

# CloseHER2Home

## Feasibility and Acceptability of Community Pharmacy-led Cancer Treatment: Patient Perspectives

Lisa MacLeod, University of Stirling, Andrew Radley, University of Dundee ; Katherine Cowie, NHS Tayside  
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### BACKGROUND

In the UK, community pharmacies defy the inverse care law being more accessible than hospitals and primary care providers. The capacity to expand into cancer care is well recognised and the Scottish Government's "Prescription for Excellence" has led to community pharmacists' taking a greater role in delivering treatment.<sup>1-3</sup>

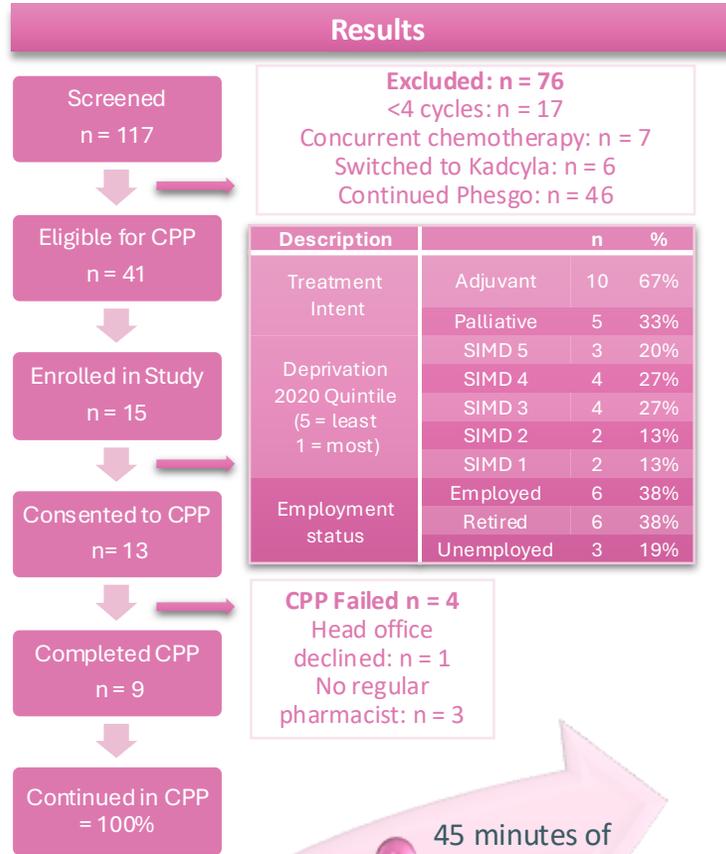
**CloseHER2Home (ISRCTN15965214)** was a joint working project between Roche and NHS Tayside which recruited from August 2022 to November 2023 to assess the feasibility and acceptability of a Community Pharmacist-led treatment Pathway (CPP) for HER2-positive breast cancer patients receiving subcutaneous (SC) trastuzumab (Herceptin®).

### METHOD

Participants opted for treatment in community pharmacy for a minimum of 4 cycles. Feasibility was primarily assessed by the proportion of consenting patients who completed and continued treatment via CPP. Appointment duration and nursing capacity were compared. Acceptability was assessed by thematic analysis of semi-structured interviews with patient participants.

#### References

1. Todd A, Copeland A, Husband A, et al. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMI Open* 2014 Aug 12;4(8):e005764. doi: 10.1136/bmjopen-2014-005764
2. The Royal Pharmaceutical Society. "Utilising community pharmacists to support people with cancer", (2020)
3. Scottish Government. Prescription for Excellence - the future of pharmaceutical care: vision and plan. (2013)



45 minutes of nursing/chair time released per appointment

Average Pharmacist appointment = 28 mins (range 15 - 45)

*Well, it was a nightmare, to be honest. I would get the bus, the bus would take an hour, then I'd have to wait maybe quarter an hour for another bus and get that up within half an hour... in all I was out for four hours just to get in an injection!* (Patient 3)

*The parking ... I used to get so worked up, the blood pressure shot up.* (Patient 2)

**Participants highly rated their care but found going to hospital distressing**

*What [coming to hospital] does reinforce how ill you really are, even though you're not ill, you don't feel ill, but you think, well, they've put me in this room with all these people. So, you know, I must be.* (Patient 4)

*Absolutely on a par with most of the nurses and better than some! All in all, it was a positive experience for me and I'd say 10 out of 10 really* (Patient 15)

**Pharmacists provided an equal level of care but made life easier**

*I would say I probably had to wait longer to see the pharmacist than I had, but for me personally, that wasn't a problem. It's a small pharmacy and it's really busy.* (Patient 13)

*It was great and for me it was just down [the road] and we had a nice little private room and we would chat, it was easy.* (Patient 10)

*To be able to go to the pharmacy was so much easier. So much more convenient.* (Patient 15)

**Participants preferred pharmacy**

*I was delighted to be part of this trial. I'm delighted that it's carrying on. It has meant a big, big change to me, in my mindset.* (Patient 4)

### CONCLUSION

These results provide evidence of patient acceptability of a CPP but are insufficient to conclude the feasibility of a substantive service. The results of this project will be used alongside other sources in a Realist Evaluation to better assess feasibility and inform the design of a long-term CPP.