

Cognitive Behavioural Therapy Training For Medicines Related Consultations - A qualitative analysis

An Oxford Academic Health Science Network (AHSN) Project

Mr Dan White¹, Dr Lindsey Roberts¹, Dr Sarah Rakovshik², Mr Bhulesh Vadher³, Professor Rob Horne⁴

Background

Research has shown that, in primary care around £300 million per year of medicines are wasted of which £150 million is avoidable and remains a largely untackled issue (1). It is estimated that up to half of all patients do not take their medicines as recommended (2), and furthermore, only 16% of patients who are prescribed a new medicine take it as intended, experience no problems and receive as much information as they feel they need (2). Ten days after starting a medicine, almost a third of patients are already non-adherent and of these, 55% do not realise they are not taking their medicines correctly, whilst 45% are intentionally non-adherent in the community setting (2). Research in five therapeutic areas found that the cost of lost health gains due to non-adherence was in excess of £900 million per year for NHS England (1). Overall, poor medicines adherence is common, contributing to substantial worsening of disease, death and increased healthcare costs (3). National guidelines inform healthcare practitioners of the need to elicit and address beliefs relating to a patient's illness and medication as they play a pivotal role in adherence to medication (4). However, there is no clear evidence on *how* to elicit needs, address beliefs and improve adherence (5).

Intervention

The Oxford Academic Health Science Network ran a highly innovative pilot study training 20 community pharmacists in the use of short term Cognitive Behavioural Therapy (CBT) strategies, with a view to equipping them with skills to elicit and address perceptual barriers to adherence during their routine consultations with patients.



Aims of Project

To explore and evaluate, through qualitative analysis, the views and experiences of community pharmacist attendees at the a two-day workshop, including change in practice and utility of skills learned.

Methodology

The ontological position taken in the study was *subtle realism* holding the view that an external reality exists but that it is only known through the mind and socially constructed meanings. The epistemological approach was *pragmatism*, because whilst the research was largely inductive, elements of deductive reasoning were employed, particularly when drawing conclusions about the value of the intervention. These positions were used within an interpretative framework known as *Social Constructivism*; the goal being to rely upon the participants' view of a situation in order to gain a 'lived experience' of individuals. Finally, due to the evaluative component of the research, the project team adopted an *applied* qualitative research approach, using semi-structured interviews and thematic analysis.

Interview questions explored the training package, clinical tools acquired, barriers/ facilitators to implementation, impact on consultations, and examples of how skills acquired had affected patient care. Interviews were transcribed and underwent thematic analysis, specifically the research team applied framework analysis, which has been used and recommended for applied research in health settings (6).

Results

Following ethical approval by University of Oxford, a sample of 25% (n=5) of pharmacists attending the pilot workshop underwent semi-structured interviews 8 months after completing the training. The participants were purposively sampled allowing the broadest range of views through a maximum variation sample (see Table 1).



Table 1 Demographics of the purposively selected sample.

Case Number	Age	Years Qualified	Gender	Main Place of work	Main Place of work
Case 1	50-59	21-30	Female	Small Chain	Store Manager
Case 2	50-59	21-30	Male	Independant	Store Manager
Case 3	20-29	0-5	Female	Supermarket	Second Pharmacist
Case 4	40-49	11-20	Female	Supermarket	Dispensary Manager
Case 5	40-49	21-30	Female	GP Surgery	Dispensary Manager

General overview of the course

Interviewees described a wide range of positive views about the course. Comments ranged from the practical, *"very useful, very informative"* (Case 1) to the more sensational: *"I thought the course was fantastic and inspirational"* (Case 2). There were no overtly negative comments recorded. Recommendations for improvement included focussing course material on CBT areas (areas such as Motivational Interviewing and problem solving were reported as less helpful), and to consider pre- or post-course educational materials.

Impact of the course on patient consultations

Pharmacists reported that their consultation style had changed "immensely" (Case 2) owing to the course training and their consultations were better structured, they asked more questions, they stated they listened more and were less reactive:

"I am very used to telling people and on the course it was nice to learn to listen more" (Case 4),

"it helped me to examine my existing consultation style" (Case 2),

"[the course helped with] stepping back a bit and questioning" (Case 5),

"I'm confident that I can ask a patient about what their thoughts are or what their feelings are, gather the information that they give me and group it into the model" (Case 3).

Barriers to use and solutions

Although time was considered a significant barrier to implementation, pharmacists reported they felt they had become more skilled at patient selection and scheduling to utilise the tools and optimise consultations.

Ease of use of the training techniques and advice for others

There was a consistent pattern among interviewees that the training was sufficient to enable the use of the techniques learned, and furthermore, that they were straightforward enough that they could be adopted within their existing settings; *"I feel comfortable using them [the techniques]"* (Case 1), the course was unanimously recommended by study participants.

Discussion and Conclusions

These findings suggest that the course was well received and the teaching was enjoyable and applicable, The course appeared to enable skill generation, refinement and transference evidenced by reported widespread use of specific skills in their day to day practice. The course will now be developed and adopted throughout the Oxford AHSN Geography.

References

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Contacts & Affiliations

1. Oxford AHSN Medicines Optimisation Clinical Network,
 2. University of Oxford,
 3. Oxford University Hospitals NHS Trust,
 4. University College London, Centre for the Advancement of Sustainable Medical Innovation & CLAHRC North Thames.
- Website: www.oxfordahsn.org

