

University of Technology Sydney

Analysing the capacity of the community pharmacy setting for providing healthcare services

A collaborative stakeholder approach

Thesis

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Certificate of original authorship

CERTIFICATE OF ORIGINAL AUTHORSHIP

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as part of the collaborative doctoral degree and/or fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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Preface

This thesis is structured as a Masters by publication. Chapter 1 is an overview of the background of the topic. Chapter 2 contains a research overview and general disposition of the thesis. A rationale of the thesis, objectives of the research, a summary of the sub-studies including the methodology and an explanation as to how the sub-studies are interrelated is provided. Chapters 3 and 4 are the results of the thesis. Chapter 3 is a systematic review of qualitative literature that identifies barriers and facilitators (determinants of practice) to the implementation of community pharmacy services, addressing the patient, nurse and general practitioner perspectives. Chapter 4 is a qualitative study that used semi-structured interviews and a stakeholder workshop to identify determinants of practice in one primary health network Australia, and prioritised key determinants that need to be addressed in the first instance. Both chapters have been structured as research articles. All reference lists, figures and tables and appendices related to each research activity are attached in the corresponding chapters. Chapter 5 includes a discussion of the research activities, methodological reflection and limitation of the studies as well as recommendations for future research.

Lutfun N. Hossain is the primary author of both research articles (Chapter 3 and Chapter 4). Each article also has co-authors. Co-authors contributed to conception or design of the work, data collection, data analysis and interpretation, drafting the article, critical revision of the article and final approval of the version to be published.

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List of abbreviations

| | |
|--------------|--|
| CFIR | Consolidated framework for implementation research |
| COM-B | Capability, opportunity, motivation - behaviour |
| CPS | Community pharmacy service |
| ERIC project | A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project |
| GP | General Practitioner |
| IM | Intervention Mapping |
| PHN | Primary Health Network |

Abstract

Background: Primary Health Networks (PHNs) are independent organisations that aim to improve the effectiveness and efficiency of health services at a primary care level. The integration of community pharmacy services (CPSs) into primary care practice can be enhanced by developing suitable implementation programs. Two key steps are implicated in this process: (1) identify determinants of practice that can hinder (i.e., barriers) or enable (i.e., facilitators) CPS implementation (2) prioritise the determinants that should be primarily addressed. These determinants have been widely researched from the perspective of community pharmacists but not from the perspectives of other key stakeholders.

Objectives: To identify the determinants of implementation of CPSs in Australia using a collaborative stakeholder approach, and prioritise the key determinants to be addressed to enhance the implementation of CPSs in a PHN in Australia.

Methods: A systematic review of qualitative studies was conducted to identify determinants of CPS implementation based on the perspectives of key stakeholders i.e., patients, nurses and general practitioners (GPs) (Chapter 3). A qualitative study was conducted in the Western Sydney PHN in two phases. (1) Semi-structured interviews were conducted with ground-level stakeholders i.e., patients, pharmacists, GPs and a practice manager, to identify determinants relevant to this setting. Framework analysis methodology was used to analyse the data. (2) A stakeholder workshop was conducted with ground-level and system-level (i.e., PHN) stakeholders to prioritise key determinants to be addressed, using a four-quadrant priority matrix.

Results: Sixty-three determinants of CPS implementation were identified in the systematic review (Chapter 3) across six ecological levels: (1) the patient; (2) individual healthcare

professionals; (3) relationships between individuals; (4) community pharmacy setting; (5) community pharmacy service; and (6) community and healthcare system. This list of determinants was combined with previous pharmacist-centred literature to create an overarching framework of determinants that was applied in the qualitative study (Chapter 4). Twenty-two key determinants were selected in the qualitative study based on the importance and feasibility of addressing them in practice. The stakeholders agreed upon three determinants to address initially (Chapter 4).

Conclusion: A comprehensive list of determinants of practice that influence the implementation of CPSs in Australia was created by combining the results of the systematic review with previous pharmacist-centred literature. This list can be used to identify determinants of practice to CPS implementation in other settings. To enhance the implementation of CPSs in the Western Sydney PHN, first implementation efforts should be directed towards the twenty-two key determinants of pharmacy practice, focusing initially on the three determinants agreed upon by the stakeholders. Importantly, future research must continue to engage stakeholders in the development evaluation of strategies to enhance CPS implementation.