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Role of Community Pharmacy in the Prevention of Cardiovascular Disease in Minority Ethnic Groups

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BMJ Open article

Background

- Cardiovascular disease (CVD) remains a leading cause of mortality and morbidity, disproportionately affecting minority ethnic groups in the UK.
- Understanding the role of community pharmacy in preventing CVD among minority ethnic groups is essential to enhance primary care adaptability and to meet diverse health needs.
- Community pharmacies are well-established and well-placed in deprived areas—often home to minority ethnic groups ("positive pharmacy care law").
- They offer **accessible**, trusted, and informal health services.

PhD objectives

Work package 1 (systematic review)

- To ***review*** the published literature to understand the potential role of community pharmacy in the prevention of cardiovascular disease in minority ethnic groups including barriers and facilitators.

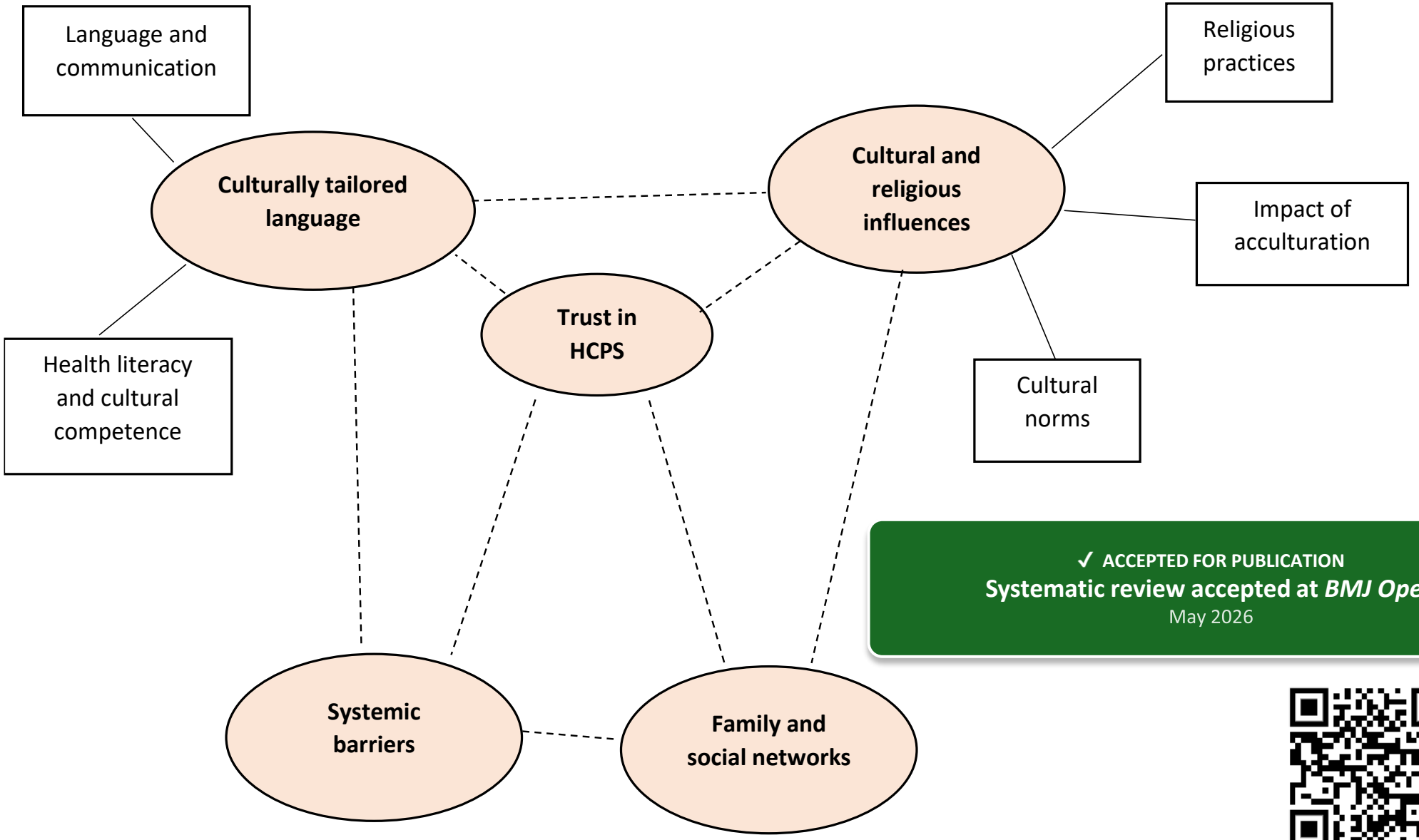
Work package 2 (qualitative study)

- To ***interview*** patients from minority ethnic groups and family carers, and health and social care staff to understand the potential role of community pharmacy in this area.

Work package 3 (guidance and recommendations)

- To (i) ***produce guidance*** (e.g., advice leaflets, social media video/campaign) for members of minority ethnic groups and (ii) *make* ***recommendations*** to care staff and policy makers.

Systematic review – findings



✓ ACCEPTED FOR PUBLICATION

Systematic review accepted at *BMJ Open*

May 2026

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Patient, Carer, and Healthcare Professional Perspectives on Community Pharmacy's Role in Cardiovascular Disease Prevention for Minority Ethnic Groups

Work package 2 – Interviews

- This study aims to explore the perspectives of patients from minority ethnic groups, their family carers, and healthcare staff regarding the potential role of community pharmacy in preventing CVD.
- The findings from this study will help identify how community pharmacies can provide tailored, culturally appropriate services to minority ethnic groups.

  - Practical recommendations for improving community pharmacy CVD prevention initiatives.

  - Inform policymakers and healthcare providers.

Findings – Healthcare professional interviews

Role (Community Pharmacy)	Ethnicity	Age	Gender	Region
Community Pharmacist	British South Asian – Pakistani (Muslim)	36	Male	West Midlands
Community Pharmacist	British South Asian – North Indian (Sikh)	27	Male	West Midlands
Community Pharmacy Assistant	British South Asian – Pakistani (Muslim)	23	Male	West Midlands
Community Pharmacist	British Afghan – Muslim	37	Male	West Midlands
Registered Pharmacy Technician (community ACT)	British White	53	Female	West Midlands
Community Pharmacist	British Black African – Ghanaian	34	Female	West Midlands
Trainee Community Pharmacist	British Black African – Nigerian	23	Female	London
Superintendent Pharmacist (Community Pharmacist)	British South Asian – North Indian (Hindu)	34	Male	London
Community Pharmacist	British South Asian – North Indian (Sikh)	46	Male	West Midlands
Community Pharmacist	British South Asian – North Indian (Hindu)	34	Male	East
Community Pharmacist	British Black African – Nigerian	30	Female	West Midlands
Community Pharmacist	British South Asian – North Indian (Sikh)	33	Male	West Bromwich

Findings – Healthcare professional interviews

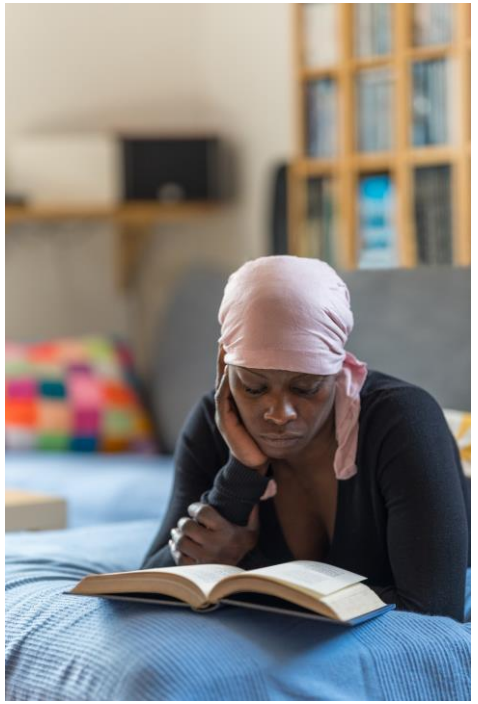
Role (Hospital)	Ethnicity	Age	Gender	Region
Paediatric Nurse	British South Asian – Indian Sikh	53	Male	London
Hospital Pharmacist (previously Community Pharmacist)	British White	54	Female	West Midlands

Role (General Practice)	Ethnicity	Age	Gender	Region
Independent Prescriber (Community drug and alcohol team & Community Pharmacist)	British South Asian – Indian Sikh	43	Female	West Midlands
General Practice Pharmacist	British White – European	35	Male	South West
Independent Prescriber (General Practice Pharmacist & Locum Community Pharmacist)	British South Asian – Indian Hindu	43	Male	West Midlands
General Practitioner	British Mixed (White/South Asian)	28	Female	West Midlands
General Practitioner	British White	59	Male	South East
General Practice Pharmacist (Previously Hospital Pharmacist)	British South Asian – Pakistani Muslim	42	Female	West Midlands
General Practice Pharmacy Technician	British South Asian – Sri Lankan	38	Female	South East
General Practice Pharmacist	British Arab – Egyptian (Christian)	34	Female	South East
General Practitioner	British South Asian – Pakistani Muslim	32	Female	North West

Findings – Healthcare professional interviews

1) Cultural, social and economic influences on access

- socioeconomic determinants of access
- Culture
- Religion
- language and communication
- trust




FREE
HEALTH CHECKS
ASK YOUR PHARMACIST
HEALTH
HEALTH
ADVICE

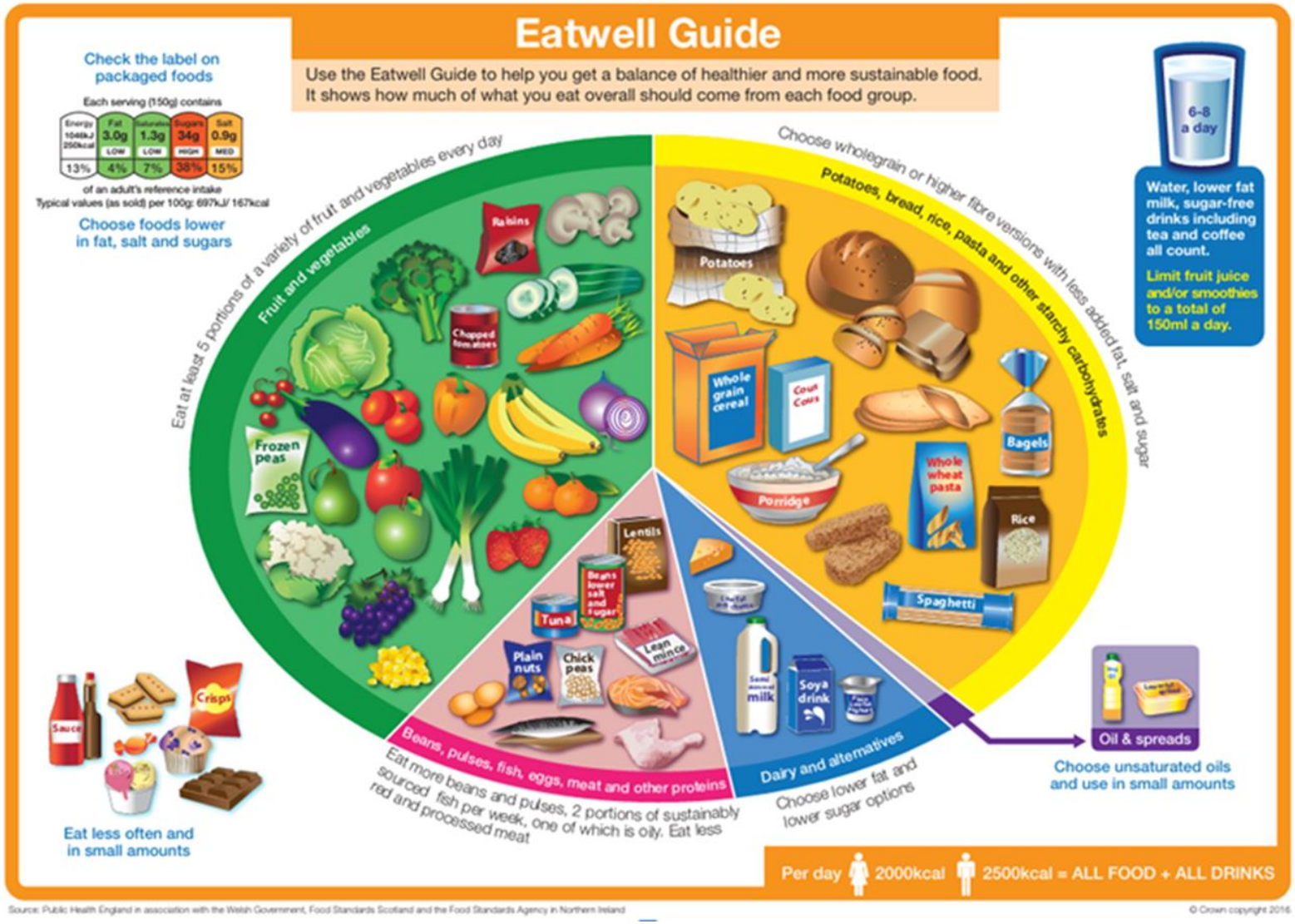

LOW
CHOLESTEROL
KARELA
BLOOD
PRESSURE

Findings – Healthcare professional interviews

2) Community Engagement and Health Promotion Strategies

- Service design, adaptability and innovation.
- HCP approach

Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland, 2016



Findings – Healthcare professional interviews

3) Structural and Operational Requirements

- Capacity and Time
- Funding
- Training
- Pharmacy as a venue for services

Presenting Provisional Findings

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These findings are also being taken to:

- **International Social Pharmacy Workshop (ISPW) Conference, Cork, Ireland**

  Towards the end of June — presenting as a poster

Early findings – Patient and Carer interviews

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Role	Ethnicity	Age	Gender	Region
Patient	British South Asian – North Indian (Sikh)	58	Male	South East
Patient	British Black Caribbean –Jamaican	67	Male	West Midlands
Patient	British Asian Chinese	76	Female	North West
Patient	British Black Caribbean	28	Female	South West
Patient	British Mixed (White/Persian)	54	Female	South East
Patient	British South Asian – North Indian (Sikh)	66	Female	West Midlands
Patient	British South Asian – North Indian (Sikh)	48	Male	West Midlands
Patient	British South Asian – North Indian (Sikh)	32	Male	West Midlands
Patient	British South Asian – North Indian (Sikh)	58	Female	West Midlands

Role	Ethnicity	Age	Gender	Region
Carer	British South Asian – North Indian (Sikh)	60	Male	South East
Carer	British South Asian – North Indian (Sikh)	40	Male	West Midlands
Carer	British Black African – Kenyan	27	Male	London
Carer	British South Asian – Pakistani (Muslim)	25	Male	West Midlands
Carer	British South Asian – North Indian (Sikh)	33	Female	West Midlands

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LISTERS
CARDIOVASCULAR
RESEARCH GROUP

Role of community pharmacy in preventing Cardiovascular Disease (CVD) in minority ethnic groups.

What is this research about?

As part of a PhD project, we are conducting interviews to explore how community pharmacy can better support minority ethnic groups in preventing CVD.

Your experiences and insights could help shape improvements in pharmacy-based interventions for CVD prevention.

Are you eligible to take part?

You may be eligible if you are 18 years or older AND one of the following:

Either
- Have a diagnosis of CVD and belong to a minority ethnic group

OR
- Provide care to a minority ethnic patient with CVD

OR
- Currently work in a relevant healthcare role, including:
  - Community pharmacy staff
  - General practice staff
  - Hospital clinical staff

What will be expected of me?

- You will be invited to participate in an interview lasting up to 1 hour
- Interviews can be conducted face-to-face, over the phone, or via video conferencing (e.g. MS Teams)
- As a thank-you for your time and effort, you will be offered a gift voucher

Who is conducting the research?

Researcher: Ruman Duley, PhD student, Aston University
Email: 119084542@aston.ac.uk
Supervisor: Professor Ian Maidment

For more information, please contact Ruman Duley at 119084542@aston.ac.uk.

Registration of interest form

Rumanveer Singh Duley
119084542@aston.ac.uk

Scan the QR code to register your interest