

Development of a Community Pharmacy Care Programme for People with Type 2 Diabetes in Lagos, Nigeria, using the Medical Research Council Framework

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Background Type 2 diabetes is an increasing health burden globally and in Nigeria. Optimised diabetes management is difficult to achieve through a single healthcare provider. Community pharmacists are accessible and have key roles in diabetes care.

Purpose To develop an evidence informed, community pharmacy based care plan to support people with type 2 diabetes, which is sensitive to the needs of patients with diabetes and culture in Nigeria.

Method The Medical Research Council (MRC) framework for the development of complex interventions was used. The development stage comprises 3 steps. At step 1, two reviews of the existing published literature were undertaken: 1) review of systematic reviews of pharmacists' interventions for people with long-term conditions; 2) review of community pharmacy-based diabetes care. These review findings served to identify effective intervention components for a diabetes care plan (step 2) involving patient-centred goal setting and motivational interviewing. Step 3 Involved co-design meetings with 3 physicians, 3 workshops with 71 Nigerian pharmacists, and 19 patients with diabetes, recruited by invitation through local associations. The workshops employed an adaptation of 'thinking through co-design.' Participants formed four groups to gather ideas, using flipcharts about: 1) pre-intervention strategy, 2) outcome measures, 3) facilitators and barriers, 4) delivery and follow-up. Flipcharts were rotated to each group. Discussion notes and information on flipcharts was collated and incorporated into an amended care plan.

Findings Co-design participants identified the importance of adequate training as the most important pre-intervention strategy. It was stressed that questionnaires and forms needed to be written in 'lay language'; Committed and trained pharmacists were identified as key enablers; Barriers 'Space, time and patients' literacy. There was great enthusiasm for this project, with most being positive that the patient-centred care will work in Nigeria. The stakeholders' feedback was used to fine tune the care plan intervention components by ensuring that: 1) training was undertaken by pharmacists before delivering the care plan, 2) questionnaires and forms were written in 'lay language?', 3) only service-oriented community pharmacists were recruited. The amended care plan involves trained service-oriented pharmacists meeting with patients, once a month for six months, to support and motivate patients to achieve their self-set goals.

Conclusion The next stage in the MRC framework is to feasibility test the amended diabetes care plan in 20 community pharmacies with 120 patients in Nigeria. Due to the Covid-19 pandemic, it will be delivered remotely. Clinical and non-clinical measurements will be outcome measures.