



AUTHOR(S):

TITLE:

YEAR:

Publisher citation:

OpenAIR citation:

Publisher copyright statement:

This is the _____ version of an article originally published by _____
in _____
(ISSN _____; eISSN _____).

OpenAIR takedown statement:

Section 6 of the "Repository policy for OpenAIR @ RGU" (available from <http://www.rgu.ac.uk/staff-and-current-students/library/library-policies/repository-policies>) provides guidance on the criteria under which RGU will consider withdrawing material from OpenAIR. If you believe that this item is subject to any of these criteria, or for any other reason should not be held on OpenAIR, then please contact openair-help@rgu.ac.uk with the details of the item and the nature of your complaint.

This publication is distributed under a CC _____ license.

1 **Perspectives of Pharmacy Support Staff on the Healthy Living Pharmacy (HLP)**
2 **Initiative in England**

3

4 **Abstract**

5 Background: The concept of the Healthy Living Pharmacy (HLP) in England was first piloted
6 in Portsmouth in 2010. HLPs proactively promote health and wellbeing, offering brief advice,
7 services or signposting on a range of health issues such as smoking, physical activity, sexual
8 health, healthy eating and alcohol consumption.

9

10 Objectives: To explore the views and attitudes of pharmacy support staff on the Healthy Living
11 Pharmacy (HLP) initiative.

12

13 Methods: Qualitative semi-structured, face-to-face interviews were conducted with pharmacy
14 support staff recruited from community pharmacies involved in the HLP initiative in the
15 Northumberland region of England. A topic guide (Appendix 1) was developed which
16 underwent face validity testing and piloting with one participant. Interviews were audio
17 recorded, transcribed verbatim and analysed using framework technique.

18

19 Results: A total of 21 pharmacy support staff from 12 HLPs participated in the study. Results
20 suggest that involving pharmacy support staff at very early stages of the HLP planning process
21 drives their motivation for service delivery. Level of engagement with HLP services was often
22 related to support staff roles within pharmacy. Integration of public health roles with routine
23 pharmacy activities was perceived to be more suited to pharmacy counter based roles than
24 dispensing roles. Further training needs were identified around how to proactively deliver
25 public health advice, mainly in service areas perceived 'difficult' by the participants, such as
26 weight management. A total of 19 facilitators/barriers were identified from the data including
27 training, access to information, client feedback, availability of space and facilities within
28 pharmacies, time and competing priorities.

29

30 Conclusions: Pharmacy support staff engagement with the HLP initiative can be promoted by
31 involving them from the outset of the service introduction process. Support staff might benefit
32 from targeted training around certain public health areas within the HLP initiative.
33 Facilitators/barriers identified in this study will inform development and further roll out of HLP
34 initiative in wider areas.

35

36 **Keywords:** Community Pharmacy, Healthy Living Pharmacy, Pharmacy Support staff,
37 Public Health

38

39

40 Study highlights

- Pharmacy support staff are at the forefront of Healthy Living Pharmacy (HLP) services; an initiative aimed to proactively promote public health.
- A qualitative study was undertaken to explore pharmacy support staff perspectives on HLP service delivery.
- Integration of public health roles to routine pharmacy activities was perceived by study participants to be more suited to pharmacy counter based role than dispensing role. Facilitators/barriers to service provision were identified including training, access to information, client feedback, availability of space and facilities within pharmacy, time and competing priorities.
- Targeted training around services offered within HLP initiative can benefit pharmacy support staff in offering proactive public health advice.

41

42

43

44

45

46 **Introduction**

47 The role of community pharmacy in public health in England was formalised in the 2005
48 National Health Service (NHS) community pharmacy contractual framework.¹ The contractual
49 framework lists ‘Promotion of Healthy Lifestyles (Public Health Campaigns)’ amongst the
50 essential services (Box 1). Essential services are required to be offered by every community
51 pharmacy. Promotion of healthy lifestyles includes both opportunistic advice and targeted
52 health promotion campaigns through pharmacy. In addition, signposting individuals to
53 appropriate points of health services and promoting self-care and self-management are also
54 included under essential services.¹

55

56 **Box 1 NHS (Pharmaceutical Services) Regulations 2005 in England¹**

A. Essential services and clinical governance: Essential services are provided by all pharmacy contractors and are commissioned by NHS England. Examples include dispensing, disposal of unwanted medicines and public health. Clinical governance includes patient safety incident reporting, an information governance programme, patient and public involvement in service delivery and premises requirements.

B. Advanced services: These are provided by all contractors once accreditation requirements have been met and are commissioned by NHS England. Examples include Medicines Use Reviews and the New Medicine Service.

C. Locally commissioned (Enhanced) services: These are commissioned by Local Authorities, Clinical Commissioning Groups and NHS England in response to the needs of the local population.

57

58 The concept of a Healthy Living Pharmacy (HLP) was first piloted in seven pharmacies in
59 Portsmouth between 2009 and 2010.² The objective of a HLP is to pro-actively promote healthy
60 living and wellbeing through the pharmacy team, as well as deliver high quality patient care.
61 Specific features of HLP pharmacies include:³

- 62 • Achieving defined quality criteria requirements and meeting productivity targets linked
63 to local health needs e.g. a defined number of stop smoking quits at 4 weeks
- 64 • A team in the pharmacy that proactively promotes health and wellbeing and proactively
65 offers brief advice on a range of health issues such as smoking, physical activity, sexual
66 health, healthy eating and alcohol consumption
- 67 • At least one trained Healthy Living Pharmacy Champion (HLPC)
- 68 • Recognition by the public as a provider of health information

69

70 Since 1st April 2013, commissioning of pharmacy services which support public health has
71 been the responsibility of public health teams in Local Authorities. When it was designed, the
72 HLP commissioning framework aimed to build on existing core pharmacy services (essential
73 and advanced) along with a series of additional services which are commissioned depending
74 on the needs of the local population. This enables commissioners to accredit HLPs at different
75 levels depending on their delivery of public health services. Level 1 enables utilisation of some
76 common locally commissioned services, for example smoking cessation with Level 3
77 pharmacies offering more specialist public health services such as prescribing clinics.² Other
78 services that could be commissioned and delivered by HLPs include weight management,
79 alcohol misuse screening and advice, emergency hormonal contraception and sexually
80 transmitted infection screening, and needle exchange schemes for substance misuse. In
81 particular tackling health inequality remains one of the key objectives of HLPs. HLPs are
82 members of the pharmacy team who are trained and accredited through a structured training
83 programme to provide customers with health and wellbeing advice.

84

85 The HLP initiative is reflective of national policy drivers that emphasise the promotion of
86 public health through pharmacy.⁴ In particular, the focus on making “every contact count” has
87 highlighted the need for all healthcare professionals to use all opportunities to promote health
88 and wellbeing.⁵

89

90 Evaluation of the HLP model was conducted during 2011/12 using all 36 pharmacies in
91 Portsmouth area (of which 17 were HLPs).² Over a one-year period, the evaluation suggested
92 that HLPs ranked higher than non-HLP pharmacies in terms of the range of public health
93 services offered and associated patient outcomes, for example, four week quit rates for the
94 smoking cessation service offered through pharmacy.

95

96 Following the pilot, the HLP programme was rolled out to a further twenty pathfinder sites
97 across England.⁶ Evaluation of experiences of patients who had utilised a HLP service (n=1034,
98 response rate unclear) suggested that a high majority (99%) of the respondents were
99 comfortable accessing public health services through HLPs with 98% rating the quality of the
100 service they had received as being good or excellent.

101

102 The HLP initiative aims to better utilise pharmacy staff for the delivery of public health
103 services.⁶ However, perspectives of pharmacy support staff around the HLP model remains

104 poorly researched. Brown et al.² in their evaluation of the pilot HLP service interviewed HLPCs
105 and other support staff (n=13). Staff motivation, good client rapport, and effective team
106 working were identified as key service facilitators. Lack of: staff time, public awareness and
107 appropriate incentives were some of the key barriers to service provision. Since the wider roll
108 out of the HLP service, there is a dearth of published literature exploring support staff
109 perspectives on the HLP initiative, and in particular evaluations exploring the views of support
110 staff other than HLPCs. Being at the forefront of service delivery, understanding perspectives
111 of pharmacy support staff, both HLPCs and non-HLCs is imperative to inform future service
112 delivery. This study aimed to explore the views, attitudes and perception of pharmacy support
113 staff on the HLP model. Specific objectives were as follows:

- 114 • To identify facilitators and barriers to involvement in the HLP initiative from
115 pharmacy support staff's perspectives.
- 116 • To understand from pharmacy support staff's perspective, whether their involvement
117 in public health related activities had changed since their pharmacy's engagement
118 with the HLP initiative.
- 119 • To explore if and how pharmacy support staff have integrated public health activities
120 as defined by the HLP initiative into their overall role and wider responsibilities.

121

122 **Method**

123 This study adopted a qualitative face-to-face semi-structured interview design. A list of all the
124 pharmacies and pharmacists within Northumberland County Council who were accredited as a
125 Level 1 HLP (providing either smoking cessation or sexual health as a locally commissioned
126 service and had at least one trained HLPC), was obtained from the Community Pharmacy
127 Development Lead from North of Tyne Local Pharmaceutical Committee (LPC). Pharmacists
128 were contacted by telephone by the study researcher (GD). A brief explanation of the study
129 was provided and if they were willing for their support staff to be involved in the research,
130 pharmacists were asked to initially nominate up to three support staff to participate. A
131 participant information sheet and a nomination form were sent electronically to the pharmacists
132 after the telephone call. Pharmacists were asked to approach their support staff and with their
133 agreement, nominate them for participation using the form and return this to the researcher.
134 Diversity in participant demography was sought, with the researcher emphasising to
135 pharmacists the desire for participation by support staff with a range of experience and roles
136 including HLPCs.

137 Following receipt of nomination forms, participant information sheets and consent forms were
138 directly sent to the nominated pharmacy support staff by post. Written consent forms were then
139 returned to the researcher prior to interview. A topic guide was developed based on the
140 currently available literature in accordance with the project's aims and objectives. The topic
141 guide underwent face validity testing with the Community Pharmacy Development Lead for
142 North of Tyne LPC and the Public Health Manager at Northumberland County Council. A pilot
143 interview was also conducted with one member of pharmacy support staff. No changes to the
144 topic guide were suggested through the validation and piloting process. The pilot interview was
145 hence analysed together with the main study interviews.

146

147 Demographic information was also collected from each participant prior to the interviews.
148 Interviews were audio recorded and transcribed verbatim. Each interview lasted approximately
149 30 minutes. Framework approach was used to analyse the data supported by NVivo10 (©QSR
150 International). The framework technique is named from the 'thematic framework' where data
151 are categorized into a matrix system based on emergent themes and subthemes.⁷ A thematic
152 coding framework was drawn up based on the research aims and objectives, topic guide and
153 emergent themes following familiarisation with the data. The thematic framework included
154 both parent themes and subthemes which were identified from the development of the thematic
155 framework. Data was then indexed, coding transcripts deductively based on the thematic
156 framework. Charts were created from the thematic framework and using quotations from the
157 data following coding. The charts were then used to map the range of the phenomena identified,
158 find associations between the themes and interpret the findings. Duplicate and independent
159 analysis of one transcript was undertaken by VP and identified no issues to be resolved with
160 either the thematic framework or its systematic application to the data. Data saturation led to
161 termination of recruitment and any further interviews.

162

163 The study was approved by Robert Gordon University, School of Pharmacy and Life Sciences
164 Ethics committee. The National Health Service Research Ethics Committee, North East
165 England advised that full ethical submission was not required.

166

167

168

169

170 **Results**

171 Twenty-one interviews were conducted with participants from across 12 HLPs. The majority
 172 of participants were over 40 years (n=17) (Table 1). All were female and of White British
 173 ethnicity. Nine participants had the role of medicines counter assistants (MCAs) in their
 174 pharmacy and the majority were HLPCs (n=16) (Table 1).

175

176

177 **Table 1: Participant demography**

Demographic characteristics	Number of participants (n)
Age range (years, n=21)	
<30	4
30-39	0
40-49	6
50-59	8
60-69	3
Ethnicity (n=21)	
White British	21
Sex (n=21)	
Female	21
Education (n=21)	
Secondary school	12
Further education	7
Higher education	2
Job role in pharmacy (n=21)	
Medicines Counter Assistants (MCAs)	9
Dispensing Assistants (DA)	6
Pharmacy Technician (PT)	4
Accuracy Checking Technicians (ACT)	2
Work hours (per week, n=21)	
<16	0
16-29	15
30-39	6
40-45	0
>45	0
HLP Champion status (n=21)	
HLP Champion	16
Others	5
Pharmacy ownership (n=21)	
Independent	5
Small chain (2-5 pharmacies)	4
National multiple	12

178 HLP: Healthy Living Pharmacy

179

180

181

182 **Key themes**

183 Key themes identified in the data are presented in in this section.

184

185 **Process of recognition as a HLP**

186 Participants expressed their views on the process of their pharmacy becoming accredited as a
187 HLP. A few participants expressed that the process and decision to become a HLP was a
188 collaborative process within the pharmacy team and this had led to a higher level of motivation
189 and perceived ownership attached to the HLP identity.

190

191 "... [the pharmacist] who was the manager at the time sort of erm, had a chat with us, all the staff, went
192 through what we were doing, why we were going to apply to become a healthy living pharmacist..." HLPC,
193 DA, Independent

194

195 Whereas others mentioned the application process as being mostly led by the pharmacist, with
196 most participants having no insight as to the how their pharmacy became involved.

197

198 "I don't know if we were invited to become a healthy pharmacy, or we, we erm, proposed that we would
199 or...Or what I don't know." Non-HLPC, PT, Independent

200

201 Undergoing the Royal Society of Public Health training programme was identified as a key
202 milestone to becoming a Level 1 HLP. Whilst some participants described the training as
203 useful, most participants felt that they hadn't gained the skills to put the knowledge into practice
204 to deliver interventions to their clients.

205

206 "...we went on a two-day course where I've, they explained a lot about people's backgrounds, and how
207 backgrounds can affect people's like health and social, communication skills and all that kinda stuff, erm,
208 but that, I would say that was pretty much it. There wasn't an awful lot about what kinda things you'd be
209 doing, erm, how you approach different subjects like, obesity and that kind of thing. How, how can you
210 prompt somebody without disheartening them or making them a bit upset." HLPC, PT, Independent

211

212 A couple of participants reflected on their own health and lifestyle as a result of the HLP
213 training and some subsequently modified their diets and increased the amount of physical
214 activity they undertook in order to strive for a healthy lifestyle. For a couple of participants,
215 this subsequently had a perceived impact on the interventions they delivered to patients.

216

217 "...I mean I've only been going to this gym, erm, it's like a health start one, I would say about six weeks now,
218 and initially I thought oh, I don't know if this is doing me any good, but I have felt I've got more energy, I
219 have felt like me concentration, that was better... so, it's made us realise the benefits of maybe doing a little
220 bit of exercise. And, so that would be things I would pass on, and I have passed on if the opportunity arise-,

221 y'know arose." HLPC, MCA, National multiple

222

223 A few participants described a review of pharmacy stock-holding as part of becoming a healthy
224 living pharmacy including removal of items such as sweets from the pharmacy counter area
225 and re-organisation of pharmacy layout to emphasise the health functionality of the pharmacy.

226

227 **Services offered and general views on the Healthy Living Pharmacy concept**

228 Participants described availability of a wide range of public health pharmacy services or advice
229 giving around smoking cessation, emergency hormonal contraception, blood pressure
230 measurement, capillary testing for blood glucose and cholesterol, flu vaccination and travel
231 clinics as part of the HLP delivery. Most participants were positive about the concept, and this
232 was often linked with the opportunity to offer advice around public health and being able to
233 refer clients to other service providers.

234

235 "...I mean it's got to be a good idea if it's gonna help people. And even if you get like two or three people
236 who you can direct somewhere, it's, it's been worth it." HLPC, MCA, National multiple

237

238 A few participants perceived delivery of public health campaigns as the main new activity in
239 their pharmacy since becoming a HLP. For others it was mainly an increased emphasis on
240 public health interventions, although most described little change to their everyday activity.

241

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

245 HLPC, DA, National multiple

246

247 Long term sustainability was an issue for one participant who raised concern about the lack of
248 long term successes of previous pharmacy services.

249

250 "...over the years [I've] been to meetings, been to, they come up every so often, these brilliant ideas and then
251 after a couple of years it just takes a back seat and then they bring something else out. Erm so no, basically
252 I wasn't very impressed with it all." HLPC, PT, Small chain

253

254 **Integration of HLP into routine pharmacy activities**

255 Many examples of integration of public health advice or interventions were presented by

256 participants. Frequently this was advice when conducting over-the-counter sales for medicines
257 or other items such as weight loss products. Integration of the HLP initiative into dispensing
258 activities was less cited.

259

260 "...Nicorette lozenges or patches. Y'know, if they're buying anything like that. Or if they're kinda hovering
261 around that area you go and approach them and, and ask them if they're interested in giving them up, or if
262 they've tried before... Same with like er losing weight if they're sort of by the slimfast drinks and things. If
263 you approach them and ask them if they need any help and take it from there and ask them." Non-HLPC,
264 MCA, National multiple

265

266 Other examples included advising patients about codeine dependence with requests for
267 codeine-containing medicines, promoting a diabetic foot care campaign, and clients browsing
268 through health promotion materials within the pharmacy when waiting for prescriptions which
269 could lead to an intervention.

270

271 **Influencing client behaviour changes**

272 Participants described their experiences with regards to influencing behaviour changes
273 amongst clients around healthy living. Having previous acquaintance with clients and being
274 located in a rural setting were deemed by some participants to be a positive factor in proactively
275 initiating healthy living conversation.

276

277 "...the culture of the village is, is more that you do chat to people rather than just y'know, put something in
278 a bag and take their money." HLPC, DA, National multiple

279

280 However, others described that previous acquaintance with clients didn't always make lifestyle
281 conversations easier. For these participants, topic under discussion and the individual client
282 were the key factors.

283

284 "...looking it from me as a customer's point of view, if they were to come in to the pharmacy and say they
285 wanted, I don't know, like Plan B [EHC service] or something like that, they might walk into the pharmacy
286 and think "Oh God, it's [the staff member], and I've known her for ten year and she's gonna tell my mother
287 and my grandmother, my auntie, my dad, my boyfriend..." HLPC, DA, National multiple

288

289 Participants described getting their clients to translate advice into practice was the most
290 challenging aspect of some of the public health advice.

291

292 "...You can say as much as you want to people but unless they really want to do it their-selves, they're not
293 gonna do it." HLPC, PT, Small chain

294

295 Interventions around alcohol consumption and obesity were described by most participants as
296 'difficult' topics to broach with customers and often described these areas being outwith the
297 remit of the pharmacy. Interventions around smoking were generally regarded as being
298 relatively 'easier'.

299

300 "... making people aware of healthy eating and exercise but I think that's something that's quite hard to try
301 and preach to someone.... I think those are the hardest two things. Whereas smoking, because we offer the
302 service, it's the stop smoking service, that's a lot easier." Non-HLPC, MCA, Small chain

303

304 Other topics which were considered by participants to be difficult were men's health
305 (predominantly due to a large female workforce), cardiovascular health, sexual health (due to
306 a perceived discrepancy between the target demographics of such advice compared to regular
307 pharmacy clientele) and mental health.

308 Some participants also had qualities which seemed to facilitate their health promotion
309 activities. Sometimes these were overtly described by participants; others were implied from
310 descriptions of their work. These qualities included resilience when experiencing negative
311 feedback when attempting to make interventions, good communication skills and enthusiasm
312 for delivering public health interventions.

313

314 "...we reached the decision that the counter assistant and myself should be doing [the HLP champion role],
315 the counter assistant because she was the one that was in the most hours on the counter, and myself
316 because obviously I'm quite a confident person..." HLPC, DA, National Multiple

317

318 **Feedback from clients**

319 A few participants described feedback from individual clients based on campaigns or
320 individual interventions and this was noted to often be very positive.

321

322 "We've had one guy who's discovered that he has prostate cancer because we did a cancer campaign and he
323 picked up some leaflets and he fed back to us that y'know, "Thank you very much" " HLPC, DA, National
324 multiple

325

326 Whereas others described receiving little or no feedback from clients about the HLP initiative.
 327 Some of them however, suggested that the HLP programme had made the general public more
 328 aware of what was available from pharmacies. A couple of participants also expressed that it
 329 would possibly take more time before the impact of the HLP programme would be felt.

330

331 **Barriers and facilitators to service provision**

332 A total of 19 facilitators and barriers were identified from the interviews (Table 2). Key barriers
 333 and facilitators are described in this section.

334

335 **Table 2: Facilitators/barriers to HLP delivery**

Barriers and facilitators	Exemplar quotes
Health promotion materials [#]	"... we were doing the young peoples sexual health [in the pharmacy] anyway, so I had some booklets and there was nice little that had all sorts of information on and gave you all the details about the different contraception things so, I gave her one of those and told where she could find further information from." HLPC, DA, Independent
Brief nature of interventions [#]	"...we can spend three, five minutes and direct them erm, about sort of various things y'know whether the problem is eating, alcohol, er physical activity..." HLPC, MCA, National multiple
Teamwork and communication [#]	"...we try to have meetings within the pharmacy at least once a month... I try to sort of give an update of where we are and things that I would like people to do... like at the moment doing flu jabs... it's just making everybody more aware within the staff [in the pharmacy]. And getting everybody singing from the same hymn sheet." HLPC, DA, Independent "It would help to get [the pharmacy team] all together, but they're never all together." HLP, DA, National Multiple
Participant awareness around expected outcomes of HLP programme	"Just to try and make people aware of y'know the risks that are involved with y'know, your smoking, your heart, things like that y'know? Erm exercise, trying y'know tell them to get exercise and, or even if they can't do exercise as such, erm, go out for mebbes a short walk or things like that." HLPC, DA, National Multiple "...well we're doing, we're doing the monthly campaigns, and to be perfectly honest I don't know what else they expect us to do." HLPC, DA, National Multiple
Staff access to information	"I got a massive amount of information off the erm, the NHS website, and then, that was sort of like a regional thing and I've just been trying to put more things together that are more local to us." HLPC, DA, Independent "...cancer prevention and all that y'know, where do you send them? What do you tell them?" HLPC, MCA, Small chain
Training	"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 "...we found that erm, having some kind of training in initiating the conversation with the customers was missing." HLPC, MCA, National Multiple
Nature of HLP delivery	"... making people aware of healthy eating and exercise but I think that's something that's quite hard to try and preach to someone.... I think those are the hardest two things. Whereas smoking, because we offer the service, it's the stop smoking service, that's a lot easier." Non-HLPC, MCA, Small chain
Leadership within the pharmacy	"... [The pharmacist is] quite good for keeping up to date with different campaigns that's are going on and "Should we be doing this?" Or, but on the other hand he's quite happy for us sort of look through the list and kinda say "Right, if that's what you wanna do, you go." " HLPC, PT, Independent "...because we can't obviously go and do things without her say so. I think she would have to organise it [HLP activity] and then everybody else follow through." Non-HLPC, PT, National multiple
Participants previous experience of public health service delivery [#]	"The needle exchange it was because I've worked in a pharmacy prior which did needle exchange, erm, and I was aware of erm, [the local sexual health clinic] cos erm, well, we've just dealt with them before and I just, that they're there and things like that." Non-HLPC, PT, Independent

Time/ Competing or synergistic work priorities	"...in the future, possibly those pharmacies who were healthy living pharmacies and were prepared to sort of go that little bit extra, that extra mile, erm would if there was any further new services came out, that we would be able to do those and it was just about, sort of progressing with your pharmacy." HLPC, DA, Independent "You've got a customer in and you don't always have time to speak to them [about healthy lifestyles]. Y'know, cos there's somebody else standing behind or, the phone's ringing and, or somebody's having their lunch. Y'know what I mean?" HLPC, DA, Independent
Availability of in-pharmacy services to deliver further interventions	"...you've got yer smoking, we've got the Plan B, at the moment we're running a bit thing on the flu and we can do the flu vaccines, so it's quite easy to signpost to in-store." HLPC, DA, National multiple "...we do sell quite a lot of the smoking cessation but we don't actually have anybody that, that does that here... if we had, had the service it would be easier, but we don't." HLPC, DA, National multiple
Perceived demand from clients for public health interventions	"...well it's [weight management] not something people would outright come to the counter for, where smoking you would. So if they've got like, I think the example that they [the RSPH trainers] used was a chesty cough bottle, and they get talking about "Well I must cut these tabs down" and then you say "Well, we do offer..." It's that, d'you know what I mean? It's like, nobody would come up saying well your weight and things. That's what I think anyway." HLPC, DA, Independent
Public awareness of the service	"...it's called <i>The [village] news</i> and it's sent out I think every two months, every month, and [the pharmacy manager] does an article in that every month, so he put in a big article about the healthy living. We did get a lot of people comment on it." HLPC, DA, Independent "There's a poster in the window to say that this is a healthy living pharmacy but I'm not sure that the public would know what that meant." Non-HLPC, PT, Independent
Rural setting	"...the culture of the village is, is more that you do chat to people rather than just y'know, put something in a bag and take their money." HLPC, DA, National multiple "It's quite a rural area and quite a lot, lot of older people, and erm, like there was something that we got sent through the post about erm, how to inject heroin safely, which is a good thing to know, but it's not right for this area, because I, y'know, we may well have heroin users but I think they're very few and far between in, in this area and I think for a lot of our older customers, looking up and seeing that poster would be quite offensive." HLPC, PT, National multiple
Relationship with pharmacy clients	"...the person's more willing to talk to somebody that they see on a regular basis rather than to a perfect stranger. I mean it, it depends, I mean somebody with a very personal health problem that they maybe find embarrassing, I think probably finds it easier to speak to a stranger. But for general sort of, lifestyle... they'll mention it, whereas if you don't have a relationship with somebody I don't think er, that kind of things comes up." HLPC, DA, National multiple
Qualities of individual support staff [#]	"...we reached the decision that the counter assistant and myself should be doing [the HLP champion role], the counter assistant because she was the one that was in the most hours on the counter, and myself because obviously I'm quite a confident person..."
Support staff role within pharmacy	"I think if you're on the counter, you've got more opportunity. Certainly than when you're dispensing, cos when you're dispensing its head down, get on with things y'know. It's, and you've gotta concentrate on what you're doing, so... It is a little bit more difficult." HLPC, DA, Independent
Multidisciplinary team [^]	"...I mean maybe GP surgeries. If y'know, it was promoted there that people could get healthy living advice from the pharmacy maybe that would've erm, would be helpful." HLPC, DA, National multiple
Physical space within the pharmacy [^]	"...when you're trying to speak to somebody there's usually somebody in here [consultation room], there's usually other people at the counter, so it's, it's not the easiest place to have a chat with somebody." HLPC, DA, National multiple

336 [#]Items described only as a facilitator [^]Items described only as a barrier. See results section for elaboration of themes.

337

338

339

340 Access to information

341 Access to information was perceived by participants to be key to the provision of the HLP
342 programme. Participants often expressed confusion with regards to the depth of interventions
343 that they were expected to provide within certain HLP activities, for example, weight loss

344 interventions.

345

346

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

350

351 **Teamwork and communication**

352 Having a good channel of communication within the pharmacy team was cited by some
353 participants as an enabler of HLP activity. However, some participants also reported problems
354 in cascading information within the pharmacy, and this was mainly in relation to staff being in
355 the pharmacy at different times, making face-to-face communication difficult.

356

357 "It would help to get [the pharmacy team] all together, but they're never all together." HLPC, DA, National
358 Multiple

359

360 **Time and other competing priorities**

361 Lack of adequate time, especially due to the administrative aspect of HLP delivery, such as
362 record keeping, was the most commonly reported barrier to service provision. The use of brief
363 interventions as a format for delivering public health was described by most participants as
364 being a good approach to HLP activity both in terms of only a small amount of time being
365 taken up, and as a way of integrating public health with other pharmacy day-to-day activities.
366 Services which were deemed to return financial rewards to pharmacy more promptly were
367 regarded by participants as the priority where lack of time was cited as a barrier to HLP service
368 provision.

369

370 "...the staff's quite paired back, there's just things that are deemed more important because of the immediate
371 financial reward I suppose." HLPC, MCA, National multiple

372

373

374 **Client demand for the service**

375 Participants seemed to feel comfortable delivering public health interventions for which they
376 perceived a demand from their pharmacy clientele, and the area that was considered to be most
377 in demand was support for smoking cessation.

378

379 "...if they've got like, I think the example that they [the RSPH trainers] used was a chesty cough bottle, and
380 they get talking about "Well I must cut these tabs [cigarettes] down" and then you say "Well, we do offer..."
381 It's that, d'you know what I mean? It's like, nobody would come up saying well your weight and things.
382 That's what I think anyway." HLPC, DA, Independent

383

384 Participants regarded HLP activities being more effective when further interventions could be
385 delivered in-store, such as with smoking cessation. However, one participant described being
386 in close proximity to a general practice meant that not having a service within the pharmacy
387 wasn't necessarily a barrier. Those without in-store services also described that having the
388 services available in store would make it easier to signpost patients.

389

390 **Facilities**

391 Having limited access to a consultation room or quiet areas of the pharmacy where support
392 staff could have confidential conversations with pharmacy clients around health was also
393 described as a barrier to public health activity by a couple of participants.

394

395 "...when you're trying to speak to somebody there's usually somebody in here [consultation room], there's
396 usually other people at the counter, so it's, it's not the easiest place to have a chat with somebody." HLPC,
397 DA, National multiple

398

399 **Public awareness**

400 Lack of public awareness of the HLP programme was seen as a barrier to HLP activity by a
401 number of participants. Most participants discussed using health promotion materials such as
402 posters and leaflets to facilitate running their public health campaigns.

403

404 "There's a poster in the window to say that this is a healthy living pharmacy but I'm not sure that the public
405 would know what that meant." Non-HLPC, PT, Independent

406

407

408

409 **Support staff role within pharmacy**

410 Having a dispensary based role was universally seen as being a barrier to having the
411 opportunities for healthy lifestyle conversations compared to the role of medicines counter
412 assistants.

413

414 "I think if you're on the counter, you've got more opportunity. Certainly than when you're dispensing, cos
415 when you're dispensing its head down, get on with things y'know. It's, and you've gotta concentrate on what
416 you're doing, so... it is a little bit more difficult." HLPC, DA, Independent

417

418 **Discussion**

419 **Discussion of key findings**

420 This study investigated the perspective of pharmacy support staff around the HLP initiative in
421 the Northumberland region of England. Themes identified point to inter-linked key elements
422 which contribute to the success or otherwise of utilizing support staff for the delivery of the
423 Healthy Living Pharmacy initiative.

424

425 Results suggest that engagement with the HLP programme by pharmacy support staff is key to
426 the delivery of the HLP initiative. Support staff engagement seems to have been driven as
427 identified in this study through various ways including: reflection on own health behaviours
428 followed by action to improve own health, relationships with pharmacy clients, positive
429 feedback where available and motivation to improve client health.

430

431 The findings demonstrate the challenges associated with contextualisation of public health
432 activities for community pharmacy support staff, especially where there is a lack of in-
433 pharmacy services. There were also gaps identified in knowledge around what services were
434 available for staff to signpost their clients to. Further training opportunities might overcome
435 this barrier. Further training needs were also identified around proactively offering public
436 health services to pharmacy clients as identified by previous evaluations.^{8,9}

437

438 This study also highlights some of the challenges associated with utilising the HLP concept
439 within a rural environment. It is known from the literature that large geography covered by the
440 HLP commissioning bodies affected their ability to deliver training sessions and localise public
441 health intelligence information.² In a rural environment where pharmacy support staff tend to
442 be generally more acquainted with their clients, such relationships could result in a barrier to
443 the delivery of certain public health services. This phenomenon has been identified in other
444 evaluations.⁹ However, participants in this study also described staff acquaintance with the
445 clients as a potential facilitator to service provision.

446

447 The results also provide some evidence of integration of HLP delivery by participants into

448 routine pharmacy activities. A potential link between the roles of support staff within pharmacy
449 to the level of engagement with the HLP initiative was also identified in this study. The HLP
450 framework does not make reference to what types of traditional pharmacy role (MCA, DA,
451 pharmacy technician) lend themselves best to the role of HLPC. This study suggests that MCAs
452 have been able to integrate public health activities much easier than their dispensary based
453 colleagues. However, there is much potential for public health interventions to be linked with
454 dispensing, for example during the dispensing of medicines for long term conditions. This was
455 identified by HLPCs in another study where participants described linking health promotion
456 activities to dispensed medicines for respiratory and cardiovascular conditions.⁹

457

458 Results suggest that presence of dedicated health promotion areas within pharmacies and public
459 health campaigns benefits HLP delivery. Lack of privacy and adequate space within pharmacy
460 as identified in this study has been cited as a barrier to wider service provision not limited to
461 the delivery of public health services.¹⁰ Availability of in-pharmacy services was described by
462 support staff as an important facilitator to offering proactive public health advice. Getting more
463 pharmacies to offer wider public health services requires collaboration from pharmacy
464 contractors and commissioners.⁶

465

466 There were certain aspects of HLP services where participants felt less comfortable offering
467 these to their clients. This was described with the provision of alcohol services in a previous
468 study by Langley et al.⁹ in Birmingham, England but in this study the focus was on the delivery
469 of weight management advice/services. Further training could strengthen support staff skills
470 to deliver these services.⁹

471

472 **Strengths and limitations of this study**

473 In this study there was good representation from a variety of support staff roles and pharmacy
474 types, including participation of non-HLPC pharmacy support staff. The age of participants
475 was slightly older and there is also a slight over-representation of dispensing assistants and
476 technicians compared to that reported for the wider workforce.¹¹ More the of the study sample
477 were part-time workers compared to the wider workforce, and this may have influenced
478 findings around aspects of communication associated with HLP activity within the pharmacy
479 team. All participants were White British females and this data represent the very high
480 dominance of this demography in the workforce.

481

482 Previous research highlighted the need to undertake research in rural settings⁶ and hence rural
483 representation adds to the strength of the study. Data saturation was achieved based on
484 researcher views and initial analysis of the data allowing the relevance of the results to be
485 extended to HLP support staff based in rural settings who did not participate in this study.

486

487 All interviews were conducted in locations that were conducive to an open discussion with
488 participants. As GD was a pharmacist and the interviewer for the study, this had the potential
489 to create a ‘power’ related bias whereby support staff may have felt unable to reveal their true
490 thoughts and feelings, and given what they perceived to be the ‘correct’ responses. However,
491 GD had no previous acquaintance with any of the participants involved and was mainly
492 introduced to participants in the capacity of a MSc student. By acknowledging, checking, and
493 having a constant awareness, these potential opportunities to create bias, the influences of these
494 factors were minimised.¹²

495

496 **Recommendation for practice**

- 497 1. The results demonstrate that involving pharmacy support staff from the outset, i.e. the
498 application process, leads to positive aspirations amongst the staff with regards to
499 engagement with the HLP initiative.
- 500 2. Key service facilitators and barriers as identified in this study around access to
501 information and physical space need to be addressed by commissioners and community
502 pharmacists in light of enabling further geographical commissioning regions to take up
503 this initiative.
- 504 3. Pharmacy support staff will benefit from further training around proactive or
505 opportunistic delivery of some of the interventions regarded as ‘challenging’ by the
506 study participants such as those around weight management.
- 507 4. The HLP programme would benefit from some clear aims and objectives against which
508 success can be measured by both commissioners and local pharmacy teams. Guidance
509 on what a public health campaign should look like and practical information on delivery
510 of these would also help standardise what is delivered, whilst maintaining room for
511 local flexibility.
- 512 5. Use of local media could potentially be a useful resource in addressing issues around
513 low public awareness of services, which was deemed by study participants to impact
514 on HLP usage by pharmacy clients.
- 515 6. There is a scope to involve dispensary based support staff to further engage in service

516 delivery.

517

518 **Future research**

519 Findings from this study should be explored quantitatively, for example using survey
520 methodology, to establish if the results identified in this study reflect the views of support staff
521 involved in HLP services delivered elsewhere. Theory based research to further identify key
522 service facilitators and barriers in order to enable behaviour changes is essential. Evaluation of
523 patient outcomes is also needed to explore the effectiveness of the services delivered as part of
524 HLP initiative.

525

526 **Conclusion**

527 The views of pharmacy support staff from this study further support the conclusion that
528 pharmacy support staff can be effectively utilised for the delivery of public health from
529 community pharmacy. Participants described that they are able to integrate public health into
530 traditional pharmacy roles and utilise the resources they have available to deliver a wide range
531 of interventions. Participants also described a wide range of barriers and facilitators to
532 delivering the HLP programme and public health activity. Knowledge and skills of support
533 staff, personal engagement of support staff with the initiative and local leadership were all
534 found to be important for successful delivery of the HLP programme in this study.

535

536 **Acknowledgements**

537 North of Tyne Local Pharmaceutical Committee partly funded study costs. We would like to
538 thank all of participants and pharmacies involved in the study, the public health team at
539 Northumberland County Council including Lisa Nevens and Bev Herron who facilitated access
540 to the study population.

541

542

543 **Appendix 1: Study topic guide**

544 Icebreaker- what HLP activities have you been doing today/ this week/ what is your next
545 public health campaign etc.

546 Clarification of 'Public Health'- activities as defined by HLP- smoking cessation and sexual
547 health pharmacy services and the Public Health Campaign plan for 2013 to demonstrate
548 further examples of the scope of public health for the purposes of the interview

- 549 ● From your perspective, what was the process of becoming a HLP?
- 550 ○ Probe: training received, topics covered, new activities started within the
- 551 pharmacy
- 552 ● Did you worry about becoming a HLP and what were those concerns?
- 553 ● What challenges did you face during the process of becoming a HLP?
- 554 ○ Probe: personnel, organisation, information, skills, physical resources, local
- 555 council, patients, other pharmacies, company/ business owner, other pharmacy
- 556 staff, GP surgeries, other local healthcare professionals/ services
- 557 ○ Whether and how did you overcome the challenges
- 558 ● Was there any other support which would have been helpful for you in becoming a
- 559 HLP?
- 560 ● How do you feel now about being part of a HLP?
- 561 ● How have the patients/ community responded to your HLP activities?
- 562 ○ Example of best intervention/ service provided
- 563 ○ Example of intervention/ service that did not go as well
- 564 ● How has your role changed since you became a HLP?
- 565 ○ What types of activity did you do in your role around public health before the
- 566 pharmacy became a HLP?
- 567 ○ Have your responsibilities changed since becoming a HLP?
- 568 ● How do you think the public health activity fits in with your other pharmacy duties?
- 569 ○ Medicines sales
- 570 ○ Health advice
- 571 ○ Dispensing
- 572 ○ Checking
- 573 ○ Medicines counselling
- 574 ○ Business administration
- 575 ● Pharmacy services What do you think about the idea of a HLP?
- 576 ○ Probe: Benefits, barriers, role of a community pharmacy in public health, role
- 577 of support staff in delivering public health
- 578

579

580

581

582 **References**

- 583 1. Pharmaceutical Services Negotiating Committee (PSNC). *NHS Community Pharmacy*
- 584 *Services: a summary*, 2013. Available from: [http://psnc.org.uk/wp-](http://psnc.org.uk/wp-content/uploads/2013/08/CPCF-summary-July-2013.pdf)
- 585 [content/uploads/2013/08/CPCF-summary-July-2013.pdf](http://psnc.org.uk/wp-content/uploads/2013/08/CPCF-summary-July-2013.pdf). Accessed 05/03/2015.

- 586 2. Brown D, Portlock J, Nazar Z & Rutter P. From community pharmacy to healthy living
587 pharmacy: Positive early experiences from Portsmouth, England. *Res Soc Admin Pharm.*
588 2014;10:72-87.
- 589 3. National Pharmacy Association. *Healthy Living Pharmacy: an overview*, 2012. Available
590 from: https://www.npa.co.uk/Documents/HLP/HLP_overview_12.11.pdf. Accessed 03/05/15.
- 591 4. Department of Health. *Healthy Lives, Healthy People: Our strategy for public health in*
592 *England*, 2010. Available from:
593 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_12_7424.pdf. Accessed 05/03/15.
- 594
- 595 5. Department of Health. *The NHS's role in the public's health: A report from the NHS Future*
596 *Forum*, 2012. Available from:
597 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216423/dh_13_2114.pdf. Accessed 05/03/15.
- 598
- 599 6. Evans D et al. *Evaluation of the Healthy Living Pharmacy pathfinder work programme*
600 *2011-12*, 2013. Available from: [http://psnc.org.uk/wp-content/uploads/2013/08/HLP-](http://psnc.org.uk/wp-content/uploads/2013/08/HLP-evaluation.pdf)
601 [evaluation.pdf](http://psnc.org.uk/wp-content/uploads/2013/08/HLP-evaluation.pdf). Accessed 05/03/15.
- 602 7. Ritchie J, Spencer L, O'Connor W. *Carrying out qualitative analysis*. In: Ritchie J, Spencer
603 J, eds. *Qualitative research practice: A guide for social science students and researchers*.
604 London: Sage Publications; 2003: 219-262.
- 605 8. Harding G, Stone M, Wilcock M. Do community pharmacy counter staff have a public
606 health role? *Pharm J.* 2012; 289: 609-612.
- 607 9. Langley CA, Bush J, Patel A. *An Evaluation: The Implementation and Impact of Healthy*
608 *Living Pharmacies within the Heart of Birmingham. Report in conjunction with the Heart of*
609 *Birmingham teaching Primary Care Trust*, 2014. Available from:
610 <http://www.aston.ac.uk/EasySiteWeb/GatewayLink.aspx?allId=230650>. Accessed 05/03/15.
- 611 10. Paudyal V, Hansford D, Cunningham S, Stewart D. Cross-sectional survey of community
612 pharmacists' views of the electronic Minor Ailment Service in Scotland. *Int J Pharm Pract.*
613 2010;18:194-201.
- 614 11. Schafheutle EI, Samuels T, Hassell K. Support staff in community pharmacy: who are
615 then and what do they want? *Int J Pharm Pract.* 2008;16:2:57-63.
- 616 12. Kvale S. *Interviews*. London: Sage Publications Ltd; 2007.
- 617
- 618

619

620

621

622

623

624