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Original Research

Involving the public and other stakeholders in development and evaluation of a community pharmacy alcohol screening and brief advice service

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ABSTRACT

Objectives: To explore the views of community pharmacy staff, the general public and other stakeholders towards pharmacy-based alcohol screening and advice services.

To involve all relevant stakeholders in designing an acceptable and feasible pharmacy-based alcohol screening and advice service.

To evaluate a pilot service from the user perspective.

Study design: Mixed methods study involving a range of populations, designed to explore multiple perspectives and enable triangulation of results, to develop an optimal service design, prior to service commissioning.

Methods: Telephone interviews were conducted with relevant stakeholders and a street survey undertaken with the public to explore views on the desirability and feasibility of pharmacy-based alcohol services. Following this, a stakeholder working group was held, involving a nominal group technique, to develop and refine the service design. Finally a pilot service was evaluated from the user perspective through telephone interviews and direct observations by a trained researcher.

Results: All stakeholder groups (pharmacy staff, public, commissioners, alcohol treatment service staff) viewed pharmacy-based alcohol screening services as acceptable and feasible with the potential for integration and/or combination with existing public health services. Privacy was the main concern of the public, but 80% were comfortable discussing alcohol in a pharmacy. These views were not influenced by drinking status age or gender, but people recruited in areas of high deprivation were more likely to accept a pro-active approach or alcohol-related advice from a pharmacist than those from areas of low deprivation. Stakeholder groups were in agreement on the acceptability of a pharmacy screening service, but alcohol treatment service staff viewed direct referral to alcohol support services less beneficial than other stakeholders. Posters in pharmacies and GP surgeries were viewed as most likely to encourage uptake of screening. Involvement of non-pharmacist pharmacy staff was seen as essential.

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The working group considered accessibility of pharmacies as the key facilitator for alcohol services, but agreed that an optimal service must ensure that poor pharmacy environment did not create a potential barrier, that clear information about the service's availability was necessary. Plus good use of quiet areas. Use of AUDIT-C as a prescreening tool by pharmacy staff, followed when appropriate by completion of full AUDIT by the pharmacist in a private room/quiet area was agreed as optimal to ensure accessibility plus privacy. Direct referral was viewed as desirable.

Five pharmacies piloted this service for two months and recruited 164 people for alcohol screening, of whom 113 were low risk (AUDIT score 0–7), 24 increasing risk (8–19) and 28 high risk/possibly dependent drinkers (20 or above). Observations showed that pharmacy support staff were involved in proactively approaching customers, that 20 of the 72 customers observed (28%) during two hours in each pharmacy were invited for screening and that 14 (19%) accepted screening. Promotion of the service was variable dependent on company policies, but was shown to have a positive effect, as two of the ten service users interviewed requested screening. The environment was judged suitable for alcohol services in all pharmacies, but some quiet areas were not audibly discrete. Ten service users interviewed all considered the experience positive and all would recommend the service, but most wanted the service to be delivered in a private area.

Conclusion: The methodology enabled the development of pharmacy-based alcohol screening to be assessed for acceptability and feasibility from multiple perspectives, prior to full service commissioning. Results suggest that the pharmacy environment and concerns about privacy need to be recognized as potential barriers to service delivery. Good promotion is required to maximize service uptake and pharmacy staff need to be involved in both this and in service delivery.

Introduction

The public health role of community pharmacies is encouraged by government,[1] but current perceptions of both the public and practitioners may be barriers to such development.[2–4] There is limited recognition among the general public of pharmacies as a source of public health advice,[3–5] with participants in one survey indicating that reducing alcohol use was the least appropriate public health issue in which pharmacy should be involved.[4] However pharmacies' accessibility and frequent use by people in all degrees of health provide unique opportunities to deliver interventions to individuals not presently engaged with other health services.

Some exploratory work has been undertaken on the provision of alcohol screening and brief advice or interventions in UK community pharmacies,[6–10] and a further controlled trial is currently underway.[11] A systematic review and a survey of Scottish pharmacists found factors limiting the uptake of these services included difficulties in identifying, approaching, and engaging customers on alcohol consumption.[10,12] Subsequent work in England showed that training improved pharmacy staff attitudes towards risky drinkers and increased recruitment into services,[13] and that users of pharmacies viewed alcohol services positively.[7] This survey of pharmacy customers found 52% to be risky drinkers,[7] whereas a larger study in New Zealand found a rate of approximately 30%,[14] nevertheless both studies demonstrate the potential for pharmacy screening to identify considerable numbers of people who could potentially benefit.

Pharmacy-based alcohol services have been established or commissioned in many areas of the UK, but vary considerably in their design and have been subject to little evaluation. An example is the inclusion of alcohol interventions within the concept of Healthy Living Pharmacies,[15] initially developed in Portsmouth. In a seven-month period here, over 3500 pharmacy customers in 37 pharmacies used scratch cards to assess their drinking risk, of whom 1784 received brief advice, plus a leaflet and 830 received more in-depth guidance.[16] Although evidence of effectiveness is still lacking, commissioners view pharmacy-based alcohol screening and advice as a potentially important addition to existing service provision[17,18] Indeed, national guidance recommends all primary healthcare professionals should provide such services opportunistically.[19] In North West England, where there is a high rate of alcohol-related deaths,[20] one Primary Care Trust (PCT) commissioned pharmacy alcohol services in 2007 and, by 2011, over 70% of the community pharmacies in this PCT were screening customers for risky drinking.[21] However, no evaluation of this service was undertaken and, given the paucity of evidence for the acceptability of the service, prior to commissioning a similar service in another part of the North West, the PCT judged it essential to involve relevant stakeholders in service development, to ensure that services were desirable, feasible and acceptable. The authors therefore set out to develop a novel methodology for involving stakeholders in designing this pharmacy service. No previous work appears to have involved stakeholders directly in developing a pharmacy service.