Poster Number 1

The development of a multi-centre individual-randomised controlled trial of screening and brief alcohol intervention to prevent risky drinking in young people aged 14-15 in a high school setting (SIPS JR-HIGH)

Giles EL, Teesside University (e.giles@teesside.ac.uk), Scott S, Coulton S, Deluca P, Drummond C, Graybill E, Howel D, Kaner E, McColl E, McGovern R, Stamp E, Sumnall E, Tate L, Todd L, Newbury-Birch D

Background

Young people are vulnerable to the effects of alcohol consumption. Adverse impacts from alcohol manifest in a range of short and long-term physical and psycho-social factors, including neurological issues, cognitive impairment, and risk-taking behaviours. The aim of the multi-centre SIPS JR-HIGH individual-randomised controlled trial (RCT) is to evaluate the effectiveness and cost-effectiveness of alcohol screening and brief intervention to reduce risky drinking in young people aged 14-15 in the English high school setting.

Methods

Building on the mixed method cluster randomised controlled pilot feasibility trial (10/3002/07), the proposed sample for the definitive trial, to be conducted from September 2015 until December 2017, has been calculated to have a 90% power and will follow-up 257 young people in each arm at 12-month follow-up. To recruit this sample, twenty schools will be recruited, with five schools recruited from North East England, the North West, London, and Kent. The individually randomised two armed RCT will incorporate a control arm of usual care with a 30-minute brief intervention delivered by school learning mentors. Individual pupils will be randomised to one of the two arms. Descriptive statistical analysis will be used to report the pupil-level baseline data, with multiple linear regressions being used to compare the primary outcomes between the two arms at 12 months.

Findings

The pilot trial guided the development of the manualised intervention, which includes process information and a 30-minute personalised interactive worksheet-based session delivered by learning mentors. The pilot suggested that this intervention was acceptable, however an interaction with parental involvement was not found to be feasible, with parents not engaging with the research.

Interpretation

Limited evidence exists in a UK context to explore screening and brief intervention to reduce risky drinking in young adolescents. The pilot trial has informed the design of the upcoming definitive trial, which, if the intervention is effective, will facilitate the development of manualised screening and brief intervention to be adopted in routine school practice in high schools in England.

‘How to get research findings into practice in the changing landscape of public health’- Fuse PhD studentship

Waller G, Teesside University, (g.waller@teesside.ac.uk.), Newbury-Birch D, Rushmer R, Finch T

Background: The national reforms of the health service led to public health responsibilities migrating from NHS PCTs to within the Local Authority, and the changing landscape of public health complicates the issue of implementing research into practice. Adolescence is a fundamental stage in development in regards to health behaviour. Detrimental health habits adopted during adolescence can have a significant impact in later life. As the majority of adolescents in the UK attend school until 16 years of age, research has identified that the school setting is key to introduce behavioural interventions to improve health outcomes. As there are currently no defined pathways in the UK around how to introduce behavioural change interventions into schools, this PhD will set out to develop an implementation model to use research evidence to embed an intervention into routine school practice.

Methods: This PhD will involve conducting a systematic review, qualitative interviews and will then use the findings to inform the development of an implementation model for use in a secondary school.

The aim of the systematic review will be to establish the extent of the literature around ways of making behavioural change happen within secondary schools in the UK, and exploring the previous use of implementation models in this setting. A comprehensive search strategy has been developed which will search for both published material and grey literature. The material generated in the searches will be double sifted and relevant data will be extracted to formulate a qualitative narrative synthesis.

Results: The poster will present the model for the PhD work and the work that has been carried out to date.

Conclusions: Exploring how successful studies are implemented in the school setting is imperative to long term implementation of behavioural interventions in the high school setting.

Can lunch clubs save the NHS? Providing evidence to inform the commissioning of social prescribing

Wilson P, Manchester Business School (paul.wilson@mbs.ac.uk), Farley K, Booth A, Bickerdike L, Wright K

NHS England's Five Year Forward View has stressed that developing innovative approaches to delivering health care are integral to the long term future of the NHS. Social prescribing is one such model and is being widely promoted as a way of making general practice more sustainable. It provides GPs with non-medical referral options that can operate alongside existing treatments to improve health and well-being.

As part of a study which aims ways to help CCGs make better use of research in commissioning decisions, we've reviewed the evidence around the effects social prescribing programmes.

We found little supporting evidence of effect to inform the commissioning of social prescribing programmes. Most of the social prescribing evaluations we identified were small scale and limited by poor design and reporting. Missing information made it difficult to assess who received what, for what duration, with what effect and at what cost. Despite methodological shortcomings, most evaluations have presented positive conclusions, generating a momentum for social prescribing that does not appear to be supported by robust research evidence regarding their effect.

We will discuss the implications for those considering commissioning social prescribing programmes and consider the type of evidence that needs to be generated if innovative approaches to delivering health care are to be realised.

It's all in a word: 'measuring' impact and the challenge of participatory research

Cook T, Northumbria University (tina.cook@northumbria.ac.uk)

Research funders are increasingly concerned with demonstrating how their investments in research have made an impact. Give that there is evidence that a surprising amount of research conducted in the past has not gone to scale the current preoccupation with impact is not unexpected or indeed unwelcome. For researchers working in the participatory/action research paradigm, the purpose of such research is that it should make a difference. We might, therefore, as Thomson (2015: 309) suggests, be forgiven for thinking that our 'moment in the sun had finally arrived'. As she goes on to articulate, however, this is not the case. The formulation of the definition of impact has been driven by approaches that elevate the canons of positivistic enquiry. Frameworks for thinking about, recognising and articulating impact reflect a different research approach that predominantly looks for designated outcomes that can be 'measured' at the end of a research cycle. This conceptualisation does not reflect how, where or what types of change occur as a result of participatory research. There is a need to shape meaningful ways to judge the quality and impact of participatory research, and to report on this impact in ways that reflect its function, purpose and processes.

In this presentation I will outline issues that face participatory researchers, starting with the conceptualisation of impact, what impacts might be expected from participatory research and how that impact is accessed and assessed. After considering how impact can be articulated and demonstrated the presentation will conclude with information about national and international groups working on this issue and a brief update on progress to date.

Thomson, P (2015) Action research with/against impact. *Educational Action Research* 23 (3) 309-311

Poster Number 5

Indicators for evidence-informed policy making: Delphi results from Denmark and UK

Syed AM, University of Southern Denmark (ahmed.sy3d@gmail.com), Radl-Karimi C, Juel Lau C, Valente A, Castellani T, Tudisca V, Aro AR and the REPOPA WP4 partners

Background: It is well recognised that the use of robust evidence to inform public health policy is likely to ensure the greatest and most equitable population health gains. In practice however, decisions are often based on perceived short-term opportunities, lacking systematic planning and review of the best evidence regarding effective approaches.

Aim: The aim is to introduce a research-based tool, which public health professionals and decision maker can use to develop evidence-informed interventions.

Methods: As part of an EC Project 'REsearch into POlicy to enhance Physical Activity (www.repopa.eu)', an international Delphi study which included a panel of researchers, policy makers and other stakeholders was undertaken in six European countries. The first two rounds were online surveys aiming to validate measurable 'Evidence Informed Policy Making (EIPM)' indicators to assist in monitoring and evaluating the use of evidence in policy making in health promotion (HP). A third face to face round will be conducted (in January 2016) in each participating country to apply the validated indicators in national contexts and carry out SWOT analysis.

Results: There were 76 panellists participating in the first round, and 72 panellists participating in the second round of the Delphi study. At the end of the two rounds, 25 indicators were accepted by the Delphi panel - 19 out of 23 initially identified indicators and 6 out of 8 newly proposed indicators were agreed. The indicators fall into the following categories: Human resources, documentation, communication and participation, monitoring and evaluation and other qualitative indicators.

Perspective: In the presentation we will present the results of the 'contextualisation' of the validated indicators from the national face to face meetings in United Kingdom and Denmark.

Building an evidence base for planning and health: knowledge transfer and the Public Health Specialist in Residence

Gibbons L, WHO Collaborating Centre for Healthy Urban Environments (UWE) (lynn.gibbons@uwe.ac.uk)

One of the main functions of the WHO Collaborating Centre is to facilitate learning and partnership working between public health and built environment professionals. A key element of this is knowledge transfer to promote the understanding and use of evidence across the disciplines, to enable them to understand each other's 'language' and to build more successful cross-sectoral working, and ultimately healthier communities.

The Public Health Practitioner in Residence (PHPiR) programme started in 2011. It is a national treasure post for Public Health Registrars, allowing them the opportunity to gain experience in research, teaching and developing and delivering programmes for local authorities and other partners. They provide valuable insight into public health evidence and systems; supporting the development of robust and useful programmes on evidence knowledge transfer.

The work of the PHPiR includes:

- lectures and workshops to planning and architecture students (undergraduate and post graduate) on public health evidence, and how it can be used to support healthy planning
- development of the planning and architecture curricula to include integration of public health and evidence to help equip future planners and architects with public health principles
- delivering masterclasses for public health and built environment professionals to help facilitate the understanding of evidence, and the development of a shared language to promote use of evidence to deliver health and wellbeing outcomes
- facilitating local authority public health and planning teams to help them work together, using evidence and local data to the best effect

This programme is helping to reunite public health and planning, to improve the understanding and use of evidence to support current and future health and built environment professionals to develop healthy cities and communities.

The story of POWeR (Positive Online Weight Reduction) – from lightbulb to trials to national roll out

Lloyd S, Redcar & Cleveland Borough Council (scott.lloyd@redcar-cleveland.gov.uk)

Large proportions of the adult population of England are either overweight or obese. Recent reviews have shown that digital interventions are promising approaches for weight management. POWeR (Positive Online Weight Reduction) was developed by a team of professionals including dieticians and health psychologists, with the aim of encouraging gradual sustainable weight loss through the use of weekly online sessions that emphasised self-monitoring, goal-setting and cognitive/behavioural strategies. Over time, the intervention has been further developed including the addition of an accompanying smart phone application. POWeR has been trialled in a variety of settings, including a large scale RCT in Primary Care and further studies are planned. Discussions are currently ongoing about transferring the intervention into public hands to enable a national roll out. This presentation will reflect on the journey of POWeR, from development through the various trials to the present day.

Walking to Well-being: The effectiveness of Walk4Life as an intervention to increase the physical activity of those at risk of CVD and T2D

Walton N, Durham University (n.r.walton@durham.ac.uk)

Background: This paper was produced in association with Durham Public Health. It was conducted as a vocational MSc dissertation which involved the lead author working alongside practitioners in a quantitative evaluation of one of their services. This presentation will not only discuss the results of this research but also reflections on the process of being involved in providing supporting evidence for public health provision.

Aims: To determine whether Walk4Life is an effective health intervention for increasing the physical activity of those at risk of cardiovascular disease (CVD) and type 2 diabetes (T2D). Lack of physical activity and sedentary behaviour present major risk factors for CVD and T2D. Furthermore the study utilises a return on investment (ROI) model to estimate the reduction in healthcare costs based on the aggregate reduction in risk of the active members. The concept of health will be analysed in both an epidemiological and social context. Baseline and follow-up data were procured and a repeat cross-sectional analysis was carried out to estimate the change in physical activity (hrs/week). The return on investment (ROI) ratio for the aggregate risk reduction of these diseases was also estimated to present evidence for the cost-effectiveness of this service.

Results: Walk4Life was found to be an effective health intervention for increasing the physical activity of members; median physical activity (hrs/week) increased from six to eight between baseline and follow-up. This increase was shown to be significant. The ROI framework estimates that the aggregate risk reduction could prevent four/seven participants developing CVD and two/three participants developing T2D. This would reduce healthcare costs by £122,691/183.263; as the scheme cost £86,486 to run between 2013 and 2015 this implies a ROI of between £1.42 and £2.12.

Conclusion: Evidence suggests that Walk4Life is cost effective and improves the health of its members.

Evidencing student midwives learning needs and highlighting curricula Impacts

Larkin V, Northumbria University, (val.larkin@northumbria.ac.uk), Smith G, Tennant J, Steven A

Despite advances in maternal health and midwifery care, high rates of postnatal morbidity prevail, including those associated with the genital tract; perineal morbidity and complications of bleeding and uterine infection (Marchant, Alexander and Garcia 2002; Bick, MacArthur and Winter 2009; East *et al* 2011). Therefore the assessment and prompt identification and treatment of postnatal genital tract health are a maternal health priority (Royal College of Obstetricians and Gynaecologists (RCOG) 2012; Knight *et al* on behalf of MBBRACE-UK 2014). However concerns have been expressed regarding the exposure, experience and skill development of student midwives concerning postnatal care, with national reports identifying the midwifery curriculum as overcrowded, resulting in curriculum deficits (Fraser, Avis & Mallik 2010; Skirton et al 2012). Student midwives, who responded to the RCM national survey in 2011, suggested a "low point" of their midwifery pre-registration programme was "lack of postnatal experience" (RCM 2011 p.2).

The presentation will discuss a research project which explores the learning opportunities and experiences of student midwives as they develop professional knowledge and skills regarding maternal postnatal assessment. The discussion will explore the authors' application of the case study approach as a means to identify data to evidence the student midwives learning opportunities and experiences.

Methods of data collection and project evaluation include;-

- Survey
- Review of programme documentary evidence
- In depth semi structured narrative interviews
- A collaborative student midwife / researcher data analysis workshop

The intended impact of the research project is to enhance student midwives' opportunities and experiences of postnatal assessment skills within the midwifery preregistration curricula. The project findings will inform the planned curricula and development of the midwifery programmes. The presentation will discuss data transformation, potential impacts and the feedback from the students who engaged in the research activity.

The impact of a whole-setting approach (Food for Life) on primary school children's consumption of fruit and vegetables

Jones M, University of the West of England (matthew.jones@uwe.ac.uk), Pitt H, Oxford L, Bray I, Kimberlee R, Orme J

Context

This research examined the impact of Food for Life (FFL) local commissions on the diets of primary school pupils focussing on fruit and vegetable consumption.

Research question

Do Year 4 and 5 pupils consume more fruit and vegetables in schools engaged with FFL than pupils in schools not engaged with FFL?

Research methods

The research design was a case-comparison cross sectional study. FFL schools were matched by size and Free School Meal Eligibility (FSME) quintile with schools in the same local authority area not engaged with the programme. Years 4 and 5 pupils completed the Day in the Life Questionnaire, a validated 24-hour method of dietary assessment. 47 schools participated (FFLP schools=24; Comparison =23) and 2411 pupils (FFLP pupils =1265; Comparison =1146).

Findings

Pupils in FFL schools consumed more portions of fruit and vegetables than pupils in comparison schools (FFLP mean=2.03; comparison mean=1.54; p=0.000). Pupils in FFL schools reported consuming almost one third more (2.03/1.54) than pupils in Comparison schools.

Pupils in FFL schools ate significantly more fruit and vegetables in school (FFL mean=1.24; comparison mean=0.89; p=0.000) and at home (FFLP mean=0.79; comparison mean=0.65; p=0.000).

After adjusting for FSME, gender and local authority variation, pupils in schools engaged with the FFL programme were twice as likely to eat five or more portions of fruit and vegetables per day OR=2.07, p=0.000, CI (1.54, 2.77), they were also about 60% more likely to eat more than the national average of 2.55 portions per day; OR=1.66, p=0.000, CI (1.37, 2.00).

Conclusion

Whilst limitations of the study-design need to be taken into account, school engagement with FFL programme may be an effective way of increasing fruit and vegetable consumption.

Intention to consider a cumulative impact zone for alcohol licensing in a North East Local Authority: from research to implementation

Mooney J, University of Sunderland (john.mooney@sunderland.ac.uk), Parker Walton J, De Vocht F, Gibson G

Background: Sunderland city local authority area has among the highest alcohol related mortality and hospital admission rates of anywhere in the UK. The council's public health team presented the case for considering a cumulative impact policy (CIP) to the Health and Well-Being Board, based on evidence of preliminary impact from other areas of the UK. Cumulative impact polices are a means of placing the burden of proof on new licence applicants, that their new or amended application will not be detrimental to licensing objectives.

Methods: The opportunity to make the case for a CIP policy arose as part of the consultation for renewal of the council's statement of licensing policy (SoLP). Evidence was presented based on preliminary findings from two London Boroughs which have previously implemented CIP's in combination with a synthesis of information from two routine data sources: alcohol related admission statistics from public health England and home office licensing returns, from which a marker for the intensity for 'intensity of effort' around licensing was derived.

Results: The health and well-being board's proposal to include consideration of a CIP was adopted in the new SoLP along with an intention to explore local geographically referenced routine health and police data to establish where the most appropriate location would be to implement a CIP restriction on licences. Given that the Sunderland licensing team has limited capacity to deal with challenges to licensing, it was pivotal for them to be assured that the licence applications were likely to diminish after the implantation of a CIP.

Discussion: The successful incorporation of CIP provision within the new SoLP was based on a combination of traditional public health evidence finding and interpretation, together with appreciation about what were likely to be the most significant barriers to its implementation and addressing these in the evidence case.

Creating, disseminating and mobilising evidence on outreach services for marginalised groups – development of a decision making tool

Lhussier M, Northumbria University (monique.lhussier@northumbria.ac.uk), Forster N, Carr S

Background: Outreach is commonly utilised for engaging marginalised groups. However, little guidance exists for those designing and commissioning outreach programmes on how to maximise effectiveness potential.

Aim: This presentation reports on the development of a decision aid to enhance programme specificity when designing and commissioning outreach interventions.

Methods: This work builds on a realist evidence synthesis, funded by the National Institute for Public Health Research and associated with FUSE (the Centre for Translational Research in Public Health), that examined how and in what circumstances outreach interventions are successful in engaging and improving the health of one socially excluded group, Traveller Communities. Subsequent work was undertaken to disseminate these findings and explore their potential impact for practice among key stakeholders. This led to partner organisations expressing an interest in the development of a decision aid to facilitate the commissioning and design of outreach programmes most likely to be effective.

Results: Three key components of outreach work in tangent to influence the success of interventions and form the basis of the decision aid: the degree to which the outreach worker is trusted; the extent of intervention flexibility; and desired outcomes. Where outreach workers are highly trusted, outreach programmes can achieve a range of health outcomes and there is less need for intervention flexibility. However, outreach workers with no pre-established links need to exercise flexibility to respond to needs as they arise. This can be used as a strategy to build trust, may improve access to statutory services, but is less likely to lead to long term engagement.

Conclusions: The process of distilling learning from a substantial review into a decision making tool, integrating the views of key practice partners will be detailed in this presentation.

Creating an impact in the workplace; developing a dietary intervention

Smith SA, Durham University, (sarah.smith@durham.ac.uk), Hillier-Brown F, Summerbell CD, Araujo-Soares V, Lake AA

Purpose: The workplace environment has been identified as an ideal setting for health interventions in which to tackle diet and lifestyle behaviours. However, few UK based workplace intervention studies have been published. Fewer still focus on the practicalities and implications of running an intervention within the workplace setting. The aim of this research is to identify and explore the experiences and opinions of practitioners and workplace personnel with first hand experience of designing and implementing dietary interventions within workplace settings.
Methods: One-to-one telephone interviews were conducted with 11 individuals in the North East, a mix of practitioners and people in workplaces. Interviews were transcribed verbatim, and are currently being analysed using Burnard's systematic thematic content analysis [1].
Results/findings: Preliminary results have identified that many workplaces in the region do not have on-site catering facilities, and therefore the workforce is relying on external food outlets. In some instances an external caterer 'pitches' at the worksites and provides the only source of catering for isolated workplaces. Specific populations that have been identified to consider targeting include, shift workers, in particular night shift workers. With limited or no onsite catering facilities, night shift workers are not only missing out on canteen promotions as these are only delivered during daytime working hours, but they rely heavily on external food outlets.
Conclusions: There is a need for workplace dietary interventions that target external food sources, including those that pitch on worksites. Future interventions targeting external caterers and night shift workers are needed.

1. Burnard P, Gill P, Stewart K, Treasure E, Chadwick B (2008). Analysing and presenting qualitative data. Br Dent J;204:429e32.

The prevention paradox and the diabetes prevention programme

Allan K, Durham County Council (keith.allan@durham.gov.uk), Lavender M

The NHS Health Check programme aims to prevent heart disease, stroke, diabetes, kidney disease, and raise awareness of dementia. Check 4 Life is County Durham's version of the NHS Health Check. Since 2014 the Diabetes UK risk score has been included in Check 4 Life, with Just Beat It! (an intensive lifestyle intervention programme) also commissioned to prevent or delay the onset of type 2 diabetes in those at risk.

From August 2014 to February 2015 1852 health checks were completed by 26 practices. In 718 (39%) of cases a high risk for diabetes was found using the standard health check diabetes filter while 396 (28%) people were identified as being at high or very high risk by Diabetes UK score (>15). Only 271 people were identified by both methods, suggesting that different populations were being described.

While 16% (13777/83778) of those with a Diabetes UK score of >15 would be predicted to go on to develop diabetes and only 8% (14712/178937) in the group with a risk score ≤15 if only those in the former group are targeted for intervention it is estimated that 52% of new cases of diabetes would be missed in County Durham (based upon projections from Health Check data from 2014-15 and 2008-13). Over- and under diagnosis may also occur, as scores designed to predict Type 2 diabetes (backed by HbA1c levels) are used to find non-diabetic hyperglycaemia[1].

These data illustrate the prevention paradox as a substantial number of cases come from the more numerous group of people with a lower risk score. A combination of targeted approaches and wider multifactorial programmes aimed at lowering the overall population risk for this condition may be necessary.

1. Barry et al. Time to question the NHS diabetes prevention programme. BMJ 2015;351:h4717.

Beyond bridges: knowledge brokers and research impact on policy

Bandola-Gill J, University of Edinburgh (s1471808@ed.ac.uk)

In recent years one of the increasingly popular strategies to secure research impact is to establish dedicated posts or organisations – that is, knowledge brokers (KB), who are committed to achieve impact of research on behalf of individual researchers or research groups (ESRC, 2009). However, despite growing popularity of these types of entities, the literature exploring this phenomenon is relatively limited. The dominating outlook on knowledge brokers sees them as entities located within "knowledge-to-action gaps" aimed at bridging the worlds of academia and policy (Lomas, 2007).The dominance of such broad definitions and loosely delineated areas of knowledge brokers' activities might lead to a lack of understanding of what brokerage actually is and how to differentiate its various forms (Turnhout et al., 2013). Additionally, the existing literature focuses on knowledge brokers as individuals, while organisational knowledge brokers are relatively unexplored.

The given poster presentation is challenging this dominating outlook on knowledge brokerage by examining four organisational knowledge brokers operating in the UK context. The poster provides an exploration of research impact of knowledge brokers by focusing on two aspects:

(1) the meaning of knowledge brokerage;

(2) the models of operating of knowledge brokers.

The poster discusses multiple co-existing understandings of knowledge brokerage by different actors which I categorise into five archetypes: Informer, Consultant, Advocate of science, Supporter and Facilitator. In order to achieve impact on policymaking, knowledge brokers provide their audiences with new frameworks of thinking about problems. KBs' strategies might be categorised into two groups: adopting to (1) actors and (2) processes. These strategies are effective, because they are focused on using elements of existing practices and understandings in order to shape them. Finally, the poster will conclude with identification of tensions inherent to knowledge brokers' work.

"Because if we can communicate, why can't you…?" Describing what insider and incomer lay public health workers know

Yoeli H, Northumbria University (h.j.yoeli@gmail.com)

Since 2005, health trainers and other lay and peer public health workers (LPHWs) have been increasingly active in the UK. Whereas elsewhere in the world LPHWs are expected to come from the communities within which they work and know that their knowledge is valued, neither is the case for LPHWs in the UK. This study sought to discover the lay knowledge of health trainers and other LPHWs, aiming to ascertain how this knowledge might more effectively be utilised within UK public health services.

This poster describes a participatory and ethnographic case study research project undertaken on an anonymised urban estate in North East England. Findings were generated by a range of means including by participant observation and semi-structured interviews. Seven LPHWs took part, as did forty other community members. This study has found that the lay health knowledge of an individual UK LPHW is determined primarily by his or her position within, or in relation to, the community within which he or she works. Insider LPHWs possess an embodied knowledge and incomer LPHWs possess an experiential knowledge which, although different from one another, are essentially interpersonal in nature.

Services recruiting LPHWs should decide whether they are seeking insider LPHW knowledge, incomer LPHW knowledge, or a mixture of both. They should consult with communities and other stakeholders in considering the assets, needs and preferences of those who will benefit. Public health structures and services in the UK should make better use of all forms of LPHW knowledge, and should seek from LPHWs training on how to engage the most 'hard-to-reach' or 'difficult-to-engage' groups. LPHWs should be provided with the career development opportunities outlined in the 2004 policy *Choosing Health*. This is an opportunity for colleges and universities to recruit outstanding students for professional and vocational training.

Poster Number 17

Impact of research-led service evaluation; weight management in a community pharmacy setting

Walters PA, Tees Valley Public Health Shared Service (TVPHSS) (philippa.walters@nhs.net), Linton J, Sangowawa T

Introduction and Background

After reviewing weight management services commissioned in Stockton-on-Tees, the local authority public health team explored the feasibility for a new service to be delivered from community pharmacies located in wards likely to be accessible to the adult resident population most at risk of obesity.

Service development, pharmacy recruitment and initial training[1] was facilitated by TVPHSS and a small number of community pharmacies (n=8 of 42 pharmacies in the borough) entered the short pilot phase. Although client numbers were small (n=54), working with an academic partner (Durham University, School of Medicine, Pharmacy and Health) using mixed methods incorporating both qualitative and quantitative research methodologies to evaluate the service[2] provided insight beyond that achievable from data routinely collated for remuneration purposes.

Outcomes and impact

There was sufficient evidence of potential effectiveness for the local authority to agree the feasibility of delivering this intervention to the target population of Stockton on Tees in a community pharmacy setting. Local contracts (2015-16) extended availability to 17 pharmacies across the borough. TVPHSS used the study to inform development of

- a service specification intended to encourage public engagement and effectiveness
- electronic data capture templates[3] for the package of interventions incorporated into the next stage, supporting efficient provider processes and performance management.

[1] Using learning resources from the Centre for Pharmacy Postgraduate Education (CPPE)
[2] **Smith, S**, **Todd, A**, **Whisson, S** & **Summerbell, CD** (2015) Is a community pharmacy led weight management service effective? A mixed methods service evaluation. *Appetite* **87**: 396.
[3] For PharmOutcomes©, electronic tool of choice for pharmacy public health services contracted by Tees local authorities

- Areas of potential future research were identified. Research-led service evaluation may have both public and private sector beneficiaries as community pharmacies deliver innovative public health services, seeking to increase access for the resident population.