



Public Health
England

Protecting and improving the nation's health

Healthy Living Pharmacy Level 1 Quality Criteria

Assessment of Compliance
Healthy Living Pharmacy (HLP)
Level 1

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Healthy Living Pharmacy Level 1 Quality Criteria

The quality criteria and compliance with the self assessment process have been developed by the Healthy Living Pharmacy Task Group of the Pharmacy and Public Health Forum, established by Ministers. The quality criteria have been endorsed and ratified by the Pharmacy and Public Health Forum. The Pharmacy and Public Health Forum is accountable to Public Health England, namely, Professor Kevin Fenton, National Director Health and Wellbeing. It is envisaged that the quality assurance will be taken forward by an independent provider.

The quality criteria outline what is required for achieving Healthy Living Pharmacy (HLP) Level 1 status as part of the assessment of compliance process and set out the behaviours, activities and physical environment you must be able to evidence. The evidence you put together will help you towards achieving and maintaining your HLP status. The specific criteria are detailed in the following sections: Workforce Development, Engagement and Environment. The Royal Pharmaceutical Society Professional Standards for Public Health Practice for Pharmacy have been embedded in the quality criteria. The quality criteria are not listed in any priority order as they are all equally important. As new developments arise, there may be additional quality criteria added, but all HLP Level 1 pharmacies will be notified when any alterations are made. The quality criteria will be reviewed by the HLP Task Group every two years.

You will only be able to complete HLP assessment of compliance when you have met both:

- the General Pharmaceutical Council (GPhC) standards for the safe and effective practice of pharmacy from pharmacy premises, and
- the NHS Community Pharmacy Contractual Framework (CPCF) requirements which determine the services and standards that must be provided by community pharmacies. Compliance with these is assessed by the Community Pharmacy Assurance Framework (CPAF)

Both these sets of standards and requirements must be met prior to the completion of the HLP assessment of compliance.

The assessment is for an individual pharmacy. It is not permitted to complete a single form for a number of pharmacies within a group. Each pharmacy has to complete its own individual assessment.

The outlined criteria for staff only relate to those individuals working within the scope of the pharmacy business, they do not apply to staff working in larger stores who do not interface in the health aspects of the business.

Suggested evidence

The examples in the suggested evidence column in this quality criteria document are only suggestions and are not exhaustive; other evidence may also be suitable. Any evidence which is required is stated as REQUIRED in the list; this is usually only certificates of completed assessment and where assessment certification not available, training attended. If your pharmacy team has other forms of evidence that demonstrate the quality criteria, please feel free to use them as appropriate. The key thing is quality, not quantity of evidence, so a portfolio which is judicious, concise and relevant (and fits well within a single ring binder) is better than a large collection of documents assembled for the sake of it.

How to assess your pharmacy

1. Read the criteria thoroughly and together with members of your team, develop an action plan of how you and your team will achieve each of the quality criteria.
2. For each of the quality criteria, you and your team must be able to provide evidence for each of the categories. This can be in the form of an HLP evidence portfolio.
3. Where you do not meet the requirements for HLP Level 1, plan and take the necessary actions to ensure the criteria can be met.
4. When all parts of the evidence for the quality criteria and self-assessment are complete for HLP Level 1, a Declaration of Compliance will be made by the pharmacist on behalf of the pharmacy.
5. Once the Declaration of Compliance has been made, the pharmacy should contact the Quality Assurance provider (to be confirmed) for the HLP logo and to register with them

Quality assurance

The assessment of compliance process will be accompanied by a quality assurance (QA) process overseen by the quality assurance provider (to be confirmed)); this will assure the public, commissioners, and other healthcare professionals that the HLP quality criteria are met consistently across the country. The proportionate QA process will provide the underpinning governance. As part of this process, a number of HLP Level 1 pharmacies will be chosen at random to have their Compliance of Self-Assessment document and supporting evidence verified, every five years. Should your pharmacy be selected for a quality assurance visit, you will be notified in advance by the Quality Assurance organisation (to be confirmed)). More information about the QA process will be provided by the organisation carrying out the quality assurance.

Workforce development

The aim of the quality criteria for this section is to develop the pharmacy staff so they are well equipped to embrace the healthy living ethos and proactively promote health and wellbeing messages.

	HLP Level 1	Suggested Evidence This lists suggested evidence unless clearly stated as required. Other documents may also be suitable in addition to or instead of these. Anything REQUIRED is stated as REQUIRED
Public Health Needs	<ul style="list-style-type: none"> All pharmacy staff have an awareness of the local public health and pharmaceutical needs outlined in the Joint Strategic Needs Assessment (JSNA), Pharmaceutical Needs Assessment (PNA) and Health Profiles¹ for their area including where and how to access them. <p>Royal Pharmaceutical Society Professional Standards for Public Health Practice for Pharmacy:</p> <ul style="list-style-type: none"> Pharmacists and their teams are aware of the wider factors influencing health (including health literacy, socio-economic, ethnic and genetic factors) and the health needs of their local population and community². The pharmacy team is aware of key national and local policies and strategies to improve and protect health and identifies and implements implications and opportunities for pharmacy³. Pharmacy initiatives are aligned with public health policy at local, national and global levels and support the implementation of strategic national and local delivery plans⁴. Pharmacists and their teams are aware of the groups and communities within their local population at most risk of experiencing health inequalities and take steps to assist them in accessing and delivering public health services to meet their needs⁵. 	<ul style="list-style-type: none"> Certificate of completion of the Introduction to Public Health CPPE module (available Feb 2016). List of the website links to the JSNA, PNA and/or Health Profiles¹ for their area or correspondence about them or evidence of attendance at seminars or meetings on them. Copies of the relevant extracts of the JSNA, PNA and/or Health Profiles¹ for their area. (As these may be very bulky documents, printing the front page or web page is acceptable.) List of pharmacy events in the local area or local/national campaigns showing direct links to the local public health and pharmaceutical needs. Questions linked to health and wellbeing services have been added to the Annual Community Pharmacy Patient Questionnaire (CPPQ) so that the pharmacy responds to local needs.

¹ Health Profiles: Public Health Observatories: www.healthprofiles.info/

² Standard 4.2 Health Improvement – Communication. Royal Pharmaceutical Society Professional Standards for Public Health Practice for Pharmacy: <http://www.rpharms.com/unsecure-support-resources/professional-standards-for-public-health.asp>

³ Standard 7.2 Policy and Strategy Development and Implementation – Interpreting and applying. Royal Pharmaceutical Society Professional Standards for Public Health Practice for Pharmacy: <http://www.rpharms.com/unsecure-support-resources/professional-standards-for-public-health.asp>

⁴ Standard 7.2 Policy and Strategy Development and Implementation – Interpreting and applying. Royal Pharmaceutical Society Professional Standards for Public Health Practice for Pharmacy: <http://www.rpharms.com/unsecure-support-resources/professional-standards-for-public-health.asp>

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	<ul style="list-style-type: none"> Pharmacists and their teams seek opportunities to deliver public health services based on local public health need⁶. 	
Health and Wellbeing Ethos	<ul style="list-style-type: none"> All pharmacy staff understand the basic principles of health and wellbeing, and that every interaction is an opportunity for a health promoting intervention. At least one member of pharmacy staff (1 Full Time Equivalent) has completed the training and assessment of the Royal Society for Public Health (RSPH) Level 2 Award in Understanding Health Improvement and is therefore a Health Champion. <p>Royal Pharmaceutical Society Professional Standards for Public Health Practice for Pharmacy:</p> <ul style="list-style-type: none"> Pharmacists and their teams are confident and knowledgeable and provide health lifestyle advice and information that is clear and consistent with national and/or local health messages⁷. Pharmacists and their teams seek opportunities to provide patients and the public with advice and information to enable people to look after their own and their family's health and support self-care⁸. Advice provided by pharmacy staff is evidence-based wherever possible⁹. Pharmacists and their teams deliver services which support self-care and enable people to take responsibility for their own and their family's health¹⁰. 	<ul style="list-style-type: none"> Certificate(s) for the RSPH Level 2 Award in Understanding Health Improvement by any pharmacy team members either displayed in the pharmacy or in the evidence portfolio. Certificate(s) of any Health and Wellbeing Training completed by any pharmacy team members either displayed in the pharmacy or in the evidence portfolio. A supporting letter from commissioner is ideal but not essential. Certificate of completion of the Introduction to Public Health CPPE module (available Feb 2016). Minutes of pharmacy team meetings that show shared learning from the Health Champion(s) to the pharmacy team. <p>Where you are claiming completion of training, the certificates for that assessment and/or training are REQUIRED</p>
Team Leadership	<ul style="list-style-type: none"> An individual from the pharmacy team has undergone leadership training internally or through an organisation that maps to/encompasses the following domains¹¹: <ul style="list-style-type: none"> Inspiring a shared purpose – Valuing a service ethos, curious about how to improve services and care, behaving in a way that reflects the principles and values of the organisation. 	<ul style="list-style-type: none"> Certificate(s) or registration for any leadership training or equivalent completed by a pharmacist or the pharmacy manager either displayed in the pharmacy or in the evidence portfolio. An HLP action plan developed by the pharmacy team

⁵ Standard 4.3 Health Improvement – Service delivery. Royal Pharmaceutical Society Professional Standards for Public Health Practice for Pharmacy: <http://www.rpharms.com/unsecure-support-resources/professional-standards-for-public-health.asp>

⁶ Standard 4.3 Health Improvement – Service delivery. Royal Pharmaceutical Society Professional Standards for Public Health Practice for Pharmacy: <http://www.rpharms.com/unsecure-support-resources/professional-standards-for-public-health.asp>

⁷ Standard 4.1 Health Improvement – Advice and information. Royal Pharmaceutical Society Leadership Competency Framework for Pharmacy Professionals: <http://www.rpharms.com/pressreleases-pdfs/1445---rps-lcf-document---final.pdf>

⁸ Standard 3.1 Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services – Pharmacy Advice. Royal Pharmaceutical Society Leadership Competency Framework for Pharmacy Professionals: <http://www.rpharms.com/pressreleases-pdfs/1445---rps-lcf-document---final.pdf>

⁹ Standard 4.1 Health Improvement – Advice and information. Royal Pharmaceutical Society Leadership Competency Framework for Pharmacy Professionals: <http://www.rpharms.com/pressreleases-pdfs/1445---rps-lcf-document---final.pdf>

¹⁰ Standard 4.3 Health Improvement – Service delivery. Royal Pharmaceutical Society Leadership Competency Framework for Pharmacy Professionals: <http://www.rpharms.com/pressreleases-pdfs/1445---rps-lcf-document---final.pdf>

¹¹ Royal Pharmaceutical Society – Leadership Development Framework: <http://www.rpharms.com/support-pdfs/rps---leadership-development-framework-january-2015.pdf>

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	<ul style="list-style-type: none"> ○ Sharing the vision – Communicating a compelling and credible vision of the future in a way that makes it feel achievable and exciting. ○ Engaging the team – Involving individuals and demonstrating that their contributions and ideas are valued and important for delivering outcomes and continuous improvements to the service. ○ Developing capability – Building capability to enable people to meet future challenges, using a range of experiences as a vehicle for individual and organisational learning, acting as a role model for personal development. ○ Influencing for results – Deciding how to have a positive impact on other people, building relationships to recognise other people’s passions and concerns, using interpersonal and organisational understanding to persuade and build collaboration. <ul style="list-style-type: none"> ● There is a clear leader within the team who is responsible for creating an ethos of proactive health and wellbeing within the pharmacy. ● There is effective leadership within the team that encourages the best use of team members’ skills and creates an environment that supports and mentors other team members. ● The leader, jointly with the pharmacy team, has developed an action plan on achieving Level 1 HLP. 	<p>leader and/or pharmacy team in the evidence portfolio.</p> <ul style="list-style-type: none"> ● Written feedback of pharmacy team members on their team leader in the evidence portfolio. <p>Where you are claiming completion of training, the certificates for that assessment and/or training are REQUIRED</p>
<p>Communication</p>	<ul style="list-style-type: none"> ● All pharmacy staff can use NHS choices, the local public health information and pharmaceutical needs information, bearing in mind the findings of eg PNAs and JSNAS such as location of services, when providing advice on health issues when appropriate. ● The pharmacy team is friendly, welcoming and sensitive to the need for privacy for different individuals seeking advice including respecting people’s values and beliefs. ● The pharmacy team routinely explain who they are, wear a name badge and inform people about the information and/or services on offer. ● All pharmacy staff receive training on how to approach people to discuss difficult or sensitive public health issues. ● All pharmacy staff are able to provide brief health and wellbeing advice (2-3 minutes) and have an awareness that the person may need additional support for behavioural change. <p>Royal Pharmaceutical Society Professional Standards for Public Health Practice for Pharmacy:</p> <ul style="list-style-type: none"> ● Pharmacists and their teams communicate and signpost public health advice and information in a clear, non-judgemental and consistent way¹². ● Pharmacists and their teams provide non-judgemental support to improve health literacy 	

¹² Standard 4.2 Health Improvement – Communication. Royal Pharmaceutical Society Leadership Competency Framework for Pharmacy Professionals: <http://www.rpharms.com/pressreleases-pdfs/1445---rps-lcf-document---final.pdf>

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	and access to health related information to enable people to set their own health goals to achieve better population health outcomes ¹³ .
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¹³ Standard 4.1 Health Improvement – Advice and information. Royal Pharmaceutical Society Leadership Competency Framework for Pharmacy Professionals:
<http://www.rpharms.com/pressreleases-pdfs/1445---rps-lcf-document---final.pdf>

Engagement

The aim for the quality criteria in this section is to demonstrate that the pharmacy team is actively engaging with the local community, including the public, health and social care professionals, commissioners, other local organisations (eg the voluntary sector).

	Meets HLP Level 1	Suggested Evidence
Community Engagement	<ul style="list-style-type: none"> The pharmacy team proactively engages with patients and the public in the pharmacy, to offer them advice, support and signposting to other providers of services in the community where applicable. The pharmacy team actively works in collaboration with other community organisations (eg schools, care homes, local events, charities) to deliver pharmacy outreach and or services. The pharmacy team is aware of health and wellbeing resources available in the community to direct the public/patients to (eg support groups, community exercise groups). The pharmacy encourages local charities and other providers to work with the pharmacy for delivery of key health messages/displays where appropriate. The pharmacy team is aware of appropriate health and social care providers in their community (eg specialist clinics, Healthwatch, Smoking Cessation, Drug and Alcohol Services, Health Trainer Service), which Local Authorities could provide information about. <p>Royal Pharmaceutical Society Professional Standards for Public Health Practice for Pharmacy:</p> <ul style="list-style-type: none"> Pharmacists and their teams work in partnership with other practitioners and agencies to provide evidence-based advice and information to improve the health and wellbeing of their local communities and improve health literacy¹⁴. Pharmacists and their teams take the lead to engage effectively with a range of different audiences and stakeholders through written communications and face-to-face interaction to ensure collaborative working in health¹⁵. 	<ul style="list-style-type: none"> Photographs of pharmacy team engaging with the public. Case studies and photographs of local outreach work (eg roadshows attended). List of local community health and wellbeing resources readily available in the pharmacy. A local health and wellbeing notice board in the pharmacy. A signposting folder. Access to the local authority website (with the local health and social care providers) readily available. <p>Where you are claiming completion of training, the certificates for that assessment and/or training are REQUIRED</p>
Commissioner Engagement	<ul style="list-style-type: none"> The HLP lead is aware of the local commissioners for public health services, which may include Local Authority, NHS England, Clinical Commissioning Group, etc. The pharmacy team is aware of the commissioner contacts if seeking to submit bids for public health services. 	<ul style="list-style-type: none"> List of local commissioners for public health services readily available (or in the evidence portfolio) or any examples of correspondence. List of contact information of local commissioners for public health services or any examples of correspondence.

Environment

¹⁴ Standard 4.1 Health Improvement – Advice and information. Royal Pharmaceutical Society Leadership Competency Framework for Pharmacy Professionals:

<http://www.rpharms.com/pressreleases-pdfs/1445---rps-lcf-document---final.pdf>

¹⁵ Standard 8.1 Strategic leadership and collaborative working for health – Leadership. Royal Pharmaceutical Society Leadership Competency Framework for Pharmacy Professionals:

<http://www.rpharms.com/pressreleases-pdfs/1445---rps-lcf-document---final.pdf>

The aim of the quality criteria in this section is to have a health promoting environment that embraces the ethos of a Healthy Living Pharmacy, including an atmosphere created by premises as well as staff attitudes and actions. The environment should also ensure confidentiality for service users.

	Meets HLP Level 1	Suggested Evidence
Health Promoting Environment	<ul style="list-style-type: none"> It is clear to the public that free, confidential advice on their health and wellbeing can be accessed. The pharmacy has a dedicated Health Promotion Zone, that: <ul style="list-style-type: none"> Is clearly marked and accessible, Has a professional appearance and Is appropriately equipped with up-to-date professional health and wellbeing information that meets the local public health needs as suggested in the JSNA/PSNA, Annual Report of the Director of Public Health or after discussion with commissioners/public health professionals. The health and wellbeing information available appeals to a wide range of the public including men and women, young people, smokers, people with long term conditions, learning difficulties and older people. Where the community includes a significant ethnic minority group, then their needs must be accommodated. All materials should be generic and not promoting a specific brand over another, which can be seen as endorsement or promotional. The Health Promotion Zone resources should be updated at least every two months to ensure information provided is relevant, up-to-date and appropriate. Once accredited, the HLP logo is displayed in prominent places. <p>Royal Pharmaceutical Society Professional Standards for Public Health Practice for Pharmacy:</p> <ul style="list-style-type: none"> Information about the availability of pharmacy public health services is readily available to patients and the public¹⁶. 	<ul style="list-style-type: none"> Photographs of pharmacy and consultation area. List of leaflets or promotional material used in the Health Promotion Zone. Other formats for the health and wellbeing information may include: a touch-screen, plasma screen, books, DVDs, leaflets, promotional displays, demonstration models, etc. Annual Community Pharmacy Patient Questionnaire (CPPQ) results. Record of Health Promotion Zone being checked by a member of the pharmacy staff at least once monthly and restocked appropriately. Photograph of where the HLP logo is displayed in the pharmacy. (after accreditation) A local health and wellbeing notice board.
Data Collection	<ul style="list-style-type: none"> Procedures are in place to ensure emails are checked regularly and that they are appropriately secure. Internet access enabled for accessing locally and nationally recognised websites. <p>Royal Pharmaceutical Society Professional Standards for Public Health Practice for Pharmacy:</p> <ul style="list-style-type: none"> Where data are collected in pharmacy settings, staff have access to computers, software and the internet to be able to carry out data collection effectively¹⁷. 	<ul style="list-style-type: none"> IT system is accessible in the consultation room with access to the internet. Self-declaration of accessibility to internet (for data collection where applicable) and ability to print appropriate material. Where applicable and appropriate, copy of the type of data collected and how the data links to support

¹⁶ Standard 6.2 Health and social service quality – Reliability. Royal Pharmaceutical Society Leadership Competency Framework for Pharmacy Professionals: <http://www.rpharms.com/pressreleases-pdfs/1445---rps-lcf-document---final.pdf>

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	<ul style="list-style-type: none"> Where data are collected in pharmacy settings, this is relevant for the purpose that it is collected and supports pharmacy gaining a better understanding of both individual and population health needs¹⁸. 	<ul style="list-style-type: none"> pharmacy to gain a better understanding of the individual and population health needs. Information governance policy available in the pharmacy.
Sustainability	<ul style="list-style-type: none"> The pharmacy contributes to a sustainable environment and this is reflected in the way they operate their business (eg using recyclable materials). 	<ul style="list-style-type: none"> Photographs of recycling bins, paper disposal system, etc.

¹⁷ Standard 1.1 Surveillance and assessment of the population's health and wellbeing – Accuracy. Royal Pharmaceutical Society Leadership Competency Framework for Pharmacy Professionals: <http://www.rpharms.com/pressreleases-pdfs/1445---rps-lcf-document---final.pdf>

¹⁸ Standard 1.2 Surveillance and assessment of the population's health and wellbeing – Relevance. Royal Pharmaceutical Society Leadership Competency Framework for Pharmacy Professionals: <http://www.rpharms.com/pressreleases-pdfs/1445---rps-lcf-document---final.pdf>

Assessment of compliance

Healthy Living Pharmacy (HLP) – Level 1

Introduction to the assessment process

This process builds on the fact that pharmacy professionals are responsible and accountable for maintaining and improving the quality of the services and advice they and their team provide. This HLP assessment process provides pharmacists with a framework to demonstrate to themselves, their employers, and service commissioners that they, their team and their pharmacy comply with the requirements in the HLP Quality Criteria to attain Healthy Living pharmacy Level 1 status. In addition to this it is expected that pharmacists and their teams:

- practise within the GPhC Standards of Conduct, Ethics and Performance
- observe the GPhC Standards for Registered Premises
- comply with the terms of the NHS Community Pharmacy Contractual Framework

How to use this assessment process

- in Part 1 of the assessment of compliance you have to indicate if you comply with each of the statements by confirming Yes or No.
- in Part 2 you have to provide evidence of compliance with each of the statements detailing where any supporting documentation can be accessed if required for a Quality Assurance visit.
- Part 3 is where the Declaration of Compliance is made.
- details on how to obtain your certificate of compliance is in Part 4.

Quality assurance (QA)

The Quality Assurance process is the governance process for HLP status, where a number of HLP level 1 pharmacies will be chosen at random to have their Declaration of Compliance document and supporting evidence verified. If your pharmacy is chosen for a QA visit you will be notified in advance of the visit.

Reassessment of competency

The pharmacy owner and Responsible Pharmacist in each HLP pharmacy are responsible for reassessing their pharmacy against the HLP Quality Criteria every 2 years by re-completing the assessment process/Declaration of Compliance.

Part 1

This section of the framework relates to key requirements that the pharmacy must have in place before HLP level 1 status can be granted and the HLP logo displayed.

N.B. you must be able to answer yes to **all** questions in order to be compliant.

The pharmacy has a consultation room which is compliant with the Advanced Services standards and is appropriate for the services on offer.	Y/N
The pharmacy has trained at least one Full Time Equivalent (FTE) to Health Champion RSPH Understand Health Improvement level 2.	Y/N (name(s) of staff member(s))
The pharmacist or other relevant individual has undertaken leadership development to motivate and engage the pharmacy team in the HLP concept.	Y/N (name(s) of staff member(s))
In the past year the pharmacy has participated in the provision of both MUR and NMS, and has proactively engaged in health promoting conversations.	Y/N
In the past year the pharmacy has participated in the provision of the NHS community pharmacy seasonal influenza vaccination Advanced Service or has actively referred patients to other NHS providers of vaccinations.	Y/N
The pharmacy complies with GPhC Standards for Registered Premises and Standards of Conduct, Ethics and Performance.	Y/N
The pharmacy complies NHS Community Pharmacy Contractual Framework (CPCF) requirements.	Y/N

Part 2

This section of the framework asks you to think about what evidence you possess in the pharmacy, which you can use to demonstrate compliance with the requirements below. Evidence must be provided against all requirements.

The “brief description of evidence” section only provides examples of the kinds of evidence that could be used and is not an exhaustive list.

Requirement	Brief description of evidence (Evidence can include photos, copies of leaflets and posters, policies and other documents, electronic data records, etc.)
Staff	
Staff are aware of the local health needs through published documentation and through the results of the community pharmacy patient questionnaire and can demonstrate they act on this information, either through service delivery or signposting people to other relevant services.	Yes they are because of the following: Staff are aware of the PHE Health Profiles* and tailor their activity to support the needs identified, eg smoking cessation, health promotion event held every 4 months, events documented in HLP file.
The pharmacy has at least one staff member trained to Health Champion RSPH level 2.	Yes they have because of the following: Mary Jones completed XXX on yy/yy/yy, certificate in HLP folder.
The pharmacy team is led by an effective leader, trained in leadership skills, who is pro-actively leading the team in attaining and maintaining provision of interventions to meet the HLP quality criteria. *PHE Health Profiles: The health profiles give a snapshot overview of health for each local authority in England. See http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES for more information.	Yes they are because of the following: Mary Jones completed XXX on yy/yy/yy, Training log in HLP folder.
Staff are able to provide advice on sensitive/difficult public health issues (eg when providing advice on alcohol consumption, sexual health issues).	Yes they are because of the following: the following members of staff received “Dealing with Difficult discussion” training on yy/yy/yy

	AB, BN, BM, Training log in HLP folder.
Engagement	
Staff proactively offer advice to their customers/patients and make relevant brief health advice or interventions. They are aware that people may need additional support for behavioural change.	Yes they are because of the following: Staff log interactions over a set period and have patient testimonials in HLP folder.
The pharmacy team engages with local GP practices and other providers of community, health and/or social services to ensure that there are referral pathways for health & wellbeing services.	Yes they are because of the following:
The pharmacy is actively involved in 6 public health campaigns (as part of the CPCF).	Yes they are because of the following: Photographic evidence and referrals to other services logged in HLP folder. Examples of community outreach initiatives or in-pharmacy promotional campaigns
Environment	
The pharmacy consultation room is organised, tidy and functions efficiently with appropriate access to IT and paperwork.	
The pharmacy has a dedicated health promotion zone clearly marked and accessible to the public, which contains relevant and up to date resources, which are used by staff when discussing relevant health promoting interventions.	Yes there is because of the following:

Part 3

Pharmacist Name
Pharmacist GPhC number

I declare that

Pharmacy Name
Pharmacy Address
Pharmacy GPhC number

Complies with the requirements set out in this document for attaining HLP level 1 status and possesses the evidence and items declared above. I understand that a false declaration may affect my GPhC registration.

This declaration, once signed, must be retained securely in the pharmacy and should be available for inspection by:

- The Pharmacy Owner
- GPhC inspectors
- NHS England
- Public Health England
- The Quality Assurance provider

Compliance against these requirements must be reassessed every 2 years.

Part 4

You will need to contact the QA provider for the HLP certificate