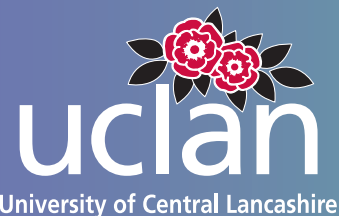


Understanding and optimising an identification/brief advice (IBA) service about alcohol in the community pharmacy setting

Briefing for Pharmacy Leaders

October 2012



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Who is this briefing meant for?

This briefing is aimed at organisations and individuals who develop policy and strategy for community pharmacists at local or national level. These would include:

- Professional organisations at national and local level
- Local Pharmaceutical Committees and Local Professional Networks
- Pharmacy multiple companies

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?

Pharmacy has demonstrated its potential to deliver a high quality identification / brief advice (IBA) service for alcohol, which is well-received by the public. The Government's National Alcohol Strategy (March 2012) asserts that there is no 'one size fits all' solution to the problem: this invites diversity of service providers who can reach a large proportion of the adult population. It states that "Alcohol misuse is one of the biggest health problems we face as a nation." One of its aims is to increase the commissioning of IBA services.. Pharmacists need to grasp every opportunity - locally, regionally and nationally - to influence the way alcohol services are commissioned and marketed to the public. The alcohol CPD module in Pharmacy Magazine has useful background about this issue (www.pharmacymag.co.uk module 203).

The services explored within the evaluation were seen to be unduly disparate in operation, with significant variability in terms of:

- Training;
- Accreditation;
- Target groups;
- Reporting, and audit, of operational data;
- Integration with other local alcohol services.

There was turbulence in the commissioning process that impacted on both the services and the evaluation, such as capping of interventions which undermined the provision of a consistent service.

What can pharmacy leaders do?

Pharmacy leaders can support and champion:

- The co-ordination of a common service specification;
- 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 alcohol service provision;
- Comprehensive follow-up with a wide range of users to further develop our outcome data;
- High quality ongoing training which meets the needs of all staff.

In their discussions with policymakers and commissioners, pharmacy leaders can highlight the potential 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. They can emphasise:

- The strengths of a diverse network of pharmacies that engage different populations e.g. older people in health centres and high streets 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);
- 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 alcohol IBA services in the evaluation have now been decommissioned. Thus the new Local Authority commissioners may not even have the possibility of pharmacy providing this service on their radar. There is an opportunity – before the end of November 2012 – to put these services back on the agenda. There may also be an opportunity in Summer 2013 to seek non-recurrent funding to kickstart a local service. In the light of the Government priority for this issue, negotiation for a national advanced service may also be explored.

The increasing evidence base regarding the effectiveness of alcohol IBA services in pharmacy provides a timely opportunity for pharmacy leaders to take control of future developments. Pharmacists need to continue to raise their profile in public health, but to do so requires building a stronger evidence base by evaluating high quality services. For this to happen on a large scale - from which credible evidence will come - pharmacy leaders need to ensure that service design is optimised and standardised with high quality commissioning.

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://clock.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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