

PILOTING EXTENDED SERVICES IN COMMUNITY PHARMACY PRACTICE

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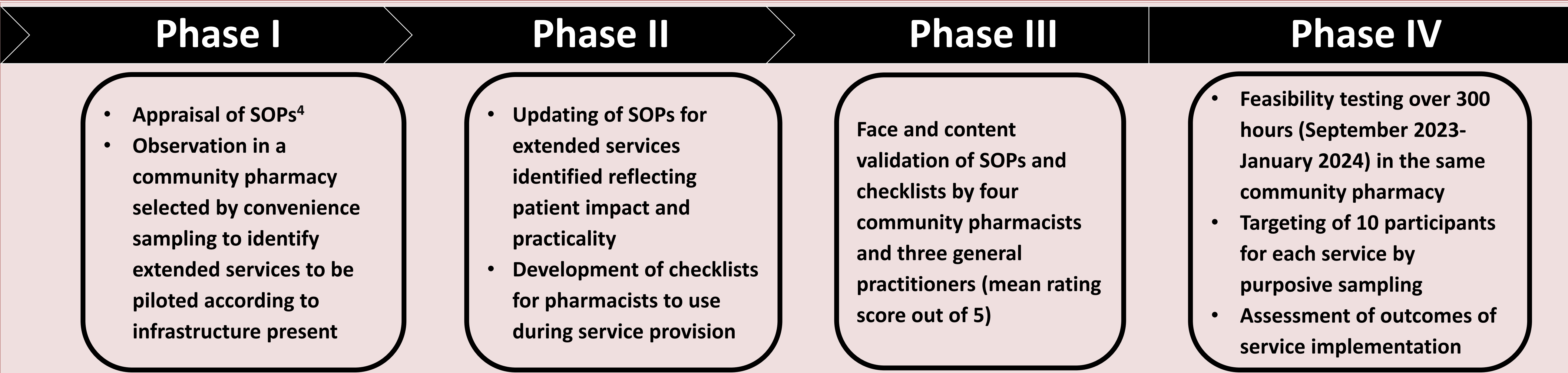
INTRODUCTION

Community pharmacists can support patient management by offering extended services tailored to patient needs.¹ Studies in Malta reported that community pharmacists are in favour of expanding their roles and consumers are in agreement with extended services provided by community pharmacists.^{2,3} A framework consisting of standard operating procedures (SOPs) for the provision of extended services in community pharmacy practice, including medicine use review, patient review and advice and treatment services, was proposed in a previous study.⁴

AIM

To pilot standardised extended services in community pharmacy practice and assess the feasibility and outcomes of service implementation

METHOD



RESULTS

- The infrastructure present in the study setting comprised a private consultation area, one pharmacy support staff, medical devices and consumables, and documentation forms.
- The SOPs and checklists were rated highly by the expert panel in the validation exercise (mean rating score >4 out of 5).
- Twelve services were piloted (Table 1). Eighty-eight participants out of the targeted 120 (73.3%) were recruited. Fifty-five participants were female and most (n=52) were aged between 18 and 40 years.
- Feasibility: *Medicine use review* (n=10) - mean 14 minutes (range 7-24); *Patient review services* (n=22) - mean 21 minutes (range 14-28); *Advice and treatment services* (n=56) - mean 17 minutes (range 11-26).
- All participants were provided with non-pharmacological advice, 42 were recommended non-prescription pharmacotherapy, and 44 participants were referred to the physician due to side-effects, drug interactions, abnormal urinalysis, elevated blood pressure or warning ('red flag') symptoms.

Table 1. Outcomes of service implementation (N=88)

	Medicine use review MUR (n=10)	Patient Review Services (n=22)			Advice and Treatment Services (n=56)							
	Conducting MUR (n=10)	Blood pressure measurement (n=10)	Urinalysis (n=10)	Weight management (n=2)	Eye conditions (n=10)	Ear conditions (n=10)	Sore throat (n=10)	Skin conditions (n=10)	Urinary tract infection (n=10)	Routine immunisation advice (n=3)	Smoking cessation (n=2)	International travel health advice (n=1)
Mean time in minutes (range)	14 (7-24)	23 (18-28)	15 (14-17)	24(22-27)	15 (11-21)	16 (13-21)	14 (13-16)	15 (13-21)	17 (11-26)	14 (12-16)	18 (17-20)	25
Number of participants - Pharmacotherapy recommendations	0	0	0	0	7	8	10	7	8	0	2	0
Number of participants - Referred to physician	3	6	8	2	4	4	5	3	9	0	0	0

CONCLUSION

Availability of the necessary infrastructure and utilisation of practical SOPs and checklists support the feasibility and successful implementation of extended community pharmacy services within a collaborative care context. Implementation of extended services led to pharmacist interventions which were accepted by patients. Study limitations include conducting the study in one community pharmacy and patient follow-up to assess outcomes of interventions was not undertaken.

References

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