

# How others see pharmacy — an unsung community and health care resource

By Stacey Cooper and Sharon Phul

Have you ever wondered how lay people view community pharmacy, or how accurate their perceptions are? We are non-pharmacist researchers from the University of Manchester who, as users of pharmacies, have recently gained “behind the scenes” insight into how community pharmacies are perceived. Having spent a month conducting observations in 30 pharmacies (between October 2001 and January 2002), we find that our views have changed considerably. We aim here to describe how these experiences have changed our perceptions about the functions and social value of community pharmacies.

Beforehand, in a game of word association “community pharmacy” would have elicited the response “somewhere to take a prescription”. The description would not have included much else. If we played the same game today, our description would be much longer and would incorporate a much broader range of services. It is both notable and important that this description would include not only the professional elements of pharmacy practice, but would also place considerable emphasis upon social functions and the community services on offer.

Providing a definitive description of community pharmacy is a difficult undertaking. This is because community pharmacies come in many guises and are found in a diverse range of locations. For the purpose of this overview, we shall make a general distinction between those pharmacies based in rural districts and residential areas, with those found in city centre locations and those situated in supermarkets. Our observations have revealed a number of differences between these types of pharmacy, which appear to have implications for the character of pharmacy practice and the type of service patients expect to receive.

The proximity of a pharmacy to other essential community services affects the stream of customers entering the premises, and consequently the flow of prescriptions into the dispensary. One association exists between pharmacies and post offices. In one locality, observations were undertaken in premises where both services were housed jointly under the same roof (a feature more common to pharmacies situated in rural or residential areas). This affects not only the times of day and days of the week most popular with customers but also the type of customer visiting the pharmacy. Pension day, for example, tends to bring with it an early morning rush of older customers. Likewise, pharmacies situated close to schools can usually expect a busy period in the middle of the afternoon dominated by a younger, predominantly female clientele. In contrast, city centre stores and pharmacies based in

supermarkets enjoy a less easily defined daily pattern and, generally speaking, a more varied customer base. Furthermore, staff employed in these different types of pharmacy tend to foster different kinds of relationships with customers.

Each type of community pharmacy, although fundamentally united in the basic service provided, ie, the provision of medicines, can provide services geared toward the needs of different individuals or social groups. A pharmacy situated in a supermarket for example, has the obvious advantage of convenience for the supermarket shopping public. Arguably, a pharmacy located in a rural district is equally convenient for local residents, but here the pharmacy is more likely to deserve the description community pharmacy.

Our experiences have shown that with some consistency, older people frequenting pharmacies based in small towns or rural districts appear to do so as much for social reasons as for health care. It is important to remember that for those older customers who live alone, a visit to the community pharmacy may constitute valued social interaction. Examples of this were readily available. Customers presenting prescriptions would occasionally enjoy not only a chat, but a cup of tea. They would exchange news about mutual acquaintances, events happening locally and perhaps discuss health care.

Pharmacists are often supported by a team of highly skilled and experienced dispensers and counter assistants. This pool of workers are a group often overlooked in much literature about pharmacy practice. One observation worthy of elaboration here is the depth and breadth of the knowledge held by these employees. This knowledge applies not only to the medicines being dispensed, but the medical history and even the social activities of regular pharmacy customers. We would argue that it is often these front line workers who put the “community” into community pharmacy. Delivering medicines to housebound customers

on the way home from work (and hanging out their washing to dry when they get there), and the taking of a customer to an accident and emergency department after presenting a hand injury are but two of the examples of this that we experienced. This serves to highlight that the service provided by community pharmacies sometimes extends some way beyond the call of duty.

The dispensers and counter assistants we observed interacting with customers were more than capable of offering general health care advice as well as more specific advice about customer's medicines. As most pharmacies experience a number of busy periods throughout a typical day, having this expertise at hand is key to the speedy processing of prescriptions. One important consequence of this is also that time is freed for pharmacists to spend on other aspects of pharmacy practice.

We found that the customers seeking advice most frequently tended to be those entering the pharmacy to purchase over-the-counter medicines. These patients had often self-diagnosed, and either sought confirmation of their diagnosis or wanted information about the most effective medicine to treat their symptoms. To this end, pharmacists are more readily accessible than general practitioners, offering the patient an alternative, and arguably more convenient route to medical advice. Of course, it is worth noting that the reasons customers visit community pharmacies range from the mundane to the bizarre. One customer visited her local pharmacy specifically to get advice about the best antihistamine product available for her dog. The customer was politely advised that medicines designed for humans and animals were different things. Carefully considering this response, the customer asked: “How about antihistamines for children?” “Hhmm,” said the pharmacist. “Children are human, too.”

Our experiences of pharmacy practice have revealed the pharmacy workforce to be a professional group who are an under-recognised community and health care resource. The diversity between types of community pharmacy is reflected in the range of services customers desire and expect. Each has its own merits, and together combine to offer an invaluable health and community service to the public.

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