

A qualitative study exploring community pharmacists' experiences of interventions that support medication adherence

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Background:

- Community pharmacists (CPs) play a key role in delivering services to improve patients' adherence to prescribed medication¹.
- Medicines non-adherence remains a significant problem, presenting challenges across populations as well as on an individual patient level, often resulting in poorer health outcomes and increased financial waste².
- Recent changes to community pharmacy funding have highlighted the importance of understanding current practices and identify opportunities to support CPs in the future³.
- The aim of this study was to explore the experiences of CPs delivering services and/or supplying products to improve adherence.

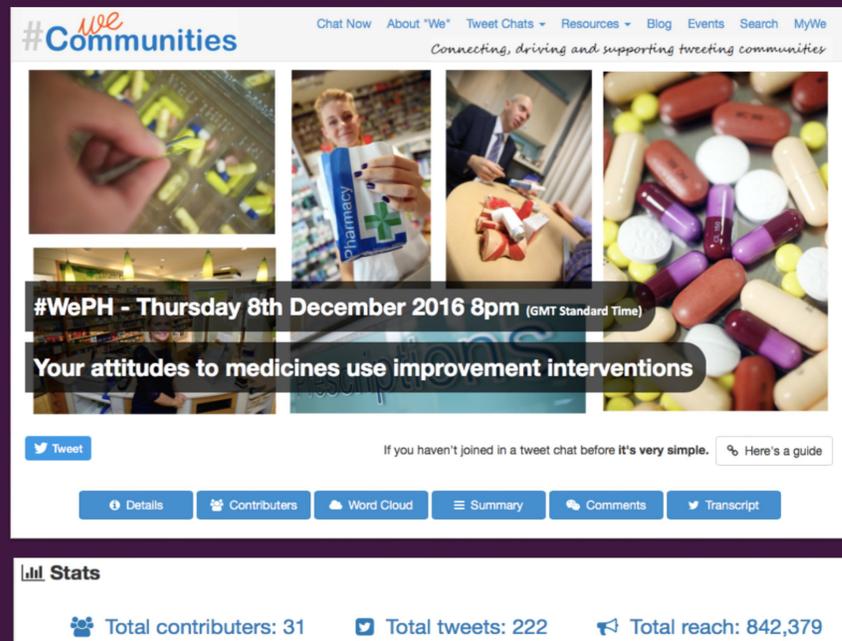
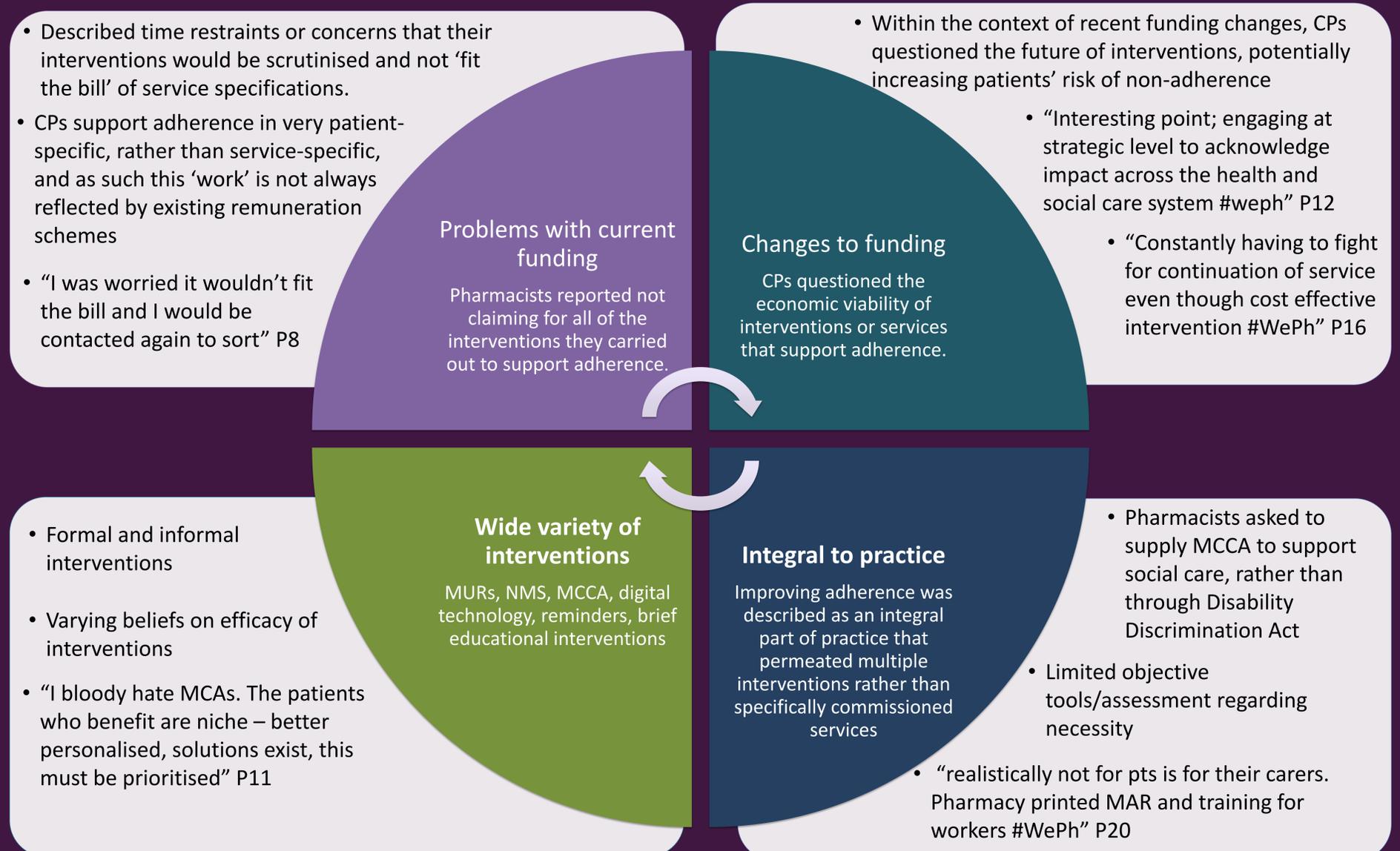


Figure 1. #WePh Social media focus groups

multi-compartment compliance aids (MCCAs), including MDS, dosette boxes and trays. Participants in this study were from diverse practice backgrounds (locums, independent owners, national and local chains). These preliminary results suggest that adherence interventions represent more than individual commissionable services or products and rather 'improving adherence' is integral to the construction of everyday community pharmacy practice.

Method: A convenience sample of CPs was recruited from professional networks Local Practice Forums and the Royal Pharmaceutical Society. Participants were invited to take part in an audio- recorded qualitative interview. Eligibility criteria include being a registered pharmacist with experience of delivering services or supplying products to support adherence. Interviews took place in community pharmacies (on the shop floor and in consultation rooms) using a semi-structured schedule, were transcribed verbatim, quality checked and thematically analysed using combination of manual and computer coding (using NVivo). A favourable ethical opinion was given by an institutional ethics committee (Ref ESC2/2016/3). Sample size (currently n = 9) will be determined by theoretical data saturation. Findings will be validated through follow-up telephone interviews with a selection of original participants. Recruitment began in October 2016 and is on-going. Additional data was collected using social media during an online focus group using Twitter (see Fig.1) which enabled data to be collected from a larger sample and test novel methods of data collection. **Results:** Participants describe very positive experiences of a number of commissioned adherence interventions such as Medicine Use Reviews (MURs) and the New Medicines Service (NMS) as well as interventions that represent non-commissioned 'work' such as pharmacy dispensed



Impact: Initial results suggest commissioned adherence services do not go far enough to reflect pharmacists' everyday experiences of trying to improve patients' adherence, failing to appropriately remunerate CPs within existing and emerging funding structures. This puts at risk the multiple strategies, practices and techniques that pharmacists perform as part of uncommissioned services to support patients' medicines use as a core component of practice within economically viable services. Commissioners, funding bodies and policy makers must ensure the activities performed by pharmacists within community pharmacy practice are appropriately recognised and remunerated to prevent increases in non-adherence