Pharmacy staff perspectives on the role of community pharmacy in the provision of first aid and responding to emergencies: a qualitative study

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This presentation

- Discuss the background to the project
- Outline the methods used
- Discuss the findings: pharmacist Perspectives on providing first aid & Responding to emergencies

Background

- Target: 75% of Cat. A calls reached within 8 mins
- Initiatives currently in the community to improve response times
- Better use of community pharmacists
- Novel research topic; limited studies available

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Aim

To qualitatively explore the perspectives of community pharmacists about community pharmacy staff providing first aid and responding to medical emergencies.

Methods

- Ethical approval
- In-depth, one-to-one interviews with 7 pharmacists
- Purposive sample (based on community pharmacy background)
- Interview guide based on the aims and objectives
- Audio-recorded and transcribed verbatim

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Methods

- Key topics included
  - Current first aid provision and emergency response
  - Enhancing community pharmacy roles
  - Potential benefits and limitations
  - Undergraduate training
  - Relationships with other health professionals
- Framework analysis technique

Results

- Current provision of first aid and responding to medical emergencies is on an ad hoc basis

“Up to the individual pharmacist or the skill set of the staff …”

(Participant D: Academia, community)

“You’ve still got loads of old-school style pharmacists who […] just want to check medicines at the back”

(Participant F: Community, NHS)

Results

- Varied experience in the field

“… asthma attacks, heart attacks, general cuts and bruises, scrapes; […] people tend to gravitate to the pharmacy; there isn’t anything advertised, that’s where you go.”

(Participant C: Academia, community)

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Results

- Pharmacist's duty of care to respond

"You just use your initiative to know what to do as a medical person [...] at the time you just get on and do it, and then it's afterwards you go a bit shaky"

(Participant G: Community, NHS)

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Results

- Defined limits needed in order to be covered by indemnity insurance

“… there isn’t anything that says, in black and white, yes, you can help this patient. So people are just a little unsure; they like to have things in writing.”

(Participant F: Community, NHS)

Results

- Current initiatives and the position of pharmacy

“If it was a scheme that every pharmacy had a defibrillator then it would be clear from the public’s point of view that every pharmacy has one …”

(Participant B: Academia, community)

Results

- Pharmacy staff responding to emergencies

“It doesn’t always have to be the pharmacist […]. The only problem you’ve got there is that if you spent out the money to train that member of staff you’ve got to hope that they’re going to stay employed with you.”

(Participant G: Community, NHS)

Results

- Current and enhanced pharmacy role training

“All pharmacists should be qualified first aiders and should be able to administer first aid and CPR, if needed.”

(Participant A: Academia, community, hospital, international)

“I’m prepared to give thrombolytics; I would want training first, I don’t know how I’d feel about doing it without.”

(Participant C: Academia, community)

Results

- Integration of training within MPharm degree

"…the basic level of, 'What do you do if someone's passed out, having chest pain and heart attack?' [is] vitally important. […] Otherwise the public perception of the profession could be damaged"

(Participant D: Academia, community)

Results

- Operational barriers to enhanced pharmacist roles
  - Low interest and uptake, cost…

“[Pharmacists] say that they’re already too busy, and they’re struggling and they can’t do anything more …”

(Participant F: Community, NHS)

“There’s a cost element […] that should be worked out through a good solid business case”

(Participant A: Academia, community, hospital, international)

Results

- Professional barriers to enhanced pharmacist roles
  - Perceived inappropriate role for pharmacy, limited experience, encroachment on paramedics' role …

"I guess it might be worth looking into perspectives of how other healthcare professionals feel about it […], whether they're happy that we're offering these services"

(Participant E: Academia, community)

Results

- Clinical benefits to enhanced pharmacist roles
  - Minor and life-threatening responses

“[Pharmacists] could help with plasters and dressings. […] I guess with a medical emergency, they may be able to know the right thing to do, call 999 and take the instructions over the phone”

(Participant F: Community, NHS)

Results

- Professional benefits to enhanced pharmacist roles
  - Less pressure on A&E, raising pharmacy profile, better relationships with other HCPs …

“[Enhanced pharmacy roles could] be almost the gate keeper of some elements in primary care. […] There are probably things that we could do to help cross train…”

(Participant A: Academia, community, hospital, international)

Conclusions

- Majority of respondents receptive to enhanced pharmacy roles
- Qualitative research so findings not necessarily generalisable
- Need for further quantitative and qualitative research

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