Patients had recently consulted with GPs and nurses prior to the intervention. Clinical pharmacist consultation may lead to more candid discussions about medication. A study of primary care in rural Australia reported similar findings. Clinical pharmacists asked 50 patients about their drug history. Forty per cent of patients reported they were not adherent to their prescribed medication regime.

All but one of the eight non-adherent Nottinghamshire patients agreed to restart medication after consultation. The most given reason for non-adherence was not feeling any benefit from taking pills regularly. The pharmacist reflected that most patients had a weak understanding of the primary or secondary prevention rationale for treatment. A 2016 meta-analysis found health literacy to be positively correlated with medication adherence and that intervention can increase both. The effect of intervention was more pronounced in patients with lower incomes. Selective intervention by clinical pharmacists may add health benefit above usual care by increasing adherence to long-term medication regimes. Low levels of health literacy in areas of socioeconomic deprivation may be a factor amenable to pharmacist intervention. Patients with greater socioeconomic deprivation and markers of poor disease control such as lipid profiles, HbA1C, and blood pressure could be prioritised inside a Primary Care Network footprint to maximise health gain.

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Competing interests
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