consumer views of community pharmacies
About the Scottish Consumer Council

The Scottish Consumer Council (SCC) was set up by government in 1975. Our purpose is to promote the interests of consumers in Scotland, with particular regard to those people who experience disadvantage in society. While producers of goods and services are usually well-organised and articulate when protecting their own interests, individual consumers very often are not. The people whose interests we represent are consumers of all kinds: they may be patients, tenants, parents, solicitors’ clients, public transport users, or simply shoppers in a supermarket.

Consumers benefit from efficient and effective services in the public and private sectors. Service-providers benefit from discriminating consumers. A balanced partnership between the two is essential and the SCC seeks to develop this partnership by:

- carrying out research into consumer issues and concerns;
- informing key policy and decision-makers about consumer concerns and issues;
- influencing key policy and decision-making processes;
- informing and raising awareness among consumers.

The SCC assesses the consumer perspective in any situation by analysing the position of consumers against a set of consumer principles. These are:

**ACCESS**

Can consumers actually get the goods or services they need or want?

**CHOICE**

Can consumers affect the way the goods and services are provided through their own choice?

**INFORMATION**

Do consumers have the information they need, presented in the way they want, to make informed choices?

**REDRESS**

If something goes wrong, can it be put right?

**SAFETY**

Are standards as high as they can reasonably be?

**FAIRNESS**

Are consumers subject to arbitrary discrimination for reasons unconnected with their characteristics as consumers?

**REPRESENTATION**

If consumers cannot affect what is provided through their own choices, are there other effective means for their views to be represented?

We can often make our publications available in braille or large print, on audio tape or computer disk. Please contact us for details.
Community pharmacies can play an important role in providing public health information and access to advice and healthcare for consumers throughout Scotland. They can be found in all kinds of communities, in rural settings and in deprived inner city areas. For many people their local pharmacy is their first point of contact with the NHS. The Scottish Consumer Council supports the aims set out in the Scottish Executive publication *The Right Medicine: A Strategy for Pharmaceutical Care in Scotland*: to improve the public’s health; to provide better access to care; to deliver better quality services to patients; and to develop the pharmaceutical profession. However, the effectiveness of this strategy will partly depend on public recognition and use of the services which pharmacies can provide. The SCC felt it was important to examine consumer attitudes to pharmacists and establish what level and type of use is made of their services. Our research provides a baseline, and in future years it will be interesting to see how successful pharmacists have been in widening access to their services, and developing their services to meet the needs of the communities they serve.

The research shows that factors such as age, gender, socio-economic status, geographical location and frequency of visits to a pharmacy all have some influence on consumers’ perceptions of community pharmacies. The SCC believes that particular interest must be taken in the views of younger respondents who will be the consumers and patients of the future. Younger respondents were found to be less likely to visit pharmacies regularly or to identify pharmacists as being part of the NHS. They were, however, more open to the possibility of a wider range of services being provided by a community pharmacy.
I believe this research provides an interesting and encouraging picture of how people in Scotland are using their pharmacists, and shows where there is potential to develop the role of the community pharmacy within the NHS.

Graeme Millar
CHAIRMAN
Consumers’ Views of Community Pharmacies

Pharmacists operating in the heart of local communities provide an important and often familiar first point of contact between patients, the public and the NHS. *The Right Medicine: a strategy for pharmaceutical care in Scotland* was published by the Scottish Executive in 2002, and aims to deliver improved services to the public and patients. It outlines how pharmacists can play a part in providing better access to care, improving the public’s health, and delivering better quality services for patients and carers. The strategy highlights the particular role which community pharmacies can play in providing access to healthcare for vulnerable consumer groups, and in promoting and supporting healthier lifestyles.

Work by the Public Health Institute for Scotland reviewing the contribution of pharmacists to improving public health in Scotland also argues for the development of the role of pharmacists as public health practitioners.

However, the effective development of the role of pharmacists will depend in part on the extent to which the public recognises and makes use of the services provided by the pharmacist. It was therefore felt to be useful to establish the attitude of the public to pharmacists at present and to determine what level and type of use is made of their services.

The SCC commissioned System 3 to undertake research on consumers’ views of community pharmacies in Scotland. The findings are outlined in this report. Over the period 25–30 April 2002, a sample group of 1,044 adults aged 16 and over were interviewed in their own homes, throughout 40 constituencies around Scotland. The sample was weighted to match population profile estimates. Data was recorded against the following demographic variables: sex, age, socio-economic group, geographical location (urban/rural), and also frequency of visits to a pharmacy over the previous twelve months. Frequent users of pharmacies were defined as those who had visited a pharmacy at least once a month during the previous year. Respondents who had visited a pharmacy less than once a month but at least once every three months were defined as occasional users. Infrequent users were those who had visited a pharmacy less than once every three months.

Introduction and Methodology
The aims of the research were:

1. To gain statistically significant baseline information on consumers’ use of community pharmacies and their views on the role of community pharmacies.

2. To provide information about consumer perceptions to inform the implementation of the pharmaceutical strategy.

Throughout the report, the action points contained in boxes are taken from the Scottish Executive’s Strategy for Pharmaceutical Care, published in 2002.
Consumer views and use of pharmacies

The research found a high level of use of pharmacies, with 36% of respondents reporting that in the past twelve months they had visited a pharmacy once a month or more. A further 47% reported visiting a pharmacy every three months or more. The research found a marked difference between the sexes. (See Figure 1). Women visited a pharmacy more frequently than men, with 46% of women respondents indicating that they had visited a pharmacy at least once a month over the previous year, compared with only 25% of male respondents.

Younger respondents also visited pharmacies less frequently, with 24% of respondents aged 16-34 visiting a pharmacy less than once every three months during the previous twelve months. In the higher age categories frequency of use increased. In particular the number of respondents visiting a pharmacy occasionally increased with respondents' age. Over half the respondents in the age groups 55-64 and 65+ reported visiting a pharmacy at least once every three months.

Respondents were asked whether they always used the same pharmacy. Pharmacists are generally in favour of this, as it allows them to build a relationship with consumers and have a record of what medicine they have prescribed to an individual. The majority of respondents (64%) indicated that they always used the same pharmacy, although a significant minority (35%) did not. Infrequent users of pharmacies were less likely to always use the same pharmacy. (See Figure 2). Just over half of those respondents who had visited a pharmacy less than once every three months during the past year (52%) always visited the same one, compared with 69% of respondents who indicated that they had visited a pharmacy at least once a month.
Age was also found to be a factor, with the incidence of respondents always using the same pharmacy rising steadily from 53% of respondents aged 16-34, to 83% of those age 65+. (See Figure 3). A similar pattern can be seen with regard to socio-economic status. (See Figure 4). Half the respondents in group AB (50%) always used the same pharmacy. For groups C1 and C2 the figure rose to 55% and 67% respectively, while over three quarters of those in group DE (77%) reported that they always use the same pharmacy. No real difference was found between male and female respondents, or between urban and rural respondents in this respect.

Respondents were asked whether they agreed or disagreed with the following statement: “You find the location of your pharmacy convenient”. (See Figure 5). The vast majority of respondents agreed, with 90% indicating that they either agreed or agreed strongly with the statement. Only 3% of respondents disagreed with the statement and 1% disagreed strongly. However, certain groups were found to agree more strongly with the statement. These groups were: women (59% agreed strongly), respondents aged 65+ (59%), respondents in socio-economic group DE (57%), urban dwellers (56%), and respondents who reported having visited a pharmacy frequently over the past twelve months (59%).

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**Action** The SEHD in partnership with patients and the pharmacy profession will review the best way to deliver pharmaceutical services in areas of high deprivation and in rural and isolated communities where there is current under-provision.  
*The Right Medicine: A Strategy for Pharmaceutical Care In Scotland, 2002*
There was less consensus over whether respondents saw their pharmacist as part of the NHS. Just over half (51%) indicated that they saw their pharmacist as part of the NHS, while 42% did not. Women were slightly more likely than men to think of their pharmacist as being part of the NHS, with 55% of women and 47% of men answering yes to this question. Age was also found to be a factor, with 40% of respondents aged 16-34 perceiving their pharmacist to be part of the NHS. (See Figure 6). The percentage of respondents answering yes to this question increased for each successive age group. Seventy percent of respondents in the 65+ age range thought of their pharmacist as part of the NHS. Similarly, respondents in the lower socio-economic groups were more likely to identify their pharmacist as being part of the NHS. Forty eight percent of respondents in group AB and 44% in group C1 answered yes to this question compared with 55% from C2 and 56% from DE. The research also found a difference relating to geographic location, with 49% of urban respondents answering yes to the question compared with 59% of those from rural areas. Finally, it was found that infrequent users of pharmacies were less likely to think of their pharmacist as part of the NHS. Only 40% of respondents who had visited a pharmacy less than once every three months in the past year replied yes to this question.

Action
In order to emphasise the importance of community pharmacy as part of the wider team within the NHS, all pharmacies will be encouraged to carry the NHSScotland logo. The Right Medicine: A Strategy for Pharmaceutical Care In Scotland, 2002.

Figure 5
Do you agree with the following statement? “You find the location of your pharmacy convenient.”

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>25</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

Figure 6
Do you think of your pharmacist as part of the NHS? (by age)

<table>
<thead>
<tr>
<th>Age (yrs)</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Neither agree nor disagree (%)</th>
<th>Strongly disagree (%)</th>
<th>Don’t know (%)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>48</td>
<td>6</td>
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<tr>
<td>35-54</td>
<td>41</td>
<td>50</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>55-64</td>
<td>22</td>
<td>61</td>
<td>5</td>
<td>1</td>
<td>6</td>
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<td>65+</td>
<td>28</td>
<td>24</td>
<td>6</td>
<td>1</td>
<td>7</td>
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</tbody>
</table>
Consumers’ Views of Community Pharmacies

This section looks at respondents' views and experiences regarding approaching a pharmacist for advice. The survey asked how comfortable respondents would feel about approaching their pharmacist for medical advice, and whether they had done so in the previous twelve months. It also asked whether respondents would consider approaching their pharmacist if they needed advice on a range of issues, and whether they felt that they could talk to their pharmacist in private.

When asked how comfortable they would feel about approaching their pharmacist for medical advice, 34% of respondents indicated that they would feel very comfortable, while a further 38% reported that they would feel comfortable. (See Figure 7). Therefore, the majority of respondents indicated that they would feel comfortable or very comfortable about approaching their pharmacist for medical advice (72%). There was a general consensus on this matter with differences between groups mostly arising between the levels of respondents indicating that they would feel comfortable or very comfortable. Women (42%) and older people (44%) were found to be more likely than men (26%) or those between the ages of 16 and 34 (25%) to feel very comfortable about approaching their pharmacist for medical advice.

For socio-economic status the highest incidence of respondents reporting that they would feel very comfortable about approaching their pharmacist for medical advice was found in groups AB and DE (both 38%), compared with 30% from both group C1 and C2. The frequency of visits to pharmacies was also related to how comfortable they felt. Eighteen percent of respondents who had visited a pharmacy infrequently over the last year reported that they would feel very comfortable about approaching their pharmacist for medical advice. This figure rose to 33% for those who had visited a pharmacy occasionally, and again to 43% for those who had visited a pharmacy on a frequent basis. No real difference was found between urban and rural respondents.
The research shows that in the past twelve months, 43% of respondents reported that they had actually approached their pharmacist for medical advice. The frequency with which respondents had visited a pharmacy over the previous year was found to be strongly related to whether they had approached their pharmacist for medical advice. (See Figure 8). Fifty eight percent of respondents who had visited a pharmacist frequently had approached their pharmacist for medical advice. Among occasional visitors of pharmacies, 41% had approached their pharmacist for medical advice. Only 17% of respondents who had visited a pharmacy less often than once every three months in the previous year had also approached their pharmacist for medical advice.

Women were found to be more likely than men to have asked their pharmacist for medical advice, with 51% of women indicating that they had done so compared with 33% of men. (See Figure 9). The number of respondents who had approached their pharmacist peaked in the age groups 35-54 (47%) and 55-64 (44%). The youngest and oldest age groups showed a lower incidence of having consulted their pharmacist during the last twelve months with 41% of 16-34 year olds and 39% aged 65+. Forty seven percent of respondents in socio-economic group AB had approached their pharmacist for medical advice. This figured dropped to between 40–42% for the other groups. Again, the research found no real difference between respondents from urban and rural areas.
Respondents were asked whether they would think of approaching their pharmacist if they required advice on any of the following health-related issues: smoking, weight/diet, contraception, drugs misuse, and alcohol. (See Figure 10). Smoking was the issue with the highest number of respondents, with 28% answering yes. Twenty-three percent said that weight/diet would be an issue they would think of asking their pharmacist about. Contraception and drugs misuse were both identified by 16% of respondents, and 8% identified alcohol. Fifty-five percent of respondents said that they would not think of approaching their pharmacist for advice on any of these issues.

Again, the frequency with which respondents had visited a pharmacy during the previous year appeared to have an effect on the answers given by respondents. Sixty-three percent of those who had visited a pharmacy infrequently reported that they would not think of approaching their pharmacist regarding any of the options given. Age was also a factor, with 75% of respondents aged 65+ choosing none of the options available. (See Figure 11). The other groups found by the research to be less likely to choose any of the options were men (59%), respondents in socio-economic class AB (61%), and those living in urban areas (56%).

**Action**

HEBS will work with the Profession to introduce campaigns aimed at younger people and targeted through pharmacies, for medical awareness in sport and driving, improved sexual health and smoking cessation. The Right Medicine: A Strategy for Pharmaceutical Care in Scotland, 2002

**Action**

NHSScotland will investigate ways to improve access to contraceptive services through pharmacies The Right Medicine: A Strategy for Pharmaceutical Care in Scotland, 2002
The issues about which consumers might wish to approach their pharmacist for advice may be quite personal. It is therefore important that consumers feel that their queries will be treated confidentially. Respondents were asked whether they agreed or disagreed with the following statement: “It is possible to talk to your pharmacist in private?” (See Figure 12). There was no consensus of opinion on this question, with 40% of respondents agreeing or agreeing strongly with the statement and 33% disagreeing or disagreeing strongly. The percentage of respondents agreeing or strongly agreeing with the statement was found to increase by age group. (See Figure 13). Thirty one percent of respondents aged 16-34 agreed or strongly agreed with the statement compared with 53% of those aged 65+, suggesting that confidentiality may be more important for the younger age group. Similarly, respondents from lower socio-economic groups were found to be more likely to agree or agree strongly (43% of respondents from group DE compared with 32% from AB). The research showed that respondents from rural areas (46%) were more likely to agree or agree strongly with the statement than urban dwellers (39%). Frequency of use was also relevant, with 45% of frequent users agreeing or strongly agreeing with the statement, compared with only 35% of infrequent users. There was little difference found between male and female respondents.

**It's happening already** As part of the Modernisation Programme, £15 million of the developmental funding has been made available to support the provision of improved primary and community-care premises. Bids have been invited to include community pharmacy premises. In addition, funding has been made available through the pharmaceutical global sum to invest in community pharmacy premises in order to develop quiet areas for consultations and services such as the supervised administration of methadone. *The Right Medicine: A Strategy for Pharmaceutical Care In Scotland, 2002*
Other services which could be provided at a pharmacy

The research found high levels of use of pharmacies. It also found a consensus that pharmacies were conveniently located for respondents. As a result, pharmacies could be seen as having the potential to be useful locations for providing further services. Respondents were asked for their views on whether pharmacists should be able to provide a number of additional services, whether other health professionals should use pharmacy premises to provide their services, and whether any other services not directly related to health should be able to use pharmacy premises.

The survey asked respondents which, if any, of the following services their pharmacist should be able to provide: authorisation of repeat prescriptions, health checks (e.g. blood pressure), smoking cessation clinics, and review of medication. (See Figure 14). Authorisation of repeat prescriptions was the service most identified by respondents, with 61% indicating that they thought that their pharmacist should be able to provide this service. The next most commonly identified option was health checks, with 41% of respondents in favour. Smoking cessation clinics and review of medication were identified respectively by 37% and 26% of respondents. Eighteen percent of respondents didn’t think their pharmacist should be able to provide any of the options presented to them.

Frequent users of pharmacies were found to be more in favour of pharmacists authorizing repeat prescriptions (67%), compared with 62% of occasional and 47% of infrequent users. Respondents aged 65+ were the least likely age group to identify any of the options given, with 27% indicating that they did not think that their pharmacist should be able to provide any of the services listed. Respondents in the 55-64 age range were found to be more open to their pharmacist providing authorisation of repeat prescriptions (67%) and health checks (48%). Younger respondents were more keen to see pharmacists providing smoking cessation clinics and review of medication, with 42% and 32% of 16-34 years olds identifying these options respectively.
Respondents from lower socio-economic groups were more likely to identify authorisation of repeat prescriptions as a service they thought that their pharmacist should be able to provide. Only 53% of respondents in group AB identified this option, compared with 67% of those in DE. The opposite was true for health checks, with the percentage of respondents increasing from 39% of those from group DE to 43% of respondents in group AB. The research found little difference between male and female respondents, or between urban and rural respondents (although those from rural areas were slightly more in favour of the authorisation of repeat prescriptions than their urban counterparts, at 66% compared with 60%).

Respondents were asked whether they would like other health professionals to use pharmacy premises to provide their services. Examples of chiropodists, nurses, physiotherapists and health visitors were given to respondents although they were not asked to choose specific services. The majority of respondents (57%) were in favour of this. Again, respondents in the age group 65+ were less positive than other age groups, with only 49% in favour of health professionals operating from pharmacy premises. (See Figure 15). Fifty six percent of 16-34 year olds answered yes to this question, and this figure rose to 61% for 35-54 year olds and 62% of 55-64 year olds. There was little difference found between the other groups examined although the following groups were found to be slightly less in favour: socio-economic group C2 (51%), urban respondents (56% compared with 61% of rural dwellers), and respondents who had visited a pharmacy infrequently during the previous year (55%).

Respondents were found to be much less supportive of non-health related services, such as social work services, being able to use the premises of a pharmacist. (See Figure 16). Sixty eight percent of respondents opposed this idea. There was a general consensus of opposition among the groups examined. The factors which showed the biggest differences were age and
frequency of use of pharmacies. Younger respondents were more supportive of other services using pharmacy premises with 26% of 16-34 year olds answering yes to this question compared with 15% of those aged 65+. Similarly, 29% of respondents who had visited a pharmacy infrequently in the previous year were in favour of other services being able to operate from pharmacy premises. Meanwhile, 22% of those who indicated that they had visited a pharmacy at least one a month were in favour of this.

Figure 16
Do you think any other services should be able to use the premises of the pharmacist, for example, social work services?

<table>
<thead>
<tr>
<th></th>
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<th>No</th>
<th>Don't Know</th>
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</table>
The results of this survey suggest that there is a high level of use of community pharmacies, with the majority of respondents having made occasional or frequent visits to a pharmacy during the previous twelve months. This underlines the potential which exists for using pharmacies to promote improved access to services and to promote healthy living. There was a general consensus among respondents that pharmacies were located conveniently. However, respondents were less sure when asked if they thought of their pharmacist as part of the NHS. Just over half the respondents thought of their pharmacist as part of the NHS, although older respondents were considerably more likely to than younger respondents. If pharmacists want to promote themselves as being part of the NHS, and one of the key ways of accessing healthcare, then there is some work to be done to get this message across, particularly to the young.

Pharmacists should be encouraged that most respondents visited the same pharmacy each time, although over a third of respondents did not. Frequent users of pharmacies were found to be particularly likely to always use the same pharmacy, as were older respondents and those from lower socio-economic groups.

Throughout the survey, women were found to be more frequent users of pharmacies and to be more likely to use a wider range of services than men. Frequent users of pharmacies were more likely to ask for advice from a pharmacist, and were more likely to be in favour of a wider range of services being available from pharmacists.

Pharmacists were seen to be approachable in terms of giving medical advice with almost three quarters of the respondents feeling comfortable or very comfortable about asking for advice. Over the previous twelve months just under half the respondents had actually asked their pharmacist for medical advice, with women and frequent users of pharmacies
particularly likely to have done so. From a list of five health-related issues, respondents were particularly likely to think of approaching their pharmacist for advice on smoking, although over half did not identify any of the suggested issues. In particular, infrequent users of pharmacies and respondents aged 65+ were found to be unlikely to think about approaching their pharmacist about any of the issues presented to them. Despite this, older respondents were more likely than younger respondents to feel able to talk to their pharmacist in private.

Older respondents were more likely to have a traditional view of the services provided, and were less likely to think that their pharmacist should be able to provide authorisation of repeat prescriptions, health checks, smoking cessation clinics or review of medication. However, younger respondents, the consumers and patients of the future, were more open to the possibility of pharmacists providing a wider range of services. They were particularly in favour of smoking cessation clinics and review of medication. Since the survey suggests a lower rate of use among younger people, and less confidence in being able to consult a pharmacist in privacy, it will be important that pharmacists get the message across to younger people about the range of services they are able to provide. The process of service change must not overlook the interests of any group of consumers, but in terms of developing services for the future it is important that the needs and preferences of younger people are taken fully into account.

The majority of respondents were in favour of other health professionals being able to use pharmacy premises to provide their services. The percentage of respondents in favour of this increased with age, although it dropped off considerably for those aged 65+. Respondents were much less in favour of non-health related services operating on pharmacy premises. Over two thirds of respondents opposed the idea, in particular older respondents and frequent users of pharmacies.