Identifying a planning group for the development, implementation and evaluation of a pharmacy service aimed at preventing cardiovascular diseases in Australia

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Background

In Australia, cardiovascular disease (CVD) is the leading cause of death1 and 22% of adults were estimated to have at least one CVD in 2011-2012. Community pharmacies constitute a network of more than 5000 healthcare facilities in Australia. Thus, the development of a sustainable, community-based service to be provided through this network can improve the situation in cardiovascular care.

Intervention Mapping (IM) is a useful framework to provide pharmacy service planners with guidelines for the development, implementation and evaluation of community pharmacy health programs1,2. As a first step in IM, it is necessary to establish a stakeholder planning group which, in this project, includes “any individual or organisation that can be directly or indirectly affected by, have an influence on, or have an interest in the development of a community pharmacy service aimed at the prevention of cardiovascular diseases in New South Wales (NSW)”3.4.

Objective

The main objective of this study was to identify a core group of stakeholders who can be part of a planning group for the development, implementation and evaluation of a community pharmacy service aimed at preventing cardiovascular diseases in NSW, Australia.

As a secondary objective, the needs or gaps in cardiovascular care in Australia and the potential role of community pharmacies were discussed.

Methods

Eight key informants attended a workshop run by an experienced facilitator. Participants were divided into two tables of four people during discussions, and then each group reported their results to the whole group, following a discussion. Butcher’s paper and post-it notes were used as aids. Two open questions were given and the workshop was audiotaped and transcribed.

Different backgrounds in both cardiovascular health and pharmacy, and belonging to different professional and academic organisations in NSW.

1. “What do you see from your perspective are the key gaps or needs in cardiovascular care in New South Wales?” 2. “After identifying what those gaps are, what could be the role of community pharmacies to address these?”

“What would like to do really get a sense from you of who you think the key stakeholders are on this project?” Participants were provided with the definition of stakeholder and with different stakeholder categories (adapted from Preskill & Jones5): (1) End-beneficiaries and representative organisations, (2) Healthcare providers (and other staff), health system/service managers and professional organisations, (3) Experts, researchers and health service planners, (4) Health policymakers, regulators and payers, and (5) Collaborators. Once participants identified the stakeholders, they were asked to organise them, based on their opinion of what the stakeholder relationship could be with the project, by following the figure shown in results.

Results

A core group of stakeholders was identified as being the most significant to this project: (a) Australian Medical Association; (b) Royal Australian College of General Practitioners; (c) Consumer Health Forum of Australia and other patient/consumer groups; (d) Federal Government (Department of Health); (e) NSW Health (Agency for Clinical Innovation, Chronic Cardiovascular Clinical Expert Reference Group and Office of Health and Medical Research); (f) Pharmacy Guild of Australia; and (g) University of Technology, Sydney

STAKEHOLDER IDENTIFICATION AND MAPPING

1. Control: Stakeholders, who have the ability to control the outcomes of the vision, can prevent it from progressing or help make it happen;
2. Influence: Stakeholders who have the ability to influence the outcomes – have less control but are still important to making it happen;
3. Interest/Concern: Stakeholders who may be interested in or concerned with the outcomes, but will not significantly impact on whether or not the project goes ahead.

GAPS IN CARdioVASCULAR CARE

• Disconnect between parts of the patient-care system: (a) Between different professionals; (b) Between the services already existing in community pharmacy
• Lack of Health Literacy and misperceptions of CVDs and CVD care: (a) Lack of awareness of CVDs extent and impact; (b) Lack of understanding about generic medications; (c) Lack of knowledge of medications; (d) A need to improve patient adherence; and (e) Misperceptions amongst the public and doctors about the role of community pharmacies

ROLE OF COMMUNITY PHARMACIES

• Screening (working with general practitioners)
• Follow-up
• Dose administration aids
• Discharge home medications review
• Flu immunisation for patients with CVD
• Control of drug interactions
• Improvement of adherence
• A specific role in a potential new multidisciplinary service

Conclusion

Within the 45 stakeholders identified, key informants agreed on a core group they considered the most significant in relation to the development, implementation and evaluation of a community pharmacy service aimed at preventing CVD in NSW, Australia. Some needs with respect to cardiovascular care in NSW were also identified, and the roles that community pharmacies could play to address them. In the work to follow, this core group of stakeholder’s interest in being part of the planning group will be confirmed, as well as the need to complete the planning group with other stakeholders.

References