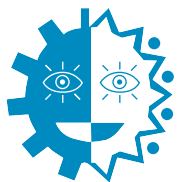




# IMPACT REPORT 2017



Community Development  
& Health Network

[www.cdhn.org](http://www.cdhn.org)

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*"We were very grateful for the funding as we can see clear benefits in our local Community. The pharmacist and our club have built up strong links and have kept in touch since the project. We hope to apply again. Thanks for your Support!"*

*"Keep up the good work, as a pharmacist who wants to get involved as much as possible in my community your support is priceless"*



# Community Development and Health Network

Community Development and Health Network (CDHN) is a regional network organisation with over 2000 members. Through our work communities, practitioners and decision makers are supported to recognise and utilise assets, to work together to develop solutions and take action to improve lives, health and wellbeing.

CDHN's vision is for an end to health inequalities by building a fairer and more equal society, and improving people's lives, health and well-being through community development.

Health inequalities are the unfair and unjust differences in the health of the population. Where we are born, live, work, and age, shapes our health. These factors are known as the wider determinants of health, they can protect and promote health or damage health. There is an unequal distribution between the determinants which protect and promote health and those which damage health. This exists because of an imbalance of power, wealth and resources. This results in people from poorer backgrounds in Northern Ireland having a shorter life expectancy and living more years with chronic illness and/or disability.

To tackle health inequalities CDHN, with members and partners;

- Raises awareness of wider determinants of health and their impact.
- Supports community action across the wider determinants: to improve lives, health and wellbeing and create a fairer, more equal society.
- Connects and engages communities, practitioners and decision-makers to share knowledge, experience and expertise.
- Shape services and systems so they are more accessible, meet the requirements of individuals and communities and are more equitable.

# Building the Community-Pharmacy Partnership

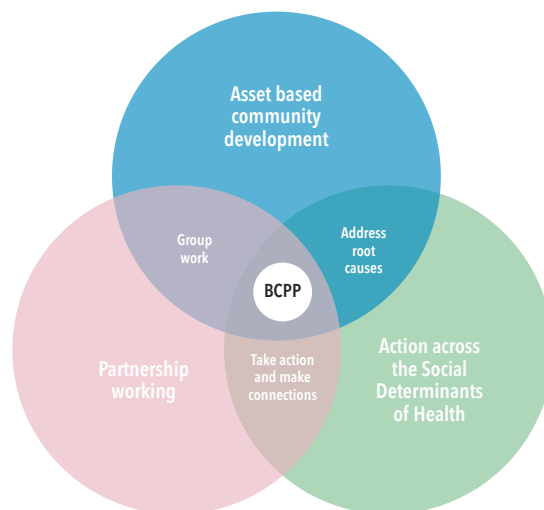
Building the Community-Pharmacy Partnership (BCPP) is a programme delivered in partnership between Health and Social Care Board (HSCB) and CDHN, with strategic direction provided by a multi-agency Steering Group. HSCB fund BCPP while CDHN manages and operationalises the programme and together they provide strategic oversight. The central principle of BCPP is to build partnerships and through these partnerships lives, health and wellbeing is improved.

At programme level the principle is embodied in the cross sectoral partnership between HSCB and CDHN, while at project level it is embodied in the partnerships between pharmacy and community organisations.

## Project partnerships, through a community development approach aim to:

- Utilise and develop people's skills, knowledge and experience in their local community (Group Work)
- Increase local people's understanding of health issues and the context in which they are experienced (Address Root Cause)
- Encourage local people to engage in their communities to improve lives, health and well-being (Make Connections)

## PROGRAMME MODEL



## Meeting these aims ensures delivery of the three strategic outcomes of BCPP:

1. Perceived improvements in health and ability to take action on factors that influence health
2. Change in the use and understanding of pharmacy and health services
3. Improved accessibility and responsiveness regarding engagement in local services, particularly more disadvantaged groups.

The BCPP programme fits with the strategic direction of Health and Social Care in Northern Ireland. The programme aligns with all the values of Making Life Better, Public Health Framework for N. Ireland and several of the themes. It also supports the delivery of key elements of Making It Better through Pharmacy in the Community Strategy.

There is an alignment between BCPP's aims and strategic outcomes, and CDHN's vision, outcomes and approach. As a network organisation CDHN is able to utilise connections and tap into their own and member's knowledge and expertise to support the delivery and management of projects.

There are currently two levels of funding available for pharmacy and community organisations to develop partnerships:

Level 1 – up to £2,000. This gives community groups, participants and pharmacists the opportunity to explore the approach and assess the viability of the partnership.

Level 2 – up to £10,000. This is for longer term, more in-depth working between groups, pharmacy and participants.

## Understanding the Impact

This report examines the impact of the programme in relation to the three strategic aims. In line with good impact practice the programme was assessed in the following areas:

- How much have we done?
- How well have we done it?
- What difference has it made?

To answer these questions CDHN aggregated and analysed data from project monitoring and evaluation activities. These include:

**Quarterly monitoring reports:** Collects data on a number of participants, number of activities, types of activities, topics, approach, who was facilitating and one to one support. This output data allows CDHN to collate and review project activity in line with what was agreed in the contract. To assess the impact of these outputs a range of questionnaires are completed by a range of stakeholders.

**Participant questionnaires:** Project participants complete these questionnaires at the start and again at the end of the project, allowing CDHN to assess what, if any, change has taken place. These questionnaires collect information across a range of indicators, such as:

- Knowledge and understanding of factors which may affect health,
- Self-rated health
- Changes to the way a person lives, and
- Understanding of pharmacy.

Further to this the questionnaire also includes an abridged GHQ12, this is a validated measure for assessing the psychological wellbeing of an individual.

**Pharmacist questionnaires:** Pharmacists are required to complete a questionnaire at the end of the project. This seeks to gather the pharmacist's perception on what has changed for participants and also how the project has impacted their practice and the pharmacy.

**Community partner questionnaires:** The community and voluntary sector organisation is required to complete a questionnaire which gathers the same information as the pharmacist questionnaire except from the perspective of the community and voluntary sector organisation.

**Online survey:** CDHN conducted a survey in March 2017, with all BCPP applicants, successful and unsuccessful and a total of 141 responses were received.

This range of data enabled each question, 'how much have we done', 'how well have we done it' and 'what difference has it made', to be answered. The three strategic programme outcomes formed the basis for the analysis of 'what difference has it made?'

# How much have we done?

BCPP has two funding rounds per annum and CDHN analysed information from the two most recently closed rounds; rounds 25 and 26. The funding decisions related to these rounds were made in 2014/15.

This section examines the output data for projects: number of projects, number of sessions and participant profile and numbers.

**£577,938**

Total funding awarded

Funding awarded by level

NUMBER OF PROJECTS FUNDED

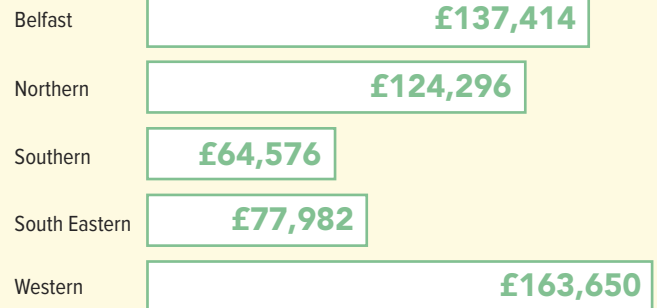


**66**

Total

The awarding of eight level 3 projects meant that the total amount awarded was higher than typical years, which sits around £360,000. While the awarded amount was higher the administered grants sat within range, as the level 3 funding was administered over three years.

## AMOUNT OF FUNDING PER TRUST



## Project activity

### SESSIONS COMPLETED

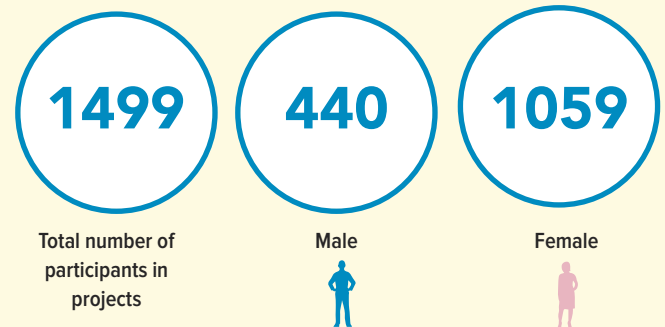


### ONE 2 ONE'S

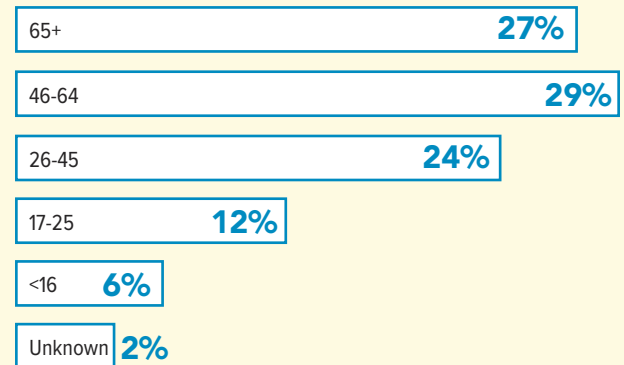
One 2 one's (these are sessions carried out by the pharmacist or community member with individual participants)



## Participant information



### PARTICIPANT AGE





# How well have we done it?

**This section examines how recipients, at project and programme level feel BCPP has been delivered. At project level this examines how participants viewed the delivery of the project by the pharmacist and the community organisation. At programme level this examines how well CDHN delivered to projects, specifically pharmacy and community organisations.**

## Project Level

As part of the monitoring process CDHN gathers information about what worked well and what did not work well in individual projects. Below is some of the feedback from participants when they were asked about what they liked about the project.

- *"I loved all aspects of this course, the amount of things I didn't either know or realise were available and I now have the information. This course encouraged me to see my G.P, the dietary and health advice was amazing and has encouraged a healthier lifestyle."*
- *"I really like the range of subjects covered some more than others but I think the range gave everyone something they were interested in and information that was useful to them."*
- *"I can't think of anything thing I didn't like."*
- *"I was able to have a say in what the sessions were about. I became more aware of what a pharmacist can offer."*
- *"There is no improvement needed."*

Participants were asked to feedback what they did not like about the project and what they would change.

- *"would have liked if the group had been able to spend a little longer on some topics."*
- *"The group could have run a few weeks longer to enable us to concentrate on the topics of interest to the group."*
- *"I feel some of the sessions weren't long enough and because of this the facilitators were rushed but in saying that I still enjoyed every week."*

On the whole, qualitative data from rounds analysed indicate that participants feel that pharmacists and community partners have carried out their role in the delivery of BCPP very well.

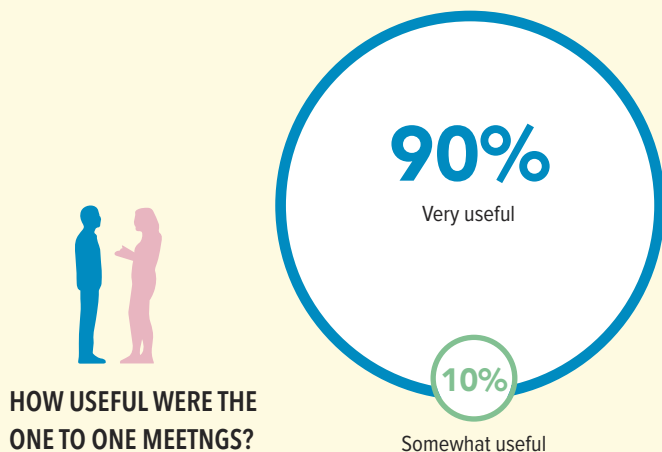
## Programme Level

The online survey conducted by CDHN offers an insight into how pharmacists and community partners view the support offered by CDHN.

CDHN offers a range of support to those applying for and delivering projects including:

- one to one meetings
- training on monitoring and evaluation and group work skills
- phone and email support

The following section is comprised of a series of charts and comments from pharmacists and community partners indicating how useful they view the support provided to them by CDHN.

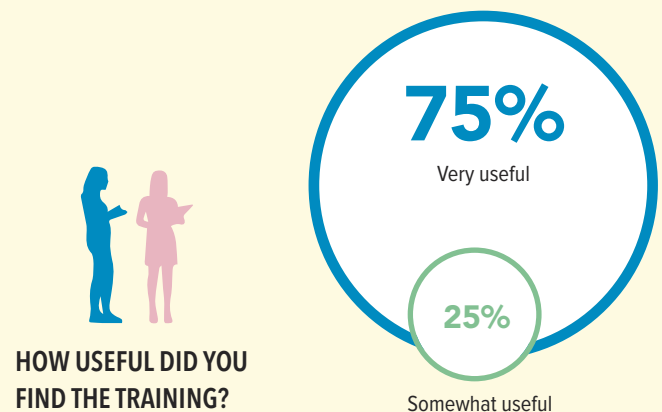


## HOW USEFUL WERE THE ONE TO ONE MEETINGS?

- *"Great help and explained very clearly and ongoing support was offered." (Community organisation)*
- *"I have always found the support offered to be of the highest standard, staff are approachable and willing to help in whatever way needed." (Community organisation)*

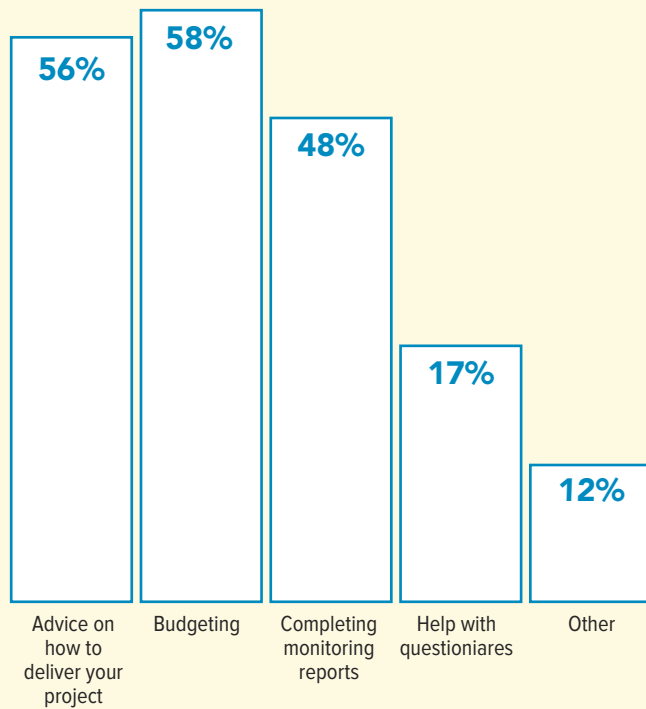
## HOW USEFUL DID YOU FIND THE TRAINING?

- *"It was a fantastic session, which involved ice breakers and other practical issues that might arise." (Pharmacist)*
- *"Training was very good. Most training was in Belfast. Possibly having training on a more regional basis would be helpful." (Community organisation)*
- *"The day allowed rapport to be built-up with the community group leader and helped us decide the vision and direction of the project." (Pharmacist)*

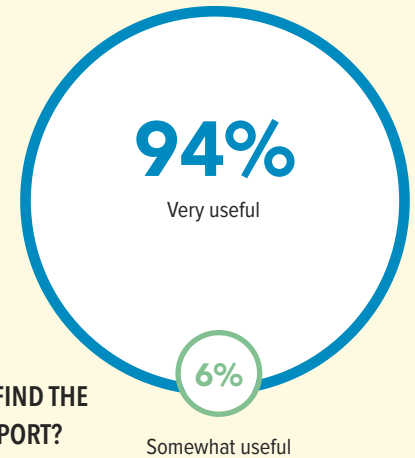


This bar chart illustrates the breakdown of support received by respondents.

### WHAT TELEPHONE OR EMAIL SUPPORT HAVE YOU RECEIVED?



### HOW USEFUL DID YOU FIND THE TELEPHONE/EMAIL SUPPORT?



- ❑ *"The staff were very helpful and dealt with the queries promptly - they were able to cite previous case studies in support of the response made." (Community Organisation)*
- ❑ *"Very good advice and were able to steer me in the right direction." (Pharmacist)*
- ❑ *"Exceptionally good support available any time we rang." (Community organisation)*

These results show that pharmacists and community partners value and feel that the support offered by CDHN works well and contributes positively to the planning and delivery of the projects.

Overall, the data shows that BCPP is rated as operating to a high standard, at project and programme level.

# What difference has it made?

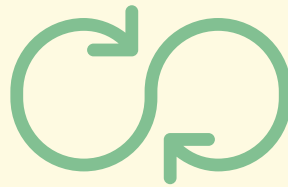
It is possible to assess the difference BCPP has made in relation to the three strategic outcomes of:

## OUTCOME 1



1. Perceived improvements in health and ability to take action on factors that influence health.

## OUTCOME 2



2. Change in the use and understanding of pharmacy and health services.

## OUTCOME 3



3. Improved accessibility and responsiveness regarding engagement in local services, particularly more disadvantaged groups.

Given the range of data available the three outcome areas have been subdivided. This allows for better use of the data and helps illustrate the pathways through which outcomes are achieved.

# Outcome 1

## Perceived improvements in health and ability to take action on factors that influence health

Improving health and wellbeing is a key driver for all stakeholders in BCPP, from participants and pharmacists, through to CDHN and the Department of Health NI. BCPP seeks to do this directly and indirectly. BCPP operates on the premise that being involved in the group, building relationships and support networks will have a positive impact on participant's health. The data indicates that this is an accurate premise on which to operate; improvements in the health of participants is noted by participants, pharmacists and community organisations.

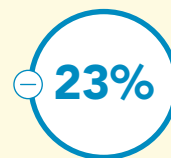
BCPP can indirectly and over the longer term have a positive impact on health and wellbeing through participants becoming more knowledgeable about and confident in taking action on factors which impact their health. This action includes lifestyle changes but it also seeks to go further looking at wider factors which impact health such as housing, isolation, or poverty. The data also shows improvements in participant's, pharmacist's and community organisation's confidence and ability to address factors which are influencing their health.

Improving knowledge, confidence and understanding of the factors which influence health and changing the way in which people (public and professionals) communicate health messages and concerns leads to improvements in health literacy.

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### Improvements in participant health as perceived by participants

Participant questionnaires include a short GHQ12, which assesses psychological wellbeing. A score of 4 and above indicate poor psychological wellbeing. The data evidences a significant reduction in the number of participants with poor psychological wellbeing at the end of projects than at the start.



Participants with a score of 4 or more reduced by 23% after involvement in BCPP projects.



There was a 3% increase in the number of participants who rated their health as usually excellent.

## Improvements in participant health as perceived by pharmacists



97% of pharmacists feel the sessions have led to an improvement in participants health and wellbeing

## Improvements in participant health as perceived by community partners



92% of community partners feel the sessions have led to an improvement in participants health and wellbeing

These initial improvements in health are an important outcome. To sustain the improvement and support further changes, it is important that people are aware of and feel able to take action on factors which affect health. The data shows that taking part in a BCPP project has a positive influence on the participant's and community organisation's ability to take action on factors which influence health.

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## Participant's ability to take action on factors which influence health



17% increase in number of participants who say they take care of their health



88% of participants said the sessions have encouraged them to improve their lifestyle



81% of participants feel more in control of their health



19% increase in the number of participants who feel they have a good understanding of how to improve their health



10% increase in the number of participants who understand how the way you live can influence your health



20% increase in the number of participants who know where to go to get help and support about health

## Pharmacist perception of participant's ability to take action on factors which influence health



90% of pharmacists feel the project has increased participant's confidence to talk about their health



100% of pharmacists feel that participants know more about health issues, how to improve their health and about local health services.

☐ *"I feel more comfortable in talking about issues now, I will go to the pharmacist and others for advice." (Participant)*

These changes in attitudes and understanding of health have led to participants to seek support and/or make changes in their lives.



40% have sought support/advice from other health professionals, and 20% plan to see a health professional



21% increase in the number of participants who have made healthy changes to the way they live

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### Health issues which participants have sought help for include:

Anxiety, Alcohol consumption, Pain management, Blood pressure, Asthma, Depression and Allergies



42% of participants were advised to seek support/advice from other services.

### Issues/services include:

Citizen Advice, Carers support, Voluntary work and Counselling



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### Community organisation's ability to take action on factors that influence health



97% of partners agree that they are better able to develop and deliver projects that address local health issues



96% of partners agree they are more knowledgeable about how wider issues (eg: housing, poverty, family) can influence health



96% of partners agree that they are more knowledgeable about local health issues.

### Summary

BCPP clearly has a positive impact on participant's health, as measured through the GHQ12, self-rated health and as observed by both the community organisation and the pharmacist. There are also positive changes in the way participants feel about their health (in more control) and health issues (more knowledgeable and confident to take action) and in behaviours which influence health (healthy changes to lifestyle).

This data shows that participants, community organisations and pharmacists feel more knowledgeable about the range of factors which influence health and confident in their ability to take action on these. This would indicate that BCPP model improves the health literacy of pharmacists, community and voluntary sector organisations and participants in the projects.

- *"Participants were reluctant to visit the pharmacy and seek out advice at the beginning of the programme. At the end of the course the participants health awareness and knowledge had improved greatly, they had formed a number of friendships within the group and were more aware of the services and support available within the community."* (Pharmacist)

# Outcome 2

## Change in use and understanding of pharmacy and health services

There is a range of data collected in the pharmacy and community partner questionnaires as well as the participant start and end questionnaires which indicate change in this outcome area. These indicators have been grouped in to four broad areas:

- Participants have changed their view of and how they use pharmacy – this examines changes in: relationships with pharmacists, understanding of the purpose of pharmacy and whether this has led to any changes in behaviours.
- Community partners have changed their view of pharmacy and how they use pharmacy – BCPP seeks to build relationships between individuals and pharmacy but another key element is how the community partners and pharmacy build relationships with each other. It is hoped that through the development of strong relationships between pharmacy and community and voluntary sector there will better signposting and support within communities.
- Changes in the pharmacy – this section examines the changes in pharmacy as a result of being part of the project. It is hoped that by being part of the project pharmacists will become more knowledgeable about the need within the community and grow in confidence in taking action to address these.
- Changes in perception, and use of other health services

It is evident that taking part in the project positively changes the way in which participants and community organisations view and use pharmacy.

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### Participants have changed their view of, and how they use pharmacy

Taking part in the project has a positive impact on how participants view and use pharmacy.



18% increase in the number of participants who feel confident in going to the pharmacist for help



96% of community partners now agree that participants are more likely to visit the pharmacist for help



93% of participants said that they have a better understanding of what pharmacy offers



97% of pharmacists agree that participants are now more likely to visit the pharmacist



These views are translated into changes in behaviour with a **11% increase** in participants who said they regularly go to the pharmacist for advice.

There was a **4% increase** in the numbers saying they go to the pharmacy once a month or more.

- *"The women are quicker now at coming to see me rather than just going to see the G.P"* (Pharmacist)

### Community partners have changed their view of, and how they use, pharmacy



96% of community organisations agree that they better understand the services pharmacy offers



96% of community organisations agree that they have developed a lasting relationship with the pharmacist

- *"We will keep working together, and building links within the community."* (Community organisation)

### Changes in the pharmacy



90% of pharmacists agree they are more knowledgeable about local health issues



93% of pharmacists agree that they are making better use of their skills



97% of pharmacists agree that their working relationship with the wider community has improved



95% of pharmacists agree they have developed lasting relationships with the community partner



92% of pharmacists thought pharmacy had become more accessible to hard to reach groups

- *"My understanding of the local communities needs has improved greatly since taking part in the project. I realised that many of the local community did not feel comfortable speaking to healthcare providers. I have reflected upon my practice and now adopt a different approach when talking to patients, we also have made an increased effort to arrange special events within the store such as sun awareness days and baby events to try and reach out to patients who would usually be reluctant to visit the pharmacy."* (Pharmacist)

## Change in views of and use of other health services



6% increase in the number of participants who feel their health services are excellent



9% increase in the number of participants who feel their local health services meet their needs



5% increase in those who feel their local health services are welcoming.

## Summary

The data evidences changes for participants and pharmacy. Pharmacists benefit from greater knowledge of local health issues, improved relationships with the community and improved access to hard to reach groups. This improved knowledge and access is being translated into action to further improve health and wellbeing.

BCPP enables pharmacy to reach and build relationships with individuals and communities. This relationship building means that both individuals and communities become more knowledgeable, comfortable and confident in approaching pharmacy. This supports the delivery of a key strategic aim of Making it Better through Pharmacy in the Community, a key Department of Health strategy. It is also possible this will have the knock on effect of diverting some of the flow from G.P to pharmacy.

It would also appear that by building a positive relationship between one healthcare provider and participants this has a positive knock on effect on their views of other health care providers.

# Outcome 3

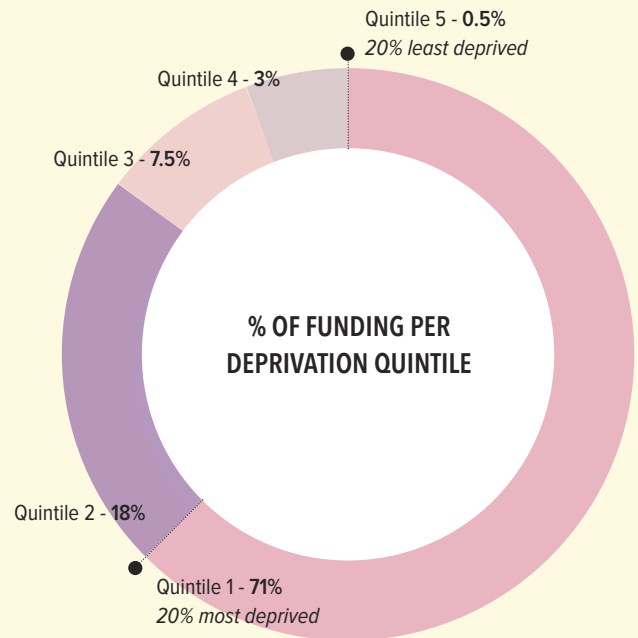
## Improved accessibility and responsiveness regarding engagement in local services, particularly more disadvantaged groups

People living in disadvantaged areas are most likely to experience the poorest health outcomes in society. This is due to the negative impact of the wider determinants of health.

To help tackle inequality and improve the health and lives of those living in disadvantage BCPP funding is weighted towards projects in more deprived areas. The allocation of grants takes into consideration level of deprivation, with funding following the socio-economic gradient ie: more funding is allocated to areas of disadvantage and as disadvantage reduces so does the allocation of funding.

The following charts illustrate the breakdown of funding and the breakdown of projects in relation to the deprivation quintiles.

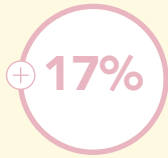
## BCPP in disadvantaged areas



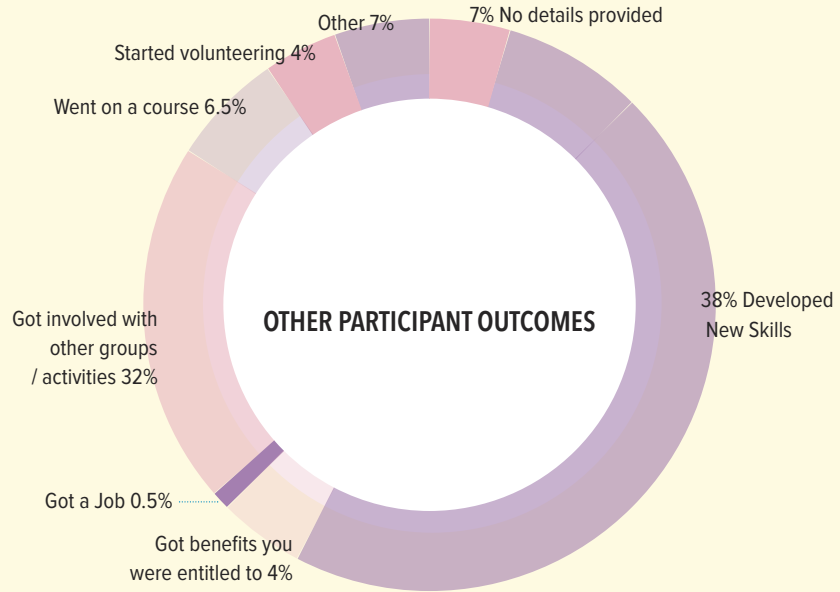
71% of funding going to 20% most deprived areas.

A key element to improving health and reducing inequality is connecting and engaging communities and improving the accessibility of services and supports. This is especially relevant when working with those living in disadvantaged areas. The data from BCPP evidences better relationships between pharmacy and communities, increased participation and engagement. The data shows community organisations and pharmacy have or will change the way they engage with each other and with the community, and they are becoming more actively involved in taking action to improve health and wellbeing in the community.

## Participants connectedness and engagement



17% increase in the number of participants who feel they have something in common with the group



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## Community partner's engagement

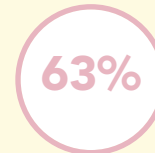
### With other groups and services



87% of partners said they have shared (or plan to share) their experiences of BCPP with other local groups and organisations.



71% of partners said they have or plan to, share their experiences of BCPP with statutory representatives



63% spoke with statutory representatives with the aim of improving local health services

## Community partner's engagement

### With other groups and services



87% of partners said they have shared (or plan to share) their experiences of BCPP with other local groups and organisations.



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63% spoke with statutory representatives with the aim of improving local health services

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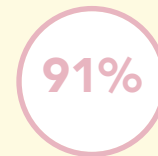
### With other groups and services



83% of community organisations said there are new supports or services being delivered through the project



96% of community organisations said their relationships with participants had been strengthened



91% of community organisations said they are now targeting members of the community they would not previously have worked with.

## Pharmacist connectedness and engagement

100%

100% of pharmacists say that pharmacy is now seen as an accessible resource

90%

90% of pharmacists agree that their relationships with the wider community has improved

93%

93% of pharmacists said they are better able to help and support the health needs of local people

100%

100% of pharmacists said they have or plan to share their experiences of BCPP with other pharmacist

32%

32% of pharmacists said they have spoken or plan to speak with statutory representatives with the aim of improving local health services

60%

60% of pharmacists said they have or plan to use their experience in BCPP to develop/become involved in other health projects.

### Summary

BCPP has a positive influence on social capital within communities and between community and voluntary sector and pharmacy. It also appears that pharmacy and community organisations are willing to use the knowledge and relationships formed during BCPP to positively influence projects and services aimed at improving health and wellbeing in the future.

# Conclusion

## How much did we do?

In the course of two funding rounds 66 projects were funded, 71% of the budget being allocated in the 20% most deprived areas.

## How well did we do it?

At project level it is evident that participants perceived the pharmacist and community partner to have planned and delivered the projects to a high standard.

In terms of the delivery of the programme, feedback shows that pharmacist and community partners feel that CDHN has delivered support of a high standard to them. They indicated that this was of significant use in the planning and delivery of projects.

## What difference did we make?

BCPP has made a difference to the health of participants, their knowledge confidence and ability to address health issues and factors which impact their health. It has changed the way in which participants and community organisation view and use pharmacy; with improved knowledge and relationships with pharmacy. The programme has influenced practices within pharmacy and made a positive impact on how pharmacists feel about their skills and profession. BCPP also makes a positive contribution to tackling health inequalities.

The positive impact on health is evidenced through the reduction in participants with GHQ12 score of 4 or more, and a greater awareness of issues which can affect health. Participants in BCPP are more likely to make positive changes to their lives and are more knowledgeable about where to go for help. The increased knowledge,

understanding, support and ability of participants to make changes is likely to have an impact on the long-term health and wellbeing of participants.

The programme has positively impacted pharmacy from all perspectives. Participants have a more positive opinion of pharmacy and have changed the way they use pharmacy services. These same changes are evidenced for community organisations. BCPP is a positive influence on pharmacy with pharmacists reporting better use of their skills, increased knowledge and understanding of the social determinants of health and better relationships with participants and the community and voluntary sector.

The data shows that taking part in the programme increases participant's engagement in activities. Through involvement in BCPP, pharmacy and community organisations;

- Are more willing to engage and shape the local factors which impact the health of the community.
- Have changed the way they engage with customers and participants.

BCPP improves the health of people living in disadvantage, thus helping to reduce health inequalities by levelling the health of those with the worst health with the rest of society. It is also shown that the programme raises awareness of the wider determinants of health, and their impact. These are key aspects in tackling health inequalities.

The analysis of the monitoring and evaluation data shows that BCPP makes a positive difference for participants, community organisations and pharmacy. This in turn supports the Health and Social Care Board to deliver on key strategic objectives.

# Level 1 Project Story

## Dunluce Family Centre and Bradley's Pharmacy

The Springtown area of Derry has high levels of drug and alcohol abuse. For their Level 1 BCPP project, Bradley's Pharmacy partnered up with Dunluce Family Centre to work with a core group of 13 men and women. They hosted a 'meet and greet' with participants and identified what people wanted to hear more about. This then determined how the programme was structured.

Their project took place over six sessions and explored a range of health issues that included over the counter drug misuse, self-esteem and drug & alcohol use/misuse. Although this was the main focus, they also covered pharmacy services, heart health, prescription and OTC medication, stress, depression and self-esteem. Together they linked up with Drink Think, Aware Defeat Depression and Lifestart to enhance the learning for everyone involved.

The approach used was informal and included games, quizzes, one-to-one's, health checks and discussions to really get the chat going and help people to feel comfortable and relaxed.

The group thoroughly enjoyed the programme and participants formed great relationships with each other and the pharmacist. They are now more aware of services available to them and are more likely to turn to their pharmacist first. They have learned coping mechanisms for stress and the pharmacist felt that this was a great experience to get in to the community and work closely with local people.

Emma Devenney, the Pharmacist, said, "It was so rewarding to see the change in the participants over the 6 weeks. They really opened up and shared personal experiences and the positive feedback from them was an added bonus. People were sad at the end of the programme and we wished that it could have lasted longer as there were so many issues that we wanted to focus on."



National Pharmacy Association 'Get to Know your Pharmacist Week



During the 'Get to Know your Pharmacist' session, the group discussed ways to reduce the risk of developing heart disease



# Level 3 Project Story

## Lisburn YMCA and Boots Pharmacy

Trying something new can be daunting but the benefits you may gain can make the risk worthwhile. This certainly was the case for Pharmacist Eamon O'Donnell when he partnered with Lisburn YMCA as part of a BCPP project. He felt a mixture of excitement and slight apprehension as he was unsure of what to expect from the collaboration.

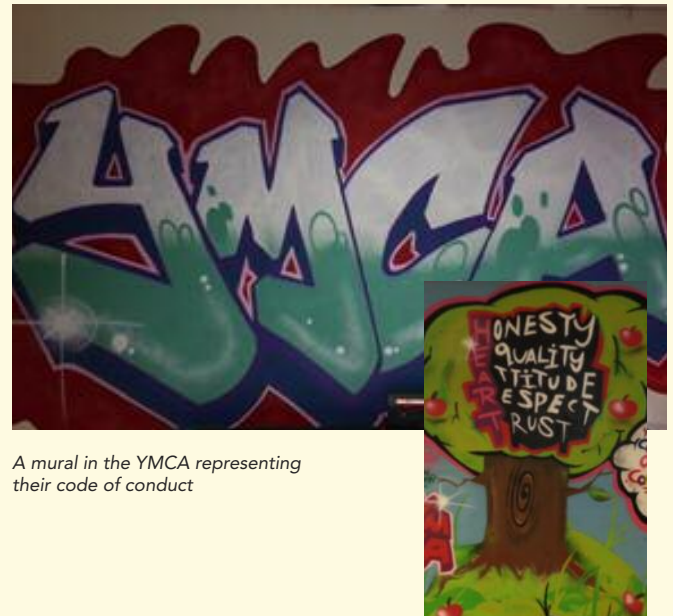
Eamon explained, *"I had only just qualified the year before and my experience of working with groups within the YMCA remit which included at risk young people and adults was limited. However a year on, I have to say it was an amazing experience, both on a professional and personal level."*

Lisburn YMCA was established in 1988 to work with an at-risk target group of marginalised young people and adults. They provide training and educational programmes, alcohol and drug awareness, family support and a range of youth activities for various groups.

Their BCPP project had 4 core groups – a group with learning disabilities, a women's group, a volunteers group and a young people's group.

Discussing some of the outcomes of the partnership in terms of his role as a community pharmacist, Eamon said, *"I definitely feel that I have a better knowledge of vulnerable groups in our community. I'm now in a position to empathise and understand some of the barriers to healthcare which exist, such as lack of understanding and mistrust of their medicines."*

Sharon Dickson, Lisburn YMCA, said, *"This project has enabled us to create a deeper relationship between members of our groups and the community pharmacist. In doing this, we have been able to better understand the healthcare needs of these vulnerable groups. We have highlighted the fact that the pharmacist can be an excellent provider of advice and services for people and as a result, health outcomes have improved."*



A mural in the YMCA representing their code of conduct





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