ORIGINAL ARTICLE

Perception of the community toward the transition of pharmaceutical care services from ministry of health primary healthcare centers to community pharmacies

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ABSTRACT

Introduction: There is a lack of research on the impact of the transition of pharmaceutical care service from Ministry of Health (MOH) primary healthcare centers (PHCs) to community pharmacies (Wasfaty service) in Saudi Arabia. This study explored the Saudi community's perception toward the transition of pharmaceutical care service. Community needs and expectations from the Wasfaty service were assessed, and its experience, concerns, and limitations were evaluated.
Methods: Qualitative, in-depth, semistructured interviews of Saudi community members who visited community pharmacies with electronic prescriptions from MOH PHCs were conducted. The data obtained from participants were thematically organized and analyzed using NVivo software.
Results: Seven themes related to the new Wasfaty service were identified and divided into three categories: perception toward the transition in pharmaceutical care, experience with the Wasfaty service, and concerns about limitations of the Wasfaty service. The Saudi community was generally satisfied with the new Wasfaty service and highlighted its benefits compared to PHCs pharmacies. These include: easier access, time flexibility, lower crowds, better communication with pharmacists, better medication education, better medication availability, better control over dispensing, and easier refills. However, the community complained about the lack of privacy in community pharmacies, the lack of female pharmacists, and the low number of Saudi pharmacists. They also were concerned about the number and location of community pharmacies featuring the Wasfaty service, some technical issues, and the lack of labels on medications (i.e., receiving no instructions about medication storage).
Conclusions: The Saudi community showed its need for the transition in pharmaceutical care services.

Key Words: Wasfaty, Community pharmacy, Pharmaceutical care services, Saudi community

1. INTRODUCTION

Community pharmacy defined as "a healthcare facility that is responsible for the provision of pharmaceutical services to a specific community."[1] A community pharmacy allows the public access to medications and healthcare advice. In Saudi Arabia, there are approximately 9,000 community pharmacies under the regulation of the Ministry of Health (MOH), the Saudi Food and Drug Authority (SFDA), and the Saudi Commission for Health Specialties (SCHS). The MOH Department of Pharmaceutical Care organizes and supervises

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pharmacy practice–related activities in Saudi Arabia. The SCHS is responsible for the accreditation of pharmacists, and the SFDA ensures the safety of food, medications, biological and chemical substances, and electronic products.[2, 3]

In 2016, Saudi Arabia launched its new Vision 2030 with a 15-year strategic plan.[4] The MOH released its strategic plan for pharmaceutical care and the quantity and quality of national pharmacy practice programs as one of its 15 strategies to achieve Vision 2030.[4] Under this plan, most of the pharmaceutical care services (e.g., dispensing, educating, monitoring therapy outcomes, solving drug therapy–related problems, and making drug therapy–related recommendations) would be provided through community pharmacies.[4] However, the pharmaceutical care services provided in the Saudi community pharmacies are limited.[5] In addition, the Saudi community has varying levels of satisfaction regarding pharmaceutical care services, despite the good perception about the roles of community pharmacists.[6–8] In a recent study, community pharmacists indicated that poor facilities as well as lacks of supporting staff, public trust, clear regulations, and access to patient medical records are the main barriers to expanding their roles in community pharmacies.[9]

In 2018, the MOH transformed pharmaceutical care services from PHCs to private community pharmacies in order to meet Vision 2030. One of the goals of the MOH's strategic plan is to provide complete pharmacy electronic services in government and private healthcare settings.[10] To achieve this goal, one of the projects implemented by the MOH was Wasfaty.[11] Wasfaty is an electronic system that enables physicians in the MOH primary care clinics to electronically initiate prescriptions for patients and send them directly to community pharmacies. Once a prescription is initiated, the patient receives a message including the patient ID and prescription code on the cell phone. Then, the patient can go directly to the nearest community pharmacy and collect the medications.[11] The Wasfaty program aims to implement the highest standards in order to facilitate medication-dispensing services, ensure the availability of medications to all beneficiaries, and save time and resources for government health agencies.[11]

There are few studies on the impact of the transition of pharmaceutical care services from PHCs to community pharmacies in Saudi Arabia. Therefore, this study explores the perception of the Saudi community members (PHC patients) who benefit from this new Wasfaty service.

2. MATERIALS AND METHODS

On the basis of the exploratory nature of this study, qualitative methods were deemed appropriate. Adult members ($\geq$18 years old) of the Saudi community who visited community pharmacies in Riyadh, Saudi Arabia, with Wasfaty prescriptions from MOH PHCs (Wasfaty consumers) from February to March 2020 were invited to participate in the study. Those who agreed to participate were asked to sign a consent form. Once consent was obtained, the time and venue of the interview were determined.

Semistructured, in-depth interviews were conducted for the convenience-based sample of Wasfaty consumers. The interviews were conducted in the quietest areas (convenient to the interviewees) inside community pharmacies, and each interview took around 30 to 60 minutes to complete. Due to time limitations for a few participants, phone interviews were conducted, either to complete the interviews or to conduct them after obtaining the participants' consent and their contact numbers.

The sample size was not numerically defined, and interviews were conducted until data saturation. Data saturation is defined as no additional data being found by the researcher.[12] Data saturation was independently determined by two members of the research team, and a third member ensured that the final few interviews yielded no novel information.

Data confidentiality was maintained by assigning a code to each participant and interview transcript.

The semistructured interview guide was based on a literature review. It comprises four main parts: (i) demographics, (ii) perception toward the transition of pharmaceutical care services, (iii) experience with the new Wasfaty service and comparison with the old pharmaceutical care services provided in PHCs, and (iv) concerns and limitations related to the Wasfaty service. The research tool was evaluated by a group of researchers, and adjustments were made accordingly.

Audio-recorded interviews were transcribed verbatim and then translated into English by the main researcher. The transcripts and their translations were independently checked for accuracy by two other researchers. Data in the translated transcripts were thematically organized and analyzed using NVivo software (QSR International). The transcripts were coded by two independent coders. Discussions were conducted to resolve any coding discrepancies and maintain consistency. Data validity was ensured through triangulation/peer debriefing with a superimposed researcher.

The study was conducted in compliance with the ethical guidelines of the institutional review board (IRB) of King Saud University (KSU-IRB 017E) and the ethical guidelines of the IRB of the Riyadh Elm University (FPGRP/2019/437) and was approved by both IRBs.

3. RESULTS

A total of 20 interviews were conducted. Data from two participants were excluded, as they were a pharmacist and a physician who worked in PHCs.

Table 1 lists the demographics of the 18 participants. Seven themes relating to the new Wasfaty service were identified and divided into three categories: perception toward the transition of pharmaceutical care services, experience with the new Wasfaty service, and concerns about and limitations of the Wasfaty service. Figure 1 shows the thematic concept map used in the study.

Table 1. Sociodemographic characteristics of respondents (n = 18)

Characteristics	Number (%)
Gender	
Male	13 (72.2)
Female	5 (27.8)
Special need	
Yes	0
No	18 (100)
Age	
26-35	3 (16.7)
36-45	6 (33.3)
46-55	6 (33.3)
56-65	3 (16.7)
Level of education	
University degree	9 (50)
Diploma	1 (5.6)
High school	5 (27.8)
Some high school or less	3 (16.7)
Work status	
Working (full time)	11 (61.1)
Working (part time)	2 (11.1)
Seeking work	1 (5.6)
Not working	4 (22.2)
Nationality	
Saudi	12 (66.7)
Resident	6 (33.3)
Health insurance	
Yes	2 (11.1)
No	16 (88.9)

3.1 Perception toward the transition in pharmaceutical care

3.1.1 *Theme: The need for the new Wasfaty service*

The majority of participants expressed a need for the new Wasfaty service based on their experience and said that it is more convenient than PHC pharmacies, as community pharmacies are easily accessible and located near their homes. In addition, a few participants highlighted the time flexibility and time savings that community pharmacies provided to them compared to PHC pharmacies. They said that community pharmacies are open longer and are less crowded than PHC pharmacists.

> I think getting prescribed medicine from a nearby community pharmacy would be more convenient to me, and it would spare me long times of waiting. (Participant #4)

> Community pharmacies are open 24 hours, unlike PHC pharmacies, which have specific working hours, and medicines are dispensed on certain times. (Participant #20)

Moreover, the majority of participants indicated that communication with community pharmacists is better compared to PHC pharmacists. A few participants said that community pharmacists spend more time with them and provide them with more information about their medication. Some of them attributed this to the lower workload they believe community pharmacists have. Others felt it was due to the commercial nature of the community pharmacists' work, while most of the community believed the reason to be a lack of physical barriers in community pharmacies, which improves pharmacist–patient communication.

> When dispensing medicine in community pharmacies, communication with pharmacists is much better compared to the old dispensing method at the PHCs, because there are no barriers between me and the pharmacist. Besides, pharmacists in community pharmacies have plenty of time to explain how to use the medicine. (Participant #1)

> Unlike PHC pharmacists, community pharmacists are more communicative with patients; maybe because they are salesmen, and the PHC pharmacist is a government employee. Community pharmacists explain medicines more than PHC pharmacists do. The latter explain only what the doctor has written without any further explanations or details. (Participant #2)

Furthermore, a few participants indicated a better availability of medications in community pharmacies compared to PHC pharmacies. As the Wasfaty service is not limited to one pharmacy, if medication is not available in one community pharmacy, patients can find it in another one. A participant

believed that community pharmacies provide better medication quality compared to PHC pharmacies.

> It is a beautiful institutional step, and our society need it for several reasons. Perhaps the most important reason is the availability of medication in community pharmacies compared to PHC pharmacies. (Participant #14)

> In the past, the medications that were being dispensed to us from PHCs were of lesser quality. But when we began to fill our prescriptions from community pharmacies, we began to receive good quality medicines compared to PHCs. For example, I take insulin injections and cholesterol medicine, and these were not being dispensed to us by the PHCs. (Participant #15)

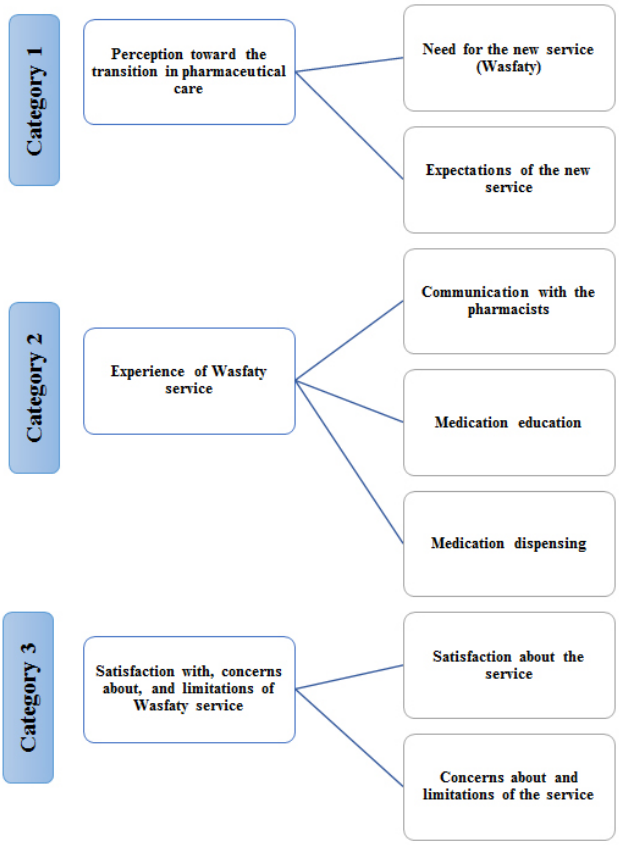

Figure 1. Thematic concept map used in the study

In addition, participants indicated that the new Wasfaty service made medication refills easier because they did not need to book appointments with PHC physicians to refill prescriptions. A few participants also believed that community pharmacies have more control over medication dispensing compared to PHC pharmacies.

> Yes, because it is an opportunity to benefit from commercial or community pharmacies where medicine dispensing is controlled, unlike PHC pharmacies before, when this process was random. (Participant #2)

> Well, it is better for us because instead of booking appointments every month in order to get the medication, we just bring this paper [prescription] and receive the medication. It is actually more comfortable for us. (Participant #9)

3.1.2 *Theme: Expectations from the new Wasfaty service*

The majority of participants did not believe that this transition would affect patients receiving their medications negatively, while some believed that it would limit the patients from receiving their medications. This was because they would have to bear the cost of transportation.

> I don't think it will affect how patients receive medication because community pharmacies are available everywhere and are open all the time. I, therefore, can go there at any time to have my medication dispensed for me. (Participant #2)

> Yes. This will limit how the patients take and collect their medication because it will add to their cost in terms of transportation and the time required to go there to collect the medicine. Moreover, the Wasfaty program is not found at all community pharmacies. (Participant #19)

In fact, the majority of participants expected to receive better pharmaceutical care in community pharmacies compared to PHC pharmacies. The main reasons they mentioned were the availability of medications, communication with community pharmacists, and long opening hours of community pharmacies.

> Yes, I expect to receive better care because it is easy to communicate with the community pharmacist, who has more time to educate and less workload than the pharmacists in PHCs. (Participant #1)

> Yes, it is already providing better services. It is better because every month I can get my medication within five minutes. On the other hand, at the PHC, I used to pay several visits; they would say, "Come back later; the medication car has not arrived. Come next week; come the following week." (Participant #8)

3.2 Experience of the Wasfaty service

3.2.1 *Theme: Communication with pharmacists*

The majority of participants indicated that the Wasfaty service provides them with better communication with pharmacists compared to PHCs. The participants complained of physical barriers in PHC pharmacies, which limited their communication with pharmacists.

> The pharmacy window in the PHCs was fully covered. I couldn't see who's behind that covered wall, if it was a man or a woman. I felt it was a problem, but compared to the outside pharmacy, I can talk freely with the pharmacist. (Participant #10)

> In PHCs, there is a small barrier. Sometimes it prevents a person from asking important but embarrassing questions, like applying ointments in private areas. A patient might not ask even if he needs the answer. It is embarrassing for some people. The barrier reduces communication between the patient and the pharmacist. (Participant #14)

3.2.2 *Theme: Medication education*

The majority of participants indicated that community pharmacists provide them with better education about their medications. A few participants said that there was no difference between community and PHC pharmacies in providing major instructions about medications, such as the dose, duration, and time to take the medication (before/after meals or morning/bedtime). However, a few participants said they received no education or instructions in PHCs about their medications, and medication instructions were only written on the medications. Another few participants said that they usually depended on their physicians for medication education.

> You might not receive complete information from the pharmacist at PHCs. He would write instructions on the package, and you leave. But you are able to interact with the pharmacist at the community pharmacy and ask. The doctor at the PHC is the one who explains the medicines, not the pharmacist. The pharmacist only gives you basic points when the patient needs them. But if the patient does not need them, then the doctor's instructions are enough. (Participant #15)

In fact, a few participants believed that the shortage of medications in PHCs and poor communication with PHC pharmacists could limit the medication education provided to them by PHC pharmacists. On the other hand, a few participants believed that regulations over community pharmacists and the commercial nature of the job could be the reasons for better medication education provided by community pharmacists.

> The community pharmacist answered my concerns regarding medical indications, contraindications, and side effects. However, due to the difficulty of communication, I could not pass any inquiries to the PHC pharmacist. (Participant #1)

However, the majority of participants indicated that information about medication storage was never given to them, whether in PHCs or in community pharmacies, unless they asked. A few participants said that only if a medication were an extemporaneous preparation, they were informed to keep it in a cold place. They also said that neither PHC pharmacists nor community pharmacists took the initiative to provide patients with additional information about their medications unless asked, and a few participants complained that PHC pharmacists did not respond to their concerns about medications.

> No, but sometimes they do, not always [PHC pharmacists]. For example, for powdered antibiotics for children, they would tell me to fill it with water to the line, then shake it. But they don't tell me what type of water to use, cold or warm or boiled. (Participant #15)

3.2.3 *Theme: Medication dispensing*

All participants indicated that community pharmacies providing the Wasfaty service asked them about the prescription reference number, ID number, or cell phone number and confirmed the patient's name. On the other hand, pharmacists in PHCs only handled the written prescriptions and dispensed the medications. A few participants also said that PHC pharmacists sometimes did not even confirm whether a patient was the correct one. A participant said that he was afraid of being given the wrong medications.

> Community pharmacist checks the computer and finds my information. The process before (in PHCs) was done by a written prescription. The medicine name might not be clear, there was always a fear that the pharmacist would give me another one, because it was handwritten, and the pharmacist might read it wrong. The system now is much better, they [community pharmacists] take your ID to ensure that you are the right patient. (Participant #10)

In addition, the majority of participants indicated that neither the PHC pharmacy nor the Wasfaty service at the community pharmacy put labels of instructions on their medications. Both community and PHC pharmacists wrote instructions on medication packages indicating how many times a day the medication should be taken and whether it should be taken in the morning or at bedtime or before/after meals.

> Pharmacists at PHC as well as community pharmacies do not put labels on the medicines. They only write information about when to take the medicine, before or after meals. They also draw lines to indicate the frequency of use, but they never mention anything about storage. (Participant #2)

Moreover, one participant believed that medications dispensed at community pharmacies were the best, as medications were given in their original packages, while another participant believed that the quantity of medications was much controlled under the Wasfaty service.

> Each medication comes in a package with all the necessary information required by the Ministry of Health or Food and Drug Authority. PHCs, on the other hand, only give medication in the form of strips or in plastic bags, which usually do not have labels, only lines drawn on them. (Participant #14)

> Medication before was dispensed in large quantities, but now, medication is dispensed in fewer quantities according to the patients' needs. (Participant #19)

3.3 Satisfaction with, concerns about, and limitations of the new Wasfaty service

3.3.1 *Theme: Satisfaction with the new Wasfaty service*

The majority of participants were satisfied with the new Wasfaty service. However, they had a few concerns and also mentioned some limitations of the new service. These were related to the pharmacy, pharmacists, medications, or the system.

> In general, I am completely satisfied, as there was no delay in service. In addition, passing my inquiries about the medicine, educating, and obtaining information were done easily. (Participant #1)

3.3.2 *Theme: Concerns about and limitations of the new Wasfaty service*

The majority of participants complained about a lack of privacy in community pharmacies, because there are no private areas for Wasfaty patients, although a few said that the conditions were better compared to PHC pharmacies. In addition, a few participants highlighted the issue of a lack of female pharmacists in community pharmacies, and they believed that having female pharmacists would improve the privacy provided by the new Wasfaty service.

> No, there is no privacy, because the medicine collection area in community pharmacies is open to all visitors. (Participant #1)

> No. There is no privacy because the place is open. Having female pharmacists would be great, and it would provide privacy for us. (Participant #19)

Another concern a few participants raised was the location of community pharmacies and the number of community pharmacies providing the new Wasfaty service. A few participants suggested that there should be a community pharmacy near or even inside each PHC. They believed this would help remove the cost of transportation and time and make it easier for them to get clarifications or alternative prescriptions from their physicians. In addition, a few participants indicated that some of their medications were not available at the first community pharmacy they visited, while others indicated that community pharmacists lack the authority to provide them with alternative medications if their medications are not available. They said these issues resulted in added costs and time to get alternative prescriptions.

> Doctors should be updated with the medication database, so they would know if the medication is available outside the PHC or not. I have two prescriptions today; one is for my wife and the other is for my daughter. The doctor prescribed a cream for my daughter, which I could not find it in several pharmacies. (Participant #12)

> Community pharmacists indicated that they're committed to a certain brand of medication, i.e. the same as what was written in the prescription. Alternatives are not permitted, even if they are insulin injections (measurement injections). It would be great if they authorized community pharmacists to provide alternatives. (Participant #14)

> Sometimes, there is a shortage in medicine supplies, which makes me visit several pharmacies in order to have my medicine prescribed. The good thing about community pharmacies is that they are available at any time. I suggest having

> a pharmacy close to the PHC in each neighborhood and connecting it to the community pharmacies located on the main streets. (Participant #20)

Moreover, a few participants were concerned about some technical issues with the Wasfaty service: either there were delays in community pharmacies receiving prescriptions, or patients did not receive prescription messages on their cell phones.

> When I take the medicine from the community pharmacy, the pharmacist said that he had to take the prescription order from the other computer (which takes time), and he asked me to come back after prayer time, and that delayed me because they have two systems: the regular dispensing system and the Wasfaty. (Participant #10)

> I didn't receive an SMS. I've looked for it several times, but it didn't come. They told me I'd receive an SMS, but I didn't. So the doctor only wrote the prescription for me. (Participant #11)

Another issue raised by few participants was "Saudization." They believed that Saudi pharmacists are more qualified and have communication skills that the Saudi community needs.

> Saudization of pharmacists in community pharmacies would give us more privacy and make us feel more comfortable because Saudi pharmacists at community pharmacies would be better in dealing with patients than the non-Saudi. Saudi pharmacists are compassionate toward Saudi patients, especially the elderly. (Participant #20)

4. Discussion

This study is the first study to assess the Saudi community's perception of the new Wasfaty service with regard to needs, expectations, concerns, and limitations. In light of the proposed transformation of pharmacies in Saudi Arabia to achieve Vision 2030, the study provides a way to improve the Wasfaty service to meet the Saudi community's needs and satisfy their concerns. In addition, the study provides a conceptual framework to assess the long-term impact of the Wasfaty service.

The Saudi community expressed their strong need for the transition of pharmaceutical care services from PHCs to community pharmacies. They believe that the new Wasfaty service will improve the process of receiving medications and will provide them with better pharmaceutical care. Community pharmacies are considered more accessible, with extended operating hours and lower crowds compared to PHC pharmacies. In fact, the same reasons were reported at the national and international levels.[13,14]

A recent systematic review of 24 original studies conducted in Saudi Arabia showed that community pharmacists' knowledge and attitude are inadequate to provide quality patient care.[15] The review showed that community pharmacists provide inadequate medication counseling and have insufficient knowledge about pharmacy laws and regulations in the country with regard to reporting adverse drug reactions (ADRs) and prescribing and dispensing medications as antibiotics. The review also highlighted the need for a training program for community pharmacists to be able to effectively deliver patient-centered care.[15] Previous studies have also shown that the Saudi community has varying levels of satisfaction with the pharmaceutical care services provided in community pharmacies, despite the good perception about the role of community pharmacists.[6–8,16] However, in this study, the Saudi community was generally satisfied with the new Wasfaty service. The Saudi community indicated that community pharmacists have better communication, spend more time with patients, and provide them with more information regarding their medications. The only issue reported by a few participants was that neither community pharmacists nor PHC pharmacists took initiative to provide patients with additional information about their medications unless asked, which is consistent with previous studies in which participants indicated that they need to be inquisitive for information.[6,16,17] Moreover, the Saudi community indicated that the new Wasfaty service provided better availability of medications and better medication quality and made refills easier. These findings were supported by a previous study, in which the Saudi community complained about the shortages and quality of medications provided at PHCs.[18]

One of the key themes expressed by the Saudi community involved concerns about and limitations of the new Wasfaty service, such as a lack of privacy, unavailability of female pharmacists, and a limited number of Saudi pharmacists. These findings were consistent with a recent study that explored the Saudi community's needs and preferences for immunization services in community pharmacies.[13] It is likely that such concerns are valid and will affect the adoption of the new Wasfaty service. In fact, the MOH, in collaboration with the Ministry of Human Resources and Social Development (MHRSD), released an initiative targeting Saudization of the pharmacy profession in Saudi Arabia.[19] Moreover, addressing the privacy issue is also important because a lack

of privacy in community pharmacies prevents community pharmacists from providing complete information and instructions about medication use to patients.[20] Given the nature of gender sensitivity in the Saudi culture, it is also important to increase the number of female pharmacists working in Saudi community pharmacies.

Another concern the Saudi community had was a lack of labels on medications, with no or limited instructions provided by both community and PHC pharmacists with regard to proper medication storage. These concerns are consistent with previous studies conducted on PHCs.[17,18] In fact, providing proper medication labeling and counseling is one of the responsibilities assigned to community pharmacists providing the Wasfaty service. Moreover, pharmacists' guidelines on conducting patient education and counseling, such as the American Society of Hospital Pharmacists (ASHP) guidelines, includes the storage of medication.[21] However, the MOH and SFDA should provide clear regulations for what is expected of community pharmacists during the dispensing of medications, as the Saudi Executives Roles for Institutional and Pharmaceutical Products law does not cover this aspect.[22] Additionally, training community pharmacists working with the Wasfaty service and providing them essential skills on good communication with patients, ideal medication-dispensing processes, and counseling methods would be helpful in addressing these limitations of the Wasfaty service.

The Saudi community is also concerned about the number and location of community pharmacies providing the Wasfaty service. Currently, there are 1,588 community pharmacies within 23 pharmacy chains providing the Wasfaty service throughout Saudi Arabia.[11] Given that the plan was to implement Wasfaty service in 100% of all PHCs and governmental hospitals, the MOH should consider the Saudi community's need for increasing the number of community pharmacies covering Wasfaty patients. In addition, the MOH should consider opening community pharmacies providing the Wasfaty service inside or near each PHC to avoid the cost and time spent on transportation by patients.

This study had a few limitations. First, study participants were only from Riyadh. However, data generalizability was not intended; rather, the aim was to ascertain the Saudi community's needs, explore its perception toward the transition of pharmaceutical care, and explore its perceived limitations regarding the new Wasfaty service. Moreover, the Wasfaty service was initially implemented in Riyadh, the capital of Saudi Arabia. Second, the interviews were conducted in Arabic (the community language) and then translated into English to be analyzed by NVivo. NVivo requires transcripts to be in English, which means the meanings of particular words may have been lost during translation.[23,24] To avoid this, back-translations of a few randomly selected interviews were done by a researcher separate from the ones who conducted the interviews.

5. Conclusion

This study assessed the Saudi community's perception toward the transition of pharmaceutical care services from PHCs to community pharmacies with regard to needs, expectations, satisfaction, concerns, and limitations. The Saudi community needs this transition and is generally satisfied with the new Wasfaty service. The transition of pharmaceutical care from PHCs to community pharmacies is a good step toward improving the pharmaceutical care provided to MOH patients. The findings can be used to improve the current implementation of the Wasfaty service to meet the Saudi community's needs and satisfy their concerns. Future studies should explore different perspectives from community pharmacists and assess the economic impacts of this transition on both the patients and MOH.

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Conflicts of Interest Disclosure

The authors declare no conflicts of interest.

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