Discussion for overarching principles recommendations

The evidence link to recommendations

Expert testimony revealed the importance of delivering consistent services across community pharmacies, such as by ensuring staff are appropriately trained and that the same person delivers an intervention over multiple sessions [EP 1, 2, 3, 4]. Expert testimony also revealed the importance of addressing the great challenge of health inequality within the general public by ensuring a customer focused approach is taken [EP 5]. Currently, there is a gap in life expectancy between deprived communities and affluent communities due to the influence of the social determinants of health, which mean that the former are more likely to engage in more unhealthy behaviours. The committee agreed that community pharmacies may be well placed to address inequalities as over 99% of those in the highest areas of deprivation live within a 20-minute walk of one [EP 3, 5].

The high and varied footfall in community pharmacies means staff are able to provide the public with opportunistic access to many services that may improve health and wellbeing. Individual patient needs can easily be anticipated using the pharmacy service because of the presence of trained staff, prescription information, existing customer relationships and the regular community engagement. Additionally many staff members are from the local community and so understand local culture, social norms and the potential barriers to accessing services. This means they may be able to build rapport more easily and have a better understanding of how to tailor services so they appeal to the local community (again reducing potential barriers to access and acceptability) [EP 2, 5]. The committee agreed with expert testimony that it is important for pharmacy staff to recognise this and utilise existing relationships with their local community when identifying opportunities to promote public health services. Using opportunistic approaches to deliver interventions would be in line with the principles of Making Every Contact Count and the Community Pharmacy Forward View and should result in increased efficiency of service provision and access [EP 4, 6].

The committee agreed with the expert evidence that to effectively address health inequalities, interventions should be targeted and tailored to reach the right people. It was noted that pharmacy staff should have an overall knowledge on the local population needs within a given community so they know how best to target interventions. This would allow for the identification of high risk groups and underserved populations so wider support could be offered [EP 4, 5, 6]. Likewise, the committee highlighted the importance of tailoring

information so that it is suitable and understandable to everybody. Priority should be given to providing information in a variety of styles and formats to address language barriers and other factors. Expert testimony identified the need for further research on effective ways to tailor health promotion interventions within community pharmacy settings so that they target those from underserved or underprivileged communities [EP 5].

Acceptability evidence revealed that there is some lack of understanding of the skills and competencies of pharmacy staff [ES 2.31] as well as the free local health and wellbeing services they offer. The committee agreed that this can be remedied by promoting the skills of pharmacy staff and the services they offer locally. Interventions across the reviews were carried out by various staff members within the pharmacy, however no studies determined how this influenced their effectiveness. The committee agreed that as long as the appropriate training had been delivered and competencies attained this was more relevant then the job role of the person delivering the information, advice or behavioural support. As there was a paucity of information which directly considered variations in the effectiveness of interventions by the characteristics of the person delivering it, the committee recommended it as an area for further research.

The acceptability evidence in review question 1 [ES 1.18] indicated that the quality of information resources provided by pharmacies was an important factor in acceptability of this approach by the public. The committee reflected on personal experience of seeing poor quality photocopies being used within these settings and so recommended as a general principle that all materials used within pharmacies should be of a high standard, clear and professional. The advantage being that more people are likely to trust the information and act on it.

The committee agreed that there was an overall paucity of evidence on the effectiveness and cost effectiveness of providing health and wellbeing interventions within community pharmacies and therefore made a research recommendation to address this. It was noted that there were particular gaps in the evidence related to specific health areas within each intervention of interest.

Cost effectiveness and resource use

The committee agreed that providing promotional material in community pharmacies that highlights the services on offer and the skills of pharmacy staff may result in some resource costs. It was noted that the acceptability evidence indicated that the public want to be better informed about the public health services on offer within pharmacies and the skills of staff

72 delivering them [ES 2.31], therefore these costs may be offset by the by the improvement in
73 health outcomes through an increased uptake of services. The committee agreed, despite
74 some uncertainty, that this downstream improvement would be the likely scenario based on
75 the limited evidence available.

76 The committee agreed that if staff are appropriately trained to identify opportunities to
77 promote health and wellbeing services then there should be no significant cost implications.
78 The committee agreed that The Making Every Contact Count initiative offers training for
79 health and social care staff on identifying opportunities to talk to people about their health
80 and wellbeing and deliver brief interventions. It was recognised that some funding to support
81 or implement this training is available from Health Education England and that funding is
82 also likely to expand over time as part of the NHS's sustainability and transformation plans
83 (STPs).

84 **Linked expert testimony**

85 EP 1– Expert Paper 1 – Training and competencies of community pharmacy staff
86 EP 2 – Expert Paper 2 – Decision process by large multiple pharmacy chain regarding
87 health and well-being services provision
88 EP 3 – Expert Paper 3 – Healthy Living Pharmacies
89 EP 4 – Expert Paper 4 – Decision process by independent community pharmacy regarding
90 health and well-being services provision
91 EP 5 – Expert Paper 5 – Community pharmacy & health inequalities
92 EP 6 – Expert Paper 6 – Five year forward view for Pharmacy

93 **Linked evidence reviews**

94 Evidence review 1: "There are mixed sentiments around the role of community pharmacies
95 providing information services for public health promotion" evidence statement 18 [ES 1.18]

96 **Appendix L – Research recommendations**

97 *What are the most effective and cost effective ways of delivering information, advice,*
98 *education or behavioural support in community pharmacies to increase uptake of services*
99 *and improve health and behavioural outcomes in underserved populations? For example,*
100 *how is the effectiveness of interventions influenced by the people using them, such as a*
101 *person's ethnic group, age, or socioeconomic status?*

102 **Rationale**

103 In England, 90% of people, including 99% in the most deprived communities, live within a
104 20-minute walk of a community pharmacy. So health promotion interventions within

105 pharmacies have the potential to reach people that other healthcare providers never see
106 and thus potentially reduce health inequalities However, more data are needed to determine
107 whether community pharmacies do actually reach more deprived groups better than other
108 health services.

109 The effect of community pharmacy interventions on population health - and perhaps more
110 significantly, health inequalities - is also not clear because there is no evidence on how the
111 services benefit different groups. (People from different ethnic or socio-economic groups, or
112 different ages, may gain more or less from the services on offer.)

113 This an important area for future research because it will help determine whether
114 community pharmacy services should adopt a targeted or a 'gradient' approach. That is,
115 should they develop specific interventions to target people from low socioeconomic groups?
116 Or is it better to offer universal interventions to tackle overall health inequalities?

Criterion	Explanation
Population	General population (primary prevention) and high risk groups (secondary prevention)
Intervention	Delivering health and wellbeing interventions to address health inequalities. This may either be targeted approaches using specific interventions tailored to support underserved or underprivileged groups or universal interventions to tackle overall health inequalities
Comparators	Access and uptake of services elsewhere in the local health and care network Comparative effectiveness of other interventions in the network such as usual care (that is the same or alternative interventions delivered elsewhere in the network) No intervention
Outcomes	Uptake of interventions or services Clinical measurements or health outcomes Behavioural outcomes (action) Modifying factors or determinants of behaviour (awareness, knowledge, attitudes, intentions)

	Wellbeing, Quality of Life Costs, savings and effectiveness
Study design	Study designs could include cost-effectiveness studies and RCTs of specific interventions or other types of evaluation with the purpose of ascertaining what interventions are effective at improving outcomes but also whether they are useful in addressing health inequalities, specifically within a UK context. It will also be important to gain public and staff feedback as part of any studies so a mixed methods approach to include qualitative elements may also be appropriate.
Timeframe	Studies would require sufficient follow up time to capture impacts on health and wellbeing

117

118 *How effective and cost effective are awareness raising, advice and education or*
119 *behavioural support interventions delivered by community pharmacy teams to improve*
120 *health and behavioural outcomes in high risk groups and the general population? How does*
121 *this compare with usual care?*

122 **Rationale**

123 There is a paucity of evidence on the effectiveness and cost effectiveness of providing
124 health and wellbeing information, advice and education, and behavioural support in some
125 health areas of interest.

126 High-quality experimental studies using conventional reporting styles and comparative study
127 designs are needed into the effectiveness of community pharmacy public health
128 interventions. In particular further primary research would be useful on:

129 - raising awareness and giving information on alcohol or drug misuse, diabetes, falls,
130   smoking, cancer, and mental health and wellbeing
131 - giving advice and education on cancer awareness, improving mental health and
132   wellbeing, preventing drug misuse and falls
133 - behavioural change interventions for cancer awareness, improving sexual health,
134   mental health, orthopaedic conditions, and preventing alcohol or drug misuse,
135   diabetes and falls.

136

Criterion	Explanation

Population	General population (primary prevention) and high risk groups (secondary prevention)
Intervention	Any intervention delivered by community pharmacy staff that provides: Information (such as posters, leaflets, booklets, tv/computer screens, counter cards, SMS messaging, verbal info, product displays), Advice/education (brief advice, very brief advice, face to face advice/education, tailored SMS messaging) Behavioural support (brief interventions, very brief interventions, extended brief interventions, motivational intervention or enhancement therapy)
Comparators	Comparative effectiveness of other interventions in the network such as usual care (that is the same or alternative interventions delivered elsewhere in the network) No intervention
Outcomes	Clinical measurements or health outcomes Behavioural outcomes (action) Modifying factors or determinants of behaviour (awareness, knowledge, attitudes, intentions) Wellbeing, Quality of Life Costs, savings and effectiveness
Study design	RCTs, Quasi-experimental studies such as non-randomised controlled trials and before and after studies. It will also be important to gain public and staff feedback as part of any studies so a mixed methods approach to include qualitative elements may also be appropriate

Timeframe	Studies would require sufficient follow up time to capture impacts on health and wellbeing

137

138 *How do the characteristics of pharmacy staff affect the effectiveness and cost effectiveness*
139 *of delivering information, advice, education or behavioural support to high risk groups and*
140 *the general population? (Characteristics include for example, their job role, including*
141 *whether or not they are a health champion and their competencies.)*

142 **Rationale**

143 A typical community pharmacy is staffed by people with various levels of training and
144 competencies in relation to health promotion services. For example, medicine counter and
145 pharmacy assistants dispense medicines and advise on how to use them, identify the need
146 for health promotion services and may provide some. Pharmacists are responsible for all
147 services and related interventions. Pharmacy technicians are involved in service delivery
148 and are increasingly taking on other roles.

149 Healthy Living pharmacies also have qualified health champions, usually a dispensing or
150 pharmacy assistant or a pharmacy technician, who take responsibility for the healthy living
151 programme in Healthy Living pharmacists.

152 But there is a lack of research on how the training or characteristics of the person delivering
153 a health and wellbeing intervention would influence its effectiveness or cost effectiveness
154 including whether using a recognised behaviour change competency framework has an
155 impact on this.

Criterion	Explanation
Population	General population (primary prevention) and high risk groups (secondary prevention)
Intervention	Any health and wellbeing intervention delivered by community pharmacy staff that compares the effectiveness of the intervention by the characteristics of the person delivering it
Comparators	Other staff members within the pharmacy who deliver the intervention
Outcomes	Uptake of interventions Clinical measurements or health outcomes Behavioural outcomes (action)

	Modifying factors or determinants of behaviour (awareness, knowledge, attitudes, intentions) Wellbeing, Quality of Life Costs, saving and cost-effectiveness
Study design	Study designs could include cost-effectiveness studies and RCTs of specific interventions or other types of evaluation with the purpose of ascertaining what characteristics of the person delivering the intervention (for example their job role and competencies) affect its effectiveness in community pharmacy. It will also be important to gain public and staff feedback as part of any studies so a mixed methods approach to include qualitative elements may also be appropriate.
Timeframe	No specific timeframe

156