Community Pharmacy and Public Health: the perfect match?

Dr Adam Todd[1]: Chair's Introduction

- Traditional view of community pharmacists has moved on from creating tinctures (pre-NHS) => dispensing premade medicines (after 1948) => delivering public health interventions (present/future)
- Labour's ***White Paper*** released in 2004: *Choosing Health: Making healthy choices easier*, help to further pave the way for an increasing diverse role for community pharmacy, especially in terms of public health and population health promotion.
- Evidence to suggest that there is a positive care law in terms of pharmacy access in England.
- Pharmacies are utilised by the population: on average, people in England will visit their local pharmacy 14 times per year and community pharmacy receives 1.8 million visits per day.
- Clearly, there is capacity for community pharmacy to play a bigger role in the delivery of public health interventions; the following presentations help to demonstrate this.

[1] Reader in Pharmaceutical Public Health, Newcastle University

A View from Current Practice

Michael Maguire[2]: *Community Pharmacy and Health Pharmacy*

- 11,500+ community pharmacies in England, access is a key strength of pharmacies as they are arguably more accessible than GP surgeries.
- This opportunity has not yet translated into tangible results.
- Strong leadership is needed within community pharmacy to achieve the population health gain potential

> *'When the why becomes stronger the how becomes easier'*
>
> Jim Rohn

- If evidence can be gathered then the literature, in conjunction with practitioners, can prove the worth of community pharmacies in regards to public health interventions.
- The *Kaizen Principle* can/should be applied to the NHS, this involves continuous improvement/optimisation through learning and growth.
- Marton Pharmacy applies the Kaizen Principle in its practice.
- Marton Pharmacy is a Healthy Living Pharmacy: one component is similar model to MECC (Making Every Contact Count), in which community pharmacists and counter staff use customer interactions to engage in micro-interventions. e.g. toilet in the pharmacy which can be used by the public, gives an opportunity to discuss if there are any troubles, bowel cancer screening; basically provides the platform to open a dialogue.
- Use of make up to simulate sunburn => opens up dialogue about skin protection, sunscreen & other dermatological problems.

[2] Community Pharmacist, Marton Pharmacy

- 'Time to talk day' => tea, coffee and biscuits allows a platform to discuss any health worries, this has led to repeat patients.
- A customer becomes a patient when there is repeat use (for personal health reasons)
- The HLP approach helps to sow the seeds and start conversations on health, which I turn can lead to prevention and detection.
- Case study: older gentleman with chronic pain. GP said that it was there was nowhere else to go in regards to pain medication.
    - Marton pharmacy began smoking cessation and helped him to quit smoking.
    - Building upon the principle that if he could quit smoking then he could do *anything*: lost 2 ½ stone.
    - Thus led to an upward spiral in terms of health, less pain, more physical activity, reduction in hypertension etc.
    - Overall reduction in CVD risk.
- NASA vision – 1960s:

> 'My role is to put a man on the moon'
>
> NASA cleaner, talking to JFK

- Meaning: no matter the position in healthcare all are striving towards the universal goal of improved population health.

Jane Harvey & Linda Clode[3]: *A day in the life of a Healthy Living Champion*

- Champions of Healthy Living Pharmacies
- Profile:
    - Local

[3] Healthy Living Pharmacy Champions for Marton Pharmacy

  - Know people
  - Know what's relevant
  - Friendly
  - Patient focussed
  - Trained (RSPH – Royal School of Public Health)
  - Breaking barriers with relevant and interesting facts
- Relevant and up to date resources
- Signposting folder in each pharmacy, relevant to the local area
- Rotation of display material, keep topical.
- MECC approach: linking health behaviours to products bought, for example:
  - Cough medicine – 'does anyone in your household smoke?'
  - Hair dye – 'heading out this weekend?'
  - Thrush Treatment – 'have you changed sexual partners recently'
- This role is increasing over time.
- Local events: bike rides, park runs, walking groups etc.
  - Local sponsorship
  - All with wider aims at targeting unhealthy behaviours.
  - Bringing together the local community
  - Inspiring individuals to get more involved
- Aim to be proactive rather than reactive.
- Linked with GPS and other PCPs.

Dr Philippa Walters[4]: *Setting standards with the Healthy Living Pharmacy*

- It is hard to capture and report/publish findings form the HLP in the BMJ.
  - Based on outline from NHS Five Year Forward View

[4] Public Health Pharmacist, Newcastle School of Pharmacy and Stockton & Hartlepool Borough Councils

- HLP pharmacies engaging in MECC method
- Research commissioned by the RSPH
- HLP began in Portsmouth, and Tees Health used the Portsmouth Framework
- Works on a tiered commissioning framework:
    - 1 Promotion
    - 2 Prevention
    - 3 Protection
- Any community pharmacy can become a HLP: three enablers:
    - Workforce development
    - Premises, a consultation room is essential
    - Engagement with the local community
- Tees HLP operating with the backdrop of a substantial funding cuts to pharmacy in England
- Professional standards for public health needs to be maintained
- Health promotion, and outcomes/delivery, should be built into contracts, just like with GP contracts. Based on outcomes.
- 96 HLPs in Tees alone
- Evidence & evaluation is necessary, *Kaizen Principle*, the initiative is still in its development phase, but the findings/results so far are promising.
- *Pharmacy: A way forward for Public Health*, Published September 2017

A focus on research and development

Dr Liz Steed[5]: *Smoking treatment optimisation in pharmacies (STOP)*

- Why community Pharmacy?
    - Accessibility
    - Untapped workforce
    - Relationships
    - Evidence support CP led interventions
- Smoking cessation in CP
    - Evidence suggests benefits,
    - But 48% 4 week quit rate is below target of 70%
- To reach targets there needs to be improvements in engagement, retention and quitting
- Little focus on engaging the smoker
- STOP:
    - Cluster RCT
    - Targeted at CP workers
    - Aim to improve uptake
    - Comprehensive intervention
    - Theoretically based training
- Intervention Development
    - EPOC pharmacy review
    - Rapid review of smoking literature
    - Expert group

[5] Lecturer in Health Psychology, Queen Mary University of London

- Qualitative study – conversation analysis
- Qualitative study- interviews

- Results from Rapid Review:
  - Brief (<2hr) is good if not better than long training
  - More than knowledge, skills training, contact and beliefs need to be targeted
  - Key behaviour change trainings in smoking cessation include quit date, commitment, CO monitoring, pharmacological support
- Results from Systematic Review:
  - Very heterogeneous; 65 studies had varying:
    - Populations
    - Interventions
    - Comparisons
    - And Outcomes
  - Poor Level description, little theory, and variable risk of bias
- Results from Qualitative Study:
  - **Capability:** staff did not feel confident when the patient did not raise smoking themselves
  - **Motivation:** increase belief in smoker engagement
  - **Opportunity:** how to increase opportunities
- Results of Conversation analysis
  - Reference to willpower should be linked with support and working together
  - Always free to drop in between appointments
  - Significantly more medical versus patient centred talk
- Overview of first iteration of intervention:
  - Face to face training

        - 2x 2.5 evening sessions with two week in between
    - Facebook
        - Signposting
        - Resources
        - Mentoring/support
    - Slip chart prompt
- Pilot Study:
    - Cluster RCT
    - 8 CP in 3 inner London boroughs
    - 13 stop smoking advisors
    - Evaluated:
        - Acceptability
        - Self-efficacy
        - Fidelity:
    - Results:
        - 13 stop smoker advisors agreed to training
            - 10 attended session 1
            - 6 attended session 2
        - Engagement:
            - Non-trained did not engage when actors visited pharmacies
            - Majority of engagement did not come from trained advisors but counter staff
        - Self-efficacy:
            - Pre-training 4.0 (range: 3.5 – 4.6)
            - Post-training 4.5 (range: 4.0 – 5.0)

        - Achieving recruitment by pharmacists difficult

- Revised intervention:
    - Ensure all pharmacy workers (including counter assistants trained)
    - Encourage full attendance at training sessions
        - Financial Reward
    - Understand Organisational Barriers
        - Realist Review
        - Apply Diffusions of Innovations Theory
- Final Intervention:
    - One day training – Sundays
    - Time reimbursed (£30/£60)
    - Counter assistants and stop smoking advisors invited
    - Use WhatsApp not Facebook
    - Follow-up facilitation session in house
- Lessons learnt:
    - Community Pharmacies good context for public health interventions
        - But, take into account:
        - Targets for interventions, counter assistants/pharmacists?
        - Financial Pressures, ultimately businesses
        - Many public health initiatives
        - Public areas
    - Community Pharmacy good context for Research
        - But, take into account:
        - Trials typically need to be clustered
        - Research needs to incentivised

- Impact of commissioning and changing landscape
- Training needs – videos helpful

Dr David Ekers[6]: Community pHarmaciEs Mood Intervention STudy (CHEMIST)

- Justification:
  - Depression and low mood (sub-threshold depression) is a common problem for people with long-term health conditions (LTCs)
  - Often those with less severe mood problems do not receive any treatment
  - This results in increased disability, distress and worsened health outcomes
- Intervention:
  - Based in community pharmacies
  - Behavioural activation/Collaborative Care Intervention
  - Delivered by Pharmacy Healthy Living Practitioners
- Why Pharmacies?
  - have regular contact with people with LTCs
  - are very well placed in poorer communities where LTCs are more common
  - are being asked to do much more public health research
  - further research evidence is required to support this approach
- Feasibility Study
  - Recruit 20 people
  - Test out recruitment, intervention and study procedures
  - Conduct qualitative interviews & focus groups with pharmacy staff and study participants
- Pilot Trial

[6] Consultant Nurse/Senior Visiting Research Fellow: University of York & Tees, Esk & Wear Valleys NHS Trust

- 100 people
- Test out the intervention vs. usual care
- Conduct qualitative interviews with pharmacy staff, study participants and GPs

- Study Aims:
  - Adapt current training practice for CP use
  - Develop and refine recruitment/procedures
  - Conduct pilot
  - Explore potential cost vs. potential health benefits
  - Explore suitability by deprivation

- CP role:
  - Identify potential participants
  - Recruit (in person/via prescriptions/NMS/MUR)
  - Keep a log of recruitment activities
  - Put forward staff to be trained to deliver the collaborative care intervention
  - Provide feedback on the study
- Evidence for treatment of sub-threshold depression:
  - Previous studies show an enhanced support package called collaborative care works compared to usual primary care (705 Older adults 80 % with LTC)
    - it can reduce depressive symptoms
    - It may reduce those that go on to get full depression by just under half
  - Enhanced support includes:
    - a psychological self-help treatment (behavioural activation)

- support by structured phone/face-to-face sessions
- regular use of a mood measurement questionnaire
- liaison with support services if needed

- This research aims to produce high quality evidence to see how pharmacies might be able to deliver this type of role
  - NHS 5 year forward view highlights need for new innovative developments and the role of illness prevention
  - CP could provide a key role in prevention of major area of multi-morbidity if effective as part of healthy living services
- Staff role:
  - Train pharmacy staff to deliver collaborative care within the pharmacy setting (two day training course).
  - Experts in approach support pharmacy staff with regular telephone support sessions to enable them to deliver the intervention
- In CHEMIST this involves:
  - Forming a relationship with the person and contacting them regularly to see how they are getting on (by phone or in person)
  - Supporting people to use BA 'self management' booklets to plan what to do to feel better/maintain health
  - Using a measure to see how many symptoms of depression they have
  - If they are getting worse, supporting them to seek further care from health services
- Progress:
  - Able to train CP HLP in the 2 days, with some boosters as needed

- Recruitment in pharmacies not as initially designed via stakeholder engagement
- New recruitment approaches being implemented seems to work
- Positive feedback from pharmacy staff delivering the intervention
- Positive feedback from participants