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Promoting Excellence in Health Economics

Think pharmacy: Making community pharmacy the first port of call

Key Findings

- A community pharmacy's attributes and staff influence people's decisions about which pharmacy they would visit to access treatment and advice for minor ailments.

- The community pharmacy services valued most highly by the public are those that help them understand and manage their symptoms better, and are provided promptly by trained, friendly approachable staff.

- The location (local setting) and easy access to parking also have the potential to increase uptake amongst those seeking help to manage minor ailments.

- Assuming resources released are used to effect the necessary changes, considering public preferences will help shift demand away from high-cost health services towards community pharmacy services, helping pharmacy become the first port of call.

What problem was this research addressing?

Demand for health services continues to rise. Greater use of community pharmacy services instead of medical services for minor ailments could help relieve pressure on healthcare providers in high-cost settings. Community pharmacies are recognised sources of treatment and advice for people wishing to manage these ailments. Watson et al (2014) estimated that shifting emergency department and general practitioner consultations for minor ailments to community pharmacists could result in cost savings of £1.1 billion to the NHS across the UK. However, increasing the public's use of pharmacy services requires an understanding of their preferences for community pharmacy – how can we encourage the public to make pharmacy their first port of call?

What this research adds?

We identify factors important in the delivery of pharmacy services, as well as trade-offs individuals make between different attributes of the service. Knowledge of these trade-offs can inform the future organisation and delivery of pharmacy services.

Methods

A DCE is an economic method used to assess preferences, based on the assumption that a service can be described in terms of attributes (e.g. pharmacy location) and levels (e.g. at the local shops, in a shopping centre, in a supermarket, at the doctor's surgery). It is assumed that individuals make trade-offs between the attribute levels presented to them. The attributes and levels in this study, informed by a literature review and a cohort study of community pharmacy customers, are shown in Table 1.

Table 1: Attributes and levels

ATTRIBUTES	LEVELS
Pharmacy location	At the local shops In a shopping centre In a supermarket Beside a doctor's surgery
Car parking availability	Definitely (yes) Probably Unlikely No
Who you are served by	A pharmacist A trained medicine counter assistant An untrained medicine counter assistant
Attitude of staff	Friendly and approachable Not friendly and approachable
Questions asked by pharmacy staff about symptoms and/or general health	Yes No
Understanding of symptoms and how to manage them after speaking to pharmacy staff	You understand your symptoms better and feel like you know the best thing to do to manage them You don't understand your symptoms better and don't feel like you know the best thing to do to manage them
Waiting time until you can deal with symptoms	5 hours 12 hours 1 day 2 days
Cost (UK £)	£2.50 £7.50 £15.00 £25.00

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Standard approaches methods were used to identify 48 choice sets (split into 6 sets of 8 choices to reduce respondent burden). An example choice is shown in Figure 1. In each choice respondents were asked to choose one of three alternatives: two pharmacy services or taking no action. The context for the study was a minor ailment scenario describing flu-like symptoms. Data was collected from 1049 adults who were interviewed by Ipsos Mori.

The response data provides useful policy information addressing key questions such as: what factors are important to the public in ensuring the pharmacist is the first port of call? How do respondents trade between attributes i.e. how much money are they willing to give up to have their preferred location or health professional? How much time are they willing to wait to have their symptoms dealt with at their preferred location or by their preferred health professional? How can we change health seeking behaviour of GP attendees with symptoms of minor illnesses? How can we improve the patient experience at the pharmacy?

The box below shows some Research Highlights from the statistical analysis of the response data.

Figure 1: Example of a choice question. Please compare the pharmacies and tick which pharmacy, if any, you would visit

	Pharmacy A	Pharmacy B	Do nothing
Pharmacy location	In a supermarket	Beside Dr surgery	You go nowhere
Find a car park space nearby	Definitely	No	
Waiting time until you can deal with symptoms	5 hours	1 day	No wait
You are served by	A trained medicine counter assistant	Pharmacist	You don't speak to anyone
Who is	Friendly and approachable	Not friendly and approachable	
Asks questions about your symptoms and general health	Yes	No	
After speaking with pharmacy staff	You don't understand your symptoms any better and you don't feel like you know the best thing to do to manage them	You understand your symptoms better and you feel like you know the best thing to do to manage them	No different
Cost	£7.50	£15.00	£0
	I would visit pharmacy A	**I would visit pharmacy B**	**I would do nothing**
Please tick one box	☐	☐	☐

Research Highlights

- When seeking help or treatment for flu like symptoms, respondents most valued a pharmacy service that would improve their understanding and management of symptoms, provided by staff who are trained, friendly and approachable.

- Waiting time, pharmacy location and availability of parking also contributed to respondent's preferences.

- Understanding public preferences informs policy on how to improve pharmacy services, and thus encourage the public to make pharmacy their first port of call.

References

Watson, M.C. et al (2014) MINA study: community pharmacy management of minor illness. Final report to Pharmacy Research UK. London: Pharmacy Research UK. http://www.pharmacyresearchuk.org/our-research/our-projects/the-minor-ailment-study-mina/

Policy Relevance of the Research Findings

The attributes respondents valued most highly are those describing their interaction with pharmacy staff. Respondents most valued a pharmacy service that would improve their understanding and management of symptoms, provided by staff who are trained, and who are friendly and approachable. We know current interactions with pharmacists are at times far from perfect (Watson et al, 2014). Investment in staff training would thus seem important when trying to shift demand away from the higher cost services to community pharmacy services. This would include communication skills but might also include clinical skills around management of minor ailments where needed. In addition, we know that pharmacists are very busy so might not always have the time to devote to providing a high quality service for minor ailments. This underlines the need for good counter staff training. Alternatively, ways of freeing up pharmacist time for more interaction at the counter might be investigated.

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