

The use of community pharmacies in Northwest England: an observational study

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Acknowledgements

This paper describes work undertaken as part of a larger study by the North West Pharmacy Alcohol IBA Service Evaluation Team. The authors would like to thank the other members of the research team for their involvement in the wider project. The authors are grateful to Amanda Wright and Martyn Bristow who were responsible for the data collection in the observational fieldwork reported.

Abstract

Background: There are few studies of community pharmacy footfall and activity in the existing literature, especially by direct observation. Pharmacies in England have the ability to provide a range of services and products since the change to their contractual framework in 2005.

Objective: To describe the frequency and characteristics of interactions at the counter between pharmacy staff and customers to inform future policy development around pharmacy services.

Method: A market researcher used a checklist to directly observe all interactions between pharmacy staff and customers taking place at the counter at specified days and times across the weekly opening hours of five pharmacies across the Northwest of England. Pharmacies were diverse in terms of ownership and location, across an area of significant deprivation.

Key findings: Around three-quarters (76%) of all counter interactions observed were associated with prescriptions. Among adults aged <45 years, female: male customer visits were 2:1, changing to almost 1:1 for those aged 45 plus. Pain relief medication (74/307; 24%) and cold and flu remedies (53/307; 17%) were the most commonly purchased types of over-the-counter (OTC) medicines. Approximately two-thirds (62.6%; n=2,078) of the interactions observed at the counter were between a customer and a Medicines Counter Assistant (MCA).

Conclusions: Dispensing was the primary activity across the diverse range of pharmacies, but access to other pharmacy services and self-care activities were significant - especially at the weekend. Skill mix observation suggested that different pharmacies were deploying their pharmacists and other staff in different ways across similar patterns of activity.

Keywords: community pharmacy; skill mix; dispensing; access; self-care.

Introduction

Community pharmacy has the potential to provide a wide range of health-related services to the public. It is increasingly viewed as a setting which could be utilised in the promotion of public health, both in the UK and internationally [1-4]. It has been suggested that an ‘inverse care law’ exists in England and Wales, where access to doctors is less in deprived areas, where care might be needed most [5]. Community pharmacies in England, however, are accessible within a 20 minute walk to 99.8% of those living in areas in the most deprived decile – declared by the authors to be a ‘positive pharmacy care law’ [6]. A recent Royal Pharmaceutical Society report on future models of pharmacy care [7] highlighted potential to provide out-of-hours and urgent care. Through the 2008 policy paper ‘Pharmacy in England’[8] the English government sought to develop the role of community pharmacists to facilitate additional modes of improving public health. This policy document was underpinned by a rare study of the use of community pharmacy by a household survey of a representative sample of the English population [9]. No-one in this 2007 survey of 1,645 people reported accessing a service beyond traditional dispensing or medicine sales when they visited a pharmacy.

The tiers of delivery of the NHS Community Pharmacy Contractual Framework (CPCF) for England and Wales [10] reflect this approach. Tier one essential services, offered by all pharmacy contractors, constitute the traditional role of community pharmacy (dispensing medicines, disposal of unwanted medicines and support for self-care) whilst tier two (advanced services) and tier three (enhanced and locally commissioned services), for which pharmacists require accreditation, involve additional activities and services. Advanced services are commissioned nationally and include Medicines Use Review (MUR) and the New Medicines Service (NMS) (see results Table 3 for a description), whereas enhanced and locally commissioned services vary across the country and include smoking cessation and emergency hormonal contraception.

Recent reviews have confirmed that delivering advanced and enhanced services alongside core dispensing roles has increased community pharmacy workload [11,12]. Whilst dispensing of prescriptions is routinely reported as the dominant work activity [11,12], there are limited data

concerning non-dispensing activities. Examining customer use of pharmacies through footfall data allows measurement of the extent to which these activities contribute to the overall activities of a pharmacy.

Previous studies have used non-participant observation methods to examine interactions between pharmacy staff and customers. Knudsen, Stromme & Haugli recorded details of all interactions made during observation periods, in order to characterise the total workload of participating pharmacies [13]. These data, however, were collected over twenty years ago, in 1993, and in only two pharmacies in Norway. More recent studies in the UK have focussed on recording the outcomes of particular requests from the customer; for example, Stevenson *et al.* (2008) examined requests for non-prescription – or ‘over-the-counter’ - medicines [14] and Cramer *et al.* (2010) those for complementary and alternative medicines (CAM) [15]. Hence there is a need for up-to-date observation data regarding all community pharmacy staff/customer interactions.

The role of the Medicines Counter Assistant (MCA)* within these interactions has been scrutinised within the context of the changing role of the community pharmacy, considering how MCAs work alongside the pharmacist, dispensers and technicians to fulfil both their retail and clinical roles [16-18]. Observation provides an opportunity to explore how the MCA role operates in a range of community pharmacies.

To contextualise a wider study of the opportunities for community pharmacy to offer alcohol identification and brief advice (IBA) services to the public, observations were undertaken of pharmacy footfall and activity. The aim of this paper, emerging from that study, is to describe the frequency and characteristics of interactions occurring at the counter between pharmacy staff and customers, to inform future policy development around pharmacy services.

* A Medicines Counter Assistant (MCA) works on the pharmacy counter and, in the UK, has to complete a training course about minor ailments and the sale of medicines.

Ethical Approval

Ethical approval for the study protocol and instruments was granted by Liverpool John Moores University Research Ethics Committee [Reference: 11/PBS/013; 2/11/11].

Methods

Sampling

The research team purposively selected pharmacies based on setting (proximity to health centres and retail locations); and level of activity in relation to alcohol IBA service provision (high and low activity; provided by commissioners). The pharmacist in charge at each pharmacy was then invited to participate in the study.

Data collection

Two researchers were trained to use a checklist, which had been developed by the project team based upon previous studies, to capture details of each interaction at the pharmacy counter. Each pharmacy was allocated to one of the researchers who visited for a period of time on each day of the week that the pharmacy was open, but not necessarily on consecutive days of one week. The observer stood in a mutually agreed location at a discreet distance to ensure minimal intrusion for customers, but where they could see and hear activity on the counter. Pharmacy staff whose role included work at the counter (inclusive of pharmacists, registered technicians, technicians/dispensers and support staff / MCAs) gave written consent to be observed. During observation periods, a poster was displayed explaining the observation study to pharmacy customers and providing them with an opportunity to refuse to have their interaction observed.

The researcher completed the checklist and made any other salient contextual notes required. The checklist comprised: customer demographics (their gender and approximate age category, as estimated

by the researcher); reason for visiting the pharmacy (prescription; non-prescription medicine sale; access a service; advice; non-medicine retail sale; or 'other') and the type of staff member involved (Pharmacist; dispenser/technician; MCA / support staff). Further notes were made where possible by the researcher concerning waiting times for prescriptions to be dispensed; name of the actual non-prescription medicine or non-medicine item purchased; name of the enhanced service accessed; type of advice sought; and details of 'other' types of interactions. Times of interactions were categorised as: morning (before 11.59am); lunch (12.00pm-1.59pm); afternoon (2.00pm-5.59pm) and evening (6.00pm onwards).

Data analysis

All data recorded on the checklist sheets were entered into a Microsoft Excel™ database by the research associate (RA). Descriptive statistical analyses of the dataset were undertaken using SPSS v21 software to provide a view of the demographic profile of all pharmacy customers visiting during that week and the reasons for their visit.

Results

Of the 13 pharmacies initially approached, 5 participated in the observation study. Reasons for non-participation were counter staff not consenting to being observed (n=1), appropriate approvals from company management not being obtained (n=2), and pharmacy concerns regarding customer acceptability (n=5).

Participating pharmacies

There was diversity among the pharmacies in terms of ownership (from single independent to large multiple), setting (local shops, health centre and out-of-town retail park), opening hours (weekday 'office hours' to extended hours over 7 days), and proximity to a GP practice (Table 1). The

socioeconomic deprivation of the areas surrounding the pharmacies was generally high – the UK Index of Multiple Deprivation (IMD) scores[†] based on the pharmacy postcode were all in the 4th and 5th quintiles, reflecting significant deprivation.

[Table 1 goes around here]

Between 30 and 42.5 hours of observations were completed across the opening hours of each pharmacy, to provide an overview of typical activity. A total of 171 hours were spent observing across all five pharmacies, which provided data regarding interactions between customers and the pharmacy staff. Some customers completed more than one activity during their pharmacy visit; a total of 3,651 activities were observed for 3,299 customers.

Activity within the pharmacies

Collecting a prescription was the predominant activity for customers when visiting the pharmacy (75.8%; n=2,501) (Figure 1). Retail sales of non-medicine products (14.2%; n=468) and of non-prescription medicines (9.3%; n=307) were also common. A significant minority of customers sought advice (4.8%; n=158) or accessed a service (4.4%; n=144). ‘Other’ interactions (2.2%; n=73) included: enquires about other healthcare services (local medical practices, out-of-hours services, pre-natal clinic, blood test centre); customers bringing unused medication for disposal, and an emergency supply request for a prescription medicine[‡]

[Figure 1 goes around here]

[†] The UK Index of Multiple Deprivation (IMD) is a composite score of several socioeconomic indicators in a defined geographical area. The higher the score, the more deprived the area. The scores are reported in quintiles – quintile 1 is the least deprived and quintile 5 the most deprived.

[‡] Pharmacists in England can give a short-term supply of a prescription medicine in an emergency situation at the patient’s request.

Both the opening hours and the location and nature of the pharmacy appeared to be associated with a variation in customer footfall. Pharmacies PH2, PH3 and PH4 were located on the same site as, or close to, primary care health centres; more customers were observed there over the week than for pharmacies PH1 and PH5, who were located further away from any general practice premises. The mean number of customers visiting the pharmacy per hour was 19, 25 and 30 customers at pharmacies close to GP surgeries, compared with only 10 and 11 at the other pharmacies (Table 1).

When the incidence of different activities was calculated as a percentage of the pharmacy's overall activity (Table 2), dispensing prescriptions showed variation from 49.1% (PH5) to 79.9% (PH4) of in-pharmacy activity. Pharmacy 5, the only large multiple pharmacy in the sample, showed more diversity in its activity than the other pharmacies. It recorded the highest percentage of non-prescription medicine sales (18.5%) and access to services (9.9%). Pharmacy 3, in an out-of-town retail park, showed strong non-medicine sales (18.5%).

[Table 2 goes around here]

Only two of the 5 participating pharmacies were open at the weekend (PH2 and PH5). More customers visited for self-care activities at the weekend than on a weekday. Non-prescription medicine sales accounted for 3.7, and seeking advice for 2.6, mean customers per hour on a Saturday, as opposed to range 1.5-1.9 and 0.3-1.1 mean customers per hour respectively on weekdays.

Approximately two-thirds (62.6%; n=2,078) of the interactions observed at the counter were between a customer and a MCA (Figure 2). At two of the pharmacies (PH2 and PH3), MCAs handled almost all of the customer interactions, referring only occasionally to a pharmacist or dispenser/technician if the customer required more detailed advice regarding their prescription medication, treatment of minor ailments and recommended non-prescription medicines. In contrast, the pharmacist was the primary contact for customers in PH1, and contact with all types of staff was apparent in PH4 and PH5.

[Figure 2 goes around here]

Demographic profile - gender

A higher proportion of females (59%) than males were recorded as pharmacy customers during the observation period (Table 3). This gender difference was considerably more marked in customers aged under 44 years, where the female to male ratio was 2:1, than those of 45 years and older (ratio 1.2:1).

[Table 3 goes around here]

Demographic profile - age group

Around three-quarters (76%) of all counter interactions observed were associated with prescriptions, ranging from 55% to 87% across the participating pharmacies (Figure 1). Figure 3 shows a trend for proportionally higher numbers of pharmacy users, as age increases, visiting the pharmacy for this reason. Conversely, non-medicine sales, which represent the second most often recorded reason for customers' visit to the pharmacy, were more frequently requested by younger users (nearly one-fifth of visits by people under 25 year-olds, compared to 10% of those aged over 65). It was notable that requests for services and advice were most often seen among younger visitors, particularly the 35-44 year-old age group, although advice-seeking increased again for the over-65s.

[Figure 3 goes around here]

Type of medicine bought

Pain relief medication (74/307; 24%) and cold and flu remedies (53/307; 17%) were the most commonly purchased types of non-prescription medicines (Figure 4), with gastro-intestinal medicines representing 7% of sales.

[Figure 4 goes around here]

Access to pharmacy services

A number of pharmacy services beyond dispensing and retail sales were available in the observed pharmacies (Table 4), but not all pharmacies provided all the same services. With the exception of supervised methadone consumption (35/43 customers accessing this service were male; 81%), enhanced and advanced pharmacy services were accessed by larger proportions of female customers. Most commonly used were the 'Care at the Chemist' minor ailment service (28/33 service users were female; 85%) and smoking cessation services (21/29 service users were female; 72%), while 8 out of 9 customers (89%) who accessed weight management services were also female. Services related to repeat medication supply were accessed more equally by both genders: prescription delivery was requested by 7 male and 6 female customers and Medicines Use Review consultations by 2 male and 4 female customers. 'Other' services, accessed by 11 customers, included the New Medicines Service (NMS), blood pressure check, and needle exchange.

[Table 4 goes around here]

Discussion

Observational data from this study showed that community pharmacies are visited by customers across their hours of opening and explored the characteristics of customer interactions with pharmacy staff at the counter. Whilst the dispensing of prescriptions was confirmed as the primary activity in the observations, the sale and supply of non-prescriptions and other products and receipt of advice and services were also seen among a significant minority of customers. The number of visits for all these pharmacy activities varied across the pharmacy sample, with prescription dispensing activity greatest in those pharmacies situated next to, or co-located with, a general practice. Modest variation was seen

in gender and age regarding visits for different activities. Visits by women aged under 45 were double those of men of the same age, but this difference decreased to almost equal numbers in people aged 45 and over. Even requests for different types of non-prescription medicines suggested interesting gender trends, exemplified by children's medicines (women more likely to buy) and gastrointestinal remedies (men more likely to buy). Different types of pharmacy staff were involved in activity; there was variation in the skill mix deployed in different pharmacies. Some pharmacies had pharmacists on the front line for most interactions; others primarily deployed MCAs and a pharmacist was only involved when referral was initiated by the MCA.

The pharmacies in the sample reflected diversity of ownership, setting and proximity to a general practice, which allows consideration of how these factors can impact on pharmacy footfall. The pharmacy sample, however, was small and limited to one geographical area in England. The sampling of time periods was not exactly the same for each pharmacy, and the comparisons made have been a result of considerable reflection by the team. The researchers had to estimate the age of customers to minimise burden and intrusion; both of them were, however, experienced market researchers and were likely to be reasonably accurate as this is a common skill in market research for quota sampling. Of course, there will be activities going on in each pharmacy that are not determined by walk-in customers; repeat prescription collection services, care home dispensing and telephone queries will also contribute to overall workload. But direct observation can quantify and detail the 'reactive' work of a community pharmacy and the footfall therein.

Main features in the data are consistent with previous international studies of pharmacy use, notably the greater patronage of young women (including mothers) [9, 19]. As recent reviews of workloads in community pharmacies in the UK have previously reported [11, 12], data from all participating pharmacies shows that dealing with customers collecting prescription medication remains the predominant activity. However, customers' wider use of their community pharmacy beyond this primary function is also evident. Counter sales of non-prescription medicines, which were slightly higher at weekends, and use of the locally commissioned 'Care at the Chemist' minor ailment service

enabled customers to self-care for minor ailments – including cold, flu and gastro-intestinal symptoms characteristic of the observational time period (February/March) - which might otherwise have led them to seek advice from GP services. The household survey of the English general adult population underpinning ‘Pharmacy in England’ reported no people accessing services beyond dispensing and retail sales [9]; this study showed pharmacy footfall for a range of further services that may reflect increasing population awareness of these advanced/enhanced services even since that work was undertaken in 2007/8.

These pharmacies were all located in areas of significant deprivation, where access to a doctor may not be as easy as other areas [5, 6]; the results support an opportunity to reach a wide population for a number of healthcare services as asserted in the Royal Pharmaceutical Society’s *Now or Never* report [7]. Whilst the primary activity linked to footfall in community pharmacies remains dispensing, some pharmacies are showing significant activity in nationally- and locally-commissioned services. Younger women, and older people of both genders, are significant groups of pharmacy users and services need to be responsive to their needs. Weekend opening of pharmacies may be associated with greater access to self-care activities for a local population such as buying non-prescription medicines. Pharmacies show different ways of deploying pharmacists and other staff for a similar range of customer-facing activities that merits further exploration.

Further research to observe pharmacy staff-customer interactions specifically during evening and weekend opening hours is required to extend our understanding, and to inform policy imperatives about community pharmacy use for urgent care in these out-of-hours periods.

Conclusion

There are few detailed studies of pharmacy footfall, even less of them using a direct observational approach, and the data from this project add valuable insights to the field. This research was consistent with the few previous studies in England by supporting dispensing as the primary activity across the diverse range of pharmacies, but it suggested that access to other pharmacy services had been increasing

over the past few years and that self-care activities were significant - especially at the weekend. Gender and age variation in pharmacy use was also seen, with younger women and older people of both genders representing two major user groups. Skill mix observation suggested that different pharmacies were deploying their pharmacists and other staff in different ways across similar patterns of activity.

Funding

This work was supported by an unrestricted educational grant from Lundbeck Limited via NHS Liverpool.

Declarations

Dr Mackridge and Dr Gray are both registered pharmacists but otherwise have no conflicts of interest to disclose. Ms Stokes has no conflict of interest to disclose.

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Table 1: Characteristics of participating community pharmacies

Code	Pharmacy ownership type	Opening hours	Setting	Proximity to GP practice	IMD & Quintile	Number of observation hours	Number of Visits (Mean visits / hour)
PH1	Single independent	Mon-Fri: Open 8.30am-5.30pm (Closed for lunch 1-2pm) Sat: Closed Sun: Closed	Among local neighbourhood shops (a small parade)	1 practice at 0.2 miles away; 2 practices at 0.4 miles away	29.36 4th	31.25	306 (10)
PH2	Single independent	Mon-Sat: Open 7.00am-10.30pm Sun: Open 9.00am-4.00pm	Health Centre	Same building	22.93 4th	42.5	1,069 (25)
PH3	Small group with 2-5 pharmacies	Mon-Fri: 9.00am-6.00pm Sat: Closed Sun: Closed	Out of town shopping centre	Same site	54.67 5th	30	891 (30)
PH4	Small group with 2-5 pharmacies	Mon/Tue/Thur/Fri: Open 9.00am-6.30pm Wed: Open 9.00am-7.00pm Sat: Closed Sun: Closed	Health Centre	Same building	67.67 5th	35.75	689 (19)
PH5	Nationwide multiple of >100 pharmacies	Mon-Fri: Open 9.00am-6.00pm Sat: Open 9.00am-5.00pm Sun: Closed	Among local neighbourhood shops (a small parade)	1 practice at 0.5 miles away; 1 practice at 0.6 miles away	29.16 4th	30.75	344 (11)

Table 2: Footfall at each participating pharmacy over the total observation period by customers' reason for visiting the pharmacy as a percentage of the pharmacy's overall activity (n=3,651; some customers visited for multiple reasons)

Service	PH1 % (n=333)	PH2 % (n=1,180)	PH3 % (n=1,002)	PH4 % (n=753)	PH5 % (n=383)
Dispensing a prescription	70.9	69.2	65.8	79.9	49.1
Non-medicine sale	7.5	11.2	19.3	7.8	15.4
Non-prescription medicine sale	8.7	10.4	6.1	3.2	18.5
Seeking Advice	6.6	5.3	2.3	4.4	4.4
Using a Pharmacy Service	3.3	2.4	4.1	3.3	9.9
Other	3.0	1.5	2.5	1.3	2.6

Table 3: Gender of customers recorded over 171 hours of observation (n=3,290; 9 missing values)

Age group (estimated by researcher)	Female	Male	Female : Male ratio
Under 44 years	884	443	2:1
45 years and older	1060	903	1.2:1

Table 4 – Pharmacy Services accessed by customers during the observation period

Service Name	Service Description	Number of women	Number of men
Supervised methadone consumption (Enhanced service)	Methadone (an opioid substitute) is dispensed on prescription but then given to the client in a cup to drink in the pharmacy under a pharmacist’s supervision	8	35
‘Care at the Chemist’ minor ailments service (Enhanced service)	An agreed area formulary of non-prescription medicines for self-limiting ailments are available for supply by the pharmacist free of charge to people who do not pay prescription charges	28	5
Smoking cessation (Enhanced service)	Pharmacy advice and nicotine replacement therapy can be supplied by the pharmacist to clients – there can also be follow-up sessions to monitor progress with quitting	21	8
Weight management (Enhanced service)	Measurement of body mass index (BMI) with pharmacy advice about healthy eating and healthy weight loss – usually involves follow-up sessions to monitor weight loss progress	8	1
Prescription delivery (Free service)	The pharmacy can be instructed by patients to order and/or collect repeat prescriptions from their doctor so that they can collect the medicine directly from the pharmacy or have it delivered to their home	6	7
Medicines Use Review (MUR) (Advanced service)	The pharmacist has an annual private consultation with a patient to discuss their medicines in terms of dosage, action and adherence	4	2
‘Other’ services, including	New Medicines Service (NMS) (Advanced service)	11	
	Blood pressure check (Enhanced service)		
	Needle exchange service (Enhanced service)		
	Clean injecting equipment is provided on request to intravenous drug users. They are supplied with a sharps bin for used needles. When the client brings back a sharps bin, they can be provided with a new set of equipment.		

Enhanced service - commissioned locally to a local specification, usually by Local Government under a public health initiative

Advanced service – commissioned nationally to a common specification, by NHS England