ENDING HEALTH INEQUALITIES THROUGH COMMUNITY DEVELOPMENT
The Building the Community-Pharmacy Partnership (BCPP) tackles health inequalities by investing in community development. It supports and inspires community pharmacists and communities to work in partnership to address locally defined needs and bring about sustainable improvements in health and well-being.

**PROJECT MODEL**

Focuses on local co-production co-planning co-delivery and co-evaluation

- Partnership working
- Community development approach
- Social model of health
- Locally defined needs focus on disadvantage

**IN ONE YEAR**

- £360,000 Allocated to BCPP projects
- 20 Level 1 Projects funded
- 42 Level 2 Projects funded

- +57% Of projects targeted participants from the top 20% of deprived areas
- 10 BCPP projects shortlisted for Awards
WHAT PROJECTS DID

ENGAGEMENT

1662
Sessions

1024
Number of core participants engaged

786
Sessions delivered by pharmacists

586
Sessions delivered with partners

2336
People involved in 89 additional events

TAILORED 1-1 SUPPORT

1450
Offered one to one support

821
Delivered by the pharmacist

427
Delivered by the community & voluntary sector

WHAT PROJECTS-addressed

HEALTH ISSUES

Lifestyle
Chronic health
Population groups
Alcohol & drugs
Heart health
Sexual health
Pain management

WIDER ISSUES

Housing
Debt
Isolation
Childcare
Relationships
ADDED EXTRAS

- 313 Participants received additional training
- 312 Got involved in other groups
- 68 Went on other courses
- 326 Volunteers supported projects
- 4 Got a job
- 44 Started volunteering

DIFFERENCE MADE

- Know where to go to get help and support: Increased from 57% to 77%
- The quality of health services is excellent: Increased from 50% to 64%
- Felt confident talking about health: Increased from 39% to 52%
- At the project end, knew more about local health services: 84%

BETTER USE OF THE PHARMACY

- Confidence in going to the pharmacist for advice increased from 61% to 83%
- 64% regularly visiting the pharmacist for advice
- 50% regularly visiting the pharmacist for advice

92% agreed they had a better understanding of what a pharmacy can offer.
**IMPROVEMENTS IN HEALTH**

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>My health is usually excellent increased from</td>
<td>42%</td>
</tr>
<tr>
<td>Having a good understanding of how to improve</td>
<td>60%</td>
</tr>
<tr>
<td>Things in common with other people taking part</td>
<td>68%</td>
</tr>
<tr>
<td>Poor psychological well-being reduced from</td>
<td>34%</td>
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</tbody>
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**IMPACT ON MAIN COMMUNITY/VOLUNTARY PARTNER**

- **Agreed the pharmacy has become more accessible to hard-to-reach groups**: 87%
- **Agreed they have learned new ways of engaging local people in health issues**: 97%

**WHAT PARTNERS SAID**

- The project has built relationships in a vulnerable community.
- There was a big challenge talking about lifestyle issues with teenagers, it ended up being a really amazing project.

**IMPACT ON PHARMACISTS**

- **Indicated they had or intended to make changes to how they engage with customers**: 52%
- **Agreed their pharmacy is now seen as an accessible community resource**: 96%

**WHAT PHARMACISTS SAID**

- I wasn’t always aware that some people’s lack of confidence prevented them from coming into the pharmacy ... to ask for help.
- Chats during sessions develop a clear picture of the needs in these communities, more than a brief conversation within the pharmacy would allow.
SUPPORTING PROVIDED FROM CDHN

“The different perspectives and approaches helped me form a better idea of how to work with a group.”

17 Trained on group work skills
40 Attended project development training
80 One to one support meeting delivered to projects

COMMUNITY-PHARMACY PARTNERSHIP

The Building the Community-Pharmacy Partnership (BCPP) Programme is managed by the Community Development and Health Network (CDHN), with strategic direction provided by a multi-agency Steering Group.

CDHN is a network of individuals and organisations that works to promote understanding of community development as an effective way to end health inequalities. We do this by building capacity and influencing policy.

Our vision is to end health inequalities through community development.

LEVELS OF FUNDING

LEVEL 1 – MAX £2000
LEVEL 2 – MAX £10,000
LEVEL 3 – MAX £30,000 FOR 3 YEARS

WHAT PARTICIPANTS SAID

“Getting out and meeting new people... Getting information on different medical conditions that I wouldn’t have known about.”

“Getting involved with other people, hearing their problems, knowing I’m not on my own.”

Funded by

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