

# Understanding and optimising an identification/brief advice (IBA) service about alcohol in the community pharmacy setting

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i Dr Gray was at the School of Pharmacy and Biomedical Sciences at UCLan when the project began.

ii Dr Cook was in the Centre for Public Health at Liverpool John Moores University when the project began.

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**Appendix 4.1: Table showing the results of a univariate ANOVA to predict AUDIT scores from age and sex, with IMD as a covariate (Wirral pharmacy data)**

**Tests of Between-Subjects Effects**

Dependent Variable: Audit score

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	22893.875 <sup>a</sup>	35	654.111	32.554	.000	.110
Intercept	27898.286	1	27898.286	1388.457	.000	.131
Age group	1786.187	8	223.273	11.112	.000	.010
Sex	502.121	1	502.121	24.990	.000	.003
IMD	1618.688	1	1618.688	80.560	.000	.009
Age * Sex * IMD	163.651	8	20.456	1.018	.420	.001
Age * IMD	542.378	8	67.797	3.374	.001	.003
Age * Sex	121.195	8	15.149	.754	.644	.001
Sex * IMD	78.926	1	78.926	3.928	.048	.000
Error	184956.222	9205	20.093			
Total	463972.000	9241				
Corrected Total	207850.098	9240				

R Squared = .110 (Adjusted R Squared = .107)

**Appendix 4.2: Table showing the results of a logistic regression to predict receiving an intervention from age, sex, IMD and Audit score (Wirral pharmacy data)**

	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Age								
20-24			30.527	8	.000			
25-29	.329	.107	9.458	1	.002	1.389	1.127	1.713
30-34	.349	.110	10.122	1	.001	1.417	1.143	1.757
35-39	.316	.107	8.697	1	.003	1.371	1.112	1.691
40-44	.407	.104	15.190	1	.000	1.502	1.224	1.843
45-49	.411	.104	15.624	1	.000	1.509	1.230	1.850
50-54	.161	.105	2.368	1	.124	1.175	.957	1.442
55-59	.162	.108	2.276	1	.131	1.176	.953	1.452
60+	.176	.088	3.991	1	.046	1.193	1.003	1.418
Sex								
Female	-.061	.046	1.782	1	.182	.941	.860	1.029
IMD	.002	.002	2.583	1	.108	1.002	.999	1.005
Audit score	.147	.006	510.070	1	.000	1.158	1.143	1.173
Constant	-.788	.108	53.496	1	.000	.455		

Variables entered: Age group, sex, IMD, AUDIT score.

Appendix 4.3: Table showing the breakdown of the routine data provided by Blackpool pharmacies

Pharmacy	Gender <sup>^</sup>				Count by pharmacy	Pharmacy as %
	Female count	Female %	Male count	Male %		
1	59	56.19	46	43.81	105	<b>20.19</b>
2	6	66.67	3	33.33	9	<b>1.73</b>
3	31	57.41	23	42.59	54	<b>10.38</b>
4	2	22.22	7	77.78	9	<b>1.73</b>
5	38	52.78	34	47.22	72	<b>13.85</b>
6	65	44.52	81	55.48	146	<b>28.08</b>
7	4	80.00	1	20.00	5	<b>0.96</b>
8	11	35.48	20	64.52	31	<b>5.96</b>
9	27	72.97	10	27.03	37	<b>7.12</b>
10	27	51.92	25	48.08	52	<b>10.00</b>
<b>Grand Total</b>	<b>270</b>	<b>51.92</b>	<b>250</b>	<b>48.08</b>	<b>520</b>	<b>100.00</b>

Employment	Female count	Female %	Male count	Male %	Grand total count**	Employment as %
Fully Employed	99	48.06	106	51.46	<b>206</b>	40.23
In education	9	64.29	5	35.71	<b>14</b>	2.73
Job seekers	19	39.58	29	60.42	<b>48</b>	9.38
Other	10	52.63	8	42.11	<b>19</b>	3.71
Part-time employed	59	80.82	14	19.18	<b>73</b>	14.26
Retired	34	40.48	50	59.52	<b>84</b>	16.41
Sickness/Disability benefit	13	44.83	16	55.17	<b>29</b>	5.66
Unemployed	23	58.97	16	41.03	<b>39</b>	7.62
(blank)						
<b>Grand Total</b>	<b>266</b>	<b>51.95</b>	<b>244</b>	<b>47.66</b>	<b>512</b>	<b>100.00</b>

**Appendix 4.4: Table showing the breakdown of the routine data provided by Bolton pharmacies.**

<b>Pharmacy</b>	<b>Female</b>	<b>Female %</b>	<b>Male</b>	<b>Male %</b>	<b>Unknown</b>	<b>Unknown %</b>	<b>Grand (count) Total</b>	<b>Pharmacy as %</b>
Unknown	16	25.81	15	24.19	31	50.00	62	5.99
1	38	45.24	31	36.90	15	17.86	84	8.12
2	7	77.78	1	11.11	1	11.11	9	0.87
3	30	37.97	27	34.18	14	17.72	79	7.63
4	50	54.95	27	29.67	14	15.38	91	8.79
5	270	50.19	152	28.25	116	21.56	538	51.98
6	76	53.15	43	30.07	24	16.78	143	13.82
7	13	44.83	11	37.93	5	17.24	29	2.80
<b>Grand total</b>	<b>500</b>	<b>48.31</b>	<b>307</b>	<b>29.66</b>	<b>228</b>	<b>22.03</b>	<b>1035</b>	<b>100.00</b>

**Ethnicity**

<b>Ethnic group</b>	<b>n</b>	<b>%</b>
White British	970	93.72
White Irish (inc Gypsy)	13	1.26
White Other	6	0.58
Asian Indian	18	1.74
Asian Pakistani	13	1.26
Asian Other (inc Chinese )	6	0.58
Non-white other (inc Mixed Black/Asian)	9	0.87
<b>Total</b>	<b>1035</b>	<b>100.00</b>

Appendix 4.5: Table showing the breakdown of the routine data provided by Sefton pharmacies.

Pharmacy	Male	%	Female	%	Total	%
1	4	57.14	3	42.86	7	2.56
2	3	75.00	1	25.00	4	1.47
3	7	77.78	2	22.22	9	3.30
4	5	45.45	6	54.55	11	4.03
5	18	85.71	3	14.29	21	7.69
6	50	59.52	34	40.48	84	30.77
7	1	25.00	3	75.00	4	1.47
8	35	56.45	27	43.55	62	22.71
9	29	50.00	29	50.00	58	21.25
10	1	20.00	4	80.00	5	1.83
11		0.00	1	100.00	1	0.37
12	1	100.00	0	0.00	1	0.37
13	2	33.33	4	66.67	6	2.20
<b>Grand Total</b>	<b>156</b>	<b>57.14</b>	<b>117</b>	<b>42.86</b>	<b>273</b>	<b>100.00</b>

Employment	Male	%	Female	%	Sample	%
	Employed	78	74.29	27	25.71	105
Not working	41	54.67	34	45.33	75	27.47
Retired	24	35.29	44	64.71	68	24.91
(blank)	25	100.00	0	0.00	25	9.16
<b>Grand Total</b>	<b>168</b>	<b>61.54</b>	<b>105</b>	<b>38.46</b>	<b>273</b>	<b>100.00</b>

Appendix 4.6: Table showing the breakdown of the routine data provided by Knowsley pharmacies.

Demographic characteristic	n	%
<b>Ethnicity</b>		
<b>White British</b>	2434	98.7%
<b>White Other</b>	31	1.3%
<b>Indian/Pakistani</b>	8	0.3%
<b>Other</b>	11	0.4%
<b>Total</b>	2465	
<b>Gender</b>		
<b>Male</b>	1049	42.2%
<b>Female</b>	1435	57.8%
<b>Total</b>	2484	

Pharmacy	n	%
1	18	0.72
2	9	0.36
3	124	4.99
4	244	9.82
5	186	7.49
6	154	6.20
7	77	3.10
8	359	14.45
9	29	1.17
10	28	1.13
11	208	8.37
12	374	15.06
13	12	0.48
14	7	0.28
15	165	6.64
16	28	1.13
17	74	2.98
18	27	1.09
19	142	5.72
20	7	0.28
21	196	7.89
Other	16	0.64
<b>TOTAL</b>	<b>2484</b>	<b>100.00</b>

## Appendix 5.1: Invitation letter 1 – pharmacy staff



<date>

### Exploring pharmacy based services promoting safe consumption of alcohol

Dear

This study has been developed to examine how an alcohol Identification and Brief Advice (IBA) service can be best delivered so that its use within the community pharmacy setting is maximised. Your pharmacy has been chosen to be included by <name of PCT contact> as you are achieving a high service volume, allowing us to observe the characteristics of a good pharmacy alcohol IBA service and highlighting best practice.

We would like to invite all staff delivering the alcohol IBA service within your pharmacy to take part. Please could you distribute the enclosed participant information sheets, which give further details, to these members of staff. A researcher will visit your pharmacy in a few days, at a mutually convenient time, and ask you and your staff to fill in a consent form if they are happy to take part.

If you, or any member of staff, have any questions about the project, please feel free to contact the research team (details below). We do hope you will be able to take part in this project, as it will help to provide guidance to influence how pharmacy-based alcohol services are provided in the future.

Thank you for considering taking part.

Yours faithfully

A handwritten signature in blue ink, appearing to read 'A. Mackridge'.

A handwritten signature in blue ink, appearing to read 'E.C. Stokes'.

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### PARTICIPANT INFORMATION SHEET

#### Exploring pharmacy based services promoting safe consumption of alcohol

**Name of Researchers and School/Faculty:**

*Dr Adam Mackridge & Liz Stokes, LJMU School of Pharmacy & Biomolecular Sciences*

As a member of staff in a pharmacy providing an alcohol IBA service, you are being invited to participate in this research study. Before you decide to take part, it is important that you understand why the research is being done and what it involves. Please take time to read the following information. Ask us if there is anything that is not clear or if you would like more information.

**What is the purpose of the study?**

This study is looking at how an alcohol Identification and Brief Advice (IBA) service can be improved. The chances for providing the alcohol IBA service and the experience of service users will be looked at. We are hoping to work out the best possible way to deliver this service in community pharmacies.

**Do I have to take part?**

No. It is up to you to decide whether or not to take part. If you do decide to participate, you are still free to change your mind at any time without giving a reason, and you can ask for any information you have provided to be taken out.

**What will happen if I take part?**

This study will be happening in your pharmacy over the next few months, and we will be collecting data between January and April 2012.

So that we can do the study in your pharmacy, we need to ask you if you are happy to do the following:

1. Short observations of your pharmacy focusing on the layout, promotion of the service and whether the alcohol IBA service is offered when a typical case is presented to pharmacy staff. These will be conducted by a researcher and provide a potential service user perspective. You will be told the date when this observation will take place but the researcher will not identify themselves to you. Your pharmacy will be paid £50 for completion of this phase.
2. Additional observations, where the researcher will be present with you and your staff's knowledge and agreement, will focus on the interactions between pharmacy staff and customers. This will allow us to explore the nature of the opportunities to provide the service, as well as any barriers and facilitators. The observer will stand in a mutually agreed location where they can see and hear activity on the pharmacy counter but at a reasonable distance to allow a suitable level of privacy for customers. You will be asked to display a poster relating to the observations so that your customers are aware that it is taking place and can choose to not be observed. Your pharmacy will be paid £50 for completion of this phase.
3. We may ask you to record (using an audio recorder that we will provide) up to 10 identification and brief advice (IBA) interventions delivered in the consultation rooms. At the beginning of the consultation, you will need to give the service user brief information regarding the study, and afterwards hand them a full information sheet and ask them to give written consent for their recording to be included in the study (where consent is not given, the recording should be deleted). Whilst taking consent, you would also be asked to obtain the service user's telephone number for follow up interviews on their opinions of the service. Your pharmacy will be paid £100 for completion of this phase.

At the end of the data collection period, we would like to meet with you and other pharmacy staff members to present an individual feedback report for your pharmacy, which may include suggestions for improving service provision. This meeting will also provide an opportunity for you to comment on this feedback and how you might look to take recommendations made forward.

**Are there any benefits/ risks involved?**

We do not expect that you will be exposed to any risks while are taking part in the study.

Your pharmacy may benefit from the feedback given on the observations and advice provided regarding improving their service provision, which may be helpful in developing the service. Payments of up to £200 will be made to your pharmacy following completion of phases 1-3 above. This payment will be made to the company and it is their responsibility to distribute this on to the staff involved as they see fit.

**Will my taking part in the study be kept confidential?**

All the information you provide will be handled in accordance with the Data Protection Act (1998) and will not be passed on to any third party. Your pharmacy will not be identified as the source of any individual data.

All recordings of the alcohol IBA interventions will be erased once the analysis phase of the project is complete. We will keep these and the written transcripts secure and will not show them to anyone. We may use quotes from what you say in our reports, but these will be anonymised and no-one will be able to tell that it was you who said it.

**Contact Details of Researchers**

Please do not hesitate to a member of the research team, if you would like any more information about the study.

Dr Adam Mackridge  
[A.Mackridge@ljmu.ac.uk](mailto:A.Mackridge@ljmu.ac.uk)  
Telephone: 0151 231 2067

Liz Stokes  
[E.C.Stokes@ljmu.ac.uk](mailto:E.C.Stokes@ljmu.ac.uk)  
Telephone: 0151 231 2152

## Appendix 5.3: Consent form 1 – pharmacy staff



### CONSENT FORM – pharmacy staff

#### Exploring pharmacy based services promoting safe consumption of alcohol

##### Name of Researchers and School/Faculty:

*Dr Adam Mackridge, Liz Stokes. LJMUSchool of Pharmacy & Biomolecular Sciences.*

1. I confirm that I have read and understand the information provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
  
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and that this will not affect my legal rights.
  
3. I understand that taking part in the study will involve a researcher conducting observations within the pharmacy and in the locality of the pharmacy counter and I agree to being observed. **Yes/No\***
  
4. I understand that taking part in the study may involve me recording IBA consultations with service users; giving them information about the study and asking them to give written consent for these recordings to be used in the study and I agree to do this. **Yes/No\***
  
5. I understand that taking part in the study may involve me inviting service users to take part in follow-up telephone interviews with a researcher from LJMUSchool, once they have had their consultation and I agree to do this. **Yes/No\***
  
6. I agree to take part in the above study.
  
7. I understand that anonymised information taken from observations and verbatim quotes from the audio recording of the IBA consultations may be published in future publications or presentations.

**Name of Participant** **Date** **Signature**

---

**Name of Researcher** **Date** **Signature**

---

\*Delete as appropriate

## Appendix 5.4: Checklist 1 – user perspective observation

### Checklist 1 – User perspective observation

Date of visit ..... Time..... Pharmacy code.....

#### **Promotional material**

1. **Make a note of any promotional material displayed in the pharmacy window and within the pharmacy itself relating to the service (tick all those that apply).**

**Give details to describe how this information is being conveyed.**

*(For example, these might be in the form of posters or leaflets on display around the counter or through multi-media displays such as TV screens)*

#### **Outside media**

A poster in the window of the pharmacy advertising alcohol IBA service

Posters re local/national public health alcohol awareness campaigns

Other (please specify)

.....  
.....  
.....

#### **Inside media**

A poster inside the pharmacy advertising alcohol IBA service

Information leaflets on safe alcohol consumption

Unit and calorie calculator

Drink diary leaflets

Leaflets with expert information about alcohol and its effects on illnesses

Glasses showing unit measures

Other (please specify)

.....  
.....  
.....

2. **Does the promotional information clearly state how a service user might access the service?**

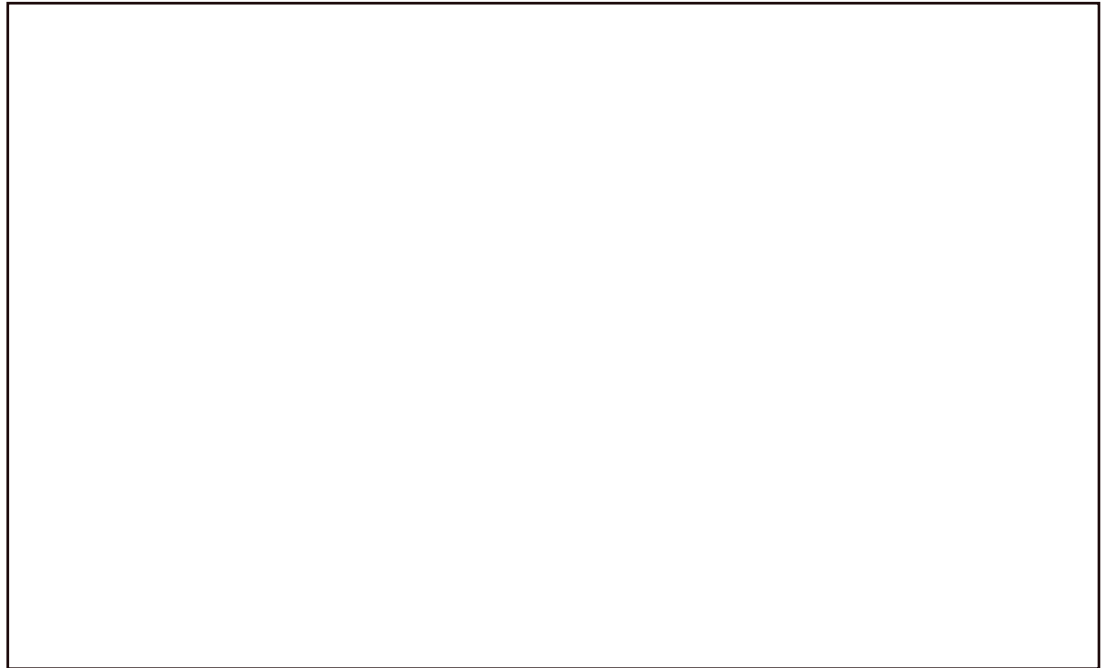
**Yes/No**

**If yes, give a brief outline of how they go about doing this:**

.....  
.....  
.....  
.....  
.....

**Pharmacy layout**

3. **Draw a rough floor plan and give a description of the pharmacy layout including its size; whether there is ample counter space available both in terms of the length of the counter, and if there is more than one person, do they have enough space around them for a confidential discussion?**



.....  
.....  
.....  
.....

4. **Give details of any areas which might give service users privacy?**

(For example, is there an obvious quiet area away from the main counter such as a cubicle/ booth together with enclosed areas such as consultation rooms?)

.....  
.....  
.....  
.....

**Presenting a typical case**

5. **Note how the staff member responded to your request for a hangover remedy.**

**Alcohol IBA service offered? Yes/No**

**AUDIT-C questionnaire completed? Yes/No**

**If yes, where did this take place?** Counter   
Quiet Area   
Consultation Room

**Full AUDIT and IBA consultation completed? Yes/No**

**If yes, where did this take place?** Counter   
Quiet Area   
Consultation Room

**Describe what any quiet areas/consultation rooms used look like and whether a service user would feel comfortable using this facility. Would they feel safe and secure in discussing their personal issues?**

.....  
.....  
.....  
.....  
.....  
.....

**Any other notes:**

.....  
.....  
.....  
.....  
.....  
.....

## Appendix 5.5: Cases 1, 2, 3 for user perspective observations

### Case 1: Advice about a hangover (female)

#### **Openings**

Approach the counter and ask for some paracetamol for a hangover, comment that you don't deserve any sympathy as you brought it on yourself by drinking too much last night.

#### **Prompts**

Drinking behaviour on this occasion: 2 bottles of wine (chardonnay) between 2 – starting off with dinner

Drinking habits: Drink occasionally, usually 2 large glasses of wine

#### **To answer Audit-C**

Q1. How often do you have a drink containing alcohol? A: About once or twice a week

Q2. How many units of alcohol do you drink on a typical day when you are drinking?

A: Usually 2 large glasses of wine (6 units)

Q3. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? A: Once a week

- Should give a score of 8 indicating possibly drinking at increasing risk or higher risk levels, thus prompting full AUDIT questionnaire and alcohol IBA intervention.**

#### **To answer AUDIT**

- How often during the last year have you found that you were not able to stop drinking once you had started?
- How often during the last year have you failed to do what was normally expected from you because of your drinking?
- How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?
- How often during the last year have you had a feeling of guilt or remorse after drinking?
- How often during the last year have you been unable to remember what happened the night before because you had been drinking?

A: Answer 'Never' to all of these.

- Have you or somebody else been injured as a result of your drinking?
- Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?

A: Answer 'No' to both of these

**Total score: 8 (increasing risk)**

## Case 2: Advice about a hangover (male)

### **Openings**

Approach the counter and ask for some paracetamol for a hangover, comment that you don't deserve any sympathy as you brought it on yourself by drinking too much last night.

### **Prompts**

Drinking behaviour on this occasion: 5/6 pints of beer while watching the football at the pub

Drinking habits: Drink occasionally, usually a few pints down the pub with mates

### **To answer Audit-C**

Q1. How often do you have a drink containing alcohol? A: About once or twice a week

Q2. How many units of alcohol do you drink on a typical day when you are drinking?

A: Usually 3 pints of Stella/Fosters (9 units)

Q3. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? A: Once a week

- Should give a score of 9 indicating possibly drinking at increasing risk or higher risk levels, thus prompting full AUDIT questionnaire and alcohol IBA intervention.**

### **To answer AUDIT**

- How often during the last year have you found that you were not able to stop drinking once you had started?
- How often during the last year have you failed to do what was normally expected from you because of your drinking?
- How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?
- How often during the last year have you had a feeling of guilt or remorse after drinking?
- How often during the last year have you been unable to remember what happened the night before because you had been drinking?

A: Answer 'Never' to all of these.

- Have you or somebody else been injured as a result of your drinking?
  - Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?
  - A: Answer 'No' to both of these
- Total score: 9 (increasing risk)



### Case 3: Advice about a hangover (young person)

#### **Openings**

Approach the counter and ask for some paracetamol for a hangover, comment that you don't deserve any sympathy as you brought it on yourself by drinking too much last night.

#### **Prompts**

Drinking behaviour on this occasion: couple of shots, 2 vodka & cokes and 4 Smirnoff Ice

Drinking habits: Drink occasionally, when in town with friends for night out

#### **To answer Audit-C**

Q1. How often do you have a drink containing alcohol? A: About once or twice a week

Q2. How many units of alcohol do you drink on a typical day when you are drinking?

A: what you drank last night (couple of shots, 2 vodka & cokes and 3 Smirnoff Ice) is pretty typical (8.5 units)

Q3. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? A: Once a week

- Should give a score of 9 indicating possibly drinking at increasing risk or higher risk levels, thus prompting full AUDIT questionnaire and alcohol IBA intervention.**

#### **To answer AUDIT**

- How often during the last year have you found that you were not able to stop drinking once you had started?
- How often during the last year have you failed to do what was normally expected from you because of your drinking?
- How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?
- How often during the last year have you had a feeling of guilt or remorse after drinking?
- How often during the last year have you been unable to remember what happened the night before because you had been drinking?

A: Answer 'Never' to all of these.

- Have you or somebody else been injured as a result of your drinking?
- Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?

A: Answer 'No' to both of these

**Total score: 9 (increasing risk)**



## Pharmacy-based alcohol services study

# Observations taking place in your pharmacy today

- ❖ A researcher is observing interactions between staff and customers at the pharmacy counter.
- ❖ We hope that these observations will help us to make pharmacy-based alcohol services better.
- ❖ The observer is standing at a distance from the counter so they don't interfere with your conversation, but will be able to hear you. If you would prefer **not** to be observed please just let the member of pharmacy staff know.

Poster 1

## Appendix 5.7: Checklist 2 – Interactions between pharmacy staff and customers

### Checklist 2 – Observation of staff interaction with customers

**Date of visit** ..... **Time**..... **Pharmacy code** .....

#### **Field notes**

- 1. Is the service being promoted verbally by pharmacy staff to service users?**

*(For example, whilst they are purchasing OTC products or using the prescription service etc)*

.....  
.....  
.....  
.....  
.....

- 2. Give details of any particular times during the day when the pharmacy is too busy to provide the service? Also, give details of any factors that lead to the pharmacy being busy.**

.....  
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- 3. Describe any other barriers or facilitators towards service provision?**

- (For example, the availability of trained staff to conduct screening?)*

.....  
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- 5. Additional notes**

.....  
.....  
.....  
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.....

Location		Notes										
Reaction		AUDIT-C										
		Service Offered? (Y/N)										
		Staff member involved (P/D/MCA*)										
		Details										
		Other										
		Non-medicine purchase										
		Advice										
		Access a service										
		OTC Sale										
		Prescription										
Demographics	Gender	Approx Age										
Time												



## Pharmacy-based alcohol services study

# Recordings of alcohol IBA consultations today

- ❖ As part of a research study and to help us improve the service we provide, audio recordings of consultations with pharmacy staff about **alcohol** are being recorded.
- ❖ At the end of your consultation, pharmacy staff will ask you if you are happy for this recording to be included in a study.
- ❖ If you do **not** wish for this recording to be used, just tell us, and it will be deleted from the recorder.

Poster 2

## Appendix 5.9: Script 1 to introduce recording before consultation

As you can see from the poster [point out study poster], we are currently looking at how good our service is and are recording discussions with customers to try to improve as much as we can. Do you mind if I record our discussion for now, we'll discuss it more fully at the end and you can change your mind if you aren't happy about being recorded.

[Consultation]

Follow up consultation with debrief sheet and consent form – if service user doesn't consent, recording MUST be deleted.

## Appendix 5.10: Debrief sheet – script for pharmacy staff



### DEBRIEF SHEET – script for pharmacy staff

#### Exploring pharmacy based services promoting safe consumption of alcohol

##### Name of Researchers and School/Faculty:

Dr Adam Mackridge & Liz Stokes, LJMU School of Pharmacy & Biomolecular Sciences

We want to make sure that you are happy for us to use your recording in our study. You should read the information below and make sure that you are happy with taking part before you decide.

##### What is the purpose of the study?

This study is looking at how pharmacy based alcohol Identification and Brief Advice (IBA) services can be improved. We want to listen to the discussions that take place between the people getting the service and the staff.

##### Do I have to agree to my discussion being included?

No. It is up to you to decide whether or not you are happy for your recording to be included in the study. If you do agree, you can change your mind at any time without giving a reason, and it will not affect you in any way.

##### What am I being asked to do?

We have recorded your discussion today and want to use it to look at how the pharmacy staff provide the service – to see what types of questions they use and how they explain things to you. We will also look at how you respond to them so that we can work out the best way to ask questions or give advice in this type of service. If you are happy for us to include your recording, then you will be asked to sign a consent form and we will write up your discussion to use in the research. If you are not happy for your discussion to be included, you should tell the pharmacy staff member that gave you this sheet and they will delete the recording. If you agree now, but change your mind later, you can contact us on the information at the end of this sheet and we will take your discussion out of the study.

##### Are there any benefits/ risks involved?

We don't think that there are any risks related to you being in the study. There is no direct benefit to you agreeing to be part of the study, but it might help us to improve the service and this may benefit you in the future.

##### Who will know I took part?

We will follow the Data Protection Act (1998) at all times and will **not** tell anyone that you took part.

We will change any names in the discussion so that no-one will be able to tell that it was you. We will delete the recording once we have written it up and checked that it is correct. We may quote you from your discussion, but we will make sure that no-one will be able to tell that it was you who said it.

##### Contact Details of Researchers

If you have any questions, please contact us using the email addresses or telephone numbers below.

Dr Adam Mackridge  
[A.Mackridge@ljmu.ac.uk](mailto:A.Mackridge@ljmu.ac.uk)  
Telephone: 0151 231 2067

Liz Stokes  
[E.C.Stokes@ljmu.ac.uk](mailto:E.C.Stokes@ljmu.ac.uk)  
Telephone: 0151 231 2152

## Appendix 5.11: Consent form 2 – service users



### CONSENT FORM – service users

#### Exploring pharmacy based services promoting safe consumption of alcohol

##### Name of Researchers and School/Faculty:

Dr Adam Mackridge, Liz Stokes. LJMU School of Pharmacy & Biomolecular Sciences.

1. I confirm that I have read and understand the information provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and that this will not affect my legal rights.
3. I understand that any personal information collected during the study will be anonymised and remain confidential.
4. I am happy for the audio recording from my conversation between me and the pharmacy staff member to be included in the study.
5. I understand that parts of the conversation between me and the pharmacy staff member may be used verbatim in future publications or presentations but that such quotes will be anonymised.


Name of Participant

Date

Signature

---

Name of Researcher

Date

Signature

---





### **PARTICIPANT INFORMATION SHEET**

#### **Exploring pharmacy based services promoting safe consumption of alcohol**

##### **Name of Researchers and School/Faculty:**

*Dr Adam Mackridge & Liz Stokes, LJMU School of Pharmacy & Biomolecular Sciences*

As a community pharmacy customer who has used the alcohol Identification and Brief Advice (IBA) service, you are being invited to participate in this research study. Before you decide to take part, it is important that you understand why the research is being done and what it involves. Please take time to read the following information. Ask us if there is anything that is not clear or if you would like more information.

##### **What is the purpose of the study?**

This study is looking at how pharmacy based alcohol Identification and Brief Advice (IBA) services can be improved. We want to hear what the people who have used the service think of it and whether it has helped them.

##### **Do I have to take part?**

No. It is up to you to decide whether or not to agree to be interviewed. If you do agree, you can change your mind at any time without giving a reason, and it will not affect you in any way. If you become unhappy at being involved in the study, you can ask for your answers to be removed by contacting the team using the contact details at the end of this information sheet.

##### **What will happen if I take part?**

We will call you one to two weeks after your visit to the pharmacy and again about 3 months later, to ask you what you think about the service and how it has affected you. Each call should take no more than 15 minutes and we will ask you to say that you are happy to take part at the beginning of each one.

##### **What do I have to do if I decide to take part?**

If you are happy to be telephoned, you may have already given your contact details. If not, please give your contact number to the pharmacy staff member that you have been talking to. We will then call you in a couple of weeks and you can decide if you want to be interviewed then. If you want, you can ask the researcher to call you back another time that is more convenient.

##### **Are there any benefits/ risks involved?**

We don't think that there are any risks related to you agreeing to be interviewed, but you may become upset talking about alcohol. If this happens, the researcher will ask you if you want to continue and will give you details of organisations that might be able to help you.

If you agree to be interviewed, we will give you £5 in supermarket or 'Love to Shop' high street vouchers (your choice) for each time you answer the questions. You will either need to give the researcher your address or arrange to collect the vouchers.

### **Who will know I took part?**

We will follow the Data Protection Act (1998) at all times and will not tell anyone that you took part. We will not tell the pharmacy staff or pharmacist what you said.

We will write up what you say during the telephone calls and keep a record of this, but will change any names or addresses you mention so that no-one will be able to tell that it was your call. We will delete any recordings of the telephone calls once we have written these up and checked that they are correct. We may quote you from your telephone call, but we will make sure that no-one will be able to tell that it was you who said it.

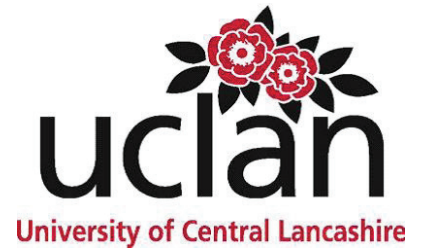
### **Contact Details of Researchers**

If you have any questions, please contact us using the email addresses or telephone numbers below.

Dr Adam Mackridge  
[A.Mackridge@ljmu.ac.uk](mailto:A.Mackridge@ljmu.ac.uk)  
Telephone: 0151 231 2067

Liz Stokes  
[E.C.Stokes@ljmu.ac.uk](mailto:E.C.Stokes@ljmu.ac.uk)  
Telephone: 0151 231 2152

## Appendix 5.13: Telephone interviews – contact sheet (service users)



### TELEPHONE INTERVIEWS – CONTACT SHEET

#### Exploring pharmacy based services promoting safe consumption of alcohol

Please write your contact details below so that we can contact you to invite you to take part in an interview. If you don't want to be contacted, please do not leave your name or number.

You can still decide not to take part in the interview, even if you have left your name and number on this sheet. You have been given an information pack which explains the interview details to you.

**Name:** \_\_\_\_\_

**Contact telephone number/mobile:** \_\_\_\_\_

**Preferred time for contacting you:** \_\_\_\_\_

*(i.e. morning, afternoon, early evening)*

Liz Stokes

School of Pharmacy and Biomolecular Sciences

Liverpool John Moores University,

James Parsons Building,

Liverpool L3 3AF,

Email: [E.C.Stokes@ljmu.ac.uk](mailto:E.C.Stokes@ljmu.ac.uk) Telephone: 0151 231 2152

## Appendix 5.14: Interview schedule 1: 1-2 weeks post intervention

### Interview Schedule 1: 1-2 weeks post intervention

#### Service users

Hi, I'm Liz and I'm from Liverpool John Moores University. I'm ringing you today to follow up a consultation you had with a member of pharmacy staff about safe alcohol consumption a couple of weeks ago. Afterwards you agreed to be contacted by LJMU to take part in a follow-up telephone interview about your consultation.

- Are you still happy to take part?
- Is it convenient to do the interview now? It will take about 15 minutes to complete.

The questions will focus on your views of the service in the pharmacy and experiences following the consultation, and will not ask you about the results of your screening test or your alcohol intake.

---

**Verbal consent** Just a few points before we begin:

- The interview will be recorded so that it can be written up. We will keep this recording and the written transcript secure and will not show them to anyone. We may use quotes from what you say in our reports, but no-one will be able to tell that it was you who said it as these will be anonymised.
- All information you provide will be handled in accordance with the Data Protection Act (1998) and will not be passed on to any third party.
- You are free to end the interview at any time without giving a reason, and you can ask for any information you have already provided be erased from the recorder.
- Do you give your verbal consent to take part in this interview?

**Verbal consent given** **Yes** **No**

---

**Date** **Time**

---

**Signature of researcher** **Print Name**

---

**About the alcohol IBA service within community pharmacies:**

1. Can you tell me how you ended up talking to the pharmacy staff about alcohol?
2. I've heard a variety of views. Some people have told me they think the service was a great idea and very well run. What would your view be?
3. Other people have told me that the service is full of good intentions but is not really very effective in practice. What would you say to that?
  - a. How do you feel about the surroundings in which you had your consultation?
  - b. Are you concerned about confidentiality – did you feel that you had enough privacy at the counter and during the consultation?
  - c. What did you think about how you were treated by the pharmacist and their staff?
4. Was there anything that you would change?
5. Do you think the discussion has changed the way you think about alcohol?
6. Do you think that the advice you were given was useful?
7. Would you recommend friends or family to talk to people at the pharmacy about alcohol?
8. Can you remember if you have talked to anyone else about their drinking habits since you spoke to the pharmacy staff?
9. Is there anything else that you would like to say about the service or the way it was run?

**Thank you for taking part. Just to confirm, I'm going to write up what you've said and will delete the recording once it's been checked. I'll make sure that no-one can tell that these were your answers.**

**Reminder that they will be contacted again in 2-3 months**

**+ re £5 supermarket/high street voucher**

## Appendix 5.15: Interview schedule 2: 3 months post intervention

### Interview Schedule 2: 3 months post intervention

#### Service users

Hi, I'm Liz and I'm from Liverpool John Moores University. I'm ringing you today to follow up a consultation you had with a member of pharmacy staff about safe alcohol consumption. We spoke on the phone a couple of months ago about the consultation and you agreed to be contacted by LJMU again to take part in a second follow-up interview.

- Are you still happy to take part?
- Is it convenient to do the interview now? It will take about 15 minutes to complete.

The questions will focus on your views of the service in the pharmacy and experiences following the consultation, and will not ask you about the results of your screening test or your alcohol intake.

---

**Verbal consent** Just a few points before we begin:

- The interview will be recorded so that it can be written up. We will keep this recording and the written transcript secure and will not show them to anyone. We may use quotes from what you say in our reports, but no-one will be able to tell that it was you who said it as these will be anonymised.
- All information you provide will be handled in accordance with the Data Protection Act (1998) and will not be passed on to any third party.
- You are free to end the interview at any time without giving a reason, and you can ask for any information you have already provided be erased from the recorder.
- Do you give your verbal consent to take part in this interview?

**Verbal consent given** **Yes** **No**

---

**Date** **Time**

---

**Signature of researcher** **Print Name**

---

## **Reflective views on the alcohol IBA service**

1. Looking back on it now, what do you think about the consultation you had with the pharmacy staff about alcohol?

Is there anything about it which stands out/that you remember particularly well?

2. Do you think your drinking habits have changed at all since the consultation?
3. Have you accessed any other lifestyle advice services since:
  - a. Any services related to alcohol consumption?
  - b. Other lifestyle services – in the pharmacy or elsewhere?
4. Can you remember if you have talked to anyone else about their drinking habits and safe drinking since you spoke to the pharmacy staff?
5. Have you recommended the alcohol service at the pharmacy to friends or family?

If yes, do you know if any of them have followed your advice and talked to someone at the pharmacy about alcohol?

6. Is there anything else that you would like to say about the service or the way it has affected your lifestyle?

**Thank you for taking part. Just to confirm, I'm going to write up what you've said and will delete the recording once it's been checked. I'll make sure that no-one can tell that these were your answers.**

**+ re £5 supermarket/high street voucher**

## Appendix 5.16: Interactive feedback sessions – points for discussion

### INTERACTIVE FEEDBACK SESSIONS: POINTS FOR DISCUSSION

- **Feedback of data collection:**
  - Phase 1 user perspective observations:
    - promotional material & pharmacy layout;
    - areas available for alcohol IBA consultation;
    - dealing with a typical case
  - Phase 2 observations of staff/customer observations:
    - demographic profile of customers – customers visiting the pharmacy in a typical week
    - opportunities to provide the alcohol IBA service: breakdown of customers' reasons for visiting the pharmacy, including services accessed; OTC sales.
    - barriers/facilitators to service delivery from field notes
    - summary of IBA consultations observed: alcohol service offered – accepted/declined; observed procedure (Wirral from recordings)
  - Phase 3 follow-up interview with service users (aggregated responses)
  - Operational data (NHS Wirral only)
  
- **Operational data and processes for payment by PCT**
  
- **Service provision:**
  - length of time provided
  - who made decision to provide service?
  - training received
  - staff trained to deliver – any one member a 'champion'?
  
- **Perceptions and experience of delivery:**
  - target certain customers?
  - level of confidence/satisfaction of staff
  - contribution to workload pressure (busy times?)
  - engagement with other alcohol services – referral pathway?
  
- **Overall and if talking to staff at a pharmacy about to begin alcohol IBA service:**
  - top tips
  - difficulties/barriers
  - one thing you might change



**Appendix 5.17: Expanded Table 5.3: Summary of service user cases: alcohol IBA service consultation; 1-2 weeks post intervention interview (Follow-up 1); and 3 month interview (Follow-up 2)**

Details	Alcohol IBA consultation	Follow-up 1	Follow-up 2
Male, 55-64, waiting for prescription to be dispensed	<ul style="list-style-type: none"> <li>Introduced as alcohol awareness</li> <li>Drinks once a week, 8-10 Bacardi &amp; coke = 8-10 units, regular habit</li> <li>On some rare occasions been unable remember what happened after drinking</li> <li>AUDIT score 8; borderline low risk-increasing risk; given info on allowance guidelines, units, risks to health</li> </ul>	<ul style="list-style-type: none"> <li>Thought service was useful idea which should be in every pharmacy to raise awareness &amp; would recommend</li> <li>Should be targeted at under-50s; for wider range of people to screened needs to be offered all day</li> <li>Felt comfortable to discuss drinking habits due to privacy of consultation room and existing rapport with staff.</li> </ul>	<ul style="list-style-type: none"> <li>Declined follow-up</li> </ul>
Male, 65+, prescription	<ul style="list-style-type: none"> <li>Introduced as alcohol awareness</li> <li>Drinks every day (ex publican)</li> <li>Calculate units consumption together (3 measures G &amp; T + ½ bottle wine = 7-9 units), exceeding 6 units daily</li> <li>Service user emphasises he does not drink and drive</li> <li>AUDIT score 11; increasing risk; asked to consider 2 alcohol free days a week (GP has mentioned before)</li> </ul>	<ul style="list-style-type: none"> <li>Found consultation room provided private space for discussion</li> <li>Positive experience overall: understood recommended guidelines and health benefits to safe alcohol consumption, recognised he was above these but drinking at a level he was happy with</li> <li>Ambivalent about whether he would recommend service – most people aware without being advised</li> </ul>	<ul style="list-style-type: none"> <li>Thought service was very well-run in professional manner which didn't feel intrusive; describing good existing rapport with pharmacy staff</li> <li>His drinking habits haven't changed as feels too old to change</li> <li>Has spoken to his grown-up daughters and son about drinking – is conscious of telling them not to drink and drive and be responsible – although not recommended service as outside their locality</li> </ul>
Male, < 25, non-medicine purchase	<ul style="list-style-type: none"> <li>Drinks only rarely, a couple of pints once a month.</li> <li>AUDIT score 4; low risk; informed of recommended guidelines; given alcohol awareness literature</li> </ul>	<ul style="list-style-type: none"> <li>Thought service was good idea which raises awareness and could see the value for others who drink excessively</li> <li>Felt should have been more honest about how much he drank – more than told pharmacist, describing himself as a 'binge drinker'</li> <li>Would recommend service to friends and family as a source of non-judgemental support about alcohol</li> </ul>	<ul style="list-style-type: none"> <li>Thought consultation had made him more aware of what help and support was available if he needed it</li> <li>His drinking habits have not changed and had drunk a lot this weekend</li> <li>Had spoken to a friend who he thinks needs help with his drinking and tried to get him to go to pharmacy but the friend is adamant he is fine so has not accessed alcohol service</li> </ul>
Female, < 25, waiting for prescription to be dispensed	<ul style="list-style-type: none"> <li>Drinks 2-4 times a month; a bottle of wine; more occasionally, if going out</li> <li>which not often as has 3 young kids</li> <li>AUDIT score 5; low risk; ; informed of recommended guidelines; given alcohol awareness literature</li> </ul>	<ul style="list-style-type: none"> <li>Declined follow-up</li> </ul>	<ul style="list-style-type: none"> <li>Declined follow-up</li> </ul>

Details	Alcohol IBA consultation	Follow-up 1	Follow-up 2
Male, 65+, waiting for wife's prescription to be dispensed	<ul style="list-style-type: none"> <li>• Drinks 4+ times a week – single drinks each occasion: small glass of whisky/ wine/pint of bitter, as part of evening routine</li> <li>• Calculate together 1 to 2 units a day; never 6+ units, joking about wife's reaction if drank excessively.</li> <li>• Informed to be low risk; takes away info leaflets to demonstrate to wife his drinking is not excessive</li> </ul>	<ul style="list-style-type: none"> <li>• Thought service was good idea, citing cases of 2 people he has known he thought could have been helped to access alcohol services this way</li> <li>• Felt consultation room provided a good private space and described existing rapport with pharmacy staff</li> <li>• While own drinking habits would stay the same, would recommend service to anybody who had a drink problem</li> </ul>	<ul style="list-style-type: none"> <li>• Thought service was good; appreciated that staff were not pushy</li> <li>• His drinking habits haven't changed as drinks in moderation</li> <li>• Has spoken to a friend about his drinking habits, who is also a sociable drinker</li> <li>• Recognises need for service in society today and thinks it is a good idea</li> </ul>
Male, 55-64, waiting for prescription to be dispensed	<ul style="list-style-type: none"> <li>• Drinks 2-4 times a month; drinks up to 4 pints on a night out</li> <li>• Staff seeks to find out if he knows what a unit is; calculate unit consumption (half pint = 1 unit)</li> <li>• Reduction in drinking due to medical condition + financial issues</li> <li>• AUDIT score 3; low risk</li> </ul>	<ul style="list-style-type: none"> <li>• Felt at ease having discussion about drinking habits in consultation room</li> <li>• Because not a big drinker discussion had not changed way thought about alcohol &amp; received minimal advice</li> <li>• Would recommend service to others as perceived as informative and up to individual if take advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Found service informative and thought staff made it very user friendly and easy to understand</li> <li>• His drinking habits have not changed as does not drink to excess as is diabetic</li> <li>• Has not had need to recommend service to family/ friends</li> </ul>
Female, 55-64, prescription	<ul style="list-style-type: none"> <li>• Drinks sporadically; spirits with mixers</li> <li>• Discussion of units in different drinks; homes vs pub measures</li> <li>• Reduction in drinking as got older</li> <li>• Reported odd occasions not being able to remember after drinking</li> <li>• Other health professional has mentioned alcohol re weight loss</li> <li>• AUDIT score 11; increasing risk</li> </ul>	<ul style="list-style-type: none"> <li>• Works in social care field &amp; took some of 'alcohol quiz' forms and has since used them in parenting courses she delivers to positive effect</li> <li>• Found consultation room a good private space but would have been comfortable completing at counter</li> <li>• Good existing rapport with pharmacy staff encouraged her to complete IBA</li> <li>• Would change some of the AUDIT questions as skewed her score</li> <li>• Although thought service was good idea, would probably not recommend seeing GP as first port of call</li> </ul>	<ul style="list-style-type: none"> <li>• Thought service was fine but AUDIT question which had skewed her score stood out</li> <li>• Has become more aware of services available at pharmacy and is also accessing weight management service elsewhere</li> <li>• Leaflets she took have continued to be useful in her professional group work and have used with different cultures</li> <li>• Felt fact knew pharmacy staff was important to engage people</li> <li>• Questioned accessibility of service to all groups eg. visually impaired</li> </ul>

Details	Alcohol IBA consultation	Follow-up 1	Follow-up 2
Male, < 25, access a service – pre-booked alcohol IBA	<ul style="list-style-type: none"> <li>• Drinks weekly; binges of up to 10 pints on a night out</li> <li>• On these occasions service user not able to stop drinking once started; unable to remember what happened night before</li> <li>• Service user has been injured as a result of drinking but not in last year</li> <li>• AUDIT score 19: high risk; given info about cutting down and advised to do so to avoid long term damage</li> </ul>	<ul style="list-style-type: none"> <li>• Felt at ease having discussion about drinking habits in consultation room</li> <li>• Found consultation informative – telling you about your limits and giving you basic info to think about</li> <li>• Had changed way thought about alcohol in parts, especially about limits and spacing out drinking</li> <li>• Would recommend to friends and family – had mentioned it to a few male friends</li> </ul>	<ul style="list-style-type: none"> <li>• Unavailable for follow-up</li> </ul>
Female, < 25, non-medicine purchase (sweets)	<ul style="list-style-type: none"> <li>• Drinks 2-4 times a month; only wine or vodka</li> <li>• Discussion of units in different glass sizes (wine) and calculate unit consumption: 3 175ml (2 units each) + short = 7-8 units on night out monthly</li> <li>• AUDIT score 7; low risk; advised of recommended guidelines and given unit and calorie counter wheel</li> </ul>	<ul style="list-style-type: none"> <li>• Felt service was good idea, esp. for younger people</li> <li>• Thought effectiveness of screening would depend on person – not everyone would take advice from pharmacist</li> <li>• Found consultation room a good private space</li> <li>• Felt well advised about units and recommended limits so would recommend to family and friends</li> </ul>	<ul style="list-style-type: none"> <li>• Thought consultation was professional but could not remember anything about it particularly well</li> <li>• Her drinking habits have not changed</li> <li>• since</li> <li>• Haven't talked to anyone else about their drinking habits since or recommended service</li> </ul>
Female, 35-44, waiting for prescription to be dispensed (10 min wait)	<ul style="list-style-type: none"> <li>• Completed questionnaire at counter with MCA</li> <li>• Informed of AUDIT score and risk level</li> <li>• Given info leaflet on safe alcohol consumption</li> </ul>	<ul style="list-style-type: none"> <li>• Felt had enough privacy at the counter &amp; found questions straightforward</li> <li>• Informed of risk level &amp; given info leaflet but didn't find this useful or see point of the service</li> <li>• Wouldn't recommend service to family and friends, but thought it could be good for those who are drinking too much.</li> </ul>	<ul style="list-style-type: none"> <li>• Hasn't really thought about consultation since; she cannot remember anything in particular</li> <li>• Found service a bit pointless and felt it wouldn't put you off drinking, unless you were really unhealthy and drinking at higher amounts</li> <li>• Her drinking habits have not changed and has not recommended service to anyone</li> </ul>
Female, 35-44, waiting for prescription to be dispensed (10 min wait)	<ul style="list-style-type: none"> <li>• Completed questionnaire at counter with MCA</li> <li>• Informed of AUDIT score and risk level</li> <li>• Given info leaflet on safe alcohol consumption</li> </ul>	<ul style="list-style-type: none"> <li>• Felt had enough privacy at the counter as at one end away from other customers</li> <li>• Found info given useful esp. chart re units in different drinks but was unsure what score at end meant</li> <li>• Would recommend service to family &amp; friends, mentioning good existing rapport with pharmacy staff</li> </ul>	<ul style="list-style-type: none"> <li>• Mentioned service to family &amp; friends who also thought it was a good idea</li> <li>• Her drinking habits have changed: reduced drinking so instead of drinking 3-4 times a week now twice a week; switching to non-alcoholic drinks with dinner in week</li> <li>• More aware of services available in pharmacy but not accessed – Lipotrim weight management not needed</li> </ul>

Details	Alcohol IBA consultation	Follow-up 1	Follow-up 2
Male, 45-54, pharmaceutical rep, offered while visiting to talk to pharmacist	<ul style="list-style-type: none"> <li>Completed questionnaire at counter with MCA</li> <li>Informed of AUDIT score and risk level</li> </ul>	<ul style="list-style-type: none"> <li>Thought service was a good idea for people who had an alcohol problem</li> <li>Felt had enough privacy at the counter</li> <li>Didn't think discussion would change way thought about alcohol, although took info leaflets away</li> </ul>	<ul style="list-style-type: none"> <li>Thought service was very personal; didn't feel like read from a script</li> <li>Felt had made him more aware generally of his intake and not to drink to excess</li> <li>Service was very good but had not recommended to friends or family as hadn't thought about it since</li> </ul>
Female, 35-44, prescription	<ul style="list-style-type: none"> <li>Completed questionnaire at counter with MCA</li> <li>Informed of AUDIT score and risk level – low risk</li> <li>Given info leaflet on safe alcohol consumption</li> </ul>	<ul style="list-style-type: none"> <li>Felt had enough privacy at the end of counter, service well-run by nice staff</li> <li>Found info given useful &amp; thought discussed had changed way thought about intake and health impacts</li> <li>Would recommend service to family and friends; commented could show leaflet given to someone else, though hadn't done so yet.</li> </ul>	<ul style="list-style-type: none"> <li>Found pharmacy staff helpful but couldn't remember anything particular about consultation</li> <li>Her drinking habits have changed: reduced and felt opportunity to talk during consultation had helped</li> <li>Has started attending gym every night to occupy evenings instead of pub</li> </ul>
Female, 35-44, prescription collection	<ul style="list-style-type: none"> <li>Completed questionnaire by herself at counter</li> <li>Informed of AUDIT score and risk level</li> <li>Given info on safe alcohol consumption</li> </ul>	<ul style="list-style-type: none"> <li>Initial approach by staff had left her feeling unsure what was being asked of her, but filled in questionnaire</li> <li>Filled in at till which described as giving no privacy but unconcerned about confidentiality since didn't feel pressured &amp; was form-based</li> <li>Thought service was good idea to raise awareness with people who have an alcohol problem; would recommend to friends or family if thought they needed it</li> </ul>	<ul style="list-style-type: none"> <li>Wouldn't describe as consultation, just filling in a form; nothing stood out</li> <li>Pharmacy staff were nice</li> <li>Felt more aware of what she drinks and conscious of effects on health (also from job as nurse)</li> <li>Has accessed stop smoking service at same pharmacy since</li> <li>Hasn't recommended service to family or friends as hasn't needed to but if did meet someone who thought had a problem would do</li> </ul>
Male, 25-34, waiting for prescription to be dispensed	<ul style="list-style-type: none"> <li>Completed questionnaire by himself in quiet area</li> <li>Informed of AUDIT score and risk level</li> <li>Given info on safe alcohol consumption</li> </ul>	<ul style="list-style-type: none"> <li>Didn't mind completing questionnaire as passed a bit of time away while waiting for prescription; pharmacy staff pleasant &amp; polite thing to do</li> <li>Completed in waiting area which felt gave adequate privacy</li> <li>Would not recommend service to family and friends, but did not give reason why</li> </ul>	<ul style="list-style-type: none"> <li>Service was not relevant to him as he does not drink due to a medical condition (focal migraines)</li> <li>Remembered that pharmacy staff were polite and went through anything he was stuck on with the questionnaire thoroughly</li> <li>Hasn't talked to anyone else about their drinking habits or recommended service</li> </ul>

Details	Alcohol IBA consultation	Follow-up 1	Follow-up 2
Female, 25-34, waiting for boyfriend's prescription to be dispensed	<ul style="list-style-type: none"> <li>Completed questionnaire by herself in quiet area</li> <li>Informed of AUDIT score and risk level</li> <li>Given info on safe alcohol consumption, including unit counter wheel</li> </ul>	<ul style="list-style-type: none"> <li>Thought service was a good idea and advice received useful esp. re units in different drinks – staff member had used 'unit wheel' as visual aid</li> <li>Has changed way she thinks about units &amp; her intake (referred to wheel)</li> <li>Thought effectiveness of service would depend on individual taking on board advice but recommend if knew someone with a problem</li> </ul>	<ul style="list-style-type: none"> <li>Thought consultation had been informative as had been told facts about alcohol she and her boyfriend didn't know – number of units in certain drinks stood out</li> <li>Drinking habits hadn't changed since and hadn't talked to anyone else about theirs</li> <li>Had recommended service to family or friends but doesn't have a circle of friends who are 'big drinkers'</li> </ul>
Female, 25-34, prescription	<ul style="list-style-type: none"> <li>Completed questionnaire by herself at counter</li> <li>Informed of AUDIT score and risk level – increasing risk</li> <li>Given info on safe alcohol consumption</li> </ul>	<ul style="list-style-type: none"> <li>Although found service OK didn't think it was very effective in practice – just filling in form, told score + leaflets - and would have liked more info</li> <li>Valued privacy of consultation room and confidentiality to about AUDIT score which was above lower risk - thought discussion would make her reduce her drinking</li> <li>Would recommend service to family and friends; had spoken to her boyfriend about it and shown leaflets</li> </ul>	<ul style="list-style-type: none"> <li>Found the service alright but cannot remember much about it now</li> <li>Her drinking habits haven't changed; has spoken only to her boyfriend about it</li> <li>Hasn't accessed any other life-styles services since</li> </ul>



## Pharmacist and pharmacy staff questionnaire

Thank you for taking time to complete this survey. By answering this questionnaire, you are actively consenting to participate in this project. You may want to answer all, some, or none of the questions. Your responses will remain anonymous and confidential.

### Section 1: About you and your pharmacy

**1. How would you describe your role in this pharmacy? (Please tick one only)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owner manager	Owner	Pharmacy manager	Pharmacist employee	Regular Locum	Other (please describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Occasional Locum	Registered Pharmacy Technician	Pharmacy technician	Medicines counter assistant	Pre-registration pharmacist	

**2. How many years have you worked in community pharmacy? (Please tick one only)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-5	6-10	11-20	21+

**3. How would you describe the location of this pharmacy? (Please tick one only)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Village High Street/Centre	Suburban/town high street or shopping centre	City centre	Out of town shopping centre	Campus
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing estate	Among local neighbourhood shops (a small parade)	Supermarket	Health Centre	Other (please describe) _____

**4. Is this pharmacy part of a chain?**  Yes  No

**If part of a chain, please tick the box that most accurately describes the chain you belong to.**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nationwide multiple of more than 100 pharmacies	Regional multiple with more than 50 pharmacies	Regional group with more than 10 pharmacies	Local group with more than 5 pharmacies	Small group with 2-5 pharmacies

<b>5a. How many members of staff does your pharmacy employ?</b>	
<b>5b. How many members of staff have been trained to deliver the alcohol IBA service?</b>	

ID code
---------

**6. How many enhanced services, if any, other than the alcohol IBA does this pharmacy offer?** ..... services

**7. The 'average' pharmacy in England dispenses 6,340 NHS items per month. Do you dispense more or less than this average per month?**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than the average	Less than the average	Would prefer not to say	Do not have a NHS contract

**Section 2: About the alcohol IBA service**

**8. How many months has/had the pharmacy been providing the alcohol IBA service?** ..... months

**9. With approximately how many alcohol IBAs per month?**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-5	6-10	11-15	16-20	21+

**10. How do/did you identify customers for the alcohol IBA service? (Please tick all that apply)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Target groups specified by the PCT	Customers asking for specific OTC medicines	Customers presenting specific prescriptions	No target – we ask/asked everyone	Customer requests/requested the services	Other (Please tell us)

**11. Would you like to change this approach to identifying customers?**

Yes                                       No

If Yes, how would you change it?

**12. Approximately how long did/does the average full alcohol IBA (survey and advice) take? (Please tick one only)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 minutes	6-10 minutes	11-15 minutes	16-19 minutes	More than 20 minutes

**13. Is there any risk of service users feeling that confidentiality could be broken during these consultations?**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, all of the time	Yes, some of the time	No

**14. What priority would you give this, as a service for community pharmacy to deliver?**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High priority	Medium priority	Low priority

**15. Please indicate to what extent you agree/disagree with the following statements about the alcohol IBA service.**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Community pharmacies are appropriate locations for alcohol IBA services to be delivered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacists can reach a wider range of people than other alcohol services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A supportive working environment helped us to provide the alcohol IBA service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way the data for the IBA service were recorded was not time consuming for pharmacists and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support from colleagues helped us to provide the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time constraints prevented this service being fully adopted by this pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a need for this service in this area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workload pressures prevented this service being fully adopted by this pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is always enough time to talk with customers about issues like alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pay the pharmacy received for providing this service was appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was a general lack of awareness about this service by our customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training I received was adequate to deliver this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is useful for the community to have community pharmacies deliver this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We told other professionals (like GPs) that we were providing this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other professionals (like GPs) referred people to us for this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy/ed providing this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training I received helped me to start a conversation with customers about alcohol without feeling awkward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**16. Please indicate how often you did the following statements about the alcohol IBA service.**

	Always	Often	Sometimes	Rarely	Never	Don't know
The service received a good response from our customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was difficult to approach customers about their alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt confident when approaching customers about their alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was easy to engage with other alcohol services about referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding an appropriate way to start the conversation about alcohol use with an individual was difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**17. Where was the service provided?**

- Always OTC       Always in consultation room       Start OTC then move to consultation room      Other \_\_\_\_\_

**17b. What was the main reason for providing the service this way?**

**18. Did you receive any feedback regarding the alcohol IBA service from customers?**

Yes

No

If yes, please provide details

**19. Did your pharmacy try to follow up any customers in order to see if their alcohol use or perceptions had changed?**

(go to Q19)  
Yes

(go to Q21)  
No

**20. Was the follow-up procedure, in your view, a success?**

Yes

No

**21. Were there any significant barriers to conducting follow-ups? (Please state as many as possible)**

**22. On the whole, do you think the alcohol IBA service is/was a success?**

Yes

No

**22a. Would you be willing to continue the service?**

Yes

No

**22b. Please explain why you would/wouldn't want to continue the service**

Please feel free to add any comments that you have about your experiences with providing the service (please use additional sheets)

Thank you for taking the time to complete this questionnaire.

The research team will be conducting a number of short telephone interviews with pharmacists and pharmacy staff who have delivered the service in order to gain a deeper understanding of the issues and concerns of those that deliver this service.

If you would like to take part in a short telephone interview or you have any further questions please contact Julie Prescott [jprescott@uclan.ac.uk](mailto:jprescott@uclan.ac.uk).

## Appendix 6.2: Postal questionnaire covering letter text

Our Ref:SW/NJG/JP

Dear Colleague

### **Exploring pharmacy based services promoting safe consumption of alcohol**

We would like to invite you to take part in a survey, as an opportunity for pharmacists and pharmacy staff to reflect on their experience of delivering the alcohol IBA service. This survey forms part of a wider study evaluating this service in the North West. The study has been funded by NHS Liverpool, through an unrestricted educational grant from Lundbeck Limited (a pharmaceutical manufacturer). The study is independently organised and carried out by the School of Pharmacy and Biomedical Sciences at the University of Central Lancashire, and the School of Pharmacy and Biomolecular Sciences at Liverpool John Moores University. NHS Liverpool and Lundbeck Limited will receive a copy of the final report, but will not have access to any identifiable data.

**This survey seeks information about pharmacist and pharmacy staff experiences of delivering the service. We want to gain an understanding of the challenges and successes of delivering this service in the community pharmacy setting. We have enclosed two copies of the questionnaire; one for a pharmacist to complete, and one for a staff member who has delivered the service to complete.**

We would appreciate some anonymous information about the pharmacy in which you are working in the survey, so that we can compare responses from pharmacists / pharmacy staff in different settings. The survey will take approximately **10** minutes to complete, and will provide us with invaluable information in order to evaluate this service. We have coded the survey forms: this code will only be used for follow-up in order to increase our response rate, and only the evaluation team at UCLan will have access to the code.

We anticipate that the results will be reported through professional conferences and journals. A copy of the results will be available to participants upon request by email ([JPrescott@uclan.ac.uk](mailto:JPrescott@uclan.ac.uk)) or telephone (01772-895803).

Once you have completed the survey, please return the survey in the enclosed envelope (no stamp necessary) to the address above. There are separate envelopes for each survey, to ensure privacy for respondents.

Thank you for your time and co-operation with this evaluation.

If you have any questions, or want to know more about the study, please email [jprescott@uclan.ac.uk](mailto:jprescott@uclan.ac.uk)

Yours Faithfully

Julie Prescott (Dr)

Research Associate

## Appendix 6.3: Interview information sheet: pharmacists/staff



### **Exploring pharmacy based services promoting safe consumption of alcohol**

We would like to invite you to take part in a short telephone interview, as an opportunity for you to reflect further on your experience of delivering the alcohol IBA service. The interview forms part of a wider study evaluating this service in the North West. The study is organised by the School of Pharmacy and Biomedical Sciences at the University of Central Lancashire, and the School of Pharmacy and Biomolecular Sciences at Liverpool John Moores University. It has been funded by NHS Liverpool, through an unrestricted educational grant from Lundbeck Limited.

**This interview seeks information about your experiences as a pharmacist of delivering the service. We want to gain an understanding of the challenges and successes of delivering this service in the community pharmacy setting. The interview will cover the following themes:**

#### *About the IBA service –*

- Length of time providing it (months)
- Whether still providing it or not – if not, would do again?
- Numbers of IBA/month
- Number of staff providing service
- Training obtained
- Follow-up opportunities with customers

#### *Perceptions and experience of the IBA service –*

- Contribution, if any, to workload pressure
- Approaching customers about the subject
- Appropriateness of community pharmacy as IBA provider
- Usefulness of service to community
- Training needs
- Level of confidence in providing the service
- Level of satisfaction with their role in the service
- Ease of targeting
- Ease of engagement
- Receptivity of customers
- Time taken
- Recording data
- Engagement with other alcohol services – feeling of being part of a network.

The telephone interview will take approximately 20-30 minutes and can be arranged at a time suitable to you. The interviews will be digitally recorded and transcribed verbatim. Confidentiality and anonymity will be maintained at all times and only the research staff at UCLan will have access to the recorded interviews and

interview transcripts. Consent forms will be locked away separately from the study data. No individuals who take part in the evaluation will be identified in any report/publication. You may withdraw from the interview at any time and request that the information you have provided be withdrawn from the study up until 4 weeks after the interview.

We anticipate that the results will be reported through professional conferences and journals. A copy of the results will be available to participants upon request by email ([JPrescott@uclan.ac.uk](mailto:JPrescott@uclan.ac.uk)) or telephone (01772-895803).

To recognise the time you have given to take part in this project, we are able to offer you a contribution of £25 to backfill the time taken to complete the interview. I have included two consent forms as ideally we would also like to interview a member of pharmacy staff who delivers this service.

Thank you for taking part in this evaluation.

Regards

Julie Prescott (Dr)

[jprescott@uclan.ac.uk](mailto:jprescott@uclan.ac.uk)

0177289503

## Appendix 6.4: Pharmacists/staff telephone interview schedule

### *About the pharmacy –*

- Location
- Type (independent / small multiple / large multiple)
- Number of staff
- Number of enhanced services provided (indicator of activity)
- Whether below or above national dispensing average.

### *About the IBA service –*

- Length of time providing it (months)
- Whether still providing it or not – if not, would do again?
- Numbers of IBA/month
- Number of staff providing service
- Training obtained
- Follow-up opportunities with customers

### *Perceptions and experience of the IBA service –*

- Contribution, if any, to workload pressure
- Approaching customers about the subject
- Appropriateness of community pharmacy as IBA provider
- Usefulness of service to community
- Training needs
- Level of confidence in providing the service
- Level of satisfaction with their role in the service
- Ease of targeting
- Ease of engagement
- Receptivity of customers
- Time taken
- Recording data
- Engagement with other alcohol services – feeling of being part of a network.

## Appendix 6.5: Consent form pharmacists/staff interviews



### Title of Study: Understanding and optimising an identification/brief advice (IBA) service about alcohol in the community pharmacy setting

**UCLan Co-ordinator:** Dr Julie Prescott, School of Pharmacy and Biomedical Sciences, University of Central Lancashire, PR1 2HE

**You can contact the evaluation team by telephone or email:**

Telephone: 01772 895803

e-mail: [jprescott@uclan.ac.uk](mailto:jprescott@uclan.ac.uk)

Please initial box

1. I confirm that I have read and understood the information sheet for the above study (version 1.1), and I have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I understand that I will not be identified in any document relating to the study.
4. I agree to be audio recorded as part of the telephone interview. Only people from the evaluation team will listen to the recordings, and the recordings will be erased at the end of the evaluation.
5. I agree to take part in the above evaluation.

Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Preferred contact telephone number \_\_\_\_\_

_____	_____	_____
Name of Person taking consent	Date	Signature
Copy for participant; copy for researcher.		FOR UCLAN USE ONLY

## Appendix 6.6: Stakeholder survey



### Appendix 6.6: Stakeholder survey

#### Stakeholder Survey

Thank you for taking time to complete this survey. By answering this questionnaire, you are actively consenting to participate in this project. You may want to answer all, some, or none of the questions. Your responses will remain anonymous and confidential.

#### Section 1: About you

**1. How would you describe your involvement with alcohol services? (Please tick one only)**

Commissioner of primary care services (e.g. PCT)	Pharmacy provider representative (e.g. LPC)	Public health professional (e.g. Local health and wellbeing board)	Alcohol specialist service	Research / education (e.g. academic)	Policy maker	Service user representative (e.g. alcohol concern group)	Other (please describe)
							_____
							_____
							_____

**2. In what region of the UK are you?**

North West	North East	Midlands	South West	South East	London	Other (please describe)
						_____

**3. Are you aware of an alcohol IBA service being delivered in a community pharmacy setting?**

*In your PCT*                      *In another PCT*                      *No*

#### Section 2: your perceptions and experience of the alcohol brief intervention (IBA) service

**4. In your opinion, do you think a pharmacy service should be commissioned at a local or national level?**

*Locally commissioned service*                      *Nationally commissioned service*

**5. Please indicate to what extent you agree/disagree with the following statements about the IBA service**

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Don't know
Community pharmacies are appropriate locations for alcohol IBA services to be delivered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacists can reach a wider range of people than other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have good data about the service on which to base future commissioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacists engage well with other alcohol service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a need for this service in my area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This pharmacy service should be a high priority for commissioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My area has well-integrated service provision for alcohol service provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacists are an integrated part of the alcohol service provider network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident that community pharmacists provide this service well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacists will need a lot of extra training to deliver this service properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The local community benefits from having this service in community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>6. Do you think this service should continue to be provided through community pharmacies?</b>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
--	--	---------------------------------------

<b>7. What do you think community pharmacists can contribute in providing this service?</b>	_____
	_____
	_____

Please feel free to add any comments that you have about your experiences with providing the service.

Thank you for taking the time to complete this questionnaire.

The research team will be conducting a number of short telephone interviews with stakeholders in order to gain a deeper understanding of the issues and concerns of community pharmacists delivering this service. If you would like to take part in a short telephone interview or you have any further questions please contact Julie Prescott [jprescott@uclan.ac.uk](mailto:jprescott@uclan.ac.uk).



## Appendix 6.7: Stakeholder interview schedule

*About the stakeholder –*

- Type of stakeholder/ role
- Location/region
- Interest/involvement in/experience of this service/pharmacy

[Check they are happy that they know what the service is about, and offer a short explanation if needed.]

Q1: What do you think about an alcohol IBA service being delivered in the community pharmacy setting?

Q2: What added value, if any, do you feel that pharmacists can potentially offer in providing the service?

Q4: Have you had any feedback about the service from:

- pharmacists, pharmacy staff?
- service users?
- other health professionals / service providers?  
other stakeholders?

Q3: How integrated, if at all, do you think pharmacists are in the provision of alcohol-related services in your area?

Q5: How would you describe your level of confidence in pharmacists providing the service?

Q6: How would you describe your level of satisfaction with pharmacists providing the service?

Q7: what (if anything) do you think would need to change for the service to be delivered to its full potential in the community pharmacy setting?

Q8: what are your views on the future commissioning of the service?

Q9: What are measures of success you would expect from such a service?

Q10: Would you like to say anything else about the pharmacy alcohol IBA service?

## Appendix 6.8: Interview information sheet for stakeholders



### **Exploring pharmacy based services promoting safe consumption of alcohol**

We would like to invite you to take part in a short telephone interview, as an opportunity for you to reflect further on your experience of delivering the alcohol IBA service. The interview forms part of a wider study evaluating this service in the North West. The study is organised by the School of Pharmacy and Biomedical Sciences at the University of Central Lancashire, and the School of Pharmacy and Biomolecular Sciences at Liverpool John Moores University. It has been funded by NHS Liverpool, through an unrestricted educational grant from Lundbeck Limited.

**We want to gain your views of the challenges and successes of delivering this service in the community pharmacy setting. The interview will cover the following themes:**

About the stakeholder –

- Type of stakeholder
- Location/region

Perceptions and experience of the IBA service –

- Contribution of pharmacists providing the service
- Appropriateness of community pharmacy as IBA provider
- Usefulness of service to community
- Training needs
- Level of confidence in pharmacists providing the service
- Level of satisfaction with pharmacists providing the service
- Recording data

Engagement with other alcohol services The telephone interview will take approximately 20-30 minutes and can be arranged at a time suitable to you. The interviews will be digitally recorded and transcribed verbatim. Confidentiality and anonymity will be maintained at all times and only the research staff at Uclan will have access to the recorded interviews and interview transcripts. Consent forms will be locked away separately from the study data. No individuals who take part in the evaluation will be identified in any report/publication. You may withdraw from the interview at any time and request that the information you have provided be withdrawn from the study up until 4 weeks after the interview.

We anticipate that the results will be reported through professional conferences and journals. A copy of the results will be available to participants upon request by email ([JPrescott@uclan.ac.uk](mailto:JPrescott@uclan.ac.uk)) or telephone (01772-895803).

Thank you for taking part in this evaluation

Regards

Julie Prescott (Dr)

## Appendix 6.9: Consent form stakeholder interviews



### Title of Study: Understanding and optimising an identification/brief advice (IBA) service about alcohol in the community pharmacy setting

**UCLan Co-ordinator:** Dr Julie Prescott, School of Pharmacy and Biomedical Sciences, University of Central Lancashire, PR1 2HE

#### You can contact the evaluation team by telephone or email:

Telephone: 01772 895803

e-mail: [jprescott@uclan.ac.uk](mailto:jprescott@uclan.ac.uk)

**Please initial box**

1. I confirm that I have read and understood the information sheet for the above study (version 1.1), and I have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

3. I understand that I will not be identified in any document relating to the study.

4. I agree to be audio recorded as part of the telephone interview. Only people from the evaluation team will listen to the recordings, and the recordings will be erased at the end of the evaluation.

5. I agree to take part in the above evaluation.

Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Preferred contact telephone number \_\_\_\_\_

\_\_\_\_\_  
Name of Person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Copy for participant; copy for researcher.

FOR UCLAN USE ONLY

## Appendix 7.1: Briefing summary for stakeholder workshop

Exploring pharmacy based services promoting safe consumption of alcohol: Understanding and optimising an intervention/brief advice (IBA) about alcohol in the community pharmacy setting

### Background Paper: Multi-Stakeholder Workshop

Wednesday June 20<sup>th</sup> 2012



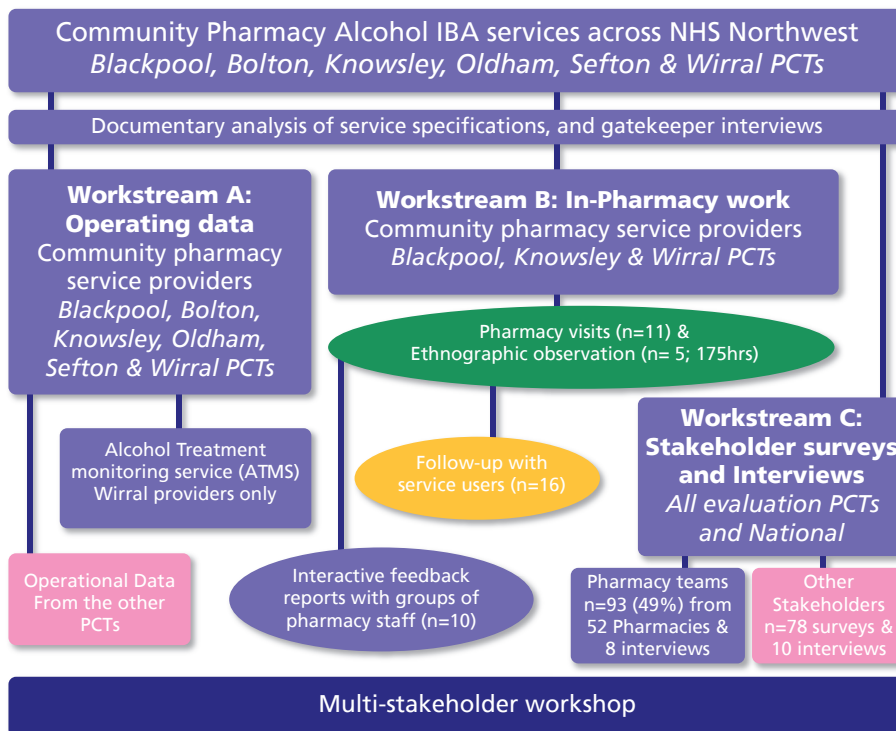
#### Purpose of the evaluation

This study was conducted to evaluate the community pharmacy NHS alcohol identification/brief advice (IBA) services in NHS Northwest and was carried out between 2011 and 2012. Its aims were to:

- i) characterise, consolidate and optimise both the constant and variable elements of the pharmacy alcohol identification/brief advice (IBA) service in NHS Northwest, and
- ii) inform planning for current and future pharmacy based services promoting safe consumption of alcohol.

#### Evaluation design

The evaluation overview is below.



## RESULTS

### Pharmacy service delivery and service user experience

#### Service activity

*[Whilst we have looked at operational data from most of the NW services, here we are using the Wirral data – with its unique linkages to other public health monitoring datasets – as an exemplar.]*

Wirral pharmacies delivered 10,907 screens between April 2008 and September 2011. Almost two thirds of those screened were female, 20% of whom scored 8+ on AUDIT. Of the males screened, 40% scored 8+. One in six females and 25% of males were “increasing risk” drinkers (AUDIT 8-15); 2.6% females and 5.5% males were higher risk (AUDIT 16+). A large proportion were aged over 60 (29%), ranging from 14%-59% in individual pharmacies, probably reflecting the customer base. On 55% of occasions where an AUDIT score was recorded, a brief intervention [BI] was also logged (n=5,645; Table 1). 65% of BIs were received by persons with an AUDIT score <8 (i.e. lower risk), especially for women (71%).

Intervention delivered?	AUDIT category			n (100%)=
	0-7 Lower risk drinker	8-15 In- creasing risk drinker	16+ Higher risk drink- er	
No intervention - female	91.6%	7.3%	1.1%	2,853
male	85.4%	11.1%	3.5%	1,767
<b>TOTAL</b>	<b>89.2%</b>	<b>8.8%</b>	<b>2.0%</b>	<b>4,620</b>
Intervention - female	70.5%	25.6%	3.9%	3,223
male	58.3%	34.7%	7.0%	2,422
<b>TOTAL</b>	<b>65.2%</b>	<b>29.5%</b>	<b>5.2%</b>	<b>5,645</b>

**Table 1: Number of screens resulting in interventions, by gender and AUDIT category**

The average AUDIT score of those given a BI was significantly greater than those not receiving BI. Younger people, males, and residents of more deprived areas were more likely to receive a BI (using the Index of Multiple Deprivation score for the resident postcode sector). Eight individuals presented to structured treatment within 3 months of screening, representing 2% of the higher risk population.

#### Recording of Data about Interventions

In the routinely collected data, the intervention data field was often left blank; we have interpreted this as ‘no intervention’. Referral to structured treatment appeared rarely on the database: it is not clear whether this is due to data recording issues, or lack of referrals. There was a lack of consistency in recording interventions: some records stated ‘leaflet/ advice’, and it was not clear whether this constituted a BI.

These calculations were carried out on partial postcodes. Full postcode would enable more accurate deprivation scores to be attached, and enable analysis by classifications such as Mosaic. More discussion is required with stakeholders as to whether the usefulness of postcode data outweigh issues (confidentiality, accuracy) in gathering postcodes. It is also necessary to establish a minimum useful dataset.

## *Opportunities to provide the alcohol IBA service*

During the periods of observation in pharmacies, three quarters of all staff interactions with customers were associated with prescriptions. The opportunity that people waiting for prescriptions to be dispensed or collecting a regular prescription presented to offer the service was well recognised by pharmacy staff. Indeed the majority of instances recorded of the service being offered followed this scenario, with links also being made to over the counter (OTC) sales in some pharmacies. Linking to customers accessing a service or seeking advice was less well utilised but when pointed out as possibilities in feedback sessions, some pharmacy staff responded positively to this suggestion and reflected that it fitted well with smoking cessation, weight management and 'Care at the Chemist' minor ailments (providing free of charge OTC medicines for those exempt from prescription charges) services.

## *User experience*

In follow-up interviews with service users, most had a positive experience, thought the service was a useful idea ("informative"; "makes you think"), and saw a need for the service. Some reported the discussion would not change the way they thought about alcohol/their drinking habits, but nevertheless thought it could be good for those who are drinking too much/have an alcohol problem. Most said they would recommend family and friends to talk to pharmacy staff about alcohol: their consultation had prompted some to discuss it with people they knew.

Where it had been offered, the privacy of the consultation room was appreciated as people felt at ease to have an in-depth discussion about their drinking habits; but even those completing questionnaires at the counter/quiet area didn't feel this compromised their confidentiality.

All had been happy to fill in questionnaires but some had been unsure about the point of the service/risk scorings and would have liked a bit more information. Existing rapport with pharmacy staff, if it was their regular pharmacy, helped people feel more comfortable.

Some had found the information given useful: charts/counter wheels showing units in different drinks and advice leaflets about safe alcohol consumption were mentioned.

Some felt they could have been more honest about the quantities actually drunk; others understood there were recommended guidelines but were resistant to change.

## *Feedback from pharmacy teams and other stakeholders*

Pharmacists and pharmacy staff generally perceived the service positively, saying they have found it to be received positively and seeing it as a useful and valuable service that highlights the number of units in different alcoholic drinks and provides the public with some general knowledge and awareness about alcohol. Problems with regards to the practicalities in delivering the service were reported to be around time pressures and approaching individuals about their alcohol use. There is also the perception that people tend not to tell the truth with regard to their alcohol use.

Participants in the online stakeholder survey were from various roles across the UK with the majority (64%, n =46) describing themselves as 'pharmacy provider representatives'. The majority of participants were aware of an alcohol IBA service being delivered in the community pharmacy setting, either in their own PCT (38%, n=29) or in another PCT (38%, n=29), which the majority felt should be commissioned nationally (79%, n=57)

All participants viewed the alcohol IBA service being delivered in the community pharmacy setting positively; the main reasons given for this being: accessibility; a non-judgemental environment; informal setting; the long opening hours, and that pharmacists can provide confidential advice.

Other stakeholders were also mainly positive and viewed the service in the community pharmacy setting as valuable with its potential for pharmacists to reach a wider audience and raise general awareness about alcohol use. Stakeholders saw advantages in the community pharmacy being a non-clinical, less intimidating and a more accessible environment where people can discuss health matters compared to other health care providers such as GPs. The environment of the community pharmacy setting is therefore viewed as ideal for raising public awareness about alcohol and reaching people who would not be reached via other health care providers and services.

### *Factors affecting service implementation*

Our findings provide a regional picture of progress in implementation and have enabled the identification of critical success factors. Table 2 summarises the reported barriers and facilitators for implementation.

<b>Barriers</b>	<b>Facilitators</b>
Changeable funding constraints - caps for number of interventions allowable per month fluctuate and can be limiting.	Clearly visible promotional material indicating how to access the service (inside & outside media) & supporting material about safe drinking.
Time pressures and impact on existing workload, particularly preparation and dispensing of prescriptions (a priority), therefore need to take a 'grab it when you can' approach.	Private space for confidential conversation of drinking habits – consultation room favoured for in-depth discussion.
Alcohol consumption can be a difficult subject to broach with customers, particularly those who may be at higher risk.	Training for staff, including periodic refreshers, to allow pharmacy staff to develop and maintain confidence in their ability to deliver the service.
Service users seeming reluctant to tell the truth about their drinking habits and resistance to change.	Having a nominated member of staff who 'champions' the service.
Some of the questions on the full AUDIT questionnaire are difficult to address with customers and do not seem applicable or worded in the most appropriate way	Using an informal, friendly approach to introduce the idea of completing the screening to customer e.g. asking people to take part in the alcohol 'quiz' has been effective and doesn't look like you're targeting them specifically.
Lack of formal referral pathways into alcohol treatment services, or where these are established, resistance by customers screened as 'high risk' to being referred	Building a rapport with the service user and taking an empathic, non-judgemental approach within alcohol IBA consultations and normalising drinking behaviour. Emphasising the health benefits of safe drinking, and finding a stimulus which is relevant to them.
	Easy to record operational data for submission of records of interventions completed to PCT for payment, and - where relevant - follow-up with client.

**Table 2: Factors affecting service implementation in pharmacies**

## Key Messages

This is the first study to explore the provision of the community pharmacy IBA service from multiple stakeholder perspectives and across multiple PCTs. The principal findings are:

### *Service activity*

- Triangulation of data indicates that the service is currently offered to, and accessed mainly by, women and regular prescription customers.
- As a result, more BIs were offered to lower risk clients than to increasing or higher risk drinkers due to the lower risk nature of the screened group.
- Yet clients receiving a BI were on average higher risk drinkers, and the probability of receiving a BI was higher for those residing in more deprived areas, younger people and for males.
- Screening in pharmacy may thus offer an opportunity to address health inequalities.

### *Stakeholder experience*

- The service has been received positively by service providers and service users.
- The service needs to be fully integrated into the community pharmacy setting in order for it to be delivered to its full potential.
- Feedback from service users highlight the public's need for more alcohol awareness and knowledge, which this service helps to provide.
- With the exception of Wirral PCT, current data capture in north west pharmacies is limited, making it difficult to monitor and evaluate the service
- Pharmacy teams highlighted time pressures as a key barrier to delivery. The challenge of introducing the topic of alcohol was a barrier for some.
- Pharmacy teams also identified, however, a number of ways in which other services might be utilised to introduce and offer alcohol IBAs.

## Implications for commissioners and service providers

Our findings can be used to both refine existing services and inform future commissioning.

- Taking opportunities to offer and provide the service:  
Support community pharmacy providers and their staff to appropriately identify and approach potential service users through training and guidance, particularly around identifying opportunities and opening conversations.
- Being aware of the factors that affect the implementation of the service in pharmacies:  
Work closely with community pharmacy providers in developing the service structure and communication channels with the PCT, including existing alcohol services.
- Service users generally recognise the need for the service and think it is a useful idea - if not for themselves then for others - and would recommend it to people they know:  
Make sure that promotional and information material is available to advertise the service and support service delivery.



