

Pharmacy4Mums2B- Final Evaluation Report August 2019

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Introduction:

This pilot project has introduced a pharmacy-based intervention to improve maternal and infant health in pregnancy, the perinatal period and early years. The aim of providing evidence based interventions from the ante-natal period until early childhood (children up to 3 years old) is to reduce the incidence of preterm birth, low birth weight, nutritional deficiencies, childhood infectious diseases, poor oral health and maximise childhood growth and development and is in alignment with WHO policy of continuity of care in this critical time period.

This has been achieved through the training of pharmacists and pharmacy assistants across 30 pilot sites in North West London to engage with women at key points in their pregnancy and early childhood journey, to deliver evidence based health promotion advice and linking with key services. Amongst other things, pharmacists can provide advice on maternal and childhood immunisations, early perinatal GP booking, optimising maternal and childhood nutrition, smoking cessation and oral hygiene. They additionally can link patients to services to enable mothers to put this advice into practice.

A total of 35 qualified pharmacists and 44 Healthy Living Champions (pharmacy assistants) were trained in delivering this service. The initial name for the service was Wrap around Pharmacy Services for Pregnancy and first 1000 days (WRAPPS 1000) which was subsequently changed to Pharmacy4Mums2B (P4M2B). The training consisted of a one day or two evenings face to face teaching and adult learning sessions for pharmacists and counter staff, covering oral health, immunisations and nutritional supplementation in pregnancy and early childhood, infant feeding and hazard reduction (smoking, alcohol, drugs and violence). The programme was launched in February 2018 and, a year on, a total of 222 women have registered with the service.

Methodology

A mixed methods approach using a logic model approach (See Annex 1). Every client who was registered by the pharmacists completed a questionnaire on their demographics as well as their current practices. This data was entered into Sonar (the common information system that pharmacists use in NW London). Sonar Informatics is an online portal used by pharmacists and GPs for patient data collection and as a reporting solution for public health services. Sonar designed pro bono a data collection tool and a website specifically for this programme. The data was transferred onto Excel to analyse registered users demographics and ascertain their practice prior to registering with the service. This helped identify areas where there is greatest need for this project to focus on.

The second part of the evaluation involved feedback from clients who took part in the project and utilised the new service provided. A questionnaire consisting of six open and closed questions was written for the purpose of this evaluation. It explored clients' views of the utility of the new service provided. Client feedback was collected between September and December 2018 across half of the

participating pharmacies (15 sites). Women who came in to the pharmacies and were engaged with the project were invited to complete the feedback forms which were collected by the pharmacists and Health Champions. A total sample of 49 of 222 [22%] client feedback questionnaires was obtained.

Thirdly, we collected feedback via a questionnaire from pharmacists and Health Champions who were trained and implemented the new service. Feedback was collected from 17 pharmacists working in 10 pharmacies. The questionnaire involved open questions exploring the delivery of the service, the challenges involved, the number of patients referred to onwards services and the overall success of the service provided.

Data from both client and pharmacist questionnaires was analysed using Excel and descriptive statistics were produced.

Results

A total of 222 users were registered with the service. The registration process ascertained clients' current practices and identified knowledge gaps with the objective of tailoring services towards specific client needs.

Folic acid and vitamin supplements

We evaluated the use and knowledge of supplementation in women planning a pregnancy and during pregnancy. Women who were planning a pregnancy or in the first trimester were questioned as to whether they were taking folic acid- of the 77 women in these categories 66% were taking folic acid at the time of registration. Of these only just over half (55%) of women planning a pregnancy were taking folic acid and 75% of women in their first trimester.

Women were additionally questioned regarding use of vitamin D supplements. Current national guidance is that all pregnant and breast feeding mothers should take a daily vitamin D supplement. The data identified that only 39% of women who were planning a pregnancy or pregnant took vitamin D supplements. Of these only 36% of women in early pregnancy (<10 weeks gestation) and 33% of women >10 weeks gestation, reported taking vitamin D supplementation.

Diet and oral health

Women were questioned about their lifestyle choices. 67% of women planning a pregnancy or pregnant at the time of asking stated that they kept a healthy diet. 40% of pregnant women were not registered with a dentist or hadn't had a recent oral health check.

Smoking

Only 5% of women who registered with the service smoked, the vast majority were either women who never smoked or ex-smokers.

STD screening and vaccinations

Women were questioned about their knowledge of sexual health screening in pregnancy and only 18% of women were aware of the importance of this. Uptake of both flu and pertussis vaccine in women after 10 weeks of pregnancy was low at 34% for both.

Antenatal clinic registration

The relatively poor knowledge of women regarding antenatal clinic registration is likely to have contributed significantly to this; only 20% of women planning a pregnancy were aware of the need to attend antenatal clinics and how to book themselves in and 57% of women in the first trimester had registered for antenatal services.

Client feedback on service

This evaluation aimed to establish the degree of effectiveness of the service on clients utilising the service. Forty six out of 49 (94%) clients who returned completed forms ranked the service 'very useful' or 'useful' on a scale from 1 to 5 (Likert). Seventy seven percent ranked the service 'very useful'. None of the responders answered that the service was 'not much use', (rating 1 or 2 on scale). Ninety-eight percent of clients said they would recommend the service to others, the remaining respondent did not answer the question.

Pharmacist evaluation of scheme

Of the pharmacists who responded to the questionnaire 10 out of the 17 pharmacists (59%) felt that the service and advice provided had made a difference to the client. Four wrote that they 'hoped' it made a difference, and the remaining 3 did not answer the questions. No pharmacist answered 'no' to the question.

The biggest challenge of implementing the project cited by the pharmacists was the time constraint. Twenty-nine percent of pharmacists felt the process of registering and engaging clients with the service was too time consuming to enable effective service delivery. Other challenges raised in engaging and maintaining clients to the service included: language and cultural barriers, lack of interest from clients due to reluctance to divulge personal information, issues with the structure of forms and associated data collection and input onto Sonar.

Pharmacist engagement

Initially 34 of the 35 trained pharmacists were engaged with the project. Over the course of the year the project was piloted, 17 of the pharmacies remained actively engaged throughout. Two pharmacists from the Local Pharmaceutical Committee (LPC) regularly visited the registered pharmacies to try and keep them engaged and motivated. Monthly newsletters were delivered to the pharmacies to update them on their progress. Sustainability and continued engagement with the project over the medium and long term was mentioned as an area for further consideration.

The pharmacies who have remained engaged in the project continue to work hard to recruit women. Aside from the 222 women who have registered they have provided advice to many other women, which has probably been beneficial.

Efficiency of scheme

The project was allocated a budget of £20,000 from Health Education North West London. This budget was utilised to set up 4 training sessions to train the pharmacists and health champions (pharmacy assistants) in delivering the programme and to fund the launch meeting in February 2018. The primary output of setting up a replicable teaching programme for pharmacists and counter staff (health champions) and delivering a set of evidence based interventions was achieved using the allocated budget. The additional time allocated for setting up and implementing the pilot project was 6 months. This was achieved within the specified time, however, the project was extended to a further 6 months as the interim data provided via questionnaire and informal feedback suggested clients were finding the service very beneficial. Additionally, this provided an opportunity to allow for a greater number of women to register to provide more robust data for evaluation of the project.

The LPC sought to keep costs minimal by producing all the resources used to sustain the project (including posters, leaflets and communications to clients) in house. The vast majority of the budget was spent on the training venues and refreshments.

Two part time pharmacists were employed to visit participating pharmacies regularly to encourage greater engagement. This was funded by the LPC as was dissemination activity more formally e.g. presentation to and at the Pharmacy Show in Birmingham in September 2018. HENWL supported the team to present at the RCGP annual conference in Glasgow also in September 2018.

Impact for pharmacy staff

A total of 79 individuals (35 pharmacists and 44 pharmacy assistants) were trained in providing advice to expectant and new mothers.

Improved pharmacist knowledge of maternal and child health topics including maternal and childhood immunisations, early antenatal GP clinic booking, optimising maternal and childhood nutrition, smoking cessation and oral hygiene. (see Annex)

Increase in correctly answered questions from 28% to 81% in the first cohort and an increase from 33% to 78% in correctly answered questions in the second cohort of trainees.
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This increase in knowledge will serve in increasing the care provided to clients in the pharmacy, as well as the confidence of the people supplying the advice, both within and outside the framework of this project.

This scheme is likely to have indirect benefits on reducing pressures on other health care providers, including general practitioners and maternity services. It can help signpost women for early antenatal booking, which has been shown to improve neonatal outcomes. When questioned where one would seek advice if this service was not available many reported that they would have used other healthcare providers. : Responses from women when asked about where they would go if Pharmacy4mums2B was **not available**:

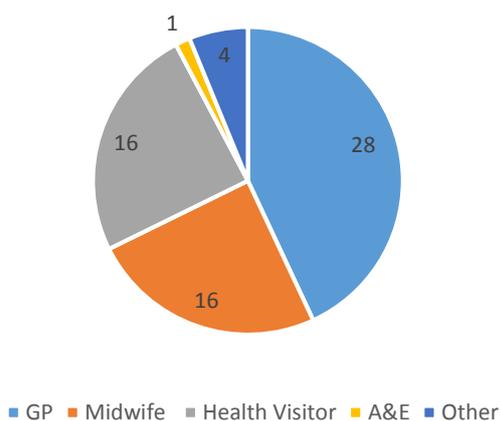


Figure 1. Other sources of support consulted if P4M2B was NOT available

At present the average cost of a GP consultation is £30 and the average Accident and Emergency attendance is £138 pounds. Utilising this service could potentially help reduce the physical and financial burden on other healthcare services. In this case, savings made if reported intentions were followed through and representative would be in the order of £1500 for this cohort. If scaled up for 5000 births where P4M2B was operating a scale and with a similar consultation pattern, this would represent substantial savings to the health economy estimated of at least £150,000-175,000 as a conservative estimate.

Impact for women

One of the key outcomes was to improve clients' knowledge on early antenatal booking, vitamin supplementations, healthy lifestyle and immunisations. From the results above;

31% of women reported not being aware of the importance of oral health checks,

24% were unaware of the importance of early booking for antenatal clinic and

22% didn't know about maternal immunisations.

16% didn't know about the importance of a healthy lifestyle

7% were not aware about taking folic acid and vitamin D during pregnancy.

Pharmacists reported that the greatest benefit of the service provided was their perceived effectiveness in directly increasing clients' knowledge in these areas.

Sustainability

This project has an excellent prospect to be sustained, with a gradually increasing service provided to clients. Whilst the initial drop-off of some pharmacies has resulted in approximately half of pharmacies remaining fully engaged with the project, the pharmacies that have remained engaged have found it extremely beneficial. **All participating pharmacies have shouldered the service with no financial remuneration at all.**

This client group could generate remuneration in additional ways. For example through Medicines Use Review (MUR) consultations and thus attracting a national tariff (Pharmacies can do up to 400 MURs per year at £28 per MUR consultation), but only for specific eligible patients.

Similarly, New Medicines Review for those with eligible conditions could be an additional source of funding support.

Furthermore, the feedback from clients is wholly positive and many have expressed the view that they would rather access the service provided at their local pharmacy as opposed to seeking healthcare elsewhere.

This service could help reduce pressures on other healthcare providers and is a useful adjunct to what is already available.

Further ongoing funding would be required to sustain this new and innovative service, and would ideally be well placed to be provided by the CCG or LA Public Health GP Federation or NHSE.

Strengths of the Project

This evaluation has highlighted numerous strengths of this project:

The project ran in cooperation with other services (e.g. midwifery leads at Northwick park and ante-natal clinic, local GPs), which ensures this is a more integrated service and both helps ensure service provision is not duplicated, as well as relieves pressure off other healthcare facilities.

Training and education of pharmacists and health champions has provided them with a greater wealth of knowledge, which they were then able to utilise to advise clients better.

Pharmacies are generally more accessible and convenient (cf. GPs, health visitors, A&E where there are often longer waits) as a source of information, and as a walk-in advice and support service.

Availability of on-line resources (website: www.pharmacy4mums2B.org.uk), where women were able to both access information, find participating pharmacies and book pharmacy appointments.

Women who have accessed the service are very satisfied with it and are better informed with additional support from accessing Matimms and Baby Buddy Apps which were introduced to them.

Women were able to receive free vitamins samples as part of the service (kindly donated by the pharma company). This is a major strength of the project given the low numbers of clients taking supplements when registering with Pharmacy4mums2B.

Areas for Improvement

The greatest areas for improvement surround ensuring pharmacies remained engaged in the project. Feedback from pharmacists has highlighted a few key parts which could help reduce their workload as part of their project. These include:

Simplifying the IT platform used and making it user friendly

Reducing the time taken to register women with the service by simplifying the registration form.

Prompting women to register online via the website

Streamline the requirements for pharmacies, e.g. focus only on a few areas such as oral health, infant nutrition, and/or vitamin D, folic acid and healthy lifestyle throughout pregnancy.

Improving engagement from other health care professionals (e.g. midwives in other boroughs) to refer directly to the service.

A more formal parental pre and post evaluation of knowledge and behavioural intention would have been valuable.

Clinical process measures of impact; ideally, we need to be able to track the 222 registered clients and look at the number of repeat visits and to see if the pharmacy increased their:

- Uptake of immunisations during pregnancy
- Uptake of perinatal vitamins/ childhood vitamins
- Uptake of early booking via GP
- Uptake of smoking cessation

Unfortunately, this was not possible to achieve within the budget for evaluation.

Conclusions

The Pharmacy4Mums2B service, provides an excellent service to expectant and new mothers which is easily accessible. The evaluation clearly demonstrates that this service was very well liked by participating women and pharmacy staff alike. By visiting the pharmacies, women learned many things that they did not know before, namely importance of taking folic acid, vitamin supplements, early booking for antenatal clinics, immunisations, free oral health checks, STD clinics. Pharmacists and staff increased their clinical knowledge in these areas

At the start of this pilot project there was a great amount of enthusiasm from many pharmacists and health champions, who participated and attended the training sessions (outside of their regular working hours and with no remuneration). They are keen to take on more clinical responsibility, to be able to better inform and provide clinical services to clients which is an expectation of the new CP contract. However, during the course of the pilot the number of engaged pharmacies halved. The

face-face visits by the LPC pharmacists did help maintain pharmacy engagement, however this was funded by the LPC rather than the initial budget allocated for the project.

To ensure the project is sustainable in the long term the project would require ongoing funding, with remuneration or other financial incentives for participating pharmacies.

Sonar Informatics is a leading data collection and reporting solution for Public Health Services. It is an IT platform that offers a comprehensive suite of features that allows an on-going development and improvement. Sonar provides support to pharmacies to help patients get the best from their medicines and is again a feature of the new CP contract.

Sonar provided their service free of charge. They designed the data collection platform as well as a bespoke website specifically for this programme. Clients were able to link into:

www.pharmacy4mums2B.org.uk Clients can also book appointments with the pharmacy of their choice from the list of 30 participants, though we don't know how many did.

We were able to gather very good data regarding the usefulness of the programme, as well as the perceived benefits for both providers and clients. However, the small budget allocated to the budget has meant that we were unable to follow up clients to gather information on what advice was taken up and to collect numerical data on uptake of immunisations during pregnancy/ early booking/ smoking cessation/ vitamin use, to calculate a more accurate cost: benefit analysis.

Recommendations

1. Simplify IT system for patient registration and help encourage ongoing Pharmacy participation. This could be done by enabling clients to register directly onto the website, potentially using an iPad in the Pharmacy.
2. Creating social media presence, such as Facebook, and Instagram may help to recruit more clients onto the service.
3. Developing literature and promotional material in various languages (with eye catching images) should be given consideration, as Pharmacists reported language as a huge barrier to client recruitment. This would ensure a wider reach of the service.
4. Consider working in partnership with ethnic minority organisations to create awareness and possibly training of parent champions.
5. Clear referral pathways should be developed into and out of the service. This would be done by working in collaboration with a wider range of healthcare professionals including dentists and health visitors. An innovative approach would be to allow Pharmacists to support a newly pregnant woman to calculate her due date and then book her an antenatal appointment with the midwife directly. This would encourage the client to be seen within the recommended timeframe.
6. Streamline the service into distinct "clinical" and "health promotion" models. The clinical model could focus on immunisations for both the mother and child. Maternity and childhood immunisation uptake is poor in NWL, so this may prove beneficial. The health promotion side would need a robust system for follow up, (possibly utilising the current digital platform) to enable meaningful data gathering.
7. During the next phase of the project, greater focus should be on collecting data on outcomes for women using the services (e.g. use of vitamins, uptake of vaccinations, uptake of smoking cessation, number of women booking early via GP etc)- in order to carry out a more detailed cost: benefit analysis

8. In order to continue providing this important service, funding will be required, partly to remunerate/ incentivise pharmacists to remain engaged with the programme and partly to provide supporting materials.
9. Limited financial incentives might be possible where Pharmacists can carry out interventions under the new Medicines Service (NMS), as well as additional immunisation, smoking cessation and other services if commissioned, with clients who might fit the criteria.
10. Opportunities to engage Pharma in providing further samples and support are worth further exploration.
11. Longitudinal Tracking and data linkage of registered clients to establish attributable changes in outcome measures

Annexes

1. Evaluation framework
2. Training programme
3. List of participating pharmacies in the scheme
4. Registration and data collection forms/questionnaires
5. Sonar enhancement screen shots
6. May Newsletter

Annex 1: Evaluation Framework

Wraparound pregnancy, perinatal and early years pharmacy based care					
Aim: To test the feasibility and impact of delivering a pharmacy-based intervention to improve maternal and infant health in pregnancy, the perinatal period and early years					
Theory of change	Inputs	Activities	Outputs		
<p>The provision of training to pharmacists and counter staff across 30 pilot sites in Northwest London area, under the umbrella of Healthy Living Pharmacies, to engage with women at key points in their pregnancy and early childhood journey, to deliver evidence based health promotion advice and linking with key services. The provision of evidence based interventions during pregnancy aims to reduce the incidence of preterm birth, low birth weight, nutritional deficiencies, childhood infectious diseases, poor oral health and maximise childhood growth and development.</p> <p>Evidence-based Interventions:</p> <ol style="list-style-type: none"> 1. Uptake of vaccinations (pertussis in pregnancy, early years childhood vaccination) 2. Early booking 3. Optimising of nutrition - uptake of prenatal supps. – folate acid, vitamin D, childhood supps. (Healthy Start) and signposting to breastfeeding resources 4. Engagement with Matmms and Baby Buddy 5. Engagement with smoking cessation, substance use support 6. Engagement with weight management services 7. Engagement with dental practitioners oral health advice 8. Provision of support and signposting around common health related issues e.g. feeding, fever <p>Data collection plan</p> <ol style="list-style-type: none"> 1. Initial consent and checklist of data collection from women 2. Sonar system data management 3. Sharing with GP practices 	<ul style="list-style-type: none"> • Design of evidence based interventions and key linkages • Design of platform for data collection, recording of interactions between women and pharmacy • Engagement of stakeholders (pharmacists and counter staff) via 'Expression of interest' program and support materials • Ethical approval and production of consent materials • Included in the above intervention design and teaching program, the engagement of women and pharmacy staff in coproducing these pieces <p>Prototype phase</p> <ul style="list-style-type: none"> • Convening of stakeholder pharmacists and counter staff for a series of training sessions on content, process and resources • Convening with stakeholder local support services – dentistry, midwifery, local children's centres • Commencement of pharmacy enrolment of women and delivery of the intervention via engagement • Follow up and support of enrolled pharmacists • Continuous improvement of the platform and process • Sustainability/spread strategy 	<p>A replicable teaching program for pharmacists and counter staff</p> <p>A set of evidence based interventions for pharmacies to be able to achieve via engagement of women during pregnancy</p> <p>Partnership between pharmacies, the Local Pharmaceutical Committee, Northwick Park Hospital and women of the community</p> <p>A plan for the next iteration and on-going improvement, sustainability and spread of the program</p> <p>An evaluation of the process and outcome measures of interest in this early feasibility stage of the project</p> <p>A small scale qualitative evaluation of the successes and challenges of the project to date (with pharmacy staff) to allow for future improvement and iterations</p> <p>A view of future policy and commissioning impact of the outcome of this demonstration project</p>	<p>Short</p> <p>Impact of teaching program</p> <p>Process measures</p> <ol style="list-style-type: none"> 1. Kirkpatrick level 1 impact – likeability feedback on the training day 2. KP level 2 Impact – knowledge pre and post (start and end of training) <p>Impact of intervention</p> <p>Process measures</p> <ul style="list-style-type: none"> • Number of pharmacies engaged • Number of women engaged during the project • Number of communications to GPs and referrals to other services e.g. weight management and smoking cessation • Uptake and usage of BabyBuddy app by area served (compared with usage and uptake level prior) <p>A qualitative assessment of the successes and challenges of this project (small scale) via communication with pharmacy staff regarding their experience</p>	<p>Medium</p> <p>Outcomes – Impact</p> <p>Impact of teaching program</p> <p>Outcome measures</p> <ol style="list-style-type: none"> 3. KP level 3 – phone follow up at 6 weeks to assess behaviour change achieved <p>Outcome measures</p> <ul style="list-style-type: none"> • Uptake of immunisations during pregnancy (comparison with area uptake from prior data as a proxy measure of pre/post) • Uptake of early booking via GP record (comparison with area uptake from prior data as a proxy measure of pre/post) • Uptake of prenatal vitamins and childhood vitamins (comparison with area uptake from prior data as a proxy measure of pre/post) <p>Experience of pharmacists and counter staff – feedback regarding satisfaction with the project, impact on workload and challenges</p> <p>Experience of mothers enrolled - feedback regarding satisfaction with enrolment with the project and any difficulties encountered</p> <p>Delivery of pharmacy team CPD/HLP accreditation via the medium of training and project involvement</p> <p>Demonstration of feasibility of this approach to facilitate future project development and advocacy for this approach within commissioning</p>	<p>Long</p> <p>Outcome measures</p> <p>(not able to be assessed during pilot phase or short time frame)</p> <ul style="list-style-type: none"> • Improvement of early booking, incidence of vaccine preventable diseases, incidence of low birth weight and preterm delivery amongst the women of the target population, prevalence of poor oral health • Dissemination and reporting to HENWL, Healthy London Partnership, Local Commissioning (CCGs etc), Local Pharmaceutical Committee
<p>Assumptions: Pharmacy team will and capacity to participate, existing Sonar platform and use capability, sufficient funding for the project set-up</p> <p>External Factors: Lack of financial or resource incentive for pharmacies to participate, besides CPD and accreditation as Healthy Living Pharmacies</p>					

Annex 2. Training programme

**Training Course for Community Pharmacists (CPs) and Pharmacy Technicians
in Brent, Harrow & Hillingdon
Wrap around Package of Care for Pregnant, Perinatal, Maternity & Early Years (P4M2B)**

**Session 1****1. Pregnancy and the first thousand days – Mitch Blair (total 30 mins)****2. Introduction – Michael Levitan and Vasundra Tailor**

Describe the program and the purpose

Accreditation, CPD and link to quality payments for HLP

Introduce the evaluation pre/post and the follow-up questions at 6 weeks

Workflows for how and when to engage with women and families

Complete the pre-assessment questionnaire

3. The Sonar System – Pritpal Thind

The Sonar System, data entry
Communication with GPs via Sonar

4. What you told us – Lucy Pickard

5. Pre-course anonymised questions – Lucy Pickard

6. Introduction to antenatal health and care – Anita Quinn and Margaret Costello (45 mins)

Learning objectives

- Be able to explain the importance of early booking, be able to signpost women to booking with GP
- Be familiar with the contents of maternity handheld notes
- Be able to signpost to appropriate resources for sexual health, mental health concerns

Key messages and case presentation (10 mins)

Discussion (35 mins)

Pre-conception health, nutrition and sexual health screening

Sexual health – local walk in GUM clinics and opening times, SH24 online

Importance of early booking for antenatal care

How to book in pregnancy, with whom, and how to communicate with GP

Familiarisation with maternal hand held notes and child health record 'red book'. Examples of how to use these to aide consultations with customers

Midwives could start to ask women at the booking apt if they have met their local CP

7. BREAK (15 mins)

8. Smoking , alcohol and exercise (15 mins) – Anita Quinn and Margaret Costello

Learning objectives

- Be able to explain the risks of smoking to the unborn child and passive smoking to child health
- Be able to give appropriate advice for smoking cessation and identify and refer to local smoking cessation services
- Understand the role of exercise in healthy pregnancy

Key messages and case presentation (5 mins)

Discussion (10 mins)

- Finding opportunities to address smoking
 - If collecting prescription for child inhaler

- Pregnancy test
- Smoking cessation in pregnancy – what options – signposting to resources for this
- Safest approach to alcohol
- Exercise is beneficial and safe

9. Apps to support antenatal health and care (15 mins) – Lucy Pickard

Learning objectives

- Be familiar with MatImms and Baby Buddy
- Be familiar with what information can be provided by these apps and the use of signposting to these for extra information

10. Questions on what we will cover in session 2 – Lucy Pickard

Training Course for Community Pharmacists (CPs) and Pharmacy Technicians

in Brent, Harrow & Hillingdon

Wrap around Package of Care for Pregnant, Perinatal, Maternity & Early Years (P4M2B)

Session 2

1. Introduction – Michael Levitan and Vasundra Tailor (15 mins)

Re-introduction to the topic

Answer any questions about the project so far

Explanation of go-live date for the project

Feedback mechanisms

On-going support after project commences

2. Nutrition and oral health (30 mins) – Anita Quinn, Margaret Costello, Ben Holden, Lucy Pickard, Mitch Blair

Learning objectives

- Be able to explain the long term effects of poor maternal/child nutrition on child development and health
- Be able to give practical advice that promotes good nutrition, supplementation and breast feeding
- Be able to signpost families with poor oral health to oral hygiene, dental services, including appropriate products

Case presentation (10 mins)

Discussion topics (20 mins)

- Specific prenatal and breastfeeding supplements including folic acid, vitamin D, iron
 - Which women are at risk of deficiency
 - What supplements to recommend
 - Common side effects of some supplements – alternatives (some women experience diarrhoea with pregnacare)
 - Impact of some prescription drugs on nutrition such as valproate
- Healthy diet in pregnancy
 - Be aware of potential financial constraints – advise resources such as NHS eat for cheap website
 - Weight management resources available
- Vitamin supplementation post pregnancy and breastfeeding
- Breastfeeding advice - know local breastfeeding support groups / drop in cafes and opening times to refer
- Infant formulas – what is the difference between them
- Childhood vitamin supplementation
 - Healthy start – who is eligible, how to refer
- Infant weaning and healthy diet

- HealthyStart website
- <https://www.nhs.uk/start4life/first-foods>
- Local burden of dental problems in children
- 'Now you have teeth' campaign
- Free dental treatment during pregnancy

3. Immunisations (30 mins) – Margaret Costello, Mitch Blair, Lucy Pickard, Ben Holden

Learning objectives

- Have a basic understanding of the immune response, including the relationship between maternal and infant immunity
- Be able to describe the infectious diseases that can be immunised against and know which are of particular importance during pregnancy
- Be familiar with the infant vaccination schedule and signpost to resources
- Be able to answer common concerns raised regarding immunisation safety and know where to go for further advice

Case presentation (10 mins)

Discussion topics (20 mins)

- The role of vaccination in pregnancy and childhood
- Vaccinations in pregnancy – what advised, when and by whom
- Up to date child vaccination schedule and resources for this
- Infectious diseases during pregnancy including chicken pox – where to appropriately refer
- Myth busters – the evidence
- Allergy and immunisations

4. Common childhood illnesses (30 mins) – Mitch Blair, Lucy Pickard, Ben Holden

Learning objectives

- Be able to give appropriate management advice and be aware of red flags and where to refer for the following conditions:
 - Fever
 - Cough
 - Diarrhoea and vomiting

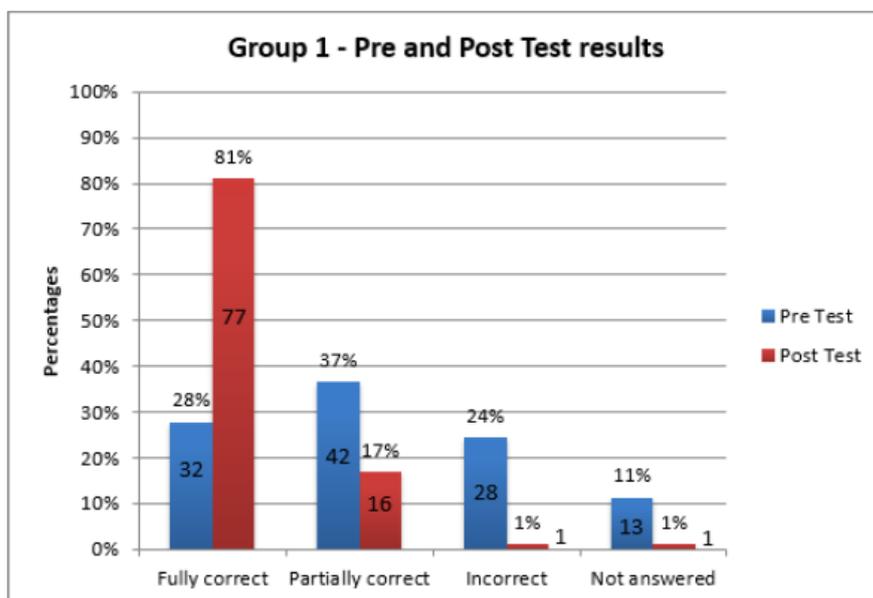
Case presentation (10 mins)

Discussion topics (20 mins)

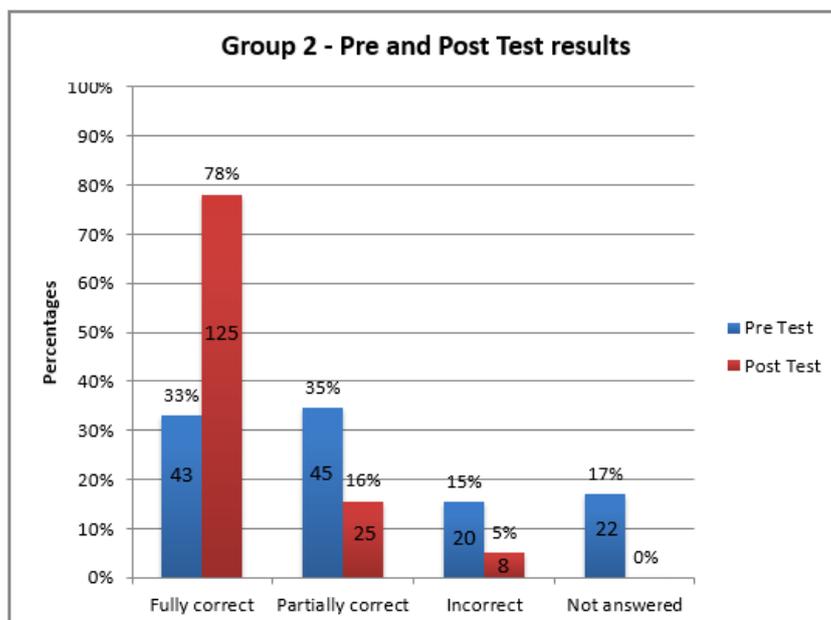
- Options of where families can get further advice
 - 111, GP, Health visitor, Midwife, OOH GP/Urgent Care/WIC, A&E, community pharmacies
 - Appropriate preparations for paediatric medications and common questions eg mixing meds with breast milk, not tolerating/ refusing meds
 - Red flag signs for urgent attention
- 5. Questions so far and next steps – all (15 mins)**

Pharmacist Knowledge scores Pre and Post training

Cohort A



Cohort B



Annex 3: List of participating pharmacies in scheme

Pharmacy4mums2B - Participating Pharmacies		
BOROUGH	PHARMACY	ADDRESS
BRENT	Dubison Ltd	168 Church Road, London NW10 9NH
	Jade Pharmacy	533 Kingsbury Road, London NW9 9EG
	Kings Pharmacy	343 Kilburn High Road, London NW6 7QB
	Chana Chemist	138 High Road Willesden, London NW10 2PJ
	Brentmead Pharmacy	136-138 Church Road, Willesden NW10 9NH
	Craig Thomson Pharmacy	70-72 Walm Lane, Cricklewood NW2 4RA
	Greenfield Pharmacy	61 Chamberlayne Road, Willesden NW10 3ND
	Morrisons	Honeypot Lane, Queensbury, NW9 6RN
	Leigh Pharmacy	278 Church Lane, London NW9 8LU
	Sudbury Chemist	879 Harrow Road, Wembley, Middlesex HA0 2RH
	Tyerest Ltd.	Gooseacre Parade, 427 Kenton Road, Kenton HA3 0XY
	Jade Pharmacy	204 Ealing Road, Wembley HA0 4QG
BOROUGH	PHARMACY	ADDRESS
HARROW	Bachu's Chem+B16:C34istBachu's Chemist	798 Kenton Road, Kenton HA3 9QX
	Andrews Pharmacy	9 Canons Corner, Edgware, Middlesex HA8 8AE
	Care Chemist	5 Buckingham Parade, Stanmore, Middlesex HA7 4EB
	Garner Chemist	160 Pinner Road, Harrow, Middlesex HA1 4JJ
	Jade Pharmacy	385 High Road, Harrow Weald HA3 6EL
	Jade Pharmacy	2 Weald Lane, Harrow, Middlesex HA3 5ES
	Jade Pharmacy	392-394 Rayners Lane, Pinner, Middlesex HA5 5DY
	Jade Pharmacy	5 Broadway Parade, North Harrow, Middlesex HA2 7SY
BOROUGH	PHARMACY	ADDRESS
HILLINGDON	Superdrug	143 Field End Road, Eastcote, Middlesex HA5 1QL

Winchester Pharmacy	64 Swan Road, West Drayton UB7 7JZ
Ruislip Manor Pharmacy	53 Victoria Road, Ruislip Manor HA4 9BH
Daya Ltd.	750 Uxbridge Road, Hayes UB4 0RU
The Malthouse Pharmacy	Breakspeare Road North, Harefield UB9 6NF
Lansbury Pharmacy	102 Lansbury Drive, Hayes UB4 8SE
Village Pharmacy	218 High Street UB3 5DS Harlington Hayes
Harefield Pharmacy	12e High Street Harefield UB9 6BU
Howletts Pharmacy	81 Howletts Lane, West Ruislip HA4 7YG
Vantage Pharmacy	252 Kingshill Avenue, Hayes UB4 8BZ

Annex 4: Registration and data collection forms

PHARMACY4MUMS2B**REGISTRATION FORM**

NAME

ADDRESS

.....

Telephone: Mobile

Email Date of Birth

1. Have you booked into an antenatal clinic? YES NO
(If applicable)2. Are you taking Folic Acid? YES NO 3. Are you taking Vitamin D? YES NO 4. Are you registered with a GP? YES NO

GP Name:

Address:

.....

5. Are you registered with a Dentist? YES NO 6. Are you aware of Free Flu and Pertussis vaccination? YES NO 7. Do you know the vaccination schedule for children? YES NO 8. Have you heard of MatImms / Baby Buddy apps? YES NO 9. Are you on any medication? YES NO

Signature.....Date.....

Client Name:

Pharmacy:

Date:

1. How did you hear about this service?

2. On a scale of 1 to 5, how useful has the service been to you? (Please circle)



1 2 3 4 5

(Not much)
(Very)

3. Without this service, where would you have gone for information and advice? (Please circle)

*GP *Midwife *A & E *Health visitor *Other (Please specify?)

4. Before this consultation, did you know about the following (Please tick):

- a. Early booking for antenatal clinic
- b. Taking folic acid and vitamin D
- c. Healthy lifestyle – diet, exercise, alcohol reduction and smoking cessation
- d. Oral health checks
- e. Appropriate immunization

5. Would you recommend this service to others?

6. Please give us any other comments or feedback regarding your experience of this service

Questionnaire for Pharmacists and Health Champions

Pharmacy4mums2B

1. Overall how did you find delivering this service?
2. What were the challenges?
3. What did you feel was successful?
4. Do you think you “actively” promoted this service?
5. In your opinion, why do you think certain clients decided not to register?
6. What could have helped increase registrations?
7. For registered patients **roughly** how many were:

	Number of clients advised	No of clients you feel took your advice	No of clients who definitely took your advice
Referred to GP, dentist or other healthcare professional			
Suggested vaccinations			
Recommended supplements			
Advice on smoking, alcohol, diet & exercise			
BabyBuddy and MatImms apps			

8. How many returned to see you again for a 2nd or 3rd consultation?

9. Any other comments

Summary of client feedback forms

A total of 49 forms were received and evaluated.

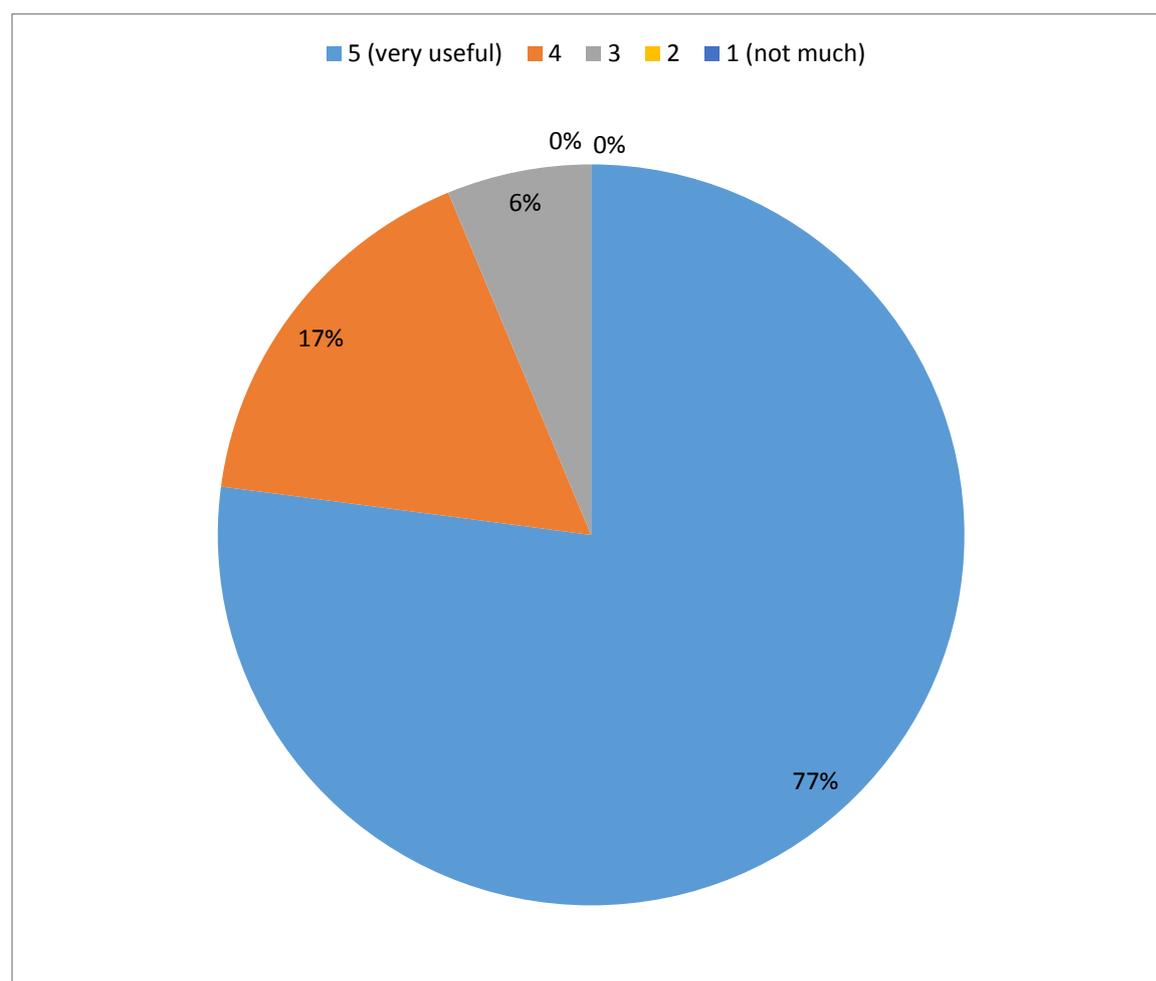
Q1. How did you hear about this service?

Most clients heard about the service from the Pharmacy team.

1 person heard from a local resident, 1 from the GP and 1 from a family member.

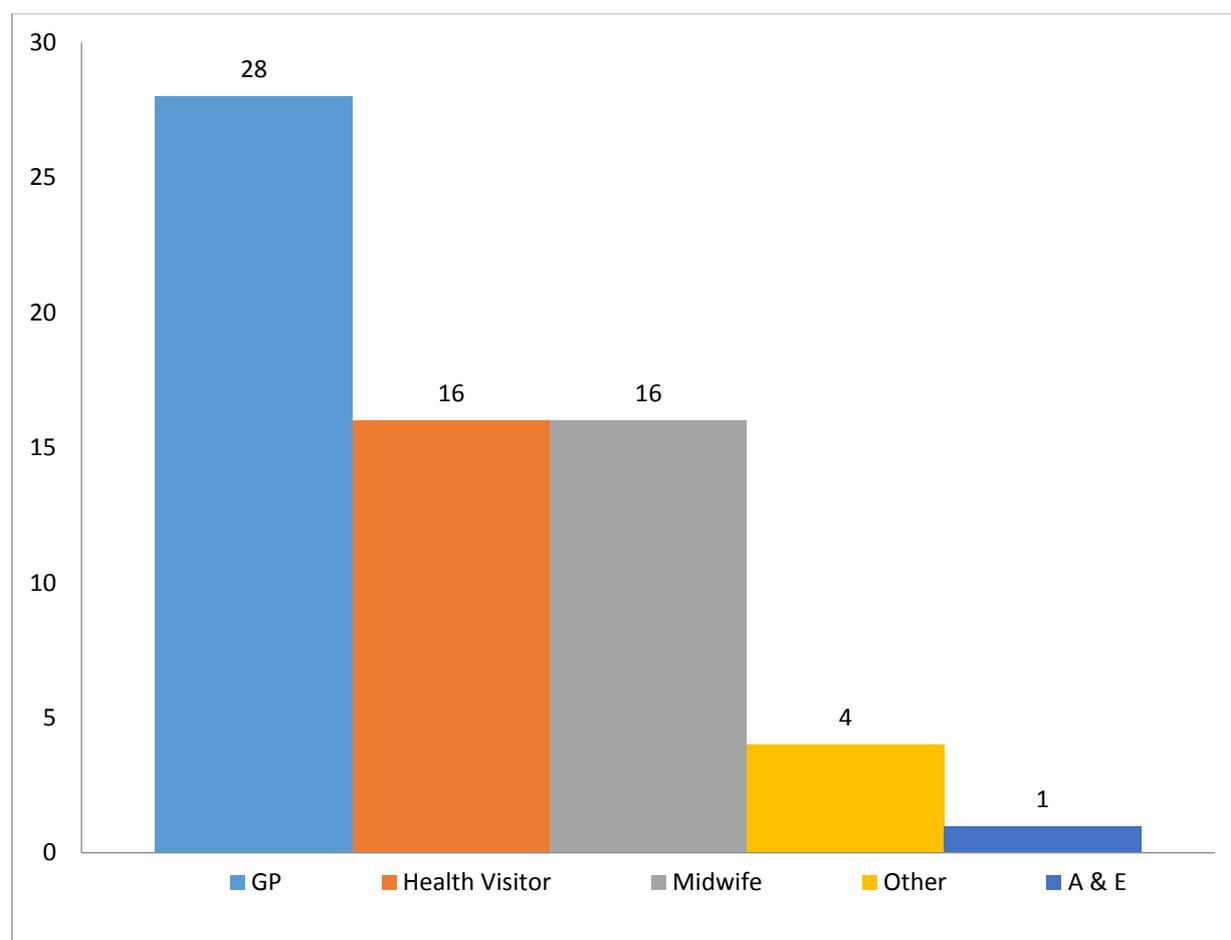
Q2. On a scale of 1 to 5, how useful has this service been to you?

37 out of 49 (76%) of clients ranked the service 5 (very useful). 1 person wrote (n/a), and another client commented "There is **no** number large enough!! Great staff!!



Q3. Without this service, where would you have gone for information and advice?

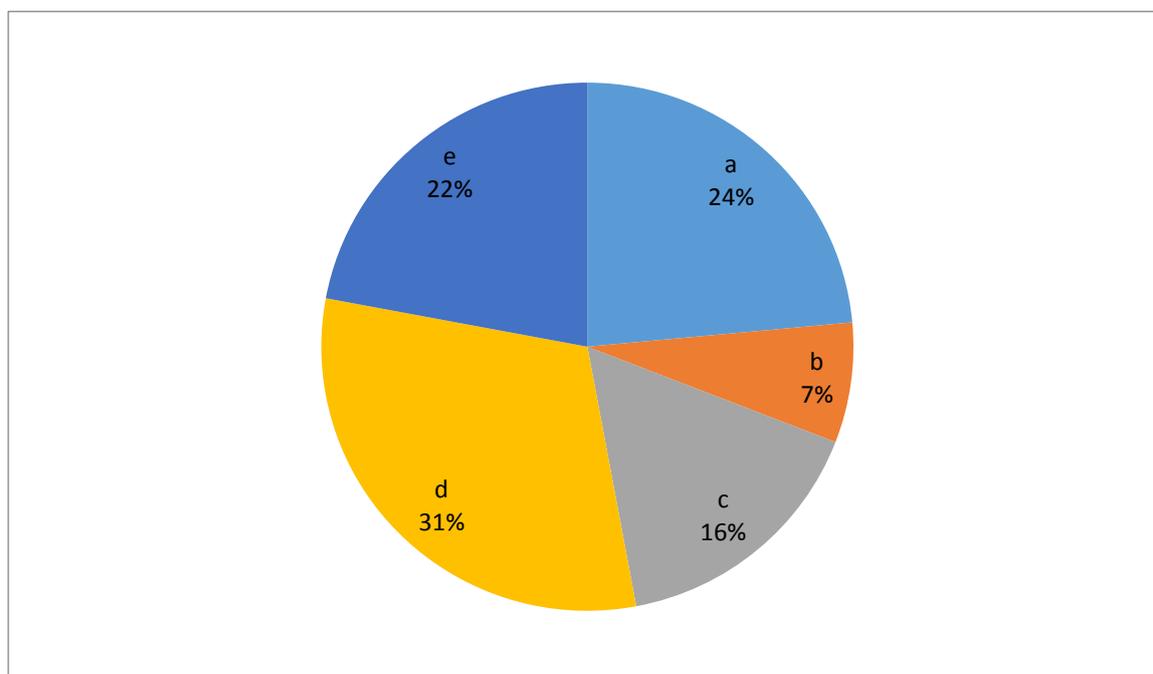
28 out of 49 clients would have gone to the GP for information, which is 57%! Health visitor and midwife came joint second (33% of clients), and “other” included online, unspecified and mother.



Q4. Before this consultation, did you know about the following?

- (a) Early booking for antenatal clinic
- (b) Taking folic acid and vitamin D
- (c) Health lifestyle- diet, exercise, alcohol reduction and smoking cessation
- (d) Oral health checks
- (e) Appropriate immunization

31% were not aware of the importance of oral health checks, 24 % were not aware of the importance of early booking for antenatal clinic and 22% didn't know about immunization. 16% didn't know about the importance of a healthy lifestyle and 7% were not aware about taking folic acid and vitamin D.



Q5. Would you recommend this service to others?

Everyone said yes, and one person didn't answer the question, but gave very positive comments. One person said yes, and would **very much** recommend it.

Q6. Please give us any other comments or feedback regarding your experience of this service.

Here are the comments from the forms:

- Very helpful and knowledgeable advice
- The Pharmacist is brilliant at providing all relevant information
- They give feedback is good and anytime help us
- Quite useful – would come to pharmacy rather than GP or A/E esp. vaccination/baby immunisation

- I was misled by so many and the staff at this Pharmacy really helped me. Thank you
- Very useful information – Should promote more this service elsewhere
- Useful help with weaning
- Very good quality service. Thank you
- Immunisation
- Very good idea. Very good care from Harefield Children's centre and Watford Antenatal care. Increased postnatal advice and care
- Going to the Doctor's
- Would be easier than going to the doctors and waiting
- Excellent
- Very good idea, quicker to see someone to help
- Put mind at rest – lots of worries previous miscarriage
- Staff are very friendly and helpful
- Friendly local service
- All good
- This Pharmacy is very friendly, I'm happy to come here every time. Very professional staff. Thank you
- Really good service
- Great service at this Pharmacy as always – Thank you!
- It's a very good service and teaches many people about pregnancy and how to prepare
- Wish we could multiply you guys, absolutely fantastic, helpful and non-judgemental!! Feel very happy with the service ☺ and would highly recommend!
- Very useful – saves me having to go to GP or midwife. Today went to GP because baby had a runny nose and some dry skin. Didn't realise I could ask the Pharmacist

Annex 5: Sonar Screen Shots

PATIENT DATA CAPTURE

-MAIN ELEMENTS

Patient demographics

GP Details

Exemption status for prescriptions (healthy start service ect)

Records   

Patient Details | Consultations | Comments

General Information

- Personal Details
- Address Details
- Additional Personal
- Medical History
- Clinical Measures
- Health Tests
- Login Details

Step 6 of 6

- Personal details
- Address details
- Additional personal
- Medical history
- Clinical Measures
- Patient Consultation
Please fill-in the fields and click on "Save Record" at the bottom.

Personal Details

Title: Mrs

* First name: new test

* Surname: test

Middle name:

* Date of birth: 08 May 1984

* Gender: Female

* Ethnicity: A1) British

Telephone: Can contact?

Mobile: 07783937021 Can contact?

Email: Can contact?

NHS No:

* Pays for prescriptions?: No: U) Unknown
NHS Vaccinations are exempt of prescription charges.
Information above is for reference only.
(Select U) Unknown if you don't know it)

Registered with a GP?: Yes

Practice name: Test GP - HF (W12 8QQ).

GP name: Type GP name, If not known write NN...

Can speak english?: Yes: Can speak english

Save personal details

Additional Data Capture

Actual consultation and screening questions

For Mum

Records + ☰ 📅

Patient Details | Consultations | Comments

Visits

- New Visit
- Visit 1 - (10/02/2018)

Children

Note: Add child upto 2nd Birthday

- Add Child
- bobby test

Questionnaire

Customer buying ovulation or pregnancy kit OTC

Pregnant woman before 10 weeks in the pharmacy buying something or collecting a prescription

Pregnant woman after 10 weeks in the pharmacy buying something or collecting a prescription

Woman in the pharmacy with a child of early years

	Yes	No
1. Have you heard of our Pharmacy4mums2B scheme?	<input type="radio"/>	<input checked="" type="radio"/>
2. Can I interest you in registering with this free service?	<input checked="" type="radio"/>	<input type="radio"/>
3. Are you taking folic acid tablets?	<input type="radio"/>	<input checked="" type="radio"/>
4. Are you taking vitamin D supplements?	<input type="radio"/>	<input checked="" type="radio"/>
5. Do you have a healthy diet?	<input checked="" type="radio"/>	<input type="radio"/>
6. Have you heard of the 'BabyBuddy' app?	<input type="radio"/>	<input checked="" type="radio"/>
7. Have you heard of the importance of sexual health screening, and do you know where to go for a screen?	<input type="radio"/>	<input checked="" type="radio"/>
8. Are you aware of attending antenatal clinics and do you know how to book yourself in?	<input checked="" type="radio"/>	<input type="radio"/>

* Consultation date: 14/08/2019 | 15 | 45

Advice:

Step 6 of 6

- Personal details
- Address details
- Additional personal
- Medical history
- Clinical Measures
- Patient Consultation

Please fill-in the fields and click on "Save Record" at the bottom.

For children's

Records + ☰ 📅

Patient Details | Consultations | Comments

Visits

- New Visit
- Visit 1 - (10/02/2018)

Parent

- View Record

Questionnaire

	Yes	No
1. Is the child taking vitamin supplementation?	<input type="radio"/>	<input checked="" type="radio"/>
2. Is the child had flu vaccination?	<input checked="" type="radio"/>	<input type="radio"/>
3. Is the child taking any other medication?	<input type="radio"/>	<input checked="" type="radio"/>

* Consultation date: 14/08/2019 | 16 | 30

Advice:

Save Record

Step 6 of 6

- Personal details
- Address details
- Additional personal
- Medical history
- Clinical Measures
- Patient Consultation

Please fill-in the fields and click on "Save Record" at the bottom.

www.pharmacy4mums2be.org.uk

Appointments service for mums with pharmacies.

Pharmacy4Mums2B.  Select Language ▼

Participating Pharmacies

Appointment





Pharmacy4mums2B

A project run by
The Middlesex Group of LPCs
www.Pharmacy4mums2B.org.uk



May 2019

Issue 008/19

Pharmacy4mums2B

A service provided by selected community Pharmacists in Brent, Harrow and Hillingdon

In This Issue

- Evaluation Progress
- Promotional activities from the LPC
- Medicines Safety Champions Meeting
- Drop-in Centre Hillingdon
- GUM dental products, Sunstar
- Children's oral health campaign
- New pathway for OTC medicines for pregnant women
- Our message to you

Hello!

Welcome to the latest edition of our Pharmacy4mums2B newsletter. It has been a while since we made contact with you, and you must be wondering where we are with this project.

Although we have not been in touch recently or come to visit you personally, the LPC has been busy highlighting the service you provide to many different leaders in the NHS and other organisations.

Here is an update on what has been happening:

Evaluation Progress

The evaluation is currently being carried out by Professor Mitch Blair and his team at Imperial College. We will share the results of this as soon as they are available. We would like to take this opportunity to thank you all for continuing to deliver this service. It is with your dedication and hard work, that we have been able to collect data that can now be evaluated.

Promotional Activities from the LPC

We would like to take this opportunity to thank Sonar Health for all their support and hard work in designing the web platform and setting up the website for us.

We have been actively highlighting the benefits of the service to Commissioners, Health professionals and the public at every opportunity. Our aim is to gain agreement for remuneration for your time. See below for our promotional activity:

1. Medicines Safety Champions Meeting

The team at the LPC met with the Medicines Safety Champions in February at NHS Improvement. The role of these champions is to support the regional and local maternity teams to deliver safer outcomes for pregnant women and babies. They were very interested in our project and have agreed to discuss the possibility of commissioning the service with their colleagues in NHSE.

2. Drop-in Centre Hillingdon

Carol Lavender, Sexual Health Manager at Public Health Hillingdon, has asked us to send her a list of participating Pharmacies. This is so that she can share the list with young women with unplanned pregnancies who visit their Drop-in Centre. Please be ready for referrals to come to you for this service.

3. GUM Dental Products, Sunstar

We have had a meeting with the Business Development Manager of this company, Mr. Ben Mettepenningen, and produced a proposal to work in partnership with him to support you with oral health products. We have asked him to provide us with dental product samples and sponsorship for training events. We look forward to going ahead with this in the near future.

Children's Oral Health Campaign

The current NHS England Community pharmacy public health campaign is on children's oral health, which runs between 13th May-13th June 2019. This campaign, which coincides with National Smile Month, is one of six campaigns which has been agreed between PSNC and NHS England as part of the Community Pharmacy Contractual Framework; therefore participation in this

Contact Us:

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vasundra@middlesexpharmacy.org

campaign is mandatory. This is an ideal opportunity to link it to Pharmacy4mums2B and register anyone suitable. For further information see the link below:

<https://psnc.org.uk/our-news/childrens-oral-health-campaign-contractual-requirement/>

New Pathway to Optimise the use of OTC Medicines for Pregnant Women

We have been informed that the NWL Maternity unit will be sending out a letter to maternity teams across the sector to roll out this new pathway for pregnant women. They state that this will make it easier for pregnant women to access medicines that can be purchased OTC at Pharmacies. They hope to standardise advice given by healthcare providers.

If women confirm they are happy to buy the OTC products suggested by the maternity teams, they will be given an advice sheet to take to the pharmacy. If these women visit your pharmacy, please do ask them to register onto the Pharmacy4mums2B programme.

Our Message to You

We know that many of you have paused in your efforts to register women onto Sonar. You may be waiting for the evaluation, or for some indication from us that the service will be commissioned. We would urge you to continue to take every opportunity that presents itself, to continue providing the service to the appropriate women, and collect the data as you have been doing since we launched the project in February 2018.

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