

Kirklees Alcohol Identification and Brief Advice Service Evaluation March 2013 – October 2014

Anonymised Report

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SUMMARY OF EVALUATION AND RECOMMENDATIONS

The Alcohol Identification and Brief Advice (IBA) pilot service in Kirklees community pharmacies was introduced in March 2013. To date, 15 pharmacies have assessed patients under this scheme. 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. Patients who attended the pharmacy were approached in a variety of ways, engaged in conversation, and invited to the consultation room to answer a series of alcohol screening questions (AUDIT – the Alcohol Use Disorders Identification Test).

Over the 17-month period, 15 of 19 community pharmacies who signed up to the service completed 1557 AUDIT-C assessments in total. Approximately half of these went on to have the full AUDIT (as required by a score of 5 or more). The number of interventions delivered per pharmacy varied (range 2-368 interventions per pharmacy). The interventions delivered within pharmacy identified a higher rate of 'increasing risk' drinkers and a lower rate of 'high risk' drinkers than those published for Kirklees by Alcohol Concern.

The service has been well received by both staff and patients overall with some suggestions how the service may be improved. During the 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 conversion rate than 1 in 8 quoted in previous research.

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.
- Investigate whether post code can be a mandatory field on the data capture software to allow a greater understanding of the areas reached.
- Consider the introduction of scratch cards which include the AUDIT-C questions to facilitate conversations and allow these to be used by all staff members in any part of the pharmacy
- 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.

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, *Alcohol Concern*⁵ estimates that in 2012, within Kirklees, almost 1 in 5 people were classed as 'increasing risk' drinkers with approximately 1 in 17 'higher risk' drinkers. The Joint Strategic Needs Assessment (JSNA) for Kirklees states that bingeing (drinking twice the recommendation daily limit in one sitting) was highest in young adults (29%) especially single women, with Batley being a specific problem area.⁶

Quality delivery of 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.⁷ NICE guidance (Alcohol-use disorders: preventing harmful drinking, 2010) suggested that brief advice should be provided in various settings including community pharmacies using a structured approach with validated screening tool.⁸ There is currently little evidence which looks at the effectiveness of community pharmacy based services for alcohol misuse, however the evidence that exists and local evaluations have demonstrated that community pharmacy is a suitable environment for the delivery of IBA with a high rate of service users decreasing their risk to a lower risk level.⁹ This evaluation reviews the alcohol IBA service within Kirklees.

2 SERVICE

The Alcohol Identification and Brief Advice (IBA) pilot service in Kirklees community pharmacies was introduced in March 2013. It was introduced as part of the Healthy Living Pharmacy (HLP) initiative. The aim of HLP is to provide a proactive approach to the healthy living and wellbeing of their customers. HLPs have had extra training to provide quality service delivery in the areas of health and well-being. Pharmacists who work within HLPs have received training on utilisation of skill mix and delivering services which address the health needs of the local community. Two members of HLP teams have been trained as Royal Society of Health level 2 practitioners which gives them the skills to engage different client groups deliver brief advice and signpost to appropriate services.

The Alcohol Identification and Brief Advice (IBA) service dovetailed with the HLP ethos; its aim to engage discussion with patients and break the ice so that further conversations about alcohol consumption became easier. The service was based on other services within the country including the North West scheme which demonstrated community pharmacy's ability to deliver brief intervention.¹⁰ Expressions of interest were sent to all pharmacies within Kirklees. To deliver the Alcohol Intervention and Brief Advice Service staff had to complete the following training prior to starting the service.

- Alcohol Learning Centre (ALC) Intervention and Brief Advice training for Community Pharmacy (2 hours) or CPPE Alcohol Misuse Open Learning Programme (10 hours)
- Public Health Core Brief Intervention training event (1 day)
- Public Health Alcohol IBA training (evening)

Forty-one members of staff from 19 pharmacies completed the training. This included pharmacists, technicians and counter assistants. The training events included delivering brief intervention, how to claim and enter information on Neo360® (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. Each pharmacy also received at least two visits, one by the Health Improvement Practitioner Specialist (alcohol) and one by the Public Health Specialist at Community Pharmacy West Yorkshire. The Public Health Specialist also rang each of the providers at least three times during the delivery period. Subsequent training to encourage the sharing of best practice and to provide potential ways of approaching individuals was conducted. to date, 15 pharmacies have assessed patients as required under this scheme. 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.

Patients who attended the pharmacy were approached and asked to the consultation room to answer a series of three alcohol screening questions (AUDIT-C) to determine the individual’s drinking risk category. 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 within lower-risk levels, offered a general alcohol information leaflet, and asked the individual if they would like any further information (for example on alcohol units). For a score of 5 or more the person was asked to complete the next seven questions. Appropriate action was taken depending on their overall score, ranging from brief advice (Simple Structured Advice) and information, to referral for treatment.

Table 1 Action taken dependent on score received from AUDIT Questionnaire (taken from service guide)

Score	Action
Score 0-7	Discuss the AUDIT score and risk level <ul style="list-style-type: none"> • Ask the individual how they feel about their risk • Discuss lower risk levels and the benefits of keeping within lower-risk levels • Add the individuals score to the Simple Structured Advice leaflet and give this to them to take away
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 (Simple Structured Advice).

Score 20+	<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"> • Explain that the individual’s drinking may be putting their health and wellbeing at significant risk • Offer to make a referral to the specialist alcohol service • If consent is given to share information with the GP, complete the GP information sheet
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Each pharmacy was given a target of providing two alcohol assessments per week. Each intervention was entered onto Neo360® and payments for Service activity were made quarterly based on activity reported at a rate of £2.33 per completed AUDIT-C and £7 per completed ScreenPLUS (see service guide and service specification produced by Community Pharmacy West Yorkshire to support the service for further details at www.cpwyo.org).

METHOD OF EVALUATION

Data Outputs

Data inputted on to Neo360® was evaluated from 1st March 2013 to 31st October 2014. Data was extracted using the reporting function into Excel and reported using descriptive statistics.

Patient Experience

Patient views were sought using a paper copy patient satisfaction questionnaire following the intervention. This was given to patients during September 2014 (see appendix A). Responses were inputted into Excel® and analysed using descriptive statistics and thematic analysis.

Pharmacy Staff Experience

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). Completion of the questionnaire was voluntary and anonymous. Responses were extracted into Excel and analysed using descriptive statistics and thematic analysis.

3 RESULTS

Nineteen pharmacies signed up to deliver Alcohol Identification and Brief Advice. From these pharmacies 43 members of pharmacy staff attended training on Brief Intervention, 21 on Screening and brief advice and 11 on approaching patients and practicing conversations. Following the training 15 went on to deliver relevant interventions.

Over the 17-month period, the community pharmacies conducted 1557 AUDIT-C discussions (44.3% (690/1557) were for men and 55.6% (866/1557) for women.) Of these 741 (47.6%) scored 4 or less; 816 (52.4%) scored 5 or more and were offered a full AUDIT screen. The majority (51.2%, 797/1557) accepted and received a full AUDIT screening intervention. The remainder refused to complete the full

audit (2.3%, 19/816) (see table 1). The range of interventions per pharmacy varied from 2 to 368 with a mean of 103.8 interventions per pharmacy and a median of 98 consultations per pharmacy. The top 3 pharmacies delivered just over half of all interventions (54.8%, 853/1557) (see figure 1). Nearly all the individuals screened were over 18 years old, however 27/1557 (1.7%) patients between 16 and 18 were screened, (0.01% [14/ 1557] were positive and 0.01% [13/1557] negative).

Table 1 Summary of interventions delivered

	n	%
Total number of interventions delivered	1557	
Men	690	44.3%
Women	866	55.6%
Number of individuals who scored 4 or less	741	47.6%
Number of individuals who scored 5 or more	816	52.4%
Number completing full audit	797	51.2%
Number refusing to complete the full audit	19	2.3%

Overall, the majority of patients screened fell into the lower- risk drinking category (72%) and 3% higher- risk or dependent drinking (see figure 2). The percentage of individuals identified per risk category per pharmacy varied (see figure 3 and table 2).

Figure 1 Number of interventions delivered per pharmacy

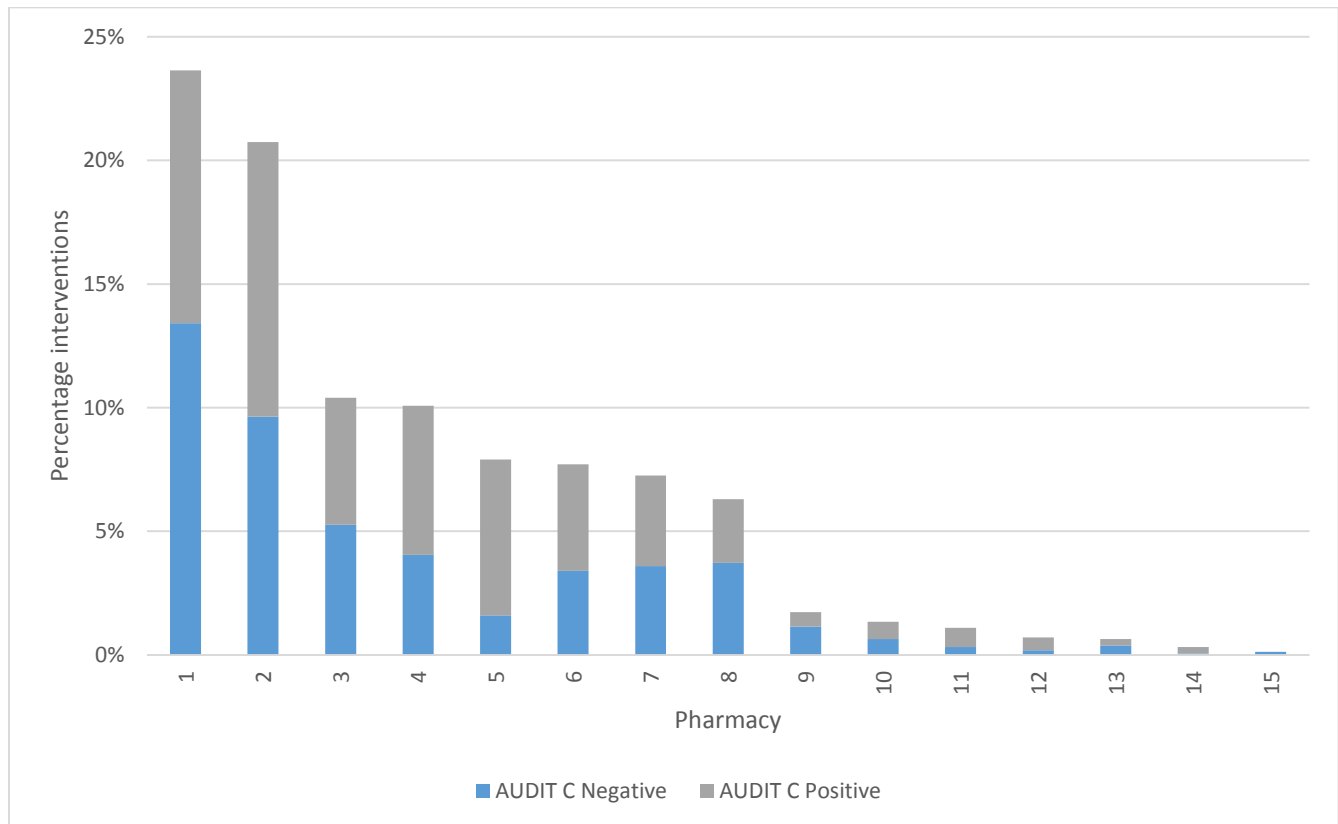


Figure 2 Screening Outcome of all patients who completed the AUDIT intervention including the initial screening questions

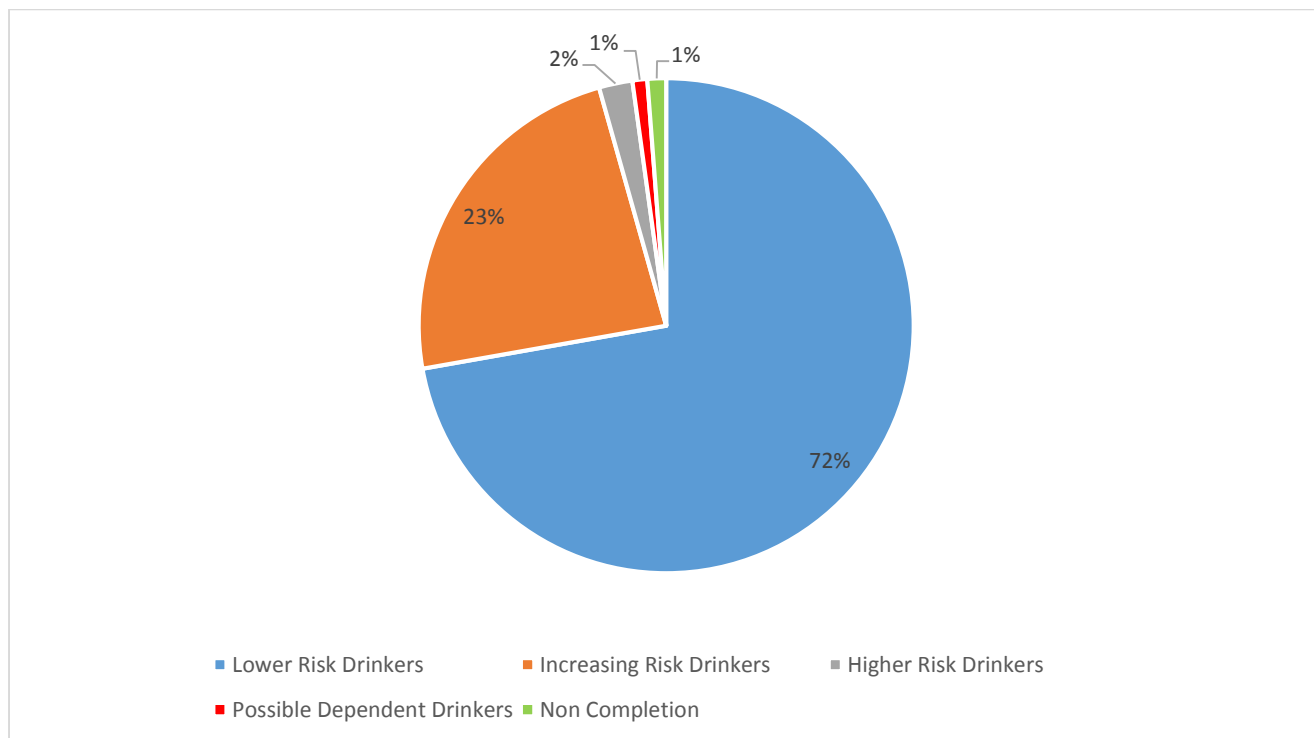


Figure 3 Screening outcome of all patients who completed the intervention (including the initial AUDIT C screening questions) by Pharmacy

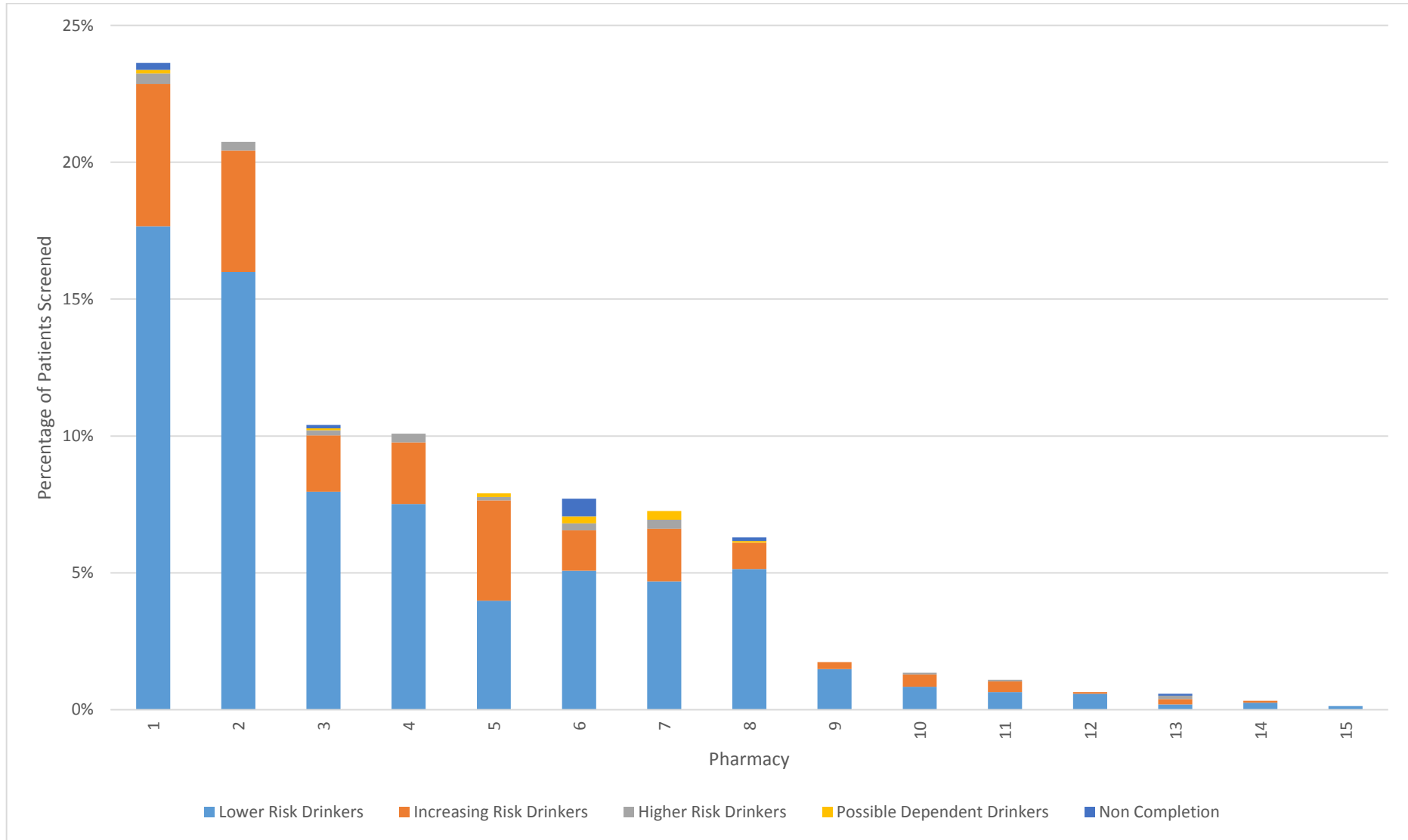
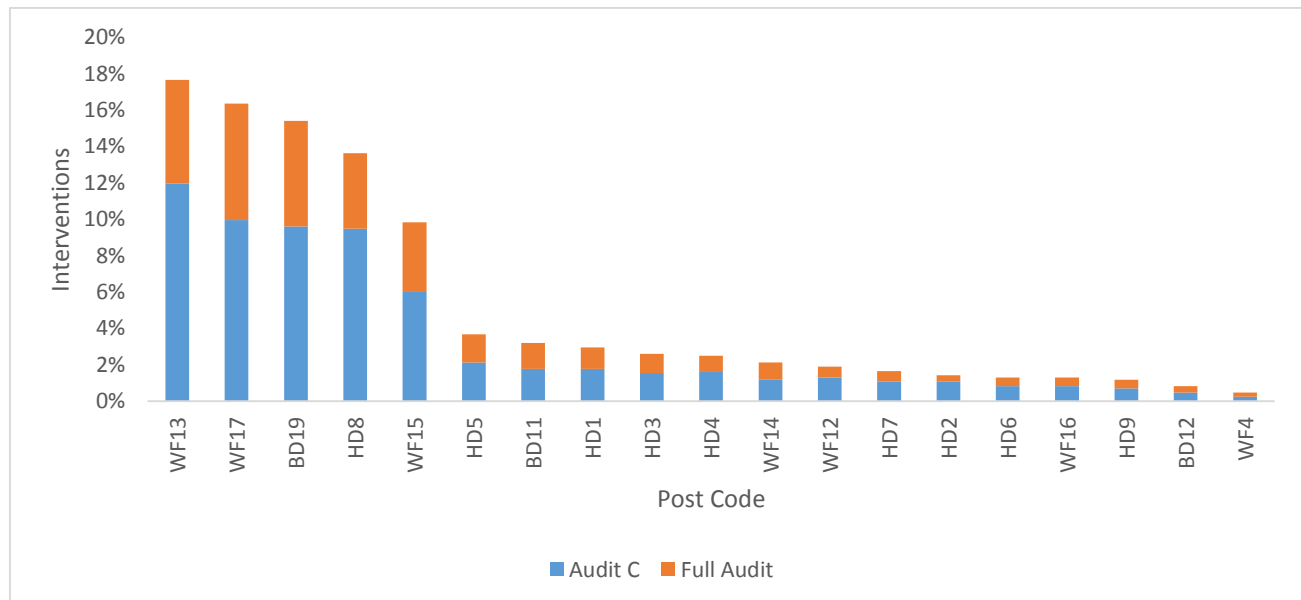


Table 2 Screening outcome of all patients who completed the intervention (including the initial AUDIT C screening questions) by Pharmacy

Pharmacy	Lower Risk Drinkers	Increasing Risk Drinkers	Higher Risk Drinkers	Possible Dependent Drinkers	Non Completion
1	17.66%	5.20%	0.39%	0.13%	0.26%
2	15.99%	4.43%	0.32%	0.00%	0.00%
3	7.96%	2.06%	0.19%	0.06%	0.13%
4	7.51%	2.25%	0.32%	0.00%	0.00%
5	3.98%	3.66%	0.13%	0.13%	0.00%
6	5.07%	1.48%	0.26%	0.26%	0.64%
7	4.69%	1.93%	0.32%	0.32%	0.00%
8	5.14%	0.96%	0.00%	0.06%	0.13%
9	1.48%	0.26%	0.00%	0.00%	0.00%
10	0.83%	0.45%	0.06%	0.00%	0.00%
11	0.64%	0.39%	0.06%	0.00%	0.00%
12	0.58%	0.06%	0.00%	0.00%	0.00%
13	0.19%	0.19%	0.13%	0.00%	0.06%
14	0.26%	0.06%	0.00%	0.00%	0.00%
15	0.13%	0.00%	0.00%	0.00%	0.00%
Total	72.13%	23.38%	2.18%	0.96%	1.22%

Figure 4 Number of Interventions delivered by Post Code



The post code field was only populated for 54.2% (844/1557) interventions as it is currently not a mandatory field. Of the postcodes populated, interventions were most commonly conducted for patients living in WF13, WF 17, BD 19, HD8 and WF15 (See figure 4).

Pharmacy Staff Feedback

Sixteen members of pharmacy staff responded to the feedback questionnaire. The staff were all employed by pharmacies that had screened patients as part of the Alcohol Intervention and Brief advice service. The majority of respondents found it fairly easy to approach patients about alcohol (9/16) with one saying it was very easy. The staff approach was facilitated where the intervention could be added to a Medicines Use Review (MUR), where patients were waiting for prescriptions or perusing the shop.

"[Approaching patients is] Very easy whilst people are waiting or looking around the shop. "Have you got some time to spare to answer some questions on alcohol?""

Pharmacy Staff I

In contrast, four stated it was fairly difficult to approach patients; the remainder did not respond. The barriers mentioned included staff availability, finding it embarrassing or the perception that patients feel uncomfortable being asked.

"Alcohol is not a subject I feel people want to be questioned on. People expect to be asked about smoking but seem to get defensive when asked about drinking habits. (Most people enjoy a glass of something alcoholic at the end of a stressful day they don't want to feel that they are being badly judged because of it). We also have a large Asian community who are opposed to alcohol."

Pharmacy Staff B

"It can be difficult to broach the subject. We did have many good ideas to attract people's attention to the service but funding from the store was very limited. Also a high turnover of staff members meant that we now only have one member of staff still accredited to provide the service."

Pharmacy Staff A

"Some patients resented being asked - even after explaining not being targeted, asking everyone. Many would prefer to discuss with the GP"

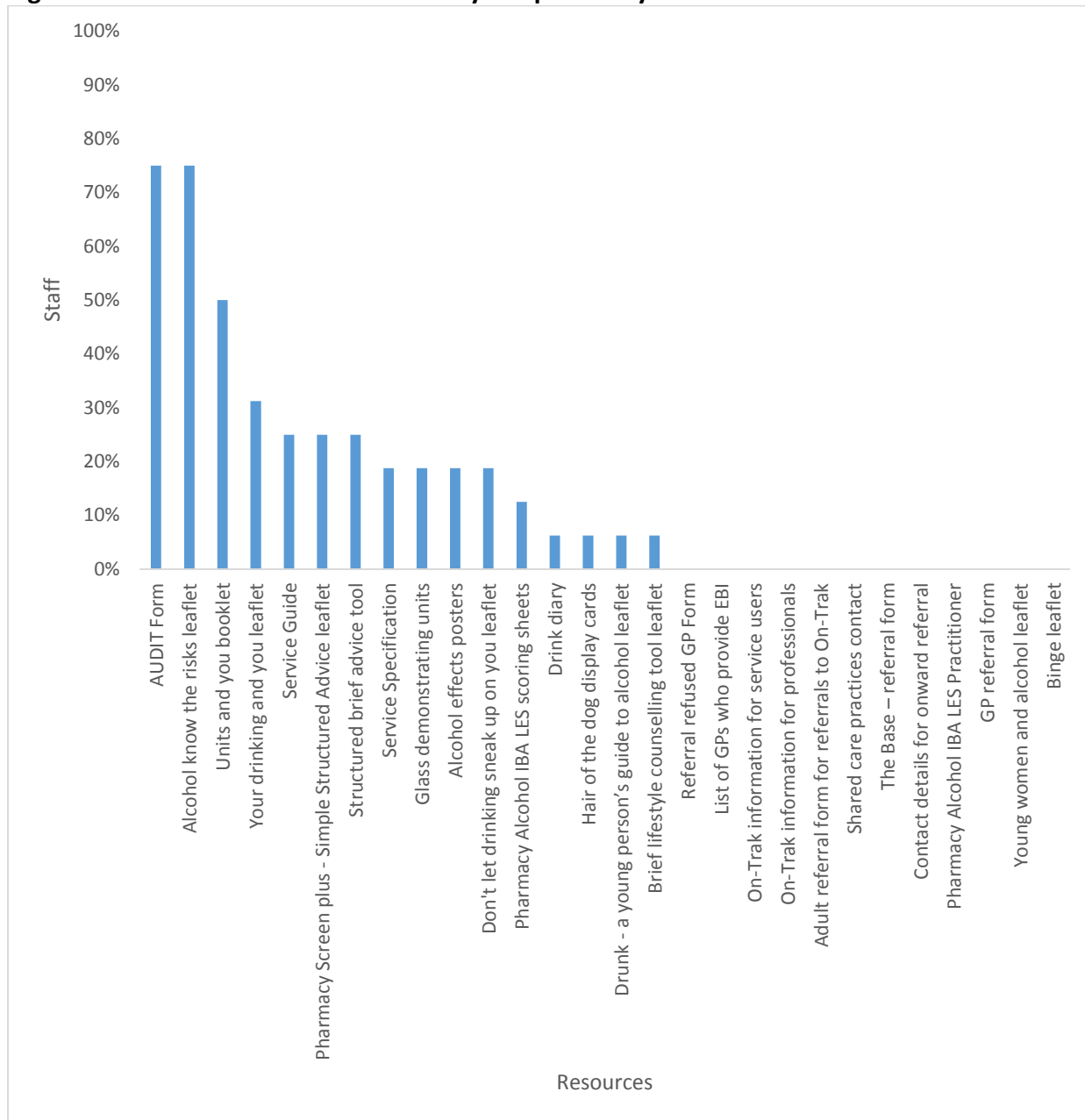
Pharmacy Staff O

Fourteen out of the 16 respondents indicated that they had done something in their pharmacy to help them to undertake the service. This included creating a display (5/16) taking patients into the consultation room (4/16), asking patients whilst they were waiting for their prescription (2/16) or as an 'add-on' to other services eg MUR (2/16).

All staff found it easy to conduct the assessments (14/16) except one who was unsure and one participant who did not respond. Two people added that once the patient was engaged the rest was easy implying that the initial engagement was the most difficult part. A further two explained that a some of the AUDIT questions felt personal and could cause patients to feel uncomfortable. One member of staff admitted to only asking patients who they found easy to approach.

Many of the resources were useful to the staff, particularly the AUDIT form and the 'Alcohol know the risks' leaflet (see figure 5. The AUDIT Form and Structured Brief Advice Tool were core to service delivery and a requirement of the service specification.

Figure 5 Resources found useful by the pharmacy staff



A few members of staff (5/16) highlighted that they had consulted other resources to support their consultations. This included display material such as empty bottles, models of the liver and measuring cups, information from the internet and other members of staff. One member of staff felt that leaflets targeted the older generation would be useful.

The majority of staff (12/16) felt the training they had received prepared them sufficiently to undertake the service with three expressing that it was helpful and informative. One member of staff expressed that they felt unprepared to speak to patients who scored highly on the test. A further three members of staff felt further training would help to support discussions.

“The training went through the questions but I didn’t feel I had enough knowledge to offer advice to patients who scored highly on the test other than to refer them.”

Pharmacy Staff B

“[The training should include] More information on referral. There were too many referral forms and it became increasingly confusing as to which ones were best to use.”

Pharmacy Staff A

Nearly all the respondents found it easy to put the data onto Neo360® (14/16). Staff stated that they were familiar with using it due to also recoding methadone supervision through the same programme. Only one expressed they found it difficult.

“There was little to no information on how to submit on Neo and changes made to inputting data on there. Neo has never been user friendly and probably wasn't the best place for typing in data.”

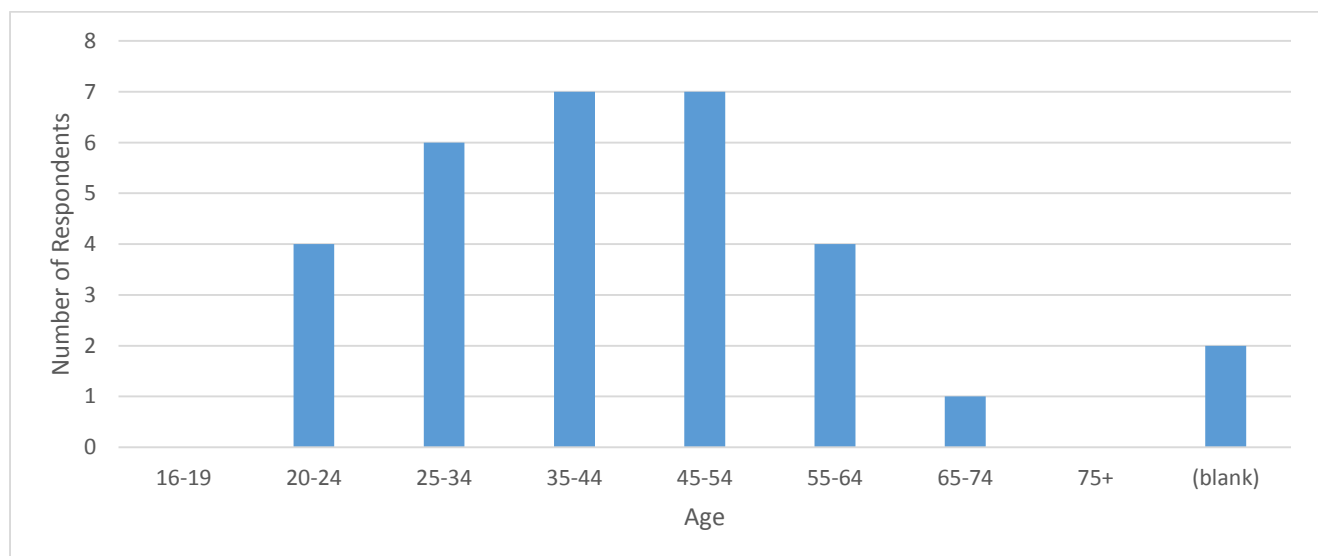
Pharmacy Staff A

Most members of staff (14/15) felt that they would continue to ask patients about alcohol. One respondent mentioned that they were limited by time especially if funding was to cease. There was one suggestion to implement Audit-C scratch cards to improve patient engagement. Two staff felt the service could be promoted better. Another member of staff felt that further training and a better funding package would have helped to make the scheme more successful. They did not suggest what this may look like.

Patient Feedback

In total 31 feedback questionnaires were received from patients. Most patients who responded to the questionnaire were between 35 and 54 (see figure 6).

Figure 6 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 7 - 11)

Figure 7 I was satisfied with the way the member of staff raised the conversation about alcohol

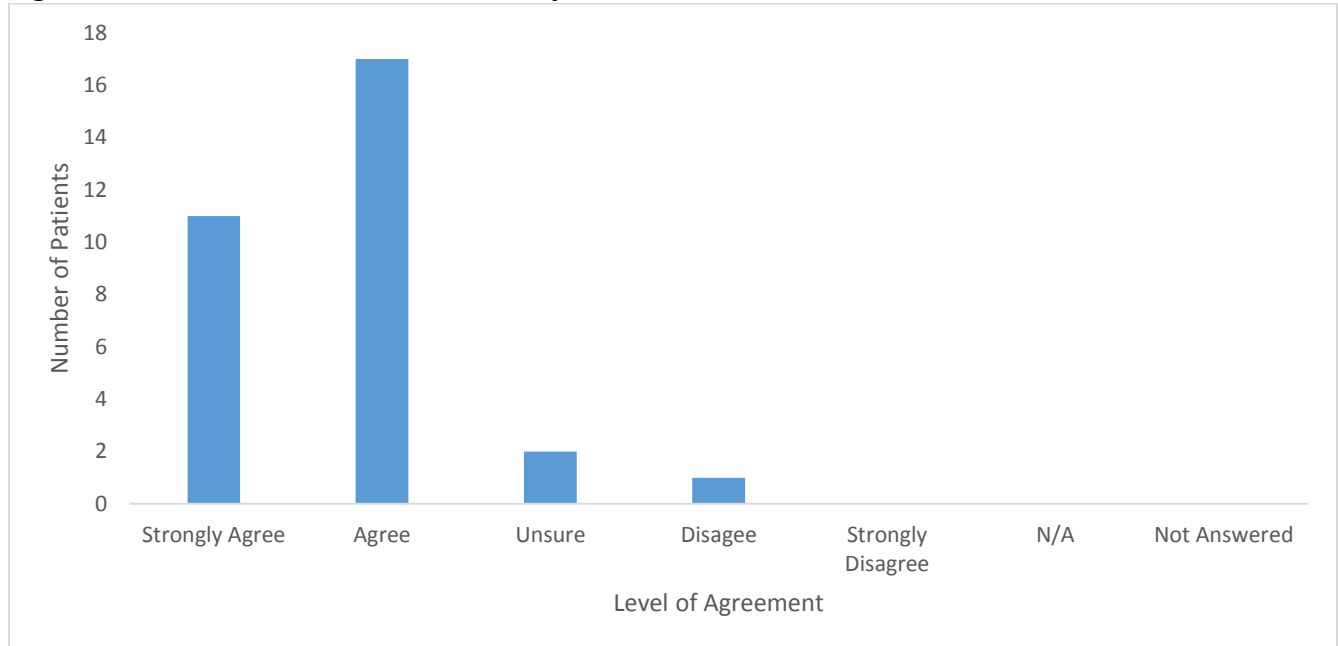


Figure 10 I was happy to discuss alcohol

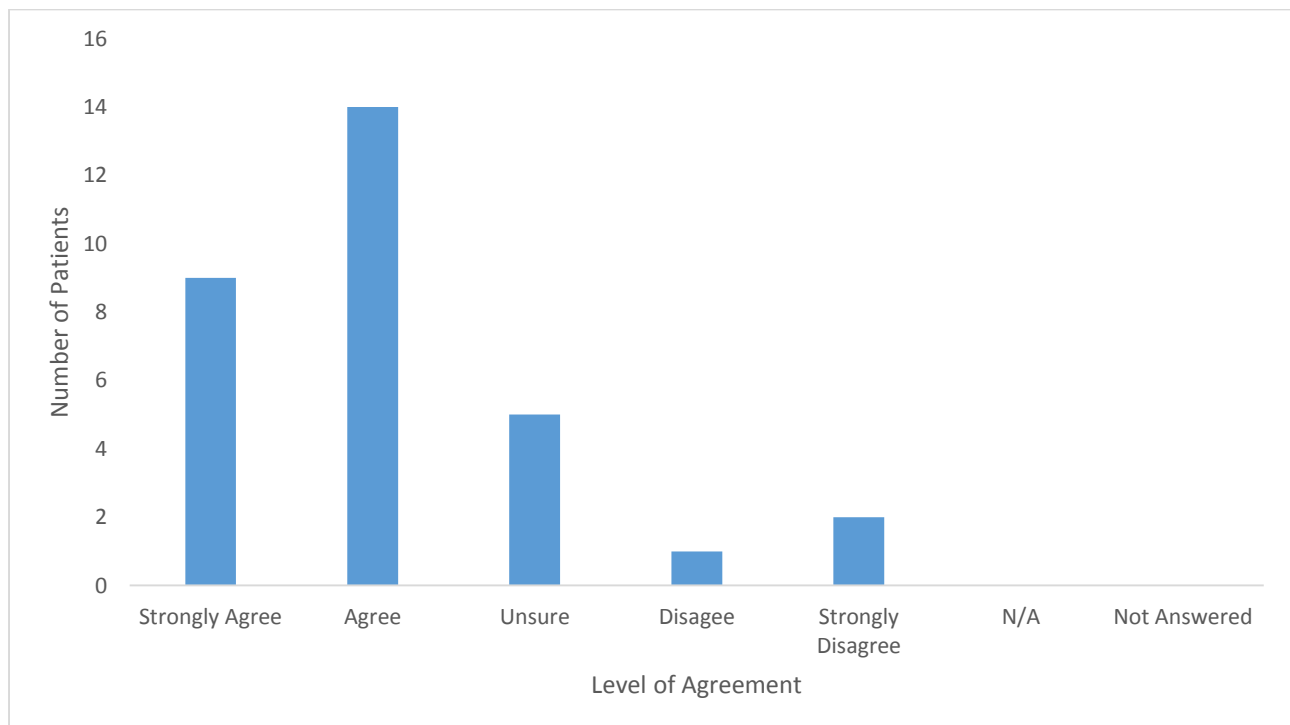


Figure 8 **The discussion was relevant to me**

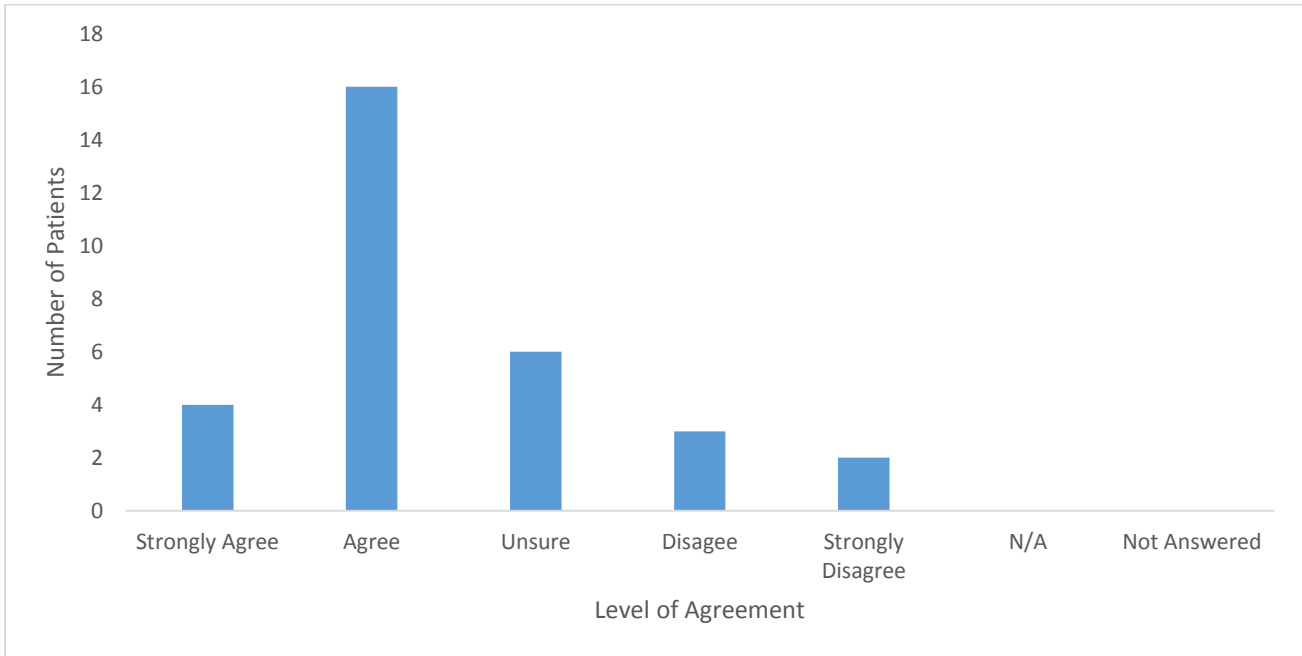


Figure 9 **I was offered somewhere private to talk about alcohol**

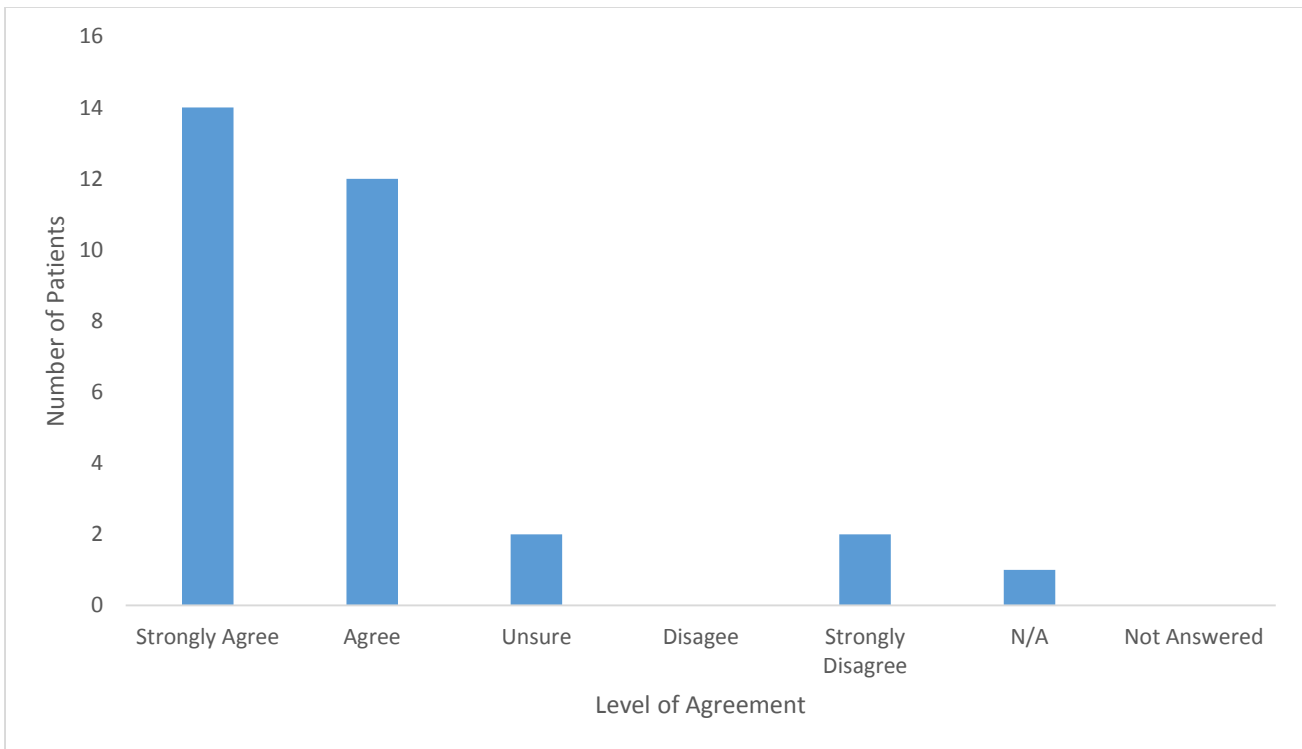


Figure 10 The staff member made the topic easy to understand

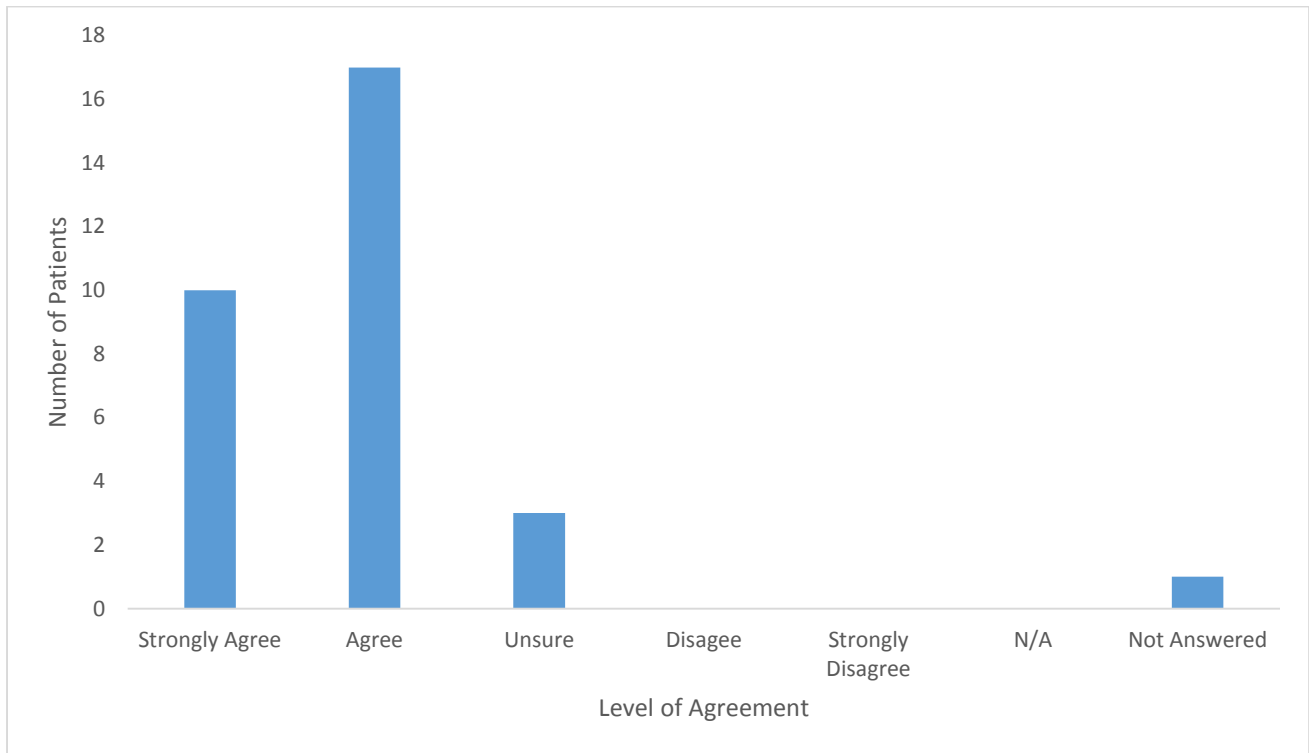
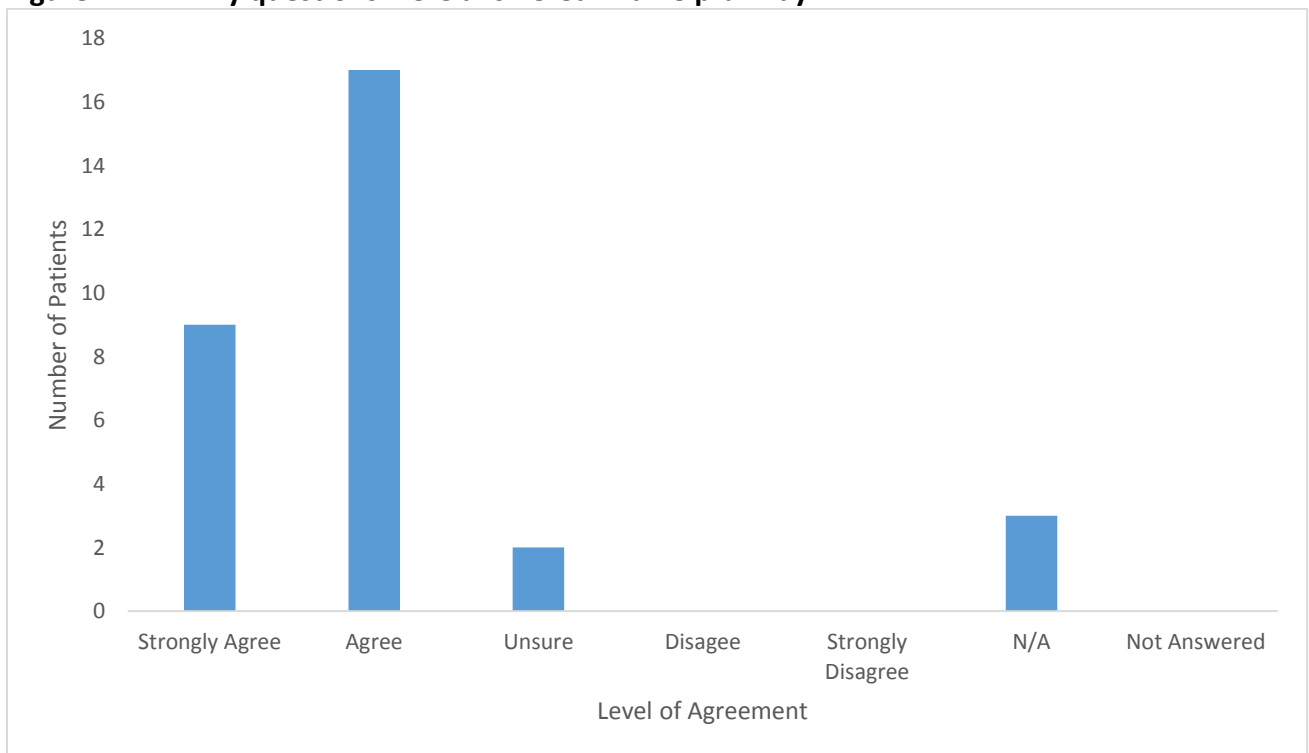


Figure 11 My questions were answered in a helpful way



Most people found the resources they received from the pharmacy useful (see figure 12); however responses varied as to whether the individual planned to make a change as a result of the intervention and discussions, with approximately a third planning to make a change as a result (see figure 13).

Figure 12 The resource(s) I received were useful to me

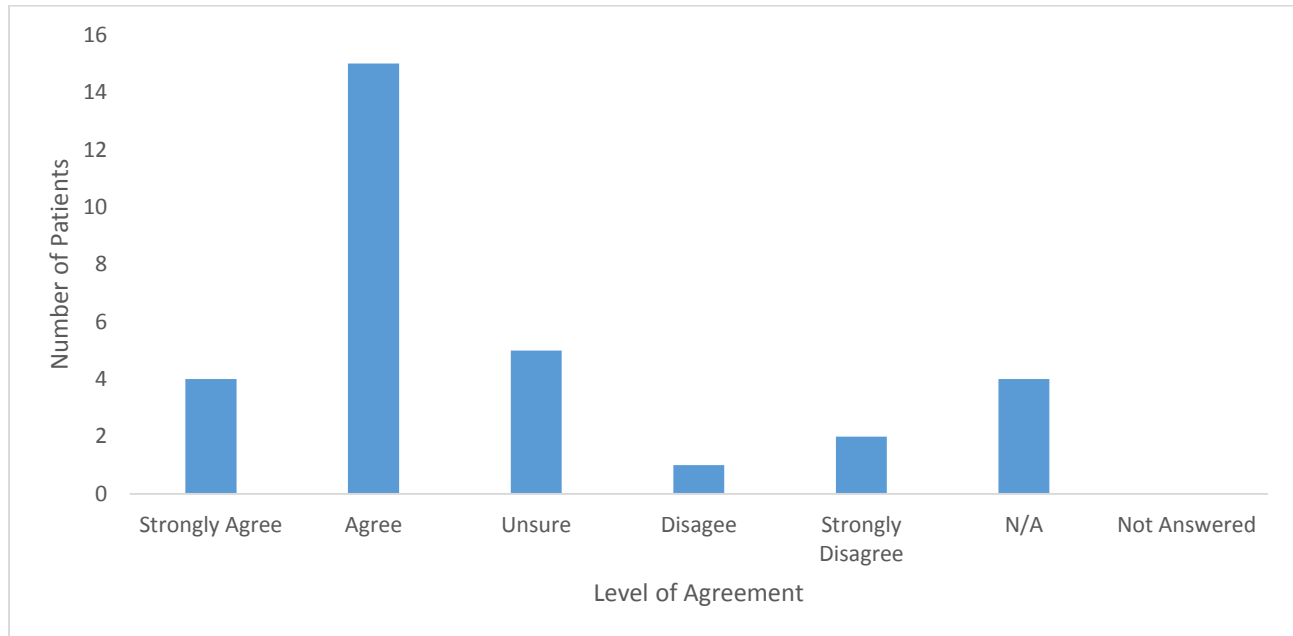


Figure 13 I intend to make a change to my drinking as a result of my discussion

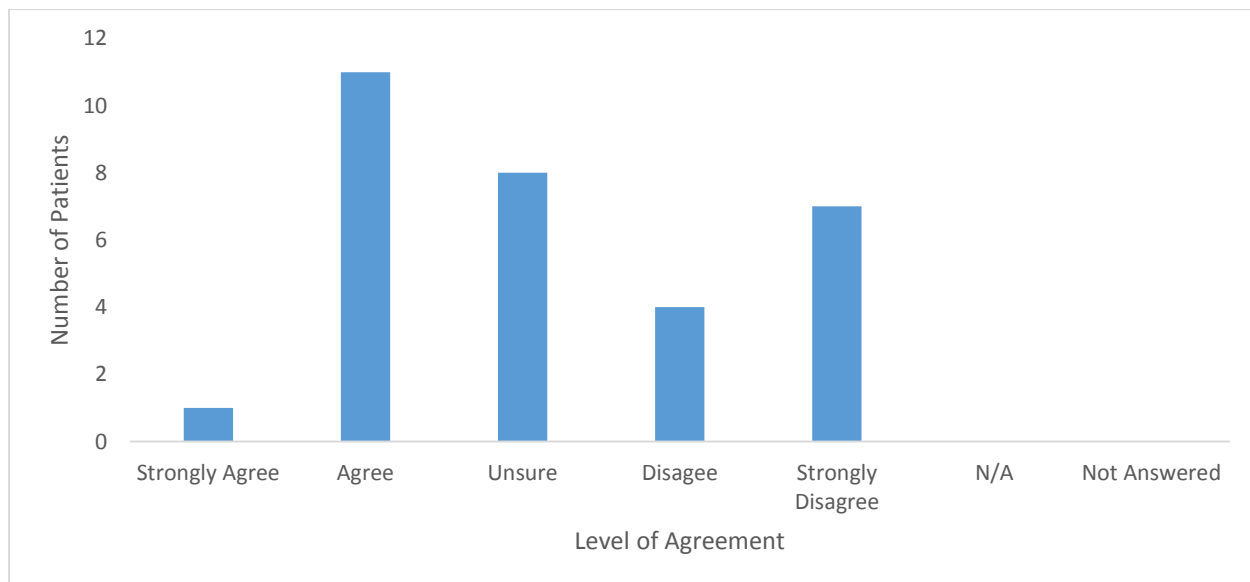
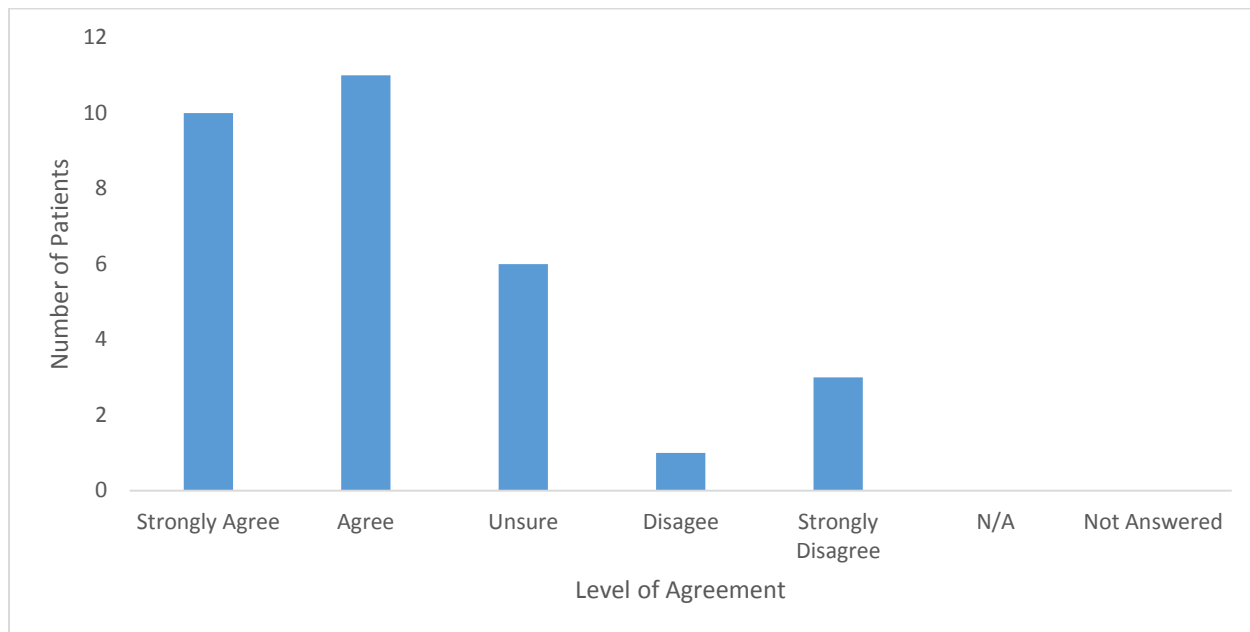


Figure 14 I would recommend this service to other people I know



Twenty-four patients stated they were not directed to any other services or sources of information following the intervention. Six patients indicated they were directed to other services. Two services were not related to alcohol (blood pressure screening and smoking cessation). Two were given further alcohol resources which included a unit calculator and leaflet; the other two did not specify.

Table 2 What did you like most about the service?
<i>Friendliness of staff</i>
<i>Good to know that I'm not a big drinker</i>
<i>Quick</i>
<i>Informative, didn't know about units in drink</i>
<i>I just helped out with them, I don't have an alcohol problem. Just feel it's another form to fill</i>
<i>Leaflets</i>
<i>Friendly approach</i>
<i>Friendly and Informal</i>
<i>Friendly, relaxed, not pushy</i>
<i>Friendly advisor, was done in a well manner</i>
<i>Helpful and personal to me</i>
<i>The pharmacists professional, kind approach</i>
<i>Private and anonymous, leaflets interesting</i>
<i>Time with staff</i>

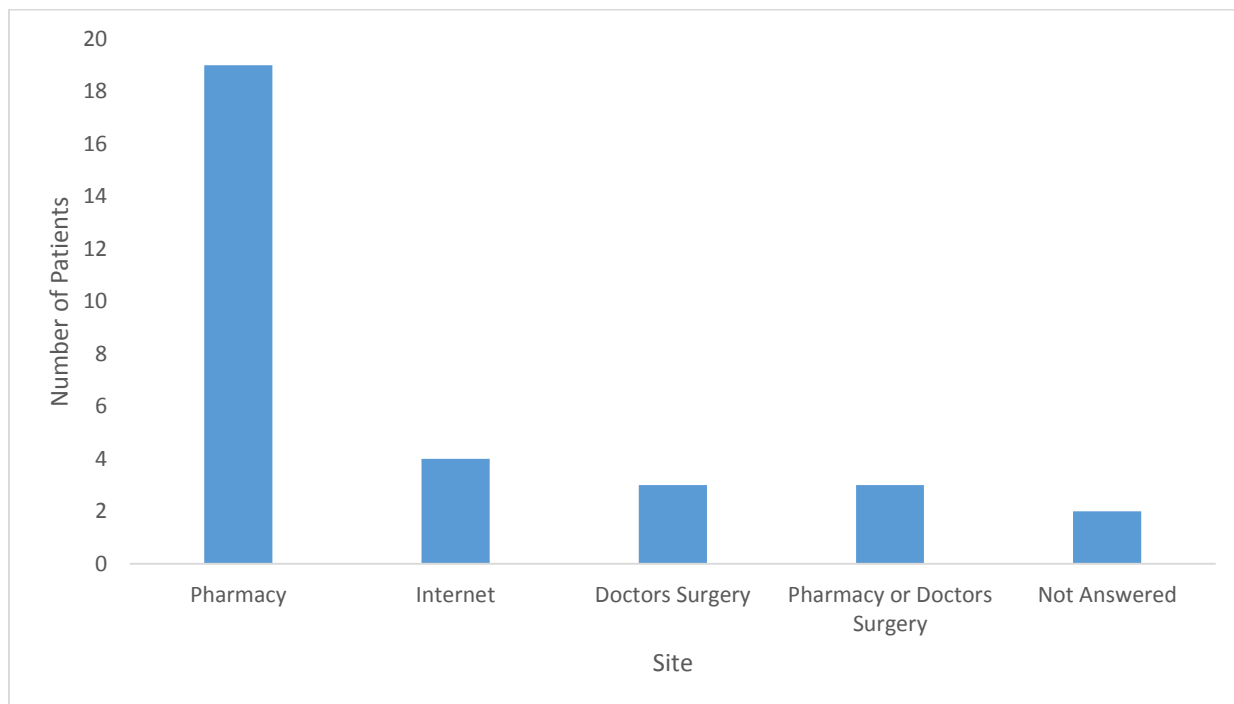
A variety of positive comments were added about the service particularly the friendliness of the staff and their approach (see table 2). There were only two comments which made suggestion on how the service could be improved which included the provision of more leaflets and encouraging more people to participate (see table 3). One person was very negative about the service feeling that it was a waste of his time, another felt that patients would be unlikely to tell the truth when asked questions about alcohol in pharmacy (see table 4).

Table 3 How do you think the service can be improved?
<i>I feel its fine</i>
<i>Couldn't really be improved, just need to get more people on board</i>
<i>Maybe more available leaflets</i>

Table 4 Further Comments
<i>I feel that if anyone had a problem they would not tell the truth in a pharmacy anyway</i>
<i>Very helpful</i>
<i>I dislike being asked personal questions when I do not need this information. These 'services' just mean being asked pointless questions when I'm in a rush. STOP WASTING MY TIME</i>

Most of the patients asked specified that they would prefer to receive information about alcohol from the pharmacy (see Figure 15).

Figure 15 Site where patients would prefer to receive information about alcohol



Discussion

Over the duration of the service a large number of interventions have been delivered. There was variation in the number of interventions delivered per pharmacy with some delivering large proportions and other delivering very few. 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 higher rate of 'increasing risk' drinkers and a lower rate of 'high risk' drinkers than those published for Kirklees. Alcohol Concern⁵ indicates that in 2012, within Kirklees, almost 1 in 5 people were classed as 'increasing risk' drinkers with approximately 1 in 17 'higher risk' drinkers. Within this evaluation approximately one in every two people were classed as 'increasing risk' drinkers with one in 25 being high risk drinkers. It is unclear why there is a difference in rates, it may be due to pharmacy location, the demographics of patients who are accessing pharmacy or some other reason. Further work could explore this.

Generally pharmacy 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 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 further 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 rate of conversion than 1 in 8 found in previous research.⁴

Limitations

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. Patients and staff were offered the opportunity to participate in follow-up interviews to provide further detail on their responses. The uptake of this was too low to conduct meaningful data collection. Further work could be conducted to explore participant's responses in more detail for example through interviews. 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. At the time of evaluation the age and ethnicity of the patient was not available. This limits the demographic information which can be described within the evaluation and thus the target demographic being reached. The post code field is currently not mandatory on Neo360[®] therefore the proportions of postcode areas presented within this evaluation may not be a true reflection of the areas being reached. The report has been produced based on the current reporting functions available within Neo360[®] (ie secondary data) rather than the raw data (ie primary data).

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.
- Investigate whether post code can be a mandatory field on the data capture software to allow a greater understanding of the areas reached.
- Consider the introduction of scratch cards which include the AUDIT-C questions to facilitate conversations and allow these to be used by all staff members in any part of the pharmacy
- 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.

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

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
- AUDIT Form
- Referral refused GP Form
- Alcohol know the risks leaflet
- List of GPs who provide EBI
- Drink diary
- Hair of the dog display cards
- On-Trak information for service users
- On-Trak information for professionals
- Adult referral form for referrals to On-Trak
- Shared care practices contact
- The Base – referral form
- Pharmacy Screen plus - Simple Structured Advice leaflet
- Contact details for onward referral
- Pharmacy Alcohol IBA LES Practitioner
- Pharmacy Alcohol IBA LES scoring sheets
- Alcohol effects posters
- GP referral form
- Your drinking and you leaflet
- Don't let drinking sneak up on you leaflet
- Units and you booklet
- Structured brief advice tool
- Young women and alcohol leaflet
- Binge leaflet
- Drunk - a young person's guide to alcohol leaflet
- Brief lifestyle counselling tool leaflet

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 Neo? (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 Kirklees



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 | 45-54 |
| 20-24 | 55-64 |
| 25-34 | 65-74 |
| 35-44 | 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)	