Community Pharmacy and General Practice collaborative and integrated working: a realist review

Citation

Review question

Aim: To understand how, when, and why working arrangements between Community Pharmacy (CP) and General Practice (GP) can provide the conditions necessary for optimal communication, decision-making, and collaborative and integrated working.

Review Questions: Within the existing literature, what can we learn that will help CP and GP to work together in a collaborative and integrated way to support effective and equitable healthcare outcomes? Specifically:

1. What are the mechanisms which cause CP and GP to work in an integrated and collaborative way?

2. What are the important contexts which influence whether different mechanisms produce intended and unintended outcomes in CP and GP working relationships?

3. What are the interventional strategies that are likely to lead to intended and unintended outcomes within CP and GP working relationships?

Objectives:

a) Develop a programme theory through an evidence synthesis of how CP and GP can optimise communication, decision-making, and collaborative and integrated working to support effective and equitable patient care.

b) Embed and use stakeholder and public contributor perspectives throughout the design, analysis, and report stages of the project, thus maximising the relevance and utility of review findings.

c) Enable capacity building and training through the supported involvement of a range of staff and trainees across disciplines and institutions, including, regular methodological discussions at data clinics.

d) Make recommendations for practice and policy based on the realist review's programme theory.

Searches

We will search the following databases: MEDLINE; Embase; PubMed; CINAHL; PsycINFO; the Cochrane Library; HMIC; the Web of Science (Science and Social Science Citation Indexes); and web sources including NHS Evidence and Google Scholar.

We will search any other relevant databases identified by CD and will also undertake 'cited by' article searches and search the citations contained in the reference lists of relevant documents.

Grey literature e.g., documents produced by the Department of Health, local Clinical Commissioning Groups, and pharmacists' professional groups will also be identified via searches of relevant websites.

A realist review is an interpretive and theory-driven approach to synthesising evidence from grey literature, qualitative, quantitative, and mixed-methods research. As such, a range of study designs and data sources will be included to enable us to make sense of and address the context sensitive outcomes arising from interactions between CP and GP.

Types of study to be included

A realist review is an interpretive and theory-driven approach to synthesising evidence from grey literature, qualitative, quantitative, and mixed-methods research. As such, a range of study designs and data sources will be included to enable us to make sense of and address the context sensitive outcomes arising from interactions between CP and GP.

Condition or domain being studied

Integrated Working; Collaboration; Community Pharmacy; General Practice; Primary Care.

Participants/population

Based on our preliminary searches, our initial inclusion criteria will include: Community Pharmacy and General Practice; UK (the initial focus will be on the UK and countries with a universal healthcare system but we may draw on data from other healthcare systems); Date 2000 onwards (in order to capture literature prior to the first integrated and collaborative initiative called MUR in 2003); and a focus on an element of the 'working relationship' between CP and GP (to include terms such as integrated and collaborative working, but not exclusively).

Intervention(s), exposure(s)

We will include studies focusing on an element of the 'working relationship' between CP and GP (to include terms such as integrated and collaborative working, but not exclusively).

Comparator(s)/control

Not applicable.

Context

The NHS Long-Term Plan is underpinned by expectations of collaborative and integrated working in primary care. The opportunities and challenges this presents for organisation and delivery in practice are relatively unexplored. NHS Long-Term Plan implementation has been rapid and involves a range of approaches across diverse contexts and settings. This realist review focuses on the working relationships between CP and GP. Importantly, the review will explore and make visible the wider human, policy, regulatory, and professional elements that may influence this working relationship. The aim of our review is to understand how, when, and why working arrangements may provide the conditions necessary for optimal communication, decision-making, and collaborative and integrated working between CP and GP. This will inform ways of future working and maximise opportunities for effective and equitable patient care.

Main outcome(s)

This review will provide insights and solutions to maximise CP and GP collaboration and integration. The findings and refined programme theories will ensure patients health and experiences are kept central to CP and GP working relationships and processes. These working relationships and arrangements impact on patient experience, patient safety and medication errors, access, care, and formal referral; alongside professional capacity, training, and workload. The review findings are likely to have broader relevance to other primary care interfaces and the future productive shaping of integrated and collaborative working.

Measures of effect

Not applicable.

Additional outcome(s)

None.

Measures of effect

Not applicable.

Data extraction (selection and coding)

Article Selection: This is a three-stage process: screening against title/abstract; then by full text; and finally full text documents will be selected based on their relevance (whether they contain data to contribute to theory building and / or testing) and rigour (whether the methods used to generate the relevant data are credible and trustworthy) (Pawson, 2006). To ensure consistency, a random 10% sample of decisions will be independently checked at each stage by CD and NF. Any discrepancies or disagreements will be discussed with the research team and documented.

Extracting and Organising Data: data extraction and organisation will be undertaken by EO. Discrepancies or disagreements will be discussed with the research team and documented. The included full texts will be uploaded into qualitative data analysis software for coding. These will be both coded inductively (codes created to categorise data reported in included studies), deductively (codes created in advance of data extraction and analysis, as informed by the initial programme theory), and retroductively (codes created based on an interpretation of data to infer what the hidden causal forces might be for outcomes). Each new element of relevant data will be used to refine the programme theory, and as it is refined, included studies will be re-scrutinised to search for relevant data that may have been missed initially. A random sample of 10% extracted data and coding will be independently checked by CD or NF for quality control.

Risk of bias (quality) assessment

Literature will be selected according to relevance and rigour (Wong et al., 2013). Specifically, we will examine whether the articles provide explanatory insight and whether they contribute to the development and refinement of the programme theory. We will also assess the trustworthiness of the data provided by examining the quality and credibility of the methods used.

Strategy for data synthesis

Data analysis will use a realist logic of analysis to make sense of the initial programme theory. EO will undertake this step with support from the research team, public contributors, and stakeholders. We will use interpretive cross-case comparison to understand and explain how and why observed outcomes have occurred, for example, by comparing literature in which GP and CP have successfully worked collaboratively against those which have reported the interface as unsuccessful or detrimental, to understand how context has influenced reported findings.

We will use a proven analysis and synthesis process (Papoutsi et al., 2018). In brief, to operationalise the realist logic of analysis, we will ask the following questions:

Interpretation of meaning: do the documents provide data that may be interpreted as functioning as context, mechanism, or outcome?

Interpretations and judgements about context-mechanism-outcome configurations (CMOCs): what is the CMOC for the data that has been interpreted as functioning as context, mechanism, or outcome?

Interpretations and judgements about programme theory: how does this CMO relate to the initial programme theory?

The realist review will follow current quality and publication standards (Wong et al., 2014).

Analysis of subgroups or subsets

None planned.

Contact details for further information

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Organisational affiliation of the review

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Type and method of review

Service delivery, Systematic review, Other

Anticipated or actual start date

01 April 2022

Anticipated completion date

30 April 2025

Funding sources/sponsors

Grant number(s)

State the funder, grant or award number and the date of award

SPCR567

Conflicts of interest

None known

Language

English

Country

England

Published protocol

https://www.crd.york.ac.uk/PROSPEROFILES/314280_PROTOCOL_20240306.pdf

Stage of review [1 change]

Review Completed not published

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Community Health Services: Community Pharmacy Services; Delivery of Health Care; Delivery of Health Care, Integrated; Evidence-Based Medicine; Evidence-Based Practice; General Practice; General Practitioners; Healthcare Disparities; Health Personnel; Health Workforce; Humans; Medical Staff; Pharmacies; Pharmacists; Primary Health Care; Public Health; United Kingdom

Date of registration in PROSPERO

11 May 2022

Date of first submission

11 May 2022

Stage of review at time of this submission [1 change]

Stage	Started	Completed
Preliminary searches	Yes	Yes
Piloting of the study selection process	Yes	Yes
Formal screening of search results against eligibility criteria	Yes	Yes
Data extraction	Yes	Yes
Risk of bias (quality) assessment	Yes	Yes
Data analysis	Yes	Yes

Revision note

We have provided an update regarding the status of our review (our protocol paper has been published in BMJ Open and our findings paper is under review).

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

11 May 2022
06 March 2024