

1 **Applying the ‘You’re Welcome’ Youth-friendly Service Criteria to Community Pharmacy in the UK**

2

3

4 Fatemah Alsaleh

5 Faculty of Pharmacy, Kuwait University, Jabriyah, Kuwait

6 [fatemah.alsaleh@hsc.edu.kw](mailto:fatemah.alsaleh@hsc.edu.kw)

7

8 Felicity J Smith

9 UCL School of Pharmacy, Brunswick Square, London WC1N 1AX

10 [f.j.smith@ucl.ac.uk](mailto:f.j.smith@ucl.ac.uk)

11 (Corresponding Author)

12

13 Emma Rigby

14 Association for Young People’s Health, London SE1 0EH

15 [emma@youngpeopleshealth.org.uk](mailto:emma@youngpeopleshealth.org.uk)

16

17 Nicola J Gray

18 Green Line Consulting Limited, Worsley, Manchester M28 7FA

19 [nicola@greenlineconsulting.co.uk](mailto:nicola@greenlineconsulting.co.uk)

20

21

22

23

24 **Abstract**

25 **Objectives**

26 The Department of Health in England developed the 'You're Welcome' framework, comprising  
27 criteria for all health services seeing 11-19 year-olds, to improve their quality and coverage and  
28 reduce access inequities. To date, however, the You're Welcome criteria have not been considered  
29 within community pharmacy service development policy. The aim of this paper was to assess the  
30 relevance of the You're Welcome criteria to community pharmacy, and examine ways in which they  
31 are currently met, or not met, to guide future service development.

32

33 **Methods**

34 The project employed three methods. Checklist-guided observations and face-to-face semi-  
35 structured interviews with staff members were undertaken in 8 community pharmacies across  
36 England and Scotland, purposively selected because of their known focus on provision of young  
37 people's services. This was complemented by a cross-sectional online survey for completion by  
38 pharmacy staff across a wider range of pharmacies recruited through targeted Local Pharmaceutical  
39 Committees. Study instruments were designed to gather information relevant to each of the 'You're  
40 Welcome' criteria.

41

42 **Key findings**

43 Eight pharmacies took part in observations and interviews. Six LPCs posted the online survey link on  
44 their website, which was returned by 56 respondents. The results demonstrate applicability of the  
45 'You're Welcome' criteria to community pharmacy services, highlighting particular strengths of  
46 community pharmacy services for young people (e.g. accessibility) as well as opportunities and  
47 priorities for service development to meet their specific needs (e.g. staff training, engagement and  
48 integration with local service provision).

49

50 **Conclusions**

51 The 'You're Welcome' criteria can be applied to community pharmacy services without adaptation  
52 providing an appropriate framework to guide service development to promote young people  
53 friendly pharmacy services.

54

55 **Keywords**

56 Community pharmacy, adolescents, young people, You're Welcome, health services

57 **Introduction**

58 The youth population is growing worldwide. There are 7.4 million 10-19 year olds currently living in  
59 the UK, constituting 12% of the total population [1]. This is similar to the proportion of the  
60 population aged over 70, who have traditionally been a major focus for pharmacy. Young people  
61 often receive limited attention from healthcare services, as they are generally expected to be  
62 healthy. However, the majority of preventable problems in adult life have their roots in adolescence  
63 [2, 3]. In the UK, the Association for Young People’s Health (AYPH) reports that around 30% of 11-18  
64 year-old young people are overweight or obese; that 8% of 15 year-olds are regular smokers; 22%  
65 report drinking alcohol, and that two-thirds of 16-19 year-old heterosexual females are ‘at risk’ of  
66 pregnancy [1]. It is also estimated that 15-24 year-olds have the highest rates of sexually transmitted  
67 infections (STIs), and 63% of all chlamydia diagnoses in 2014 were in those under 25 years old.  
68 Furthermore, one in seven 11-15 year-olds have a long-term condition or disability.

69  
70 Many barriers to a young person’s healthcare access have been reported, including concerns about  
71 confidentiality, cost, appointment times or awareness regarding service availability [4]. In common  
72 with other European countries, the health care experience of young people in the UK has been  
73 reported to be the worst of any age group [5, 6]. The World Health Organisation (WHO) has  
74 designated the health of young people a global health priority [7, 8]. In particular, this includes a call  
75 for ‘adolescent-friendly health care’; with improved health service delivery to meet the needs of  
76 young people [9].

77  
78 The Department of Health in England developed a comprehensive unified framework entitled  
79 ‘You’re Welcome’, intended for use by all health services seeing young people [10]. The ‘You’re  
80 Welcome’ framework, which comprises criteria related to 10 themes (**Table 1**) - including  
81 accessibility, joined-up working and staff training/skills/attitudes - aims to improve quality and  
82 coverage of health services provided to 11-19 year-olds and to reduce access inequities.

83  
84 [Table 1 goes around here]

85  
86 These criteria were endorsed and refined following detailed consultations among health care  
87 professionals in partnership with young volunteers [11] and have been validated against other  
88 quality standards [12]. A self-review audit tool is available online and can be used in a wide range of  
89 healthcare environments to assess services [13].

90

91 Over the past decade, the international scope of community pharmacy practice has expanded  
92 beyond the traditional focus on dispensing and selling medicines [14]. There is increasing  
93 momentum among the profession in the UK to broaden the scope of community pharmacy practice  
94 [15, 16]. Alongside their traditional dispensing and medicines sale roles, community pharmacists are  
95 increasingly delivering a wide range of public health services (including smoking cessation, sexual  
96 health, healthy diet and weight, alcohol and drug misuse, and immunisations); pharmacies in some  
97 areas have been designated 'Healthy Living Pharmacies' (HLP) [17]. There have also been new  
98 services to support people taking medicines for long-term conditions (e.g. Medicines Use Reviews).  
99 However, these initiatives have not been designed specifically for young people. Compared to other  
100 health care settings, community pharmacies have the potential to provide very accessible health  
101 services to young people [18]. They have advantages of being located where young people go to  
102 study, work and shop, with no need for an appointment and no consultation fees. In addition,  
103 community pharmacists see some young people through selling over-the-counter (OTC) medicines,  
104 and advice is already available for long-term or minor conditions if requested.

105

106 Despite recognition within the profession for community pharmacies to be more youth-focused [19-  
107 21], there is very limited research to guide community pharmacy service development for young  
108 people [22, 23]. In a US study exploring pharmacists' attitudes and practices with adolescents,  
109 community pharmacists were criticised as prone to breaking confidentiality [24], although studies of  
110 the provision of emergency contraception to young women by UK pharmacists repeatedly show  
111 pharmacy staff to be non-judgmental and welcoming [25, 26].

112

### 113 **Aim of the Study**

114 To assess the relevance of the You're Welcome criteria to community pharmacy, and examine ways  
115 in which they are currently met, or not met, to guide future service development.

116

### 117 **Ethical Approval**

118 This research was conducted with health professionals only, and thus required institutional approval.  
119 Ethical approval for the study was obtained from the UCL Research Ethics Committee.

120

### 121 **Methods**

122

### 123 ***Study Design:***

124 The project employed three methods. An observation form was developed and used to evaluate  
125 purposively selected pharmacies against the You're Welcome criteria, and semi-structured face-to-  
126 face interviews were undertaken with pharmacy staff members in those pharmacies. A cross-  
127 sectional online survey for completion by pharmacy staff across a wider range of pharmacies was  
128 designed using the 'You're Welcome' criteria as a framework [10].

129

130 ***Sampling strategy:***

131 Two independent pharmacy samples were selected for this study. This enabled assessment of how  
132 'You're Welcome' criteria may, and may not, be met in (a) a sample of pharmacies where specific  
133 services for young people were offered and (b) in a wider non-purposive sample. Thus, pharmacy  
134 observations and staff interviews took place in a small number of purposively selected community  
135 pharmacies, identified by the team and collaborators as those delivering youth-specific services,  
136 such as alcohol misuse, smoking cessation and sexual health services. Prospective online survey  
137 pharmacies were recruited by selecting Local Pharmaceutical Committees (LPCs)\* from different  
138 areas in England, identified from a social demographic map to ensure that the LPCs represented a  
139 diversity of urban, suburban and rural areas.

140

141 ***Study instruments:***

142 Data collection instruments were developed to map the applicability of the 'You're Welcome'  
143 criteria to the provision of community pharmacy services for young people aged 13-19 years. An  
144 observation checklist form was designed to collect data on the physical and environmental aspects  
145 of the 'You're Welcome' criteria, including accessibility, environment, availability and publicity.

146

147 A semi-structured interview schedule, comprising open-ended questions, was developed to explore  
148 'You're Welcome' Criteria regarding delivery of services, staff training, skills and attitude and joined-  
149 up working. In addition, community pharmacy characteristics were recorded (e.g. type of pharmacy,  
150 location, opening hours).

151

152 The online survey was informed by previous international studies into the provision of community  
153 pharmacy services for young people [22, 27] and included questions relating to each of the 'You're

---

\* An LPC is an organisation that represents the interests of all the pharmacy contractors, rather than individual pharmacists, in a local area.

154 Welcome' themes. Online survey software Qualtrics (Qualtrics, Provo, UT) was used to construct and  
155 distribute the survey instrument.

156

157 **Data Collection:**

158 *Interviews and observations:* The pharmacist in charge of each of the purposively selected  
159 pharmacies was contacted by the researcher (FAA) and invited to participate. Those agreeing to  
160 participate were visited on a single occasion to conduct the observations and interviews. To capture  
161 all data, and to aid qualitative analysis, interviews were audio-recorded. Following the interviews,  
162 observations were carried out. Written informed consent was gathered from interviewees prior to  
163 the commencement of each interview.

164

165 *Online survey:* The chief executive officer of each of the targeted LPCs was contacted by phone or  
166 email to ask if they were willing to take part. The LPCs were asked to distribute the link to the online  
167 survey, either by direct email to each contractor, or by posting the survey link on their own website  
168 with a short advertisement for the project.

169

170 **Data analysis**

171 Audio-recorded interviews were transcribed verbatim and the computer software NVivo 10 was  
172 used to support qualitative analysis. An initial coding frame based on the themes of the 'You're  
173 Welcome' criteria was developed by the research team. A qualitative approach (employing constant  
174 comparison techniques) enabled analysis of interviewees' perspectives regarding each theme [28].  
175 Observation data were entered into a Microsoft Excel 2010 database, and descriptive statistical  
176 analytical procedures were employed. Data from the online survey were exported from Qualtrics to  
177 Microsoft Excel™ 2010. After entry and cleaning, descriptive analyses were undertaken.

178

179 **Results**

180

181 **Number of participants:**

182 Ten pharmacies were invited to take part in the observation and interview study, and 8 agreed to  
183 participate. The interviews were conducted with a pharmacy staff member in 5 of these pharmacies,  
184 and a joint interview with 2 or 3 staff members was conducted in the remaining 3 pharmacies. The

185 interviewees included 8 community pharmacists; 3 healthy living champions<sup>†</sup>; one dispenser<sup>‡</sup>; one  
186 LPC officer and one public health pharmacist.

187

188 Twelve LPCs were approached to post the online survey link on their website, and 6 agreed to do so.  
189 At the time of closing the survey, responses had been obtained from 56 participants, although 17  
190 questionnaires were incomplete. All responses were included in the analysis, thus the number of  
191 respondents differs across questions.

192

193 [Table 2 goes about here]

194

195 ***Context of the study participants:***

196 Characteristics of community pharmacies visited for observations and interviews are presented in  
197 **Table 2.** Participating pharmacies represented diverse rural/urban settings, ownership (independent  
198 and different sizes of multiple) and location (e.g. village, high street or supermarket). **Table 3** reports  
199 the characteristics of online survey pharmacy participants. Again, there was diversity of setting and  
200 location, but independent pharmacies were over-represented in the sample.

201

202 [Table 3 goes about here]

203

204 **Table 4** reports the services available (but not necessarily targeted) to young people currently  
205 offered by the pharmacies participating in the survey (non-purposive sample), and those which they  
206 envisage could be offered in the future. These data also separately identify services that were, or  
207 could be, offered for young people across the 13-19 age range and those specifically for young  
208 people aged over 16. Many respondents believed that there was potential for expanded service  
209 provision for young people particularly with regard to public health priorities.

210

211 [Table 4 goes about here]

212

---

<sup>†</sup> A Healthy Living Champion is a member of pharmacy staff who leads on public health services within the pharmacy.

<sup>‡</sup> A dispenser is a non-pharmacist member of staff, who may or may not have a formal qualification and who prepares prescriptions in terms of producing labels and collecting the appropriate medicine from the shelves.

213 The following results relate to each of the You're Welcome themes (**Table 1**). This includes  
214 qualitative data and illustrative quotes from the interview transcripts, with findings from the  
215 observation checklists and online survey. **Table 5** reports the responses to the online survey  
216 regarding respondents' perception of how they meet the You're Welcome criteria.

217

218 [Table 5 goes about here]

219

## 220 **Accessibility**

221

222 *Public transport:* Availability of a nearby public transportation point (e.g. train, bus stop) was  
223 reported by 45 of 46 (98%) of survey respondents and observed in all visited pharmacies (N=8).

224

225 *Opening times:* All pharmacies remained open after the standard school finishing time (**Table 3**) (i.e.  
226 after 15:30): 31 (78%) were open until 6 or 7pm, 3 (8%) closed between 7 and 9pm; and 7 (18%)  
227 closed after 9pm. Similarly, all the pharmacies visited for observations (N=8) remained open after  
228 school time, 7 closing between 5pm and 7pm, and two remaining open later. Most pharmacies were  
229 open for some time on Saturday (7 of the 8 visited pharmacies and 87% from the survey), but none  
230 of the visited pharmacies, and only a minority of the survey pharmacies (27%), were open on  
231 Sundays.

232

233 *Privacy:* A space for private consultations was reported (survey) or found (observation) to be  
234 available in all pharmacies. This would provide the opportunity for a private consultation with or  
235 without others (family or friends) as they desired.

236

## 237 **Publicity**

238 *Raising awareness:* Community pharmacies differed in their provision of publicity materials. A  
239 variety of approaches were reported by survey respondents, including websites and posters (**Table**  
240 **5**). Interviewees additionally mentioned efforts including local events such as roadshows (N=4); local  
241 newspapers or magazines (N=3); social media (N=3); in-pharmacy TV (N=2); radio (N=1), visiting  
242 schools/colleges (N=1). All of the observed pharmacies (N=8) displayed leaflets and/or posters that  
243 used simple language that all, including young people, should understand. These leaflets were not,  
244 however, necessarily aimed at young people:

245 *"We try to make all our leaflets and all our posters quite self-explanatory. We try not to use any*  
246 *sort of medical jargon or long complicated words...we assume people don't understand so*



247 *therefore we try to write it in plain basic English. This is for everyone not specifically the*  
248 *youngsters” Interviewee 1 (Community Pharmacist)*

249

250 *“Yeah, I mean we try and keep things fairly basic, we also tend to try to obtain leaflets and*  
251 *posters from our ‘Local Health Promotion Unit in the NHS,’ which are tailored towards young*  
252 *people or the conditions and problems that young people deal with.” Interviewee 14 (Community*  
253 *Pharmacist)*

254

255 No pharmacist reported that the special needs of young people with learning disabilities had  
256 formally contributed to the design of publicity materials.

257

### 258 **Confidentiality and consent**

259

260 *Publicity materials:* Four of the 8 pharmacies visited displayed an explicit sign regarding the  
261 confidentiality of services and/or the availability of a private space. Fifteen survey respondents  
262 (35%) also reported that they explained confidentiality rights, which might be by displaying a notice  
263 **(Table 5)**. Seven of the 8 interviewees reported that they usually explained confidentiality rights to  
264 young people (especially for services such as EHC or Chlamydia screening) and informed them that  
265 there was a room for private consultations. One pharmacy made every conversation with a young  
266 person private:

267 *HT: “Every single conversation that we have with people regardless of their age is confidential,*

268 *CP: “When they come in with a question we bring them straight into a consultation room.”*

269 Interviewee 2 (Healthy Living Champion) and Interviewee 3 (Community Pharmacist CP)

270

271 In one pharmacy, young people were offered a special card to present to a pharmacy staff member if  
272 they wanted to speak in private:

273 *“And we’ve also got the credit cards... [that] just say that I would like to talk to you in private...  
274 So we give a lot of those out in young people’s venues like the colleges so young people can just  
275 use that... they don’t even have to say whatever, they can just hand over that card and  
276 straightaway the staff will know that they want a private consultation and we bring them into a  
277 consultation room.” Interviewee 9 (Public Health Pharmacist)*

278

### 279 **The environment**

280 *Creating the right atmosphere:* Aspects of community pharmacy services relevant to this theme are  
281 discussed in other sections (reflecting the overlap in the themes of the ‘You’re Welcome’ criteria).

282 Physical settings and publicity materials specifically designed to the meet the needs of for young  
283 people were not reported or observed in most pharmacies. One interviewee, however, described a  
284 seasonal display that might create interest among young people:

285 *“Well I’d say our displays sometimes because when it’s Halloween we have displays...Yeah,*  
286 *we’ve got annual events where we have face painting...things like that just encourage young*  
287 *people.”* Interviewee 8 (Community Pharmacist)

288  
289 *Staff introductions:* Interviewees reported that pharmacy staff members did not always introduce  
290 themselves to young people:

291 *“Well they have name badges but they don’t actually say, “Hello, I’m [name], I’m the*  
292 *pharmacist”, but I do when I do the EHC [emergency hormonal contraception] because I want*  
293 *them to know me by name and what my responsibility is.”* Interviewee 1 (Community  
294 Pharmacist)

295 This was reflected in the survey, where 24 of 39 respondents (60%) reported that the staff members  
296 were only ‘sometimes’ introducing themselves to the young people and in 9 cases (23%) that they  
297 did not do this. Thirty of 45 survey respondents (67%) reported that the staff routinely wore name  
298 badges.

299

### 300 ***Staff training, skills, and attitudes***

301

302 *Communication training:* Approximately half of survey respondents (**Table 5**) reported having  
303 received training in communicating with young people, understanding their health needs and/or  
304 managing sensitive or confidential consultations. Training opportunities were described further in  
305 the interviews:

306 *“I mean we have regular training sessions once a week...over the last month, we’ve had training*  
307 *sessions on confidentiality and on young people and referrals and safeguarding.”* Interviewee 4  
308 (Dispenser)  
309

310 *“We are putting on some more training as well at the moment around sexual health and we’ve*  
311 *bought some condom demonstrators ... it’s particularly around young people ... how to*  
312 *demonstrate how to put a condom on because most of the EHC consultations people talk to*  
313 *them about condoms.”* Interviewee 9 (Public Health Pharmacist)

314

315 *“For emergency contraception, yes, there has been training through the CPPE [Centre for*  
316 *Pharmacy Post-graduate Education].”* Interviewee 12 (Community Pharmacist)

317

318 Most interviewees believed that the staff in their pharmacies were usually comfortable and  
319 confident when dealing with young people:

320 *“there’s myself and my colleague who work on the counter, we know a lot of our young people*  
321 *locally so we have quite a good rapport with them. And we’re both very comfortable coming in*  
322 *here and doing services for them [...] Yeah, I think it’s really nice, I think we deal with our young*  
323 *people very well.” Interviewee 5 (Healthy Living Champion)*

324  
325 However, in one instance, when this was thought not to be the case, this was attributed to lack of  
326 training:

327 *“I think some of my colleagues they’re quite new to it, so they would generally look to me to*  
328 *go and have a chat to young people. I don’t think they have much experience at the moment*  
329 *and I think - especially some of our older staff members - they’re not quite sure how to*  
330 *handle situations and they’re not very confident talking to young people.” Interviewee 4*  
331 *(Dispenser)*  
332

333 Interviewees also all believed that staff had good attitudes, and that young people were treated in  
334 an equal and in a non-judgmental way.

335

### 336 ***Joined-up working***

337 *Referral arrangements:* Interviewees in all pharmacies reported that the pharmacy staff knew when  
338 and how to signpost the young people to other local services when appropriate. Signposting might  
339 be to agencies that provided a particular service intended for younger individuals (e.g. to the nearest  
340 local pharmacy, GP surgeries):

341 *“..if we had a contact lens wearer who had a problem with their eye, we would usually want to*  
342 *refer them to the optometrist, if somebody was having problems, emotional or mental health*  
343 *type problems, that they either had or hadn’t discussed with their GP and it was maybe relating*  
344 *to their life as a student and problems they were having, we would maybe signpost them to*  
345 *‘Student Support Services,’... [if they] have symptoms, and we feel they need to see a doctor so*  
346 *we’ll refer them onto the Clinic”.* Interviewee 14 (Community Pharmacist)

347

348 Similarly, survey respondents (40/41, 98%) reported that young people were given information  
349 about other local services, and that the pharmacy staff members were familiar with local  
350 arrangements for referrals (N=39 out of 41; 95%).

351

### 352 ***Involvement in monitoring and evaluation of patient experience***

353

354 *Input processes:* Interviewees in 5 of the visited pharmacies reported that young people were  
355 involved in the monitoring of current services and/or the development of new ones, either via a  
356 suggestion/complaint box (N=2) and/or questionnaires (e.g. patient satisfaction questionnaire)  
357 (N=5):

358 *“Every year we do a patient questionnaire, that includes young people, old people. So it’s all*  
359 *about our pharmacy, and any improvements and what they actually think... everything about*  
360 *the pharmacy, about the staff, the seating arrangements, how comfortable that is, how*  
361 *accessible it is, it goes through all of that, and then we get a whole sheet of feedback to say*  
362 *where we’re doing well or where we’re not doing so well.” Interviewee 5 (Healthy Living*  
363 *Champion)*

364

365 Opportunities for feedback, e.g. by customer satisfaction questionnaires, was also reported by the  
366 majority of survey respondents (93%) **(Table 5)**. All community pharmacies have an obligation to  
367 distribute an annual customer satisfaction survey; this is unlikely to be targeted just to young  
368 people. Half of survey respondents (58%) reported involving young people in developments, at least  
369 ‘sometimes’.

370

### 371 ***Sexual/reproductive and mental health services***

372

373 A wide range of sexual and reproductive health services were available to young people from the  
374 majority of pharmacies, regardless of age **(Table 4)**. Examples of these services included delivering  
375 easy-to-understand information on sexual or reproductive health issues such as contraception,  
376 sexually transmitted infections (STIs) and use of condoms.

377

378 No community pharmacies in the current study delivered any form of formal mental health services.  
379 Their contribution was limited to answering queries regarding prescription medicines or providing  
380 supportive discussion, or signposting to more specialised care.

381

### 382 **Discussion**

383 The ‘You’re Welcome’ criteria provided a feasible framework to examine the provision of youth-  
384 friendly pharmacy services in diverse pharmacy settings, highlighting both opportunities for the  
385 development of young people friendly services and shortcomings that the pharmacy profession  
386 should address. Whilst there may be additional aspects of pharmacy services that are not captured  
387 within this framework, the ‘You’re Welcome’ criteria are validated as reflecting the priorities of  
388 young people; and they are applicable to community pharmacy services.

389

390 Regarding accessibility, the key 'You're Welcome' criteria were largely fulfilled (e.g. public transport  
391 links, opening hours and consultation facilities). Whilst there must be caution in extrapolating these  
392 findings to the wider population of community pharmacies, accessibility is a recognised strength of  
393 community pharmacy services, and this aspect provides a valuable basis from which young people  
394 friendly services can be built.

395

396 Many studies have highlighted poor understanding of pharmacy services among the public and  
397 patients [29, 30]. Research has demonstrated that even for young people needing regular medicines  
398 to treat long-term conditions, the pharmacist is not visible as a resource that they can access [31].  
399 Young people friendly services have not been the subject of policy review for community pharmacy  
400 services, and this was reflected in the lack of publicity materials designed specifically for them.  
401 Attention to the 'You're Welcome' publicity criteria may help increase awareness and enable  
402 pharmacists to enhance their role in addressing the health needs of young people. Other modes of  
403 communication, including social media, may provide alternative platforms for publicity and  
404 communication.

405

406 Confidentiality is a primary concern of young people [32, 33]. This pervades all themes of 'You're  
407 Welcome'. It is therefore vital that in provision of services to young people, all pharmacy staff  
408 understand principles and issues of confidentiality, consent and safeguarding, and their application  
409 in the context of community pharmacy services. Some staff, especially in the purposively selected  
410 pharmacies, did report participation in training. If young people friendly services are to become a  
411 more prominent feature of community pharmacy, a robust approach to training and guidance that is  
412 relevant to the context of service provision from community pharmacies is important. A 'You're  
413 Welcome' criterion stipulates the presence of a written policy on confidentiality and consent.

414

415 As for all patient groups, eliciting and understanding young people's perspectives is central to the  
416 medicines optimisation agenda [34]. Most participants believed their staff were comfortable in  
417 communicating with young people. Whilst this may to some extent be reflective of the sample,  
418 training needs were identified which could build on many pharmacists' experiences of providing  
419 services to this age group.

420

421 The 'You're Welcome' criteria were validated by young people. Involving young people in the design  
422 of services by eliciting views and feedback may encourage engagement and awareness, as well as  
423 providing useful ideas to ensure pharmacy services are attractive to young people. Further research

424 with young people would also lead to a better understanding of their perspectives on potential roles  
425 of community pharmacy services alongside other healthcare providers.

426

427 Pharmacists are often recognised as a 'first port of call' for health advice, possibly as a consequence  
428 of their accessibility. However, this brings responsibilities regarding 'joined-up working' to ensure  
429 that young people are referred appropriately and supported in the referral process. Geographical  
430 isolation, also commonly highlighted as a feature of pharmacy services, has the potential to impact  
431 negatively on 'joined-up working'.

432

433 Young people with long-term conditions will experience a transition from paediatric to adult services  
434 which can be unsettling [35], and common application of the 'You're Welcome' criteria across  
435 settings could improve that situation. Transition through adolescence to adulthood is a time when  
436 young people will increasingly assume responsibility for their health. Engaging with young people to  
437 support this process may also be a valuable aspect of community pharmacy services. Pharmacists  
438 provide many services that can support young people in positive health and lifestyles as they grow  
439 up. All themes of the 'You're Welcome' criteria are relevant.

440

441 This study had a number of limitations; in particular, the self-selecting sample of respondents to the  
442 online survey. Whilst caution is therefore required in extrapolating the findings, these data  
443 demonstrate the relevance of the 'You're Welcome' criteria to community pharmacy services and  
444 provide insights into ways in which these criteria may, and may not, be met. The observations in  
445 pharmacies were conducted on a single occasion; consequently a fuller, dynamic picture of service  
446 provision will not have been captured. However, the combined dataset provides a basis to inform  
447 ways in which community pharmacy services may more effectively meet the needs of young people.

448

#### 449 **Conclusion**

450 In the development of young-people friendly community pharmacy services, the 'You're Welcome'  
451 criteria provide a relevant and formative framework to both guide service development and review  
452 progress.

453

454

455 **Acknowledgements**

456 We would like to thank all pharmacists and pharmacy staff who agreed to participate in the  
457 observations and interviews, and all respondents to the survey for their time and sharing of  
458 experiences.

459 We would also like to thank the Advisory Council of the Association for Young People's Health whose  
460 members gave support and guidance to the project as it started. Special thanks go to Dr Ann Hagell  
461 who provided insight and expertise during the course of this research that greatly assisted the study.

462

463 **Funding**

464 The study was supported by the UCL School of Pharmacy, University of London, UK.

465

466 **Conflicts of Interest**

467 None

468

469 **References**

470

471 1. Hagell A, et al. *Key Data on Adolescence 2015*. London: AYPH, 2015. Available online at:  
472 [http://www.youngpeopleshealth.org.uk/8109E21E-8950-4A0E-BE62-](http://www.youngpeopleshealth.org.uk/8109E21E-8950-4A0E-BE62-D37FA4C10191/FinalDownload/DownloadId-27DFA8D98CD16ECF5EBCD43431A4C705/8109E21E-8950-4A0E-BE62-D37FA4C10191/wp-content/uploads/2015/09/KeyData2015.pdf)  
473 [D37FA4C10191/FinalDownload/DownloadId-27DFA8D98CD16ECF5EBCD43431A4C705/8109E21E-](http://www.youngpeopleshealth.org.uk/8109E21E-8950-4A0E-BE62-D37FA4C10191/FinalDownload/DownloadId-27DFA8D98CD16ECF5EBCD43431A4C705/8109E21E-8950-4A0E-BE62-D37FA4C10191/wp-content/uploads/2015/09/KeyData2015.pdf)  
474 [8950-4A0E-BE62-D37FA4C10191/wp-content/uploads/2015/09/KeyData2015.pdf](http://www.youngpeopleshealth.org.uk/8109E21E-8950-4A0E-BE62-D37FA4C10191/wp-content/uploads/2015/09/KeyData2015.pdf) Accessed on  
475 5/10/2015. ISBN: 978-0-9569794-2-1794

476

477 2. Kim-Cohen J, et al. Prior juvenile diagnoses in adults with mental disorder: developmental follow-  
478 back of a prospective-longitudinal cohort. *Archives of General Psychiatry* 2003; 60: 709-717.

479

480 3. Kessler R, et al. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the  
481 National Comorbidity Survey Replication. *Archives of General Psychiatry* 2005; 62(6): 593-602.

482

483 4. Tylee A, et al. Youth-friendly primary care services: how are we doing and what more needs to be  
484 done? *The Lancet* 2007; 369(9572): 1565-1573.

485

486 5. Rahmqvist M. Patient satisfaction in relation to age, health status and other background factors: a  
487 model for comparisons of care units. *International Journal for Quality in Health Care* 2001; 13(5):  
488 385-390.

489

490 6. Hargreaves DS, Viner RM. Children's and young people's experience of the National Health Service  
491 in England: a review of national surveys 2001-2011. *Archives of Disease in Childhood* 2012; 97(7):  
492 661-666.

493

494 7. Patton GC, et al. 2009. Global patterns of mortality in young people: a systematic analysis of  
495 population health data. *The Lancet* 374 (9693): 881-892.

496

497 8. Viner RM, et al. 50-year mortality trends in children and young people: a study of 50 low-income,  
498 middle-income, and high-income countries. *The Lancet* 2011; 377(9772): 1162-1174.

499

500 9. World Health Organisation. *Adolescent friendly health services: An Agenda for change*. Geneva:  
501 WHO, 2002. Available online at:

502 [http://whqlibdoc.who.int/hq/2003/WHO\\_FCH\\_CAH\\_02.14.pdf?ua=1](http://whqlibdoc.who.int/hq/2003/WHO_FCH_CAH_02.14.pdf?ua=1). Accessed on 4/11/2015.

503

504 10. Department of Health England. *You're Welcome: Quality Criteria for Young People Friendly*  
505 *Health Services*. London: DH England, 2011. Available online at:

506 [https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-](https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services)  
507 [services](https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services) Accessed on 4/11/2015.

508

509 11. Hargreaves DS. Revised You're Welcome Criteria and future developments in adolescent  
510 healthcare. *Journal of Clinical Research in Pediatric Endocrinology* 2011; 3(2): 43-50.

511 12. Hargreaves DS, et al. Validation of You're Welcome quality criteria for adolescent health services

512 using data from national inpatient surveys in England. *Journal of Adolescent Health* 2013; 52(1): 50-

513 57.e1.

514



- 515 13. Department of Health England. Self-review tool for quality criteria for young people friendly  
516 health services. London: DH England, 2011. Available online at:  
517 [https://www.gov.uk/government/publications/self-review-tool-for-quality-criteria-for-young-](https://www.gov.uk/government/publications/self-review-tool-for-quality-criteria-for-young-people-friendly-health-services)  
518 [people-friendly-health-services](https://www.gov.uk/government/publications/self-review-tool-for-quality-criteria-for-young-people-friendly-health-services). Accessed on 4/11/2015.  
519
- 520 14. Eades CE, et al. Public health in community pharmacy: a systematic review of pharmacist and  
521 consumer views. *BMC Public Health* 2011; 11: 582.  
522
- 523 15. NHS England. *Improving Care Through Community Pharmacy: A Call to Action*. London: NHS  
524 England, 2013. Available online at: [http://www.england.nhs.uk/ourwork/qual-clin-](http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/)  
525 [lead/calltoaction/pharm-cta/](http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/). Accessed on 4/11/2015.
- 526 16. Smith J, et al. *Now or Never: Shaping Pharmacy for the Future*. London: Royal Pharmaceutical  
527 Society, 2013.  
528
- 529 17. Brown D, et al. From community pharmacy to health living pharmacy: positive early experiences  
530 from Portsmouth, England. *Research in Social and Administrative Pharmacy* 2014; 10(1): 72-78.  
531
- 532 18. Horsfield E, et al. Filling the gaps: opportunities for community pharmacies to increase  
533 healthcare access for young people in New Zealand. *International Journal of Pharmacy Practice*  
534 2014; 22(3): 169-177.  
535
- 536 19. Gray N. Healthy lives, brighter futures: young people as a new focus for pharmacy? *The*  
537 *Pharmaceutical Journal* 2009; 282: 189-190.  
538
- 539 20. Horsfield E, et al. Youth-friendly pharmacies: exploring the role of community pharmacy in  
540 providing health care for young people in New Zealand. *Youth Studies Australia* 2010; 29(4): 38-44.  
541
- 542 21. Gray N, Prescott J. Community pharmacists' engagement with young people aged 13-19 years.  
543 *International Journal of Pharmacy Practice* 2013; 21(Suppl 2): 128-129.  
544
- 545 22. Horsfield E, et al. How youth-friendly are the pharmacies in New Zealand? Surveying aspects of  
546 accessibility and the pharmacy environment using a youth participatory approach. *Research in Social*  
547 *and Administrative Pharmacy* 2014; 10(3): 529-538.  
548
- 549 23. Horsfield E, et al. Could community pharmacies help to improve youth health? Service availability  
550 and views of pharmacy personnel in New Zealand. *International Journal of Public Health* 2014; 59(5):  
551 789-798.  
552
- 553 24. Conard LA, et al. Pharmacists' attitudes toward and practices with adolescents. *Archives of*  
554 *Pediatrics & Adolescent Medicine* 2003; 157(4): 361-365.  
555
- 556 25. Bissell P, Anderson C. Supplying emergency contraception via community pharmacies in the UK:  
557 reflections on the experiences of users and providers. *Social Science and Medicine* 2010; 57(12):  
558 2367-2378.  
559
- 560 26. Glasier A, et al. Community pharmacists providing emergency contraception give little advice  
561 about future contraceptive use: a mystery shopper study. *Contraception* 2010; 82(6): 538-542.  
562

- 563 27. Ambresin A-E, et al. Assessment of youth-friendly health care: a systematic review of indicators  
564 drawn from young people's perspectives. *Journal of Adolescent Health* 2013; 52 (2013): 670-81.  
565
- 566 28. Lincoln YS, Guba EG. *Naturalistic Inquiry*. 1<sup>st</sup> ed. California: SAGE, 1985.  
567
- 568 29. Gidman W, et al. Understanding public trust in services provided by community pharmacists  
569 relative to those provided by general practitioners: a qualitative study. *BMJ Open* 2012; 2: e000939.  
570
- 571 30. Gidman W, Cowley J. A qualitative exploration of opinions on the community pharmacists' role  
572 amongst the general public in Scotland. *The International Journal of Pharmacy Practice* 2013; 21(5):  
573 288-96.  
574
- 575 31. Gray NJ, et al. *Arthriting: Exploring the relationship between identity and medicines use, and to*  
576 *identify the contribution of medicines and pharmacy services, for the care of young people with*  
577 *arthritis*. Final report. London: Pharmacy Research UK, 2013.  
578
- 579 32. Garside R, et al. Anonymity and confidentiality: Rural teenagers' concerns when accessing sexual  
580 health services. *Journal of Family Planning and Reproductive Health Care* 2002; 28(1): 23-26.  
581
- 582 33. Britto MT, et al. Adolescents' needs for health care privacy. *Pediatrics* 2010; 126(6): e1469-1476.  
583
- 584 34. Royal Pharmaceutical Society. *Medicines Optimisation- Helping Patients to Make the Most of*  
585 *Medicines*. London: RPS, 2013. Available online at: [https://www.rpharms.com/promoting-pharmacy-](https://www.rpharms.com/promoting-pharmacy-pdfs/helping-patients-make-the-most-of-their-medicines)  
586 [pdfs/helping-patients-make-the-most-of-their-medicines](https://www.rpharms.com/promoting-pharmacy-pdfs/helping-patients-make-the-most-of-their-medicines). Accessed 25/9/2015. ISBN is not available.  
587
- 588 35. McDonagh JE, Viner RM. Lost in transition? Between paediatric and adult services: it's time to  
589 improve the transition of adolescents from paediatric to adult services. *Br Med J* 2006; 332: 435.
- 590  
591

592 **Table 1: 'You're Welcome': Quality criteria for young people friendly health services [10]**

593

	Theme	Components of theme, examples
1	Accessibility	By public transport Availability at times convenient for YP Choice regarding privacy and presence of friend/partner
2	Publicity	To raise awareness of services available Language and format that can be understood, including explaining extent of confidentiality Kept up-to-date
3	Confidentiality and consent	Includes confidentiality, consent and safeguarding A written policy on confidentiality and consent Appropriate training for staff, including safeguarding Supported by appropriate publicity materials
4	Environment	Atmosphere created by physical arrangements Staff attitudes and actions Staff introduce themselves and explain who they are Potentially sensitive questioning in areas where it cannot be overheard
5	Staff training, skills, attitudes and values	Staff receive training on understanding, engaging and communicating with young people Staff training to ensure competence to discuss relevant health issues, provide appropriate support and advice, take appropriate actions
6	Joined-up working	Staff familiar with local service provision and referral arrangements Other agencies aware of pharmacy services
7	Young people's involvement in monitoring and evaluation of patient experience	Processes to ensure young people's perspectives are taken into account in service design and provision
8	Health issues and transition for young people	Addressing health needs of young people as go through transition into adulthood: smoking cessation, healthy eating and weight management, alcohol use, long term health needs, substance misuse, mental health and wellbeing, sexual and reproductive health
9	Sexual and reproductive health services	Of relevance to specialist services, or generic services that provide these services. All above criteria will apply
10	Specialist child and adolescent mental health services (CAMHS)	Applicable only to specialist services

594

595

**Table 2: Demographics of the selected pharmacies for observation and interviews (N=8)**

<b>Pharmacies (N=8)</b>		<b>N (%)</b>	
<b>Community</b>	Urban	1 (13)	
	Suburban	3 (38)	
	Rural	1 (13)	
	Other (between rural and suburban)	3 (38)	
<b>Business type</b>	Individually owned	2 (25)	
	Group	6* (75)	
<b>Location</b>	Village High street/Centre	1 (13)	
	Suburban/town high street or shopping centre	1 (13)	
	Among local neighbourhood shops	3 (38)	
	Supermarket	2 (25)	
	Campus	1 (13)	
<b>Closing **</b>	Weekdays	Before 17:00 (Early)	1 (13)
		Between 17:00-19:00	7 (88)
		Between 19:00-21:00 (Late)	1 (13)
		After 21:00 (Very late)	1 (13)
	Weekends	Sat	1 (13)
	Sun	8 (100)	
<b>Lunchtime</b>	Yes	2 (25)	
	No	6 (75)	

N: number of participants

\*Of these, 3 belongs to a small group of 2-5 pharmacies, 2 to nationwide multiple of >100 pharmacies and 1 belongs to regional of >10 pharmacies.

\*\* Two pharmacies had two different closing times during the week.

Table 3: Demographics of participating pharmacies and pharmacy staff members – Survey ^					
Pharmacies (N=40)		N (%)	Participants (N=39)		N (%)
<b>Community</b>	Urban	23 (58%)	<b>Gender</b>	Female	14 (36%)
	Suburban	14 (35%)		Male	25 (64%)
	Rural	3 (8%)	<b>Age</b>	25-34	14 (36%)
<b>Business type</b>	Individually owned	32* (80%)		35-44	7 (18%)
	Group	8 (20%)		45-54	9 (23%)
<b>Location</b>	Village High street/Centre	8 (20%)		55-64	9 (23%)
	Housing estate	2 (5%)	<b>Role ***</b>	Pharmacy owner and manager	5 (13%)
	Suburban/town high street or shopping centre	10 (25%)		Pharmacy owner	1 (3%)
	Among local neighbourhood shops	6 (15%)		Pharmacy manager	26 (68%)
	City centre	1 (3%)		Pharmacist employee	3 (8%)
	Supermarket	5 (13%)		Regular locum pharmacist	2 (5%)
	Health centre	7 (18%)		Relief pharmacist	1 (3%)
Campus	1 (3%)	<b>Practice years</b>		1-5	
<b>Closing**</b>	Weekdays		Between 17:00-19:00	6-10	10 (26%)
			Between 19:00-21:00 (Late)	11-20	6 (15%)
			After 21:00 (Very late)	21 or more	5 (13%)
Weekends	Sat		5 (13%)	<b>Most advanced pharmacy qualification***</b>	BPharm/ BSc
	Sun	29 (73%)	Diploma		3 (8%)
Lunchtime		2 (5%)	MPharm		14 (37%)
			MPhil/MSc		1 (3%)
			Other : PharmDr, Postgrad Diploma in Clinical Pharmacy		2 (5%)
			<b>Training on YP's health***</b>		Yes ^^
				No	22 (58%)

N: number of participants, YP: Young people

^ Responses on the survey were obtained by 56 participants; however, 39 only completed the survey. Some of the participants were working in the same pharmacy (N=40)

\*Of those, 21 were nationwide multiple of more than 100 pharmacies; 4 were regional group with more than 10 pharmacies; 4 were small group with 2-5 pharmacies; 3 were regional multiple with more than 50 pharmacies.

\*\* One pharmacy had two different closing times during the week.

\*\*\* Responses were obtained from 38 participants only.

^^ Such as CPPE (Centre for Post-graduate Pharmacy education) distance learning programme on adolescents' health (N=12), or other (N=4) (e.g. PCT training such as motivational interviewing, sexual health and safeguarding; postgraduate mental health, sexual health and paediatrics). None reported the receipt of training as a part of undergraduate programme.

<b>Table 4: Service provision of community pharmacies to young people aged 13-19 years (N=46) - Survey</b>			
<b>Service*</b>	<b>For YP aged 13-19</b>	<b>For YP aged 16-19</b>	<b>A future service N (%)</b>
Dispensing EHC on prescription	35 (76%)	4 (9%)	7 (15%)
Selling OTC- EHC	16 (35%)	25 (54%)	3 (7%)
Supplying EHC via PGD	24 (52%)	6 (13%)	16 (35%)
Selling condoms	38 (83%)	3 (7%)	5 (11%)
'C-Card' Service (condom service)	17 (37)	4 (9%)	21 (46%)
Selling pregnancy test kits**	35 (78%)	6 (13%)	4 (9%)
Selling Nicotine Replacement Therapy	23 (50%)	16 (35%)	6 (13%)
Providing a formal quit smoking consultation service	20 (43%)	10 (22%)	14 (30%)
Selling weight management products	8 (17%)	9 (20%)	21 (46%)
Providing a formal weight management consultation service	3 (7%)	3 (7%)	31 (67%)
Providing an alcohol advice service	8 (17%)	3 (7%)	30 (65%)
MUR**	23 (51%)	14 (31%)	6 (13%)
NMS**	22 (49%)	14 (31%)	7 (16%)
Methadone dispensing	13 (28%)	9 (20%)	17 (37%)
Needle exchange service	6 (13%)	7 (15%)	19 (41%)
Chlamydia infection screening	21 (46%)	8 (17%)	15 (33%)
Chlamydia infection treatment	10 (22%)	3 (7%)	27 (59%)
Flu Vaccination**	11 (24%)	10 (22%)	19 (42%)
HPV Vaccination**	2 (4%)	1 (2%)	30 (67%)
Any specific services for long-term conditions e.g. inhaler technique service ***	6 (35%)	0 (0%)	8 (47%)

N: Number of participants, EHC: Emergency hormonal contraceptive, OTC: Over-the-counter, PGD: Patient group direction, MUR: Medicines use reviews, NMS: New medicine service, HPV: Human Papillomavirus Vaccine.

\*Other services were also provided in some pharmacies (N=7) [e.g. minor ailments, health checks, vitamin D distribution, HIV testing, addiction to OTC/Rx pain killers such as co-comadol, neurofen plus].

\*\*Only 45 participants responded to this part of the question

\*\*\* Only 17 participants responded to this part of the question

<b>Table 5: Meeting You're Welcome criteria for friendliness of health services to young people aged 13-19 years</b>			
<b>Criterion</b>	<b>'Yes' N (%)</b>	<b>'No' N (%)</b>	<b>'Sometimes' N (%)</b>
<b>Accessibility (N=46)</b>			
Accessibility of location by the public transport	45 (98)	1 (2)	-
Having private space for consultation	46 (100)	0 (0)	-
YP's capability to express preference on who and how many people can attend the private consultation	43 (93)	3 (7)	-
<b>Publicity (N=46)</b>			
Availability of YP's specific publicity material (e.g. website, poster, leaflets) explaining what services available	20 (43)	26 (57)	-
Availability of service publicity material in languages/format that can be easily understood by YP*	15 (79)	4 (21)	-
Keeping information provided to YP by service accurate and up-to-date*	17 (89)	2 (11)	-
<b>Confidentiality and consent (N=43)</b>			
Explaining confidentiality rights to YP (e.g. by displaying a prominent notice)	15 (35)	17 (40)	11 (26)
Routinely offering YP the opportunity to be counselled /served without the presence of a parent/carer	18 (42)	9 (21)	16 (37)
<b>Environment (N=45)</b>			
Any physical arrangements (e.g. the counter) that makes pharmacy friendlier to YP	12 (27)	33 (73)	-
Wearing of staff members badges displaying their job titles	30 (67)	15 (33)	-
<b>Staff training, skills, attitudes and values (N=40)</b>			
Staff members introducing themselves to YP**	6 (15)	9 (23)	24 (60)
Staff members encouraging YP to express their thoughts/concerns and giving them time to ask questions	13 (33)	4 (10)	23 (58)
Staff members encouraging YP to come back at another time (i.e. open door)**	21 (53)	2 (5)	16 (40)
Staff members' receipt of training, supervision and relevant appraisal to ensure competency to:			
a) Discuss relevant issues with YP and understand their health need	17 (43)	9 (23)	14 (35)
b) Manage sensitive and/or confidential consultations with YP	23 (58)	5 (13)	12 (30)
<b>Monitoring and evaluation, and involvement of YP (N=43)</b>			
Giving opportunity to YP to make suggestions/complaints about current services (e.g. through customer satisfaction questionnaires)	40 (93)	1 (2)	2 (5)
Engaging or consulting YP in relation to new developments	6 (14)	18 (42)	19 (44)
<b>Joined-up working (N=41)</b>			
Providing YP information about other local services, when a service is not available in the pharmacy	40 (98)	1 (2)	-
Familiarity of staff members in the pharmacy with local service provisions and arrangements for YP's referrals	39 (95)	2 (5)	-
<b>Sexual/reproductive and mental health services (N=42)</b>			
Providing YP any mental health-related information or services	8 (19)	34 (81)	-
Offering YP appropriate, easy-to-understand information on sexual health issues (e.g. contraception, STIs, use of condoms)	29 (69)	13 (31)	-
Providing YP's parents/carers relevant information and support, in ways that are sensitive to different cultures and religion in order for them to discuss health issues with YP	22 (52)	20 (48)	-

N: Number of participants, YP: Young people, STIs: Sexually transmitted infections

\*Responses were obtained from 19 only on this part of the question

\*\*Responses were obtained from 39 respondents only for this part of the question