Community pharmacists and people affected by dementia

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Funding
ESRC
Pharmacy Research UK
• Mentor support
• Pharmacy updates
• Included in events
Introduction

Recent policy initiatives are concerned with the role community pharmacists play, as part of the team of health professions providing support to people affected by dementia. *Prescription for excellence* (Scottish Government 2013).

The number of people affected by dementia is expected to increase. Dementia strategy (Scottish Government 2013).

Pharmacists are based in the community and can provide immediate care.
Objective
This study aims to identify what relationship community pharmacists have with people with dementia and their caregivers. The intention is to allow a broader understanding of the impacts on the individual community pharmacist of supporting people affected by dementia in order to strengthen policy.
Theories
Pharmacist
Symbolic interaction
Hierarchies
Markets
Networks
People affected by dementia
Symbolic interaction
Gerontological theories
Networks
Methods

*Study part one*
Through individual interviews with four senior pharmacists working in advisory positions, key information about pharmacy practice was gained.

*Study part two*
The second part of the study focused on the services community pharmacists provide for people affected by dementia. The researcher shadowed five community pharmacies; eight individual interviews were conducted with community pharmacists and two with technicians. Nine participants with dementia and their carers were interviewed as matched pairs and three as carers alone. Community health care professionals were interviewed to establish the relationship between them and the pharmacist.
Interviews with people affected by dementia

- Satisfied with service offered by pharmacy
- Trusted their pharmacist
- Used the minor ailments service (MAS)
- Did not see the pharmacist as similar to GP or nurse
- Would consult the doctor about medicine before the pharmacist
Interviews with community pharmacists

• There is a dichotomy
• Confident the established MAS and the implementation of the chronic medication service (CMS) will be tools to enable management
• Not part of the integrated team
• Information sharing poor, no diagnosis
• Central point for other agencies
• Rely on accuracy checking technicians (ACTs)
Shadowing

- Notebook
- Categories of patient
- Number of interactions
- Any activity
- Layout
- Staffing levels
### Shadowing

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<th>Younger</th>
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<tr>
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| SIMD Quintile | 5     | 5     | 1     | 2     | 3       |
What did the shadowing show

- Very busy
- Pro-active in medicines advice
- In touch with GP regularly
- Give public health advice
- Supported by the ACT
- Under pressure because of the multi-compartment compliance aids (MCA) system (RPS 2013)
- Counselling rooms used as necessary
- Manage the dichotomy of business and health care
Interviews with other health professionals

- Integration?
- Worked well with pharmacist
- Underused
- Good source of information for GP
Main Results and conclusions

Community pharmacies offer support to people affected by dementia in a number of ways; prescription management, medication and health advice.

- The pharmacist is trusted by people affected by dementia.

Community pharmacists have no formal way of knowing whether a patient has a diagnosis of dementia, often relying on recognising dementia medication.

- Better information sharing between the pharmacist and other primary health care providers could amend this.

The community pharmacist does not know when a patient enters hospital. Continuity of pharmaceutical care is interrupted.

- Hospital admission sheets could include the named pharmacist.
References


So what can pharmacists do to help.

- Educate about medicine, provide advice about medicine
- Provide medicine by a different route, liquid, patches
- Clearly label medications, time of day
- Provide medicine memory aids, charts, alarms