

**Leicester City PCT
Directorate of Public Health & Health Improvement**

Evaluation of 2007/8 Pharmacy Public Health Campaigns

1. Introduction

One of the Essential Services in the community pharmacy contract is the promotion of healthy lifestyles. 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.

In March 2007, 6 campaigns for the year 2007/8 were scheduled for pharmacies based within Leicester PCT. They were as follows:

Leicester's Pharmacy Public Health Campaigns 2007/8		
<i>Topic</i>	<i>Dates</i>	<i>Duration</i>
Weight Management	Monday 21 May – Sunday 3 June 2007	2 weeks
Stop Smoking	Monday 11 June – Sunday 8 July 2007	4 weeks
Travel	Monday 23 July – Sunday 5 August 2007	2 weeks
Flu Immunisation *	Monday 22 / 29 October 2007 – 3 / 10 November 2007	2 weeks
Chlamydia Screening	Monday 26 November - Sunday 9 December 2007	2 weeks
Waste	Monday 31 December 2007 – Sunday 13 January 2008	2 weeks

* see note in relevant section below regarding evaluation.

The principles underlying the 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; provide written material in community languages;
- be evaluated, and the learning applied to successive campaigns in this year and to the following year's programme.

This is an internal evaluation, undertaken by the Public Health Pharmacy Campaigns lead and Public Health Information & Resources (PHIR). Core team members for the campaigns and other interested parties are invited to comment on it.

2. Campaign results

Each campaign involved sending the 77 city pharmacies a campaign pack with relevant leaflets and posters, campaign guidance, sources of further information and an evaluation form to be returned within two weeks of the end of the campaign.

A total of 114 evaluation forms were returned out of a possible 385, if all pharmacies had returned evaluations for all campaigns. This return rate was 29.61% compared to 42.6% in 2006/7, and is of concern to the PCT.

Weight Management – Monday 21st May to Sunday 3rd June 2007

This campaign carried messages about weight management and obesity issues and including elements of healthy eating and physical activity.

- A total of 28 evaluation forms were returned (36.36%)
- 171 customers (ranging from 0 to 15 customers) were asked indirect questions only, with them then indicating that they did not wish to engage further.
- The number of customers with which a full engagement occurred with indirect and direct questions, along with an assessment, and /or advice and/or assistance occurring was 170 (ranging from 0 to 68 customers).
- Only 2 pharmacies said that they would have like information other than that included in the pack. 26 replied that the campaign pack contained what they needed.
- 4 pharmacies replied with suggestions of what the PCT could do to make these campaigns easier for them. These included: providing weight cards; running the campaign for longer; media coverage and talks by local community leaders; guidance on Asian-related healthy eating tips; and more information / displays in Somali.

Stop Smoking - Monday 11th June to Sunday 8th July 2007

This campaign was run to coincide with the ban on smoking in public places, which came into force on the 1st July 2007.

- 25 forms were returned (32.5%).
- There were 79 customers referred to the STOP! Smoking Cessation Service during the campaign. The range of referrals by pharmacy was 0 to 18, with an average of 3.16 per pharmacy.
- 231 customers requested additional information or advice. The range of referrals by pharmacy was 0 to 26 with an average of 9.24 per pharmacy. This is down from 320 customers requesting information during last year's campaign.
- 97 customers signed up to in-house pharmacy smoking cessation services. The range of referrals by pharmacy was 0 to 31, an average of 3.88 per pharmacy. This is an increase from 88 customer sign-ups during last year's campaign.

- 2 pharmacies replied with suggestions of what the PCT could do to make these campaigns easier for them: publicise the role of pharmacist; provide a large poster stating smoking cessation services provided by the pharmacy; send a list of pharmacies providing smoking cessation services to all the surgeries.
- The same 2 pharmacies suggested that more information could have been included.

Travel Health - Monday 23rd July to Sunday 5th August 2007

- 20 forms were returned (25.97%).
- 115 customers were approached with them then indicating that they did not wish to engage any further. The range of customers questioned was from 0 to 23, an average of 6.05 per pharmacy. One pharmacy answered "Quite a lot" to this question making their reply unquantifiable.
- 220 customers were offered advice, leaflets and/or signposting information, which is more than were questioned and did not wish to engage. The range of customers offered advice was 2 to 40, an average of 11 per pharmacy.
- 1 pharmacy replied that there could have been more information included in the pack, suggesting that a calendar with dates of all the campaigns would be useful. A table of the 6 campaigns is already provided each year in the programme and on the website, and a simple copy of these, would result in a standalone table of these campaigns.
- 4 pharmacies replied with suggestions of what the PCT could do to make these campaigns easier for them. Comments included: provide more leaflets and posters; and start the campaign earlier.

Influenza Immunisation – 17th September to 14th October 2007

*The flu immunisation campaign was a replacement for the planned Bowel Cancer Screening campaign, which was deferred due to a delay in local implementation. It was therefore not formally evaluated.

Pharmacies were sent a pack as usual including guidance, sources of information and a flu immunisation resources order form (detailing all flu immunisation publications available, along with an indication the languages in which these are available) for direct order from the Department of Health.

Chlamydia Screening – 26th November to 9th December 2007

- 24 forms were returned (31.17%)
- 6 pharmacies had an increase in condom sales during the campaign, whilst the remaining 19 respondees reported no increase.
- The number of referrals to a GP or practice nurse via a pharmacy during the campaign was 14, ranging from 1 to 8, with an average of 3.5 per pharmacy.
- The number of referrals to genitourinary medicine via a pharmacy during the campaign was 5.

- 21 customers requested additional information or advice ranging from 0 to 6 customers per pharmacy. One pharmacy responded “an increase” giving no number.
- The number of chlamydia screening kits remaining (8 female and 5 male kits were provided) was 194 out of 299 issued to responding pharmacies. This means that 105 were issued/requested by customers at responding pharmacies, an average of 4.57 per pharmacy.
- 21 respondents found the “Top Tips” information sheet useful, one did not and the remaining two did not express an opinion.
- 6 pharmacies said they found it “very difficult” discussing chlamydia with women and 6 found it “difficult”. However, 10 found no problem in doing so.
- 7 pharmacies said they found it “very difficult “ discussing chlamydia with men and 9 found it “difficult”, with 7 finding no problem in doing so.
- 6 pharmacies reported that their support staff have problems talking with clients regarding sexual health issues and 18 reported no problems.
- 9 pharmacies suggested that the PCT could make campaigns of a sensitive nature easier for them. Suggestions included: make bags more presentable; staff training; longer campaigns, maybe 8 weeks in two 4 week bursts; more point of display information; increase information regarding referral; continue to provide leaflets & posters, design more posters which will cause as little offence as possible; better advertising through local papers, etc. One asked whether the campaign was necessary. Given that campaign topics are considered in advance each year, and that chlamydia screening is a national screening programme and target for the PCT, the answer is “Yes”.

Waste Medicines - Monday 31st December to Sunday 13th January 2008

- 17 forms were returned (22.08%).
- 319 customers where offered advice, leaflets and/or signposting information about medicines management/waste medicines, ranging from 2 to 71 per pharmacy, with an average of 21.27.
- 14 pharmacies reported that customers had returned medicines to them as a result of this campaign. 24 incidences of medicine returns were reported, the highest number of items returned to a pharmacy was 11.
- 2 pharmacies suggested that the PCT could make campaigns easier for pharmacies by providing a calendar, and by running the campaign for a minimum of one month. The latter is the opposite of feedback received in the first year, where the PCT was told the campaigns were too long.

3. Overall findings

In 2005, the PCT received an average of 17.33 (23%) returned evaluation forms per campaign. In 2006 this nearly doubled to an average of 32.4 (42.6%) returned evaluation forms per campaign, but in 2007/8 this dropped

back to a total of 113 returned evaluation forms, out of a possible 385 (29.35%).

Across all 2007/8 campaigns a total of 98 referrals were made to health services, with 1,247 customers either being questioned in relation to health or asking for additional information or advice.

In respect of the campaign dealing with sensitive issues in 2007/8 (chlamydia screening) 62% of pharmacies found ease of discussions either “difficult” or “very difficult” compared to 69.25% in 2006/7. 25% of pharmacies reported that their support staff had problems talking to clients about chlamydia screening compared to 21.4% in 2006/7.

4. Discussion & recommendations

Response measured by number of evaluation forms returned from pharmacies is down on the previous years campaign programme with an average of 29.35% evaluation forms returned per campaign compared to 42.6% in 2006/7.

It is worth noting that 39% of pharmacies returned no form at all and 22% returned only one form.

It is possible that pharmacies are still carrying out the campaigns but failing to return the evaluation form. It may be worth exploring issues in order to discover why pharmacies are not returning forms and if the low return rate is an indication of unwillingness to participate in campaigns.

To address the issue of low returns the PHIR team will undertake a redesign of the form and look at options to increase the number of evaluations completed such as calling pharmacies for results, offering an online form, sending an evaluation form at a later date to the pack, perhaps towards the end of the campaign and calling pharmacies to remind them of the evaluation process.

A total of 98 referrals to health professionals around the campaign topics, suggests that potentially these may have resulted in the implementation of preventative strategies, or the identification of issues and conditions which may have gone unattended or undiagnosed. The fall in referrals recorded could be due to the low number of returns compared to last year's campaigns.

97 sign-ups to pharmacy-based smoking cessation schemes suggests that the smoking campaign may be aiding recruitment to those services.

For each campaign between 88% and 95% of those responding reported that they required no further information in the campaign packs. 12% of pharmacies would have liked more information in the Waste Medicines campaign pack. It was not clear whether this referred to quantity of materials or variety.

91% of responding pharmacies found the Sexually Transmitted Infections (STI) information/top tips sheet useful, which represented an increase on the 75% approval of 2006/7. It is therefore recommended that this remains an integral part of sexual health packs.

With regard to the chlamydia campaign, 25% of pharmacies reported that support staff had problems delivering the sexual health campaign. Furthermore, 62% of pharmacies found discussions of sexual health issues with customers of either sex either “difficult” or “very difficult”. The first figure in relation to staff problems was up by 3.6% from 2006/7, but the 2nd figure in relation to the campaign being difficult or very difficult to raise with clients, was down from 2006/7 by 7.25%. Figures are slightly higher than last year’s, perhaps in part due to incomplete forms being returned. However, in the light of these figures and requests from pharmacies it is recommended that some training should be arranged to support pharmacies and their support staff.

It is advised that the 2005/6 recommendations in relation to topic selection, fostering partnerships and scheduling continue to be applied, since they have resulted in improvements in materials supplied, reduced the costs of these campaigns, and ensured that sufficient PCT capacity exists to deliver each campaign.

With respect to pack preparations it is recommended that PHIR continue being fully responsible for materials acquisition and pack preparation, with input on the key message and proposed materials being gained from specific public health and other specialists, in the early stages of planning for each campaign.

With respect to deliveries, it is advised that where possible staff planning to visit pharmacies, take packs with them. Where this is not possible second class, Royal Mail is recommended. To ensure this 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 or can be obtained direct from the relevant agency, usually the Department of Health.

A lack of awareness on the part of some pharmacies about the public health campaigns being a mandatory element of the Essential Services section of the Community Pharmacy Contractual Framework, has continued to result in some pharmacies failing to engage. As for 2007/8, there was variation in participatory enthusiasm with one pharmacy asking what the point of the campaigns was.

The purpose of campaigns is clear – to raise awareness amongst the general public of lifestyle, general health and healthcare-related issues, to increase the perception of pharmacists as expert health professionals able to support and assist the general public, and to permeate ‘hard to reach’ communities which may not typically engage with health services. These aims have been repeatedly shared with pharmacists for the last three years in each year’s programme and in some campaign letters. Pharmacy campaigns are

nationally prescribed and were agreed by pharmacy negotiators as a part of the Essential Services element of the community pharmacy contract.

Clearly time constraints on pharmacists impact on their capacity to deliver these campaigns. This does not however negate the need to increase return rates of evaluation forms, as that feedback enables us to adjust and improve these campaigns.

Wherever possible this 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.

5. Compliance with the principles underlying the 2006/7 programme

Campaigns were focused on health protection and health promotion topics relevant to the population, having specifically been selected on that basis. Campaigns endeavoured to be focused and long enough to be effective, but not so long that they lose impact (1 to 4 weeks in duration)

They utilised a range of health promotion approaches (defined in Ewles & Simnett, 2003)¹

- Weight Management applied a combination of medical and educational approaches.
- Stop Smoking applied a combination of behavioural change and medical approaches.
- Travel Health applied an educational approach.
- Influenza Immunisation utilised a medical approach.
- Chlamydia Screening adopted a medical approach.
- Waste Medicines applied an educational approach.

Capacity to individually assess each campaign is limited. Hence, whilst informal learning is acquired and applied to successive campaigns throughout the year, the bulk of findings and recommendations are identified in the production of this annual evaluation.

6. Limitations of these campaigns

As with much public health practice, it is extraordinarily difficult to show direct impact on the health of the population through these campaigns. The campaigns are a part of the Essential Services of the Community Pharmacy Contractual Framework and therefore do not bring with them additional funding. They thus only allow for very brief advice. Brief interventions would fall with Enhanced or Advanced Services within the Contractual Framework, requiring additional payments to each providing pharmacy.

Identifying measurable indicators was made difficult by the lack of clarity about data already captured by pharmacies for the PCTs, which could speak

to public health work. Capacity allowing, efforts will be made to become more familiar with this in 2008/9.

There are also resource limitations in terms of material available and distribution of it as well as limited staff time.

7. Proposed 2008/9 campaign schedule

PHIR has researched availability of high-quality national resources and recommends that topics and scheduling be selected from the following (many of which are covered by Choosing Health):

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

8. Conclusion

The main difficulties associated with these campaigns were related to difficulties around determining easily measurable indicators of success (in part because a lack of clarity about available data) and the non-engagement of some pharmacies in these campaigns.

References

1. Ewles, L., Simnett, I., 2003. *Promoting health: a practical guide*. 5th ed. Edinburgh: Balliere Tindall.

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