Community Pharmacy Alcohol Services

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Outline

• Why community pharmacy?
• North West pharmacy alcohol project & evaluation.
• Community Pharmacy Yorkshire study.
• Other Case Studies
• Where next?
Why Community Pharmacy?

- **We are primary care**
  - adherence, self-care, prevention, screening, LTCs
- High footfalls - see people who are “well” and ill - who may not be regular users of other health services.
- Public perceive pharmacies as “non-threatening” and are happy to ask for advice e.g. “Can I still drink alcohol while taking these tablets?”
- **Public Health** role for community pharmacy with good opportunities for intervention:
  - public health campaigns and social marketing
  - **services** e.g. emergency hormonal contraception (EHC), smoking cessation, weight management, medicines use reviews, NHS health checks
  - **over the counter sales** e.g. vitamins, sleeping aids, gastric medicines
  - **prescriptions** e.g. hypertension, diabetes, coronary heart disease.
Earl Howe congratulates first Rowlands “Healthy Living Pharmacy “
History of the NW Evaluation!

• Started development in 2009
  – QIPP business proposal for a regional pharmacy based local enhanced service (LES) – to reduce alcohol related harm and to impact on n139 target to reduce alcohol-related hospital admissions
  – Partnership between DRINKWISE & the NHS North West community pharmacy network, supported by Dr. Ruth Hussey, then Regional Director of Public Health North West.
Rationale for a Regional LES

• If PCTs work in partnership through this approach - innovative local practice within a standardised SLA - it will
  – Spread the service more quickly in a consistent way.
  – Improve efficiencies for commissioners and providers.
  – Make savings.
  – Encourage coordination / improve access to training.
  – Increase public health capacity.
  – Target health inequalities.
  – Enable pharmacy to provide a better focus on service delivery, quality and continuity of service.
Research background for brief interventions in the community pharmacy setting

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

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


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

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

• Wirral started to deliver alcohol IBA in 2007
• Gap of 3 years before others came on line
• With the exception of Bolton, the intention was to base the service on the Wirral model
• While there are similarities, also differences in:
  – Environment: Consultation room vs. Medicines counter
  – Training: Information-giving +/- Behavioural change
  – Staff: Critical mass of team
  – Targeting: Very similar, apart from Bolton
  – Follow-up: Wirral at week 8 & 52: others at week 4
Pharmacy IBA Services

Approach pharmacy customers according to PCT targeting strategy

AUDIT survey

Action appropriate to score

Data entry for PCT
Pharmacy IBA Services

<7
- Low risk drinker
  No action required. Provide information on government guidelines and limits
  Encourage continued sensible drinking and provide patient with any required information

7 - 15
- Increasing risk drinker
  Perform a brief intervention
  Discuss units of alcohol, daily limits, contents of information leaflet
  Give patient information leaflet. Explain you will call in 4 weeks to see how they are getting on
  Follow up with patient after 4 weeks and record outcomes on remaining copies of form

>15
- Higher risk drinker
  Refer patient to SPoC
  01253 752100
  & provide an information leaflet
  Give patient information leaflet and refer patient to SPoC

Ref: Blackpool SOP
The Evaluation

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

• **Key areas**
  – What is the most suitable service to deliver in the community pharmacy setting?
  – How could existing services be developed and modified to maximise the opportunity of delivery in the pharmacy setting?
Community Pharmacy Alcohol IBA services across NHS Northwest
Blackpool, Bolton, Knowsley, Oldham, Sefton & Wirral PCTs

Documentary analysis of service specifications, and gatekeeper interviews

Workstream A: Operating data
Community pharmacy service providers
Blackpool, Bolton, Knowsley, Oldham, Sefton & Wirral PCTs

Alcohol Treatment monitoring service (ATMS)
Wirral providers only

Operational Data From the other PCTs

Interactive feedback reports with groups of pharmacy staff (n=10)

Workstream B: In-Pharmacy work
Community pharmacy service providers
Blackpool, Knowsley & Wirral PCTs

Pharmacy visits (n=11) & Ethnographic observation (n= 5; 175hrs)

Follow-up with service users (n=16)

Workstream C: Stakeholder surveys and Interviews
All evaluation PCTs and National

Pharmacy teams n= 93 (49%) from 52 Pharmacies & 4 interviews

Other Stakeholders n=78 surveys & 10 interviews

Multi-stakeholder workshop
Results

Dataset included:

- data from 1500 IBA consultations in 5 PCTs
- 175 hours of in-pharmacy observation in 3 PCTs
- follow up for outcomes with 16 service users
- surveys with 93 staff from 52 pharmacies,
- engagement with over 80 stakeholders through stakeholder workshop and online survey.
Issues Identified

- **Identification**: Pharmacies were screening a group that was broadly representative of their prescription customers, including a significant proportion of older people (>65 years).
- **Brief intervention**: Although a private area was felt to be essential by stakeholders, some observations were provided at the counter and users did not express discomfort with this.
- **Referrals**: There were challenges with making effective referrals with high-risk drinkers.
- **Follow-up**: Was some evidence that the IBA service had a positive impact on drinking behaviour of some users (1 in 8).
- **Monitoring**: More robust and streamlined electronic data recording service was needed (now available as Pharmcoutcomes).
- **Training / support**: Generally well regarded but pharmacy staff would like refresher training & ongoing support.
- **Infrastructure**: Standardisation of the service across PCTs would have been useful.
We are doing an alcohol survey – would you like to take part?
Opportunities to Provide the Service
(User Interviews)

• Most service users had a positive experience: thought it was a useful idea ("informative"; "makes you think") and saw a need for the service.

• Most would recommend family and friends to talk to pharmacy staff about alcohol, and their consultation had prompted some to discuss it with people they knew.
Conclusions

• Findings of the study support the assertion that provision of alcohol IBA services in the pharmacy setting is feasible, reaches relevant sections of the population, and is regarded by stakeholders and service users as desirable.

• Adds to existing evidence of the effectiveness of alcohol IBA services in pharmacy as a pro-active approach to PREVENTION.

• Can provide a unique contribution through its ability to normalise conversations about alcohol in everyday health settings, tackling risky use of alcohol in the general population.

• [https://clok.uclan.ac.uk/5972/](https://clok.uclan.ac.uk/5972/)

• Exec Summary gives a chart – “recommendations for practice”
Portsmouth IBA results – audit C scratch cards
World Cup month pilot -March, April 2011

• 3649 adults took part
• 1784 took brief advice
• 830 had more in depth consultation
• 29 referred to Alcohol Intervention team

Alcohol IBA Service
• 2655 interventions
• 51% increasing or higher risk
• 11% scoring 10 or more
Earl Howe discusses alcohol units with a Rowland’s Health Champion
Can Community Pharmacy Target the Male Population to Provide Alcohol Intervention and Brief Advice (IBA)?

Ruth Buchan, Service Development Manager
Nigel Hughes, Public Health Specialist
Community Pharmacy West Yorkshire
Service

– Commissioned in May 2013 by Calderdale Council on a fixed contract.
– 20 community pharmacies within Calderdale, West Yorkshire.
– Pharmacy staff used a scratchcard containing the AUDIT-C (Alcohol Use Disorders Identification Test Consumption) questions as a screening tool to engage and identify individuals whose drinking was potentially increasing or harmful to health.
– Those with an AUDIT-C score of 5 or more were offered full AUDIT and brief advice to help recognise how alcohol might be affecting their health.
– Service data including gender, age, AUDIT-C score, risk category and action taken were collected using PharmOutcomes® between May 2013 to March 2014 and analysed using descriptive statistics.
Results

– Over 10 month period,
– Distributed at least 2098 AUDIT-C scratchcards.
– 1420 full AUDIT screening interventions.
– 851 alcohol brief advice interventions.
– 54.1% AUDIT screens (768/1420) were for men.
– 62.0% (476/768) of men going on to receive alcohol brief advice.
– 57.5% (375/652) women.
– 4% per cent men (31/768) were referred to specialist services compared with 2.7% women (18/652).
Implications for Practice

– Substantial number of alcohol IBA were delivered through community pharmacies to a wide cross-section of the population.
– Uptake of alcohol IBA by men was greater than that of women.
– NICE suggests targeting the delivery of screening and brief advice to selected populations at an appropriate time and in an appropriate setting.
– Given the good uptake of IBA and the benefit of IBA within the male population, community pharmacies may be an appropriate setting to focus on screening and provide IBA to men.
– Further work evaluating the effectiveness of community pharmacies in delivering alcohol-related services are needed.

Pan London Alcohol Awareness Campaign

Martin Crisp

Jan 24th 2012
Our partners in the project

**London Health Improvement Board (LHIB)**
- funding and PR resource - £19K

NELC PCT – Jonathan Mason
- Clinical guidance and support

**Lundbeck**
- Funding and PR support via Clark Health Comms

**Sonar**
- data capture

**UCL & London CP Research Engagement Strategy Group (LoPRES)**
- research expertise and support

**NPA**
- Resources and PR expertise
Results

The results of a London wide community pharmacy public health campaign, reported here, show that the delivery through pharmacies of a scratch card based (AUDIT-C) alcohol use assessment tool is acceptable to both men and women of all ages and ethnicities in London. In three months over 24,000 scratch cards were distributed across London, with over 23,800 returned to pharmacies and recorded in an online system. Just over four out of every ten (43.5%. n=10,351) pharmacy customers completing the AUDIT-C scratch card recorded a score of five or above, indicative of higher risk drinking.
These findings add weight to arguments in favour of enabling community pharmacies to develop further as ‘public health’ or ‘healthy living’ care and support centres. Future work is needed to establish the most cost effective interventions and referral practices for pharmacists seeking to help people who wish to reduce their alcohol related health and allied risk levels. Beyond immediate alcohol hazards, there are linked opportunities for community pharmacists to contribute to public and personal health improvements in areas such as sexual health protection, smoking cessation, weight management and the prevention of conditions such as oesophageal cancer (the incidence of which is also increasing in the UK).
Other case studies

• **Birmingham** – community pharmacy working with local Drug and Alcohol Team. 15,000 people had an alcohol discussion with over 9,000 interventions delivered.
  - After 4 week follow up 19% decreased their intake and 96% found the service useful.
  - Great social marketing/ targeting
• **Plymouth**
• **Berkshire**
• **Lambeth pilot followed by Randomised Controlled Trial**
• **Many others !**
Where Next?

- Current situation - patchy commissioning of pharmacy IBA across Local Authorities.
- Liaising with PHE regarding “Dry January Campaign”, the development of IBA into digital channels and CMO is reviewing guidelines on safe alcohol consumption.
- PHE are targeting older drinkers so working with community pharmacy would be an excellent route to engaging that segment of the population and at scale.