



**fuse**

The Centre for Translational  
Research in Public Health



# Smoking Treatment Optimisation in Pharmacies

Dr Liz Steed Prof Walton

CPCPH

Queen Mary University of London



Barts and The London  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)

# Overview

- Why Community Pharmacy?
- The STOP Research Study (Sohanpal, 2015; Steed 2017)
  - Intervention aspects
  - Research aspects
- Challenges of Research in Community Pharmacy



**fuse**

The Centre for Translational  
Research in Public Health



# Why Community Pharmacy?

- **Accessibility** (Lindsey 2016)
- **An untapped workforce** (DoH, 2016)
- **Relationships**
  - Consistency, trusting, seen as a person
  - Can be culturally, socially relevant
- **Evidence is supportive** (Brown, 2016, Eades 2011)



Barts and The London  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)



**fuse**

The Centre for Translational  
Research in Public Health



# Smoking Cessation in the Community Pharmacy

- Evidence suggests benefits (Brown, 2016)
- But still less than optimal
  - (48% 4 week quit rate vs 70% target – NHS stop smoking services, 2016)
- To reach targets need improvement in engagement, retention and quitting
- Little focus on engaging the smoker



Barts and The London  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)



**fuse**

The Centre for Translational  
Research in Public Health



- Cluster RCT
- Targeted at Pharmacy workers
- Aim to improve uptake, retention and quit
- Comprehensive Intervention development
- Theoretically based training



Barts and The London  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)



# Intervention Development





**fuse**

The Centre for Translational  
Research in Public Health



# Results from Rapid Review

- Brief (< 2hr) is good if not better than longer training (Carlson, 2012)
- More than just knowledge, skills training, environmental context and beliefs important (TDF) (Steed, 2014)
- Key BCTs to include in SSS are quit date, commitment, CO monitoring, pharmacological support (Michie,2008)



Barts and The London  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)



**fuse**

The Centre for Translational  
Research in Public Health



# Results from Systematic Review

- Steed et al. (2014)
  - Numerous studies – 65+
  - Very heterogeneous
    - Populations
    - Interventions
    - Comparisons
    - Outcomes
  - Poor level description, little theory, variable risk of bias



Barts and The London  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)



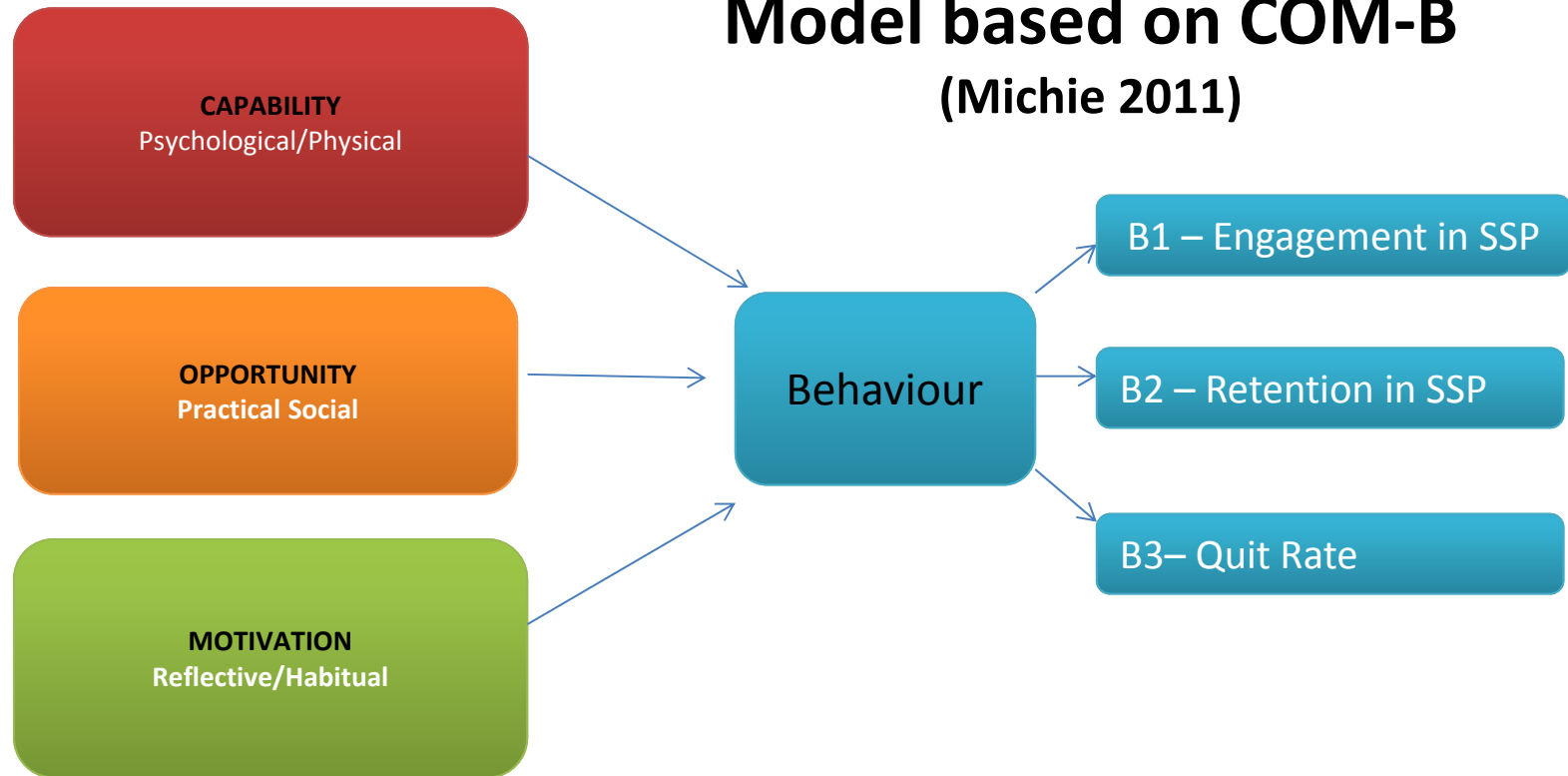


**fuse**

The Centre for Translational  
Research in Public Health



## STOP Theoretical Working Model based on COM-B (Michie 2011)



Barts and The London  
School of Medicine and Dentistry



[www.smu.qmul.ac.uk](http://www.smu.qmul.ac.uk)



# Results from Qualitative Study

- **Capability** - Pharmacy staff lacked confidence when clients did not raise smoking themselves => practice skills of engagement
- **Motivation** – Increase belief in importance smoker engagement, identifying why important to them, intrinsic and external reward
- **Opportunity** – Unsure/unconfident about when should approach smokers who don't raise themselves => how to increase opportunity, skills to maximise opportunity





**fuse**

The Centre for Translational  
Research in Public Health



# Conversation Analysis

- Reference to willpower should be combined with talk about support and working together

*“But if you want to stop smoking then you've got the willpower there to stop smoking, and we can help you with a few things to help you with that”*

- The open door – distinguish from specific appt

*“If you're struggling in-between, please, just because I've given you an appointment next week, you can pop back any time.”*

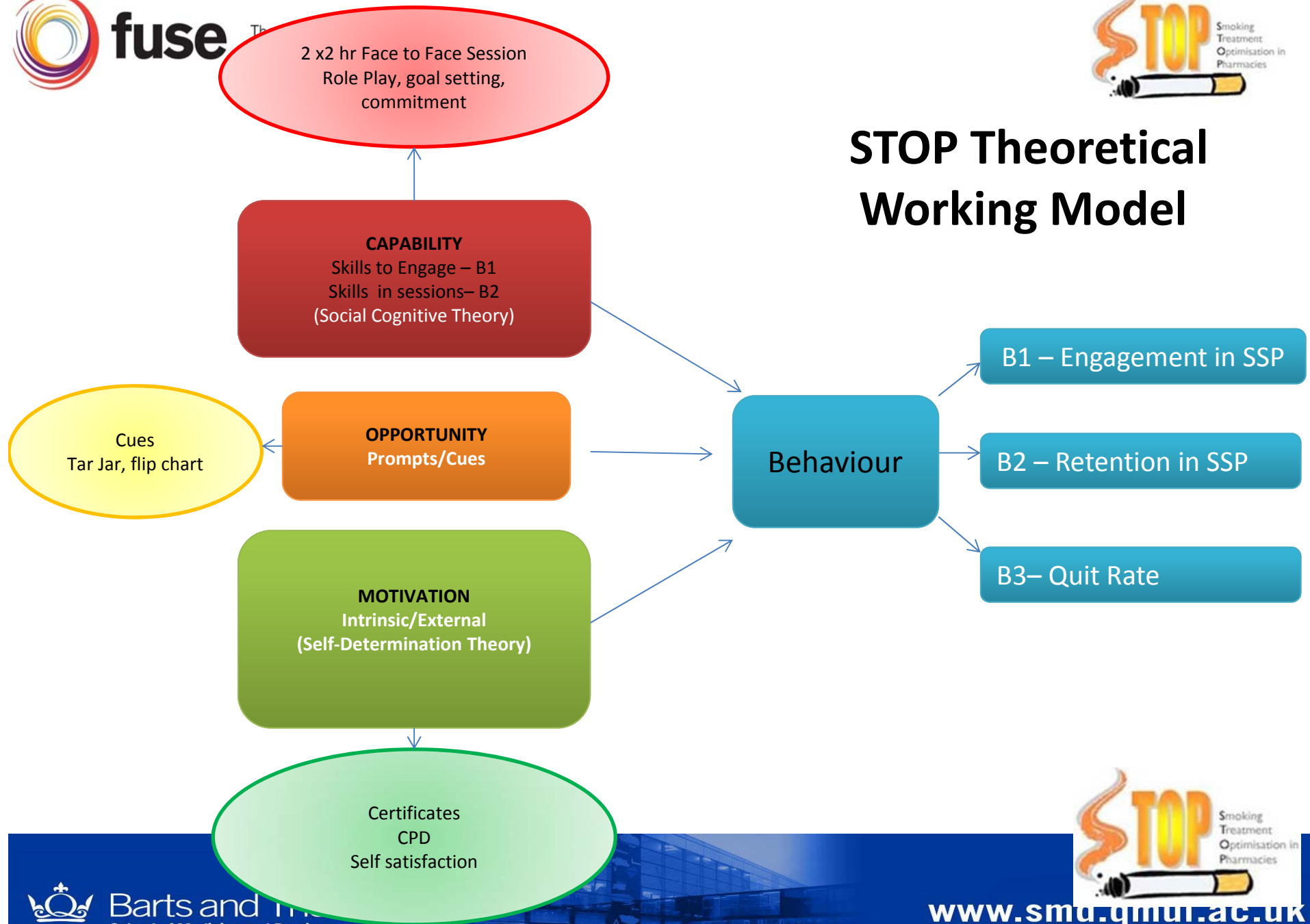
- Non Quitters – significantly more medical versus patient centred talk



Barts and The London  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)

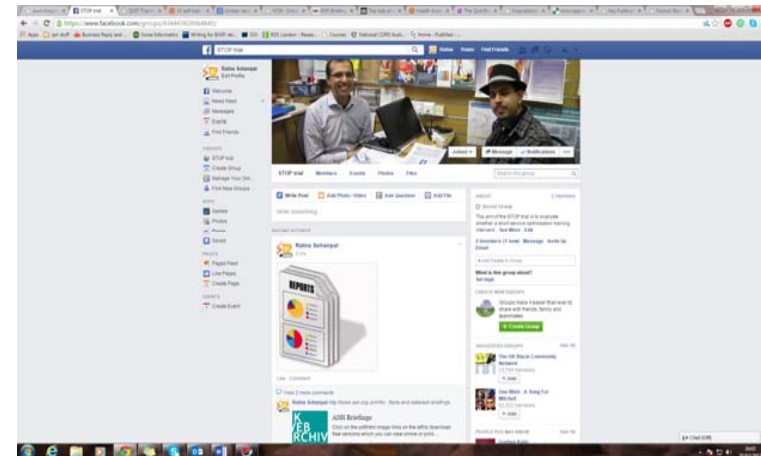
# STOP Theoretical Working Model



# Overview of Intervention



- Face to Face training
  - 2 x 2.5hr evening sessions (6.30/7.00- 9.30)
  - Separated by 2 weeks – task to complete NCSCT training in between sessions
- Facebook
  - Signposting
  - Resources
  - Mentoring/support
- Flip-chart Prompt





**fuse**

The Centre for Translational  
Research in Public Health

# Session Content



## Session One

- Introductions
- Why are we here?
- Engaging Clients –  
Difficult/Easy clients
- The Patient Centred Approach
- Developing Rapport
- Skills of engagement –  
smoking vs non smoking  
products
- Assessing readiness
- Homework

## Session Two

- Feedback
- Challenge of changing  
behaviour
- Before making the quit plan
- Non-smoker identity
- Planning a quit
- Video analysis (willpower,  
reinforcement, open door)
- Dealing with lapses
- Implementing STOP
- Goal Setting and Commitment



Barts and The London  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)



**fuse**

The Centre for Translational  
Research in Public Health

# Flip Chart



<b>W – WHO, WHAT, WHY?</b>	<b>W – WHEN?</b>
<b>H – HOW MANY?</b>	<b>H – HOW TO DO IT</b>
<b>A – ACTIONS TRIED</b>	<b>A – ADDITIONAL SUPPORT</b>
<b>M – MEDICATIONS</b>	<b>M – MONITORING</b>
<b>M – MOTIVATION</b>	<b>M – MAKE A COMMITMENT</b>
<b>Y – YOU THE NON SMOKER</b>	<b>Y – YOU CAN DO IT!</b>

**HELP PEOPLE QUIT WITH THE DOUBLE  
WHAMMY**



**Barts and The London**  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)



**fuse**

The Centre for Translational  
Research in Public Health

# Pilot Study



- Pilot cluster RCT
- 8 Community Pharmacies in 3 inner London Boroughs
- 13 Stop Smoking Advisors
- Evaluated
  - Acceptability
  - Self-Efficacy
  - Fidelity



Barts and The London  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)



# Results



## Recruitment/Attendance

- 13 smoking cessation advisors agreed to training
- 10 attended session one, 6 session two

### *However*

These were split between in house and external training, not as planned



**fuse**

The Centre for Translational  
Research in Public Health



# Qualitative Outcomes

## **Logistics**

*'I think it was way out ...I can't just  
lave at 6.30, I've got to tidy up'  
'As pharmacists it's difficult ,.. We  
need to have cover*

## **Training**

*'yeah it was great.. got us involved ... made us  
do some play acting'  
'I wonder whether there's an ability for the  
(other) staff to get training''*

## **Application of Skills**

*'So all the bits we've learnt additionally  
that we found now we've got a better success  
rate because people are coming back  
'as practitioners we need time.. Because it's  
something new for us'*

## **Intervention**

*'Using those trigger questions they're very  
good, in that little book'  
'I don't think the boss really wanted  
facebook as a company'*



**Barts and The London**  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)



**fuse**

The Centre for Translational  
Research in Public Health

# Fidelity - Engagement



- Simulated Patient Methodology (Watson, 2006)
  - Two Scenarios – a) cough, b) non-smoking related
  - Each pharmacy visited by two separate actors
  - Each actor completed checklist per pharmacy
- Trained SSA delivered intervention
- Non-trained did not
- Most engagement not done by SSA



Barts and The London  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)



# Fidelity 2

- Environment not always changed
- Inconsistencies between actors
- More training may be needed

	Actor 1		Actor 2	
	Yes	No	Yes	No
NHS Stop Smoking Service poster displayed	7	5	9	0
Audio-visual information about the NHS Stop Smoking Service	0	12	0	9
Leaflets about the NHS Stop Smoking Service	9	3	6	3
Smoking prompts e.g. tar jar	4	8	1	8
Were other clients observed being asked about smoking?	0	12	0	9
Good body language	6	6	6	3
Good listening skills	3	9	6	3
Use open questions	2	10	3	6
Was topic of smoking raised	0	12	0	9
Was smoking raised directly	1	11	0	9
Was smoking raised indirectly	0	12	0	9
Was client told there is a smoking cessation service	6	6	0	9



# Quantitative Outcomes

- Self-Efficacy
  - Pre-training 4.0 (range 3.5 to 4.6)
  - Post-training 4.5 (range 4.0-5.0)
- Achieving data for primary outcome (throughput) not straightforward!
- Achieving recruitment by pharmacists difficult



**fuse**

The Centre for Translational  
Research in Public Health

# Revised Intervention



- Ensure all pharmacy workers (including counter assistants trained)
- Encourage full attendance at training sessions
  - Financial Reward
- Understand Organisational Barriers
  - Realist Review
  - Apply Diffusions of Innovations Theory



Barts and The London  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)



# Realist Review

Supplementary Table 1., Summary of preliminary findings from realist review,

Mechanism, by which, the pharmacy, smoking, cessation, service, might, be, promoted,	How, the, mechanism, might, be, strengthened,	Contextual, influences,
<b>Pharmacist, identity,</b>	<ul style="list-style-type: none"> <li>Strengthen 'pharmacy' identity by emphasising backing from professional bodies!</li> <li>Promote non-medication and public health roles of the pharmacist!</li> <li>Encourage patient orientation rather than product orientation!</li> <li>Encourage a professional as opposed to 'technical' ethos!</li> </ul>	<ul style="list-style-type: none"> <li>Undergraduate education promotes these characteristics!</li> <li>Professional bodies embrace extended role!</li> <li> Policymakers recognise pharmacists as professionals!</li> </ul>
<b>Pharmacist, capability,</b>	<ul style="list-style-type: none"> <li>Strengthen knowledge base on health behavior change!</li> <li>Consultation skills training!</li> <li>Easily accessible educational sessions!</li> <li>Change beliefs and attitudes, boosting self-efficacy in delivering the smoking cessation and encouraging belief that the intervention will be effective!</li> </ul>	<ul style="list-style-type: none"> <li>Quality, depth and breadth of training!</li> <li>Training addresses skills and attitudes as well as knowledge!</li> <li>Accessibility of training throughout professional life!</li> </ul>
<b>Pharmacist, motivation,</b>	<ul style="list-style-type: none"> <li>Present business arguments eg diversification of revenue streams, investment in space for financial returns!</li> <li>Recognise training as continuing professional development!</li> </ul>	<ul style="list-style-type: none"> <li>Involvement of other pharmacies and pharmacists in health behavior change establishing a professional norm.!</li> <li>Strong business model justifying investment in infrastructure!</li> <li>Simple system for claiming payments!</li> </ul>
<b>Stakeholder, confidence,</b>	<ul style="list-style-type: none"> <li>Build confidence in the intervention from government, professional bodies (general practitioner and pharmacy), health commissioners.!!!</li> <li>Change perceptions of patients and carers about the position of the pharmacist in health care system.!</li> </ul>	<ul style="list-style-type: none"> <li>Clear, positive messages in the media about the extended role!</li> <li>Positive reaction to the role from other branches of primary care at national and local level!</li> </ul>

1!

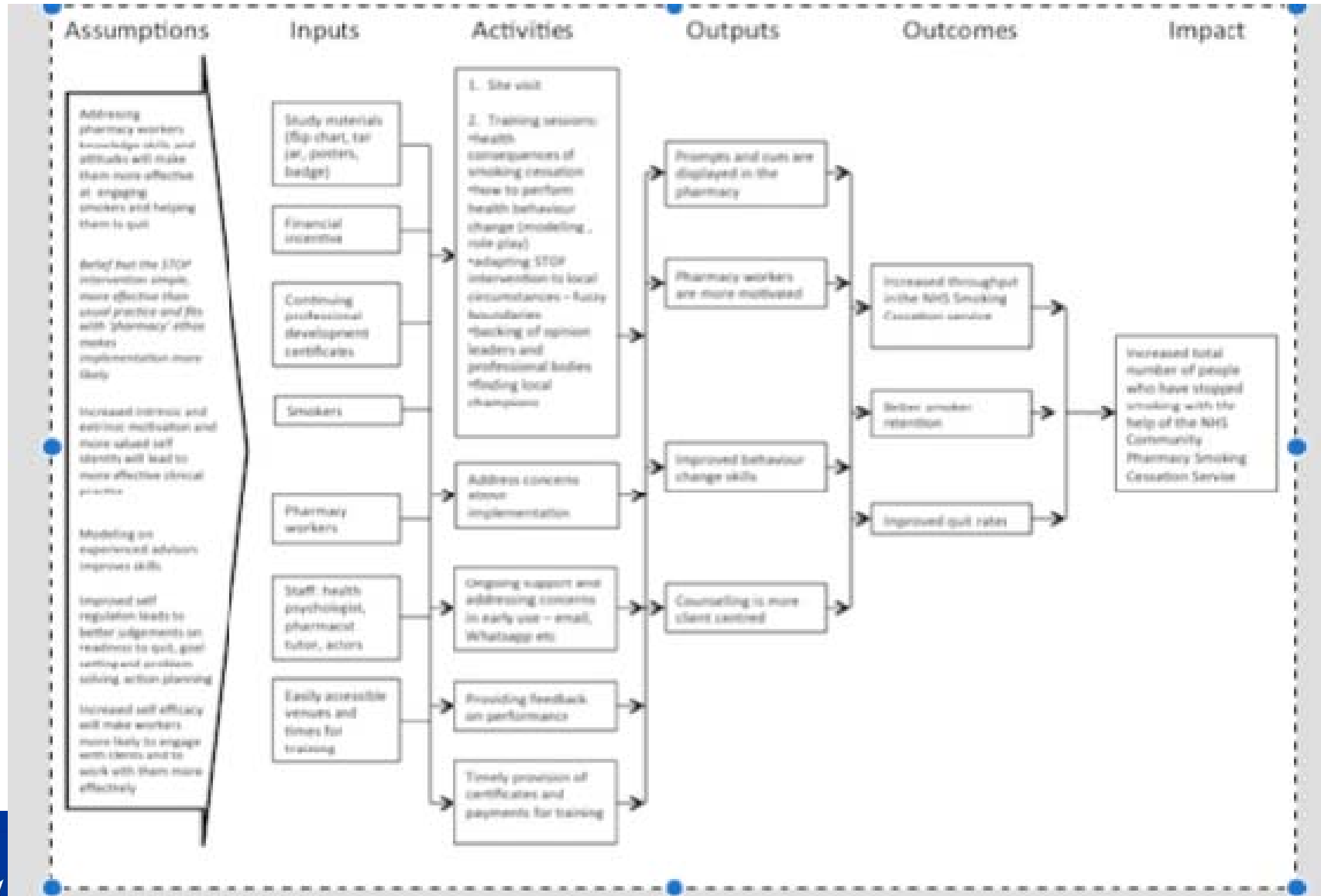




**fuse**

The Centre for Translational  
Research in Public Health

# Final Logic Model







**fuse**

The Centre for Translational  
Research in Public Health

# Final Intervention



- One day training – Sundays
- Time reimbursed (£30/£60)
- Counter assistants and stop smoking advisors invited
- Use WhatsApp not Facebook
- Follow-up facilitation session in house



Barts and The London  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)



**fuse**

The Centre for Translational  
Research in Public Health



# Lessons Learnt

- Community Pharmacies good context for public health interventions

BUT .....

- Take into account
  - Targets for interventions, counter assistants/pharmacists?
  - Financial Pressures, ultimately businesses
  - Many public health initiatives
  - Public areas



Barts and The London  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)



**fuse**

The Centre for Translational  
Research in Public Health



# Lessons Learnt

- Community Pharmacy good context for Research

BUT

- ❖ Trials typically need to be clustered
- ❖ Research needs to be incentivised
- ❖ Impact of commissioning and changing landscape
- ❖ Training needs – videos helpful



Barts and The London  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)



**fuse**

The Centre for Translational  
Research in Public Health



# Conclusions

- Community Pharmacy has much potential in supporting public health.

**BUT**

- Recognise and work with the differences
- Recognise who it works best for



Barts and The London  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)

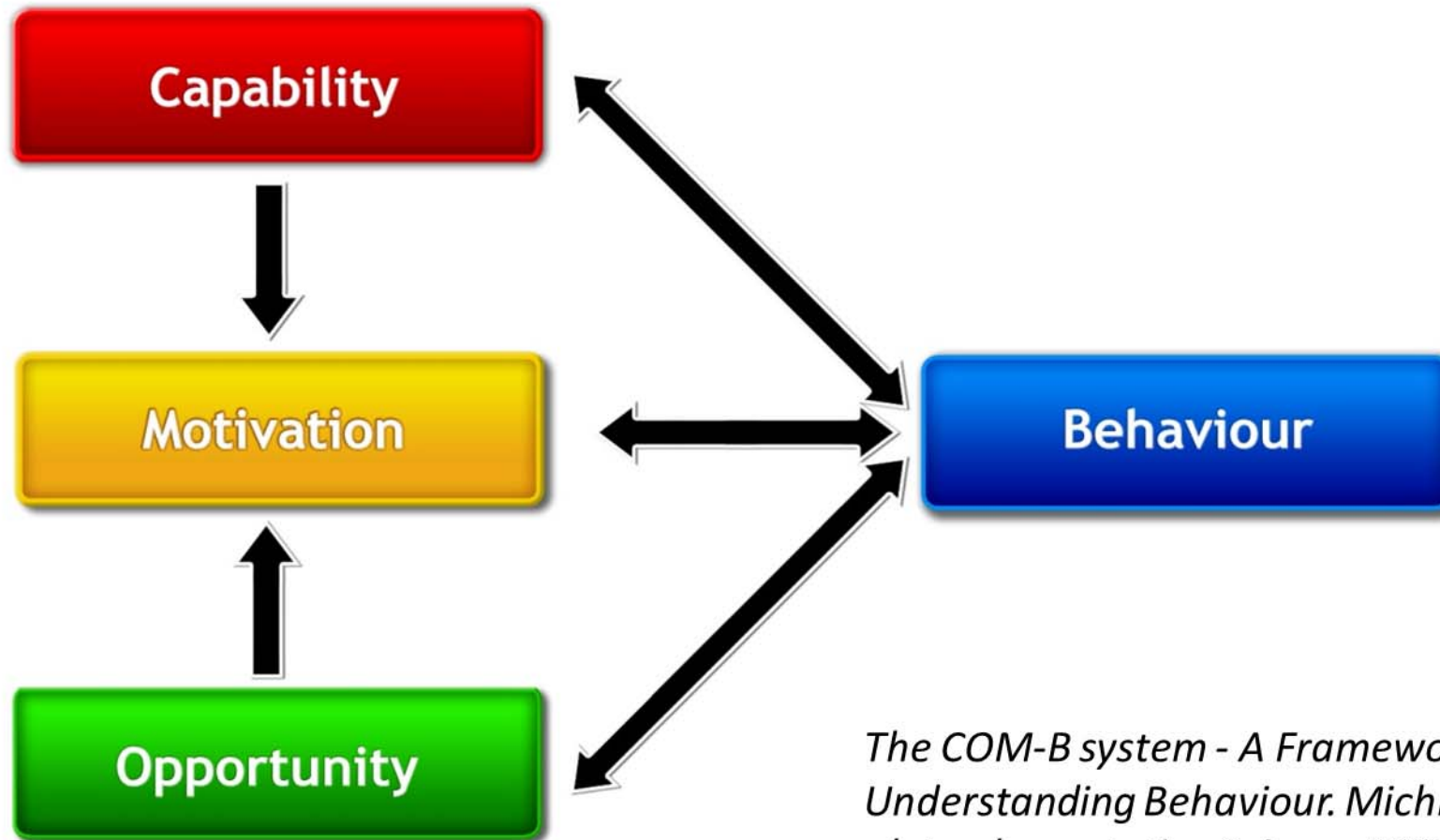
THANK YOU



**fuse**

The Centre for Translational  
Research in Public Health

# Theoretical Framework



*The COM-B system - A Framework for  
Understanding Behaviour. Michie et  
al. Implementation Science 2011 6:42*



Barts and The London  
School of Medicine and Dentistry

[www.smd.qmul.ac.uk](http://www.smd.qmul.ac.uk)