Reviewer's report

Title: Experiences of pharmacists involved in the delivery of a specialist asthma service in Australia

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Reviewer: Alison Blenkinsopp

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Experiences of pharmacists involved in the delivery of a new specialist asthma service in Australia

Title: suggest add ‘community’ before ‘pharmacists’

General comments

Thank you for asking me to review this interesting paper reporting feedback from pharmacists who participated in an implementation trial comparing a community pharmacy intervention for patients with asthma comprising either 3 or 4 consultations over 6 months. The research aimed to understand and support roll out of new services beyond early enthusiasts. The study has generated some valuable data, the paper requires major revision to make it suitable for publication.

Introduction

1. Major compulsory revision: The paper needs a more international context. References cited are almost all from Australian practice. There is relevant learning from other studies, for example services for asthma and other conditions provided by community pharmacists have been trialled in other countries, eg McLean et al in Canada, Bunting et al in the US, etc. Tsuyuki has written about the extent to which community pharmacists engage with new practice models and why. This and related literature are not mentioned. Nor is the role of the pharmacy team in supporting new services. Theories of innovation and adoption are mentioned in the introduction and need to be revisited in the discussion or conclusions.

Methods

2. Minor essential revision: Pharmacists were asked to recruit up to 10 patients. Over what period of time? When was a patient considered to have 'completed' the service? Could they miss any appointments or were they only included if they attended all 3/4?

3. Minor essential revision: Patients were to be recruited to the service if they had sub-optimal asthma control or had not had a review in the previous 6 months. Please explain how were pharmacists expected/trained to identify suitable patients?
4. Major compulsory revision: The authors say that “transcripts were analysed manually for the identification of underlying concepts”. More description of the analytical method used is needed, please expand. Both confirmative and disconfirmative evidence are important. The discussion makes reference to some negative accounts and the Results section needs to reflect these.

Results

5. Major compulsory revision: The authors say that 8 ‘concepts’ were derived from the transcripts. However the 8 listed are a mix including some specific areas of questioning in the data collection schedule and not all are ‘concepts’. Some reorganisation of data would be helpful, for example the section on ‘Perceptions of the patients experiences’ of the service contains several quotes about unexpected deterioration in asthma control which do not seem to fit there. The authors need to review their data, perhaps with some reorganisation.

6. Major compulsory revision: Further information is needed to enable the reader to assess whether there might be bias in the sample of participants. Please state the number of pharmacists who were invited to take part and who declined, and provide information about the performance of the pharmacists who took part in the focus groups/interviews in recruitment and delivery of the service. This would help the reader to understand the spread of experience of the service among pharmacists in the sample and the extent to which the service was embedded.

Discussion

7. Major compulsory revision: The discussion needs to be more balanced and to better reflect the issues raised by the data. The authors need to be more critical in their reflection. Some suggestions are made below.

7a. Pharmacies recruited a median of 5 patients and pharmacists’ accounts indicate that some of the patients who could have benefited most from the service did not receive it. These issues need exploration.

7b. Patients who did not attend (DNAs) were reported to be a problem for some pharmacists and there was difficulty engaging with some patient groups. Patients who were working needed to attend at weekends. Young people were reported not to attend. The authors say that patients’ reluctance to attend follow-up appointments might have been due to the lengthy initial consultation required. Alternative explanation are that the organisation and delivery of the service did not meet some patients’ needs and/or that some patients were not sufficiently convinced that they needed the service. An important part of community pharmacy’s argument for service provision has been that it can reach ‘hard to reach’ groups that do not engage with GPs. The authors need to address this.

7c. Pharmacists were encouraged to contact, and preferably meet with, local GPs. Their accounts indicate little meaningful contact or engagement with doctors. This is a consistent finding across many countries. Australia has employed local facilitators to improve pharmacist-GP joint working for home
medicines reviews, the authors could reflect more on these aspects.

7d. Some pharmacists seemed surprised that patients’ asthma might both improve and decline at different times and between appointments and some of the quotes reflect this exposure to the challenges of the unpredictability of managing a chronic condition. The authors could reflect on how to take this into account in future service development and implementation.

7e. Only one quote indicated that pharmacists might have changed their practice as a result of participating (FG1-5) reporting more involvement in checking inhaler technique. Yet the authors say in the discussion that the pharmacists’ involvement in the trial is likely to have benefits beyond the patients in the study. What is the evidence for this?

7f. A model where consultation can only be provided face to face in the pharmacy might not meet the needs of all patients. In the UK the recently introduced New Medicines Service offers patients a choice of face to face or telephone consultations based on the Clifford/Barber RCT which showed that telephone-delivered consultations were effective. Please comment on whether the asthma implementation trial provides further evidence that the ‘traditional’ pharmacy model needs to be reconsidered and made more flexible.

Conclusion

8. Compulsory major revision: The authors need to review their conclusions. The paper does not provide evidence that pharmacists did “strategically manage the challenges” of delivering the service.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests