff capacity was raised and in two staff attitude was cited. Three pharmacists stated that their employer would be responsible for making any decision about HLP.

Thirteen of the 36 non-HLP pharmacists responded to a question asking how they would use HLP status to promote healthy living and their responses are shown below.

How non-HLP pharmacists would use status as a HLP to promote healthy living?
Promotional display – use resource centre. We have done this for smoking cessation to create a talking point
Regular campaigns targeting particular morbidity groups such as obese patients, smokers etc.
Encourage patients to ask questions about lifestyle aspects and hold promotional days
To help patients achieve a healthier lifestyle
Offer advice on healthy diet and lifestyle and smoking cessation advice
Create advice area in the shop and develop home visit criteria for housebound patients
Available to give counselling and advice when required
Increased services
Advertising at local surgeries
My pharmacy would hopefully be recognised as a centre of excellence
Already promoting healthy living through MUR's, NMS, smoking cessation
Currently, we are too busy - being based inside a GP surgery - but if we could do it as a joint venture with surgery/nurses, I feel this would be beneficial, or perhaps do this at our other local branches so we can refer suitable patients there
Unsure

3.5 Community awareness of community pharmacy & HLP

The work of the HLPs in the WYLPF area has shown how successful partnerships are needed to ensure community pharmacy develops its role in health and wellbeing. In addition it has demonstrated how partnerships are needed to ensure Health and Wellbeing boards see community pharmacy as a first choice when commissioning health and wellbeing services. Public Health services in the future may benefit from this work on partnerships following the initial evidence of their major role in raising the public's awareness of community pharmacy services.

University of Huddersfield School of Pharmacy – Undergraduate pharmacy students and public health

University of Huddersfield (UoH) School of Pharmacy and CPWY have worked together to involve pharmacy students in learning about, and promoting, key health and wellbeing messages to the public. Students at UoH complete a Public Health module as part of their MPharm programme, including delivery of a Public Health campaign. This year the module was enhanced with lectures from Community Pharmacy West Yorkshire staff and from local authority Public Health team members who will be commissioning Public Health services. Students are encouraged to access the West Yorkshire Development Academy for development materials.

Settings in which the students have put their learning into practice through interacting with the public have included the University, student union and at community events including Leeds United and Bradford City Football grounds. Students have also supported events at local Healthy Living Pharmacies and future events are planned at the Huddersfield Giants Rugby Stadium.

Awareness-raising targeted at men

Community Pharmacy West Yorkshire enlisted the support of a number of organisations to get men to take a more active interest in their medicines and wellbeing as part of Ask Your Pharmacist Week (5-12 November 2012). Community Pharmacy staff, pharmacists were present at a number of venues during the week that were known to have high numbers of males attending. A credit card size leaflet describing the services available in community pharmacy and some examples of questions men could ask their pharmacist were given to over 7000 men at the events. The venues included the Leeds Makkah Masjid Mosque during Friday prayers, Leeds United's ground at Elland Road for the team's game against Watford, Bradford City's ground for the home game against Exeter, the University of Huddersfield where male students and staff were encouraged to step inside a community pharmacy and the Shay Stadium the home of Halifax Town and Halifax Rugby League. The events were staffed by community pharmacy staff and pharmacy students from the University of Huddersfield. The events were well received by the men with many asking for more information on healthy lifestyles, about stopping smoking, safe amounts of alcohol consumption and diet and activity.

3.6 Contribution to pharmacy education and development

West Yorkshire Local Practice Forum (WYLPF) – Pharmacy Workforce Development

Collaboration between WYLPF, the United Kingdom Clinical Pharmacy Association (UKCPA) and Leeds Teaching Hospitals Trust (LTHT) has resulted in hospital pharmacy teams raising awareness of the services community pharmacy can offer in regards to health and wellbeing and medicines optimisation. Hospital pharmacy staff were trained in "Making Every Contact Count" and resource materials were produced including cards to attach to dispensed medication and banners promoting the services available in community pharmacy. The partnership working has produced a marked improvement in the knowledge of hospital pharmacy staff and raised both the public's and local commissioners' awareness of HLPs.

Discussion

The study has enabled triangulation of evidence from members of the public, NHS service data and from pharmacy teams in order to provide novel insights into effects of the HLP programme. To our knowledge this is the first study to have investigated the extent to which health and wellbeing advice has been incorporated into medicines optimisation services within HLP pharmacies and also the first to attempt to capture and quantify the effects of HLP status on pharmacy teams.

Overall the demographic data in the survey of pharmacy users indicated that HLP services were reaching those who are healthy as well as those who are ill, and that service users ranged from young adults to elderly people and from a mix of socioeconomic circumstances. These findings confirm the potential of community pharmacies to promote health and wellbeing among a broad range of individuals. The high percentage of pharmacy service users who reported that they would otherwise have visited their GP practice was almost the same as that from the survey of pharmacy users in the national pathfinder evaluation[3]. The 231 West Yorkshire general practice appointments would have represented a substantial and potentially more costly use of NHS resources.

Participation in the HLP programme was associated with sustained changes in the delivery of the MUR service more than six months later. Higher numbers of MURs were provided and more consistently and regularly over time in HLPs than in other pharmacies. Importantly the study also found that lifestyle advice about diet, smoking, physical activity and alcohol during Medicines Use Reviews was provided more frequently by HLP pharmacies. Although this finding needs to be confirmed by further research, it suggests that pharmacy teams in HLP pharmacies are more actively integrating medicines optimisation with advice on healthy lifestyles. This represents a key goal of HLP, the full integration of health and wellbeing advice into the supply of prescribed medicines. The national evaluation found that more MURs were carried out by HLP pharmacies than other pharmacies in three of the four areas studied but was not able to investigate the associated provision of lifestyle advice[3]. Analysis of MUR data in the original HLP site, Portsmouth, showed that HLP pharmacies contributed a greater proportion of MURs than other pharmacies[8].

Changes in commissioning of enhanced services in West Yorkshire precluded the assessment of impact that was originally planned in the evaluation. Available data on tobacco services indicated that quit rates were higher for the overall HLP provision than for provision by other pharmacies. This finding needs to be interpreted with caution because the number of HLP pharmacies was relatively small and the service provision period was short. The quit rate in Leeds was similar to those reported in the national pathfinder evaluation, where rates were 50% or higher in five out of the six areas which reported them. In the national evaluation the number of service users setting a quit date increased following award of HLP status and was higher in HLPs compared with other pharmacies. The findings relating to quit rates were mixed – they increased in three areas, remained the same in one, and decreased in two[3]. However in Portsmouth HLPs provided tobacco services to higher numbers of individuals and this higher level of provision was sustained over time[8].

Data from the national evaluation on other local enhanced services show that in three of the six areas reporting EHC data the number of consultations increased in HLPs, in one they stayed the

same and in two areas they decreased. In those areas providing an alcohol screening and brief advice service the numbers of people using the service was higher in HLPs compared with pre-HLP status, and the number of people who participated in the service was greater in HLPs than non-HLPs.

Team climate has been defined as "a team's shared perceptions of organisational policies, practices and procedures"[7]. The TCI data suggest greater shared understanding of the team's objectives in HLPs, and a cluster of changes involving increased cooperation between team members, greater building on each others' ideas, and taking time to consider new ways of doing things and to search for new ideas. To our knowledge this is the largest study using the Team Climate Inventory in community pharmacy and provides a unique picture across 70 pharmacy teams at baseline and 33 teams at both baseline and follow-up. The reasons for the lower participation rate at follow-up are not known. It is likely that some pharmacy teams, even if initially enthusiastic about HLP, did not maintain their enthusiasm. In some cases the decision to become a HLP was made by the pharmacy owner rather than the pharmacist in charge or the pharmacy team and this may have influenced motivation to participate. Recent reviews of the TCI have confirmed the extensive data on validity and there is some evidence that TCI scores may be associated with improved patient outcomes, making further pharmacy research into its use important [9 10]. In the national pathfinder evaluation a survey of 151 HLP contractors found that over 90% of respondents reported that HLP had resulted in benefits for staff development including employee development, and increased motivation. The majority reported that their staff had become more productive since becoming an HLP; 80% of participants reported an increase in output, with the remaining 20% reporting no change[3]. These results appear to corroborate the TCI findings in the current study. In an in depth study of the Portsmouth HLP interviews with 38 staff from 32 pharmacies showed that the positive impact on service development in HLPs had been, "*largely engineered through revision of skill mix and additional training of non-pharmacist staff to become healthy living champions*"[8]. Brown and colleagues also reported a sense of "enthusiasm and belonging" among staff in HLPs, providing further corroborating evidence of organisational change[8].

The relevance of pharmacy team functioning is underlined by recent research which demonstrated that the public's reasons for use of community pharmacies for preventive services goes beyond convenience of access, with "*preference for the pharmacy environment*" an important influencing factor[11]. Findings from studies of uptake of flu vaccination where pharmacies were an alternative provider to GP practices indicate that community pharmacy provision extends the reach of NHS services[11 12]. An environment where pharmacy staff proactively demonstrate the incorporation of health and wellbeing into all of the pharmacy's activities may be more likely to attract and sustain customers who want to maintain good health.

Strengths and limitations of the evaluation

A key strength of the evaluation is the use of mixed methods, utilising routinely collected service data as well as primary research using quantitative and qualitative approaches. Changes in the NHS and associated disruption in collection and analysis of routine pharmacy service data meant that complete data was not available for all four NHS areas. Decommissioning of some enhanced services precluded planned tracking of delivery and outcomes for smoking cessation. Despite these

difficulties sufficient data were obtained to investigate service provision by 129 HLP and non-HLP pharmacies for Medicines Use Review. These comparative data allowed assessment of pre- and post-HLP status as well as detailed exploration of the performance of HLP and non-HLP pharmacies.

Feedback was obtained from over 370 individual users of pharmacy services, a large sample (representing the equivalent of over one third of the sample of 1034 in the national pathfinder evaluation). As in the national study pharmacy teams invited service users to complete the questionnaire and the possibility of selection bias in those approached cannot be ruled out. Pharmacies were asked to record the number of individuals who declined to participate but reported that time pressures did not allow this, so an accurate response rate to the survey is not known. As the survey was only conducted in HLP pharmacies it is not possible to compare the findings with other pharmacies.

It is important to note that during the period of the evaluation a number of non-HLP pharmacies were preparing to apply for HLP status so the distinction between HLP and other pharmacies is not clear cut. Nevertheless the study findings do show that HLPs demonstrated not only increased activity but also changes in the content of their services, indicating that HLP status does have effects on pharmacy functioning and performance.

Conclusion

Opportunities to offer healthy living advice have been embedded in medicines optimisation services in HLP pharmacies, and medicines optimisation service activity increased compared with other pharmacies in the same area. Feedback from a diverse range of service users was highly positive and many individuals reported planning to make lifestyle change as a result of the pharmacy service they had received, and feeling more confident and motivated to do so. The indications of positive changes in team working found in the study may represent a mechanism through which changes in both the level and content of pharmacy service delivery occurred. Overall the new evidence provided by the study indicates that Healthy Living Pharmacies and their staff teams are promoting health and wellbeing through a range of opportunities and that important developmental changes appear to have occurred in pharmacy teams.

Opinions of service users were very positive in both the West Yorkshire survey respondents and the national survey. Overall the Yorkshire data support the conclusion of the national evaluation that *“there is strong evidence to suggest that the public have a positive opinion of the services delivered by HLPs. The public rated the services delivered by HLPs highly and this did not vary by pharmacy type. Endorsement and acceptability was seen in all localities that reported, and for all services evaluated”[3].*

Acknowledgements:

Community Pharmacy West Yorkshire commissioned the study, and were responsible for distribution and collection of surveys. We are grateful to the CPWY HLP Project Manager Nigel Hughes who arranged for the distribution of survey packs to HLP pharmacies, encouraged and reminded pharmacy teams to return questionnaires, and maintained contact with Primary Care Trusts and made many attempts to try to obtain service provision data. We would like to thank Dr Gill Hawksworth (School of Pharmacy, University of Huddersfield) for sharing undergraduate project data and discussing preliminary findings from the evaluation and their interpretation.

References

1. Blenkinsopp A, Bond C, Raynor DK. Medication reviews. British Journal of Clinical Pharmacology 2012;**74**(4):573-80 doi: http://dx.doi.org/10.1111/j.1365-2125.2012.04331.x[published Online First: Epub Date]|.
2. Community Pharmacy West Yorkshire. Healthy Living Pharmacy Prospectus, 2012.
3. Duggan C, Evans D, Holden M, et al. Evaluation of the Healthy Living Pharmacy pathfinder programme 2011-12, 2013.
4. PSG HLP. Healthy Living Pathfinder Evaluation Protocol, 2011.
5. Goh TT, Eccles MP. Team climate and quality of care in primary health care: a review of studies using the Team Climate Inventory in the United Kingdom. BMC Res Notes 2009;**2**:222 doi: 10.1186/1756-0500-2-222[published Online First: Epub Date]|.
6. Anderson NR, West MA. The Team Climate Inventory: Development of the TCI and its Applications in Teambuilding for Innovativeness. European Journal of Work and Occupational Psychology 1996;**5**(1):53-66
7. Anderson NR, West MA. Measuring climate for work group innovation: development and validation of the Team Climate Inventory. Journal of Organisational Behaviour 1998;**19**:235-58
8. Brown D, Portlock J, Rutter P, et al. From community pharmacy to healthy living pharmacy: positive early experiences from Portsmouth, England. Res Social Adm Pharm 2014;**10**(1):72-87 doi: 10.1016/j.sapharm.2013.04.014[published Online First: Epub Date]|.
9. Havyer RD, Wingo MT, Comfere NI, et al. Teamwork Assessment in Internal Medicine: A Systematic Review of Validity Evidence and Outcomes. J Gen Intern Med 2013 doi: 10.1007/s11606-013-2686-8[published Online First: Epub Date]|.
10. Brennan SE, Bosch M, Buchan H, et al. Measuring team factors thought to influence the success of quality improvement in primary care: a systematic review of instruments. Implement Sci 2013;**8**:20 doi: 10.1186/1748-5908-8-20[published Online First: Epub Date]|.
11. Anderson C, Thornley T. "It's easier in pharmacy": why some patients prefer to pay for flu jabs rather than use the National Health Service. BMC Health Serv Res 2014;**14**(1):35 doi: 10.1186/1472-6963-14-35[published Online First: Epub Date]|.
12. Warner JG, Portlock J, Smith J, et al. Increasing seasonal influenza vaccination uptake using community pharmacies: experience from the Isle of Wight, England. Int J Pharm Pract 2013;**21**(6):362-7 doi: 10.1111/ijpp.12037[published Online First: Epub Date]|.

We would like to learn more about who is using our pharmacy services and how we can improve them. To help us do this please would you complete the following questions by ticking the box. When you have finished please put it in the box.

Service that we are evaluating:

- ☐ Alcohol Advice
- ☐ BP Check
- ☐ Chlamydia Screening
- ☐ Diabetes Check
- ☐ Head Lice
- ☐ Healthy Weight
- ☐ Medicines Use Review
- ☐ Minor Ailments
- ☐ Needle Exchange Service
- ☐ New Medicines
- ☐ Sexual Health (EHC)
- ☐ Stop Smoking
- ☐ Supervised Consumption

1. Were you comfortable to receive this service in the pharmacy?
   ☐ Yes ☐ No

2. Were you happy with how you were treated by the pharmacy staff?
   ☐ Yes ☐ No

3. Do you feel you were provided with enough information by the pharmacy staff?
   ☐ Yes ☐ No

4. Before coming in today, had you heard of Healthy Living Pharmacies?
   ☐ Yes ☐ No

5. How did you hear about this service?

- ☐ From a friend or family member
- ☐ Radio
- ☐ Approached by member of pharmacy team
- ☐ Leaflet or poster in pharmacy

☐ Doctor or other healthcare professional

☐ Other (please state)_____

6. Were you directed to any other services offered by the pharmacy (tick all that apply)? Service that we are evaluating:

☐ Alcohol Advice
☐ BP Check
☐ Chlamydia Screening
☐ Diabetes Check
☐ Head Lice
☐ Healthy Weight
☐ Medicines Use Review
☐ Minor Ailments
☐ Needle Exchange
☐ New Medicines Service
☐ Sexual Health (EHC)
☐ Stop Smoking
☐ Supervised Consumption

7. If you had not received this service or advice from the pharmacy, where would you have gone?

☐ Doctor
☐ Internet
☐ A & E
☐ I wouldn't have done anything
☐ Walk-in centre
☐ Other (please state) _____

8. How would you rate the service provided?

Very Poor		Fairly Poor		Fairly Good		Very Good		Don't Know	

9. Would you recommend this service to others?

☐ Yes ☐ No

10. Is there anything else you want to tell us about using this service today?

We would like to learn more about who is using our pharmacy services. All information is anonymous and will be used both for statistical reasons and to help us identify how we can improve.

11. Which of the following best describes how you use this pharmacy?

- ☐ This is the pharmacy that I choose to visit if possible
- ☐ This is one of several pharmacies that I use when I need to
- ☐ This pharmacy was just convenient for me today
- ☐ Not sure / Don't know

12. Which of the following best describes you?

- ☐ Full-time paid work (30+ hours per week)
- ☐ Part-time paid work (8-29 hours per week)
- ☐ Part-time paid work (under 8 hours per week)
- ☐ Retired
- ☐ Still at school
- ☐ In full time higher education
- ☐ Unemployed (seeking work)
- ☐ Not in paid employment (not seeking work)

13. Which of the following best describes your age (in years)?

- ☐ 16-19
- ☐ 20-24
- ☐ 25-34
- ☐ 35-44
- ☐ 55-64
- ☐ 65-74
- ☐ 75+

14. Are you:

☐ Male ☐ Female

15. Do you have any long term health condition or disability?

☐ Yes ☐ No

16. After receiving this service at the pharmacy today

a. I plan to change my behaviour / lifestyle

☐ Yes ☐ No ☐ Not Sure ☐ Not applicable

b. I feel more motivated to make changes to my lifestyle

☐ Yes ☐ No ☐ Not Sure ☐ Not applicable

c. I feel more confident to make changes to my lifestyle

☐ Yes ☐ No ☐ Not Sure ☐ Not applicable