IBA in the Community Pharmacy Setting

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Outline

• Why community pharmacy?
• Healthy Living Pharmacies (HLPs)
• Research background for brief intervention in pharmacy
• North West pharmacy alcohol project & evaluation.
• Next steps
Why Community Pharmacy?

• We are an integral part of primary and community care
• We have high footfalls and see people who may not be regular users of other health services
• Public see pharmacies as a non-threatening environment in which to receive advice e.g. “Can I still drink alcohol while taking these tablets?”
• Public Health Direction of travel for community pharmacy with good opportunities for intervention:
  - public health campaigns and social marketing
  - services e.g. emergency hormonal contraception (EHC), smoking cessation, weight management, medicines use reviews, NHS health checks
  - over the counter sales e.g. vitamins, sleeping aids, gastric medicines
  - prescriptions e.g. hypertension, diabetes, coronary heart disease.
Public Health
- Direction of Travel for Pharmacy

• 2008 DH paper “Pharmacy in England” pledge
• Positioned in the heart of communities (health inequalities) as well as on the high street (anonymity).
• Bridge between safe medicine distribution and use – and social and community care.
• Health and wellbeing agenda as well as illness.

= Healthy Living Pharmacy concept (HLP)
Healthy Living Pharmacies (HLP)

- Quality assurance kite mark recognised by DH

- DH pathfinder pilots currently running to replicate and improve on the original Portsmouth model – jointly commissioning by NHS Portsmouth and Portsmouth Council.

- Now 300 accredited HLPs across 20 PCT pathfinder areas with 6 more areas due to start. Over 1,000 trained pharmacy health champions (RPH level 2)
What distinguishes a Healthy Living Pharmacy?

- Consistently delivers **broad** range of commissioned services to high quality
- Promotes healthy living & wellbeing as **core activity**
- Has **team proactive** in supporting health & wellbeing, the community’s health at centre of what it does
- Has a **Healthy Living Champion**
- Will be **identifiable** to the public and other healthcare professionals
Earl Howe congratulates a Rowlands Healthy Living Pharmacy
Portsmouth topline IBA results

World cup month (pilot)
• 3649 adults took part
• 1784 took brief advice
• 830 had more in depth consultation
• 29 referred to Alcohol Intervention team

Alcohol IBA Service
• 2655 interventions
• 51% increasing or higher risk
• 11% scoring 10 or more
Earl Howe discusses alcohol units with a Rowland’s health champion
Research background for brief interventions in the community pharmacy setting

• Review of three feasibility studies involving 14 pharmacies and 500 customers (London, Glasgow, Leeds) (M.Watson & A.Blenkinsopp)

• Mackridge et al. (2010) – evaluation of alcohol screening and interventions pilot in 5 community pharmacies in North West.


• Studies are ongoing in the UK, including in Lambeth and Grampian

Summary:
There is evidence that pharmacy providers and service users and customers view pharmacy alcohol services favourably. There is evidence that community pharmacy is a feasible place to deliver the service. A large scale study is desirable.
North West project – community pharmacy alcohol services evaluation

- North West provides the largest opportunity to evaluate a pharmacy alcohol service – Blackpool, Knowsley, Oldham, Sefton, Bolton, Wirral PCTs (St Helens) – *due to North West’s disproportionate incidence of alcohol-related problems.*

- The MRC framework for complex interventions cites community alcohol services as an example of a service that is difficult to evaluate using a traditional Randomised Controlled Trial (RCT).

- So this evaluation will be based on “*How can we optimise the service for the pharmacy setting, before going to a trial?*”
The Evaluation

• **Aim**
  – To explore stakeholder experience and perceptions of community pharmacy-based alcohol IBA services.

• **Key areas**
  – What is the most suitable service to deliver in the community pharmacy setting?
  – How could existing services be developed and modified to maximise the opportunity of delivery in the pharmacy setting.

**EVALUATION REPORT IS DUE TO LIVERPOOL PCT ON AUGUST 31ST 2012**
A Multi-disciplinary Research Team

• Nicola Gray, Independent Pharmacist Researcher, Manchester
• Sarah Wilson, Lecturer in Social Pharmacy & Ethics, UCLan
• Martyn Bristow, Market Researcher
• Penny Cook, Reader in Public Health Epidemiology
• Derek Heim, Senior Lecturer in Psychology, UCLan
• Janet Krska, Professor of Professional & Clinical Pharmacy, Medway
• Adam Mackridge, Senior Lecturer in Pharmacy Practice, LJMU
• Michela Morleo, Alcohol Research Manager, LJMU
• Julie Prescott, Research Associate, UCLan
• Liz Stokes, Research Associate, LJMU
• Amanda Wright, Market Researcher
• Alison Blenkinsopp, Professor of the Practice of Pharmacy, Bradford
Pharmacy IBA Services

Approach pharmacy customers according to PCT targeting strategy

AUDIT survey

Action appropriate to score

Data entry for PCT
Pharmacy IBA Services

<7

Low risk drinker
No action required. Provide information on government guidelines and limits

Encourage continued sensible drinking and provide patient with any required information

7 - 15

Increasing risk drinker
Perform a brief intervention
Discuss units of alcohol, daily limits, contents of information leaflet

Give patient information leaflet. Explain you will call in 4 weeks to see how they are getting on

Follow up with patient after 4 weeks and record outcomes on remaining copies of form

>15

Higher risk drinker
Refer patient to SPoC
01253 752100
& provide an information leaflet

Give patient information leaflet and refer patient to SPoC

Ref: Blackpool SOP
Research Questions

• How do these services fit within the wider health improvement and public health strategies of the PCTs?
• What contribution/s has the service made to addressing NHS priorities? (Such as early identification of problem alcohol users, and appropriate referrals into support and treatment)
• How have pharmacy users responded to the service?
• How well does the service interface with other parts of the alcohol misuse pathway?
• How successfully has the service been incorporated into the daily work of the provider pharmacies? (e.g. Have pharmacies been able to work to the specifications of the SLA?)
• What are appropriate quality and performance indicators for the service?
• What criteria should be used to determine future commissioning intentions for the service?
Service User Case Studies
Beyond the Evaluation

• Service Redesign
  – Coincides with transition between commissioners
• Gathering further ‘evidence’
  – What kinds of evidence?
  – Operating data and follow-on research
• Dissemination of Findings
• Adoption / Ownership of recommendations
Questions ?
Innovation and Ideas?

• National vs local?
• Population vs individual
• JSNAs and target groups
• Joining up the “whole system.”
• Integrated alcohol care pathways
• Feedback to providers –what are they achieving?
• Pharmacy alcohol (Public Health) champions as stakeholders in the new strategic partnerships?