

# What pharmacists' activities (codes) should be recorded? Working towards investigating pharmacist input into the general practice environment - an e-Delphi study (Round 3)

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## Page 1: Welcome

Dear Sir/Madam

Welcome to the third (and FINAL) round of this e-Delphi study. With your help, our aim is to identify a few codes that will not duplicate each other and that will effectively capture your impact in general practice (without recording being burdensome).

This is a much shorter questionnaire (as compared to the previous rounds). It will take approximately 3 - 5 minutes to complete.

You can still take part in this round irrespective of whether you completed the previous e-Delphi round(s).

The questionnaire can be saved part way through (by clicking on the "Finish later" option which can be found at the bottom of each page) and returned to later.

Many thanks in advance for your time.

Yours sincerely

George Karampatakis

Reading School of Pharmacy

Supervisors: Prof. Kath Ryan, Dr. Nilesh Patel

## Page 2: Data protection

Please note that data collected in this questionnaire will be stored only on the secure, password protected Bristol Online Survey (BOS) platform.

The completed online questionnaires will be accessible only to me (George Karampatakis), and, after being separated from the “token”, to my supervisors (Kath Ryan, Nilesch Patel).

Data analysis and information made public or included in research outputs will use aggregated results. In any dissemination of the survey data, all identifying information from individual responses to this survey will be removed. No other sensitive information will be collected.

Cookies and personal data stored by your Web browser are not used in this survey.

## Page 3: How to complete this questionnaire

Before completing the questionnaire, it is very IMPORTANT that you read the feedback from the previous round (i.e. overall percentages and comments provided by participants) that has been e-mailed to you by George Karampatakis.

In the main part of the questionnaire (pages 5 - 13), we seek your opinion on 34 codes. All questions will ask you to grade codes according to their importance (except for one in which you will be asked to rank the options in order of importance). Please read each question carefully and answer all the questions to the best of your ability (especially those in which duplication exists - PLEASE identify those codes that BEST illustrate the proposed activity or outcome).

For each question you will also have the opportunity to write a short comment about your choice(s). For any general comments there is a "General comments" section right after the main questionnaire (page 14).

Please note that there are no right or wrong responses.

You can now proceed to the main questionnaire section.

## Page 4: Token

1. Please enter your "token" (e-mailed to you by George Karampatakis) \*
- Required*

## Page 5: Codes related to patient's adherence and ability to manage medication

### 2. Please grade the following code according to its importance

Please don't select more than 1 answer(s) per row.

	Very Important	Important	Moderately Important	Slightly Important	Not at all
Medicines adherence checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 2.a. Brief explanation of your choice *Optional*

### 3. Please rank the following codes (patient outcomes) in order of importance, where 1 is most important and 6 is least important

Please don't select more than 1 answer(s) per row.

Please don't select more than 1 answer(s) in any single column.

	1	2	3	4	5	6
Able to manage medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug compliance good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to manage medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Difficulty managing medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses medication administration system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs assistance with medication regimen adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.a.** Brief explanation of your choice(s) *Optional*

## Page 6: Codes related to side effect outcomes

4. Please grade the following codes according to their importance (N.B. consider if both are equally important or not)

Please don't select more than 1 answer(s) per row.

	Very Important	Important	Moderately Important	Slightly Important	Not at all
No drug side effect reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has shown side effects from medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.a. Brief explanation of your choice(s) *Optional*

# Page 7: Code related to patient's understanding of medication

5. Please grade the following code according to its importance

Please don't select more than 1 answer(s) per row.

	Very Important	Important	Moderately Important	Slightly Important	Not at all
Patient understands why taking all medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.a. Brief explanation of your choice *Optional*



## Page 8: Codes related to advice given

6. Please grade the following codes according to their importance (N.B. consider whether or not the first option encompasses everything)

Please don't select more than 1 answer(s) per row.

	Very Important	Important	Moderately Important	Slightly Important	Not at all
Advice about drug treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice about side effects of drug treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.a. Brief explanation of your choice(s) *Optional*

## Page 9: Medication review codes

7. Please grade the following code (related to the level of the review) according to its importance

Please don't select more than 1 answer(s) per row.

	Very Important	Important	Moderately Important	Slightly Important	Not at all
Medication review without patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.a. Brief explanation of your choice *Optional*

8. Please grade the following codes according to their importance (N.B. online systems can identify the type of clinician)

Please don't select more than 1 answer(s) per row.

	Very Important	Important	Moderately Important	Slightly Important	Not at all
Medication review done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication review done by pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.a. Brief explanation of your choice(s) *Optional*

9. Please grade the following codes according to their importance (N.B. consider whether or not this level of detail is necessary)

Please don't select more than 1 answer(s) per row.

	Very Important	Important	Moderately Important	Slightly Important	Not at all
Asthma medication review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD medication review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticoagulation medication review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes medication review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antipsychotic medication review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression medication review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polypharmacy medication review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.a. Brief explanation of your choice(s) *Optional*

10. Please grade the following codes (related to other potential activities during medication reviews) according to their importance

Please don't select more than 1 answer(s) per row.

	Very Important	Important	Moderately Important	Slightly Important	Not at all
Medication changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medication added	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synchronisation of repeat medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug changed to cost effective alternative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.a. Brief explanation of your choice(s) *Optional*

11. Please grade the following codes (related to stopping medications) according to their importance (N.B. consider whether or not the first option encompasses everything)

Please don't select more than 1 answer(s) per row.

	Very Important	Important	Moderately Important	Slightly Important	Not at all
Medication stopped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication stopped - side effect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11.a. Brief explanation of your choice(s) *Optional*

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## Page 10: Monitoring code

12. Please grade the following code according to its importance

Please don't select more than 1 answer(s) per row.

	Very Important	Important	Moderately Important	Slightly Important	Not at all
High-risk drug monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12.a. Brief explanation of your choice *Optional*

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## Page 11: Medicine reconciliation codes

**13.** Please grade the following codes according to their importance (N.B. consider whether or not the first option encompasses everything)

Please don't select more than 1 answer(s) per row.

	Very Important	Important	Moderately Important	Slightly Important	Not at all
Medicines reconciliation performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines reconciliation post-discharge with notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13.a.** Brief explanation of your choice(s) *Optional*

## Page 12: Code related to medication errors

**14.** Please grade the following code according to its importance

Please don't select more than 1 answer(s) per row.

	Very Important	Important	Moderately Important	Slightly Important	Not at all
Medication error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14.a.** Brief explanation of your choice *Optional*



## Page 13: Codes related to interactions between practice-based and community pharmacists

15. Please grade the following codes according to their importance

Please don't select more than 1 answer(s) per row.

	Very Important	Important	Moderately Important	Slightly Important	Not at all
Contact with the local community pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine Use Review (MUR) done by community pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15.a. Brief explanation of your choice(s) *Optional*

## Page 14: General comments

16. Please provide any general comments/ideas/thoughts you have *Optional*

## Page 15: Demographics

17. Please state the region of the UK where you currently practise \* *Required*

## Page 16: Thank you

Dear Sir/Madam

I would like to sincerely thank you for completing the final round of the Delphi study.

Once all data is properly analysed, you will receive an e-mail containing a brief summary of the findings.

In the meantime, and in case you have any further questions/concerns, please do not hesitate to contact me (G.D.Karampatakis@pgr.reading.ac.uk)

Again, many thanks for your time.

Yours sincerely,

George Karampatakis

Reading School of Pharmacy

Supervisors: Prof. Kath Ryan, Dr. Nilesh Patel

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