



# Can large scale randomised controlled trials be delivered within a community pharmacy environment in a timely, efficient and robust manner?



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## Introduction

**Background**

- The aim of this poster is to demonstrate that a randomised controlled trial can be delivered in community pharmacy in a timely and robust way, using the *New Medicine Service Randomised Controlled Trial* (NMS RCT) as an example
- The NMS RCT tested an innovative, simple, low cost behavioural ‘nudge’ intervention delivered within community pharmacy with the aim of improving patients’ adherence to their medicines
- The Department of Health Behavioural Insights Team (BIT) wanted to trial a behavioural intervention to improve medicines adherence
- Working together with independent academic researchers, the BIT and community pharmacy, the study protocol was developed and implemented, allowing operational insights from pharmacy to be considered from an early stage

<b>Study aim</b>	Improve medicines adherence		
<b>Method</b>	Robust evaluation of intervention		
<b>Tools</b>	Behavioural Insights	RCTs	Community Pharmacy
<b>Stakeholders</b>	Department of Health	Community Pharmacy	Academic partners

**Behavioural Insights**

- Discipline that draws from behavioural economics, psychology and other sciences
- Behavioural insights can provide simple and low cost strategies to close the gap between people’s intentions (in this case, to take their medications) and their actions (not doing so)
- A proven concept from other settings is the use of a ‘commitment device’ to help bridge this intentions-to-actions gap
- In one study, 3,500 patients were sent either a standard letter or a simplified letter as a reminder for attending an NHS Health Check appointment. The new letter increased attendance by 13%<sup>1</sup>

## Methods



**A randomised controlled trial of a behavioural ‘nudge’ intervention delivered within community pharmacies to increase medicines adherence as part of the NHS New Medicine Service (NMS).**

- The study methodology was developed to take into account the busy environment of a community pharmacy and ensure as little disruption to this as possible
- The intervention was kept simple and designed to bolt on to the existing NMS service and take a matter of minutes
- It used existing data capture methods
- It involved a simple update to the usual NMS leaflet
- Randomisation was clustered (at the pharmacy level) to one of four trial arms: three variants of a sticker (see to right) or control (no sticker), to minimise contamination between groups
- The number of pharmacies was chosen to ensure patient recruitment and data capture could be completed within a 9 month timeframe to give sufficient sample size for analysis
- Patients were asked to make a non-enforceable commitment (by signing the sticker) to either take their medicines as prescribed or seek advice
- Medicines adherence was measured using the four item Morisky adherence<sup>2</sup> scale at intervention (2 weeks) and follow-up (4 weeks) after the initial consultation
- Anonymised data were collated by each pharmacy onto an electronic template which were collected centrally for analysis

**Commitment only**

**I will take this medication as prescribed.**

I commit to taking this medication exactly as prescribed, or I will speak to my GP or Pharmacist if I have a concern.

Signed: .....

Date: .....

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**Commitment + health message**

**Not taking my medication as prescribed could risk my health.**

I want to do all I can to improve my health, so I commit to taking this medication exactly as prescribed, or I will speak to my GP or Pharmacist if I have a concern.

Signed: .....

Date: .....

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**Commitment + cost message**

**The NHS loses £300 million per year from wasted medication.**

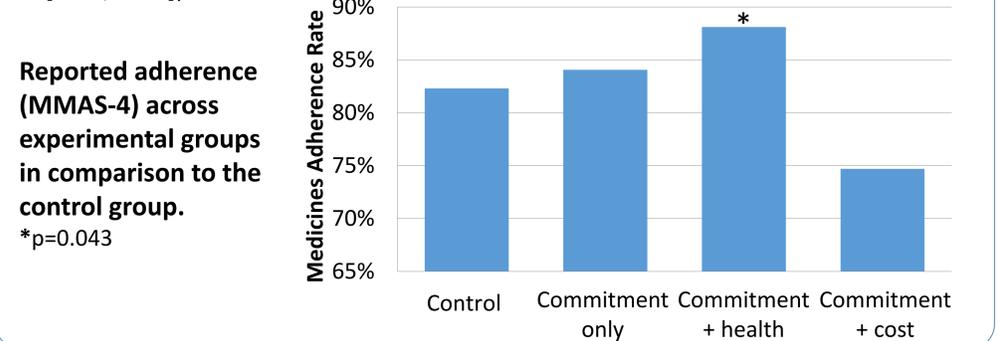
I want to do my bit to support the NHS, so I commit to taking this medication exactly as prescribed, or I will speak to my GP or Pharmacist if I have a concern.

Signed: .....

Date: .....

## Results

- Ethics approval was granted from the NRES Research Ethics Committee on June 26th 2015 (ref 15/WM/0225)
- Implementation and data collection occurred between July 2015 and March 2016
- The trial was successfully undertaken in 242 pharmacies across London
- Complete datasets for 10,904 patients (45.1 per pharmacy) recruited to the trial were collected for analysis over the 9 month period
- For participants who signed the commitment only sticker, there was no change to their medication adherence levels vs control
- Participants who signed the commitment + health message were significantly more likely to adhere to their medication than the control group (OR=1.59, CI95% [1.02; 2.48])



## Conclusions

- This is an example of a robust, academic trial that came about as a collaboration between Government, pharmacies and academics
- This research shows that high quality evidence could be generated through partnership working in shorter timescales than is usually associated with randomised controlled trials
- More trials of this kind could continue to build the evidence base to extend the role of community pharmacists in supporting patients with their health

## References

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