Abstract

9 Objective: To investigate the general public's perceptions of the community pharmacist's

10 (CP) role in Wales by exploring understanding, awareness of services provided and potential

11 interventions for promoting the role of CPs. Methods: Qualitative methodology using focus

12 group (FG) discussions exploring opinions, facilitated by a moderator (pharmacist) and an

13 assistant. Topics discussed included: what a CP does; reasons for visiting; from whom they

14 seek advice on medicines or lifestyle issues; use of traditional and newer services and

15 promotion of services. The groups, totalling 32 participants, represented non-users and users

16 of pharmacy services, i.e. pupils from a local secondary school (x1 group), people from the

17 local community (x3), and patients plus carers from a Parkinson's disease group (x1). FG

18 discussions were recorded and transcribed verbatim and analysis was undertaken to identify

19 themes. Key findings: Traditional dispensing and supply of medicines roles were clearly

20 recognised, but poor awareness of the newer services emerged, particularly in public health

21 roles. CP's professionalism was acknowledged, but there was confusion over where they 'fit'

22 within the National Health Service (NHS) or with General Practitioners (GPs), with concerns

23 or misconceptions raised over the impact of commercialism on professionalism. Conclusions:

24 Based on these findings, the public is accepting of the extended role of CPs and would

25 engage with CPs for a wider range of services. However, there is a lack of awareness of what

26 public health services are available. Considerable work is needed to increase public

27 awareness, during the strategic development of these services in Wales

28

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Introduction

In the United Kingdom (UK) the role of the community pharmacist (CP) includes dispensing medicines, clinical services as well as wider public health roles. Traditionally the role of the (CP) in the UK has been based on a funding model which revolves around the supply of medicines. Changes in health policy and the introduction of contractual frameworks during the last decade have resulted in the implementation of new services to make better use of CPs' skills and knowledge.[1,2]

The first pharmacy contractual framework was launched in 2005 in England and Wales (with similar services also available in Scotland). It consists of three different service levels: Essential, Advanced and Enhanced.[1] This includes services such as disposal of unwanted medicines; promotion of healthy lifestyles; signposting (referral to other sources of professional or alternative providers for support); medicines use review (MURs); discharge medication review (DMR) (Wales only); new medicine service (NMS) (England only); and vaccination services. The aim of the new contract was to make better use of the skills and expertise of CPs and their staff; to promote community pharmacies as an integral part of the NHS organisation; support healthcare and tackle health inequalities; and support self-care [2].

More recent policies also indicate that the integration of CPs into the multidisciplinary health care team is essential [3-6] and the development of services within UK community pharmacies is cited as critical to the management of a more 'community' rather than 'hospital' based National Health Service (NHS) system. [4]

However, little is known about the public perception of either the traditional or newer CP roles. One reason for this is that much of the research has concentrated only on the views of those who use pharmacy services as opposed to the general public who may have had little or no experience of accessing community pharmacies. Key to the successful implementation of any policy development for the expansion of community pharmacy services and public health roles is to collect evidence on the views, not only of service users, but also of the general public. If opportunistic screening and health related services are to reach those who may not have considered accessing health interventions from a community pharmacy in the past, then we need to understand what factors are barriers or facilitators to doing so.

Research conducted before the 2005 pharmacy contract framework was introduced [7] found that the public were confused about the relationship between the role of the CP and the

61 patient's General Practitioner (GP). The authors concluded that there is a need to promote

62 services to the public in order to improve uptake and allow services to develop. In 2007, a

63 national evaluation of the new pharmacy contract [8] found that customers strongly related to

64 CPs as the providers of information and support regarding medicines, and that they would

65 also use the pharmacy for treatment advice for minor illnesses. Research carried out in 2007

66 on the provision of the MUR service in Wales [9] concluded that there was a need to consider

67 both local and national advertising campaigns to improve public awareness of the service.

68 Other aspects highlighted as potential barriers to the uptake of MURs in this study were the

69 public's perception of the professionalism of CPs, and clarity about their role in the provision

70 of public health promotion services. These issues were explored further in studies conducted

71 in the UK and also Sweden. [10-14] A systematic review conducted in 2011 [10] investigated CP

72 and consumer attitudes to the role of CPs as providers of public health advice. They found

73 that service users felt they rarely received public health services from CPs and were unsure

74 whether or not CPs had the expertise to perform such a role. However, those who had

75 experienced public health advice from CPs were generally satisfied with the service. A

76 review of the literature by Agomo in 2012 [11] on the role of the CP in public health identified

77 three studies on the theme of pharmacists' perception of their role in public health, and also

78 cited research conducted in 2004 by Blenkinsopp et al [12] and Anderson et al, [13] into users'

79 attitudes to this role. Other non-UK based studies have also found that what the public expect

80 of pharmacy services varies greatly [14]

81 In 2012, Gidman et al [15] presented the findings of a study to explore public experiences and

82 opinions of pharmacy services in Scotland. This is one of a few studies which address the

83 views of the general public rather than service users. They found that although there has been

84 expansion of the role of CPs, many members of the public still preferred to access their GP

85 for services. They concluded that improved communication and information sharing between

86 the GP and CP is essential to support development of pharmacy led services.

87 In summary, apart from work carried out by Williamson et al[7], Blenkinsopp et al(8,12) and

88 Gidman et al[15], research relating to the role of CPs has largely been aimed at service users.

89 Since a member of the public is not likely to become a service user unless they are aware of

90 or understand where and how that service is delivered, an important research area has been

91 missed. This is one of very few studies to focus on the general public's attitudes towards the

92 role of CPs and the first to do so in Wales.

93

94 Therefore, the aim of this study was to investigate the general public's perception of the CP's

95 role in public health.

96 **Objectives:**

97   1. To explore the public awareness of the role of the CP

98   2. To establish what influences the public's awareness of the CP's roles and to identify

99   which services provided by CPs the public are currently accessing.

100   3. To explore which services the public would use when made aware of their

101   availability.

102   4. To canvas opinion on the potential interventions for raising public awareness of the

103   role of CPs and the services offered by them.

104 **Method**

105 <u>Study design</u>

106 A qualitative cross-sectional study adopting focus group (FG) methodology to explore the

107 public's perceived role of the CP, their reasons for visiting a pharmacy, from whom they seek

108 advice from on medicines or lifestyle issues, their awareness of traditional or newer

109 pharmacy services and their views about the promotion of services.

110

111

112 <u>Ethics</u>

113 Ethical approval was gained from Cardiff School of Pharmacy and Pharmaceutical Science,

114 Cardiff University and focus group participants were recruited following informed consent.

115 All data were anonymised and all information collected stored confidentially and securely.

116 Settings and participants

117   Participants were from a wide range of backgrounds – urban, village and rural and because

118   they resided close to the Wales / England border it is worth noting that they could have

119   accessed pharmacy services in both countries.

120   Recruitment

121   Recruitment took place within a ten-mile radius of a large urban town in North East Wales,

122   using quota sampling to identify four different social groups (i.e. sixth-form pupils from a

123   local secondary school, a young adult group, an older adult group, and a local community

124   group) to represent the general public. In addition participants were recruited from one

125   service user group (i.e. patients and/or carers from a Parkinson's disease organisation). Initial

126   contact was made to the relevant 'lead' for each group. This included the Head teacher of the

127   local secondary school, and communication lead for the joint voluntary organisations in the

128   nearest town and village community groups. The leads recruited participants from their

129   members and participant information letters and consent forms were passed on to participants

130   via these lead contacts. Groups of six to eight people were recruited to take part in each focus

131   group, using a purposive sampling approach to obtain a broad range of demographic

132   characteristics.

133   Exclusion criteria were under the age of 16 years, learning disabilities or communication

134   difficulties due to the complexity of consent issues and practical issues of running focus

135   groups with such participants.

136   Topic guide

137   A topic guide was designed by the researcher (who has many years' experience working as a

138   community pharmacist and delivering public health roles). It was also informed by the

139   limited literature[7-13] in this area and reviewed by a pharmacist with extensive practice

140   research experience. The topic guide was piloted by four individuals who were members of

141   the public and known to the researcher, no changes were made as a result of the piloting. The

142   guide sought to explore views about a) what does a CP do, b) reasons for visiting, c) where

143   they go to seek advice about medicines and lifestyle issues, d) experience of using pharmacy

144   services (using open questions – inductive approach) and opinions about the promotion of

145   services (after being made aware of them - deductive approach using mainly closed

146   questions).

147   Data collection

148 Focus groups were conducted between May-June 2012 and were facilitated by a moderator

149 (pharmacist lead researcher) and an assistant. Participants were allocated a code for

150 identification and to maintain confidentiality. Gender, age and socio-economic group (based

151 on the categories adopted by standard market research agencies) were also noted. [16] All FG

152 discussions were recorded and transcribed verbatim. During the latter part of the FG

153 discussion, to aid the discussion, participants were informed via a handout of the range of

154 services offered by CPs, for example: Disposal of unwanted medicines; Promotion of healthy

155 lifestyles; Signposting; Medicines Use Reviews (MURs); Discharge Medicine Reconciliation

156 (DMR) (Wales); New Medicine Service (NMS) (England); and vaccination service. A

157 mixture of deductive and inductive analysis was undertaken depending on the stage of the

158 focus group.

159 Analysis

160 Transcripts were manually analysed by coding the text to identify themes followed by a code

161 and retrieve method of analysis. This allowed patterns, common themes and differences

162 between the data collected from each group to be identified. The lead researcher analysed the

163 transcripts and these were quality assured for accuracy by the research assistant. Transcripts

164 were also reviewed by the project supervisor to confirm identification of appropriate themes.

165 Construction of the themes was achieved by observing the patterns or clusters of data with

166 similar meaning as is characteristic of the qualitative research paradigm. [17]The themes were

167 tabulated to identify the broad patterns, or themes, which emerged and then re-categorised

168 into more specific thematic groups, or sub themes. Data within each group and between each

169 group were compared and contrasted to enhance the interpretation of findings. After each FG

170 was conducted there was a debriefing between the Moderator and assistant. Transcripts were

171 produced and reviewed for initial analysis before the next FG was conducted. This

172 maximised the reflexivity of the researcher in the process.

173 **Results:**

174 In total, there were 32 participants across five focus groups; 14 were male and 18 females,

175 ranging from 16 to 81 years of age. Apart from the school pupils and university students (n=

176 9), the majority of the sample were in the B, C1 & C2 socio-economic groups (B -

177 Intermediate managerial, administrative, professional ; C1 - Supervisory, clerical, junior

178   managerial; C2 - Skilled manual workers). All participants were of White British ethnicity.

179   Table 1 shows the demographic characteristics of focus group members for each group.

180   Insert table 1.

181   Five main themes emerged from the data, Table 2 presents these and their sub-themes. These

182   were: the CP's role, professionalism, commercialism, reasons for visiting, and accessibility.

183   Insert table 2.

184

185   **Theme 1: CP's Role**

186   There was variation between the groups in what they understood by the term 'community'

187   when applied to pharmacists. The use of the title 'Chemist' or 'Pharmacist' varied across

188   participants. Amongst the school pupils the use of the term 'Chemist' tended to be influenced

189   by what their parents used but they were quite happy using the term Pharmacist. Participants

190   in the groups representing the 'older' generation acknowledged that the term 'Chemist' was

191   more familiar to them but they also felt comfortable switching between the two words.

192   There was a strong awareness of the dispensing role of CPs across all the groups, checking

193   dosage, and the storage and distribution of drugs were mentioned as being part of the role.

194   The important role of the CP in being alert to adverse reactions or interactions when

195   dispensing prescriptions also emerged.

196   The participants were also aware of the CP's role in giving advice and answering queries; in

197   ensuring prescriptions issued by doctors were safe, and monitoring for interactions between

198   prescribed or purchased medicines.

199   *'I think a pharmacist is more likely to have a – a better working knowledge of*

200   *what different drugs do than necessarily a doctor.'* (*YF1)*

201   and

202   *'Isn't it the Pharmacist's job to – also – like – check- that – it's been the correct*

203   *dosage and -for something that the doctor has prescribed? To ensure like – just to*

204   *ensure the safety of – um – the patient, and to ensure that the doctor hasn't made*

205   *a mistake – just to check over it-also*' (SF4)

206 Participants commented that they would use the CP as the 'first port of call' for medication
207 advice and acknowledged that they perceived them as well qualified, specialised or experts in
208 drugs.

209 However, there was very little awareness of the public health role of pharmacists.

210   *'...I mean they've got the products in their shop but you wouldn't assume they*
211   *know much about nutrition or anything like that.'* (*SM4*)

212 Rather than asking advice on dieting, purchasing diet products was the main link that
213 participants made with pharmacies. It was felt that CPs should be promoting healthy eating
214 rather than diet products, and this was of particular concern to the younger participants.

215   *'And I think that is a little bit of a point as well [((YF1) definitely for me] to me-*
216   *because it- make out as if - well they're pushing a faddy diet thing in the win laid*
217   *out in their window there. I'm not really going to trust them about – a healthy-*
218   *options...'* (*YM1*)

219 Also:

220   *'whereas instead they could promote like – what's that- Eat for um- is it Eat*
221   *Healthy for life or something'* (*YF2*)

222 Although participants were generally unaware of the support already available from CPs for
223 people suffering from chronic conditions, explanation of the service and the ensuing
224 discussions around the MUR, DMR and NMS services produced the following feedback.

225   *' I - I can see if you had a long term – the fact that you would be at – the doctors-*
226   *quite often, [M: yes].Sort of – the pharmacy would- help out in that respect.[M: So*
227   *like a backing up for the doctors?]Yeah. Well- a balancing out the NHS services*
228   *isn't it?'* (*YM2)*

229 **Theme 2: Reason for Visiting a Community Pharmacy**

230 Participants had some experience of using the dispensing services and seeking advice and
231 answering queries as described earlier; however, the purchase of a range of products was also
232 discussed, including Over The Counter (OTC) medicines, toiletries and other products.

233 **Theme 3: Professionalism of the CP**

234 The role of CPs as being 'professional' was recognised with a strong belief in the CPs'
235 knowledge and understanding on medicine related issues.

236   *'-Highly qualified – in -like- their knowledge of drugs – so – they can obviously*
237   *give you- um – instructions – and um – what's the word? [K: advice]? – advises-on*
238   *drugs- and –'* (*SM1*)

239 There was some variation in how the link between CPs and the NHS was perceived. The link
240 between being *paid* by the NHS was being used as a criterion on which to judge whether or
241 not the pharmacist has a *role* in the NHS.

242   *'How can it be part of the NHS as a private enterprise? For dispensing and being*
243   *paid by the NHS surely?'* (*V2F1)*

244 Participants across the five groups expressed the belief that a pharmacy being linked in some
245 way to a GP surgery gave them the feeling that the CP would operate with a greater level of
246 professionalism. There seemed to be a general assumption that CPs and GPs worked closely
247 together.

248   *'I think you think that the pharmacies that are like attached to the GP surgeries*
249   *they'd have more expertise -in- like those – in like - drugs and stuff like that- in*
250   *comparison with something like say [name of commercial company]which sells like*
251   *not just drugs, but it sells hair products, something you can use in the bath - like*
252   *just more of a general store in comparison to a pharmacist –'(SM3)*

253

254 Members of the school group commented that they felt that CPs working in large multiple
255 pharmacies or supermarkets were less well trained, less trustworthy and were not perceived
256 as highly professional as the CPs working in smaller pharmacies or those attached to
257 surgeries.

258   *'So they're just trying to er - sell more- make more money, rather than like a local*
259   *pharmacist which is actually trying to help people.'* (SM2)

260 When asking other pharmacy staff about minor queries they could be confident that the staff,
261 if unable to answer fully, would refer to the CP if necessary and major queries would be
262 directed by staff straight to the CP. Concerns over privacy were also expressed.

263

Theme 4: Commercialism

The potential conflict between commercial pressures and altruism or professionalism
emerged as a theme. There was a perception that pharmacies 'linked' to GP surgeries had less
of a retail role than other types of pharmacies and therefore were not as commercially biased.

'I think you think that the pharmacies that are - attached to the GP surgeries
they'd have more expertise -in- those – in - drugs and stuff like that- in comparison
with something- say [name of commercial company]which sells not just drugs, but
it sells hair products, something you can use in the bath – just more of a general
store in comparison to a pharmacist' (SM3)

273

Different attitudes existed to CPs working in large multiples and supermarket pharmacies
because of commercialism, where the latter were considered to be less professional and less
qualified. In contrast, the smaller pharmacies were thought to be less commercially biased
and therefore more caring, more professional and more available to them for personal support
and advice. As shown by the following quote:

'But the er – I think the local pharmacist listens to you ...' (PM3)

280

Concerns were expressed about the use of generic medicines or variation in the
appearance or name of the dispensed items. Participants thought that this may be related
to commercial pressures.

Theme 5: Accessibility

Accessibility was a very important influencing factor when choosing CPs for advice and to
answer queries. It was commented that it is much more convenient for participants to speak to
their CP or access the products for treating minor ailments than getting an appointment with
the GP.

'Someone- someone to see who's quicker to see than your doctor...' (PM2)

290 The difficulty in gaining an appointment with the GP, and the long waiting time incurred
291 when waiting for an appointment was mentioned across the different groups.

292 The use of a particular pharmacy seemed to be influenced by whether it was local to where
293 they lived.

Awareness of Community Pharmacy Services

295 There was variation in the level of awareness of pharmacy services, yet groups expressed
296 interest and enthusiasm for the range of Advanced level services available when informed
297 about them.

298   *'No-not heard of it [DMR] but- I like the idea a lot.'* (YF1)

299 and:

300   *' No I hadn't heard of it but it- does sound- just like common sense'*(YM3)

301 A comment was made during the Parkinson's focus group when discussing the DMR:

302   *'something that's been needed for a long time...'* (PM3)

303 Of the Enhanced services, vaccination and minor ailments generated the most discussion and
304 participants felt these were services they would access in the future.

Promotion of CP's Role

306 It was commented on that CPs and GPs should do more to promote services and inform the
307 public about what is available, with leaflets and signs being the most commonly suggested
308 method. It was also felt that 'Government' had a responsibility to promote the role,
309 particularly around public health/ health promotion services.

310   *'Well you could have – like I said before – Public Information films on TV*
311   *Most doctors surgeries have um – TV – the TVs- So they could) put it in*
312   *there sort of thing'* (PM3)

313   *and*

314   *'Also maybe you could get GPs to make people more aware of them--*
315   *because obviously people are obviously always going to see the GP. The*
316   *GP could always suggest to them that you could actually go to a*

317   *pharmacist – which would be a lot quicker and a lot more convenient for*

318   *you– so-'*(SM3)

319

DISCUSSION

321   The aim of the study was to investigate the general public's perception of the CP's role in the

322   UK and this was largely achieved. The following five broad themes were identified to capture

323   the public's views these were - the CP role, reason for visiting, professionalism of CP,

324   commercialism and accessibility. Of these themes, the CP role, and reason for visiting closely

325   resemble the seeding questions in the topic guide, however, the other three themes were not

326   associated with seeding questions.

327   The public represented by the focus groups in this study were largely unaware of the full role

328   of the CP. During discussions they were supportive of the extended role of CPs and would

329   engage with the profession for a wide range of services.

330   Strengths and limitations

331   The use of focus groups as a research methodology proved very successful in generating

332   discussion with a number of participants. However, it is acknowledged that those interviewed

333   were from a limited demographic sample. (i.e. white ethnicity and from one part of North

334   Wales). Further research is needed in different geographical locations within the UK in order

335   to include non-white ethnic groups, individuals in the 25 to 50-year-old age group and more

336   diverse, socio-economic groups.

337   With benefit of hindsight it might have been helpful to have collected some data on whether

338   participants had experienced an interaction with a CP as this might have influenced their

339   responses.

340   The moderator was an experienced community pharmacist and the relationship between the

341   participants and this researcher may have been influenced by the 'professional' title. This

342   could have affected the way they responded in the focus group. However, during analysis the

343   induction of themes was quality assured for accuracy by the research assistant and reviewed

344   by the project supervisor to reduce the influence the lead researcher's professional role might

345   have had on the interpretation of data.

346 The methodology adopted was qualitative in nature, and as such these findings may not be
347 representative of the views of the general public as a whole. It is acknowledged that the data
348 were collected in 2012 and since then the different pharmacy roles may have started to
349 become more embedded in the public's awareness; however, there is no evidence to support
350 this as yet. This study used a small sample of participants, as indeed did the Gidman study,[15]
351 however, the sample was purposively selected in an attempt to represent the general public.
352 Further FGs to recruit participants to cover all parameters of age, socio-economic groups and
353 ethnic populations would not only enhance the sampling framework, but also help to ensure
354 that no new themes emerged.

355 The participants demonstrated some knowledge of the traditional roles of CPs, yet little
356 awareness of the newer services, particularly with regards to public health roles. Nevertheless,
357 once participants were aware of these services, they seemed to accept their value and
358 welcomed more information about them. The professionalism of the CP was acknowledged,
359 but there was confusion over where they 'fit' within the NHS and their relationship with GPs.
360 The findings of this qualitative study support the need for better marketing of the different
361 services offered by CPs, with future publicity campaigns designed to address any
362 misconceptions about professionalism and commercial issues.

363 It is interesting to note that similar issues around working with other medical professions were
364 also identified in a recent Canadian study. [18] Since the present study was conducted, other
365 work carried out in Australia [19] and Scotland, [15] explored public opinions on the role of CPs
366 and the determinants influencing pharmacy choice. Both studies indicated that although
367 community pharmacies were perceived to provide convenient access to the public for supply
368 of medicines plus advice and treatment of minor ailments, the GP was favoured for serious or
369 chronic conditions management. They also concluded that the preferred location of the
370 pharmacy was away from a supermarket or large store when seeking these more specialised
371 services.

372 **Implications and recommendations**

373 In order for the extended role of the CP to be maximised, several issues need to be addressed
374 to include: raising public awareness and promotion of pharmacy services; dealing with
375 misconceptions surrounding professionalism; and more equality around access to services. .

376 The professionalism of CPs was questioned with regards to the potential conflict between a

377 commercial and professional role and needs to be addressed as a matter of priority. Whilst the

378 two can co-exist this may not be necessarily what the public perceive and they need further

379 clarity on this. The data suggest that urgent attention needs to be given to providing the

380 public with some clear awareness about what the role of the CP is, how it relates to the GP's

381 work and how they communicate with each other.

382

383 The accessibility of CPs was a positive influence for participants when considering factors

384 which affect the uptake of services offered by CPs. It was interesting to note that many were

385 unaware of the availability of a consultation room in many community pharmacies. Although

386 access to services needs to reflect the pharmaceutical needs of the local population, variation

387 in what services are offered by which CPs can sometimes be confusing to the general public.

388 There can even be inconsistencies within the same pharmacy where staff accredited to deliver

389 these services may not be available at all times. Equally important is the need to ascertain

390 *where* the public want to access these developing services since supermarket or multiple

391 pharmacy chains were not the preferred setting in this study. [19]

392 Furthermore, there is a need to identify gaps in the public's understanding and awareness of

393 the role of the CP if they are to utilise the CPs role in public health and other health promotion

394 activities.

395 **CONCLUSION**

396 In conclusion, this study has revealed a possible mismatch between the actual services on

397 offer and what the public perceive to be available from a community pharmacy. This was

398 particularly evident with the newer public health roles.

399 Based on these findings, the public is accepting of the extended role of CPs and would engage

400 with the profession for a wide range of services. However, there is currently a lack of

401 awareness of what services the public can expect from the CP. In order to make the best use

402 of resources in providing services to the public further research is needed to investigate the

403 general public's awareness of the CP-led services already being provided and type of setting

404 in which they want the service provided. This study should be extended by conducting

405 further FGs in order to explore views of other individuals to include different demographic

406 groups. Moreover, there is a need to see if these views are representative of the wider

407 population, and therefore can be generalised, by conducting a quantitative, questionnaire
408 based study.

409 This research could also have wider implications for translation of health policy into practice
410 throughout the UK and globally.

411 Considerable work is needed to increase public awareness and understanding during the
412 strategic development of services, contract design and service specification. This design must
413 also address the issue of the pressure that commercialism may have on the provision of a
414 robust professional service, so that pharmacists are able to exert their full professional and
415 clinical expertise.

416

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Table 1: Characteristics of Focus Groups Participants (n=32)

Focus group code	Participant code	Age (in years)	Gender	Socio – Economic Group	Duration (hours. minutes)
V1 Location - Function room in a village pub	V1F1	52	F	C1	1.14
	V1F2	76	F	B	
	V1F3	68	F	C1	
	V1F4	68	F	B	
	V1F5	48	F	C2	
	V1M1	75	M	C1	
	V1M2	54	M	B	
S Location- School study room	SF1	17	F	All sixth form school pupil	0.55
	SF2	17	F		
	SM1	17	M		
	SM2	16	M		
	SM3	17	M		
	SM4	18	M		
P Location- Salvation Army room	PF1	67	F	C1	1.54
	PF2	78	F	B	
	PF3	68	F	B	
	PF4	81	F	C1	
	PM1	68	M	B	
	PM2	60	M	B	
	PM3	63	M	C2	
V2 Location- As V1	V2F1	66	F	C1	1.33
	V2F2	56	F	C2	
	V2F3	75+	F	B	
	V2F4	65	F	C1	
	V2F5	67	F	B	
	V2M1	57	M	B	
	V2M2	72	M	A	
Y	YF1	30	F	C2	1.08

Location -	YF2	20	F	University student	
As V1	YM1	25	M	D	
	YM2	20	M	University Student	
	YM3	20	M	University student	

Key: V1- First Village group. S- School group. P- Town group sourced from Parkinson's'
Society. V2- Second Village group. Y- Young adult group. M-Male. F- Female. Socio-
economic groups A-E based on standard Market Research tools.

Table 2: Themes and Sub-themes

Theme no.	Theme name	Sub-theme number	Sub-theme name
1	Community pharmacist role	1.1	Dispensing
		1.2	Prescription Medicine query/advice
		1.3	Purchased Medicine query/advice
		1.4	Healthy living query/advice
		1.5	Dietary query/advice
		1.6	Minor Ailment query/advice
		1.7	Chronic condition management
2	Reason for visiting	2.1	OTC purchase
		2.2	Toiletries purchase
		2.3	Other products
3	Professionalism of Pharmacist	3.1	Role as part of NHS
		3.2.	Professional behaviour
		3.3.	Professional knowledge
		3.4	Inter-professional relationships
		3.5	Relationship with public/patient
		3.6	Professionalism of staff
		3.7	Privacy

4	Commercialism	4.1	Generic medication
		4.2	Large multiples
		4.3	Supermarket pharmacies
		4.4	Small pharmacies
5	Accessibility	5.1	Convenience
		5.2	Location