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An exploratory study of the views of pharmacy staff on the management of patients with undiagnosed skin problems

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Abstract

Background

The Department of Health strategy document "Pharmacy in England" highlights that community pharmacies are ideally placed for "routinely promoting self-care". Sales of Skincare products in pharmacies account for nearly one-fifth of all over-the-counter transactions yet there is little research on pharmacy management of dermatological conditions, especially symptomatic skin problems.

Objectives

The aim of this study was to explore pharmacist and medicine counter assistant (MCA) perceptions of community pharmacy management of patients presenting with symptomatic skin problems.

Methods

Semi-structured telephone interviews with a ten pharmacists and15 MCAs from seven pharmacies in the north east of England. Interviews focused on perceptions of their role in managing symptomatic skin problems and views on why people sought pharmacy advice and any barriers to management.

Results

Pharmacists defined two key themes that defined their role; triage and reassurance. In contrast, MCAs defined their role as information gatherers and independent advisors. Themes identified by both pharmacists and MCAs relating to the use of pharmacy as a source of advice were convenience, the perceived non-serious nature of conditions and inaccessibility of the GP. Additionally, MCAs believed familiarity with the pharmacist was important. Both pharmacists and MCAs identified their lack of dermatological knowledge as a barrier with pharmacists reporting insufficient time to deal effectively with patients.

Conclusion

Our findings suggest that the role of pharmacists and MCAs is complementary; MCAs screen and provide the necessary information to pharmacists. Nevertheless, a major barrier to pharmacy supported self-care of symptomatic skin problems is a perceived lack of knowledge and training in dermatology. Further research to define pharmacy staff training needs and the outcomes associated with pharmacy supported self-care are warranted.

Introduction

A key advantage of community pharmacy is the high level of accessibility to healthcare advice without the need for formal appointments. Pharmacists are ideally placed to offer advice and treatment to patients seeking professional input in order to facilitate self-care.[1] In recent years, the United Kingdom (UK) Government has outlined its aspirations for pharmacists and their role in supporting self-care through white papers such as *Pharmacy in England*[2] by committing to increasing the range of medicines over-the-counter (OTC) and more extensive minor ailment schemes that allow free access to certain treatments for patients who are normally exempt from prescription charges. While Government policy endeavors to promote the role of pharmacists, several studies demonstrate that pharmacy counter staff, who are the first point of contact for consumers entering a pharmacy, often provide advice independent of the pharmacist.[3, 4]

One area where there is a potentially significant demand for support in primary care is dermatology, with a large number of people living with skin problems. Recent evidence suggests that skin problems are responsible for over 13 million general practitioner (GP) appointments every year in the UK, and are the most common reason for visiting GPs with a new problem.[5] The role of pharmacists in managing skin problems is largely unknown but possibly vast given that community pharmacy retail sales data suggest that as much as 17% of all OTC sales in the UK are for skin care products[6] which is equivalent to the volume of sales attributable to cough and cold remedies. Unfortunately, sales data are unable to distinguish between requests for specific products and symptom-related requests for advice. For example, patients may request treatment for an existing pre-diagnosed skin problem or alternatively seek advice on a symptomatic or undiagnosed condition. In both instances the outcome of the consultation might be the same (e.g. sale of a skin care product) but the latter case requires more input from pharmacy staff due to the need for an extended consultation involving questioning, assessment and possibly examining the patient.

Some insight into the frequency with which patients with symptomatic skin conditions seek advice in pharmacies can be gleaned from observational studies. Although limited in study number and design, evidence from these studies reveal that symptomatic skin problems account for between 12 and 23% of all symptom-based requests for advice.[7,8] Consequently symptomatic skin problems could potentially generate a considerable amount of work for pharmacists and their staff.

In order to help direct and promote future initiatives that encourage pharmacy-assisted self-care for patients with symptomatic skin problems, it is important to explore the perceptions of patients and pharmacy staff in an effort to understand advantages and disadvantages to managing such problems within community pharmacies. This study forms part of a wider investigation that also included interviews with patients who visited pharmacies for advice on symptomatic skin problems, the results of which have been published elsewhere.[9]

Aim of the study

This study aimed to explore the perceptions of pharmacy staff on their role in managing symptomatic skin problems in pharmacies and what they believed were the key facilitators and barriers to managing such problems within the community pharmacy setting.

Methods

This study involved semi-structured telephone interviews. Draft semi-structured interview guides were developed by discussion among the research team and based on the extant literature. The interviews involved a series of open questions designed to explore pharmacist and MCA perceptions of two key areas: their own role in managing symptomatic skin problems; and the advantages and disadvantages for patients seeking community pharmacy advice on these problems. The interview guides were piloted (one pharmacist and one MCA) and designed to last around 20 minutes. No major issues were identified during piloting except for some of the questions for the MCA interviews, which were subsequently modified to improve clarity. The topic guide used for pharmacists and MCAs is shown in the Box.

Recruitment and Sampling

Pharmacies were recruited through a contact at the South Humber Primary Care NHS Trust, whose role was to help develop research studies in community pharmacy and maintained a register of pharmacies within the area that were willing to participate in research. The aim was to recruit sufficient pharmacies to provide 10 pharmacists and 15 MCAs. A letter was sent to all potentially interested pharmacies and seven agreed to participate. The selected pharmacies provided a suitable range of settings and included: three suburban; two rural; one healthcare centre and one supermarket. One of the pharmacies employed three pharmacists who worked on a shift rotation and all agreed to participate. The researcher contacted the MCAs explaining the nature of the study and gained informed, written consent. At one of the sites (supermarket), the two MCAs declined to participate and therefore additional MCAs were recruited from the healthcare centre pharmacy. We included only pharmacists who worked solely in community practice and MCAS who had worked in pharmacy for at least 12 months. We excluded pharmacist locums who worked only part-time in community pharmacy and MCAs who had been in employed in the pharmacy for less than 12 months.
The local NHS research ethics committee advised that NHS ethical approval was not required for the study. Approval was obtained from the Ethical Review Panel of the School of Pharmacy and Life Sciences at Robert Gordon University. Written, informed consent was obtained from all participants.

Data analysis

Interviews were conducted at a mutually convenient time away from the pharmacy to avoid disruptions. The interviews were digitally recorded and transcribed verbatim. Analysis of the transcripts was carried out using the framework approach[10] based on topics from the interview guide and data managed using N-Vivo (version 9.2, QSR International). The coding framework was developed independently by two members of the research team.

Results

The characteristics of the pharmacists are shown in Table 1 and the MCAs in Table 2. Pharmacists and MCAs were asked to consider how they perceived their roles when dealing with requests for advice from patients with symptomatic skin problems.

Pharmacists

Two key themes emerged from the pharmacist interviews:

- Triage
- Reassurance

Triage

Virtually all of the pharmacists felt their principal role to be one of triage; assessing the presenting problem and helping the patient decide if the skin condition was amenable to treatment with over-the-counter products or if it warranted referral to the GP as illustrated by one pharmacist.

> *"Making a decision for the patient, whether it is something that they should really go and see the GP with or whether it's something for which we could possibly help …"* [PH4]

Reassurance

In addition, several pharmacists conjectured that their role also involved the provision of reassurance to patients.

> *"I think it's really important that the patients get reassured… let's take chicken pox as an example. Mom comes in with the little child whose got chicken pox and they're terribly worried what's going to happen and for the most part it's managing the symptoms, you don't need to see a doctor… so I feel our role really is reassurance…" [PH6]*

Medicine Counter Assistants

The two key themes to emerge from MCAs' perceptions of their role were:

- Information gatherers
- Independent advisors

Information gatherers

Many of the MCAs felt that their primary function was to establish the nature of the patients' problem through questioning before handing over to the pharmacist if they were unsure about how to manage the problem.

> *"I'd have a look at it and like ask all the questions before then just referring to the pharmacist just to have another look at it. So I think I'd gather all the evidence really or gather all the information and then pass that on"* [MCA 3]

Independent advisors

Nevertheless, some MCAs felt sufficiently confidence to help resolve the patients' problem if possible without reference to the pharmacist.

> *"the role would probably be trying to distinguish if I knew anything about it and trying to help the patient and not take up as much of the pharmacist's time or if I don't know anything, pass it on to the pharmacist who may know more"* [MCA5]

This independent advisory role was born out of experience acquired over the years, augmented, to some extent by familiarity with common skin problems such as chicken pox encountered with their own children.

> *"…I think you just pick up more and more the more you work there and things you hear and things you see so …I mean I've had three children of my own so I am sort of quite good in recognising chicken pox …"* [MCA12]

A second MCA discussed how working in pharmacy for several years had provided her with a good deal of experience, allowing her to act independently, referring to the pharmacist only where necessary.

> *"I've been at the pharmacy for 16 years so I've got quite a broad knowledge of what it could be but if I'm not sure I will ask my pharmacist"* [MCA13]

Facilitators to managing undiagnosed skin problems in a pharmacy

Key themes identified by pharmacists and MCAs are shown in Table 3 and illustrated with quotes for the key themes below.

1. **Convenience**

Most pharmacists commented that convenience and easy accessibility to healthcare advice were key factors influencing patients' choice of pharmacy for advice. As one pharmacist explained, patients were able to obtain a professional opinion much faster.

> "*… the common thing would be simplicity…. seeing the doctor is going to take a lot more time whereas they can walk in and... we're able to give what they feel is a more qualified advice*" [PH10]

This accessibility was seen as an important facilitator especially for mothers with young children as one MCA (a young mother herself) explained.

> *"…if they've got children it's easier to pop into the chemist rather than going to the doctors if they don't have to…"* [MCA1]

2. Inaccessibility of the GP

A second theme identified by staff and therefore a reason for seeking advice in the pharmacy, was the difficulty in accessing a GP.

> *"… Usually they can't get in at the doctors, so more often than not they want something there and then rather than having to wait and see a GP"* [MCA15]

This view was shared by pharmacists.

> *"…quite a lot of people will say it's difficult to get into* [the] *doctors. They have to make an appointment; they have to wait a few days and…that's why they come to the pharmacy"* [PH8]

3. Perceived severity

A number of pharmacists and MCAs speculated that the patients elected to visit a pharmacy rather than the GP because they viewed skin conditions as relatively minor in nature as outlined by one pharmacist.

> *"…I think mainly it's because they don't usually think it's something serious and they don't really want to bother the GP …* "[PH4]

This view was echoed by MCAs.

> "*I think some people think that its [skin problems] relatively minor and I don't want to bother the doctor with it because they think that the doctor might think they're wasting his time…*" [MCA8]

4. Range of skincare products available

Coupled with the supposed minor nature of skin problems, some MCAs remarked on how the wide range of treatments available from pharmacies, offered a portal for self-care as illustrated by one of them.

> *"..People realise there's more products you can buy and I also think that there's more and more staff there [in pharmacies] that are trained than there's ever been before ... and people are realising… we can offer everything almost bar a prescription …so they come to us first…""* [MCA14]

One pharmacist agreed, suggesting that convenience coupled with a wide range of skin care problems, provided patients with the opportunity to self-treat.

> *"I'd say with its easy access ……. a large group of patients like to self-treat wherever possible"[PH2]*

5. Triage

Although pharmacists believed that triage was predominately their role, both groups recognised the importance of the initial pharmacy contact as a justification for going to see the GP if necessary.

> "…*because we can often solve the problem, if we can't we can give them the confidence to go to the doctor… "* [PH10]

Moreover, initially seeking advice in the pharmacy meant that if staff were concerned about a patients' skin condition, they would seek to convince them to visit the GP.

> *"Some people don't think they're [skin problems] quite serious so they'll come in and just say can I have this or that and we've got to say I think you need to go to the doctors for that…""* [MCA1]

6. Familiarity with the pharmacist

MCAs mentioned how previously receiving positive advice from a particular pharmacist added value to that advice. Patients were therefore more inclined to use the same pharmacist in the future as one MCA explained.

> *"…A lot of people do trust [names the pharmacist]… and have got a very high opinion of our pharmacist and so they would come to see [them] as their first port of call"* [MCA2]

Perceived potential barriers to managing undiagnosed skin problems in a pharmacy

Key themes identified as potential barriers associated with managing symptomatic skin problems in pharmacies are listed in Table 3. Illustrative quotes relevant to these key themes are given below. Only a few of the MCAs identified any specific barriers.

1. Time constraints

The lack of time due to high volume dispensing, was seen as a barrier as one pharmacist explained.

> *"…in a busy pharmacy … it's very difficult with pressure on your time to actually get out there and speak to patients … and it's terrible but you're thinking in the back of your mind if I spend another five minutes out here with this patient then when I get back there's a huge queue …"* [PH6]

2. Lack of Knowledge

Lack of knowledge and confidence in recognising skin conditions was another barrier mentioned by some of the pharmacists as described by one of them.

> "*I've got limited knowledge when it comes to dermatology. I treat very low level… I tend to refer a good portion of patients that have anything that lasts longer than a few days to the GP"* [PH2]

In addition, one MCA felt that pharmacist's lack of knowledge would result in a less thorough consultation than that provided by a GP.

> *"…I mean you wouldn't get it [skin problem] looked at quite as well as you would if you went to see the doctor, something could be missed I suppose, but if you were only looking for a quick diagnosis then that's fair enough going to the chemist…but if*

you wanted something a bit more thorough then doctors [sic] is the place to go to I suppose" [MCA4]

3. Potential for misdiagnosis

Some of the MCAs ventured that due to the differences in training between pharmacists and GPs there was the possibility that pharmacists might not be able to recognise a particular skin condition or even misdiagnose the problem.

"…obviously they're [pharmacists] not a doctor … I would say things probably could be missed…" [MCA11]

4. Treatment costs

A further barrier suggested by pharmacists was the high cost of treatments. If the product recommended by the pharmacist could be obtained on prescription, patients would often then visit their GP rather than paying for it.

".. if product is actually expensive it's also a barrier and [if] it's on prescription they try and go to the doctor" [PH7]

5. Lack of effective products

One of the pharmacists described the difficulties caused by a lack of effective treatments.

"if I see someone with impetigo you can assess the severity of it …and you know they're going to need fucidin or flucloxacillin …because they need to go and see a doctor for a prescription" [PH6]

The inability to supply certain prescription only products was perceived as a hindrance to patient care as described by one MCA.

"*Well there are certain items that are only available on prescription. So some items that we think would help is [sic] only available on prescription…"* [MCA7]

6. Location of the problem

The site of a skin problem was a barrier especially if it was a patient of the opposite sex as one pharmacist explained.

"..The site of the rash can be a problem …..so there's sometimes a need for chaperoning and we haven't got the space to really fit three people into the consulting room and comfortably be able to examine [some] one…" [PH3]

Nonetheless, even with a consultation room, one MCA believed that some patients might be unwilling to reveal a skin problem if it was in a private area of their body.

"Where the rash is probably located, they may not feel comfortable showing somebody it even if it was in a consultation room …" [MCA10]

Discussion

This is the first study to explore pharmacist and MCA perceptions on the pharmacy management of symptomatic skin problems. Pharmacists viewed themselves primarily as assessors or filters for the GP as noted in earlier studies.[11-13] In contrast, MCAs perceived themselves as the first point of contact for patients and that their primary role was to undertake an initial assessment of the presenting problem, echoing the views MCAs in a recent study that explored their role in pharmacies.[14] Some MCAs remarked on how they endeavoured to help patients wherever possible without input from the pharmacist and there is some evidence to substantiate this view.[3, 15,16]

The results suggest there is possibly some scope for MCAs to act as independent advisors. The greater use of pharmacy staff has obvious advantages, especially in busy pharmacies, but requires further work to establish the dermatological knowledge base of MCAs. There appeared to be a consistency of themes derived from the interviews with both groups. Patients with symptomatic skin problems choose pharmacies for several reasons. Principle drivers included accessibility, lack of GP appointments, the potential for triage and the perceived minor nature of skin conditions. Equally important facilitators included personal factors such as familiarity with a pharmacist and the scope of self-care due to the wide range of dermatological products available and these findings are consistent with previous studies of consumer behaviour.[17-19] Many of the MCAs assumed that given equality of access, patients would prefer to visit their GP and therefore pharmacies were used only out of necessity, a view noted in a recent qualitative study exploring the public's opinions on the role of community pharmacists.[20] Moreover, non-peer reviewed consumer research, has endorsed the view that the GP is the preferred source of health information by patients compared to community pharmacists.[21]

Pharmacists themselves identified two key barriers namely, lack of time and inadequate knowledge about skin conditions. Lack of time for patient interaction has been cited as a problem by others[22] as well as a barrier to implementing evidence-based practice.[23] Some of the MCAs also recognised a lack of knowledge among pharmacists, as a potential barrier, highlighting the possibility for misdiagnosis.

The results obtained in the present study to some extent mirror those obtained from our parallel study of patients presenting at pharmacies with symptomatic skin problems (see Table 3). Several patients gave credence to the view of convenience posited by pharmacy

staff, while others corroborated the belief that their visit was out of necessity, being unable to access the GP. Additionally, other patients noted that they felt their skin problem was non-serious and therefore more appropriate for a consultation at the pharmacy rather than with the GP. This use of pharmacies for minor ailments has also been shown to be a common theme in the international literature.[24-26]

Familiarity and approachability of pharmacy staff as noted by MCAs was also a theme identified in the patient interviews. Patients appeared to be more comfortable consulting with a pharmacist, especially someone they knew and particularly in rural areas, echoing the views of patients in earlier studies.[27,28] Though not mentioned by either pharmacists or MCAs, for some patients, the existence of a minor ailment scheme, especially one that included skin conditions, was an important facilitator, providing rapid access to advice and treatment obviating the need for the GP.

Strengths and limitations

Although this is the first qualitative study to explore pharmacy staff perspectives on the pharmacy management of symptomatic skin problems it does have some recognised limitations. However, one strength of the study is that due to the lack of research exploring the views of pharmacy staff on the management of skin problems, it adds to the limited body of knowledge in this area. Recognised limitations include the small sample size, the fact that the study was conducted in one geographic area and the inability to determine whether data saturation was achieved. The small sample size relative to quantitative studies, imposes a limitation in terms of the transferability of the study findings. Nevertheless, by their nature qualitative studies are not designed to be statistically generalizable to the wider population. A small sample size also raises the question of whether or not data saturation had been achieved. As the interviews with both pharmacists and MCAs progressed, no new themes emerged from later interviews hence it is possible that data saturation was achieved.

An important role for pharmacists enshrined in much health policy has been to manage minor ailments and to keep such problems out of general practice. The belief that skin conditions are minor ailments has been re-enforced to some extent both by Government in white papers such as *Pharmacy in England* and national pharmacy organisations such as the National Pharmacy Association, who have considered skin conditions as minor ailments that can be managed through pharmacies.[29] The inclusion of several skin problems in various local minor ailment schemes in parts of the UK, only serve to re-enforce this view and will undoubtedly result in patients choosing to visit pharmacists for advice on a skin problem.

To facilitate an effective triage role, pharmacists and their staff require sufficient knowledge of different skin conditions or to at least be cognizant of the features that should prompt referral to the GP. Our study suggests that pharmacists observed an important gap in their dermatological knowledge which is a potential stumbling block to undertaking this role. Few studies have examined the ability of community pharmacists to recognise and manage different skin conditions though the evidence that is available, highlights the need for further training.[30] Despite this potential lack of knowledge, support for pharmacists

managing more skin problems was identified in a study of minor ailment management by GP.[31]

With the belief that patients choose pharmacies because they are unable to see their GP, there is some scope for educating patients as to the position of pharmacists in the management of symptomatic skin problems and especially their potential triage role. In *Breaking down the barriers – how community pharmacists and GPs can work together to improve patient care* it is noted how "*more effective promotion to the public … should be implemented, to encourage use of pharmacies for minor ailments and advice on self-care*".[32] In an effort to reduce unnecessary consultations for skin problems which are amenable to supported self-care, it is in the interest of GPs to promote and encourage patients to make greater use of pharmacies as a first port of call for advice on the management of their skin problem. However, an important first step is to explore the outcomes associated with pharmacist supported self-care for those with dermatological problems. Such data would provide an important platform upon which to encourage and develop future pharmacist roles for those with symptomatic skin problems.

Conclusion

This study suggests that in the management of symptomatic skin conditions the role of pharmacy staff is complementary. MCAs gather information on the skin problem and pharmacists assess its significance and suggest a course of action for the patient. Pharmacy staff agreed on the facilitators to using pharmacies and pharmacists identified lack of time and knowledge of dermatology as major barriers to helping patients. Given the potential time-constraints for pharmacists, it is conceivable that additional dermatology training, specifically targeted at MCAs would relieve the burden on pharmacists and allow them a greater degree of autonomy.

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