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Research in Social and Administrative Pharmacy 12 (2016) 1010–1015

Research Brief

Healthy living champions network: An opportunity for community pharmacy's sustained participation in tackling local health inequalities

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Abstract

Background: Evaluations recognize healthy living champions (HLCs) as key contributors to the Health Living Pharmacy (HLP) project's success; the project has served to reduce pressure on family doctor services and clients who would have otherwise not sought professional advice have accessed HLP services. Objectives: To investigate the impact of innovative networking opportunities in supporting HLCs to function within their role and to explore the network's potential in promoting sustained HLP participation. Method: Twenty of Portsmouth's (England) HLCs (n = 33) agreed to participate in focus groups. Transcripts were subjected to interpretative phenomenological analysis guided by grounded theory. The transcripts were read repeatedly; recurrent themes were identified and coded manually and consensus was reached by discussion within the research team.

Findings: Network meetings provide HLCs with professional development, networking opportunities and continued encouragement. Recommendations to develop and sustain the network included the formation of a group committee and establishing of a communication facility accessible between meetings.

Conclusion: The successful Portsmouth HLP project informed the design of UK HLP projects. The current focus is to build a successful strategy to sustain the positive outcomes, building on the recognized enablers. This study contributes further lessons learned to guide health commissioners and service implementers to best support staff development, involvement and motivation through innovative practice.

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Keywords: Healthy people programs; Healthy living pharmacy; Community pharmacy services; Community health network; Health promotion

Conflicts of interest: none.

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Introduction

Within global health policy, self-care is becoming an increasingly prominent element of patient care. 1-3 Community pharmacy offers a number of benefits as a setting for delivering self-care activities and advice. With extended opening hours and no appointment needed for advice, community pharmacy can be more accessible than other settings. 4 Research has recognized that the public trusts advice received from community pharmacies. 5 A review of evidence has confirmed the potential of pharmacy in the area of delivering public health initiatives, and suggests that pharmacy teams can make a positive contribution to public health. 6

The White Paper, Pharmacy in England: Building on strengths, delivering the future (2008)⁷ identified the potential for establishing a role for community pharmacies within the public health service sector across England. Recommendations were made to increase pharmacy's contribution to promoting better health, prevention and early detection of disease and managing patients with long-term conditions.

The Healthy Living Pharmacy (HLP) initiative is a Department of Health (DoH) commissioned project designed to quality-assure the delivery of health and well-being services that address local health inequalities.⁸

The project, piloted in Portsmouth in 2010 and rolled out nationally in 2011, appears to have made a positive impact on community pharmacy services. It has produced a strong community of participating pharmacies and clients have benefitted from the services provided. 10,11 Table 1 illustrates key benefits to pharmacy contractors who adopted the HLP model.

The national evaluation identified that 20% of individuals (n = 1034) using HLP services would not have accessed services elsewhere, thus facing the risk of deterioration in their health, and 60% of individuals would have otherwise accessed their family doctor, thus further burdening this already overwhelmed resource.¹² The evaluation

Table 1 UK HLP evaluation of pharmacy contractors $(n = 153)^{10}$ also recognized, in different demographics and geographies, there is a consistent performance across different services delivered by HLPs, suggesting that the HLP concept can be replicated in other areas.

An extensive body of evidence demonstrates the improved health outcomes from community pharmacy initiatives. ^{6,9} However, research has indicated that although the diversifying role of community pharmacy from traditional dispensing activities to greater involvement in health improvement is largely accepted, and the importance of providing health and well-being services is understood, the role is still considered secondary to medicine related roles. However despite some initial success, many pharmacists view public health activities as less important than traditional roles and cite lack of time and confidence as barriers to further expansion of service provision. ^{5,6,13}

It has since been recognized that employing the appropriate skill mix in community pharmacy is a key enabler in enhancing pharmaceutical care by making better use of the knowledge and aptitude of pharmacy support staff and pharmacists. ¹⁴ Effective use of skill mix in upskilling support staff and education provision has resulted in improved efficiency, sustained service involvement and freeing up pharmacist's time. ¹⁵

The HLP framework recognized the benefits of skill mix and considered the integral contribution pharmacy support staff could have in service delivery. To deliver the HLP concept there was a criterion for a non-pharmacist member of staff to undergo further training and become a healthy living champion (HLC). The role of the HLC includes proactively engaging with the public, understanding the local health and well-being services available, establishing and maintaining a health promotion zone and delivering health and well-being services within the pharmacy.

Table 2 summarizes some of the training available for HLCs.

Research investigating HLP success revealed the key role HLCs played in motivating staff, networking and collaborating with local pharmacy teams in community outreach projects, and supporting continued engagement with the HLP project. Furthermore, research has identified that pharmacy staff trained as HLCs embraced the role and saw personal and patient benefit in delivering pharmacy public health services. ¹⁷

In Portsmouth, a 'pharmacy community' was created, 11 whereby the HLCs formed a

^{33%} Experienced higher prescription volumes

^{43%} Reported a rise in income

^{61%} Experienced increased demand for services

^{80%} Found staff were more productive

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