

Understanding and optimising an identification/brief advice (IBA) service about alcohol in the community pharmacy setting

Briefing for Commissioners

October 2012



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Who is this briefing meant for?

This briefing is aimed at organisations and individuals who commission community pharmacy and/or alcohol services at local or national level. These would include:

- Local Authority public health service commissioners
- Officers within the NHS National Commissioning Board
- Health and Wellbeing Boards
- Clinical Commissioning Groups (CCGs)

In our report, we have made recommendations for four stakeholder groups: pharmacy service providers; pharmacy leaders, commissioners and public advocacy groups. This briefing is intended to provide ideas through which our recommendations may be advanced

What is the Issue?

There is no “do-nothing and wait” option. The current level of hospital stays related to alcohol in the north of England speaks for itself.

***Dr Vic Standing - Pharmacy Practice Unit Director & SHA Adviser
in NHS North West and funder of the evaluation***

Pharmacies are positioned within local communities and are easily accessible without appointment. Different pharmacy settings - such as health centres, on high streets and extended hours in supermarkets and retail parks – reach a broad swathe of the UK adult population. Pharmacy staff are perceived to be approachable, with less ‘social distance’ between the public and pharmacists/staff than with other health professionals.

In this evaluation, pharmacy has again demonstrated its potential to deliver a high quality identification / brief advice (IBA) service for alcohol, which is well-received by the public. This evaluation - conducted with services across 6 PCTs in the North West of England - builds upon other small (and similarly positive) UK studies. This service could make a significant contribution to reducing risky alcohol use – a major priority within Government public health policy. Service provision has, however, been unduly variable in specification and delivery, and undermined by previous commissioning turbulence, such as imposed capping of the number of engagements allowed each month.

What can Commissioners do?

Commissioners can support and specify:

- The co-ordination of a common service specification, which may be implemented nationally, regionally or locally as policy and resource allows;
- The use of a common core dataset;
- Standardised IT solutions for recording operational data, with enhanced training for staff in how to make consistent and accurate records;
- Greater integration of pharmacy into the breadth of local integrated alcohol service provision;
- The appointment of a 'champion' for the service in each pharmacy;
- High quality ongoing training which meets the needs of all staff.

Commissioners can monitor the performance of this service to meet the Government's aspiration to engage a diverse range of providers in providing messages to the adult population about alcohol use. In their discussions with pharmacy leaders and other alcohol service providers, they may note:

- The strengths of a diverse network of pharmacies that engage different populations e.g. older people in health centres and working adults in extended hours pharmacies;
- Consensus among users and stakeholders that the service is feasible and desirable;
- The potential to link conversations about alcohol to other common pharmacy services e.g. weight management, smoking cessation, and Medicines Use Review;
- The ability of pharmacy to identify a significant proportion of increasing and high risk drinkers (19% and 3.5% respectively in one PCT studied within the evaluation);
- That people who receive alcohol use messages in the pharmacy share them with others, including their significant others and their teenage children;
- The consistency of user follow-up in this evaluation with studies in other health settings e.g. that 1 in 8 people engaged by the service go on to change their drinking behaviour.

Why is action needed now?

Most of the pharmacy alcohol IBA services in the evaluation have now been decommissioned. New local commissioners may not have realised that community pharmacy has been providing this service, or that it has now repeatedly been found to be feasible and desirable among users, providers and other stakeholders. In the light of the Government priority for this issue, negotiation for a national advanced service may also be appropriate.

The increasing evidence base regarding the effectiveness of alcohol IBA services in pharmacy provides a timely opportunity for commissioners to include community pharmacy as one pillar of a more proactive approach to delivering the national alcohol strategy. This currently under-utilised resource could make a unique contribution through its ability to normalise conversations about alcohol in everyday health settings, and tackling risky alcohol use in the general population.

References:

1. Gray NJ, Wilson SE, Cook PA, Mackridge AJ, Blenkinsopp A, Prescott J, Stokes LC, Morleo MJ, Heim D, Krska J, Stafford L. Understanding and optimising an identification/brief advice (IBA) service about alcohol in the community pharmacy setting. Final report. Liverpool PCT; October 2012. Available at <https://clok.uclan.ac.uk/5972>
2. The NW Pharmacy Alcohol Service Evaluation Team. "It's time to talk about drinking" – but have commissioners already called time on pharmacy alcohol IBA services? The Pharmaceutical Journal, 27th October 2012.

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