

## **BCPP Introduction**

The Building the Community-Pharmacy Partnership is a partnership between the Community Development and Health Network (CDHN) and the Health and Social Care Board (HSCB), with strategic direction provided by a multi-disciplinary Steering Group. The Community Development and Health Network is a member led regional voluntary organisation whose purpose is to make a significant contribution to ending health inequalities, using a community development approach.

The BCPP Programme has been operational for over 10 years and was successful in securing recurrent funding in March 2004. Currently, approximately £1/3m is allocated to successful BCPP projects per year from across Northern Ireland.

A wide range of partnerships have developed covering a great diversity of issues. Across LCG areas BCPP has worked with women's groups, early years programmes, people with addictions, older people's groups and mental health programmes among many others. Projects profiled for each area are mainly level 2 BCPP projects, which receive a max £10,000 per project. Level 1s are offered £2000 max per project and Level 3s receive max £30,000 over 3 years.

Generally within the BCPP Programme, projects are supported to focus on working with core groups ie people that engage in the project over several sessions. This is to enable BCPP to measure and evidence the impact being made on participants over a period of time. This is also in recognition of the importance of community development being a core aspect of projects, which in itself requires a long term commitment to change. Many of the core groups target 12-15 people but many projects will also have some sessions tailored to a wider community group. One to one support from pharmacists and other partner organisations are also key to BCPP projects, allowing people to follow up on concerns, ask for advice and be signposted to other services.

## **Measuring impact**

Over the last couple of years, BCPP has sought to focus on measuring outcomes in three main areas including:

1. Improved accessibility and responsiveness re engagement in local services, particularly of more disadvantaged groups;
2. Change in use and understanding of pharmacy and associated services
3. Perceived improvements in health and understanding of how to take increased responsibility for health.

The following provides an overview of some of the findings from BCPP projects over a 2 year period and is based on the analysis of Core Group Start (1960 questionnaires) and Core Group End questionnaires (1230 questionnaires)

completed by participants at the beginning and end of BCPP projects thus indicating how they perceive the BCPP project has impacted on them.

**1 Improved accessibility and responsiveness re engagement in local services, particularly of more disadvantaged groups**

- I know where to go to get health and support increased from 57% to 72%
- I regularly go to other health workers for advice increased from 43% to 47%
- The quality of my health services is excellent increased from 53% to 63%
- My local health service does meet my needs increased from 44% to 56%
- My local health services are welcoming increased from 59% to 69%
- Frequency of visit to other services would indicate that for GPs and A&E services there is a trend of people perceiving they are using service less frequently

		Daily	Every Few Days	Once a Week	Once a Month	Less Often
A&E	Start	0.32	0.32	0.32	3.02	96
	End	0.18	0	0.27	2.23	97.32

- At the project end, participants indicated, they knew more about local health services (over 80% agreed) and that facilitators, including pharmacists, knew more about participant needs - over 75% agreed

**2. Change in use and understanding of pharmacy and associated services**

- Confidence in going to the pharmacist for advice increased from 61% to 82%
- Regularly visiting the pharmacist for advice increased from 26% to 39%
- 3% increase in those using the pharmacy more often
- 92% agreed they had a better understanding of what a pharmacy can offer

**3. Perceived improvements in health and understanding of how to take responsibility for health**

- my health is usually excellent increased from 44% to 51%
- I feel my health has NOT got worse over the last few weeks increased 47% to 59%

- Having a good understanding of how to improve health increased from 62% to 83%
- How you live can affect your health increased from 81% to 90%
- Made healthy changes to the way I live increased from 51% to 71%
- I take care of my health increased from 51% to 66%

In addition people gave their views on how well they engaged and connected with others, indicating an increase in social capital and contribution to wellbeing

- things in common with other people taking part increased from 66% to 83%
- I feel confident talking about health to other people increased from 40% to 52%
- I belong to a number of groups increased from 36% to 38%
- I regularly go to other community groups for advice increased from Increase from 17% to 27%
- Over 80% agreed they know more about local groups

In general, at the project end

- Over 77% felt more in control of their health
- Over 87% would take part in other activities like this
- Over 88% agreed sessions encouraged them to improve my lifestyle
- Over 80% agreed they felt they had a say in what was talked about
- Over 83% agreed they felt they played a part in the sessions

**Psychological wellbeing-** Participants were asked to tell BCPP how they were feeling. A General Health Questionnaire 12 (GHQ12), a subjective measure of psychological well-being was used. This comprises twelve questions, asking informants about their general level of happiness, experience of depressive and anxiety symptoms and sleep disturbance experienced over the last four weeks.

At the start of the programme, 39% indicated they had poor psychological wellbeing. This reduced to 14% at the project end.

## **BCPP research**

In 2011, research was carried out with pharmacists participating in BCPP over the previous 6 years to determine the value brought about by community pharmacists being more engaged with their communities. 159 community pharmacists were offered the opportunity to participate through an on-line or postal copy of the questionnaire. 107 completed the questionnaire in May 2011, a 67% response rate.

Of those responding 44% were employee, 40% were managers and +23% were owners. Almost half worked for multiples, one third for independents and the remainder worked for a small group of pharmacies. Almost three quarters stated their projects were based in an area of deprivation and almost 90% worked with a vulnerable group. 26.7% were located in rural area, 56.4% in an urban area and the rest were located in mixed rural/urban area.

In relation to years qualified, 20% were qualified 4 years or less, 30% between 5-10 years, 28% 10-20 years and 22% over 20 years. The number of years working in their current pharmacy was quite evenly profiled from less than 3 years to +11 years.

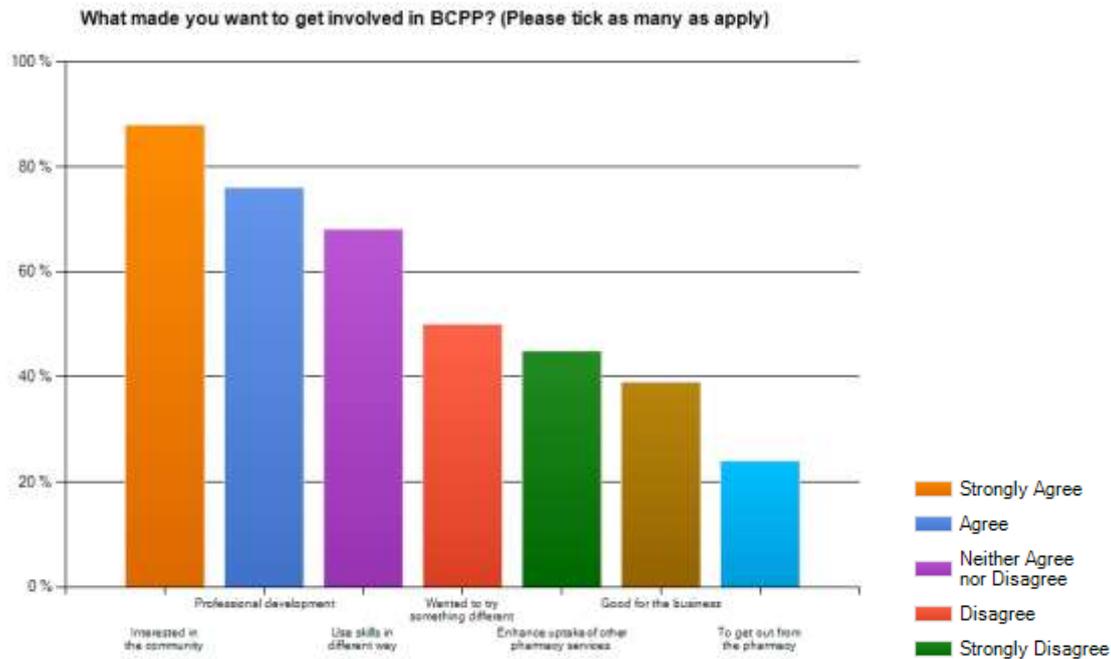
- + 46% involved other staff and of these almost half indicated the staff eg counter staff, technician had an active role
- + 38% had received awards, professional recognition and/or increased publicity as a result of being involved in BCPP
- +93% stated they would continue to be involved in BCPP

## **Reason for getting involved**

The three most popular responses for the reasons as to why pharmacists became involved in BCPP consistently focused on:

- being interested in the community
- professional development
- wanting to use skills in a different way

The reasons of it being good for business and enhancement of uptake of other services were less frequently expressed.



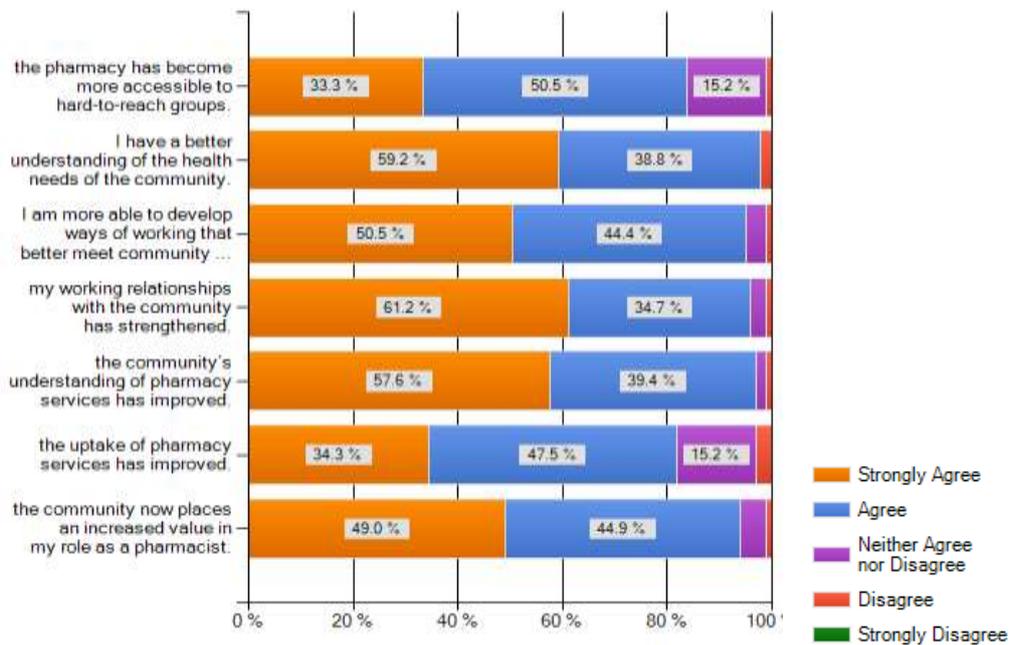
### Change to the wider community

In relation to how pharmacists perceived the impact on the wider community, over 93% agreed:

- they had a better understanding of the health needs of the community
- had strengthened working relationships with the community and were more able to develop ways of working that better met community health needs
- the community now placed an increased value in their role as a pharmacist and their understanding of pharmacy services had improved.

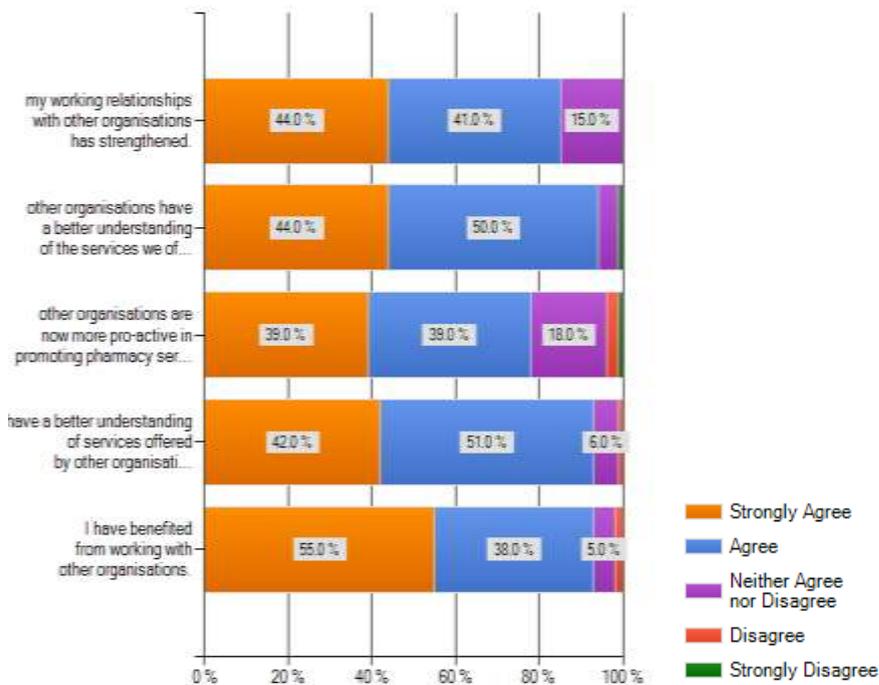
There was also generally positive agreement that the pharmacy becoming more accessible to hard-to-reach groups and the uptake of pharmacy services had improved.

**How much do you agree, or disagree, with the following statements?  
As a result of taking part in a BCPP project ...**



**Connecting with other organisations**

Over 93% agreed both other organisations and the pharmacist had a better understanding of the services each offers and have benefited from working together. Over 78% considered other organisations are now more pro-active in promoting pharmacy services and over 85% agreed their working relationships with other organisations had strengthened.

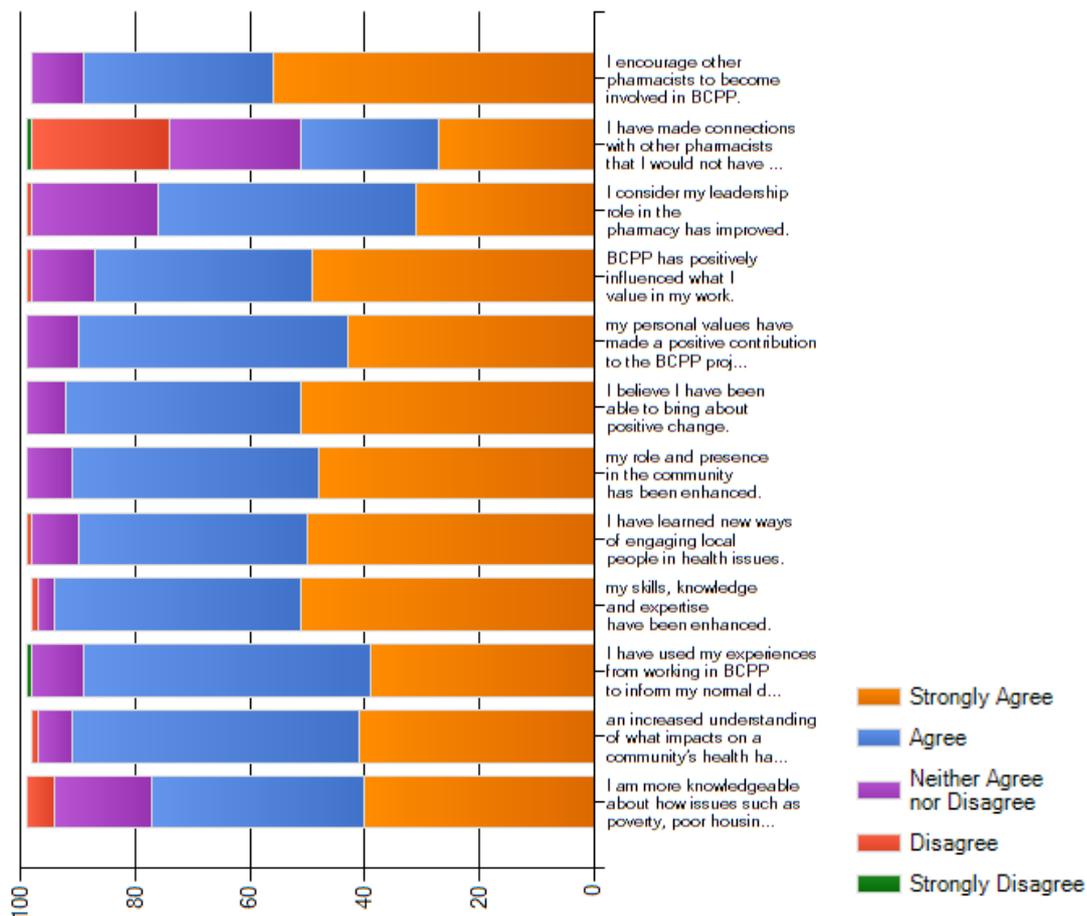


## Impact on the pharmacist

Pharmacists were asked how BCPP had impacted on them (Chart 5). Over 87% agreed:

- The experience has informed their normal daily work and their skills, knowledge and expertise have been enhanced
- They have learned new ways of engaging local people in health issues and their role and presence in the community has been enhanced
- That an increased understanding of what impacts on a community's health has positively influenced how they see their role as a pharmacist
- BCPP has positively influenced what they value in their work, they believe they have been able to bring about positive change and their personal values have made a positive contribution to the BCPP project

Over 75% agreed they were more knowledgeable about how issues such as poverty, poor housing and education etc can impact on people's health and that their leadership role in the pharmacy had improved. Over 90% would encourage other pharmacists to become involved in BCPP.



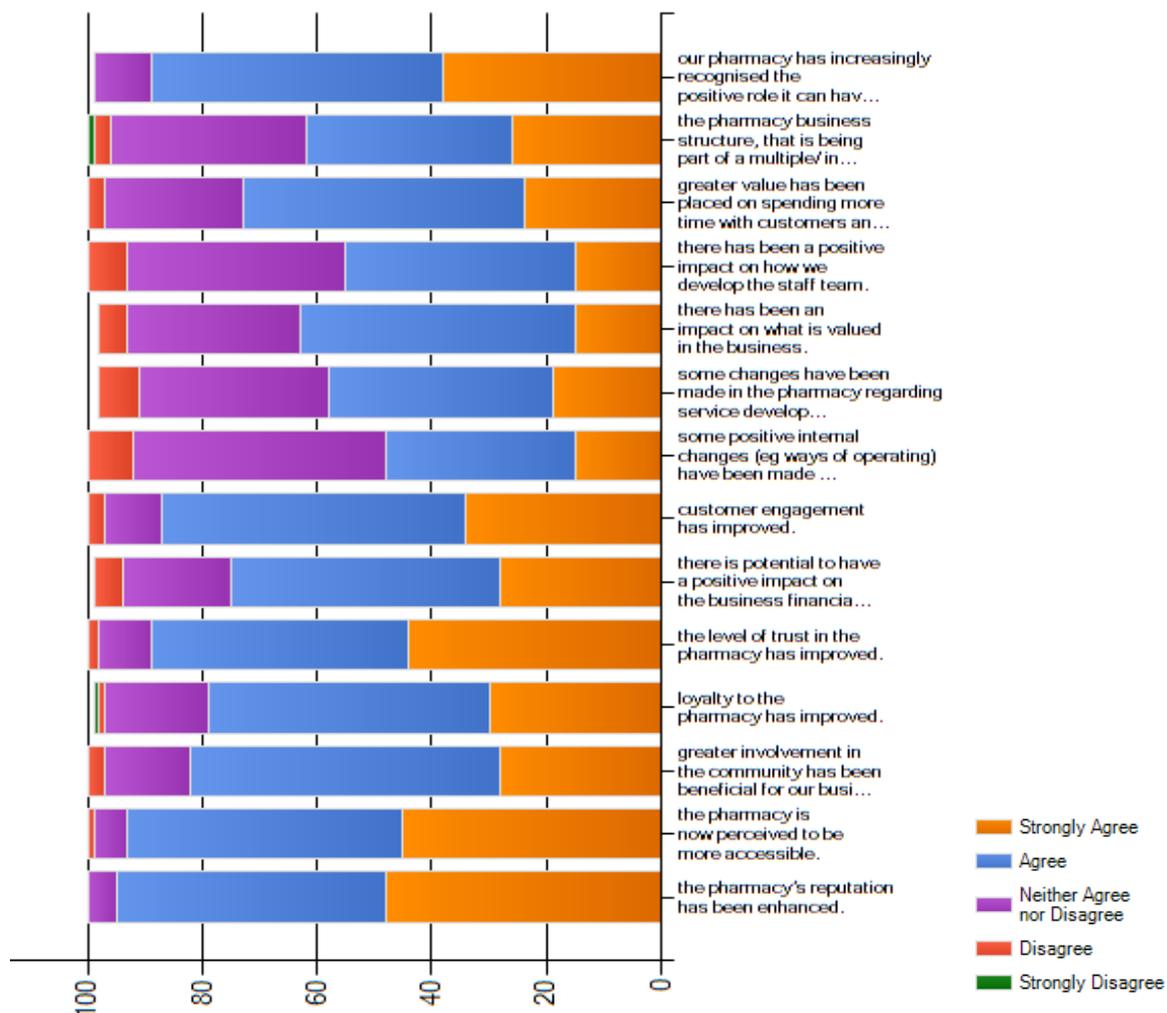
## Impact on pharmacy

The responses regarding pharmacy impact can be grouped into two main categories, the more intangible benefits and secondly, the tangible and more internal benefits.

Over 79% agreed:

- their pharmacy's reputation had been enhanced and the pharmacy is now perceived as more accessible
- the level of trust in and loyalty to the pharmacy has improved
- customer engagement has improved
- greater involvement in the community has been beneficial to the business
- the pharmacy had increasingly recognised the positive role it can have in bringing about change in the community

Over 73% now place greater value on spending more time with customers and other organisations as an important part of business development and consider there is potential to have a positive impact on the business financially.



## **Summary**

The evidence from the BCPP evaluation system and survey carried out in 2011 with pharmacists involved in BCPP would indicate strongly that there is value in pharmacists and their staff being more integrated into their local communities and in them being better connected to other services providers. The benefits clearly demonstrated positive impact on local people's health, pharmacist's development and use of skills and business development. Pharmacists have been able to use their skills both within and outside of the pharmacy using a range of approaches from working with groups, offering 1-1 support and signposting and referring into other organisations and other pharmacy services.