

2. Moher D, Liberati A, Tetzlaff J, Altman DG, Group P. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS Med.* 2009;6(7):e1000097.

#### EXPLORING THE INDEPENDENT PRESCRIBING ROLE OF THE COMMUNITY PHARMACISTS IN WALES

S.S Alghamdi<sup>1</sup>, R. Deslandes<sup>1</sup>, S. White<sup>2</sup>, K. Hodson<sup>1</sup>, A. Mackridge<sup>3</sup>, K. Isaac<sup>1</sup>, N. Maolod<sup>1</sup> and E. Hyde<sup>2</sup>,  
1. Cardiff University, Cardiff, United Kingdom. 2. Keele University, Staffordshire, United Kingdom. 3. Betsi Cadwaladr University Health Board, Wales, United Kingdom.

**Introduction:** Since 2019, the role of independent pharmacist prescribers (IPPs) in primary care has extended to community pharmacies in Wales [1]. This was in response to a Welsh Pharmaceutical Committee report in 2019 that outlined a plan to include an IPP in each community pharmacy in Wales by 2030. This aimed to relieve pressure on general practices, enhance patient care and reduce referral and admission rates to secondary care [2]. As funding was provided by the Government, the number of community pharmacists completing the independent prescribing course increased and many have implemented their prescribing role.

**Aim:** To explore the views of community IPPs regarding their prescribing role within community pharmacies in Wales.

**Methods:** Semi-structured face-to-face and telephone interviews were conducted with community IPPs from all seven health boards (HBs) in Wales. Ethical approval was obtained from the School of Pharmacy and Pharmaceutical Sciences at Cardiff University and the School of Pharmacy and Bioengineering at Keele University. Purposive sampling was used to identify potential participants. Gatekeepers (HB community pharmacy leads and directors of IPP courses in Wales) sent invitation emails, participant information sheet and consent form to potential participants. Written consent was obtained. Interviews were audio-recorded and transcribed ad verbatim. Thematic analysis was used to analyse the data.

**Results:** Thirteen community IPPs across Wales participated. Six themes were identified, including the utilisation of their role as community IPPs, their experiences with their independent prescribing training, motivation to obtain their prescribing qualification and utilise it, the impact, barriers and facilitators to implement and utilise their role. Participants practised as IPPs in the management of minor ailments and some other conditions, such as respiratory and sexual health. The course and training for community IPPs was helpful, but there was a need to focus more on therapeutic and clinical examination skills. The main impact of the role was that it helped to improve communication between community pharmacies and general practices and relieved some pressure on general practices. The main barriers were the lack of appropriate funding by the Government to develop the role, lack of access to patients' medical records, lack of support and high workload.

*“One of the areas identified as high risk is for pharmacy prescribers is the lack of access to clinical records. How can*

*you [as community IPPs] make any sensible decisions with half the information?” IPP6*

Facilitators included that some services were already in place and the drive from the 2030 vision.

**Conclusion:** This is the first study that explored the views of community IPPs regarding their prescribing role in community pharmacies in Wales. It provided an insight into this new role that can be considered by the Welsh Government to achieve the 2030 vision for this role. A limitation to this study was that the role is still new in community pharmacies, which may affect the views of the community IPPs. Many of them have obtained their prescribing qualification but have not started to utilise it yet. Further work is needed to explore a wider population of community IPPs' experiences as the role develops.

#### References

1. Wickware, C. 2019. *All community pharmacies in Wales to have an independent prescriber as part of long-term plan for Welsh pharmacy.* Available at: <https://www.pharmaceutical-journal.com/news-and-analysis/news/all-community-pharmacies>.
2. Welsh Pharmaceutical Committee. 2019. *Pharmacy: Delivering a Healthier Wales.* Available at: <https://www.rpharms.com/Portals/0/RPS%2>.

#### INTRA AND INTER-PROFESSIONAL WORKING: HOW HAVE PHARMACISTS' WORKING PRACTICES CHANGED DURING THE COVID-19 PANDEMIC?

C. Langran<sup>1</sup>, S. Willis<sup>2</sup>, L. Hughes<sup>3</sup>, E. Mantzourani<sup>3</sup> and K. Hall<sup>1</sup>,  
1. University of Reading, UK. 2. University of Manchester, UK. 3. University of Cardiff, UK.

**Introduction:** COVID-19 has acted as a catalyst for radical changes in the working practices of pharmacists. While there is emerging evidence of adaptability mitigating burnout amongst pharmacists in other countries (1), what has yet to be established is the extent to which the well-being and resilience of pharmacists in the UK may be supported through changes in intra and inter-professional working practices.

**Aim:** As part of a wider project aiming to explore the impact of COVID-19 on pharmacists' wellbeing and resilience, in this abstract we present findings exploring the impact on working relationships within pharmacy and multidisciplinary teams.

**Methods:** An online questionnaire containing validated measures of wellbeing and resilience and free-text open questions exploring the impact of COVID-19 on working practices was piloted on five practising pharmacists. This questionnaire was subsequently distributed via social media and professional networks in June 2020. Convenience sampling was used whereby any UK-registered pharmacist in a patient-facing role was eligible to take part. Inductive thematic analysis of the free text responses was conducted. This abstract presents one key theme; intra and inter-professional relationships.

**Results:** A total of 202 questionnaires were completed (Table 1), with 192 participants entering free-text responses.

**Table 1:** Demographic information of pharmacists completing the online questionnaire

	Number (%)
<b>Sector (n=200*)</b>	
Community	56 (28%)
GP practice	10 (5%)
Hospital	111 (56%)
Other	16 (8%)
Split role	7 (4%)
<b>Employment status (n=200*)</b>	
Business owner	3 (2%)
Employee	189 (95%)
Self-employed	6 (3%)
Other	2 (1%)
<b>Working hours (n=200*)</b>	
Full time	135 (68%)
Part time	60 (30%)
Variable	2 (1.5%)
Other	3 (1%)
<b>Returned to practice in response to pandemic (n=198*)</b>	
Yes	17** (9%)
No	181 (91%)
<b>Year of registration as pharmacist (n=200*)</b>	
Range	1979–2020
Median	2006
Mode	2013, 2019
<b>Gender (n=201*)</b>	
Female	150 (75%)
Male	51 (25%)
<b>Caring for dependents at home (n=195*)</b>	
Yes	84 (43%)
No	111 (57%)

\* Number of participants completing each question

\*\* 7 community, 9 hospital, 1 other

Participants reported pharmacy teams becoming closer, supporting one another and working more cohesively. Work redesign and staff upskilling were given as positive examples of practice change in response to the pandemic. Reported challenges included managing conflict within a team due to heightened stress, sustaining staff morale, exhaustion, and prioritising others to the detriment of their own wellbeing: *“I have no time for myself as I’m too busy keeping the day to day working and supporting my team emotionally. I’m emotionally exhausted and at home I withdraw and ignore the outside world as I’m at breaking point but don’t want my colleagues to see this.”*

Inter-professional relationships sometimes improved as a result of more effective communication, extended networking and pharmacists feeling valued and recognised as integral to multidisciplinary working. Supportive inter-professional working was described as a *“Great sense of comradeship - we’re in this together”*. Yet for others, inter-professional working proved challenging, with non-engagement of clinicians, frequently changing guidance from senior management, and restricted staff interaction due to remote or shift working.

**Conclusions:** Whilst for some the pandemic facilitated improved inter- and intra- professional interactions, for others this was viewed as challenges of daily practice. Due to recruiting via social media, this study is limited by the response numbers and is therefore not representative of all UK registered pharmacists. However, a key strength is that pharmacists from all sectors of practice responded, in comparison to other studies which have focused solely on community pharmacists. Results from this study can be used to support sustainable change in fostering collaborative working within pharmacy and multi-professional healthcare teams.

## References

1. Austin, Z., & Gregory, P. (2020). Resilience in the time of pandemic: The experience of community pharmacists in Ontario during COVID-19. *Research in Social and Administrative Pharmacy*.

## FACTORS INFLUENCING ORAL ANTICOAGULANT PRESCRIBING DECISIONS FOR PATIENTS WITH ATRIAL FIBRILLATION: A SYSTEMATIC REVIEW OF QUALITATIVE AND QUANTITATIVE EVIDENCE

R. Jarrar, C. Wilkinson, T. Chadwick, J. Lally, R. Thomson and C. Price, Newcastle University, Newcastle, UK.

**Introduction:** Despite their efficacy in reducing stroke risk in patients with atrial fibrillation (AF), oral anticoagulants (OACs) remain under-prescribed [1]. Until recently, warfarin has been the dominant OAC. The introduction of direct oral anticoagulants (DOACs) led to changes in anticoagulant prescribing patterns, with an increase in OAC prescribing and a shift towards DOACs [2]. Treatment decisions for OACs are complicated, and require a discussion between clinicians and patients when deciding on a treatment [1].

**Aim:** To investigate the main factors that influence initial and ongoing OAC prescribing decisions for patients with AF according to patient and health professional views.

**Methods:** A systematic review was conducted according to the Toolkit for Mixed-Methods Reviews, and was registered on PROSPERO: CRD42019145406. Medline, CINAHL, Scopus, EMBASE, Web of Knowledge and PsychInfo were searched in August, 2019. Primary qualitative and quantitative studies, published between 2009 and 2019, exploring patient and health professional perceptions, views and experiences of OACs in AF were included. McMaster critical appraisal tool for quantitative studies and Critical Appraisal Skills Programme (CASP) checklist for qualitative studies were used for quality assessment. The review followed a convergent integrated approach to data extraction and analysis, which involves extracting and analysing results of quantitative and qualitative studies at the same time using the same method. A data extraction form was adapted from Joanna-Briggs Institute (JBI) mixed-methods extraction form. Study author interpretation of quantitative data was summarised as qualitative statements which were coded together with primary qualitative data using NVIVO 12 software; codes were applied to each sentence in the findings, and were grouped into a hierarchical tree structure

**Results:** The systematic review included 62 papers (58 studies) discussing clinical and non-clinical factors influencing decisions to initiate OACs, the choice between