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General public's views on pharmacy public health services: current situation and opportunities in the future



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ABSTRACT

Objectives: To explore the experience of and willingness to use seven pharmacy public health services related to cardiovascular risk among the general public in England.

Study design: Mixed-methods study.

Methods: A mixed-methods study, involving a cross-sectional survey using multiple distribution methods followed by a focus group discussion (FGD) with a sample of survey respondents.

Results: From 3596 approachable individuals, 908 questionnaires were completed (response rate 25.3%). Few respondents (2.1–12.7%) had experienced any of the seven pharmacy public health services. About 40% stated they would be willing to use health check services, fewer (9.3–26.3%) were willing to use advisory services. More females, frequent pharmacy users and those in good health were willing to use services in general ($P < 0.05$). Smokers, overweight individuals and those with alcohol-related problems were most willing to use specific advisory services supporting their problems ($P < 0.05$). FGD identified barriers to service use; for example, frequent staff changes, seeing pharmacist as medicines suppliers and concerns about competence for these services.

Conclusion: The general public are receptive to pharmacy public health services. Pharmacists must consider barriers if uptake of services is to increase.

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Introduction

In the last few decades, community pharmacists have begun to contribute significantly to public health in many countries.¹ Potential pharmacy public health services encompass interventions for health education, screening for and supporting non-communicable disease management such as weight management, smoking cessation service, screening blood pressure and blood sugar, etc.²

Cardiovascular disease (CVD) is one of the world's leading causes of mortality. The total deaths of ischemic heart and cerebrovascular diseases are predicted to be 13.4% and 10.6% in 2030.³ Published evidence has demonstrated that community pharmacy has potential to contribute to preventing CVD particularly through screening for CVD risk factors, but also by providing a range of activities such as support with lifestyle change and medication use.^{4,5} Studies in Australia, Thailand, England and elsewhere have shown that pharmacies can deliver such services thereby increasing access to CVD screening services.^{5–7}

All community pharmacies in England must contribute to public health by providing public health campaigns,⁸ principally through display and distribution of health leaflets.⁹ In addition, local health organisations can choose to commission further public health services through community pharmacies depending on local needs.⁹ Such services include for example stopping smoking assistance, screening for high alcohol intake and NHS health checks.^{10–12}

The 'general public' includes both those with diagnosed medical conditions and those who perceive themselves to be healthy. Among this latter group, many may have undiagnosed problems, which increase their risk of CVD.¹³ Prevention of CVD is a high priority in England and pharmacy-based services which can contribute to this agenda are becoming increasingly widespread. Because most people use a pharmacy at some time,¹⁴ pharmacies can provide opportunistic screening to help identify these issues and thus support public health programmes.

The general public includes both users of pharmacies and pharmacy services and non-users, any of whom may benefit from such services. Published evidence is however limited on how the general public actually views pharmacy public health service provision, since previous studies have mostly explored the views of users of pharmacies and pharmacy services. A systematic review found that pharmacy consumers had a generally positive view of the community pharmacist as a public health service provider, however, most were rarely offered unsolicited public health services.¹⁵ Surveys which have explored the views of the wider public have mostly focused on individual services, including CVD screening services,^{16,17} weight management¹⁸ and alcohol screening.¹⁹ A national survey of public views in Australia found low awareness of pharmacy CVD screening services.¹⁶ One small survey in Liverpool, England, which included the general public perceiving themselves as healthy, found they had little awareness of pharmacist's involvement in public health in general.²⁰ This is also true of findings from surveys which focus on specific services,^{16,18} and is reflected in low

use of pharmacy public health services.^{15,18} Despite this, surveys do indicate potential acceptance of pharmacy public health services, among both pharmacy users¹⁰ and the general public,^{19,20} but no work to date has explored what factors influence this.

This study, therefore, aimed to explore in a wide, cross-sectional survey, the experience of and willingness to use pharmacy public health services among the general public in England.

Methods

Study design

The study was mixed methods and involved a cross-sectional survey followed by a focus group discussion (FGD), conducted in Sefton, a diverse area of England, which is ranked overall 83rd most deprived of the 354 English authority areas, but also includes locations with the lowest deprivation ranking.²¹ At the time of the study, all pharmacies in this area were commissioned to provide smoking cessation services, selected pharmacies were commissioned to provide NHS Health Checks¹⁷ and some also provided weight management services.²²

Ethical issues

Ethical approval was received from Liverpool John Moores University (Ref: 09/PBS/005). Consent was obtained from all participants. Survey data were anonymous.

Survey

Data collection

The survey used multiple distribution modes to maximize representativeness of the general population.^{23,24} Questionnaires were administered by seven distribution methods. Two approaches were used; interviewer-assisted (street, door-to-door and telephone survey) and self-completion (single- and double-mailing, postal survey to public/private organizations and questionnaires dropped-off at public/private organizations). The variation in response rates and demographic details arising from different distribution methods are reported elsewhere.²⁵ The survey aimed to obtain 1200 responses from the general public aged 18 years or over. Screening questions were used to exclude people under 18 and also health professionals, since their work experience in health had the potential to influence their views.

Instrument

Services of interest

CVD is recognized as a major health priority in the study location, particularly in areas of high deprivation.²⁶ This survey included seven services of relevance to CVD prevention which could be provided by pharmacies, derived from the

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