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Title: The role of community pharmacists in CVD prevention; a UK study to establish their views

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Cardiovascular disease (CVD) is still the leading cause of death both in Europe and worldwide. ¹ In 2014, CVD was the second main cause of death (27%) in the UK. ² Therefore, prevention of CVD is still very important. Community pharmacists (CPs) are one of the most accessible healthcare professionals (HCPs) that can have a key role in both the primary and secondary prevention of CVD.

Aims: This qualitative research aimed to explore UK CPs' views on their role in CVD prevention, and the facilitators and barriers for such a role.

Method: Semi-structured interviews were conducted with 20 pharmacists who worked or owned independent pharmacies in London and Surrey from September to October 2015. Purposive sampling strategy was used. The interview schedule consisted of 28 questions, divided into 3 sections, exploring CPs' views, and their current and future role in CVD prevention. All documents were ethically approved by the Kingston University Ethics Committee in June 2015. All interviews were audio recorded, transcribed and then analysed thematically using NVivo 10 Software for Windows.

Results: Three main themes were identified: role recognition, communication and barriers. Most pharmacists agreed that they are open to the public and eager to assist them. One participant reported, *"We have an open door policy. People can come and talk to us any time. [...] Because we are open and we are more or less friendly, it helps."* As far as communication issues with other HCPs are concerned, one pharmacist noted, *"[There] definitely needs to be more interactions and communication between doctors, hospitals and pharmacists."* In difficulties with approaching the public, another stated, *"You can never approach someone and say you are a little bit overweight. Only if they come in and ask for advice we are able to approach them. [...]".* This is due to insufficient training in approaching and motivating people. *"No training! The only training that we received is how to use blood pressure machine. They are not doing any refreshing courses, the reason is that there is no commissioning!"* The main barriers preventing UK CPs from having an active role in CVD prevention were lack of funding and time constraints. One pharmacist mentioned, *"Commissioning, commissioning, commissioning! If we get commissioned we'll do it."* Another pharmacist also reported, *"Money decides the frequency! Commissioning! Time is money and money is time! [...] I have to stop 5-10 minutes of my time to do the BP measurement for free."*

Conclusion: This study aimed to explore UK CPs' perspectives on their role in CVD prevention. There is evidence of pharmacists' positive potential role in CVD prevention based on their accessibility to the public. The challenges that lie ahead include enhancement of a deeper relationship with other HCPs to achieve a multidisciplinary approach, provision of training that develops skills in attending to clients and development of a sustainable funding model for pharmacists. Although saturation of themes was achieved, the themes identified represent the views of pharmacists practicing in London and Surrey. This may act as a limitation of the study.

References:

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