



## Background

- **Healthy Living Pharmacy (HLP)** is a concept first introduced in **2011** with the aim of **improving public health and wellbeing** by providing **lifestyle advice and services** to support health improvement, such as smoking cessation, substance misuse and sexual health services<sup>1</sup>.
- HLP supports the aim to **'Make Every Contact Count' (MECC)**; an approach to patient care that encourages health professionals and others to **take each opportunity to promote healthy living to patients and the wider public**<sup>2</sup>.
- The **nationwide implementation of HLP** (1<sup>st</sup> April 2020) was **delayed** until January 2021 by the **COVID-19 pandemic**<sup>3</sup>.
- **COVID-19 has impacted community pharmacies** in a variety of ways including changing the way services are delivered (*i.e.* over the phone), following COVID-19 restrictions and regulations (*i.e.* wearing masks, disinfecting, social distancing) and adopting additional roles, for example delivering prescriptions to vulnerable patients
- **This research aims to explore the impacts of COVID-19 on community pharmacy, HLP and MECC**
- To our knowledge, **this is the first study to provide insight into the impacts of COVID-19 on HLP and MECC**

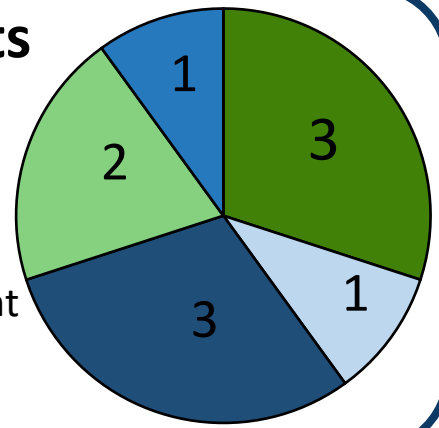
## Methods

- **Community pharmacy staff** (based in the North East of England) were interviewed using a **semi-structured** topic guide about the **impacts of COVID-19 on HLP and MECC**
- Interviews were transcribed **verbatim** and analysed using **thematic analysis**



## Participants

- Pharmacist
- Pre-reg
- Dispenser
- Counter assistant
- ACT



## Results

*"I'm pretty sure those sort of services like smoking cessation and stuff stopped."* P02.

*"We've done no MURs during COVID because they had to be in person but as I say we got the green light a couple of weeks ago to do them over the phone so we're really pushing to do them as much as possible now."* P05.

*"We didn't use a consultation room in the first kind of lockdown I think sometimes patients do want you know a little bit more of like a private chat."* P03.

- Changes to services
- Increased workload
- Additional roles and new ways of working
- Lack of patient contact
- Less opportunities to MECC

### Disruptions to day-to-day operations

*"A lot of things can be managed within a pharmacy that maybe patients didn't realise."* P03.

- From both patients and GPs
- Result of national promotion of pharmacies
- Patient's fear of other healthcare settings

### Increased recognition for pharmacies and their services

*"I think that pharmacy especially community pharmacy is like you know you're the you're the first interface between the public and healthcare really to have a place where especially now it's being pushed that people know more so now that pharmacies are the right place to go for advice."* P02.

*"I've noticed a change in the number of patients that are asking for advice erm advice being it could be related to their medication but it could just be general healthy living advice. So I've had ladies asking me about vitamins and supplements and kind of the questions I maybe wouldn't have been asked as often."* P04.

### Patients increasingly striving to improve their health

- Queries regarding COVID
- Increased interest in improving lifestyle (*e.g.* stop smoking and exercise)
- Increased uptake in services especially flu vaccination

*"More are wanting to know more about hand gels, what they should use, masks, is it safe to go here there and what can I do when I'm tier 2 or 3... everything regarding COVID they will phone up and ask."* P08.

### Ongoing effects of COVID-19 on the future of pharmacy

- Improved collaboration with GPs
- Some improvements are required with services
- More promotion of HLP required
- Gaps within services (*e.g.* mental health)

*"Having a prescribing pharmacist in a pharmacy might be quite useful especially with 111 referrals so I'd say that maybe there's a gap in that."* P03.

*"Like there's definitely a better relationship now like the pharmacist-GP relationship than there than there was before this for sure."* P02.

*"The healthy living pharmacy approach is coming in really soon... why not capitalize on that investment of their attention and their interest and promote healthy living pharmacies even more."* P04.

## Conclusion

- **COVID-19** has had an **immediate and perhaps irreversible impact** on community pharmacy and the provision of both services and health promotion activities
  - *E.g.* the **smoking cessation service** is now being conducted **over the phone** leaving staff concerned due to the lack of carbon monoxide readings that are said to be a **crucial tool** during this service<sup>4</sup>
- **Face-to-face patient contact has reduced** for some patients such as the elderly and vulnerable whilst not affecting others (**reduced ability to MECC**)
- **Workloads have increased** in order to **maintain patient care** and add further information and support activities (**limited time for staff to focus on HLP**). Future funding models should reflect this evolution.
- Although **awareness for pharmacies have improved during the pandemic**, further promotion is required regarding HLP and associated services
  - **Social media** has been found to be an effective in the promotion of COVID-related health advice<sup>5</sup>