

Evaluation of Managing Healthy Living Pharmacy for the Future



London and Kent, Surrey and Sussex

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Executive Summary

Background

The Healthy Living Pharmacy (HLP) concept was developed in Portsmouth in 2009 with support from the Department of Health (DH), the Director of Public Health and the Local Pharmaceutical Committee following the publication of the 2008 White Paper, Pharmacy in England: building on strengths, delivering the future.¹ The White Paper described a vision to develop community pharmacies from being suppliers of medicines to become Healthy Living Centres providing self-care advice and treatment for common ailments and healthy lifestyle interventions, in addition to providing the safe supply and use of prescribed medicines.²

The HLP framework was launched and in September 2010, Portsmouth HLPs delivered positive interim results. In March 2011, the national pharmacy bodies started working with DH to launch the HLP pathfinder programme, which resulted in an evaluation being published in April 2013. Following this, Public Health England (PHE) adopted the concept and supported the roll out in pharmacies across the country

The HLP concept provides a framework for commissioning public health services through three levels of increasing complexity and requires expertise with pharmacies aspiring to go from one level to the next. There are three levels of service delivery within the HLP framework.

One of the key components for HLP accreditation includes a trained staff member as a Health Champion (HC). The HC helps customers to adopt healthier lifestyles in areas such as smoking, alcohol, blood pressure, weight management and sexual health plus signposting to other community services e.g. charities, when required. The successful pilot in Portsmouth created a platform for the DH to develop a national framework and a pathfinder programme was implemented.

Quality payments (QP) were introduced into the community pharmacy contract in 2016. One of the payment standards recognises HLP status. Therefore, there is an emphasis

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on HLP attainment, to give community pharmacies additional income, for providing services to their communities.

Community Pharmacy Surrey & Sussex (CPSS) is the unified local voice for community pharmacy for Surrey, East Sussex and West Sussex Local Pharmaceutical Committees (LPCs).

Evaluation of a programme to train Health Champions (HCs) across Kent Surrey and Sussex³ identified a need to equip senior pharmacy staff with the skills and knowledge to support HCs on their return to the workplace.

Having identified key learning areas to support senior pharmacy staff, Health Education England London and South East (HEE LaSE) Pharmacy along with CPSS led a robust procurement process to identify suitable providers to provide a learning event to support HLP, after which a training programme run by Pharmacy Complete was selected. The training was targeted at Community Pharmacy Managers, Community Pharmacy Owners, and Community Pharmacy Staff responsible for setting the strategic direction of the business.

Aims / Objectives

The aims of the course were:

- Explain the concept of HLPs and the criteria for achieving and maintaining HLP status and quality criteria
- Discuss what good looks like i.e. enhanced patient care
- Develop a HLP strategy e.g. tailored to local community priorities, capitalising on team and business strengths
- Prepare the whole team to support effective delivery of clinically led pharmacy services - empowering trained Health Champions (including barriers and enablers, succession planning, career development)
- Identify opportunities for collaboration and integration into the local healthcare system (i.e. involvement in local services, opportunities to collaborate/develop partnerships to tender for certain services, build relationships with other players in the healthcare system, increase business locally)

Course Content

Programme

- Reflect on previous training, experience and achievement to build further the HLP ethos within your business
- How to further empower your HC and team
- Develop your HLP action plan and approach to be the local wellbeing hub
- Identify opportunities for collaboration and integration with your local healthcare system

Agenda

- Beliefs
- Context
- HLP the concepts
- Local experience and reflections
- Integration into business as usual
- Leadership
- Team engagement and empowerment
- Collaboration and integration
- Action planning

Evaluation Methodology

A total of 120 spaces were available, to be filled on a first come first served basis, across four locations, with 30 places available at each location.

The evaluation comprised two stages. Stage One involved all participants completing a survey at the end of the workshop. Stage two involved a follow-up survey 3 months after the workshop.

An initial event in Eastbourne was used as a pilot for the process and questionnaires.

Results

Attendance:

West Sussex (Worthing). 2nd October 2018. 7/14 -**50%** attendance rate

East Sussex (Brighton). 3rd October 2018. 20/30 - **67%** attendance rate

Surrey (Dorking). 11th October 2018. 20/30 - **67%** attendance rate

This gives an overall attendance rate of 52%

Response rates

Of those who did attend, 100% (n=47) completed the evaluation form which formed Stage 1 of the study.

A total of 13 responses were received at follow up (Stage 2) giving a final response rate of 28% (n=13/47).

Findings

End of session survey (Stage 1)

Of the attendees only 52% (24/47) had completed some or all of the pre-work.

When asked to rate the session on a 5-point rating scale, where 1 is least positive and 5 is best, no scores of 1 were received. Overall satisfaction was seen with the majority of responses being 4 or 5. The presenters achieved the best scores, (4 or 5), with the opportunity to participate and the material also scoring very highly. Neutral satisfaction (a score of 3) was seen only in a few cases. Results to the question of whether the session advanced knowledge saw the least satisfaction. It is unknown whether this was due to participants' prior knowledge on the topic.

Motivation for attending the course was mainly to update or gain new knowledge, support Continuing Professional Development (CPD), support leadership, reignite HLP or further progression. Motivation of new team members was also mentioned.

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The current role of health champions focused mostly on running events, campaigns or services. These include: processing of flu paperwork, smoking cessation services, C Card. Charity events were discussed, along with bi-monthly campaigns.

When asked about changes introduced into practice since HLP leadership training, healthy living zone displays featured strongly, followed by increased conversation and engagement with the public, increase in signposting and delegation to all team members.

The biggest challenge faced by HLP leaders included time and motivation of team members. Bringing the concept to life was also addressed, emphasising the desire to embrace the concept rather than it just being a tick box exercise.

Current local collaborations included work with various charities such as Parkinson's UK, blood pressure UK, and local organisations such as Clinical Commissioning Groups, a 'mothers union' group and local surgeries.

The best aspects of the course evidenced by analysis of the quantitative data were the format, a very engaging presenter who encouraged an honest discussion and participant-wide engagement. However, on the flip side it was suggested that there be longer discussion sessions and more involvement by non-pharmacists in the room.

Lessons learnt from the session included delegation, engagement techniques and leadership—all of which increased participants' confidence.

Follow up initiatives would be measured through feedback from the team and public, along with completion of action plans. Ideas for local collaborations as a result of the session included local farmers markets, fitness instructors and schools. The success of these initiatives would rest on contractors and employees being proactive; this message would be cascaded through conversation, either individual or team huddles/meetings.

When looking at distance travelled to training sessions, all participants travelled less than 20 miles. Looking at the wide spread of attendees, some areas were less represented than others. The average distance travelled by participants to attend the learning event was between 5 and 7 miles.

Follow up survey (Stage 2)

The feedback received from the follow up survey, supports the notion of the intended outcomes of the session being achieved.

When asked to describe what participants remembered about the event multiple aspects were described including content, presentation and actions discussed.

All key messages were passed on verbally, with some follow-up cascade via emails and written newsletters. Verbal communication occurred via one-to-one conversations, team meetings, and ongoing discussions.

An increase in knowledge and confidence after the event was seen, along with increased understanding and leadership of HLP concepts. Although local collaborations had increased, this increase was not as steep as in other areas. Further, an increase in engagement, productivity and local campaigns was seen. In addition, there was also increased team and leadership involvement. While some collaborations have been created post the event, leading to increased communication locally, some pharmacies have yet to establish additional links.

Leadership changes evident after the training included increased regular communication, greater engagement and empowerment of managers coupled with an increase in whole team involvement.

Barriers or constraints that have limited change post the training session include time and staff. It is also understood that translating new learning into changed working practices is an ongoing process, and may be a contributory factor to delayed implementation of action plans.

Ideas for future development of HLP involve greater use of IT or digitalisation alongside on-going training for team members to ensure smooth implementation.

Discussion

This training attracted a wide range of individuals working in community pharmacies of different sizes namely small independent to large multiples, and those in leadership roles

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covering multiple pharmacies. There was clear evidence of wanting HLP to be successful, seeking help and support on how to bring this to life in the pharmacy, utilising the entire pharmacy team, creating and building on current local relationships.

Overall, 47 pharmacy team members benefited from exploring the reality of the HLP process at the pharmacy where they worked. This allowed for refreshed engagement, increased knowledge and confidence in the process, resulting in the ability to rebuild momentum when back in their respective pharmacies. Some sessions had limited attendance, with an overall attendance of only 52% of capacity, although those who attended did benefit from the event. An average distance travelled to training was between 5-7 miles, showing the need for more local engagement.

This training highlighted that implementation and sustenance of HLPs is an ongoing learning opportunity and something that needs regular re-engagement and support to bring to life, rather than being used as a tick box for payment. This training and evaluation also highlighted the importance of utilising all of the pharmacy team and how clear passion and engagement of the team can achieve positive outcomes. The follow up survey, although limited in numbers, showed the benefit of this training with evidence of actions being incorporated into the business as a result of the training.

This project is an example of partnerships working together for joint outcomes. HEE worked closely with CPSS to plan and deliver this programme, with key stakeholders also being part of the oversight board. This allowed training to be opened to all geographies. These key partnerships can support future planning and outcomes.

Whilst needed to achieve QP, HLP, when successful benefits both the pharmacy team and wider population, through health promotion, signposting and collaborative campaigns. The outcomes-led initiative generates increased engagement and motivation of pharmacy team thus building a culture of working together for a common goal.

Lessons Learnt

This training provided an opportunity for pharmacists and their teams to reflect on their current reality, re-engage to ensure increased empowerment, contextualise the learning to their workplace, and as a result increased knowledge and confidence. This resulted in a greater contribution to the local population they serve. However:

- Limitations of using a survey to collate follow-up information resulted in limited response rates. Unfortunately, a 100% response rate was not achieved.
- Pre-work was only completed by about half of attendees. Expectations of attendees need to be explicit, outlining a requirement for pre-work to be completed and comms sent out prior to the day and follow-up feedback.
- The training sessions allowed for participants representing all levels of the pharmacy team, however uptake was limited in some sessions in the evening. Timing of training may need consideration in the future if large cohorts of pharmacy team members cannot attend due to, for example, work fatigue
- Analysis regarding knowledge or confidence increase at/post a training event needs to be contextualised against a baseline score to more accurately assess the learning achieved
- The distance pharmacy teams will travel for evening training is limited so more localised sessions may be beneficial. An alternative to this would be a consideration on best mechanisms to support cascade of teaching/pertinent messages, for example webinars to pharmacy team members who could not attend
- Where extensive content is planned for sessions, longer sessions or breaking the sessions into smaller bite-sized versions may be required. Failing this, the content may need to be reviewed, or follow-up material sent to attendees after the session.
- Greater ongoing support is required in terms of where to access materials or to support local collaborations to drive HLP forward
- Results from the study highlighted that in most cases where all staff members were involved in the delivery of services, successful outcomes were achieved.
- Limited attendance at events or participation in evaluations impairs the viability of longer-term funding to support initiatives

Recommendations

Future training programmes should aim to:

- Attract a greater number of participants through regular communication prior to the session, explaining expectations and obligations
- Support pharmacists to attend, either by using different modes of training or help them understand financial incentives for attendance
- Provide on-going support after the event to support implementation of ideas or concepts discussed, signposting to useful resources or local organisation
- Provide opportunities for local networks to be created to support those in various roles to share best practice
- Participants who attend events should have an awareness of the importance of participation in follow up evaluations.
- Geography of training events should be investigated to ensure maximum uptake, and perhaps a move to different locations considered to ensure all pharmacies across a wide area can participate.

Conclusion

Community pharmacists and their teams have the opportunity to positively impact on their local communities. The Healthy Living Pharmacy concept allows pharmacies to engage with their patients to support health concerns and health needs, and either offer services in-house, or signpost to appropriate external support.

Pharmacy teams need continued reinforcement of messages to maintain and build knowledge and confidence, as well as increase engagement to maintain momentum and impact on patient care. Such engagement impacts positively on pharmacy team morale and local relationships.

Community pharmacies are an important source of healthcare provision and have a great passion to support members of their communities. HLP is a key example of whole team involvement and working together to achieve a goal of person centred care, allowing all members of the team to bring their strengths and ideas to a project. Continued engagement is essential in a time bound environment to continue the drive to maintain initiatives.

1. Background

The Healthy Living Pharmacy (HLP) concept was developed in Portsmouth in 2009 with support from the Department of Health (DH), the Director of Public Health and the Local Pharmaceutical Committee following the publication of the 2008 White Paper, Pharmacy in England: building on strengths, delivering the future.¹ The White Paper described a vision to develop community pharmacies from being suppliers of medicines to become Healthy Living Centres providing self-care advice and treatment for common ailments and healthy lifestyle interventions, in addition to providing the safe supply and use of prescribed medicines.²

The HLP framework was launched and in September 2010, Portsmouth HLPs delivered positive interim results. In March 2011, the national pharmacy bodies started working with DH to launch the HLP pathfinder programme, which resulted in an evaluation being published in April 2013. Following this, Public Health England (PHE) adopted the concept and supported the roll out in pharmacies across the country

HLP is an organisational development framework underpinned by three enablers of:

- Engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.
- Premises that are fit for purpose; and
- Workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;

The HLP concept provides a framework for commissioning public health services through three levels of increasing complexity and required expertise with pharmacies aspiring to go from one level to the next.

There are three levels of service delivery within the HLP framework:

- Level 1: Promotion – Promoting health, wellbeing and self-care (in July 2016, Level 1 changed from a commissioner-led process to a profession-led self-assessment process);
- Level 2: Prevention – Providing services (commissioner-led); and
- Level 3: Protection – Providing treatment (commissioner-led).

2. HLP pathfinder sites evaluation

The evaluation of the HLP pathfinder sites was launched on the 22nd April 2013⁴ and the key findings were:⁵

- Early results seen in Portsmouth can be replicated in other areas of the country as the benefits of the scheme were shown not to be dependent on levels of local health need and deprivation;
- The HLP concept was consistent with increased service delivery and improved quality measures and outcomes;
- 21% of people surveyed wouldn't have done anything if they hadn't accessed a service or support in the HLP so would have missed out on the benefit of getting advice to improve their health and wellbeing;
- 60% of people surveyed would have otherwise gone to a GP;
- Public feedback was positive with 98% saying they would recommend the service to others and 99% were comfortable to receive the service in the pharmacy;
- More people successfully quit smoking in HLPs than non-HLPs or prior to becoming a HLP;
- The number of people who accessed sexual health services and were provided with additional sexual health advice was greater than in non-HLPs;
- The acceptability of community pharmacy as a location for clients to receive an alcohol service and the relatively high levels of activity seen in HLPs compared with non-HLPs showed that HLPs could have an important contribution to this harm reduction service;
- HLPs were effective at delivering increased support for people taking medicines for long term conditions, through both Medicines Use Reviews and the New Medicine Service. Activity was higher for both services in HLPs than non-HLPs or before HLP implementation in all but one site; and
- Pharmacies were also positive about the scheme; with 70% of the contractors surveyed saying it had been worthwhile for their business.

One of the key components for HLP accreditation includes a trained staff member as a Health Champion (HC). The HC helps customers to adopt healthier lifestyles in areas such as smoking, alcohol, blood pressure, weight management and sexual health plus

signposting to other community services e.g. charities, when required. The successful pilot in Portsmouth created a platform for the DH to develop a national framework and a pathfinder programme was implemented. During the pilot, the role of HCs in service delivery for HLPs was demonstrated when comparing against non-HLPs with improved performance in areas such as smoking cessation, alcohol awareness and weight management.⁶ The results indicated that support staff can be used effectively in public health delivery from community pharmacy.⁷

2.1 Quality payments

Quality payments (QP) were introduced into the community pharmacy contract in 2016. These payments recognise community pharmacies achieving certain quality standards. One of the quality criteria is:

‘On the day of the review, the pharmacy is a Healthy Living Pharmacy level 1 (self-assessment); and 80% of staff working at the pharmacy (including pharmacy professionals) that provide healthcare advice to the public have successfully completed the CPPE children’s oral health training assessment.’⁸

Therefore, there is an emphasis on HLP attainment, affording community pharmacies additional income for providing services to their communities.

3. Background to Community Pharmacy Surrey and Sussex (CPSS)

Community Pharmacy Surrey & Sussex (CPSS) is the unified local voice for community pharmacy for Surrey, East Sussex and West Sussex Local Pharmaceutical Committees (LPCs).

All three LPCs represent, support, develop and promote NHS Community Pharmacy in Surrey and Sussex in the interest of pharmacy contractors and their teams. They now work more closely together with an “overarching” management structure evolving for the three county-based LPCs known as Community Pharmacy Surrey & Sussex (CPSS). The CPSS area also mirrors the Surrey and Sussex area covered by NHS England.

All pharmacies in CPSS are working towards HLP2 status.

4. Procurement

Evaluation of a programme to train Health Champions (HCs) across Kent Surrey and Sussex³ identified a need to equip senior pharmacy staff with the skills and knowledge to support HCs on their return to the workplace. Having identified key learning areas, Health Education England London and South East (HEE LaSE) Pharmacy along with CPSS led a robust procurement process to identify suitable providers, after which a training programme run by Pharmacy Complete was selected.

5. The Training Programme

Details of the Training Programme are summarised in the table below

Project deliverable	A short course of blended learning ‘Managing HLP for the Future’, to be piloted across the Surrey and Sussex region between June and September 2018.
Project oversight	<p>Steering group with members from</p> <ul style="list-style-type: none"> • CPSS • HEE • Pharmacy Complete • Public Health • The Company Chemists Association (CCA) • The Association of Independent Multiple (AIM) pharmacies • Independent pharmacy contractor • Health Champion <p>This steering group met on 3 occasions; prior to the start of the courses, after the first course and then prior to the last set of courses.</p>
Target audience	<p>Community Pharmacy Managers Community Pharmacy Owners Community Pharmacy Staff responsible for setting the strategic direction of the business.</p>
Programme enrolment criteria	<p>Employing pharmacy must be a registered HLP Expression of commitment completed Completion and submission of pre-work task</p>

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<p>Programme format</p>	<p>Pre-learning (Leadership 1) for all delegates, to include submission of self-assessment (engaging the team) and preparation of maintaining HLP action plan</p> <p>Evening workshop – 2 hours 19:30-21:30</p>
<p>Aims and Objectives</p>	<ul style="list-style-type: none"> • Explain the concept of HLPs and the criteria for achieving and maintaining HLP status and quality criteria • Discuss what good looks like i.e. enhanced patient care • Develop a HLP strategy e.g. tailored to local community priorities, capitalising on team and business strengths • Prepare the whole team to support effective delivery of clinically led pharmacy services - empowering trained Health Champions (incl. barriers and enablers, succession planning, career development) • Identify opportunities for collaboration and integration into the local healthcare system (i.e. involvement in local services, opportunities to collaborate/develop partnerships to tender for certain services, build relationships with other players in the healthcare system, increase business locally)
<p>Course Design</p>	<p>Four workshops held across CPSS, run by Pharmacy Complete:</p> <ul style="list-style-type: none"> • Pilot: Cooden Beach, Eastbourne. June 2018. • West Sussex (Worthing). September 2018. • East Sussex (Brighton). September 2018. • Surrey (Dorking). September 2018.

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Feedback from the Pilot in Eastbourne was as follows:

Although the course was designed to support HLP 1 and aspirations to achieve HLP 2, overall most pharmacies were not operating at HLP level 1. There was a mixed audience in terms of professional background and generally engagement was low. Pharmacies seem to associate the concept as a mere tick box exercise. As a result, it was necessary to re-visit older concepts as a refresher session prior to the actual session designed for the day to re-engage participants in order for the session to be successful.

A copy of the evaluation from the Eastbourne event, is available in appendix 1.

Therefore, for September events:

Each event was tailored for each area and audience, including health care profiles of areas and understanding geography, using Joint Strategic Needs Assessment (JSNA) and Pharmaceutical Needs Assessment (PNA) data to look at future needs. The material was flexed to suit the audience. Full details on the finalised course content and key themes can be found in Appendix 2.

5.1 Participant Recruitment

Local Pharmaceutical Committees (LPCs) and Community Education Provider Networks (CEPNs) in the London, Kent, Surrey and Sussex region worked in partnership with the training provider to recruit cohorts to attend the three-day course.

A total of 120 spaces were available, to be filled on a first come first served basis, across four locations, with 30 places available at each location.

5.2 Research Design

The evaluation comprised two stages. Stage One involved all participants completing a survey at the end of the workshop. Stage two involved a follow-up survey 3 months after the workshop.

(Appendix 3).

The first event in Eastbourne was used as a pilot for the process and questionnaires.

5.3 Ethical Approval

Ethical approval was granted by the Kingston University: Science, Engineering and Computing Faculty ethics committee.

Instrumentation

The end of session evaluation form consisted of 24 questions; 8 tick box and free response questions covering demographics, 14 free text responses about motivating factors for attending the event, current HLP progress and intended outcomes from the session, plus 1 Likert scale question covering details of the event and a tick box about recommending the event.

The follow up survey consisted of 14 questions; 4 tick box demographic questions, 1 Likert scale question identifying skills increase after the event, plus 9 free text response boxes asking about the event and outcomes as a result of the event.

6. Data Collection

The purpose of the surveys was explained by the facilitators and forms were distributed and collected by the facilitators at the end of each training event. Completed forms were then returned to the researcher for data analysis.

Attendance:

West Sussex (Worthing). 2nd October 2018. 7/14 - **50%** attendance rate

East Sussex (Brighton). 3rd October 2018. 20/30 - **67%** attendance rate

Surrey (Dorking). 11th October 2018. 20/30 - **67%** attendance rate

This gives an overall attendance rate of 52%

Response rates

Of those who did attend, 100% (n=47) completed the evaluation form which formed Stage 1 of the study.

6.1 Follow-up survey

Attendee details were captured by CPSS at the initial training events. The follow up survey was sent to the attendees, both as a paper copy with return envelope by the lead researcher, along with a survey monkey link sent by email from CPSS. A follow up email was sent 2 weeks after the initial email, along with phone calls, to encourage completion.

A total of 13 responses were received at follow up (Stage 2) giving a final response rate of 28% (n=13/47).

6.2 Data Analysis

The results of the surveys were input into Microsoft Excel for analysis.

7. Results

7.1 Part 1 – End of training event surveys

Not all responders completed all questions, therefore, where less than 47 responses were received; the number of responses is given.

Attendance Demographics

There was an almost even split between independent pharmacies and multiples, with the majority being accredited as HLP for at least 1-2 years, with 29 pharmacists being amongst the 47 attendees (62%). Further breakdown can be seen in figures 1-3. Of the attendees, 60% (n=28) were HLP leaders (Figure 4). Just less than 50% of attending pharmacies had 1 health champion, with only 16% (n=7/44) having three or more (figure 5).

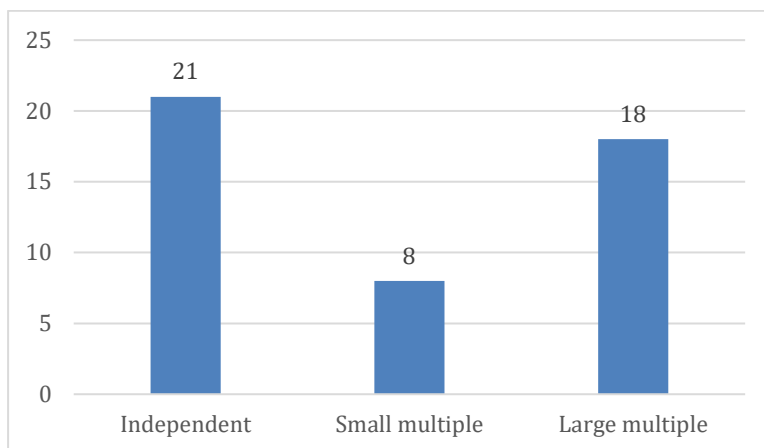


Figure 1: Pharmacy type

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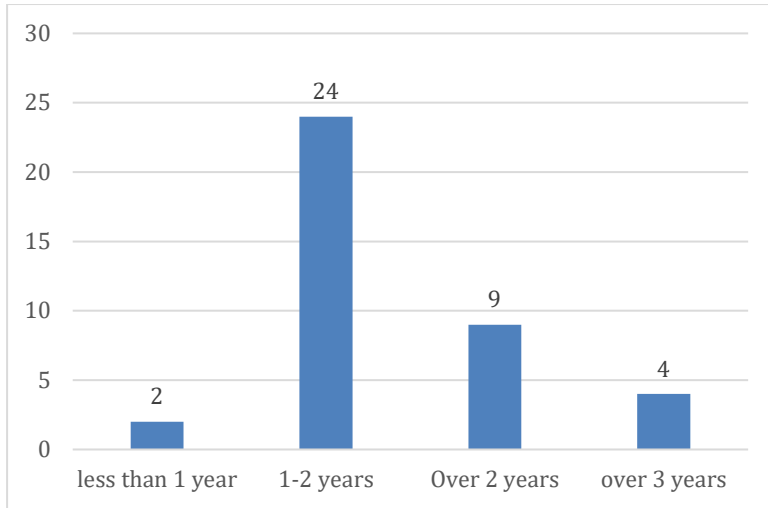


Figure 2: How long the pharmacy has been accredited as a HLP (n=39)

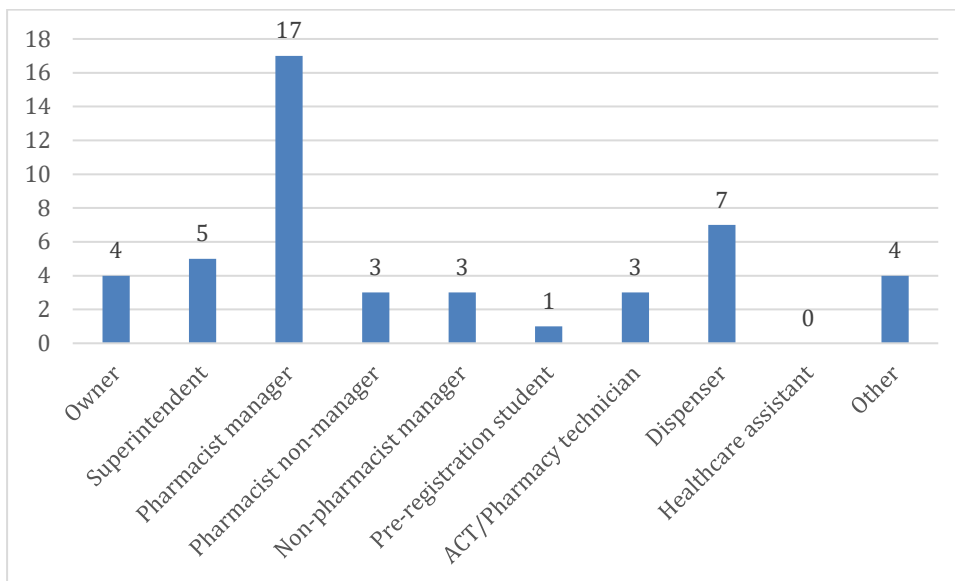


Figure 3: Role

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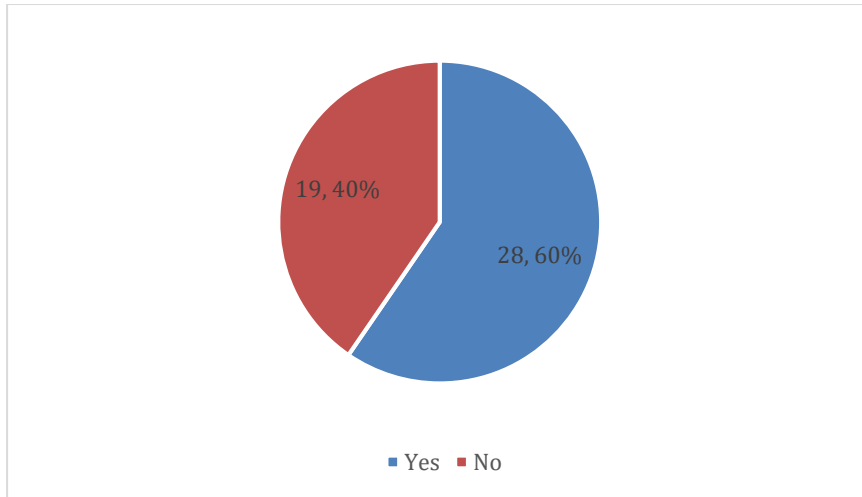


Figure 4: HLP leader?

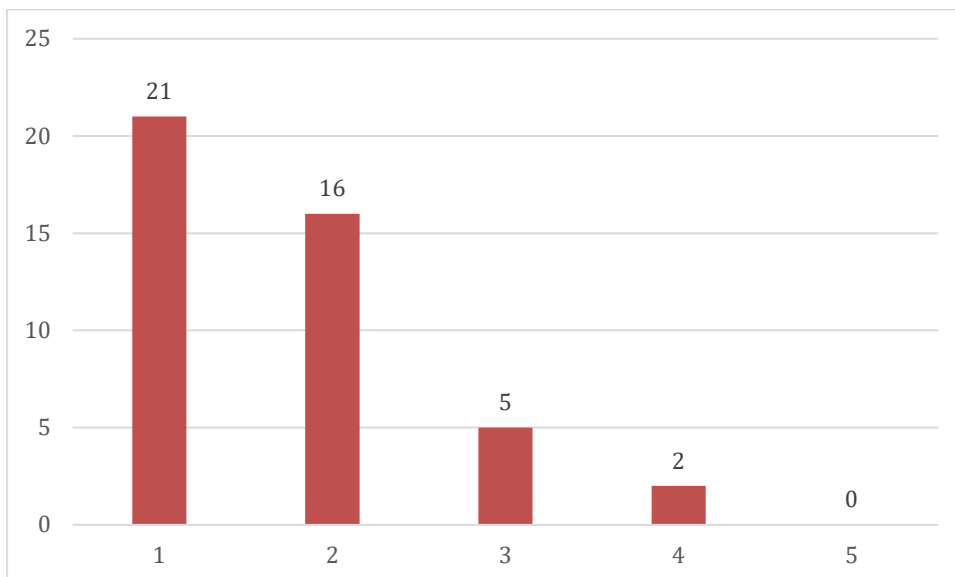


Figure 5: How many HCs are in the pharmacy (n=44)

When asked about pre-learning, of the 46 responses given for that question: (figure 6)

No = 17 (37%)

Yes = 17 (37%)

Some = 7 (15%)

Not-received = 5 (11%)



Figure 6: Pre-work completed

The session

When asked about the session, where 1 is least positive and 5 is best, no scores of 1 were received. Delivery was very well received, as can be seen in figure 7. Overall satisfaction was seen with the majority of responses being 4 or 5. The presenters saw the most positive score, where all scores were positive (4 or 5), with the opportunity to participate and the material also scoring very highly. Neutral satisfaction (a score of 3) was seen only in a few cases, with advancing knowledge seeing least satisfaction, although it is unknown whether this was due to prior knowledge.

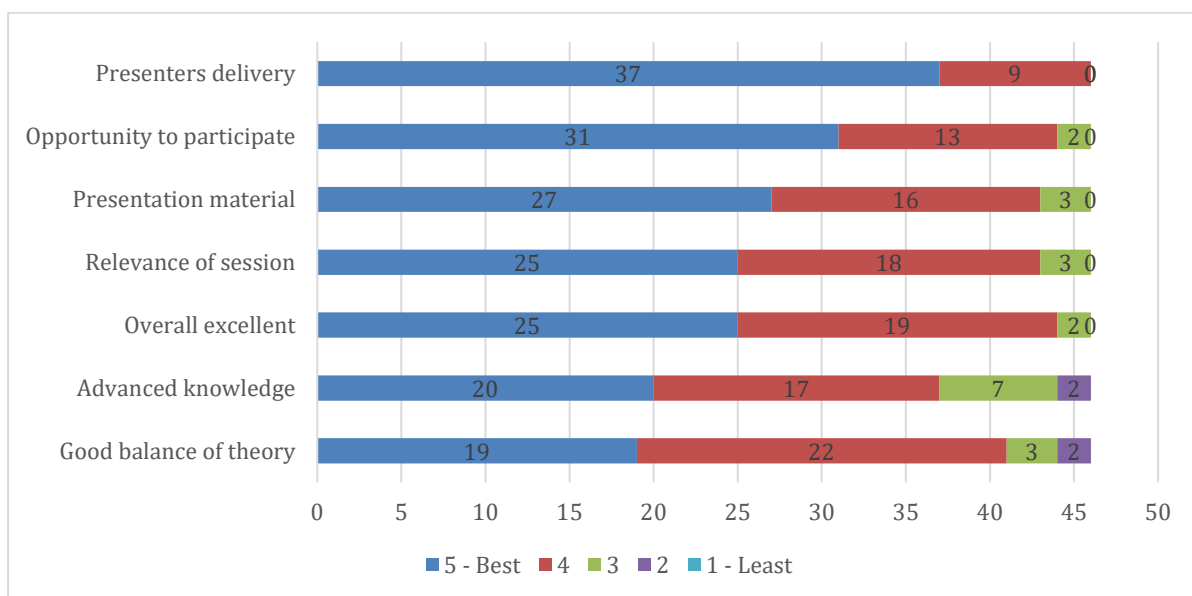


Figure 7: The session

7.2 Qualitative Assessment

Attendees were asked multiple open questions about the course. Full responses can be seen in Appendix 4.

Motivation for attendance at the course (Figure 8) was mainly about updating or gaining new knowledge, to support Continuing Professional Development (CPD), supporting leadership, reigniting HLP or trying to progress further. Motivation of new team members was also mentioned.

Motivation

- I want to have a better understanding of HLP and what it should look like in my branches
- To enable us to become level 2. To improve my leadership skills
- To find out what changes may occur. To enhance my understanding of how we may progress to HLP level 2
- To update myself and team on HLP - keep it fresh
- To widen knowledge and be a better leader

Figure 8: Motivation for attending the course

The current role of health champions was focused on running events, campaigns or services. Services include: processing of flu paperwork, smoking cessation services, C Card. Charity events were discussed, along with bi-monthly campaigns.

When asked about changes in practice since HLP leadership training, healthy living zone displays featured strongly, with increased conversation and engagement with the public, along with an increase seen in signposting and delegation to all team members.

The biggest challenge currently faced as an HLP leader (figure 9) was time and motivation of the team. Bringing the concept to life was also highlighted, with a desire to embrace the concept, not just see it as a tick box exercise.

Challenges

- Motivating my team to embrace health conversations as part of day to day working in a busy dispensing environment
 - Time to guide the team and direct activities. Accessing materials and ideas
 - Motivating and involving team members in training and taking on additional responsibilities
-

Figure 9: Challenges

Current local collaborations include local surgeries, various charities e.g. Parkinson's UK and blood pressure UK and local organisations, such as Clinical Commissioning Groups or the local mothers' union group

The best aspects of the course noted were the format, allowing participation and honest discussion, supported by a very engaging presenter, as echoed from the quantitative data. (Figure 10)

Best aspects of the course

- Enjoyed the whole evening. Deborah is such a great speaker with so much enthusiasm. A real inspiration
 - Group participation -open and honest. Every comment/feedback taken positively
 - Meeting others and sharing ideas and challenges
 - Active participation rather than didactic style of presentations
 - The small group size ensured that all participants contributed and that made me think more about what we currently do versus what we could do
 - Thought provoking discussion topics
-

Figure 10: Best aspects of the course

In terms of areas for improvement, increased time for discussion and more involvement in the sessions by non-pharmacists was suggested. (Figure 11)

Suggestions for improvements

Audience	<ul style="list-style-type: none"> • have more people attending the training • involve health champions • run one for non-pharmacist leaders.
Course content	<ul style="list-style-type: none"> • Well received on the whole – most repondents did not think that it could be improved further
Pre-work	<ul style="list-style-type: none"> • A concise pre-workshop workbook may attract more attendees who may be put off by large volumes of pre-work. Maybe a few didn't attend after seeing the pre-event material! • pre-work for everyone before night
Delivery of learning module	<ul style="list-style-type: none"> • a little less jargon and perhaps aim it less at pharmacists and more at pharmacy staff in general • maybe some table work or other types of activities • more interaction • potentially more time to talk on tables with others to understand their own experiences • whole day event
Additional comments	<ul style="list-style-type: none"> • something more tangible. All a bit blue sky. Would probably have enjoyed it more if I wasn't a contractor

Figure 11: How can the course be improved - suggestions for the future

Ideas for local collaborations, as a result of the session included local farmers markets, fitness instructors and schools.

When looking at the learning gained from the session, various models were identified e.g. BEBO. Other things stated were an increase in confidence, delegation and leadership along with engagement techniques.

Intended future outcomes would be measured through feedback from the team and public, along with completion of action plans. Attendees also identified the training to be a platform to use all opportunities that present itself and realisation of need to be proactive.

In addition, this message would be cascaded down the organisational hierarchy via conversations, either individual or team huddles/meetings. (Figure 12)

Activities to be completed after the event

- add HLP items into regular team meeting agenda. When new team member starts in November we can then move forward, reinvigorating HLP. Discuss with team how we can relaunch HLP
- audit pharmacists' time
- be more proactive with healthy living champion
- better record keeping, re-engage team via 1 to 1's better use of champions
- better understanding
- call a staff meeting. Encourage HC to run a campaign with props. Promote ACT course
- complete CPPE training on children's oral health/ speak to my team about the training
- delegate more
- delegate to HLP
- delegate. focus. Be creative
- encourage more of my staff to become health champions. Work through the leadership booklet tasks. Plan more health promotional events
- engage and communicate better
- engage more actively with my team. Delegate more where I can. Discuss with team members ways to progress further
- engage with HLP champion
- engagement. Pull company resource. Pull best ideas
- evaluate what we have achieved within the pharmacy with our promotions
- feedback to teams. Stop being a dinosaur. Think positive
- hold a team meeting to feedback today's learning. Plan the next 2 campaigns. Set out the action plan
- look more at local health champions. Get staff more engaged
- look out at outcomes and level of involvement
- not look at it as a check list. Make it more fun in the pharmacy/campaigns
- plan my activity
- plan new exciting campaigns. Work with local charities. Delegate
- re-engage my leaders about the purpose, future and reasons behind HLP

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- review my leadership. Discuss HLP more with teams I work with. Be a champion for HLP
- review my workshop/delegation. Look up health statistics for locality and share with my teams
- send out an email to all regarding the areas of key focus as a result of training today
- set action plan for stores within my cluster relating to HLP
- speak to my team to ensure they understand HLP. Engage my team and doctor's surgery
- speak to staff. Take a better lead on consistent basis
- staff training. Increase promotion of sexual health services
- try to engage staff closer. Speak to upper management re events

Figure 12: Activities to be completed after the session

7.3 Geography of attendees

When looking at distance travelled to training sessions, all travelled less than 20 miles. Looking at the spread of attendees some areas appear less covered than others, although a good spread of attendance can be seen. The average distance travelled was between 5 and 7 miles.

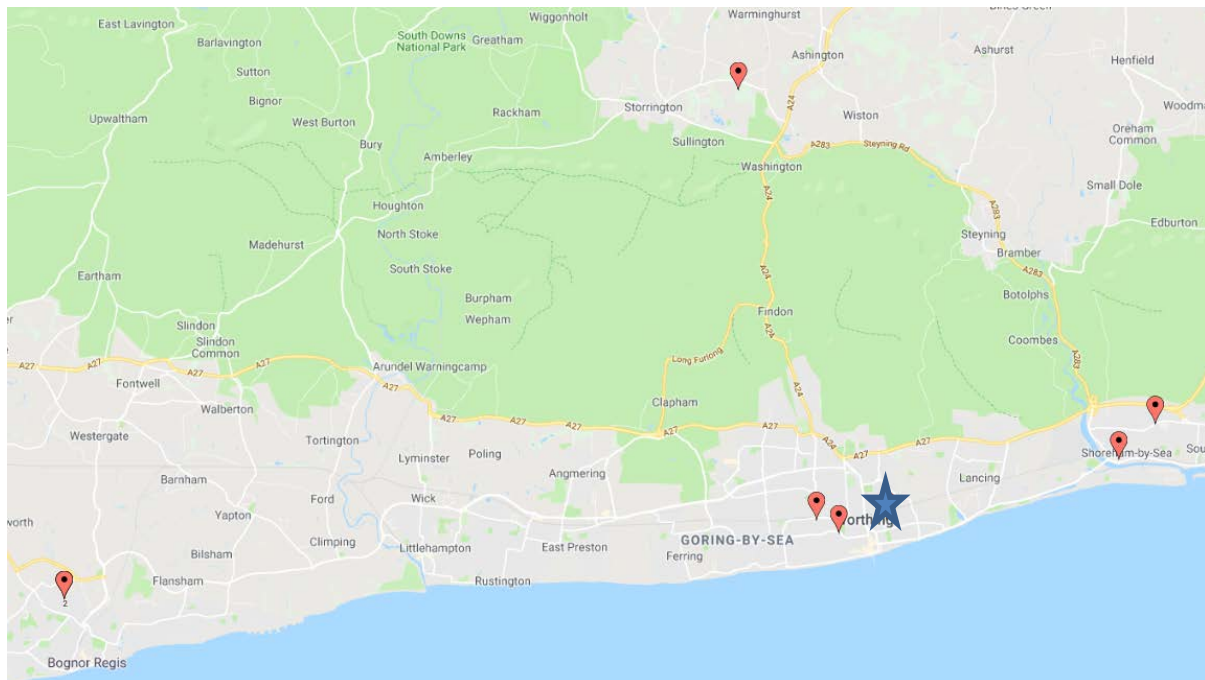


Figure 13: Worthing venue – average travelled = 6.64 miles (0.84-13.94 miles travelled)

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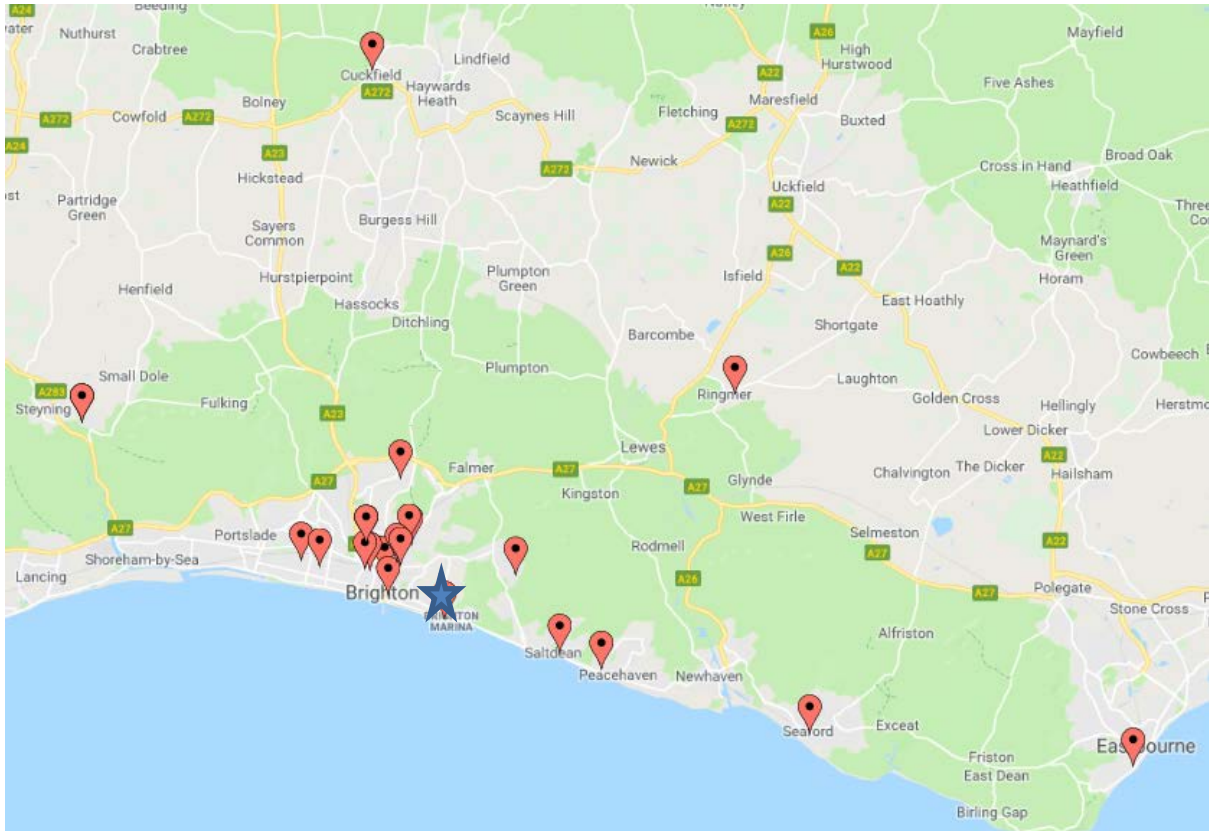


Figure 14: Brighton venue – average travelled = 4.99 miles (1.51 – 17.24 miles travelled)

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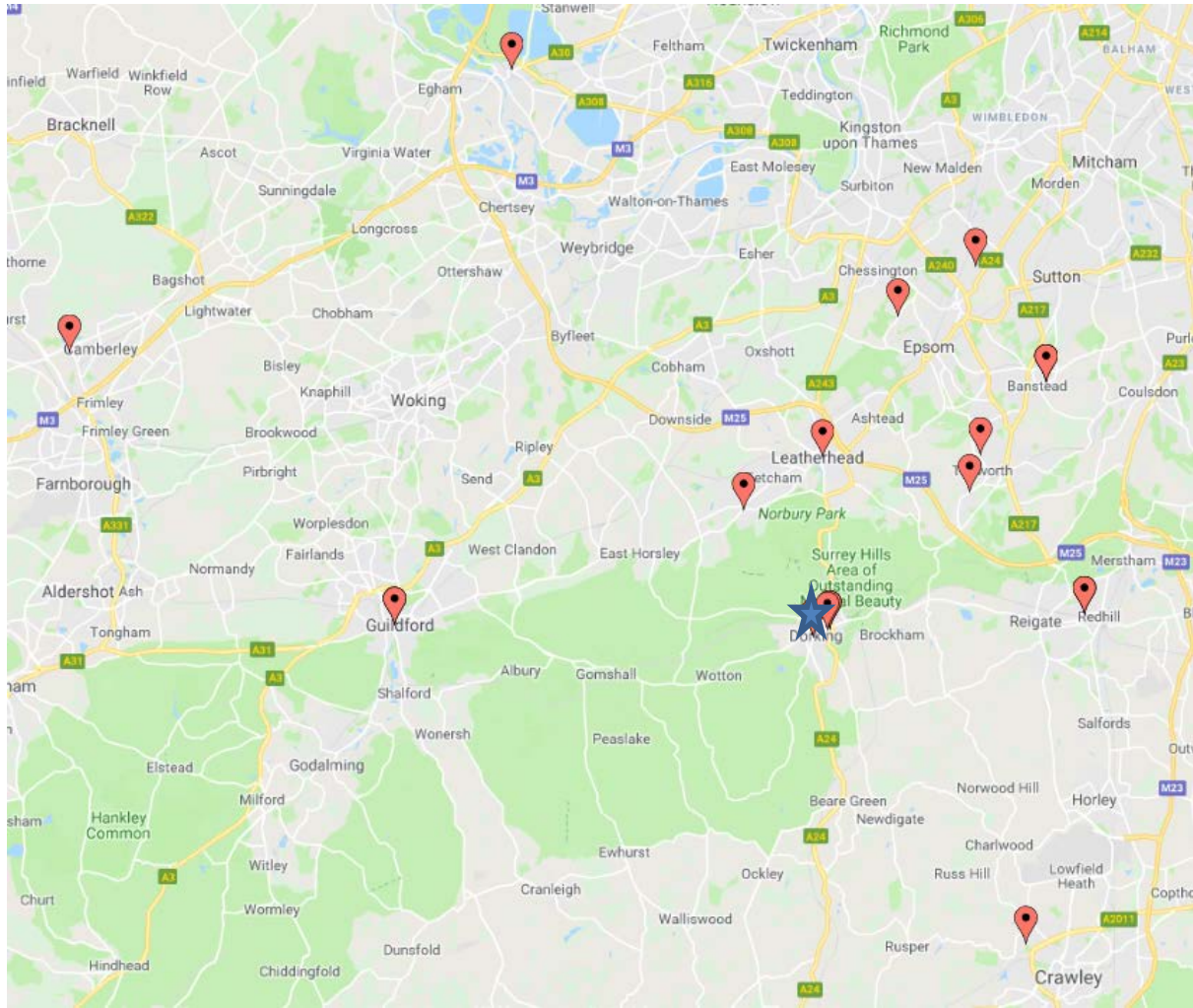


Figure 15: Dorking venue – average travelled = 7.00 miles (0.07 – 20.08 miles travelled)

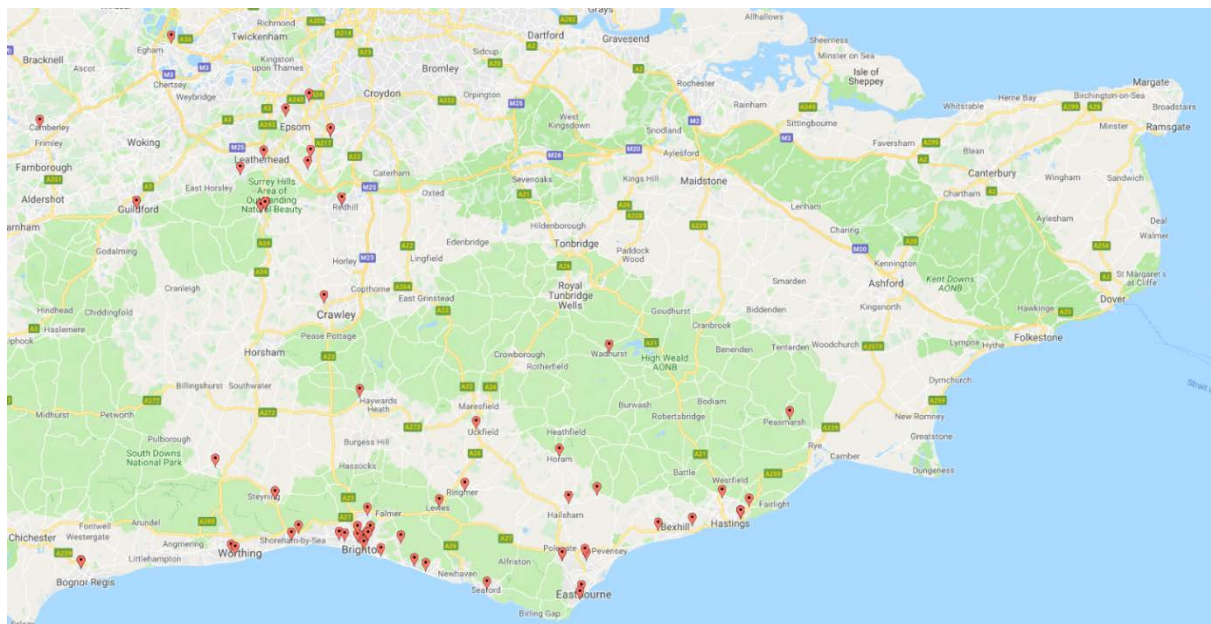


Figure 16: All including Coden Beach, Eastbourne event

7.4 Follow up

The follow up survey was sent out by email to those who had attended the training and also by post to individual participants on the 7th January 2019. This resulted in only 2 postal responses and 10 online responses.

A CPSS representative phoned pharmacies to encourage them to complete the survey throughout January and a final email was sent on the 1st February (figure 17). This resulted in one additional response giving a final response rate of 28% (n=13/47).

Full results from the follow up survey can be found in Appendix 5.

Community Pharmacy Surrey & Sussex **Don't forget**
Task reminder

1 February 2019 West Sussex

Health Education England Kent, Surrey and Sussex (HEEKSS) is evaluating training you attended last year called *Managing Healthy Living Pharmacy for the future*. They would be very grateful if you would take part in a follow-up survey. Everyone who attended the training is invited to take part by completing a short on-line survey before **Friday 8 February 2019**. All responses are anonymous.

Complete the survey here

Why this survey is important <i>"evaluating learning experiences helps us ensure that future training meets your needs, and is delivered in a way that suits you"</i> Sandra Lamont, communications & engagement lead, CPSS	Questions, queries or need clarity? Please contact the researcher directly Ricarda Micallef MRPharmS Senior Lecturer in Pharmacy Practice r.micallef@kingston.ac.uk
--	---

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You are receiving this email because you have previously supplied contact details to us asking us to add you to our mailing list. You must tell us if you would like to unsubscribe from our mailing list. To unsubscribe you should reply to this message putting **UNSUBSCRIBE** in the subject line. See [our website](#) for more information about our privacy practices, including a copy of our privacy policy.

Community Pharmacy Surrey and Sussex, The White House, Leatherhead, Surrey KT22 8BB

Figure 17: Reminder email to gain responses for follow up

Actions since attendance

When asked to describe what participants remembered about the event (figure 18) multiple aspects were described including content, presentation and actions discussed.

Aspects remembered from the Managing HLP for the future event

- An ongoing process that may include HLP2 in the future and the need to show outreach and patient involvement in campaigns e.g. evaluation and evidence of support
 - Finding out ways to empower the pharmacy team and to endorse HLP
 - How to help health champions fulfil their roles and help with health campaigns
 - I remember that strong leadership was the key to the HLP concept. Empowerment and belief were important factors.
 - Presentation style - the two-way conversation and group participation. Visuals and Q and A very good
 - Learning about the various types of health promotion that pharmacies across the patch were currently offering and learning about changes occurring
 - Very informative around services and this being the future landscape for community pharmacy. Leading together and sharing best practice
-

Figure 18: Aspects remembered from the Managing HLP for the future event

The key messages were all passed on verbally, with some follow-on cascade via emails and written newsletters. Verbal communication was through one-to-one conversations, team meetings, and ongoing discussions. (Figure 19).

Cascade of information from the event to team(s)

- Discussion within team and to HLP members in pharmacy
- Communication to the area and store managers on conference calls (large multiple leader)
- Spoke to all my colleagues about the information I was given and ideas on how to improve HLP in our location.
- Team briefing, cascaded information from the event and used workbook as a tool to engage team
- Through newsletter and on visits to pharmacies, updated my service team face to face (area manager)

Figure 19: How information was cascaded after the event

The session

Figures 20 and 21 outline responses given to statements regarding the impact of the training on skills and actions. One respondent did not answer all questions. An increase in knowledge and confidence after the event was seen, along with increased understanding and leadership of HLP concepts. Although local collaborations were seen to have increased, this did not reflect as positive a change as in other areas.

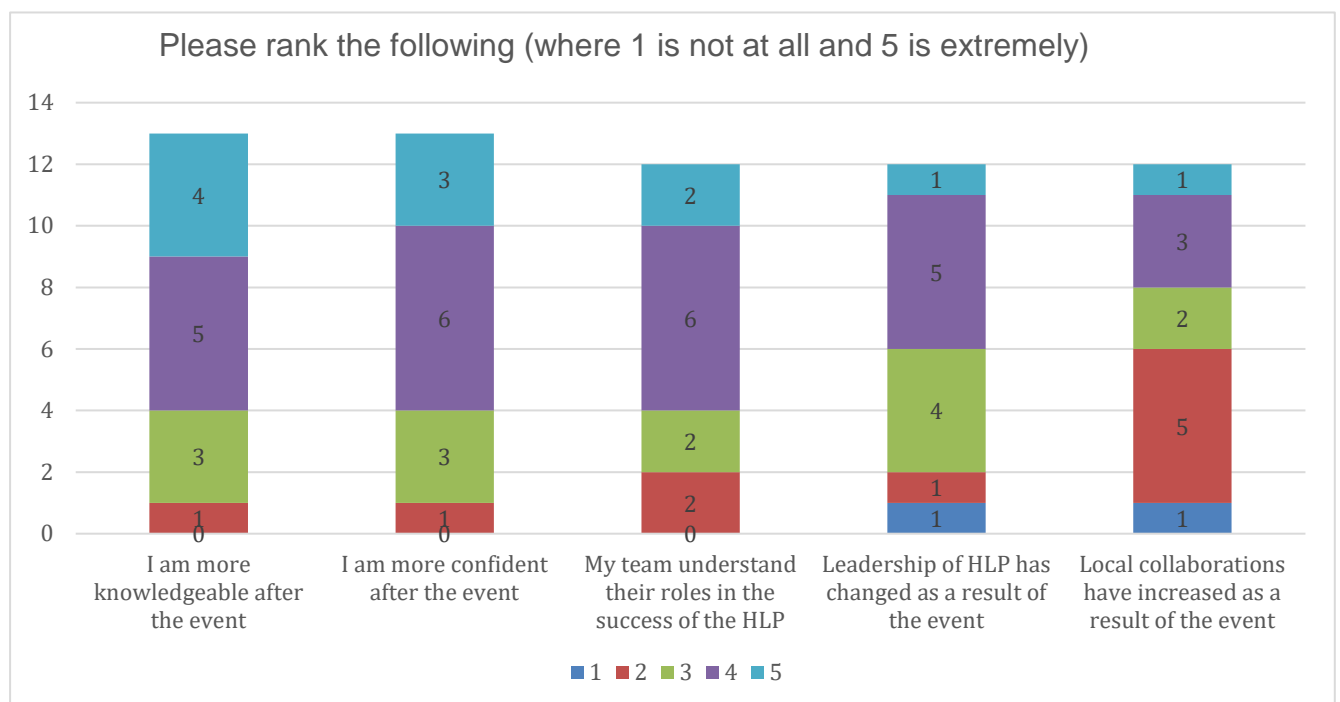


Figure 20: Session follow up

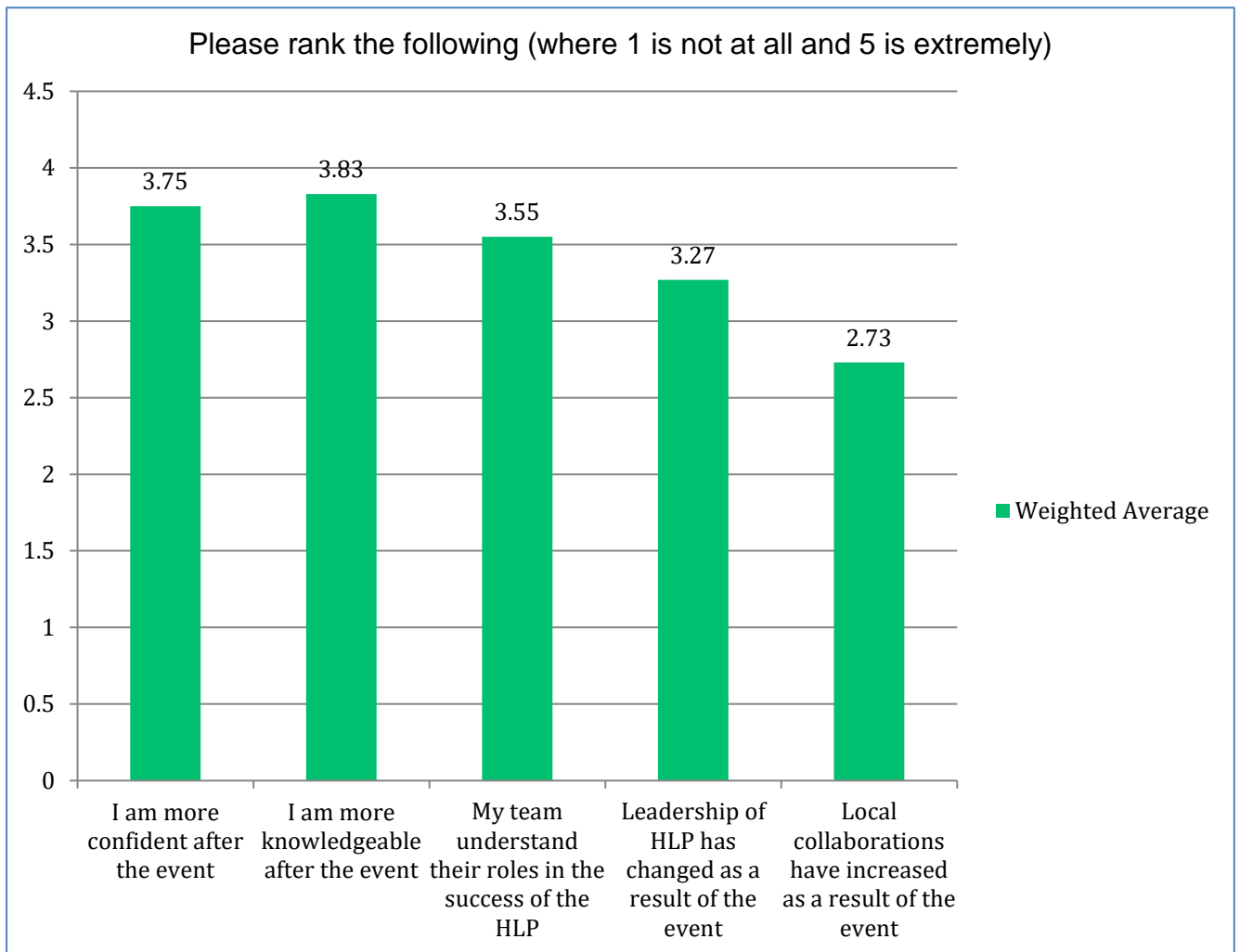


Figure 21: Session follow up – weighted average responses

Application of knowledge into practice

An increased engagement, productivity and more campaigns were seen. In addition, there was increased team and leadership involvement. (Figure 22).

Changes in the role of the health champion because of the session

- Empowered to organise activities and promotions
 - Feel more confident in suggesting ideas for health campaigns
 - Increased engagement with the health zone
 - More opportunities created in store because of products available, learning the patients' /customers' needs and communicating with surgeries
 - Taking a more proactive role in organising health campaigns and engaging with the public about the themes, taking care of keeping HLP folder updated with evidence,
 - The leaders have been more proactive although it would have been good for more managers to attend
 - We are now running a monthly campaign of our choosing as well as the local setting
-

Figure 22: Changes in the role of the health champion because of the session

Feedback on local collaborations created after the event (figure 23) echoes the feedback seen in figures 20 and 21, showing some collaborations have been created, leading to increased communication locally, but some pharmacies have not seen any additional links.

Local collaborations created after the event

- None at the moment (x4)
 - Better communication with the surgeries
 - Kamsons- dispensers contacted about Patient Group Directives (PGD)
 - Learning about mind in Brighton and advertising mental health awareness day
 - Leatherhead youth project - support with campaigns and advice if required
 - Obtained samples from sun screen companies and discussed with customers
 - Still in progress
-

Figure 23: Local collaborations created after the event

Leadership changes seen after the training (figure 24) include increased regular communication and more engagement and empowerment of managers plus an increase in whole team involvement.

Any changes in how HLP is being led as a result of the session

-
- All team members participate in healthy living of our customers. Not just the health champions
 - Empowered HLP champions to organise their own activities
 - Monthly campaigns run by a staff member
 - More guidance and development of staff around HLP
 - More ideas and being proactive in campaigns
 - More regular discussion
 - Sharing of what good looks like
-
- We are having more team meetings so that team members are constantly updated and beliefs in the HLP concept are reinforced. It also gives a chance for feedback to be shared

Figure 24: Changes in how HLP is being led as a result of the session

Additional changes, not previously mentioned (figure 25) outlined increased vision and leadership, with a greater understanding of the context of HLP.

Additional changes resulting from learnings from the event

-
- Any arguments are now well reasoned and respectful
 - I personally interact more with the customers / patients and discussions around their wellbeing. It is great fun and I learn from them too
 - More active and confident HLP champions
 - Refreshed thinking
-

Figure 25: Additional changes resulting from learnings from the event

Barriers or constraints that have limited change after the training session included time and staff. It is also evident that this is still a learning process. (Figure 26)

Barriers limiting implementation of change

-
- Delay in material
 - Lack of time, shortages of staff, busy pharmacy
 - Motivating staff to do more when they have so much work pressure
 - No local collaborations yet
 - Pharmacy gets caught up in the next task and sometimes staff turnaround has been an issue
 - Staff time constraints
 - Time and lack of confidence about ideas
 - Time available and some people being negative to the concept
 - Time, period of training before Christmas and QP in mid Feb
 - With part-time team members we sometimes struggle to engage everyone as fully as we would like
-

Figure 26: Barriers limiting implementation of change

Ideas for future development of HLP involve greater use of IT along with on-going training for the team. (Figure 27).

Ideas for future training and development of HLP

- Get more non-pharmacists involved, great opportunity to build, inspire and develop teams
 - It might be useful to get feedback from patients and examples of successes
 - IT promotion - screens in waiting areas for HLP topics and health promotions
 - More internet resources easily accessible by all pharmacy staff during working hours as well as in spare time. Modern time saving formats would be nice like videos, podcasts, newsletters
 - More investment in the health champions
 - Rolling champion training, some local events
 - These events are great for engaging and reinvigorating what we can do in our stores for patients
 - Use till display screens to promote HLP topics, centrally run leaflet campaigns
-

Figure 27: Ideas for future training and development of healthy living pharmacies

When looking at the feedback received from the follow up survey, the responses do support the intended outcomes stated at the initial session, which were seen in figure 12.

Demographic of attendance

The responses were predominantly from pharmacists. 'Other' roles were given as 'not based in a pharmacy' and 'professional services co-ordinator.' Responders were mainly from HLP leaders, with a good range of pharmacies being represented. The majority of these pharmacies had achieved HLP 1 status.

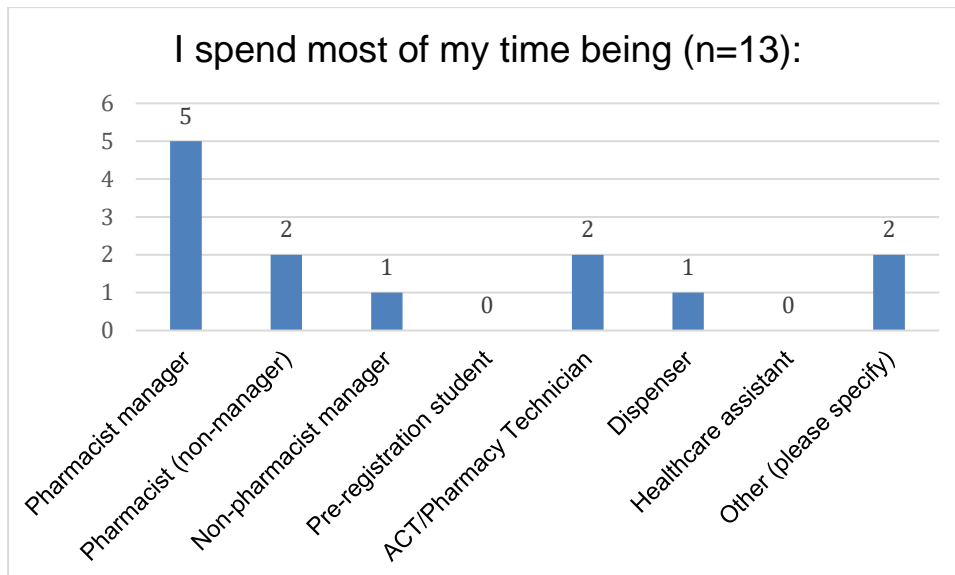


Figure 28: Role of responder



Figure 29: HLP leader?

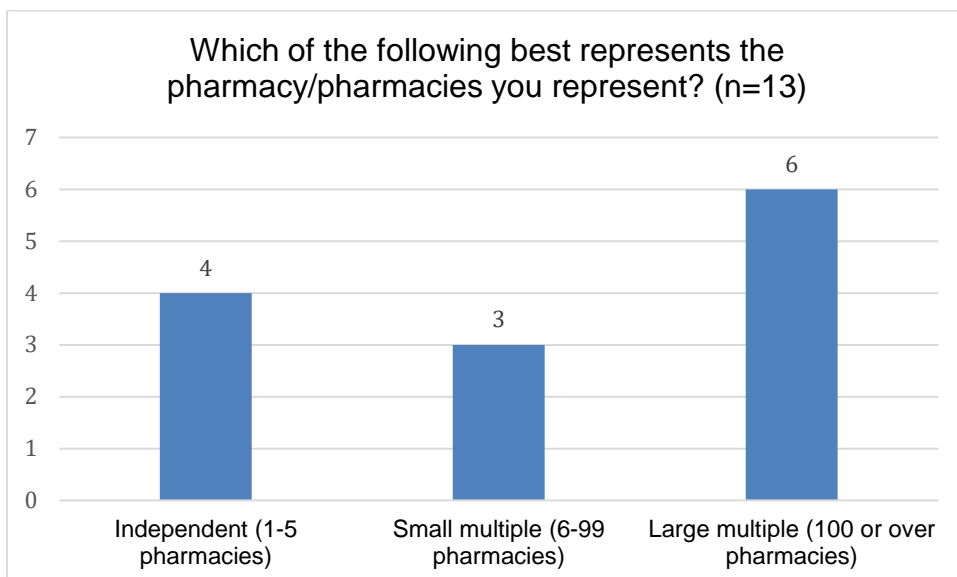


Figure 30: Type of pharmacy

Evaluation of Managing Healthy Living Pharmacy for the Future

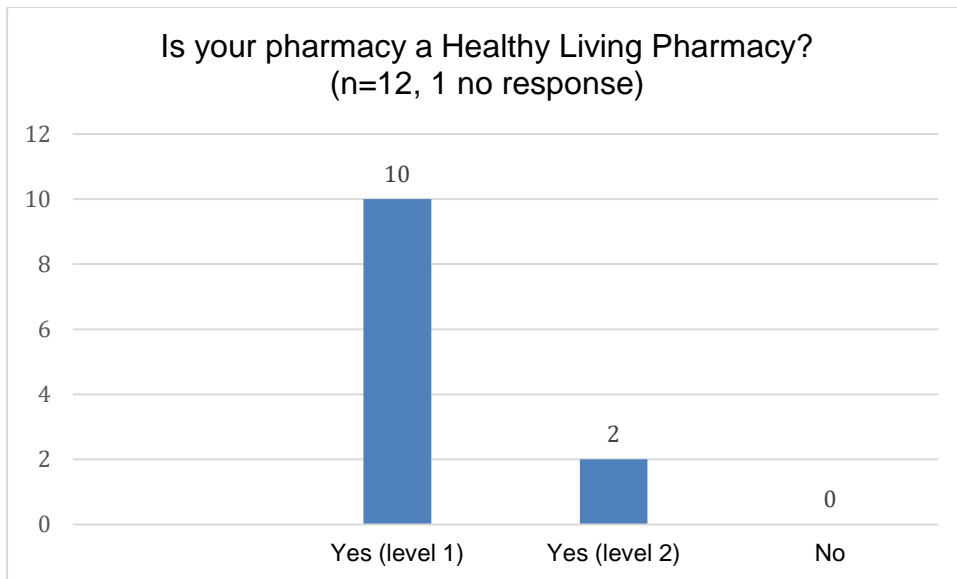


Figure 31: Level of HLP achieved

8. Discussion

This training attracted a range of individuals from community pharmacies of different sizes - small independent to large multiples, and those in leadership roles covering multiple pharmacies. There was clear evidence of wanting HLP to be successful, and seeking help and support on how to bring this to life in the pharmacy, as well as utilising all of the pharmacy team, and creating and building on current local relationships.

Overall, 47 pharmacy team members benefited from exploring their own current reality of the HLP process, allowing refreshed engagement, and increasing knowledge and confidence of the process, in order to rebuild momentum when back in their pharmacy. Some sessions had limited attendance, with an overall attendance of only 52% of capacity, although those who attended did benefit from the event. An average distance travelled to training was between 5-7 miles, showing the need for local engagement.

This training highlighted that HLP is an ongoing learning opportunity and something that needs regular re-engagement and support, to bring it to life, rather than being used as a tick box for payment. This training and evaluation also highlighted the importance of utilising all of the pharmacy team and shows clear passion and engagement of all the team. The follow up, although limited in number of responses, showed the benefit of this training with evidence of actions being completed as a result of the session.

This project is an example of partnerships working together for joint outcomes. HEE worked closely with CPSS to plan and deliver this programme, with key stakeholders also being part of the key oversight board. This allowed training to be opened to all geographies. These key partnerships can support future planning and outcomes.

Whilst needed to achieve QP, HLP, when successful sees benefits for both the pharmacy team and for wider populations, through health promotion, signposting and collaborative campaigns, along with increased engagement and motivation of pharmacy team, working together for a common goal.

9. Lessons Learnt

This training provided an opportunity for pharmacists and their teams to reflect on their current reality, re-engage to ensure increased empowerment, contextualise the learning to their workplace, and as a result increased knowledge and confidence. This resulted in a greater contribution to the local population they serve. However:

- Limitations of using a survey to collate follow-up information resulted in limited response rates. Unfortunately, a 100% response rate was not achieved.
- Pre-work was only completed by about half of attendees. Expectations of attendees need to be explicit, outlining a requirement for pre-work to be completed and comms sent out prior to the day and follow-up feedback.
- The training sessions allowed for participants representing all levels of the pharmacy team, however uptake was limited in some sessions in the evening. Timing of training may need consideration in the future if large cohorts of pharmacy team members cannot attend due to, for example, work fatigue
- Analysis regarding knowledge or confidence increase at/post a training event needs to be contextualised against a baseline score to more accurately assess the learning achieved
- The distance pharmacy teams will travel for evening training is limited so more localised sessions may be beneficial. An alternative to this would be a consideration on best mechanisms to support cascade of teaching/pertinent messages, for example webinars to pharmacy team members who could not attend
- Where extensive content is planned for sessions, longer sessions or breaking the sessions into smaller bite-sized versions may be required. Failing this, the content may need to be reviewed, or follow-up material sent to attendees after the session.
- Greater ongoing support is required in terms of where to access materials or to support local collaborations to drive HLP forward
- Results from the study highlighted that in most cases where all staff members were involved in the delivery of services, successful outcomes were achieved.
- Limited attendance at events or participation in evaluations impairs the viability of longer-term funding to support initiatives

10. Recommendations

Future training programmes should aim to:

- Attract a greater number of participants through regular communication prior to the session, explaining expectations and obligations
- Support pharmacists to attend, either by using different modes of training or help them understand financial incentives for attendance
- Provide on-going support after the event to support implementation of ideas or concepts discussed, signposting to useful resources or local organisation
- Provide opportunities for local networks to be created to support those in various roles to share best practice
- Participants who attend events should have an awareness of the importance of participation in follow up evaluations.
- Geography of training events should be investigated to ensure maximum uptake, and perhaps a move to different locations considered to ensure all pharmacies across a wide area can participate.

11. Conclusion

Community pharmacists and their teams have the opportunity to positively impact on their local communities. The Healthy Living Pharmacy concept allows pharmacies to engage with their patients to support health concerns and health needs, and either offer services in-house, or signpost to appropriate external support.

Pharmacy teams need continued reinforcement of messages to maintain and build knowledge and confidence, as well as increase engagement to maintain momentum and impact on patient care. Such engagement impacts positively on pharmacy team morale and local relationships.

Community pharmacies are an important source of healthcare provision and have a great passion to support members of their communities. HLP is a key example of whole team involvement and working together to achieve a goal of person centred care, allowing all members of the team to bring their strengths and ideas to a project. Continued engagement is essential in a time bound environment to continue the drive to maintain initiatives.

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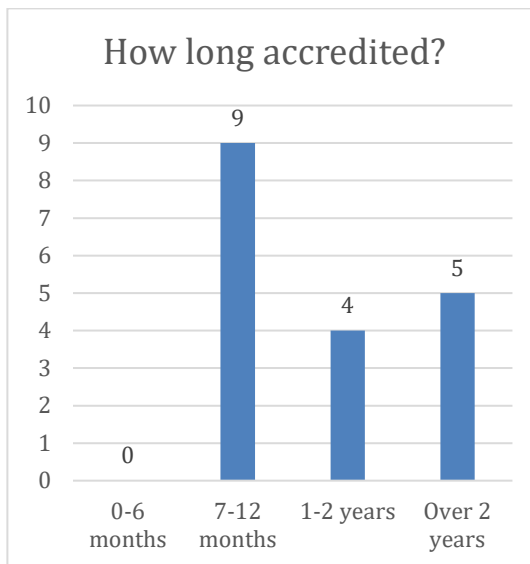
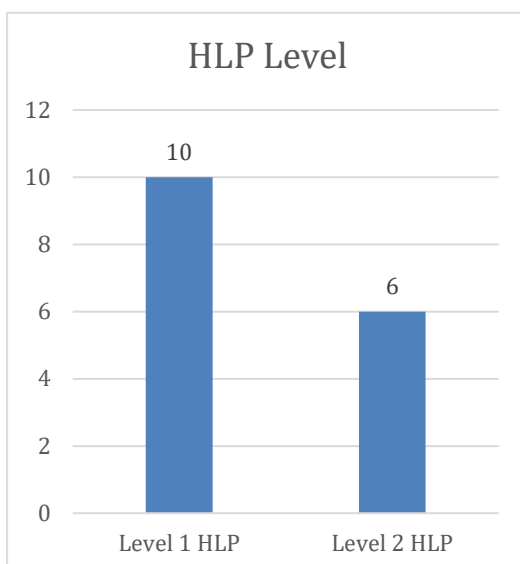
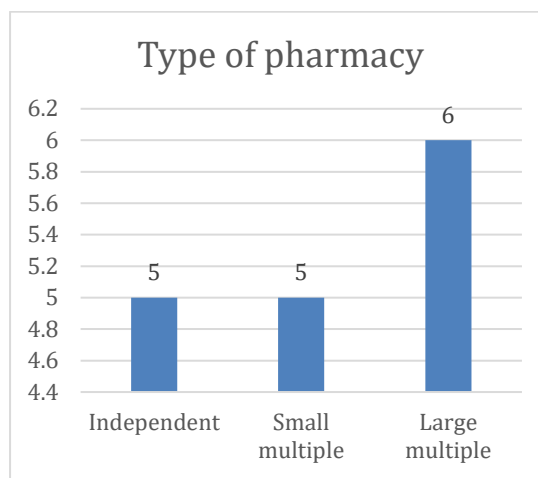
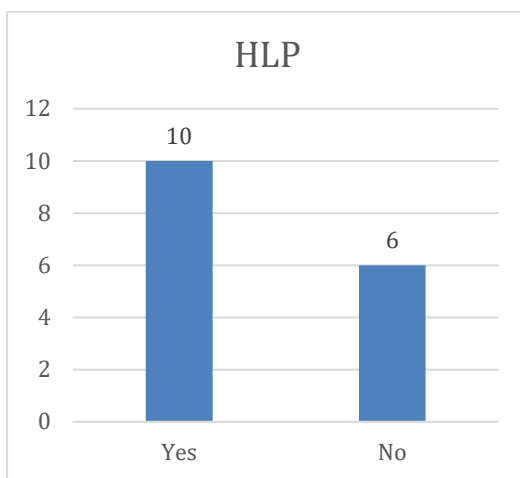
Atif Shamim, Health Education England LaSE Pharmacy

Appendix 1: Evaluation of Cooden Beach Event 11th June 2018

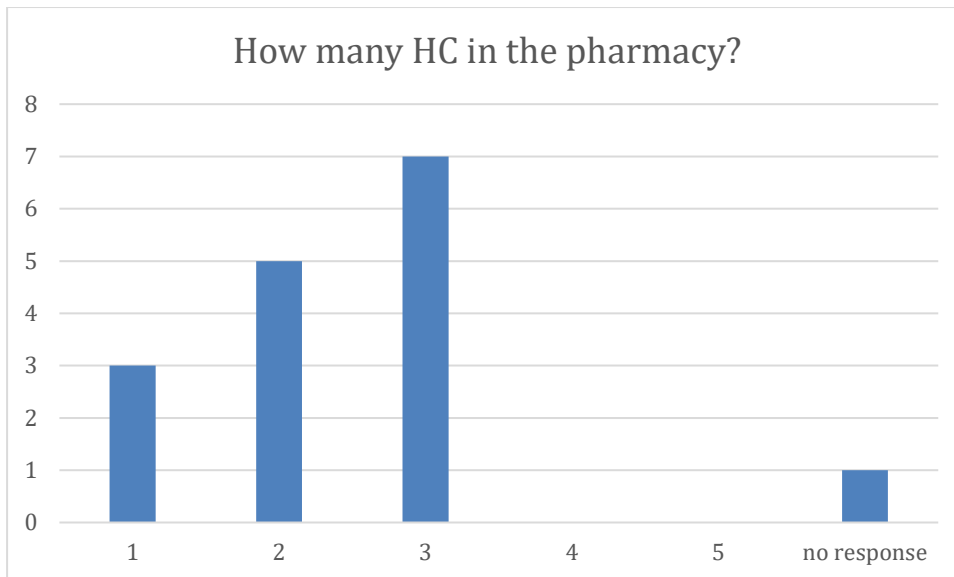
A total of 16 evaluation forms were returned. Not all were complete. 24 had booked, and 16 turned up.

Attendance:

All attendees were from registered HLPs. Of the 6 who had achieved level 2, 3 were independent pharmacies and 3 were small multiples.



Evaluation of Managing Healthy Living Pharmacy for the Future



Pre-learning

5 attendees said they had not completed the pre-learning, 6 had completed part and 4 had completed it. Time was the biggest issue stated for not completing the work, along with relevance if they were not an HLP leader.

Motivation for attending

Motivation was to support HC and HLP and take the role further with increased/new skills.

- Find the role interesting and inspirational
- HLP is the way to go
- HLP related to pharmacy - personal development
- I thought it would be interesting
- I wanted to help our HLP pharmacies develop
- I wish to expand my knowledge prior to starting a new role of health champion coordinator
- Learn about managing and how to improve as a level 1 HLP
- Low
- To become more motivated for HLP and to lead the pharmacy team through the service better
- To help embed HCP in culture
- To improve healthy living in the pharmacy

- To improve our pharmacy/HLP forward and more effective
- To learn more about leadership
- To see how to build on HLP status and improve our HLP status and how to motivate staff

Implementation of actions following HLP leadership

A few attendees commented that they were not HLP leaders so had not attended previously. Other examples of implementation are given below:

- Encouraging staff to have more 'health' conversations and to pro-actively engage with clients

- Focus days

- Guiding staff and motivating staff. Planning campaigns

- Health promotion zone and MECC

- Helping staff promote HLP

- HLP

- Incentives for smoking cessation

- Motivating the team, have conversations with health champions

- Not much, the health champions deal with everything

- Promotion events/windows

- Review HLP. Discuss with HLC new promotions. Train up staff for blood pressure services

Biggest challenge

Team involvement was the biggest challenge to implementation.

- Being motivated as it's a big commitment and not having enough time

- Enthusiasm and motivation

- Getting staff motivated

- Getting team involved

- Getting the whole team involved. Knowing where we are going next

- Keep all staff involved

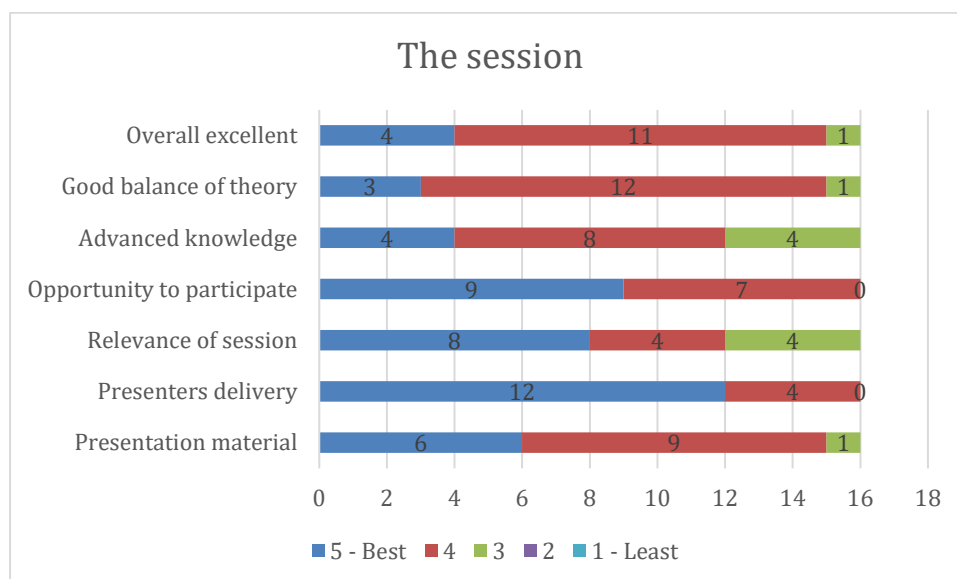
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- Maintaining interest / enthusiasm
 - Motivating staff to take on role more independently
 - Recording all data
 - Time, staff
 - To get interest in some of the services that are aimed at younger clients
-

Current collaborations

Current collaborations listed were extremely limited, with one listed for smoking cessation and one for having a stand locally.

The session

Overall, the session was very well received with the delivery and opportunity to participate being noted. No element scored less than 3.



Best aspects and suggestions for improvement are noted below which echo the scores given.

Best aspects

- Chance to review and reflect
 - Group work
 - Input
-

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- It made me think how well I engage my team. Thank you!
- It was engaging and provided a lot of information
- Linking the resources with the practical and personal advice
- Presented well with good resources
- Putting HCP into wider context
- Talking in groups
- The attitude presented
- The group participation which got us all engaged. Speaker was very good. Very motivating evening and gave me a whole new outlook on HLP
- The presenter was engaging
- The trainer

Improvements

- Could quite easily have done a whole day
- Have it in the daytime
- Less role play!
- Less theoretical questions needing answers. Less sitting and chatting. Less moving around - it's been a long day after all!
- Link it back to pharmacy specifics. It was very vague in places
- More conversations about problems - learning
- More detail on some aspects
- More relevance to individual pharmacy practice
- More to take back to the pharmacy. Examples of how to improve and ideas to implement

Ideas for local collaborations

Gyms were the most seen idea.

- A couple of pointers for focus days
- Blood pressure testing etc at community events
- Contacting local gyms and schools - leaflets etc
- Exercise promotion with local gym
- Explore belief/emotions of staff that are behind their behaviours

- Going out into the community
 - How important it is to engage with customers, the community and to provide them with extra services
 - More community work
 - More resources and joint ventures
 - Promote training with local drug service
 - Speaking to gyms
 - Still unsure
 - Turning the pharmacy into the local hub for health and well being
-

3 things learnt

Engagement, BEBO and staff motivation were the most common things learnt.

- BEBO
 - BEBO. Health champion Facebook group. Aiming to be a hub for HLP in community and increase business
 - BEBO. Reflect and empower
 - better communication, motivation, effort
 - engage, motivate, change the approach
 - Engagement. Shared vision. Motivation
 - Examples of how to progress in HLP. How BEBO relates to the work environment
 - HLP is not about changing a person but making the pharmacy a place they can come to make the change
 - How important it is to engage the team. How the way you think can affect outcomes.
 - Ideas for HLP. How to motivate staff. BEBO
 - Integration of HCP into everyday activities. Technology use. Better props needed
 - Management. Promoting HLP. Engaging
 - Specifics for HLP 2. Where others have failed and learned. Where others have failed and succeeded
-

- Try to engage more in the community. Provide more exciting focus days and campaigns. Get more information and what is provided in the community

What will participants do as a result of the session

It is seen that there is a desire to implement the learnings

- Be more positive. Motivate staff
- empower HLC
- Encourage HLC to take ownership of events. Plan an outreach. Develop staff more
- Engage more. Go out into the community
- Have a staff evening out to discuss HLP and motivate staff. Let champion take over HLP ideas
- Listen to my team. Speak with other stores. Investigate success stories like Portsmouth
- look into interactive items for display
- Re-evaluate HCP action plan. Look at better integration into workflows. Engage with team re new ideas
- staff meeting about HLP
- Talk to staff. Improve service. Collaborate
- Talk to team. Carry out plan.
- think more, do more, act more
- Try and use my knowledge more. Take leadership in HLP
- try to improve community work

How will actions and outcomes be measured

Service outcomes, feedback and the use of SMARTER objectives would be used to measure actions and outcomes.

- By looking at my plan and making it SMARTER
- Feedback from community
- Feedback from service users
- Increase in 'healthy living' services
- Look at the plan and work towards it

Evaluation of Managing Healthy Living Pharmacy for the Future

- Make record of everything I do and how successful I think it went
 - Customer and service user expression of interest
 - Review with HLC
 - Set goals with time limits
 - Set SMART objectives
 - SMARTER targets
-

How will you share and cascade the messages

Of the 9 comments shared about cascading messages 7 were planning to hold team/group meetings, whilst 1 was planning 1 to 1 conversations and 1 planned to set up a WhatsApp group locally (in accordance with GDPR regulations) and take their team out for dinner to discuss the messages.

8 of out 8 responses would recommend the workshop.

Appendix 2 Course content

Aims of evening

- Reflect on previous training, experience and achievement to build further the HLP ethos within your business
- How to further empower your HC and team
- Develop your HLP action plan and approach to be the local wellbeing hub
- Identify opportunities for collaboration and integration with your local healthcare system

Agenda

- Beliefs
- Context
- HLP the concepts
- Local experience and reflections
- Integration into business as usual
- Leadership
- Team engagement and empowerment
- Collaboration and integration
- Action planning

Activity

Participants were asked to rate themselves 1-10 on the question 'being a HLP is critical to our pharmacy's future'

Comments discussed included:

Many were in the middle, and on the fence.

Time is an issue relating to implementation.

All team is key.

Leadership is vital

Now HLP is linked to quality payments there is more incentive. In reality though it is a tick box exercise to gain payment.

HLP is an opportunity if done for the right reason.

HLP allows services to be more accessible and service centred. However, funding may not be sufficient for that

Context – 30-40% increase in activity in last 10 years.

Models – BEBO and mirroring

- BEBO (Beliefs, emotion, behaviour, outcome)
- If your team are not doing something, look in the mirror

Information

- Prior to QP – about 2500 pharmacies were HLP.
- HLP level 1 more likely to be commissioned. Some commissioners will only use HLP
- Increased experience, foot fall
- 37 million not claimed annually from MURs, so pharmacy needs to deliver, or money will be taken away
- 70% of over 75s hospital admissions unplanned due to medical related problems
- Now 81% of pharmacies 9436 nationally

Local context

Criteria for HLP level 1

- At least 1 FTE health champion
- Pharmacist or manager to have undertaken leadership training
- Achievement of HLP quality criteria
 - Public health needs
 - Health and wellbeing ethos
 - Team leadership
 - Communication
 - Community and commissioner engagement
 - Health promoting environment
 - Data collection
 - Sustainability

Evaluation of Managing Healthy Living Pharmacy for the Future

- Proactive engagement with the community
- Leadership needed to manage a change process. Change model of engagement

HLP to meet level 1–

- At least one FTE Health Champion
- Pharmacist or manager to have undertaken leadership training
- Achievement of HLP quality criteria
 - Public health needs
 - Health and wellbeing ethos
 - Team leadership
 - Communication
 - Community and commissioner engagement
 - Health promoting environment
 - Data collection
 - Sustainability
- Proactive engagement with the community

Benefits of HLP

- Makes the pharmacy more attractive for commissioning
- Helps the whole team develop
- All work towards a common vision and goal
- Is a quality mark
- Contribution to NHS England quality payment scheme
- Is about the whole pharmacy team
- Has a brand the public can recognise
- Is the means to an end

HLP2 –

- Provide local stop smoking, sexual health and NHS flu advanced service
- Offer information leaflet to people eligible for cancer screening at end of MURs
- Achieve monthly targets for stop smoking quits
- Attend quarterly training

Evaluation of Managing Healthy Living Pharmacy for the Future

- Participate in one external HLP event per year

Health champion – level 2 RSPH award. Public health. Not pharmacy specific.

Tips for HLP business as usual;

- Involve team in planning from the start
- Adopt the ethos in all that you do
- Use the enablers to deliver against core business
- Proactively engage with your customers and community
- Look for operational efficiencies to optimise performance
- Link into those in the community who can influence your business success
- Embrace opportunity
- Leverage growth opportunities from health and wellbeing promotional activity
- Link NHS and private capabilities

Appendix 3: Copies of questionnaires



Evaluation of Managing HLP for the future

11/10/2018 - Dorking

Thank you for completing the following form.

In accordance with the programme enrolment requirements, all delegates are required to participate in programme evaluation.

Please complete this section (pages 1 and 2) before the beginning of the event

I spend most of my time being a: (tick one only)

- | | | |
|---|--|---|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Pre-registration student | <input type="checkbox"/> Healthcare assistant |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> ACT / Pharmacy technician | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pharmacist manager | <input type="checkbox"/> Dispenser | <input type="checkbox"/> Unstated |
| <input type="checkbox"/> Pharmacist / non-manager | | |
| <input type="checkbox"/> Non-pharmacist manager | | |

Are you the HLP leader? Yes/No

Which of the following best represents the pharmacy/pharmacies you are representing today?

Evaluation of Managing Healthy Living Pharmacy for the Future

- Independent (1-5 pharmacies)
- Small multiple (6-99 pharmacies)
- Large multiple (100 or over pharmacies)

Is your pharmacy a Healthy Living Pharmacy?

- Yes (level 1)
- Yes (level 2)
- No

If yes, how long has the pharmacy been accredited? _____

How many Health Champions work in your pharmacy? __

How many hours combined do they work? _____

How long have they been acting as Health Champions? _

Did you complete the pre-learning? If yes, please explain what you learnt. If no, please explain why you were unable to complete this.

What was your motivation for attending this course?

What activities do/does your health champion(s) currently complete?

Evaluation of Managing Healthy Living Pharmacy for the Future

What have you been able to implement following your HLP leadership training? What specific activities do you get engaged in as an HLP leader?

If you are not an HLP leader, what changes have been implemented?

What has been your biggest challenge as an HLP leader?

Please describe any current local collaborations (relevant to HLP) that you have had that has made a difference to your pharmacy business

Please complete this section (pages 3-5) at the end of the event

Please circle the number that you think best fits your views...

5	4	3	2	1	The presentation materials were of high quality.
5	4	3	2	1	

Evaluation of Managing Healthy Living Pharmacy for the Future

The presenter's delivery of the materials was easy to understand.

5	4	3	2	1
---	---	---	---	---

The presentation materials were of poor quality.

The focus of the session was very relevant to my work.

5	4	3	2	1
---	---	---	---	---

The presenter's delivery of the materials was difficult to understand.

I had ample opportunity to participate actively in learning.

5	4	3	2	1
---	---	---	---	---

The focus of the session was not relevant to my work.

This workshop advanced my knowledge a lot.

5	4	3	2	1
---	---	---	---	---

I did not have ample opportunity for active participation in learning.

Overall there was a good balance of theory and practical application

5	4	3	2	1
---	---	---	---	---

This workshop did not advance my knowledge at all.

Overall the workshop was excellent.

5	4	3	2	1
---	---	---	---	---

The workshop was too content heavy

Overall the workshop was very poor.

What aspects of the workshop did you particularly like?

How would you improve the workshop?

Please describe any ideas you have for local collaborations as a result of what you have learnt today

What are the three key things that you have learned today?

What three things will you do as a result of today's session?

How are you going to measure that you have completed your intended actions?

How are you going to share and cascade the messages from today to other members of your team(s)?

Do you have any other comments?

Would you recommend this workshop to one of your colleagues? Yes/No

Thank you for completing this form.

In accordance with the programme enrolment requirements, all delegates are required to participate in programme evaluation.

You will receive a link to an online survey 3 months post-programme.

Please provide your name and email address for this purpose*:

Name:

Email Address:

* Your email address will be removed prior to review and analysis, so that your evaluation responses remain anonymous. Your email address will be used only by the evaluator and only for the purpose of providing you with the link to an online survey 3-months post-programme. This information will be stored securely until required and will be destroyed after 3 months. Please see the HEE Privacy Notice (<https://hee.nhs.uk/about/privacy-notice>) for more information about how any information collated when you participate in any HEE sponsored evaluation is used and protected.

Follow up

Kingston University
Penrhyn Road
Kingston upon Thames
Surrey KT1 2EE
020 8417 9000

Dear Attendee,

Evaluation of the training you received on 'Managing HLP for the future'

I would like to thank you for taking the time to complete the survey given out at the end of your training evening. We would now like to request that you take part in the follow up survey.

I am working on behalf of Health Education England Kent, Surrey and Sussex to evaluate this training intervention.

Your name was accessed via the workshop training attendance sheet that you attended. We would like to reassure you that all information provided by you will be maintained in a strictly confidential manner. The projects final report will contain no information that will enable the reader to identify who the respondent was.

We would really appreciate it if you could complete the survey within 1 week of receiving it. Your input is appreciated.

The survey is available at: <https://www.surveymonkey.co.uk/r/CPSSHLPfuture> or [alternatively please complete the enclosed paper copy and return in the pre-paid envelope provided.](#)

If you have any questions, queries or problems please contact me.

Yours Sincerely,

Ricarda Micallef MRPharmS
r.micallef@kingston.ac.uk



Evaluation of Managing HLP for the future

What do you remember about the Managing HLP for the future event?

How did you cascade the information to your team(s)?

Please rank the following where 1 is not at all and 5 is extremely

- I am more confident after the event
- I am more knowledgeable after the event
- My team understand their roles in the success of the HLP
- Leadership of HLP has changed as a result of the event
- Local collaborations have increased as a result of the event

Please describe any changes in the role of the health champion as a result of the event

Please describe any local collaborations you have built as a result of what you learnt at the event

Please describe any changes in how the HLP is being led as a result of what you learnt at the event

Please can you describe any other changes, other than those previously described, that resulted from learnings from the event

Please describe any barriers that have stopped you implementing any change after the event

Have you got any ideas for future training and development for healthy living pharmacies?

I spend most of my time being a:

Pharmacist manager

Pre-registration student

Healthcare assistant

Pharmacist / non-
manager

ACT / Pharmacy
technician

Other: _____

Non-pharmacist
manager

Dispenser

Unstated

Are you the HLP leader?

Yes

No

Which of the following best represents the pharmacy/pharmacies you are representing today?

- Independent (1-5 pharmacies)** **Small multiple (6-99 pharmacies)**
- Large multiple (100 or over pharmacies)**

Is your pharmacy a Healthy Living Pharmacy?

- Yes**
- No**

Do you have any other comments?

Appendix 4: Free text responses from follow up survey

Did you complete the pre-learning? If yes, please explain what you learnt. If no, please explain why you were unable to complete this.

- briefly - time constraints
- did not receive book
- did not receive book
- I have been on holiday so if this went to my store I am yet to find it
- No
- no
- No
- no, it came really late to my address
- no, no time
- no, not received it
- no, read a little (time)
- no, really busy at work
- no, time constraints
- no, we haven't received any as only registered in the last couple of days
- no, we weren't given any
- no. did not receive the book
- no. only registered very late
- no. quite busy
- no-didn't receive it in time but will work through it
- not received
- only joined course yesterday
- only told about the course yesterday
- partially read the booklet but did not have time to complete activities
- Partly
- some of it
- some, time constraints
- some. Time and workload. Pack was put away and misplaced

-
- Started and got through the first chapters. I will book out a day of development next time as I like to complete the pre learning
 - the importance that the leadership role is also to create some passion in the team
 - Time
 - yes
 - Yes
 - yes
 - yes
 - Yes some of it. Did not understand what it entailed
 - yes, learnt more about my strengths and weaknesses and made me think about the strength of a good leader and using my strengths to help improve HLP
 - yes, this gave me insight into my current leadership gaps
 - Yes. Completed some of it watching the videos. Made me think about the healthcare challenges pharmacies potentially may face in the future
 - Yes. Completed some of it watching the videos. Made me think about the healthcare challenges pharmacies potentially may face in the future
 - yes. Enables me to reflect on my own leadership and how I can better engage people in HLP
 - Yes. I found the leadership information very informative, made me reflect on my leadership skills/behaviours
 - Yes. I learned a lot about how I would succeed and struggle as a potential leader
 - Yes. I need to develop how I engage the team and be more positive and proactive in progressing HLP
 - Yes. Importance of leadership in driving any change
 - yes. Learnt my strengths and weaknesses
 - Yes. Refreshed my HLP leader training. Also, evaluated my strengths and weaknesses as leader

What was your motivation for attending this course?

- to be able to support managers, HLP leaders and HLP champions in delivering HLP ethos
- to enable us to become level 2, to improve my leadership skills

-
- improve leadership skills
 - to achieve the accreditation necessary for HLP
 - I want to have a better understanding of HLP and what it should look like in my branches
 - to learn the different areas of healthy living pharmacy
 - to learn a different area
 - tips about leadership (how to be a good leader). How to manage my time between being a pharmacy and also being a leader. What can I expect from health champions?
 - to gain more momentum
 - to gain insight into the future of HLP and share experiences with others
 - to become a healthy leader
 - as pharmacy representative to relay info
 - to be updated on the HLP role
 - to get some ideas about how to prepare better as HLP
 - to find out what changes may occur. To enhance my understanding of how we may progress to HLP level 2
 - becoming a better pharmacy that is run on locum pharmacists
 - developing leadership skills and encouraging cluster managers and store managers to attend to increase leadership skills
 - updating on the issues
 - to widen knowledge and be a better leader
 - was advised to, to broaden skills and widen knowledge
 - learning more about HLP, how to be a point of call in the community
 - motivation and ideas
 - had to attend because of my role as a pharmacy manager
 - learning more about HLP
 - to motivate staff to deliver on HLP
 - really want to support healthy living and support community
 - to update myself and team on HLP - keep it fresh
 - to ensure I'm on track and doing the right things. Share best practice and learn new information and ideas
 - to see what support I can give the pharmacists I work with to future evolve/maximise HLP in their pharmacy
 - information
 - greater understanding of HLP and help in applying it in reality of our pharmacy

-
- HLP in a new direction
 - wanting to be able to engage more and how to make it worthwhile
 - improving in my skills already gained from previous training to improve the services we provide as a HLP
 - CPD - need to register. New team to motivate. Need to manage change
 - be able to give better service to the public
 - continued learning
 - getting a better understanding of HLP
 - HLP lead for company
 - understand more in detail about HLP
 - more information and ways to help people in the community
 - for the good of the pharmacy
 - to gain more understanding in the role of a healthy living pharmacy
 - sit on steering group
 - what more can we do as HLP. Motivate staff with something new

What activities do/does your health champion(s) currently complete?

- health checks. (MURs. NMS. Flu jabs is pharmacist)
- health promotion. Maintain healthy living zone. Displays leaflets etc. stop smoking service. Flu service - paperwork. EHC-paperwork
- health promotion. Smoking. Recruitment of candidates. Maintain healthy living zones. Arrange displays
- health checks. Signposting
- campaigns/promotions. BP checks
- stop smoking clinic. Organising the promotions
- stop smoking. Organising promotions
- health champions arranging national campaigns, engaging people in smoking cessation, MUR, NMS or flu vaccine. Me: all the rest (EHC etc)
- all sourcing of HPZ materials, HPZ changes 2-weekly, meetings with local and community groups to work collaboratively
- run 2 campaigns per month on average. Maintains a loneliness prevention area of the pharmacy (a key issue locally). Recruit MURs by appointment
- updating healthy living board. Attending meetings. Helping customers

-
- smoking cessation. C card
 - events - leaflet updating. Talking to customers
 - manage all health campaigns. Deliver smoking cessation. Signposting
 - running health campaigns
 - health promotion campaigns. Smoking cessation recruitment. Smoking cessation services provision
 - smoking cessation
 - HLP zone change promoting of signposting to organisations. Organise and update folders. Promote health to customers
 - all public health activities
 - updates health living wall with new champion leaflets
 - updating healthy living wall. Updating team on current HLP affairs
 - healthy living activity, stop smoking, signposting and taking part in campaigns
 - display and manage health promotions and pages
 - health living pharmacy posters
 - smoking cessation
 - flu leaflets, give advice and look after 'zone'
 - updating NHS posters, talking about how we can support patients one to one and team
 - set up displays on HLP board. Order resources and talk to team around campaigns and collecting evidence
 - supporting health campaigns
 - 2 monthly campaigns
 - currently monthly campaigns
 - all the current audits
 - 2-monthly campaigns
 - updating the health promotion zone, leading and implementing health promotion campaigns. Talking to customers, promoting discussion regarding health and wellness
 - promo campaigns. Ordering adverts, displays, ideas
 - all current health campaigns. Stop smoking. Healthy heart age
 - health champions. Healthy living zone
 - campaigns, advice, signposting, information. Local contact and resources in area
 - help run the HLP
 - campaign. Charity events for local area
 - charity events for local causes

-
- campaigns, also events for local charities
 - assorted
 - notice board for health and wellbeing. Health promotion, admin - ordering and audit.
Engage with patient

What have you been able to implement following your HLP leadership training? What specific activities do you get engaged in as an HLP leader? If you are not a HLP leader, what changes have been implemented?

- healthy living pharmacy health zone. Signposting folder and folder with website links.
Running health promotions
- being more involved with lots of different health promotion activities not just the ones contracted to complete
- setting up healthy living zones
- support my HLP champion to display good quality, relevant campaigns and promotions
- more awareness of where to sign post patients
- more awareness on where to signpost patients
- delegate responsibility to staff and especially to health champions
- as leader I encourage the team to be self-sufficient and they run the majority themselves
- unsure
- none as we have no leader
- ensuing compliance. Regular updates to the staff, engage and motivate the team
- engaging the team
- empower my HL champions, encourage to actively engage with patients
- making every contact count and implement campaign relevant to local community
- ensuring all healthy living show material is implemented and patients/customers advised on services we can provide
- sugar reduction and exercise campaigns
- creating interest among our patients and staff alike to improve the information and help that we provide
- more customer conversations in waiting areas
- health promotion zone, content and sugar and exercise in drinks

- creating a health promotion zone. Engaging customers in health promotion campaigns e.g. blood pressure week
- establish to staff importance of making every contact count
- involving the team as part of HLP
- signposting log is kept in a more accessible place for everyone to use
- health champion has taken over health promotion and engages with patients using key initiatives

What has been your biggest challenge as a HLP leader?

- motivating and involving team members in taking on extra training and as additional responsibilities
- time to direct the team to empower them
- time to guide the team and direct activities. Accessing materials and ideas
- keeping the team motivated to keep up health promotion activity when under pressure
- time - I need to make time to focus on HLP
- finding the time
- delegation, managing time and staff, running usual pharmacy stuff alongside HLP services
- time
- leading the team. Making them feel involved
- getting staff engaged fully
- time. Keeping on the HLP health promotion campaigns
- changes of champions
- time and motivation
- to motivate champions as very busy pharmacy
- inspiring the staff to broaden their horizons
- roles changing, encourage HL champions to promote different aspects of HL to patients
- development
- motivating staff
- getting team confident to give advice
- motivating my team to embrace health conversations as part of day to day working in a busy dispensing environment

-
- not just ticking boxes. Coaching team to talk confidently about focused patient care/safety
 - time and leadership skills and delegating
 - finding the time to do all the extra paper work
 - time and resources
 - finding time to really spend on promoting being a HLP
 - motivate health champion
 - inspiring staff and time constraints
 - change in cycle of belief of team
 - consistency and keeping the momentum. The group when resources for campaigns are hard to access
 - time. Funding
 - time allocation to the health champion

Please describe any current local collaborations (relevant to HLP) that you have had that has made a difference to your pharmacy business

- promoting flu jab service and health checks to regular and new customers in pharmacist I work at
- involvement with patient participation group within our health centre. Link with Parkinsons UK for fundraising
- communication with the local GP practice e.g. non-smoking referrals
- communicating with local GP practice e.g. smoking referrals
- none at the moment!
- the hub in our village is a huge local resource that our champions refer to for dementia cafes, befriending volunteers and I have become involved in the planning and initiation of a local social prescribing project
- the hub is a local volunteer run establishment offering many services. We are also actively working locally to develop social prescribing
- providing EHC, SC, Champix PGD, helped to engage with my community
- public health, surgeries
- there are not any as the training events are poorly run
- speaking to GP about flu jabs

-
- charities now promote in our pharmacy
 - sign posting - information availability even though just leaflet
 - blood pressure uk - know your numbers week - helped inform customers and made links with new customers and sold BP machines to encourage home monitoring
 - promoting health checks during may measurement month
 - engaged with CCGs in north west surrey CCG
 - talking to mothers union group

What aspects of the workshop did you particularly like?

- presenter was very engaged and motivating inspirational
- enjoyed the whole evening. Deborah is such a great speaker with so much enthusiasm. A real inspiration
- participating rather than didactic style of presentations
- the small size ensured that we all contributed and that made me think much more about what we are currently doing versus what we could do
- focus on engaging our teams - important that not just the champion is involved in HLP
- discussions on what other people are doing to promote healthy living and how to implement this
- not a lot of people so quite easy to talk
- all
- I feel more motivated about moving forward with HLP and nice to know we're on the right track
- good to share others experiences and attempt to problem solve, identify areas I need to focus on with the team
- the opportunity to understand more about what HLP really means
- information on practical application of HLP
- the leaders enthusiasm for HLP
- speaker engagement
- watching the videos, discussing barriers to HLP implementation across different firms
- the presenter. Very inspiring
- I enjoyed the format of engagement
- very informative and engaging videos. Made a big impact

-
- mix of activities and slides
 - slide shows
 - info on HLP especially how to get the best out of health champions
 - very engaging
 - meeting others and sharing ideas and challenges
 - BEBP - made me realise my behaviour effects my teams behaviours and I need to 'look in the mirror'
 - thought provoking discussion topics
 - group participation -open and honest. Every comment/feedback taken positively
 - very simple slides. Videos
 - very engaging presenter.
 - personally, I know the majority of the points, but good to get more focus on it again
 - knowledge of leadership cycle
 - thought provoking videos
 - size of group
 - I found Deborah very enlightening
 - the presenter was really engaging
 - thought provoking

How would you improve the workshop?

- have more people attending the training. Have more time to complete the feedback or make it shorter
- don't think it could really be improved
- smaller workbook for pre-workshop task would be more likely to engage participants. Maybe a few didn't attend after seeing the pre-event material!
- work with the local community groups to promote HLP - offer services etc
- involving patients in promotions and getting them interested
- more workshops
- involve health champions
- involve health champions
- a little less jargon and perhaps aim it less at pharmacists and more at pharmacy staff in general

-
- difficult to appeal to all information needs
 - by encouraging other members of the pharmacy team to go to the workshops
 - nothing. It would be good if more colleagues attended
 - more of what is expected from us as HLP
 - that my HLP wall can be on anything not what Brighton and Hove suggest
 - internet connection
 - maybe some table work or other types of activities
 - run one for non-pharmacist leaders. I'm one and it was very informative. Useful and reality check. None pharmacist store managers could lead this with their pharmacy teams through their support staff
 - something more tangible. All a bit blue sky. Would probably have enjoyed it more if I wasn't a contractor
 - more interaction
 - whole day event
 - pre-work for everyone before night
 - use PA system
 - potentially more time to talk on tables with others to understand their own experiences

Please describe any ideas you have for local collaborations as a result of what you have learnt today

- plan to approach local support groups to offer healthy living advice
- have a healthy living stall at the local farmers market
- share with practice team (we are owned by a part of GP practice) to see how we can work effectively together to promote healthy lifestyles
- the importance of engaging the whole team re HLP. Ideas on health promotion. That it shouldn't be viewed as a 'tick-box' exercise
- how to motivate colleagues. Different services we can offer. How team work and positively affects others
- local fitness instructors running a class in pharmacy
- none as yet but plenty to think about
- to work closely with sexual health services and potentially universities

-
- going out to discuss/promote sexual health promo. To student halls of residence and local FE college
 - B and H HLP event for sexual health. Promoting the services and engage the public
 - Motivating
 - about change
 - engage the HL champion to promote services to schools (EHC)
 - to delegate tasks to staff to free pharmacist time. Health champion roles. What HLP entails
 - none
 - go to LPC website and see what resources are available locally
 - today, listening to the speaker has given me lots of ideas and inspiration to get HLP underway positively
 - opportunity to work with shopping centre to engage public with services local pharmacy can offer and NHS collaborations
 - community events and local church next door
 - have already spoken to local gym. Speak to other organisations/community groups
 - with GPs and CCG
 - engage with the local gym

What are the three key things that you have learned today?

- HLP - private services. Enthusiasm to motivate staff. PHE and charities for free material
- be positive. Look for inspiration. Get involved
- how lucky I am with my team support. I'm doing much better than I thought with HLP. How much I love my profession
- team only as good as its leader. Team need to be engaged. How to deal with resistance.
- giving team members the headroom to try new things. Bebo as a model
- staff meeting to engage the team. Plan ahead with promotions. View HLP folders and boards in all stores on visits
- communicate with team members. Share what we learnt. Share the information on services
- how its changed over the years. Its not just a checklist
- delegating more responsibilities to HC. Manage time efficiently

-
- delegate more. Stop answering the phone!
 - delegate more. Be engaged to engage others. Make change to see change
 - the different between levels 1 and 2. the changes happening to pharmacy in general.
Payment schemes
 - leadership. Communicate. Engage the whole team
 - 3 Ps of HLP
 - arrange staff meetings
 - engaging the wider team linking with service provision
 - develop people. Engage with team and public
 - empowerment. Talk about HLP wall
 - personal beliefs - essential for behaviours. Motivate and lead team through personal examples
 - ideas about HLP progress. Staff development
 - motivate staff better. Get tasks for health champions to free pharmacist time. Feedback the info to staff/make changes in pharmacy to free pharmacist time
 - motivation. Managing habits. Making time
 - delegate to team. Develop team. Network
 - BEBO. Making promotions fun. Delegating
 - delegate. Focus. Creative
 - leadership. Importance of HLP. Engagement
 - not tick box. Opportunities with service information to share. Have fun with the opportunities
 - time management. Delegate
 - HLP. Leadership. Effective communication
 - engage, delegate and motivate
 - delegate. Motivate. Engage
 - lead. Motivate. Adapt
 - who to put in charge of healthy living
 - BEBO. Leadership change
 - engagement across branches. Delegate. Share success
 - engage for success

What three things will you do as a result of today's session?

- complete CPPE training on children oral health/ speak to my teams about the training
- encourage more of my staff to become health champions. Work through the leadership booklet tasks. Plan some more health promo events
- hold a team meeting to feedback today's learning. Plan the next 2 campaigns. Set out the action plan
- add HLP items into regular team meeting agenda. When new team member starts in Nov we can then move forward, reinvigorating HLP. Discuss with team how we can relaunch HLP
- set action plan for stores within my cluster relating to HLP
- evaluate what we have achieved within the pharmacy with our promotions
- not look at it as a check list. Make it more fun in the pharmacy/campaigns
- feedback to teams. Stop being a dinosaur. Think positive
- engage more actively with my team. Delegate more where I can. Discuss with teams ways to progress further
- try to engage staff closer. Speak to upper management re events
- speak to my team to ensure they understand HLP. Engage my team and doctors surgery
- engage and communicate better
- staff training. Increase promotion of sexual health services
- send out an email to areas regarding the areas of key focus gained today
- audit pharmacists time
- reengage my leaders about the purpose, future and reasons behind HLP
- plan my activity
- look more at local health champions. Get staff more engaged
- look out at outcomes and level of involvement
- being disruptive
- delegate to HLP
- better record keeping, reengage team 1to1. use champions more
- review my workshop/delegation. Look up health statistics for locality and share with my teams
- delegate. focus. Creative
- review my leadership. Discuss HLP more with teams I work with. Be a champion for HLP
- be more proactive with healthy living champion
- better understanding

-
- delegate more
 - plan new exciting campaigns. Work with local charities. Delegate
 - call a staff meeting. Encourage HC to run a campaign with props. Promote ACT course
 - speak to staff. Take a better lead on consistent basis
 - engage with HLP champion
 - engagement. Pull company resource. Pull best ideas

How are you going to measure that you have completed your intended actions?

- complete CPPE training and get certificate. Complete CPD entries for new revalidation requirements
- discuss the outcomes with my team and patients involved
- revisit the action plan to see what has been achieved
- plan vs timescales
- present a session on HLP at my next staff meeting. Engage my managers across the cluster
- discuss what we learnt and how we can motivate others
- from feedback forms. End of scheme sheet (how many left leaflets)
- re-evaluate with the team in 6 months to gauge progression and set further goals
- design a plan
- increase uptake of EHC/chlamydia testing. Increase uptake of smoking cessation
- talk to the wider team and get feedback of events/training
- complete check lists
- team meetings
- staff huddles/meetings
- team meetings
- measure outcomes delivered in next 6 months
- record what we are doing and reassess in 1 month
- I am going to monitor the reaction of the patients and do a survey
- the engagement of HLP teams. See difference in stores and HC
- participation from team and myself reflected from patient/customer feedback
- get feedback from customers/colleagues
- see above. They will happen or not

-
- review at monthly meeting. Look at engaging the team more
 - observe and customer feedback
 - feedback from campaigns
 - CPPQ, revenue and team feedback
 - have any tasks been delegated. Recruited more patients into services

How are you going to share and cascade the messages from today to other members of your team(s)?

- talk to the members of the teams and to managers
- tell them all about the meeting and share the ideas of how we can get even better job satisfaction
- add it to the agenda for pharmacy team meetings
- team management. GP practice management
- talk tomorrow at work on what we are doing and what we can improve on
- staff meeting/drinks
- staff meetings
- briefing
- morning meeting with coffee and vegan donuts before opening
- email, phone calls
- will inform colleagues one to one
- meetings and constant engagement
- 1 to 1 sessions in a quiet space
- I am going to encourage them to carry out the role of HLP and empower them
- work with my area manager to ensure a positive message is shared across all of the area
- staff meeting. Relay the message across
- team meeting/informal chat
- verbally
- at monthly meetings
- group huddle weekly
- visit branches. Newsletter
- team meeting and discuss with team what can be done to help the HLP
- meetings
- next staff meeting

Do you have any other comments?

- thank you for all the help and effort as well as organising learning events like this
- really enjoyable evening. Felt proud of my achievements with fundraising in our community
- great food, nice venue. Great presenting
- excellent speaker
- great evening. Thank you
- engaged, Enlighted, ready to revitalise the team
- like a lot of learning when you do it for the first time it has more impact. This was the second time so the curve is not so steep or dramatic
- Deborah was a great presenter
- thank you an excellent evening with some real thought provoking conversation

Appendix 5: Responses from follow up survey

13 responses were received. Not all respondents answered all questions.

What do you remember about the Managing HLP for the future event?

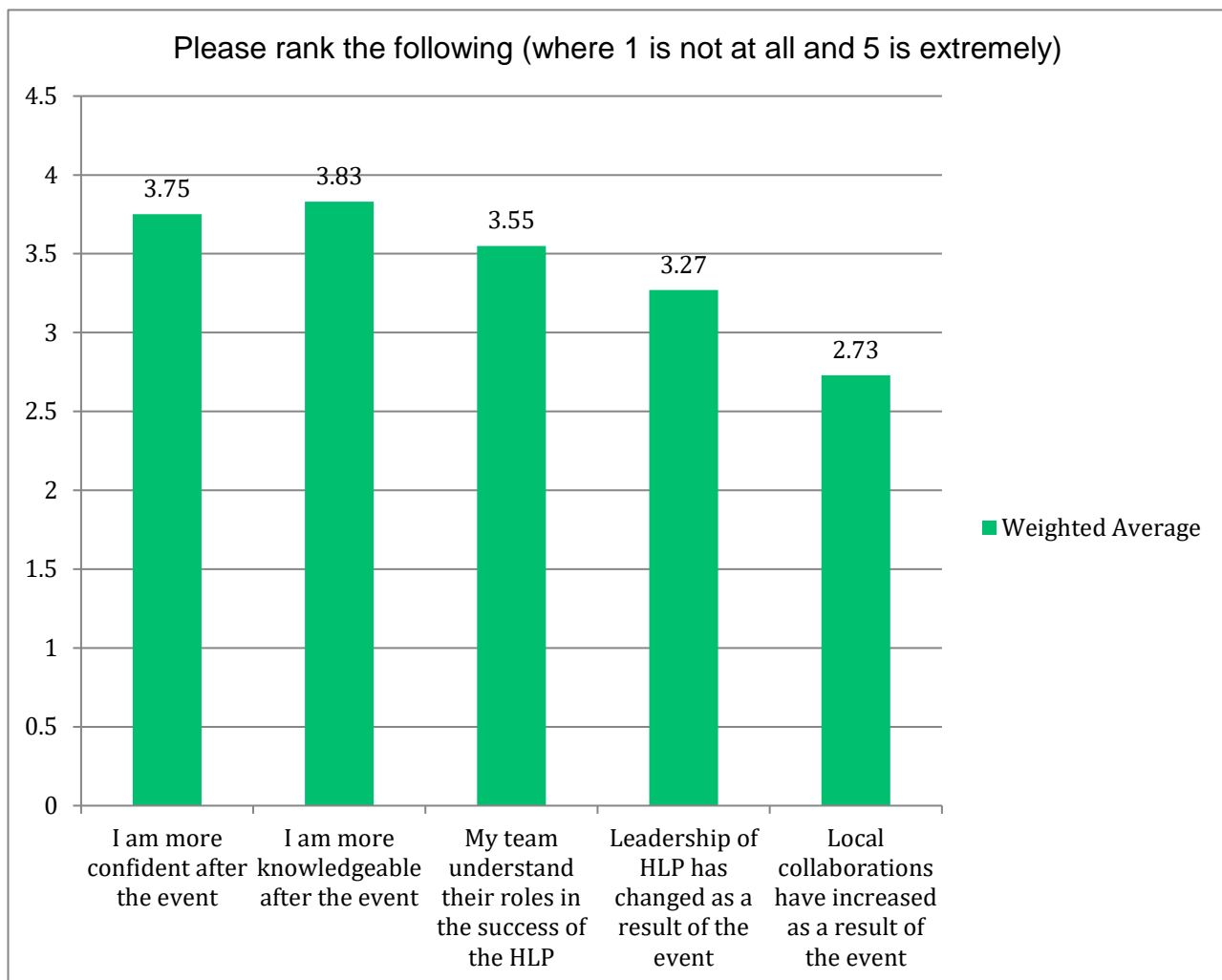
- An ongoing process that may include HLP2 in future and the need to show outreach and patient involvement in campaigns eg evaluation and evidence of support
- Conveying healthy lifestyle to the public
- Finding out ways in how to empower the pharmacy team and ways to endorse HLP
- Good event with unfortunate low attendance
- How to help health champions fulfil their roles and help with health campaigns
- I remember that strong leadership was the key to the HLP concept. Empowerment and belief were important factors.
- Leadership skills
- Person focussed
- Presented, the two way conversations and group participation. Visuals and Q and A very good
- Promoting staff to take part
- Reasons behind and benefits of HLP
- Seeing all the different types of health promotion that pharmacies were doing and learning about change
- The activities and the opportunity to share ideas and learn some new information. Presentation was informative
- Very informative around services and this being the future for pharmacy. Leading together and sharing best practice

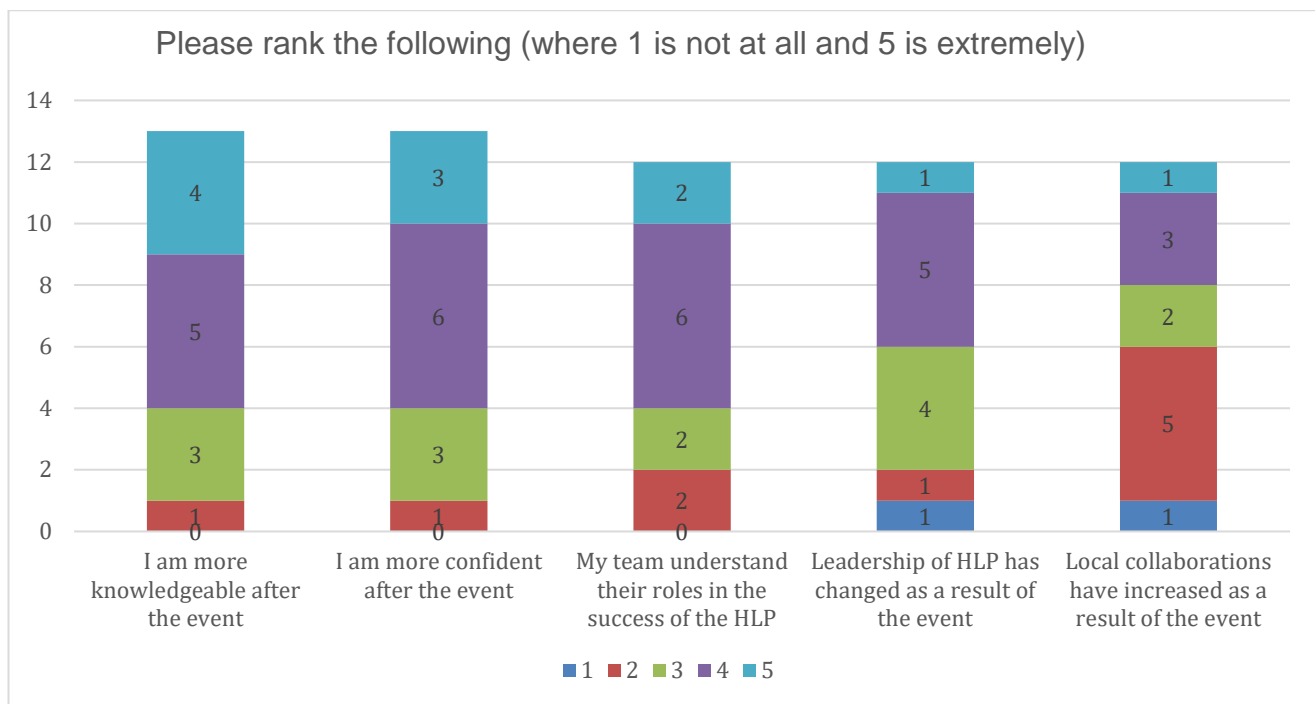
How did you cascade the information from the event to your team(s)?

- By having a meeting
- Discussed at work following days
- Discussion within team and to HLP members in pharmacy
- Emails via the areas and managers on conference calls
- I held a team meeting soon after the event and informed the team and showed the material we had available. Regrettably there was not enough time to have a dedicated hour to run a mini workshop
- I went and spoke to them

- Spoke all you my colleagues about the information I was given and ideas on how to improve HLP in our location.
- Team briefing
- Team briefing, cascaded event and used workbook as a tool to engage team
- Team meeting
- Through newsletter and on visits to pharmacies, updated my service team face to face
- I had a team meeting

The session





Please describe any changes in the role of the health champion as a result of the event

- Empowered to organise activities and promotions
- Feel more confident in suggesting ideas for health campaigns
- Health champion staff has left.
- Increased engagement with the health zone
- More opportunities created in store because of products available, learning the patients/customers needs and communicating with surgeries
- Organised a couple of activities
- Taking more proactive role in organising a health campaigns and engaging with the public about the themes, taking care of keeping HLP folder updated with evidence, more
- The health champion has been assigned the task of engaging more patients for our activities and to get the whole team to help in meeting our objectives
- The leaders have been more proactive although it would have been good for more managers to attend
- Training new staff in due course
- We are now running a monthly campaign of our choosing as well as the local setting
- We are training multiple people from each branch so that the champion role is wider spread across the pharmacy and considering putting it into application process ie part of job description to do the training

Please describe any local collaborations you have built as a result of what you learnt at the event

- Better communication with the surgeries
- Kamsons- dispensers contacted about PGD
- Learning about mind in Brighton and advertising mental health awareness day
- Leatherhead youth project - support with campaigns and advice if required
- N/a
- None as a result of the learning.
- None as yet
- None at the moment
- Obtained samples from sun screen companies and discussed with customers
- Still in progress

Please describe any changes in how HLP is being led as a result of what you learnt at the event

- All team members participate with health living of our customers/patients. Not just champions
- Empower staff members to organise and run events
- Empowered HLP champions to organise their own activities
- I am leading this for paydens and am in process of putting together a pack for the branches
- Monthly campaigns run by a staff member
- More guidance and development of staff around HLP
- More ideas and being proactive in campaigns
- More regular discussion
- None
- Sharing of what good zones look like
- We are having more team meetings so that team members are constantly updated and beliefs reinforced. It also gives a chance for feedback to be shared

Please describe any other changes, other than those previously described, that resulted from learnings from the event

- Any arguments are now well reasoned and respectful
- I personally interact more with the customers/patients and their wellbeing, great fun and i learn from them too

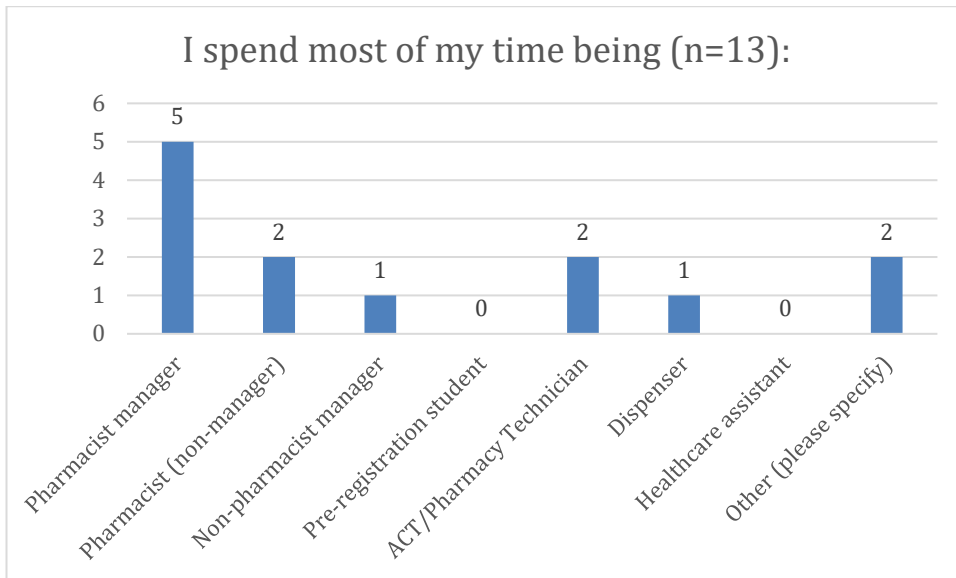
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- More active and confident HLP champion
 - N/a
 - None
 - Refreshed thinking

Please describe any barriers that have stopped you implementing any change after the event

- Delay in material
- Lack of time, shortages of staff, busy pharmacy
- Motivating staff to do more when they have so much work pressure
- No local collaborations yet
- Pharmacy gets caught up in the next task and sometimes staff turnaround has been an issue
- Staff time constraints
- Time
- Time and lack of confidence about ideas
- Time available and some people being negative to the concept
- Time, period of training before christmas and qp in mid feb
- With part-time team members we sometimes struggle to engage everyone as fully as we would like

What ideas have you got for future training and development for healthy living pharmacies?

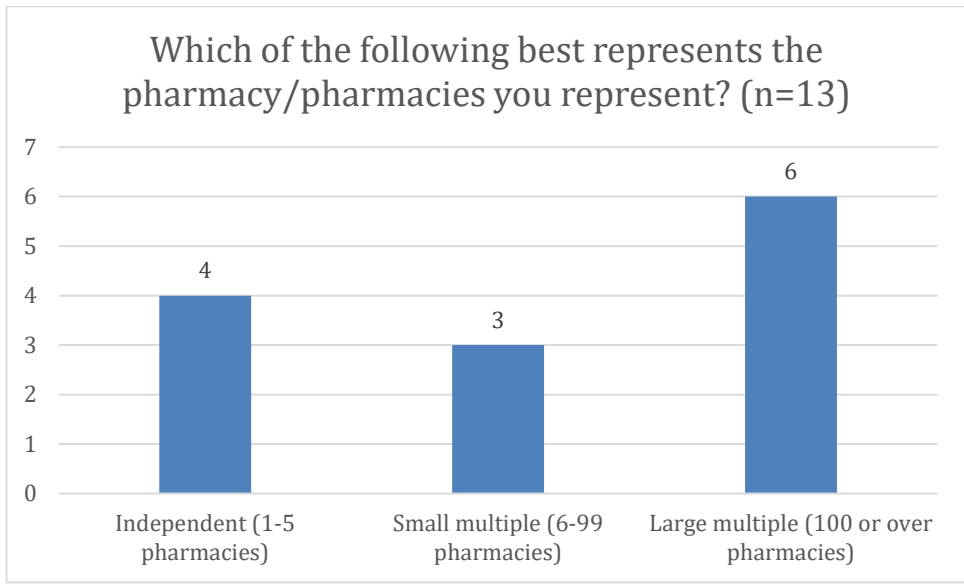
- Get more non-pharmacists involved, great opportunity to build, inspire and develop teams
- It might be useful to get feedback from patients and examples of successes
- It promotion - screens in waiting areas for HLP topics and health promotions
- More internet resources easily accessible by all pharmacy staff during working hours as well as in spare time. Modern time saving formats would be nice like videos, podcasts , newsletters
- More investment in the health champions
- Rolling champion training, some local events
- These events are great for engaging and reinvigorating what we can do in our stores for patients
- Use till display screens to promote HLP topics, centrally run leaflet campaigns



Other:

- Not based in pharmacy
- Professional services co-ordinator





Do you have any other comments?

- Thank you for arranging this
- Thought presentation and evening was fun, informative and gauged all levels/jobs roles
- Recent beat the street should have been inclusive to HLP1 and not just HLP2 pharmacies, took customers away from us and counter staff and HLP champion felt left out and undervalued