# Summary
The changes to public health commissioning proposed in the December 2010 White Paper ‘Healthy lives, healthy people’ will place more emphasis on evidence for the effectiveness of services provided by community pharmacy in terms of patient and public outcomes.

This bibliography lists some published descriptions and evaluations of services of this type in the United Kingdom, from 2008 to October 2011, plus some reviews. They are listed under the headings:

- General
- Alcohol misuse
- Blood pressure monitoring
- Cardiovascular risk screening
- Diabetes
- Emergency contraception
- Fall prevention
- Methadone dispensing
- Minor ailments
- Needle and syringe programmes
- Osteoporosis and bone density screening
- Pregnancy and early motherhood
- Sexual health (including Chlamydia screening)
- Smoking cessation
- Weight management.

Medicines use reviews (MURs) are not included and will be the subject of a future review.

The bibliography is based on searches of the National Electronic Library for Medicines (NeLM), Medline and Google Scholar, and hand searching of British Pharmaceutical Conference abstracts.

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**Introduction**  
By Helen Gordon, Chief Executive, Royal Pharmaceutical Society

The role of pharmacy in public health is of increasing importance and profile across England, Scotland and Wales. The changes to public health commissioning proposed in the December 2010 White Paper ‘Healthy lives, healthy people’ places even greater emphasis on evidence for the effectiveness of services provided by community pharmacy in England in terms of patient and public outcomes.

As the professional body for pharmacists, the RPS recognises the need for a robust and supportive evidence base. We actively support and nurture the scientific base of pharmacy and practical research, championing pharmacy research and nurturing our members to participate in research in a variety of ways. Hence, we fully support this annotated bibliography.

Building and supporting the evidence base for the contribution of pharmacy to public health also fits with the ambitions of the Pharmacy and Public Health forum has been established in England to bring together pharmacy and public health interests. We are working with experts from the Royal Society of Public Health (RSPH); the Faculty of Public Health (FPH); the Departments of Health; and pharmacists working in public health across Great Britain, all sectors and agencies to inform the development of professional standards for the delivery of public health in pharmacy across our three nations. Having such a bibliography provides a useful and informative basis for such standards and subsequent evaluations in practice.
General

Public health in community pharmacy: a systematic review of pharmacist and consumer views
CE Eades, JS Ferguson, RE O’Carroll
BMC Public Health 21 Jul 2011;11:502

Background: The increasing involvement of pharmacists in public health will require changes in the behaviour of both pharmacists and the general public. A great deal of research has shown that attitudes and beliefs are important determinants of behaviour. This review aims to examine the beliefs and attitudes of pharmacists and consumers towards pharmaceutical public health in order to inform how best to support and improve this service.

Methods: Five electronic databases (MEDLINE, EMBASE, PsycINFO, CINAHL and Dissertation Abstracts International) were searched for articles published in English between Feb 2001 and Feb 2010. Titles and abstracts were screened by one researcher according to the inclusion criteria. Papers were included if they assessed pharmacy staff or consumer attitudes towards pharmaceutical public health. Full papers identified for inclusion were assessed by a second researcher and data were extracted by one researcher.

Results: From the 5628 papers identified, 63 studies in 67 papers were included. Pharmacy staff: Most pharmacists viewed public health services as important and part of their role but secondary to medicine related roles. Pharmacists' confidence in providing public health services was on the whole average to low. Time was consistently identified as a barrier to providing public health services. Lack of an adequate counselling space, lack of demand and expectation of a negative reaction from customers were also reported by some pharmacists as barriers. A need for further training was identified in relation to a number of public health services.

Consumers: Most pharmacy users had never been offered public health services by their pharmacist and did not expect to be offered. Consumers viewed pharmacists as appropriate providers of public health advice but had mixed views on the pharmacists' ability to do this. Satisfaction was found to be high in those that had experienced pharmaceutical public health.

Conclusions: There has been little change in customer and pharmacist attitudes since reviews conducted nearly 10 years previously. In order to improve the public health services provided in community pharmacy, training must aim to increase pharmacists' confidence in providing these services. Confident, well trained pharmacists should be able to offer public health service more proactively which is likely to have a positive impact on customer attitudes and health.

http://www.biomedcentral.com/content/pdf/1471-2458-11-582.pdf

Developing consensus around the pharmaceutical public health competencies for community pharmacists in Scotland
DE Pfleger, LW McHattie, HL Diack, DC Stewart

Objective: The new community pharmacy contract in Scotland will formalise the role of pharmacists in delivering public health services. To facilitate assessment of education and training needs it is necessary to define the relevant public health competencies for community pharmacists. The objective of this research was to define and develop consensus around such competencies.
Methods: The ‘Skills for Health National Occupational Standards for Public Health Practitioners’ was used to define an initial set of competencies. A two stage Delphi technique was undertaken to develop consensus. An expert panel, representing public health and pharmacy stakeholders, rated their agreement with the importance of each competency, with the agreement level set at 90%.

Main outcome measures: Level of agreement (%) with each public health competency; those competencies achieving more than 90% agreement with importance for community pharmacy practice.

Results: Ten organisations (83% of those invited) and a total of 30 members (88%) agreed to take part in the process. In round 1 of the Delphi, responses were received from 25 (83%) individuals and 22 (73%) in round 2, with consensus being achieved for 25/68 (37%) competencies in round 1 and a further 8/68 (12%) in round 2.

Conclusions: Public health competencies for community pharmacists achieving consensus predominantly focused on health improvement activities at individual and local community levels and ethical management of self rather than those relating to surveillance and assessment and strategic development. There is a need to research community pharmacists’ views of these competencies and to systematically assess their education and training needs.

http://www.springerlink.com/content/d04v1t784x373859/

Views of the general public on the role of pharmacy in public health
J Krska, CW Morecroft

Objectives: To determine the views of healthy adults on the importance of activities aimed at improving public health, on the role of community pharmacies in contributing to these and on a range of potential pharmacy-based public health services.

Method: 300 healthy adults completed a questionnaire developed from the literature, using a street survey technique in an English city centre.

Key findings: More than half of the respondents (57%) were infrequent pharmacy users, but 65% (195) had asked for advice about health and/or medicines from community pharmacy staff and 41.3% (124) had received unsolicited advice on health. Only 23% considered that pharmacies were the best place from which to seek general health advice, irrespective of frequency of pharmacy use. There was a general lack of awareness of pharmacy capacity and role in public health. With the exception of smoking-cessation support, the role of pharmacy in providing activities related to improving public health did not relate to respondents views on the importance of the activity. However, most supported the provision of specific services by pharmacies, especially among frequent pharmacy users. A significant proportion of respondents said they would not use pharmacy as a source of public health advice, due to issues around confidentiality, privacy, space and busyness.

Conclusions: There is little awareness of pharmacy's involvement in providing services designed to improve public health among the general public and a need exists to market these effectively. More research is required to further explore the public's views on how to facilitate pharmacy's contribution to public health.

See also reference below.

http://onlinelibrary.wiley.com/doi/10.1211/jphsr.01.01.0013/full
Community pharmacy as a source of public health advice: views of the public
CW Morecroft, J Krska
The views of the public on community pharmacy’s public health role were sought using face-to-face interviews in Liverpool city centre.
There was recognition of pharmacy’s role in smoking cessation, but pharmacy was not rated highly as having a role in other activities regarded as important for improving public health.
Concludes that greater promotion of community pharmacy’s role in public health is required if its contribution is to be successful.

Public health advice from community pharmacies: views of pharmacists and the public
J Krska, A Mackridge, K Embleton, A McCaffley
The views of pharmacists and the general public within the same primary care trust on the provision of public health advice from community pharmacies were sought by postal questionnaire (62% and 36% response, respectively).
There were key differences in the views, with the general public emphasising privacy, confidentiality and factors relating to availability as important in using the service, while pharmacists identified awareness by the general public and staff knowledge as the factors of greatest importance.
Concludes that there is a need to promote the availability of public health advice from community pharmacies, but this must take account of the public’s views.

Alcohol Misuse

Studies in this field have also included the Leeds Pharmacy Brief Alcohol Interventions (January to October 2006), the Hampshire Pharmacy Alcohol Brief Intervention Pilot Project (May to July 2009) and the Lambeth Pharmacy-based Identification and Brief Advice (IBA) Project (January 2010 – ongoing). See http://www.alcohollearningcentre.org.uk/LocalInitiatives/

Drugs, sex... and alcohol? Extending the community pharmacist’s public health role
MC Watson, J Sheridan
An editorial. Alcohol brief interventions (ABIs) consist of screening to identify individuals who would benefit from interventions, followed by the intervention, usually a short verbal counselling session of 5 to 10 minutes, with written information to take away and sometimes a diary to record alcohol intake. Although there is only limited empirical evidence to
support community pharmacy-based screening and ABI services, there is growing endorsement and investment in their delivery in the UK.


Provision of advice on alcohol use in community pharmacy: a cross-sectional survey of pharmacists' practice, knowledge, views and confidence
D McCaig, N Fitzgerald, D Stewart

Objective: Community pharmacists are well placed to provide advice to clients on public health issues such as alcohol use. The aim of the study was to characterise community pharmacists' current level of activity and views on providing such advice in Scotland.

Method: A postal questionnaire survey, covering provision of advice, knowledge and views on alcohol issues, was sent to all community pharmacies in Scotland (n = 1098).

Key findings: The response rate was 45% (497/1098). Knowledge of recommended alcohol-intake limits was high (79 and 84% correct for male and female limits, respectively), but few respondents (5%) currently advised clients on alcohol consumption once a week or more and 29% had never done so. Around a quarter were confident in explaining alcohol limits, binge drinking and confidentiality issues, but about 40% lacked confidence in screening and providing a brief intervention on alcohol. Respondents expressed mixed views on the appropriateness of pharmacist involvement in discussing alcohol use with clients. Attitudes to harmful or hazardous drinkers varied: some 20% of respondents felt uncomfortable with this group, whereas another 20% felt they could work with this group as well as with any other.

Conclusions: Community pharmacists in Scotland provide little advice on alcohol use, have a reasonable knowledge of recommended limits but lack the knowledge and confidence to provide a brief intervention. Implementation of a brief alcohol intervention in community pharmacy, therefore, would need to be underpinned by an appropriate training programme. Such a programme needs to provide factual knowledge but must also address pharmacists' attitudes to clients and promote confidence in service delivery.


Screening and brief interventions for alcohol misuse delivered in the community pharmacy setting: a pilot study
MC Watson, J Inch, M Jaffray, D Stewart


Pilot study in community pharmacies in NHS Grampian, Scotland, using a pragmatic, cluster, RCT design. Clients presenting with a target condition (e.g. request for treatment of headache, hangover, insomnia, indigestion) were invited to complete the Fast Alcohol Screening Test (FAST) and those with a score of 3 or higher were offered an alcohol brief intervention (ABI) in intervention pharmacies and a generic health style leaflet in control pharmacies. Clients were mailed follow-up questionnaires at 3 and 6 months and telephone interviews were conducted to explore clients’ experience of the study.
Interviews showed that clients had positive attitudes towards the provision of the alcohol screening service, and reported improved knowledge and awareness of their alcohol consumption as a result of their participation.

What do community pharmacists think about undertaking screening and brief interventions with problem drinkers? Results of a qualitative study in New Zealand and England

E Horsfield, J Sheridan, C Anderson


Objective: Problem drinking is an increasing concern to many governments worldwide including those of England and New Zealand. Screening and brief intervention (SBI) is effective at reducing alcohol consumption and preventing escalation of hazardous drinking patterns into harmful drinking or dependence. Community pharmacy has been suggested as a potential site from which to provide readily accessible SBI services. This paper explores the views of 40 pharmacists on the prospect of providing SBI for alcohol health promotion purposes, focusing particularly upon potential barriers and incentives to provision of these services. The aim was to explore the views of community pharmacists toward the development of SBI for risky drinkers through semi-structured interviews.

Methods: Qualitative, tape-recorded interviews conducted with 22 English pharmacists and 18 New Zealand pharmacists. Data collection continued until theme saturation occurred. Transcribed interviews were thematically analysed.

Key findings: Pharmacists considered there was a place for alcohol health promotion in community pharmacy. However, not all participants were positive about this potential new role and some expressed apprehension about implementing SBI services due to concerns about offending or alienating customers. Other barriers included lack of experience and confidence, problems faced with other health promotion initiatives, time, privacy and remuneration. Other pharmacists were more positive, seeing potential in terms of remaining competitive. Facilitators included a public health campaign to raise awareness of problem drinking, having appropriate screening tools available and training for pharmacists.

Conclusion: There appears to be potential for alcohol SBI services in community pharmacy, and interventions designed to reduce barriers and enhance incentivisation need to be implemented and evaluated.

Community pharmacy service users' views and perceptions of alcohol screening and brief intervention

R Dhital, CM Whittlesea, IJ Norman, P Milligan

*Drug and Alcohol Review* Nov 2010;29(6):596-602

Introduction and Aims: Community pharmacists have the potential to deliver alcohol screening and brief interventions (SBI) to pharmacy users. However, little is known if SBI would be utilised and views of people who might use the service. Therefore, the aim was to investigate potential barriers and enablers of pharmacy SBI.

Design and Methods: Purposive sampling was used to select four pharmacies within the London Borough of Westminster, UK. Semi-structured interview schedule recorded participants' views of pharmacy SBI. The Alcohol Use Disorder Identification Test-Consumption (AUDIT-C)
was incorporated to record views of high and low-risk drinkers. Categorical data were analysed and content analysis undertaken.

Results: Of the 237 participants (149 female) approached 102 (43%) agreed to be interviewed (63 female). Of these 98 completed AUDIT-C, with 51 (52%) identified as risky drinkers. Risky drinkers were significantly identified among the younger age group (chi² = 11.03, P = 0.004), professional occupations (chi² = 10.41, P = 0.015), with higher qualifications (chi² = 10.46, P = 0.033), were least frequent visitors to a pharmacy (chi² = 11.58, P = 0.021) and more frequently identified in multiple pharmacy establishments than independents (chi² = 8.52, P = 0.004). Most were willing to discuss drinking (97, 96%) and accept written information (99, 98%). Accessibility and anonymity were reported as positive aspects and concerns were expressed about lack of privacy and time (pharmacist and user).

Discussion and Conclusions: This study reports the first results of pharmacy users' views on SBI. Regardless of drinking status, most were willing to utilise the service and positive about pharmacists' involvement. http://onlinelibrary.wiley.com/doi/10.1111/j.1465-3362.2010.00234.x/full

The feasibility of providing community pharmacy-based services for alcohol misuse: a literature review
MC Watson, A Blenkinsopp
The objective of this review was to provide an overview of the evidence on the feasibility, effectiveness and acceptability of providing community pharmacy-based services to address the excessive consumption of alcohol. Electronic databases were searched for the period 1996–2007 to identify relevant evidence. Searches were also conducted of relevant pharmacy and addiction journals. Information was sought from key contacts in pharmacy and alcohol research. Studies were included if they were conducted in a community pharmacy setting. The review comprised three feasibility studies which included 14 pharmacies and 500 customers. Non-significant reductions in alcohol consumption were reported with two studies following brief interventions by pharmacists. Between 30% and 53% of pharmacy customers were identified as having hazardous or harmful drinking behaviour. Customer opinion of the pharmacy-based alcohol services was not reported. Concludes that there has been little empirical evaluation of the effectiveness of community pharmacy-based services for alcohol misuse. The evidence presented in this review suggests that community pharmacy-based screening is feasible. Organisations and individuals involved with tackling excessive alcohol consumption should consider the inclusion of community pharmacies and pharmacists as part of their strategies to address this problem. Large-scale studies are needed to evaluate the short- and long-term effects and cost-effectiveness of community pharmacy-based interventions to reduce excessive alcohol consumption, as well as to explore the acceptability of the service to users. (22 refs.)

Development, implementation and evaluation of a pilot project to deliver interventions on alcohol issues in community pharmacies
N Fitzgerald, DJ McCaig, H Watson, D Thomson, DC Stewart
Objective: The aim was to evaluate the feasibility and acceptability of the provision of brief interventions on alcohol misuse in community pharmacies. The objectives were to: train community pharmacists to initiate discussion of alcohol consumption with targeted pharmacy clients and screen, intervene or refer as appropriate; and to explore with pharmacists and clients the feasibility, acceptability and perceived value of screening and delivering the intervention.

Setting: Eight community pharmacies in Greater Glasgow.

Method: After a 2-day training course for pharmacists (n = 9) and one day for pharmacy assistants (n = 13), the eight pharmacies recruited clients over 3 months. Standardised protocols were prepared to screen clients for hazardous or harmful drinking using the Fast Alcohol Screening Tool (FAST) and to guide the intervention. Clients were recruited from specific target groups and via posters highlighting the service. Following completion of the recruitment phase, pharmacists and clients were followed up by the research team, using a combination of focus groups and semi-structured telephone interviews.

Key findings: During the study period 70 clients were recruited, 30 screened as drinking hazardously (42.9%) and 7 (10%) screened positive for harmful drinking. Interventions commonly included explanation of sensible drinking and units in clients’ preferred drinks (n = 33), feedback on screening and risks to health (n = 27) and discussion of pros and cons of current drinking pattern and link with presenting issue (n = 23). Of the 40 clients agreeing to be followed up, 19 could be contacted and most were generally positive about the experience. On follow-up the pharmacists were positive and felt the project worthwhile and, importantly, noted no strong negative reactions from clients.

Conclusions: This project has been successful in training community pharmacists to discuss alcohol with 70 clients. Further work is required to test the generalisability of the findings and to measure the impact on alcohol consumption.


Blood Pressure Monitoring

Clinical value of blood pressure measurement in the community pharmacy
D Sabater-Hernandez, I Azpilicueta, P Sanchez-Villegas, P Amariles, MI Baena, MJ Faus
Pharmacy World and Science Oct 2010;32(5):552-558

Aim of the study: To investigate whether the measurement of blood pressure in the community pharmacy is a valuable method to diagnose hypertension, to assess the need and the effectiveness of anti-hypertensive treatments, or, in general, to make clinical decisions.

Method: Information was extracted from articles published in English and in Spanish, from Jan 1989 to Dec 2009, in journals indexed in MEDLINE and EMBASE. To perform the search, multiple and specified terms related to the community pharmacy setting, to blood pressure measurement and to the comparison and agreement between blood pressure measurement methods were used. Selected articles were those that: (1) compared and/or measured the agreement (concordance) between community pharmacy blood pressure measurements obtained in repeated occasions, or (2) compared and/or measured the agreement between the community pharmacy blood pressure measurement method and other measurement methods used in clinical practice for decision-making purposes: blood pressure measurement by a physician, by a nurse and home or
ambulatory blood pressure monitoring. Articles were selected and analysed by two investigators independently, who essentially extracted the main results of the manuscripts, emphasising the assessment of the blood pressure measurement methods used and the completed statistical analysis.

Results: Only three studies comparing the community pharmacy blood pressure measurement method with other methods and one comparing repeated measurements of community pharmacy blood pressure were found. Moreover, these works presented significant biases and limitations, both in terms of method and statistical analysis, which makes it difficult to draw consistent conclusions.

Conclusions: Further research of high quality is needed, which results can guide the clinical decision-making based on community pharmacy blood pressure measurement.

http://www.springerlink.com/content/h2148530m2031264/

**Cardiovascular Risk Screening**

**Rapid review of the evidence for the role of community pharmacists in vascular risk assessment**

M Webb


The aim of the present document was to perform a rapid review of the evidence for the role of community pharmacists (CPs) in vascular risk assessment (VRA), using previously validated methods.

There was a lack of high quality (Level 1 and Level 2) evidence from the UK on the effectiveness or cost effectiveness of the involvement of CPs in VRA programmes. There was Level 1 and 2 evidence with methodological problems from the United States, Canada and Australia on risk assessment in patients with heart disease which indicated a role for CPs. Evidence for diabetes risk assessment was stronger.

Observational evidence (Level 3) from UK case studies revealed that there were a number of initiatives that involved CPs. Evaluations of the programmes were scarce, but where performed showed a positive effect for the outcomes measured.

Alternatives to CP provision of VRA included GP practices, dental practices and workplace initiatives. There was good evidence that GPs are well placed to perform VRAs, but often time constraints limit their ability to perform the assessment effectively. There was some evidence from a systematic review for the role of dentists, but no evidence for workplace initiatives, although two work-based schemes have commenced in Wales. Definitive evidence was lacking for the most appropriate method and risk score/tool to use was lacking. GP practice records, patient medication records in pharmacies, mail shots and telephone contact have all been investigated.

http://www2.nphs.wales.nhs.uk:8080/healthserviceqdtdocs.nsf/61c1e930f9121fd080256f2a004937ed/005ae8cfe97ed7d38025765600376b25/$FILE/A%20rapid%20review%20of%20the%20evidence%20for%20the%20role%20of%20community%20pharmacists%20in%20vascular%20risk%20screening%20V%201.doc

**Diabetes and cardiovascular disease interventions by community pharmacists: a systematic review**

CD Evans, E Watson, DT Eurich, JG Taylor, EM Yakiwchuk, YM Shevchuk, A Remillard, D Blackburn

Objective: To systematically review and assess the quality of studies evaluating community pharmacist interventions for preventing or managing diabetes or cardiovascular disease (CVD) and/or their major risk factors.

Data Sources: A comprehensive literature search was performed using MEDLINE (1950-Feb 2011), EMBASE (1980-Feb 2011), International Pharmaceutical Abstracts (1970-Feb 2011), Cumulative Index to Nursing and Allied Health Literature (1982-Jun 2007) and Cochrane Central Register of Controlled Trials (1898-Feb 2011). Search terms included: community pharmacy(ies), community pharmacist(s), cardiovascular, diabetes and intervention. The grey literature was searched using the ProQuest Dissertations and Theses, Theses Canada and OAlster databases.

Study Selection and Data Extraction: Articles published in English or French with all study designs were considered for the review. Studies were included if they contained interventions designed to reduce the incidence, risk, or mortality of CVD or diabetes; affect clinical indicators of CVD or diabetes mellitus (including hypertension, dyslipidaemia or haemoglobin A1c); and/or improve adherence to treatment strategies. Only studies involving interventions carried out primarily by pharmacists in community pharmacy settings were included. Study quality was assessed using a checklist validated for both randomised and non-randomised studies.

Data Synthesis: A total of 4142 studies were initially identified, with 40 meeting the inclusion criteria. 11 studies were randomised controlled trials, 4 were cluster randomised trials, and 2 studies had randomised before-after designs. The remaining studies were controlled before-after (n = 2), cohort (n = 4) and uncontrolled before-after (n = 17) designs. Interventions focused on diabetes (n = 12), hypertension (n = 9), medication adherence (n = 9), lipids (n = 5), evidence-based medication initiation or optimisation (n = 3), risk factor prediction scores (n = 1) and body mass index (n = 1). All studies contained interventions focused at the patient level and the majority of studies (34/40) involved interventions directed at both the physician and patient. No specific intervention emerged as superior, and study quality was generally poor, making it difficult to determine the true effect of the interventions.

Conclusions: Poor study quality, time-intensive interventions and unproven clinical significance warrant the need for further high-quality studies of community pharmacist interventions for preventing or managing diabetes or CVD and/or their major risk factors.

Evaluation of a cardiovascular disease opportunistic risk assessment pilot ('Heart MOT' service) in community pharmacies

JMP Horgan, A Blenkinsopp, RJ McManus

This study evaluated a targeted cardiovascular disease (CVD) assessment pilot in 23 community pharmacies in Birmingham, UK. The CVD risk assessment service used near-patient testing and the Framingham risk equations administered by pharmacists to screen clients aged 40–70 without known CVD. Outcomes assessed included volume of activity, uptake by deprivation and ethnicity and onwards referral. Complete data were available for 1130 of 1141 clients; 679 (60%) male, 218 (19%) smokers and 124 (11%) had a family history of CVD. Overall, 792 (70%) of clients were referred to their general practice: 201 (18%) at CVD risk of 20% or more, remainder with individual risk factor(s). Greater representation from Black (7.4%) and Asian (24.8%) communities and
from average and less deprived quintiles than the affluent and most deprived was observed. Concludes that community pharmacies can provide a CVD risk assessment service in a UK urban setting that can attract males and provide access for deprived communities and Black and Asian communities. A pharmacy service can support GP practices in identifying and managing the workload of around 30% of clients.

http://jpubhealth.oxfordjournals.org/content/32/1/110.full

Patient feedback on the ‘Heart MOT’: a community pharmacy cardiovascular risk assessment service
J Horgan, A Blenkinsopp, C Spencer-Jones
International Journal of Pharmacy Practice Sep 2009;17(Suppl.2):B35
Abstract of a poster presentation at the Pharmacy Practice Research session of the British Pharmaceutical Conference, Manchester, 6-7 Sep 2009.
The Heart MOT is a targeted vascular risk assessment service in areas of deprivation that advises clients on lifestyle changes or refers them to their general practitioner according to recognised guidelines. This study presents findings from a postal survey of Heart MOT clients, with a response of 176/400 (44%), of whom 113 (64%) had been referred to the GP.
The service was very well received by the majority of respondents. 38 clients identified areas for improvement, including space and privacy of facilities, service delivery and the need for more advertising.

Retail services provide the evidence base for pharmacy NHS services
A Colquhoun
Interview with Shafeequ Mohammed, senior healthcare development manager at Lloydspharmacy, about the company's retail cardiovascular disease risk check service. Some 600 staff have been trained to deliver tests for total cholesterol, high density lipoprotein (HDL) cholesterol and blood pressure, to ask patients about their family history of CVD, medical history and lifestyle, and to provide relevant lifestyle advice. Of an initial sample of 1613 service users, almost 43% were referred to a GP.
http://www.pjonline.com/

Coronary heart disease risk screening: the community pharmacy Healthy Heart Assessment Service
P Donyai, M Van Den Berg
Pharmacy World and Science, Dec 2009, vol. 31, no. 6, p. 643-647
The characteristics and CHD risks of people who accessed the free Healthy Heart Assessment (HHA) service operated by a large UK pharmacy chain from Aug 2004 to Apr 2006 were examined. Methods Associations between participants’ gender, age and socioeconomics were explored in relation to calculated 10-year CHD risks by cross-tabulation of the data. Specific associations were tested by forming contingency tables and using Pearson chi-square (chi2). Data from 8287 records were analysable; 5377 were at low and 2910 at moderate-to-high CHD risk. The likelihood of moderate-to-high risk for a male versus female participant was significantly higher with a relative risk ratio (RRR) 1.72 (P less than 0.001). A higher percentage of those in socioeconomic categories 'constrained by circumstances' (RRR 1.15; P less than 0.05) and 'blue
collar communities’ (RRR 1.13; P less than 0.05) were assessed with moderate-to-high risk compared to those in 'prospering suburbs'. Concludes that people from 'hard-to-reach' sectors of the population, men and people from less advantaged communities, accessed the HHA service and were more likely to return moderate-to-high CHD risk. Pharmacists prioritised provision of lifestyle information above the sale of a product. This study supports the notion that pharmacies can serve as suitable environments for the delivery of similar screening services. One of the authors is with Boots UK.

http://www.springerlink.com/content/x1k772862604w204/?p=95598779dd194c3f8333c32bcd838785&pi=9

Demography and cardiovascular risk profile of clients of a community pharmacy Healthy Heart service

T Thornley, A Blenkinsopp, S Chapman

*International Journal of Pharmacy Practice* Sep 2009;17(Suppl.2):B41-B42

Abstract of a poster presentation at the Pharmacy Practice Research session of the British Pharmaceutical Conference, Manchester, 6-7 Sep 2009.

Characteristics and cardiovascular risk levels of 400 clients using a Healthy Heart service with three service levels offered in 8 Boots pharmacies were analysed.

Most clients were women and aged above 50 years; 1 in 5 reported a previous history of cardiovascular disease, raised blood pressure or cholesterol, or diabetes; few clients were from disadvantaged socioeconomic groups.

In addition to identifying clients who needed referral to their general practitioner, the service also identified opportunities for pharmacy-based public health activities, particularly relating to smoking and weight management.


Consultation length for vascular risk assessment in a community pharmacy Healthy Heart service

T Thornley, A Blenkinsopp, S Chapman

*International Journal of Pharmacy Practice* Sep 2009;17(Suppl.2):B42-B43

Abstract of a poster presentation at the Pharmacy Practice Research session of the British Pharmaceutical Conference, Manchester, 6-7 Sep 2009.

Consultation times in a Healthy Heart service offered in eight Boots UK pharmacies were analysed for 214 clients, three quarters of whom chose the Tier 3 assessment, which is similar to the NHS vascular risk assessment (VRA).

Around 50% of the Tier 3 consultations and the associated paperwork lasted between 21 and 30 minutes. Overall, 8% of clients were referred to their GP, 3% to the smoking cessation service and 3% to the weight loss service.

Concludes that most Tier 3 consultations fell within the 30-minute length on which the Dept of Health Impact Assessment for VRAs is based.


Uptake of a free coronary heart disease risk screening programme in community pharmacy: the Healthy Heart Assessment service

M van den Berg, P Donyai


**Diabetes**

**Effectiveness and acceptability of community pharmacy-based interventions in type 2 diabetes: a critical review of intervention design, pharmacist and patient perspectives**

A Blenkinsopp, A Hassey


Objective: It is generally accepted that greater use could be made of community pharmacy-based interventions. Diabetes care has been proposed as an area for enhanced community pharmacy involvement. However there is no published structured review of available evidence of either effectiveness or acceptability. This review aims to identify and assess such evidence and to synthesise findings to inform the design and delivery of future community pharmacy-based interventions in diabetes care.

Method: A systematic search of published literature was conducted using a defined search strategy, electronic databases and targeted hand searching of non Index Medicus journals. The search dates were 1990–2003. The scope was international and we included only articles in the English language.

Key findings: Seven experimental studies which tested community pharmacy-based interventions were reviewed. Four different primary outcomes were studied: diabetes control (three studies), adherence (two studies), medication problems (one study) and patient knowledge (one study). Six studies showed positive outcomes, and the findings were statistically significant in two. The theoretical basis of the interventions was unclear. Only one study included a cost-effectiveness analysis, and the interventions were provided free of charge to patients in all seven studies. Nine attitudinal studies were included, five involving pharmacists and four with patients. Members of the public do not currently expect community pharmacists to become involved in discussions about diabetes treatment and its monitoring, but when such services are offered they are well used by patients. Pharmacists were positive about the provision of services for people with diabetes. Patients' experiences indicated that community pharmacists overestimate their current provision of information and advice to people with diabetes.

Conclusions: There is limited evidence of effectiveness of community pharmacy-based interventions in diabetes care. Components of pharmacy-based intervention which appear to contribute to effectiveness include: elicitation and discussion of patient beliefs about their diabetes and its treatment; discussion of how patients are using their medicines; review of haemoglobin A$_{1c}$ (HbA$_{1c}$) levels; and assessing and supporting necessary lifestyle changes. Further research is needed and future interventions need to incorporate evidence from the literature on patient and pharmacist perspectives on diabetes. The findings of this review will be useful to researchers and service planners involved in developing community pharmacy-based diabetes care.
Integrating community pharmacy into the care of people with diabetes
Royal Pharmaceutical Society of Great Britain and the National Pharmacy Association
RPSGB and NPA, 67pp, April 2010.
The resource provides information on prevention and early diagnosis of diabetes, initial assessment and management of diabetes, and ongoing care and preventing or delaying complications.

Welsh Health Minister makes diabetes risk assessments the basis of first Wales-wide community pharmacy based public health campaign
NHS Wales press release, June 2011
Starting on 13 June 2011, every pharmacy will offer simple paper-based assessments to identify people at risk of developing the condition in the next 10 years. Every Welsh pharmacy is offering free Type 2 diabetes risk assessments for a fortnight in a bid to find the 66,000 people thought to have undiagnosed diabetes in Wales and to assist those identified as at risk of diabetes of reducing that risk. The campaign, solely happening in Wales, has been organised by Diabetes UK Cymru and Community Pharmacy Wales. It is one of up to six public health campaigns required of community pharmacists by the seven Health Boards as part of their contract and is also being supported by Public Health Wales, BMA Cymru, and the Royal Pharmaceutical Society.

Diabetes-related communications in community pharmacy: reflections on the findings from a feasibility study
N Haigh, P Campion, V Featherstone, et al.
Primary Health Care Research and Development, Apr 2007;8(2):147-156
Study to assess the feasibility of keeping a log of diabetes-related communication in a community pharmacy and to explore the potential of the logs to reflect diabetes-related communications within pharmacies. A reflective log-keeping exercise (the log designed by the researchers and provided in a booklet form) was conducted in 9 community pharmacy branches of the Independent Pharmacy Care Centres PLC based in Hull, East Yorkshire and North and North East Lincolnshire of any diabetes-related communication taking place between pharmacy staff and their service users, and any signposting made to and from other relevant health professionals. The study ran for 4 weeks. 22 communications were logged; 21 involved direct face-to-face contact and one log involved a telephone conversation. Two-thirds of the communications involved conversations with patients with diabetes, a third were with a partner/family member. The conversations captured fell into 5 categories: sugar-free medicines, blood glucose-testing meters, prescription medicines, diabetes specific education/information and an unclassified category, respectively. The logs demonstrated that communications can involve all members of the staff team, working independently or jointly across their roles in the pharmacy. Concludes that community pharmacies in the pilot study were actively involved in providing diabetes health-related information/education and support. Communications involved directly assisting people with diabetes and providing information to people supporting others with a diagnosis of diabetes.
diabetes. The authors suggest that the logs provide a valuable means of acquiring information about the form and nature of diabetes-related communication and signposting within community pharmacy.

http://journals.cambridge.org/action/displayAbstract?aid=972692

**Emergency Contraception**

**Community pharmacists providing emergency contraception give little advice about future contraceptive use: a mystery shopper study**

A Glasier, R Manners, JC Loudon, A Muir

*Contraception* Dec 2010; **82**(6):538-542

Background: UK women increasingly prefer to attend a pharmacy for emergency contraception (EC) rather than a doctor. Most women who use EC do not conceive and remain at risk of pregnancy unless they start regular contraception. We undertook a study to evaluate the quality of service provision in community pharmacies in Lothian, Scotland, and to determine what advice is given about contraception after EC use.

Study Design: Mystery shopper study.

Results: EC was unobtainable from 5/40 pharmacies (12.5%), refused because of 'contraindications' in 7 (17.5%) and offered in 28 (70%). Most pharmacists appeared nonjudgemental, over 75% asked appropriate questions about eligibility, and over 90% gave appropriate advice about use. EC was universally refused beyond 72 hours after sex but universally provided when the date of the last menstrual period was uncertain. Ongoing contraception after EC use was discussed in only 32.5% of all pharmacies and only 43% of those issuing EC.

Conclusions: The quality of consultations for EC in pharmacies is generally good but only a minority discuss ongoing contraception after EC use. The implications for contraceptive use and unintended pregnancy rates are worrying.

http://www.contraceptionjournal.org/article/S0010-7824(10)00325-2/abstract

**Use of simulated patients to assess the clinical and communication skills of community pharmacists**

MC Weiss, A Booth, B Jones, S Ramjeet, E Wong

*Pharmacy World and Science* Jun 2010; **32**(3):353-361

Objective: To investigate the quality and appropriateness of Emergency Hormonal Contraception (EHC) supply from community pharmacies.


Method: Two simulated patient ('mystery shopper') scenarios to each participating pharmacy, one where the supply of EHC would be appropriate (scenario 1) and one where there was a drug interaction between EHC and St John's wort, and the supply inappropriate (scenario 2). Pharmacy consultations were rated using criteria developed from two focus groups: one with pharmacist academics and one with female university students. Feedback to pharmacists to inform their continuing professional development was provided.

Main outcome measure: Scores on rating scales encompassing the clinical and communication skills of the participating community pharmacists completed immediately after each mystery shopper visit.

Results: 40 pharmacist visits were completed: 21 for scenario 1 and 19 for scenario 2. 18 pharmacists were visited twice. 5 pharmacists visited for scenario 2 supplied EHC against professional guidance, although other reference sources conflicted with this advice. Pharmacies which were part of the local PGD scheme scored higher overall in scenario 1 (P = 0.005)
than those not part of the scheme. Overall the communication skills of pharmacists were rated highly although some pharmacists used jargon when explaining the interaction for scenario 2.

Conclusions: Formatively assessing communication skills in an integrative manner alongside clinical skills has been identified as an important part of the medical consultation skills training and can be incorporated into the routine assessment and feedback of pharmacy over-the-counter medicines advice.

http://www.springerlink.com/content/w6v59p7h50752v86/?p=7a80d22431e848ccbbc69d76cfd0de7&pi=10

**Involving pharmacists in sexual health research: experience from an emergency contraception study**

K Black, C Anderson, A Kubba, K Wellings


Describes the challenges encountered in carrying out a pilot study of women obtaining emergency hormonal contraception through different providers, including pharmacies, highlighting deficiencies in understanding and experience of the research process, which impacted on the study in substantial ways. Concludes that, as pharmacists expand their role, training and professional development will need to be enhanced to support them in their contribution to health care and research. (14 refs.)

http://jfprhc.bmj.com/content/35/1/41.abstract

**Provision of emergency contraception: a pilot study comparing access through pharmacies and clinical settings**

KI Black, CH Mercer, A Kubba, K Wellings


The study was conducted to compare the provision of emergency hormonal contraception (EHC) through pharmacies and clinical services to determine whether aspects of client satisfaction and subsequent sexual health outcomes vary significantly between these services. A pilot observational study was conducted in South London. Participants were recruited from pharmacies and clinical services when they presented requesting EHC and met with the researcher to complete a structured questionnaire 4 months later. 133 women were enrolled in the study, of whom 50 accessed a community pharmacy for EHC and 83 obtained EHC from a clinical service. 70% of women who went to a pharmacy and 43.9% who went to a clinical service obtained EHC within 24 hours (p = 0.004). A greater proportion of women attending a clinical service felt at least quite comfortable asking for EHC, compared to those who went to a pharmacy (p = 0.007). Those who obtained EHC from a clinic also felt significantly better informed about both EHC (p = 0.015) and their future contraceptive options (p = 0.000), compared to the women who attended a pharmacy. Concludes that this pilot study found that women who went to a pharmacy had more rapid access to EHC compared to those who chose to attend a clinical service. Other aspects of provision and client satisfaction seem to favour attendance at a clinical setting over a pharmacy as a venue for obtaining EHC. See also editorial in this issue, p.139-142.

http://www.contraceptionjournal.org/article/S0010-7824(07)00510-0/abstract

**Ethical, religious and factual beliefs about the supply of emergency hormonal contraception by UK community pharmacists**
Semi-structured qualitative interviews were undertaken with 23 UK community pharmacists to explore their views and ethical concerns about emergency hormonal contraception (EHC). Dispensing EHC was ethically acceptable for almost all pharmacists but beliefs about selling EHC revealed three categories: pharmacists who sold EHC, respected women's autonomy and peers' conscientious objection but feared the consequences of limited EHC availability; contingently selling pharmacists who believed doctors should be first choice for EHC supply but who occasionally supplied and were influenced by women's ages, affluence and genuineness; non-selling pharmacists who believed EHC was abortion and who found selling EHC distressing and ethically problematic. Terminological/factual misunderstandings about EHC were common and discussing ethical issues was difficult for most pharmacists. Religion informed non-selling pharmacists' ethical decisions but other pharmacists prioritised professional responsibilities over their religion. Concludes that pharmacists' ethical views on EHC and the influence of religion varied and, together with some pharmacists' reliance upon non-clinical factors, led to a potentially variable supply, which may threaten the prompt availability of EHC. Misunderstandings about EHC perpetuated lay beliefs and potentially threatened correct advice. The influence of subordination and non-selling pharmacists' dispensing EHC may also lead to variable supply and confusion amongst women. Training is needed to address both factual/terminological misunderstandings about EHC and to develop pharmacists' ethical understanding and responsibility.

http://jfprhc.bmj.com/content/34/1/47.abstract

**Fall Prevention**

**The Glasgow Pharmacy Falls Service**
R Lowrie
*Pharmacy Management* Jan 2008;24(1):10-15

This paper describes the background and process for specialist, general practice based and community pharmacist involvement in a multi-agency falls prevention service. An early evaluation of the pharmacy service is included. (18 refs.)

http://www.pharman.co.uk

**Methadone Dispensing**

**Improving outcomes and quality of life for people on methadone maintenance therapy (MMT): the enhanced pharmacy services (EPS) randomised controlled trial**
C Matheson, M Jaffray, C Bond, A Lee, A Johnstone, L Skea, B Davidson
*International Journal of Pharmacy Practice* Sep 2010;18(Suppl.2):75-76

Abstract of paper presented at the Royal Pharmaceutical society conference, London, 5-6 Sep 2010. Cluster randomised controlled trial to test the effectiveness of training Scottish pharmacists in motivational interviewing skills to use with their methadone patients. Outcomes measured in patients were treatment retention, substance use, injecting behaviour, psychological and physical health, and treatment satisfaction.

A cluster randomised controlled trial of enhanced pharmacy services (EPS) to improve outcomes for patients on methadone maintenance therapy (MMT)
M Jaffray, C Matheson, CM Bond, AJ Lee, DJ McLernon, A Johnstone, B Davidson, L Skea
International Journal of Pharmacy Practice Jun 2011;19(Suppl.1):4
87 community pharmacies (95 pharmacists) from six Scottish NHS areas were recruited and pharmacists in the intervention group were given training in motivational interviewing (MI). A total of 542 patients (295 intervention, 247 control) who had recently started on methadone maintenance therapy in community pharmacy were recruited. MI-based EPS improved satisfaction with treatment, but did not significantly improve clinical outcomes such as heroin use. Further work is needed to determine whether pharmacists and specialist services could work together in a more structured way to improve clinical outcomes for patients.

Stigmatised attitudes in independent pharmacies associated with discrimination towards individuals with opioid dependence
J Luty, P Kumar, K Stagias
Psychiatrist Dec 2010;34(12):511-514
Aims and methods: Dispensing of methadone to individuals with opioid dependence is a discretionary service and many independent pharmacies remain unwilling to do this. We aimed to determine whether there was any correlation between negative stigmatised attitude towards these individuals and the likelihood of methadone dispensing. The 20-point Attitude to Mental Illness Questionnaire (AMIQ) was used to assess stigmatised attitudes in a cluster randomised sample of managers of community pharmacies in England.
Results: The response rate was 66%. The AMIQ stigma scores had a median difference of 1 and effect size of 0.42 in favour of those pharmacies which dispensed methadone (mean = 0.53; n = 138) compared with those who did not (mean = 0.93; n = 69; P less than 0.001).
Clinical implications: The results show a clear behavioural distinction (discrimination) based on stigmatised attitudes towards individuals with opioid dependence. This may arise because managers with stigmatised attitudes refuse to dispense methadone to this group. Conversely, familiarity with these individuals may have a de-stigmatising effect.
http://pb.rcpsych.org/cgi/content/abstract/34/12/511

Impact of supervision of methadone consumption on deaths related to methadone overdose (1993-2008): analyses using OD4 index in England and Scotland
J Strang, W Hall, M Hickman, SM Bird
British Medical Journal 16 Sep 2010;341:c4851
Objective: To evaluate the impact of introduction of supervision of methadone dosing on deaths related to overdose of methadone in Scotland and England between 1993 and 2008 while controlling for increased prescribing of methadone.
Design: Analysis of annual trends in deaths related to overdose of methadone in relation to defined daily doses of methadone prescribed. Setting Scotland and England. Population: Deaths in which methadone was coded as the only drug involved or as one of the drugs implicated. Main outcome measure: Annual OD4-methadone index (number of deaths with methadone implicated per million defined daily doses of methadone prescribed in that year). Results: OD4-methadone declined substantially over the four epochs of four years between 1993 and 2008. It decreased significantly (P<0.05) in 10 of 12 epoch changes: in Scotland from 19.3 (95% CI, 15 to 24) to 4.1 (2.8 to 5.4) and finally to 3.0 (2.4 to 3.5) for methadone-only deaths (and from 58 to 29 to 14 for deaths with any mention of methadone); in England from 27.1 (25 to 29) to 24.8 (23 to 27) and finally to 5.8 (5.3 to 6.3) for methadone-only deaths (and from 46 to 42 to 12 for deaths with any mention of methadone). The decreases in OD4-methadone were closely related to the introduction of supervised dosing of methadone in both countries, first in Scotland (1995-2000) and later in England (1999-2005). These declines occurred over periods of substantial increases in prescribing of methadone (18-fold increase in defined daily doses per million population annually in Scotland and 7-fold increase in England). Conclusions: Introduction of supervised methadone dosing was followed by substantial declines in deaths related to overdose of methadone in both Scotland and England. OD4-methadone index analyses, controlled for substantial increases in methadone prescribing in both countries, identified at least a 4-fold reduction in deaths due to methadone related overdose per defined daily dose (OD4-methadone) over this period.


An investigation of the attitudes and opinions of community pharmacists in relation to extending the current services to patients with opioid dependence
F Notman, HL Diack, A Winstock, J Sheridan
International Journal of Pharmacy Practice Sep 2008;16(Suppl.3):C10-C11
Abstract of a presentation in the Pharmacy Practice Research session of the British Pharmaceutical Conference, Manchester, 7-9 Sep 2008. Results of a survey of all registered pharmacies in Scotland. There was a 51.3% response rate. 87.5% of respondents dispensed methadone, 25% supervised daily consumption of methadone and 61.1% supervised daily consumption with a take-home dose for Sunday. 31.5% dispensed buprenorphine and 4.4% supervised its consumption. Concludes that pharmacists should be integrated with other healthcare professionals in the management of patients with opioid dependence. Pharmacists want access to patient-specific information to manage opioid-dependent patients, and they should be trained in identification and management of opioid toxicity.


Meeting the health needs of problematic drug users through community pharmacy: a qualitative study
AJ Mackridge, CM Beynon, J McVeigh, M Whitfield, M Chandler
Background: Community pharmacies are established service providers for problematic drug users (PDUs). PDUs have many unmet health needs, which pharmacists may be able to help resolve. This paper aims to
qualitatively explore the feasibility and desirability of further developing community pharmacy services to meet the wider health needs of problematic drug users.

Methods: Semi-structured interviews and focus group discussions were used to explore current and future pharmacy service provision to PDUs. Views were sought from 20 PDUs, 12 staff from community pharmacies, and seven stakeholders and commissioners from relevant agencies. Data were thematically analyzed and potential services including possible barriers identified.

Results and Discussion: Data highlighted variability in current services in the study area in terms of availability and quality. Good rapport between users and regular staff was highlighted as an important factor in good quality services. Pharmacies were consistently identified as having key opportunities to make useful health interventions within a range of therapeutic areas including nutrition, dentistry, wound care, and infectious diseases. The most widely supported roles were based around information provision and signposting. However, there was support for direct interventions to be delivered within the pharmacy, by a regular member of staff or a visiting specialist.


Minor Ailments

Pharmacy assisted patient self care of minor ailments: a chronological review of UK health policy documents and key events 1997-2010
V Paudyal, D Hansford, S Cunningham, D Stewart
Health Policy Aug 2011;101(3):253-259

Objectives: The aim of this review is to provide a historical perspective of the evolution of UK health policies and key events relevant to pharmacy-assisted self-care of minor ailments.

Methods: Health policy documents identified from free public web archives of all UK health department(s) published from 1997 to 2010 were reviewed for relevance to pharmacy-assisted self-care of minor ailments.

Results: Substantial focus on pharmacy-assisted self-care of minor ailments was identified within health policy documents with key drivers being: the need to reduce associated financial burden owing to minor ailments presentation at general practices (GPs), increasing patient access to services and aiding pharmacists' professional development through extended role. Two key interventions, directly aimed at shifting this balance of care, were the ongoing legal reclassification of prescription medicines to pharmacy supply and introduction of free minor ailments schemes across the UK.

Conclusions: A shift from GP-led to community pharmacy-led patient self-care of minor ailments has been a focus of many UK health policy documents. The existing burden of minor ailments on GP services requires sustained emphasis on community pharmacy, as well as research to reduce gaps between current policy and practice.

http://dx.doi.org/10.1016/j.healthpol.2011.05.010

Cost analysis of a community pharmacy 'minor ailment scheme' across three primary care trusts in the North East of England
W Baqir, T Learoyd, A Sim, A Todd
Background: A large proportion of primary care medical consultations relate to minor ailments, placing a substantial burden on the UK National Health Service (NHS). In response, minor ailment schemes (MAS) have been introduced in several community pharmacies.

Methods: Patients using MAS across three neighbouring primary care trusts were asked what action they would have taken if the MAS had not been in place. The net cost impact of the MAS was calculated using standard health-care reference costs. The observation period was one calendar month with annualised cost data.

Results: During the observation period 396 patients used the MAS of whom 230 (58.1%) stated they would have made an appointment with their general practitioner (GP) if the MAS was not in place. A further 155 (39.1%) would have bought a medicine from the pharmacy. Other responses included attending the accident and emergency department at hospital (n = 2), consulting a health visitor (n = 1), or doing nothing (n = 8). The MAS is estimated to reduce local health-care costs by £6739 per month.

Conclusions: MAS release NHS resources (especially in relation to GP consultations) by preventing (or minimising) patient use of alternative and more costly branches of the NHS.

See also reference below.

Cost effectiveness of community pharmacy minor ailment schemes
W Baqir, A Todd, T Learoyd, A Sim, L Morton
International Journal of Pharmacy Practice Sep 2010;18(Suppl.2):3
Abstract of paper presented at the Royal Pharmaceutical Society 2010 conference 'Supporting patient and professional decision making', London, 5-6 Sep 2010. This prospective study was undertaken across 5 primary care organisations in northern England in two clusters. Each cluster operated a minor ailment scheme across all community pharmacies. Patients attending were asked 'How did you hear about this minor ailment scheme?' and 'If the scheme were not available, what would you have done?' 1044 patients attended with a minor ailment over a 1-month period across the two clusters. Results showed that patients had become aware of the scheme from their own pharmacy (45.3%), friends or family (24.5%) or the GP practice (10.5%). If the scheme had not existed, most patients would have gone to the GP (46.8%) or bought medicines themselves (44.8%). The scheme cost GBP 4100 for these patients and is estimated to have saved GBP 14,602 over 1 month.

Assessment of the pharmacy-based minor ailment scheme in the North East of England
W Winit-Watjana, MA Nazir
The study was carried out in Feb to Aug 2010 in five supermarket in-store pharmacies and five independent pharmacies participating in a minor ailment scheme (MAS). One pharmacist and 10 adult patients were interviewed in each pharmacy using two different sets of structured questions. 61% of patients were aware of MAS services provided by the
pharmacy. 72% of patients visited the pharmacy every 3 to 4 weeks for MAS or other services and 76% were confident of pharmacists giving advice in MAS. All 10 pharmacists expressed favourable attitudes towards MAS, but were concerned about clients’ abuse of MAS usage, time taken and limited services.


Changing patient consultation patterns in primary care: an investigation of uptake of the Minor Ailments Service in Scotland
A Wagner, PR Noyce, DM Ashcroft

Health Policy Jan 2011;99(1):44-51

Objectives: To study the impact and potential predictors of uptake of patient registrations and supplied medicines under the Minor Ailments Scheme (MAS) in Scotland. The MAS was introduced in 2006, intending to improve health care access by re-directing patients from primary care to community pharmacies.

Methods: Numbers of dispensed MAS items and patient registrations were obtained for all community pharmacies in Scotland for the period 2006-09. Local demographic and socioeconomic characteristics were attributed to community pharmacies as potential predictors of MAS service uptake.

Results: There were significantly more MAS registrations in community pharmacies located in the most deprived areas. MAS registrations in rural areas were significantly lower than in urban areas. Rates of MAS items supplied ranged from 219.9 to 3604.6 items per 10,000 Health Board population in 2008-09. Urban pharmacies supplied 72.6 MAS items per month compared to 43.3 items per month by rural pharmacies. 96.7 items per month were supplied by pharmacies in the most deprived areas compared to 53.2 items per month in the least deprived areas.

Conclusions: There has been geographical variation in uptake of the MAS service. Community pharmacies under multiple ownership engaged in MAS activity to a greater extent than independent pharmacies, with higher uptake in community pharmacies located in deprived and urban areas.

http://www.healthpolicyjrnl.com/article/S0168-8510(10)00196-X/abstract

Cross-sectional survey of community pharmacists’ views of the electronic Minor Ailment Service in Scotland
V Paudyal, D Hansford, ITS Cunningham, D Stewart


A postal cross-sectional survey of all community pharmacies in Scotland (n = 1138) was conducted to investigate community pharmacists’ views on the implementation of the electronic Minor Ailment Service (e-MAS) and to quantify the barriers and facilitators to service provision. A combination of open, closed and Likert-type questions were used for the survey.

Key findings: A response rate of 49.5% was achieved. A majority of respondents (over 84%) ranked their level of implementation of e-MAS as 4 or 5 on the five-point scale where point 1 represented ‘not at all’ and 5 represented ‘very high’. A majority also identified opportunities to extend professional roles (83.3%), opportunities for more effective patient treatment (78.5%), opportunities to better meet patient expectations (74.4%) and financial advantage to their pharmacy (52.6%) as benefits of e-MAS. Suspected misuse/overuse of the service by some customers (75.1%) and time required for recording each consultation or supply (61.3%) were two barriers agreed upon by the majority of the respondents.
Conclusions: A majority of respondents had positive views towards e-MAS. The benefits agreed upon by the majority of the respondents relate to known facilitators of community pharmacy practice change. Major barriers, namely suspected misuse of the service by some customers and timely process for recording consultation or supply, could affect pharmacists’ efficiency in service delivery and need to be addressed. These results could inform similar schemes that may be introduced locally in the UK or elsewhere.


Do pharmacy minor ailments services meet the needs of users in Bolton?
N Gray, A Cummings, E Mathew, A White, H McKnight

*International Journal of Pharmacy Practice* Sep 2009; 17(Suppl.2):B50

Abstract of a poster presentation at the Pharmacy Practice Research session of the British Pharmaceutical Conference, Manchester, 6-7 Sep 2009.

This study explored users’ perceptions of the extent to which their needs were met by their consultation in the ‘Pharmacy First’ minor ailments service pilot in Bolton.

The survey was completed by 155 past service users (15.5% response rate). Most users felt their needs had been met by the minor ailments service, but a significant minority reported some or all needs left unmet, and one quarter sought advice later about the same problem.

Concludes that pharmacists and commissioners would benefit from knowing more about circumstances where minor ailments services left users’ needs unmet, in order to improve the service and target/refer patients appropriately.


Managing minor ailments: evaluation of a local intervention in supported self-care
A Blenkinsopp, J Holmes, G Mitra, M Pringle

*International Journal of Pharmacy Practice* Sep 2009; 17(Suppl.2):B64-B65

Abstract of a poster presentation at the Pharmacy Practice Research session of the British Pharmaceutical Conference, Manchester, 6-7 Sep 2009.

A Primary Care Trust-wide minor ailments management programme was evaluated using multiple methods with the aim of investigating changes in behaviour and attitudes among mothers and health professionals. The Pharmacy First service was well received, and there was evidence of some attitudinal change among both groups.


An early evaluation of the use made by patients in Cheshire of the Pharmacy Minor Ailments Scheme and its costs and impact on patient care
M Davidson, S Bennett, I Cubbin, S Vickers

*International Journal of Pharmacy Practice* Sep 2009; 17(Suppl.2):B59-B60

Abstract of a poster presentation at the Pharmacy Practice Research session of the British Pharmaceutical Conference, Manchester, 6-7 Sep 2009.

An early assessment of the effectiveness (in terms of uptake and cost) of the Pharmacy Minor Ailments Scheme (PMAS) in Cheshire, based on data
generated by pharmacies and submitted as claims for reimbursement between Aug 2008 and Jan 2009.

The results demonstrate an excellent uptake of the service in both Primary Care Trusts, where pharmacists were able to treat over 99% of patients. Concludes that the increasing uptake of the service indicates that the public are using the PMAS as an alternative to visiting their GP. The potential for saving GPs' time appears considerable, given that the vast majority (over 95%) of people using the service are exempt from prescription charges, particularly in areas of greater deprivation where the service has been more widely taken up. The low referral rate of patients following consultation indicates that this service can be successfully carried out by pharmacists at a low cost to the PCT, the average cost per consultation being less than GBP 7.00.


A multi-method evaluation of the Pharmacy First Minor Ailments scheme
S Pumtong, HF Boardman, CW Anderson
Objectives: To evaluate whether the Pharmacy First Minor Ailments scheme achieved its objectives in terms of improving access to medicines and reducing doctor workload for minor ailments by enhancing the role of community pharmacists in the management of minor ailments.
Setting: Nottingham, the United Kingdom.
Methods: A mixed-methods study was conducted, including semi-structured interviews with key stakeholders, a patient survey, and an analysis of the Nottingham City Primary Care Trust data.
Main outcome measures: Stakeholders' acceptance of the scheme and scheme users' satisfaction with the scheme.
Results: Most health care professionals were positive about the implementation of the scheme, although they reported some problems, such as the restricted formulary. The majority of stakeholders perceived benefits of the scheme for both patients and health care professionals. The level of patient satisfaction with the scheme was high, particularly in terms of ease of access and convenience. The current structure of the scheme appears to be an acceptable way to run the scheme. Since its commencement the scheme has enabled the transfer of a substantial number of minor ailments consultations from general practices to community pharmacies.
Conclusions: It appears that the Nottingham City Primary Care Trust is successful using community pharmacies to improve access to medicines and provide a greater choice in primary care for patients with minor ailments. Thus, the Primary Care Trust should continue the scheme, although there are some important issues (e.g. the restricted formulary, the lack of privacy in some pharmacies) that need to be addressed to improve and develop the service further. The Nottingham City Primary Care Trust should build on this success to further utilise the pharmacy in their primary care service development.

http://www.springerlink.com/content/r30962u207k36146/

Pharmacists' perspectives on the Pharmacy First Minor Ailments Scheme
S Pumtong, HF Boardman, CW Anderson
International Journal of Pharmacy Practice Apr 2008;16(2):73-80
Objectives: To investigate pharmacists' perspectives about the acceptability of the Pharmacy First Minor Ailments Scheme and barriers to
the use of the scheme as well as to determine potential improvements to the scheme.
Methods: Semi-structured interviews were conducted with 26 pharmacists between Nov 2004 and Mar 2005.
Setting: Community pharmacies within Nottingham City Primary Care Trust (PCT).
Key findings: The study has demonstrated that the Pharmacy First Minor Ailments Scheme was well received by the majority of pharmacists and they were positive about the benefits of the scheme to both patients and healthcare professionals, despite raising some problems. Our findings highlighted a number of important issues that might be barriers to running the minor ailments scheme, including the quantity of paperwork involved, the lack of privacy in a pharmacy, and the restrictive nature of the formulary and protocols of the scheme.
Conclusions: The Pharmacy First Minor Ailments Scheme has been developed and implemented as part of Nottingham City PCT’s strategy to improve access to primary care. Findings show that the majority of the pharmacists were positive about the scheme. It can be seen as a way of improving patient access to medicines and advice as well as choice in primary care. In other countries, health policy makers may consider such a scheme if it would fit their healthcare system.

http://onlinelibrary.wiley.com/doi/10.1211/ijpp.16.2.0004/abstract

A modelling analysis of the cost of a national minor ailments scheme in community pharmacies in England
NPS Sewak, J Cairns
International Journal of Pharmacy Practice Jun 2011;19(Suppl.1):50
This modelling analysis aimed to determine if there would be a cost saving to the NHS in England by providing a national minor ailments scheme in community pharmacies as an alternative to consulting a GP. Data from six Primary Care Trusts give a best estimate of cost saving of £550,717 per annum when consulting a pharmacist instead of a GP, based on 308,199 consultations. The model was most sensitive to changes in the consultation fee paid to the community pharmacist (mean of £4.37). Extrapolation results in estimated annual cost savings of £56 million for a national community pharmacy minor ailment scheme. The authors note that wider societal costs and differences in patient health outcomes were not considered.


Needle and Syringe Programmes

A review of the effectiveness and cost-effectiveness of needle and syringe programmes for injecting drug users: Final full report (revised)
L Jones, L Pickering, H Sumnall, J McVeigh, MA Bellis (Liverpool John Moores University)
There is a paucity of evidence with regards to the optimal provision of needle and syringe programmes (NSPs) and it is therefore difficult to draw conclusions on ‘what works best’ within the range of harm reduction services available to injecting drug users (IDUs). However, it is apparent from the literature that there is consensus among researchers that the distribution of sterile needles and syringes alone is not sufficient to reduce
the transmission of BBVs, among IDUs, especially the transmission of HCV. Programmes that deliver a comprehensive range of harm reduction services and which are accessible to IDUs may prove to be the best strategy but further research is needed. This review has identified a number of gaps in the evidence, in particular with regards to the paucity of evidence regarding the optimal provision of NSPs in England.


The availability of injecting paraphernalia in the UK following the 2003 law change to permit supply
J Scott
Aim: To describe the availability of injecting paraphernalia in the UK following the introduction of legislation that permits supply for harm reduction purposes.
Methods: A postal questionnaire undertaken 18 months after the law change, sent to all identified UK drugs services. Those providing needle exchange were asked to respond. Co-ordinators of their schemes completed the questionnaires.
Findings: A total of 469 services were identified and contacted, 403 (86%) responded. Of these, 231 provided needle exchange (NX) from 1521 outlets. On average, they were responsible for 1.6 agency-based, 4.2 pharmacy, 0.7 outreach and 0.2 ‘other’ NX outlets. Of those providing NX, 212 (92%) supplied one or more items of paraphernalia, most commonly swabs (n = 220, 87%), followed by citric acid sachets (n = 155, 67%), filters (n = 106, 46%), spoons (n = 102, 44%), vitamin C sachets (n = 69, 30%) and sterile water (n = 52, 23%). Other items supplied were citric acid loose powder (n = 34, 15%), tourniquets (n = 34, 15%) and vitamin C loose powder (n = 6, 3%). Only 4% (n = 10) said their services supplied all six items necessary in the injection process (sterile water, spoons, an acid, filters, tourniquets and swabs). Most commonly only two items were supplied, usually swabs and one acid and 63% (n = 144) supplied 3 or less items. Most commonly finances were said to limit supply. Sharing paraphernalia is associated with an increased risk of IDUs being hepatitis C (HCV) antibody positive. These data suggest that the range of paraphernalia supplied by needle exchanges could be extended from the majority of outlets, in the absence of information that can attribute risk to the sharing of specific items.
Conclusions: Although the majority of services supplied some form of paraphernalia, most did not supply the full range. Further research is needed to establish the impact of this supply on blood-borne virus and bacterial infections and whether increased supply is warranted.

Characteristics of injecting drug users accessing different types of needle and syringe programme or using secondary distribution
N Craine, M Hickman, JV Parry, J Smith, T McDonald, M Lyons
Journal of Public Health Sep 2010;32(3):328-335
Background: In the UK, needle and syringe programmes (NSP) are delivered via community pharmacies or substance misuse services (SMSNSP). Understanding the profile of drug injectors primarily using different sources of injecting equipment can help service design.
Methods: Blood spot samples and behavioural data were collected from drug injectors and tested for antibodies to hepatitis C and hepatitis B. Data were analysed in relation to NSP use by multivariate logistic regression.

Results: Of 700 eligible individuals interviewed, 657 provided information on their main source of equipment; 26% reported pharmacy NSP, 56% SMSNSP and 18% secondary distribution. In the adjusted analysis, individuals whose main source was SMSNSP were more likely to report markers of increased risk (homelessness, groin injection, having injected more than 16 days/month) and had a higher hepatitis B antibody prevalence than individuals primarily using pharmacy NSP. Individuals whose main source was secondary distribution had a different profile (e.g. they were younger, more likely to be recent onset injectors than main source SMSNSP users and less likely to report being in drug treatment).

Conclusions: Differences exist in the populations primarily accessing different NSP and commissioning of services must reflect these differences. Injecting drug users relying on secondary exchange should be targeted to improve health service contact.

http://jpubhealth.oxfordjournals.org/content/32/3/328.full

Pharmacy support staff involvement in, and attitudes towards, pharmacy-based services for drug misusers
J Scott, AJ Mackridge

This study aimed to examine involvement of pharmacy support staff in delivering services to drug misusers; to quantify their participation in related training; and to examine relationships between attitudes, practice experience and training. A random sample of 10% of UK community pharmacies (n = 1218) was surveyed using a postal questionnaire with two reminders. Pharmacy managers were used as gatekeepers to access pharmacy support staff, including dispensary technicians and medicines counter assistants. 690 (56.7%) pharmacies responded, and 1976 completed questionnaires were returned from 610 (50.1%) pharmacies. A further 80 (6.6%) opted out. Three-fifths of staff had no input into decisions about whether their pharmacy provided services for drug misusers. One-third working in pharmacies that provide services were uncertain or negative about whether their pharmacy should do so. Staff were more involved in needle exchange (91%) and decisions to sell needles (95%) than supervising consumption of therapies (64%) or handing out dispensed medicines to drug misusers (73%), suggesting managers perceive needle exchange and sales as appropriate roles. Three-quarters of those working in pharmacies that provide services had not received any training to do so. Those who had undertaken training and who worked in pharmacies that provided services had significantly more positive attitudes compared to those who had not undertaken training but also worked in pharmacies that provided services, or those who had undertaken training but did not provide services. Concludes that pharmacy support staff were involved extensively in drug-misuse services but the majority had not been trained to do so. Attitudes were more positive in those who were involved in service provision and had undertaken training. The findings suggest a need for more extensive training and for further exploration of the views of managers on appropriate roles, particularly the clinical versus supply nature of needle exchange. This is timely given the recent publication of guidelines by the National Institute of Health and Clinical Excellence (NICE) on needle exchange. (31 refs.)

http://onlinelibrary.wiley.com/doi/10.1211/jipp.17.06.0002/abstract
**Assessing and prioritizing the preferences of injecting drug users in needle and syringe exchange service development**

C Matheson, GB Anthony, C Bond, MK Rossi


Background: Needle exchange services are vital for the distribution of clean injecting equipment and disposal of equipment used for intravenous drug users. From the number of clean needles and syringes distributed and the estimated number of injecting drug users (IDUs), there may be insufficient use of needle exchange services. This highlighted the need to consider how services could be improved to encourage the use.

Methods: A structured, short, anonymous questionnaire was distributed to IDUs through a wide range of agencies and services in North East Scotland. A form of snowball sampling was also used.

Results: A total of 370 individuals responded. Respondents noted the following in their two prioritised preferred options: ‘Provision of paraphernalia’ (citric acid, water and filters; 54%), ‘weekend opening hours’ (24%) and ‘antibiotic prescribing’ (23%). Other service developments noted were: ‘friendly, approachable staff’ (16%), ‘family planning’ (10.4%), ‘dressings for wounds/sores’ (9%), ‘leaflets on safer injecting’ (7.0%), ‘advice from staff on safer injecting’ (3.0%) and ‘evening opening hours’ (0.8%). Geographical gaps in current needle exchange services were identified. There was homogeneity of responses across demographic groups.

Conclusion: IDUs were willing to participate and suggested more provision of paraphernalia.

http://jpubhealth.oxfordjournals.org/content/30/2/133.abstract

**Meeting the health needs of problematic drug users through community pharmacy: a qualitative study**

AJ Mackridge, CM Beynon, J McVeigh, M Whitfield, M Chandler

*Journal of Substance Use* 2010;15(6): 367-376

Background: Community pharmacies are established service providers for problematic drug users (PDUs). PDUs have many unmet health needs, which pharmacists may be able to help resolve. This paper aims to qualitatively explore the feasibility and desirability of further developing community pharmacy services to meet the wider health needs of problematic drug users.

Methods: Semi-structured interviews and focus group discussions were used to explore current and future pharmacy service provision to PDUs. Views were sought from 20 PDUs, 12 staff from community pharmacies, and seven stakeholders and commissioners from relevant agencies. Data were thematically analysed and potential services including possible barriers identified.

Results and Discussion: Data highlighted variability in current services in the study area in terms of availability and quality. Good rapport between users and regular staff was highlighted as an important factor in good quality services. Pharmacies were consistently identified as having key opportunities to make useful health interventions within a range of therapeutic areas including nutrition, dentistry, wound care, and infectious diseases. The most widely supported roles were based around information provision and signposting. However, there was support for direct interventions to be delivered within the pharmacy, by a regular member of staff or a visiting specialist.

**Osteoporosis and Bone Density Screening**

Compared with some other programmes, there have been relatively few pilots of community pharmacy bone density screening in the UK (one in Romford, East London, in 2002, for example). It has been investigated more extensively in other countries, including Australia, Canada, Spain and the USA. See also a 2002 study by Gray et al.: Investigating the potential contribution of community pharmacists in identifying, understanding and meeting the bone health needs of patients in collaboration with GPs. Int J Pharm Pract 2002;10(suppl):R34.

**London pharmacy initiates bone density screening project**


News report. Bone density checks for patients potentially at risk of osteoporosis were carried out in a community pharmacy in West London in Nov 2010, as part of a public health initiative that is now being offered to other large independents or multiples. Around 30 patients had their foot bone density measured using an ultrasound scanner operated by a technician from the mobile screening company, and a density reading was printed out. Pharmacists took the opportunity to carry out medicines use reviews as part of the pilot, and offered patients lifestyle and health advice about reducing their risk of developing osteoporosis.


**Pregnancy and Early Motherhood**

**Information and advice seeking for self-care for women from pregnancy into early motherhood: have community pharmacists got more to offer?**

LV Tuersley, JA Cantrill, PR Noyce

*International Journal of Pharmacy Practice* Sep 2008;16(Suppl.3):C8-C9

Abstract of a presentation in the Pharmacy Practice Research session of the British Pharmaceutical Conference, Manchester, 7-9 Sep 2008. Information and advice seeking for self-care was explored prospectively among a cohort of 20 women recruited through a single NHS trust from late pregnancy into the first year post-birth, using diaries and follow-up interviews.

It was found that the women referred to a wide range of channels of information, and that channel use was related to women’s perceptions of expertise, accessibility and gate-keeping. Community pharmacies were used by all participants for the supply of purchased or prescribed medicines, but advice seeking from pharmacists was infrequent. Concludes that community pharmacists should work closely with the professional groups more directly involved with the care of pregnant women and mothers of infants, to contribute to the preparation and delivery of information and advice on best practice for self-care.

Sexual Health

Community pharmacy based Chlamydia services: enhanced pharmacy service assessment (EPSA). Report for Local Health Board use
S Evans

This document has been developed to assist Local Health Boards (LHBs) in Wales in undertaking an enhanced pharmacy service assessment (EPSA) for community pharmacy-based chlamydia services. This document focuses on the role of community pharmacy in targeting those at greatest risk i.e. young persons aged 16-24 years with undiagnosed chlamydia infection.

It provides limited information on the provision of services for detection and treatment of other sexually transmitted diseases such as gonorrhoea, other sexual health services and cost effectiveness.

Key stages of the EPSA include; determining need for chlamydia services, reviewing the evidence for community pharmacy's role, assessing current service provision, identifying gaps in service provision and making recommendations for the future.

The decision whether to undertake an EPSA for chlamydia services or not should be taken locally in line with local priorities.


Community pharmacy based chlamydia services: a rapid review of the evidence
S Evans

The aim of the present document was to perform a rapid review of the evidence on the effectiveness of community pharmacy chlamydia interventions and to describe the factors that need to be considered when commissioning chlamydia services from community pharmacies.

The literature review focused on the target group at greatest risk i.e. young persons aged 16 – 24 years with undiagnosed chlamydia infection accessing community pharmacy for testing and treatment. It also looked at the detection of other sexually transmitted diseases in particular gonorrhea and the factors that influence patient’s choice in using a community pharmacy based sexual health service.

The literature searches did not identify any good quality (level 1 or level 2) evidence to support the effectiveness of community pharmacy sexual health interventions. There was, however, level 4 evidence, which indicated that patients would access community pharmacies for sexual health services and that where interventions are targeted e.g. linked to the provision of EHC; community pharmacy services are effective in reaching those patients at highest risk.

There was further evidence (level 4) to indicate which interventions achieved higher detection rates of chlamydia and the barriers perceived by patients and providers to be restricting access to treatment.

There are a number of NHS community pharmacy based chlamydia services being undertaken within the UK, mainly through the National Chlamydia Screening Programme (NCSP) in England. The programme and in particular the community pharmacy service has yet to be fully evaluated.
There is professional and national guidance recommending the involvement of community pharmacists and community pharmacies in sexual health services.

http://www2.nphs.wales.nhs.uk:8080/PharmaceuticalPHTDocs.nsf/61c1e930f9121fd080256f2a004937ed/8095386ee42ca935802575a10034a15a/$FILE/ChlamydiaLiterature%20review2009communitypharmacy.doc

A pharmacy-based private chlamydia screening programme: results from the first 2 years of screening and treatment
C Anderson, T Thornley
Objective: A major UK pharmacy chain private Chlamydia screening and treatment service began in Oct 2006. People pay for a screening kit, send off a urine sample, and are informed of their result directly. Treatment is accessed via the pharmacy chain or the National Health Service. We analysed data from the first 2 years of the service to describe the positivity rate by age and gender, profile of users and to determine if the programme succeeded in reaching those who are currently being missed in other clinical settings.
Setting: 338 community pharmacies from a major pharmacy chain (Boots) in England and Wales.
Methods: Cross-sectional study of the first 2 years screening and treatment data. Data were collected on number of tests, test results, age and gender. Data were also collected on treatment uptake by age and gender. Further data regarding the treatment service including the site, were collected on customer record forms. Positivity data were analysed using the chi squared test.
Results: A total of 14,378 private Chlamydia screening tests were performed in pharmacies during the 2-year period. Overall positivity rates in males (9.8%) were higher than females (6.8%). The positivity rate was significantly higher in the 16–24 age group than in the 25 and over age group. A total of 533 people accessed and paid for treatment from Boots out of a total of 1,131 people who tested positive (47.1%). 133 (25.0%) partners also accessed treatment.
Conclusions: The data further support the feasibility and acceptability of pharmacy testing and treatment.

http://www.springerlink.com/content/q23uh76v84g62813/

Chlamydia screening by community pharmacists: a qualitative study
G Dabrera, D Pinson, S Whiteman
Journal of Family Planning and Reproductive Health Care Jan 2011;37(1):17-21
Background and methodology: The National Chlamydia Screening Programme offers opportunistic screening for genital Chlamydia trachomatis infection to young people aged 15-24 years in England. Screening packs are available in many different settings, including community sexual health clinics, colleges and community pharmacies. This article focuses on screening through community pharmacies. Currently, pharmacies provide only a small proportion of screening nationally despite the assumption that community pharmacies are an ideal location to undertake chlamydia screening. This article reports on semistructured interviews undertaken with a sample of 10 pharmacists offering chlamydia screening in Greenwich, London, UK in order to understand the issues facing pharmacists in offering chlamydia screening.
Results: Participants had good awareness of the importance of chlamydia infection and the need for screening. The majority were supportive of it,
although some were concerned about approaching some younger individuals. Many pharmacists only raised opportunistically the provision of free chlamydia screening when customers were attending for emergency hormonal contraception. The pharmacists felt it was more difficult to discuss the subject of chlamydia screening with customers attending for non-sexual health-related services. The local chlamydia screening programme had undertaken other initiatives including mail-outs. Some pharmacists had broached the subject of chlamydia screening but had discovered customers already had a screening pack at home.

Discussion and conclusions: These findings have highlighted challenges in opportunistically offering chlamydia screening to young people in community pharmacies. These challenges can be overcome through a combination of training and service innovation, in order to capitalise on the potential of community pharmacies to contribute to this important sexual health service.

http://jfprhc.bmj.com/content/37/1/17.abstract

**Expedited partner therapy for Chlamydia trachomatis at the community pharmacy**

ST Cameron, A Glasier, A Muir, G Scott, A Johnstone, H Quarrell, C Oroz, M McIntyre, D Miranda, G Todd


Objective: Expedited partner treatment (EPT) for uncomplicated Chlamydia trachomatis at the pharmacy is an alternative approach to partner notification that has not yet been evaluated within the UK. The aim of this study was to evaluate EPT for partners using pharmacies in Lothian.

Design: A pilot study over 18 months.

Setting: Selected healthcare settings and community pharmacies in Lothian, Scotland, UK.

Population: Sexual partners of index cases with uncomplicated C. trachomatis.

Methods: Index cases with uncomplicated C. trachomatis were given a pharmacy voucher to pass on to sexual partners. Partners could redeem vouchers for free treatment (azithromycin) at one of 90 pharmacies in the area.

Main outcome measures: The main outcome measure was the proportion of vouchers redeemed. Secondary outcomes included patient satisfaction, as determined at a telephone follow-up of a subgroup of female index cases from one study site, 1 month later.

Results: In total 577 vouchers were issued to chlamydia-positive index patients of mean age 22.9 years (range 15-47 years). A total of 231 vouchers were redeemed (40%), at a median of 2 days after issue. Only 4% of partners attended a clinic for treatment. Most index patients surveyed reported that partners were satisfied with this method of treatment (48 out of 55; 87%).

Conclusions: Expedited partner treatment for uncomplicated chlamydia at a pharmacy is a popular choice, and increases options on where, when and how partners are treated.


**A qualitative study of pharmacists' views on offering chlamydia screening to women requesting emergency hormonal contraception**

G Thomas, G Humphris, G Ozakinci, K O'Brien, et al.

*British Journal of Obstetrics and Gynaecology*, Jan 2010;**117**(1): 109-113
This was a qualitative study to understand why pharmacists, asked to offer free chlamydia postal screening to emergency hormonal contraception clients, had not offered screening to all eligible women. 26 pharmacists completed exit interviews and 12 agreed to semi-structured in-depth interviews. Although pharmacists were keen to expand their services, they were reluctant to offer chlamydia screening to women who were married or in a long-term relationship. To avoid offence they selected women based on age, education and ethnicity. The rationale for chlamydia screening in pharmacy-based EHC schemes is compromised if pharmacists do not offer screening comprehensively.


Delivery of chlamydia screening to young women requesting emergency hormonal contraception at pharmacies in Manchester, UK: a prospective study

L Brabin, G Thomas, M Hopkins, K O'Brien, SA Roberts

BMC Women's Health, 26 Mar 2009, vol. 9, p. 7

More women are requesting emergency hormonal contraception (EHC) at pharmacies where screening for Chlamydia trachomatis is not routinely offered. The objective of this study was to assess the uptake of free postal chlamydia screening by women under 25 years who requested EHC at pharmacies in Manchester, UK. 6 primary care trusts (PCTs) which had contracted with pharmacies to provide free EHC, requested the largest EHC providers (40 doses annually or more) to also offer these clients a coded chlamydia home testing kit. Pharmacies kept records of the ages and numbers of women who accepted or refused chlamydia kits. Women sent urine samples directly to the laboratory for testing and positive cases were notified. Audit data on EHC coverage was obtained from PCTs to assess the proportion of clients eligible for screening and to verify the uptake rate. 33 pharmacies participated. Audit data for 131 pharmacy months indicated that only 24.8% (675/2718) of women provided EHC were also offered chlamydia screening. Based on tracking forms provided by pharmacies for the whole of the study, 1348 /2904 EHC clients (46.4%) who had been offered screening accepted a screening kit. 264 (17.6%) of those who accepted a kit returned a sample, of whom 24 (9.1%) were chlamydia-positive. There was an increase in chlamydia positivity with age (OR: 1.2 per year; 1.04 to 1.44; p = 0.015). Concludes that chlamydia screening for EHC pharmacy clients is warranted but failure of pharmacists to target all EHC clients represented a missed opportunity for treating a well defined high-risk group. (30 refs.)

http://www.biomedcentral.com/content/pdf/1472-6874-9-7.pdf

Chlamydia testing: a prospective study of delivery in general practice, community pharmacy and non-health community sites

MC Watson, G Flett


Abstract of a paper presented in the pharmacy practice session of the British Pharmaceutical Conference, Manchester, 6-7 Sep 2009. Paper No. 11.

A 12-month prospective study was conducted in Grampian, North East Scotland, between Aug 2007 and 2008. The service targeted 16–24-year-olds. 30 health and community sites participated: general practices (n = 11); community pharmacies (n = 10), a Sexual and Reproductive Health Clinic (SRHC); 'other' health sites (n = 2); and 6 community (non-health)
sites. Two types of self-test kits were provided at all sites: urine and SOLVS. Clients who accessed kits from community pharmacies had a brief consultation with the pharmacist prior to receiving their kit. Of the processed kits, 198 tested positive for chlamydia, giving an adjusted positivity rate of 12.7% (95% CI, 4.3–21.1). Male clients had slightly higher infection rates than females (14.8% (n = 65/439) vs 11.9% (n = 133/1114), P = 0.13). The mean age of clients who returned kits was 20.3 (SD 2.2) years. Only 66 (5.3%) of the 1238 kits processed for female clients were urine kits. The mean return rate varied across types of sites, with the highest return rates occurring from pharmacy-issued kits (68%, n = 92), when compared with 32% (n = 901) for general practice-issued kits. The qualitative analysis showed that service providers and users had positive attitudes towards the future provision of this service. Service users were particularly positive about specific aspects of the study, including confidentiality, lack of embarrassment and the timely availability of results. The economic analysis demonstrated that case finding during the study was likely to be more expensive that standard methods of case finding. (4 refs.)


Chlamydia testing in community pharmacies: evaluation of a feasibility pilot in south east London
P Baraitser, V Pearce, J Holmes, N Horne, PM Boynton
Quality and Safety in Health Care, Aug 2007, vol. 16, no. 4, p. 303-307
A chlamydia testing and treatment service was offered in three community pharmacies in two inner London boroughs for a 3-month pilot. Data on the feasibility and acceptability of the new service were collected via a survey of client experience, in-depth semistructured interviews with clients and pharmacists, and structured evaluation reports completed by professional patients paid to visit the pharmacies. 83 tests were taken with 8 (9.5%) of these positive for C trachomatis. Of those tested, 94% (n = 73) were women and 71% (n = 56) were from ethnic minorities. 80 clients completed the questionnaires and 24 clients were interviewed. Most clients heard about the service from the pharmacist when requesting emergency contraception and 16% (n = 13) would not otherwise have been tested. Clients valued the speed and convenience of the service and the friendly, non-judgmental approach of the pharmacist. Confidentiality when asking for the service at the counter was suboptimal, and the pharmacist trained to deliver the service was not always available to provide it. Concludes that Chlamydia testing and treatment in community pharmacies is feasible and acceptable to users. The service increases access among young women at high risk of sexually transmitted infection but not among young men.

http://qualitysafety.bmj.com/content/16/4/303.abstract

Commission pharmacy sexual health clinics to reduce teenage pregnancies
A Colquhoun
Pharmaceutical Journal 13 Nov 2010;285(7627):556
Describes how NHS Manchester has commissioned pharmacy sexual health services to help meet its public health target of reducing teenage pregnancies and sexually transmitted infections.

http://www.pjonline.com/
The provision of current and future sexual health services from community pharmacies in Grampian, Scotland
A Gale, MC Watson
International Journal of Clinical Pharmacy Apr 2011;33(2):183-190
Objective: Community pharmacies play a vital role in promoting, maintaining and improving the health of the local community. This study explored community pharmacists' activities and attitudes towards the provision of sexual health services (SHS) in North East Scotland, as well as their needs with regard to the delivery of current and future SHS.
Setting: North East Scotland.
Methods: A questionnaire was conducted of community pharmacists working in community pharmacies in Grampian (n = 128).
Main Outcome Measures: Self-reported provision of sexual health services; attitudes towards current and future sexual health services; previous training and perceived training needs; respondent demographics.
Results: In total, 73% (94/128) of community pharmacists responded. The average number of SHS/products per pharmacy was 6 out of a possible 13 (range: 4–10). Respondents expressed positive attitudes towards the provision of current and future SHS. However, they also reported that they had received little or no sexual health training but that they would like to receive training in all areas of sexual health. Barriers to the provision of sexual health included workload, lack of training and the need for payment for additional services.
Conclusions: Community pharmacists already provide a limited range of sexual health services. Community pharmacists, their staff and their premises could be used in strategies to reduce unplanned pregnancies, the incidence of sexually transmitted infections and to promote respectful and responsible sexual behaviour.
See also reference below.
http://www.springerlink.com/content/j35022107877118m/

Sexual health services in the community pharmacy setting: a survey of community pharmacists’ attitudes, current practice and future possibilities
MC Watson, A Shankley
International Journal of Pharmacy Practice Sep 2009;17(Suppl.2):B63-B64
Abstract of a poster presentation at the Pharmacy Practice Research session of the British Pharmaceutical Conference, Manchester, 6-7 Sep 2009.
A postal questionnaire was sent to all community pharmacies in Grampian, north-east Scotland. Response was 95/128 (74%). Respondents reported providing a range, albeit limited of sexual health services. They reported willingness to provide additional services, but were selective in the services they would consider (90% would consider providing free EHC by PGD and free Chlamydia tests).
Concludes that the use of the community pharmacy consultation room by other health professionals as a method of extending access to sexual health services should be explored, particularly as the majority of respondents would support the use of their facilities by others. There is considerable scope for additional services to be provided, and the role of community pharmacists and their premises in increasing the capacity of existing sexual health services needs to be exploited.
**Something for the weekend: expanding the access to free condoms and sexual health advice through the community pharmacist**

J Matthews, K Smith

*International Journal of Pharmacy Practice* Sep 2008;16(Suppl.3):C7-C8


The project evaluated the suitability of community pharmacists already operating an emergency hormonal contraceptive service to increase access to sexual health advice and free condoms in Caerphilly, South Wales. The results indicate that the community pharmacies are a suitable outlet to supply sexual health services to young people because of their accessibility, their opening times and their understanding of sexual health issues.

The project team recommends that the primary care sector considers the commissioning of enhanced services that expand access to sexual health services through the community pharmacy.


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**Smoking Cessation**

**Are pharmacists reducing COPD's impact through smoking cessation and assessing inhaled steroid use?**


*Respiratory Medicine* 2011; doi:10.1016/j.rmed.2011.08.011 (early online publication, 7 Sep 2011)

Background: The National Institute for Health and Clinical Excellence (NICE) COPD 2004 guidelines recommend:

- COPD patients who smoke should be encouraged to stop at every opportunity;
- Inhaled corticosteroid should be used only among patients with moderate to severe COPD;
- Pharmacists should identify smokers and provide smoking cessation advice.

The community pharmacy contract requires pharmacists to review patients’ medications, creating an opportunity for reviewing the prescribing of inhaled corticosteroids in COPD.

The survey explored the degree to which community pharmacists in North West England identify and provide advice to smokers and assess prescribed inhaled corticosteroids among COPD patients.

Methods: A self-completion questionnaire was sent to 2080 community pharmacists from the 2005 pharmacist census database.

Results: Of the 1051 (50.5%) respondents, 37.1% mentioned COPD as a risk from smoking most or every time and 54.5% sometimes or rarely, and 19.6% routinely asked about smoking status when dispensing COPD medication. Pharmacists with more than 20 years experience were more likely to have read the Guideline compared to pharmacists with 10 years or less (OR: 1.54; 95% CI, 1.13 to 2.10). Pharmacists who had read the NICE Guideline (46.8%) were around twice as likely to mention COPD as a risk of smoking, ask about COPD if inhaled corticosteroids were dispensed and ask about smoking routinely if COPD medication was dispensed. (p less than 0.005).

Conclusions: The NICE guidelines on COPD encourage community pharmacists to carry out smoking cessation and educational interventions, but further support is needed.

Using computer-tailored smoking-cessation advice in community pharmacy: a feasibility study
L Hodges, H Gilbert, S Sutton
This study, in community pharmacies in North London, aimed to assess the feasibility of offering a system of computer-generated individually tailored behavioural feedback for smoking cessation in community pharmacy. Pharmacists, already offering cessation advice routinely in the pharmacy, were trained to use a computer-based system generating a feedback report containing highly tailored behavioural advice about quitting. Pharmacists' advice was structured around the report, which was printed for the participant. Pharmacists were interviewed after recruitment ended, and participants were sent a follow-up questionnaire 4 weeks after baseline. Pharmacists felt they had benefited from taking part in the study and were more confident in their management of, and advice to, smokers. All agreed that the computer program was an acceptable and valuable tool to aid smoking-cessation advice in pharmacies. 11 smokers were recruited; 5 completed the follow-up, 4 of whom reported 4-week prolonged abstinence. Reaction to the feedback report from participants was positive. Concludes that the feedback, from both pharmacists and participants, demonstrates that use of this computer system to structure and standardise delivery of smoking-cessation advice in community pharmacy is feasible and acceptable. The study suggests that the use of this system could increase pharmacists' confidence and the quality of the advice they give, leading to improved outcomes. However, a randomised controlled trial to fully evaluate the effectiveness of the system is needed. (14 refs.)
http://onlinelibrary.wiley.com/doi/10.1211/ijpp.17.06.0008/abstract

Can we improve smoking-cessation activity by community pharmacy staff in north London?
H Gilbert
A cross-sectional survey was sent to community pharmacies (n = 298) in 5 PCTs in north London. Responses were received from 80 pharmacists (26.9%) after a reminder was sent. Half of the respondents always proactively offer brief advice when selling or dispensing nicotine replacement therapy (NRT) or bupropion, but less often when selling OTC medicine and other prescriptions. The most common advice is to suggest the use of NRT, and 71.3% offer a smoking cessation service with follow-up clinic. Training has a clear influence on whether a proactive role is adopted and in offering a smoking-cessation service. Respondents have excellent knowledge about the use of NRT in smoking cessation but poorer knowledge of behavioural change techniques. (18 refs.)
http://www.pjonline.com/

A comparison of the effectiveness of group-based and pharmacy-led smoking cessation treatment in Glasgow
L Bauld, J Chesterman, J Ferguson, K Judge
Addiction Feb 2009;104(2):308-316
Aim: To compare the characteristics and outcomes of users accessing pharmacy and group-based smoking treatment.
Design: Observational study of administrative information linked with survey data.
Setting: Glasgow, Scotland.
Participants: A total of 1785 service users who set a quit date between March and May 2007.
Intervention: Smoking treatment services based in pharmacies providing one-to-one support, and in the community offering group support.
Measurements: Routine monitoring data included information about basic demographic characteristics, deprivation category of residence, nature of intervention and smoking status at 4-week follow-up determined by carbon monoxide (CO) readings ≤10. These data were supplemented by information about socio-economic status and smoking-related behaviours obtained from consenting service recipients by treatment advisers.
Findings: In the pharmacy-based service 18.6 % of users (n = 1374) were CO-validated as a quitter at 4 weeks, compared with 35.5 % (n = 411) in the group-based service. In a multivariate model, restricted to participants (n = 1366) with data allowing adjustment for socio-demographic and behavioural characteristics and including interaction terms, users who accessed the group-based services were almost twice as likely (odds ratio 1.980; CI 1.50–2.62) as those who used pharmacy-based support to have quit smoking at 4-week follow-up.
Conclusions: Specialist-led group-based services appear to have higher quit rates than one-to-one services provided by pharmacies but the pharmacy services treat many more smokers. More research is needed to determine what can be done to bring the success rates of pharmacy services up to those of specialist-led groups and how to expand access to group-based services.


One-year outcomes and a cost-effectiveness analysis for smokers accessing group-based and pharmacy-led cessation services
L Bauld, KA Boyd, AH Briggs, J Chesterman, J Ferguson, K Judge, R Hiscock
Nicotine and Tobacco Research Feb 2011;13(2):135-145

Introduction: An observational study examining 1-year follow-up of clients of two National Health Service smoking cessation services in Glasgow was used to inform a cost-effectiveness analysis. One service involved 7 weeks of group-based support (n = 411) and the other consisted of up to 12 weeks of one-to-one counselling with pharmacists (n = 1374). Pharmacological aids to quitting (e.g. nicotine replacement therapy) were available to all clients.

Methods: Quit rates were calculated for each service at 52 weeks after the quit date, and these were used for an economic evaluation of both the annual and the lifetime cost-effectiveness of the pharmacy- and group-based interventions in comparison with a baseline “self-quit” scenario. The annual cost-effectiveness model established the incremental cost per 52-week quitter, while a Markov model was developed for the lifetime analysis to estimate the potential lifetime outcomes in terms of cost per quality-adjusted life years (QALY) gained, to account for the benefits quitters will receive in terms of extended life years and improvements in quality of life from smoking cessation.

Results: The proportion of carbon monoxide-validated quitters from both services combined fell from 22.5% at 4-week follow-up to 3.6% at 52 weeks. The group service achieved a higher quit rate (6.3%) than the pharmacy service (2.8%) but was more intensive and required greater overhead costs. The lifetime analysis resulted in an incremental cost per QALY of £4,800 for the group support and £2,600 for pharmacy one-to-one counselling.
Conclusions: Despite disappointing 1-year quit rates, both services were considered to be highly cost-effective.

http://ntr.oxfordjournals.org/content/13/2/135.abstract

Cost-effectiveness of pharmacy and group behavioural support smoking cessation services in Glasgow
KA Boyd, AH Briggs
Addiction Feb 2009; 104(2):317-325
Aims: Smokers attending group-based support for smoking cessation in Glasgow are significantly more likely to be successful than those attending pharmacy-based support. This study examined the cost-effectiveness of these two modes of support.
Design: Combination of observational study data and information from National Health Service (NHS) Greater Glasgow and Clyde smoking cessation services.
Setting: Glasgow, Scotland.
Participants: A total of 1979 smokers who accessed either of the cessation services between March and May 2007.
Intervention: Two smoking treatment services offering one-to-one support in pharmacies, and providing group counselling in the community.
Measurements: Routine monitoring data on resource use and smoking status (carbon monoxide-validated, self-reported, non-quitters and relapers) at 4-week follow-up.
Findings: The incremental cost per 4-week quitter for pharmacy support was found to be approximately £772, and £1612 for group support, in comparison to self-quit cessation attempts. These findings compare favourably with previously published outcomes from cost-effectiveness smoking cessation studies. Assuming a relapse rate of 75% from 4 weeks to 1 year and a further 35% beyond 1 year, and combining this with an average of 1.98 quality adjusted life years (QALY) gained per permanent cessation, provides an estimated incremental cost per QALY of £4400 for the pharmacy service and £5400 for group support service.
Conclusions: Group support and pharmacy-based support for smoking cessation are both extremely cost-effective.


Give It Up For Baby: a smoking cessation intervention for pregnant women in Scotland
P Ballard, A Radley
Tayside is a large region in Scotland (population 400,000), which has significant areas of deprivation concentrated mainly in Dundee (the fourth largest city in Scotland). Throughout Dundee there is a strong correlation between deprivation and smoking.
'Give It Up For Baby' uses financial incentives (grocery vouchers) to encourage pregnant smokers from socially deprived communities to quit smoking. Women who are eligible for the program are identified by midwives, local pharmacists and health visitors, and are recruited if they express a wish to give up smoking. A 'Give It Up For Baby' Development Worker makes personal contact with all women wishing to take part and supports them through the whole process.
As well as receiving an incentive of £12.50 a week for every week a pregnant woman demonstrates (through carbon monoxide testing) that she is smoke-free, additional support is also provided, including free Nicotine Replacement Therapy and one-to-one support from a 'Give It Up
For Baby' Development Worker, who makes personal contact with all women wishing to take part and supports them through the whole process (including after their babies' birth).

Initial data indicate that 'Give It Up For Baby' has been more successful than previous approaches. By the end of the first year alone, 55 mothers had quit while using the programme in Dundee, and a total of 140 had quit across the Tayside region. For women who fully engaged with the programme, an average payment of about £210 was made. These women attended pharmacies on 322 occasions during the year; 314 carbon monoxide tests showed that they were smoke-free (97.5%). Expenditure indicates a cost per quitter figure of about £1700.


Smoking cessation services from community pharmacies in Grampian
C Hind
Explains how nicotine replacement therapy (NRT) can contribute to smoking cessation targets by approximately doubling quit rates. (8 refs.)
http://www.pharman.co.uk/april2-2008.html

What makes for an effective stop-smoking service?
LS Brose, R West, MS McDermott, JA Fidler, E Croghan, A McEwen
Thorax 2011; doi:10.1136/thoraxjnl-2011-200251 (early online publication 27 Jun 2011)

Background: The English network of stop-smoking services (SSSs) is among the best-value life-preserving clinical intervention in the UK NHS and is internationally renowned. However, success varies considerably across services, making it important to examine the factors that influence their effectiveness.

Methods: Data from 126,890 treatment episodes in 24 SSSs in 2009-10 were used to assess the association between intervention characteristics and success rates, adjusting for key smoker characteristics. Treatment characteristics examined were setting (e.g. primary care, specialist clinics, pharmacy), type of support (e.g. group, one-to-one) and medication (e.g. varenicline, single nicotine replacement therapy (NRT), combination of two or more forms of NRT). The main outcome measure was abstinence from smoking 4 weeks after the target quit date, verified by carbon monoxide concentration in expired air.

Results: There was substantial variation in success rates across intervention characteristics after adjusting for smoker characteristics. Single NRT was associated with higher success rates than no medication (OR 1.75; 95% CI, 1.39 to 2.22); combination NRT and varenicline were more successful than single NRT (OR 1.42; 95% CI, 1.06 to 1.91 and OR 1.78; 95% CI, 1.57 to 2.02, respectively); group support was linked to higher success rates than one-to-one support (OR 1.43; 95% CI, 1.16 to 1.76); primary care settings were less successful than specialist clinics (OR 0.80; 95% CI, 0.66 to 0.99).

Conclusions: Routine clinic data support findings from randomised controlled trials that smokers receiving stop-smoking support from specialist clinics, treatment in groups and varenicline or combination NRT are more likely to succeed than those receiving treatment in primary care, one-to-one and single NRT. All smokers should have access to, and be encouraged to use, the most effective intervention options.
**Weight Management**

**Lightening the load? A systematic review of community pharmacy-based weight management interventions**

J Gordon, M Watson, A Avenell

*Obesity Reviews* 2011; doi: 10.1111/j.1467-789X.2011.00913.x (early online publication 25 Aug 2011)

The extent to which community pharmacies can increase capacity for weight management is unknown. Thus, the objective of the present paper was to evaluate the effectiveness and cost-effectiveness of community pharmacy weight management interventions. This paper used a design of systematic review and narrative synthesis. Electronic databases (1999-2009) were searched, including Medline, EMBASE, CINAHL and Pharm-line. Weight management studies in community pharmacies were eligible for the inclusion criteria. All languages and study designs were considered. Outcome measures included body weight or anthropometry (at baseline and at least one follow-up time point). Data were extracted through independent, duplicate data extraction and quality assessment. As a result, 10 studies were included, totalling 2583 service users and 582 pharmacies from the USA, the UK, Switzerland, Spain and Denmark. One was a randomized controlled trial of a meal-replacement versus a reduced calorie diet. A non-randomised controlled before and after study compared community pharmacist treatment using Orlistat with usual care. Eight studies were uncontrolled. Five studies described behaviour change techniques. Long-term (12 months) mean weight loss measured in three studies ranged from 1.1 to 4.1kg. Four uncontrolled studies reported statistically significant weight loss. No study reported economic evaluations. Currently, there is insufficient evidence for the effectiveness and cost-effectiveness of community pharmacy-based weight management initiatives to support investment in their provision.

(See also reference below.)


**A systematic review of weight management interventions in the community pharmacy setting**

J Gordon, M Watson, A Avenell

*International Journal of Pharmacy Practice* Sep 2010;**18**(Suppl.2):6-7


10 studies were identified by the literature search, 4 in the USA, 3 in the UK and one each in Switzerland, Spain and Denmark. The review showed that weight management interventions in the community pharmacy setting appear to show some promise, but few studies using robust designs have been reported despite claims that this is an ideal setting for such programmes. More research on this topic - using robust study designs - needs to be undertaken and reported to inform evidence-based practice.

The provision of current and future Healthy Weight Management (HWM) services from community pharmacies: a survey of community pharmacists' attitudes, practice and future possibilities

RS Newlands, MC Watson, AJ Lee


**Objectives:** The extent to which community pharmacists contribute to the management of the global obesity epidemic is unclear. Local, regional and national obesity management schemes need to be informed by existing services which will be influenced by health professionals' attitudes and willingness to engage in service provision. The purpose of this study was to derive an accurate account of community pharmacists' activities and attitudes towards the provision of current and future Healthy Weight Management (HWM) services.

**Methods:** A postal survey was developed and disseminated to all 128 community pharmacies in Grampian, north-east Scotland.

**Key findings:** The response rate was 64.8% (83/128). A range of HWM services was already being provided. The most common services offered were the supply of weight-loss medication (n = 69, 84.1%) and advice about its use (n = 68, 84.0%). Other services commonly offered were dietary advice (n = 59, 72.8%), physical activity advice (n = 53, 66.3%) and body mass index (BMI) calculation (n = 56, 68.3%). Most pharmacists were confident in measuring weight (n = 78, 93.9%), height (n = 78, 93.9%) and BMI (n = 78, 93.9%). Many pharmacists perceived a need for HWM services in their local area (n = 56, 67.5%) as well as a need to extend these services within their pharmacies (n = 48, 57.9%). Barriers to the provision of HWM services included workload (n = 77, 92.8%) and the need for additional reimbursement (n = 63, 75.9%) and additional staff (n = 49, 59.7%). The pharmacists' perceived training needs included estimation of body fat (n = 67, 81.7%), one-to-one consultation skills (n = 60, 73.2%), advice on weight-loss products (n = 52, 63.4%), measurement of blood cholesterol (n = 51, 63%) and advice on weight-loss drugs (n = 49, 60.5%).

**Conclusions:** Community pharmacies could be an ideal setting for the provision of HWM services. The barriers to service provision need to be addressed. Furthermore, the development of appropriate undergraduate and postgraduate training is required to equip pharmacists and their staff with appropriate knowledge and skills to deliver these services effectively.


Retrospective evaluation of pharmacist-led weight management clinics: a feasibility study

S Sriwisit, H Boardman, A Avery


Retrospective review of a systematic sample of customer record forms of a total of 120 clients from 60 pharmacies from the Boots Pharmacy Weight Loss Programme. All patients had received at least one supply of orlistat. More than 90% of clients were female (n = 109) and two-thirds (n = 77) were aged 40 to 59 years. Mean weight at baseline was 93.1 kg (mean BMI 34.8 kg/m²). Mean weight loss for those staying in the programme was 4.9 kg at 3 months and 7.9 kg at 6 months (both, p less than 0.001). 92% (n = 111) of clients remained in the programme at 3 months, but only 38% (n = 46) at 6 months.

Community pharmacy contribution to weight management: identifying opportunities
J Krska, C Lovelady, D Connolly, S Parmar, MJ Davies
International Journal of Pharmacy Practice Feb 2010;18(1):7-12
The aim of the study was to determine the public's views on weight-management services, including pharmacies as a potential venue, and the extent of current pharmacy involvement in weight management. The study design was two questionnaires for face-to-face interview in the Sefton Primary Care Trust area: one for the general public and one for community pharmacists. Interviews were conducted with 177 members of the public, 75% of whom had tried to lose weight. More had used over-the-counter weight-loss products than prescribed medicines. There was greater awareness of commercial weight-management clinics than of NHS-led initiatives. Pharmacies and pharmacists were not favoured as sources of advice on weight management. The questionnaire was completed by 49 community pharmacists (75%). All except one dispensed prescriptions for weight loss and 38 supplied over-the-counter weight-loss products. For both, estimated supply frequency increased with increasing deprivation of the pharmacy's location. Eight pharmacies provided a commercial weight-loss programme and more than half had weighing scales. Further research is required into the public's expectations of services to support an increase in awareness and acceptance.

Over-the-counter orlistat: early experiences, views and attitudes of community pharmacists in Great Britain
AE Weidmann, S Cunningham, G Gray, D Hansford, J McIay, J Broom, D Stewart
Objectives of the study: To describe community pharmacists' early experiences, views and attitudes with over-the-counter orlistat, 9 months post legal re-classification from Nov 2009 to Jan 2010. Setting: 13,200 (81%) randomly selected registered community pharmacies across Great Britain out of a potential 16,200. Methods: A cross-sectional postal questionnaire survey of the main pharmacist with greatest responsibility for over-the-counter (OTC) supply. Main outcome measures: Pharmacists' early experiences, views and attitudes of orlistat supply, demographic data of respondents and personal opinions with the supply of orlistat. Results: Questionnaires were returned by 32.4% (n = 4026) of pharmacists surveyed. Just over half (51.9%, n = 2091) reported no sales of orlistat in the previous 4 weeks with only 5.1% (n = 203) reporting frequent (5.1%) or very frequent supply in the same time frame. Two-thirds (66.5%, n = 2676) agreed or strongly agreed that the sale of orlistat was a good opportunity to extend their role as a healthcare professional and 92% (n = 3712) felt confident in their ability to supply this product. Over half (57.9%, n = 2334) admitted that customers frequently complained about the cost of the product and 47.8% (n = 1926) agreed that customers could misuse the product. Conclusions: Despite community pharmacists welcoming orlistat re-classification to increase medicines availability as an opportunity to extend their healthcare professional role there were concerns about poor public uptake, high cost and the potential for misuse. Exploratory studies collecting the views and experiences of the general public about the access
and provision of weight management services through community pharmacies are warranted.

http://www.springerlink.com/content/v852355kg21h0v38/

Implementing a new community pharmacy-based service: what do pharmacists want?
M van den Berg, T Maguire, M Sharma, R Balcon
International Journal of Pharmacy Practice Sep 2008;16(Suppl.3):C15-C16
Abstract of a presentation in the Pharmacy Practice Research session of the British Pharmaceutical Conference, Manchester, 7-9 Sep 2008. This study aimed to understand pharmacists’ views on the training and implementation of a new pharmacy-based weight-management service in Coventry.
Training sessions should aim to meet the needs of pharmacists and their support staff, to enable them to deliver the new service effectively. Pharmacists need to be encouraged to gain confidence through additional in-practice experience, as this cannot be attained by merely attending a training session.