General public awareness and views of community pharmacy in Scotland: the 'first port of call' study.


2019
General public awareness and views of community pharmacy services in Scotland: the ‘First Port of Call’ study

K MacLure¹ G Craig² A Boyet³ A MacLure¹ A Power² A Osprey⁴ A McGregor⁵ D Stewart¹

¹ Robert Gordon University, Aberdeen ² NHS Education for Scotland ³ University of Strathclyde
⁴ Community Pharmacy Scotland ⁵ Royal Pharmaceutical Society

☆ k.m.maclure@rgu.ac.uk
Community pharmacy already plays an important role in the provision of NHS pharmaceutical care, providing highly accessible services for people both in-hours and out-of-hours

We want more people to use their community pharmacy as a FIRST PORT OF CALL

Rose Marie Parr
Chief Pharmaceutical Officer and Deputy Director, Pharmacy and Medicines Division, Scottish Government

http://www.gov.scot/Publications/2017/08/4589
First Port of Call: where

Community pharmacy

Commitment 1: Increasing access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long term conditions, in-hours and out-of-hours.

http://www.gov.scot/Publications/2017/08/4589
First Port of Call: who

MPharm graduates become pre-registration trainees
First Port of Call: pre-registration trainees

Project data collection

Pre-registration trainees must pass a final exam

Ongoing involvement in research
Step 1. Eligibility

Read the information sheet carefully – it covers all the steps you need to follow

Ask any questions – we are here to help

Complete the pre-reg online consent form – you only need to complete this once - but it must be done before you start to recruit (taking part in the survey indicates consent from the member of the general public).

Stopping if you decide not to continue, please complete the upload of any data and please do let us know.
First Port of Call: information

To achieve the aims stated above you are required to recruit up to 20 members of the general public face-to-face in the community pharmacy. It is essential that you, and every pre-reg taking part, follow the process outlined below when recruiting people to the study.

I. Invite people to participate if based on your professional judgement they fit the following description:
   a. Aged ≥16 years, please check if in any doubt
   b. Present within any area of the community pharmacy
   c. Able to speak and understand English
   d. No evidence of cognitive impairment

Exclude people who you judge to be in a hurry, unwell or otherwise in distress. Very the day and the time you recruit. Try to recruit different types of people so different viewpoints are captured in the survey. A mix of gender and age plus where the person is approached within the pharmacy should help. Use your Log Sheet to keep track of recruitment, refusals and withdrawals from the study. Decide whether you will directly enter responses on a secure tablet or laptop in the pharmacy; it must not be a personal device. A paper version of the survey can be printed for completion if a secure device is not available. The study can be accessed at:

https://www.surveymonkey.co.uk/r/FirstPortofCall

II. Inviting participants: explain to the participant the purpose of the study, what it will involve, what will happen with their data, emphasising that participation is voluntary and that they can withdraw at any time:
   a. If the potential participant gives their consent, you can proceed with the survey. Ask the questions and enter the responses online as they are given or on a paper copy which you will later enter via the survey link, do so as soon as possible, then securely destroy the paper copy. Enter details on the Log Sheet which will help remind you to vary your recruitment demographics.
   b. If the person declines, record it as a refusal on the Log Sheet. If the person initially agrees but withdraws before the survey is complete, discard their data (close the tab or refresh the browser) and record their withdrawal on the Log Sheet.

On completion of your set of 20 surveys, the Log Sheet should be sent to RGU. This can be done by scanning and sending it to k.m.maclure@rgu.ac.uk or by posting it to the address below. If you experience any issues or have any questions, please get in touch by email or phone 01224 262556. As a research data collector, you are raising awareness and giving the general public the opportunity to voice their opinion of community pharmacy services in Scotland. On behalf of the research team, thank you for taking part in the FIRST PORT OF CALL study. We hope it will encourage you to take part in future research.

Dr Katie MacLure,
School of Pharmacy and Life Sciences,
Robert Gordon University, Aberdeen AB10 7GJ

If for any reason you wish to complain about the handling of this research project, please contact Prof Susan Duthie, RGU, by email s.j.duthie@rgu.ac.uk or phone 01224 262615.
First Port of Call: consent

https://www.surveymonkey.co.uk/r/PreRegConsent
First Port of Call: preparation

Step 2. Preparation

Online directly (tablet or laptop) – have the survey link open
Paper-based for later upload – printed, on a clipboard with pen and spare to hand
Pilot test – give it a go with pharmacy staff before approaching general public so you are familiar with the questions
First Port of Call: recruitment

Add any refusals to the count here

If anyone stops add to the count here

This is the area to record details of each interview

---

**RECRUITMENT LOG SHEET for ‘First Port of Call’ Study**

For this study to have the maximum impact it is important that the survey is completed by different types of people, using the pharmacy at different times of day, for different reasons. Please record such details in the table below along with the number of people who have declined to complete the survey.

<table>
<thead>
<tr>
<th>Pre-reg No.:</th>
<th>Pharmacy No.:</th>
</tr>
</thead>
</table>

Tally of refusals to complete survey (e.g. 1111):

Tally of withdrawn during the survey (e.g. 1111):

<table>
<thead>
<tr>
<th>Interview No.</th>
<th>Day</th>
<th>Time</th>
<th>Gender</th>
<th>Approximate age</th>
<th>Area of the pharmacy in which the participant was approached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Upon completion of the final interview, this sheet should be returned to RGU by scanning and emailing it to k.m.macluire@rgu.ac.uk or by posting it to Dr Katie MacLure, School of Pharmacy and Life Sciences, Robert Gordon University, Aberdeen AB10 7GJ

‘First Port of Call’ Log Sheet, version 4, 14 November 2017
First Port of Call: pilot

Test your timing

Test your resource requirements

Test your access to gather and upload your data

Test your confidence

Test your environment
First Port of Call: when
First Port of Call: who

Pre-reg

General public

NHS Education for Scotland

Community Pharmacy Scotland
Step 3. Data collection

Recruit people to take part in the survey (vary day/time/place in community pharmacy/age group)
Record participation and refusals on the recruitment log sheet
Continue until data collected from 20 people
First Port of Call: data collection tool

Print emailed copy or access the online version of the data collection form at:
https://www.surveymonkey.co.uk/r/FirstPortofCall
Step 4. Finally

Scan and send in your recruitment log sheet – contact details are on the form
Shred any paper-based materials – information governance for research as for professional practice
First Port of Call: reflect

- Reflect on experience with your tutor
- Patient confidentiality versus patient safety
- Written report to NES by end of April 2018
- Handling disclosures
- Link to relevant GPHC performance standards
- Feedback to the research team

Written report to NES by end of April 2018
First Port of Call: enjoy!

It’s an exciting opportunity so enjoy!

- Feel prepared
- Be prepared
- Sound prepared
- Have contingencies on hand
- Know how to handle problems
First Port of Call: results

117 pre-reg

Up to 20 interviews

n=2260

Response rate of 96.5%

Sex

Age bracket

Health status
First Port of Call: results
First Port of Call: results

What is your main reason for visiting community pharmacy today?

Answered: 2,260  Skipped: 0

- General shopping
- Collect prescribed items
- Buy medicines
- Medical / health advice
- Medication review
- Other (please specify)

Top for ‘other’:
- 30 Smoking Cessation
- 13 Minor Ailment Service
- 7 Emergency Hormonal Contraception
- 6 Chronic Medication Service
Which of the following did you already know about community pharmacy and pharmacy staff?

Answered: 2,109   Skipped: 91

- Community pharmacies are contracted by the NHS to deliver a range of services
- Community pharmacy premises must have a private consultation room
- Pharmacists are bound by ‘fitness to practise’ regulations and professional standards similar to those set for GPs
- Pharmacists with an additional qualification can diagnose and prescribe for conditions within their area of competence
First Port of Call: results — which circumstances

In which non-emergency circumstances are you likely to see community pharmacy as your 'first port of call' when seeking healthcare advice or treatment?

- When suffering common illness (such as coughs, colds, general pain, upset stomach, rashes, itching)
- Childhood illnesses (fever, chicken pox, slapped cheek, mumps)
- When unsure what your ailment is
- When seeking general advice on health

- very unlikely
- unlikely
- not sure
- likely
- very likely
First Port of Call: results — which circumstances

In which non-emergency circumstances are you likely to see community pharmacy as your 'first port of call' when seeking healthcare advice or treatment?

- When suffering more serious symptoms
- When seeking advice/treatment at a time when the GP practice is closed
- To monitor or review a regular medicine for a long term condition (such as asthma, diabetes, arthritis, high blood pressure)
- For advice on how to stop smoking

Legend:
- very unlikely
- unlikely
- not sure
- likely
- very
- likely

Robert Gordon University Aberdeen
First Port of Call: results — which circumstances

In which non-emergency circumstances are you likely to see community pharmacy as your 'first port of call' when seeking healthcare advice or treatment?

- For advice on contraception / sexual health / family planning
- For information about other health and social care services
- To safely dispose of unused medicines that you may have at home

Categories: very unlikely, unlikely, not sure, likely, very likely
Where you have chosen 'unlikely' or 'very unlikely' in the previous question, what were your reasons for doing so? Choose all that apply.

Answered: 1,986  Skipped: 274

- Unaware these services were available in community pharmacy
- Uncomfortable speaking in community pharmacy environment
- It’s more convenient to get an appointment with a GP
- Have a relationship with GP that don’t have with community pharmacist
- Would phone NHS 24
- Would look for information online
- Other included
### First Port of Call: results — future services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Yes</th>
<th>Not sure</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy Led Vaccination Services - Travel/Flu/other vaccinations carried out in pharmacy for eligible patients free of charge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Reviews - Detailed reviews of current medications with the aim of improving treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care Bundles - Mini check-ups designed to make sure patients are getting the best out of their medication (current pilots include asthma, diabetes, depression)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community pharmacist diagnosing and prescribing - For a range of long-term conditions without the need to see a GP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Brief Interventions - To offer advice on how to reduce alcohol consumption</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enhanced Sexual Health Services - To provide long-acting contraception and associated monitoring and advice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight Management Service - For advice on healthy eating</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please give your views on the following statements regarding community pharmacist access to patients' electronic health records. Answers are on a 5-point scale ranging from 'strongly disagree' to 'strongly agree'.

I expect my community pharmacist to have access to read parts of my EHR

Community pharmacists should have access to read and update relevant parts of my EHR

I trust my community pharmacist to protect my confidentiality

I would be concerned that my EHR could be read by other people in the pharmacy

I would feel more confident in the treatment I receive if the community pharmacist had access to my EHR

I would be more likely to view community pharmacy as my first port of call for health issues if the pharmacist had access to my EHR