

**Eastern Leicester PCT
Leicester City West PCT
Directorate of Public Health**

Pharmacy Public Health Campaigns 2006/7

1. Introduction

One of the Essential Services in the 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.

The NHS Community Pharmacy Contractual Framework describes the aims and intended outcomes of both campaign based and prescription linked intervention service 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 the campaign period, including giving advice to people on the campaign issues. This advice may be supplemented by provision of written information and in-store displays.
- The Pharmacy will provide this service to its PCO for up to 6 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 2005/6 pharmacy campaigns evaluation

Recommendations from the 2005/6 evaluation report were used to aid topic selection, length of campaigns, and consider the frequency of campaigns. Learning has been applied to the overall project planning where possible, and will be applied to individual 2006/7 campaign planning and preparation, where appropriate. Some recommendations were too difficult to incorporate into this year's project planning, and will be reconsidered in the 2006/7 evaluation.

Recommendations were as follow:

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):

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.

3. Campaigns topics 2006/7

Pharmacy representatives on the PECs, Commissioners from both PCTs, the city wide Stop Smoking Cessation Service, medicines management staff in PCT, and other interested parties were sent a full evaluation report of the 2005/06 campaigns, and invited to attend a meeting to discuss the results and decide on 2006/07 campaigns.

Views were gathered from those who offered their apologies, and members of the medicines management teams from both PCTs, Public Health, a representative from the Leicestershire branch of the Royal Pharmaceutical Society, and a Health Sciences academic from the De Montfort University attended the meeting.

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;
- provide written material in community languages;
- be evaluated, and the learning applied to successive campaigns in this year and to the 2007/8 programme.

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.

Pharmacy Public Health Campaigns 2006/7 Leicester		
Topic	Dates	Duration
Diabetes and Healthy Eating	Monday 12 – Sunday 25 June 2006	2 weeks
Cervical Screening	Monday 4 September – Sunday 1 October 2006	4 weeks

Influenza immunization	Monday 23 October - Sunday 5 November 2006	2 weeks
Ask about Medicines	Monday 6 – Sunday 19 November 2006	2 weeks
Sexual Health	Monday 27 November - Sunday 10 December 2006	2 weeks
Tobacco Control / Stop Smoking	Monday 18 December 2006 – Sunday 7 January 2007	3 weeks

Brief rationale

The *Diabetes and Healthy Eating* topic will promote healthy eating in relation to the management of a long-term condition, in this case, Diabetes. It will seek to enhance knowledge of the benefits of positive alteration to diet, and also promote testing for Diabetes. Diabetes is particularly prevalent in certain ethnic minority communities, and thus is of particular concern in the east of the city. The rise in obesity in children also suggests that diabetes could potentially escalate in conventionally low-risk communities.

The *Influenza Immunisation* campaign in October – November 2006 is concerned with increasing the numbers of over 65's and patients at risk immunised. In 2005/6 ELPCT achieved a 71% coverage rate and LCWPCT slightly missed the national target with a 66% coverage rate. The aim of the LCWPCT & ELPCT Flu group is to better this and to achieve, at the very least, the 70% coverage target for over 65's.

The *Cervical Screening* topic has been selected because parts of the city, whilst having made significant progress over the past few years, are still failing to achieve the national target of an 80% uptake rate. It is anticipated that a community-based campaign will assist both practices and the PCT to attain the national target. It is also hoped that it will widen awareness and go some way to dispelling fears and myths around cervical screening. It is a 4-week long campaign as this may offer an improved opportunity of capturing females who may be picking up contraceptive prescriptions, etc.

The *Ask about Medicines* campaign will seek to heighten awareness of the health and medicines information expertise the general public have on their doorstep, in the form of their local pharmacists. It will utilise national materials produced specifically for this campaign.

The *Sexual Health* topic reflects the increasing incidence of sexually transmitted infections. The aim will be to promote awareness and prevention around STIs, safe sex, chlamydia testing, and the availability of EHT.

The *Tobacco Control / Stop Smoking* campaign is designed to capitalise on the high levels of interest in giving up smoking over the December / January period. The campaign will be used to raise awareness of the local STOP! Smoking service, which offers support to those wishing to give up.

4. Planning and implementation

- Planning and implementation will be led by Sandie Nicholson, Public Health Information and Resources, drawing upon the resources of others within, and external to the PCTs in terms of expertise and logistics.
- PEC pharmacy representatives will wherever possible be consulted on campaigns, to ensure that the details of the campaign are practically deliverable by pharmacists.
- Media promotion of campaigns will be planned with the PCTs Communications Managers. 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
Diabetes and Healthy Eating	Sandie Nicholson, PHIR. Davinder Nagra, Community Health Development Worker: CHD & Diabetes Consulting with Rajni Hindocha, PEC Pharmacy Member ELPCT Satyan Kotecha PEC Pharmacy Member, LCWPCT
Cervical Screening	Sandie Nicholson, PHIR. Sandra Oliver, Quality Improvement Co-ordinator, ELPCT Manjit Darby, Director of Clinical Services, LCWPCT (or representative) Appropriate members of the LCWPCT & ELPCT Cervical Screening group Consulting with Rajni Hindocha, PEC Pharmacy Member ELPCT Satyan Kotecha PEC Pharmacy Member, LCWPCT
Influenza Immunisation	Sandie Nicholson, PHIR. Appropriate members of of the LCWPCT & ELPCT Flu group Consulting with Rajni Hindocha, PEC Pharmacy Member ELPCT Satyan Kotecha, PEC Pharmacy Member, LCWPCT Shailesh Pachmatia, Head of Medicines Management LCWPCT
Ask about Medicines	Sandie Nicholson, PHIR. Shailesh Pachmatia, Head of Medicines Management LCWPCT Susanna Taylor, Head of Medicines Management ELPCT Consulting with Rajni Hindocha, PEC Pharmacy Member ELPCT Satyan Kotecha, PEC Pharmacy Member, LCWPCT

Sexual Health	Sandie Nicholson, PHIR. Liz Rodrigo, Public Health Specialist Consulting with Rajni Hindocha, PEC Pharmacy Member ELPCT Satyan Kotecha PEC Pharmacy Member, LCWPCT
Tobacco Control / Stop Smoking	Sandie Nicholson, PHIR. Louise Ross, Stop Smoking Cessation Service Pam Rees, Smoking & Inequalities Manager Consulting with Rajni Hindocha, PEC Pharmacy Member ELPCT Satyan Kotecha PEC Pharmacy Member, LCWPCT

For each campaign the focus in planning will be upon identifying

- key messages;
- key resources (including, e.g., leaflets, bag inserts, bag labels)
- display material
- guidance for pharmacists and their staff
- sources of additional information for pharmacists and their staff (including from pharmaceutical sources)
- audit tools
- 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 2006/7 campaigns. Wherever possible campaigns will be bring together free existing 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 2006/7 will be evaluated and the results and lessons fed in to planning for the 2007/8 campaigns.

6. Planning for 2007/8

PHIR will lead the planning for next year with the aim of having an agreed programme 2007/8 by the end of March 2007.

Sandie Nicholson
Knowledge Management Co-ordinator
Eastern Leicester PCT
Leicester City West PCT
Directorate of Public Health
0116 295 4172
sandie.nicholson@elpct.nhs.uk
9 June 2006