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Development of Primary Healthcare Quality Measures for Community Pharmacy in Non-Communicable Diseases: A modified e-Delphi study in South Africa (Focus: hypertension, diabetes mellitus, dyslipidaemia)

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SCAN or visit communitypharmacyquality.org for detailed information.

WHY IS THIS NEEDED?

Non-communicable diseases (NCDs), including hypertension, diabetes mellitus and dyslipidaemia, are major contributors to morbidity and mortality in South Africa.

The primary healthcare opportunity for community pharmacy

Community pharmacists are increasingly recognised as one of the most accessible primary healthcare providers. They are performing clinical work, supporting collaborative professional practice, disease prevention and public health promotion beyond traditional dispensing roles.

Community pharmacies also:
- Have a wide geographical footprint, spanning urban, peri-urban and rural areas
- Have extended hours of trading
- Are not stigmatised environments
- Appointments to see a pharmacist are not required

SOUTH AFRICAN CONTEXT

South Africa lacks a contextually relevant consensus-based set of quality measures for NCD care within the primary care context and low- to middle-income settings.

THE GAP

- How do we structure pharmaceutical care to be delivered consistently?
- How do we measure the quality of that care?
- How do we fairly value and reimburse pharmaceutical care for a sustainable community pharmacy and primary healthcare system?

THE PURPOSE

To develop a literature-informed set of quality measures and achieve expert consensus on their relevance, feasibility and clarity for use in South African community pharmacy, with a focus on hypertension, diabetes mellitus and dyslipidaemia.

ETHICS APPROVAL AND OVERSIGHT

The University's Human and Social Science Ethics Research Committee oversees the study to safeguard participants from harm and protect confidentiality.
Protocol: HSSREC/00008280/2025
Original protocol: full approval on 3 April 2025
Amendment approval: 6 October 2026

THE QUALITY-MEASURE FRAMEWORK

40 CANDIDATE QUALITY INDICATORS

Literature-informed • structured • multidomain

01 **Access and coverage**
Example: Essential NCD medicine availability

02 **Screening and early diagnosis**
Screening and documentation of blood pressure, blood glucose and lipids

03 **Risk stratification**
Example: Cardiovascular risk stratification

04 **Monitoring and follow-up**
Example: Blood pressure monitoring frequency

05 **Pharmacotherapy**
Example: Appropriate first-line therapy

06 **Pharmacotherapy adherence and persistence**
Example: Medication adherence and persistence

07 **Continuity of chronic care**
Example: Long term pharmacotherapy management

08 **Lifestyle**
Example: Lifestyle assessment and counselling

09 **Treat-to-target**
Example: Blood pressure / HbA1c / LDL Cholesterol

WHAT THE FRAMEWORK IS INTENDED TO SUPPORT?

Standardisation • accountability • benchmarking • policy development • reimbursement models • stronger integration of community pharmacy into primary healthcare •improved long-term sustainability of community pharmacy and primary healthcare

METHODOLOGY

MODIFIED e-DELPHI + RAND/UCLA APPROPRIATENESS METHOD

01 **Structured literature review (completed)**
Evidence-informed development of candidate measures.

02 **Indicator development (completed)**
40 candidate indicators organised into nine predefined domains.

03 **Expert panel**
Ethics approval received. Recruitment may proceed for 10–15 experts using purposive and snowball sampling.

Examples of possible participants :
- Clinical and PCDT Pharmacists
- Pharmacists that are pharmacy owners
- Multidisciplinary and integrated care experts
- Family medicine experts
- Healthcare policy experts
- Healthcare funding experts
- Primary healthcare and NCD experts
- Pharmacy workforce development and management experts
- Experts in development and monitoring of minimum standards for best practice

04 **Iterative rating**
Each indicator rated on a 9-point scale for appropriateness, feasibility and clarity based on the RAND/UCLA methodology.

What is the RAND/UCLA methodology?
The RAND Corporation/University of California, Los Angeles (RAND/UCLA) Appropriateness Method is a formal consensus process that combines scientific evidence with expert medical opinion. Researchers widely use this method to develop expert consensus on healthcare quality indicators and patient safety metrics.

05 **Consensus Testing**
Indicators reaching insufficient agreement are revised and re-evaluated across iterative rounds.

06 **Consensus threshold**
Consensus is defined as ≥75% agreement, represented by scores 7–9.

EXPECTED CONTRIBUTION

STANDARDISATION
A structured approach to measuring the quality of pharmaceutical care delivered through community pharmacy.

ACCOUNTABILITY
Objective measures that can support transparent assessment of service delivery and quality improvement.

BENCHMARKING
A potential basis for comparing quality across community pharmacy settings and services.

POLICY and REIMBURSEMENT
Evidence to inform policy development and future approaches to reimbursement of professional services.

PHC INTEGRATION
A framework to strengthen recognition and integration of community pharmacy within primary healthcare.

CONCLUSION

This study will produce a consensus-based, multidomain quality measure framework for pharmaceutical care in NCD management within South African community pharmacy. The findings are expected to support standardised performance measurement, inform policy and reimbursement models, and strengthen the role of pharmacists with an expanded scope of practice in building a primary healthcare system fit for the future in South Africa and similar settings.