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Donovan, Gemma and Paudyal, Vibhu (2014) Training needs of support staff to deliver the Healthy Living Pharmacy (HLP) initiative: a qualitative study. In: UKCPA Autumn Symposium 2014, 21 - 22 Nov 2014, Crowne Plaza, Nottingham.

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# Training needs of support staff to deliver the Healthy Living Pharmacy (HLP) initiative: a qualitative study

*"...I'm a firm believer in that y'know, it's not gonna happen overnight. You're not gonna get somebody to sign up to a smoking cessation programme, an obesity programme, just like that from one word you've said. So to me it's not about just their first visit, it's about building up a rapport with somebody and y'know, talking to them erm, just even if it's just a few words one day and a bit longer the next day..."*

*Healthy Living Pharmacy Champion, Dispensing Assistant, Independent Pharmacy*

# Healthy Living Pharmacies

- Healthy Living Pharmacy (HLP) model piloted in NHS Portsmouth in 2009<sup>1</sup>
- Aim was for HLPs to pro-actively promote healthy living and well-being through the pharmacy team
- Training of pharmacy staff to become Healthy Living Pharmacy Champions (HLPCs)
- Evaluation of Portsmouth pilot concluded that HLPs deliver increased public health activity<sup>2</sup>

# HLP Champions

- Pharmacy staff undertook the Royal Society for Public Health Level 2 Award in Understanding Health Improvement
- Two day (7 hours) course which covers:
  1. Inequalities in health
  2. How effective communication can support health messages
  3. Importance of promoting improvements in health and wellbeing
  4. Impact of behaviour change on health and wellbeing
- In addition to established training for pharmacy staff<sup>3</sup>

# Aims and Objectives

- To explore the views and attitudes of pharmacy support staff towards the healthy living pharmacy initiative including:
  - To identify barriers and facilitators to involvement in the HLP initiative from pharmacy support staff's perspectives
  - To understand from pharmacy support staff's perspective whether their involvement in public health related activities has changed
  - To explore if and how pharmacy support staff have integrated public health activities

# Methods

- Qualitative methodology using semi-structured face-to-face interviews
- Pharmacy support staff were recruited via contact with pharmacy managers at all 17 HLPs
- Informed consent was obtained prior to interview
- A topic guide was developed which underwent face validity testing and piloting with one participant
- Interviews were audio recorded and transcribed verbatim
- Data was analysed using Framework Approach
- The study was approved by RGU ethics committee
- Data was collected August-October 2013

# Participants

- 21 participants across 12 HLPs in Northumberland
- 16 Healthy Living Pharmacy champions
- A range of pharmacy support staff roles represented including Medicines Counter Assistants (n=9), dispensing assistants (n=6), technicians (n=4) and accuracy checking technicians (n=2)
- A range of multiples (n=8), small chains (n=2) and independently owned pharmacies (n=2)
- All pharmacy locations were either in a village (n=6) or town and fringe (n=6) setting

# Parent Themes

- **Factors which could be barriers or facilitators**
- **Concerns around becoming a HLP**
- Process to becoming a HLP
- **Perceived changes by support staff as a result of becoming a HLP**
- Views on the HLP concept
- Feedback from patients and the public to pharmacy staff on becoming a HLP
- Integration of public health activity with other day-to-day responsibilities

# Sub-themes relating to training

- Factors which could be barriers or facilitators
  - Training
  - Health promotion materials
  - Perceived demand for public health interventions
  - In-pharmacy services
  - Client point in change cycle
- Concerns about becoming a HLP
  - Unknown expected outcomes
- Perceived changes since becoming a HLP
  - Public health campaigns

# Training as a facilitator

## Sources of training

- RSPH Training
- Employer e-learning
- Health promotion materials

*"I mean a lot of it [on the RSPH training] you knew, and it was obvious, but there was, y'know a lot of things that you didn't know and it drew your attention to. And showed you how to approach people, what was the best way to approach people y'know and listen to them and direct them and that..." HLPC, MCA, National multiple*

## There was also evidence that health promotion was already delivered

*"Well, I mean we promote healthy living as a matter of course anyway, it's not something that's, I think really you need the training to go and do because if somebody comes in and they've got a problem, whether it's to do with smoking, obesity, y'know, if they want advice and are open to advice, we give advice anyway..." HLPC, DA, National multiple*

# Articulated Training Needs

- More knowledge on signposting and health promotion

*"... really you don't know where to send anybody. I mean you can send them to erm, what do you call it, weight, weight watchers and things like that but I mean, and the stop smoking we do here, but I mean cancer prevention and all that y'know, where do you send them? What do you tell them?" HLPC, MCA, Small chain*

- Initiating lifestyle conversations and topics perceived as 'difficult'

*"...There wasn't an awful lot about what kinda things you'd be doing, erm, how you approach different subjects like, obesity and that kind of thing. How, how can you prompt somebody without disheartening them or making them a bit upset." HLPC, PT, Independent*

- A concern about becoming a HLP was lack of knowledge about the concept and what was expected of them to deliver

*"Well not knowing at the beginning what this healthy living pharmacy thing was, erm, that was a challenge." HLPC, MCA, National multiple*

# Inferred Training Needs

- 'Perceived demand for public health interventions from the public' highlighted a lack of knowledge from pharmacy support staff around the context of public health through pharmacies:

*"...you wouldn't outright come into a pharmacy and say "I need some help for my weight" That's what I don't think. It's more like medicated stuff isn't it?" HLPC, DA, Independent*

- 'Stage of change for public health interventions' was another potential facilitator which could be better optimised through additional training has been done for smoking cessation interventions<sup>4</sup>:

*"...y'know people should be responsible for their own, they've got to want to do it their-self. You can say as much as you want to people but unless they really want to do it their-selves, they're not gonna do it." HLPC, PT, Small chain*

- Large variability in descriptions of a 'Public Health Campaign' suggested training could be of benefit such as work done in the USA<sup>5</sup>

*"...[for the] blood pressure "Know your numbers" campaign... I got a great big er, I don't know how to describe it, about that high, and it was er in three or four sections. But it, it stood up and it was...a display of er, detailing about blood pressure and your heart. We had various different types of leaflets, leaflets out, we had a table out, in the, the customer area and anyone who wanted their blood pressure taken was quite welcome to come in the consultation room and have it done." HLPC, DA, National multiple*

# Conclusions

- Existing training for current pharmacy support staff provides a good foundation from which to deliver public health interventions
- RSPH training alone is not sufficient for support staff to effectively deliver public health interventions
- Additional support may be required at local or national level to further support public health activity as part of the HLP programme

# Acknowledgments

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- I would like to thank North of Tyne Pharmaceutical Committee and Northumberland County Council for their support of this study.

# References

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