

Perceptions and experiences of community pharmacists in supporting respiratory patients in London: a qualitative study.

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Background and Rationale

What is currently known about the topic?

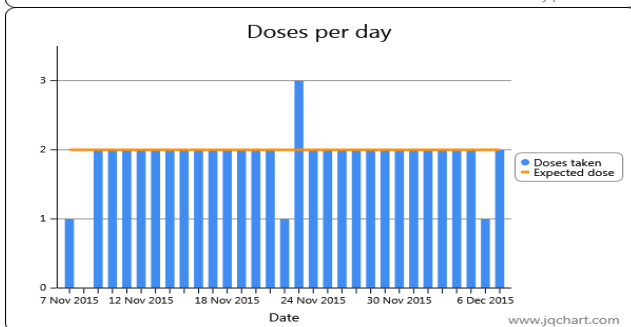
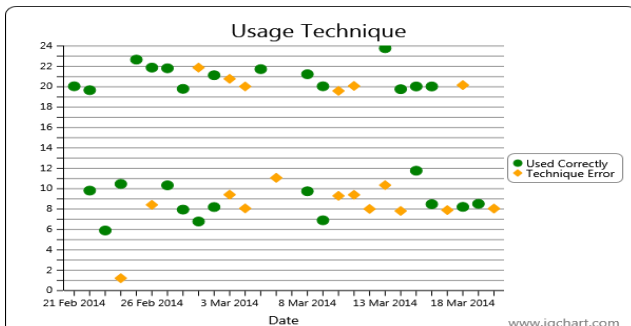
- 50-80% of patients have poor inhaler technique (IT) and 50% have poor medication adherence (MA) [1].
- Patients IT deteriorates over time [2].
- Patients tend to overestimate their IT [1].
- Community pharmacists (CPs) have a positive impact on the management of respiratory patients regarding IT and MA [3].
- Methods used currently to assess IT and MA are subjective in nature [4,5].



Can technology be a possible solution to an old problem?

Proposed solution is Inhaler Compliance Assessment (INCA) technology

- Acoustic, battery operated device
- Monitors IT and adherence while patients are using inhalers at home.
- Provides objective feedback regarding IT and adherence [6].



Aims:

- Explore CPs' perceptions about the current services offered to respiratory patients.
- Assess CPs' perceptions and need for an objective measure of IT and MA such as INCA and gauge their acceptability for the new proposed technology.

Methods:

- Semi structured interviews with CPs owning or working in independent community pharmacies within West and South West London.
- Framework method used for thematic analysis of data
 - Conceptual Framework
 - Theoretical framework
- Rogers Diffusion of Innovation theory [7] was used as a theoretical framework to aid in the analysis of technology acceptability theme.
- Inductive/deductive approaches during analysis and development of themes.
- Data coded using NVivo 10 software.

Results

Interviews were conducted with 23 CPs.

Themes identified were:

- **Limitations of patient support:** limitations included: fragmented care, remuneration, pharmacists' time, patients' time and health beliefs.

MUR is an annual thing but it all depends if we get the patient again ... it just depends on catchment

I think the other thing which could be viewed as a problem is the multiple approach from different parts of the NHS ...so lack of communication with other HCPs is an issue.

- **Need and acceptability of new technologies:** CPs were receptive to INCA technology. Benefits perceived were related to provision of objective feedback regarding inhaler technique and adherence.

It will be a bonus definitely.....Having the results of that particular piece telling me that the evidence level is this, then I can investigate why, whereas now in the consultation room I will be spending time to find out about that adherence level and still not get it right, whereas with this I have evidence.

- **Perceived understanding of CPs role :** Lack of recognition of clinical role within the offered services (e.g.: MUR).

You check how they use their medication, that's all. There is no clinical input or anything else, and it's just the usage. It is not review really.

We can't get involved clinically because it is not our remit, that's down to the surgery

- **Professional identity:** CPs were open to delivering new services or even upgrading the current services to include technology such as INCA if remuneration is available.

We should have remuneration for it not just as part of the service. GPs get paid for just measuring blood pressure which should be really the job any way. Now the government is actually paying them to make sure, so it is things like this, that mentality has come through now to the pharmacists: if there is no money involved they do not want to do, remuneration.

Conclusion:

Results generated from this research so far highlights that there is a room for improvement in the management of respiratory patients in community pharmacy especially with CPs' positive attitude towards INCA technology, yet certain obstacles still exist.

References

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