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Evaluation of the impact of Health Champion training on public health in South London.

Focal Points:

- To evaluate the perceived benefits of Health Champion (HC) training on public health and looking into the facilitators and barriers to pharmacies' engagement in such training programs
- To ensure success of Health Champion training local factors and implementation are key factors for consideration
- HC training needs to be extended to sustain any potential impact on public health

Introduction: After the success of Portsmouth and Lambeth Healthy Living Pharmacy (HLP) pilots,^{1,2} the Department of Health (DoH) wanted to duplicate the success in other areas. Funding was given to Health Education South London (HESL) to provide health champion (HC) training to counter assistants of all the 671 pharmacies in South London, covering twelve boroughs under five local pharmaceutical committees (LPCs) with 4 LPC Chief Executive Officers (CEOs). 299 pharmacies took part in the training offered. The aim of this study was to evaluate the impact of this training on public health and looking into the facilitators and barriers to pharmacies' engagement in such training programs.

Methods: Four different semi-structured interview schedules were designed for participating pharmacists, non-participating pharmacists, LPC leads and Public Health Leads from Public Health England (PHE). Invitations were sent to one independent pharmacy plus one multiple pharmacy per Borough for both participating and non-participating pharmacies, along with LPC CEOs and members of PHE. A pilot was conducted with two pharmacists outside of the South London area. Interviews were carried out and digitally recorded. These were then transcribed. All the interviews were thematically analysed using inductive techniques. This study was ethical approved by a Higher Education institution ethics committee.

Results: A total of 22 interviews were conducted. These included 4 Public Health leads, 4 LPC CEOs, 7 participating and 7 non-participating pharmacists. In the qualitative analyses 3 major themes emerged: Training, Local Factors and Implementation. Subthemes emerging from Training included: successful training will ensure future engagement, training was well received, all the team need public health training and small groups plus convenient timings and locations will improve uptake. Some concepts were hard to grasp e.g. health belief theories, and ongoing sessions should be provided to ensure new staff are engaged. Subthemes for Local Factors included: local needs determine service commissioning, pharmacists want staff to participate. However, local barriers may prevent engagement. Implementation subthemes included: Pharmacies are ideal to deliver public health services, training increases both knowledge and confidence in service delivery, future training needs to match future needs and enthusiasm of managers will increase service delivery. However, time is needed to show impact of training.

Discussion: The training was well received and appreciated by all stakeholders. Knowledge gained was seen as a means to enhance service delivery and staff confidence, but the full impact will need time. It was believed that public health training should be extended to the whole pharmacy team. However, issues like timing, location, topic and leadership support need to be tackled for full engagement. Training was seen as essential for service commissioning from pharmacy and should match future services delivery. The main limitation of this study is that we only surveyed one area. However, from the results, the perceived benefits call for such training to be extended to sustain any potential impact on public health.

References:

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