

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

Briefing for Pharmacy Providers

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Who is this briefing meant for?

This briefing is aimed at any pharmacy that is providing – or planning to provide – a pharmacy alcohol IBA service.

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. This could make a significant contribution to reducing risky alcohol use – a major priority within Government public health policy. Pharmacists need to grasp every opportunity - locally, regionally and nationally - to influence the way alcohol services are commissioned and marketed to the public.

Pharmacists may not be aware of the opportunity they have to provide this service, or that it has had positive results elsewhere. There is a time-limited opportunity to have public health services like this commissioned. There is a growing pharmacy-specific evidence base that can be incorporated into a business case for commissioners. As public health services move over to Local Authority commissioning, there are no 'preferred providers' and there will be fierce competition.

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 of operational data;
- Integration with other local alcohol services.

In order for pharmacy services to thrive, there are many learning points from this evaluation that should be applied to ongoing and future provision.

Evaluation Q&A for current or potential pharmacy alcohol IBA service providers

How big is the opportunity?

Substantial. 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. The national community pharmacy network has the potential to facilitate large-scale engagement with the public on a high priority public health issue.

Does it work?

A series of small UK studies, now enhanced by this larger-scale regional evaluation, have all concluded that the pharmacy alcohol IBA service is acceptable to users, feasible to deliver, and deemed desirable by a range of stakeholders. This evaluation demonstrated 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). It also showed consistency of user behaviour at follow-up with studies in other health settings i.e. that 1 in 8 people engaged by the service went on to change their drinking behaviour.

How could it link to other pharmacy services?

Pharmacies in the evaluation reported that conversations about alcohol were easier to broach when they were linked to other services such as weight management (hidden calories), smoking cessation (social context), and Medicines Use Review (prescription medicines that could indicate alcohol-related morbidity e.g. hypertension). This service also logically sits within the Healthy Living Pharmacy framework. Every contact with customers offers an opportunity to normalise conversations about health and wellbeing, including alcohol use.

Will local and national organisations support us?

Community pharmacy advocates are already promoting alcohol IBA services through channels like the national Pharmacy Public Health Forum. It is worth talking to pharmacists in other areas who have provided the service (contact us if you need more information about this).

How much time will this require?

It is useful to remember that this service involves the completion of a short screening survey (which can be done alone by the customer in a quiet area), and may then – depending on the screening score - include some brief advice about alcohol, supported by a leaflet. Pharmacies should make the process as slick as possible: this should not unduly delay a customer. Offer opportunities, however, for people to return to you if they wish to continue the conversation.

What impact will it have on the pharmacy?

Like most other additional services, providers will have to expect some impact on pharmacy workload. Provision of this service will need resource in terms of:

- Increased use of the consultation room;
- Staff time spent inviting patients to take part;
- Out-of-hours training sessions for staff;
- Time needed to enter consultation data, and access to computers for electronic systems;
- Educational and promotional material to support consultations.

Most of the services in the North West evaluation were remunerated at £10 per IBA recorded. Pharmacy providers must gauge whether this adequately reflects the resource required.

Will customers be offended?

Service providers have reported some anxiety about approaching customers, but most have enjoyed the opportunity to engage customers and there were no reports of offence in our conversations with pharmacy staff during the evaluation. As noted before, linking the discussion to another service can also make the approach much easier.

The bigger risk is to let this anxiety limit approaches to people known well by the pharmacy team. One of the unique selling-points of pharmacy is the ability to reach people who do not engage with other public health services: service providers must deliver on this promise. As more pharmacies take part, these conversations will become a normal part of talking about health and wellbeing. Displaying promotional material in the pharmacy, linking the service to wider national campaigns, and/or taking the attitude 'We talk to everyone about alcohol use', will avoid stigma and embarrassment.

Who will provide training?

High quality ongoing training is a crucial success factor for this service. If a group of pharmacies in an area choose to provide it, then support is available from organisations like CPPE or the Alcohol Learning Centre. Important training points include:

- Approaching customers (and justification of any targeting criteria);
- Creating a non-judgemental and stigma-free environment to normalise conversations about alcohol use;
- Operation of the screening tool and intervention;
- Use of support materials e.g. unit counters;
- Consistent and accurate recording of operational data, including use of an electronic system if used;
- Making effective referrals to other services as needed.

Ongoing mutual support and refresher training will help to keep staff motivated. Feedback about pharmacy performance will also help. We would encourage the appointment of a 'champion' in each pharmacy providing this service – who does not have to be a pharmacist – to ensure that new staff are briefed, and who can field questions from other staff for ongoing learning.

Start with the alcohol CPD module in Pharmacy Magazine (www.pharmacymag.co.uk **module 203**).

Summary of Best Practice Points for Providers

The evaluation team urges all providers of pharmacy alcohol IBA services to adopt the following alcohol IBA practice principles:

- Appoint a pharmacy 'alcohol IBA champion' for the service, who may be a pharmacist or other member of staff;
- Work with all staff to increase their confidence in approaching customers;
- Challenge yourselves to engage as many people as possible, pushing beyond your regular customers to make sure that we reach people who don't engage with other health services;
- Build on initial training with 'refresher' sessions and 'buddying' of staff;
- Encourage staff to reflect on their own use of alcohol, and the way that they feel about people who drink too much, so that each person can adopt their own non-judgemental approach to customers;
- Explore how you can start conversations about alcohol through links to your other pharmacy services like weight management, smoking cessation and MUR;
- Share good practice regarding in-pharmacy display of promotional material and use of support materials, like alcohol unit wheels and calorie counters;
- Ensure that the customer is always offered a private space for the conversation, even if they refuse it;
- Leave the customer to complete the screening survey themselves, if possible – if a member of staff helps them, however, deliver the questions exactly as written and without your own interpretation or judgement;
- Make sure that all staff are very clear about the different parts of the intervention i.e. what to do when different scores are obtained from the screening survey;
- Ensure that all staff are making accurate and consistent recordings of the results of each consultation – the profession needs reliable service data;
- Support pharmacy staff to do follow-up with as many customers as possible, to get useful feedback for staff and to contribute to the evidence base for the service;
- Ensure that all staff know how to refer high risk drinkers to local structured treatment services;
- Be ready to respond – not just to people who have a drinking problem themselves, but also to people who are affected by the drinking problems of others;
- Encourage people to pass the healthy drinking messages on, and to come back if they need further advice;
- Let other local professionals know that you provide the service, and make sure that you know of other alcohol services in the area that you can use for signposting.

References:

1. Gray NJ, Wilson SE, Cook PA, Mackridge AJ, Blenkinsopp A, Prescott J, Stokes LC, Morleo MJ, Heim D, Kraska 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.

If you need further information about the North West Pharmacy Alcohol IBA Service Evaluation, please contact:

Dr Sarah Wilson - UCLan Evaluation Lead
sewilson@uclan.ac.uk

or

Liz Stafford - NW Corporate Community Pharmacy Network
lstafford@rowlandspharmacy.co.uk

