

Calderdale Alcohol Identification and Brief Advice Service Evaluation 1st November 2013 – 31st October 2014

Anonymised Report

SUMMARY OF EVALUATION AND RECOMMENDATIONS

The Alcohol Identification and Brief Advice (IBA) was introduced in May 2013. Currently 19 pharmacies have screened patients as part of the scheme. This evaluation examines 12 months of data (1st November 2013 – 31st October 2014) and explores patient and pharmacy views. The aim of the service is to raise awareness of the personal health risks of alcohol consumption, through an IBA consultation with a trained member of staff. It identifies the drinking risk category of individuals and provides brief advice to encourage the individual come to their own awareness of how they could reduce their drinking and their risk level. Patients who attended the pharmacy were approached and asked to answer a series of alcohol screening questions (AUDIT-C - the Alcohol Use Disorders Identification Test) to determine whether they were more likely to be drinking at higher risk levels. The pharmacy team were encouraged to complete the scratch card with the individual rather than leave the patient to answer the questions alone.

Over the 12-month period, the community pharmacies successfully delivered a high volume of AUDIT-C assessments (2085). Approximately 3/4 of these went on to have the full AUDIT screen; 535/2085 (25.7%) scored 4 or less; 1550 (74.3%) scored 5 or more and were offered a full AUDIT screen. The amount of interventions delivered per pharmacy varied (range 12 to 369 interventions per pharmacy) and the percentage of increasing-risk drinkers was higher than those highlighted within Calderdale Joint Strategic Needs Assessment.

The service has been well received by both staff and patients with little suggestion on how the service could be improved.

RECOMMENDATIONS

- Good practice ideas which pharmacies have found to work well within the service should be shared (between peers) to try and increase the uptake of the service eg pharmacy success with displays created within the pharmacy.
- The current commissioned pharmacies who are delivering a low number of screens should be reviewed to determine whether they should continue with the service.
- Consider offering more support and engagement to pharmacies to facilitate the number of screens delivered. This could include further training which supports staff with their approach to patients and provides a safe place in which to practice conversations. Training could also include service user involvement.
- Review how ethnic minorities can be engaged to participate in the service.
- Ensure pharmacies are aware which part of the postcode needs to be entered on to PharmOutcomes

1 INTRODUCTION

Excessive drinking can contribute to a range of social, psychological and physical problems¹ such as liver disease, reduced fertility, high blood pressure, increased risk of various cancers and heart disease.² Nationally, there has been a rise in alcohol related hospital admissions (an estimated 1,220,300 admissions in 2011/12 compared with 510,700 in 2002/03),³ although there has also been a national decrease in the amount of units consumed by both men and women, falling from 19 and 15 units per week in 2006 to 15 and 8 units per week in 2012 respectively.⁴ Despite the downward trend in alcohol consumption, the Joint Strategic Needs Assessment for Calderdale estimates there are approximately 20% of people who are increasing risk drinkers, 6.5% who are higher risk drinkers, 23% who are binge drinkers and approximately 7,613 dependant drinkers within the area.⁵

Alcohol identification and brief advice (IBA) has been shown to lower alcohol consumption; with people who have received the intervention drinking less alcohol after one year. It is shown that for every 8 people in the higher risk levels who receive advice on their alcohol consumption that one person will reduce their drinking as a result to within the lower levels.⁶ The NICE guidance *Alcohol-use disorder: preventing harmful drinking* (2010) suggested that brief advice be provided in various settings, including community pharmacies using a structured approach with validated screening tool.⁷ There is currently little evidence which looks at the effectiveness of community pharmacy based services for alcohol misuse. However the published evidence that exists and local evaluations have demonstrated that community pharmacy is a suitable environment for the delivery of IBA resulting in a high rate of individuals decreasing their risk to a lower risk level.⁸ This evaluation reviews the alcohol IBA service within the boundaries of the local authority. It examines 12 months of data (between (1st November 2013 – 31st October 2014) and explores patient and pharmacy views.

2 SERVICE

The Alcohol Identification and Brief Advice (IBA) service in Calderdale community pharmacies was introduced in May 2013, initially commissioned by Calderdale PCT then later by Calderdale Council. The implementation and service delivery was supported by Community Pharmacy West Yorkshire. It was based on other services within the country including the North West scheme which demonstrated community pharmacy's ability to deliver brief intervention.⁹ Initially, 20 pharmacies were trained to deliver the service. To date, 19 pharmacies have assessed patients under this scheme; the pharmacy who did not deliver any interventions was decommissioned. The training received included delivering brief intervention, how to claim and enter information on PharmOutcomes® (data capture software), the delivery of brief advice and approaching patients to make every contact count. The training aimed to increase the pharmacy staff confidence and build on their existing skills to make conversations about alcohol easier to deliver, plus encourage a long-term behaviour change in patients and staff. As well as training pharmacies received a practical step-by-step manual on how to deliver the service, engage with clients and record service delivery. Supportive visits and telephone calls were made to each pharmacy. Initially contact was regarding service implementation, which progressed to 2-way feedback on the service, including the sharing of

top tips and sharing good practice. All pharmacies delivering the service were assisted in setting service delivery targets and recognising when these had been achieved. Pharmacies were provided with monitoring sheets and benchmarking data. Twitter and Facebook were used to share photos and ideas. Banners and posters were made available for the pharmacies to use in promoting the service and pharmacies were encouraged and supported in alcohol health promotion days/campaigns.

The aim of the service is to raise awareness of the personal health risks of alcohol consumption, through an IBA consultation with a trained member of staff. It supports identification of drinking risk category in those who are assessed, enabling appropriate provision of brief advice or referral to further support/treatment.

Pharmacy staff used a scratch card containing the AUDIT-C (Alcohol Use Disorders Identification Test Consumption) questions as a screening tool to engage and identify individuals over 16 whose drinking was potentially increasing or harmful to health. The scratch card asked a series of 3 screening questions (AUDIT-C) to determine whether the individual was more likely to be drinking at higher risk levels. These questions were scored to give a total between 0 and 12.

For a score of 4 or less the member of pharmacy staff reaffirmed the benefits of drinking to lower-risk levels, offered a general alcohol information leaflet, then asked the individual if they would like any further information (for example on alcohol units). For a score of 5 or more the individual was offered the full AUDIT and brief advice to help recognise how alcohol might be affecting their health. Where the patient accepted they were taken to the consultation room and a further 7 questions were completed and scored by an IBA accredited member of staff. Appropriate action was taken depending on their overall score, ranging from brief advice (Simple Structured Advice) and information, to referral for treatment (see table 1).

Table 1 Action taken following completion of AUDIT questions (taken from service guide)

Score	Action
Score 0-7	<ul style="list-style-type: none"> • Discuss the score and risk level • Ask the individual how they feel about their risk • Discuss lower risk levels and the benefits keeping drinking to lower-risk levels • Offer a general alcohol information leaflet such as ‘don’t let drink sneak up on you’ • This completes the service for the individual
Score 8-19	All individuals identified as increasing or higher risk drinkers via the AUDIT tool (scoring between 8-19 on full AUDIT) must be offered brief advice.
Score 20+	<p>16-21 years old</p> <p>An AUDIT score of 20 or over indicates possible dependence suggesting that the individual requires specialist support.</p> <ul style="list-style-type: none"> • Let the individual know about Branching Out and what the service provides • Offer the individual the ‘don’t let drink sneak up on you’ or ‘Your drinking and you’ or ‘Your guide to drinking responsibly’ leaflet

	<ul style="list-style-type: none"> • Explain that the individual’s drinking may be putting their health and wellbeing at significant risk • Complete a Branching Out introduction form • Offer to make a referral to Branching Out <p>If the individual accepts the referral:</p> <ul style="list-style-type: none"> • Fax the referral form on behalf of the individual • Give the referral form to the individual • Explain that Branching Out will contact them by telephone or letter. <p>If the individual refuses the referral</p> <ul style="list-style-type: none"> • Remind the individual that they can refer themselves directly to Branching Out at any time <p>22 years and over</p> <p>An AUDIT score of 20 or over indicates possible dependence suggesting that the individual requires specialist support.</p> <ul style="list-style-type: none"> • Give the individual the Calderdale Alcohol Team (CAT) information leaflet • Offer the individual the ‘don’t let drink sneak up on you’ or ‘Your drinking and you’ or ‘Your guide to drinking responsibly’ leaflet • Explain that the individual’s drinking may be putting their health and wellbeing at significant risk • Explain what the Calderdale Alcohol Team (CAT) offer • Complete the CAT referral form • Offer to make a referral to CAT <p>If the individual accepts the referral:</p> <ul style="list-style-type: none"> • Fax the referral form on behalf of the individual • Give the referral form to the individual • Explain that CAT will contact them by telephone or letter. <p>If the individual refuses the referral</p> <ul style="list-style-type: none"> • Remind the individual that they can refer themselves directly to CAT at any time • Never advise a dependent drinker to stop drinking without adequate clinical assessment. <p>This completes the service for the individual</p>
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Pharmacies were paid £15 per full identification screen and brief advice to cover staff time, training and other duties. To ensure an outcome focus, payments were only applicable for completed full alcohol IBA. No direct payments were made for engagement and initial screening activity, however the funding was such that it covered associated time in delivering the scratch card element of the service which did not result in a full screen. It was assumed that several (3-4) scratch cards would have to be completed before an individual was found who scored for IBA and was willing to continue the conversation. (See service guide and service specification developed by Community Pharmacy West Yorkshire for further details at www.cpwpy.org.)

METHOD OF EVALUATION

Data inputted on to *PharmOutcomes*® (a data management system) for each consultation was evaluated from 1st November 2013 to 31st October 2014. Data was extracted into Excel® and reported using descriptive statistics. Patient views were sought using a paper copy patient satisfaction questionnaire given to patients during September 2014 completed following the intervention (see appendix A). Responses were inputted into

Excel® and analysed using descriptive statistics and thematic analysis. Pharmacy staff were given the option of completing an electronic questionnaire via Survey Monkey® or a paper version of the same questionnaire to ascertain their views (also during September 2014) (See appendix B). Responses were extracted into Excel® and analysed using descriptive statistics and thematic analysis.

3 RESULTS

Over the 12-month period, the community pharmacies distributed at least 2085 AUDIT-C scratch cards. Of these 535 (25.7%) scored four or less and 1550 (74.3%) five or more. The remainder refused to complete the full AUDIT questions. This led to 1518 full AUDIT screening interventions and 943 patients who were eligible for alcohol brief advice interventions.

Of the 2085 AUDIT screens 50.6% (1055/2085) were for men, and 48.9% (1020/2085) women. (For 10 individuals the gender was not specified). Of the 1518 individuals who had the full AUDIT 818 (53.9%) were men and 700 (46.1%) female.

The range of scratch cards distributed per pharmacy varied from 12 to 369 with a mean of 109.7 scratch cards distributed per pharmacy and a median of 66 scratch cards per pharmacy. The top 7 pharmacies distributed just over 75% of all interventions (76.9%, 1604/2085) (see figure 1). The number of individuals per pharmacy scoring 5 or more ranged from 6 to 212 individuals per pharmacy with a mean of 79.9 and median of 62 per pharmacy.

Figure 1 Percentage AUDIT C scratch cards distributed per pharmacy (including those which went on to have the full screen n=2085)

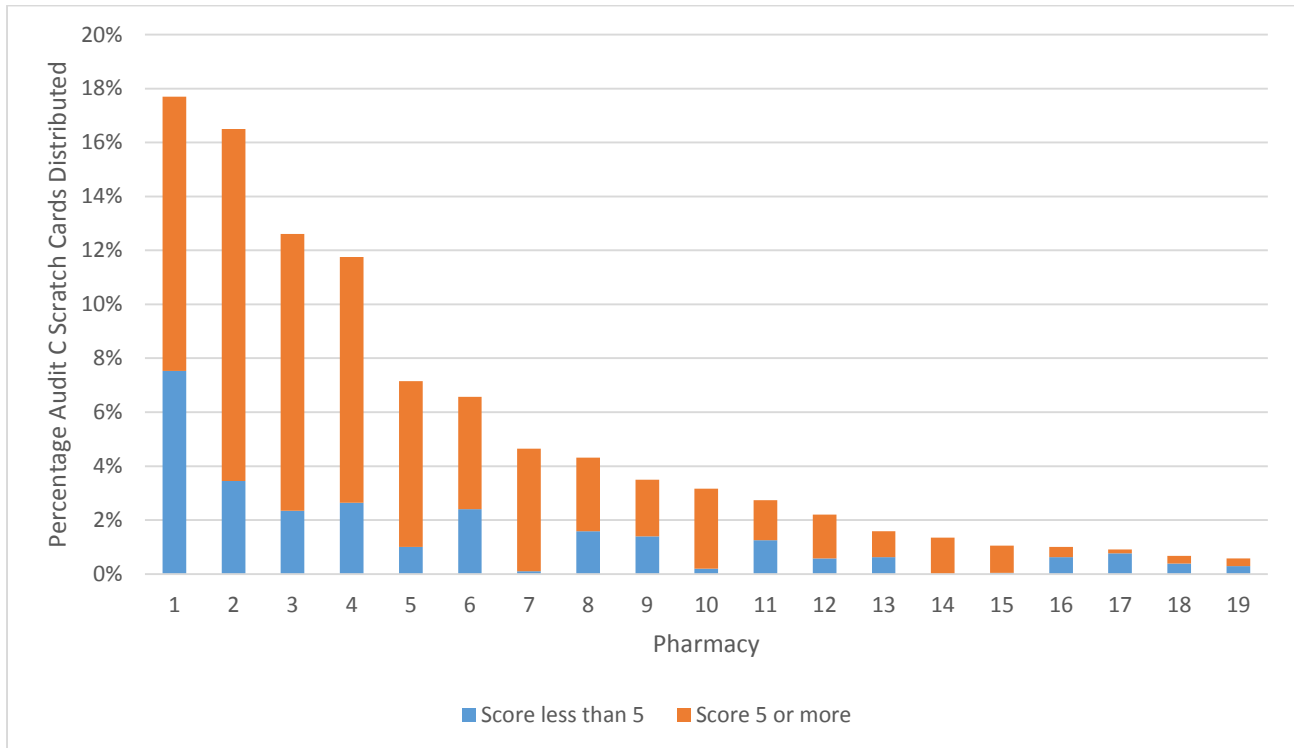


Figure 2 Screening outcome for all patients who completed the scratch card (AUDIT-C + AUDIT) (n=2085)

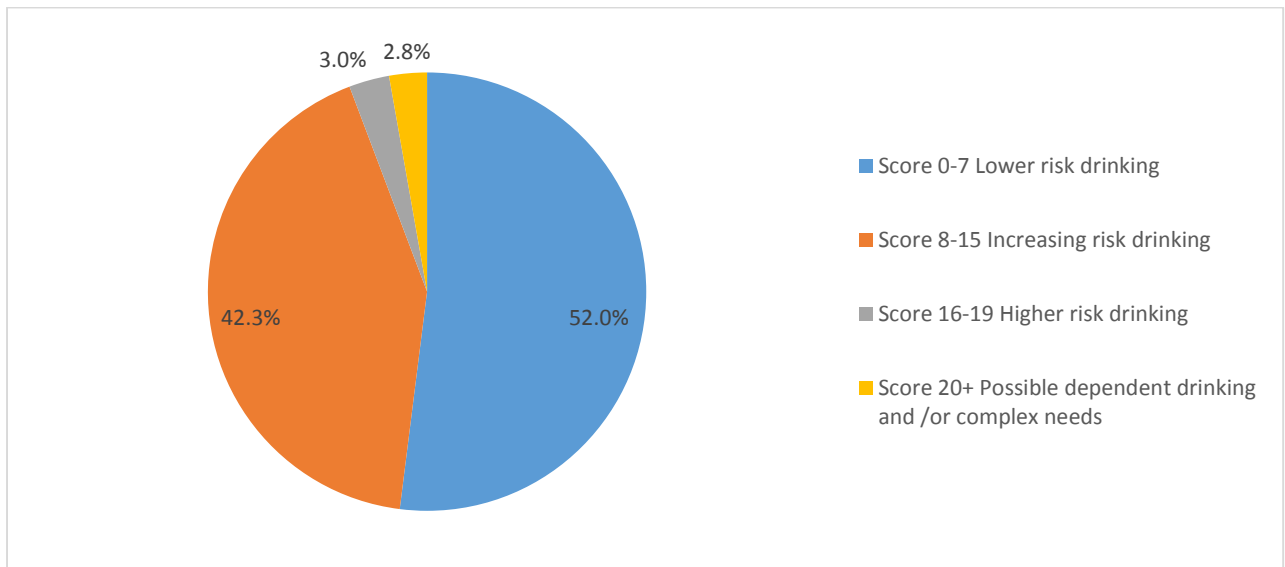
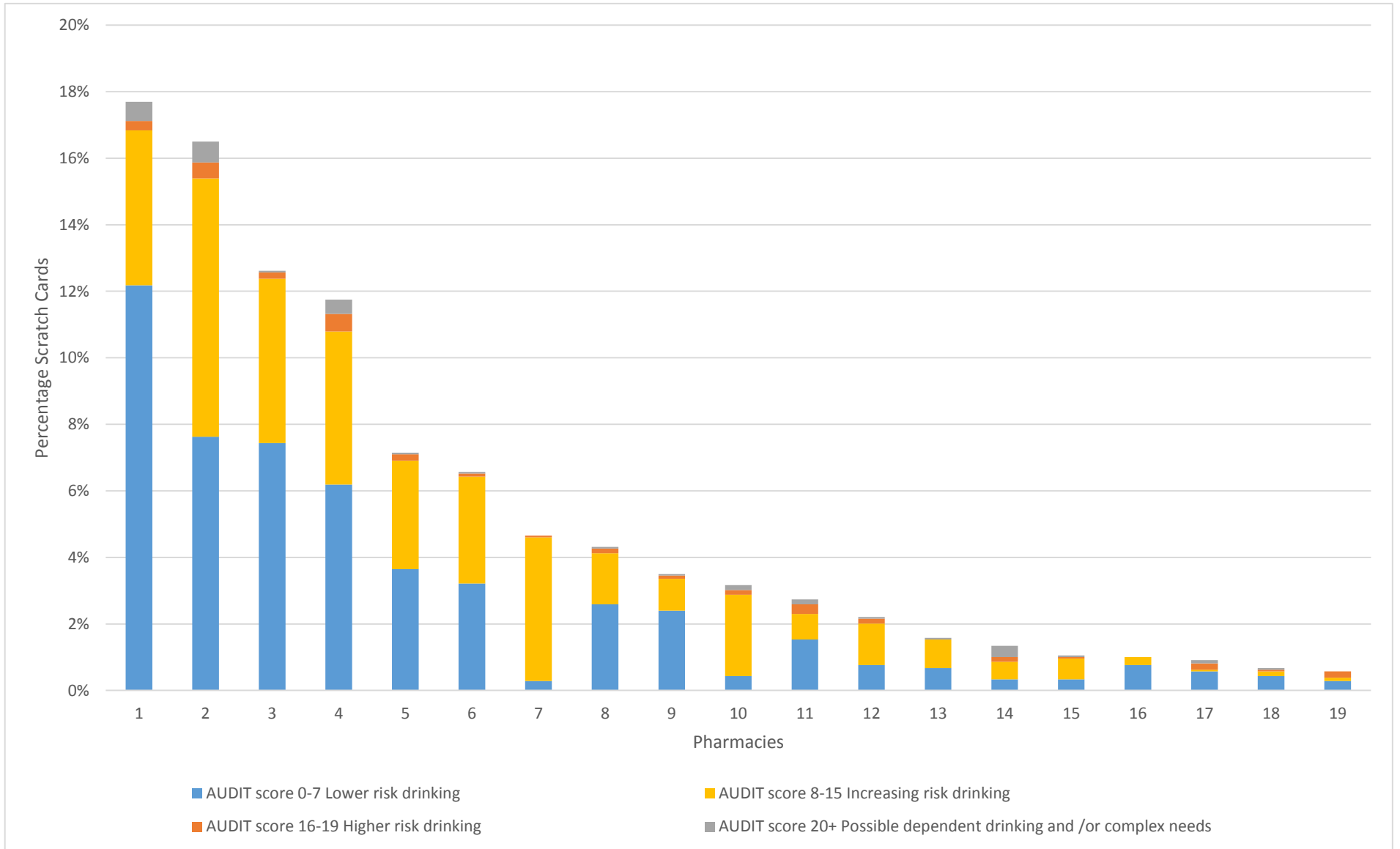


Figure 3 Screening outcome for all patients who completed the scratch card by pharmacy (AUDIT-C + AUDIT) (n=2085)



Overall, the majority of patients screened fell into the low risk drinking category (52%) and 6% high risk or dependent drinking (see figure 2). The percentage of individuals identified per risk category per pharmacy varied (figure 3).

Of those individuals who went on to complete the full audit screen most of these (58%, 881/1585) fell into the increasing risk category (see figure 4). Again this varied by pharmacy (see figure 5).

Figure 4 Screening Outcome of those patients who completed the Full Audit (n=1585)

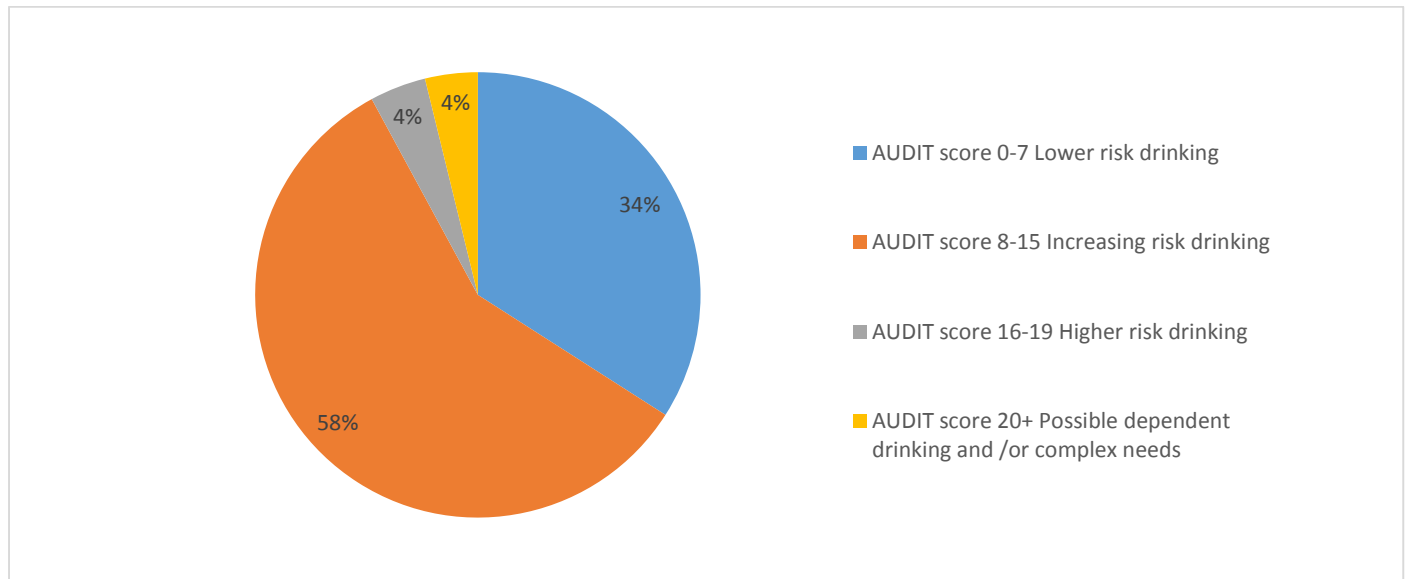


Figure 5 Screening Outcome of those patients who completed the Screen Plus by Pharmacy (n=1585)

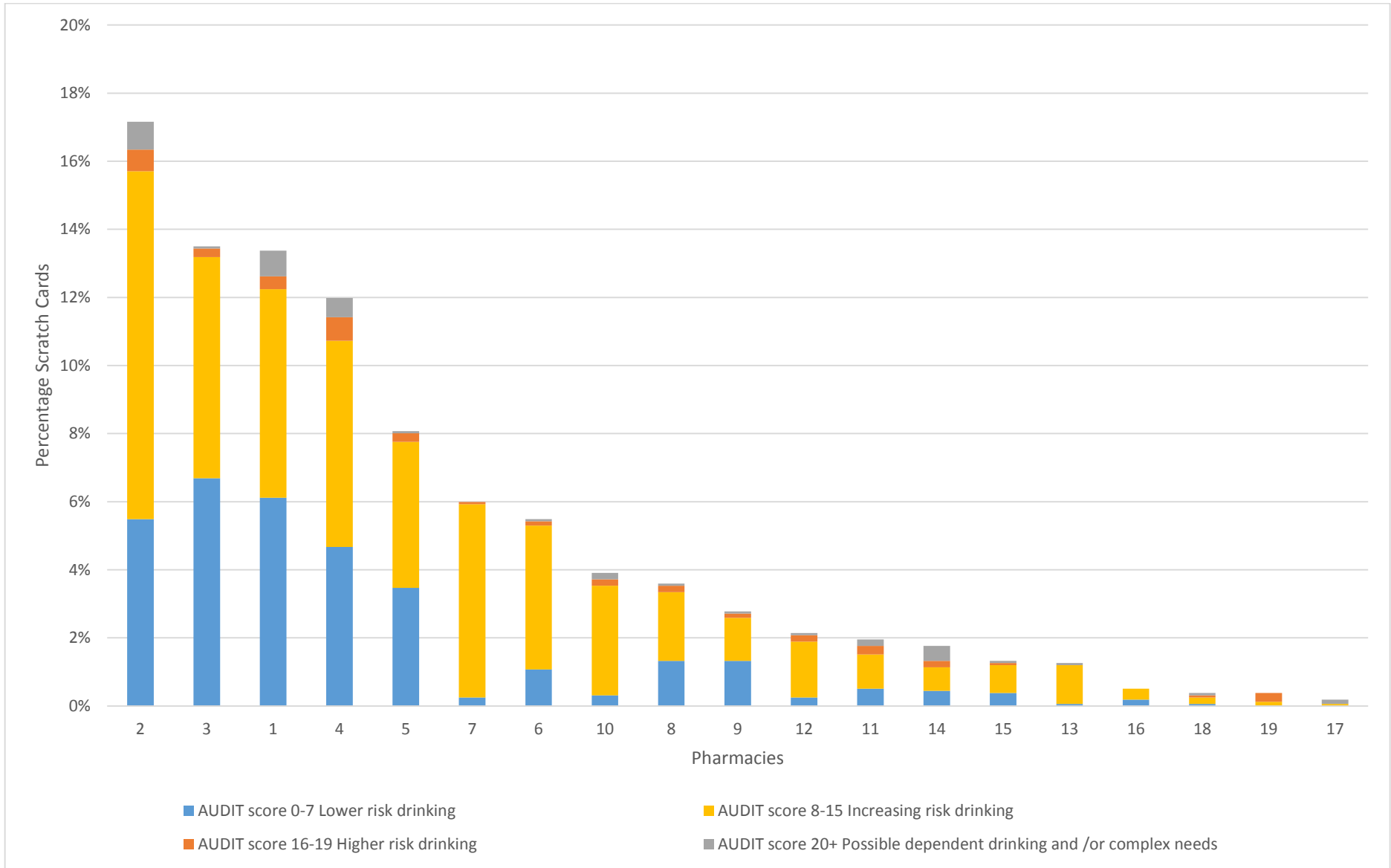
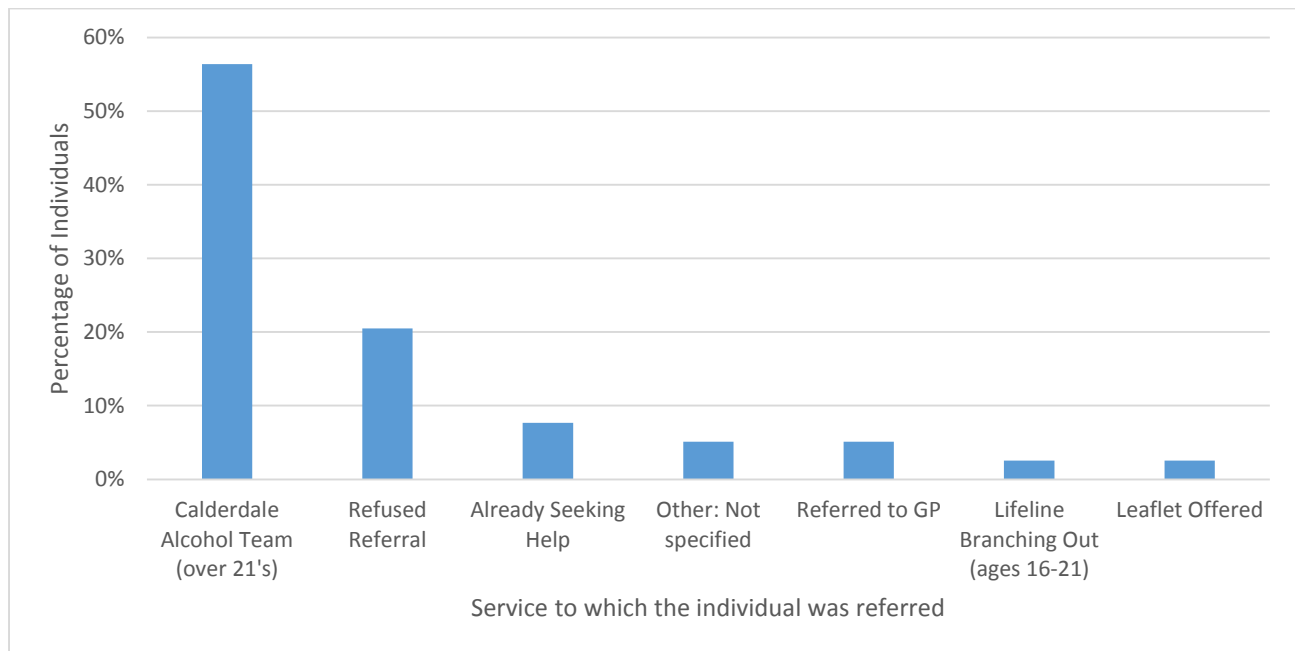
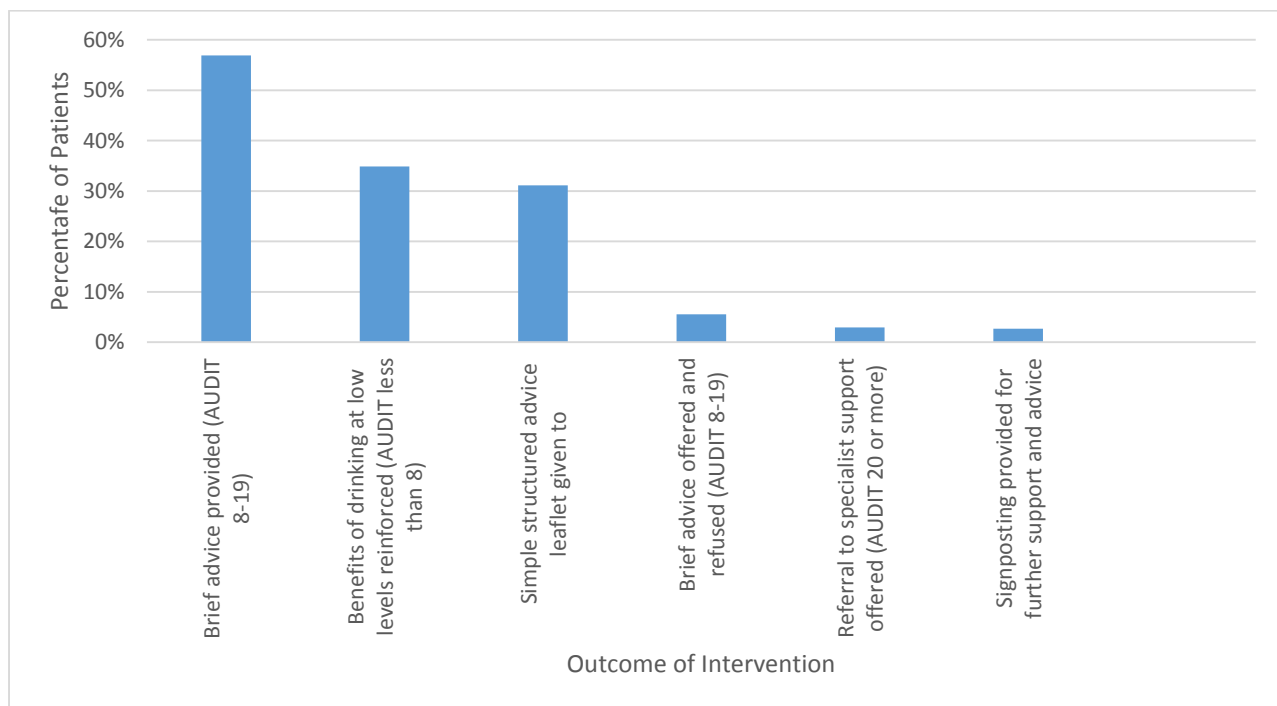


Figure 6 Outcome of referral for high risk and dependent drinkers (n=39)



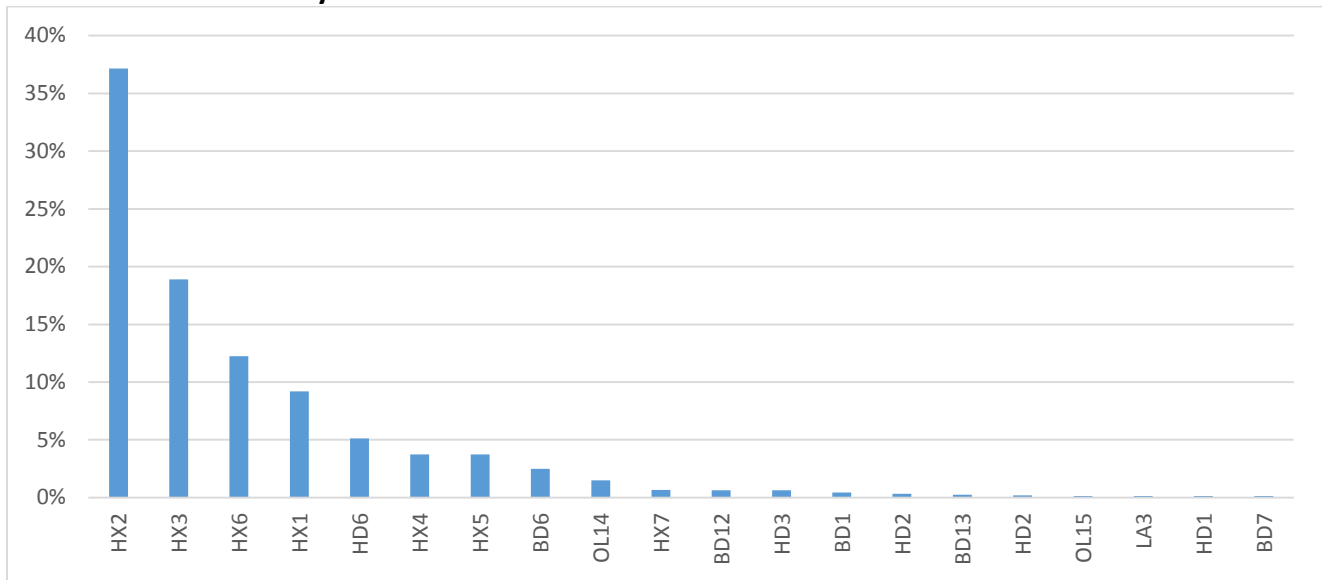
Most patients who needed referral were referred to Calderdale Alcohol Team (56.4%, 22/39). Fewer numbers were referred to their GP (see figure 6).

Figure 7 Consultation outcome for individuals undertaking full AUDIT



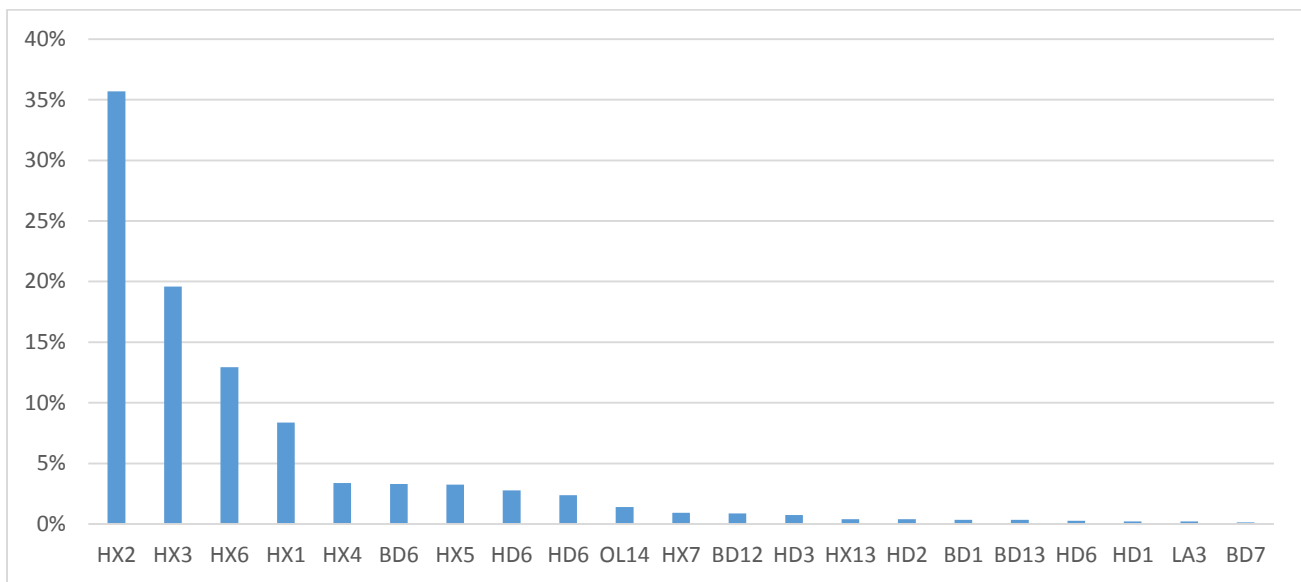
Pharmacies reported that they offered 62.5% (948/1518) patients brief advice. 9.1% (86/948) of these refused (see figure 7).

Figure 8 Post Code of individuals completing AUDIT C scratch card within Community Pharmacy



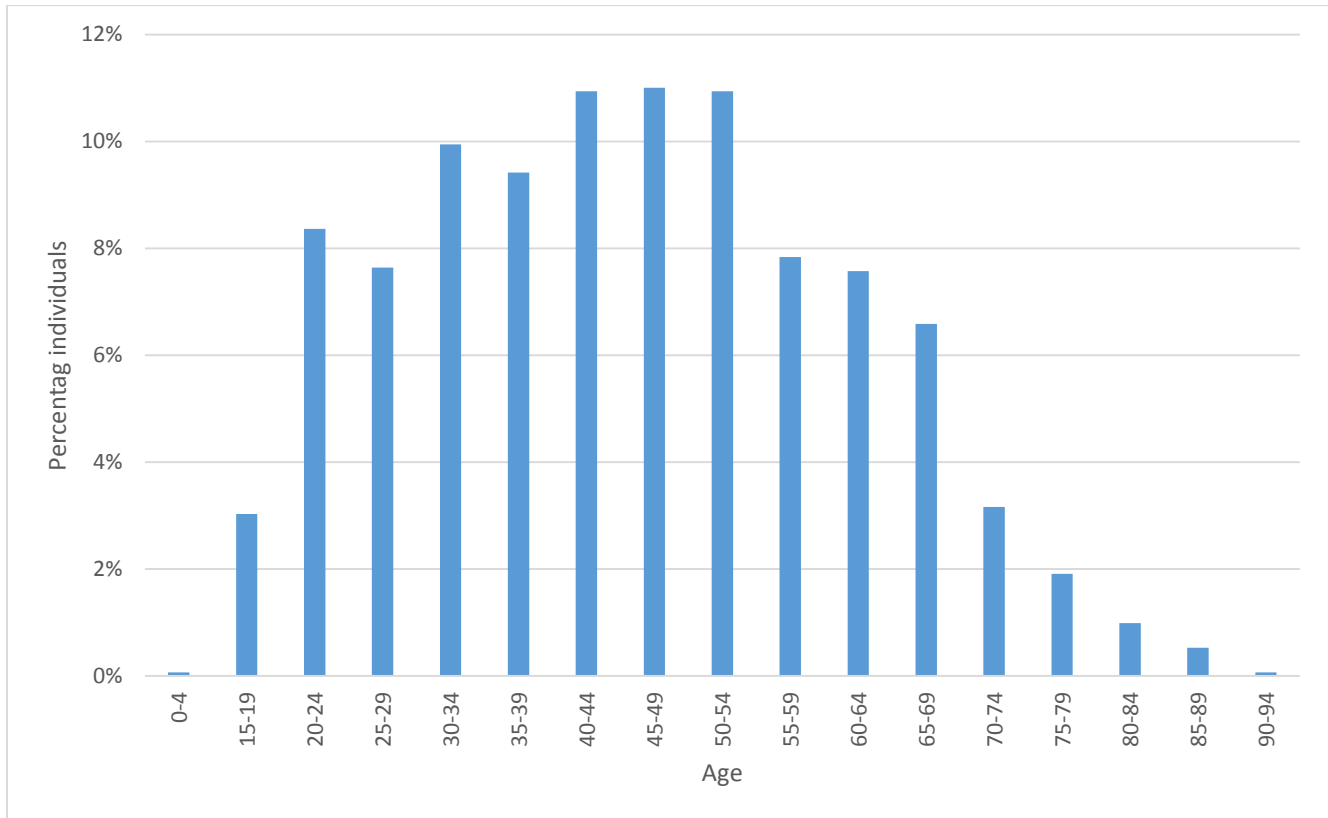
A total of 59 different post code areas were recorded. These ranged from 1 to 776 screens per post code area (mean 35.4; median 1). The top 20 are shown in figure 8. The low median shows the spread of screens over a large number of post code areas; 47 post code areas having less than 10 screens.

Figure 9 Post Code of individuals undertaking Screen Plus within Community Pharmacy



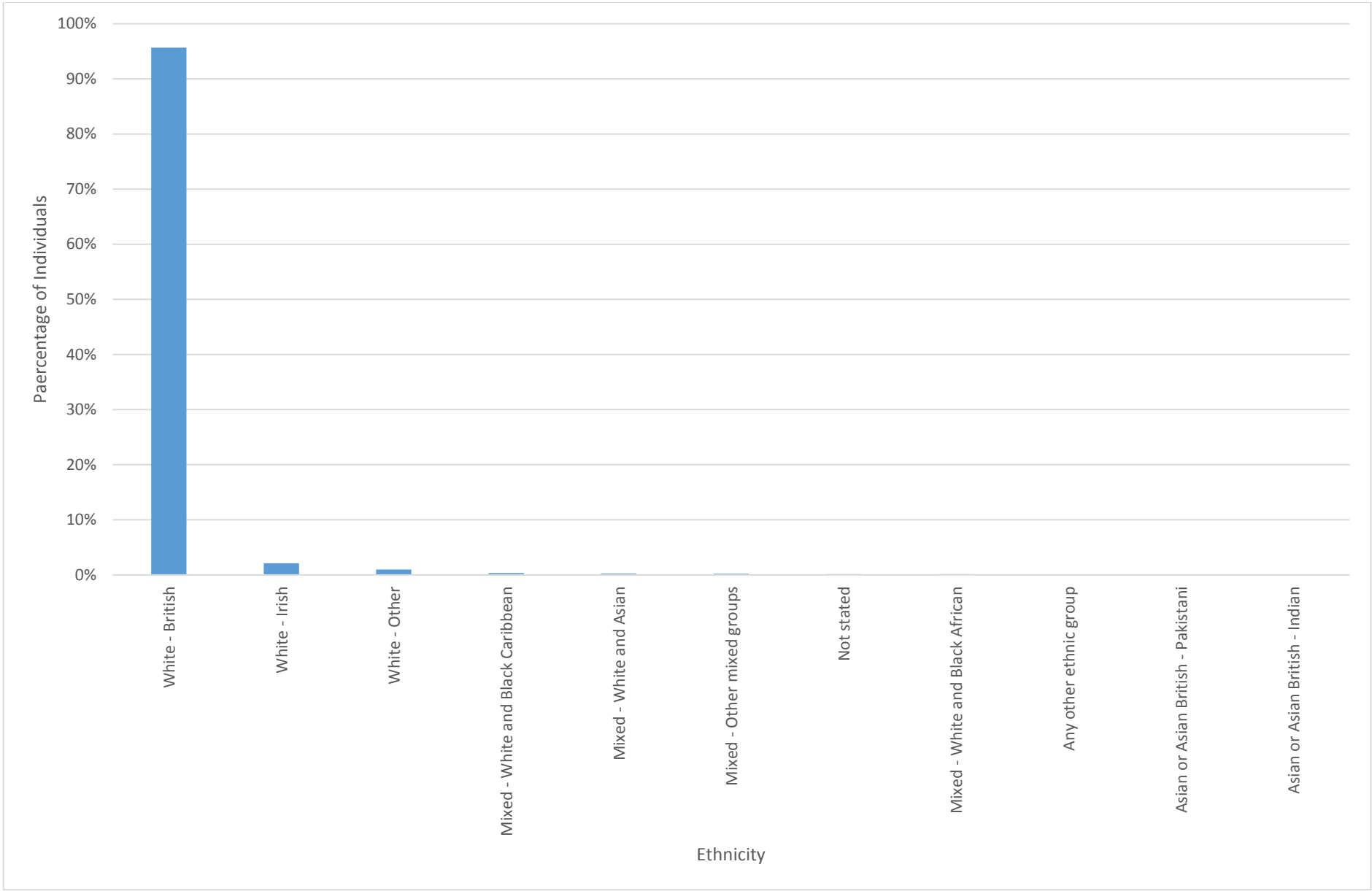
For individuals undertaking the Screen Plus, a total of 52 different post code areas were recorded. These ranged from 1 to 541 screens per post code area (mean 29.2; median 1). The top 20 are shown in figure 9. 39 post code areas had less than 10 screens.

Figure 10 Age of individuals being screened within Community Pharmacy



Most patients screened were between 40 and 59 (see figure 10) and of White British origin (see figure 11).

Figure 11 Ethnicity of individuals being screened within community pharmacy



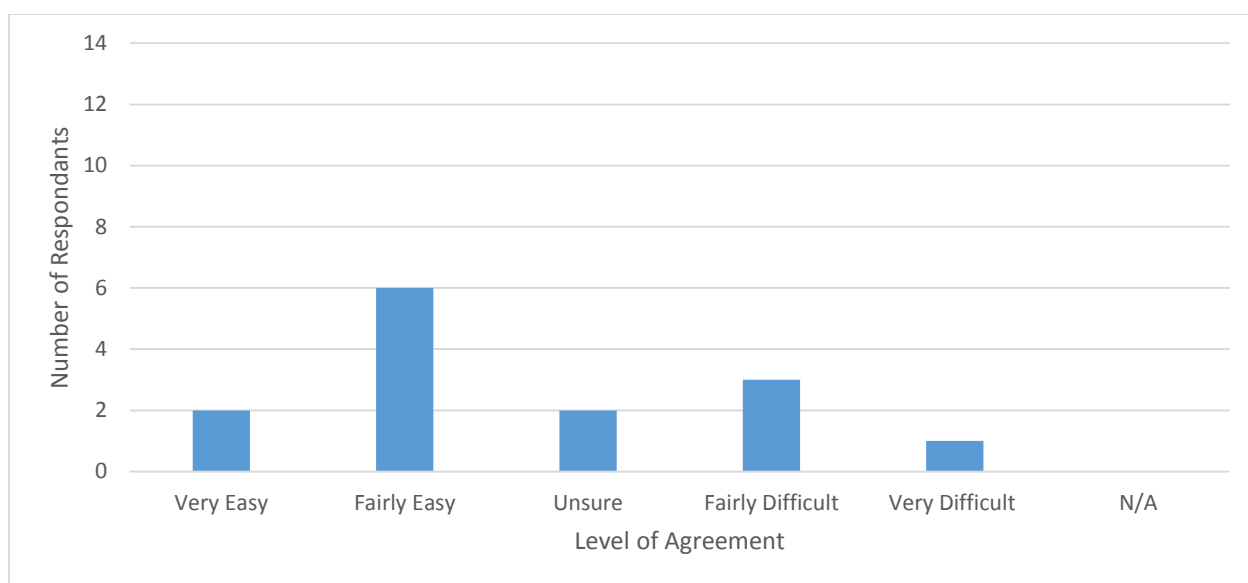
Staff Feedback

Fourteen members of pharmacy staff responded to the questionnaire. The staff were all employed by pharmacies that had screened patients as part of the Alcohol Intervention and Brief advice service. Overall, the majority of respondents found it fairly easy to approach patients about alcohol (8/14) with two saying it was very easy (see figure 12). The remainder were either unsure or had found it difficult to approach patients feeling intrusive or the patients were defensive.

'It is difficult to ask patients about alcohol consumption, they often say they don't drink or get quite defensive. Many People don't want to admit to it'

Staff member B

Figure 12 The ease with which staff felt they could approach patients to ask about alcohol



Many members of staff (9/14) had tailored their approach to make it easier to approach patients. Four members of staff felt the scratch cards had facilitated their approach, others found it easier where it could be added to another service eg MUR or Blood pressure monitoring (2/14), or where patients were waiting for prescriptions or perusing the shop (2/14). Four pharmacies had made displays of promotional material including items such as posters and unit glasses. One member of staff found it easy to approach patients because they knew them socially. Another pharmacy identified patients who may benefit when processing prescriptions eg those on antidepressants

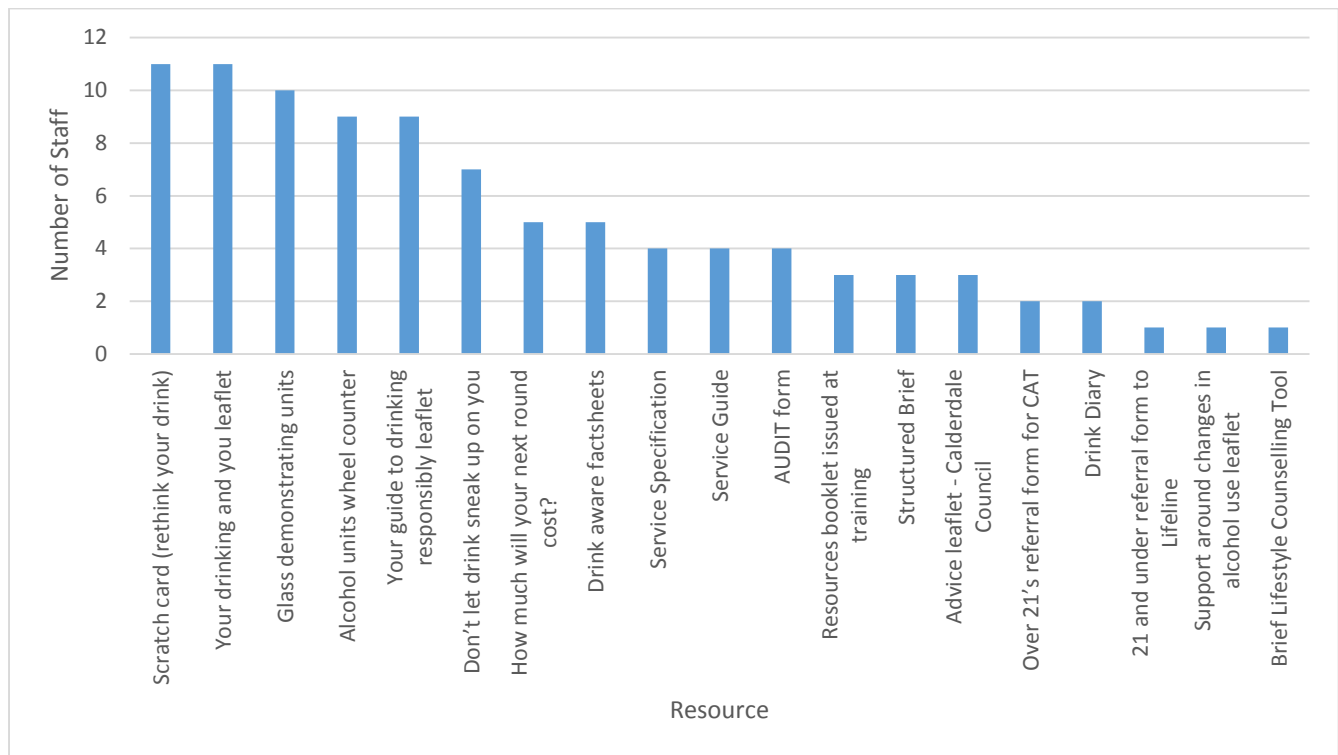
Most staff found it easy to conduct the assessments (11/14) except one who was unsure and 2 who found it difficult. Two people added that the scratch card facilitated this.

'Scratch cards help 'break the ice' / Get into conversation in 'non-judgemental' way.'

Staff Member H

One member of staff found that patients were generally happy to talk about their alcohol consumption, which is in contrast to other members of staff who felt the patients could be defensive.

Figure 13 Resources found useful by pharmacy staff



Most staff (8/14) highlighted that they had consulted other resources to support their consultations. This included display material such as empty bottles, unit measuring glasses, leaflets and posters and other members of staff.

'We placed a bottle of wine (empty) on the counter with 2 large cards attached - One said guess the amount of units in one glass. The second one said guess the amount of calories in one glass.'

Staff member C

All staff (14) felt the training they had received prepared them sufficiently to undertake the service. Opinion differed in whether the training could have prepared them more to be able to approach patients; one member of staff said it was useful and another felt they would like some more support on how to approach patients. One person felt role play may have been beneficial. Another felt confident in conversing with patients as they were used to carrying out other services (stop smoking).

Everyone found it easy to enter data onto PharmOutcomes, with praise for its ease of use, the ability to print paperwork and the reporting functions to review the pharmacy's progress.

Staff agreed (13/14) that they would continue to ask patients about alcohol, with five specifically mentioning that it should be added on to MURs as part of standard practice.

'I think it is important to make patients aware of how many units they are consuming. Some may cut down but some may not'

Staff Member E

For most, the staff confidence has grown through approaching patients, with five adding that the more they do the easier it gets. For some the approach still remains difficult. A few suggestions were made to make it easier to carry out the service. This included more members of the team who have undergone training (5/14), more time (1/14) and local advertising so members of the public are not surprised by the approach. One pharmacy identified that they needed to implement a way to record which patients had been previously approached so they were not approached twice. As well as support in approaching the customers, staff felt that it was hard to keep the campaign going all the time and it may be better to have a focus at certain times of the year eg Christmas and summer. One member of staff also felt that entering the consultation room may be a barrier to communication as it may make the person feel they had 'done something wrong'. Another highlighted the difficulties of approaching certain ethnic minority groups due to their beliefs around alcohol. Overall, staff felt that the service was useful and using the scratch cards worked well; more so if the customers were already known to the pharmacy.

Table 2 What worked well in this service?

The actual brief advice offered

Offering brief advice, scratch cards

The scratch cards

All of it worked well but it helped knowing the customers

Targetting "couples" or groups of patients made it lighthearted and less intrusive

The scratch cards are an ideal resource as this is a 'fun' way to bring up a difficult topic

The scratchcards are a fun way to introduce the service to the customers.

The training materials are easy to understand and carry out the service

Shortness of the questionnaire

Great leaflets and information provided. Good training. Pharmoutcomes.

Well organised

Trying to give staff ownership - although pharmacist usually needed to intervene (may be a problem with my staff rather than the service!)

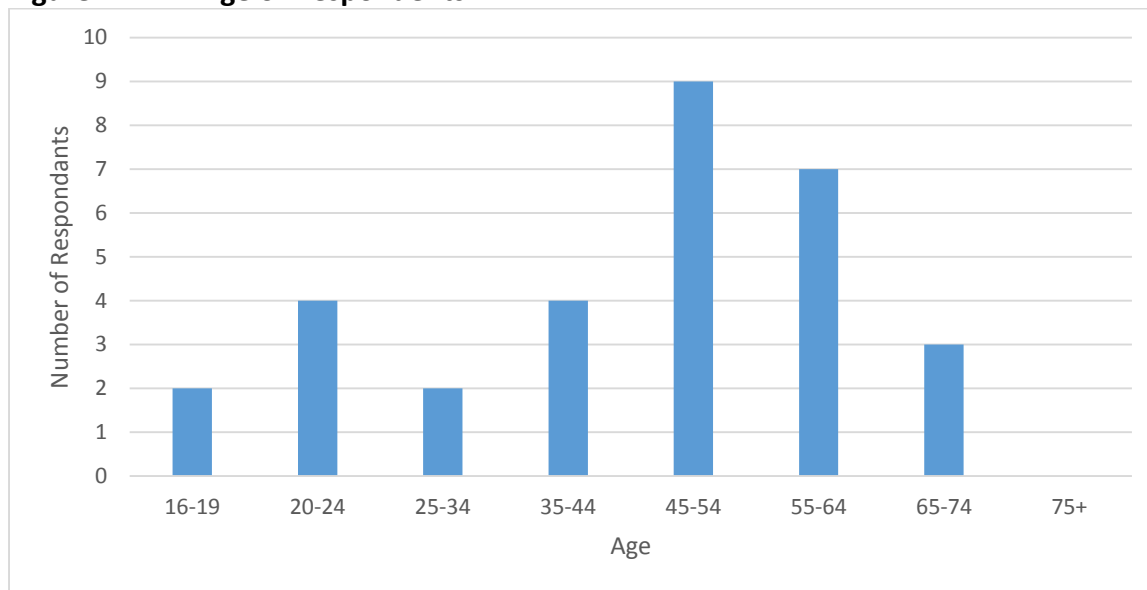
Table 3	How could the service be improved?
	<p><i>More guidance on approaching customers</i></p> <p><i>Help with how to approach customers</i></p> <p><i>A refresher course would be a good idea just to make sure that the information I provide is still current and correct</i></p> <p><i>Not sure.</i></p> <p><i>Simplify the questions on the survey</i></p> <p><i>It should not be necessary to do the full audit in the consultation room - this makes the patient feel a bit 'on edge' as if they have done something wrong. They would be more relaxed and open to discussion if you could talk to them in a quiet area of the pharmacy. Obviously if the pharmacy was busy you would go in the consultation room.</i></p> <p><i>None</i></p> <p><i>Hard to keep going ALL the time - may be better to focus campaign a couple of times a year (Summer & pre-Christmas) when alcohol may be more on people's minds</i></p>

Table 4	Is there anything else you would like to tell us about the service?
	<p><i>Worthwhile to continue</i></p> <p><i>Really useful service. Could not believe how many people knew so little about alcohol</i></p> <p><i>I think you find people who do drink may drink over the limit but its a controlled level - (work all week, a few drinks to unwind) socialise with friends it becomes a way of life</i></p> <p><i>It is difficult to approach people in a Muslim area about the subject of alcohol.</i></p> <p><i>To be honest we have struggled to keep the momentum of this service going while at the same time trying to increase uptake of MURs and NMS (plus patient survey)</i></p>

Patient Feedback

In total 31 feedback questionnaires were received from patients. Most patients who responded to the questionnaire were between 45 and 64 (see figure 14).

Figure 14 Age of Respondents



Overall patients were satisfied with the intervention they had received and the way in which they were approached to discuss alcohol. Most found the approach helpful, confidential, easy to understand and relevant to them. (See figures 15 - 20)

Figure 15 I was satisfied with the way the member of staff raised the conversation about alcohol

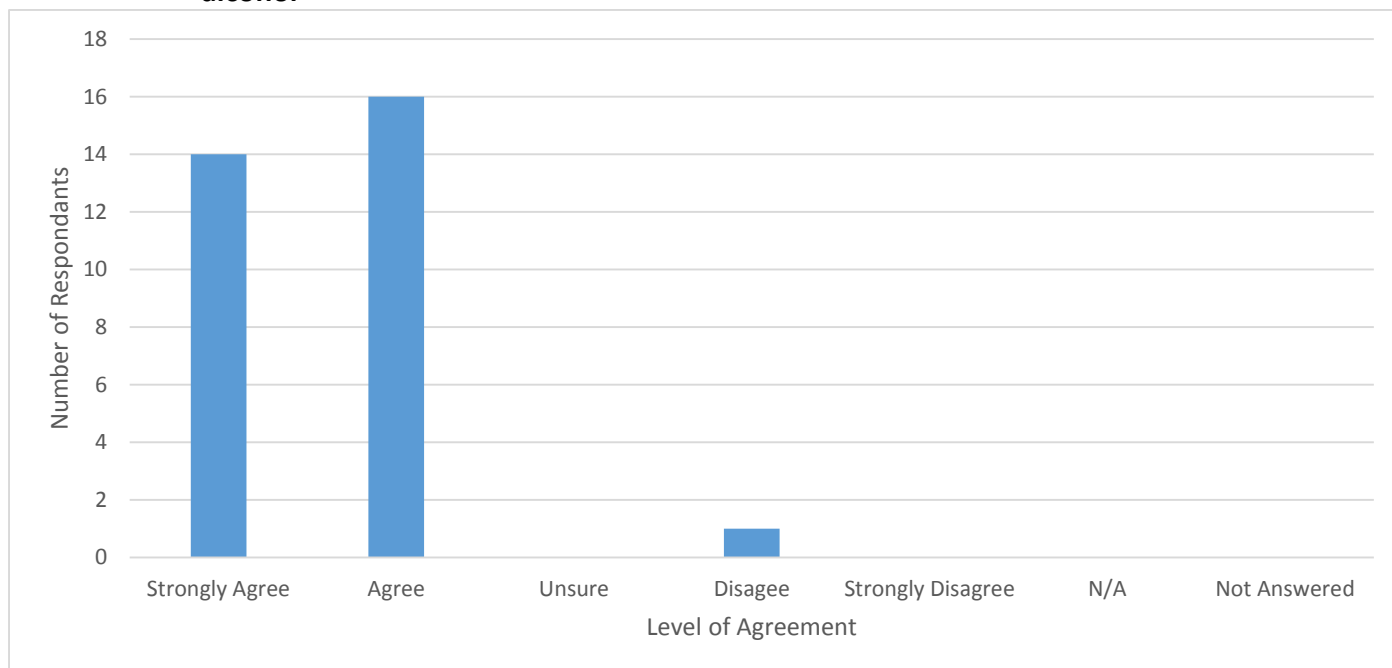


Figure 16 I was happy to discuss alcohol

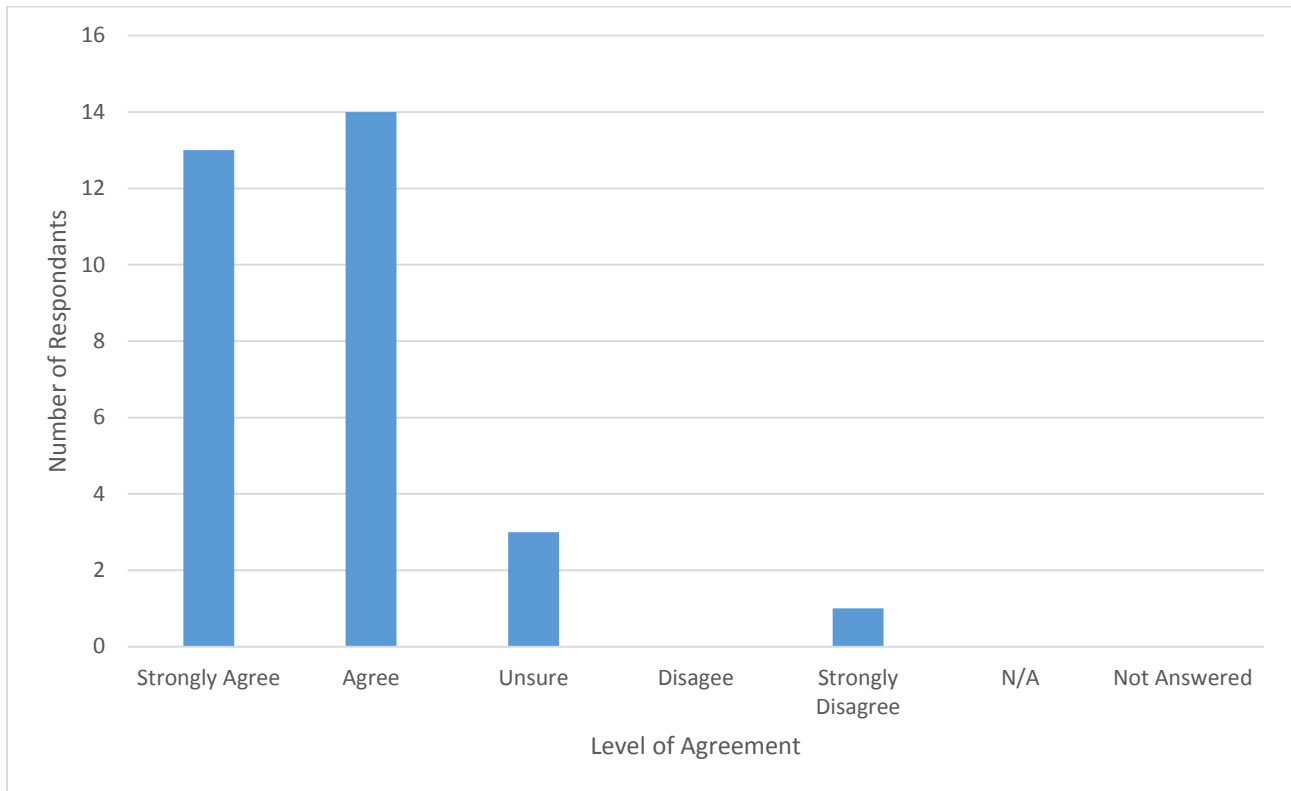


Figure 17 The discussion was relevant to me

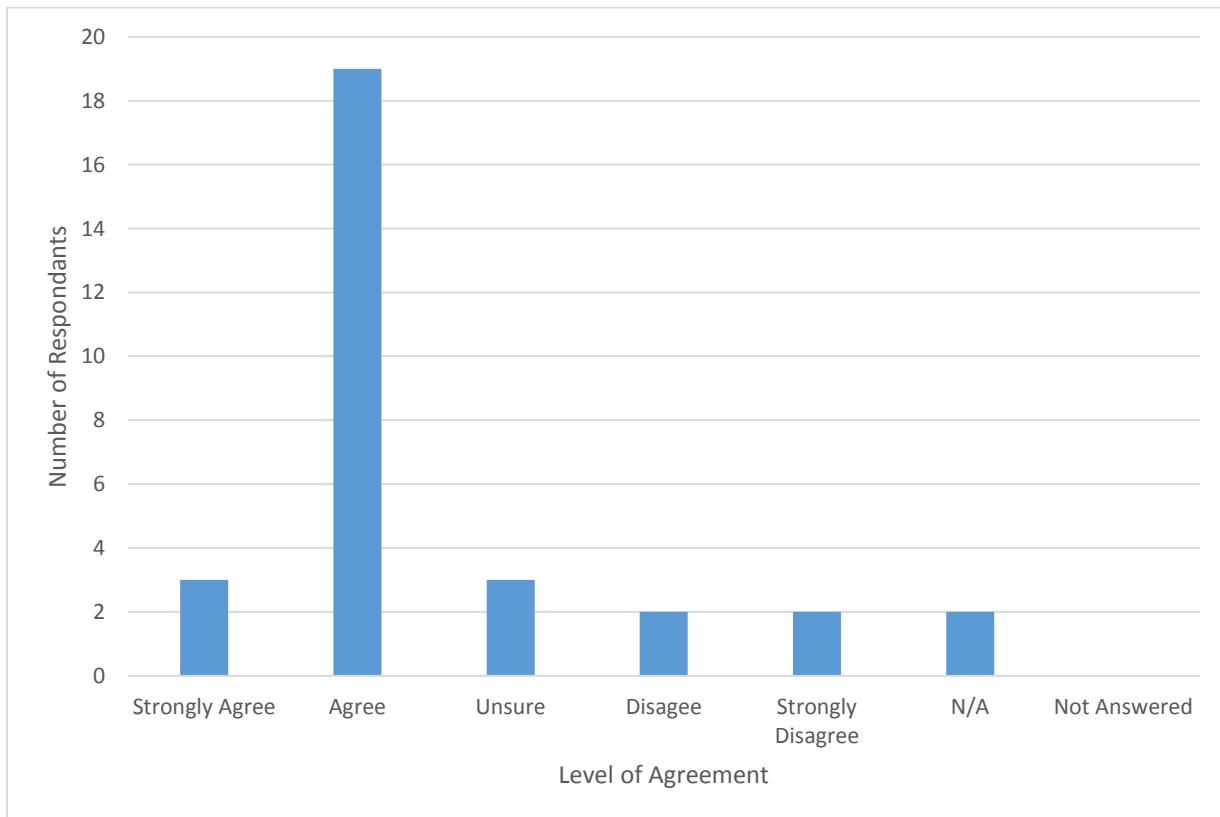


Figure 18 I was offered somewhere private to talk about alcohol

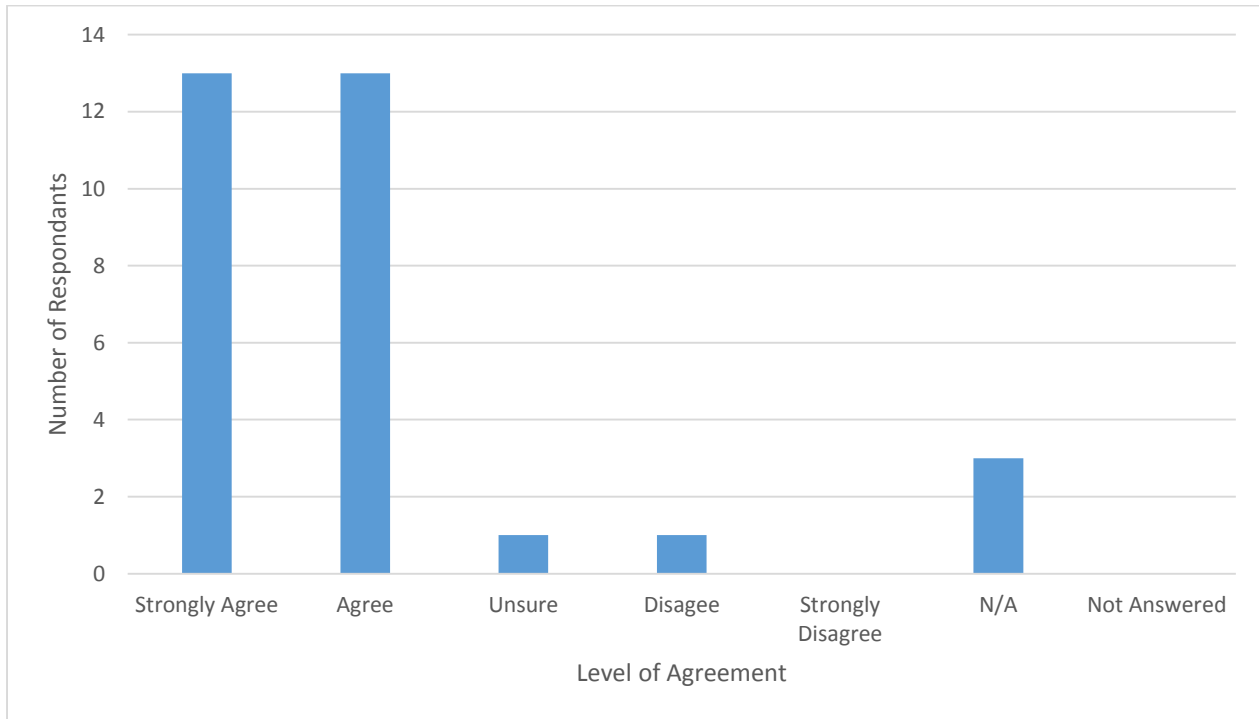


Figure 19 The staff member made the topic easy to understand

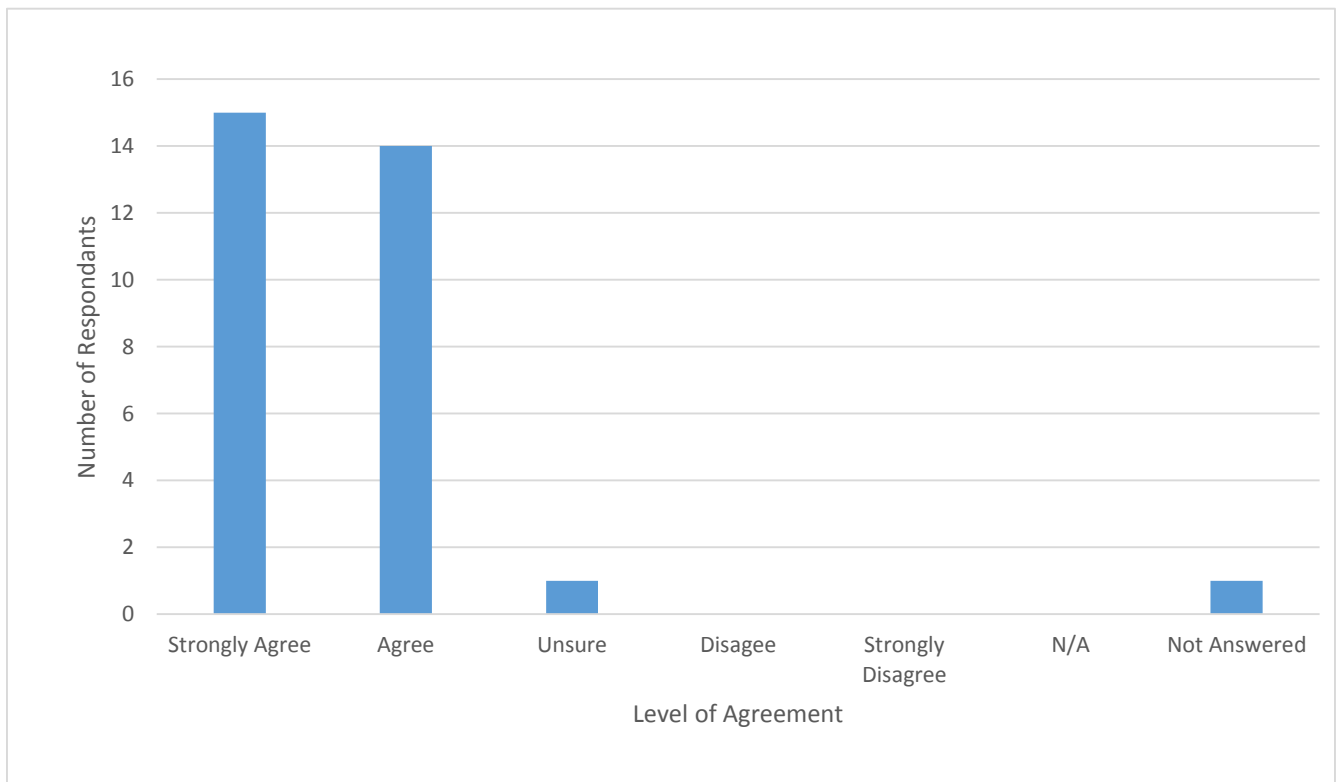


Figure 20 My questions were answered in a helpful way

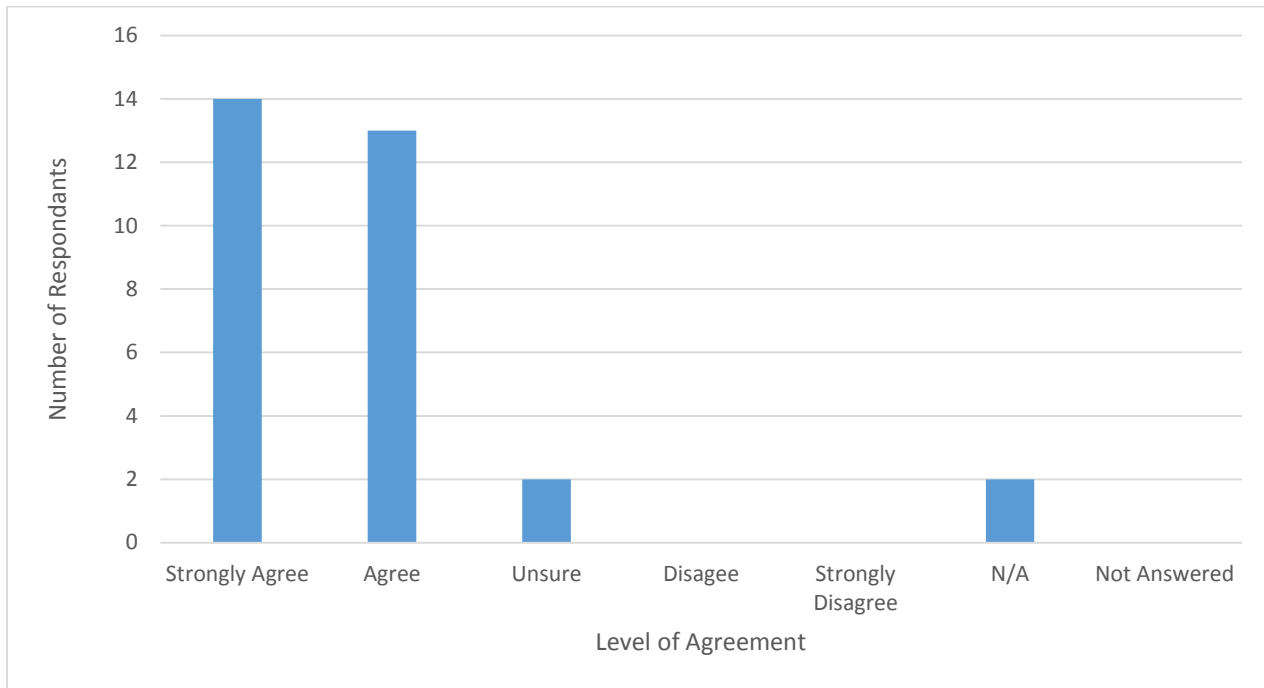


Figure 21 The resource(s) I received were useful to me

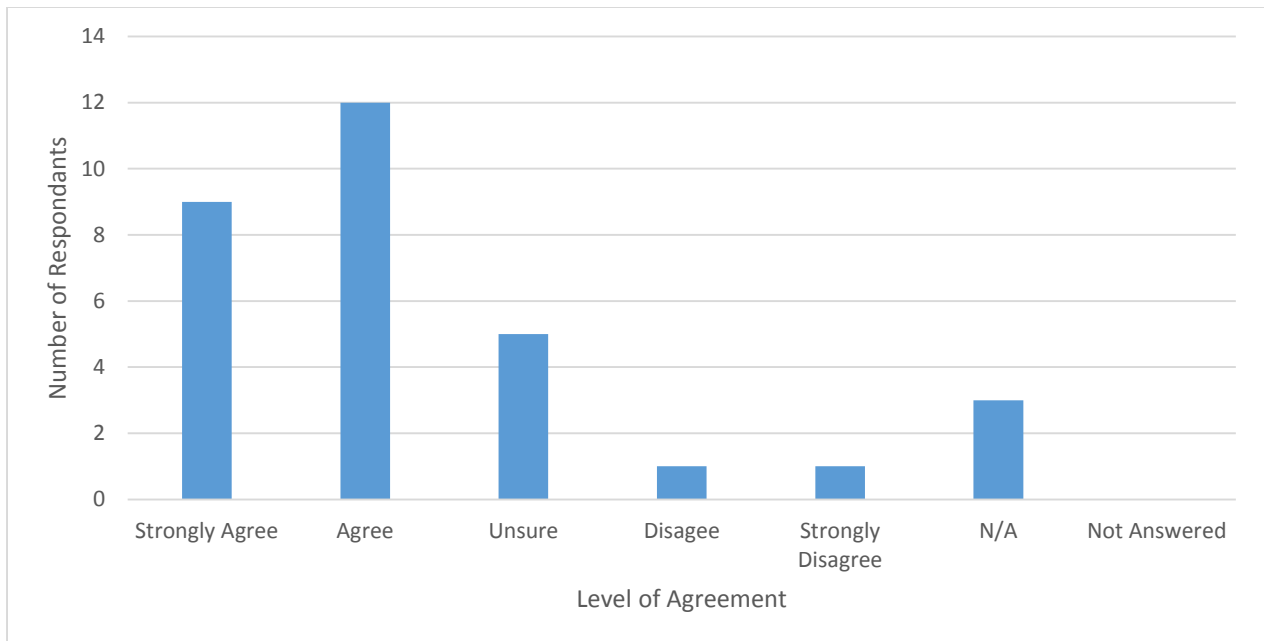
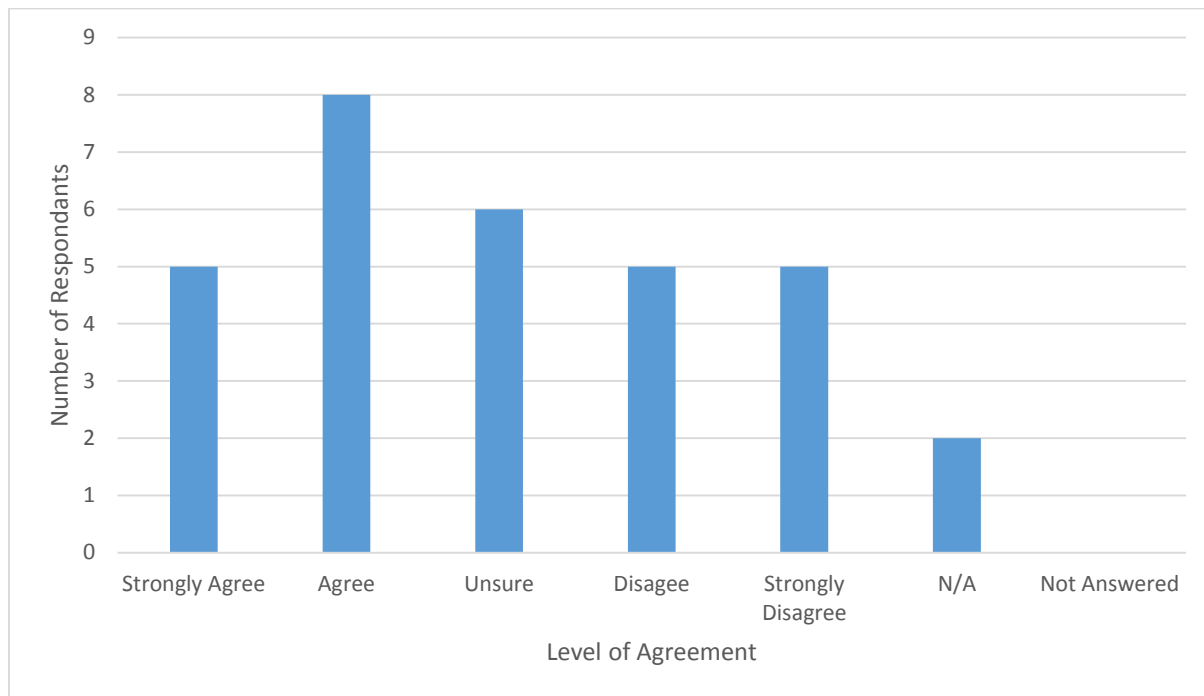
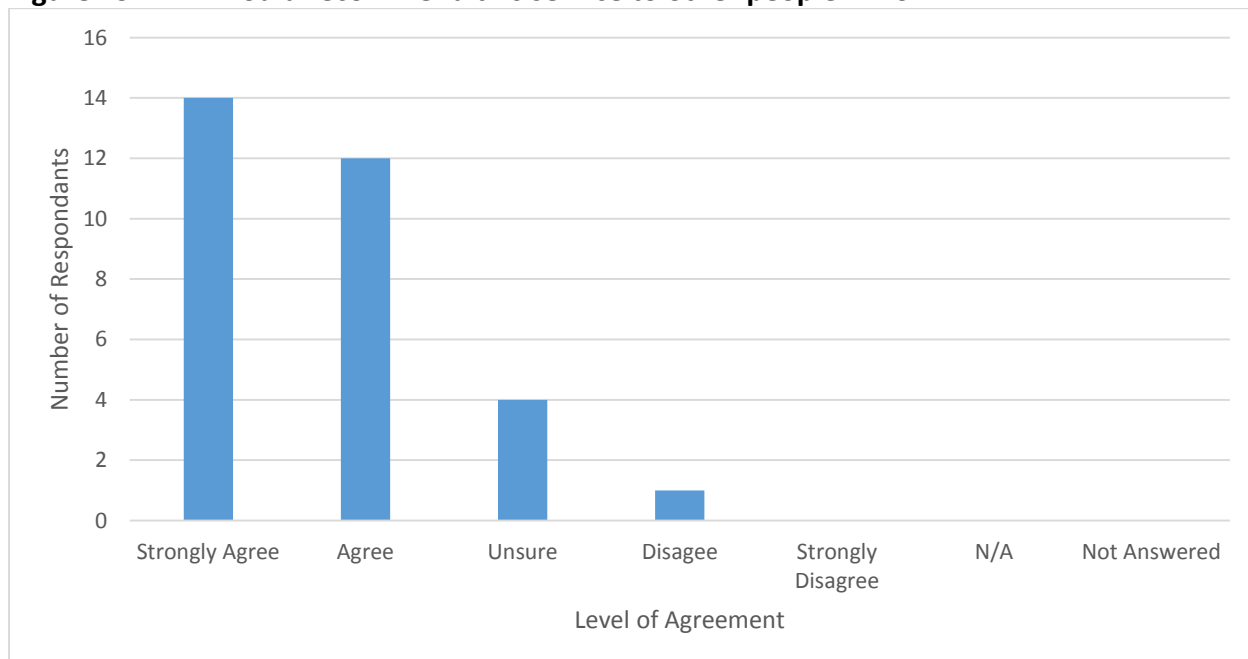


Figure 22 I intend to make a change to my drinking as a result of my discussion



Most people found the resources they received from the pharmacy useful (see figure 21). Responses varied as to whether the individual planned to make a change as a result of the intervention; with nearly half (13/31) planned to make a change as a result (see figure 22). Irrespective of whether the patient intended to make a change the majority said they would recommend the service to others (see figure 23).

Figure 23 I would recommend this service to other people I know



Twenty-three patients stated they were not directed to any other services or sources of information as part of the service. Six patients indicated they were directed to other services or information; two did not respond. Of the six who were directed to other services or resources, four mentioned they were given leaflets the remainder did not specify the service or resource.

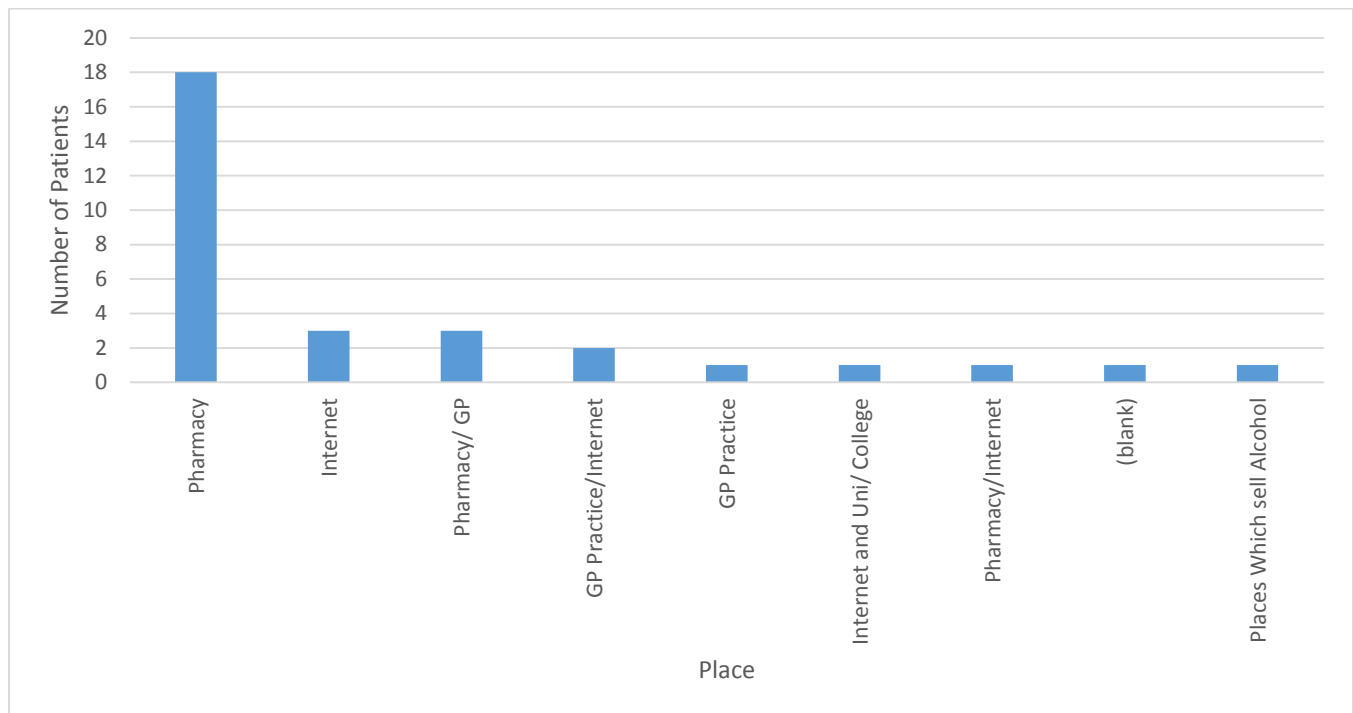
Table 5 What did you like most about the service?
<i>It may help others</i>
<i>So easy to talk to the staff member about this service</i>
<i>All the information I was given regarding calories and units</i>
<i>All the information I was given about calories and units</i>
<i>The information I was given regarding alcohol was excellent</i>
<i>I was approached in a friendly manner to carry out the survey</i>
<i>It was quick and easy and informative</i>
<i>The openness and ease of understanding</i>
<i>Politeness</i>
<i>Friendly chat</i>
<i>Friendly atmosphere</i>
<i>It made me think about how much I was drinking</i>
<i>Easy Fun</i>
<i>The member of staff I spoke to was very helpful and the fact it was private</i>
<i>It made me think about cutting down</i>
<i>It was an informal chat</i>
<i>The pharmacists professional, kind approach</i>
<i>Private and anonymous, leaflets interesting</i>
<i>The friendliness of the staff and the way they approached the sensitive issue</i>
<i>Did make me think a little more about my alcohol consumption</i>
<i>The private room</i>

A variety of positive comments were added about the service particularly the friendliness of the staff, the way they approached the patients and the information they provided (see Table 5). Some added that the discussions had made them reflect on their drinking habits. There were only three comments which made suggestion on how the service could be improved. These included the provision of more leaflets, visual aids which show the harm from drinking and the provision of more information in GP practices and pubs. One person was very negative about the service feeling that it was not necessary for pharmacy staff to ask questions about alcohol (see Table 6).

Table 6 How do you think the service can be improved?
<i>I don't</i>
<i>Don't it was excellent</i>
<i>It's very good as it is</i>
<i>N/A</i>
<i>N/A</i>
<i>N/A</i>
<i>It couldn't</i>
<i>Don't know</i>
<i>Maybe more available leaflets</i>
<i>A visual aid that will show the harm excessive drinking will do to me</i>
<i>Not necessary for pharmacy staff to ask alcohol questions</i>
<i>Could be done in doctors and pubs</i>

Table 7 Further Comments
<i>Think it was excellent</i>
<i>No, It was very informative</i>
<i>Very informative</i>
<i>Good idea</i>

Figure 24 Site where patients would prefer to receive information about alcohol



Most of the patients asked would prefer to receive information about alcohol from the pharmacy (see Figure 24).

4 DISCUSSION

Over the last year a large number of interventions have been delivered through this service. There has been a variation in the number delivered per pharmacy with some delivering large proportions and others much smaller. This may have been due to staff finding it difficult to approach the subject of alcohol with patients as highlighted within the responses to the staff questionnaire. The interventions delivered identified a large number of increasing-risk drinkers higher than those reported within the JSNA. The JSNA for Calderdale estimates there are approximately 20% of people who are increasing risk drinkers, 6.5% who are higher risk drinkers, 23% who are binge drinkers and approximately 7,613 dependant drinkers within the area. Within this evaluation 42% increasing risk drinkers were identified with 3% high risk and 3% dependent drinkers. The reason for the difference is unclear. Data may be skewed due to lack of reporting of scratch cards where patients did not go on to have the full screen.

Generally pharmacy staff feedback was positive with staff finding the service useful for patients and easy to deliver. Several found the service more difficult indicating that they felt they would benefit from further support and training to dispel myths and increase their confidence in approaching patients. Where staff had proactively implemented ideas such as displays they found it easier to approach patients. Ideas of good practice could be shared to help others screen larger numbers of patients.

In the main, the service was well received by patients they felt it appropriate to run the service through pharmacy and would recommend it to others. During this evaluation 11/31 patients agreed or strongly agreed that they intended to make a change to their drinking. If all these patients went on to change their drinking habits this would be a higher number than the 1 in 8 found in previous research.⁴

Limitations

A small proportion of post code and age data has been entered incorrectly into PharmOutcomes® by the staff delivering the service. It is difficult to tell retrospectively what this data should be therefore has been reported as missing. This may mean that the post code and age data reported is not a true reflection of the demographics of the population who have received this service.

Pharmacies are only required to report data on PharmOutcomes if they complete the full set of audit questions. This may limit the number of scratchcards recorded which in turn may underestimate the number of screens completed overall and per pharmacy.

Questionnaires with open and closed questions were used to make it quicker and easier for staff and patients to answer in order to maximise response rate. Whilst open questions allow greater detail within the response, the anonymous nature of questionnaires does not allow follow up for points to be clarified or probed in more detail. The level of detail within responses on the questionnaire varied between respondents. Further work could be conducted to explore participant's views in more detail. As the questionnaires were anonymous and did not ask for the patients risk level, no relationships could be determined between risk level and responses. The staff who did not deliver any interventions did not respond to the questionnaire therefore reasons for disengagement could not be sought.

RECOMMENDATIONS

- Good practice ideas which pharmacies have found to work well within the service should be shared (between peers) to try and increase the uptake of the service eg pharmacy success with displays created within the pharmacy.
- The current commissioned pharmacies who are delivering a low number of screens should be reviewed to determine whether they should continue with the service.
- Consider offering more support and engagement to pharmacies to facilitate the number of screens delivered. This could include further training which supports staff with their approach to patients and provides a safe place in which to practice conversations. Training could also include service user involvement.
- Review how ethnic minorities can be engaged to participate in the service.
- Ensure pharmacies are aware which part of the postcode needs to be entered on to PharmOutcomes

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Appendix A Alcohol Intervention & Brief Advice Service Staff Feedback Questionnaire Calderdale

We would like learn more about how we can improve our pharmacy services and support our staff. To help us to do this, please complete the following questions by selecting the most appropriate answer. These questions relate to the Alcohol Intervention and Brief Advice service. There are comments boxes below each question for you to expand your answers.

1. Have you screened any patients within your pharmacy? (Please circle the most appropriate answer)

Yes No

Please explain your answer

2. How easy was it to raise the issue of alcohol consumption with your patients? (Please circle the most appropriate answer)

Very Easy Fairly Easy Unsure Fairly Difficult Very Difficult

Please explain your answer

3. Did you do anything else within your pharmacy to make it easier to approach patients/ conduct the service? (Please circle the most appropriate answer)

Yes No N/A

If so, what was this? What was the outcome?

4. How easy was it to carry out the alcohol assessments with your patients? (Please circle the most appropriate answer)

Very Easy Fairly Easy Unsure Fairly Difficult Very Difficult

Please explain your answer

5. Which resources did you find most useful, and why? (please tick all that apply)

- Service Specification
- Service Guide
- Glass demonstrating units
- Scratch card (rethink your drink)
- Alcohol units wheel counter
- AUDIT form
- 21 and under referral form to Lifeline
- Resources booklet issued at training
- Your drinking and you leaflet
- Your guide to drinking responsibly leaflet
- Structured Brief
- Advice leaflet - Calderdale Council
- Over 21's referral form for CAT
- Support around changes in alcohol use leaflet
- How much will your next round cost?
- Don't let drink sneak up on you
- Drink aware factsheets
- Drink Diary
- Brief Lifestyle Counselling Too

Other (please specify)

6. Did you seek out or produce any other resources to support the service? (Please circle the most appropriate answer)

Yes No

Please explain your response

7. Did the training you received prepare you sufficiently to conduct the service? (Please circle the most appropriate answer)

Yes No

Please explain your response

8. How easy was it to enter data on PharmOutcomes? (Please circle the most appropriate answer)

Very Easy Fairly Easy Unsure Fairly Difficult Very Difficult

Please clarify

9. Do you feel confident now to approach customers about alcohol? (Please circle the most appropriate answer)

Yes No

Please explain your answer

10. How likely are you to continue discussing alcohol consumption with patients as part of your daily practice? (Please circle the most appropriate answer)

Very Likely Likely Unsure Unlikely Very Unlikely

Explain your answer

11. Is there anything else which would have made it easier for you to carry out the service?

12. What worked well in this service?

13. How do you think the service could be improved?

14. Is there anything else you want to tell us about the service?

Your answers will be kept anonymous. However we are interested to know more about your experiences. If you are willing to be contacted to provide further information on your thoughts about the service please complete your details below. Any information you provide will be treated confidentially.

Name (optional)	
Contact telephone number (optional)	

Appendix B

Alcohol Intervention & Brief Advice Service

Patient & Public Feedback Questionnaire

Calderdale



You have been given this questionnaire because you have recently been asked about alcohol and may have had some free tailored advice from one of our staff. This is one of our pharmacy services that we currently offer to customers and is called 'Intervention and Brief Advice'. To help us improve this service, please would you complete the following questions by marking the most appropriate answers and providing details in the text boxes. If you would like to explain any of your answers please use the box at the end of the questionnaire.

When you have finished please place the questionnaire in the freepost envelope provided, seal the envelope and hand to a member of staff who will put it in the post for you. Your answers will be kept private. The envelope will not be opened by staff within the pharmacy.

1. Please review each of the following statements and tick the most appropriate response.

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree	Not Applicable
I was satisfied with the way the member of staff raised the conversation about alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was happy to discuss alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The discussion was relevant to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was offered somewhere private to talk about alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff member made the topic easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My questions were answered in a helpful way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The resource(s) I received were useful to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I intend to make a change to my drinking as a result of my discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this service to other people I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Were you directed to any other service or source of information?
(please circle the most appropriate response)

Yes No

If yes, please specify _____

3. What did you like most about this service?

4. How do you think this service could be improved?

5. Where would you prefer to get this kind alcohol advice or information from in future?
(please tick your preferred option)

Pharmacy

Your doctor's surgery

Internet

Other (please specify) _____

6. Is there anything else you want to tell us about the service? (you can also use this to explain any of your answers)

About You

Which of the following best describes your age (in years)? (please circle the most appropriate response

16-19
20-24
25-34
35-44

45-54
55-64
65-74
75+

Your answers to this questionnaire will be kept anonymous. However, we would like to hear more about your experiences. If you are willing to be contacted to provide further information on your thoughts about the service please complete your details below. Any information you provide will be treated in private and will not be discussed with the community pharmacy staff.

Name (optional)	
Contact telephone number (optional)	