

Signposting: is the information available?

Ros Band, a health development manager at Health First, looks at what is available to help pharmacists with the essential service of signposting

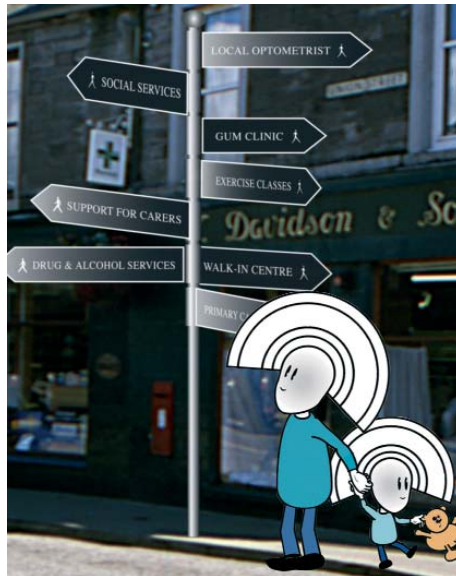
To patients, community pharmacists can seem to be just another part of a sprawling health care maze. Thankfully, however, they are also an accessible source of local information. Pharmacists are valuable not only for the expertise and services they provide but also for directing people to other providers of health-related care or advice. This “signposting” is specified as an essential service in the new community pharmacy contract for England and Wales.

Pharmacists’ skills in engaging customers, pitching information accessibly, plus their position of trust, equip them well for their signposting role and their contribution to public health. Using pharmacists in this way aims to minimise inappropriate use of health and social care services. It also exploits particular advantages of community pharmacy. For example, a consultation with young people indicated that community pharmacies appear to provide an environment where health information can be obtained more discreetly than GP practices, especially in rural areas.

The way in which signposting is to be delivered was not specified in the contract and so this has evolved on a local basis. The aim of this article is to facilitate sharing of ideas and approaches, gathered from a snapshot across England. It may be that some resources can be shared, although most will contain localised information. So who should community pharmacists know about? Certainly their local primary care organisation, GPs, other pharmacists, dentists, optometrists and community health services. These may seem obvious but what about other partners in health promotion? How well do you know what is happening in your local Healthy Schools Programme or the support available through patient groups? And what about local activities that help towards a healthier lifestyle, such as sport and exercise, or that support mental well-being? In addition, are there useful national helplines and websites?

What PCTs are doing

Many primary care organisations (PCOs) have taken the lead in supporting their pharmacists to signpost through the plethora of health contacts. The support is usually given by the PCO’s pharmacy team but, in some cases, the PCO communications department has also been involved. Paper-based directories and information folders have been put together because variable access to the internet in pharmacies means that web-based options are not yet standard. PCOs have encouraged local pharmacists to get in touch for additional information to supplement these resources over time. Bedfordshire Primary Care Trust is a typical example. It sent out a folder with details of GP practices, dentists and optometrists, giving opening hours, location maps and



Adapted by Smink from materials courtesy of PharmacyHealthLink

whether or not patient lists are open and to whom. This folder also contains helpful telephone numbers, such as accident and emergency units, clinics, community services, patients groups, voluntary organisations, social services, NHS Direct and the local Patient Advice and Liaison Services.

In addition to an information folder, distributed at the start of the new pharmacy contract, Cornwall and Isles of Scilly PCT has continued to provide pharmacies with anything useful for handling patient queries, from booklets to the PCT local services guide, as they have become available. It also urges pharmacists not to underestimate the value of telephone directories. However, the recent merging of PCTs has meant a re-think on the content of signposting directories — covering the catchment area of a newly enlarged PCT may be unwieldy and more locality-focused directories may be the answer.

Blackpool PCT encourages pharmacists to offer leaflets and display information from its smoking cessation team and expert patient programme, and about the support it offers for chronic disease management. Over Christmas, each pharmacy was provided with information on available services and their opening hours, including a walk-in centre, sexual and reproductive health clinics and dental services.

When it comes to embedding signposting into practice, the work of Mid Devon Pharmacy Collaborative is worthy of particular mention. A comprehensive directory was created in hard format, which contained not just details of primary care services but also information about support for carers, older people and children; sexual health, mental health and drugs and alcohol services; health promotion, where to make complaints and transport; as well as a list of useful contacts

and websites for common conditions. Recognising that a folder sitting on a shelf is of little benefit, the Mid-Devon team then trained pharmacy assistants to promote use of the directory. Sarah Ribband, of the pharmacy service development and improvement team, said: “The training was about getting the directory taken seriously. Training consisted of taking [pharmacy staff] through the directory and then doing a quiz of sample patient queries. This led to a PCT training certificate, making the training session part of the pharmacy continuing professional development requirement for clinical governance.” An audit of signposting after the training showed that subsequent use of the directory tripled at some sites. The work has given structure and substance to the signposting role, defining measurable outcomes for this pharmacy service.

But it is not just about directories. Calderdale PCT is developing question and answer sheets for specific health campaigns. And tailored signposting sheets have been developed for several of the campaigns across Southwark and Lambeth, including “food and mood”, sexual health and “ask about medicines”. These sheets have proved popular with pharmacy staff and other health promotion workers, such as health trainers, so there is potential for collaboration on signposting resources and for dissemination beyond pharmacies. PCT pharmacy teams need, therefore, to be aware who else might be collating information to avoid duplicating the effort involved in creating and updating resources.

Pharmacies are required to record any signposting considered to be “clinically significant” as part of contract monitoring. This audit is potentially useful to PCTs because it gives an idea of what information is requested by patients and might be helpful in informing future service development. There has been some evaluation of the resources provided to support signposting via PCT monitoring visits and assessing content, format and practicalities. In Calderdale, this has led to the information directory being redesigned from an A5 format to an A4 folder, which is more visible and more difficult to mislay. The new resource will be loose-leaf so that additional pages and updates can be inserted easily. A logo on each page will provide continuity.

It is clear that there is still room to make signposting easier for pharmacists. Sajad Raja, community pharmacy facilitator, Heart of Birmingham PCT, said: “We aim to review the directory annually to get feedback from contractors on how they find it. We hope to create a directory in CD format in future, as well as setting up intranet access for our pharmacists”. The ideas to aid signposting are there, ready to be taken forward alongside many other elements of the pharmacy contract.