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| **Eligibility Criteria for Healthy Living Pharmacies level 2** |

***To help with the selection process one point will be allocated for each answer that is Yes. Please Note No 1,4&5 are mandatory requirements***

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| **No:** | **Criteria** | **Yes/No** | **Notes** |

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| 1. | The Pharmacy has achieved HLP level 1 accreditation or will achieve accreditation before 30th November 2017. |  |  |
| 2. | The pharmacy provides the integrated sexual health and smoking cessation Public Health Service level Agreements or is willing to start offering these services within 3 months of starting the HLP programme. |  |  |
| 3. | The pharmacy provides the advanced services MUR, NMS and NHS flu vaccination or is willing to start offering these services within 3 months of starting the HLP programme. |  |  |
| 4. | A nominated Health Champion is able to attend a full day training event on the **21st February 2018**. |  |  |
| 5 | A nominated Pharmacist is able to attend a full day training event (back filled) on **10th January 2018 and Varenicline PGD training on the 7th March 2018.** |  |  |
| 6. | The nominated Health Champion has the ability to access and send emails and record HLP evaluation data on PharmOutcomes. |  |  |
| 7. | The Health Champion and Pharmacist (or representative) is able to attend bi-annual training organised by the HLP lead. It is a requirement to attend both sessions. |  |  |
| 8. | The pharmacy has a dedicated professional health promotion zone that is accessible to patients and meets the requirements of the accessible information standard. |  |  |
| 9. | The pharmacy is able to provide an equitable service as defined by the **HLP level 2 service specification** (please read before applying) |  |  |
| 10. | The pharmacy is in good standing with NHS England and the GPhC. |  |  |
|  | **Total Points** |  |  |

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|  | **Additional Information** |  |
| 11. | Please detail other services offered by your pharmacy that are not commissioned by Public Health or the NHS. (E.g. care home services, medicine delivery) |  |
| 12. | Please detail how the pharmacy engages with its local community and its approach to reducing health inequalities in your locality. |  |
| 13. | Please list in the notes sections three reasons why the pharmacy should be selected as a HLP level 2. | 1.  2.  3. |
|  | Name of person completing this form |  |
|  | Name of line manager approving application |  |
|  | **Pharmacy Name** |  |
|  | **Pharmacy Address** |  |
|  | **Email address** |  |