

LEICESTER CITY PRIMARY CARE TRUST
Directorate of Public Health & Health Improvement

Pharmacy Public Health Campaigns 2008/9

1. Introduction

One of the Essential Services in the pharmacy contract is pharmacy-based public health campaigns. Pharmacists and their staff are expected to take part in six public health campaigns a year. Campaign topics are selected by PCTs who are also required to provide the appropriate literature and other materials.

The NHS Community Pharmacy Contractual Framework describes the aims and intended outcomes of both campaign-based and prescription-linked intervention services as follows:

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions to improve health.
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

The service outline of the campaign-based service is as follows:

- Pharmacists and their staff will pro-actively take part in and contribute to national/local campaigns for patients and general pharmacy visitors during campaign periods, including giving advice to people on campaign issues. This advice may be supplemented by provision of written information and in-store displays.
- The Pharmacy will provide this service to its Primary Care Organisation (PCO) for up to six campaigns per year. The pharmacy will record the number of people who receive advice if requested to do so by the PCO.
- The PCO will determine the topics and campaigns and will provide any appropriate support, e.g. briefing packs and patient literature to support campaign messages.

Beyond an illustrative list of possible campaign topics, there has been no national guidance on campaigns.

2. Recommendations from 2007/8 pharmacy campaigns evaluation

Recommendations from the 2007/8 evaluation report will be used to improve delivery of the 2008/9 campaigns programme.

Key recommendations are as follows:

General

It is advised that programme planning and management continues to follow 2007/8 recommendations in relation to topic selection, fostering partnerships and scheduling. These recommendations have resulted in improvements in materials supplied, reduced the costs of these campaigns, and ensured that sufficient PCT capacity exists to deliver each campaign.

Training needs

In the case of 25% of pharmacies, support staff had problems delivering the sexual health campaign. Furthermore, 62% of pharmacies found raising sexual health issues with customers either “difficult” or “very difficult”.

It was hoped that the PCT would be able to arrange some training to address this issue, which had been identified from evaluation of previous campaigns, in 2007/8, but very stretched public health resources meant that this proved impossible. The recommendation for this is therefore carried over to 2008/9.

Resource selection

88% of responding pharmacies found the “Top Tips” information sheet useful and it is recommended that this remains an integral part of sexual health packs.

One of the value-added elements introduced for the campaigns in 2006/7 was the subject specific “Sources of Information and Support for Customers” for pharmacists. These direct pharmacists to quality-assured websites, government bodies and professional organisations offering good information and support to the end user, and it is hoped that these aided and improved the signposting capacity of pharmacies. It is recommended that the development and updating of these resources continue.

Pack preparation

With respect to pack preparation, it is recommended that PHIR continue to be responsible for materials acquisition and pack preparation, with input on the key message and proposed materials being gained from partner teams, in the early stages of planning for each campaign.

Deliveries

With respect to deliveries, it is advised that where possible, staff planning to visit pharmacies, take packs. Where pharmaceutical companies are willing to make

deliveries, this too is an alternative. However, where neither of these is possible, second class Royal Mail is recommended. To ensure this option remains economical, it is recommended that no more than three leaflet titles be included per pack, with the indication that other titles and greater quantities can be directly requested from PHIR.

Wherever possible the evaluation has sought to ensure that the views of multiple pharmacists are captured and included in the recommendations for future campaigns, thus ensuring consideration of service provider issues in future campaign decision-making.

Evaluation

The return of evaluation forms for each campaign was lower than for 2006/7 (29.61% in 2007/8 compared to 42.6% in 2006/7). The PHIR team are undertaking a redesign of the forms and are looking at options to increase the number of evaluations completed. These include: calling pharmacies for results, offering an online form, sending an evaluation form at a later date to the pack, towards the end of the campaign, and calling pharmacies to remind them of the evaluation process which is key to improving these pharmacy campaigns.

It was agreed at the 17th March 2008 Leicestershire Pharmaceutical Committee meeting, that evaluation forms would be sent out after campaign packs, either to the latter end of the campaign, or if another campaign immediately follows the last, at the very top of the next campaign pack. Furthermore, an email will be sent to all pharmacies in the global address "LCPCT Pharmacy List" group near the end of each campaign, reminding pharmacies of the need to submit a return. To aid the process of data gathering, a sheet will be provided with each campaign pack using a format similar to that designed by Lloyds Pharmacy, Warwick (with credit to them), for day-to-day data gathering purposes.

3. Campaign topics 2007/8

Commissioners from both PCTs, the city wide Stop Smoking Cessation Service, Medicines Management staff in the PCT, and other interested parties will be sent a full evaluation report of the 2007/8 campaigns.

Consultation regarding this programme with the Leicestershire Pharmaceutical Contracts Committee will take place on 17th March 2008.

The principles underlying this year's programme are that the public health campaigns should:

- be focused on health protection and health promotion topics relevant to the population;
- be focused and long enough to be effective, but not so long that they lose impact;
- use a variety of methods, applying health promotion theory;
- where possible provide written material in community languages;
- be evaluated, and the learning gained be applied to successive campaigns.

The topics and dates of campaigns are shown in the following table. Efforts have been made to tie campaigns in to external events wherever possible.

Campaign	Start	End	Duration
Bowel Cancer Screening	14/04/2008	11/05/2008	4 weeks
Travel	09/06/2008	22/06/2008	2 Weeks
Flu Immunisation	15/09/2008	28/09/2008	2 Weeks
Alcohol/Drink Drive	15/12/2008	28/12/2008	2 Weeks
Sexual Health – Contraceptive Week	09/02/2009	22/02/2009	2 Weeks
Stop Smoking and No Smoking Day	09/03/2009	29/03/2009	3 Weeks

Brief rationale

Bowel Cancer Screening (BCS). The BCS programme goes live in Leicester in April 2008. This campaign will aim to dispel fears in relation to this programme, increase awareness of the good prognosis from early diagnosis, and encourage screening take-up in the target population (all men and women aged 60 to 69).

The Travel Campaign will seek to highlight the need for holiday immunisations, and awareness of infectious illnesses with a high prevalence in certain parts of the world e.g. malaria, tuberculosis, etc.

The Flu Immunisation Campaign takes place during the national flu immunisation campaign and it will promote the flu immunisation programme (which is aimed at those in the Chief Medical Officer-identified “at risk” groups).

The Alcohol/Drink Drive campaign takes place during the run up to the holiday season and will concentrate on sensible drinking and include the seasonal drink drive messages.

Sexual Health – Contraceptive Week, takes place around National Contraceptive Week, and will focus on contraception and sexual health issues.

The Tobacco Control / Stop Smoking campaign takes place around national No Smoking Day (11th March 2009) and will be used to raise awareness of the local STOP! Smoking service and in-house smoking cessation services.

4. Planning and implementation

- Planning and implementation will be led by Sandie Nicholson, Knowledge Management Co-ordinator, drawing upon the resources of others within, and external to the PCT, in terms of expertise and logistics.
- The PEC pharmacy representative will wherever possible be consulted on campaigns, to ensure that the details of the campaign are deliverable by pharmacists.
- Where appropriate media promotion of campaigns will be investigated.
- The campaigns are an opportunity to promote the changing role of Pharmacists in relation to Choosing Health.

The following table identifies the core team for each topic – other personnel will be consulted and involved as appropriate.

Campaigns	Team
Bowel Cancer Screening	Sandie Nicholson, PHIR Anna Follows, LNR Cancer Screening Co-ordinator Consulting with PEC Pharmacy Member
Travel	Sandie Nicholson, PHIR Dr Philip Monk, Consultant in Communicable Disease Control, Health Protection Agency, & Helen Thuraisingam, TB Nurse Specialist Consulting with PEC Pharmacy Member
Flu Immunisation Campaign	Sandie Nicholson, PHIR Consulting with PEC Pharmacy Member
Alcohol/Drink Drive	Sandie Nicholson, PHIR Priti Raichura, Public Health Specialist (Substances) Consulting with PEC Pharmacy Member
Tobacco Control/Stop Smoking	Sandie Nicholson, PHIR Louise Ross, STOP! Smoking Manager Consulting with PEC Pharmacy Member
Sexual Health – Contraceptive Week	Sandie Nicholson, PHIR Liz Rodrigo, Public Health Specialist: Sexual Health/Ebrahim Vorajee, Sexual Health and HIV Specialist Consulting with PEC Pharmacy Member

For each campaign the focus during planning will be upon identifying

- key messages
- key resources
- display material
- guidance for pharmacists and their staff
- sources of additional information for pharmacists and their staff
- monitoring and reporting requirements and turning these into a practical campaign package. Steps will also be taken to ensure its implementation through effective communication with Pharmacists and PCT pharmacy advisors.

It is envisaged that there will be the need for a maximum of £6,000 to cover the costs of all the 2008/9 campaigns. Wherever possible campaigns will bring together existing, free or nationally published materials. Each campaign planning team will also explore the possibilities of using existing mechanisms and staff contacts for delivery of information packs to pharmacists.

5. Evaluation

The campaigns in 2008/9 will be evaluated and the results and lessons fed in to planning for the 2009/10 campaigns.

6. Planning for 2009/10

PHIR will lead the planning for next year with the aim of having an agreed programme by the end of March 2009.

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