

Appendices

Theme Framework

Barriers to research

Intrinsic Domain

- Other priorities
- Competence and confidence
- No motivation

Contextual Domain

- Pharmacy professional issues (career structure, management, culture)
- Lack of practical support

Motivations to be involved and perform research

Intrinsic

- Variation on usual work
- Professional development
- Personal satisfaction
- Career prospect improvement
- Interest in the topic
- Sharing findings (publication/presentation)

External

- Enhance the perception of pharmacists
- Helping students
- Obligation as a health professional to do research
- Improve service delivery and efficiency

Barriers to research: Intrinsic domain

1. Other priorities

P8: Well, yes, it's part of everyone's role really but no one finds the time to do it basically. So because my role has changed, what I'm now doing is, the Lead Clinical Pharmacists, because there are so many of them, they meet up ever 2 or 3 months just now, just to share information, to get some peer support. And if anyone's got any ideas about a particular area or any concerns, it's a forum for them to share things. Obviously each LCP is leading on a different aspect within the service.

P11: It's not that I'm against doing anything. Em... I guess, at the moment, just with other priorities I'm unlikely to be coming up with grand plans, maybe that's just not where workload priorities lie or where my head takes me. Maybe it's just not where my head takes me.

P14: It's almost as if they all think it's important but where do they fit it into a really busy day? And I think to do it properly a lot of stuff published in addition is rubbish, so find the time and the support to do it properly.

P19: I would still like to do the Masters. It's been deferred for a year so obviously I need to do a research project as part of my Masters, so yes... but I need to work out timings because it's a day during the week and whether I'll have time off or whether I'll need to cut down my days or... I don't know how I'm going to do it.

P42: I think you have to show... a lot of people are not interested, Richard, to begin with. A lot of people are not interested. You know, people just want to do their work, go home, eat their dinner, go to bed

P45: Oh right. Well, we have been <NA> 15 I think. I think that's one of the biggest things is the pressure of time and having quality time to do these things and having protected time, I think that's the

P51: Pretty much. I think the major drawback is time, to be honest. There's just so much clinical commitment. I suppose, especially within the hospices. There's only 3 of us for the 6 Glasgow hospices, so... and the distances between all the hospices are quite... you know. So we've got a lot of time travelling and... so trying to do clinical sessions is quite difficult, to slot things in.

P53: Well, I'm not ruling out a PhD at some point. I don't think it's right for me now with a young child. It's not the right moment. Certainly in the future, I'm not saying never, so we'll need to see what the future holds. I think I would want to get involved in something I was particularly interested in. It would need to be a burning question that I would want to see through to spend as much time on it, but yeah... maybe in the future.

2. Competence and confidence

P1: Well it's less scary as well, in the sense that if you badge it as research you get this elitist; "Christ I've have to do stats or I'll have to do stats or I'll have to power my experiment or"

P1: I think some people perhaps do, I think some people who are reflective, they feel they think they've lost the skill sets they acquired at undergraduate level and postgraduate level, and because they've perhaps not been maintaining those things there's a degree of reluctance they think that they've not got the skill sets, which I think are still there. Might have a cobweb or two on them but I'm sure with a bit of encouragement or indeed support that kind of gets them over that barrier.

P2: I mean, I did some research modules for my diploma, but I would need a refresher on things like statistics.

P9: I've done statistics a long time ago but I'm not used to using them. *laughs* I'm maybe at that stage where I'll need to work out how to do it again for me to use that.

P15: I think after this I would be a wee bit more confident, but I still think there's a lot of stuff that I probably don't know, but I don't know what I don't know, so... I mean... Yeah I think you try to make it as fair a study as possible, like, you know... that's why I emailed all the junior doctors <NA> stick to the hospital, so I was thinking about how to make it as balanced as...

P38: Aye, confidence in being able to do it. I suppose I could do it, but it's like really, it's just really scary because it's been something quite massive. Em... massive <NA> well it's not when you break it down... but I think probably for me going back to the beginning of how to write a paper because it's been so long. Em... the things you should be including in it. Em... what to look out for, your pitfalls and having that wee bit of support, so if I've got... like, say for example, the naloxone stuff, so I will want to survey and I will want to survey the pharmacists, I will want to survey some of the clients and some of the diverse <NA> and stuff that have went out to try and get patients' views. So... when I do that, I want to make sure that I do that well, so sort of follow on nicely with all the info. So, having like, similar to yourself, support to say "right, this is your plan. So, aye, this would be quite good" and then look back to it, so anything with practice you have, the better you'll...

P50: <NA> than what they're currently doing. I think partly they're scared of it because they don't understand it. The term's scary, they don't have the skills, they've never been taught research thoughts, and they actually don't know what it entails so to them it's something bold and scary.

P50: I don't know, because I only ran it for a couple of years or so because it wasn't translated into more people doing research, because it wasn't addressing the underlying problem that people either can't or don't want to do research.

3. No motivation

P1: Well I think they have got a big question but they don't think how that needs addressed or the actual resource that that requires to be addressed, and perhaps they get a bit jaded when they say; "well I've put two hours a week in on this for 5 weeks and I haven't got the answer to the question" And perhaps the question itself was fundamentally sound but it's perhaps looking at it in bite size chunks or

saying “I need to coordinate across a clinical network or perhaps across a number of different sites”. Where perhaps you’re taking away that resource requirement where many little hands or ants can actually start to gather the numbers required making it meaningful.

P3: No, well, the big problem that I’ve had is that nobody has really got into what I’ve been involved in. I’ve tried to bring people along with me but they come and go, people move on to other jobs.

P3: I think, absolutely...I mean I don’t see myself as being driven, I know people who are driven and I’m not like them. I don’t... I enjoy working as part of a team, but I’ve never really had anyone standing over me, I don’t think I could have coped with that.

P8: I think if it’s practice research, yes. And I think that’s what I’m trying to change people’s mindset, you know, to a certain extent. Cos I think people in the past have seen research as interesting, good to do, but don’t have the time. Whereas if it’s actually part of their practice and they could potentially improve patient care I think there’s a lot more willingness to do that rather than do something because somebody thinks it’s a good idea and they’re being asked to do it. If the idea’s come from them...

P13: No... I don’t know. Unless you just... well, it’s my work anyway, so I suppose you just need drive and motivation and make sure you set targets. Well, that’s what I found... <NA> targets and then you end up saying “oh, I’ll do it next week”. I suppose that’s the nature of life.

P42: I mean, I just know from talking to lots of people. I mean, I’ve got lots of friends , you know... that are pharmacists and very few people are... motivated anyway, you know.... They might have some background, borderline interest but very few people are motivated to find the extra half an hour or an hour here and there to go forward with these things.

P50: Yes, well...again I’m not sure. I think it would require a particular mindset to want to do that, and I’ve always been much more interested in the patient care aspect, the immediate patient care aspect, rather than the bigger picture I suppose.

Barriers to research: Contextual Domain

4. Pharmacy professional issues (career structure, management, culture)

P1: The questions are usually very easy, and people working in the system can often see where the problems in the questions actually lie. I suppose the problem is how you foster that initial idea and allow it to flourish, and create an environment where it can actually flourish. And it's not seen as something which "I'm stupid to be taking this on over and above my clinical duties" But perhaps showing them that it can coexist with that and one doesn't have to compromise the other.

P2: Yeah, I think in pharmacy we just have more immediate concerns - the patients. Not that it is necessarily right.

P3: There's been days...I mean at one stage, NHS wise, there was negativity about me doing research. And the feeling that I wasn't being paid to do research, if I wanted to do it I had to do it in my own time.

P3: It's just not seen as part of the job, part of the routine job, of the pharmacy.

P15: Yeah? Em... so I think it's quite important to the NHS. I don't know whether... I don't know within pharmacy if there is much emphasis on it. I don't know if you apply for a job... or... you know that... when people are starting their careers, I don't think they really think research will be a big part of it.

P38: I would be able to do it and know the context of it and everything. It's not that I think pharmacists aren't <NA> I think we just don't have the skills or <NA> or know what the skills <NA>

P42: Obviously, I've probably got more experience than most pharmacists. I'm still hugely inexperienced when you look at all these other guys who help us out as part of research. I think my strengths are in seeing an idea and getting out there and... sort of pushing an idea forward and data collecting and... offering a solution to an idea and working with people to do that. Weaknesses? Obviously, I mean, statistics, I mean, I think, I can't imagine there's many pharmacists out there with a proper grounding in statistics at a sufficient level to make sure when you start a project that, before you've even started it, you've thought about how you're going to measure it and how you're going to measure the impact of it, because if you don't do that at the beginning you may as well not do it because the arse will fall off it somewhere (laughs) down the line.

P42: Well, I think as a profession they value it and they... they kind of put weight on it as part of their career, that it's expected.

P46: Well the thing is... look at <NA> (15:45) requirements... the clinical practice for clinical trials and you look at chief investigators and who <NA> (15:52) these investigators. Pharmacists actually can be, but we don't... we don't raise our profile.

In general, I would like to see pharmacy's profile raised. I think there's a huge... you know, there's still that pharmacy mentality of pandering to medics and not standing up for...

P47: I know, that's what I'm saying, a lot of my job I redesign and especially when we get the New Southern a lot of the things in my job go off the table.

P47: Yes, but they get protected time, it's in their job plan it's seen as an essential of their job, core to the job purpose. I think the career framework, the career framework doesn't currently people doing research. The framework we've got currently is either clinical or managerial

P52: That might be something that two years down the line I look at, but at the minute, it's not... I'm really concentrating on the advanced pharmacist framework at the minute, and that's ok to reflect on... and if I manage my work and if I've got a couple of hours to spare I do.

P50: I think we struggled to get people to take responsibility for research because to take responsibility is to, we all have it in our job descriptions and we all know that it's probably the one bit of our job descriptions that we're failing at, and that's simply because at some point you've got to make a decision around what you prioritise, and their core jobs are patient care.

5. Lack of practical support

P1: If you had a centralised body where someone would say "I've got this idea, it might be a bit mad", talking it through with somebody and then it's passed as a good idea and it's actually aligned to the direction of the organisation, or something that's strategically important. But then the organisation can support that by putting a collective of people together, or perhaps directing them towards resource that might be external as well as internal, to allow it to be realised. Or at that point saying "well that question's good but perhaps it needs slightly modified so that it becomes either more relevant or achievable the target to actually answer".

P8: Some of them that have done the MSc have got a bit upset because they feel they're not being listened to. Again they start to get enthusiastic about something because they can see how it's going to help them in their job, it's going to help their colleagues, management are supporting this, then all of a sudden it's changed. Then it comes back as a different beast, or it's not a priority for that department. Then it affects morale, and I think it probably potentially affects the amount of time that student is then given because the department don't see it as a priority.

P13: Yeah, definitely learned a lot doing the project... and I would certainly know how to go about doing research a lot more effectively this time and what to do and what not to do. I still think I haven't had enough experience to not have somebody who has more experience than me there to touch base with. I think it's... having that person or somebody who can review your protocol, etc.

P13: Better links... better support

P42: I think you have to have 2 or 3 central people with capacity to help then, honestly. I think you need to have... obviously yourself, Richard, you've got a sort of top line, strategic role, but you also have to have a couple of, kind of, doers. So, you have... and polypharmacists... so, I don't think you would have to have huge

numbers to begin with, because... well... there's not going to be funding for huge numbers. But, you've already got a couple... you've got a research nurse, you've got a, kind of, other researcher with a qualitative background, but a couple of pharmacists... you know, perhaps AAs that people will respect that can go round into wards and to GP practices and to community pharmacies, wherever it is, and get projects off the ground and will actually go and do. So, again, practical... practical help. Data collection, working an idea up, meeting with people, writing things... a couple of people to help you do that will get your projects off the ground.

P42: but I think what in pharmacy we need is peer support that when we go out and measure things we're measuring the right things in the right way. I think I've got a reasonable understanding of how to do that in parts <NA>

P53: I think allocated time, support from your line manager, em... flexibility support to have flexibility, because things don't fit into particular time categories, you might need to shoogly bits of your day or week around to be able to fit things in. Probably a bit of admin support as well for some of the stuff. Obviously, with my research, Jackie was very good at arranging my PP interviews and things within her normal working day. So having folk that have capacity to help with things like that as well.

Motivations for research: Intrinsic domain

1. Variation on usual work

P3: Well I'd have just become very <NA>. There have been times when I've got to the stage of being bored, and I think if I hadn't gone to University I don't know what I would be doing, the change came at the right time for me. It's a bit of a shock to the system because I used to think I worked hard, but on the other hand it is very demanding but we are appreciated more.

P15: Obviously I wanted to do it, and I did have some choice in what I was going to do for my project. Em... so in that way I did have some choice in it and it was quite interesting once you get into it and get going with it, it's totally different to the job that I think... even maybe just fitting it in to your normal job would be challenging if you have a topic or something that you were wanting to look into you would have to, sort of, work out how you were going to do it along with your other job.

P31: No, no...I think, I mean... there's a great enjoyment. Everybody... you put yourself under pressure because... it's the fun part of your day job, if you know what I mean. Right, there's the stuff, the grinding your bone stuff you have to just churn out, but it's these other wee bits that make it worthwhile and... it would be good to share that love, you know. I think everybody needs to be aware of that and I think there's probably an awful lot of pharmacists <NA> so much, you know...

P33: I suppose it comes to down to finding new challenges for me and that's the important thing. If I'm going to stay clinical, the patients I have coming in are a lot of the same type of patients I suppose there is slight nuances within that but...That's where I can become very complacent, so it is about pushing myself.

P53: Yeah, I suppose it's just something a bit different from the usual, everyday stuff that we've been involved in with cost-savings and budgets and stuff, it's maybe a bit more exciting.

2. Professional development

P15: Em... I wouldn't have said. No, I kind of wanted to learn a bit more of clinical pharmacy matters, so I thought if I could go and learn more, it'll make you better at your job, basically. So... em... thought it would be quite useful to go and get a bit more background and a bit more experience and then you got the next couple of modules as well, like... going through a bit more in depth mental health type thing and I just thought it would be quite a useful thing to have to help you through your job... develop you a wee bit.

P17: To me it's very important because if we don't understand what we're dealing with how do we find a solution or how can you work towards a more informed solution? You might not find a solution but you might be able to contribute and get people to look over their shoulder and think "was that the right thing to do? If that's all achieved was that the right thing to do?" I think that's a huge achievement and therefore I know that because of the complexity of mental illnesses, common ones and more severe ones, then you may not find a solution because of the social factors and variety of other qualities

P17: Transferable skills, that's more about this as well so mental health is the kick off stuff and then it's transferable so there's other areas, cardiovascular and other areas that I think would be interesting but from personal experience

P21: I just think if you think about research, you're wanting to basically... I think you're wanting to get to the bottom of why you do something, probably with the objective of trying to improve what your outcome would be. That's kind of how I imagine why you would research...

P25: I want to get something out of it that both takes my job forward, what I do day to day forward and what the service learns forward.

P36: I think sometimes it's a means to an end, so for the purposes of an award of some description like the Masters thing, then yes, it's a means to an end, but I think that done well, or even reasonably well, then it'll just lead to further questions. So if the topic is kind of picked properly, then I think it's just going to open up more and more and more... unknowns probably... the more you... the further you dig in to something, the more you realise what you don't know about it.

3. Personal satisfaction

P3: Yeah, or selfish or anything but I guess you get pleasure at solving problems, answering questions. You get pleasure at the <NA>, going to conferences, meeting friends. You could argue seeing the world, although I don't like travelling, but once I get there...So I've had fantastic, you know...I've got a lot back from it over the years and I've got friends all over the world. We get pleasure in a feeling of achievement if you get published; you know how hard it is to do that. And obviously in the early days, now I'm at <NA> it's not quite the same, but in the early days we were very much in need of a <NA> pharmacy. I'm out there publishing stuff so I can stand up in a crowd of medics and say "look I'm publishing too, I might just be a wee pharmacist but I'm doing it", and then they come back to me and say "it's rubbish stuff that you do" but that's fine! (laughs)
I know my place in the world. I guess there are a lot of other things you get out of it, aspects of it, to be brutally honest it's (obscured)

P26: Oh yeah. I mean it's quite satisfying when you come to the end of something and you've produced something and you look... I mean I quite like numbers, although I'm shite at statistics I still like numbers. I quite like seeing...

P33: I suppose it comes to down to finding new challenges for me and that's the important thing. If I'm going to stay clinical, the patients I have coming in are a lot of the same type of patients I suppose there is slight nuances within that but...That's where I can become very complacent, so it is about pushing myself.

P53: Yeah. I think it's quite rewarding to set yourself out with a question and work through finding out what the answers are. It's quite rewarding... a rewarding process.

4. Career prospect improvement

P12: They're going through a clear pathway, so we're not going to see them again. We're not going to spend any time, um, looking at them at all. So, I think it's potentially using our time more effectively. Also, we could potentially be there delivering some time <NA>

P33: I'm at the stage where I'm asking "where do I go now in my career?" I've been in the same job for 6 years, a job that I like, <NA> back from my holidays-

P26: Well, because we have a perception that patients... for HIV just now we write the prescriptions for patients coming and there's a perception that we can't do this because the patients are always changing therapy and I would just like to do it, to get a handle on...

P43: I think... probably my weakness is not having been involved in any particularly high level... so not really understanding the requirements. Certainly I could probably do with being educated about...

P52: Insane, I probably would have said. Career progression and personal satisfaction.

P51: I think whatever we do it would have to underpin patient care being better and I think there's a lot of research out there that's done for the sake of people's career progression.

5. Interest in the topic

P3: Yeah something would come along that I found interesting...I suppose what I did in the early days particularly were more MSC projects and, before fairly recently, they had to be quite big things.

P6: I think that's part of why I'm doing the Masters as well, to help me. Out of interest, but also to support me within the field I work in to make sure I'm working to the best of my ability and that I'm following and carrying out the best methods to be taken

P15: Obviously I wanted to do it, and I did have some choice in what I was going to do for my project. Em... so in that way I did have some choice in it and it was quite interesting once you get into it and get going with it, it's totally different to the job that I think... even maybe just fitting it in to your normal job would be challenging if you have a topic or something that you were wanting to look into you would have to, sort of, work out how you were going to do it along with your other job.

P15: I probably would now because... if you'd asked me that before the project, I would have been like "oh, no", but I think... I quite enjoyed. I thought it was quite interesting and... yeah, I think I would probably like to do something like that again. Em... I'm not sure what opportunities there are for research.

P33: Well that, I mean, that's... it was, you know they were interesting... an interesting case... and as I say a lot of the stuff... a lot of it when we get to RCPs or,

you know, way past, you're in to small reports and case reviews, because you're not at the really good evidence base.

P52: At the meeting we had to apply for funding they did say "pick something you're interested in, because you need that to maintain your interest in your work", so that's why I definitely wanted to do respiratory because that's where my interest is.

6. Sharing findings (publication/presentation)

P6: Yes I'd say there's lots of benefits from meeting other people, people with ideas. Yes. Definitely.

P12: Yeah, I think there are two factors: sharing the ideas, getting the confidence with the ideas and also working with people that you can work through ideas with, sharing methodologies.

P12: We don't provide enough information to community pharmacists and we should be communicating more and trying to <NA> medication service and there's sorely information lacking.

P21: Yes, but we have to be able to share that expertise and knowledge and we need to basically get out it there somewhere and, how we do that, I'm not quite sure.

P42: I mean, I think... I don't know who from secondary care that you are talking to, but I think it's worth bringing in some AAs in different clinical ward settings because there's no point in just talking to the AB, C, Ds, etc, again, with all due respect, all these people, they are a little bit removed, some of them, from the actual clinical day-to-day practice. Em... your main senior clinical em... pharmacists that are going to make a material difference to patient care are probably, certainly within the manage sector, are AA pharmacists. So, you need to go in to a few respiratory wards, cardiology wards, gastro, these kind of places, or people with specialist interests in primary care, or the PSPs, but you need to get a couple of AAs involved as well, because they're the people who know what the capacity is like... people who know what they are doing just now and what their interests are.

P42: No, no. I think sometimes big PPSU events, where again, you get meaningful people together and a mixture of managerial and AAs predominately, just because, again, there are more senior clinical people.

Motivations for research: External domain

7. Enhance the perception of pharmacists

P21: I think PPSU on a whole, we've got an acute... I think PPSU as a whole has to think about this for the whole service, but within PDC what I've got is a limited workforce here. We don't have people rotating from the outside in... and that's where the lack of knowledge is. So if our own junior staff here don't want to go for these senior roles, because they just feel it's too much, they don't want to do it...

P38: Probably... like service development and what kind of <NA> are you thinking. Like, traditionally as a pharmacist like... the kind of audit, service development, em... nothing necessarily high profile. Like...I don't publish or... but that's where we're weak. That's where we're weak, but... we think about, kind of, basic service development, quite in-house and... aye.

P38: Just to <NA>, showcase what we're doing. That's it. Em... it's <NA> national programme. Glasgow's always been city world-leading in it anyway, so we want to make sure we are sustaining that, but we recognise there's a place of excellence. Plus, from the pharmacy angle, it's really important to highlight the work of pharmacy.

P42: I think we have to get pharmacy, community, hospital and primary care more involved with clinical decision-making at a patient level and a disease level, rather than just at a drug level

P42: I think that, without that, you'll still be a silly wee pharmacy team that do their own thing and that people don't really know what they're doing. So, I think if you hope to influence the multi-disciplinary teams and really embed yourself in clinical car, I think the first stage in getting a pharmacist involved day-to-day and take care of whatever patients it is, is by involving them in the very basis and the developmental stuff that we do to get pharmacists.

P52: ... and proving its worth. As you said at one of the presentations, we don't have anybody to back up our role to see its beneficial and I think that would be a good thing. England seem to be, as far as I'm concerned, ahead of us. They have a pharmacist per practice and they seem to be a lot more...

P52: We're trying to increase awareness of what we actually do and what our role is. We've actually just made up a leaflet in the North East to send out to people like DSNs and we're trying to increase our links with acute and everything to try and promote the heart- look we're here to help, we're not here to tell you off.

8. Helping students

P26: Not these kind of high powered research projects. I mean, MSc projects with pharmacy students here I've been involved with and <NA> projects and Diploma projects and the stats that are involved in them I've done. Some of them I've had to from first principle in order to just calculate that I understand what's happening, but yeah... I think stats are a big issue. I know from MSc pharmacists...

I've supervised MSc projects... that's been the big sticky point. We've had to go the university or... I've not been able to help them because my knowledge of stats...

P29: There's a real close working relationship with the mental unit and the obstetrician, and we're very open to the students coming to us as well. So, if we've got students coming who want a clinical part of their placement as well, if they're coming to do a project, then we make sure that they're covered from the point of view of coming in, but they're allowed clinical placements here as well to help with that.

P29: It's just basically I think that we should always be learning in order to help the students. It's more really to help move them on from our point of view. My main interest kind of enacted from <NA> I got people round about me wanting to do research, wanting to help me with a research project. There's loads of wee projects I remember.

P29: So, for example, we would do things with students where they come in... they would do maybe a small audit project, do all the background work on it... we would help them look at what they were doing, help them with the literature search, make sure it was appropriate, what they were doing and look at what they hear back, how the university or who's supervising them... if it was medical staff, then it would tend to be their medical mentors who would look after them, but we would certainly help with the primary project and help them look at it, and again, sometimes they would just do basic things like keep an eye on the monitoring of the forms and stuff like that.

P38: We're kind of... plus <NA> like an <NA> point of view, there's lots of groups and there's people who can help you research and stuff from backgrounds and things.

P51: So we do a lot of education. We have undergraduate pharmacy students, we have a... MSc elective placement with us as well. There's only three of us, so it's quite onerous. We do a lot of community pharmacy training, so we have our palliative care networks in the community.

9. Obligation as a health professional to do research

P3: Well yeah...I wouldn't say I'm only going to do research if it goes directly back into the service. And in reality because i've offered a University component to my job, it was honorary, I could have any position at <NA> or <NA> and, well <NA> has it now, but at <NA> you had a superior development, honorary <NA> development and that was safe from publication. Compare of course to <NA>, you know, they're desperate for publication. So I guess there's been more pressure on me to do research in the last 5 or 10 years...about 8 years. So yeah, last 5 to 10 years there's been more pressure on me to do research because obviously <NA> University.

P33: I feel that there is a lot of responsibility that me, as a practitioner, why if I come across something, then you should actually publish, because you're relying on other people's reports so, equally, you have a responsibility to...although we did get <NA> from another one when I got back from holiday and it was *laughs*, so I was a bit miffed about that. I might have to have a rethink. It was just another... we thought it was an interesting case, but em...

P47: Well it obviously takes it from the top they need to say “no, this is essential, this is now part of your essential objectives”. So feeding back to the medical director there needs to be good quality pharmacy research, not just saving money and-

P50: Not to the extent you’re doing it. I’m quite happy to do bits of work that I feel are meaningful, even if that’s meaningful locally rather than meaningful professionally. And if you’ve got an issue, certainly one of the bits of work we did last year that’s been presented to ASGP this year was looking at the clinical impact of red rec(?) and trying to quantify the clinical significance of discrepancies. And we found significant numbers of theory, potentially life threatening issues, just through our reconciliation.

P51: So we’re contracted to provide that education as part of the funding that they get, so that’s set in stone through that contract. The rest of the education... I don’t know, I guess it’s historical. We work quite closely with all the Macmillan nurses.

10. Improve service delivery and efficiency

P6: Certainly I think it’s extremely important research, in terms of moving forward and developing services and also from the point of view of supporting staff.

P6: Yes I think if you carry it out in a field in which you’re working, research can become different things to different people but personally from a service angle I would maybe think of research in terms of looking at evaluating what you’re doing, what we can maybe do better and implement things as a result. But I do think both patient and staff feedback is very very important.

P21: So when you’re looking to change your systems and processes you have to look at the bigger picture and what other services or processes that may impact on, and whether one change might then potentially give you a problem further along the chain. What we’ve done here is we’ve devised a whole load of process maps that are backed up with work instructions, procedures... and they’ve all been risk assessed, so that if we change something at the beginning we have to follow that through to see what the impact would be at every stage through. So that’s quite a good tool we use now, so if anyone comes in to support us if we want to look at our systems and processes, we use that as a basis.

P37: I think it would help the service to develop and hopefully, well... the driver for that would be patient care and patient outcomes and I suppose that’s what we’re about, but I suppose in my head I think, if we could take a piece of research and prove that it had good outcomes then could have implications for a wider, you know

P47: Well it obviously takes it from the top they need to say “no, this is essential, this is now part of your essential objectives”. So feeding back to the medical director there needs to be good quality pharmacy research, not just saving money and-

P52: Research stuff should be the evidence base so you know it works.

P52: I'm not so worried about the career progression, just trying to sustain our role and put the backing behind it.