

Pharmacists have good stories to tell but how do they sell them to the media?

As the roles and responsibilities of pharmacists expand exponentially, there has never been a better time for the profession to wave its banner from every rooftop. Monika Polak gathers some tips on how to court the media

HEALTH has a high profile in the media, not least because it is one of the Government's priorities. However, pharmacy and pharmacists appear to play second fiddle to consultants, general practitioners and nurses when it comes to generating stories and passing comment. But as pharmacists' roles and responsibilities widen, it only seems right that the profession's profile in the media should be raised.

Just last week, chief pharmacist at the Maudsley Hospital, David Taylor, appeared on BBC's Panorama programme on selective serotonin re-uptake inhibitors (see p557). Although he was contacted directly by the producer in this particular case, he says: 'I do get contacted a lot [to comment on clinical issues], but I suspect it is as much about where I work rather than who I am.'

Mr Taylor says it can be difficult being a spokesperson as statements can be taken out of context. 'There are two angles to this - one is promoting something new you are doing or have done, the other is responding to enquiries. Most of my work is the latter and the more I do it the more cautious I become.' But he adds: 'If I can make the argument more reasonable, I will do it despite the risks of being misquoted.'

Alison Strath, who advises the Scottish Executive on pharmacy issues and is a pharmacist in Ely, Fife, agrees that pharmacists should comment in certain cases: 'I think it is important for pharmacy to be seen to have an opinion on important health care issues, such as the introduction of new drugs or side effects of existing ones.'

She also believes that pharmacists have an important part to play in terms of introducing issues to the media, as publicising

the work of pharmacists can educate the public and raise the status of the profession among the general population, as well as helping to spread good practice. In addition, media coverage of pharmacy-based initiatives can be a way of gauging public opinion and expectation about what pharmacy should or could offer. She adds: 'We have to make sure we invest in pharmacists so that they have the skills to engage with the media with confidence.'

PHARMACY HITS THE NATIONAL MEDIA

Secretary of the North East London Local Pharmaceutical Committees, Hemant Patel, has seen more media interest in his bone density scanning service (*PJ*, 30 March, p419) over the past month than most pharmacists see in a lifetime (see Panel). Since the presentation he and colleagues made at last month's British Pharmaceutical Conference, he has been interviewed, quoted, photographed, congratulated by friends and colleagues, and sought out by patients around the country who are currently on a waiting list for a bone density scan in their own area.

'The response from the public has been incredible - the pharmacist was inundated with calls from patients wanting to know more,' Mr Patel says. 'In some cases, doctors are referring patients to us because there is a waiting list in their area. It is a nice, warm feeling - we have put pharmacy and the area on the map.'

However, he has been surprised at the speed with which the media picked up and ran with the story: 'We were hoping to organise publicity for the project in the

pharmaceutical, medical, nursing and lay press, but events overtook our plans,' he says. 'We were going to go through Havering Primary Care Trust communications department, but the publicity after the BPC presentation meant that they did not have much time to respond and were equally taken by surprise.'

Mr Patel's LPC is currently undergoing reorganisation and the plan is to get pharmacy more in the main stream. 'We have got a carefully worked out strategy and communication is one part of it. Our role as an LPC is not only to represent pharmacy, but also to provide leadership for pharmacy matters and influence practice. That is why we have been thinking about a specific com-

Pharmacy-based osteoporosis screening service makes a big splash

BBC Radio 4 interest in a north east London, pharmacy-based osteoporosis screening service began as a result of a conversation between project lead Hemant Patel and a journalist contact: 'A journalist I knew was asking me about developments in pharmacy and I mentioned the work that was going on,' he explains.

The journalist's husband, who works at Radio 4, became interested in the project, and a team was duly sent to interview all those involved.

Being interviewed as a group enabled the project team to focus on a few key messages and to become aware of how each viewed the screening service from different perspectives. This meant that each could then confidently speak on behalf of the whole team when interviewed in isolation.

Mr Patel adds: 'It's important that everyone who took part in the project is aware of the full details, as this can help spread the workload of interviews and calls, and certain questions need to have consistent answers from all involved.'

Around this time, the results of the screening pilot were also presented at the British Pharmaceutical Conference in Manchester and publicised by the Royal Pharmaceutical Society's press office. National media interest in the screening service snowballed.

As well as coverage on Radio 4 and in several national newspapers, including *The Daily Mail*, Mr Patel has been interviewed on BBC Three Counties Radio and BBC Radio London. The project has also been reported on the BBC news and LBC radio.



Hemant Patel has seen his bone screening service reported widely in the national media

munications strategy, he says. As well as devising a strategy on how to increase the profile of pharmacy in the media, the LPC will offer members training, to help them deal with any resulting media interest. This will involve learning how to write press releases and how to do radio and television interviews. Mr Patel recommends that press releases are kept short ó a maximum of one sheet of A4 that includes the contact number of someone who can provide further details if they are needed. It could also include a quote from an eager patient and one from another health professional. It is handy to have patients' comments and details to enable journalists to access articulate patients for comments, he adds.

WHAT IS THE STORY?

But how does one decide whether a story will be of interest to the media, and indeed, who to target? Mr Patel advises pharmacists to focus on the human-interest angle: 'Pharmacists should be looking at it from a patient's point of view ó how does it affect their access to treatment and their quality of life? [In our case], by preventing falls we are saving lives and that was something that interested the journalists,' he says.

And where there is a multidisciplinary approach, it is useful for the story to go to all the relevant professional media. Mr Patel says: 'You must consider whether the publicity is local or national and develop a list of people that you want to target. But the publicity could also be a press release from the LPC, which could go to a whole list of people in health and social care who might be interested in following up the news.'

Mr Patel also suggests that pharmacists seek advice from the Royal Pharmaceutical Society and the National Pharmaceutical Association communications departments if they are considering media activity: 'I think both organisations can help with information and advice, which, when one is under pressure, is handy to have.' (See Panel.)

Getting widespread, national coverage is certainly laudable, but the power of the local press should also not be underestimated, according to Iain Ashby of Primary

What the Royal Pharmaceutical Society can do

The Society provides media training for members who want to become branch public relations officers (BPRO). Their role is to act as a spokesperson for the Society and a local contact point for journalists.

Kurt Ramsden, a BPRO for the Society's Teesside branch, recommends media training for pharmacists who are thinking of publicising themselves or their services: 'If you are going to speak to the media, you need to prepare before you do that. I became a BPRO before being media trained, and it is certainly easier after having been trained,' he says.

Mr Ramsden also believes that pharmacists will have a greater voice in health issues that hit the headlines in the future. 'One of the things that community pharmacy sells itself on is accessibility ó I am

accessible to the media and can put myself forward in a way that perhaps GPs can't,' he adds. 'It is perpetuating the concept of accessibility.'

Meanwhile, the Society's central public relations unit is responsible for co-ordinating and dealing with national campaigns and issues, and for organising publicity for the annual British Pharmaceutical Conference. At this year's BPC, it issued a total of 23 science and 10 practice research news releases.

Several on-line news services and news wires, such as Reuters, reported BPC news and there were nine national newspaper stories over the three days of the conference, including those about women's views on emergency contraception and the north east London osteoporosis screening service.

Care Pharmacy in Tamworth (see Panel below). He says: 'Definitely start with the local paper because they are keen to get stories about local people, and don't be afraid to think about something you want to feature.'

In addition, pharmacists should not be put off if they think an idea or scheme has been 'done before'. Mr Ashby adds: 'A lot of work goes unnoticed, but people should jump up and down about it on a local level ó for local people it is probably new. People were getting to know about what we were doing through the local press and by word of mouth, and we have got a far more expanded client base than we had before.'

The pharmacy has continued to work hard at courting the local media in a bid to maintain interest and the links that have been fostered means that journalists now call the pharmacists to get comments on other health issues that are in the news.

Chris Martin is a pharmacist in St David's, Pembrokeshire, and chairman of his local health group. He has regular contact with *The Journals* news team and has also been active in his local patch, informing

the press of any initiatives being run at his pharmacy and pharmacy developments within Pembrokeshire local health group.

He believes the media can help to spread the good practice message to other colleagues, as well as informing patients of new developments, and says he has received a number of calls from people as a result of projects being publicised in the media. 'From a professional point of view, I am keen for the rest of our profession to be aware of what we are doing to progress. The idea is to spur other people on and get them to say, 'If they can do this in Pembrokeshire, then we can also do it here,' he says.

'It's upping the profile of the pharmacy in the local community and that's important ó it can increase the standing of the profession. How will people know you are doing a good job if they don't read about it?'

BE PREPARED

Mr Martin suggests that pharmacists engage in a little forward planning when thinking about publicising campaigns or events in their local papers: 'For our stroke awareness week, we made sure we had a photo shoot and a suitable feature article prepared,' he says. 'We try to get a story about pharmacy that links in with what we are doing. If the pharmacist is going into a school to talk about smoking cessation, we make sure the local press knows about it.'

In addition, networking with local patient groups can also be useful. Presentations to these and others, such as the Women's Institute, need not be viewed with trepidation (unless you are Tony Blair). They can also help disseminate information on what pharmacists are doing.

There is no doubt that pharmacy should get greater media exposure in the future. And although it can be a double-edged sword, many believe the potential benefits for pharmacy, both locally and nationally, far outweigh any possible pitfalls. The next step will be to equip pharmacists with the skills they need to cope with the media spotlight.

Pharmacy in Tamworth hits the headlines

Primary Care Pharmacy in Tamworth has piloted a range of medicines management ideas and has received a lot of interest from local papers and local people as a result. One of the pharmacy's three partners, Iain Ashby, says: 'We also had a tie-in with the local newspaper ó *The Tamworth Times* ó where Andrew [Burr, another of the partners and a member of the Society's council] would write a column each week on a different subject. We would get some free advertising space for the pharmacy while Andrew could also tie in anything that was being done at the pharmacy in his column.'

The pharmacy is also no stranger to television. The blood pressure monitoring

service developed and piloted at the pharmacy was featured on Central Television evening news: 'It does help if the presenter of local television is a customer,' says Mr Ashby.

Meanwhile, coverage of the blood pressure monitoring service in *The Journal* and other pharmacy publications has generated interest from pharmacists and non-pharmacists alike from other primary care trusts. Mr Ashby adds that awards, such as that won by the pharmacy for its blood pressure monitoring service in the community care section of the 2001 Pharmaceutical Care Awards (*PJ*, 13 July, p62), can present an excellent photo opportunity and news story for the local press.