A UK-Japan Comparative Qualitative Study on Pharmacists’ Experiences about Health and Wellbeing Hub Functions in Community Pharmacy - Preliminary analysis

(Main body of the abstract not exceeding 500 words. One table can be included. The table and up to two references will not be included in the word count. References need to be in the Vancouver referencing style.)

Introduction: Japan and the United Kingdom (UK) face significant healthcare challenges due to an ageing population. Both governments are keen to promote community pharmacies as health and wellbeing hubs. In Japan, ‘community-based integrated care systems’ have been implemented to focus on the prevention in community, where community pharmacies are embedded as ‘Health Support Pharmacies (HSP).’[1] In the UK, the ‘Healthy Living Pharmacy (HLP)’ scheme has been nationalised from a successful case study, aiming to better use community pharmacy for improving public health and redress health inequalities.[2] Both HSP and HLP aim to develop better access to health information and to support public health. Their approaches towards this aim are however slightly different in terms of service delivery.

Aim: The aim was to explore and compare lived experiences of pharmacists in the delivery of the HSP in Japan or HLP in the UK, to inform further improvement of public health services in both countries.

Methods: Semi-structured interviews were conducted in both Japan and the UK with pharmacists working either in HSP or HLP. The ethical approval was obtained from the Research Ethics Committees of the University. Purposive sampling was applied to reach registered pharmacists in who met inclusion criteria, via research team’s personal professional networks. An interview schedule was developed and face validated in the research team, including career background, pharmacy-staffing, engagement with and impact of HSP or HLP, challenges of service delivery, and further improvement. The interviews were conducted in Japanese in Japan, and in English in the UK. Consent was obtained from all participants before interviews. Interviews were audio-recoded and transcribed verbatim. Transcribed Japanese interviews were translated into English using forward-backward translation method in order to comparatively analyse data using thematic analysis.

Results: 16 interviews in Japan were conducted in July and August 2018, and 15 interviews in the UK between April and August 2019. Five themes emerged with respect to challenges in HSP/HLP provision; understanding concepts of schemes, training, awareness of services and pharmacist’s role, sustainability of services, and access to services and information. Further, five themes emerged for further improvements in HSP/HLP including; professional development, raising awareness of services and pharmacist’s role, securing resources, systems and regulations, and innovation.

Conclusion: This is the first study to compare pharmacists’ experiences in health and wellbeing functions of community pharmacy in the UK and Japan. Different service requirements and delivery between HSP and HLP limit the interpretation of direct comparison of pharmacists’ experiences. However, the study indicates varying experiences under the common themes between HSP and HLP, according to their levels of implementation and understanding of services of individual pharmacists and pharmacies in each setting. Future work will include the development of recommendations to each country from their experiences of different approaches towards health and wellbeing hub functions in community pharmacy.

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