

Brighton and Hove Healthy Living Pharmacy Framework

Background

The Healthy Living Pharmacy (HLP) framework is aimed at achieving the consistent provision of health promotion interventions through community pharmacies to meet local need, improve the health and wellbeing of the local population and help to reduce health inequalities.

The Health Living Pharmacy (HLP) framework was first developed in 2009. Public Health England (PHE) has provided strategic leadership for the development, acceleration, and implementation of the HLP programme. In 2016, PHE moved from a commissioner-led to a profession-led, self-assessment process for the attainment of HLP level 1 status, which included the development of the PHE quality criteria [HLP-quality-criteria-and-self-assessment-process-converted.docx](#)¹

Following this, NHS England introduced the achievement of HLP level 1 status, as set out in the PHE quality criteria, as a criterion for payment under the Pharmacy Quality Scheme (previously known as the Quality Payments Scheme) for 2017/18.

As part of the Community Pharmacy Contractual Framework (CPCF) 2019-2024 it was agreed that the attainment of Healthy Living Pharmacy (HLP) Level 1 status would be an essential requirement for all pharmacies in England from 1 January 2021. The requirements for the promotion of healthy living in the terms of service are detailed in the following document: Guidance on the National Health Service (Charges and Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2020. [B0274-guidance-on-the-nhs-charges-pharmaceutical-and-local-pharmaceutical-services-regulations-2020 \(1\).docx](#).

The HLP framework is primarily about adopting a change in culture and ethos within the whole pharmacy team. The HLP framework means community pharmacies can supplement their medicines optimisation role with an enhanced commitment to health promoting interventions in the pharmacy setting and engagement in community outreach activities.²

The HLP framework is underpinned by three enablers:

1. **Workforce development:** A skilled team to proactively support and promote behaviour change and improve health and wellbeing, including a qualified health champion who has undertaken the Royal Society for Public Health (RSPH) level 2 award 'Understanding Health Improvement', and a pharmacist or manager who has undertaken leadership training.
2. **Engagement:** Local stakeholder engagement with other health and care professionals, community services, local authorities and members of the public.
3. **Environment (premises requirements):** Premises that facilitate health interventions with a dedicated health promotion zone.

Local Context

Community pharmacies are an essential, valued, and well-respected component of the health and social care system in Brighton and Hove (B&H).

The recommendations from the Brighton & Hove Pharmaceutical Needs Assessment 2022 [220929 PNA 2022 final.pdf \(brighton-hove.gov.uk\)](#)³ highlight the importance of increasing community pharmacy

participation in local health promotion campaigns and encourage increased signposting/referrals into related services such as weight management and drug and alcohol support.

The purpose of this document is to propose a local HLP programme of support for all B&H community pharmacies to compliment the requirements of the CPCF and to deliver the local public health, social care, and NHS priorities.

The B&H HLP programme is supported by the NICE guideline, Community pharmacies: promoting health and wellbeing [Overview | Community pharmacies: promoting health and wellbeing | Guidance | NICE](#) ⁴This quality standard covers how community pharmacies can support the health and wellbeing of the local population. It describes the overarching principles of good practice for community pharmacy teams. The B&H HLP programme also aims to support Inclusive Pharmacy Practice (IPP) a joint initiative with the [Royal Pharmaceutical Society](#) and the [Association of Pharmacy Technicians UK](#) and 13 other national partner organisations. [NHS England » Inclusive Pharmacy Practice](#) ⁵

IPP focuses on making the workplace more inclusive for pharmacy professionals. It is about engaging with local communities, helping to improve their health, and addressing the inequalities that people – particularly those from ethnically diverse backgrounds – can experience.

Service Description

- In the delivery of this service, commissioned by Brighton and Hove City Council (BHCC), contractors will offer a user-friendly, non-judgemental, person-centred, and confidential service which links into existing networks of local support services. In addition, pharmacy staff must show awareness of key health issues for the residents of Brighton and Hove and be responsive to them.
- The service will be delivered by pharmacy teams consisting of a HLP leader and health champion as defined by the NHSE document referenced above.
- Pharmacy contractors will deliver health promotion and self-care advice using the principals of the Making Every Contact Count (MECC) <https://www.makeeverycontactcount.co.uk>
- Pharmacy contractors will proactively engage with local communities to promote three local health campaigns to align with community pharmacy national campaigns, address health inequalities and signpost or directly refer to local health and community services as appropriate.
- Pharmacy Contractors signing up to this specification are also required to provide the new Alcohol Identification and Brief Advice (IBA) service. See Appendix 1
- Pharmacy Contractors must also sign up to **provide at least one** of the following public health locally commissioned services, either the **sexual health and contraceptive or the stop smoking service (refer to the service specifications)**. Pharmacies must actively promote and recruit people into the services.
- Pharmacy contractors are encouraged to link in with their local Primary Care Network (PCN) to promote services available within the pharmacy and encourage signposting to the services from GP practices and other community services.

Service Objectives

- To support B&H community pharmacies to meet the HLP component of the Community Pharmacy Contractual Framework (CPCF) as defined by [B0274-guidance-on-the-nhs-charges-pharmaceutical-and-local-pharmaceutical-services-regulations-2020 \(1\).docx](#)
- To remunerate pharmacies who participate in enhanced health promotion campaigns based on the needs of local B&H communities.

- Pharmacy contractors are required to review public health intelligence information provided by the local PH team and discuss with the wider pharmacy team. Information provided will enhance the awareness of the local public health and pharmaceutical needs outlined in the [Joint Strategic Needs Assessment \(JSNA\)](#), [Pharmaceutical Needs Assessment \(PNA\)](#) and [Health Profiles](#) for the local area.
- Pharmacy contractors will be encouraged to share best practice and contribute to the quarterly B&H Healthy Living Pharmacy newsletter. The HLP newsletter details health promotion priorities and key local public health objectives.
- To support contractors to provide high-quality, accessible and consistent public health locally commissioned services. A directory of Locally Commissioned Services (LCS) services will be available to other healthcare providers to enable signposting to community pharmacy services.

Quality Indicators

- Health promotion materials promoting the availability of public health locally commissioned services and local health promotion campaigns are displayed within the pharmacy and on the community pharmacy social media platform (if available) according to the commissioner's brief.
- Pharmacy contractors have signed up to provide the new Alcohol Identification and Brief Advice (IBA) service and at least one public health locally commissioned service (as defined above) and are achieving the quality indicators defined in the service specification.
- Pharmacy contractors attend the annual Public Health learning and engagement event and complete the online training evaluation questionnaire.
- Pharmacy contractors will evidence by completing the PharmOutcomes template that they have linked in with the GP practices in their local PCN (and other community providers) to promote PH LCS services and encourage signposting into services.

Health Promotion Campaigns, Signposting and Referrals

- BHCC will ensure that pharmacies have up to date details of local healthy lifestyle services to facilitate the signposting and referral of individuals who require it. BHCC will also ensure that pharmacies have access to a directory of services.
- BHCC will ensure that pharmacies receive health promotion materials to support local health promotion campaigns.
- Contractors will be paid an annual fee of £100 to participate in three local health promotion campaigns per year. The fee will be claimable through PharmOutcomes.

Public Health Learning and Engagement Event

- An annual engagement and information session (no longer than 2 hours) will be provided by BHCC. The date and agenda will be published at least 6 weeks before the event.
- The learning provided will be relevant to both the Public Health LCS and healthy living pharmacy services
- At least one representative from the pharmacy must attend the learning and engagement event. Attendees are expected to cascade the training to the rest of the pharmacy team.
- Completion of a training evaluation questionnaire is required at the end of the event to inform the planning and delivery of future events.

Provision of Information and Data Capture

- BHCC will provide PharmOutcomes templates for the recording of relevant service information for the purposes of audit and claiming payment.
- BHCC will provide health intelligence profiles so that teams are better equipped to respond to needs of the local population.

Remuneration

- Contractors will be paid an annual fee of £100 to participate in three local health promotion campaigns per year. The annual payment will be made in two instalments of £50, one at the end of June and the second at the end of December each year.
- Payment for service activity (excluding the annual payment) will be made monthly on receipt of appropriate documentation and completion of the data capture templates on PharmOutcomes and submitted to BHCC.

1. Termination and Change Requirements

- Termination can be made earlier by either party at 1 months' written notice.

Additional information

Campaign materials

Local campaigns will be decided quarterly by the public health team and will be informed by locally collected intelligence.

Display materials will be provided by the Health Promotion Library based in the Audrey Emerton building on Eastern Road.

As part of their role, Health Champions are required to manage the campaign and health promotion zone in the pharmacy. Pharmacy contractors can also use their own display materials to support the health campaigns.

Additional show materials required during the interim quarters can be requested from the library. (To download form type Health Promotion Resources into the search application).

www.bsuh.nhs.uk/library

<http://bsuh.nhs.uk/work-and-learn/library-services/public-health/leaflets/>

Roland Christopher manages the health promotion materials and can be contacted using email Roland.Christopher@nhs.net or tel. 01273 523312.

Appendix 1

Service Specification	For the provision of a community pharmacy Locally Commissioned Service
Service	Alcohol Identification and Brief Advice (IBA)
Commissioner Lead	Roisin Thurstan, Public Health
Period	1 st April 2023 – 31 st March 2026
Date of Review	31 st December 2023

Summary

- Alcohol use, especially heavy use, weakens the immune system and thus reduces the ability to cope with infectious diseases
- Pharmacy staff are trained in Identification and Brief Advice
- Pharmacy users are opportunistically screened using the AUDIT screening tool
- Pharmacy users identified as “increasing risk” will be offered Brief Advice on how to reduce alcohol consumption
- Pharmacy users identified as “higher risk” will be signposted / referred to local alcohol support services within the city
- Pharmacies are required to record activity on the standardised PharmOutcomes Template
- Each pharmacy has a named lead who is responsible for liaising with the Public Health Healthy Living Pharmacy Lead

1. Background and Introduction

1.1 National alcohol profile:

Around 9 million people in England regularly drink above the Government’s sensible drinking guidelines. Alcohol use is one of the three biggest lifestyle risk factors for disease and death after smoking and obesity, and society is paying the price. Alcohol-related harm is now estimated to cost society £21 billion annually.

Alcohol misuse contributes (wholly or partially) to 200 health conditions, with many leading to hospital admission. This is due either to acute alcohol intoxication, or to the toxic effect of alcohol misuse over time.

These conditions include some cancers, cardiovascular conditions, depression and liver disease.¹

¹Alcohol; applying all our health, 2018 <https://www.gov.uk/government/publications/alcohol-applying-all-our-health/alcohol-applying-all-our-health>

The risk of ill health increases exponentially with increasing levels of consumption. Most of these harms are preventable.

UK chief medical officers' guidelines on how to keep health risks from drinking alcohol to a low level can be found [here](#) and the headlines are below:

This applies to adults who drink regularly or frequently i.e. most weeks

The Chief Medical Officers' guideline for both men and women is that:

- To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis.
- If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days. If you have one or two heavy drinking episodes a week, you increase your risks of death from long term illness and from accidents and injuries.
- The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.
- If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week.

1.2 Local Alcohol Profile

The costs to Brighton & Hove of alcohol misuse are estimated at £107 million per year.² £10.7 million due to the health impact, £24.5 million due to economic effects and £71.8 million because of crime.

Alcohol is also an important contributor to health inequalities. Alcohol-related A&E attendances have generally increased in the over-18s in Brighton & Hove. The 2012 Department of Health Profiles provide an estimate of 24% of adults in the city drinking at increasing risk or higher risk levels.

Each week in the city there is an average of:

- 84 ambulance call-outs due to alcohol
- 51 attendances at the Royal Sussex County Hospital A&E department related to alcohol
- 9 people are seen by Safe Space (safe haven for intoxicated people accessing the night-time economy during the weekend)
- 95 alcohol-related inpatient hospital admissions for adult residents of Brighton & Hove
- 8 deaths associated with the impact of alcohol³

1.3 The case for intervention in pharmacies

There is a wealth of evidence that supports alcohol Identification and Brief Advice (IBA) in primary care as both effective and cost effective in reducing the risks associated with drinking

² Brighton & Hove Safe in the City Partnership. Strategic Assessment 2011 Alcohol Misuse and Alcohol related crime and disorder. 2012.

³ Brighton & Hove JSNA Alcohol Needs Assessment 2015. Available at <http://www.bhconnected.org.uk/content/needs-assessments>

alcohol and National Institute of Health and Care Excellence (NICE) guidance suggests that such prevention should be prioritized as ‘invest to save’ measures ⁴.

On average 1 in 8 higher or increasing risk drinkers receiving the intervention will reduce their alcohol consumption to lower risk levels, reducing the potential for alcohol-related harm.

Primary healthcare is seen as an ideal context for the early detection and secondary prevention of alcohol-related problems, due to its high contact-exposure to the population,⁵ and the frequency with which higher-risk drinkers present.⁶

2. Service Outline

This service will fund contractors to undertake the delivery of Tier 1 Alcohol Interventions including the provision of screening for increasing risk, higher risk and possible dependent drinkers, information on sensible drinking, simple Brief Advice to reduce alcohol-related harm and referral to community or specialist alcohol recovery services.

Intervention Type	Outcome	Duration	Claim amount	Achievement measure
E-learning	<p>Alcohol IBA (identification and brief advice) for primary care</p> <p>Accessed via E-Learning for Healthcare. You will need to register and have a log-in.</p> <p>Please note: a maximum claim of £40.00 (two sessions) can be made per annum per community pharmacy</p> <p>Payment will be confirmed upon receipt of certificate.</p>	30 mins	£20.00	Increase in the number of health care practitioners within community pharmacy trained in alcohol IBA
Online training delivered via zoom	<p>Alcohol Screening and Brief Interventions</p> <p>Bookable via the learning platform Eventbrite & delivered via the Brighton and Hove Recovery Service.</p> <p>Please note: a maximum claim of £80.00 (one session) can be made per annum per pharmacy.</p> <p>Payment will be confirmed upon receipt of certificate</p>	2.5 hours	£80.00	Increase in the number of health care practitioners within community pharmacy trained in alcohol IBA

⁴ National Institute for Health and Care Excellence (2012) Alcohol-use disorders: prevention Guideline PH24

⁵ Lock C, Wilson G, Kaner E et al. (2009) A Survey of General Practitioners’ Knowledge, Attitudes and Practices Regarding the Prevention and Management of Alcohol-Related Problems: An Update of a World Health Organisation Survey Ten Years on. London: Alcohol Education and Research Council

⁶ Anderson P. (1985) Managing alcohol problems in general practice. Br Med J 290:1873–5.

Screening	Brief Advice delivered to existing pharmacy users following a positive score (8-19) on the Full AUDIT	10 mins Target of 1 patient per month per pharmacy	£10.00	% increase in number of pharmacy users screened for alcohol consumption % increase in number of pharmacy users screened that are identified as increasing or higher risk receiving alcohol Brief Advice
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Collection of activity is essential for payment arrangements. The monthly activity, captured on PharmOutcomes, shall be paid accordingly.

2.1 Public Health Outcomes Framework - alcohol measures This LCS contributes to a range of alcohol measures in the Public Health Outcomes Framework including:

Reduction in the number of alcohol-related hospital admissions per 100,000 - Measured through the number of admissions involving an alcohol-related primary diagnosis or alcohol-related external cause.

Specific alcohol profiles have been prepared for each local authority areas, these can be viewed [here](#)

The primary measure of the impact of alcohol harm on a population is Public Health Outcomes Framework indicator 2.18 alcohol-related admissions to hospital. The harm caused by alcohol misuse is so far-reaching, it also impacts significantly on another **22 indicators** in the framework.

2.2 Minimum IBA standards for delivery by Primary Care Staff

(Please refer to Appendix C for more details about best practice p.16-19)

- I. Utilise the AUDIT C and Full AUDIT to identify those pharmacy users who are drinking at increasing/higher risk levels before their drinking becomes problematic or dependent. See Appendix B.
- II. Undertaking alcohol screening must be opportunistic, either focusing on all pharmacy users or on specific at-risk groups i.e., people with heart disease, diabetes, recently attended A&E, mental health problems (anxiety, depression or other mood disorders or at risk of self-harm), men over 45, smokers and with pharmacy users where there is a suggestion that alcohol may be a contributory factor e.g., poor sleeping, indigestion, continence problems.
- III. Pharmacy staff are encouraged to complete the AUDIT tool in an “interview style”, with the pharmacy staff asking the questions and recording the results on the form. If time

does not allow for this, providing the client has adequate literacy skills, the form can be completed separately and handed to the pharmacy staff.

- IV. Brief Advice should be offered to all pharmacy users testing positive on the full AUDIT (scores between 8 and 19) and it should include clear structured advice about risk and change using the FRAMES model (see Appendix C, p15) and supported by a Patient Information Leaflet e.g. Identification and Brief Advice Tool
- V. In settings where the person is seen regularly it is important to monitor progress. At subsequent appointments, if the pharmacy user has successfully implemented changes or is working towards the goals: offer praise and encouragement. If the pharmacy user is struggling to make or maintain changes, offer further support from a local specialist agency.
- VI. Pharmacy users identified as at-risk drinkers should be offered a service leaflet for the Brighton and Hove Recovery Service, if the pharmacy user gives informed consent, a referral / appointment can be made immediately by the pharmacy staff. For this reason, it is important staff are aware of the referral criteria and processes of local alcohol treatment agencies.
- VII. Managers should ensure that information on local specialist services, including referral processes, access, location and range of support provided, is regularly updated and disseminated to staff delivering IBA.

3. Eligibility and Accreditation

Required competencies: The minimum qualifications for Pharmacy staff working to this protocol is to be accredited in Identification and Brief Advice (IBA) training, either by accessing training provided locally by the Brighton & Hove Recovery Service ([click here](#) for details) or via the NHS Health Education England e-learning for healthcare module ([click here](#) for details).

The service must be provided by a pharmacy assistant. The pharmacy contractor must ensure all pharmacy assistants providing the service are appropriately trained and competent to do so as stated in section 2 of this service specification.

Appendix

Appendix B	AUDIT Alcohol Screening Tool
Appendix C	The Evidence of Effectiveness & Minimum Standards for the Provision of Alcohol Identification and Brief Advice in Community Health Settings

Public Health Contacts

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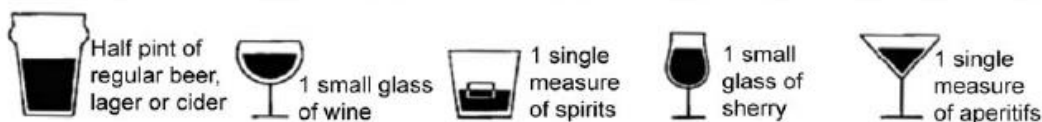
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Appendix B: AUDIT ALCOHOL SCREENING TOOL

This is one unit of alcohol...



...and each of these is more than one unit



Weekly Unit Consumption

Two or more alcohol free days

Yes / No

The following questions are validated as screening tools for alcohol use

<i>AUDIT - C: First 3 Questions</i>	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Full AUDIT: Remaining 7 Questions	AUDIT C Score Complete Full Audit if score is greater than 5					
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in		Yes, during	

the last year

the last year

Score equals

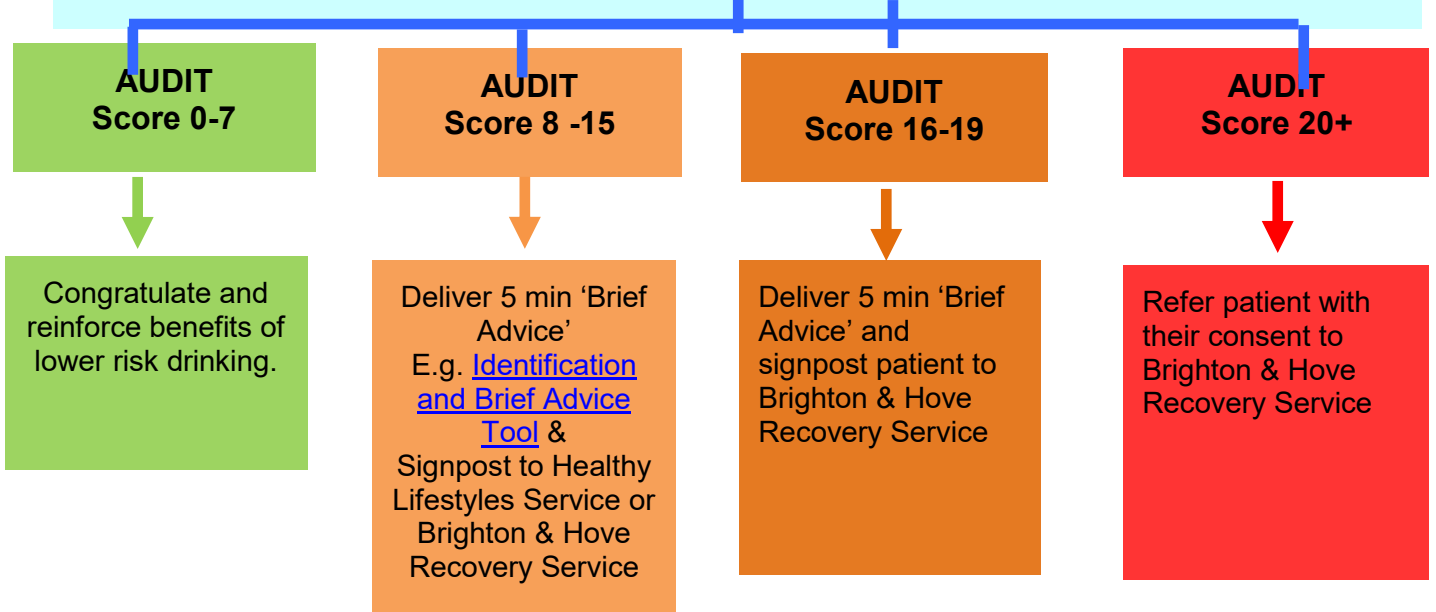
TOTAL score equals = AUDIT C score (above) + score of remaining 7 questions

SCORING: ADD all ten scores together to identify necessary action (e.g. Brief Advice)

Total AUDIT score

“Based on your answers, your drinking places you in the ... risk category.” (for 8+ scores lead to Brief Advice with) “How do you feel about that?”

AUDIT SCORE	RISK CATEGORY	=	DESIRED ACTION
0 –7	Lower risk	=	No intervention required
8 –15	Increasing risk	=	Brief Advice and signpost to Tier 2
16-19	Higher risk	=	Brief Advice and signpost to Tier 2
20+	Possible dependence	=	Referral to Tier 3 services



If the patient does not respond to 'Brief Advice' or wants to discuss reducing alcohol consumption further, an 'Extended Brief intervention' (i.e. 20-30 mins motivational interviewing), should be offered i.e. signposting to services

Both the Healthy Lifestyles Service and Brighton & Hove Recovery Service have practitioners trained in Motivational Interviewing who can offer the patient a series of 'Extended Brief interventions' to help them achieve their desired behaviour in reducing alcohol consumption to a lower risk level.

Public Health Service Community Pharmacy Locally Commissioned Service

Appendix C: *The Evidence of Effectiveness & Minimum Standards for the Provision of Alcohol Identification & Brief Advice in Community Health Settings*

[Click here](#) to access this resource online
