**PH02**

I: Thank you very much. um so well start off kind of broad, could you please tell me about the preventive healthcare you do offer to patients?

P: Within the pharmacy?

I: Yep

P: Uhhh, ok, so we do blood pressure monitoring, we do blood glucose monitoring, and then obviously, ill counsel on if people are concerned on how to go about preventative therapy like quitting smoking, all that sort of stuff.

I: perfect, so what are some of the products you would recommend for disease prevention if you do [recommend]?

P: so there’s obviously nicotine patches and you know nicotine replacement therapy for smoking. Umm blood pressure, there’s obviously diet and exercise but also medications if we, if doctors prescribe it. And weight loss products as well for people who need to lose weight regarding diabetes or uhh umm blood pressure as well or cardiovascular disease. Yeah.

I: So probing into that…

P: Oh and you know aspirin and all that if, although, that’s mostly for strokes that I would recommend it for, but not really for anything else.

I: So you do currently recommend aspirin?

P: Only, umm, not to the general populous, though because there was new evidence that was like not everyone should be on it, or not everyone needs to be on it, so only if they’re sort of high risk for stroke.

I: Which evidence you talking about if you do remember?

P: I don’t hahaha it filtered through somehow to me

I: Yep

P: I can’t really remember how

I: That’s fine, thank you. So when you do recommend drugs for disease prevention, what are the factors that would influence you to recommend one over the other, like one product over the other?

P: So, umm, ease of use. Umm, cost. And uhhh form. So like if its, say for instance in nicotine replacement therapy, like if they’ve got a job that requires a bit of concentration, I’d go a patch over like gum, or if they need um, something like habit, like if they’ve got the habit of smoking, then I’d recommend something they can do with their hands, such as the quick mist or whatever. Stuff like that. Or if they’ve got dentures, I don’t recommend the gum either, that sort of thing.

I: yep, so like tailored to each person?

P: yep tailored.

I: So what do you think are pharmacists current role in preventive health?

P: ummm

I: very broad question.

P: so basically, to explain, so basically our job is to explain like really scientific information and studies down to the general public. So basically, to put it into what they need to do to look after their health in layman’s terms, so they can understand and digest it and umm, offer them sort of ways in which to implement that in their life. So uhh, and also to explain the reasons why, so often people will come to ask us first because we’re free, doctors aren’t.

I: yep, so do you communicate…

P: yes health communication is basically what we do.

I: so that they can make informed decisions?

P: yes informed decisions or if they’re confused, clarification.

I: clarification, sure. And what do you think about pharmacists playing an even bigger role in preventive health?

P: yeah if we got paid more.

I: so do you think that’s uh prohibitive?

P: yep. So I’m an employee pharmacist, and the pressure on me to do everything that needs to be done, especially with all the new programs that are available on the 6CPA.

I: so which programs?

P: oh so it’s like a government program, so if you like do a health intervention, you get money for that, or if you do like a meds check as well, you get money for that. That all goes to the boss, but you know the pressure, my workload just increases exponentially, and I get no recognition or pay for that. And that , it’s hard because documenting that interrupts your workflow as well. And sometimes you forget and you just don’t get… you know what I mean? You get from one end your boss saying well you need to do this many but also your responsibility is to the patients and also getting all your work done, so it’s just really hard to sort of umm add that in, as well.

I: so you think it’s an extra job almost, an extra task?

P: yeah, so obviously in like, the in the course of counselling a patient or speaking to a patient, you would recommend it, but in terms of if there was an actual program, then that’s difficult.

I: yeah of course, thank you. So how do you keep up to date with new drugs and clinical guidelines?

P: uhh well, when reps come in, they tell me, that’s number one. But also with articles and AJP and stuff that we get from the pharmacies.

I: sure, so I know you guys have 40 CPD points for you to cover, what’s your favourite, or what’s your preferred method of doing those?

P: Online

I: online, yep, is that easiest…?

P: yeah so if you have the… yep so online and free, that’s my favourite. Hahaha, so if you get the AJP you can do the questions online and that’s recorded automatically onto the website. Easy.

I: perfect, do you ever think of journals or conferences?

P: no, conferences are too hard to attend, cos they are during the week… or weekend and it’s hard to find cover [for your shift]. Ummm and yeah I just can’t find, it’s not worth the effort of finding someone to cover for me at the pharmacy.

I: sure, compared to the online…

P: yeah compared to online because I can do that whenever I have the time. Yep.

I: great, so when there is a change, this is kind of probing into that further, umm, how do you find out about them, is it just the reps?

P: well, reps coming in and telling you would be number one, or if you get emails from whoever, say the guild, or the pharmacy board, then yeah.

I: so this is the pharmacy guild?

P: what you’re doing?

I: no no, as in which guild in particular?

P: Pharmacy guild, yep, yeah

I: great, is there any other ways you…

P: I don’t actually actively look for information hahaha, so…

I: That’s fine, umm so do you think there are any challenges to keeping up to date and implementing new recommendations?

P: just time.

I: just time? yep

P: and yeah … just time really. And if … ummmm. It wouldn’t be anything else really, just time to find out or if you somehow missed the information, say it came out in like um the AJP or whatever, and you just sort of didn’t read that particular one, then you just miss it. Cos I don’t really speak to… like pharmacy is very sort of insulated and you only are sort of are in your own pharmacy so you don’t really speak to other people, and so you wouldn’t find out until someone really told you if you missed whatever information.

I: so you wouldn’t know if you missed it

P: yeah you wouldn’t know if you missed it, that’s exactly right. That’s why I think, either reps coming in to tell you is important, even though… yeah

I: do you eMIMS or other [guidelines] frequently as well…

P: oh yep yep yep, when I’m looking stuff up, yes.

I: so which ones would you use?

P: uhhh, therapeutic guidelines, eMIMS, AMH.

I: yep, so are you aware of the new cancer council guidelines?

P: no, just from today hahaha

I: well, I do have a little sheet here, it is a quick summary of the guidelines. Because we’re recording could I just get you to read… think out loud as you read through it?

P: read it out loud?

I: not, not read it out loud, but think out loud, so as you go through it, if there I anything that pops out to you, you think out loud.

P: OK

I: so first thing that comes to your mind.

P: yep, ok

I: perfect, thank you

P: \*reading\* so what’s average risk?

I: so the general population, so anyone aged 50-70 years old.

P: benefits… soo… oh I got it. That is weirdly worded.

I: yes, so which one?

P: the third point, here, that one.

I: would you mind reading it out?

P: so the benefit for cancer prevention is only evident after 10 years so life expectancy should be considered when recommending aspirin. Oh it’s not so weird I guess…

\*[coffee got knocked over a bit, was a very brief distraction, no issues.]

P: shit, sorry sorry!

I: no no that’s alright, how about I just drink this haha

P: \* continues reading\* ok cool, done.

I: any comments? Any thoughts that comes to mind?

P: uhhh, not really, but I would sort of just give one dose, rather than 100-300 or 600, so just pick one. Yeah so just tell us one.

I: so the correct dose isn’t well known, we just know that low dose works. There have been a few dose conforming studies, which don’t see any difference from 80 to up to 600

P: so in which case you would do the 100

I: yeah so would you… do you think just recommending one dose?

P: yeah, cos otherwise, people will be like, what dose do I pick? And also, obviously you would want to pick the lowest dose possible, I suppose. So I’d rather just be like this is the dose, and this is the recommendation. These are the… you know.

I: ok thank you, have you read... have you come across any evidence behind this at all?

P: mmmhm \*nodding head side to side\* nope, like I said, just found out today hahaha

I: just found out, perfect. Um, so, what in your opinion are the potential benefits and harms of aspirin in general and of the guidelines as well, anything you noticed.

P: so ummm, well if it’s for the general population, I think that’s ok, I think the general public tend to sort of take something like a small snippet of information and then run with it, so you’ve got to be really careful about how you present this information especially if you are going to newspapers and stuff like that, if they pick this up, people are going to go nuts over it. Umm yeah I think specifying who should and who should not be on it is really important, like that’s on there, on the guidelines as well but in a media release that would be super important too, as well.

I: to be clearer?

P: yeah to be super clear, cos ummm, and to sort of stress that you need to speak to a health professional first before you do it, cos a lot of people I found, like working, they’ll just take it upon themselves to do stuff without sort of thinking about their own personal health situation or whatever. So yep

I: do you have any opinions on the harms and benefits in particular?

P: ummm, so how long has this study been going on for?

I: so the evidence for it [aspirin for colorectal cancer] stretches back about 30 or so years.

P: yeah so umm, given that, I think people might get carried away, and also because NSAID use is high in people in general with people who are on this as well, I think there might be a risk in like, stomach ulcers and bleeding and all that stuff so there’s that. The benefits… obviously less colorectal cancer, great. Increased life expectancy, good. Hahaha yep.

I: so your views on low-dose aspirin in general? You mentioned you have or you do, recommended it for cardiovascular [disease] prevention, do you have any views on that in general?

P: ummm, yes, like I said, there’s, some people that just buy it and I don’t know because it’s not S3 [schedule 3, referring to needing a pharmacist/script, and how aspirin is OTC] or whatever, some people just buy it and I sometimes don’t know if they need it or not?

I: do you mean they buy it over the counter?

P: yep over the counter. And I’m not sure, and they’re not sure why they started it, if it was recommended by a doctor or they read it in a newspaper that they should be on it or their friends told them they should be on it, or if they’re just on it for, cos they’re on it. Ummm and sometimes people will just have a vague idea, so sometimes they’ll just use it you know if they’re going on a long-haul flight, they’ll sort of use it the day of their flight, which is not going to do anything. So… \*interrupted by a very cute dog walking by, briefly maybe 15 seconds. \* so I think, a little bit of information is a dangerous thing, so basically I think there’s a lot of, there’s a tiny bit of information floating around for them to sort of read about, but then that’s, they think that’s enough. So that’s kind of annoying, and we don’t really have the tools to be like, “wait stop, why are you on this and should you really be one this?” cos it’s over the counter, umm which is fine because it’s easy but at the same time, and because it’s not a recordable medication, a lot of people aren’t on it with the PBS or uhh, because it’s not on the PBS, umm, its actually cheaper to buy over the counter. I think it gets missed a lot, so doctors don’t know that they’re on it, so the pharmacists don’t know if people are on it.

I: that they’re taking aspirin?

P: yeah, yeah, so that’s a problem. What was the question hahahah?

I: hahah, no it was just about your views in general about low-dose aspirin.

P: yes, so yes it is good, I think, but only when its needed, and I think a lot of people are on I unnecessarily. In terms of cardiovascular, not for colorectal.

I: yep. So is it concern about what happens with the information?

P: yep. I think information, I think scientific information is poorly disseminated into the public.

I: yep. Thank you. so how receptive do you think your patients would feel about using low dose aspirin to reduce their risk of bowel cancer?

P: I think they would be confused

I: they would be confused?

P: because it just, cos I mean a lot of them associate aspirin with increased bleeding and then they would think that kind of doesn’t make sense. But I guess if you explain the science behind it, which I don’t even know, umm I guess it would be fine.

I: yep. Ummm, do they have, do… sorry. What feedback have you received from patients about using aspirin, do you ever get people coming back about their aspirin use?

P: not generally low-dose, sometimes, they’ll say “my doctors took me off it”, or “im on it cos my friends are on it”, or “its giving me like reflux, what should I do?” in which case you give them the enteric coated but yeah, they don’t really say much about it.

I: would you say it is well tolerated?

P: generally so, yes.

I: great, so what do you think are the barriers to pharmacists counselling patients aged 50-70 about using aspirin to prevent bowel cancer?

P: Time, opportunity, umm and…

I: what do you mean by opportunity?

P: so bringing it up, I guess it’d be like a real abrupt, kind of you know, “ hi Mrs such-and-such, I guess you’re here for things… \*clicks fingers\* bowel cancer, how… how’s it going?” sometimes they just don’t want to hear it, or they don’t have the time to hear it, umm yeh ummm, and then their own sot of health knowledge I guess can sometimes be a barrier especially if they think they know more than you. Which kind of sometime happens.

I: could you expand on that?

P: so because of the rise in sort of available information, but not particularly tailored information. A lot of patients think what they sort of google themselves, is you know, the gold standard of what they should know, rather than sort of thinking through the lens of their own patient health. Yeah, so, and umm sometimes, whatever you say to them, they’ll be like “well on google, it told me this...” so… which is a problem.

I: so that’s a barrier to you recommending it to them as well.

P:yeah, so but other than that, I don’t think there’s very many. Most people want to, sort of prevent, are really into healthcare prevention… if it comes in the form of a tablet.

I: so you think they would be happy to take it if you did recommend it.

P: mm yeah, yeah, if I had enough information and the time to sort of go through with them the reasons why they should be on it, then yeah, I think they’d be happy to \*very relaxed, sounded very confident\* it’s easy, as long as it was easy.

I: easy to take?

P: easy to take, easy to remember. If it was like a straight up protocol, one a day, fine. Not like one a week, one every 3 days, that’s difficult, or if it was like a, if it’s a tablet then it’s good, if it’s not a tablet, super hard.

I: So how do you think you would initiate these conversations?

P: I’d sort of be like, uhhhh. Have you heard of the new recommendations, put out by the cancer council, umm they have a new recommendation about umm colorectal cancer for the general population, which you belong to, and they uhh, they sort of recommend 100mg of aspirin a day to prevent colorectal cancer.

I: yep, so going from that… sorry. [\*interviewer got distracted, lost train of thought\* brief interruption and unrelated conversation for about 10-15 seconds.] so when you do initiate with them [patients] would you know their age data?

P: I suppose you would make a calculated guess, umm unfortunately these days you don’t really get the age, like age isn’t required when getting a script, so uhh you know, but obviously there are some people you can sort of tell… you can make a pretty educated guess, if they are between 50 and 70. Sometimes not.

I: do you think a poster of some kind would help?

P: I think yeh, old people love posters. And like news articles. They all read the newspaper.

I: great, so we have umm developed, or in the process of developing a graphic, to help communicate the risks and harms, of aspirin use. Same task as before, if you could just read out loud, think out loud what you think about it, thank you.

P: \*reading\* hmph, so is this for people to read, like general people to read? Or is it for the pharmacists?

I: so the idea is that it’s both for clinicians and patients. But it is a work in progress.

P: hahaha, ok hold on. \*smiling while reading it\* I don’t think this is very intuitive.

I: no?

P:no

I: would you mind expanding?

P: there’s a lot of numbers and I think most people would just tune out, it’s really busy. And so, people love graphs. I think a graph would be better, because it would show more, the benefits, I guess if that’s what you are trying to say.

I: so it has…

P: yeah I get the numbers here, I get the numbers, I’m just saying it would be better as like a bar graph or whatever.

I: yeah.

P: and uhh this kind of 10 years, 5 years, 10000 people…

I: what does that mean?

P: yeah, there’s just a lot of numbers. Yes. Is what I think. And I think it should be neutral colours.

I: neutral colours? Yep. So you think the cancer council guidelines or that one \*pointing to EFT\* would help in initiating discussions at least?

P: I think the guidelines would be better. If this [EFT] was more digestible, like I said there’s a lot of numbers. All this other stuff, people sort of remember pictures, so I think that would be better.

I: and just key message?

P: yes key message. I don’t think people would be like oh you know 88 percent no aspirin, 66. And I think people would be like. Yellow line, better, good.

I: simplify it?

P: yeah simplify it, people aren’t going to pay that much attention to it. The main key message should be yes I should take aspirin, rather than “many numbers what?”

I: yep, thank you. So that’s the bulk of the questions actually, are there any comments you’d like to add in general?

P: not really, sorry I hope that was helpful

I: no no, it is most definitely helpful, umm are there any questions you think should be added to this interview, you know, in determining barriers to implementation of the guidelines?

P: nope!

I: perfect. Well thank you so much, I’ll just put in final details in the recording. It is 12:30pm on the 9th of June, PH02. That’s all. Thank you!

Field notes