Qualitative exploration of the views of Healthy Living Champions from Pharmacies in England

Introduction

Self-care is an important element of patient care and has become prominent in global health policy, [1-3] with community pharmacists identified as an accessible professional group that can facilitate patient self-care - combining traditional medicine supply with greater involvement in providing public health services. [4-6]

In 2009, a UK based initiative, known as Healthy Living Pharmacies (HLP) was piloted in Portsmouth (on the south coast of England). Its remit was to deliver population-wide interventions to maximise patient self-care. A HLP framework was designed and developed around a tiered commissioning framework delivering health and wellbeing services tailored to local requirements. The framework built on the nationally commissioned community pharmacy contract by providing three levels of increasing sophistication of service provision from level one to three, underpinned by a set of three 'enablers' to effect sustainable change, one of which was workforce development. This included providing additional training to any member of existing staff, other than the pharmacist, to become a healthy living champion (HLC). Once qualified the HLC takes a lead role in delivering HLP services such as smoking cessation, alcohol intervention and weight management. Ideally, the HLC should live in the community that they work in.

Preliminary findings from the Portsmouth study were positive and the Department of Health cascaded the model nationally in 20 locations across England. [7] The final findings from Portsmouth supported early findings but highlighted success was dependent on achieving the right staff skill mix, including the need for HLCs. [8]

Aim

The aim of the study was to understand the HLCs' perspective of their role and to explore the barriers and facilitators to their performance.

Ethical Approval

This study was assessed by The School of Applied Sciences Ethics Committee at Wolverhampton University and approved (BSEC 12/12/12).

Method

At the time of the study, thirty pharmacies (from 67) had been accredited as HLPs in the health boundary of NHS Dudley. Each pharmacy had one trained HLC. Every HLC (n=30) was written to and asked to take part in a semi-structured face-to-face interview. Interviews were performed by GV at the HLCs place of work. The interview schedule was developed by GV in conjunction with the community pharmacy development officer (MD). Questions were open-ended with additional prompts that explored HLCs reasons for taking on this new role, their experiences so far and the facilitators or barriers in fulfilling their duties. The interview schedule was piloted on two qualified HLCs working from pharmacies that had still to gain accreditation as functioning HLPs. The pilot showed that minor changes to wording were required to aid clarity and facilitated an interview of approximately 20 minutes' duration. These pilot data were not included in the results. Interviews took place between February and March 2013. Interviews were audio recorded and transcribed *verbatim*. Nvivo software (QSR International Pty Ltd, UK) was used to manage the data and content analysis was used to establish any emergent themes; these were validated for context and understanding by a second member of the research team (PR). With regard to researcher bias and reflexivity, the interviewer (GV) was not employed by NHS Dudley and had no relationship to any of the pharmacies or staff where interviews were conducted. GV also kept a research diary through the process to raise awareness of influences on data interpretation.

Results

Fourteen interviews took place; one person had relinquished their role, six were either on holiday, sick or maternity leave. The remainder declined the opportunity to be interviewed**.** All HLCs were women and had been an HLC between six and twelve months. Coding produced three meta-themes; job role, training and public awareness. Job role was constructed from the sub-ordinate themes of: roles and responsibilities; motivation; satisfaction and personal benefit. HLCs spoke about personal betterment being a key driver for them to take on the role. Interviewees spoke of '*greater opportunities'*, and the ability to do '*different things'.* All HLCs spoke with enthusiasm about their new role and gaining personal satisfaction from helping patients, which was reinforced through positive patient feedback. Below comments typify this:

"*I do like it when you can help someone and they really appreciate it, that is a fantastic feeling."* (HLC 1)

"*I feel like I can make a difference to somebody and help to prevent them going into hospital in the first place*…*it makes me feel good about myself that I can actively help someone.*" (HLC 8)

"*I do enjoy helping them and the most part I enjoy is when they come back and thank me…makes me feel I have helped somebody in my role as I am supposed to*." (HLC 4)

With regard to training, sub themes of confidence and support were identified. It was clear from interviewees that the role had allowed them to gain new knowledge, with HLCs being much more confident in their own ability:

"I have more confidence to deliver the service and talk to patients about stuff you wouldn't have…I have been taught ways to communicate more confidently." (HLC 9)

'I feel more confident as a person as people can approach me and ask me questions…I feel like I have more knowledge that I can add to all my counter and dispensing training…feel like I have something extra to offer.' (HLC 2)

Despite HLCs identifying that their confidence had improved as a result of the training, they still had reservations over delivering services such as alcohol and obesity services. HLCs were keen to receive further training and on-going support as there was a general feeling that they wanted to keep up-to-date and ensure new skills did not '*lapse*'.

HLCs voiced concern about the public's general low level of awareness HLPs and the services on offer despite acknowledgment that NHS Dudley had promoted the HLP concept and HLPs had displays and signage to advertise this. Typical comments illustrating this point were:

“I still don’t think the local community know that we are an HLP.” (HLC 14)

“*Patients do not know about HLPs…it needs to be put out across in a wider scale about what healthy living pharmacies are because that may encourage people to seek us. “* (HLC 1)

Discussion

The HLP concept is an attempt to embed public health services alongside traditional pharmacy functions and represents a new model of care delivery. Evidence shows that adoption and delivery of innovative new community pharmacy services is highly dependent on motivated individuals and teams [9-10] This study therefore sought to understand the views of HLCs and explore the barriers and facilitators to their performance – as the HLP concept acknowledges that HLCs are central to effect sustainable change the delivery of public health services. Our findings highlight HLCs held very positive views toward their new role and were motivated through a sense of personal development and a desire to want to help people; a sense of personal reward being evident rather than financial gain. The change of status appeared to be welcomed by HLCs, and helped them to talk with patients in a way that they probably would have not done so before. This enabled HLCs to gain greater job satisfaction through helping patients. These findings echo those seen in the Portsmouth data [8]. However, unlike the Portsmouth data, it was apparent from HLCs in Dudley that they had grown in confidence, which was underpinned by the training and support received. Training undertaken clearly facilitated their transition to an HLC yet when delivering certain services (alcohol awareness and obesity), they found it challenging to engage with patients and identified that further training and on-going support was required. Further work on the mechanism of support to HLCs is needed to firstly maintain competency and secondly to improve skills and confidence to allow all (and potentially future) services to be delivered.

A major barrier to the success of HLPs appears to be public engagement. HLCs reported low public awareness of HLP services and is consistent with pilot and pathfinder findings. [7, 11] Recent research suggests that community pharmacy has the potential to deliver public health services, although the impact on public health may be limited due to negative public (and health provider) perceptions toward community pharmacy. [12]

The HLP model has does offer a way in which community pharmacy can contribute to patient care in a formally recognised and remunerated way. Evaluation to date has been generally positive both from a provider and user perspective. Such a model could be used by other countries with similar health policy and primary care networks. However, sustainability has yet to be demonstrated in the HLP model and this work suggests that HLCs will be key to long-term success. Support networks between HLCs need to be put in place that are self-monitoring but require additional formal in put to maintain and improve skills in delivering services.

Limitations

Only 14 of the 29 currently employed HLCs were interviewed and it is unknown if those unwilling to be interviewed would have given the same viewpoints; self-selection bias is therefore possible. Within the 14 interviews conducted, data saturation could not be guaranteed as new themes were still coming to light in the latter interviews, although these were infrequent and all major themes had been identified by interview eight. In addition, this work was conducted in just one of the 20 sites in England and therefore data must be seen in this context and not necessarily representative of other areas. Despite these limitations findings do highlight that staff can be trained to delivery public health services to local communities and results in a motivated workforce.

Conclusion

HLCs in NHS Dudley were motivated, enthusiastic and derived job satisfaction from helping people to improve their health. Training provided facilitated the transition to HLC but on-going training and support is needed to ensure HLCs are able to continue in this role.

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