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# **The perspectives of the public and HCPs on medication wastage: focus groups**

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# BACKGROUND

- Medication wastage compromises public health in terms of safety, the environment and the economy
- Need to develop and implement wastage reduction strategies
- Complex interventions
- Previous work of developing the interventions
  - **Systematic review**
  - **Consensus study to define 'medication wastage'**
  - **Cross-sectional survey of general public and health professionals**

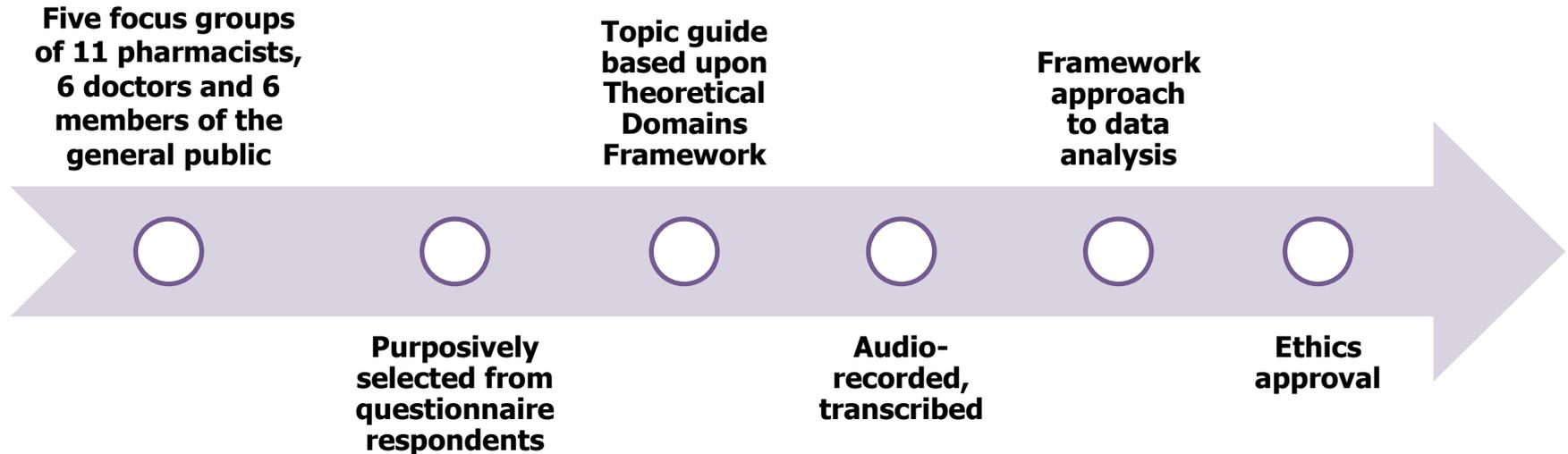
Understand medication wastage behaviours

Explore potential wastage reduction strategies

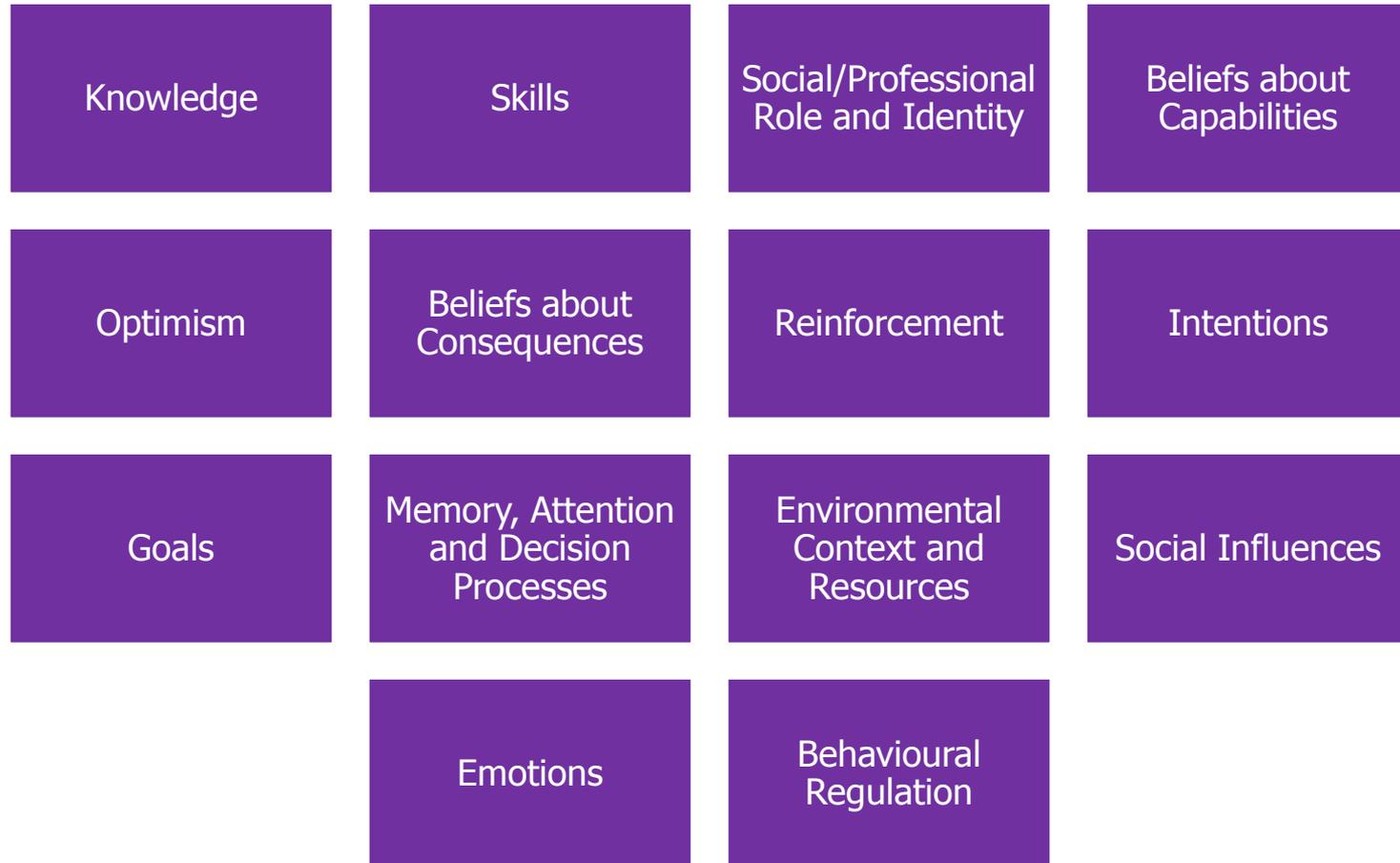
From the perspectives of the general public and health professionals

By applying a theoretical framework of behavioural change

# METHOD – QUALITATIVE PHENOMENOLOGY



# THEORETICAL DOMAINS FRAMEWORK



# RESULTS

- GOALS
  - need to reduce medication wastage to ensure sustainability of the current free healthcare system
  - patient's fear of unavailability of medication a major obstacle to desire to reduce wastage
  - Need for education (HCP and patient education)
- OPTIMISM AND BELIEFS ABOUT CAPABILITIES
  - responses ranged from stressed, to obsessed and discouraged, to optimistic and confident
  - efforts in promoting appropriate medication use nullified by a failing healthcare system

# RESULTS

- SOCIAL INFLUENCES

- Pressure on doctors to prescribe and pharmacists to dispense from patients and health professionals
- Compounded by Malta being a small country

*"The problem in Malta, I think, is that people develop very close relationships with their family doctors as well. Often you choose your family doctor based on the fact that it was your father's family doctor or something similar. So there is a very strong bond. And I do feel that sometimes perhaps doctors do feel that pressure sort of to acquiesce and help out the patient."*

*"Pressures will not always be from patients, it might be from staff. And then you are put in a more uncomfortable situation. For example they ask you to write for their relatives and you don't know their relatives. And to say no to a staff..."*

# RESULTS

- BEHAVIOURAL REGULATION

## 5 KEY THEMES

System effects

Practitioner effects

Patient effects

Political Effects

Awareness and Education

**COMPLEX, MULTILEVEL, MULTIMODAL  
INTERVENTION**



# SYSTEM EFFECTS

- stock management
- budgeting
- independent body governing free healthcare system
- pharmaceutical identity card
- infrastructure
- incentives
- medication fee
- reimbursement
- compulsory private insurance
- medication take-back scheme with cash card
- high consumption medication
- disease prevention

# PRACTITIONER AND PATIENT EFFECTS

- correct prescribing and accountability
- medication use reviews
- improved documentation
- improved communication
- increase patient reassurance
- patient empowerment

# POLITICAL EFFECTS AND EDUCATION

- reduce political interference
- increase awareness, strategies and settings to deliver education

# CONCLUSION AND LIMITATIONS

- Employed a theoretical framework to identify key underlying medication wastage related behaviours
- Aid strategic development
- Provided triangulation of data from the cross-sectional survey
- Opportunity to explore areas in greater depth
- Limitations
  - Potential lack of data saturation
  - Issues of transferability