

**Eastern Leicester Primary Care Trust  
Leicester City West Primary Care Trust  
Directorate of Public Health**

**Evaluation of the first 2005/06 Public Health Pharmacy Campaigns and  
recommendations for 2006/07 Public Health Pharmacy Campaigns**

**1. Introduction**

One of the Essential Services in the new 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 July 2005, 6 campaigns for the year 2005/06 were scheduled for pharmacies based within Eastern Leicester PCT (ELPCT) and Leicester City West PCT (LCWPCT). They were as follows:

<b>Pharmacy Public Health Campaigns 2005/6 Leicester</b>		
Topic	Dates	Duration
Stop Smoking	Monday 12 – Sunday 25 September 2005	2 weeks
Influenza immunization	Monday 24 October - Sunday 20 November	4 weeks
Sexual Health	Monday 28 November - Sunday 4 December 2005	1 week
Self-care	Monday 6 – Sunday 19 February 2006	2 weeks
Stop Smoking	Monday 6 – Sunday 12 March 2006 (National No Smoking Day 9 March)	1 week
TB Awareness	Monday 20 – Sunday 26 March 2006 (World TB Awareness Day 24 March)	1 week

The principles underlying the 2005/06 programme were 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 2006/7 programme.

It was agreed that in order to be ready to launch the 2006/07 campaigns early in the new fiscal year, the first three campaigns would be evaluated in early 2006 and recommendations would be drawn from that work, to inform the choice of and delivery mechanisms for 2006/07 campaigns.

Details of the planning and processing of the last two 2005/06 campaigns have also been included in this report, because learning from those aspects of the two may add to the knowledge gained from the previous three campaigns. The second STOP Smoking campaign was abandoned for reasons related to the PCTs' financial recovery plans.

This is an internal evaluation, undertaken by the Public Health Pharmacy campaigns lead and Public Health Information & Resources (PHIR). It will be fully consulted on with core team members for the campaigns and other interested parties.

## **2. Planning**

In August 2005, a campaigns Implementation Plan was created and agreed. It provided guidance on the stages of a campaign along with an estimated timescale for preparations. The plan also made clear responsibilities and necessary consultations.

Key stages included:

- Determining and agreeing the key message(s)
- Identifying formats for individual campaigns, appropriate to the needs of the target audience and to the key message
- Key elements of the campaign - activities and required materials
- Determining data to be gathered
- In-house content production
- Costing
- Contracting out design and printing work
- Preparing points for a press release (where appropriate)
- Printing materials
- Distributing information packs
- Evaluating data gathered

The Implementation Plan is included as Appendix A.

## **3. Preparation and processing**

Information packs in hardcopy were delivered to each ELPCT and LCWPCT a week to 10 days before the start of each campaign. Most materials were also offered in electronic format, from the Directorate of Public Health's website – [www.phleicester.org.uk/camp.htm](http://www.phleicester.org.uk/camp.htm) - from the start date of each campaign.

## *1. Individual campaign delivery*

### **• Stop Smoking - Monday 12 – Sunday 25 September 2005**

The key message of this campaign was that autumn is an ideal time to give up smoking, since it may help to reduce susceptibility to colds over winter. It made explicit that the pharmacist could provide free support and advice to members of the public wishing to give up smoking.

A campaign poster was produced and printed. Drug representatives working with the STOP! Smoking service, distributed this along with a letter, a guidance sheet and an evaluation form to 53 pharmacies in Eastern Leicester PCT (ELPCT) and 23 pharmacies in Leicester City West PCT (LCWPCT).

Cost to the Directorate of Public Health (DPH), was as follows:  
2 days staff time at a sub-total of £233.45 (PHIR and STOP! Smoking Time - calculated on the basis of gradings and thus costs), in-house printing and stationery costs at a sub-total of £7.24, and poster design and printing costs of £300 (funded by Pfizer). Total spend by the DPH on this campaign was £240.69.

### **• Influenza immunization - Monday 24 October - Sunday 20 November 2005**

The Influenza Immunisation pharmacy campaign was scheduled to fall within the broader, National Influenza Immunisation campaign running from October through December. The national key message for this campaign was: “If you knew about flu you’d get the jab”, with specific targeting of at risk groups which included the over 65s, those with certain long-term conditions and the health sector workforce. Pharmacists were encouraged to engage with and question target groups.

Each information pack included a guidance sheet, an evaluation form, 2 English posters, 100 English leaflets, 4 fact sheets as further information for pharmacists and as an additional resource for customers who wanted more written information, and 150 prescription labels.

Information packs were supplied to 53 pharmacies in Eastern Leicester PCT (ELPCT) and 23 pharmacies in Leicester City West PCT (LCWPCT).

Cost to the DPH was as follows:  
3.7 days staff time at a sub-total of £360.18 (PHIR Time - calculated on the basis of gradings and thus costs), and in-house printing, stationery and delivery costs at a sub-total of £1,017.74. Total spend by the DPH on this campaign was £1,377.92.

### **• Sexual Health - Monday 28 November - Sunday 4 December 2005**

The Sexual Health campaign was scheduled to fall over Worlds AIDS Day (WAD). Its key objective was awareness raising around sexual health and

HIV. It was acknowledged to be a sensitive topic area, particularly for pharmacies based in predominantly ethnic-minority communities in ELPCT.

Each information pack included a covering letter, 21 locally produced, WAD leaflets in English, detailing local WAD events, an explanation of the differences between HIV and AIDS, and HIV transmission mechanisms, along with details of local organisations providing HIV/AIDS support, and an HIV fact sheet for pharmacists. The local Sexual Health Specialist personally delivered each pack, giving pharmacists the opportunity to discuss issues of concern with him.

Information packs were supplied to 53 pharmacies in Eastern Leicester PCT (ELPCT) and 23 pharmacies in Leicester City West PCT (LCWPCT).

An evaluation form was despatched to pharmacists in the week before Christmas 2005.

Cost to the DPH was as follows:

4.7 days staff time at a sub-total of £460.12 (PHIR & Sexual Health team Time - calculated on the basis of gradings and thus costs), and in-house printing, stationery and delivery costs at a sub-total of £520.79. Total spend by the DPH on this campaign was £980.91 (excluding mileage costs emanating from deliveries, since the sum was unavailable).

- **Self Care - Monday 6 - Sunday 19 February 2006**

The Self Care campaign key message was to encourage sensible medicines management (accident prevention) & discourage drugs wastage. If possible, pharmacists were also asked to emphasise the benefits of a healthy lifestyle. Pharmacists were asked to target customers with the following long-term conditions: Diabetes, CHD, Hypertension, Asthma and COPD.

Each information pack included a covering letter, a guidance sheet, an additional guidance sheet, an evaluation form, 5 English Expert Patient Programme leaflets, 10 PALS leaflets, 5 NHS Direct cards, 2 English posters (produced as part of the LCWPCT 2004 Drug Wastage campaign). The packs also had a 'Sources of Help' sheet (a signposting tool pointing pharmacists to organisations and resources that could offer additional information and support around the conditions specified and general healthy lifestyle issues), and 10 Patient Questionnaires for completion by customers. In addition, ELPCT pharmacies were sent 1 Gujarati poster and 5 healthy eating leaflets per ethnic minority language (Gujarati, Punjabi, Bengali, Urdu, Hindi), and LCWPCT pharmacies were sent 5 English "Eat Well" leaflets.

Information packs were supplied to 53 pharmacies in Eastern Leicester PCT (ELPCT) and 23 pharmacies in Leicester City West PCT (LCWPCT).

Cost to the DPH was as follows:

7.5 days staff time at a sub-total of £656.67 (PHIR Time - calculated on the basis of gradings and thus costs), and in-house printing, stationery and

delivery costs at a sub-total of £552.55. Total spend by the DPH on this campaign was £1,209.22.

- **TB Awareness - Monday 20 - Sunday 26 March 2006**

The TB Awareness pharmacy campaign coincided with World TB Awareness day on 24 March 2006. Its key objective was to raise awareness of the risks and symptoms of TB, particularly in high-risk communities (of which there are some in ELPCT).

Each information pack included a covering letter, a guidance sheet, an evaluation form, 10 English TB Awareness leaflets, 10 TB English Awareness credit card size leaflets, and 1 English poster. In addition 28 pharmacies, identified to be in high-risk areas by the ELPCT PEC Pharmacy Co-ordinator and the TB Nurse Manager, were provided with 10 black and white leaflet printouts in each of the 5 predominant ethnic minority languages (Gujarati, Punjabi, Urdu, Somali and Hindi).

Information packs were supplied to 53 pharmacies in Eastern Leicester PCT (ELPCT) and 23 pharmacies in Leicester City West PCT (LCWPCT), along with 1 special pack for each of the 6 Community Health Development workers. Thus a total of 34 special packs and 48 regular packs were produced (82 packs in total). Deliveries to 29 pharmacies across ELPCT and LCWPCT have been made by the ELPCT PEC Pharmacy Co-ordinator and his employees.

Cost to the DPH was as follows:

9 days staff time at a sub-total of £763.51 (PHIR and TB team Time - calculated on the basis of gradings and thus costs), and in-house printing, stationery and delivery costs at a sub-total of £415.42. Therefore total spend by the DPH on this campaign was £1,178.93

Random telephonic evaluations will be undertaken by PHIR following the campaign. This will probably include calls to 25% (7) of those who received special packs, along with 10% (2) of other ELPCT pharmacies and 15% (3) of LCWPCT pharmacies. These results will be incorporated with those collected from the returned evaluation forms.

#### **4. Campaign results**

- **Stop Smoking - Monday 12 – Sunday 25 September 2005**

This campaign took place before 1 October 2005, (the start of formal monitoring of pharmacies against the new Pharmacy Contract). Only 1 pharmacy completed and returned the evaluation form.

Anecdotal evidence suggested that some pharmacies, despite receiving packs, had not participated in the campaign. Others appeared to embrace the campaign and some seemed to use it as a mechanism to attract clients to their STOP! Smoking services.

- **Influenza immunization - Monday 24 October - Sunday 20 November 2005**

A total of 24 evaluation forms were returned (32% return rate) with 21 of these being received from ELPCT pharmacies (40% of ELPCT pharmacies) and 3 from LCWPCT pharmacies (13% of LCWPCT pharmacies).

8 pharmacies each have the in-house skills to deal with Gujarati and Hindi speaking individuals, with 2 supporting Punjabi and 1 supporting Urdu.

All responding pharmacies found the covering letter, guidance sheet, posters and leaflets either very useful or useful. 14 (58%) found the stickers very useful or useful, with 9 (38%) finding them “not useful”, “didn’t know” or “not applicable”.

13 (54%) found the additional information (fact sheets) very useful or useful, with 11 (46%) of them finding them “not useful”, “didn’t know” or “not applicable”.

The main reasons for declining to be vaccinated included media attention (which meant customers already knew about and had made their own arrangements to receive the jab), GP vaccine supplies had run out, and previous experience of the jab (which led to some customers believing that they would still suffer from flu or feel unwell after the jab).

The majority of pharmacists reported no problems with the campaign (49%), with 8 (33%) feeling that the nationwide shortage of vaccine, made running the campaign problematic.

The majority of respondents (79%) felt that the campaign had led to an increase in activity around the topic. In terms of particular approaches that worked, 42% felt that they had not identified one. Small numbers of pharmacists suggested that stressing the benefits to the elderly (4) and applying stickers to target group prescription bags (3) worked well.

Suggestions about what the PCTs could do to make the campaign easier for pharmacies, included 2 pharmacies saying that the PCTs should make sure there are enough vaccines, and 2 suggesting that starting earlier and/or coinciding the campaign with surgeries receiving jabs, would help. Other suggestions from 1 pharmacy each were to issue GP referral forms, use pharmacists to offer the jab, place an advertisement in Leicester Link or local newspapers, and provide brief, good, easy information for staff.

- **Sexual Health - Monday 28 November - Sunday 4 December 2005**

A total of 27 evaluation forms were returned (36% return rate) with 24 of these being received from ELPCT pharmacies (45% of ELPCT pharmacies) and 3 from LCWPCT pharmacies (13% of LCWPCT pharmacies).

24 (89%) responding pharmacies found the covering letter and WAD leaflets either very useful or useful. 22 (81%) found the HIV fact sheet very useful or useful, with the rest failing to answer that question, other than one pharmacy throughout which claimed it had not received a pack, and therefore did not know.

12 (44%) of pharmacies would like further information about HIV and HIV testing, while an equal number do not want further information. The remainder failed to answer the question.

16 (59%) of pharmacies did not know that 1 December is World AIDS Day, whilst 8 (30%) did know that 1 December is World AIDS Day. The remainder failed to answer the question.

The majority of pharmacists (21) reported no problems with the campaign resources supplied (78%), with 5 (19%) reporting a problem. 2 of these indicated difficulties with distributing free condoms in their area, 1 indicated it was a sensitive subject in their Asian-predominant area and 1 indicated that most of its customers were over 65.

The majority of pharmacists found the campaign pack held sufficient and appropriate information (22 - 81%). 4 (15%) indicated they would have liked other information, though 2 gave no indication of the type of information they would have liked to have seen included. 1 indicated that it would have liked information on the reliability of over the counter tests for Chlamydia.

The majority of respondents (17 – 63%) felt that the campaign had led to no increase in activity around the topic, whilst 8 (30%) felt it had.

In terms of particular approaches that worked, 21 (78%) felt that they had not identified one. 5 pharmacies each indicated that one of the following had helped - leaflets, face to face consultations, giving away free condoms, including leaflets in prescription bags for target groups, a display on the patient counter.

1 pharmacy found that having free leaflets and condoms in the window had not helped and that none had been taken.

The information on the HIV fact sheet was new to 20 (74%) pharmacies, whilst 6 (22%) were familiar with the information contained therein.

Suggestions about what the PCT could do to make the campaign easier for pharmacies, included 3 (11%) suggesting radio advertising, 2 requesting the supply of campaign materials 2-3 weeks in advance of a campaign (where deliveries are paid for, pharmacies are typically in receipt of their packs at least 6 days and 4 working days prior to the start of a campaign), and then 2 pharmacies each requesting or remarking on one of the following - leaflets in ethnic minority languages especially Gujarati, Punjabi and Hindi, and that the person delivering the material “did not present himself as a member of the health profession by virtue of his attire”.

## 5. Overall campaign findings

### *Topic selection*

Topics with a lack of availability of hardcopy national materials accrued significant staff time (and thus cost) in relation to sourcing and photocopying of resources (e.g. many translated materials are only available as downloadable files), and external design and printing costs (for stickers, leaflets, posters). Another area that resulted in notable costs was the delivery of packs by a commercial service.

### *Fostering partnerships*

Where good links existed with pharmaceutical companies, many costs were forgone (both the cost of external design and printing and deliveries were undertaken by pharmaceutical representatives for the Stop Smoking campaign). This resulted in very low overall spend for that campaign.

The campaigns enabled the development of new links with pharmacies, and raised pharmacists' awareness of the PHIR service.

As with any consultative exercise there were occasions when it was difficult to contact co-planners of campaigns.

No dedicated resource was given to these campaigns, and this certainly affected capacity for innovative practise. Uncertainty around the amount of work involved made planning other work difficult. The amount of work required for these campaigns far exceeded what was anticipated.

### *Scheduling*

Timing of campaigns did not always work. The Self Care campaign in early February 2006 was particularly difficult because much of the planning and preparation had to be done in January, with the usual planning period falling over the Christmas - New Year break.

### *Pack preparations*

In 2005/06 PHIR assumed responsibility for overall co-ordination of Pharmacy campaigns, and for much of the resource acquisition, materials preparation and packaging activities. This was particularly the case where those consulted worked in Directorates other than Public Health. This affected PHIR's capacity to deliver to other areas of its work programme. The Stop Smoking and Sexual Health campaigns had the least impact on the PHIR workload.

### *Press Releases*

Whilst press release briefings were produced by the project teams and passed to the Communications Managers for the first 2 campaigns, neither campaign resulted in a press release. The ELPCT Communications Manager and the Assistant Director of Public Health decided that given the public confusion around bird flu in October 2005 a press release on flu would exacerbate the situation. Partnership working around WAD resulted in a

general WAD and sexual health press release, rather than one that was pharmacy-focused.

#### *Deliveries*

There seemed to be communication problems between staff in some pharmacies. PHIR received at least one call stating that a campaign pack had not been received. Where a commercial distribution company had been employed PHIR was able to provide evidence of a date of delivery and a receiving signature. This tracking element is not available via more informal delivery schemes.

#### *Evaluation*

Evaluation forms typically take at least one month after a campaign finishes to arrive in any significant numbers (despite offering a range of return mechanisms – fax, email, mail).

Raising rates of return of evaluation forms needs to be encouraged, particularly with respect to LCWPCT pharmacies.

Wherever possible this evaluation has sought to ensure that the views of multiple pharmacists (50%+ of returns) are captured and included in the recommendations for future campaigns, thus ensuring consideration of service provider issues in future campaign decision-making.

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.

#### *Pharmacy engagement*

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 new Community pharmacy contract, certainly resulted in some pharmacies failing to engage. There was notable variation in participatory enthusiasm.

Clearly time constraints on pharmacists impacted on their capacity to deliver campaigns.

#### *Compliance with the principles underlying the 2005/06 programme*

1. Campaigns were focused on health protection and health promotion topics relevant to the population, having specifically been selected on that basis
2. 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)
3. They utilised a range of health promotion approaches (defined in Ewles & Simnett, 2003)
  - 3.1. Stop Smoking applied a combination of behavioural change and medical approaches
  - 3.2. Influenza Immunisation utilised a medical approach
  - 3.3. Sexual Health took an educational approach
  - 3.4. Self Care sought to encourage behaviour change
  - 3.5. TB Awareness combined educational and medical approaches

4. The Influenza and TB Awareness campaigns targeted written material in community languages at pharmacies working within ethnic minority communities. A decision not to use national materials was taken for the Stop Smoking and Sexual Health campaigns, and therefore translated materials were not made available. However, as was the case for all the campaigns, certain pharmacies did offer face-to-face advice and support in community languages.
5. The campaigns have been individually assessed, and are being evaluated, in a bid to ensure that learning is applied to successive campaigns both within 2005/06 and to the 2006/7 programme.

## 6. Recommendations

### 1. *Topic selection*

- All future campaign planning should ensure availability of sufficient, high-quality national resources in each proposed topic, before final agreement of the campaigns for the forthcoming year, to minimize local costs. The Self Care campaign was particularly difficult because of the lack of national materials and the very broad topic.
- It is advised that Self Care is not reselected as a campaign topic, since its impact on local resource was significant, not only because of lack of availability of national resources, but also because of the vagueness of the topic.
- 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):
  - May and into June
    - Diabetes, Stroke, CHD - including healthy eating; covers diabetes week
  - June, July & August
    - Summer Safety (food safety week; sun safety, child safety week)
  - September (or anytime)
    - Breast, Cervical, Testicular and Prostate Cancer Awareness; Healthy eating and exercise
  - Oct and Nov (and Dec?)
    - Winter health - Flu, Keep warm keep well, Pneumo jab, health for the elderly, Ask about Medicines week; Christmas – drinking and eating, drink driving
  - Dec (continued into Jan & Feb?)
    - Sexual Health (including WAD)
  - March and April
    - No Smoking / Smoking and Health; TB Awareness

## 2. *Scheduling*

- Based on learning from the Self Care campaign, it is recommended that no campaigns be planned for the months of January and February in future years.
- Ideally the Easter break should also be avoided.
- There should be at least 1 month between each campaign and ideally 1.5 to 2 months where possible.
- For campaigns for which PHIR would have to offer significant support, these should be spaced at least 2 -3 months apart.

## 3. *Pack Preparation*

- Where translated materials are only available as downloadable files, one master copy should be supplied to each pharmacy, suggesting that it be photocopied as necessary (where crown copyright applies), or downloaded individually from the given website.

## 4. *Team Working*

- In order to minimise the impact on PHIR, it is recommended that other PCT teams involved in campaign planning be encouraged to begin to share the physical preparation and packaging workload.

## 5. *Deliveries*

- Where individuals other than a commercial distributor undertake deliveries, a date and receiving name and signature should be recorded for each pack and passed to PHIR, thereby ensuring evidence of delivery.

## 6. *Evaluation*

- Where possible evaluation forms should be included in information packs. Posting forms to pharmacies following delivery of a campaign, results in significant delays in returns. This delays data input and analysis and potentially annual evaluation of the campaigns project, where it is a near-year end campaign.
- Patient questionnaires, whilst in principle a good idea, result in significant amounts of extra work in terms of data input and analysis. Unless dedicated resource is given to the Pharmacy campaigns these should be discouraged, and less resource intensive mechanisms for gathering patient, carer and consumer views, should be explored.
- Individual analysis of campaigns is not feasible, in terms of current capacity. Evaluation is a time-consuming process and is therefore more meaningful and cost-effectively on an annual basis. Annual evaluation of the campaigns project should be planned to include all campaigns running until the end of October. This will provide the remainder of the year for return of evaluation forms and data input and analysis. Information is then ready for inclusion in an annual evaluation, in January. Discussion and planning for the subsequent year can take place in February and March before the start of the new fiscal year.
- Clarity about data captured by and for PCTs is needed, in order to develop indicators to measure the success of these campaigns. A mapping

exercise of all data gathered by and for PCTs in relation to Pharmacies and Public Health may assist this process.

## **7. Conclusion**

The main difficulties associated with these campaigns were related to the lack of dedicated funding and staff resource, the lack of availability of free materials for certain campaigns, 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.

Successes included the building of links between pharmacies and PHIR, development of working relationships across directorates in the two city PCTs, and the development of a basic planning and implementation process, which can be applied in successive years.

With sufficient consideration of the findings and recommendations, and application of the key recommendations in planning for the 2006/07 campaigns, it is hoped that these campaigns will begin to show positive effects on the health of the population of Leicester.

## **8. Reference**

Ewles, L. & I. Simnett. 2003. Promoting health: a practical guide. 5<sup>th</sup> ed. Edinburgh: Balliere Tindall

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