



**Building the  
Community-  
Pharmacy  
Partnership**



**Community  
Development  
& Health Network**

# **BCPP Impact Report**

## **Summary**

### **2024**



# Building the Community-Pharmacy Partnership (BCPP)

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 avail of it.

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. CDHN allocates the partnership funding, supports BCPP projects to implement the BCPP model and to measure the impact of their projects.

This is a summary of the BCPP impact report 2024 and focuses on a two-year snapshot of 51 full BCPP projects (Level 2) completed between 2021-2023. It presents the impact under 7 themes. The implementation and methodology can be found in the full report at [www.cdhn.org](http://www.cdhn.org)

## 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
2. Tackle the inequitable distribution of power, money, and resources
3. Measure and understand the problem and assess the impact of action

Improving health outcomes and reducing health inequalities are a key focal point in NI policy:

- Making Life Better (DHSSPS, 2014) and Delivering Together (DoH, 2016) aim to reduce health inequalities and reference community-based approaches to help achieve this.
- The draft Programme for Government (PfG) (NI Executive, 2016) and draft PfG outcomes framework (NI Executive, 2021) have a focus on improving health, wellbeing and quality of life.
- The new Integrated Care System in Northern Ireland is underpinned by a population health approach to re-orientate the system towards prevention and address health inequalities. (DoH, 2024)
- One of the six outcomes of the Community Pharmacy Strategic Plan 2030 is to 'Strengthen community development links to help address health inequalities and improve health literacy' (DoH, 2024)

The DoH Expansion of Community Development Approaches report and plan (DoH, 2018) 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 health inequalities. The BCPP model has been designed around this growing evidence base.

# Why community development to address health inequalities?

A community development approach supports people and 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.



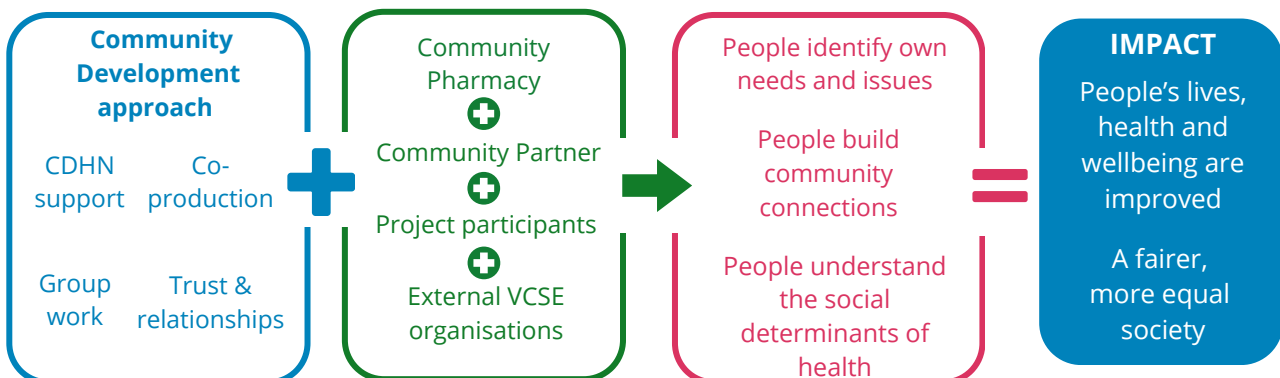
## Why community pharmacy?

Community pharmacies are the 'open door' to the health service. Through the BCPP programme CDHN 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 participants and community. 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.



## 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 10-15 community participants to address health inequalities. Partnerships are awarded up to £12,000 to deliver their project.

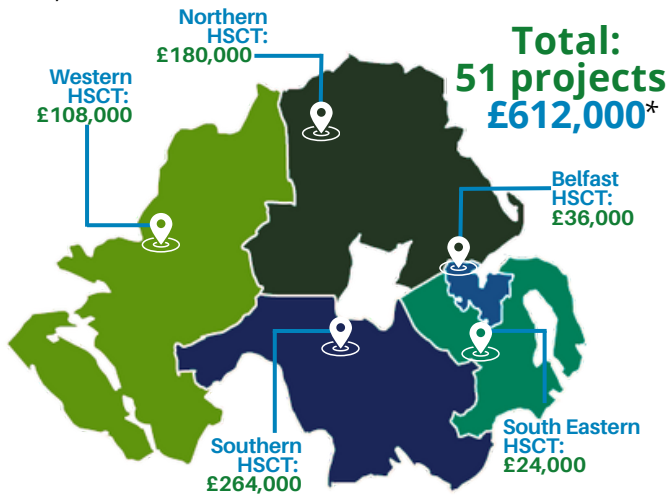




# Theme 1: Investing where need is higher

## Community investment

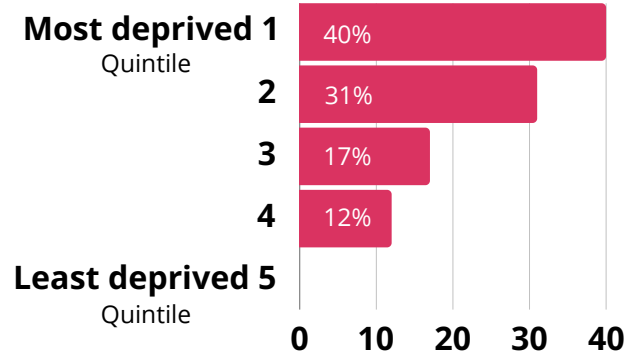
BCPP funded 51 BCPP (Level 2) partnerships throughout NI between 2021 and 2023. In financial terms, the total community investment was £612,000.



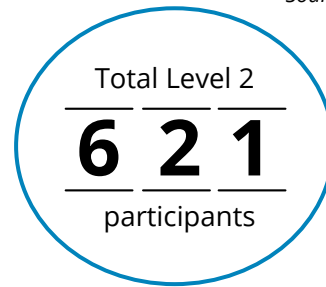
\*The funding distribution goes through cycles where different areas receive the most funding

## Areas of deprivation

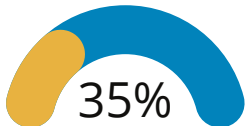
Two fifths of the projects were delivered in the top 20% most deprived areas in NI and over two-thirds in the top 40% most deprived areas.



Source: BCPP Application form, 51 projects

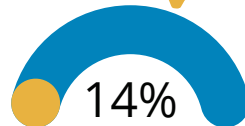


## Project participants



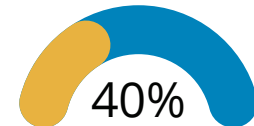
have at least one caring responsibility

Source: Start questionnaire (n = 421)



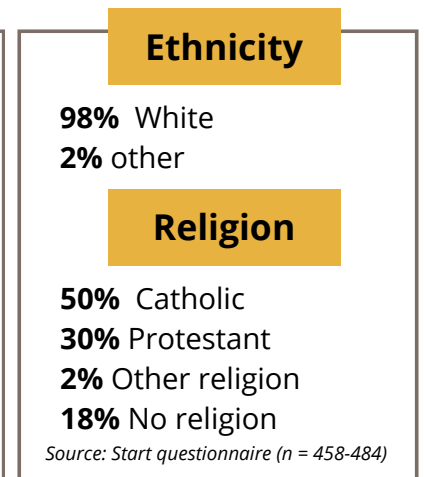
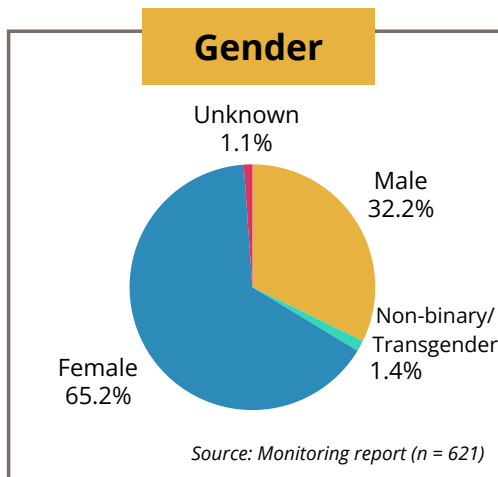
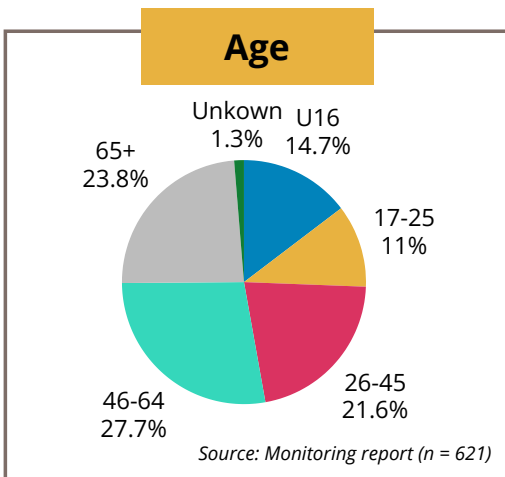
do not have enough money at the end of the month to make ends meet

Source: Start questionnaire (n = 499)



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)



# Theme 2: Participants' lives, health and wellbeing



We asked participants questions at the start and end of their project about their health, mental wellbeing and life satisfaction.

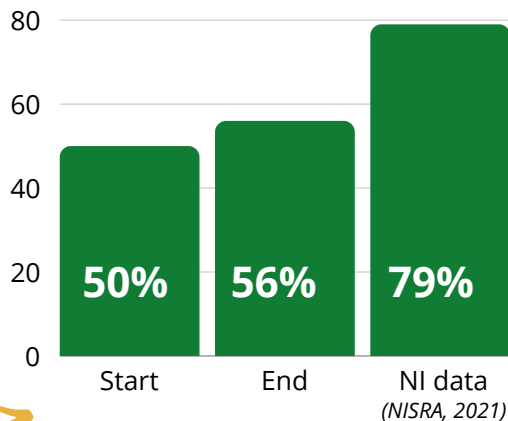
## Health in general

We asked the NI Census question 'How is your health in general?'

There was a 6% increase in BCPP participants stating that their health was **good or very good** from the start to the end of the programme.

6%\*  
increase

### Health good or very good



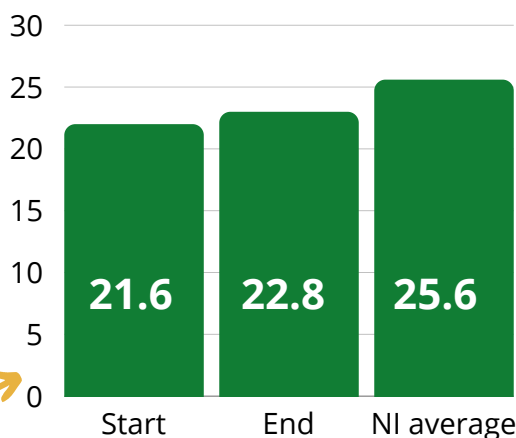
Source: Start and End Questionnaire, N=431

## Mental wellbeing

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

Increase  
by 1.2\*

### Mental wellbeing score



Source: Start and End Questionnaire, N=232

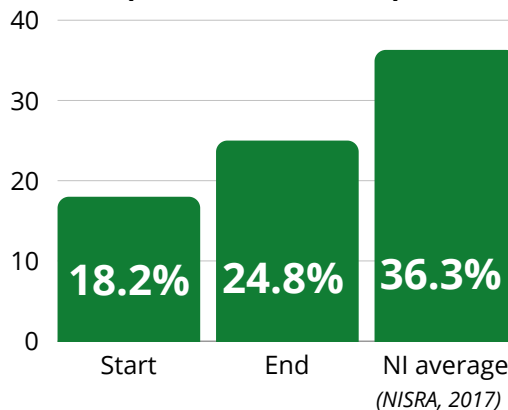
## Life satisfaction

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

### High levels of life satisfaction (Scores of 9 or 10)



Source: Start and End Questionnaire, N=428

\*Statistically significant,  $p < 0.001$



## Theme 3: Health literacy

### 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. **The programme resulted in improvements across all health literacy measures.** The NI averages are included for comparison.

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,  $p < 0.001$

**100%**

n=47-50

#### Pharmacy partners and community partners

are now more likely to take people's health literacy into consideration when they use their services

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

*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)







*Health literacy is **definitely a lot lower than what many medical professionals think.** Through projects like the one we completed; it allows you to see why people do have a low health literacy* (Pharmacy Partner)





# Theme 4: Building community development capacity for health




## 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

 CDHN delivered training on health inequalities, community development, monitoring & evaluation to 106 partners.

 CDHN visited 51 projects

 CDHN delivered group work training 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)*

## Trust and relationships



**100%**

**pharmacists and community partners** were able to build trust and develop relationships with the participants  
*n=48/50*

## Voices, strengths & assets



**100%**

**pharmacists and community partners** saw participants views as equally as important as their own and saw participants strengths and assets  
*n=48/49*

## Group work



### Participants

**89%**

felt able to talk openly about their views and experiences in the group sessions  
*n=428*

### Participants

**93% felt the pharmacist** and **92% felt the community partner** listened to their views and experiences all of the time or often  
*n=421-425*

### Community Partner

**98%**

agreed the participants felt safe to engage and discuss personal issues about themselves and their families  
*n=38*

### Pharmacists

**100%**

agreed the participants felt safe to engage and discuss personal issues about themselves and their families  
*n=47*

## Co-production



**75%**

**participants** felt that they were able to influence how the project was run, all the time or often  
*n=416*

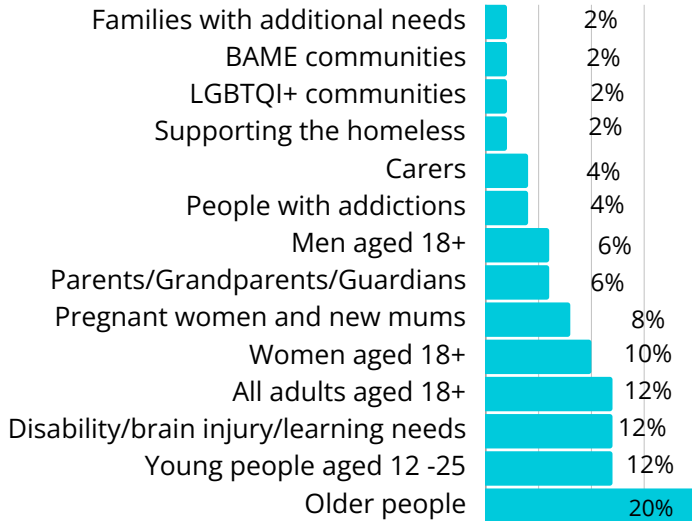
**98%**

**pharmacists and community partners** agreed everyone involved was able to shape the overall project in terms of content, delivery and timing  
*n=47/38*



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

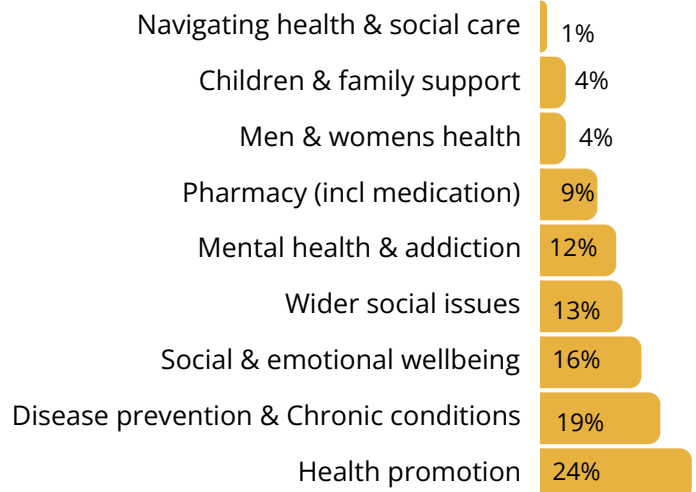
## Project target groups



Source: Application form N=51

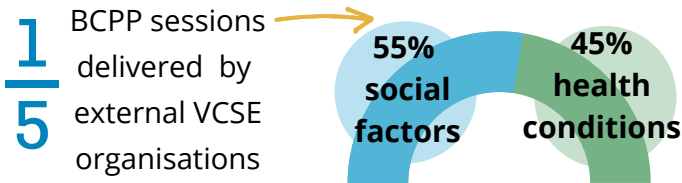
## Session topics

669 sessions delivered



Source: Monitoring report N=51 (669 sessions)

## External VCSE organisation sessions and their focus



Source: Monitoring report N=51 (138 sessions)

## Understanding of the social factors that influence health

**Participants**  
**93%** 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 healths  
 n=48

**Pharmacists**  
**98%** are more likely to consider how social factors may have an influence on people's health  
 n=49

## Understanding health issues in the community

**93%**  
**Participants** learned more about health issues in their community  
 n=425

**100%**  
**Pharmacists and Community partners** know more about health issues in the participants' community  
 n=48/38

**100%**  
**Pharmacists and Community partners** used the knowledge they gained about participants lives to help improve their practice  
 n=48/49

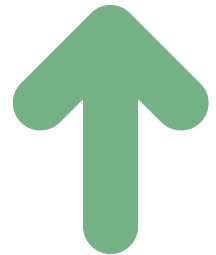
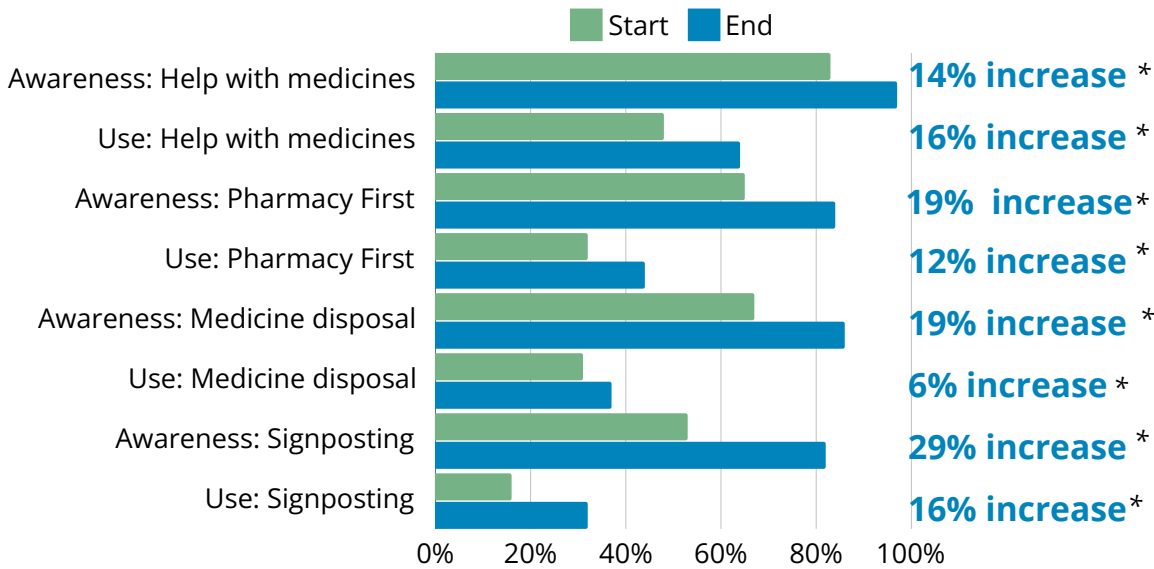


# Theme 6: Community pharmacy



## 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 Service'^.

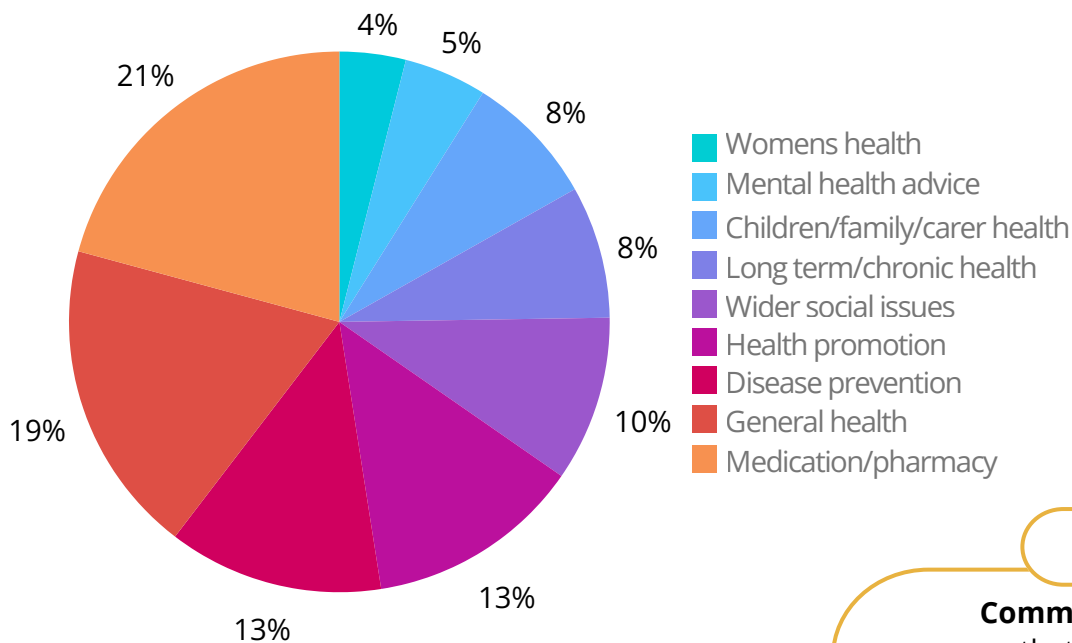


Source: Participants questionnaires, N=416-427

\*Statistically significant, p<0.001

^The 'Minor Ailments service' in existence from 2005 became part of the 'Pharmacy First Service' in 2022.

## Pharmacist providing additional one to one advice and signposting



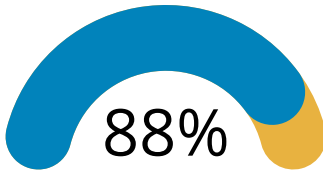
**100%**  
Community partners agree that they have a better understanding of the work of pharmacy  
n=50

Source: Monitoring report n=51 (252 occasions)



# Theme 7: Social support and community connectedness

## Participants



88% made new friends



8 in 10 developed a new skill & feel more confident mixing with other people

102 went on a course

52 got more benefits

16 got a job

94 started volunteering

Source end questionnaire: n=416-421

## Knowledge and access to services and support in the community

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

### Participants

9%\*

increase in knowledge of community and voluntary groups they can go to for support (increase from 73% to 82%) n=425

\*Statistically significant, p<0.001

### Community Partner

98%

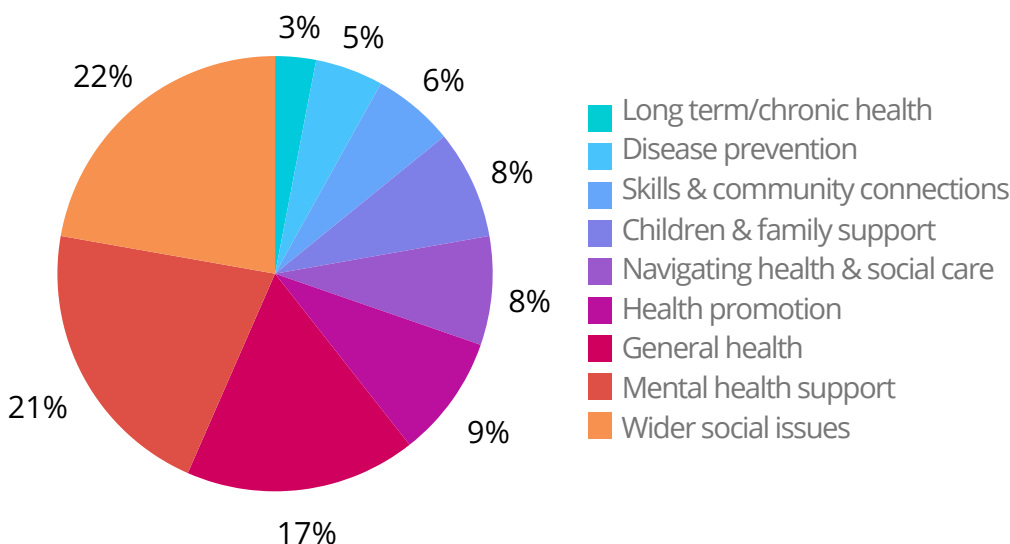
have advised more people to go to other community and voluntary organisations n=48

### Pharmacists

96%

have advised patients to go to community and voluntary organisations n=49

## Community partner providing additional one to one advice and signposting



Source: Monitoring report n=51 (141 occasions)

# 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.

## **Recommendations for future delivery:**

The impact report identifies five recommendations for improved implementation and outcome evaluation. CDHN and the BCCP Programme Steering Committee will progress the work through their programme development plan. Please see full report.

## References

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## Community Development and Health Network (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.



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