Building the Community-Pharmacy Partnership

Community Development & Health Network

BCPP Impact Report

2024

Foreword

I would like to warmly congratulate Community Development and Health Network (CDHN) on the publication of the Impact Report. This report provides tangible evidence that the effective and trusted community development approach brought by BCPP has helped to improve health literacy, address local health and social wellbeing needs and has made a meaningful difference to people's lives.

Health is much more than the everyday lifestyle decisions that we all make, important as they are. Programmes such as Building the Community Pharmacy Partnership (BCPP) play a vital role in helping to address wider issues such as social isolation and the root causes of poor health. Many regular users of community pharmacies include people that are vulnerable to ill health, such as the poor, the elderly and other marginalized groups such as those with disabilities, mental health issues and their carers. Community pharmacies are ideally placed to help improve health and reduce health inequalities of those who find it harder to interact with mainstream healthcare.

Since the first pilot project in 2001, BCPP has established over 1000 strong partnerships between local communities and their community pharmacies across Northern Ireland to address locally defined needs. These partnerships have helped local people to make connections, listen to and understand each other better and work together to address the social determinants of health and health inequalities.

At a time when the demand for health services continues to grow and with a noticeable increase in those suffering from chronic and long-term conditions, holistic approaches like BCPP that aim to tackle health inequalities, address the social determinants of health, and improve the health and wellbeing of our communities are needed now more than ever.

The tremendous work of all involved in BCPP provides a strong foundation for the future and I hope that we will see many more partnerships that work towards increasing local people's skills, community activity and encouraging individuals and community groups to play a role in promoting health by engaging with their community pharmacists.

Professor Cathy Harrison
Chief Pharmaceutical Officer
Department of Health
May 2024

About CDHN

CDHN is a regional infrastructure organisation working with local communities and across sectors to take action on the social determinants of health and reduce health inequalities. With almost 30 years experience and a cross sectoral membership of over 2400 individuals and over 110 community and voluntary organisations, we have an extensive reach across Northern Ireland.

We recognise, value, and gather evidence to understand the social determinants of health and people's lived experiences, and together with our members we design, develop, deliver, facilitate, and evaluate initiatives that improve health and address health inequalities. We use our learning, knowledge and experience to create social change and influence policy and practice through training, capacity building and community investment.

Acknowledgements

Thank you to the Strategic Planning Performance Group (SPPG) Department of Health for their continued funding and support for BCPP. We are very grateful to every community and pharmacy partner and each project participant, who helped to shape the programmes development over the last 23 years. CDHN would like to acknowledge the following people for their contribution to this impact report and the future development of the programme:

BCPP Steering Group

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The BCPP team

Kathy Martin, Strategic Impact Manager (CDHN)
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Knowledge Exchange Workshop attendees

Their insights and discussion on the findings helped to draw up the report's conclusions and recommendations.

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Impact Report

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1 | Introduction

Everyone has a right to good health, however, in Northern Ireland (NI), people from poorer backgrounds suffer ill health and die younger compared to those who are better off (DoH, 2023). The world around us shapes our health and wellbeing; from quality homes that are warm and safe, to access to education, jobs, transport, healthcare, social support, and community connections - these are the building blocks to a healthy society but are often missing from discussions about health. Instead, discussions, programmes and policies tend to focus on individual choices and behaviours. This means the root causes of ill health are not addressed, health doesn't improve, and health inequalities are not reduced. Building the Community-Pharmacy Partnership is different; it makes these connections.

Building the Community-Pharmacy Partnership (BCPP) is a regional community development programme funded by the Department of Health (DoH), and developed and delivered by Community Development and Health Network (CDHN). A multi-disciplinary steering group provides strategic oversight. BCPP's aim is to reduce health inequalities by focusing on the social determinants of health, in particular social support, community connections and access to healthcare through community pharmacy, and by enabling project participants and the community and pharmacy partners to consider the social factors that impact health (e.g. poverty, housing, and social isolation). The most deprived communities and those who are most affected by health inequalities are specifically targeted for the programme to ensure those most in need are included.

This impact report focuses on a two-year snapshot of 51 full BCPP projects (Level 2) completed between 2021-2023. In the next section, we provide an overview of BCPP history, model and implementation. The impact findings are then presented under the 7 themes below. The report concludes with a summary of the findings and relevance to policy.

Theme 1 Investing where need is higher

Theme 2 Participants' lives, health and wellbeing

Theme 3 Health literacy

Theme 4 Building community development capacity for health

Theme 5 Identifying needs, issues and social factors influencing health

Theme 6 Community pharmacy

Theme 7 Social support and community connectedness

Background

Since 2001, the BCPP programme has supported over 1080 community pharmacies and community organisations to work in partnership with people in communities to address their health and social needs and tackle health inequalities.

The BCPP model has evolved over the last 23 years, building on what works as evidenced through programme evaluations and then using the learning from community development, social determinants of health and health inequalities evidence base. Projects follow the BCPP model and its uniqueness is the flexibility that enables projects to identify their own needs and issues and co-design content that is relevant and appropriate for all participants. CDHN supports BCPP projects to implement the model and to measure the impact of their projects. This ensures consistent data is recorded allowing for the aggregation of the evaluation and outcomes data at a regional level. The methodology for this impact report including the programme outcomes, data collection tools and response rates are in Appendix 1&2.

What is community development?

Community development enables people to **work collectively to bring about positive social change**. It is not only about community engagement but a **longer-term process** which starts from people's own experience and enables communities to work together to:

- identify the needs and actions they wish to address
- plan and take collective action
- build on and strengthen their confidence, skills and knowledge
- challenge unequal power relationships
- promote social justice, equality and participation in order to improve the quality of their own lives, the communities in which they live and societies of which they are a part

Expansion of Community Development Approaches, Department of Health (2018)

What are the social determinants of health (SDOH)?

The SDOH are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow up, live, work and age, and the broader set of forces (economics, social policies, and politics) and the systems put in place to deal with illness that shape the conditions of daily life. Some key social determinants are education and employment opportunities, housing, social support, income, community connections, health literacy and access to health services.

WHO (2021) It's time to build a fairer, healthier world for everyone, everywhere

Health inequalities

Health inequalities are the **unfair and avoidable differences** in **health status** experienced by people in our society. These differences are caused by the social determinants of health (SDOH). If we want to tackle health inequalities, we need to focus on the social issues facing individuals and communities as well as the medical ones.

- Men in the most deprived areas of NI **die 7 years earlier** than those in the least deprived
- Women in the most deprived areas of NI **die 5 years earlier** than the least deprived
- In better off areas in NI, men have **15 more years in good health** and women have **11 more years in good health**

DoH Health Inequalities Report 2023

BCPP Policy Context

Research on health inequalities shows that health and illness follow a social gradient - the lower a person's socioeconomic position, the poorer their health will likely be. This downward slope is the product of the social determinants of health (SDOH) (Marmot, 2010). The WHO Global Commission on the SDOH (CSDH, 2008) identified three areas for critical action in tackling inequalities in health:

1. Improve daily living conditions; (the circumstances in which people are born, grow, live, work and age)
2. Tackle the inequitable distribution of power, money, and resources (the structural drivers of those conditions of daily life)
3. Measure and understand the problem and assess the impact of action (expand the knowledge base, develop a workforce that is trained in SDOH, and raise public awareness)

Improving health outcomes and reducing health inequalities are a key focal point in policies and strategies in Northern Ireland. Making Life Better (DHSSPS, 2014) and Delivering Together (DoH, 2016) aim to reduce health inequalities and reference community-based approaches to help achieve this. There is substantial focus in the draft Programme for Government 2016 (NI Executive, 2016) and the 2021 draft outcomes framework (NI Executive, 2021) on improving health, wellbeing and quality of life. The new Integrated Care System in Northern Ireland (ICSNI) is underpinned by a population health approach to re-orientate the system towards prevention and address health inequalities. ICSNI is establishing 5 area partnerships that comprises, health and social care, clinicians, voluntary and community partners, local councils, carers and service users (DOH, 2024).

Delivering Together; a 10-year approach to transforming health and social care; recognises community pharmacy's significant role in primary care in supporting improved public health. The Community Pharmacy Strategic Plan 2030 delivers a recommendation to develop a framework to fully realise the potential of community pharmacy services to support better health outcomes from medicines and prevent illness. One of the six strategic outcomes in the plan is *"Strengthen community development links to help address health inequalities and improve health literacy".*

Delivering Together established a Community Development Workstream to produce the Expansion of Community Development approaches report and action plan. It sets a clear direction to advance community development approaches in improving health and wellbeing and reducing health inequalities. The report and plan adopted the WHO CSDH three principles for tackling heath inequalities. (DoH, 2018).

A recent BMJ article on future of the NHS emphasises the responsibility of Government and other social factors to take systemwide actions on the social determinants of health to create the right social environment to support people and prevent ill health and inequalities in communities: *"The individualistic approach to health assigns blame to those who show behaviours associated with ill health, and is a convenient mechanism for those in and with power, and wider society, to abrogate responsibility for creating the conditions for a healthy society. Instead, those with the worst health are blamed for their conditions" (Hiam et al 2024).*

BCPP promotes action on the SDOH and takes a collective approach to health. It involves people and communities in the design and implementation, defining their own health and social needs and enables the community and pharmacy partner to listen and understand the wider social issues that may be affecting the health of people in their community.

2 | About BCPP

Why community development to address health inequalities?

A community development approach supports communities to build on their strengths so they can improve the local health outcomes that matter most to them. It recognises the root causes of inequality which are often complex and encompass the social determinants of health which lie outside medical care.

The BCPP programme supports people and communities to come together as a group, to identify their own health and social needs and improve health outcomes by using their combined knowledge, skills, strengths, lived experience and assets. This is contrary to more traditional top-down health improvement approaches which focus on information sharing and education for individual behaviour change. While these approaches are important, they will not make significant changes to inequality gaps in the longer term.

Improving health outcomes and achieving social change requires the collective efforts of a wide range of people in the community. In BCPP this is the community and pharmacy partner, the project participants and the other contributing Voluntary, Community and Social Enterprise (VCSE) organisations.

Why community pharmacy?

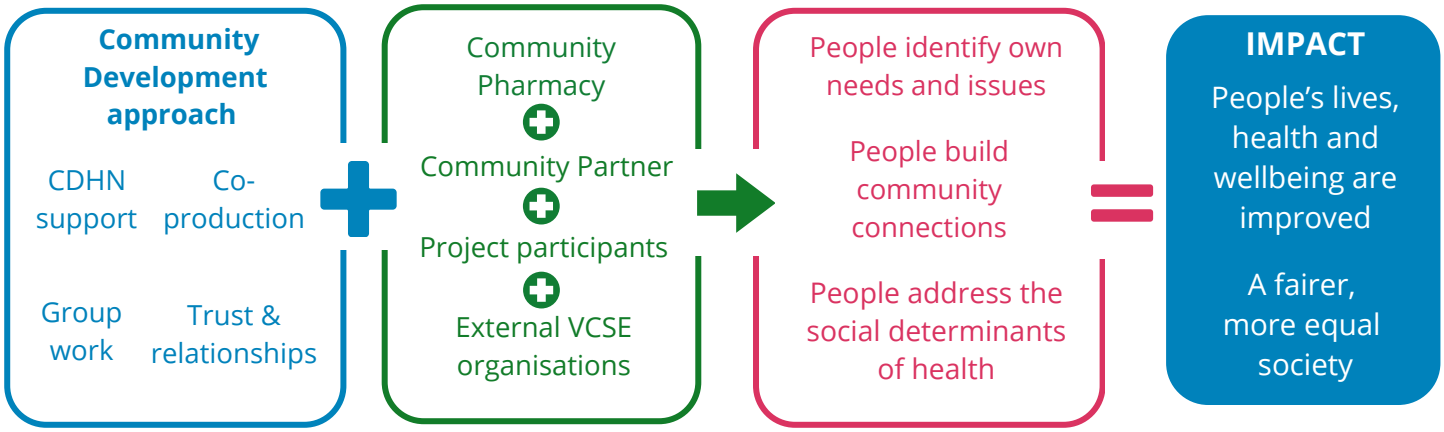
Community pharmacies are the 'open door' to the health service; BCPP enables them to enhance their knowledge and understanding of local health and social issues, identify the strengths and assets in the community and build deeper connections and relationships with people and communities. Community pharmacists use their extensive clinical and health knowledge, experience, and expertise in medication to engage and educate people in their community on the issues and concerns that matter most to them.

90%

of community pharmacies in NI have taken part in a BCPP programme

The BCPP Model

Each BCPP project is a partnership between a community pharmacy and a community organisation to co-produce and deliver a community development project over 6-12 months with a group of community participants to address health inequalities.



The BCPP programme embodies community development values, principles and practice. The BCPP model facilitates community collaboration to address health and social issues, using local knowledge and strengths for improved outcomes. Unlike traditional top-down methods focused on individual behaviour change through education, BCPP emphasises collective action to address the social determinants of health to achieve lasting social change.

CDHN support

CDHN support the partnerships throughout and are fundamental to the overall programme. This support includes:

- **Funding workshops** and providing **telephone and email support** to potential projects
- Managing the **allocation of funding**
- **Identifying** potential pharmacy partners for community organisations and vice versa
- Providing **one-to-one visits** and telephone calls for monitoring, evaluation and capacity building support
- Providing **mandatory training** on community development, health inequalities, health literacy, evaluation and monitoring
- **Guiding** Level 1 projects to apply to Level 2
- **Measuring impact** in a consistent way

Pharmacy and community partners also benefit from **group work skills training** and **CDHN membership**, providing access to networking, training, and mentoring opportunities through the Elevate programme.

SIGN UP FOR FREE MEMBERSHIP

How is a community development approach used in BCPP?

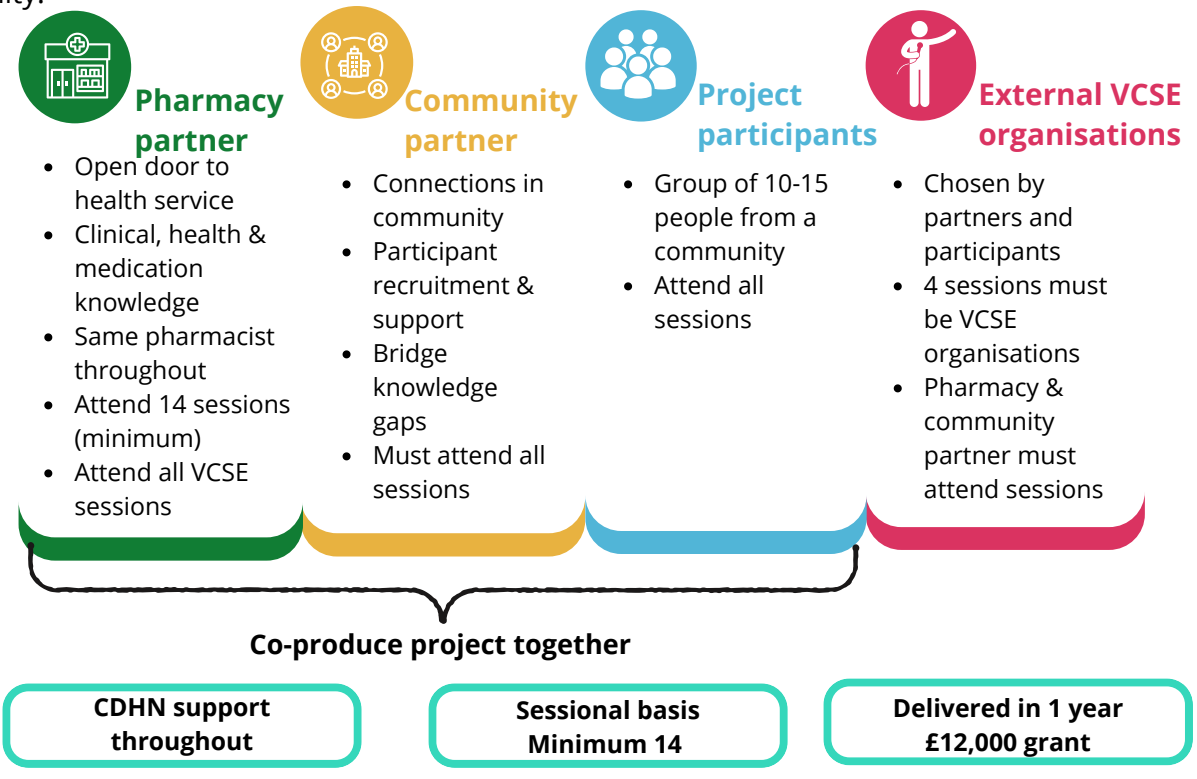
Co-production supports people to use their own experiences and capacity to influence, removing barriers between professionals and people in the community so that power is shared more equally. Community and pharmacy partners work with the participants to design and deliver the programme. It isn't just about the project participants getting their voice heard, it's about them being central in shaping the project.

Group work is the main engagement method in BCPP, this supports relationship building and encourages collective action. Each project works with the same group of participants to help build relationships, social connectedness and support peer to peer learning. Engaging in open and honest conversations contributes to meaningful collaboration and participants feeling safe to engage and discuss personal issues about themselves and their families. It also allows for the inclusion of diverse perspectives that may not have emerged in individual conversations.

Building **trust and relationships** is crucial in community development. Trust in pharmacists and community leaders encourages individuals to share their lived experiences, enabling a better understanding of individual and social circumstances and improving the quality of advice, support, and care provided. Feeling valued and heard encourages people to actively participate in managing their health. Strong relationships enhance the accessibility and effectiveness of pharmacy and community services, extending beyond the BCPP project as people continue to seek advice and support from their pharmacy and participate in community initiatives.

BCPP Delivery & Implementation

Community and pharmacy partners are responsible for project delivery and implementation they co-produce the project with participants. The external VCSE organisations are chosen by the participants and partners based on the needs and issues of the group. Through these sessions participants make new community connections to access support and get involved in activities beyond the BCPP project including volunteering opportunities and partners learn more about assets and services in the community.



3 | Impact Findings

Theme 1: Investing where need is higher

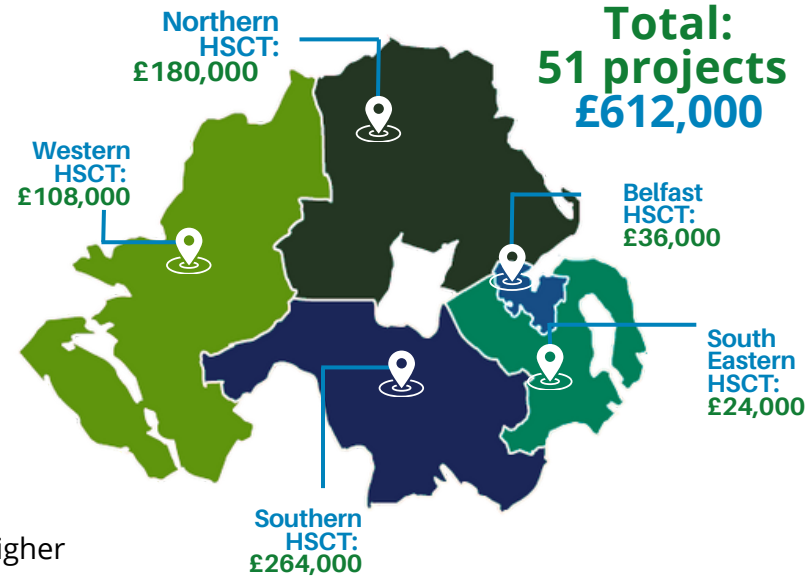
Research on health inequalities shows that health and illness follow a social gradient (Marmot, 2010). The lower a person's socioeconomic position, the poorer their health is likely to be. This social gradient in health runs from top to bottom of the socioeconomic spectrum, meaning that health inequalities affect everyone.

BCPP is open to all communities across Northern Ireland, however it specifically targets the most deprived communities and diverse groups who are most affected by health inequalities.

Community investment across NI

BCPP funded 51 Full BCPP (Level 2) partnerships throughout Northern Ireland between 2021 and 2023. In financial terms, the total community investment was £612,000 (see Appendix 1 for a list of partnerships).

The funding distribution goes through cycles where different areas receive the most funding. This is monitored by the BCPP team.

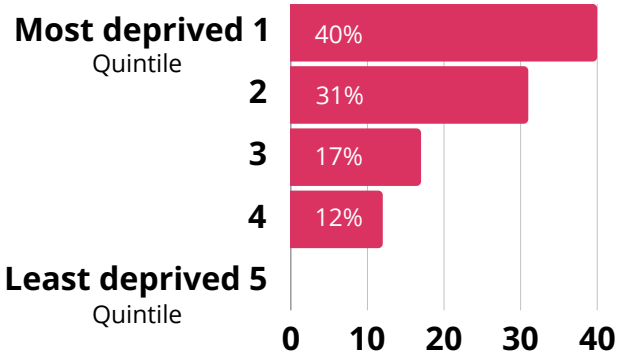


Deprivation

BCPP allocation of funding is proportionally higher for more deprived areas. Figure 1 shows the percentage of projects delivered in each deprivation quintile*. Two fifths of the projects (40%) were delivered in the most deprived 20% of areas in NI (Quintile 1) and over two thirds (71%) were delivered in the 40% most deprived areas (quintile 1 & 2). None were delivered in the least deprived areas (Quintile 5)

**Applicants were asked in their application form which Super Output Areas (SOA) the project will be delivered. Each of the 890 SOA can be divided into 5 deprivation quintiles (1=20% most deprived areas and 5= 20% least deprived areas).*

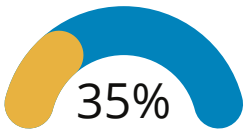
Fig. 1: Deprivation quintile where projects delivered



Source: BCPP Application form, 51 projects

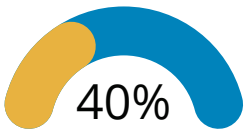
About the project participants

The BCPP projects successfully reached a wide range of people, including those most impacted by health inequalities.



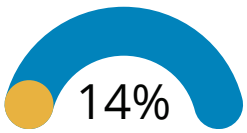
have at least one caring responsibility

Source: Start questionnaire (n = 421)



have day to day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months

Source: Start questionnaire (n = 445)



do not have enough money at the end of the month to make ends meet

Source: Start questionnaire (n = 499)

Total Level 2

621

participants

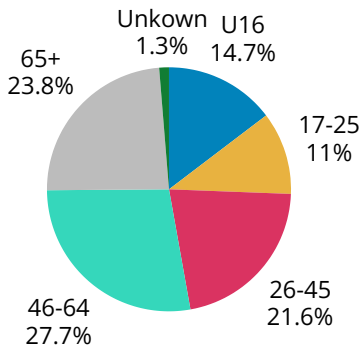
Project attendance & demographics

Project attendance

98% pharmacists and community partners agreed **most participants regularly attended the sessions.** Both partners contributed the BCPP model and taking social factors into account to attendance rates

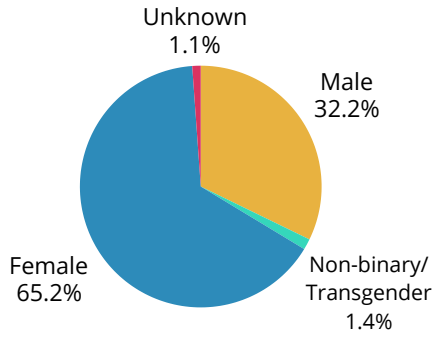
Source: Community questionnaire n = 50; Pharmacist questionnaire n=48

Fig. 2: Age



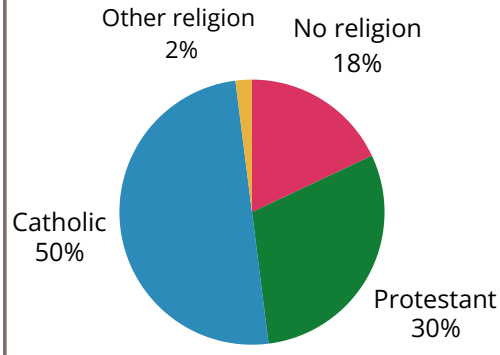
Source: Monitoring report (n = 621)

Fig. 3: Gender



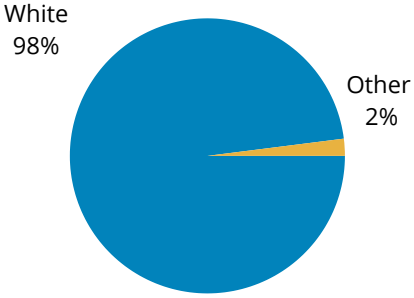
Source: Monitoring report (n = 621)

Fig.4: Religion



Source: Start questionnaire (n = 484)

Fig. 5: Ethnicity



Source: Start questionnaire (n = 458)

Theme 2: Participants' lives, health and wellbeing

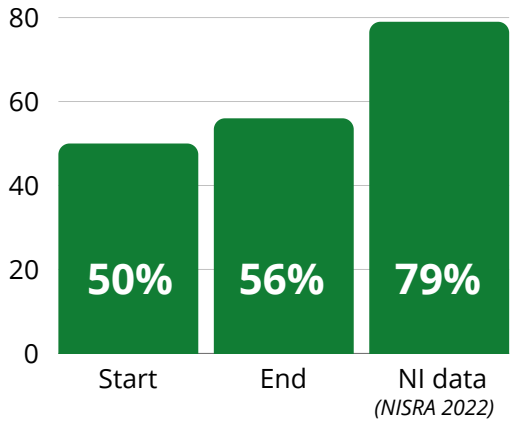
The overall impact of BCPP is to improve people's lives, health, and wellbeing. We asked participants questions at the start and end of their project about their health, mental wellbeing and life satisfaction.

Health in general

We asked the NI Census question 'How is your health in general?' NI Census statistics (NISRA, 2022) report that **79%** of the NI population describe their health in general as **good or very good**.

6%* increase

Fig 6: Health good or very good



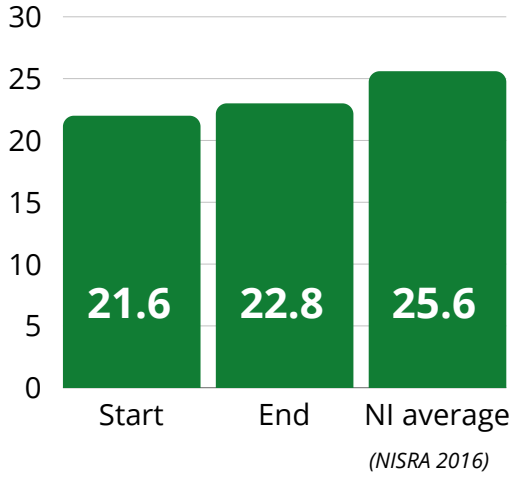
Source: Start and End Questionnaire, N=431

Mental wellbeing

We used the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) (7-item scale) to measure participant's sense of their mental wellbeing, which encompasses emotional, psychological, and social elements *(scores range between 0-35, with a higher score indicating more positive wellbeing)*.

Increase by 1.2*

Fig. 7: Mental wellbeing score



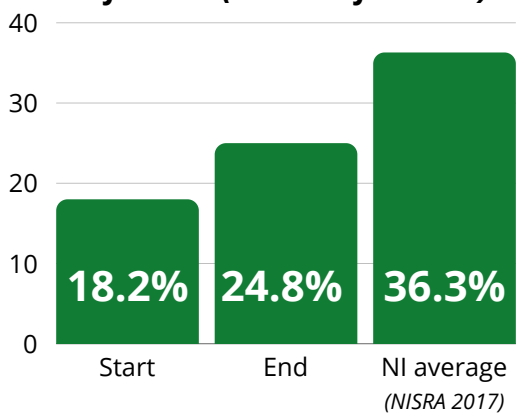
Source: Start and End Questionnaire, N=232

Life satisfaction

The ONS4 Subjective Wellbeing question was used to measure life satisfaction A score of 9 or 10 indicates high levels of life satisfaction. (Scores range from 1-10)

6.6%* increase

Fig. 8: High levels of life satisfaction (Scores of 9 or 10)



Source: Start and End Questionnaire, N=428

*Statistically significant, p<0.001

The impact of the project on people's lives

Testimonials captured a positive picture of the overall impact of the programme on lives, health and mental wellbeing...

Participants

Becoming more informed

*"Every new mum needs to access a group like this, the pharmacy and healthcare advice was **invaluable** to a new mum and the support networks created were amazing" **(Participant)***

Life changing

*"As a result of this project, I have lost some weight, gained confidence and have been able to leave home, attend a family wedding that I didn't think I could have" **(Participant)***

Families and the wider community

Sharing learning

*"[the programme]...was very informative and nice to be able to **share it with other mums**" **(Participant)***

Building relationships

*Working with the same group of young people...the pharmacist was **also able to build a relationship with other family members through the project" (Community partner)***

Theme 3: Health literacy

Health literacy is recognised as a social determinant of health (WHO, 2019). Anyone can have low health literacy but people and population groups with limited financial and social resources are more likely to have low health literacy. Health literacy contributes to health inequalities because the *p*opulation groups most at risk of low health literacy are also known to have the poorest health outcomes.

Participant health literacy

The NI Health Survey 2018/2019 asks how easy or difficult respondents found 12 statements related to health literacy; we asked BCPP participants a sample of 7 of the 12. **BCPP participants self-reported health literacy is lower than that of the NI population,** suggesting that that low health literacy is more common in deprived communities and among those who experience health inequalities.* **The programme resulted in improvements across all health literacy measures**, all of which were statistically significant (p<0.001).

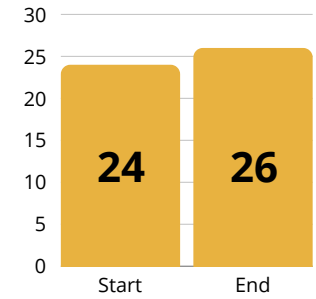
On a scale from very easy to very difficult, how easy would you say it is to...	Start	End	Increase	NI Health Survey 2018/19
Find information on treatments for illnesses that you're worried about	41%	55%	14%*	84%
Find out where to get professional help when you are ill	48%	60%	12%*	88%
Follow instructions from a pharmacist	78%	85%	7%*	97%
Find information on how to manage mental health problems like stress or depression	35%	53%	18%*	69%
Know when you need to go to a doctor for a check-up	51%	61%	10%*	89%
Find out about activities that are good for your mental well-being	45%	65%	20%*	79%
Know what to do to improve your health	48%	66%	18%*	87%

Source: Start and End Questionnaire, N=419-424

*Statistically significant, p<0.001

Average participant health literacy

Participants were given an average health literacy score based on their answers to the 7 measures. Each question was given a score between 1 and 5 with the result measured out of 35 (a higher score indicating higher health literacy). The mean score increased from 24 at the start of the programme to 26 at the end of the programme*



Available services

*"Learning about what you don't need to see a doctor about **but that you can ask the pharmacy" (Participant)***

Explanations

*"I liked...the ease with which the pharmacist explained the **various medicines in layman's terms" (Participant)***

Community and pharmacy partner health literacy

Pharmacists

100% are now more likely to **take people's health literacy into consideration** when they use their service

(n=47)

Community partners

100% are now more likely to **take people's health literacy into consideration** when they use their service

(n=50)

More awareness

*"Building relationships with the migrant community, I would not have been fully understanding of the **difficulties they have in accessing healthcare**" **(Pharmacy partner)***

Aware of confusion

*"We can now see that some people do not know how to and do not look after their health. **Too much googling can be confusing and lead to self-diagnosis**" **(Community partner)***

Understanding fear

*"I'm more aware that **young people may be afraid when approaching the pharmacist** and may be embarrassed when talking about their health or asking for advice" **(Pharmacy partner)***

Lack of confidence

*"I am now more aware of the **lack of confidence...**This can be something as simple as not having access to the internet to search for different options to fear of communicating with people over the telephone" **(Community partner)***

Theme 4: Building community development capacity for health

In this section, we show that the BCPP model is effective in building understanding, knowledge and skills of community development approaches with pharmacy partners, community partners, and project participants.

This was achieved through the support provided by CDHN and through practice of delivering BCPP projects using a community development approach with an emphasis on co-production, group work and trust and relationships.

Building community development skills and knowledge

This report discusses the impact on 51 BCPP projects (Level 2) that were fully completed between 2021 and 2023 (53 in total were funded, however 2 started late were not fully completed when the impact report was written). All partners availed of CDHN membership.

CDHN support, reach and progression (2021 - 2023)

135 supported to apply (Level 1&2)

117 applications received (Level 1&2)

71 projects funded (Level 1&2)

28 new groups applied (Level 1&2)

19 new groups engaged (not funded before)

8 Level 1 projects progressed to Level 2

Monitoring and evaluation training
3 sessions delivered to 106 partners

Project visits
Visited all 51 projects to provide support

Group work training
Delivered to 30 partners

^Level 1 projects are short taster projects to 'try out' the BCPP model before committing to a full BCPP project (Level 2). The data is not comparable.

Lead partners gave very positive feedback of the support provided by CDHN:

Continual support

*"The BCPP team are so approachable, understanding and realistic, and nothing is too much bother to them...**they really understood the reality of the situations we were dealing with**...I felt if they didn't have this experience then our positive outcomes would not be as great as what they are" **(Community partner)***

Voices, strengths and assets

A key part of community development is enabling people to have their voice heard in relation to their views and lived experiences. This is a way in which power relationships can be addressed and rigid systems can be challenged. In community development, there is a belief that even in a community with complex needs, there will also be resources and capacity (assets). A community development approach builds on the assets available within a community and mobilises people, groups, organisations, and institutions to come together to realise and develop their strengths. The BCPP programme effectively enabled the all the community and pharmacy partners to recognise and utilise the strengths and assets of the participants and that participants recognises and utilised the assets in their community.

Participants

93% felt that the **pharmacist**

92% felt that the **community group leader**

listened to their views and experiences all of the time or often

"I was connected to people, I was listened to, heard and understood for the first time" (Participant)

n=425
n=421

Pharmacy partners

100%

agree they **saw participants views as equally as important as their own & agree they understand what participants lives are like**

agreed they were able to **see participants strengths and assets** and that the **participants were able to recognise and utilise the assets in their community**

"I feel that views of participants are vitally important as this helps me to maintain their interest and fulfil their needs" (Pharmacy partner)

n=47/48
n=48/48

Community partners

100%

agree they **saw participants views as equally as important as their own** & agree they **understand what participants lives are like**

agreed they were able to **see participants strengths and assets** and that the **participants were able to recognise and utilise the assets in their community**

"This programme has given us the opportunity to meet local residents who we have not previously worked with...we have gained a better understanding of their needs and how best we can help them" (Community partner)

n=49/50
n=48/49

Co-production

Co-production creates an equal and reciprocal relationship between people who provide services and the communities in which they are delivered. This is not only about listening to peoples' views of experiences but also using them to shape the overall project implementation.

Participants

75% felt that they were **able to influence how the project was run**, all the time or often

[I liked]… "how the group leader and pharmacist checked everyone was ok and feeling comfortable, they always asked for our input and took it onboard" (Participant)

Some of the feedback from participants helps explain why one quarter did not feel they were able to influence how the project was run. Participants had **individual preferences** about the projects:

- wanting the project to be longer/shorter
- not having an interest in the topics covered/wanting other topics covered/less topics others
- wanting more outings or activities
- timings of the sessions didn't work for them

(Source: End questionnaire, n=416)

Pharmacy partners

98% agreed everyone involved was able to **shape the overall project** in terms of content, delivery and timing

"I would definitely ask participants in future, as topics which I thought they may like covered compared to what they wanted covered were very different" (Pharmacy partner)

(n=47)

Community partners

98% agreed everyone involved was able to **shape the overall project** in terms of content, delivery and timing

The difference in the participant and pharmacy/community partner findings is reflective in the following comment:

"Generally, the programme was based around suggestions from the users at a brainstorming session, but the format of the sessions was mostly directed by the pharmacist. In the future we would use the participants to design the sessions not just suggest the topics" (Community partner)

(n=38)

Trust and Relationships

Taking time to build relationships and foster trust and respect is a key part of community development practice. In BCPP, trust and relationships need to be built between the participants and the partners, and vice versa.

Pharmacy partners

100% agreed they were able to build trust and develop relationships **with the participants and with the community partner**

"The most positive aspects of the project was seeing the difference in trust from the start of the project to the end and how comfortable the girls were talking about issues they were having and knowing they can now find help or talk about their issues to find help" (Pharmacy partner)

(n=47/48)

Community partners

100% agreed they were able to build trust and develop relationships **with the participants**

96% agreed they were able to build trust and develop relationships **with the pharmacist**

"After several sessions the participants were able to trust each other and open up about health issues relating to them and their families. This enabled them to be confident about asking questions of the community pharmacist and the community organisations who were delivering their presentations" (Community Partner)

(n=50/50)

Group work

Each BCPP project works with the same group of 10-15 participants over a 6-12 month period. Group work supports community development approaches and encourages collective action; in small groups participants feel safe to engage and discuss what are personal issues about themselves and their families. Being able to bring people effectively together in groups was seen as beneficial; both the community partner and pharmacy partner described this helping build relationships and allowing participants to be open about their views and experiences in a safe environment.

Participants

89% felt able to **talk openly about their views and experiences** in the group sessions

"I liked talking to people with similar views and problems, I can learn by their experiences which helps" (Participant)

While almost all the participants (89%) felt they were able to talk openly about their views and experiences, some participants reported that this made them **uncomfortable and was triggering for them**. A few participants also commented that other people in the group **interrupted** the sessions and **didn't fully contribute** to the session.

(n=428)

Effective group work also helps build a sense of ownership and creates an environment for **shared learning** between participants, contributing organisations and partners. It can also develop their social skills and **provide support and motivation** to each other, to encourage learning and achieve common goals.

Pharmacy partners

100% agreed the participants felt **safe to engage and discuss personal** issues about themselves and their families

"The project provided a small intimate environment for participants, as a result I found participants opened up more in comparison to a more clinical healthcare environment e.g. pharmacy" (Pharmacy partner)

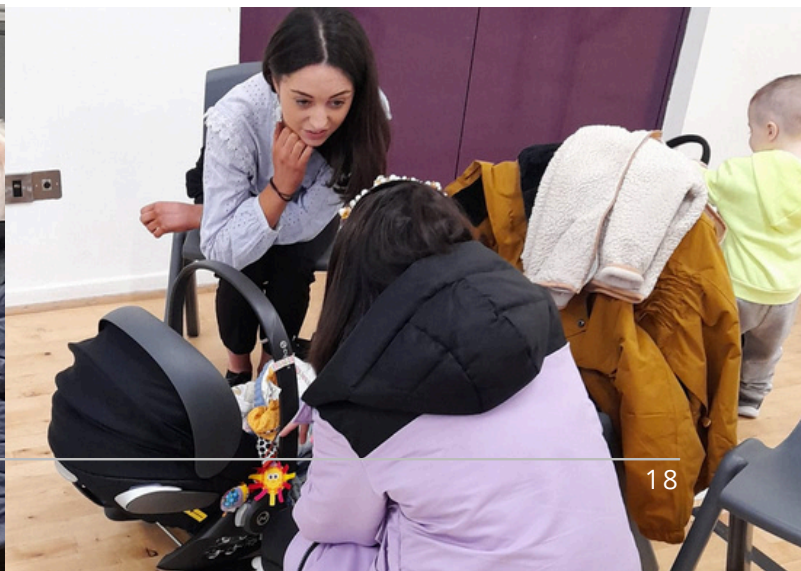
(n=47)

Community partners

98% agreed the participants felt **safe to engage and discuss personal** issues about themselves and their families

"Seeing the learning happening within the group and it was coming from peers, this was a major positive for me…Every week we were really blown away by their increased level of participation, their knowledge and how they were able to put that into place" (Community partner)

(n=38)

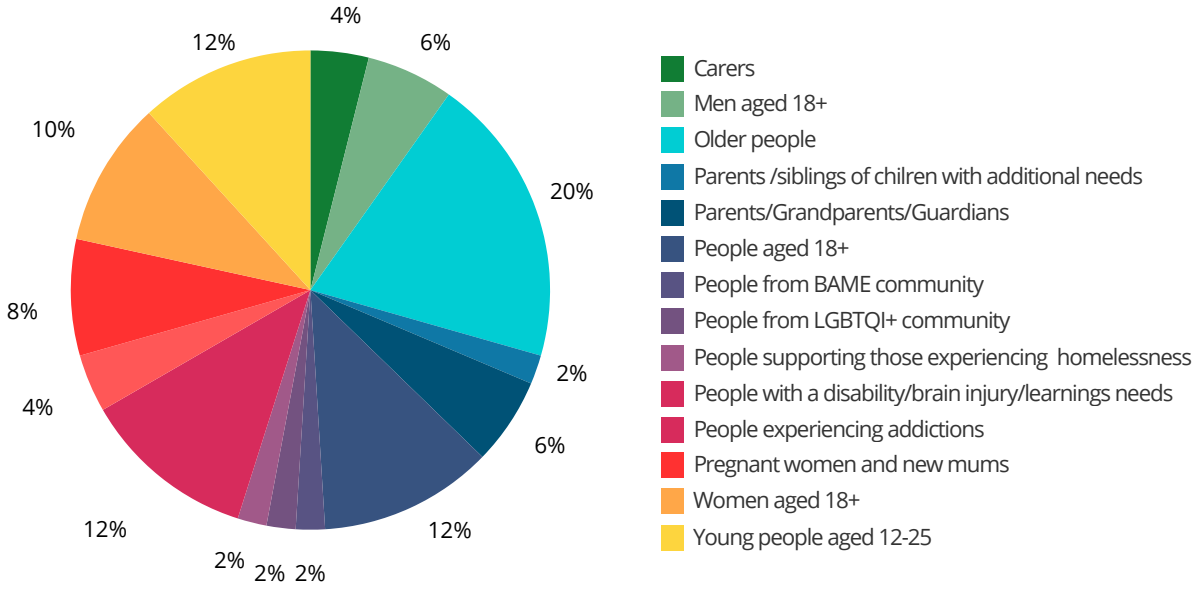


Theme 5: Identifying needs, issues and social factors influencing health

People and communities identifying their own needs and issues

The community and pharmacy partners identify their project's target participant groups on their application form (see Figure 9 below). In many cases the applicants had identified there was a need to **address health inequalities in their geographical area** and people of all ages were the target group. Other projects targeted different groups such as young people, older people, men, women, new and expectant mums and parents. **Some projects targeted people more at risk of health inequalities**. For example, people who need support for substance use, people who are supporting those experiencing homelessness, people from BAME communities, people from LGBTQI+ communities, people with disabilities or learning needs and those experiencing long term or chronic health conditions.

Fig. 9: Project target groups in application form



BCPP enabled participants to identify their own health and social needs and issues. As partners described:

> "***Having discussions*** *with the participants, you get to know everyone in the group, they ask questions and listen to suggestions… and you know what problems they themselves and a family member has"*
> ***(Pharmacy partner)***

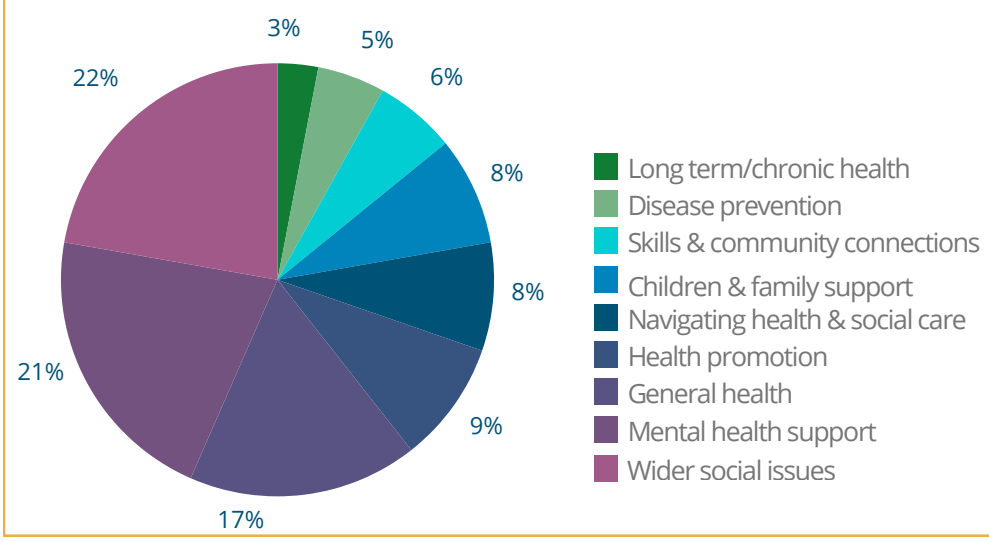
> *"Interacting with the participants allowed for an* ***image of their interests and backgrounds blended together*** *within the group and allowed for a cross section of the health trends affecting the community"*
> ***(Pharmacy partner)***

Partners also described how the session topics changed during the project delivery, when participants became more confident to vocalise what they were interested in:

> *"****Before the project commenced, we were receiving mostly very general feedback in relation to topics of interest but they*** *they became much more vocal in relation to what they actually wanted after the project had properly commenced and they felt more comfortable with the group"*
> ***(Community partner)***

Session topics

Fig 10: Session topics



Total sessions

669

delivered

There were 669 sessions delivered, they covered a wide range of topics based on the health needs and issues identified by participants. They were grouped under different categories (Figure 10) and include

- **Health promotion** - first aid, exercise and fitness and healthy eating
- **Disease prevention and chronic conditions** - long term conditions e.g. dementia, cancer, and preventing diseases through health checks and vaccinations
- **Social and emotional wellbeing** - social activities, relaxation and mindfulness and team building
- **Wider social issues** - relationships, money management, sleep and trauma

External VCSE organisation sessions

One fifth (20%) of all BCPP sessions were led by external Voluntary, Community and Social Enterprise organisations (VCSE).

Health conditions/issues	N	%
Mental health and suicide	31	22%
Long term conditions (e.g. Cancer, MS)	13	9%
First aid & sea safety	8	6%
Alcohol and substance misuse	6	4%
Deaf/blind/Disability	4	3%
Total	**62**	**44%**

Social factors	N	%
Local community support & transport	33	24%
Advice & Trade union	8	6%
Arts/culture/gardening/nutrition	7	5%
Aging, death and bereavement	5	4%
LGBTQIA+	5	4%
Children and family support	4	3%
Food bank/social supermarket/poverty	4	3%
Relationships & domestic violence	4	3%
Victims/survivors/human trafficking	4	3%
Environmental & energy saving	2	1%
Total	**76**	**56%**

The contribution of a wide range of external VCSE organisations is central to the BCPP model as it enables participants to get support and build community connections beyond the programme. These sessions are also a way for both partners to learn about other assets and services in the community. The wide-ranging needs and issues are reflected in the external VCSE organisations that contributed (see Appendix 4 for the list of organisations who led these sessions).

Understanding health issues in the community

Participants

93% agreed that they learned more about health issues in their community **from hearing about other people's experiences**

"Meeting people with different health backgrounds and struggles and learning how they overcome their struggles" (Participant)

(n=425)

Pharmacy partners

100% agree they **know more about health issues in the participants' community**

"I have a better understanding of how anxiety is very prevalent amongst this age group [young people] and I will be mindful of that going forward in my practice" (Pharmacy partner)

(n=48)

Community partners

100% agree they **know more about health issues in the participants' community**

"The local community association has been given monthly reports on how the group has progressed and has been very impressed by the enthusiasm and participation of the group. They too have become more aware of health issues among young mums and the provisions available at their local pharmacy" (Community partner)

(n=38)

Understanding of the social factors that influence health

During the BCPP projects, partners explore with participants the social factors that influence health. By engaging with and listening to participants, partners and participants better understand why traditional top-down approaches to health improvement that focus on information sharing and individual behaviour change will not make significant changes to reducing inequality gaps in the longer term.

Participants

93% agreed they have improved understanding of the **social factors that can influence health**

(n=476)

Community partners

100% are more likely to consider how social factors may have an **influence on people's health**

100% have used the knowledge they gained about the lives of the participants to help **improve their practice**

"I learned to see health issues in the wider context rather than seeing issues like substance use or nutrition in isolation" ***(Community partner)***

(n=49
n-50)

Pharmacy partners

98% are **more likely to consider how social factors may have an influence** on people's health

100% have used the knowledge they gained about the lives of the participants to **help improve their practice**

"The project has made me more aware of the health issues that face participants and their family members…These can be their own health issues or they may have to care for family members impacting on their ability to work and socialise. This can lead to mental health issues and feelings of loneliness and isolation. ***(Pharmacy partner)***

(n=48
n=48)

Theme 6: Community pharmacy

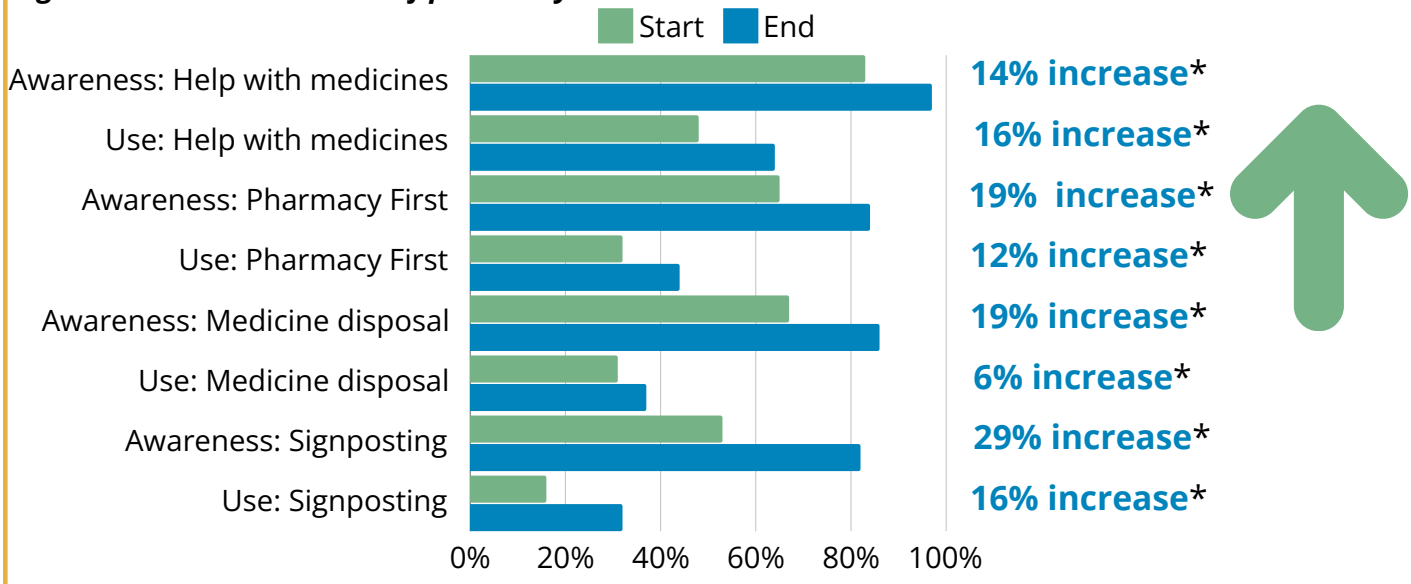
Access to health care is a social determinant of health. BCPP helps people to recognise and understand how community pharmacy can offer them and their families access to healthcare, advice and support and enables pharmacy to fulfil their role as advocates for public health within communities.

As well as pharmacists dispensing and advising on medicine, community pharmacies in NI provide a Pharmacy First* service which aims to move activity, including consultations and advice and treatment for everyday health conditions from GP practices to community pharmacies (HSCNI, 2024). Community pharmacies also offer other services such as those to help stop smoking, vaccinations, as well as signposting and referrals to other health and social care services and in the community.

Increase awareness and use of pharmacy services

The BCPP programme successfully increased participants self-reported awareness and use of pharmacy for signposting, medicine disposal, help with medicines and the Pharmacy First scheme (see Fig 11).

Fig 11: Awareness and use of pharmacy



Source: Participant questionnaires, N=416-427

*Statistically significant, p<0.001

Participants

91% feel **more confident** going to the pharmacist for health advice

"The pharmacist was always very well prepared and very helpful... He prevented my illness getting worse by advising me to go to the doctor on two occasions" (Participant)

"I learnt an awful lot about health issues and I will use the pharmacy in future before approaching my GP" (Participant)

(n=421)

^The Minor Ailments service in existence from 2005 became part of the Pharmacy First Service in 2022. The Pharmacy First service has a wider range of provision.

Community partners

100% agree that they have a **better understanding of the work of pharmacy**

"Understanding the health services provided by local pharmacists in the area will inform how we support and signpost. I wasn't aware that so many pharmacy services were available"
(Community Partner)

(n=50)

Pharmacy partners

"Through the project I was able to spend longer periods of time with the participants, chatting about them, their families, their history, background, thoughts and feelings. This is not something pharmacists or any healthcare professional get an opportunity to do normally"
(Pharmacy partner)

Pharmacist providing additional one to one advice and signposting

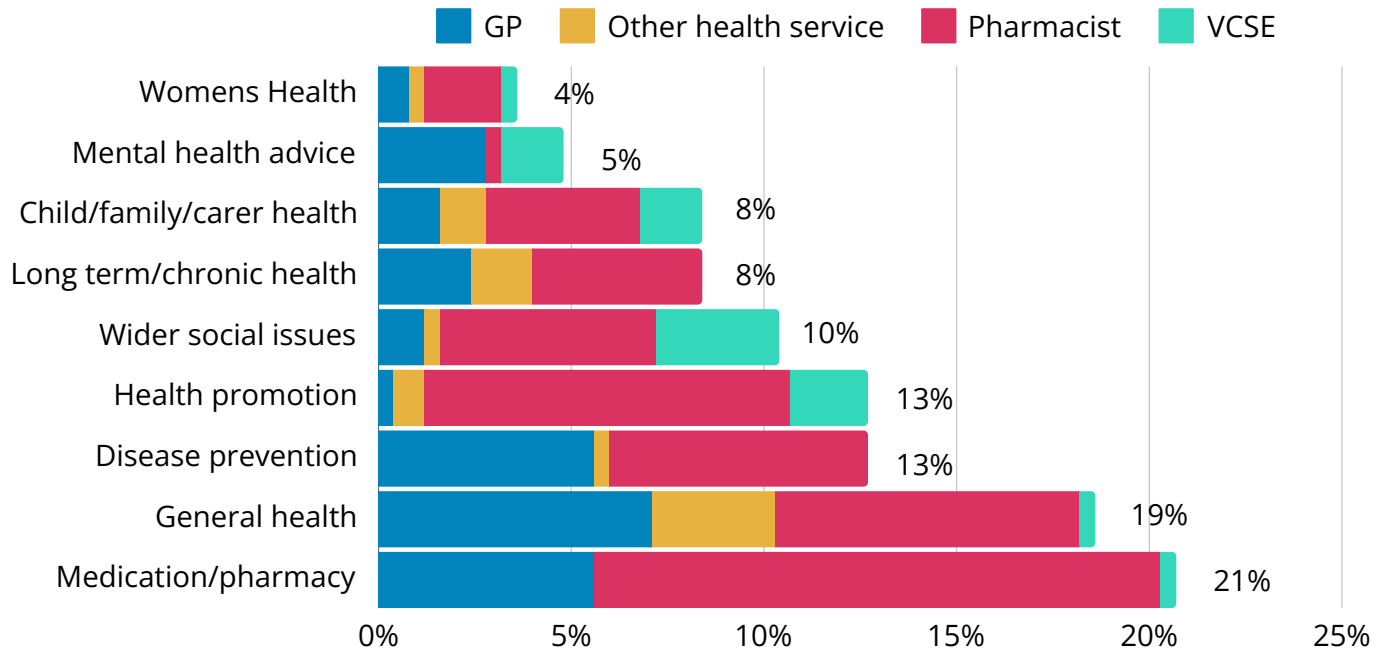
Pharmacy partners

98% **can better signpost patients** to the most appropriate support for social issues

(n=48)

Pharmacy partners provided additional one to one advice and signposting on **252 occasions**. This was provided either after the sessions or follow up in the pharmacy. Figure 12 provides an overview of the issues participants sought additional advice on and where they were signposted. **One fifth (21%)** was for advice on medication and the services in pharmacy. General health followed **(19%)** which had a variety of topics including gut health and skin and eye conditions. In most of these cases, people were signposted to the pharmacist for further one to one support, however they were also signposted to GPs, other health services and the voluntary and community sector.

Fig 12: Pharmacist additional one to one advice and signposting



Source: Monitoring report n=51, 252 occasions

Changes in pharmacy

Some pharmacists described how they made direct changes to their practice as a result of the project, such as lowering the consultation desk to allow better wheelchair access, educating other pharmacy staff on social factors such as transport that would prevent someone from picking up their prescription, sharing the learning from the contributing VCSE organisations with other pharmacy branches and being conscious of what people can afford when selling over-the-counter medication.

Pharmacy partners

"As a direct result of this project we have lowered our consultation desk to allow better wheelchair user access. I have used the knowledge gained about the lives of the participants to help improve my practice" ***(Pharmacy partner)***

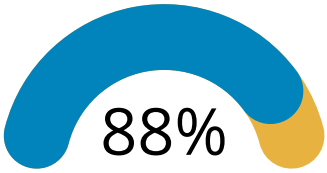
"I have used my experiences to try to explain to staff e.g. how to approach patients seeking assistance. How it is important to try and put oneself in the patient's position. A young single mother asking us to collect her prescription. Apparently, a capable healthy young individual but also someone who has no car, a two year old and a five year old and is too proud to admit she can't afford a taxi" ***(Pharmacy partner)***

Theme 7: Social support and community connectedness

Social support and community connectedness are social determinants of health. Family, friends and communities are the cornerstone of our everyday lives. The relationships we form, the support we have, and the interactions we experience can influence our health in a range of ways (The Health Foundation, 2024). People who have good relationships with their family, friends and local communities tend to be happier, physically and mentally healthier, and live longer. Having a sense of community belonging (Michalski, 2020) and a social support network creates social capital. 'Social capital', refers to the resources people develop and draw on to increase their confidence and self-esteem, sense of connectedness, belonging, and ability to bring about change in their lives and communities.

Friendships, belonging and social support

Participants



made new friends

"I felt like I belonged and not judged, and I made new friends" ***(Participant)***

"I realised that there are people who care and can help in a realistic way, and that there are others who are in a similar position to myself" ***(Participant)***

(n=425)

Community partners

"This programme has really delivered a whole support network for some of the most vulnerable members of our community which has been a joy to witness" ***(Community partner)***

"Participants gradually came to the understanding that we as a community centre and the local pharmacy were there to benefit them and their wider family circle in any way we could- if we couldn't then we could signpost them to others" ***(Community Partner)***

Pharmacy partners

"We have seen through this project that in its simplest form, company is a great medicine, it may not solve health issues but connection, a chat, a laugh, a reason to leave the house etc can help many problems seem less overwhelming"

(Pharmacy partner)

Participants develop new skills, knowledge and experience in their community

Participants

8 in 10 developed a new skill & feel more confident **mixing with other people** (n=416 n=421)

102 went on a course

52 got more benefits

16 got a job

94 started volunteering

"I learned new skills, learned more about my health and learned more about issues in community" (Participant)

"I learned how to help manage my husband and wider family's conditions" (Participant)

n=433

Community connection beyond the BCPP project

Both the community and pharmacy partners described how the BCPP programme opened participants up to new possibilities and opportunities; some have used the learning to take collective action and develop new projects, and others have joined existing initiatives.

Community partners reported a variety of ways participants had enhanced their connections, skills and experience including joining other projects in their organisation, speaking to students in a local school, volunteering to deliver English language classes to people whose first language is not English, and going on a photography course. One community partner themselves reported pursuing further education and training as a result of taking part.

Community partners

"The women have set up a social enterprise and they are using their talents to make earrings, necklaces, tote bags, knit children's clothes etc."
(Community partner)

Pharmacy partners

"The break off group that the group members have started to help others within the community is an extremely positive step and shows real determination to use their experiences to help others"
(Pharmacy partner)

Improved knowledge and access to services and support in the community

The BCPP programme successfully increased participants' knowledge and confidence in getting help in the future from community and voluntary organisations for their health and social issues. They described how they learned more about what support and services are available in their local community and that they now know **where to go to get help with their health:**

Participants

↑ **9%*** increase in participants knowledge of community and voluntary groups they can go to for support (73% to 82%)

"I was amazed at what is available out there" (Participant)

"I'm not afraid of going to ask for help now and know where to go" (Participant)

*Statistically significant, p<0.001

(n=425)

Community partners

98% have advised more people to go to **other community and voluntary** organisations

"The four external groups involved brought with them their expertise to help support these women further in obtaining information around the menopause. Being local to the area also was a benefit that the group were able to avail of services in their own area" (Community partner)

(n=48)

Pharmacy partners

96% have **advised patients** to go to community and voluntary organisations

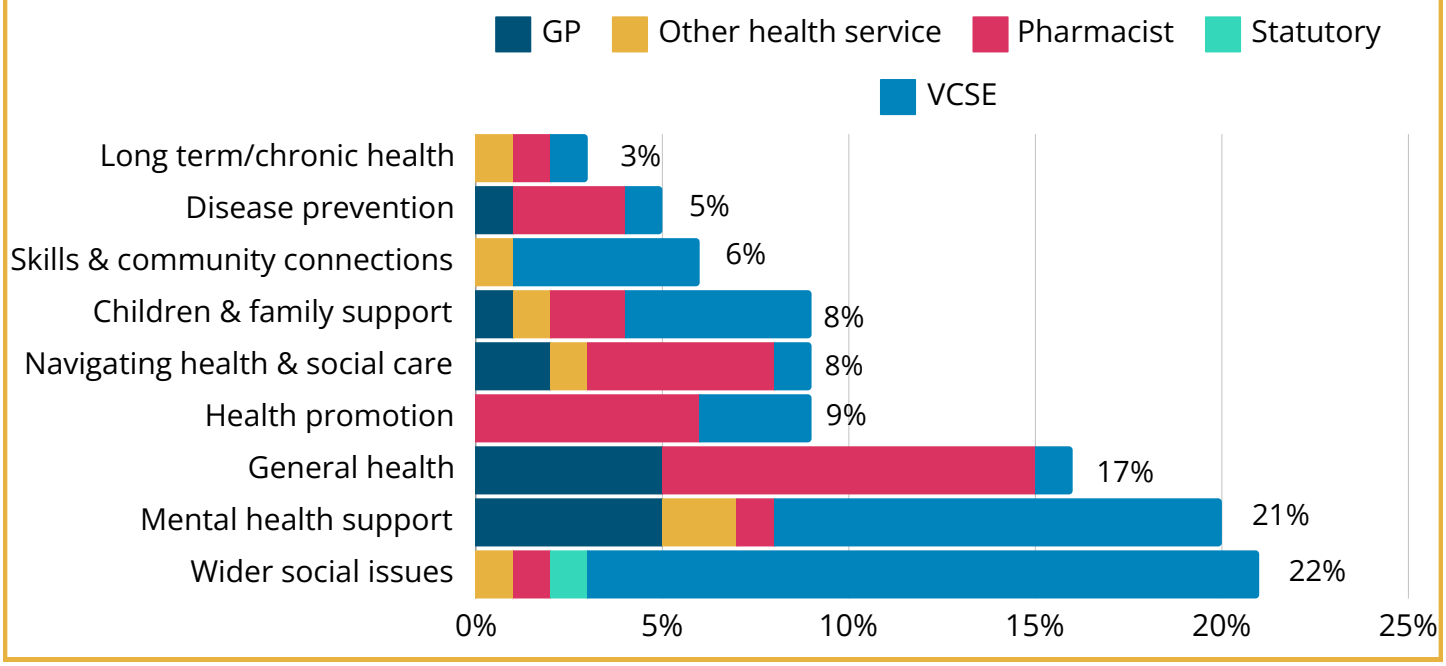
"I have done several BCPP Projects over the past 5 years and each project has given me a better insight into what services are available in the community" (Pharmacy partner)

(n=48)

Community partner additional one to one advice and signposting

Community partners provided additional one to one support, advice and signposting on 141 occasions. Figure 13 provides an overview of the issues participants sought additional advice on and where they were signposted. The most common support (22%) was for wider social issues which included bereavement, cost of living, loneliness and domestic violence. In most cases, people were signposted to community and voluntary support. Next most common was support around mental health with 21% seeking this help, in these instances people were signposted to their GP and other health services as well as the VCSE.

Fig 13: Community partner additional one to one advice and signposting



Source: Monitoring Report, n=51, 141 occasions

Community partners

94% agree they can **better signpost** people to the most appropriate support for social issues

"While we are aware of the social factors that influence health this project has highlighted just how prevalent these problems are in our own community. We definitely did use this opportunity to signpost participants to services and people who may help them with their problems"

(Community partner)

(n=49)

Direct changes to community partner services

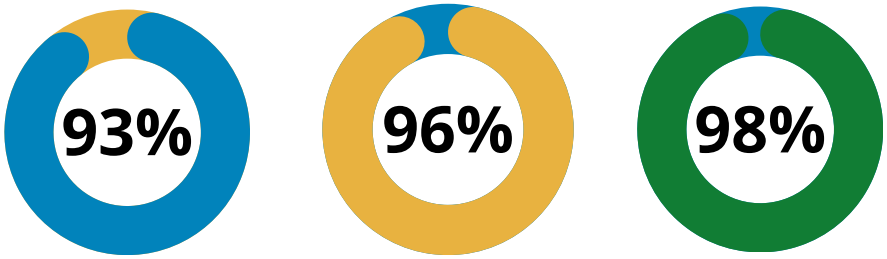
Community partners also spoke about how the learning from their BCPP project has helped shape their service to be more tailored to the needs of people in the community, for example improving the acoustics in their premises and creating a noticeboard.

Community partners

"During the BCPP project we realised that a significant number of the participants had hearing difficulties. As a result, we sought and obtained funding to install acoustic panels on the walls and ceilings of the Hub." (Community partner)

4 | Improvements

In this section, we present participants and partners views and experiences of the programme and how they feel it could be improved. This data was gathered in the programme questionnaires and further discussed at the Steering Group planning meeting and Knowledge Exchange Workshop (see Appendix 2). Almost all the feedback from project participants and partners about the programme was positive.



participants (n=415) community partners (n=50) pharmacists (n=47)

rated their overall experience of the project as excellent or good

100%

of community and pharmacy partners said they **would partner in another BCPP project** (n=50, n=47)

"I would love to partner another project. I love getting to know the participants to help them in ways that simply aren't possible from the dispensary. Thank you for giving us this opportunity" ***(Pharmacy partner)***

- Completing the questionnaires and monitoring forms. Project participants and both partners commented on the length of the forms and the difficulties some participants had in completing them, particularly those with lower literacy levels. This was also raised at the Knowledge Exchange Workshop (KEW).
- The questionnaires do not fully capture the long-term impact of the programme, for example, one commented all the participants in her project have gone onto volunteer, but that this wasn't recorded. Another described how the participants set up a craft collective together and mobilised their community to raise £6500 for charity. Others commented on the ongoing impact through participants sharing their learning with their families and friends.
- Practical changes, for example, length and timing of sessions, weekly to biweekly sessions, more organised session plans, interactive sessions, extra sessions with a general focus, topic choices, food and refreshments choices and different contributing organisations.
- Almost one-third of the lead partners did not find it easy (31%) to identify suitable VCSE contributing organisations. This was discussed in the KEW and it was suggested that a database of VCSE organisations be made available digitally.
- More diversity in the group, for example, more men involved.
- Group work dynamics, such as participant interruptions, reluctance to contribute due to confidence issues, and avoiding anyone overwhelming the balance of the group.
- More guidance on how to run the project and more details on the roles and expectations of each partner. Four out of five lead partners found the overall management of the project and organising the sessions easy.

5 | Summary

The programme successfully reached people and communities who live with financial stress and experience health inequalities. It delivered two-fifths of the projects in the top 20% of most deprived areas in NI and over two-thirds in the top 40% of most deprived areas. Additionally, two-fifths of participants reported having health problems or disabilities that limited their day-to-day activity, demonstrating that the programme reached those most in need.

The findings successfully show participants' self-reported improvements in overall life satisfaction, health, and mental wellbeing, as well as further significant increases in participant health literacy. Population data on health literacy shows much higher levels of health literacy than the BCPP participants, who live in the least well-off communities. The findings further show that all community and pharmacy partners are more likely to consider people's health literacy when providing services.

The programme led to enhanced community connections and social support. Almost all participants made new friends and reported a sense of belonging and gaining a new support network. Participants also reported developing new skills, starting to volunteer, going on courses, joining other community initiatives, and getting a job as a result of the project. All those involved understood more about the support that is available in the community for health and social issues, and the wider problems that affect people's health. The pharmacy and community partner were able to use that knowledge to apply a social determinants of health lens when providing advice, care and support to project participants, and to make improvements in their practice to benefit the wider population.

The programme resulted in improved access to healthcare through community pharmacy. It successfully led to increases in participants self-reported awareness and use of community pharmacy for signposting, medicine disposal, help with medicines and the 'Pharmacy First Service'. All community partners reported a better understanding of the pharmacy's work and used the knowledge gained to signpost the wider community to the pharmacy.

The programme effectively built community development skills in health and fostered trusted relationships between community partners, pharmacy partners and participants, with pharmacists and community partners recognising that participants' views are as important as their own. The partners and participants listened to each other, better understood their communities' health and social needs and issues and utilised community assets. The session topics and external VCSE organisations were wide ranging and varied with a mix of social and health issues, chosen by the participants. Almost all participants and partners reported high satisfaction with the programme, with all community and pharmacy partners stating they would take part in another BCPP project.

The main area identified for improvement is the data collection tools. Participants and partners found them lengthy and challenging, particularly for those with low literacy levels. A limitation of the impact report is that the current BCPP model and evaluation framework needs to include a follow-up period to fully capture the longer-term health and social benefits described through the discussions at the Knowledge Exchange Workshop and anecdotally through the CDHN network.

6 | Conclusion

Building the Community Pharmacy Partnership (BCPP) is much more than an individual health improvement programme; it is a well-established, complex, cross-sectoral partnership supporting collaborative work to tackle health inequalities locally and regionally. The findings from this impact report demonstrate how BCPP addresses health inequalities by bringing community and pharmacy together to take action on the social determinants of health using a community development approach. There is further learning and opportunity to adopt this approach in designing, delivering, and evaluating other targeted population health interventions to tackle the social determinants of health, prevent ill-health and reduce health inequalities in disadvantaged communities.

The findings will be of interest to all government departments pursuing a cross-departmental, 'health in all policies' approach to progress Programme for Government priorities. They will be of particular relevance for Department of Health evidence-based, policy implementation, in the areas of health literacy and population and public health. It will be of further relevance to all engaged in improving our impact practice capacity; and finally, to funders who support strategic community capacity building activity as outlined below:

Relevance for policy and practice, BCPP demonstrates:

- How a community development approach can be used to take action on the social determinants of health and result in positive social change, healthier and stronger communities and improve the lives, health and wellbeing of people in our society
- How strategically aligned, regional programmes can be delivered in communities using a bottom-up approach, guided by lived experiences and local needs and priorities, without imposing a top-down agenda.
- How community pharmacies are ideally placed to deliver community development approaches, take action on the social determinants of health, reduce health inequalities and improve health literacy.
- How CDHN and other HSC Regional Health Literacy forum partners can progress strategies and actions that engage and support people in disadvantaged communities to improve health literacy and reduce the significant gap between low-income groups and the NI average.
- How cross-sectoral partners can apply a social determinants of health context to implement prevention and early intervention policies to achieve better local and regional outcomes in our new ICS NI system.

Relevance for impact practice and funders, BCPP demonstrates:

- How complex community-led health initiatives targeting the most disadvantaged communities can be organised regionally and delivered locally. Funders should consider this approach when funding initiatives to tackle health inequalities.
- From the outset, having sufficient resources from DoH allowed us to systematically embed evaluation as a core programme component in each BCPP project to understand how well we were doing and what difference we made. This supports a culture of learning and improvement in the community and voluntary sector.

7 | Recommendations for future delivery and implementation

The BCPP impact report identifies five areas for future development, implementation, and impact evaluation. CDHN and the BCCP Programme Steering Group will introduce the following recommendations into their programme improvement and delivery plans.

1. Review and amend the BCPP evaluation framework and refine programme outcomes and indicators to make the data collection tools shorter and more user friendly.
2. Host regional shared learning workshops for BCPP partners to capture the programme's longer-term impact on the wider community.
3. Enhance the training support provided to BCPP partners, with more emphasis on co-production and by encouraging more partners to participate in group work skills training.
4. Develop a database of VCSE organisations to help BCPP partners identify external VCSE organisation to contribute to their project.
5. Develop new materials to support the BCPP partners to improve knowledge and understanding of relevant topics, e.g., medication safety and Pharmacy First Service (this will require additional resources).

Appendix 1: BCPP projects included in the data analysis of this report

Autism Support Kilkeel & Mayobridge Pharmacy
AMH Newry & Mourne & Meigh Pharmacy
AN Tobar CIC & Northern Pharmacies
Arc Fitness & Murphy's Pharmacy
Birthwise & McCartan's Pharmacy
Causeway Rural & Urban Network (CRUN) & Henderson's Pharmacy
Compass Advocacy Network (CAN) & Kennedy's Pharmacy
Cornabracken Afterschool & Brookmount Pharmacy
County Down Rural Community Network (CDRCN) & Medicare Pharmacy
Crisis Café & Meigh Pharmacy
Crisis Café & McKeever's Chemist
Cuan Mhuire & The Medical Hall
Culmore Community Association & Bradley's Pharmacy
Dungannon MS Society & McKeever's Chemist
Fermanagh Sports & Culture Awareness & Village Pharmacy
Futureproof & Parkes Pharmacy
Garvagh Development Trust & Wilkinson's Pharmacy
Harkin's Pharmacy & Maghera Cross Community Link
Head Injury Support & McKeever's Chemist
Leonard Cheshire & Crossin's Chemist
Limavady Volunteer Centre & Gormley's Pharmacy
Loughshore Community Coagh Pharmacy
McKeevers & The Magnet Centre
MEAAP & McFarlanes Pharmacy Plus
Meigh Pharmacy & Meigh Community Association
Millburn Community Association & Henderson's Pharmacy
MUVE & Boots Chemist
Newry Helping the Homeless & The Medical Hall
Oasis Caring in Action & Boots Chemist
PIPS Hope and Support & Harte's Pharmacy
Portstewart Community Association & Bradley's Pharmacy
Respect Youth Project & McCartan's Pharmacy
Richmount Rural Community Association & Orchard Pharmacy
Safe Spaces for All & Ballee Pharmacy
South Armagh Rural Women's Network (SARWN) & Camlough Pharmacy
St Colmans PTA & Camlough Pharmacy
TABBDA & O'Brien's Pharmacy
The Churches Trust & Murphy's Pharmacy
The Courthouse Kesh & McGrade's Pharmacy
The Link & McKay's Pharmacy
The Migrant Centre NI & Boots Chemist
The Parent Rooms & Fortwilliam Pharmacy
The Right Key & Johnston's Pharmacy
The Well & McKeagney's Chemist
TIDAL & Gribbin's Pharmacy
Tobin Centre & Coagh Pharmacy
Valley Rangers FC & Annalong Pharmacy
Waterside Women's Centre & Murphy's Pharmacy
Women's Tec & Crossin's Pharmacy

Appendix 2: Methodology

There are **51** Full BCPP projects (Level 2) included in the data analysis of this report. Projects were completed between May 2021 and July 2023*. The BCPP evaluation framework set out the strategic and programme outcomes alongside the data collection tools and measures. CDHN staff provided all BCPP partners with training in monitoring and evaluation and data collection with detailed guidance using the following tools, to ensure programme fidelity. Evaluation and impact data was collected from both the project partners and the project participants:

Project partners data collection tools and response rates

Tool	When and what data collected	No. Returned	Response rate
Application form (lead partner)	Start of project: Demographic data on where the project delivered, deprivation, target group. issues	51	100%
Monitoring report (lead partner)	Interim and end of project: No. of participants, sessions, topics, additional support, project evaluation	49	96%
Pharmacy partner questionnaire	End of project: Impact and evaluation of project	48	94%
Community partner questionnaire	End of project: Impact and evaluation of project	50	98%

Project participants data collection tools and response rates

Participants completed questionnaires at the **start** and at the **end** of the project. Each participant was given a unique code for their questionnaires which enabled responses to be anonymous and accurately matched on an individual basis. These questionnaires measured the change the programme has made to participants and their satisfaction with the programme. There were 621 participants in the 51 projects, 38 of those participants were exempt from completing the questionnaires, this was due to learning difficulties, brain injury and not having English as a first language.

	No.Returned	Response rate^
Start questionnaires	486	83%
End questionnaires	433	74%
Matched questionnaires	421	72%

Based on the **583 participants** eligible to complete the questionnaires

Stakeholder engagement

Part of the development of this report was stakeholder engagement, this enabled key stakeholders to analyse the findings and contribute to the report writing process. We held a **BCPP Steering Group Planning Day** to agree the format and focus of the report and discuss recommendations for the future, This was followed by a **Knowledge Exchange Workshop (KEW).** In this workshop, we brought together BCPP community partners, pharmacy partners, DoH staff and CDHN staff (23 participants) to read and interpret the draft report and shape the conclusions & recommendations

There are two BCPP project types; **Level 1 projects are short taster projects to 'try out' the BCPP model before committing to a full BCPP project **(Level 2)**. Level 1 projects receive up to £2,500 funding and Level 2 projects receive £12,000 funding. The data is not comparable between Level 1 and Level 2 due to their differences. This report includes data from R40: Jul21 to Jul22, R41: Feb22 to Mar23, R42: Jul22 to Jul23. There were two additional projects who had not completed their final returns when the analysis was completed and therefore are not included in this report.*

^Reasons for not returning were due to staffing issues within the projects and the questionnaires being lost or completed incorrectly.

Strategic Outcomes		Project Outcomes	Met
1. PARTICIPANTS achieve their full health and wellbeing potential	1.1	Participants' health and wellbeing is improved	Yes
	1.2	Participants' health literacy is improved	Yes
	1.3	Participants have improved understanding of the social factors that can influence health	Yes
	1.4	Participants are more confident to self-manage their health and take action on factors which influence their health	Yes
	1.5	Participants have improved knowledge of services and support for health and social issues	Yes
2. PHARMACY fulfil their role as advocates for public health within communities	2.1	Pharmacists are more aware of health issues in the participants' community	Yes
	2.2	Pharmacists have better understanding of the context and conditions of people's lives and factors that influence health	Yes
	2.3	Pharmacists have improved health literacy understanding and skills	Yes
	2.4	Pharmacists have improved knowledge of services and support for health and social issues and are better able to signpost patients	Yes
	2.5	Pharmacy services are better utilised	Yes
3. COMMUNITY PARTNERS recognise and address health inequalities in their community	3.1	Community partners are more aware of health issues in the participants' community	Yes
	3.2	Community partners have better understanding of the context and conditions of people's lives and factors that influence health	Yes
	3.3	Community partners have improved health literacy understanding and skills	Yes
	3.4	Community partners have improved knowledge of services and support for health and social issues and are more able to signpost people in their community	Yes
4. SOCIAL CAPITAL is increased to build connected and engaged communities	4.1	Participants have an improved sense of connectedness and belonging	Yes
	4.2	Participants develop new skills, knowledge and experience in their community	Yes
	4.3	More equal relationships are developed between the participants, community partner and pharmacy	Yes

Appendix 4: External Voluntary, Community & Social Enterprise organisations

Action Mental Health
Advice NI
Advice North West
Age NI
Antrim Food Bank
Ashes to Gold
Aware NI
Banbridge Youth Group
Bolster Community
Breen Centre
Cancer Focus
Cara-friend
CFC Well Fed
Changing Cycles
Charis Cancer Care
Northern Ireland Chest Heart & Stroke (NICHS)
Chest Heart & Stroke
Christian's Against Poverty (CAP)
Clanrye Group
Coastal Core
Community Advice
Compassionate Care
Counselling Services
Cruse Bereavement
Cuan Mhuire
Davina's Ark
Dementia Support
Disability Action
Dunlewey Substance Abuse Services
East Belfast Partnership
Eating Disorders Association
Fermanagh Stroke Support
Flourish NI
Forkhill women's group
Fruit Growers Association
Grow Project
Homestart
Inspire Well-being
Irish Congress of trade Unions
Irvinestown Social Care
Keep a Beat First Aid Training
Larne Community Development Partnership
Limavady Initiative for prevention of Suicide
Links Counselling Services
Love for Life
Mourne Community First Responders
Mourne Matters
Mourne Stimulus Day Centre
MS Society NI
Narcotics Anonymous
National Energy Agency
Nexus
NICHI
North Coast Community Transport
Parentline
Pink Panthers
PIPS Hope & Support
Portadown Gardening Society
Positive Steps Community Centre
Prostate Cancer UK
Regenerate - Mental Health Hub
RNID
Royal National Lifeboat Association (RNLI)
Rural Community Network
SAIL
Social Farms & Gardens
South East Fermanagh Foundation
St John's Ambulance
St Vincent de Paul
Suicide Down to Zero
Supporting mums
The Ashton Trust
The Big House
The Right Key
The Well
Ullans Centre/Happy Mondays
Victim Support
Women's Aid
Womens Resource & Developmental Agency
Zero Waste Hub NW

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