

# Pain Points.

Breaking down barriers to effective  
patient-pharmacist consultations



## **Haleon Centre for Human Sciences would like to thank our expert faculty for leading the Community Pharmacy Pain Consultations Programme**

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## About this white paper

At the Haleon Centre for Human Sciences, our mission is to utilise research findings from behavioural, psychological and social sciences, alongside the experience of healthcare practitioners, to help overcome the barriers that health professionals face in establishing lasting patient behaviour change. Our first commitment is to improving consultations for pain management in community pharmacies. This inaugural white paper describes the findings and implications from the Centre for Human Sciences' Community Pharmacy Pain Consultations Programme, which ran between January and May 2024. The paper demonstrates the value of integrating behavioural science principles into daily pharmacy practice and provides practical, actionable recommendations that can benefit pharmacists and their patients meaningfully.

## What is Haleon's involvement?

The Centre for Human Sciences is an initiative organised and funded by Haleon as part of our commitment to removing barriers to better everyday health. Whilst Haleon funds the initiative, all outputs are backed by research and led by expert faculty groups.



Find out more about the

**Haleon Centre for Human Sciences**

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## Executive summary

For decades, research from human sciences has clearly shown that to encourage people to build and maintain new habits, we must first have a firm understanding of how they think, feel and behave. On this basis, the Centre for Human Sciences was established to influence patient behaviour positively through trusted science and real-world, deep human understanding. We recognise that many patients struggle to discuss their musculoskeletal pain, evaluate their treatment needs, or seek clinical advice. Community pharmacists, as holistic healthcare providers who care for these patients every day, may benefit from support that enhances their patient interactions to drive better patient behaviours. We aimed to provide this support by developing a Community Pharmacy Pain Consultations Programme, led by a faculty of academic experts and practicing pharmacists. Using research-backed theory and evidence from behavioural, psychological, and social sciences, we developed and trialled interventions to achieve this aim. Results from our programme showed the effectiveness of these interventions in changing patients' and pharmacists' behaviour to elevate patient-pharmacist relationships and patient outcomes.

The Community Pharmacy Pain Consultations Programme used in-store cues and prompts to help reframe patients' perceptions of the pharmacist's role and to encourage patients to re-evaluate their pain management. These are important steps toward effective patient-pharmacist pain consultations that patients feel satisfied with. This is underscored by the 32-percentage point (pp) increase in the proportion of patients who, after the interventions, no longer saw the pharmacy as a place only to pick up prescriptions.

We also supported pharmacists through the provision of self-guided training to understand patient behaviour through a human sciences lens. By sharing behavioural techniques they could use during their consultations, the programme led

to a 11pp increase in patients' satisfaction with the pharmacist's understanding of their pain's impact on their mental and emotional wellbeing.

This programme demonstrates the role that industry-owned initiatives and actions can play in supporting patients and pharmacists and, more widely, healthcare professionals in many community settings, with direct impact on patient outcomes. Companies that profit from these interactions have a duty to ensure that patients' needs remain the number one priority, and to support the healthcare professionals who ensure the same. As a company focused solely on consumer health, Haleon responds to this responsibility by continuing to partner with healthcare professionals to understand their needs and those of their patients, and to invest resources to address them.

## Summary and recommendations

### Preparing patients for a clinical consultation with in-store cues

#### Summary

A person's environment, the things they see and read, can greatly impact their decision-making. Simple imagery and messaging when crafted and placed strategically around the pharmacy can be used to help motivate and prepare patients to talk to their pharmacist about healthcare issues, including those relating to pain. A variety of in-store cues can help to **prime** patients for clinically meaningful consultations on this topic.

#### Recommendations

- Optimise in-store touchpoints to encourage more effective patient-pharmacist interactions (e.g. through implementation of the Community Pharmacy Pain Consultations Programme)
- Share this research with colleagues to raise awareness on the importance of the physical environment in driving effective consultations

**Priming:** Utilising the subconscious influence of cues and stimuli on our thinking and behaviour. These cues can be words, sounds, smells, images and even actions.<sup>1</sup>

## Enhancing consultation skills with training materials

### Summary

Improving consultation skills with behavioural science can elevate patients' perceptions of their pharmacist. In their feedback, pharmacists commented that the training materials had a human and engaging quality, helping them to connect with patients confidently. This may improve adherence to treatment and build understanding between both parties.

### Recommendations

- Implement evidence-backed behavioural techniques such as **motivational interviewing** and **positive reciprocity** into standard practice, as taught through the Community Pharmacy Pain Consultations Programme
- Reflect on patient interactions and pinpoint any areas for improvement, using patient feedback as needed to further refine your consultation skills
- Collaborate with colleagues to create the time to pursue these development opportunities

## Producing holistic follow-up plans tailored to the patient's needs

### Summary

The behaviour change interventions offered by the Community Pharmacy Pain Consultations Programme helped patients to feel more understood and resulted in more patients receiving a follow-up plan from their pharmacist. This change reflects a deeper understanding of patient needs and an increased focus on personalised care. Through crafting holistic treatment plans that include pharmacological and non-pharmacological recommendations, we can put positive treatment outcomes within reach.

### Recommendations

- Embrace a holistic approach to personalised care that incorporates pharmacological and non-pharmacological recommendations, including exercise, distraction-based interventions, relaxation techniques, and transcutaneous electrical nerve stimulation, as taught by the Community Pharmacy Pain Consultations Programme
- Ensure that patients leave with a clear follow-up plan, with information on medication usage, potential side effects, what to do if their pain worsens and when to return for a follow-up
- Maintain open lines of communication, inviting patients to share feedback on their pain management plan and adjust as necessary

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**Motivational interviewing:** Empathetic listening can drive the patient's motivation to change. This is included in the 'OARS' model of understanding patients' perspectives: Open questions, Affirmation, Reflective listening and Summarisation.<sup>2</sup>

**Positive reciprocity:** Our hard-wired response to return a kindness we have received.<sup>3</sup>



## The crucial role of the community pharmacist in addressing musculoskeletal pain

Musculoskeletal (body and joint) pain is a universal and pervasive issue, affecting nearly half of the global population regardless of age, gender, or economic status.<sup>4,5</sup> Many adults experiencing this type of pain may visit the pharmacy without seeking advice, and up to 45% struggle with persistent issues that require consultation from a healthcare professional.<sup>4,6</sup> These problems are complex and multifaceted, including functional limitations, emotional distress, mood disturbance, loss of independence, and a reduced quality of life.<sup>4,5</sup>

Complicating matters further is the projected rise in global pain-related burden due to an ageing population.<sup>7</sup> As frontline experts, community pharmacists and other healthcare professionals will play a pivotal role in addressing this burden within a multi-discipline healthcare system, by improving patients' self-care abilities and general health literacy.

By supporting the patient and by characterising their pain accurately, the pharmacist can provide tailored recommendations suited to the patient's individual needs and circumstances effectively. These recommendations may include a combination of non-pharmacological treatment options, which could potentially reduce the need for medication, along with the over-the-counter pain medication most appropriate for the patient.

### First-hand experience of patients visiting the pharmacy who are reluctant to discuss their pain and the importance of addressing this issue

#### **Brendon Jiang**

Senior Clinical Pharmacist, UK; Treasurer, Royal Pharmaceutical Society English Pharmacy Board, 2024-present

"Pain is much like emotion: Deeply personal, often suppressed until it becomes overwhelming, and something many are reluctant to discuss. I've seen patients spontaneously break down in tears as soon as they step into the consultation room. Community pharmacists, as highly qualified healthcare professionals, are here to help diagnose, recommend treatment, provide reassurance, make referrals, and assist with rehabilitation and prevention. These services can't be delivered in a mere transaction. The true value lies in the consultation, which creates the time and space for personalised treatment. Anything that fosters this shared space between patients and pharmacists is invaluable."

### Championing pharmacists as pain management advisers

#### **Thorrun Govind**

Community Pharmacist, UK; Chair, Royal Pharmaceutical Society English Pharmacy Board, 2021-2023

"Championing pharmacists as pain management advisers recognises our expertise, but also our important place in providing accessible patient care. As trusted healthcare professionals, we can advise on self-care and can also help educate patients on when it would be appropriate to seek further medical attention. We offer a holistic approach that includes more than medication. A trusted part of our local community, pharmacy teams are key to addressing health inequalities. To address this, it is crucial to support pharmacists in conducting effective pain consultations to drive lasting changes in patient behaviour."





## The Centre for Human Sciences' Community Pharmacy Pain Consultations Programme

The Centre for Human Sciences recognises the pressing need to optimise pain consultations between patients and pharmacists. To address this, we assembled an expert faculty of behavioural scientists and practicing healthcare professionals to determine the core objectives of the programme.

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### Aims of the Community Pharmacy Pain Consultations Programme

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- 01** Build stronger patient-clinician relationships, challenge unhelpful beliefs and generate tailored treatment recommendations through effective pain consultations

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  - 02** Help patients to better articulate their pain to their community pharmacist, including its impact on their day-to-day lives

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  - 03** Encourage patients to follow their pharmacist's recommended treatment plan after having an in-depth conversation about their plan
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### Behavioural science in community pharmacy

#### **Rob Horne**

Director of the Centre for Behavioural Medicine and Professor of Behavioural Medicine, UCL School of Pharmacy, University College London, UK

"Behavioural science can help pharmacy staff to better understand and meet the needs of their patients. The Centre for Human Sciences case study illustrates how this can be done. By providing behavioural science-based training to pharmacists on how to uncover patient perceptions and experiences of pain and pain treatments, combined with applying nudge theory to make small changes to the pharmacy environment, patients with pain were encouraged to consult with their pharmacist and open up about their pain. This study shows that, by applying behavioural science, pharmacy staff were able to understand patients' perspectives of their illness and treatment and provide more effective support to meet their needs."



## Developing the Community Pharmacy Pain Consultations Programme

### Ivo Vlaev

Director of the Centre for Behavioural Medicine and Professor of Behavioural Medicine, UCL School of Pharmacy, University College London, UK

“Behavioural interventions in health often aim to influence how people consciously think about their behaviour. However, a significant portion of behaviour isn't dictated by intentions alone. Insights from behavioural sciences indicate that human behaviour is led by our emotional brain, greatly influenced by our environment. Behaviour isn't so much thought about - it simply comes about. By better understanding both the rational and irrational aspects of human decision-making, we can influence choices more effectively. This involves considering how people respond to the context within which decisions are made. The human brain uses a number of **heuristics** to allow it to cope with the large burden of complex choices it faces every day, but these ‘rules of thumb’ can also lead us into predictable systematic biases and errors. At the same time, the same errors that trip people up can also be used to nudge them make better choices. This understanding forms the basis of our Community Pharmacy Pain Consultations Programme.”

These objectives were addressed through complementary interventions: practical training for pharmacists and in-store cues aimed at patients, including signs that motivated them to re-evaluate their pain and floor mats that directed them to the pain medication aisle.

As part of this initiative, the Centre for Human Sciences partnered with Alliance Pharmacy. Together, they placed the behaviour change interventions in seven pharmacies in Australia to support patient consultations on over-the-counter treatments for acute and recurring pain. Assessments taken before and after implementation demonstrated a significant shift in patients' perceptions and attitudes toward the pharmacy and the pharmacist.

## Implementing the Community Pharmacy Pain Consultations Programme

### Professor Colin Strong

Director of the Centre for Behavioural Head of Behavioural Science, IPSOS, UK

“Effective measurement of activities to change behaviour is critical to determine ‘what works’, providing confidence for rolling out more widely. For measurement, we worked closely with Haleon to carefully craft a survey and qualitative tools designed to properly capture the views and experiences of pain patients. And then we worked with busy community pharmacists who encouraged patients to participate, both before and after the intervention was implemented. It is through the teamwork involved in painstakingly collecting interviews in a rigorous and structured manner that we are able to have data showing these interventions can support positive outcomes both for patients and pharmacists.”

**Heuristics:** Heuristics are mental shortcuts that help us make quick and efficient decisions, especially when we have limited time, information, or resources.<sup>8</sup>

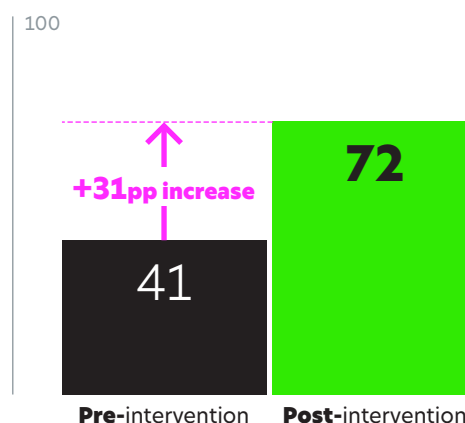
## Pain consultation interventions elevated patients' views of their pharmacy

Before implementation of the behaviour change intervention, only 41% of pain patients viewed their pharmacy as more than a place to pick up prescriptions. Although satisfaction with the pharmacist consultation was already high at baseline,\* the introduction of in-store cues and pharmacist training prompted a significant change in how patients perceived the role of their pharmacist. With the interventions in place, 72% of patients perceived their pharmacy as a resource that offers benefits extending beyond filling prescriptions.

Over time, improving the effectiveness of patient interactions could lead to a broader shift in patients' perceptions of the pharmacist, as patients increasingly view their community pharmacist as a go-to resource for general clinical advice and guidance.

**I only see the pharmacy as a place to pick up prescriptions**

(% disagree)



**Demonstrates potential to shift patient's mindset** in perceiving the pharmacy as a place to seek advice and treatment beyond prescriptions for pain\*

\*Pre-intervention: 76 Australian adults with musculoskeletal pain surveyed in pharmacy 22/01/2024–28/02/2024. Post-intervention: 47 Australian adults with musculoskeletal pain surveyed in pharmacy 25/03/2024–14/05/2024.

Carried out by Ipsos, two separate groups of Australian adults experiencing musculoskeletal pain were surveyed while visiting pharmacies. The first group was surveyed between 22nd January and 28th February 2024, pre-intervention. The second group was surveyed post-intervention, between 25th March and 14th May 2024. The age of the pre-intervention patient respondents ranged from 18-98 years, which was slightly wider than the age range of post-intervention respondents who were 20-76 years. On average, pre-intervention respondents reported slightly higher levels of pain. There were slightly more women than men in both the pre- and post-intervention responder groups; most were working Australians who responded to the survey on behalf of themselves. The median age of all respondents was 51 years. The most frequently reported types of pain included joint pain, muscle pain, and arthritis. Small sample sizes tend to be underpowered in detecting significant effects. Consequently, even when a significant effect is found, with low power, there is an increased chance that the direction of the effect is the opposite to the true direction. Additionally, there may be an error around the magnitude of the effect estimated with smaller sample sizes. It is therefore important to operate with due caution when noting and interpreting the statistically significant differences in the report.  
pp, percentage point.

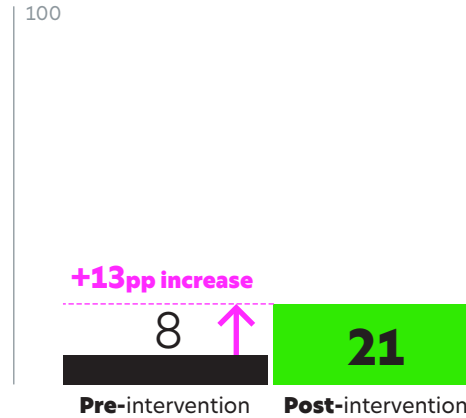


## Two complementary interventions significantly influenced pain-related behaviours

### In-store cues encouraged patients to discuss their pain with their pharmacist

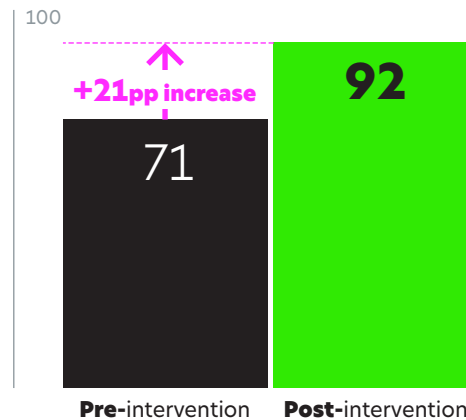
The in-store cues provided as part of the Community Pharmacy Pain Consultations Programme helped to position the pharmacist as a pain management expert and prompted patients to re-evaluate their pain management, motivating them to initiate a conversation about their pain. Post-intervention results showed that these cues elicited a significant shift from 8% to 21% in the proportion of patients who felt encouraged to discuss their pain with their community pharmacist. Additionally, 92% of patients felt prepared for a conversation about their pain compared with 71% before the interventions. This highlights that a patient's motivation, confidence and willingness to discuss their pain, coupled with their perception of the pharmacist as a clinical professional, are crucial steps in initiating an effective patient-pharmacist consultation that leaves them feeling satisfied.

I saw something that encouraged me to speak to the pharmacist about body pain (% agree)



The number of patients who reported being **prompted to speak with their pharmacist** increased after the intervention from 8% to 21%\*

The in-store cues helped me feel prepared for a consultation about my pain (% agree)



The number of patients who reported **feeling more prepared** than before the interventions increased from 71% to 92%\*

\*Pre-intervention: 76 Australian adults with musculoskeletal pain surveyed in pharmacy 22/01/2024–28/02/2024. Post-intervention: 47 Australian adults with musculoskeletal pain surveyed in pharmacy 25/03/2024–14/05/2024. pp, percentage point.

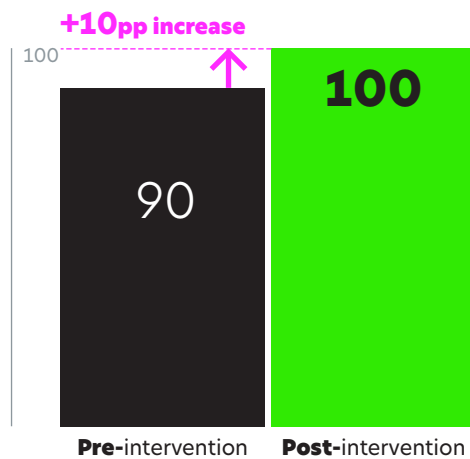
## Pharmacist training helped to provide richer, tailored support to patients

More patients reported feeling understood by their pharmacist, indicating an improvement in empathy and relatability within the conversation. The number of patients receiving a follow-up plan or holistic pain management recommendation increased, suggesting that pharmacists were

encouraged to adopt a more patient-centric approach to care. Additionally, these behaviour-change interventions improved how patients perceived the preventative recommendations that they received. Finally, the likelihood of patients using the pharmacy as a source of advice increased, highlighting the growing trust and reliance on pharmacists for health guidance.

### The pharmacist understood the impact of my pain on my ability to do day-to-day activities

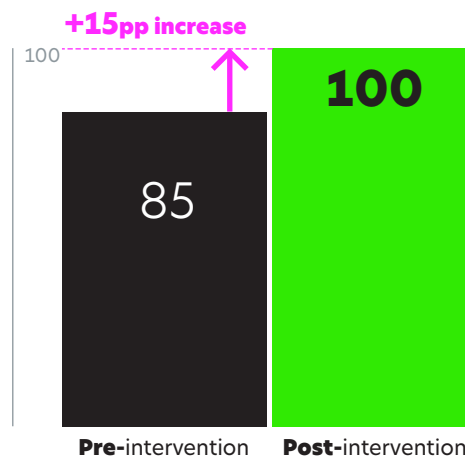
(% satisfied)



After the intervention, **all patients felt their pharmacist understood the impact of their pain** on their day-to-day activities\*

### The pharmacist considered my personal beliefs and preferences

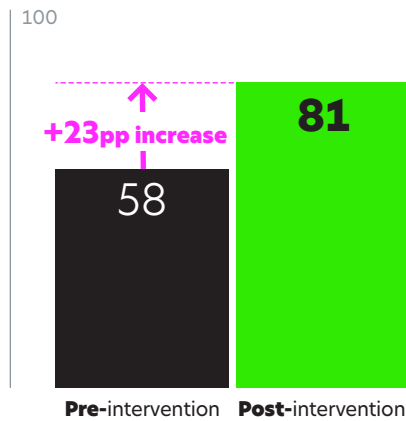
(% satisfied)



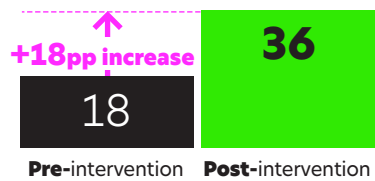
Following the training, more patients perceived that **their beliefs and preferences had been considered by their pharmacist**\*

\*Pre-intervention: 76 Australian adults with musculoskeletal pain surveyed in pharmacy 22/01/2024–28/02/2024. Post-intervention: 47 Australian adults with musculoskeletal pain surveyed in pharmacy 25/03/2024–14/05/2024. pp, percentage point.

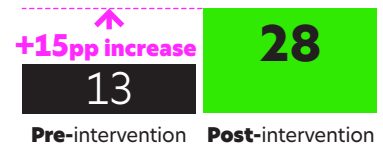
**I was recommended pain medication to help manage the pain**  
(% agree)



**I was recommended something other than pain medication to help manage the pain**  
(% agree)

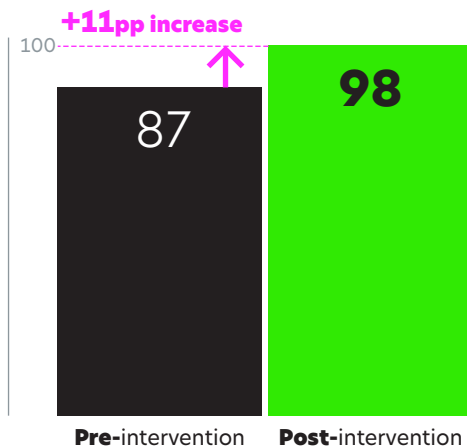


**I was given a follow-up plan**  
(% agree)



More patients **received a follow-up plan for over-the-counter medication or a holistic pain management recommendation** following pharmacist training\*

**I was pleased with the preventative action my pharmacist suggested to help with my pain**  
(% satisfied)

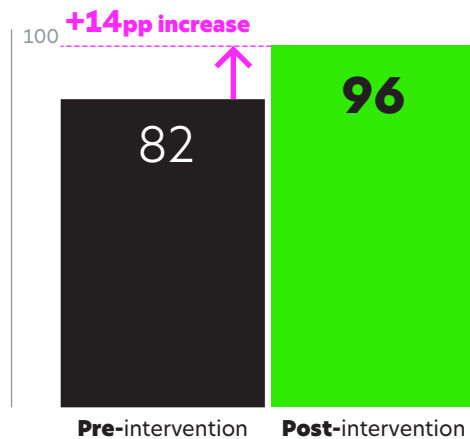


**Patient perceptions** of the pharmacist's recommendation in preventative actions **improved following pharmacist training\***

\*Pre-intervention: 76 Australian adults with musculoskeletal pain surveyed in pharmacy 22/01/2024–28/02/2024. Post-intervention: 47 Australian adults with musculoskeletal pain surveyed in pharmacy 25/03/2024–14/05/2024. pp, percentage point.

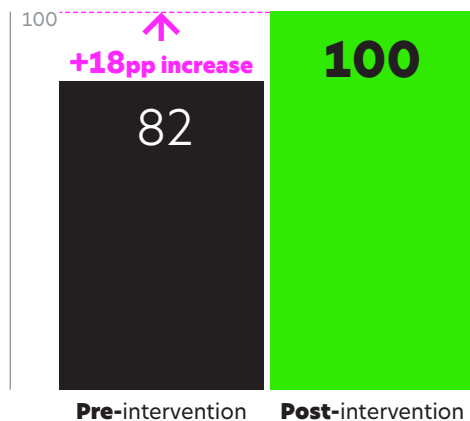
**I'm now more confident talking about pain with the pharmacist**

(% agree)



**In the future, I am likely to go to speak with a pharmacist to get general advice on other conditions**

(% agree)



**Reflections from a participating pharmacist**

**Mick Delaney**

Community Pharmacist,  
Alliance Group, Australia

"I was alarmed to discover that many of my patients experience pain without realising that their community pharmacist can offer more than just a product. Pain is a prevalent condition that affects various aspects of a patient's life, so improving their pain management can significantly enhance their overall wellbeing. Community pharmacists possess the knowledge, capacity, and environment to deliver comprehensive pain consultations. Sometimes, they just need a refresher to fully realise these capabilities. Implementing a support programme like this not only boosts pharmacists' professional satisfaction, but also enhances patient health outcomes. I was pleasantly surprised by the programme's simplicity: it was easy to implement and was well received by the entire pharmacy team. I am proud to be associated with the Haleon Centre for Human Sciences."

Improved consultations **influenced patients' likelihood to seek medical advice from their community pharmacist\***

\*Pre-intervention: 76 Australian adults with musculoskeletal pain surveyed in pharmacy 22/01/2024–28/02/2024. Post-intervention: 47 Australian adults with musculoskeletal pain surveyed in pharmacy 25/03/2024–14/05/2024. pp, percentage point.



## Productive conversations between patient and pharmacist are key in optimising pain self-care

Our expert faculty of academics and practicing clinicians combined their behavioural expertise with real-world clinical insights to curate the behaviour change interventions through a series of ideation workshops. The results elicited by these interventions demonstrate the value of this approach and the role behavioural science can play in meaningfully improving the patient-clinician relationship for more productive pain consultations.

Each intervention is comprised of distinct content elements that encompass a range of behavioural science principles. These are discussed in more detail below, to illustrate the skills and techniques that pharmacists can use to enrich their consultations, and how patients can be prompted to re-evaluate their pain and shift their perception of the pharmacist's role.

### Enriching consultation skills with the Centre for Human Sciences training programme

The self-guided training provided by the Centre for Human Sciences is designed to enrich pharmacists' day-to-day practice by developing their confidence, **self-efficacy**, and ability to drive lasting patient behaviour change. The training modules share practical behavioural science techniques that can be easily integrated into community practice, provide strategies to encourage patient adherence to clinical recommendations, and promote repeat pharmacy visits and follow-ups. The training was designed to be delivered in three modules in a variety of formats to ensure that the content remained **salient** and engaging. These modules can be completed flexibly around busy schedules and are freely available on the [Haleon HealthPartner website](#).

### Module 1

**Podcast: The evolving role of the pharmacist in self-care.**



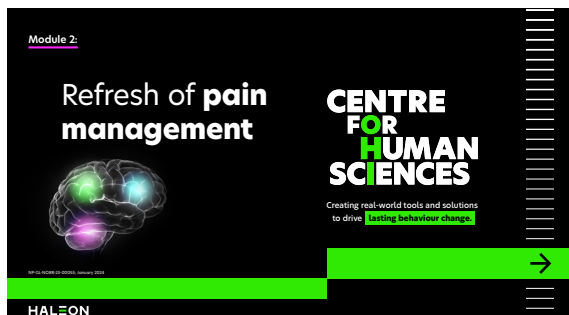
In their discussion, Mick Delaney (Community Pharmacist, Alliance Group, Australia) and Professor Rob Horne (Director of the Centre of Behavioural Medicine and Professor of Behavioural Medicine, UCL School of Pharmacy, University College London, UK) highlight common misconceptions patients may have of their pharmacist and the pharmacy, while discussing strategies to overcome them by **reframing** the patients' view and experience of them. Focusing on the crucial role of patient and pharmacist behaviour in establishing trust, empathy, and understanding, they explore aspects of the patient-pharmacist dynamic that are fundamental in enabling a pharmacy to reach its full potential in the delivery of effective healthcare.

**Self-efficacy:** A person's belief in their own ability to execute a behaviour in the face of obstacles.<sup>9</sup> **Salient:** The salience of something describes its prominence. An item's salience is what makes it stand out from its neighbours.<sup>10</sup> **Reframing:** When information is presented positively to highlight benefits and influence our decision-making.<sup>11</sup>



## Module 2

**Interactive training resource.**



This refresher on holistic pain management and over-the-counter pain medicines ensures that pharmacists are confident in providing up-to-date advice tailored to each patient's needs. Being able to provide clear information around management options is important when **addressing patient concerns**.

## Module 3

**A video lecture delivered by a behavioural scientist.**



Dr Vivian Auyeung (Senior Behavioural Science Consultant, Spoonful of Sugar, UK) guides pharmacists on how they can incorporate psychological techniques into their community pharmacy practice. The video lecture highlights how pharmacists can reframe consultations to assure patients that their aim is to seek the best possible treatment. Strategies are shared on addressing patient concerns and beliefs about pain medications with evidence-based and nuanced explanations. An overview is presented on frameworks that pharmacists can use to better understand behaviour change, such as the **Perceptions and Practicalities Approach**, alongside techniques like motivational interviewing which fosters a richer dialogue during consultations.



**Addressing patient concerns:** People may be less willing to use medication as intended if they are concerned about the treatment or its effects. By addressing misplaced concerns, community pharmacists can support patients to manage their pain in the way that is most effect for them.<sup>12,13</sup> **The Perceptions and Practicalities Approach:** People are more likely to act if they're motivated and able. By reducing practical barriers to the desired action, the Perceptions and Practicalities Approach aims to make the desired behaviour more achievable and therefore more likely to occur.<sup>14</sup>

**Despite being confident prior to the programme, pharmacists also reported benefit from the training resources**

*"The feedback's been really positive around being engaging and just being human...a lot of the time, pharmacy training that we roll out in Australia is very robotic and you kind of get it done and you move on, whereas this sort of resonated with them a bit more."*

*"It has given the team confidence to be able to engage with the customer and know that what they're doing is, and what they're saying is, the right thing."*

**Pharmacist, post-intervention**

*"Giving of examples of how to talk to patients...that was very helpful, and how to structure questioning and answering."*

*"I've got more confidence; it's reassured me how I interact with patients. It's definitely reminded me of things that I do well or things that I needed brushing up on. It's definitely helped."*

**Pharmacist, post-intervention**

**Digital access to Continuing Professional Development (CPD) as a community pharmacist**

**Marc Kriesten**

Community Pharmacist, Germany

"The digital era offers community pharmacists unparalleled access to CPD. Digital training platforms provide flexible, asynchronous learning opportunities, allowing pharmacists to engage in education at their own pace and convenience. Haleon's approach supports lifelong learning by enabling pharmacists to continuously update their knowledge and skills, ensuring that they remain at the forefront of healthcare advancements. The ability to access high-quality training materials online facilitates ongoing professional growth and enhances the ability to provide optimal patient care. Embracing digital CPD ensures pharmacists are well-equipped to meet the evolving demands of their profession."

## Optimising the physical environment to drive effective patient-pharmacist conversations

### In-store cues elevate patient perceptions of the pharmacist and encourage them to ask for a consultation

A variety of cues were placed in the pharmacy to drive patients who were not happy with their current pain management to talk to their pharmacist, incorporating established behavioural science principles such as **implicit associations**, **authority bias**, **priming**, and **salience** to trigger a series of behavioural and cognitive processes. The cues guided patients towards the pain medication section in the pharmacy store, while encouraging them to reflect on the nature of their pain, re-evaluate their current management, and consider seeking a consultation. More broadly, the cues motivated patients to take a proactive role in managing their health and facilitate an open dialogue with pharmacists.

- **Window posters** highlighted the pharmacist's clinical pain expertise to disrupt unhelpful patient perceptions of what the pharmacist can offer, reframing their role to patients
- **Patient testimonials** provided real-life **social proofs** of others having positive pain conversations with their pharmacists, prompting other patients to talk to their pharmacist
- **Floor graphics** navigated patients to the pain aisle, disrupting unhelpful **habitual behaviours** by pointing them towards the pharmacy counter for further advice.



Reframing the physical pharmacy environment

Streamlining in-store navigation reduces patients' **cognitive load**, freeing up additional mental space for thinking about pain management and a potential consultation with the pharmacist

- A **patient consultation guide** prompted patients to think about their goals for pain management. On the back of this tear-off material, patients were also provided with questions to ask their pharmacist, highlighting their **personal necessity** for a clinical conversation and helping them to prepare for a consultation

**Implicit associations:** Our ingrained attitudes towards certain groups can extend to similar ones, such as associating all people in white coats with the same characteristics.<sup>15, 16</sup> **Authority bias:** The tendency to value and trust information more when it comes from a source we perceive as an expert or authority.<sup>17</sup> **Social proof:** Our tendency to mimic the behaviour of others in our environment.<sup>18</sup> **Habitual behaviours:** Our tendency to stick with known choices even if better options are available, driven by a desire to avoid uncertainty.<sup>19</sup> **Cognitive load:** The burden of processing information. Reducing cognitive load can enhance patients' ability to make informed decisions about their choice of pain treatment.<sup>20</sup> **Personal necessity:** The belief that a certain action is essential to achieving a personal goal, thereby motivating an individual to complete the action or behaviour.<sup>14</sup>

*"The floor stickers help lead patients to the counter, which then lead with the engagement. In some states, a lot of the pain management has to be kept behind the counter. I guess it just sort of helped direct customers and show that we are able to assist and engage with them."*

*"Most men don't really like to have the conversation about pain relief...trying to encourage everyone to have the confidence to be able to engage about something, [these in-store cues] start the conversation, [as] opposed to the customer potentially hoping they don't have to talk to someone and get what they want and leave again."*

**Pharmacist, post-intervention**

*"I did like the floor details. It's directing people to the pain section...it was something that you did notice on entering the stores quite well."*

*"And when they sort of said 'OK, everything's over, would you like us to take all the merchandising down?' both stores said, 'I'll leave the floor details and leave the shelf details, they're fine!'"*

**Pharmacist, post-intervention**



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