

**COMMUNITY DEVELOPMENT  
AND HEALTH NETWORK**

**SYSTEMS REVIEW OF  
BUILDING THE COMMUNITY –  
PHARMACY PARTNERSHIP**

**FINAL REPORT**

**NOVEMBER 2006**

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## Disclaimer

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# 1. EXECUTIVE SUMMARY

## 1.1. Introduction

Deloitte MCS Limited was commissioned by the Community Development and Health Network (CDHN or the Network) to carry out the Systems Review of the Building the Community-Pharmacy Partnership (BCPP or the Project). This document reports on the results of the review.

CDHN is a member led regional voluntary organisation whose purpose is to make a significant contribution to ending health inequalities, using a community development approach. CDHN believe that communities, both geographical and of interest and identity, can define their own health needs and design and implement preventative and radical solutions. CDHN consider this is best achieved through campaigning, networking, influencing policy and developing best practice.

This is the result of CDHN undertaking an organisational review from September 2005 – January 2006.

The BCPP is a partnership between the CDHN, the Pharmaceutical Branch of the Department of Health, Social Services and Public Safety (DHSSPS), which provides recurrent funding for the Programme, and a multidisciplinary Steering Group. The programme, therefore, is led and driven by pharmacy.

CDHN is responsible for the management and administration of the BCPP on behalf of its multidisciplinary Steering Group that is chaired by the DHSSPS and whose membership includes representation from Investing for Health (IfH) as well as from the voluntary and community sector. The Network's role includes supporting the projects throughout the application process and, if successful, during the life of their project.

The BCPP encourages partnership working within the voluntary, community, statutory and private sectors to define needs and action, having a focus towards those who are disadvantaged in society. It recognises the need for community pharmacists and community organisations to work together to bring benefit to the local community. Complexities are inherent in the Programme due to the partnerships involved, essentially it works towards changing how pharmacists think and operate within their communities. The roles of the DHSSPS, Steering Group/Assessment Panel and staff are referred to in more detail in Section 3 where the processes are detailed.

The BCPP aims to:

*“Establish stronger partnerships between local communities and community pharmacists and to address local health needs using a community development approach”*

In moving towards sustainability, the BCPP has entered a transitional phase during which it is focusing on moving from a project based format to a service based format.

The BCPP Steering Group intends to evaluate the Programme during late 2006/early 2007.

## **1.2. Terms of Reference**

In order to support the upcoming evaluation, CDHN commissioned this systems review of the BCPP. The terms of reference for the assignment were as follows:

- review of levels of funding offered and the relevant application process;
- review of the assessment process;
- review of the Monitoring reports;
- review of the support given to projects;
- review of the internal systems used by CDHN to record and utilise information including:
  - Financial Monitoring;
  - Progress Monitoring;
- recommendations regarding the future of the grant making programme in relation to the current changes currently taking place in the public sector; and
- review the implications of any changes to the programme on the overall administrative and operational structure.

## **1.3. Approach**

The evaluation involved the following three stages (further information is contained within Section 2.5 of the main evaluation report):

- Stage One: Project Initiation
- Stage Two: Undertake Consultations and issue Project Questionnaire; and
- Stage Three: Analysis of Findings and Report Writing.

## **1.4. Conclusions and Recommendations**

The remainder of this section details the conclusions and recommendations based on the review findings. These are structured according to the terms of reference.

## **1.5. Overall Conclusions of the BCPP Systems Review**

In our opinion the BCPP model works well in its current format. The Programme has been successful in its operation, particularly given the nature and complexity of the programme. It is our view that there are a number of overarching reasons why the model has been successful.

The systems and structures that are in place are robust. The processes adopted integrate a high level of quality of support. This support is implemented from the application process and carries on throughout the life of the projects that are successful in securing funding.

Further factors that have facilitated progress include:

- the level and the quality of the support offered by CDHN (including both the internal staff and the external consultant);
- the fluidity of the Programme and the demonstrated willingness of CDHN and the Steering Group to amend processes and facilitate ongoing improvements where issues have been identified;
- the multi-discipline steering group;
- an efficient and effective assessment process, which is transparent;
- the quality of the training which is offered to the applicants;
- robust internal systems for monitoring; and
- the model which has been adopted for the BCPP.

## **1.6. Levels of Funding Offered and the Relevant Application Process**

Our conclusions and recommendations with regard to our review of the levels of funding offered and the relevant application process are as follows:

### **1.6.1. Levels of Funding**

Since September 2005, the Steering Group agreed to offer three levels of funding depending on the complexity of projects to encourage greater involvement whilst moving towards a more service based structure. Under these new funding streams, projects could be awarded funding for either nine months, a maximum of two years or three years (Levels 1, 2 and 3 respectively).

This is a relatively new approach and therefore it is too early to draw final conclusions on the appropriateness of the three levels of funding. However the initial feedback has been positive from stakeholders, CDHN officers and those projects who participated in this review who have been involved with the new funding levels. The introduction of three levels of funding has made the programme more accessible to those applying to the BCPP for the first time. The experience they gain through applying for Level 1 is beneficial because it provides them with an initial understanding of the programme and increases confidence to progress to Level 2 and perhaps further to Level 3.

**We recommend that the BCCP continues to offer the three levels of funding, based on the feedback available since its implementation they appear to be working well. However, this should be reviewed in the future when more projects have been funded through the new funding levels and when a greater number of projects have progressed from Level 1 funding to Level 2 or Level 3. Therefore we recommend that this review is carried out in the period from September – December 2007.**

The BCPP currently have 85 live Projects, ten of these are due to close in the upcoming quarter. However it is anticipated that another 20 will come on board at this stage. This will be the first time that the three levels of funding will be in operation at once. The management and administration process may come under resource pressure, if they are to continue to deliver the BCPP to the current standard with additional projects also requiring support.

**We recommend that the Steering Group monitor this issue on an ongoing basis to ensure that the quality of the management and administration process is maintained at its current level. Following this ongoing review, the BCPP Steering Group should consider if additional support will be required.**

#### 1.6.2. Promotional Activities

CDHN actively promoted the BCPP through a variety of methods including:

- the CDHN website;
- CDHN networking conferences;
- the CDHN Newsletter - *Health Bytes*;
- the BCPP Newsletter – *Lite Bytes*;
- Central Services Agency (CSA) mailshot;
- Northern Ireland Council for Voluntary Action (NICVA);
- pharmacy related magazines;
- sub-regional networks; and
- information sessions.

In our view these were considered to be appropriate means by which to carry out the promotion of the BCPP by projects that took part in this review. In particular, the CDHN has successfully facilitated the submission of application forms based on partnerships between the voluntary and community sector and community pharmacists.

However, the increasing number of pharmacy chains has meant that it is more difficult to engage those individual pharmacists employed in these.

**We recommend that in line with good practice, CDHN continues to advertise the BCPP using its current methods as we believe this is reaching the target audience.**

**CDHN should also undertake an exercise to promote the BCPP to local pharmacy chains. This should focus on the benefits of the programme and should include case studies of successful projects in order to showcase the programme for their consideration. This exercise will also be a useful means for CDHN staff to build relationships with the pharmacy chains, and engage the pharmacists who work in these chains. A possible mechanism which could be used by CDHN is the use of a ‘mailshot’ to the local pharmacy chains or by promoting the BCPP**

through the new Local Commissioning Groups (LCG), and any pharmacy groups associated with these. CDHN should target the pharmacy representatives of these groups and aim to adopt a partnership approach, whereby the BCPP is showcased in addition to its benefits, at the LCG meetings. Any future engagement between CDHN and LCGs should be flexible in nature enabling changes impacting community pharmacy to be considered, such as the new Pharmacy Contract which is currently in development.

### 1.6.3. Applying to the BCPP

We believe CDHN offers projects flexible means by which to obtain their application forms. Projects are given the opportunity to access an application form through the internet or receiving it directly from CDHN. Both these methods are used widely by the BCPP applicants. These methods have proved adequate to meet the needs of the projects.

The application form has been fluid throughout the rounds of funding, changing through the life of the BCPP to ensure that it is user-friendly. The majority of those projects who responded to the questionnaire found the application form straightforward, which indicates that CDHN have achieved the right balance with the application form. Projects also found the guidance notes and the availability of information satisfactory.

In our view the process works well as there were only a small number of projects who found it onerous. We consider that the application form is straight forward when compared with other schemes. However although we acknowledge that a certain level of detail is required, the Level 2 application form may be too detailed as it is similar to the Level 3 application form but the grant offered is substantially lower. When a project submits an application for Level 3 funding their Level 2 project is taken into consideration.

Through the feedback received from projects the level of support which was provided to applicants during the application process was excellent, and CDHN have performed very well in this role by giving projects every opportunity to access support from them.

**We recommend that the application process continues to evolve. The application form should be reviewed on a regular basis to ensure that it is in line with the BCPP's aims, should they change, and that it remains user-friendly. Particularly with regard to Level 2 application forms as they are particularly detailed given the grant available when compared with Level 3 application forms. It may be possible to condense the Level 2 application form, and take a high level approach to certain areas. For example, less detail could be required regarding how a project supports specific strategies, because the Assessment Panel can make the decision as to whether a project is in line with existing strategies. It may also be possible to combine the objectives and outcomes sections of the questionnaire. CDHN should consider using their initial visit to projects who are applying to the BCPP, to complete the less complicated parts of the application form, while the CDHN staff are onsite. This should be**

**considered, in particular, for applications being completed by community pharmacists. This may help to streamline the process. This may be resource intensive and should be reviewed, as it is important that all applicants have access to the same levels of support. However, we acknowledge that applicants will request differing levels of support.**

**CDHN staff should strive to continue to offer high quality support regarding applications as they have done to date.**

## **1.7. The Assessment Process**

Our conclusions and recommendations with regard to the assessment process are as follows:

### **1.7.1. Initial Screening**

Application forms are screened to ensure completeness. This process of initial screening has worked well and ensured that the forms are complete before they are passed over for assessment.

**We recommend that CDHN continues to carry out this process in the future, as this will ensure that all forms are complete before they are passed on to the Programme Manager.**

### **1.7.2. Summary of Applications for the Assessment Panel**

The Programme Manager prepares a summary of the applications for the members of the Steering Group. Each member of the Assessment Panel is assigned a number of application forms to assess. The summary is an excellent way to ensure that all the members of the Assessment Panel are given a flavour of all the projects which have applied in that round of funding and not just those which they have individually assessed. They are also provided on a timely basis, in advance of the meeting. The Assessment Panel stated that they found this very useful and that it highlighted any issues immediately to them.

**We recommend that the CDHN Programme Manager continues to carry out this exercise in order to facilitate the assessment process.**

### **1.7.3. Assessment**

The Assessment Panel meet and take one day to assess the Level 2 and Level 3 applications received at each round of funding. With the aid of the summary of applications provided by the Programme Manager this is deemed to be an adequate amount of time to carry out the assessment of applicant's suitability for the BCPP funding, given panel members other applications. This is also validated by the fact that the panel received the application packs in advance of the entire panel meeting which enables them to review applications before they meet. The Assessment Panel have found that the quality of the application forms has improved, which they stated is due to the support provided by CDHN officers.

**We recommend that CDHN continues to support projects to complete their application form as this has improved the quality of those assessed by the panel. The panel should continue to use the one day timeframe to complete their assessments, in light of the fact that members receive the application packs in advance along with the summary of applications.**

## **1.8. Monitoring Forms and the Internal Systems used by CDHN to Record and Utilise Information Including Financial Monitoring and Progress Monitoring**

Our conclusions and recommendations with regard to monitoring forms and internal systems used by CDHN to record and utilise information including Financial Monitoring and Progress Monitoring are detailed below:

### **1.8.1. Training**

CDHN provides initial Financial and Monitoring training, as well as Evaluation training for the successful applicants. The projects found this to be useful and of high quality. Projects reported that the training was clear and concise. The training has met the needs of the users. Only one issue was raised which was in relation to the length of time away from the business, which the training requires. One respondent, who was a pharmacist, gave the view that the training was too long given the fact that they had to take a full day away from work. It is our view that the training was effective and where extra support was required it was provided.

**We recommend that CDHN considers streamlining the training so that it takes less time to deliver. If a project is funded more than once, they should attend an update session rather than receive the full training again as this is deemed to be unnecessary unless there has been a significant change in procedures since the project was last funded.**

### **1.8.2. Progress and Financial Monitoring**

Projects report to CDHN quarterly or six monthly depending on the level of funding they receive.

From our review of the internal systems of CDHN for Progress and Financial Monitoring, we consider that they are effective. The automated system stores all the information on each project and tracks their progress in terms of making their returns and the level of their current spend. The system is robust and flexible with the ability to run reports such as the outstanding list of returns due which allows the Monitoring Officer to follow up with the projects that are on the list. The information held on projects can be changed, for example, if the original budget for a project needed to be amended. The system also has the capability to run graphs, such as a pie chart showing the breakdown of which area the current projects operate in, which can facilitate making reports to DHSSPS more informative. Our review of this system allowed us to view the detailed information which was stored on each project. The current system also links very closely in with the finance department through the SAGE system. This is a very effective safeguard on accuracy of payments made and received.

We also performed a detailed review of the manual files held on each project. It is our view, that the system for storing the information on the projects is robust. The files which were reviewed were complete and held the majority of the relevant information. The only concern was around correspondence with the projects. This was not held in a separate section of the file which means that any issues are not immediately visible to the reader. In addition to this there was an incomplete call log and print out of emails. Whilst we appreciate the volume of email and calls received, in our opinion if there are any significant matters discussed in these they should be recorded on the file.

**We recommend that CDHN has a separate section on each project file for correspondence. This section should contain letters as well as hard copy of emails documenting any significant issues. We are aware that CDHN's staff are knowledgeable with regard to all their projects, however it is our view that if there was a change in staffing that this practice would facilitate the transfer of knowledge.**

Another concern which was highlighted was the practice around 100% vouching of expense claims. Whilst this is the most effective way of ensuring that all expense claims are valid, it is resource intensive. With the present number of projects operating under the BCPP this is viable, however it is anticipated that there will be a 30 per cent to 40 per cent increase in the number of projects funded. If this occurs it may be difficult for CDHN to meet the required deadlines if they continue to vouch all expenses.

**We recommend that CDHN continues to request all invoices and receipts for expenses incurred, however they should review the process of 100 per cent vouching on an ongoing basis with regard to resource availability to carry out this task. If this process is too labour intensive and results in difficulty in meeting DHSSPS reporting requirements the BCPP should seek approval from DHSSPS to vouch a sample of invoices. The sample should focus on the more subjective claims such as travel and subsistence. Sample vouching will help ensure that CDHN meets the DHSSPS timescales**

Progress and Financial Monitoring was considered to work well with regard to the projects, as the majority found the forms to be clear and straight forward. From our review the system works well due to a number of reasons which includes the quality of the initial training provided, this is supplemented by the quality of the ongoing support which is given by CDHN. A small number of the projects stated that they found the process onerous, however in our opinion this is unavoidable as the information which is required from the projects is necessary to comply with best practice as set out by DHSSPS. This system enables projects to complete the Progress and Financial Monitoring to the required standard and helps to facilitate meeting the required timescales where possible.

**We recommend that CDHN continues to operate the Progress and Financial Monitoring in the way they currently do as this is in line with best practice as set out by the Department. The training and support offered by CDHN has enabled projects to complete their ongoing Monitoring and Evaluation to the required standard.**

Deloitte reviewed the DHSSPS 'Guidance on Management and Administration of Grant making' (August 2005). We consider that CDHN, in their management and administration of the BCPP, is complying with this guidance and therefore are in line with best practice.

However we believe that applicants should be made aware upfront that there is an opportunity to appeal the decision of the Assessment Panel if they are dissatisfied with it.

**We recommend that CDHN continues to refer to DHSSPS guidance as this will ensure that the BCPP is operated in line with best practice. CDHN should emphasise to projects that they can appeal the decision of the Assessment Panel if they are dissatisfied with it. CDHN should ensure that there is an appeals process in place and refer to best practice guidance, provided by DHSSPS, whilst implementing it.**

### 1.8.3. Evaluation

CDHN offers Evaluation Training twice a year. Projects who had participated in this found it useful. We consider that the Evaluation Training works well and is carried out in a timely fashion, based on the feedback which was received. In addition to this the extra support given to projects whilst undertaking their Evaluation was deemed excellent.

**We recommend that CDHN continues to carry out the Evaluation Training two times a year as this process has been deemed effective. The current process supplemented by the support offered has enabled projects to undertake the Evaluation of their projects in a timely and effective manner.**

## 1.9. Support

Our conclusions and recommendations with regard to monitoring forms and internal systems used by CDHN to record and utilise information including Financial Monitoring and Progress Monitoring:

### 1.9.1. Support in the Application Process and Throughout the Life of the Projects

CDHN staff offers extensive support in both the application process and throughout the life of the projects. This support is offered through a variety of methods including site visits, telephone and email. The recurrent theme throughout the evaluation tool and amongst participants in the focus group session was the vast level of support which CDHN provided with one participant stating that

*'I am unaware of other funding schemes that offer the level of support provided by CDHN.'*

In our experience with other funding programmes, the support which has been provided by CDHN to applicants and projects has been pivotal to the success of the Programme.

**We recommend that CDHN continues to offer the level of support which they have done to date, as their method of support has proved to be sound and more than adequate for the projects. The support mechanism which is in place has met the expectations of the projects.**

#### **1.10. Implications of any Changes to the Programme on the Overall Administrative and Operational Structure**

Our conclusions and recommendations with regard to monitoring forms and internal systems used by CDHN to record and utilise information including Financial Monitoring and Progress Monitoring are detailed below:

#### **1.11. The Future of the Grant Making Programme in Relation to the Current Changes Taking Place in the Public Sector**

Our conclusions and recommendations with regard to the future of the grant making programme in relation to the current changes taking place in the public sector are detailed below:

##### **1.11.1. The BCPP's Operational Model**

This review has concluded that, in terms of its systems and model of operation, the BCPP is a well managed and effective funding programme that facilitates community development and partnership working between the voluntary and community sector and community pharmacy. The systems that have been established to support the programme are robust and demonstrate good practice.

We have identified a number of factors that we believe have been instrumental in the success of the Programme. These include that the current model is:

- ***centrally co-ordinated with local ownership:*** although the BCPP is co-ordinated by a multi-disciplinary Steering Group that represents current stakeholder interests, we believe that the daily operations of the Programme have benefited from being locally managed. CDHN's approach to the BCPP has embedded partnership working and facilitated local interests to be central to projects;
- ***driven from the bottom up and responsive:*** CDHN has encouraged projects to identify their own needs and to design their projects in order to meet these needs without being dictatorial. Although the BCPP is funded by DHSSPS and is directed by the Steering Group, the approach has facilitated the implementation of projects that have been successful, many of which have developed further over recent years with subsequent support from the BCPP;
- ***support intensive, guaranteeing local community involvement:*** although the evaluation of the BCPP planned for late 2006/early 2007 will provide further evidence of the extent to which the Programme has facilitated community development; we believe that the BCPP's systems have encouraged this. In particular, the support provided by CDHN to projects during the application processes and during a

project's lifetime has helped to ensure that communities are equipped to drive their projects forward; and

- ***senior strategic involvement with clear links to policy and alignment to pharmacy:*** the BCPP's Steering Group is chaired by a senior representative from the DHSSPS Pharmaceutical Branch, and also has membership from representatives from other strategic policies including IfH. This has ensured that the Programme's direction is supportive of key pharmacy and primary care policies in addition to addressing health inequalities at a local level. In particular we believe that BCPP has benefited from being closely aligned to pharmacy because this has ensured that all projects have a central pharmacy focus and have facilitated new ways of working for pharmacists.

However, the environment within which the BCPP is operating will undergo significant change in the future as the Review of Public Administration (RPA) recommendations are implemented. RPA will result in significant changes to the health structures within Northern Ireland government. The current structures of Health and Social Services Boards and Trusts, and Local Health and Social Care Groups will be replaced by:

- one Strategic Health and Social Services Authority to manage performance;
- seven Local Commissioning Groups as local offices of the Authority; and
- five HSS Trusts bringing together the provider function for all services.

Taking these changes into account, we have considered a number of alternative delivery options for the BCPP in order to establish if the current operational model is appropriate. These are to:

1. mainstream the BCPP within the new community pharmacy contract; or
2. develop a menu of services that dictates the types of projects that can be applied for under the Programme.

Table 1.1 summarises the extent to which we believe these alternative delivery models would support the factors or ‘ingredients’ that were identified previously in this section.

Table 1.1  
**Comparison of BCPP Delivery Options**

| Ingredients  | Model        |  |                          |
|--|--------------|--|--------------------------|
|  | Current BCPP | Mainstream BCPP within Pharmacy Contract | Develop menu of Services |
| <i>Centrally co-ordinated with local ownership</i>                                       | ✓            | ×  | ×                        |
| <i>Driven from the bottom up and responsive</i>  | ✓            | ×  | ×                        |
| <i>Support intensive, guaranteeing local community involvement</i>                       | ✓            | ×  | ×                        |
| <i>Senior strategic involvement with clear links to policy and alignment to pharmacy</i> | ✓            | ✓  | ✓                        |

Neither of the two alternative models that have been considered would offer the benefits of the current model. Although both models could potentially be aligned to policy, they would offer less flexibility in terms of their ability to respond to local needs on a timely basis. In addition, both of the alternatives would be driven from the top down as opposed to being driven by pharmacists and local communities. This would most likely have a negative impact on community development.

**We recommend that the BCPP’s operational model continues to operate in its current state, and it continues to:**

- **be centrally co-ordinated with local ownership;**
- **be driven from the bottom up and responsive;**
- **be support intensive, guaranteeing local community involvement; and**
- **have senior strategic involvement with clear links to policy and alignment to pharmacy.**

**It is likely that, under RPA as DHSSPS assumes a policy role, the strategic responsibility for the BCPP will be moved. If this is the case, we recommend that wherever ownership of the Programme is, that it remains within a pharmacy remit. This would support the Programme to maintain its focus and development priorities in support of the direction for community pharmacy in Northern Ireland.**

**The Steering Group structure should also remain and should continue to represent key stakeholder interests. However, we recommend that the membership of the Steering Group is reviewed as the environment within**

**which it operates changes, not only under RPA but as a result of any subsequent changes. The membership of the Steering Group should be changed to maintain alignment with any new structures. For example, if responsibility of the BCPP was to fall under the remit of a new Strategic Health and Social Services Authority, a senior pharmacy representative from the Authority should assume the position of Chair of the Steering Group.**

There is a small and extremely dedicated team of staff in CDHN who are committed to the management and administration of the BCPP. This team have provided excellent support to the projects throughout the life of the BCPP.

**As the Programme continues to develop we recommend that DHSSPS should review the BCPP's staff resources within CDHN and assess if there is a need to provide additional funding for additional resources. This exercise is of critical importance because the BCPP has benefited so considerably from the support provided to projects by CDHN staff.**

#### 1.11.2. How the BCPP is Funded

The BCPP currently receives mainstream funding from DHSSPS. In light of all of the changes to the environment in which the BCPP is currently operating, we are concerned that this funding could be at risk if it is not protected.

**We recommend that DHSSPS considers how best to secure the BCPP's funding through these changes. We also recommend that the funding remains within the pharmacy arena to maintain the alignment to pharmacy detailed in Section 1.11.1. We appreciate that a case may exist for the funding to sit within the IfH remit because of the community development and multidisciplinary nature of its work; however, we believe that this would threaten its alignment and significance within pharmacy.**

## **2. BACKGROUND AND TERMS OF REFERENCE**

### **2.1. Introduction**

Deloitte MCS Limited was commissioned by the Community Development and Health Network (CDHN or the Network) to carry out the Systems Review of the Building the Community-Pharmacy Partnership (BCPP or the Project). This document reports on the results of the review.

### **2.2. Function and Structure of this Report**

This report sets out the findings of the evaluation for consideration by the CDHN and the BCPP Steering Group. It is structured as follows:

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Table 2.1

**Structure of Report**

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|           |                                    |
|-----------|------------------------------------|
| Section 3 | Processes Detail and Analysis; and |
| Section 4 | Conclusions and Recommendations.   |

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### **2.3. Introduction to CDHN and the BCPP**

CDHN is a member led regional voluntary organisation whose purpose is to make a significant contribution to ending health inequalities, using a community development approach. CDHN believes that communities, both geographical and of interest and identity, can define their own health needs and design and implement preventative and radical solutions. CDHN consider this is best achieved through campaigning, networking, influencing policy and developing best practice. CDHN's focus was identified as the result of an organisational review, which was undertaken between September 2005 and January 2006.

The BCPP is a partnership between the CDHN, the Pharmaceutical Branch of the Department of Health, Social Services and Public Safety (DHSSPS), which provides recurrent funding for the Programme, and a multidisciplinary Steering Group. The programme, therefore, is led and driven by pharmacy.

CDHN is responsible for the management and administration of the BCPP on behalf of its multidisciplinary Steering Group. Table 2.2 illustrates the membership of this group. The Networks role includes supporting the projects throughout the application process and, if successful, during the life of their project.

Table 2.2  
**Steering Group Membership**

| Name               | Organisation                                 |
|--------------------|--|
| Sharon Bleakley    | BCPP Programme Manager, CDHN                 |
| Norman Morrow      | Chief Pharmaceutical Officer, DHSSPS         |
| Mary O'Neill       | Director of Community Development, Homefirst |
| Veronica Mc Kinley | North Antrim Community Network               |
| Seamus Mullen      | Manager, WHSSB, IfH                          |
| Joe Brogan         | Director of Pharmacy, WHSSB                  |
| Laurence O'Kane    | Pharmacist                                   |
| Helena Buchanan    | Area Manager of Gordon Chemists              |
| Vanessa Chambers   | Pharmacist, Chambers Community Pharmacy      |
| Michelle McCorry   | Pharmaceutical Branch, DHSSPS                |
| Barbary Cook       | Director of CDHN                             |

The BCPP encourages partnership working within the voluntary, community, statutory and private sectors to define needs and action, having a focus towards those who are disadvantaged in society. It recognises the need for community pharmacists and community organisations to work together to bring benefit to the local community. The Programme faces the challenges associated with encouraging partnership working, and striving to identify new ways of working for pharmacists that include close links with communities. Further detail regarding roles of the DHSSPS, Steering Group/Assessment Panel and CDHN staff is contained within Section 3 where the activities each is involved in are analysed.

The BCPP aims to:

*“Establish stronger partnerships between local communities and community pharmacists and to address local health needs using a community development approach”*

For the first four years of the BCPP, grants of up to a maximum of £10,000 were offered to 50 initiatives across Northern Ireland. The majority of these projects were funded for one year.

Since September 2005, the BCPP Steering Group agreed to offer three levels of funding depending on the complexity of projects to encourage greater involvement whilst moving towards a more service based structure. The funding is structured as follows:

- Level 1 funding is a grant of up to £2,000 for projects last up to nine months;
- Level 2 funding is a grant of up to £10,000 for projects lasting up to two years; and
- Level 3 funding is a grant of a maximum of £10,000 per annum for up to three years, providing the projects are meeting their agreed objectives on an ongoing basis.

Since securing recurrent funding from DHSSPS, approximately £300,000 is available through the BCPP each year to fund projects and a further £150,000 is committed to management and administration of the programme.

In moving towards sustainability, the BCPP has entered a transitional phase during which it is focusing on moving from a project based format to a service based format.

The BCPP Steering Group intends to evaluate the Programme during late 2006/early 2007.

## **2.4. Terms of Reference**

In order to support the upcoming evaluation, CDHN commissioned this systems review of the BCPP. The terms of reference for the assignment were as follows:

- review of levels of funding offered and the relevant application process;
- review of the assessment process;
- review of the Monitoring reports;
- review of the support given to projects;
- review of the internal systems used by CDHN to record and utilise information including:
  - Financial Monitoring;
  - Progress Monitoring;
- recommendations regarding the future of the grant making programme in relation to the current changes currently taking place in the public sector; and
- review the implications of any changes to the programme on the overall administrative and operational structure.

## **2.5. Review Methodology**

The evaluation approach involved six stages as follows:

### **2.5.1. Stage One: Project Initiation**

Deloitte met with the CDHN in order to initiate the systems review on 28<sup>th</sup> July 2006.

During this meeting the project management arrangements for the systems review were agreed, in addition to Deloitte's approach (including the consultation programme) and timescales. Payment processes were also agreed.

## 2.5.2. Stage Two: Undertake Consultations and Issue Project Questionnaire

The table below summarises our approach to the consultations. All discussion guides/survey tools were agreed with CDHN prior to consultations taking place.

Table 2.3  
**Approach to the Consultations**

| Consultation Group           | Detail  |
|------------------------------|---|
| <b>Internal stakeholders</b> | 1 group meeting with the BCPP Steering Group<br><br>1 report sign off meeting with the BCPP Steering Group (if required)  |
| <b>Programme staff</b>       | 2 meetings with BCPP Programme Manager (1 providing background to the BCPP and 1 with other CDHN staff to capture their views regarding the BCPP)<br><br>1 meeting with the BCPP Monitoring Officer and Information and Administration Officer<br><br>1 file review exercise of files and systems associated with the application, assessment, and Monitoring processes (undertaken following the meeting with the Monitoring Officer and Information and Administration Officer) |
| <b>Projects</b>              | Email survey of 87 projects (questionnaire results analysed using SPSS)<br><br>1 focus group with a sample of projects (all 87 projects were invited).<br><br>Email survey of 20 organisations that applied for funding and were turned down (questionnaire results analysed using SPSS)  |
| <b>External Stakeholder</b>  | Interview with DHSSPS Pharmaceutical Branch – Norman Morrow and Michelle McCorry<br><br>Interview with IfH Seamus Mullen (WHSSB)<br><br>Interview with Deirdre Blakely (Consultant)   |

### 2.5.3. Stage Three: Analysis of Findings and Report Writing

#### **Task 1 – Internal Analysis**

Deloitte held a half day internal workshop to debate and compile our findings in order to meet the specific objectives of the systems review as described in the terms of reference. We reviewed the following strategies/initiatives:

- DHSSPS: Primary Care Strategic Framework - *Caring for People Beyond Tomorrow*;
- DHSSPS: Regional strategy for health and wellbeing, *A Healthier Future*;
- DHSSPS: *A strategy for pharmacy in the community*;
- DHSSPS: *Investing for Health*; and
- CDHN: *Mainstreaming Community Development*.

#### **Task 2 – Steering Group Workshop**

Deloitte issued a draft report to the Steering Group and following receipt of their comments, a final report was issued.

### 3. PROCESSES DETAIL AND ANALYSIS

#### 3.1. Introduction

This section of the report provides a process map of CDHN's systems for the management and administration of the BCPP in addition to a detailed narrative of the systems during each stage of the process. A thorough analysis and critique is also provided of the systems during each stage of the process. This analysis is based on the views of those consulted (Appendix I), government guidance regarding the administration and implementation of funding programmes, and Deloitte's knowledge of good practice regarding funding programmes.

#### 3.2. Context within which the BCPP operates

The purpose of this section is to present the wider context within which the BCPP has been implemented. This includes discussion of the following:

- A strategy for pharmacy in the community (*DHSSPS*);
- Investing for Health (IfH) (*DHSSPS*);
- Regional strategy for health and wellbeing, A Healthier Future (*DHSSPS*);
- Primary Care Strategic Framework – Caring for People Beyond Tomorrow (*DHSSPS*); and
- Mainstreaming Community Development (*CDHN*).

##### 3.2.1. DHSSPS - Making it Better - A Strategy for Pharmacy in the Community

DHSSPS aims to create a health service which will meet the needs of all of its customers. In order to fulfil this, it is critical that health professionals continue to develop their skills to meet these needs.

The consultative strategy outlines the way in which community pharmacy can develop to meet these needs. It is predicated on the aim:

*“to maintain, develop and support a stable pharmacy network to provide, in partnership with others, a quality and comprehensive pharmaceutical service assuring the safe and effective use of medicines, minimising barriers to provide equitable health and social care to all.”*

The Strategy recognises that the community pharmacies play an important role within the health service and in the community as a whole. The document also highlights community pharmacy as an accessible healthcare resource, which is

*“Implicit in the term ‘Community Pharmacy’, is a close identity with, and a commitment to, the local community.”*

The BCPP clearly embeds the principle of this strategy, as it aims to improve the health of the community through the partnerships between community pharmacy and community and voluntary organisations. The BCPP also helps

to ensure that the skills of the pharmacists are being used in a valuable and informative manner, and are being developed in line with local needs.

### 3.2.2. DHSSPS - Investing for Health

The Northern Ireland IfH initiative was launched in March 2002. IfH is the public health strategy of the Northern Ireland Executive. It contains a framework for action to improve health and well-being and reduce health inequalities by tackling the wider determinants of health and includes educational attainment, living and working conditions, the wider environment, mental and emotional health and wellbeing, accidental death and injuries, and healthy lifestyle choices. The initiative is based on partnership working amongst departments, public bodies, local communities, voluntary bodies, District Councils and the social partners.

There are two underlying aims in the IfH strategy, these are:

- improving health and wellbeing; and
- reducing health inequalities.

There are a number of values which the IfH strategy adopts. These are as follows:

- health is a fundamental human right;
- policy should actively pursue equality of opportunity and promote social inclusion;
- individuals and communities should be involved fully in decision-making on matters relating to health; and
- all citizens should have equal rights to health, and fair/equitable access to health services and health information according to their needs.

The strategy states that there is the need for collaborative working and that there is widespread support for a multi-sectoral partnership approach to improve health. In particular, the community and voluntary sector has expressed a clear wish to be involved in identifying and addressing the health needs of their constituents by contributing to local integrated health improvement plans.

*“this enthusiasm needs to be harnessed and existing examples of good practice built upon.”*

The strategy also recognises that community pharmacists can target those who otherwise may have no contact with health promotion messages and there is an important role that community pharmacists can play.

*“a core function of pharmacists at all levels is to prevent ill health and promote and protect public health... community pharmacies provide a unique forum for health development”*

IfH emphasises that the future delivery of the strategy relies on partnerships between government departments, public health professionals, members of primary health and social care teams, the community and voluntary sector, local communities and others. Therefore, the BCPP, through partnership between community pharmacists and community and voluntary groups can make clear contributions to the IfH strategy and help meet the aims and objectives outlined within it.

The strategy emphasises that:

*“Public health pharmacy is concerned with lifestyle advice, early detection of disease, disease prevention, appropriate use of medicines and supporting local communities”.*

The paper also makes specific reference to the BCCP and its relevance to the strategy. It notes in particular how the Programme aims to:

- work with local communities to develop services tailored to their particular needs;
- develop health promoting pharmacies, including community outreach (e.g. school visits), and offering the opportunity for other professions and agencies to provide their services there;
- make optimal use of their specialised knowledge of medicines, leading to safer and more effective use of those medicines;
- participate in co-ordinated health promotion programmes e.g. smoking cessation, sexual health, medicines education, travel health advice, healthy eating and exercise (in liaison with the Health Promotion Agency)
- develop as a public health resource, by establishing a community-based indicator which records relevant self care data. This could help form part of an early warning system to identify outbreaks of communicable diseases in the community; and
- target the medicines education and advice needs of those who are most at risk from the adverse effects of medication (e.g. elderly and mentally ill people), directly or through those who care for them.

IfH emphasises that a coordinated approach is important and that it is an integrated process. Deloitte also consulted with a representative from IfH who stated the opinion that the BCPP programme fits into the IfH strategy; this was evident in the applications which are being received. Applicants are marrying their objectives with those set out in the IfH strategy.

### 3.2.3. DHSSPS Regional Strategy for Health and Wellbeing - A Healthier Future

This strategic document gives a twenty year vision of health and wellbeing in Northern Ireland. The strategy was developed around five themes, which are:

- investing for health and wellbeing;

- involving people;
- teams which deliver;
- responsive and integrated services; and
- improving quality.

The strategy recognises the need for emphasis on partnerships across departments, agencies and the community and voluntary sector to develop joined-up programmes and initiatives that communities themselves can own and drive forward. Within the five themes there are 16 Policy Directions which set out the key messages.

Policy Direction 4 states that:

*“we will make it a strategic priority to fully engage with, and support the development of people and caring communities who will: (i) actively promote health and wellbeing; (ii) have a central role in managing chronic conditions and (iii) be partners in the design and management of our health and social services.”*

The strategy supports and emphasises the importance of the BCPP, and highlights the benefits in tailoring any schemes to the specific communities in which they operate. It recognises that community pharmacies are being seen as an important resource. Working within the community can ensure a person centred service.

*“one of the most striking features of the programme (BCPP) has been its success in reaching out to the most vulnerable people in our community. Health and social care services have been brought to people who may find it difficult to access other forms of care.”*

The strategy sets out how DHSSPS plans to involve communities in decisions regarding health initiatives in their areas by:

- providing a unified focus to engaging with people, including an overarching policy and a programme of innovative projects to promote meaningful dialogue; and
- building on their existing policy *‘Mainstreaming Community Development’*, to ensure that a sustainable programme of community development is at the heart of services. This includes examining the scope for increasing the number and type of services that are delivered through the community and voluntary sector.

The BCPP actively involves the community in its programmes ensuring that the projects that are funded are those that are relevant in the area in which they operate. As a result a sense of ownership is created. BCPP focuses on the creation of meaningful partnerships to deliver a quality service in the community and clearly fits within the remit of the Healthier Future Strategy.

### 3.2.4. DHSSPS Primary Care Strategic Framework - Caring for People Beyond Tomorrow

This Strategic Framework has been developed to provide:

- a vision for primary care services over the next twenty years;
- a framework of principles, values and high-level goals that will make clear the nature of the future primary care system which DHSSPS wish to see developed; and
- a policy framework that will steer and influence future development and delivery of services.

The framework identifies the key attributes of the primary care system that DHSSPS seeks to develop:

- a service focused on providing comprehensive person-centred care;
- a first point of contact that is readily accessible and responsive to meet peoples' needs day or night;
- a co-ordinated, integrated service employing a team approach with multi-agency linkages;
- an emphasis on engagement with people and communities about their care and the way services are designed and delivered; and
- a focus on prevention, health education and effective self-care.

The document states that an increased role could be played by primary care, in dealing with immediate and critical need, by providing a greater range of care options in this setting. The document also cites the importance of health promotion as an important factor in achieving the desired goals.

The framework highlights that in the future the range of advice and health care management from community pharmacists will expand, taking account of the skills of these health professionals in managing medicines and their extended prescribing abilities.

It also aims to encourage communities to become more actively involved in the management of their own health by ensuring that communities are informed and supported appropriately. The Strategy emphasises that this must be undertaken through a partnership approach. It is in this context that the document highlights the BCPP as a tried and tested example of how health professionals and local communities can work together effectively by encouraging self help, increasing the communities' understanding of health issues, and encouraging them to play an active role in promoting health.

### 3.2.5. CDHN, Mainstreaming Community Development in Health and Social Services: A Review December 2005

CDHN was requested by DHSSPS to review community development approaches within health and social services.

The report identified that, while there has been a culture shift towards community development approaches across health and social services, and there has been a significant increase in the number of community development initiatives, this is not spread consistently across the service. Focus was also identified to be needed in the areas of partnership working, assessment and evaluation. The report's recommendations included a framework for action to enable DHSSPS to implement its regional strategy, A Healthier Future.

A number of the report's recommendations that focus on specific areas of priority focus have been embedded in the BCPP including:

- identifying ways to mainstream community development approaches;
- raising the profile of effective partnership working through community development work practices in the health and social care field ... including the promotion and support of a social economy model of working; and
- recognising the role of voluntary and community organisations and the benefits that can be gained by working in partnership with this sector.

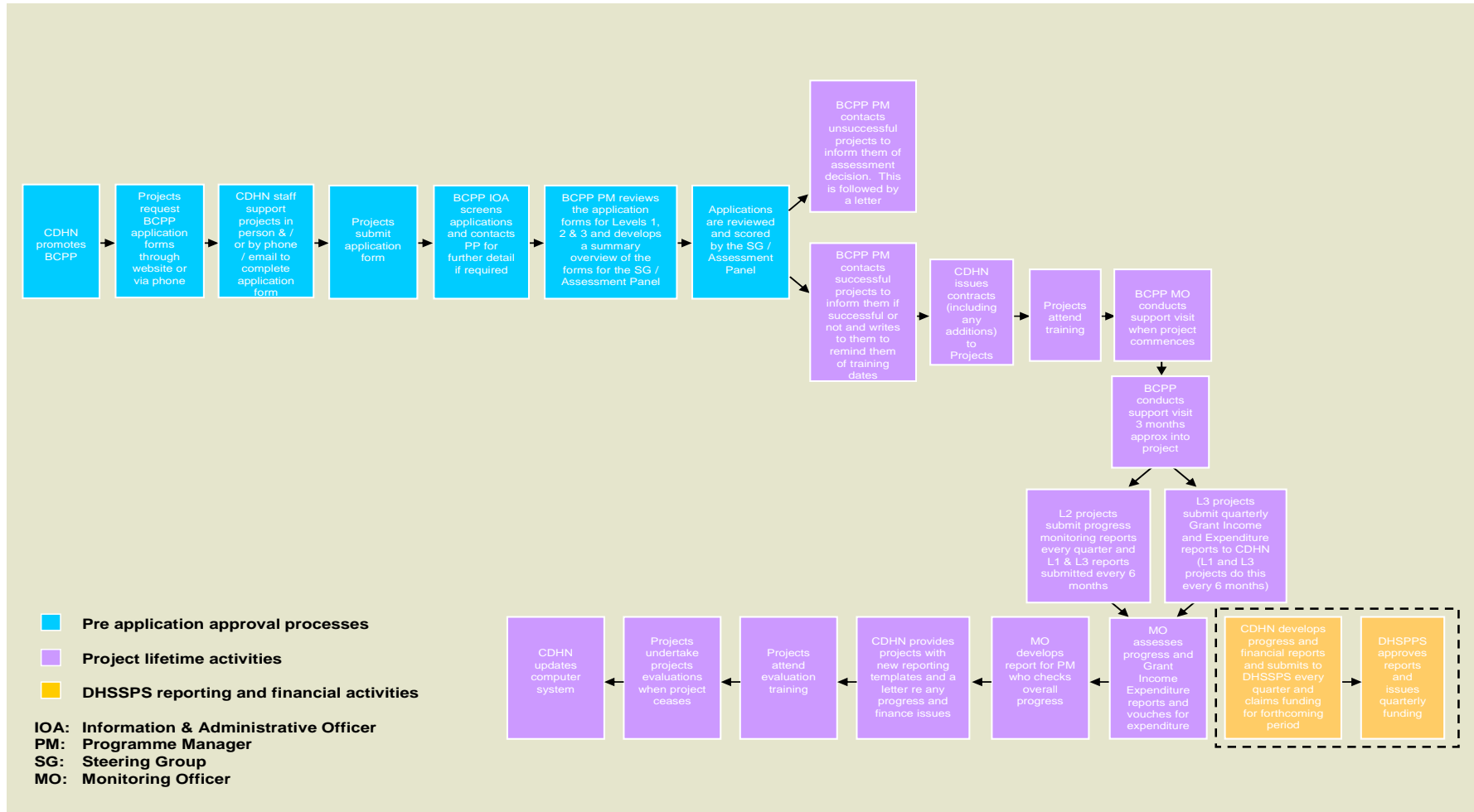
### **3.3. Process Map of the BCPP Systems**

The process map below details the processes of CDHN in the management and administration of the BCPP. This is discussed in detail stage by stage in the subsequent sections.

The resources which are involved in this process are the:

- BCPP Steering Group: responsible for setting the strategic direction of the BCPP, approving funding and assessing and scoring applications;
- CDHN Director: responsible for overseeing CDHN's inputs to the BCPP;
- CDHN Programme Manager: responsible for the daily management and administration of the BCPP;
- CDHN Monitoring Officer: responsible for monitoring projects' progress and financial expenditure;
- CDHN Information and Administration Officer: responsible for BCPP administration activities and supporting the Programme Manager and Monitoring Officer; and
- an external consultant: responsible for supporting projects to develop applications.

Figure 3.1  
Process Map



### 3.4. BCPP Promotional Activities

CDHN promotes the BCPP through a number of mediums including:

- the CDHN website

The CDHN's website provides background information regarding the BCPP and what it aims to achieve. The site also includes details of current and completed projects and information about how to apply to the programme.

- CDHN conferences, networking events, workshops

These events showcase the work between community pharmacists and local communities, demonstrating examples of success, encouraging delegates to participate in discussions and increase the level of interest in the programme.

- the CDHN Newsletter - *Health Bytes*

This newsletter is distributed monthly by CDHN to those who have subscribed (free of charge). The distribution list includes voluntary and community, statutory organisations and community pharmacists.

- BCPP Newsletter – *Lite Byte*

This is a new BCPP newsletter.

- Central Services Agency (CSA) mailshot to pharmacists

In order to target community pharmacists, the CDHN sends a mailshot regarding the BCPP to those of the CSA's database.

- Northern Ireland Council for Voluntary Action (NICVA)

NICVA is an umbrella body that supports the voluntary and community sector. It provides guidance to community and voluntary sector organisations regarding funding schemes and CDHN ensures that the BCPP is included in NICVA's database of funding information.

- pharmacy related magazines

CDHN publicises the BCPP in various pharmacy magazines such as *Pharmacy in Focus*.

- community and voluntary

The Rural Community Network (RCN) is a voluntary organisation established by local community organisations to articulate the voice of rural communities on issues relating to poverty, disadvantage and community development. CDHN promotes the BCPP in the newsletters of the community and voluntary throughout Northern Ireland. In addition to this CDHN also promotes other community and voluntary groups.

- information sessions

BCPP staff endeavour, where possible, to hold information sessions for voluntary and community sector representatives and community pharmacists who may potentially apply to the programme. These sessions are often

arranged to coincide with other events at which these groups might be present, such as a local pharmacy meeting. CDHN also advertises the sessions in *Health Bytes*.

- other promotional activities

All information is collated on to databases of those expressing any interest in the programme and this is used from round to round to help target publicity for current and future rounds and to ensure back up support and information is provided.

It should also be noted that where CDHN have identified low uptake over the course of the programme they have increased promotional activities and events in those areas, for example in the Western Health and Social Services Board and the Eastern Health Social Services Board

### 3.4.1. Analysis of Promotional Process

To assist with our analysis of CDHN’s systems for the management and administration of the BCPP, we distributed an evaluation tool to the projects of both successful (Appendix IV) and unsuccessful (Appendix V) applicants. The details of this are included in table 3.1 below:

Table 3.1  
**Postal Questionnaires Distributed and Returned and Focus Group Attendance**

|                                      | Community & Voluntary | Pharmacy | Unsuccessful Projects | Total |
|--------------------------------------|-----------------------|----------|-----------------------|-------|
| Number of questionnaires distributed | 75                    | 12       | 20                    | 107   |
| Number of questionnaires returned    | 33                    | 4        | 5                     | 42    |
| Response rate (%)                    | 44%                   | 33%      | 25%                   | 39%   |
| Focus Group Attendance               | 4                     | 1        | N/A                   | 5     |
| Attendance rate (%)                  | 5%                    | 8%       | N/A                   | 5%    |

Amongst the projects surveyed, the general feedback received on the BCPP promotion process was extremely positive, with 89 per cent (33 projects) of the successful respondents and 60 per cent (3 projects) of the unsuccessful respondents stating that there were no improvements that could be made in this regard. Those who took part in the focus groups also provided positive feedback and reported that the promotion was excellent, particularly in the area of pharmacy.

The small number of successful projects who reported that some improvement was needed suggested that public awareness of the BCPP could be improved. However we consider that this is an issue for the promoters themselves to increase awareness of the services which they will offer through their projects.

CDHN staff expressed the view that the promotional activities of the BCPP have been successful to date and that the Programme has reached its target audience. They indicated that this had become more apparent recently with the opinion that the Programme is reaching more Section 75 groups.

Section 75 and Schedule 9 to the Northern Ireland Act 1998, came into force on 1 January 2000. Responsibility for these provisions lies with the Secretary of State. The provisions place a statutory obligation on public authorities (Northern Ireland departments, most non-departmental public bodies, District Councils and other bodies including UK departments designated by the Secretary of State) to carry out their functions relating to Northern Ireland with due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

In addition, without prejudice to this obligation, public authorities must have regard to the desirability of promoting good relations between persons of different religious belief, political opinion, or racial group.

Staff also stated that the website receives a substantial number of ‘hits’ and that these are increasing with each round of funding.

We consider, based on feedback and consultation, that promotional activities may need to change in the future in order to effectively target community pharmacists as the structure of community pharmacies in Northern Ireland evolves. There has been an increase in pharmacy chains locally and the number of independently owned community pharmacies is diminishing. Community pharmacists employed by a pharmacy chain would not have the same decision making authorities as independent pharmacists, and that this may restrict them from becoming involved in programmes such as the BCPP. There may also be a need to place more emphasis up front, whilst promoting the BCPP, around the support which the applicants will receive in completing their application forms. Due to the onerous nature of the form, it may prohibit potential applicants from applying. As a result high quality applicants may miss out on funding.

### **3.5. Applying to the BCPP**

This section of the report discusses the processes involved with application requests and completing and submitting the BCPP application.

#### **3.5.1. Requesting an Application Form**

Application forms and the accompanying guidance notes are available on the CDHN website in addition to background information about the Programme. Obtaining the application form via this method requires the potential applicant to submit their contact details to CDHN through the website in addition to a brief outline of their project idea. The BCPP Manager uses these details to contact anyone who has downloaded an application form in order to introduce and discuss the BCPP.

Other methods of requesting an application form include emailing, telephoning or writing to the CDHN. CDHN will then post the application form and guidance notes to the person who placed the request and will also telephone the person to discuss the application and their idea for a project. CDHN will also offer to meet the potential applicant to discuss defining local needs, partnerships, connecting organizations and pharmacists and their specific roles.

#### **3.5.2. Completing and Submitting a BCPP Application**

At the time that applicants are completing the BCPP application form, CDHN are available via telephone, email and for one-to-one meetings to support application form development. This also includes assistance from the external consultant. The role of the external consultant supplements the resources available within CDHN. They also carry out one-to-one meeting with applicants. Particularly, the consultant contributes extensive knowledge of community development and the health framework to the Programme. The applicants are offered a significant level of support when they are submitting an application form to the BCPP.

Applications must submit applications containing ‘wet’ signatures of both the voluntary/community and pharmacy partners involved. Therefore applications must be submitted by post. CDHN also accepts application forms submitted in soft copy via email; however this must be followed by a hard copy.

When CDHN receives an application, the BCPP Information and Administration Officer writes to the projects acknowledging receipt of the application and providing a reminder of the date of the mandatory training (see section 3.7.1 for further details).

#### **3.5.3. Analysis of the application process**

##### **■ Accessing the Application Form**

The information provided in the completed surveys indicated that the way in which the applicants accessed the application form was evenly split across the projects with 49 per cent (18 projects) accessing the form from the Internet,

49 per cent (18 projects) accessing it directly from CDHN and 2 per cent (1 project) accessing the form both ways.

### ■ **Completing the Application Form**

The application form has changed over the course of the Programme with emphasis placed on trying to make it as straightforward as possible whilst ensuring that the appropriate level of information is provided.

However, CDHN and other stakeholders acknowledge that the forms are still complex and that some applicants could find the exercise cumbersome, particularly those who lacked experience of making funding applications. In particular, CDHN reported that a number of project applicants had a tendency to 'catalogue' what they were proposing to do, rather than detail the anticipated impacts of their project. CDHN staff expressed concern that this was based on a lack of understanding of what community development entailed. Community development is covered with the applicant when CDHN carry out their initial visit to the applicants.

Staff stated that in particular the Level 2 funding application form may be too complicated based on the grant available under this level of application. The staff suggested that completing some aspects of the application form orally with the applicants while carrying out their initial visit to the applicants may overcome this issue. It may be possible to condense the Level 2 application form, and take a high level approach to, for example, questions relating to meeting specific strategies. Significant detail may not be required from applicants because the Assessment Panel has appropriate knowledge to decide whether a project is in line with existing strategies.

In our opinion the application forms for the BCCP are relatively straightforward when compared with other funding schemes. However, it should be noted that the application forms for Level 2 and Level 3 require a similar amount of detail whilst the funding granted is relatively larger for Level 3.

Despite this we believe that the introduction of three levels of funding for applications has made the programme more accessible to those applying for funding for the first time. At this stage it is still too early to suggest that applying for Level 1 funding gave potential projects the confidence to proceed and apply for Level 2 funding, although it is hoped by CDHN that this is the case.

Both questionnaire respondents and focus group attendees were asked to give their view on the application form, the majority of the participants stated that the application form was relatively straightforward to complete. This view was upheld by the projects when they were asked to compare the BCCP application form to those associated with other grant schemes they had applied to.

However, one focus group participant stated the view that pharmacists in particular found it difficult to complete the application form, particularly with regard to using the correct terminology. They did acknowledge that part of the reason for this was their own lack of experience in filling out such forms. They also stated that with CDHN's supporting role and the extensive

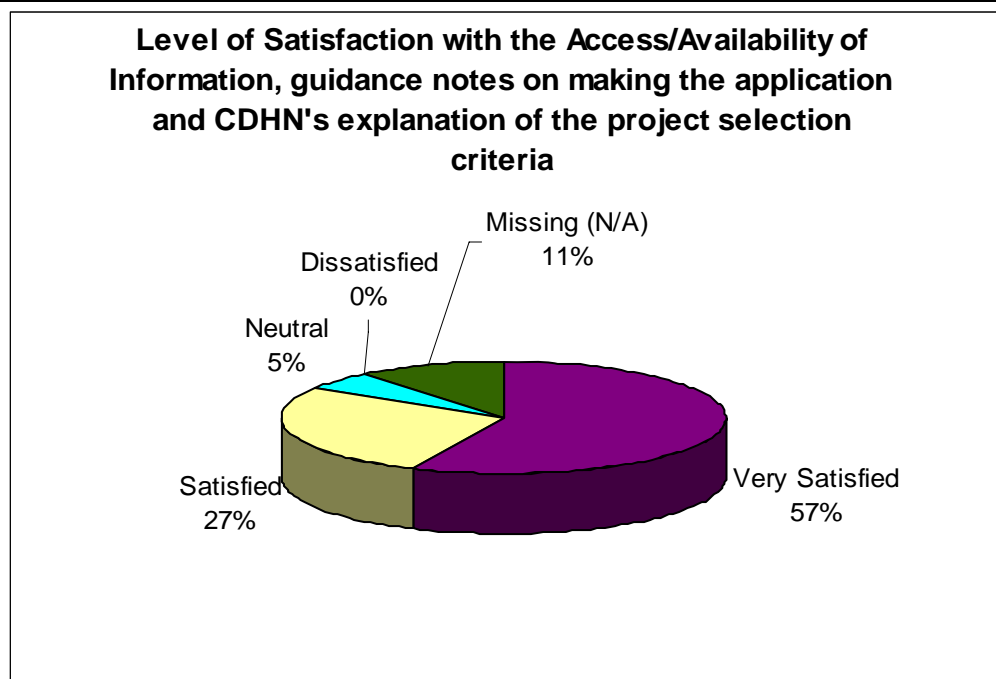
explanation provided regarding the information required to complete the form, that they understood the necessity to provide such detail.

One questionnaire respondent, who was from the community and voluntary sector also stated that they found the questionnaire difficult, but similarly to the focus group participant they highlighted the high level of support they received from CDHN.

Figure 3.2 highlights the questionnaire respondents' view with regard to their level of satisfaction with the access/availability to information and guidance and notes to assist in the completion of their forms.

Figure 3.2

**Level of Satisfaction with the ACCESS/availability of Information, Guidance Notes on Making the Application and CDHN's Explanation of the Project Selection Criteria**



Source: Evaluation Questionnaire

As Figure 3.2 indicates, 84 per cent (31 projects) of the respondents were either satisfied or very satisfied with the access/availability of information, guidance notes CDHN's explanation of project selection criteria. None of the projects stated that they were dissatisfied. The qualitative feedback provided by the projects was very positive. One respondent stated that they scored CDHN highly as the guidance notes were "clear, coherent and informative". They also stated that another grant scheme which they had been involved in did not provide clear explanations around project selection criteria, whereas CDHN did.

The majority of those who provided explanation for their rating cited the clarity and availability of the information. They expressed the view that the CDHN's staff were willing to help them with any queries and there was a good level of support available. The views expressed in the focus group also emphasised the level of support provided and included praise for the

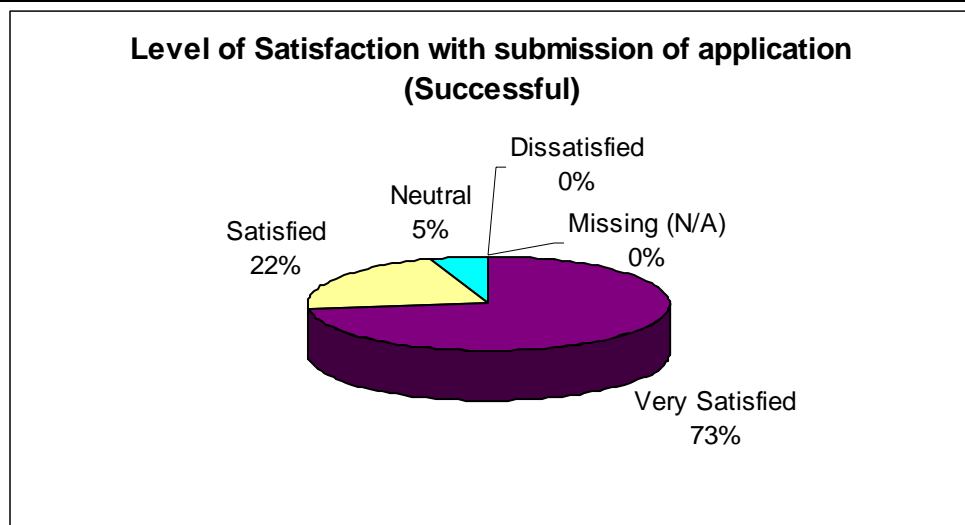
availability and approachability of the dedicated programme staff at each stage of the application process

The response obtained from the unsuccessful projects was similar with 60 per cent (3 projects) indicating that they were either satisfied or very satisfied with the various elements of support provided by CDHN with regard to the application process.

■ **Submitting the Application Form**

The projects were asked to report their level of satisfaction regarding CDHN’s process for submitting the application forms. The results are illustrated in Figure 3.3.

Figure 3.3  
**Level of Satisfaction with Submission of Application**



Source: Evaluation Questionnaire

The overall level of satisfaction was high with 95 per cent (35 projects) of the respondents stating that they were either satisfied or very satisfied with the process. None of the respondents indicated that they were dissatisfied with the process.

Of those unsuccessful projects who responded, 60 per cent (3 projects) stated that they were either satisfied or very satisfied with the process. One respondent indicated a neutral response. This respondent stated that the application form was very detailed for a small grant.

■ **Support Provided by CDHN**

CDHN provide a considerable amount of support to project applicants, both in person and via telephone/email. We believe that this accounts for the largely positive feedback received from respondents in this regard.

In our opinion the use of an external consultant has contributed to the quality of the application process. The consultant contributes a significant level of knowledge of community development and the health framework. This has

contributed to the development of the programme and ensured that a high quality of advice is provided.

BCPP stakeholders reported that the overall application process has improved as the Programme has progressed into each round of funding. In particular they noted that the quality of the application forms which are submitted is now much higher than in previous rounds. This is viewed to be the result of the groundwork undertaken by CDHN staff with regard to application support.

In our view, this initial support and contact provided by CDHN staff to project applicants, increases the likelihood that relevant applications with identified anticipated outcomes are made to the BCPP. The BCPP stakeholders were also of the view that the improved applications were directly related to the quality of support the applicants were given by CDHN.

A number of additional factors have been identified that we believe support the application process. For example, case studies of previously funded BCPP projects on the CDHN website provide meaningful examples for those completing an application form.

■ **Comparing the BCPP Application and Approval Process to those Associated with other Grant Schemes**

Overall, of the 37 successful respondents, only 11 per cent (4 projects) stated they had not been involved with another grant scheme.

Those who had been involved with other grant schemes, were asked to compare the application and approval processes of BCPP with others they had been involved with. The results are shown in Table 3.2.

Table 3.2  
**Comparison of BCPP Application and Approval Process with Other Grant Programmes**

| Comparison of BCPP Application and Approval Process with Other Grant Programmes | %    | Number of Respondents |
|---|------|-----------------------|
| No Answer (N/A)   | 16.2 | 6                     |
| This process was better   | 51.4 | 19                    |
| This process was about the same   | 27.0 | 10                    |
| This process was not as good  | 5.4  | 2                     |

*Source: Evaluation Questionnaire*

The majority of respondents 51 per cent (19 projects) who had been involved with other grant schemes stated that the application and approval process was better than other schemes with only two stating that this process was not as good, one of which stated that “*other small grant schemes didn’t require as much detail.*”

The positive views expressed by the respondents indicate that the application process for the BCPP works well.

### 3.6. Assessment Processes

The following sections discuss the assessment processes associated with the BCPP.

#### 3.6.1. Initial Screening

The BCPP Information and Administration Officer screens all submitted applications and checks the applications regarding their completeness. If any gaps in the content of an application are identified, the Information and Administration Officer contacts the project applicants by telephone and email requesting the additional information.

When the Information and Administration Officer is satisfied that the applications are complete they are given to the BCPP Programme Manager for review. The Programme Manager will identify any further issues to be clarified by the Administration Officers with the applicants.

#### 3.6.2. Summary of Applications for Assessment Panel

The BCPP Programme Manager screens all of the fully completed Level 2 and Level 3 project applications. The Programme Manager will follow up any issues which they think may be picked up by the Assessment Panel. The purpose of this exercise is to enable the Programme Manager to provide a summary overview of the applications and to highlight any issues that may exist regarding the application, such as a query regarding the fit between the proposed project and the aims of the BCPP or unrealistic timescales etc.

The Programme Manager has the authority to screen out Level 2 and Level 3 funding applications however such decisions has to be verified by the Assessment Panel.

Level 1 project's are assessed by the Programme Manager. Upon completion of the assessment, the Programme Manager makes the recommendation to a sub-group of the Steering Group for approval.

#### 3.6.3. Assessment

All Level 2 and Level 3 project applications are assessed by the BCPP Steering Group, which is part of the overall structural framework for the programme, and forms the Assessment Panel for the BCPP.

The BCPP Programme Manager provides each member of the Assessment Panel, in advance, with a copy of all of the applications received for any round of BCPP funding, scoring templates and guidance notes to support decision making.

A successful proposal must have an overall score of at least 60% in both non-monetary and financial benefits and must score a minimum of 50% in each of the following sub-categories:

- establishing need;
- meeting the BCPP Partnership objectives;
- management and monitoring arrangements;

- financial costs; and
- value for money and modernisation / service development.

In order to effectively make use of the Assessment Panel members' time, the Programme Manager will request that each of the three sub-groups of the Assessment Panel focus their assessment on a few particular projects. Members of each sub-group are required to provide a preliminary score for the project applications they have been allocated prior to the meeting of the Assessment Panel.

The Assessment Panel meets for one day to assess the applications, and the various sub-groups meet and agree on their funding decisions for the projects they were asked to assess in detail. Their outputs are then presented to the entire Assessment Panel for sign-off. If a conflict of interest is identified with a member of the Assessment Panel they leave the room while the decision is made on that particular project.

The assessment decision of the Programme Manager regarding Level 1 project applications is not assessed but is instead approved by two members of the Steering Group. DHSSPS are informed of Level 1 decisions in the quarterly report submitted to them.

It should be noted that following the implementation of RPA, the steering group membership may change. This is an issue which should be considered by DHSSPS to ensure that the appropriate people and organizations are on board.

#### 3.6.4. Clarification

Following their sign-off of the application assessment decisions, the Assessment Panel forwards its decisions to the BCPP Programme Manager.

The Programme Manager will phone the projects to let them know they are successful, outlining any conditions which have to be met before a contract is awarded. These conditions are included in a project's contract with the BCPP and are agreed with the applicant before the contract is finalised. This is followed up by an email. The Programme Manager then writes to the successful applicants informing them that their project application has been successful and restating the dates for training.

The unsuccessful applicants are also telephoned and given a summary of why they were unsuccessful. Letters are also sent to unsuccessful applicants stating the assessment decision, providing a brief reason for the decision and informing the applicants that they can contact CDHN for further information if necessary.

#### 3.6.5. Analysis of the Assessment process

CDHN staff stated that when the application forms are initially received that any gaps are usually small and quite easily filled by contacting the applicant.

An area which tends to be problematic is the breakdown of the budget, on occasion staff have been required to prompt applicants to provide further detail.

Staff stated that the summary of applications for the Assessment Panel has worked well. They stated that the process had been enhanced by this practice, based on the feedback which has been given by the panel.

Stakeholders commended the BCPP Manager's practice of summarising the applications prior to assessment by the Steering Group. They stated that this was particularly useful in light of the fact that each assessor only assesses an allocated number of applications in depth and that the summary provides a useful 'flavour' of each application form and any areas that may require particular consideration by the assessors.

In our opinion, the multidisciplinary membership of the Assessment Panel facilitates debate and supports the effective assessment of applications.

In our opinion, the process of providing Steering Group members with application pack prior to the Assessment Panel meeting provides panel members with the opportunity to determine their preliminary scores to the applications which they have been allocated and is an effective use of time. This view was endorsed by both CDHN staff and by Steering Group members. In our view, the practice of members scoring only their allocated projects works well, as opposed to all groups scoring all applications.

Stakeholders believed that the scoring template facilitated them to assess applications by ensuring that all members of the panel scored applications against set criterion. It was also reported that being placed into different assessment subgroups at each Assessment Panel meeting had a positive affect, from both a networking and assessment point of view. It mitigates the risk of establishing a pattern of scoring which they believe may occur if consistently placed in the same group.

We are satisfied that the time allocated to scoring applications is adequate, particularly because application packs are received by panel members prior to the panel meetings. Members of the panel are given the dates of Assessment Panel meetings in advance, ensuring that attendance at panel meetings is maximised. In our opinion, there is an appropriate amount of time between when the Assessment Panel receives applications and the assessment day.

### **3.7. Contract Awarded**

The following sections discuss the processes associated with awarding BCPP contracts to successful applicants.

#### **3.7.1. Contracts Issued**

Formal contracts are developed by the CDHN and issued to all successful projects. The contract forms the letter of offer from the CDHN to the project and details the:

- project's aims;

- project’s objectives;
- funding arrangements;
- reporting arrangements;
- publicity requirements; and
- any additional conditions.

Templates of the quarterly reports and Progress Monitoring reports are attached to the contract.

Projects are required to sign the contract and return to CDHN. Level 1 projects require the signature of the applicant only, whilst Level 2 and Level 3 require signatures from both the community/voluntary representative and the pharmacist. The contract then constitutes a formal legally binding agreement between the CDHN and the projects’ organisation.

BCPP have an electronic system which contains all projects details which are used for monitoring and finance and is also used to report to DHSSPS. The Monitoring Officer updates the BCPP system regarding the contracts awarded. The BCPP computer system is updated throughout the process, e.g. for contracts, returns and contact details. This is something that has been developed to ensure that CDHN meet accountability requirements set out by DHSSPS.

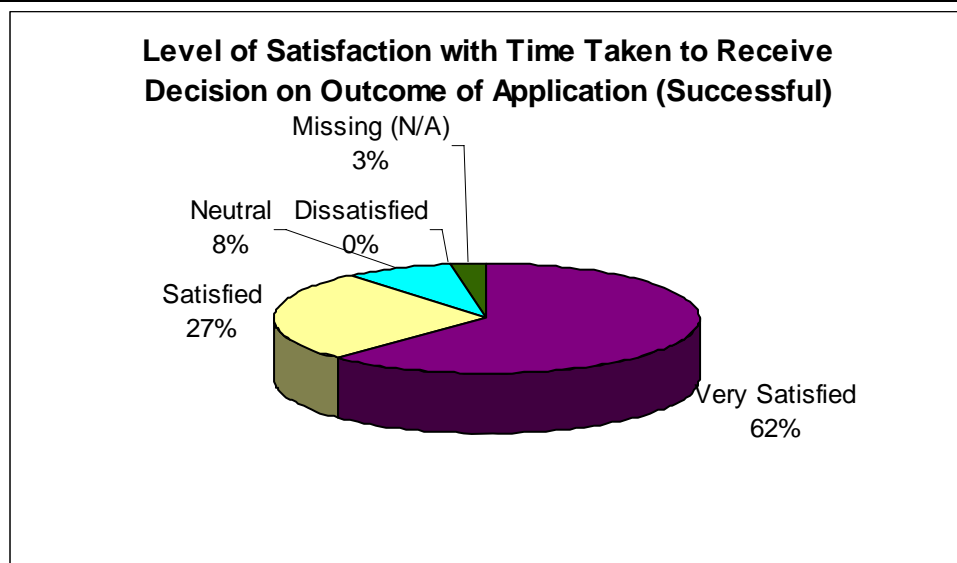
### 3.7.2. Analysis of Process for Issuing Decisions on Applications

The projects were asked to report on their opinion on CDHN’s process for issuing funding decisions on applications made to the BCPP.

Figure 3.4 presents the level of satisfaction with the time taken to process and receive the decision on the outcome of the application.

Figure 3.4

**Level of Satisfaction with Time Taken to Receive Decision on Outcome of Application**

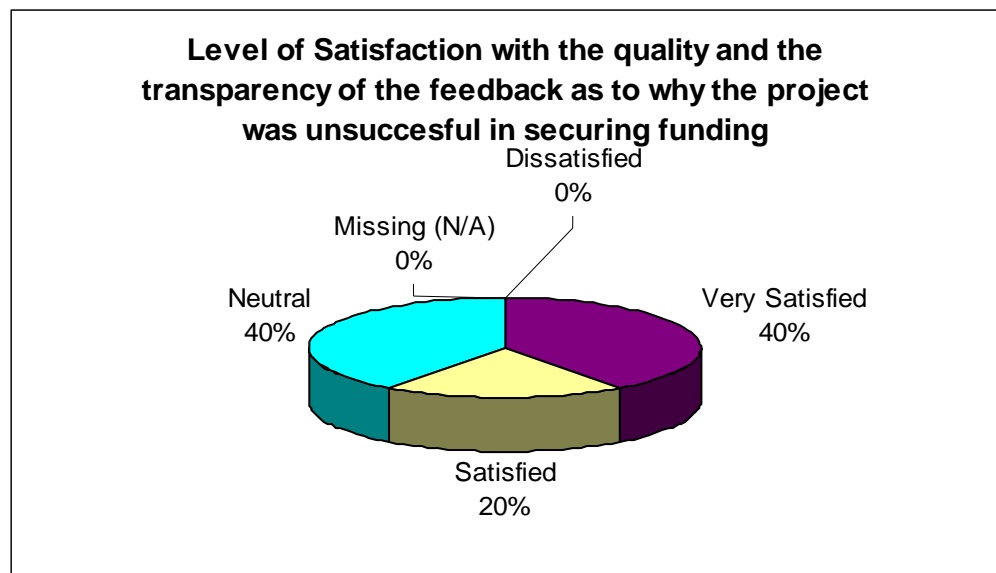


Source: Evaluation Questionnaire

The level of satisfaction with the time taken to receive the decision on the outcome of the application was high with 89 per cent (33 projects) of the respondents stating they were either satisfied or very satisfied with the time taken to receive their decision. This view was endorsed by focus group participants. Only one respondent stated that the timescales were difficult to manage as the decision is not communicated sufficiently in advance the project start date, limiting time for project planning. However it should be noted that applicants are made aware of when the funding will become available before they apply to the programme.

The projects that did not receive funding stated that they were informed of the decision by letter. Figure 3.5 represents the level of satisfaction with respect to the quality and the transparency of the feedback as to why the project was unsuccessful.

Figure 3.5  
**Level of Satisfaction with Quality and Transparency of the Feedback as to why the Project was Unsuccessful in Securing Funding**



Source: Evaluation Questionnaire

Out of the five unsuccessful projects who responded, 60 per cent (3 projects) were either satisfied or very satisfied with the quality and transparency of the feedback. One commented that the decision was clearly outlined, while another acknowledged that they had not spent enough time on the application and had been successful with a subsequent application. The two remaining unsuccessful projects indicated that their opinion was neutral on this point but provided no rationale for their response. The majority of unsuccessful projects also indicated that they were satisfied with the time taken to receive a decision on the outcome of the application with 80 per cent (four projects) stating that they were either satisfied or very satisfied.

In our opinion this process works well as the projects are given adequate feedback as to why their project was unsuccessful. The process of providing a letter and a follow up telephone call ensures that the BCPP assessment

process is transparent. It is also a constructive exercise for the unsuccessful projects as it provides clear explanation as to why their project was not approved for funding and issues they are required to address if they are to apply again. This may result in the projects successfully applying to the BCPP again as they will possess clearer knowledge of how to meet the requirements.

### 3.8. Projects Commence

The following subsections detail the activities associated with the BCPP process following the award of contracts.

#### 3.8.1. Training

Within approximately one month of contracts being awarded to successful projects, the BCPP project team (Programme Manager, Monitoring Officer and Information and Administration Officer) run training sessions for successful projects.

This training provided projects with further information regarding:

- BCPP procedures such as the contract, how funding is issued, Progress and Financial Monitoring returns, and the Final Project Evaluation;
- the role of the CDHN in the BCPP;
- a checklist of reminders;
- an example of an invoice, an expenditure sheet, an income and expenditure report;
- common mistakes that CDHN are aware can be made when completing the expenditure return;
- instructions that should be followed regarding returns;
- a reminder of the first Monitoring Report deadline;
- a general reminder regarding support that is available from the CDHN and how to access it; and
- a practical session on how to complete a return.

#### 3.8.2. Support Visits

CDHN staff conduct a number of personal visits to projects whilst the projects are being supported by the BCPP. The first visit, which takes place soon after projects have been awarded BCPP funding, is conducted by the BCPP Monitoring Officer. During this visit the Monitoring Officer checks whether the projects have the capacity and systems required to fulfil the requirements of the project with regard to, for example, project monitoring, meeting partnership requirements and establishing necessary relationships to support the project. They will also help to clarify any further queries the projects promoters have. The focus of the Monitoring Officer's visit is on the Financial and Monitoring requirements and does not concentrate on partnership, relationships or project delivery.

The BCPP Programme Manager also visits projects in person. This visit takes place approximately three months after the Monitoring Officer's visit. The purpose of this meeting is for the Programme Manager to further discuss the requirements regarding Progress Monitoring and Financial Reporting, and to provide further advice to projects regarding these issues. This visit focuses on the following elements:

- partnership;
- needs;
- problems;
- capacity;
- methods of working;
- community development;
- social model of health;
- skills development; and
- overall budget issues.

There is a significant amount of work involved in this element of the process by both the CDHN Programme Manager and the Monitoring officer.

Although a visit is conducted, support remains available to projects via telephone and email (and additional meetings if requested or if CDHN identify any issues) on an ongoing basis.

### 3.8.3. Progress Reporting

Level 1 projects submit a Progress Monitoring Report after six months. Level 2 projects are required to submit quarterly Progress Monitoring Reports and Level 3 projects are required to submit six monthly Progress Monitoring Reports.

All projects are provided in advance with a progress reporting template which must be submitted by post to CDHN.

Projects are required to report on the following areas:

- project aims / objectives as agreed by the BCPP initiative;
- activities carried out to meet these aims and objectives in the last three months (including details of how successfully these targets have been met and how these correspond with the project's proposed timetable);
- how the main target group and partners have benefited from the project's activities to date;
- activities planned for the next three months;
- problems or issues that have been experienced in managing and delivering the project (and any anticipated problems over the next three months);
- additional comments/issues which projects would like help with; and
- whether the project is on target to be delivered to the budget and timetable agreed (an explanation is required if this is not the case).

### 3.8.4. Financial Reporting

Level 2 projects are required to submit quarterly Grant Income and Expenditure reports to CDHN (for Level 1 and Level 3 projects this report is required on a six monthly basis).

Projects are provided with a template for Grant Income and Expenditure reporting. The report requires projects to provide the following information to CDHN regarding the various categories against which their BCPP funding was allocated (i.e. staff, administration and various overheads):

- a) spend to date;
- b) spend this three months (six months for Level 1 and Level 3 projects);
- c) total spend to date (a + b);
- d) amount awarded; and
- e) balance (d - c).

Projects are also required to itemise their expenditure during the previous three months (six months for Level 1 and Level 3 projects) and to complete a Claim Summary that provides an overview of the funding currently being claimed. Projects can contact CDHN at any time to pose queries and seek support regarding the financial reporting.

The financial and progress monitoring activities are closely linked to ensure that activity progress is assessed in line with spend.

### 3.8.5. Assessment of Progress and Financial Reporting Information

For all Level 2 and Level 3 projects, the Monitoring Officer collates all reporting information submitted by projects in terms of activities undertaken and their associated expenditure. The financial information submitted by Level 1 projects is also assessed. The Monitoring Officer focuses on the financial element and confirms if it relates to activity. The Monitoring Officer also takes this opportunity to query the forms received if necessary and to request additional information required from projects. The expenses are 100 per cent vouched.

The Monitoring Officer completes a detailed checklist for the Programme Manager who conducts an overall check of the information received from projects. The Programme Manager reflects on overall targets and the progress against these. They identify any issues/problems regarding each project's progress. These issues will be raised with the Monitoring Officer and the project if there are any which need to be addressed or highlighted. CDHN will respond to any project request from projects for information or support.

CDHN then provides each project with a new Progress Monitoring template (which includes Grant Income and Expenditure forms) in addition to a letter that details any issues/specific areas of focus for the project over the next reporting period. Project report templates are also available to be emailed to projects.

The reporting process for any particular reporting period is completed when the BCPP computer system is updated and all spend for the previous reporting period is verified.

### 3.8.6. Evaluation Support and Training

Projects are required to attend an evaluation training session that is provided by CDHN. This is supported by an evaluation pack that contains materials to support projects during the evaluation process. The training aims to support projects to undertake the final evaluations of their projects when their BCPP funding ends (projects required to submit quarterly Progress and Financial Monitoring Reports until their project is finished). Two evaluation training sessions are run each year in order to facilitate all projects as their projects approach completion. The sessions are facilitated by the Programme Manager and Monitoring Officer.

The training supports projects to understand the four main tasks to be undertaken during the evaluation as follows:

1. The Impact Model: identifying and detailing the inputs, outputs, processes, purpose and outcomes of the project;
2. Gathering Information for Evaluating: who information should be gathered from and by what means;
3. Analysing the Information Gathered: summarising and analysing the information in order to identify:
  - a) The target group and how they benefited from the project;
  - b) The partnership – how it worked, value of it;
  - c) The pharmacist – their role, benefits, view;
  - d) Overall increase in skills, knowledge, confidence etc;
  - e) What difference the project made;
  - f) What changes could be made, what could have worked better, recommendations; and
  - g) Benefits to the overall BCPP programme and its aims.
4. Completing the Evaluation: collating all of the evaluation process and activities to provide:
  - a) an overall summary of the project;
  - b) the background to the project;
  - c) a description of the project;
  - d) the results produced from the project's activities;
  - e) the difference the project made; and
  - f) conclusions and recommendations.

It should be noted that a minimum of 25 per cent of the fees for Monitoring and Evaluation are not permitted to be processed until after receipt of the final evaluation to encourage closure and complete the reporting requirements.

The training session also provides the CDHN staff with the opportunity to discuss the evaluation packs with projects. Training events are also regarded by CDHN to be effective networking events. As the programme has progressed, projects are reported to be connecting on a more regular basis, and are learning from, and supporting each other.

### 3.8.7. Project Evaluation

CDHN requires projects to complete their evaluation within one month of their projects ending. In addition to the training additional support is available should the projects require this whilst completing their evaluations.

When evaluations are submitted they are reviewed by CDHN and projects are provided with feedback. The evaluations are then signed off and the computer system is updated.

### 3.8.8. Analysis of Process During the Life of Projects

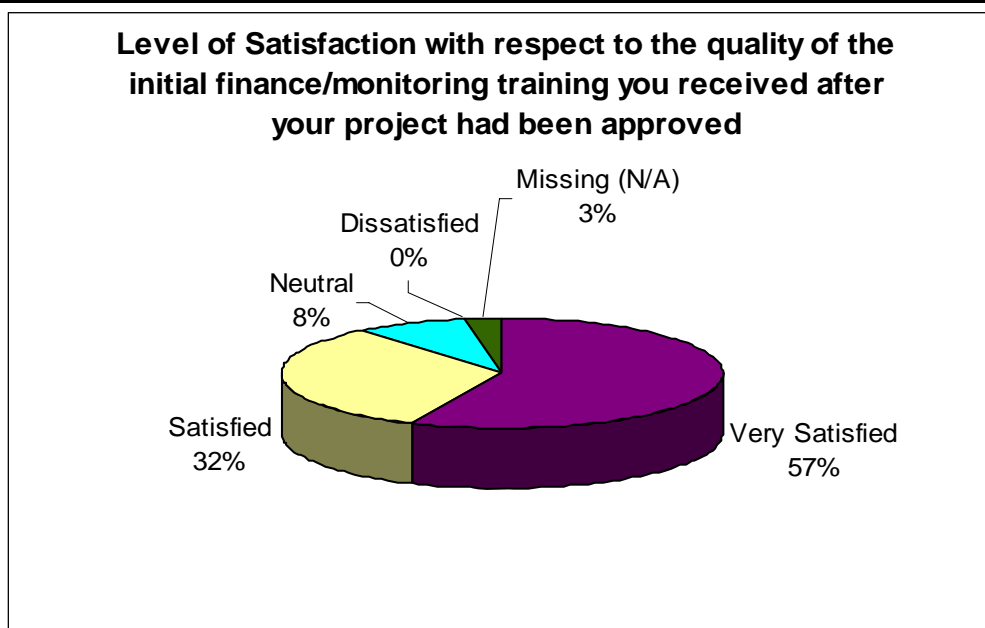
#### ■ Initial Training

The questionnaire respondents were asked to comment on various aspects of the process throughout the life of the project.

Out of the 37 successful projects who responded 92 per cent (34 projects) assessed the support that was available throughout the life of their projects.

Figure 3.6 shows the level of satisfaction with respect to the quality of the initial Finance/Monitoring training received after the project had been approved.

Figure 3.6  
**Level of Satisfaction with Respect to the Quality of the Initial Finance/Monitoring Training Received after the Project had been Approved**



Source: Evaluation Questionnaire

The general response from projects was positive with 89 per cent (33 projects) of the respondents indicating that they were either satisfied or very satisfied with the quality of the initial Finance/Monitoring training. The majority of respondents stated that this training was clear and concise. These views were repeated by the participants in the focus groups.

None of the respondents indicated they were dissatisfied with the quality of training. However, one stated that they

*“didn’t think it merited a day away from pharmacy business. In my view the finance/monitoring is unnecessarily long winded and complicated for the level of funding.”*

CDHN staff are aware that the promoters have other commitments, which makes it difficult to take the time out for the training. CDHN are mindful of the difficulties associated with the timing of the evaluation training, acknowledging that if it is too early, some projects may not be ready for it and if it is too late the evaluation outputs can be less effective.

In terms of the timeliness of the training provided 78 per cent (29 projects) were either satisfied or very satisfied with only 2 per cent (1 project) indicating that they were dissatisfied. This respondent stated that the training was too early and would have been better at a later date.

The positive feedback on the training is in line with CDHN’s opinion. CDHN expressed the view that the training process for the projects is successful. The reason given for this is the fluidity of the process since the funding programme has begun because the training course materials and content have not remained static but have evolved based on the needs of projects identified

by CDHN. The CDHN staff stated that they take lessons out of each round of funding and where weaknesses or difficulties have been identified, these are addressed in future training. Such issues are identified by CDHN via feedback received from projects or where CDHN staff have noticed common mistakes being made by projects in terms of Progress/Financial Monitoring submissions. The recent introduction of a workbook for the participants to complete during training sessions has also provided useful practical training. The training is also supported with a follow-up site visit to the projects. CDHN staff expressed the view that this gives promoters the opportunity to 'iron out' any difficulties they have with the practical implementation of their training.

Attendance rates at the training sessions are high and in the event that a project is unable to attend, a member of CDHN will meet the promoter in order to undertake the training.

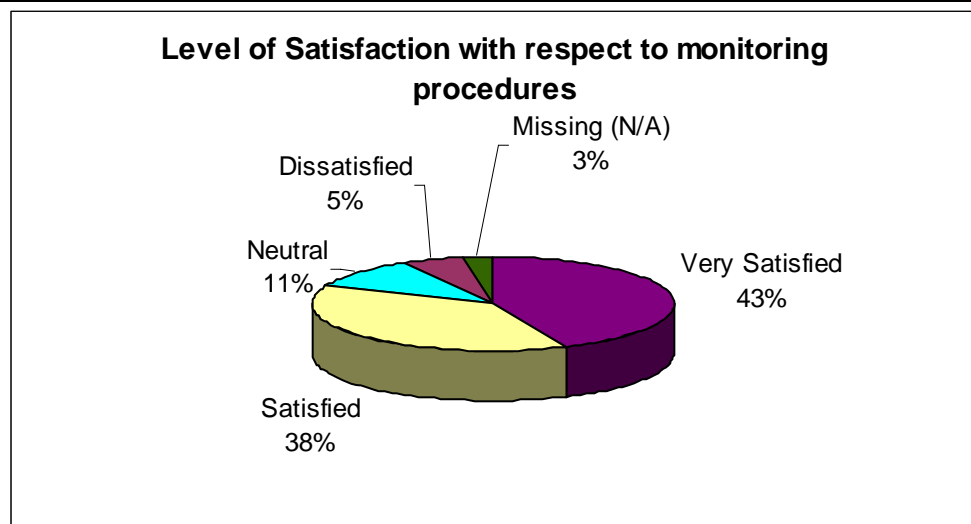
We believe that this demonstrates good practice with regards to training provision and that the visits made by CDHN staff to projects soon after the training has completed provides a useful means of ensuring that the promoters can put the training into practice. It is our view that training process currently works well with the only area of concern identified being the length of the training.

### ■ Monitoring

The respondents reported on their opinion of the monitoring throughout the life of their projects.

Figure 3.7 illustrates the respondents views on the satisfaction with regard to the procedure for monitoring.

Figure 3.7  
**Satisfaction with Regards to Monitoring Procedures**



Source: Evaluation Questionnaire

The majority of those who responded to the questionnaire were either satisfied or very satisfied with the monitoring process with 81 per cent (30 projects) falling into one of these two categories. Respondents stated that the monitoring forms were clear, straightforward and provided a user friendly process.

The reasons cited for the projects' high level of satisfaction was the quality of assistance from CDHN's dedicated staff in completing Monitoring/Evaluation returns. When commenting on this, 86 per cent (32 projects) of those who responded were either satisfied or very satisfied with the quality of assistance they received. A large number of the respondents stated the view that the CDHN officers were always available and supportive when they needed help and advice. One respondent stated that a

*“good system of reminders was in place to ensure full compliance.”*

Only five per cent (two projects) were dissatisfied with the procedure for monitoring, with one respondent citing the reason that a lot of the requirements such as self-invoicing were unnecessary and that the forms were too bureaucratic.

Currently the projects report on a quarterly or six monthly basis, depending in the funding level. CDHN emphasised that this was the optimum timing for reporting because longer reporting periods could result in project losing momentum.

We consider that reporting on this basis is appropriate as it facilitates any problems to be highlighted at an early stage, such as a project not meeting its targets of not managing their budget effectively.

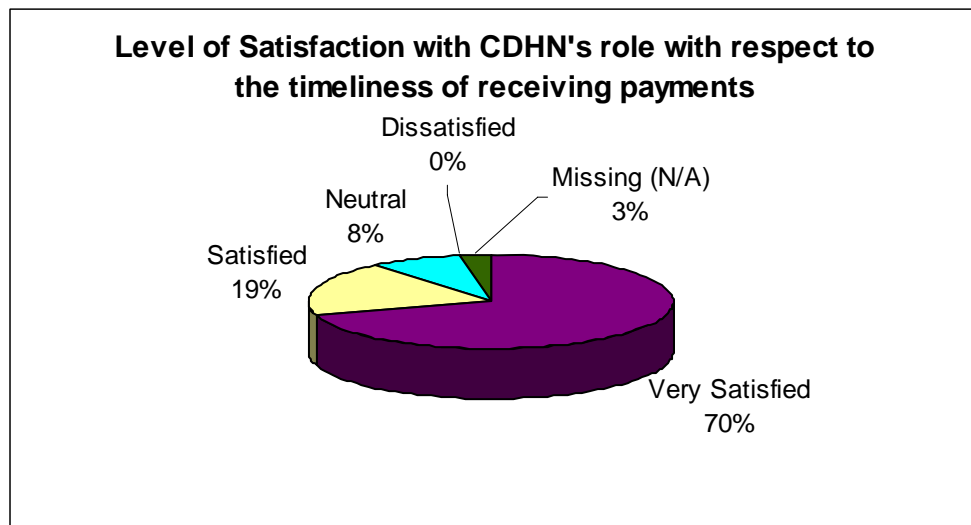
Of those projects with experience of other grant schemes 76 per cent (33 projects) stated that the monitoring process after approval were either the same or better when compared to other schemes. A large number of respondents reported that CDHN provided excellent support in the monitoring process.

#### ■ **Timeliness of Payments**

The respondents were asked to give their view on their level of satisfaction with regard to the timeliness of the payments they received. The applicants get 50 per cent of their grant before the project commences. The second payment is based on the performance of the project and adherence to guidelines. This is in line with the DHSSPS grants manual. Projects can also request the second element of their grant, if it is anticipated that the project will incur a high level of spend in the coming period. This request can be made in writing to the Programme Manager, along with supplementing evidence of the required spend.

Figure 3.8 shows the level of satisfaction with regard to this.

Figure 3.8  
**Level of Satisfaction with Timeliness of Payments**

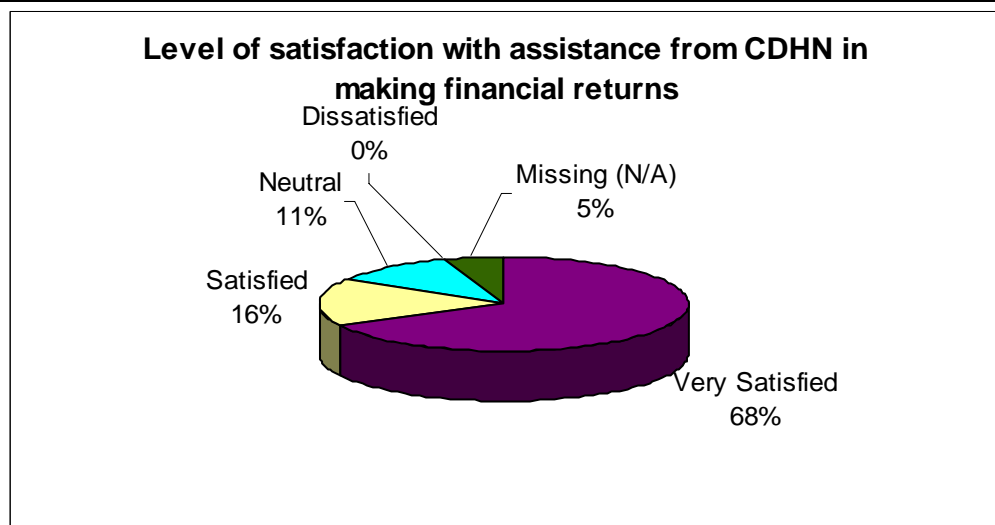


Source: Evaluation Questionnaire

Respondents provided positive feedback on the timeliness of payments, with 89 per cent (33 projects) of those who provided an answer stating that they were either satisfied or very satisfied with the timeliness of payments. The majority of respondents stated that the payment was received in advance of their first expenditure. None of the projects stated they were dissatisfied with the timeliness of receiving payments.

The projects reported a high level of satisfaction in relation to the assistance provided by CDHN in relation to making financial returns. Figure 3.9 illustrates this point.

Figure 3.9  
**Level of Satisfaction with Assistance from CDHN in Making Financial Returns**



Source: Evaluation Questionnaire

Of those projects who responded 84 per cent (31 projects) stated that they were either satisfied or very satisfied with CDHN’s assistance in relation to making their financial returns.

The qualitative responses given substantiate this. The CDHN officers were considered to be very accessible to answer queries and clear the information required.

*“Very helpful, quick to respond with quality information and advice”*

Respondents also noted that the reminders which were sent were very helpful.

### ■ Financial Monitoring and Processes

With regard to Financial Monitoring, CDHN stated that the main issues which arise are related to the detail behind expenses which have been incurred by the projects. Staff emphasised that there is a significant time commitment involved with this aspect due to the requirement for expenses to be 100 per cent vouched. Staff expressed concern that with new imminent rounds of funding the number of projects to administer and manage could increase by 30-40 per cent.

In our opinion, although the process of 100 per cent vouching currently works well, in light of this expected increase in the number of projects likely to be funded it may be difficult to carry out 100 per cent vouching with all quarterly/six monthly returns within the required reporting deadlines.

The majority of the feedback received on the role of CDHN regarding the finance processes has been positive. This is further evidenced by Table 3.3 which compares the finance process with other programmes.

Table 3.3  
**Comparison of BCPP Finance Processes with Other Grant Programmes**

| Comparison of BCPP Finance processes with other grant programmes | %  | Number of Respondents |
|--|----|-----------------------|
| No Answer (N/A)  | 24 | 9                     |
| This process was better  | 41 | 15                    |
| This process was about the same                                  | 27 | 10                    |
| This process was not as good                                     | 8  | 3                     |

*Source: Evaluation Questionnaire*

Of the 33 projects that indicated that they had been involved with other grant schemes 68 per cent (25 projects) noted that the finance processes in the BCPP were either the same or better than the other schemes. Only three respondents stated that the process was not as good. One of the reasons cited for this was that the administrative arrangements were too time consuming. One respondent stated that as they only had one bank account they were:

*“constantly copying small items of expenditure, separating internal documentation from pharmacy documentation and going through*

*general bank statements to highlight pharmacy costs, this was a cumbersome and unnecessary job.”*

This point was also raised in the focus group by a pharmacy representative indicating that two bank accounts, for them, was a necessity whilst being funded by the BCPP. They stated that due to the amount of transactions undertaken in a pharmacy, if they did not have a separate account for BCPP, they wouldn't be able to keep track of their spend. The community/voluntary project representatives did not believe they required a separate bank account. However, they did acknowledge that community/voluntary groups would not process the same volume of transactions as a pharmaceutical business.

### ■ **Evaluation Training**

The projects were asked to confirm whether they had received their evaluation training, as these are run only bi annually. Out of the 37 projects who responded to the questionnaire 43 per cent (16 projects) had received their evaluation training. 81 per cent (13 projects) of those projects who had received training were satisfied or very satisfied with the timeliness, quality and usefulness of the training and the resources available.

Feedback provided on this training included the opinion that it was excellent and was provided in adequate time to enable projects to actually undertake their final evaluations. Of those projects who responded to the questionnaire 32 per cent (12 projects) have undertaken their evaluation and of these, 33 per cent (four projects) have requested support from CDHN. All of those who requested support with their evaluation were very satisfied with regards to the support given.

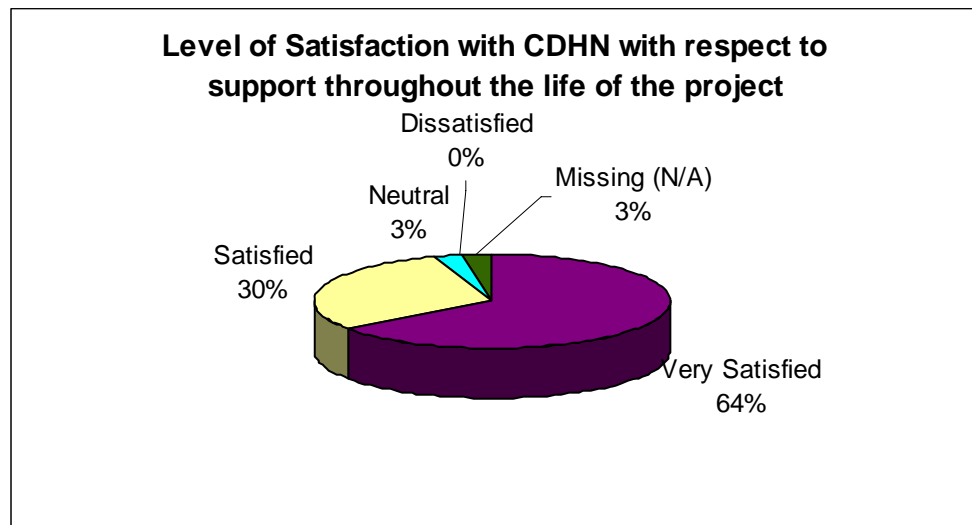
We believe the evaluation training provided by CDHN is successful in meeting the needs of the projects. The manual is given out at the initial training, so that projects have the opportunity to review it before their training takes place. Similarly to the initial training, in our opinion by making themselves available CDHN's staff are able to support the projects during the evaluation process, should they require it. We consider that the training given provides the projects the skill set to carry out their evaluations effectively. In addition to this a strong support mechanism is also in place to ensure any issues are addressed on a timely basis.

### ■ **Support Provided During the Life of Projects**

The projects were asked to report their opinion of the level of support offered throughout the life of their projects by CDHN. Figure 3.10 summarises their responses.

Figure 3.10

**Level of Satisfaction with CDHN with Respect to Support Throughout the Life of the Project**



*Source: Evaluation Questionnaire*

The overall satisfaction with CDHN with respect to support throughout the project was high with 95 per cent (35 projects) of the respondents indicating they were either satisfied or very satisfied with the support.

The majority of the projects who commented on their reason for giving this rating cited that all staff had been excellent in terms of the support offered and many mentioned the variety of means of receiving the support i.e. telephone, email and site visits.

None of the respondents reported that they were dissatisfied with the support. This was highlighted again in the focus group session with one respondent stating,

*“I am unaware of other funding schemes that offer the level of support provided by CDHN.”*

The final section of the evaluation tool requested respondents to state if there were any other ways in which CDHN could offer support to their project or improve their processes. Table 3.3 illustrates the response.

Table 3.3  
**Opinion as to Whether CDHN Could Offer Further Ways to Support Projects or Improve their Processes**

| In your opinion are there any other ways in which CDHN could offer support to your project or improve their processes | %  | Number of Respondents |
|---|----|-----------------------|
| No Answer (N/A)   | 13 | 5                     |
| Yes   | 11 | 4                     |
| No  | 76 | 28                    |

Source: Evaluation Questionnaire

Of those projects who responded 76 per cent (28 projects) stated there were no other ways in which CDHN could offer support or improve their processes. As highlighted in Table 3.3 13 per cent (five projects) did not answer this question and only 11 per cent (four projects) reported that CDHN could improve. Respondents suggested that a workshop meeting between community groups and local pharmacists to exchange ideas may help improve processes.

The views given by the projects on the process after their projects were approved for funding were similar to the opinions stated by the Stakeholders who were of the opinion that the CDHN staff offered enormous support to the promoters during the life of their projects.

In our view it is clear that there is a significant level of support offer to the projects funded under the BCPP, this has been a recurrent theme in the questionnaires which we have received. CDHN staff have demonstrated a flexibility in striving to meet the projects needs and requirements. As highlighted in previous sections this has been reflected in their approach to the application form and training which changed when required.

In our view the ongoing support through visits, phone and email are key to the success of the funding programme as it encompasses such a diverse group. We believe that the support mechanism in place is sound.

#### ■ **File Review**

Deloitte carried out a review of project files at CDHN's premises. The files reviewed contain manual copies of the:

- application form;
- letter of offer or if unsuccessful the letter informing the project of this;
- contract;
- correspondence;
- quarterly/six monthly reports;
- all vouched invoices; and

- copies of cheques issued to the projects.

The files reviewed by Deloitte were comprehensive and laid out in a logical manner, however if there were correspondence letters they were not held in a separate section of the file. As a result of this a person who is unfamiliar with the project would not be able to determine immediately if there were any letters which dealt with issues or other significant matters. CDHN explained that the letters in the file are colour coded and refer to a particular quarter and are thus in date order. This facilitates in this way it is easier to relate to issues from returns.

There were no file notes created to log calls with the project or print outs of emails. However, given the extent of the contact with the projects this is likely to be impractical to log all calls and emails given the volume of calls and emails. CDHN acknowledged that the level of contact does make this difficult and it is something under review. However, CDHN explained that they do print off and file emails of significance, e.g. issues around progress and budget change requests.

### **3.9. CDHN Reporting to DHSSPS**

CDHN are required to submit a quarterly report to DHSSPS regarding:

- the overall CDHN financial position in terms of expenditure for all current projects in each of the rounds of BCPP funding;
- an update on CDHN's progress with regards to the BCPP in line with objectives i.e. to:
  - implement a programme of dissemination and sharing of experience and information on BCPP practice;
  - establish a model template under which community-pharmacy partnerships can be established and remunerated for service delivery;
  - conduct an assessment of areas of unmet need where BCPP could make an important contribution and propose an action plan;
  - develop & maintain evidence base within BCPP and ensure that evidence emanating from the programme is used to inform future policy and strategic planning;
  - facilitate the development of a tailored educational & training programme for existing & new providers;
  - secure the delivery of projects/services approved for funding by the Steering Group;
  - demonstrate collaborative working with other agencies and strategic programmes for building community capacity; and
  - prepare quarterly & annual reports within 1 month of the relevant period.
- an update on current projects and expenditure information; and

- the CDHN's claim for funding from DHSSPS for the forthcoming funding period.

Following receipt of this report, DHSSPS will release the next tranche of BCPP funding to CDHN in line with their claim.

Although Level 1 and Level 3 projects report on a six monthly basis, and not quarterly as Level 2 projects do, the financial and progress information relating to these projects is included in the relevant quarterly report to DHSSPS by CDHN.

### 3.9.1. Analysis

CDHN stated that to date the timing of the quarterly reviews has not been an issue. However, due to the number of projects that are reporting to CDHN each quarter it is becoming increasingly difficult to meet deadlines.

They gave the view that it was sometimes difficult getting the projects closed off as they haven't provided all their required information (for example agreeing expenses incurred), if this is the case they will make a 'nil return' for any project that has failed to meet all the reporting criteria so that CDHN can meet the DHSSPS timescales for their own returns. The submission of a 'nil return' will only happen after the project has received a number of reminders and even with support the project has not met the necessary requirements.

DHSSPS are satisfied that the CDHN complies with its own internal financial and progress monitoring procedures.

#### ■ **Review of DHSSPS Guidance**

Deloitte reviewed the DHSSPS '*Guidance on Management and Administration of Grant making*' (August 2005).

DHSSPS are responsible for spending approximately £3 billion per annum through funding.

This guidance manual was developed to assist organisations who manage and administer grants to operate their schemes in line with best practice.

There are a number of chapters contained within this manual which are relevant to this systems review.

#### **The Application Process**

This chapter sets out guidelines for the application process. Included in this is the guidance for publicity, the manual states that it should be designed to

- reach and attract organisations that are potentially capable of providing the required services; and
- ensure equality of opportunity.

The manual also lays out the format the guidance notes should take. It also states that the two main means of providing guidance to potential applicants:

- production of comprehensive guidance notes; and
- a telephone helpline for queries.

The guidance states that the application form should be as simple as possible, while collecting all the information necessary.

In our opinion CDHN clearly complies with these guidelines as the publicity for the BCPP is carried out through a variety of means which aims to ensure that the target audience is reached. CDHN also offer applicants comprehensive guidance notes as well as support through one to one meetings and telephone/email. The application form has changed a number of time throughout the course of the BCPP to ensure that it is a straight forward for applicants as possible.

### **Assessment of Grant Applications**

This section of the manual details best practice for the assessment of application forms. This includes stating that an initial screening process should be in place to ensure that applications have been fully completed and are legible.

In our view this is in line with the current process implemented by CDHN as all application forms go through and initial screening process.

The guidance also lays out the requirement for an Economic Appraisal, however this is not relevant to the BCPP due to the smaller level of funding available to the applicant.

The use of Assessment Panels is cited as essential, consisting of at least three members. The manual goes on to include describe the role of the Assessment Panel which includes assessing value for money and if the applications seeks the appropriate level of funding.

All this should be fully documented, ensuring transparency in relation to how the panel made their decisions. The guidance also states that a file should be opened for every application.

In our view, through use of an Assessment Panel, CDHN works in line with best practice. In addition to this, the use of a scoring template helps to ensure transparency and establishes an audit trail of the assessment process. CDHN also maintain a file for every project, which hold the appropriate level of detail required by the Department.

### **Grant Award**

This section of the guidance states that the main principle with respect to the award stage of the process is clear communication and agreement in writing.

The chapter sets out the contents of the letter of offer, which should set out the terms and conditions of the grant.

We consider that CDHN comply with this guidance having viewed the letters of offer which are issued to the successful project.

The chapter also goes on to discuss the appeals process, however CDHN have stated that no project has appealed the decision reached by the Assessment Panel.

### **Monitoring and Evaluation**

This chapter covers the area of Performance Monitoring; Financial Monitoring and Risk Based Monitoring and what these various elements should cover.

This chapter states that within Performance Monitoring that evidence should be sought to ensure that adequate progress is made so that the objectives and targets of the project will be met.

Within Financial Monitoring it should ensure that the grant award is being spent for the purpose which it was awarded; expenditure is eligible and the budget is being managed etc.

The guidance on Risk Based Monitoring states that a system should be in place which:

- identifies the factors giving rise to the risks of erroneous payments and misuse of public funds; and
- classifies these factors according to the impact and likelihood of the risks they represent.

It also identifies sources of risks which include, amongst others:

- the adequacy of the grantee's financial control systems; and
- the adequacy of the grantee's internal management and evaluation systems for the project/service.

The guidance recommends making an assessment of risk and site visits to the grantee as well as ensuring that returns are made within the agreed timescale. It also states that projects should perform an evaluation at the end of their project which should include:

- an assessment of the extent to which clear baselines for effective evaluation were established at the grant application stage; and
- a clear assessment of progress against planned objectives, targets and expected outcome.

From our review of the Monitoring and Evaluation Systems in CDHN, it is clear that they are supporting best practice as laid out by the Department. We consider that the practice of initial site visits to ensure that the projects have adequate systems in place and the ongoing visits throughout the life of the project are an effective way of helping to ensure that the projects meet their objectives. There are also adequate systems in place to ensure that the projects make their returns on a timely basis, and any issues identified in the

returns are dealt with in a timely manner. The training provided for both the Financial and Performance Monitoring process and the Evaluation process help to ensure that the BCPP is managed and administered in line with best practice.

### **Payment**

This section states the general principles with regard to making payments to the grantee. These should be in line with the letter of offer. The payments should be made in advance of expenditure rather than in advance of need.

Following our review of CDHN systems we consider that their processes are in line with guidance. CDHN monitor the spend of the projects at each return and assess if it is appropriate to issue the next payment. This ensures that the payments are made in advance of expenditure incurred rather than need.

## **4. CONCLUSIONS AND RECOMMENDATIONS**

### **4.1. Introduction**

This section details the conclusions and recommendations. It is based on the review findings and structured according to the eight areas laid out in the terms of reference.

- review of levels of funding offered and the relevant application process;
- review of the assessment process;
- review of the monitoring reports;
- review of the support given to projects;
- review of the internal systems used by CDHN to record and utilise information including:
  - Financial Monitoring;
  - Progress Monitoring;
- recommendations regarding the future of the grant making programme in relation to the current changes currently taking place in the public sector; and
- review the implications of any changes to the programme on the overall administrative and operational structure.

### **4.2. Overall Conclusions of the BCPP Systems Review**

In our opinion the BCPP model works well in its current format. The Programme has been successful in its operation, particularly given the nature and complexity of the programme. It is our view that there are a number of overarching reasons why the model has been successful.

The systems and structures that are in place are robust. The processes adopted integrate a high level of quality of support. This support is implemented from the application process and carries on throughout the life of the projects that are successful in securing funding.

Further factors that have facilitated progress include:

- the level and the quality of the support offered by CDHN (including both the internal staff and the external consultant);
- the fluidity of the Programme and the demonstrated willingness of CDHN and the Steering Group to amend processes and facilitate ongoing improvements where issues have been identified;
- the multi-discipline steering group;
- an efficient and effective assessment process, which is transparent;
- the quality of the training which is offer to the project promoters;
- robust internal systems for monitoring; and

- the model which has been adopted for the BCPP.

### 4.3. Levels of funding offered and the relevant application process

Our conclusions and recommendations with regard to our review of the levels of funding offered and the relevant application process are as follows:

#### 4.3.1. Levels of Funding

Since September 2005, the Steering Group agreed to offer three levels of funding depending on the complexity of projects to encourage greater involvement whilst moving towards a more service based structure. Under these new funding streams, projects could be awarded funding for either nine months, maximum of two years or three years (Levels 1, 2 and 3 respectively).

This is a relatively new approach and therefore it is too early to draw final conclusions on the appropriateness of the three levels of funding. However the initial feedback has been positive from stakeholders, CDHN officers and those projects who participated in this review who have been involved with the new funding levels. The introduction of three levels of funding has made the programme more accessible to those applying to the BCPP for the first time. The experience they gain through applying for Level 1 is beneficial because it provides them with an initial understanding of the programme and increases confidence to progress to Level 2 and perhaps further to Level 3.

**We recommend that the BCCP continues to offer the three levels of funding, based on the feedback available since its implementation they appear to be working well. However, this should be reviewed in the future when more projects have been funded through the new funding levels and when a greater number of projects have progressed from Level 1 funding to Level 2 or Level 3. Therefore we recommend that this review is carried out in the period from September – December 2007.**

The BCPP currently have 85 live Projects, ten of these are due to close in the upcoming quarter. However it is anticipated that another 20 will come on board at this stage. This will be the first time that the three levels of funding will be in operation at once. The management and administration process may come under resource pressure, if they are to continue to deliver the BCPP to the current standard with additional projects also requiring support.

**We recommend that the Steering Group monitor this issue on an ongoing basis to ensure that the quality of the management and administration process is maintained at its current level. Following this ongoing review, the BCPP Steering Group should consider if additional support will be required.**

#### 4.3.2. Promotional Activities

CDHN actively promoted the BCPP through a variety of methods including:

- the CDHN website;
- CDHN networking conferences;

- the CDHN Newsletter - *Health Bytes*;
- the BCPP Newsletter – *Lite Bytes*;
- Central Services Agency (CSA) mailshot;
- Northern Ireland Council for Voluntary Action (NICVA);
- pharmacy related magazines;
- sub-regional networks; and
- information sessions.

In our view these were considered to be appropriate means by which to carry out the promotion of the BCPP by projects that took part in this review. In particular, the CDHN has successfully facilitated the submission of application forms based on partnerships between the voluntary and community sector and community pharmacists.

However, the increasing number of pharmacy chains has meant that it is more difficult to engage those individual pharmacists employed in these.

**We recommend that in line with good practice, CDHN continues to advertise the BCPP using its current methods as we believe this is reaching the target audience.**

**CDHN should also undertake an exercise to promote the BCPP to local pharmacy chains. This should focus on the benefits of the programme and should include case studies of successful projects in order to showcase the programme for their consideration. This exercise will also be a useful means for CDHN staff to build relationships with the pharmacy chains, and engage the pharmacists who work in these chains. A possible mechanism which could be used by CDHN is the use of a ‘mailshot’ to the local pharmacy chains or by promoting the BCPP through the new Local Commissioning Groups (LCG), and any pharmacy groups associated with these. CDHN should target the pharmacy representatives of these groups and aim to adopt a partnership approach, whereby the BCPP is showcased in addition to its benefits, at the LCG meetings. Any future engagement between CDHN and LCGs should be flexible in nature enabling changes impacting community pharmacy to be considered, such as the new Pharmacy Contract which is currently in development.**

#### 4.3.3. Applying to the BCPP

We believe CDHN offers projects flexible means by which to obtain their application forms. Projects are given the opportunity to access an application form through the internet or receiving it directly from CDHN. Both these methods are used widely by the BCPP applicants. These methods have proved adequate to meet the needs of the projects.

The application form has been fluid throughout the rounds of funding, changing through the life of the BCPP to ensure that it is user-friendly. The majority of those projects who responded to the questionnaire found the application form straightforward, which indicates that CDHN have achieved the right balance with the application form. Projects also found the guidance notes and the availability of information satisfactory.

In our view the process works well as there were only a small number of projects who found it onerous. We consider that the application form is straight forward when compared with other schemes. However although we acknowledge that a certain level of detail is required, the Level 2 application form may be too detailed as it is similar to the Level 3 application form but the grant offered is substantially lower. When a project submits an application for Level 3 funding their Level 2 project is taken into consideration.

Through the feedback received from projects the level of support which was provided to applicants during the application process was excellent, and CDHN have performed very well in this role by giving projects every opportunity to access support from them.

**We recommend that the application process continues to evolve. The application form should be reviewed on a regular basis to ensure that it is in line with the BCPP's aims, should they change, and that it remains user-friendly. Particularly with regard to Level 2 application forms as they are particularly detailed given the grant available when compared with Level 3 application forms. It may be possible to condense the Level 2 application form, and take a high level approach to certain areas. For example, less detail could be required regarding how a project supports specific strategies, because the Assessment Panel can make the decision as to whether a project is in line with existing strategies. It may also be possible to combine the objectives and outcomes sections of the questionnaire. CDHN should consider using their initial visit to projects who are applying to the BCPP, to complete the less complicated parts of the application form, while the CDHN staff are onsite. This should be considered, in particular, for applications being completed by community pharmacists. This may help to streamline the process. This may be resource intensive and should be reviewed, as it is important that all applicants have access to the same levels of support. However, we acknowledge that applicants will request differing levels of support.**

**CDHN staff should strive to continue to offer high quality support regarding applications as they have done to date.**

#### 4.4. The Assessment Process

Our conclusions and recommendations with regard to the assessment process are as follows:

##### 4.4.1. Initial Screening

Application forms are screened to ensure completeness. This process of initial screening has worked well and ensured that the forms are complete before they are passed over for assessment.

**We recommend that CDHN continues to carry out this process in the future, as this will ensure that all forms are complete before they are passed on to the Programme Manager.**

##### 4.4.2. Summary of Applications for the Assessment Panel

The Programme Manager prepares a summary of the applications for the members of the Steering Group. Each member of the Assessment Panel is assigned a number of application forms to assess. The summary is an excellent way to ensure that all the members of the Assessment Panel are given a flavour of all the projects which have applied in that round of funding and not just those which they have individually assessed. They are also provided on a timely basis, in advance of the meeting. The Assessment Panel stated that they found this very useful and that it highlighted any issues immediately to them.

**We recommend that the CDHN Programme Manager continues to carry out this exercise in order to facilitate the assessment process.**

##### 4.4.3. Assessment

The Assessment Panel meet and take one day to assess the Level 2 and Level 3 applications received at each round of funding. With the aid of the summary of applications provided by the Programme Manager this is deemed to be an adequate amount of time to carry out the assessment of applicant's suitability for the BCPP funding, given panel members other applications. This is also validated by the fact that the panel received the application packs in advance of the entire panel meeting which enables them to review applications before they meet. The Assessment Panel have found that the quality of the application forms has improved, which they stated is due to the support provided by CDHN officers.

**We recommend that CDHN continues to support projects to complete their application form as this has improved the quality of those assessed by the panel. The panel should continue to use the one day timeframe to complete their assessments, in light of the fact that members receive the application packs in advance along with the summary of applications.**

#### 4.5. Monitoring Forms and the Internal Systems used by CDHN to Record and Utilise Information Including Financial Monitoring and Progress Monitoring

Our conclusions and recommendations with regard to monitoring forms and internal systems used by CDHN to record and utilise information including Financial Monitoring and Progress Monitoring are detailed below:

##### 4.5.1. Training

CDHN provides initial Financial and Monitoring training, as well as Evaluation training for the successful applicants. The projects found this to be useful and of high quality. Projects reported that the training was clear and concise. The training has met the needs of the users. Only one issue was raised which was in relation to the length of time away from the business, which the training requires. One respondent, who was a pharmacist, gave the view that the training was too long given the fact that they had to take a full day away from work. It is our view that the training was effective and where extra support was required it was provided.

**We recommend that CDHN considers streamlining the training so that it takes less time to deliver. If a project is funded more than once, they should attend an update session rather than receive the full training again as this is deemed to be unnecessary unless there has been a significant change in procedures since the project was last funded.**

##### 4.5.2. Progress and Financial Monitoring

Projects report to CDHN quarterly or six monthly depending on the level of funding they receive.

From our review of the internal systems of CDHN for Progress and Financial Monitoring, we consider that they are effective. The automated system stores all the information on each project and tracks their progress in terms of making their returns and the level of their current spend. The system is robust and flexible with the ability to run reports such as the outstanding list of returns due which allows the Monitoring Officer to follow up with the projects that are on the list. The information held on projects can be changed, for example, if the original budget for a project needed to be amended. The system also has the capability to run graphs, such as a pie chart showing the breakdown of which area the current projects operate in, which can facilitate making reports to DHSSPS more informative. Our review of this system allowed us to view the detailed information which was stored on each project. The current system also links very closely in with the finance department through the SAGE system. This is a very effective safeguard on accuracy of payments made and received.

We also performed a detailed review of the manual files held on each project. It is our view, that the system for storing the information on the projects is robust. The files which were reviewed were complete and held the majority of the relevant information. The only concern was around correspondence with the projects. This was not held in a separate section of the file which means that any issues are not immediately visible to the reader. In addition to this there was an incomplete call log and print out of emails. Whilst we

appreciate the volume of email and calls received, in our opinion if there are any significant matters discussed in these they should be recorded on the file.

**We recommend that CDHN has a separate section on each project file for correspondence. This section should contain letters as well as hard copy of emails documenting any significant issues. We are aware that CDHN's staff are knowledgeable with regard to all their projects, however it is our view that if there was a change in staffing that this practice would facilitate the transfer of knowledge.**

Another concern which was highlighted was the practice around 100% vouching of expense claims. Whilst this is the most effective way of ensuring that all expense claims are valid, it is resource intensive. With the present number of projects operating under the BCPP this is viable, however it is anticipated that there will be a 30 per cent to 40 per cent increase in the number of projects funded. If this occurs it may be difficult for CDHN to meet the required deadlines if they continue to vouch all expenses.

**We recommend that CDHN continues to request all invoices and receipts for expenses incurred, however they should review the process of 100 per cent vouching on an ongoing basis with regard to resource availability to carry out this task. If this process is too labour intensive and results in difficulty in meeting DHSSPS reporting requirements the BCPP should seek approval from DHSSPS to vouch a sample of invoices. The sample should focus on the more subjective claims such as travel and subsistence. Sample vouching will help ensure that CDHN meets the DHSSPS timescales**

Progress and Financial Monitoring was considered to work well with regard to the projects, as the majority found the forms to be clear and straight forward. From our review the system works well due to a number of reasons which includes the quality of the initial training provided, this is supplemented by the quality of the ongoing support which is given by CDHN. A small number of the projects stated that they found the process onerous, however in our opinion this is unavoidable as the information which is required from the projects is necessary to comply with best practice as set out by DHSSPS. This system enables projects to complete the Progress and Financial Monitoring to the required standard and helps to facilitate meeting the required timescales where possible.

**We recommend that CDHN continues to operate the Progress and Financial Monitoring in the way they currently do as this is in line with best practice as set out by the Department. The training and support offered by CDHN has enabled projects to complete their ongoing Monitoring and Evaluation to the required standard.**

Deloitte reviewed the DHSSPS *'Guidance on Management and Administration of Grant making'* (August 2005). We consider that CDHN, in their management and administration of the BCPP, is complying with this guidance and therefore are in line with best practice.

However we believe that applicants should be made aware upfront that there is an opportunity to appeal the decision of the Assessment Panel if they are dissatisfied with it.

**We recommend that CDHN continues to refer to DHSSPS guidance as this will ensure that the BCPP is operated in line with best practice. CDHN should emphasise to projects that they can appeal the decision of the Assessment Panel if they are dissatisfied with it. CDHN should ensure that there is an appeals process in place and refer to best practice guidance, provided by DHSSPS, whilst implementing it.**

#### 4.5.3. Evaluation

CDHN offers Evaluation Training twice a year. Projects who had participated in this found it useful. We consider that the Evaluation Training works well and is carried out in a timely fashion, based on the feedback which was received. In addition to this the extra support given to projects whilst undertaking their Evaluation was deemed excellent.

**We recommend that CDHN continues to carry out the Evaluation Training two times a year as this process has been deemed effective. The current process supplemented by the support offered has enabled projects to undertake the Evaluation of their projects in a timely and effective manner.**

### 4.6. Support

Our conclusions and recommendations with regard to monitoring forms and internal systems used by CDHN to record and utilise information including Financial Monitoring and Progress Monitoring:

#### 4.6.1. Support in the Application Process and Throughout the Life of the Projects

CDHN staff offers extensive support in both the application process and throughout the life of the projects. This support is offered through a variety of methods including site visits, telephone and email. The recurrent theme throughout the evaluation tool and amongst participants in the focus group session was the vast level of support which CDHN provided with one participant stating that:

*‘I am unaware of other funding schemes that offer the level of support provided by CDHN.’*

In our experience with other funding programmes, the support which has been provided by CDHN to applicants and projects has been pivotal to the success of the Programme.

**We recommend that CDHN continues to offer the level of support which they have done to date, as their method of support has proved to be sound and more than adequate for the projects. The support mechanism which is in place has met the expectations of the projects.**

#### **4.7. Implications of Any Changes to the Programme on the Overall Administrative and Operational Structure**

Our conclusions and recommendations with regard to monitoring forms and internal systems used by CDHN to record and utilise information including Financial Monitoring and Progress Monitoring are detailed below:

#### **4.8. The Future of the Grant Making Programme in Relation to the Current Changes Taking Place in the Public Sector**

Our conclusions and recommendations with regard to the future of the grant making programme in relation to the current changes taking place in the public sector are detailed below:

##### **4.8.1. The BCPP's Operational Model**

This review has concluded that, in terms of its systems and model of operation, the BCPP is a well managed and effective funding programme that facilitates community development and partnership working between the voluntary and community sector and community pharmacy. The systems that have been established to support the programme are robust and demonstrate good practice.

We have identified a number of factors that we believe have been instrumental in the success of the Programme. These include that the current model is:

- ***centrally co-ordinated with local ownership:*** although the BCPP is co-ordinated by a multi-disciplinary Steering Group that represents current stakeholder interests, we believe that the daily operations of the Programme have benefited from being locally managed. CDHN's approach to the BCPP has embedded partnership working and facilitated local interests to be central to projects;
- ***driven from the bottom up and responsive:*** CDHN has encouraged projects to identify their own needs and to design their projects in order to meet these needs without being dictatorial. Although the BCPP is funded by DHSSPS and is directed by the Steering Group, the approach has facilitated the implementation of projects that have been successful, many of which have developed further over recent years with subsequent support from the BCPP;
- ***support intensive, guaranteeing local community involvement:*** although the evaluation of the BCPP planned for late 2006/early 2007 will provide further evidence of the extent to which the Programme has facilitated community development; we believe that the BCPP's systems have encouraged this. In particular, the support provided by CDHN to projects during the application processes and during a project's lifetime has helped to ensure that communities are equipped to drive their projects forward;
- ***senior strategic involvement with clear links to policy and alignment to pharmacy:*** the BCPP's Steering Group is chaired by a senior

representative from the DHSSPS Pharmaceutical Branch, and also has membership from representatives from other strategic policies including IfH. This has ensured that the Programme's direction is supportive of key pharmacy and primary care policies in addition to addressing health inequalities at a local level. In particular we believe that BCPP has benefited from being closely aligned to pharmacy because this has ensured that all projects have a central pharmacy focus and have facilitated new ways of working for pharmacists.

However, the environment within which the BCPP is operating will undergo significant change in the future as the Review of Public Administration (RPA) recommendations are implemented. RPA will result in significant changes to the health structures within Northern Ireland government. The current structures of Health and Social Services Boards and Trusts, and Local Health and Social Care Groups will be replaced by:

- one Strategic Health and Social Services Authority to manage performance;
- seven Local Commissioning Groups as local offices of the Authority; and
- five HSS Trusts bringing together the provider function for all services.

Taking these changes into account, we have considered a number of alternative delivery options for the BCPP in order to establish if the current operational model is appropriate. These are to:

- mainstream the BCPP within the new community pharmacy contract; or
- develop a menu of services that dictates the types of projects that can be applied for under the Programme.

Figure 4.1 summarises the extent to which we believe these alternative delivery models would support the factors or 'ingredients that were identified previously in this section.

Table 4.1  
**Comparison of BCPP Delivery Options**

| Ingredients  | Model        |  |                          |
|--|--------------|--|--------------------------|
|  | Current BCPP | Mainstream BCPP within Pharmacy Contract | Develop menu of Services |
| <i>Centrally co-ordinated with local ownership</i>                                       | ✓            | ×  | ×                        |
| <i>Driven from the bottom up and responsive</i>  | ✓            | ×  | ×                        |
| <i>Support intensive, guaranteeing local community involvement</i>                       | ✓            | ×  | ×                        |
| <i>Senior strategic involvement with clear links to policy and alignment to pharmacy</i> | ✓            | ✓  | ✓                        |

Neither of the two alternative models that have been considered would offer the benefits of the current model. Although both models could potentially be aligned to policy, they would offer less flexibility in terms of their ability to respond to local needs on a timely basis. In addition, both of the alternatives would be driven from the top down as opposed to being driven by pharmacists and local communities. This would most likely have a negative impact on community development.

**We recommend that the BCPP’s operational model continues to operate in its current state, and it continues to:**

- **be centrally co-ordinated with local ownership;**
- **be driven from the bottom up and responsive;**
- **be support intensive, guaranteeing local community involvement; and**
- **have senior strategic involvement with clear links to policy and alignment to pharmacy.**

It is likely that, under RPA as DHSSPS assumes a policy role, the strategic responsibility for the BCPP will be moved. If this is the case, we recommend that wherever ownership of the Programme is, that it remains within a pharmacy remit. This would support the Programme to maintain its focus and development priorities in support of the direction for community pharmacy in Northern Ireland.

**The Steering Group structure should also remain and should continue to represent key stakeholder interests. However, we recommend that the membership of the Steering Group is reviewed as the environment within**

**which it operates changes, not only under RPA but as a result of any subsequent changes. The membership of the Steering Group should be changed to maintain alignment with any new structures. For example, if responsibility of the BCPP was to fall under the remit of a new Strategic Health and Social Services Authority, a senior pharmacy representative from the Authority should assume the position of Chair of the Steering Group.**

There is a small and extremely dedicated team of staff in CDHN who are committed to the management and administration of the BCPP. This team have provided excellent support to the projects throughout the life of the BCPP.

**As the Programme continues to develop we recommend that DHSSPS should review the BCPP's staff resources within CDHN and assess if there is a need to provide additional funding for additional resources. This exercise is of critical importance because the BCPP has benefited so considerably from the support provided to projects by CDHN staff.**

#### 4.8.2. How the BCPP is Funded

The BCPP currently receives mainstream funding from DHSSPS. In light of all of the changes to the environment in which the BCPP is currently operating, we are concerned that this funding could be at risk if it is not protected.

**We recommend that DHSSPS considers how best to secure the BCPP's funding through these changes. We also recommend that the funding remains within the pharmacy arena to maintain the alignment to pharmacy detailed in Section 4.8.1. We appreciate that a case may exist for the funding to sit within the IfH remit because of the community development and multidisciplinary nature of its work; however, we believe that this would threaten its alignment and significance within pharmacy.**

**APPENDIX I**  
**CONSULTATION PARTICIPANTS**

## CDHN INTERVIEWS

| Name            | Organisation |
|-----------------|--------------|
| Sharon Bleakley | CDHN         |
| Mary O'Hagan    | CDHN         |
| Laura Rooney    | CDHN         |

## STAKEHOLDERS

| Name             | Organisation         |
|------------------|----------------------|
| Norman Morrow    | DHSSPS               |
| Michelle McCorry | DHSSPS               |
| Seamus Mullen    | Investing for Health |
| Deirdre Blakely  |                      |

## FOCUS GROUPS

| Name            | Organisation                            |
|-----------------|---|
| Declan Donnelly | Parks Pharmacy                          |
| Robert Stockley | Cookstown & Western Shores Area Network |
| Clare Reid      | Fermanagh Women's Aid                   |
| Emma Cassley    | LLT Community Centre                    |
| Alison O'Neill  | Family Caring Centre Antrim             |

## QUESTIONNAIRE RETURNS FROM SUCCESSFUL PROJECTS

| Organisation                          |
|---------------------------------------|
| ADL Horizons Ltd                      |
| Ageing Well Roe Valley                |
| AMH New Horizons                      |
| Newry and Mourne                      |
| An Munia Tober                        |
| Armagh & Dungannon Health Action Zone |

|  |
|--|
| Atlas Women's Centre   |
| Belfast Carers Centre  |
| C.A.U.S.E for Mental Health                                  |
| Cancer Choices   |
| Community Network Craigavon                                  |
| Conservation Volunteers Northern Ireland                     |
| Cookstown & Western Shores Area Network                      |
| Cruse Bereavement Care Moy Branch                            |
| Derry Healthy Cities   |
| Family Caring Centre   |
| Fermanagh Women's Aid  |
| First Steps Women's Group                                    |
| Friends of Knocknaghony                                      |
| HURT – Have Your Tomorrows                                   |
| Inter Estate Partnership                                     |
| Kennedy's Pharmacy   |
| Maghaberry Pharmacy Ltd and Maghaberry Community Association |
| Markets Development Association                              |
| N.I. Chest, Heart and Stroke                                 |
| Newry & Mourne Women Ltd                                     |
| North Antrim Community Network                               |
| Parkes Pharmacy  |
| PHAB NI Independent Living                                   |
| RADICAL  |
| Rasharkin Womens Group                                       |
| Rural Health Partnership                                     |
| Strabane Community Project                                   |

## QUESTIONNAIRE RETURNS FROM UNSUCCESSFUL PROJECTS

| <b>Organisation</b>                  |
|--------------------------------------|
| Fermanagh Rural Community Initiative |
| Glenluce Quality Caring Centre       |
| Maghaberry Pharmacy Ltd              |
| New Life Counselling Service         |
| Rascals Playstation Childcare Centre |

**APPENDIX II  
REFERENCES**

## **References**

DHSSPS: Primary Care Strategic Framework - *Caring for People Beyond Tomorrow*;

DHSSPS: Regional strategy for health and wellbeing, *A Healthier Future*;

DHSSPS: *A strategy for pharmacy in the community*;

DHSSPS: *Investing for Health*;

Government Documentation: *Green Book, Appraisal and Evaluation in Central Government*;

**APPENDIX III**  
**LIST OF ABBREVIATIONS**

| <b>Abbreviations</b> |   |
|----------------------|---|
| BCPP                 | Building the Community-Pharmacy Partnership             |
| CDHN                 | Community Development Health Network                    |
| CSA                  | Central Services Agency                                 |
| DHSSPS               | Department of Health, Social Services and Public Safety |
| IfH                  | Investing for Health                                    |
| LCG                  | Local Commissioning Group                               |
| NICVA                | Northern Ireland Council for Voluntary Action           |
| RPA                  | Review of Public Administration                         |
| WHSSB                | Western Health and Social Services Board                |

**APPENDIX IV**  
**PROJECT QUESTIONNAIRE SUCCESSFUL PROJECTS**

## Draft Questionnaire

### Member Projects of Building the Community Pharmacy Partnership

This survey is to find out the views from the organisations that have received support for projects through Building the Community Pharmacy Partnership funded by DHSSPS. Your completed form should be sent back to Deloitte in the by the **25<sup>th</sup> August 2006**.

If you have any questions regarding this questionnaire please contact Philip Scott at Deloitte on 028 90531191 or at [phscott@deloitte.co.uk](mailto:phscott@deloitte.co.uk) (alternatively contact Nicola Mc Laughlin at Deloitte on 028 90531191).

**We would prefer to receive your return electronically**, however if you wish to provide return in hard copy, please post to

Phillip Scott  
Deloitte  
19 Bedford Street  
Belfast  
BT2 7EJ

*Thank you for taking the time to complete this survey*

Please note that this information is being supported by other information gathered through interview and focus groups. **We would like to invite you to the following focus group:**

**Time and Date 10am – 11.30am on 4<sup>th</sup> September**

**Location – Lough Neagh Discovery Centre**

Please advise Phillip Scott (at 028 90531191 or [phscott@deloitte.co.uk](mailto:phscott@deloitte.co.uk)) as to whether you or a representative from your project are able to attend.

### A. Background to Project

|     |  |  |                         |
|-----|--|--|-------------------------|
| 1.  | Please confirm name of project funded by Building the Community Pharmacy Partnership   |  |                         |
|     |  |  |                         |
| 2.  | Please confirm name of organisation that operates the project  |  |                         |
|     |  |  |                         |
| 3.  | Can you indicate whether you belong to the community or pharmacy sector?<br><span style="float: right;"><i>Please Tick</i></span>  |  |                         |
|     | Community  |  |                         |
|     | Pharmacy   |  |                         |
| 4.  | Please confirm Timescale of Project  |  |                         |
|     | Start Date   |  |                         |
|     | End Date (if already completed)  |  |                         |
|     | Expected End Date (if ongoing)   |  |                         |
| 5.  | What Board area does your project sit under?   |  | <i>Please tick</i>      |
|     | Western  |  |                         |
|     | Northern   |  |                         |
|     | Eastern  |  |                         |
|     | Southern   |  |                         |
| 6.  | CDHN recently established three levels of funding, can you indicate which level you applied for, for this project. (if you applied for funding before these levels were set up please select <b>Not Applicable</b> ) |  |                         |
|     | Not Applicable   |  |                         |
|     | Level 1 (projects up to nine months with up to £2k of funding)   |  |                         |
|     | Level 2 (projects up to two years with up to 10k of funding)   |  |                         |
|     | Level 3 (projects with up to £10k of funding per annum for three years)  |  |                         |
| 7a. | Is this the first time you have applied for funding through the Building the Community Pharmacy Partnership?<br><span style="float: right;"><i>Please tick</i></span>  |  |                         |
|     | Yes  |  | If yes go to Question 8 |

|    |  |  |
|----|--|--|
|    | No   |  |
| 7b | If no, how many times in total have you applied for funding through this scheme? |  |
|    |  |  |
| 7c | In total, how many times have you been funded through this scheme?               |  |

| <b>B. Promotion of the Project</b> |   |                                   |
|------------------------------------|---|-----------------------------------|
|                                    |   |                                   |
| 8.                                 | How did you hear about the BCPP?  |                                   |
|                                    | CDHN News letter  |                                   |
|                                    | CDHN Website  |                                   |
|                                    | CDHN Networking events  |                                   |
|                                    | BCPP publicity/leaflets   |                                   |
|                                    | CSA Mail Shot   |                                   |
|                                    | Pharmacy Magazines  |                                   |
|                                    | NICVA ( inc grant tracker/community NI)   |                                   |
|                                    | Community publications/newsletters  |                                   |
|                                    | Other – please specify  |                                   |
| 9a                                 | In your opinion are there any improvements which could be made to the BCPP promotion process? |                                   |
|                                    | Yes   |                                   |
|                                    | No  | <i>(If no, go to Question 10)</i> |
|                                    | If yes Please explain what these changes should be and why                                    |                                   |

### C. Programme Processes – Application and Approval

|      |  |                                       |   |   |   |   |
|------|--|---------------------------------------|---|---|---|---|
|      |  |                                       |   |   |   |   |
| 10.  | How did your project access the application form?  |                                       |   |   |   |   |
|      | <i>Please tick</i>   |                                       |   |   |   |   |
|      | Internet   |                                       |   |   |   |   |
|      | CDHN sent form directly  |                                       |   |   |   |   |
| 11.  | Overall, how satisfied were you with the CDHN's process regarding the submission of your application?  |                                       |   |   |   |   |
|      | <i>Please circle appropriate score</i>   |                                       |   |   |   |   |
|      | 1 = very satisfied, 2 = satisfied, 3 = neutral, 4 = dissatisfied, 5 = very dissatisfied  |                                       |   |   |   |   |
| 11 A | Level of satisfaction  | 1                                     | 2 | 3 | 4 | 5 |
| 11A1 | Please comment on the reason for your score in the space below   |                                       |   |   |   |   |
| 12A  | Did you access the support available from CDHN?  |                                       |   |   |   |   |
| 12A1 | Yes  |                                       |   |   |   |   |
|      | No   | <i>(if no proceed to Question 13)</i> |   |   |   |   |
| 13.  | If you did access the support available, in your opinion and based on your experience with the funding application please state how satisfied or dissatisfied you were with CDHN's role with respect to the following areas during the application process |                                       |   |   |   |   |
|      | <i>Please circle appropriate score</i>   |                                       |   |   |   |   |
|      | 1 = very satisfied, 2 = satisfied, 3 = neutral, 4 = dissatisfied, 5 = very dissatisfied  |                                       |   |   |   |   |
| 13A  | Assistance from CDHN with development of your idea/project for application   | 1                                     | 2 | 3 | 4 | 5 |
| 13A1 | Please comment on the reason for your score in the space below   |                                       |   |   |   |   |
| 13B  | Assistance from CDHN with connecting people and developing the partnership for your project  | 1                                     | 2 | 3 | 4 | 5 |
| 13B1 | Please comment on the reason for your score in the space below   |                                       |   |   |   |   |
| 13C  | Assistance from CDHN with the development of a project plan and completion of the application  | 1                                     | 2 | 3 | 4 | 5 |

|      |   |   |   |   |   |   |
|------|---|---|---|---|---|---|
| 13C1 | Please comment on the reason for your score in the space below  |   |   |   |   |   |
| 13D  | Assistance from CDHN on providing a clear understanding of BCPP i.e. the community development approach; considering health in its broadest sense and focus on developing people's skills   | 1 | 2 | 3 | 4 | 5 |
| 13D1 | Please comment on the reason for your score in the space below  |   |   |   |   |   |
| 13E  | Access/availability of information / guidance notes on making application and CDHN's explanation of project selection criteria  | 1 | 2 | 3 | 4 | 5 |
| 13E1 | Please comment on the reason for your score in the space below  |   |   |   |   |   |
| 14   | <p>Overall, how satisfied were you with the time taken to process and receive the decision on the outcome of your application</p> <p style="text-align: right;"><i>Please circle appropriate score</i></p> <p>1 = very satisfied, 2 = satisfied, 3 = neutral, 4 = dissatisfied, 5 = very dissatisfied</p> |   |   |   |   |   |
| 14A  | Level of satisfaction   | 1 | 2 | 3 | 4 | 5 |
| 14A1 | Please comment on the reason for your score in the space below  |   |   |   |   |   |
| 15.  | Please use space below to provide any other comments on role of CDHN <b>before</b> your project commenced? In your view are there any improvements or additional support that could be given in relation to the application process?  |   |   |   |   |   |
|      |   |   |   |   |   |   |

|      |  |  |
|------|--|--|
| 16.  | Has your organisation been involved in other grant schemes? If yes, please specify   |  |
|      |  |  |
| 17a. | If you have been involved in other grant programmes, how did the BCPP application and approval process compare? <i>Please tick one box</i> |  |
|      | This process was better  |  |
|      | This process was about the same  |  |
|      | This process was not as good   |  |
| 17b. | Please give a reason for your answer   |  |
|      |  |  |

### Programme Processes – Since your Project was Approved

|                   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|
| 18                | Thinking about what has happened since your application was approved, say how satisfied or dissatisfied you were with CDHN's role with respect to the following   |   |   |   |   |   |
|                   | <i>Please circle appropriate score</i>  |   |   |   |   |   |
|                   | 1 = very satisfied, 2 = satisfied, 3 = neutral, 4 = dissatisfied, 5 = very dissatisfied   |   |   |   |   |   |
| 18A               | The quality of the initial finance/monitoring training you received after your project has been approved?   | 1 | 2 | 3 | 4 | 5 |
| 18A1              | Please comment on the reason for your score in the space below  |   |   |   |   |   |
| 18B               | The timeliness of the training provided   | 1 | 2 | 3 | 4 | 5 |
| 18B1              | Please comment on the reason for your score in the space below  |   |   |   |   |   |
| 18C               | Support throughout the life of your project ( in terms of usefulness of CDHN officers making visits to your project site and other support such as phone contact and e mail and general availability and access to CDHN officers) | 1 | 2 | 3 | 4 | 5 |
| 18C1              | Please comment on the reason for your score in the space below  |   |   |   |   |   |
| <b>Monitoring</b> |   |   |   |   |   |   |
| 19                | Thinking about the monitoring process, say how satisfied or dissatisfied you were with respect to the following   |   |   |   |   |   |
|                   | <i>Please circle appropriate score</i>  |   |   |   |   |   |
|                   | 1 = very satisfied, 2 = satisfied, 3 = neutral, 4 = dissatisfied, 5 = very dissatisfied   |   |   |   |   |   |
| 19A               | The procedure for monitoring (i.e. the forms and the processes you must follow in making your returns quarterly or six monthly)   | 1 | 2 | 3 | 4 | 5 |
| 19A1              | Please comment on the reason for your score in the space below  |   |   |   |   |   |
| 19B               | Appropriateness of the information requested on your progress forms to demonstrate progress against targets (i.e. do they help to keep the project on target?)  | 1 | 2 | 3 | 4 | 5 |
| 19B1              | Please comment on the reason for your score in the space below  |   |   |   |   |   |

|                          |  |   |   |   |   |   |
|--------------------------|--|---|---|---|---|---|
|                          |  |   |   |   |   |   |
| 19C                      | The quality of assistance from CDHN in completing monitoring/evaluation returns (i.e. either quarterly or six monthly)   | 1 | 2 | 3 | 4 | 5 |
| 19C1                     | Please comment on the reason for your score in the space below   |   |   |   |   |   |
| 20.                      | Please use the space below to provide any other comments on role of CDHN regarding <b>monitoring processes</b> - for example are there any improvements or additional support which could be offered in terms of the monitoring process? |   |   |   |   |   |
|                          |  |   |   |   |   |   |
| 21a                      | If you have been involved in other grant programmes, how have these monitoring processes compared?<br><br><i>Please tick one box</i>   |   |   |   |   |   |
|                          | The programme processes for monitoring are better  |   |   |   |   |   |
|                          | The programme processes for monitoring are about the same  |   |   |   |   |   |
|                          | The programme processes for monitoring are not as good   |   |   |   |   |   |
| 21b                      | Please give a reason for your answer   |   |   |   |   |   |
|                          |  |   |   |   |   |   |
| <b>Finance / Payment</b> |  |   |   |   |   |   |
| 22.                      | How satisfied or dissatisfied are you with CDHN's role with respect to finance processes in relation to  |   |   |   |   |   |
|                          | <i>Please circle appropriate score</i>   |   |   |   |   |   |
|                          | 1 = very satisfied, 2 = satisfied, 3 = neutral, 4 = dissatisfied, 5 = very dissatisfied  |   |   |   |   |   |
| 22A                      | The process regarding providing evidence of expenditure in order to make your quarterly/six monthly returns  | 1 | 2 | 3 | 4 | 5 |
| 22A1                     | Please give a reason for your score  |   |   |   |   |   |

|                   |  |   |   |   |   |   |
|-------------------|--|---|---|---|---|---|
|                   |  |   |   |   |   |   |
| 22B               | The timeliness of receiving payments   | 1 | 2 | 3 | 4 | 5 |
| 22B1              | Please give a reason for your score  |   |   |   |   |   |
| 22C               | The quality of assistance from CDHN in relation to making your financial returns (in terms of the meetings/e mails and phonecalls)   | 1 | 2 | 3 | 4 | 5 |
| 22C1              | Please give a reason for your score  |   |   |   |   |   |
| 23.               | Please use the space below to provide any other comments on role of CDHN regarding <b>finance processes</b> - for example are there any improvements or additional support which could be offered in terms of the finance process? |   |   |   |   |   |
|                   |  |   |   |   |   |   |
| 24a.              | If you have been involved in other grant programmes, how have these finance processes compared?  |   |   |   |   |   |
|                   | <i>Please tick one box</i>   |   |   |   |   |   |
|                   | The programme processes for finance better   |   |   |   |   |   |
|                   | The programme processes for finance are about the same   |   |   |   |   |   |
|                   | The programme processes for finance are not as good  |   |   |   |   |   |
| 24b.              | Please give a reason for your answer   |   |   |   |   |   |
|                   |  |   |   |   |   |   |
| <b>Evaluation</b> |  |   |   |   |   |   |

|      |  |                                   |   |   |   |   |
|------|--|-----------------------------------|---|---|---|---|
| 25.  | Have you received your evaluation training?  |                                   |   |   |   |   |
|      | Yes  |                                   |   |   |   |   |
|      | No   | (If no<br>proceed to Question 32) |   |   |   |   |
| 26.  | Overall, how satisfied were you with evaluation training with regard to the following<br><i>Please circle appropriate score</i><br>1 = very satisfied, 2 = satisfied, 3 = neutral, 4 = dissatisfied, 5 = very dissatisfied |                                   |   |   |   |   |
| 26A  | The timeliness of the evaluation training  | 1                                 | 2 | 3 | 4 | 5 |
| 26A1 | Please comment on the reason for your score in the space below   |                                   |   |   |   |   |
| 26B  | The quality of the training in terms of its usefulness and the resources available (for example the training manual)   | 1                                 | 2 | 3 | 4 | 5 |
| 26B1 | Please comment on the reason for your score in the space below   |                                   |   |   |   |   |
| 27.  | Have you undertaken your evaluation yet?   |                                   |   |   |   |   |
|      | Yes  |                                   |   |   |   |   |
|      | No   | (If no<br>proceed to Question 32) |   |   |   |   |
| 28.  | Did you request support in undertaking your evaluation?  |                                   |   |   |   |   |
|      | Yes  |                                   |   |   |   |   |
|      | No   | (If no<br>proceed to Question 32) |   |   |   |   |
| 29A  | Please indicated the level of satisfaction with regard to the support given to you in undertaking your evaluation  | 1                                 | 2 | 3 | 4 | 5 |
| 29A1 | Please comment on the reason for your score in the space below   |                                   |   |   |   |   |

|      |   |  |
|------|---|--|
| 30.  | Please use the space below to provide any other comments on role of CDHN regarding <b>evaluation processes</b> - for example are there any improvements or additional support which could be given in the evaluation process? |  |
|      |   |  |
| 31a. | If you have been involved in other grant programmes, how have these processes compared?<br><i>Please tick one box</i>   |  |
|      | The programme processes for evaluation are better   |  |
|      | The programme processes for evaluation are about the same   |  |
|      | The programme processes for evaluation are not as good  |  |
| 31b. | Please give a reason for your answer  |  |
|      |   |  |

### F. Additional Information

|      |   |  |
|------|---|--|
| 32.  | In terms of community development has the BCPP funding increased your understanding of the value of partnerships between communities and pharmacies and the other partnerships which have been established? |  |
| 32A  | Yes   |  |
|      | No  |  |
| 32A1 | Please comment on your answer above   |  |
| 33.  | Has the BCPP funding enabled you to address local needs?  |  |
| 33A  | Yes   |  |
|      | No  |  |
| 33A1 | Please comment on your answer   |  |
| 34.  | In your opinion are there any other ways in which CDHN could offer support to your project or improve their processes   |  |
| 34A  | Yes   |  |
|      | No  |  |
| 34A1 | Please comment on your answer   |  |
| 35.  | Would you apply for funding through the BCPP again?<br><br><i>Please tick one box</i>   |  |
| 35A  | Yes   |  |
|      | No  |  |
| 35A1 | Please comment on your answer   |  |

**END: Thank you for completing this questionnaire. Please return as per instructions on the front page.**

**APPENDIX V**  
**PROJECT QUESTIONNAIRE UNSUCCESSFUL PROJECTS**

## Draft Questionnaire

### Projects which applied to Building the Community Pharmacy Partnership

This survey is to find out the views from the organisations that have been **unsuccessful in their application** for support for projects through Building the Community Pharmacy Partnership funded by DHSSPS. Your completed form should be sent back to Deloitte in the by the **25<sup>th</sup> August 2006**.

If you have any questions regarding this questionnaire please contact Philip Scott at Deloitte on 028 90531191 or at [phscott@deloitte.co.uk](mailto:phscott@deloitte.co.uk) (alternatively contact Nicola Mc Laughlin at Deloitte on 028 90531191).

**We would prefer to receive your return electronically**, however if you wish to provide your return in hard copy, please post to

Phillip Scott  
Deloitte  
19 Bedford Street  
Belfast  
BT2 7EJ

*Thank you for taking the time to complete this survey*

### A. Background to Project

|    |   |                    |
|----|---|--------------------|
| 1. | Please confirm name of project which applied for funding from Building the Community Pharmacy Partnership |                    |
|    |   |                    |
| 2. | Please confirm name of organisation which proposed to operate the project                                 |                    |
|    |   |                    |
| 3. | Can you indicate whether you belong to the community or pharmacy sector?<br><i>Please Tick</i>            |                    |
|    | Community   |                    |
|    | Pharmacy  |                    |
| 4. | What Board area does your project sit under?  | <i>Please tick</i> |
|    | Western   |                    |
|    | Northern  |                    |
|    | Eastern   |                    |
|    | Southern  |                    |

## B. Promotion of the Project

|                                    |   |                                  |
|------------------------------------|---|----------------------------------|
| <b>B. Promotion of the Project</b> |   |                                  |
|                                    |   |                                  |
| 5.                                 | How did you hear about the BCPP?  |                                  |
|                                    | CDHN News letter  |                                  |
|                                    | CDHN Website  |                                  |
|                                    | CDHN Networking events  |                                  |
|                                    | BCPP publicity/leaflets   |                                  |
|                                    | CSA Mail Shot   |                                  |
|                                    | Pharmacy Magazines  |                                  |
|                                    | NICVA ( inc grant tracker/community NI)   |                                  |
|                                    | Community publications/newsletters  |                                  |
|                                    | Other – please specify  |                                  |
| 6a                                 | In your opinion are there any improvements which could be made to the BCPP promotion process? |                                  |
|                                    | Yes   |                                  |
|                                    | No  | <i>(If no, go to Question 7)</i> |
| 6b                                 | If yes Please explain what these changes should be and why                                    |                                  |

### C. Programme Processes – Application and Assessment

|     |  |                                      |   |   |   |   |
|-----|--|--------------------------------------|---|---|---|---|
|     |  |                                      |   |   |   |   |
| 7.  | How did your project access the application form?  |                                      |   |   |   |   |
|     | <i>Please tick</i>   |                                      |   |   |   |   |
|     | Internet   |                                      |   |   |   |   |
|     | CDHN sent form directly  |                                      |   |   |   |   |
| 8.  | Overall, how satisfied were you with the CDHN's process regarding the submission of your application?  |                                      |   |   |   |   |
|     | <i>Please circle appropriate score</i>   |                                      |   |   |   |   |
|     | 1 = very satisfied, 2 = satisfied, 3 = neutral, 4 = dissatisfied, 5 = very dissatisfied  |                                      |   |   |   |   |
| 8 A | Level of satisfaction  | 1                                    | 2 | 3 | 4 | 5 |
| 8A1 | Please comment on the reason for your score in the space below   |                                      |   |   |   |   |
| 8A  | Did you access the support available from CDHN?  |                                      |   |   |   |   |
| 8A1 | Yes  |                                      |   |   |   |   |
|     | No   | <i>(if no proceed to Question 9)</i> |   |   |   |   |
| 8.  | If you did access the support available, in your opinion and based on your experience with the funding application please state how satisfied or dissatisfied you were with CDHN's role with respect to the following areas during the application process |                                      |   |   |   |   |
|     | <i>Please circle appropriate score</i>   |                                      |   |   |   |   |
|     | 1 = very satisfied, 2 = satisfied, 3 = neutral, 4 = dissatisfied, 5 = very dissatisfied  |                                      |   |   |   |   |
| 8A  | Assistance from CDHN with development of your idea/project for application   | 1                                    | 2 | 3 | 4 | 5 |
| 8A1 | Please comment on the reason for your score in the space below   |                                      |   |   |   |   |
| 8B  | Assistance from CDHN with connecting people and developing the partnership for your project  | 1                                    | 2 | 3 | 4 | 5 |
| 8B1 | Please comment on the reason for your score in the space below   |                                      |   |   |   |   |
| 8C  | Assistance from CDHN with the development of a project plan and completion of the application  | 1                                    | 2 | 3 | 4 | 5 |

|     |  |   |   |   |   |   |
|-----|--|---|---|---|---|---|
| 8C1 | Please comment on the reason for your score in the space below   |   |   |   |   |   |
| 8D  | Assistance from CDHN on providing a clear understanding of BCPP i.e. the community development approach; considering health in its broadest sense and focus on developing people's skills  | 1 | 2 | 3 | 4 | 5 |
| 8D1 | Please comment on the reason for your score in the space below   |   |   |   |   |   |
| 8E  | Access/availability of information / guidance notes on making application and CDHN's explanation of project selection criteria   | 1 | 2 | 3 | 4 | 5 |
| 8E1 | Please comment on the reason for your score in the space below   |   |   |   |   |   |
| 9.  | <p>Overall, how satisfied were you with the time taken to process and receive the decision on the outcome of your application</p> <p style="text-align: right;"><i>Please circle appropriate score</i></p> <p>1 = very satisfied, 2 = satisfied, 3 = neutral, 4 = dissatisfied, 5 = very dissatisfied</p>              |   |   |   |   |   |
| 9A  | Level of satisfaction  | 1 | 2 | 3 | 4 | 5 |
| 9A1 | Please comment on the reason for your score in the space below   |   |   |   |   |   |
| 10. | How were you informed of the decision?   |   |   |   |   |   |
|     | Letter   |   |   |   |   |   |
|     | Phonecall  |   |   |   |   |   |
| 11. | <p>How satisfied were you with the quality and the transparency of the feedback as to why the project was unsuccessful in securing funding</p> <p style="text-align: right;"><i>Please circle appropriate score</i></p> <p>1 = very satisfied, 2 = satisfied, 3 = neutral, 4 = dissatisfied, 5 = very dissatisfied</p> |   |   |   |   |   |
| 11A | Level of satisfaction  | 1 | 2 | 3 | 4 | 5 |

|      |  |  |
|------|--|--|
| 11A1 | Please comment on the reason for your score in the space below   |  |
| 12   | Were you offered the opportunity to appeal the decision?   |  |
|      | <i>Please tick</i>   |  |
|      | Yes  |  |
|      | No   |  |
| 13a  | Would you reapply to the BCPP for funding in the future?   |  |
|      | Yes  |  |
|      | No   |  |
| 13b  | Please comment on the reason for your answer   |  |
| 14   | Please use space below to provide any other comments on role of CDHN on the application process? In your view are there any improvements or additional support that could be given in relation to the application process? |  |
|      |  |  |

**END: Thank you for completing this questionnaire. Please return as per instructions on the front page.**

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