

# Expanding the Role of Community Pharmacists in Cardiovascular Disease

This research has been conducted by Healthcare Research Worldwide (HRW) and fully funded by MSD.

We surveyed key attitudes, drivers and barriers to an expanded role for community pharmacists in lipid management through a combined qualitative and quantitative approach.

	45-minute Quantitative Survey	30-minute follow-up interview
Community Pharmacists	N=71	N=9
General Practitioners*	N=30	N=9
<b>Total</b>	<b>N=101</b>	<b>N=18</b>

Full details of the methodology and sample can be made available upon request

*\*Please note that N=24 GPs (80%) have a special interest in hyperlipidaemia/ASCVD, and therefore are not necessarily representative of GP opinion more broadly*

## Potential Expansion of Community Pharmacy Role



95%



80%

## Strong support for expanding community pharmacy's role

95% of pharmacists and 80% of GPs rate the value of expanding their role as considerable to excellent, as it would:



Leverage pharmacist expertise in medicine



Improve patient access to healthcare



Reduce GP workload pressures



Support more efficient use of healthcare resources



Enable improved patient support, leading to better cardiovascular health outcomes in patients

## Current Community Pharmacy Role in Lipid Management



**Community pharmacists** support with medication adherence and patient education.



**GPs lead** on core responsibilities such as diagnosis, initiating therapies, and referring patients for specialist treatment

Looking ahead

### Trusted to take on a wider clinical role in future CVD care

**93% of GPs and 96% of pharmacists** see a role for pharmacists beyond first line statin initiation.



“Where better than a healthcare professional who has the clinical expertise, and capability to further develop that expertise, to hold and run these services, than community pharmacy”

*Pharmacist*

## Enablers of Community Pharmacy's Role Expansion

**42% of pharmacists currently feel prepared to take on an expanded role, highlighting a need for additional support.**

To bridge this gap, 5 key drivers were identified for the successful expansion of community pharmacists' role in lipid management.

### TRAINING



**Nationally implemented and accredited**, with flexibility for integrated care board (ICB)-level tailoring, and clear referral criteria and workflow clarity

### FUNDING



**Ensuring adequate workforce** to prevent overburden, and sustainable funding incentives

### CLARITY OF ROLE + CLEAR GOVERNANCE



**Clear scopes of practice** and escalation routes to avoid duplication or fragmentation

### COMMUNICATION



**Improved GP-Pharmacy integration**; supported by shared IT and patient record access

### EMPOWERED AND EDUCATED PATIENTS



**Public awareness** to support proper use of pharmacist-led services and continuity of care