

BRIEF ADVICE VERSUS BRIEF INTERVENTIONS

Brief advice and brief interventions are part of the same approach to giving opportunistic health advice in a pharmacy – the key distinctions being time and the expertise of pharmacy staff, although other factors (such as privacy) have an influence. Guidance in a letter accompanying public health educational resources distributed by the Department of Health to all community pharmacies in England helped clarify the distinction between brief advice and brief interventions in relation to the pharmacy contractual framework. The main components and differences of both approaches are summarised here:

BRIEF ADVICE is pro-actively raising awareness of, and assessing a person's willingness to engage in further discussion about, healthy lifestyle issues. It is usually given opportunistically and linked to the supply of a medicine, product or service requested by the person visiting the pharmacy. It should normally take **up to 3 minutes** and follow this structure:

Listen – To the person's needs or concerns.

Observe – For signs of health-related or lifestyle issues, e.g. nicotine-stained fingers.

Ask – Raise issues in a non-threatening manner using indirect questions to start with.

Assess – The person's response. Do they appear willing to engage in further discussion on this topic?

Advise – If the person is interested then give general health advice or lead into **specific brief interventions** as appropriate (see over). But if the person is not keen to have further discussions then let them know that they can come back and ask any questions, or look through the health information available in the pharmacy.

Record – The outcome. Did this discussion entail brief advice only or did it lead to an intervention? Was the person particularly sensitive to this issue? If so, why? Did you refer or advise the person to follow-up? If yes, where and when?



BRIEF INTERVENTIONS occur when a person responds positively to proactive brief advice or specifically asks for help with a health-related issue. The model for giving brief interventions in a pharmacy setting has been adapted from NICE guidance for smoking cessation¹ as typically taking **up to 30 minutes**² and includes:

- Giving simple opportunistic advice to change.
- Assessing a person's commitment to change.
- Supplying self-help materials or resources.
- Offering pharmacotherapy and / or behavioural support.
- Providing specialist support (if suitably trained) or refer or 'signpost' to specialist support.
- Offering a follow-up appointment if appropriate.
- Recording the outcome of discussion.

Please note that the offer of, or provision or referral to, specialist behavioural support and / or pharmacotherapy should only occur when the person concerned has shown sufficient interest or motivation in making healthy lifestyle choices. NICE is currently developing guidance for behaviour change³ that is likely to influence the approach for behaviour change adopted by NHS organisations, but training on how to assess an individual's commitment to, and support required for, stopping smoking will continue to be provided by training programmes that meet the national training standard for smoking cessation.

How to progress from giving brief advice to brief interventions

The provision of brief interventions in a community pharmacy setting is likely to be linked to the locally commissioned services component of the new contractual framework via service-level agreements with NHS organisations. The NHS organisations concerned may have already produced local guidance on specific topics for brief interventions in community pharmacies. This local guidance should be read in conjunction with this document.

¹ National Institute of Health and Clinical Excellence (2006). *Brief Interventions and referral for smoking cessation in primary care and other settings*. London: National Institute of Health and Clinical Excellence. www.publichealth.nice.org.uk

² In practice it is recognised that most brief interventions take around 5-10 minutes.

³ National Institute of Health and Clinical Excellence (due October 2007). *Generic and specific interventions to support attitude and behaviour change at population and community levels*. London: National Institute of Health and Clinical Excellence. <http://guidance.nice.org.uk/page.aspx?o=421812>



The following approach will apply to people who have shown sufficient interest in behavioural change to be considered for brief interventions:

Discuss – symptoms, motivation and barriers in more depth. Use the information the person discloses to help formulate responses – this will ensure you address their concerns rather than just imparting additional information. Members of the public want health advice delivered in a clear, concise way that meets their needs. This is easier to achieve if you answer their queries in a sensitive manner using everyday language (e.g. stop smoking) rather than medical jargon (e.g. smoking cessation).

Obtain – their ‘buy in’ to treatment. It is important that people are involved in their treatment decisions and are made aware of their responsibilities for participating in an NHS-funded treatment programme, e.g. by taking their medicines ‘as prescribed’.

Explain – the structure and different elements of the treatment programme. In particular that there may be a protocol(s) to follow to identify any risk (or other) factors that might influence the choice of medicines (e.g. those supplied using a Patient Group Direction) and / or behavioural support. Wherever possible a person’s preferences should be taken into account to improve the likelihood of compliance.

Ongoing support – an estimate of the length of treatment and the type and availability of ongoing support should be given together with any requirements for continuing the programme (e.g. the supply of stop smoking medicines may be contingent on validation of abstinence with a carbon monoxide monitor). Ongoing behavioural support should also be provided in line with relevant NICE guidance for effectiveness. If a person’s ongoing support needs cannot be met by the pharmacy then referral to specialist services or an alternative effective form of support should be offered.

Follow-up and record outcome(s) – as for Brief Advice (see earlier Box).

Feedback – required information to local NHS organisation and other bodies as appropriate. For NHS funded services, at a minimum this consists of following locally-agreed protocols and supplying data to the standards required.



SUMMARY OF KEY DISTINCTIONS BETWEEN BRIEF ADVICE AND BRIEF INTERVENTIONS:

Brief advice:

Brief advice normally means a discussion of **up to 3 minutes**.

All community pharmacies in England are expected to give brief healthy lifestyle advice under the NHS contractual framework to the following people when they present prescriptions for dispensing:

- People who have diabetes.
- People at risk of coronary heart disease, especially those with high blood pressure.
- People who smoke or are overweight.
- People seeking self-care.

Department of Health-approved educational materials were sent to all community pharmacies in England in April 2007 to support them giving brief advice on the most common healthy lifestyle issues.

NHS commissioners may want to use these materials to inform their monitoring processes for community pharmacies.

Brief interventions:

Brief interventions normally means a discussion of **up to 30 minutes** which may include following a protocol (or guidance) for providing the service and a more detailed discussion about lifestyle issues in addition to the supply of medicines.

Pharmacists and their staff providing NHS-funded brief interventions are expected to collaborate with local NHS specialist services and have received training that meets national or local standards (where applicable).

Pharmacists and their staff providing NHS-funded brief interventions for healthy lifestyles are expected to comply with local standards (or agreements) for collecting and supplying data relating to the delivery of these services.

NHS commissioners can use the educational materials issued to pharmacies in England in April 2007 and other relevant guidance to inform the commissioning and monitoring of pharmacy-based brief interventions on healthy lifestyles.

