

# **Emergency Leadership Group Evaluation –Community Development and Health Network (CDHN)– Pharmacy Delivery Scheme**

## **Case Studies to draw out the impact of the ELG's influence.**

### **1 Name of Organisation – Community Development and Health Network (CDHN)**

CDHN is a regional membership organisation working to empower communities, improve health and wellbeing and reduce health inequalities using a community development approach. For the last 27 years, CDHN has raised awareness of the root causes of poor health and health inequalities. We work in partnership with communities and decision-makers to develop evidence-based initiatives, utilising assets and practical solutions to improve lives and take action to create a fair, just, and equal society. CDHN was part of the Emergencies Leadership Group.

### **2 Background – Your organisation's role and why you got involved**

At the start of the Pandemic, CDHN developed partnerships between community pharmacists and community organisations in socially and economically disadvantaged communities through its Building the Community Pharmacy Partnership for 18 years. Within six weeks, CDHN made significant adjustments to our existing community capacity building programmes to design a new service to meet the needs of communities and the people they serve.

From March to September 2020, the team worked remotely. It turned its time; energy and the financial resources provided by the Health and Social Care (HSC) Board to develop and manage the Community Support for Community Pharmacy Scheme (Pharmacy Delivery Scheme).

The Scheme aimed to ensure those shielding from COVID could access their vital medicines to their door safely. The concept originated with one of our member groups, MEAAP. They were inundated with calls from older people seeking support to get their prescription medications as they did not have their usual access to their GPs or community pharmacy.

They asked CDHN for support to enable their volunteers to make deliveries in their area. CDHN worked closely with the Health HSC Board. They developed a set of standard operating procedures to allow the Scheme to be delivered at a regional level, consistently across communities.

We accessed our region-wide network of local community pharmacies and matched them with our local community partner organisations and volunteers to organise the roll-out of the Scheme.

CDHN ensured all volunteer community groups had registered on the Scheme. Volunteers were Access NI checked and completed the Butterfly Training Programme.

### **3 Results**

The Scheme was a success. From March 2020 to August 2020, 2,300 volunteers delivered over 64,000 prescriptions to vulnerable, shielded, or self-isolating people.

263 Pharmacies and 122 community and voluntary groups signed up to participate in the Scheme. £86,000 was distributed to the groups in small grants of £500 per Pharmacy to contribute towards volunteer expenses.

CDHN designed a live Power BI interactive map to provide timely and accurate information on the location of participating Pharmacies, including an emergency rota.

The map assisted Local Council and HealthTrust workers and those working in Covid-19 referral helplines to signpost the public to these critical community supports.

### **4 Outcomes**

Minister Robin Swann, Chief Pharmaceutical Officer, Cathy Harrison and Joe Brogan, HSC Board, met with CDHN and volunteers to celebrate the success of the Scheme and acknowledge the contribution of the volunteers.

The Delivery Scheme is now a mainstream service provided by pharmacists and funded by Health and Social Care (HSC).

Pharmacies that were not part of the original BCPP programme have continued to work with their community partner throughout the pandemic, with no payment.

In addition, pharmacies went over and above to provide mutual support to people involved in community groups when lockdown negatively impacted different groups in their communities. For example, One Pharmacy partnered with a community organisation that supported new mums to deliver a series of online sessions to address their isolation and concerns about COVID during the lockdown.

Before COVID, a pharmacist worked with a community organisation that supported people in addiction recovery. Knowing that group members could be at greater risk of relapsing during the lockdown, the pharmacist used the community WhatsApp group to engage with members throughout the pandemic, providing support and advice as required.

### **5 Issues and Problems faced**

The main challenge was securing the amendments/additions to Community Pharmacies protocol to ensure equally shared liability between the Community Pharmacist and the Community/Voluntary Group involved in the supporting role.

Such changes to protocol usually take months, and yet time was of the essence to support Community Pharmacies who had borne the brunt of the immediate pressures felt because of the lockdown. But by working in partnership with the Health & Social Care Board (HSCB),

Department of Health, Community Pharmacy NI (CPNI), and Ulster Chemists Association (UCA), the barriers were overcome in several weeks, with the Scheme operational in early April 2020.

There were also challenges supporting some of the larger pharmacy groups to join the Scheme. Some had ongoing concerns about insurance implications; others felt they had enough resources for delivery. However, we received requests for help at a local level and knew of volunteers operating with them outside the Scheme.

CDHN used social media channels to look for notifications of volunteers delivering medication. We then checked they were registered on the Scheme and disseminated information about its importance. We need to ensure volunteers and their organisations understand the risks involved with handling-controlled drugs compared to food parcels.

#### **4 Lessons learned**

**Trust:** The long-established relationships between CDHN, community pharmacies, the local community groups, and funders built up over time, was key to setting up and delivering this successful joined-up response at local and regional levels.

**The process** is essential. Frustrating as bureaucracy can be, with some issues (such as controlled drugs), it was necessary to think it through and get the detail is correct before rolling out the Scheme.

**The involvement of communities** and need to bring along with you. While CDHN was involved in strategic discussions at the regional level to get this initiative operational, we were also communicating with communities to prepare for the challenge through a registration and mapping process.

**Flexibility:** CDHN worked flexibly to address the concerns of a pharmacist worried that some of their customers may not accept deliveries from their local community partner. Instead of matching a Pharmacy with one community partner, to foster good relations, CDHN organised two community partners to work in a common cause to ensure that the delivery scheme would be available and acceptable for the two main communities.

We need to **adapt and be creative** in problem-solving both in the immediate term and reflect on the requirements for the longer term. The delivery scheme was essential during a crisis in the recovery, but it is not a long-term solution. The use of digital communications created opportunities for people to engage directly with their pharmacist about their health, or through telephone or video conferencing if in-person is not feasible. These opportunities can increase health literacy in disadvantaged or geographically isolated communities.

**Increased knowledge on the role of community pharmacy:** More people have accessed support through Pharmacies because they couldn't get to their doctors. This access has promoted better awareness of the role of community pharmacy in public health and the range of services and supports for patients with everyday health concerns.

## **Impact of ELG's influence on the Pharmacy Delivery**

**Collaboration**– this was a partnership that could not have happened without the buy-in of the Statutory sector and Pharmacy Professional Representative Bodies, the community and voluntary groups, at regional and local levels, their volunteers and the coordination and management of CDHN.

**Making strategic connections:** We worked with Volunteer Now, who shared their expertise to ensure that the pharmacy delivery scheme volunteers were vetted correctly and supported in their role.

**Improved communication, openness to share,** and better coordination of the different supports and initiatives by the Community and Voluntary sector, made an immediate difference to how groups supported people locally.

Members of the ELG used their social media channels to communicate accurate government information on COVID 19 as a counter to the misinformation about the virus and promote the facts. CDHN used its database to share DOH information with communities and pharmacies.