Review of Pharmacy Remuneration and Regulation

Qualitative research findings

November 2016
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Executive Summary

Background and methodology

The Australian Government Department of Health is facilitating a review of pharmacy remuneration and regulation by an independent Review Panel. The Review Panel has released a broad-ranging discussion paper intended to stimulate debate on issues in scope for the Review and has engaged Hall & Partners Open Mind to undertake a program of research to accompany the formal public submissions process and feed into the Review.

This report contains findings from a qualitative phase of research with consumers of pharmacy services comprising 20 face-to-face group discussions, 26 one-on-one in-depth interviews and two online forums conducted with 196 consumers from around Australia between July and September 2016. A quantitative online survey of pharmacists and consumers also forms part of this research and will be reported separately in October 2016.

Pharmacy landscape

This qualitative research reveals that pharmacy in Australia fulfils various roles within the context of community health; including as medicine dispenser, health advisor, triage point and emotional support – particularly for people living with significant health issues. Pharmacy is considered by members of the public to be a critical health service, yet pharmacists are currently viewed differently to other providers of health services. Unlike other providers, the provision of pharmacy services is largely tethered to product sales in a retail environment. This has a number of side effects including confusing consumers about exactly what is being provided and suggesting that pharmacists may be focussed on generating profit. This relates in particular to persistent offers of generic medicines.

There is a wide variation in individual consumer use of pharmacy services and types of pharmacies and consequently disparate views of, reliance on and trust in, pharmacists. Regardless of these differences, people in this research largely expressed goodwill towards pharmacy in Australia and a satisfaction with the service they receive, coupled with an inability to see further than the status quo. However, once consumers begin to grasp the intention behind, and complexity of the regulation and remuneration of, pharmacy, an appetite for improvement driven by consumer needs emerges.

The provision of medicines advice is considered a given, especially for prescription medicines, though this can be misconstrued as pharmacists showing care and concern for patients, rather than as the discharge of a professional responsibility (albeit carried out in a caring fashion). There is some interest and perceived value in the offer of extended pharmacy services, but some consumers see this as pushing further, perhaps too far, into territories occupied by General Practitioners and nurses. Indeed a lack of clarity is evident among all consumer groups about which services (beyond
medicines dispensing, preparation and advice) appropriately fit within the pharmacist’s training and professional domain.

The current typical set up of the community pharmacy environment also impacts consumer willingness to see pharmacists as being equipped to deliver extended services. The retail style environment of most Australian pharmacies is very familiar and many see the value of (or believe they understand the reason for) extended product lines. However this can serve to undermine consumers’ clinical trust and sense of the pharmacists’ priorities. In the current context, the success of any programs and initiatives offered by pharmacists will be limited by the levels of clinical trust placed in them.

Moreover there is seen to be scope for improvement in the way advice is provided to consumers in pharmacy. Consumers see a reliance on one-way (pharmacist to consumer) verbal communication in a busy setting with others around, and when consumers themselves may be unwell or distracted, as less than ideal. There is certainly consumer interest in a greater clinical focus in the pharmacy environment.

Affordability and access

The views of members of the Australian public in this research indicate an overall level of satisfaction with access to and affordability of medicines, with some notable exceptions.

While access is not an issue for many people, some in rural and remote areas, as well as young families, do express difficulties. This research indicates that longer opening hours of existing pharmacies, particularly into the evenings and weekend, would suffice. Neither hospital nor supermarket pharmacies are popular ideas for addressing access issues, however technology enabled dispensing is widely considered to be an inevitable – and by and large a positive – development. Some consumers have concerns about security, and this research indicates that implementation would require consumer education and support.

Medicines are generally considered to be affordable in Australia. Exceptions include private prescriptions, those who may need a number of medicines but are not concession card holders and those who require many medications (even if they receive the concession rate). While awareness of the Pharmaceutical Benefits Scheme is widespread, knowledge of any details is sparse. There is a common understanding that the PBS makes available medicines at a low rate for concession card holders.

Beyond this, however, this research reveals a low level of understanding of how the Scheme benefits those for whom no concession applies. This is clearly fueled by the inconsistent and widely varying general co-payment amounts for PBS listed medications that consumers report in this research.
Importantly this research clearly indicates a consumer expectation that subsidised medicines be the same price for non-concession card holders regardless of where they are purchased.

Lack of consumer awareness also extends to pharmacy remuneration. No one in this research had an understanding of how, and for what, pharmacists are remunerated. This is perhaps exacerbated by a degree of inconsistency in the advice and services provided in relation to the dispensing of prescription medicines. Indeed consumers report variation in the medicines advice related services provided by pharmacists, with no formal mechanisms for providing feedback when things don’t go well. While many are satisfied with being able to 'vote with their feet', others have limited choice and so perceive no way of providing feedback. Overall there is widespread support for a feedback process and consumer education about what to expect.

These findings are described in more detail in the main body of the report which follows.
Research context

The Review of Pharmacy Remuneration and Regulation

With our population ageing and our communities increasingly reliant on medicines to maintain health and wellbeing, pharmacy is a crucial part of health care in Australia. Pharmacy care and medicines are currently delivered to the Australian public by community pharmacies.

The agreement under which pharmacy medicines and services are provided, the 6th Community Pharmacy Agreement, is due for review. The Australian Government Department of Health is facilitating a Review of Pharmacy Remuneration and Regulation by an independent Review Panel.

The focus of the Review is to ensure consumers have reliable and affordable access to medicines through community pharmacies. The Review Panel will provide recommendations on remuneration, regulation, and other specific arrangements relating to the dispensing and supply of medicines provided under the Pharmaceutical Benefits Scheme and other pharmacy services. The changes which result may impact many aspects of pharmacy for both the providers of care and medicines, as well as their recipients – the Australian public.

Panel recommendations will therefore be based on an extensive review of pharmacy in Australia including factors contributing to patient health outcomes and the use of medicines. Many voices will be considered in this process, which aims to ensure pharmacy in Australia provides reliable and affordable access to medicines and supports the quality use of medicines by consumers.

This research is one contributing element of the Review.

Research design

The overall research project comprises both qualitative and quantitative components. The quantitative survey, conducted with pharmacists and consumers, obtained feedback on issues outlined in the Discussion Paper. The qualitative component covered consumers only, with the objective of understanding their perspectives and experiences in more detail through focus group discussions, one-on-one interviews and online discussion boards with people from around Australia. This report outlines the qualitative findings only.

Research objectives

The aim of the qualitative component of the Pharmacy Remuneration and Regulation research is to understand in greater depth the perspectives and experiences of consumers of pharmacy care and medicines, in particular vulnerable consumer groups or high-use consumer groups. Specifically:
To investigate consumer knowledge and familiarity with, and attitudes towards, the provision of community pharmacy in Australia, including expectations and priorities, including:

- What do consumers experience and expect from community pharmacy?
- What do consumers experience and expect regarding access to and affordability of medicines?
- What are the consumer priorities regarding access to and quality use of medicines?

To capture understanding from a broad cross-section of the Australian community as well as particular vulnerable or high-use groups, including:

- Indigenous and culturally diverse people; Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds;
- People living with or through mental illness (including depression, anxiety, bi-polar disorder), drug or alcohol addiction, degenerative diseases (diabetes, cancer, MS, dementia, osteoarthritis), intellectual and physical disability;
- Particular demographic groups; mothers with babies, young working professionals, older and elderly consumers, socioeconomically disadvantaged people, veterans, Australia-wide geographic coverage.

**Qualitative research methodology**

Qualitative fieldwork was conducted from July to September 2016, using the mixed methodology outlined below.

**Focus group discussions**

We conducted 20 x 1.5 hour focus group discussions, with 6-8 participants per group. Below, we provide the sample frame for the group discussions:

<table>
<thead>
<tr>
<th>No.</th>
<th>Life-stage Segment</th>
<th>Children (Y/N)</th>
<th>Age</th>
<th>Gend -er</th>
<th>CALD</th>
<th>Carer</th>
<th>Location</th>
<th>Low SES</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Young adults</td>
<td>No children</td>
<td>18-30</td>
<td>F</td>
<td>min 2</td>
<td>Not caring for others</td>
<td>Perth</td>
<td>no</td>
<td>Metro</td>
</tr>
<tr>
<td>2</td>
<td>Young adults</td>
<td>No children</td>
<td>18-30</td>
<td>M</td>
<td>all CALD</td>
<td>Not caring for others</td>
<td>Parramatta</td>
<td>min 3</td>
<td>Metro</td>
</tr>
<tr>
<td>3</td>
<td>Young adult</td>
<td>No children</td>
<td>18-30</td>
<td>F</td>
<td>As fell</td>
<td>Not caring for others</td>
<td>Mildura</td>
<td>min 3</td>
<td>Regional</td>
</tr>
<tr>
<td>4</td>
<td>Young adult</td>
<td>No children</td>
<td>18-30</td>
<td>M</td>
<td>min 2</td>
<td>Not caring for others</td>
<td>Melbourne</td>
<td>no</td>
<td>Metro</td>
</tr>
<tr>
<td>5</td>
<td>Mid age adults</td>
<td>No children</td>
<td>30-50</td>
<td>F</td>
<td>min 2</td>
<td>As fell</td>
<td>Sydney</td>
<td>As fell</td>
<td>Metro</td>
</tr>
<tr>
<td>6</td>
<td>Young families</td>
<td>Children aged under 5 (min 3 with baby under 1yr)</td>
<td>20-40</td>
<td>M</td>
<td>all CALD</td>
<td>Not caring for others</td>
<td>Parramatta</td>
<td>min 3</td>
<td>Metro</td>
</tr>
<tr>
<td>7</td>
<td>Young families</td>
<td>Children aged under 5 (min 3 with baby under 1yr)</td>
<td>20-40</td>
<td>M</td>
<td>As fell</td>
<td>Not caring for others</td>
<td>Dubbo</td>
<td>min 3</td>
<td>Regional</td>
</tr>
<tr>
<td>8</td>
<td>Young families</td>
<td>Children aged under 5 (min 3 with baby under 1yr)</td>
<td>20-40</td>
<td>F</td>
<td>min 2</td>
<td>Not caring for others</td>
<td>Brisbane</td>
<td>As fell</td>
<td>Metro</td>
</tr>
<tr>
<td>9</td>
<td>Young families</td>
<td>Children aged under 5 (min 3 with baby under 1yr)</td>
<td>20-40</td>
<td>F</td>
<td>As fell</td>
<td>Not caring for others</td>
<td>Townsville</td>
<td>min 3</td>
<td>Regional</td>
</tr>
<tr>
<td>10</td>
<td>Older families</td>
<td>School aged children</td>
<td>30-55</td>
<td>F</td>
<td>min 2</td>
<td>Not caring for others</td>
<td>North Sydney</td>
<td>As fell</td>
<td>Metro</td>
</tr>
<tr>
<td>11</td>
<td>Older families</td>
<td>School aged children</td>
<td>30-55</td>
<td>M</td>
<td>As fell</td>
<td>Not caring for others</td>
<td>Townsville</td>
<td>min 3</td>
<td>Regional</td>
</tr>
<tr>
<td>No.</td>
<td>Life-stage Segment</td>
<td>Children (Y/N)</td>
<td>Age</td>
<td>Gender</td>
<td>CALD</td>
<td>Carer</td>
<td>Location</td>
<td>Low SES</td>
<td>Area</td>
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</tr>
<tr>
<td>12</td>
<td>Older adults (including veterans, arthritis and diabetes sufferers)</td>
<td>No dependent children</td>
<td>55-75</td>
<td>F</td>
<td>min 2</td>
<td></td>
<td>Perth</td>
<td>As fell</td>
<td>Metro</td>
</tr>
<tr>
<td>13</td>
<td>Elderly</td>
<td>(5-18)</td>
<td></td>
<td>F</td>
<td>min 2</td>
<td>Min 2</td>
<td>Melbourne</td>
<td>As fell</td>
<td>Metro</td>
</tr>
<tr>
<td>14</td>
<td>No dependent children</td>
<td></td>
<td></td>
<td>M</td>
<td>As fell</td>
<td></td>
<td>Midura</td>
<td>min 3</td>
<td>Regional</td>
</tr>
<tr>
<td>15</td>
<td>Mental illness (including depression, anxiety, bi-polar)</td>
<td>Aged 21-69 years</td>
<td>1M, 4F</td>
<td></td>
<td></td>
<td>Metro VIC, Metro NSW, Regional NSW, WA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Addiction</td>
<td></td>
<td></td>
<td>M</td>
<td>n/a</td>
<td></td>
<td>Alice Springs</td>
<td>min 3</td>
<td>Regional</td>
</tr>
<tr>
<td>17</td>
<td>ATSI</td>
<td>Mix</td>
<td></td>
<td>F</td>
<td>n/a</td>
<td></td>
<td>Blacktown</td>
<td>min 3</td>
<td>Metro</td>
</tr>
<tr>
<td>18</td>
<td>Degenerative disease (dementia, MS, diabetes, kidney disease)</td>
<td></td>
<td></td>
<td>M</td>
<td>n/a</td>
<td></td>
<td>Alice Springs</td>
<td>min 3</td>
<td>Regional</td>
</tr>
<tr>
<td>19</td>
<td>Intellectual or physical disability</td>
<td></td>
<td></td>
<td>F</td>
<td>n/a</td>
<td></td>
<td>Alice Springs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Depth interviews**

Depth interviews are a practical way to conduct research among consumers in groups of interest that are difficult to convene, or not appropriate to convene, in a group discussion. For time and cost efficiencies, depth interviews were primarily conducted over the telephone. Each depth interview was 45 minutes to 1 hour in duration. Below is the sample frame for the depth interviews:

<table>
<thead>
<tr>
<th>IDI</th>
<th>Segment</th>
<th>Age</th>
<th>Gender</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Elderly</td>
<td>75+</td>
<td>F</td>
<td>SA, Regional NSW, TAS</td>
</tr>
<tr>
<td>2</td>
<td>Elderly</td>
<td>75+</td>
<td>M</td>
<td>ACT, SA, Regional VIC</td>
</tr>
<tr>
<td>3</td>
<td>Mental illness (including depression, anxiety, bi-polar)</td>
<td>Aged 21-69 years</td>
<td>1M, 4F</td>
<td>Metro VIC, Metro NSW, Regional NSW, WA</td>
</tr>
<tr>
<td>4</td>
<td>Addiction</td>
<td>As fell</td>
<td>1M, 1F</td>
<td>NSW</td>
</tr>
<tr>
<td>5</td>
<td>Cancer (ovarian, leukemia)</td>
<td>As fell</td>
<td>3F</td>
<td>ACT, SA</td>
</tr>
<tr>
<td>6</td>
<td>Degenerative disease (dementia, MS, diabetes, kidney disease)</td>
<td>As fell</td>
<td>3M, 2F</td>
<td>NSW, VIC</td>
</tr>
<tr>
<td>7</td>
<td>Intellectual or physical disability</td>
<td>As fell</td>
<td>2M, 1F</td>
<td>Metro NSW</td>
</tr>
</tbody>
</table>

**Online discussion boards**

Two online discussion boards were conducted to reach people from Tasmania, South Australia and ACT, and regional, rural and remote locations in other states and territories. Minimum quotas were placed on life-stage and caring duties. Participants were asked to contribute 20 minutes per day over
three days, responding to tasks we posted. Tasks covered the same broad topics as our group discussions and in-depth interviews.

Response to the qualitative research process

During this research we observed a real willingness on the part of participants to contribute their experience and views to the Pharmacy Review process. While pharmacy holds different significance for different individuals and sub-groups, for most people we spoke to, pharmacy touches their lives in some way – be this directly, or through the experiences of relatives, friends or others they care about. Indeed, while we spoke in-depth with 196 members of the public, the reach of this qualitative research was much, much wider. When we spoke to an individual, they would answer both on behalf of themselves, and on behalf of others within their family or wider circle. As a result, this research covered the experiences of many more members of the public than the research sample alone. For instance:

- Many people providing helping care for their elderly relatives
- Young people helping parents from LOTE backgrounds navigate the health system
- Older people with adult children dealing with chronic health issues
- Several people working as carers in aged or disability care
- ATSI people caring for their remote community
- People with drug or alcohol dependence who are homeless
- Grandparents caring for young grandchildren
- A middle aged person with long term mental health issues who used to be a pharmacist
- A person with type one diabetes who is also the father of a baby
- A person who had had ovarian cancer whose partner had had thyroid cancer
- A parent of a child with leukemia who also had chronic health issues themselves
- A person with a disability who works with intellectually and physically disabled people
- A young woman with depression who helps look after her medication-dependent parents

In terms of the content covered, many participants found the research process to be educational. In the group discussions, this learning came both from fellow participants and from the questions and prompts from the moderator. Many in the discussions were observed jotting down notes about programs, services and entitlements so they could follow up later for themselves or someone they care about. The qualitative research therefore revealed widely varying levels of knowledge, even within sub-groups of interest. This suggests the presence of information gaps to be filled.
Overall the qualitative research was received by participants as a consultative process in which they were pleased to play a part.

The pharmacy landscape

Role of pharmacy in Australia

Pharmacy, in this research, occupies a universally acknowledged place within the Australian health system. The primary, unique role of pharmacy is consistently viewed as the provision of medicines and related advice to the Australian public, specifically the dispensing of prescription medication, including the provision of advice on how to take medication. This perceived role also extends to the provision of other OTC and off-the-shelf medicines and health-related products, some of which people anticipate would be hard to find elsewhere.

“When you’re crook you go there and get stuff to make you better.” Young family dad, regional

Though always seen to be integral to the health system, pharmacy does play different roles in the lives of Australians. This variation appears to relate to factors such as age, personal health issues and level of dependence on medicines, and people’s roles as carers of others. In general terms, the greater the dependence on medicine, the more important the role that pharmacy plays.

Pharmacies are often referred to as ‘chemists’ by the Australian public, especially so among older people. Indeed some did not immediately understand the term ‘pharmacy’ as applying to their familiar ‘chemist’.

Along with dispensing medicines, the role of pharmacy may also be seen as informative, providing a readily accessible place to obtain guidance before going to the GP. Indeed, some consider the pharmacist as a triage or referral point for other health services, helping people make decisions such as whether or not to see a doctor or present to an emergency department.

“You can pop in and it’s a shorter trip, less of a wait than a GP and better than Health Direct because you can show them your symptoms” Older woman, regional

“Our pharmacist is a good first port of call for issues with the kids that don’t require a visit to the doctor.” Older family dad, rural

“The ability to get good and accurate advice is really important for me, since getting to the doctor is nearly impossible where I live. The doctors are always booked out and you will generally not get into anybody with less than a 2-3 day wait...So if you’re not ill enough to get an ambulance or to get seen at the hospital emergency department, the best option for getting
some immediate help is the pharmacist. I did rely on them a lot when my children were younger and stuff just happened as it does with little kids.” Older family mum, regional

The Australian public, by virtue of familiarity, has come to expect the range of products and services available in Australian pharmacies. Indeed, only those who had experienced the health system in other countries noticed that here in Australia, medical needs can be met alongside personal hygiene needs. By and large, this was seen as just the way things are, though some do query whether this has gone too far.

“It's a mini health clinic, as well as a mini-supermarket” Older woman, regional

Overall this research indicates that pharmacy in Australia is seen as a unique part of the health system with the fundamental role of providing medicine and the advice that belongs with it, albeit alongside retail sales of medical treatments, health-related products and personal care items.

Perceptions of pharmacists and pharmacies

Pharmacists

Based on this research, pharmacists themselves, by and large, enjoy goodwill among members of the Australian public. Pharmacists (or ‘chemists’ as they are often known) are widely considered to be a positive component in the care of people’s health and a familiar fixture in the Australian health landscape – the ubiquity of community pharmacies in central locations no doubt impacts this familiarity. The position of the pharmacist is imbued with a sense of clinical trust, or trust in clinical knowledge and care, though the extent to which people hold this trust varies.

“I could not do without this trusted adviser role - being a new parent is daunting enough as it is and I don’t want to rely on the internet to inform what I put in or on her body.” Young family mum, Metro

Positive perceptions are particularly found among people who depend more heavily on medication on an ongoing basis for chronic conditions (or among some who at one point in time have depended upon medication for an acute condition). These people, who are regular pharmacy customers, can hold a view of pharmacists as being caring community health practitioners and, in some cases, develop strong relationships with their pharmacist. Many participants in this research mentioned instances where the pharmacist was seen to have extended themselves purely in the interests of the patient’s health and wellbeing.

“They actually look after you personally” Older woman, regional
“You need to find a chemist where you get on well with the pharmacy bloke, it’s a relationship.” Older ATSI man, metro

“I have been going to the same pharmacy for the last 10 years and it has changed hands a few times but over 10 years and I go every month and you build a rapport”. Elderly man, metro

“It's very important for me to go to a place where I’m recognised and acknowledged, not as an invisible old lady, but as a regular, a friend. It gives me a sense of belonging, they are always happy to see me and ask how I am.” Older woman living with degenerative conditions, metro

Very positive attitudes towards, and trust in, pharmacists appear to be held more strongly by older people in this research. (Variations between sub-groups of interest are discussed later in this report.) For members of the public with fewer or more sporadic medicine-based health needs, such positive perceptions or relationships appear less prevalent; there are fewer reports of personalised contact or proactive acts of care on the part of the pharmacist. For some participants, pharmacists themselves are commoditised in their minds, with little difference perceived in the service they receive from the pharmacist in one pharmacy to the next. This may, in part, be due to their greatly reduced need for pharmacy services, which likely renders them both less experienced pharmacy consumers and with fewer or more basic medicine needs and consequently lower levels of polypharmacy.

“The advice I expect from my pharmacist is minimal. They should be aware of dosage issues and the best way to take the medicine i.e. with food etc.” Mid-age man, rural

In terms of the skills and expertise of a pharmacist, there is widespread agreement that the core competency of pharmacists is expertise about medicines and medicine interactions. Beyond this, however, there is a lack of clarity about precisely what pharmacists are trained to do or are competent in and there is much variation in perceptions, based largely on individuals’ direct experience with pharmacists. In this research these differences become apparent when a range of pharmacy services are prompted. For some people, a pharmacist’s expertise is strictly limited to medicines knowledge, so particular listed services seem well beyond the limits of a pharmacist’s competence. The idea of pharmacists administering injections (vaccinations), wound care, or issuing medical certificates, for instance, can be a stretch.

“The pharmacist’s role is just giving me info about the medication.” Older family dad, metro

“The role I see for a pharmacist is to identify risks with new meds and what side effects mixing the drugs would have.” Young man, metro

At the other extreme, a section of the community goes as far as to see them as medical experts who could be expected to provide some diagnoses or apply emergency medical aid if required. Indeed
one member of the public was surprised when a pharmacist was unable to assist her child who had a seizure inside the pharmacy.

Some consider that the provision of information about medication, alternatives, side effects and interactions, in combination with the pharmacist’s part in quality control for prescription medications, places the pharmacist in a risk education and mitigation role.

Consumers are generally aware that medicines and healthcare guidelines regularly change, so having a health care provider who stays up to date can be seen as important. Based on their own perceptions and experiences, consumers do not generally associate pharmacists with being at the ‘cutting edge’ of health. Even once prompted, few see their pharmacist as innovative. This perception can impact the clinical trust placed in pharmacists, particularly relative to other HCPs. Indeed consumers are pleasantly surprised in instances where their pharmacist suggests something they have not heard of, or explains something in a new or different way about medication or a medical appliance they have been using for some time (such as correct use of an asthma medication spacer).

In summary, there are large variations in the Australian public’s perceptions of pharmacists in terms of the tasks that their professional credentials qualify them to undertake. This leads to differences in the levels of clinical trust invested in pharmacists and confidence in them as health professionals, with pharmacists attracting huge trust from some and little from others. Receptivity to certain pharmacy services perceived to be outside of their core medicines competency, such as wound care or the issuing of medical certificates, is impacted by these levels of trust and confidence.

Pharmacies

Pharmacies, chemists or pharmacy outlets, as distinct from pharmacists themselves, are widely perceived by the public to be businesses, as opposed to health clinics, practices or centres. This stands in direct contrast to the public’s experiences with other health care providers.

This perception of pharmacies as commercial enterprises appears to be signaled by two core characteristics of pharmacies in Australia. The first characteristic is the pharmacy retail environment including the following observable characteristics of Australian pharmacies reported by participants in this research:

- locations along retail strips and inside shopping malls
- size and shape of pharmacies mirrors a retail outlet
- number and range of products available in pharmacy
- focus on products rather than services
- retail pricing strategies (discounted products)
• upselling, cross selling and recommendation of own-brand products

These retail business-oriented signals are very different to cues from other health care providers within the Australian health care system, such as general practitioners (differences relating to the pharmacy environment and the remuneration is discussed in more detail in subsequent sections).

The second characteristic is that product sales and advice are coupled together, with pharmacy advice being seen as delivered alongside of a product related commercial transaction rather than purely as a service delivered. While this research indicates the level of knowledge of the structural, regulatory and commercial environments pharmacies operate within are not at all well understood, people’s direct experience is that in pharmacy advice comes with a purchase.

“A pharmacist does have a conflict of interest as a medicine seller. A pharmacist is a retailer and it would be in their financial interest to sell as much product as possible. Whereas a doctor is the service and should not be endorsing medicines.” Mid age man, regional

In terms of who owns pharmacy businesses, participants in this research appear completely unaware of pharmacy ownership regulations. With the exception of pharmacies that are very clearly pharmacist owner-operated, business ownership by the resident pharmacist is not assumed - though pharmacists are sometimes perceived to have a stake in the business or at least be associated with pharmaceutical companies (whose standing in the community is mixed).

The perception of pharmacies as businesses leads members of the public to draw two disparate conclusions about pharmacies. One is that they are not making enough money on medicines and the owner/pharmacist needs to stock retail products to make a living. This is linked with the perception that the owner is to be sympathised with and/or supported if the pharmacy is to remain open. The second conclusion is that the owner/pharmacist is a business person who is focused on selling products on which profit can be made. This impacts perceptions of pharmacists as independent health care providers and consequently they are not always perceived as trustworthy sources of ‘independent’ information – that is, it can erode levels of clinical trust. This can be linked with a perception that pharmacy owners are pushy, greedy, or ‘ripping-off’ customers with more interest in profits than health. While some people’s beliefs sit at either of these extremes, they can be viewed as either end of a spectrum - with the attitudes of many falling somewhere in between.

“You have trust in the pharmacist that they wouldn’t advocate for or push rubbish for sale. But at the end of the day, for any business, they need to make a profit. There’ll be no medicine if they fail.” Man with physical disability, metro

Pharmacy medicines and products

Pharmacies are seen to sell a wide range of products, including the medicines categories of prescription medicines, over the counter medicines where interaction with the pharmacist is required,
as well as medicines which can be accessed directly from the pharmacy shelves. Pharmacy consumers, by and large, understand these medicine categories and together consider them to be the mainstay of pharmacies - their reason for being. They provide a close fit with people’s beliefs and assumptions about the products that pharmacists are qualified to supply and provide advice about.

In addition to this, members of the public are aware that pharmacies provide many products that are directed at treating or preventing specific health issues. This includes items such as skin ointments and creams, wound care and support bandages, foot and nail treatments, ear and eye care (e.g. ear plugs, eye drops), sun care, contraception and pregnancy tests and orthopedic footwear. For some people, these products (rather than medicines per se) can be the main trigger for a pharmacy visit.

**Complementary medicines**

When it comes to treatments and medicines on the pharmacy shelf, the expression ‘complementary medicines or treatments’ is not well understood. The products most widely and readily understood to fall into this category are vitamin and mineral supplements. Overall the pharmacy setting is seen to be an appropriate place for vitamin and mineral supplements and other natural or herbal remedies or treatments, and their presence in pharmacies is regarded by participants in this research as positive.

“It’s a more balanced view of health” Young professional woman, metro

“Our chemist is well set up. It covers a wide range, also natural health, as well as makeup.”
Older woman, rural

Right across the varied groups of people included in this research, participants mentioned use of supplements to improve health alongside pharmacological medicine, with many participants buying supplements from a pharmacy. Some report being told by their doctor to take particular supplements, for instance, a cystitis medication that is taken alongside Vitamin C capsules, vitamin D or iron for a deficiency, vitamins or Echinacea taken alongside cold and flu medication or multivitamins taken for overall health. Others source information from allied health providers such as nutritionists or naturopaths, or from online content, health publications, the media or word of mouth.

“We visit pharmacies for doctors’ prescriptions when needed, usual things like antibiotics, pain relief tablets like Panadol, some health products like olive leaf extract and colloidal silver for cold and flu relief.” Older family dad, metro

“I usually visit the pharmacy at least once per month to get my medications and supplements.”
Older family mum, rural

“In the pharmacy I seek advice for things like skin rashes, types of eye drops and about natural medicines and natural products. I currently take aspirin, Crestor and Panadol Osteo each morning. I have 1 emu oil cap morning and evening, also turmeric the same. My
pharmacy is an integral part of my health and I have great faith in their advice.” Older man, rural

“I get prescription medicines from our local pharmacy. I also pick up things like fish oil tablets, castor oil, sunscreen.” Older woman, rural

“We will generally visit a chemist once a month - whether it be to fill a prescription for either my partner or myself, pick up some vitamins, cold and flu tablets, grab some bandages or other supporting wraps for sporting injuries.” Older family mum, metro

Perceived support for supplement and some natural remedies from doctors, combined with messages in health literature, and the presence of complementary products in pharmacies, leads to an assumption that they are worthwhile and effective health treatments. Members of the public in this research rarely had any sense of whether or not the use of complementary medicines is supported by clinical evidence. If they appear on pharmacy shelves, people assume that they have been selected by a pharmacist for their beneficial properties. Even those who have a sense that some brands of supplement are better quality that others, assume that the reason that certain brands are stocked relates to their potential health benefits.

“I just recently have been put on a vitamin D3 on instruction for my doctor which was discovered I needed from a blood test. I purchased it from the chemist. Unless I know for sure from a doctor I need supplements I do not buy them. I bought them at the chemist as this is where they stock the brand the doctor recommended.” Older woman, metro

Regardless of whether people use complementary medicines, or where they buy them, this research detected no objection to them being sold in pharmacies. Indeed, there was no evidence that their presence detracts from the overall ‘medical professionalism’ or clinical trust placed in the pharmacy. Indeed quite the converse can be true – the presence of supplements and other complementary therapies in pharmacies imbues these products with the degree of clinical trust people place in the pharmacist. This is evident in the consumer expectation that whatever the product sold, pharmacy staff (including assistants) should have product knowledge of it and be able to advise pharmacy consumers about its benefits and use.

“A pharmacist would know, I would hope, what everything he’s selling does [re complementary medicines]” ATSI man, metro

“I have asked [the pharmacist] so many questions over the years. Mainly about side effects of medication and what painkillers to recommend. I also ask about which brand of fish oil and probiotics is the best.” Mid age woman, rural
Product knowledge and advice about complementary medicines and treatments, in particular their interactions with other medications, is sought out from pharmacy staff and can be highly valued. As a result, some have a preference for these products to be stocked in a pharmacy, rather than in a supermarket. This interest in interactions between complementary and pharmaceutical medicines reflects concerns that have been evoked by what they have heard or read, as well as on direct experience – a few recounted specific examples of complementary therapies, such as St John’s Wort or iron supplements, that are not suitable for certain people or are contraindicated for use with certain medicines such as some contraceptive pills.

“The most useful advice provided [by the pharmacist] is whether any short term herbal medications will affect the blood pressure medication I take.” Older woman, rural

“I expect the pharmacist to be able to provide the side-effects etc from the drug or vitamin I am purchasing or if the prescription drugs interfere with other medication or vitamins we may be taking.” Older woman, rural

While people do expect this knowledge of complementary medicines to exist in pharmacy, their experience does not always match. Many reported doing their own research or consulting others prior to purchasing complementary medicines in the pharmacy.

“[Our sick neighbour] had to have a lot of antibiotics and we are currently trying to get his system back in order with some good homemade food. Seems to be working. I tried getting vitamin supplements at the time but wasn’t convinced that they were very useful or that the pharmacist really knew much about them.” Young family dad, rural

For those people very interested in or committed to complementary medicines, alternative therapies and natural (non-pharmaceutical) medicines, the pharmacist may not be considered the best source of advice about complementary therapies. These people report preferring to consult a naturopath or other allied health practitioner privately or in a health food store.

In summary, from this research, the current Australian health climate reflects a widespread belief in complementary medicines or treatments as a core part of managing health. There is, therefore, an acceptance that complementary medicines belong in pharmacies – the main consumer outlet for health products. For pharmacies, this brings with it the expectation that products on shelves have been selected for their health benefits and that staff will be able to provide related product advice, especially about possible interactions or side effects. The presence of these products within the pharmacy environment does, to some extent, allow complementary medicines to borrow some of the clinical trust placed in the pharmacy. However, consumer interest in, purchase of and faith in these products goes far beyond cues from the environment they are sold in. It reflects much wider social and attitudinal change around nutrition and health that is influenced by doctors, health experts, spokespeople, media and advertising and spread by formal and informal (word of mouth) means. If
consumer preference is to be considered, based on this research, this clearly places these types of products within the pharmacy.

**Non-medicine products**

For some people, health related products stocked by pharmacies includes personal care categories, such as baby care and toiletries – which may not be explicitly for health, but could be beneficial for certain health issues. For instance shampoo and moisturisers may well be grocery categories stocked in supermarkets, however a shampoo for dry scalps, or a moisturiser for sensitive skin, are acceptable as health-related products. Australian pharmacy users are very familiar with having these products in pharmacies and there is little call to remove them. These kinds of products blur the line between grocery items and health products and there is a big variation in how personally useful they are perceived to be. Some enjoy having something to browse as they wait; others are frustrated that they may consume the time of the pharmacist or other pharmacy staff.

Beyond these products, pharmacies are also known to stock and provide for hire medical appliances (such as asthma flow meters and spacers) or health-related devices or equipment (such as heat socks for arthritis) that can support people to look after their health or manage their condition. These kinds of products are largely considered to be suitable items for pharmacy shelves, indeed advice about their use is valued by some.

This research found some differences between men and women in their reactions to certain product lines in pharmacy. For instance, cosmetics, which are largely seen as irrelevant for men, are more readily seen as appropriate pharmacy products by women. From the reports of these research participants, products considered more relevant for women, such as menstrual products, hair grooming, baby care and cosmetics appear to have a consistent presence in pharmacy. Perhaps this impacts some of the different reactions men and women may have to the pharmacy environment (discussed in a subsequent section).

> “Quite frankly that it is the way that the world is going that they provide these [non health-related products]. They need to broaden their retail offering from a business point of view, business reliability and success. Given the range of retail products out there they need to examine how it fits with their offer.” Man with dementia, metro

Items with a tenuous link to healthcare for some participants in this research include perfume, toys and gift lines which are stocked in some pharmacies. A few people appreciate access to these products for last minute gifts or something unique they haven’t seen elsewhere, but by and large, they add to the retail feel of a pharmacy. The presence of these products does not add to clinical trust (and may even erode it) and can irritate people who have had to wait for assistance because staff are advising another customer on an item they consider unrelated to health. Stocking of these items, which are not at all considered health-related, can also fuel perceptions of the pharmacy owner as focused on business as opposed to health.
Generic medicines

In this research it was rare to initiate discussion about pharmacy medicines and products without the topic of generic medications being spontaneously discussed by participants. (Note: The term ‘biosimilar’ does not appear to be widely known, having not been mentioned once by a member of the public in this research.) Generic medicines are broadly understood as cheaper versions of branded medications that are like the pharmacy’s ‘own brand’ or ‘home brand’ of medicine. This research captured a very mixed response in terms of views and beliefs about generic medications and some confusion. There are positive attitudes towards generics as a welcome cheaper alternative for people who want or need to budget their health spend, and the belief that they are exactly the same as branded medications in terms of efficacy and safety. Some don’t know what to think.

“But can you trust that it is the exact same thing? That’s what I always think – is it the same? Or is it cheaper made or something? I always get the cheap one but you never know!” Young family mum, regional

For other people, however, generic medications hold negative associations, such as:

- generics can create confusion as tablets and packets are different sizes, shapes, colours and designs
- they are inferior quality or not as efficacious as branded medications
- generics are associated with safety concerns and are not as trustworthy as branded medications
- they are made in places with questionable quality checking
- generics mean more profit for the pharmacy owner

“[Re generics] It’s like No Frills.” ATSI man, metro

“I go to the same pharmacy simply because you get used to what your generic medication is. If you go somewhere else it will have a different name unless you pay for the more expensive one. It is very important with my mother, she’s 82, she has two pink tablets that look very much alike, but you change the name on it and she’s totally lost.” Older woman, regional

“The makers of the branded medicines have had more time to get the quality standards right. I’ve got a thing about generics. With brands, I know where it’s made, but with generics, it’s not necessarily the case that the quality is as good. I don’t like chemists standing there, looking at you like you’re a nuisance [for asking about where the generic medicine is made]. You want to know! If you ask a question, you expect it to be answered, you don’t want to be brushed off.” ATSI man, metro
Participants in this research showed a tendency to conflate their experiences with over the counter or off the shelf generics (e.g. allergy or cough and cold medicines) with their view of prescription medications. In other words, if they have found a generic non-prescription medication does not provide the efficacy they are looking for, then they may question the quality of generic prescription medications as well. On occasion, the offer of generics can also lead people to question the motives of the person offering them.

Despite these disparate views, few in this research always elect to take the branded product over the generic and many really appreciate being offered a cheaper alternative. Whatever their preference, consumers now expect to be offered a choice. The challenge for pharmacists is to ensure offers of generic medicines are not seen as pushy, and are also not seen as undermining their doctor’s choice of medicine. (Note that there was no evidence in this research of awareness of the capacity for doctors to indicate ‘brand substitution not allowed’ by ticking a box on the prescription.)

**Choice of pharmacy type**

Choice of pharmacy is driven by many factors, with location being a key driver for participants in this research who most commonly frequent conveniently located pharmacies close to home, work, shopping or the doctor. Familiarity also plays a role with most participants expressing a preference for consistently using one pharmacy for prescription medication. This is driven by a widespread belief that better health outcomes are delivered in the context of consistent or ongoing relationships with health providers. Consumers use one main pharmacy so the pharmacist is familiar with their needs, and many taking regular medications allow their primary pharmacist to hold onto their prescriptions.

“My pharmacist has turned into a friend over years, as with his staff, and if I go to buy a different item he automatically questions and advises whether it will react with the other items he knows I take. The pharmacist just remembers.” Older male, rural

“I find it easy having one chemist and sticking to it.” ATSI man, metro

“I think it is good to have a local pharmacy because it builds up a relationship with the pharmacist and they give you more support and confidence that you can manage your medical needs.” Woman with multiple sclerosis, metro

“We go to the same one for consistency. That way we don’t have to transfer all our information to another one, they’ve got it all on file.” Young family dad, regional

Though most have a primary pharmacy, many people frequent more than one, generally choosing different pharmacies (or types of pharmacies) to suit different needs. In most consumers’ repertoire are two or more pharmacies, including one or more traditional community pharmacies and a discount pharmacy. As noted, community pharmacies are the preferred provider of prescription and other medicines, and for medicines or health advice, while discount pharmacies are used to access price
savings on health related products, nutritional supplements, non-prescription medicines, repeat scripts, beauty and other grocery items. The cost savings on these items at discount pharmacies are so significant that participants in this research reported traveling out of their way to access them.

“If we are simply refilling a script, or maybe picking up some vitamins then we tend to use a larger chemist like Chemist Warehouse. I find I like them for convenience, price and their broad range of products. If I’m seeking particular advice or guidance about something, I tend to use somewhere like [community] Chemist or the like - I don’t know why but I perceive the staff in those chemists a little more approachable and trustworthy with providing advice and recommendations.” Older family mum, metro

“My local chemist is about 15 minutes away and he’s the best for advice. But if I have a lot to get, like acne washes, vitamins and pain meds etc, I try to get to a big discount chemist about 45 minutes away. Although they tend not to be as helpful and definitely don’t remember who you are.” Older family mum, rural

“If you’re planning on buying a few things you can save up and go to the big discount one, but if it’s urgent you just go to the one close to you” Young family mum, regional

Traditional community pharmacies are associated with reports of more friendly personal service, better advice, shorter wait times, a sense of being 'more professional' and more instances of “going above and beyond” for patients. There is a tendency for patients to believe these pharmacies care more about them, which in turn appears to inspire a greater degree of clinical trust.

“[Community] Chemist for advice near home - top rate interior with space and a good atmosphere. But for buying items I use Chemist Warehouse - budget interior cramped noisy and difficult to move around in, or to find what is wanted. I would say I am willing to pay 10-15% more for the same product at a place that provide a better service. For example, recently my partner went on to some new medication, when the doctor handed the script to her they advised there was a state wide shortage of it and to keep checking in with the chemist until she could get some. That night at 8:30pm we went to the local Chemist and inquired about it. The pharmacist personally came out to advise that there was a shipment in to the state that morning, however there was none at his store. He looked up in the system and advised that the next closest Chemist (5 mins away) did receive a shipment and he was willing to have them bring it across to the store I was in. I would not expect a pharmacist to ever come out and deal with me directly at my local warehouse store, yet alone have the knowledge that a shipment came in that more but not to that store...” Young man, metro

“Family owned chemists, with the principal pharmacist’s name on front door, are usually a bit more focused on customers. But bigger franchises down the main street, they’re about pumping them out, turning out numbers and quick turnaround.” Young family dad, regional
“I wouldn’t expect a pharmacist at a discount pharmacy to remember me, but the pharmacist at my local pharmacy, where I go to fill scripts, knows me by name” Young family mum, metro

“There’s something about them (community pharmacies) that seems more professional than the discount chemists.” ATSI man, metro

“Decent sized local ones are pretty good – customer service is always the same, you know the people in there.” Young family dad, regional

“The big ones are focused more on the add-on products that you buy, while the small ones are more focused on the medication that you are getting a script for. The small ones are more willing to have a conversation with you to find out what is wrong, while the big ones are get in and get out” Young family mum, regional

This research captured many mentions of warehouse-style pharmacies as primarily focused on retail sales, providing on the one hand range, variety and good prices, but also an unpleasant (crowded, bright lights) and intimidating (closed in, too much choice, not enough help) environment, sometimes with long wait times and limited advice. Several participants in this research mentioned having tried to purchase prescription medicine from discount pharmacies, and being handed their medicines by an assistant with no opportunity to see or speak with the pharmacist. In general, clinical trust in discount pharmacies is lower than traditional community pharmacies.

[Re pharmacy assistants in large discount/beauty pharmacies] “They’ve got no experience, no knowledge apart from tampons or condoms.” “Yeah, they’re just salespeople” Two young family dads, regional

There are exceptions to this. Some report being surprised to find individual pharmacists at discount pharmacies to be knowledgeable and helpful, which has led to their greater trust in accessing prescription and other medicines at this type of pharmacy.

Some perceive an emerging “middle ground” between large supermarket-style discount pharmacies and small independent community pharmacies, and Priceline Pharmacies are frequently placed in this category. Such pharmacies attract varying levels of support. Some see them as overly feminine or focused on selling beauty products, while others who have seen their local community pharmacy rebranded as a Priceline (with familiar staff retained), appreciate the additional range of products now carried by the pharmacy.

“At Priceline they have beauty experts to match your foundation” Young woman, metro
Beyond the key factors of convenience and familiarity that influence pharmacy choice, other factors can also impact this choice. A need to access pharmacy advice or services after hours can prompt a visit to a pharmacy other than the usual one, while a poor past experience can mean that a previously-frequented pharmacy is no longer chosen.

“I drive to the next town [to a pharmacy], about 8 km, as our village chemist is not as good. I tried him years ago and didn’t feel confident in his manner.” Older man, rural

There are also some people who hold a perception of pharmacies as a commoditised outlet or service and do not have a preference for any particular one. Their choice is based purely on the convenience of the location. Typically these consumers place little faith or clinical trust in the advice of the pharmacist as they see them only as a necessary distributor of medicine.

“I’m happy to walk in and out of any chemist, just give me the pills so I can get out.” ATSI man, metro

“I’ll go anywhere!” Young family mum, regional

This attitude appears to be held more commonly by those not taking regular or multiple medications.

Pharmacy service and quality use

Advice and service experiences and expectations

How and how much pharmacies are used, and how much they are relied upon, very much depends upon individual consumer needs and circumstances. This leads to high variability in the importance placed on pharmacy advice and people’s experience of pharmacy service. Consequently, there are large differences in how much pharmacy service is valued by consumers.

There is however consistency in terms of the kinds of service experiences people really appreciate from a pharmacy. When asked to report their best pharmacy experiences, nearly all experiences relate to service delivery, including:

- Friendly, warm and caring service.
- Pharmacists sharing knowledge and providing advice about prescription medicines, including interactions with other medications, specific dosage instructions, side effects and responses to specific questions.
- Pharmacists sharing knowledge and providing advice about OTC and off the shelf products, specifically how products differ from each other, and supporting people to make the best choice for them.
• Provision of ‘good old fashioned advice’ about home remedies and self-care that does not necessarily involve the sale of a product; for example a cool bath for sunburn, nappy-off time for nappy rash and so on.

• Pharmacists making the effort or taking the time to find out from the person exactly what is needed before making a suggestion.

• Pharmacists appreciating the sensitivity of private issues by coming down from the ‘podium’ or counter and/or moving to a quiet space to enable confidentiality when providing advice or having a discussion.

• Efficient service or short wait times, for those people who really just want to get in and out fast.

Clearly service, and the provision of advice in particular, is central to positive pharmacy experiences. At these times, pharmacists are seen to have the health and wellbeing of their patient foremost in mind.

“Assistants happy to have a yarn with you and find out what’s wrong.” Young family dad, regional

“Friendly service is important because it shows that there is a personal interest and that you are not just another prescription being filled – it gives you confidence that they do know you and your medical past.” Woman with multiple sclerosis, metro

“When I was diagnosed with gestational diabetes, the pharmacist signed me up to the NDSS and helped my choose a blood glucose monitor and explained exactly how to use it. He just took his time with me and it was awesome, because I didn’t know what I was doing.” Young family mum, metro

“I just find that the everyday experience is just really quite pleasant. They know exactly what I want. It’s a process of communication that you don’t even know is happening. You have that relationship with your chemist, it’s so mundane you don’t even notice unless you take the step back. That doesn’t happen by accident.” Elderly man, metro

“[Best pharmacy experience] was at a discount pharmacy in [xxx] shopping centre and it was a young male pharmacist and he looked like he had only finished Uni the day before, and I was getting something called Motilium which is a drug that is quite effective in helping if you have issues with breastfeeding, that’s why I was getting it. I had my baby in the pram and he came down to give it to me and then he asked about it and he was just so good! I wasn’t expecting a young guy to be so empathetic or encouraging! He was like ‘Oh breastfeeding is a hard slog isn’t it?’! He was the best, I’ve got to come back here! And the next time I went in he was ‘How’s it all going?’” Young family mum, metro
Poor experiences with pharmacy were also predominantly service-based. Worst pharmacy experiences reported to us in this research include:

- A sense of being unnecessarily interrogated from a distance/behind the ‘podium’, and/or in a manner that others can hear, or being condescended to by the pharmacist.
- Obvious judgement about the patient by the pharmacist about the requested medication or service (e.g. morning after pill, issuing more than one repeat at once, ‘close the gap’ scripts).
- Long delays or excessive wait times, especially if it involves the provision of non-health or medical related services or products.
- Pushy or sales oriented approach from staff.
- Rudeness from pharmacy staff.
- Non-existent service or no staff available to help.
- No useable advice is given, even when solicited or product knowledge is insufficient.
- A mistake is made (see Feedback section below)

“I look on the chemist as just being a dispenser of medications - I really hate being quizzed about medication by a pharmacist. This is particularly the case when getting something like [medication] - you generally get made to feel like a criminal for treating a sinus infection.” Mid age woman, rural

“If I don’t get a friendly or welcoming face, I’ll walk out. Civility costs nothing.” Older woman, regional

“I don’t like the chemist standing there with that look on their face like you’re being a nuisance, because it’s legitimate that you want to know. You expect the question to be answered and not brushed off and onto the next thing.” ATSI man, metro

“I don’t want the value add – ‘have you tried this have your tried that?’ Just give me what I want.” Young family dad, regional

“I was sick with flu. I didn’t have a running nose at the time of the visit and was refused cold and flu medication - I suppose because he thought I was going to make ice” Older family man, regional

“I have gone with a friend when they tried to get the morning after pill and were given a lecture and my friend was refused the pill on moral grounds and had to go elsewhere. I really think that kind of thing shouldn’t be something that a chemist can decide on.” Mid age woman, rural
“She wouldn’t let me get drugs for my husband because I was pregnant” Young family mum, regional

In terms of service expectations, consumers expect pharmacists to provide and dispense medicines and related advice, though most are unclear about what exactly this entails, even in relation to prescription medications. Most are completely unaware of the prescription medicine dispensing process and the range and extent of what pharmacists are expected to do. This means two things. Firstly they have very little appreciation for the process and the pharmacist’s role within it, and secondly they do not know what services they are supposed to be receiving. As a result, some call for a charter of rights so that they know what they can expect the pharmacist to do.

When it comes to prescription medicines, consumers most commonly report receiving advice or being asked about:

- Whether they have taken the medication before
- Possible side-effects
- Other medications they are taking
- How to take the medicine and how much to take
- Whether they will accept the generic brand

The following are less most commonly reported as being provided by pharmacists:

- What the medication is for and how it will help
- Appropriate storage and disposal (discussed below)
- Services that may be relevant to the patient or their condition
- Price of the medicine
- Value of discounts or impact on Safety Net

There is a big difference in advice between new medications and those that have been taken for some time in terms of service delivered. Many fewer things are asked when the medication is not new. While there is an appreciation for the expediency of the interaction when they are filling a script for medication they have been taking for a while, some highlight that, even then, changes to supplements or other relevant changes may have occurred that warrant extra checks by the pharmacist.

One area where there is a consistent lack of advice is in relation to the storage and disposal of medicines. Information about medicine storage is only provided in relation to those which must be refrigerated. Few individuals reported that their pharmacist explained that they could dispose of unused medicines by bringing them back to the pharmacy. Consequently many people have trays,
baskets or vanity cupboards full of unused medicines that they no longer recall how to use, but are unsure whether it would be wasteful to dispose of it. People may also have difficulty determining whether medicine is out of date due to hard to read expiry dates (often embossed not printed). Those who were taking a lot of medications – for example, cancer patients – appeared particularly interested in knowing more about disposal.

“I’ll tell you what would be really good – I tried to give my husband aspirin last night that expired in 2010 (it was in the first aid kit I kept in the car) – information on how to appropriately dispose of medication! I have so many boxes of random medication at home.” Young family mum, regional

“[Re advice about storage and disposal] For years I was taking a medication and I was keeping it in my bedside table and I never put it in the fridge…” Elderly woman, metro

“If you’ve got medicines at home, for you or your kids, a lot of the time the box is just the generic box with the scientific name, so you might know who it was for, but you may not remember what it was for.” Young family dad, regional

A reluctance to throw away what may one day be of use contributes to this accumulation of medicines in the home. In this research, one person reported considering taking a prescription medicine without fully knowing what or who it was for, while a father recounted a recent situation in which he was unsure whether there would be any harm in giving his child expired paracetamol in liquid form.

Other service variations observed by consumers between pharmacies include:

- Some pharmacies will request ID before providing certain medications, others will not
- Some pharmacy assistants are trainee pharmacists and have specific knowledge and skill, others are not
- Some pharmacists will fill all repeat prescriptions at one time if asked, some will not
- If a regular medication runs out or a prescription expires, some pharmacists will provide enough prescription medication until the patient can get back to their doctor, others will not.

These variations only serve to confuse people more about what service a pharmacy should reasonably provide. So, while most know what they like and don’t like about pharmacy service, few know what service they have a right to expect.
Awareness and perceived benefits of pharmacy services

This research tested people’s reactions to a range of services that are currently provided by the pharmacy sector. Most notable is the low level of awareness of pharmacy services we detected beyond the core valued services mentioned in the previous section. Possibly contributing to this lack of awareness, or in some cases confusion, is that not all services are offered by all pharmacies. Even among those who are aware of some of these services, it is sometimes assumed that this is a one-off, one-day service provided by a specific or visiting pharmacist or HCP, rather than a regular offering. Awareness of many services seemed driven by whether they, or someone they care for, had used or required this service.

People appreciate that the local community pharmacy provides a very convenient way to access services, though individual services were received differently in terms of their perceived value. Services consistently seen as beneficial include medication preparation and packing services and medicine review services. These services are well understood and considered closely aligned with pharmacists’ perceived role and expertise in medicines dispensing and advice. Those who have not personally been exposed to these pharmacy services, see them as offering the greatest benefit to people in helping those who are chronically ill, elderly, living with dementia, disability or taking multiple medications.

The perceived benefits of packaging services are to support people in taking the right medication at the right time to keep them well, while medicine review services are seen as an important service to check medication interactions, storage, expiration dates and any other issues that might impact compliance or outcomes. Indeed many mentioned that they or someone they know would appreciate a medicines review, including both a review of medicines and related medical equipment (such as blood pressure or blood sugar monitors, insulin pumps).

The provision of wound care management, medical certificates and the administration of vaccinations are generally supported, though some feel that this is perhaps stretching the role of the pharmacists too far, while others pleased they might be able to access such a service so easily. Reactions depend largely on whether people trust the pharmacists’ training and experience to provide these services, as well as the perceived adequacy of the environment in which they would be provided. While clearly more convenient than a trip to the doctor, some cannot imagine having a wound dressed or receiving an injection from a pharmacist, or doing so in the current public and open pharmacy environment. And while a few people, including some who work as managers, are dubious about pharmacists’ ability to diagnose conditions requiring a medical certificate, others saw this as a faster, more convenient way to meet their employment obligations.

Pharmacy diagnostic and screening services also attract a mixed reaction. Some people, particularly younger consumers are unaware that these services are offered in pharmacy while other, particularly older, people report actively using these services (for example, blood pressure checks). The
exception to this are parents, who were more likely to know of services such as baby weighing, than other younger consumers. These health checks have a tendency to be seen as beneficial both for ease of access and because they encourage people to monitor their health. Most seem confident a pharmacist could administer the check but some reservations centre on doubts about the pharmacist’s ability to interpret the output. Some feel a doctor or nurse should be the one to interpret the results of any check.

“It is interesting that these [services] are given by a pharmacist not a doctor because it seems to me that if there was a problem they couldn’t do anything. They could only give half of the solution, not the whole solution – it would be incomplete” Young family woman, metro

Preventative health care programs are seen by some as a positive and beneficial service, however others see them as gimmicky and commercial (impressions here seem to centre on reactions to a particular pharmacy brand weight loss program), or as simply not personally relevant. These programs are not necessarily a natural fit with the perceived role and skills of pharmacists and some question whether they belong in pharmacy. Those that assume such programs would be delivered in pharmacies by a qualified health professional, rather than a pharmacist, for example a dietician or diabetes educator, see little problem with these services being offered in pharmacies, provided there is an appropriate space within the pharmacy to consult with this professional.

Few have heard of pharmacy programs providing outreach services or supporting the effective use of medicines and involvement in the pharmacy industry by people from Aboriginal or Torres Strait Islander backgrounds. And no one in this research had personally used these programs, though a few report knowing someone who has accessed pharmacy products through outreach services – for example one older woman mentioned that her mother had received a home delivery of medicines when she was unable to get to a pharmacy. Once made aware of the existence of these services, participants appreciated their value and importance.

In summary, few know of the range of services and programs offered by pharmacy in Australia, including services which would be relevant to them right now. Those services and programs that fit most closely with the pharmacists’ perceived role as a medicines expert are those most accepted and wanted by consumers. Closing the gap in consumer knowledge of the type and range of additional services available at pharmacies seems warranted – medication reviews, medication preparation and packaging and outreach service being seen as most beneficial, with medical certificates and health checks also of interest to many.

**Medicines information and quality use**

Imparting information about medicines is seen as a core responsibility of pharmacists – one which is also shared by doctors. Most believe that pharmacists are fulfilling this role, in terms of prescription medications and also over the counter and off the shelf medications. Some perceive or have
experienced differences in the depth and quality of information about medicines provided by pharmacy assistants compared to pharmacists, but few spontaneously mention any information needs not being met in pharmacy.

Once the provision of information is further explored, however, some issues do emerge. A lot of information (in addition to that printed on packaging) is delivered by pharmacists verbally, which can be problematic, especially for older people, those with dementia, intellectual disability, mental illness or on discharge from hospital, when absorbing and retaining auditory information can be particularly challenging. But for all pharmacy consumers, the environment within which information is provided can further impact its retention, for example:

- The busy and rushed pharmacy setting means communication can also be rushed
- The open, public environment of a pharmacy means it is hard to take in information and people are sometimes not comfortable asking questions
- Many pharmacy customers are unwell, which makes it hard to concentrate and retain information
- The presence of children (and unwell children) may distract concentration

(Some of these issues are discussed further under ‘The Pharmacy Environment’).

If a friend or family member is picking up medication for someone else, this can also disrupt the transfer of information about medicines, which is being passed on second hand. Adding to this issue is that prescription medications often have just the name of the medicine and the label visible. Many report prescription medicines do not always have product information inserts with further details, and even when they do, some feel these are written in ‘medical jargon’ and not plain English.

Some people mentioned that their pharmacist provides a written handout to read later along with discussing the medication with them. This document tends to be in plain language (compared to package inserts), and those receiving these handouts really appreciate having a backup that they can refer to at home.

Participants in this research also feel that GPs often do not provide sufficient medication information during consultations where a new medication is prescribed or recommended – on these occasions the pharmacist’s role in providing advice and the opportunity to ask questions is even more crucial. If the pharmacist does not, or is unable to, provide this, the patient’s need for information can then slip through the cracks. Consumers feel information about medicines should come from both doctors and pharmacists and do not mind receiving the same information from multiple sources.

Factors such as those described in this section can contribute to people leaving the pharmacy feeling uncertain about whether they understand enough about their medication and lacking in
confidence about taking it. Compliance issues or unnecessary concern can be the result, however many will find their own way to fill information gaps. More often than not, this involves ‘Dr Google’.

Information search behaviour is not necessarily triggered by people’s dissatisfaction with information from the pharmacist. Indeed, internet search has become part and parcel of the way people find out about health and its management (with the exception of the elderly or computer illiterate). The information that people typically search for includes:

- Why a particular medicine has been prescribed – In what sorts of cases is this medication usually the answer? Why this particular one for me?
- How the medicine works – Exactly how does it impact the body or alleviate symptoms?
- How long to take it for – Do I stop taking it once I improve or when the packet is gone? When would I stop taking it?
- What is the actual experience of people taking the medication – What does it feel like? What was the experience of side effects? How quickly did it start working?
- What are the specific dosing instructions – How exactly do I take it? (time of day, with/away from food/certain foods/alcohol or other medications – all dosing information is not always on the label)
- Why it looks different to other medication – Why is this pill white and large and my usual one is small and pink?

“My doctor generally will give me a run-down of the medication he’s giving, but my pharmacist usually will fill in the blanks. I usually skim through the pamphlet if it’s provided with the meds. I also have googled the meds if me or my family start having side effects.” Older family mum, rural

“In the information age, there is plenty of information available regarding medicines - however, I am of the belief that this should simply support the information provided by the doctor that prescribed or recommended the medicine and further confirmation of this information may be sought from the pharmacist dispensing it... I have an ongoing relationship with my pharmacist and believe that I can trust his advice. Even when the internet has lured me into information side tracks that may or may not pertain to my specific situation, I accept my pharmacist’s advice as final and appropriately contextual.” Young family mum, metro

“I am definitely guilty of using Dr Google when it comes to finding out more about medications. I feel that sometimes doctors really don't talk through medications properly, they are usually in a hurry. I usually get told by the chemist how often and long for, and also any interactions with other medications. I rely on online forums or medical websites for any other information.” Mid age woman, rural
Like any internet search behaviour, an automatic filtering process is typically applied to information to establish the relevance and credibility of the source. However people can become worried by general information, stories, graphic images or opinions which may not actually apply to their specific situation. Indeed, a few suggest that a trusted independent online source of information, such as a Department of Health online medication reference, would be valuable. If one currently exists, they are not aware of it.

While many are content with the amount of information they have, some spontaneously call for more information and in multiple formats so they can review in their own time.

"The labels that are put on prescription medicines could do with a review... I think pharmacists are still using the same printers, font and format from the 80s and they may want to consider some of the research that's been done in other industries that make instructions clearer to the reader." Older family dad, rural

"For the tech savvy, how about a QR code on the pharmacist's label that they print and stick to the medicine box or bottle? A quick scan with a smartphone could give all the info relating to the product, uses, side effects, dosage, when to and not to take etc...." Mid-age man, rural

Overall, members of the public are fairly satisfied with the amount of information provided by pharmacists, but many now incorporate internet searches to supplement the role of their GP and pharmacist as a matter of course. There is however much room for improvement. Providing information using multiple channels to account for different learning styles, and improving the environment to better facilitate relaxed dialogue are among improvements to consider to enhance the communication of information and ultimately support quality use of medicines.

Collaboration in primary care

Though pharmacy is an acknowledged part of the health system, people rarely speak of a link between pharmacists and doctors or other healthcare providers in the management of their health. From this research, it seems that pharmacy consumers are comfortable with the idea of doctors and pharmacists communicating in service of their health, however there was variation in whether they would place their trust in what the pharmacist said, what the doctor said, or perhaps equally so.

"Pharmacists have a great knowledge that they are willing to share, but the downside is they don't know the sick person like your Doctor does." Older woman, rural

"Never let a chemist gainsay a doctor. Pharmacists should stick to their own turf." ATSI older man, metro
“If I want advice on health issues I would consult a doctor or other health care specialist (dietician etc.). It may be incorrect but I have always thought of pharmacists as simply dispensing and providing advice about the use of medications” Mid-age woman, rural

“I expect the pharmacy to provide good advice on general healthcare products, but I really only expect my GP to have specific knowledge about medicines suitable for my needs.” Older family dad, rural

While these variations in clinical trust do exist, some people mention that they would welcome a closer relationship between pharmacists and doctors. Pharmacists’ valuable medicines knowledge is seen as an important yet missing part of multidisciplinary healthcare, especially for those who take multiple medicines or have chronic conditions for which they take medication. Members of the public can access a pharmacist’s knowledge themselves but - especially in the case of prescription medicines - consumers assume there is benefit to closer collaboration between pharmacists and doctors. At the very least, pharmacists are seen to provide an important quality check between doctor, patient and treatment. A second gate, as it were, to ensure safety and care of patients.

“A second level of caution just in case.” Young family dad, regional

“My mother had been to the doctor years ago and went to the pharmacy and the pharmacy rang the doctor because the doctor had made a mistake with the strength of the dosage.” Woman with depression and carer of disabled son, metro

“I don’t expect the pharmacist to supersede the advice of my doctor - however, a double check never goes astray and when they provide the same advice as the doctor, it inspires that sense of confidence I enjoy, before ingesting something I know nothing about.” Young family mum, Metro

“I had one particularly bad doctor who sent me out with a script for antibiotics and the pharmacist went through it with me and told me to take less 10 less than what the doctor told me.” Mid-age woman, metro

Some people spontaneously suggest co-location of doctors and pharmacists, and provide the example of hospital environments, which invite the perception that the two fields maybe working alongside each other for the benefit of patients’ health.

“Doctors and chemists should be hand in glove” ATSI older man, metro

Overall the public has an appetite for closer, more collaborative relationships between doctors and pharmacists, for anticipated reasons of accuracy and convenience, as well as other, as yet unarticulated benefits that could positively impact patient health.
Feedback mechanisms in pharmacy

When the topic of providing feedback to pharmacies was raised with participants in this research, it drew blank faces. None we spoke to knew of any existing feedback mechanisms for pharmacy customers to complain or provide feedback if something is not right (or indeed if something is going well) and none had considered this issue previously. As far as they know, there is no mechanism for this at all. For the most part, voting with their feet; in other words, taking their business elsewhere, is perceived to be the only option, which is inconvenient for some and impossible for others (particularly those in rural areas). Some believe that word of mouth provides an indirect feedback mechanism, though this is more relevant in areas where choice is limited and communities are smaller.

“Word gets around pretty quick.” Young family dad, regional

“We have a local Facebook page so if something bad happened [with a particular pharmacy], everyone would know about it.” ATSI woman, regional

Providing feedback is not something most have felt the need to do – few believe they have experienced anything that would warrant it. However, we have captured a number of reports of people not returning to a pharmacy when they experienced negative service experiences such as rudeness, condescension or mistakes, as mentioned previously in the section ‘Advice and service experiences and expectations’.

Aside from taking their business elsewhere, the reporting of mistakes by consumers to pharmacists, and their correction by pharmacists, is the only other form feedback reported in this research. A number of people reported mistakes made in a pharmacy in relation to their prescription medication. These often came up when recounting the worst pharmacy experience they had had in Australia. These mistakes included the following types:

- Label misprints (wrong dosage or instructions) - mentioned in a couple of instances
- Same name/last name as someone else leading to the wrong medication being given – mentioned in several instances
- Wrong medication given altogether - mentioned in a couple of instances
- Right medicine but wrong number of milligrams - mentioned in a couple of instances

“The pharmacist gave my husband the wrong medication – for a totally different ailment – endangering his welfare. It was all because the boxes looked similar.” Young family mum, metro
“The chemist once gave me the wrong medication. I took it back to them, demanded a refund and went elsewhere. If they can’t read a prescription, I lose trust in them.” Older woman, regional

“I was given the wrong prescription from an order of specific medications from a bundle of stapled prescription sheets and another time I was delivered someone else’s prescription medication.” Older woman, regional

“The wrong medication was given for my script – the medication was 4 times stronger than the doctor prescribed!” Woman with depression, metro

At best, these mistakes cause inconvenience and lead people to question the pharmacist’s competence; at worst, they are dangerous. Some who picked up mistakes felt they were fortunate to have done so, and were concerned that others (e.g. the elderly) may not have noticed the same kind of mistake. Either way, they impact clinical trust placed in the pharmacist.

“There’s a big difference if they’re giving you prescription medicine that’s for heart problems or if it’s Panadol – they need to be on the money and on the ball with what they’re giving you and it needs to be the right dosage.” Young family dad, regional

Several people, however, mention that doctors also make errors in relation to medication and writing prescriptions, and that it is pharmacists who often pick this up. This reinforces pharmacists’ valued role as a second quality check between doctors prescribing medication, and patients who take it.

If giving feedback was warranted, some say that they would complain directly to pharmacy staff; while others do not feel comfortable to do so. As the provider of medicine and holder of private information about their health, pharmacists can be seen as being in position of power relative to their more vulnerable patients.

“I don’t imagine they’d take it very well.” Young family mum, metro

This absence of a known feedback mechanism and bad service experiences prompt interest in a means by which feedback could be communicated to pharmacies. Some people question if perhaps there is a need for (or ponder if there is already) an ombudsperson or ‘higher power’ to whom reports can be made, or a central authority that monitors and compiles feedback on pharmacies. Once people know a little more about the existing pharmacist remuneration system and public funding of pharmacy services, they feel more strongly about the need for a feedback system.

“If there was an online forum to review a pharmacist, I would be all over it.” Older woman, metro
“For major stuff ups I’d want to know that it is being followed up with the right authority.” Young family mum, metro

Aside from formal feedback mechanisms, people in this research felt that educating people so they clearly understand what they can expect from pharmacy is a key way to ensure pharmacy services are delivered to a minimum standard. Some spontaneously suggest that pharmacy customers be provided with a checklist of services that they tick off and sign when they receive a subsidised medication related service (such as the dispensing of a PBS listed medication), while others want to see a charter of rights in prominent locations in pharmacies. In either case, a mechanism for reporting and addressing non-compliance is also seen to be required.

In summary, the current system represents an open feedback loop, where three different parties pay for, deliver and receive the service. In other words, pharmacists are required to deliver a service, the government pays for this service, and the public are the recipients of the service - but they do not know what they are supposed to be receiving. Without the knowledge of the required pharmacy service deliverables, people cannot assess whether they have received the service to a minimum standard. Attempts to close this feedback loop (by initiatives such as consumer education, provision of a charter of rights or formal feedback mechanisms) may act to increase accountability and clinical trust in pharmacy and, ultimately, consumer health outcomes.

The pharmacy environment

The pharmacy environment that is most familiar to the Australian public is not always considered conducive to the exchange of quality information that is required for optimal health outcomes. Specifically, the location of pharmacists towards the back of the pharmacy, the typically high counters or “podiums” behind which they stand, the presence of other customers milling around, and the wait times for advice and prescriptions, all impact the way in which people experience pharmacy services; including the amount and type of information they ask for and receive and the extent to which they can absorb it.

In terms of the clinical relationship, a consultative approach can be difficult to establish when the physical set-up and presence of others is not conducive to dialogue between patient and pharmacist. Having to ask to speak with the pharmacist who is somewhat physically removed from customers, the possibility of being overheard and the busy environment can minimise advice seeking or giving behaviours and result in the ‘consultation’ being more like a brief monologue from pharmacist to patient.

Interestingly, the absence of privacy in many pharmacies may have an impact on the perceived professionalism of pharmacists and the extent to which their advice is sought. It can also impact acceptance of pharmacists as providers of medical services – such as wound care, where some people doubt how this could safely occur in a non-clinical public space. While few people
spontaneously mention a desire for a private area, this does seem to be a hidden unmet need. For consumers with many health issues, privacy is a fundamental pre-requisite to them feeling empowered to raise issues or ask questions. They would never discuss such issues with their doctor in a public space.

“When everyone else is not listening, you can say what you want to say” Older woman, regional

“When I was suffering from depression, one of the girls got the pharmacists to come into a little quiet area to talk to me. I really valued that. I live on my own, who have I got to talk to?”
Older woman, regional

Indeed some people mentioned that their pharmacist will wait for a quiet moment or come down to speak with them face to face and out of ear shot if something sensitive needs to be discussed. A few also mentioned that they either used or had seen a pharmacy with a small dedicated private area for such occasions.

As mentioned previously, Australians are largely used to a pharmacy environment that mirrors a retail environment, more than a healthcare setting. While this has become accepted, even desired, by some, others are not keen on the wide, potentially distracting, array of products on offer, particularly those products that are difficult to link with healthcare. In particular, some men showed interest in a more functional and streamlined pharmacy environment that would allow them to quickly locate what they need, and gain fast access to the pharmacist with minimal waiting times. This is unsurprising considering the presence of many product lines primarily for women in pharmacies.

“I go to the chemist with a purpose. I already know what I’m looking for.” Young family dad, regional

To explore consumer response to different pharmacy environments, participants were presented with the following statement:

Most pharmacies in Australia have a ‘retail’ area, with products available on shelves, and a ‘dispensary’ area where the pharmacist talks to patients and dispenses medicines. Some pharmacies may have more of a retail focus and others may be more devoted to dispensing. It is possible in future that some pharmacies could be set up more like a clinic than a shop (e.g. minimal or no retail with private consultation rooms).

When this idea of a more clinic-style pharmacy with a private area, booth or room away from others is raised, there is a favourable response across all consumer types. For some, a dedicated room may not be necessary, but the provision of a private and quiet area is seen as highly beneficial by heavy and light pharmacy users alike. If such a facility was available, some consumers report an
interest in asking the pharmacist about numerous health issues they have not raised before, including discussion and use of other pharmacy services beyond medicines dispensing.

In this research, having an issue that requires privacy is not an uncommon experience – particularly when the medication relates to:

- Mental health
- Contraceptive or morning after pills
- STIs
- Unsightly rashes
- Skin conditions on clothed areas of the body
- Highly contagious conditions

Moreover, a private area signals to patients that the pharmacist is willing to devote at least a little time to consulting, which can free them up to raise concerns or queries.

However, concern is shown that the provision of this kind of facility will absorb pharmacy resources, which may put additional strain on pharmacists, resulting in more delays or increased prices.

"I think a private consultation with the pharmacist is an excellent idea, but I would expect though that this service would see a rise in the cost of medications." Older woman, rural

"If pharmacists had a separate room, some customers might treat it like a doctor's appointment and use up time rather than going to the doctor." Older family mum, rural

"They would be going into competition with doctors – I don't have any problem with that. It will be about accessibility so if you are tossing up whether to see a doctor or not and the Chemist is open, it is a good option." Man with dementia, metro

There was a concern expressed that a private consulting area may blur the line between doctors and pharmacists, and that the pharmacist may be stretched too far if patients require clinical skills and experience that are beyond the pharmacist.

"The concern is that the pharmacist would bypass the doctor's advice. The doctor has to be the first port of call. It is a matter of qualifications and accumulated knowledge of the patient's medical history that the doctor has." Older man, regional

"This could possibly save some 'wasted' Dr's appointments, if you could talk to the pharmacist it would be great but I suppose the big risk is misdiagnosis? I suppose having a quick consult with a pharmacist is not the same as a GP appointment where tests can be carried out and
referrals to specialists made, I think there are limitations on what a pharmacist can do, [there’s] no medical records or history available.” Mid-age man, rural

Overall, while there is acceptance of the retail-style environment in Australian pharmacies, and even preference for a certain proportion of floor space to be devoted to retail, most people in this research perceived the provision of a private area for consultation with the pharmacist to be beneficial. Some claim that the provision of such a facility within the pharmacy environment signals respect and care for patients. Based on this research, more of a clinic style pharmacy environment has the potential to positively impact perceptions of clinical trust and increase the amount and quality of information exchange between pharmacists and their patients. Implementation of this would need to consider and carefully manage the impacts on waiting times or prices.
Access to medicines

Overview

From a consumer point of view, access to medicines means many things. When consumers discuss barriers to getting hold of the medicines they need when they need them, they mention a number of factors, including:

- pharmacy hours of operation,
- distance of pharmacy from home or work (those living or travelling in regional or rural areas where more limited solutions are available),
- stock availability, including less common medications and medicines requiring compounding,
- physical access (both difficulty with the physical environment itself, as well as consumers’ own immobility)
- lack of choice (for ATSI people accessing programs, and those in less well-serviced rural or country areas)
- being in an unfamiliar place or away from one’s regular pharmacy, such as when travelling

While most report few or no issues accessing medicines when they need them, some particular groups do report access issues. These include those using pharmacies for unanticipated health issues that emerge spontaneously, such as parents with young children, those actively in the workforce who need access out of usual retail hours, people using smaller community pharmacies which often don’t open for extended hours, those living in remote communities, and of course those with physical mobility issues. People who have an established relationship with a particular pharmacist and who have been taking the same medication for many years did not generally report access issues.

No one raised an access issue that had had a noticeable negative impact on their (or their family’s) health. If the situation was urgent they were able to access the health care or medicines from a hospital, medical centre or more distant pharmacy – although it this was much less convenient than if their closest or preferred pharmacy had been open at the time (or had the product in stock).

Issues with access due to availability of pharmacies or medicines

There was no awareness among our qualitative sample of location rules or any restrictions on, let alone guidelines about, the location of pharmacies. In any case, not having a pharmacy available within a convenient distance was really only an issue for some in rural or remote areas, or those travelling (see ‘Residents of regional, rural and remote locations’). Those close to regional centres such as Mildura, Dubbo and Townsville considered themselves to be well-equipped with pharmacy
options. Indeed, most people have the impression that pharmacies, particularly in metropolitan areas are located everywhere.

The experience of medicines being out of stock or not available was mentioned by several consumers. This can be particularly an issue for medicines that need to be compounded or for specialist medicines. People who had found a particular medicine (or medical supply) to be out of stock on one occasion at their chosen pharmacy mentioned several courses of action they had taken, including:

- Finding the medicine at another pharmacy a short distance away,
- Accessing a substitute medicine,
- Turning to the local emergency department,
- Waiting for the medicine to be ordered in (if they still have some supplies of the medicine at home).

There appear to be few issues with delays or medicines taking too long a time to arrive once ordered, though reported wait times vary dramatically - e.g. in Sydney and Hobart, for example, people mentioned only waiting a day for a medicine to be ordered in; by contrast, someone in regional NSW mentioned that the ordering process at their pharmacy took a week.

For people living with chronic conditions that required rarer or more difficult to access medicines on a regular basis, other arrangements can be set up. One person described a system of phoning their regular pharmacy ahead of time to allow them the day or so required to get the medicine in. Others reported that at first their pharmacy did not stock their medicine, but once they realised it would be regularly required, the pharmacy automatically ordered it in for that customer.

Several people mentioned a lack of compounding pharmacies and, even in a metropolitan area, needing to drive 20 minutes or more to find one. There appeared to be mixed awareness of the need for compounding pharmacies as well as the locations of their closest compounding pharmacies. This understanding and awareness is of course driven by past need – those who have required a prescription medicine to be made up, have become aware of a pharmacy that can provide this for them. However, the infrequency of needing this kind of pharmacy service leads to the suggestion of a list, record or map of all the compounding pharmacies by location that can be accessed by all at the time they need this service.

Opening hours

Satisfaction with opening hours varies widely, from those who rarely if ever experience a need to access pharmacies out of hours to those who feel this is essential. Satisfaction is not – as perhaps we might have expected – greater in metropolitan areas compared to regional and rural areas. In fact, we uncovered high and low satisfaction with opening hours across all regions. Consumer needs
and expectations in relation to opening hours appears to depend more upon the needs and circumstances of different groups within the community than where they are located.

Many mentioned that their local pharmacy is already open extended hours, particularly in the evening (e.g. until 7 or 8 pm), with more limited hours on the weekend. It was far less common for participants to tell us that their local pharmacy only opens from nine to five. Some feel they have more difficulties accessing medicines in the early morning (e.g. 8 am), very late in the evening, or on Sundays.

“I have issues with opening hours. One Sunday morning just after 8am couldn’t find one in Neutral Bay – I went to 4 or 5 and they were all closed. [I had a] script to fill.” Mid-age woman, metro

Most believe pharmacies in the vicinity of late opening medical centres should trade over the same hours as the medical centre, and ideally for additional time beyond the last appointment time. Many report frustration that by the time they have emerged from a late night appointment at a medical centre, nearby late-opening pharmacies have already closed.

While some are happy – or at least expect – to travel if they need to access a pharmacy outside of normal opening hours, others are not. Consumers in both metropolitan and regional areas participating in this research perceive that there has been a reduction in access to late night pharmacies over the years. We heard this most commonly in relation to experiences with participants’ closest late night pharmacy which no longer opens extended hours. Participants in Alice Springs, in particular, noted that none of the four local community pharmacies are open late at night and there are significant wait times at the local hospital.

There is also a perception among consumers that 24 hour pharmacies are ‘few and far between’. It seems likely that building greater awareness of where 24 hour pharmacies are located and promoting the ability to easily find the closest open pharmacy at any particular time using a website or app function, would prove helpful and reduce frustrations.

“I believe there is only one 24 hour pharmacy in the whole of Sydney.” Woman undergoing treatment for drug addiction, metro

Some also believe that late night pharmacies are more expensive than other pharmacies, meaning they are only willing to use them in the case of an emergency.

Issues with limited pharmacy opening hours are centred on urgent needs to fill prescriptions or access other medicines or advice that cannot be obtained at a supermarket and cannot wait until regular business hours. Forgetting to fill repeat prescriptions and running out of prescription medicine does occur, but less so for those who are heavily medication dependent. These people have often
set up systems and reminders, such as pharmacy SMS services to warn people when their script is running low, or going to the pharmacy at regular intervals, to help to avoid these issues. Those who are most likely to have last minute after-hours medicine needs, including for prescription medicines, are people who:

- are less medication dependent,
- are in the workforce or lead busy lives and are occupied during business hours,
- care for others, such as babies or young children, who can become ill rapidly (this is discussed further in the section - Families with young children/babies).

If seeking low strength standard pain or cough medicines and other off the shelf treatments, supermarkets are also known to offer a limited supply and to have longer opening hours.

“Coles and Woolworths have quite a bit. Open til 10pm or midnight. For your basics.” Mid-age woman, metro

People will often make do with what they can obtain in a supermarket if the health issue is not serious. For urgent prescription fills or certain medical supplies which are not available in supermarkets, or where they feel that they need to consult with someone about their symptoms after standard pharmacy hours, people will either seek out a late-night pharmacy or go to the emergency department.

**Options to ameliorate access issues**

The Pharmacy Review discussion paper poses as thought-starters some possible ways in which greater access to prescriptions medicines can be facilitated. These include changing regulations around hospital pharmacies, locating pharmacies in supermarkets and technology enabled dispensing. Consumers in this research approached each of these possibilities with caution, but responses revealed that opening up hospital pharmacy access to a limited group of additional clients (and/or to enable 24 hour access when other local pharmacies are closed) is of greater appeal as a way to improve access than the supermarket approach. Technology-enabled dispensing has wider appeal than both of these options, if sufficient protections can be guaranteed. Consumer response to each of these ideas is described in more detail under the following headings.

**Hospital pharmacies**

The majority we spoke with in this research do not see a pressing need to open up access to hospital pharmacies to non-patients. Furthermore, a number have concerns about the potential flow-on impacts on hospital patients, on their visitors and even on the potential new cohort of hospital pharmacy customers.
Hospitals are generally considered to be under-resourced, and this extends by implication to the hospital pharmacy. People tend to see inpatients as having the greatest need and deserving of priority service from the hospital pharmacy, and are concerned that widening access to the general community might have a negative impact on hospital patients in terms of delays.

“I don’t see how this would be beneficial. The general public can always go somewhere else. This would chew into the people who need it in the hospital.” Mid-age female with ovarian cancer, metro

Some are unconvinced that the hospital pharmacy would be able to provide a satisfactory service to this potential new cohort of customers. Given perceptions of limited hospital resources, there is an expectation that hospital pharmacies would be busier and that users would have to wait longer than they would at a community pharmacy. Hospitals are also seen by some as a ‘germ haven’ which should be avoided except by those in serious need; we might presume that the reverse is also true, in that people with coughs and colds and other mild but infectious ailments should be encouraged to avoid the hospital.

Some also worry that opening up hospital pharmacy access might cause additional problems with parking, which is already seen to be an issue at hospitals. This would potentially impact on hospital outpatients, those visiting family members or friends in the hospital and the prospective pharmacy customers. However we would anticipate that the bulk of hospital pharmacy use would be from those who either are already at the hospital, or who need emergency access to a pharmacy during the night, (see below) so the real impact on parking is questionable.

A few are amenable to the idea that hospital pharmacies be opened up to inpatients after discharge, or in certain specific circumstances to the general public. They see that this would be of benefit, for example, in the following situations:

- If a person’s post-operative medicine regime is complex, because this would offer them consistency and possibly greater quality of care.
- To relieve the burden of those visiting patients in the hospital, for example the mother of someone who had had childhood leukemia pointed out that if you have a child who is an inpatient, and you yourself are spending a lot of time at the hospital, it would be very convenient to be able to fill your own scripts at the hospital pharmacy rather than having to make an additional visit to a different pharmacy.
- To increase convenience for those who already get some products from hospital (e.g. diabetic needles).
- Because 24 hour access is assumed, opening these pharmacies to the public is also seen to be valuable in case of emergency i.e. as another, potentially closer, 24 hour option. Out of standard retail hours, some imagine that the doors of the pharmacy itself would be closed but that there would be a dispensary window, like in a late-night service station.
scenario might also be expected, or at least acceptable, for other 24 hour community pharmacies.

Overall, the sense from consumers participating in this research is that, if access to hospital pharmacies is opened up, this should only be in specific circumstances or at specific times of the day, to ensure that hospital inpatients continue to receive a high quality service.

**Supermarket pharmacies**

With the exception of people who have travelled to countries where there are pharmacy supermarkets, most people had not considered the idea that pharmacies are currently not able to be located within a supermarket, prior to our research discussions. Reaction to this idea is mixed. Concerns are wide-ranging and encompass everything from cost implications to service quality. Beyond this, for many, is also the simple question of whether or not it is really necessary to further broaden access to medicines.

A few people did appreciate the idea of a pharmacy within the supermarket, for the sheer convenience of one-stop shopping and extended hours. This was more so for busy young families whose needs arise at all hours of the day (and night). In Alice Springs, as mentioned above, it was noted that there is no longer any late night pharmacy access and significant wait times at the local hospital, so some there welcomed the idea – assuming the pharmacy kept the same opening hours as the supermarket. However, even those in favour of locating pharmacies in supermarkets raise concerns.

The two major concerns relate to service delivery and the power that the supermarkets giants such as Coles and Woolworths are already perceived to have. People worry that if supermarkets are allowed to offer pharmacy products and services as well, they could take the opportunity to undercut prices and drive out the smaller community pharmacies. This could eventually erode the number of available pharmacies – and possibly at that point supermarkets might take the opportunity to raise prices. Beyond these practical concerns, many like the idea of supporting local, small businesses and maintaining variety in the community.

When it comes to service concerns, some lack clinical trust in the concept of a supermarket pharmacy. They do not see a match between the purpose of supermarkets (driven by profit) and the purpose of pharmacies (concerned with patients’ health). They question whether the level and quality of the advice would be of the same standard as in a typical community pharmacy: they feel that supermarket pharmacists would be lower paid and so more junior and less experienced than those in community pharmacies. They also worry that staff such as this would turnover at a faster rate and that floor staff from other parts of the supermarket would be put into the pharmacy area to cover shifts. One also queried whether supermarkets are as vigilant about stock rotation, having purchased an out-of-date medicine from a supermarket in the past.
Furthermore, there are some concerns about even greater lack of privacy in this environment than in community pharmacies currently. Most say they would not feel comfortable consulting with a supermarket pharmacist for advice, and therefore would be likely to use such a pharmacy only to fill simple or repeat prescriptions.

Beyond these concerns, many also question whether there is a need for such a change. It is noted that there is typically a pharmacy in the same shopping strip or complex as most supermarkets already.

Overall, the community feedback gathered in this research suggests that, if pharmacies were able to be located within supermarkets in the future, this would require stringent quality controls, well-considered layouts, and perhaps would only be appropriate in specific locations where other options to for out of hours access are unavailable.

**Technology Enabled Dispensing**

The following statement was introduced to participants in the research:

*Currently a paper prescription from a doctor must be seen by the pharmacist before a prescription can be filled. It is possible that in the future, technology will remove the need for paper scripts (the electronically recorded prescription would be the legal record with a paper prescription as an option). This may enable alternative ways of accessing prescription medicines, such as online ordering (including remote dispensing) or going to the pharmacy without remembering to take your paper prescription. This is called ‘technology enabled dispensing’.*

Overall, support for the idea of technology-enabled dispensing is strongly related to age. Some see it as an inevitable (and welcome) development, while others see it as likely contributing to further erosion of personal contact and service, in an area (i.e. health) where this is particularly important.

There are various elements to this particular idea, to which people respond favourably and less favourably: electronic script as record, online ordering, and remote dispensing. These are discussed individually here.

The idea of the electronic script as the legal record of a prescription was perhaps the easiest for people to grasp. In principle, people appreciate the idea that under this approach they would still be able to access their scripts even if they lost or forgot it – this is simple convenience. A number do still want to retain the familiar paper script as well, as they feel this would enable them to retain a proper ‘handle’ on their medicines, including being aware of when they might be running out.

Older people tend to conceptualise a centralised database, or prescriptions simply being emailed to individuals (with a barcode to prevent forgery), much like event tickets are currently. Younger people
also suggested that technology enabled dispensing could work via a smartphone app or a chip on the Medicare card.

Some also saw potential benefits in their prescriptions becoming a part of a personal electronic health record which any pharmacist could then access (upon presentation of a Medicare card to prove identity) to view and fill the prescription. Though few mention actually having an electronic health record, those suggesting this approach feel that electronic prescriptions would be a more attractive proposition if it could be used in this way.

Nevertheless, there are many who are concerned about privacy issues and data security (these people seemed not to consider that many medical records are already held electronically). Concerns are not just about someone hacking into “the system”, but also about other people who work in the pharmacy being able to view their prescribed medicines at any time. They also question whether or not the electronic record would only be stored at one pharmacy (they can use their paper scripts anywhere). A few people also questioned whether an electronic system would be more open to abuse by drug addicts and criminal gangs. Security concerns were particularly marked among people less comfortable with technology.

The benefit of online ordering is less clear to many people, except perhaps to those whose specific medicines might need to be ordered into the pharmacy in advance because they are not kept in stock and those with mobility issues which make physical access to pharmacies difficult. Most see benefit in this approach only for those taking regular medication, for the convenience and in the hope that it may be cheaper to access online. Some query whether this is creating a distance between the pharmacist and the customer which risks underlying health or other issues not being picked up that might have been noticed face to face. There is also concern that necessary advice provided with medicines that have not been used before would not be provided online.

No one we spoke with in this research was familiar with the concept of remote dispensing, seeing it as synonymous with online or ordering via mail or over the phone. For this reason, similar concerns are held in relation to remote dispensing as for online ordering, in particular the perception that necessary questions would not be asked nor advice given beyond how much to take and when which is expected to be printed on the medicine.

Overall, different parts of the community react differently to the idea of technology-enabled dispensing, based primarily on their understanding of how it would work (which is linked to age) and their own pharmacy needs. However, even those for whom this idea causes anxiety have some acceptance that this change may be inevitable. Clearly, much education would be required before any electronic systems are introduced.
Affordability of medicines

Issues with affordability

By and large consumers participating in this research consider medicines in Australia to be affordable. This is irrespective of whether or not they have actually made comparisons between pharmacies, and whether or not they have a good understanding of how medicine prices are set in Australia and the role the PBS plays in determining out of pocket costs.

However, there are some exceptions:

- For people on multiple medications (some in our sample are taking up to 13 prescription medications), even if they have a concession card, medicines can at times be expensive (e.g. $200 per month for those on very low incomes, including non-prescription medicine);

- Some are using prescribed medicines that are not listed on the PBS, though they are unaware of this, which leads them to believe medicines can be very expensive in Australia. We spoke to a number prescribed ointments or creams costing over $100 per script.

Some also felt that the elderly and young families struggled more meeting the cost of medicines – see the Elderly and Families with young children/babies sections below for more detail on this.

“A lot are reasonably priced, but there are some that stand out – you just get hit out of nowhere.” Young family dad, regional

Even those that may not be impacted themselves show concern about media reports they have heard or seen about very expensive medicines ranging into the tens of thousands of dollars – in particular for the treatment of cancers. They have heard that some people have to travel overseas to access medicines at an affordable rate, and this may cause them to wonder how affordable medication in Australia is for the seriously ill. We also spoke to an ovarian cancer patient who specifically mentioned a cancer treatment listed on the PBS for breast cancer but not ovarian cancer, costing over $10,000 per month (unless special consideration is granted). This person and several others queried the process of approving medicines under the PBS, if it means medicines or treatments are approved for some uses and not others, or approved elsewhere but not in Australia – discussed further in the section below.

Medicine prices expectations and experiences

There appears to be a high degree of confusion about medicine pricing, and gaps in understanding even for those who have some awareness of the PBS. Most people have no idea about how pricing of medicines works.
Those with a concession card and people taking many medications seem better informed about the price of their own medicines than those who do not have one – even if they are unaware that those without a concession card also benefit from a price cap on a number of medicines.

For those without a concession card, the pricing system is much less clear. Some perceive a large variation in prices across pharmacies – reports of variations of several dollars in the price of PBS medicines between pharmacies were very common, and we heard some reports of variations of $10 per script or more. Others have not noticed a wide variation between pharmacies, possibly because they are not using pharmacies as frequently or for ongoing prescriptions which would enable them to compare costs.

Importantly, consumers expect all pharmacies to have similar pricing for medicines.

“I would expect most medicines to be the same price or close to the same price at any chemist. I guess my general assumption is that as an ‘essential’ item involving government regulations that there wouldn’t be much difference. I think if anything there would be more variation with non-prescription medicines and other items on the pharmacy shelves.” Mid age woman, regional

“Prices of medicine can vary at different pharmacies as much as 10% I have found. I see no reason why prices should change.” Older man, metro

Those with some understanding of the PBS may conclude that all medicine prices vary apart from the concessional co-payment. There is no knowledge of what drives price variations in medicines covered by the PBS but falling under the maximum co-payment amount; in fact people tend to assume that anything with a price variation is not covered by the PBS.

“If [a medication] is PBS subsidised I would expect that there would not be a difference in price.” Older woman, rural

“I have no idea what influences the price of medicines or how the PBS is developed and maintained. I do believe that PBS medicine should be the same price at all pharmacies (otherwise it would defeat the purpose of creating affordable medicine nationwide).” Young family mum, metro

This variation in pricing for those without a concession card leads some consumers to shop around and even price match to try and make the price of their medications more manageable. This can even lead them to choose a pharmacy they would rather not use (one that is further away or ‘big box’, or where they do not feel the service levels are as good) because they cannot afford to pass up the savings they will make. However, this is not the case everywhere, and there are not necessarily any indications from this research that residents of regional or rural areas are more affected by this.
"The prices of medications are pretty much all the same, maybe slightly cheaper if I drive to a discount pharmacy 40mins from my house (so I would spend the savings in petrol and time instead!) Not enough to make it worth it." Older family mum, rural

"I think prescription medication should be a standard price in all pharmacies that way location doesn’t mean you can or can’t afford the medication. If pharmacies want to charge what they want for over the counter stuff, then they should be allowed." Older family mum, rural

**Awareness and perceptions of current system**

**Pharmaceutical Benefits Scheme**

Most participants in this research had heard of the PBS. They typically thought the PBS is a government subsidy that makes medicines cheaper – and some believe this just applies to people with concession cards.

People generally have little idea of how the Scheme works, the size of the subsidy, and the range of medicines it covers. They imagine there is a list of medicines and when one is bought, the consumer pays something for it and the government makes up the difference. They do not understand that government is involved in agreeing prices with manufacturers. This lack of awareness can lead to a feeling that the system is not transparent.

In order to access more informed opinions about medicines pricing, participants in this research were presented with the following statement:

*The Commonwealth government negotiates the price of medicines directly with the manufacturers on behalf of the Australian public, and then sets a maximum amount that members of the public pay for medicines covered by the PBS. This is called the co-payment. (The amount of this co-payment differs depending on whether or not you are a concession card holder).*

Consumers appreciate that the Government intervenes to ensure that medicine pricing is affordable and that everyone benefits from this, not just concession card holders. However, they also wonder, with the media reports of expensive cancer drugs mentioned above, how reactive, responsive, and agile the approval process is for a medicine to be added to the PBS, and how often new medicines are reviewed for inclusion on the PBS. Some with more direct experience feel that PBS listings do not always make sense – as per the ovarian cancer example provided above. There is a sense of dismay that people with serious health conditions have to lobby and fight to get life-saving medicine they require onto the PBS.

In addition, the variable prices of OTC and off the shelf medicines lead some people to question why the PBS excludes these medicines when they are sometimes also costly.
Having said this, most appreciate that the system needs to remain affordable, so not every medicine can be covered.

In this research, we also raised with participants pharmacists’ ability to discretionarily discount the PBS medicine co-payment by up to $1. A few do recall receiving this discount. When people are asked whether they think that the pharmacist should be able to discount by more than $1, some are generally open to this, but many are not. Some see negative implications, such as that bigger discount pharmacies may be better able to afford to offer this discount, while smaller community pharmacies may need to hold on to this margin. No one sees any benefit in pharmacies being able to charge consumers more than the co-payment for PBS items, and in fact see this at odds with, and potentially eroding, the benefits of the PBS system.

**Pharmacist remuneration**

Consumers display very little (if any) awareness of how pharmacists are remunerated. Most assume that they are wage earners, with many unsure as to whether the pharmacists they deal with are employees, owners or franchisees of the pharmacy. Some also feel that, in the case of owner-pharmacists, the retail part of the pharmacy is necessary to compensate for what must be a loss-making (or at least, not well-paid) dispensing enterprise.

In order to access more informed opinions about how pharmacists are remunerated, participants in this research were presented with the following statement:

*The government currently pays pharmacists fees to dispense medicines listed on the PBS to the public. These fees cover administration, stocking and handling, and the advice pharmacists are expected to provide about using the medicines. The fee is calculated per prescription and is based on the manufacturer price of the medicine prescribed.*

Most are surprised to learn that pharmacists are remunerated by the government for dispensing and providing advice in relation to PBS medicines and wonder what proportion of a pharmacist’s income this then represents. Many had assumed that pharmacists providing advice or asking questions about their health were simply providing good service or exercising their professional duty of care when selling medicines, not being specifically paid to do this, and some feel a little deflated to learn this.

Another response to learning this information is that many observe that dispensing services pharmacists are remunerated to provide are not delivered on a consistent basis, seeing a significant variation across pharmacists or pharmacies in this regard. Many feel that better checks and balances are required to ensure that these services are provided, if taxpayer money is being used in this way.

The intended benefits of this style of remuneration are not immediately obvious to most people. They do not necessarily take out that this process ensures consistent and quality advice is provided to all
pharmacy customers, and/or that PBS medicines are kept in-stock. When these reasons are explicitly stated, it is then generally seen as an appropriate system. However some worry, if pharmacists have become used to being paid in this way, what would happen to service quality and advice-giving if government support was cut or removed.

Finally, some see pharmacists as well-deserving of all payments they receive, given the essential role they play in society.

“They deserve it! They are the ones facing the public... they cop abuse from addicts, they get threatened. They face a lot.” Young family mum, metro
Variations among specific community segments

There was significant consistency in views, experiences and expectations of community pharmacy across this research. This section of the report highlights any additional or differing views, experiences and expectations expressed by people in specific sub-groups within the community.

Residents of regional, rural and remote locations

Perceptions and use of pharmacy

In rural and regional areas and small towns, there are often fewer doctors available than in metropolitan areas, resulting in longer waiting times for appointments. Many use the pharmacy as a first port of call to determine whether appropriate treatment is available over the counter, or alternatively if it is worth consulting a doctor. Given that there is no need to plan a visit to the pharmacy in advance, people in regional and rural areas perceive the pharmacy as a form of free, fast and flexible medical advice for non-urgent or minor matters.

“Our pharmacist is also a valuable source of advice if we have an issue with any one of us that we feel doesn’t warrant a visit to the hospital... We occasionally ask our pharmacist for advice on the treatment of conditions that we feel don’t warrant a trip to the doctors – getting appointments at the doctors in our town can be quite challenging and waiting in outpatients can be an all-day experience. The pharmacist will tell us if he thinks we need to go to the doctor.” Older family dad, regional

“I like being able to speak to the pharmacist and staff to gain their advice i.e. when something does not warrant booking and paying to go see a doctor. Or even at times asking them about something, and then advising whether it’s a serious thing I should see the doctor about or whether the problem is just a general, easily treatable problem. For example I was experiencing a skin rash and the local chemist was able to recommend a cortisol cream which cleared up the problem.” Older family mum, regional

Many small town residents have a regular pharmacist just as they have a regular doctor. They build an ongoing, trusting relationship with their pharmacist, who is aware of their medical history and may even store records of past prescriptions. This makes them reluctant to go elsewhere – whether there is choice available or not.

“My pharmacist has turned into a friend over the years, as with his staff, and if I go to buy a different item he automatically questions and advises whether it will react with the other items he knows I take. The pharmacist just remembers, I have been taking the same combinations roughly for 10 years.” Older man, rural
“Living in a small community, the pharmacist is very helpful and knows the family history. When we go in, we know we are dealing with the same people each time, we have spoken to them before and they know what we have used or what we need.” Older family mum, rural

In remote areas and regional small towns, people may be more concerned about other people overhearing conversations with their pharmacist than in metro areas. Some are embarrassed by their condition or merely value their privacy as news spreads quickly in a small town. Many waited until the pharmacy was empty or until other customers were out of hearing before approaching the pharmacist. As a result, the idea of a booth or private consultation area was spontaneously suggested as a means of overcoming privacy concerns. Those not confident enough to ask questions or request to speak to a pharmacist in private might avoid a face-to-face interaction altogether and resort to online sources instead.

“I am on an antidepressant and being such a small town I get a little embarrassed about my illness, but the pharmacist is very reassuring and if it is busy often waits to speak to me privately which I appreciate.” Young man, rural

“I also don’t find the pharmacy private enough to discuss personal things, I suppose embarrassment factor comes into it. In the past I would probably ‘browse’ until I felt the conversation would not be overheard… If I felt it was too embarrassing to ask, I would use an online service and remove the issue altogether. In an ideal world, just some form of privacy at the pharmacy counter, but that’s hard to do unless there’s private booths - and that’s probably not possible.” Mid age man, rural

Similar to metro consumers, regional and rural consumers use different types of pharmacies to fulfil different needs. Most prefer privately-owned pharmacies for the quality of advice they receive and to leverage the personal relationship they have established with the pharmacist. There is also a stronger desire to support local small business in a smaller town community. Most will opt for a discount chemist if one is available for retail and off the shelf items or if they are already accustomed to using a particular prescription and do not require any advice. In some rural areas, a discount chemist may mean a longer trip out of or into town, so often people wait until they require items to buy in bulk.

“If you’re planning on buying a few things you can save up and go to the big discount one, but if it’s urgent you just go to the one close to you.” Young family mum, regional

“I try to support the smaller pharmacies over the big warehouses. I go first the smaller one, if they do not stock the product I need I will then go the larger warehouse, where I might purchase perfume probably twice a year because they offer large discounts on perfume. The smaller pharmacy is more personalised, I have a laugh with the pharmacist and the
assistant. The larger warehouse is far more sterile, but has a much larger range.” Older family mum, regional

“If I’m seeking particular advice or guidance about something I tend to use somewhere local - I don’t know why but I perceive the staff in those chemists a little more approachable and trustworthy with providing advice and recommendations. In addition there is one of these chemists located adjoining our doctor’s surgery which is great as you can get a script written and filled out straightaway.” Older family mum, rural

“My local chemist is about 15 minutes away and he’s the best for advice, but if I have a lot to get like acne washes, vitamins and pain meds etc. I try to get to a big discount chemist about 45 minutes away, although they tend not to be as helpful and definitely don’t remember who you are. I do like to keep a relationship with my local chemist for scripts.” Older family mum, rural

A few are willing to travel a little further if seeking particular advice or better service from a pharmacist with whom they have established a relationship.

“I drive to the next town, about 8km, as our village chemist is not as good. I tried him years ago and didn’t feel confident in his manner. When we go away on trips we stock up on our medications to save having to go to unknown chemists.” Older man, rural

Those living in remote locations far from a pharmacy, note the absence of advice when filling prescriptions remotely and seem to rely more on their doctor to fill this role.

“As there is no chemist in [home town], I have to get my script from the doctor take it to another part of the clinic where it is faxed to [closest city]… As the person I give the scripts to isn’t qualified, I don’t get any advice. As we don’t have a pharmacist I get all my advice from the doctor.” Older man, rural

Some in smaller towns appreciate the retail items stocked in their local pharmacies. Given the limited shopping options in these locations, pharmacies provide another option to access a range of items, such as beauty items and gifts.

**Access and affordability**

Those in regional centres have no problem with choice as pharmacies are often located within walking distance from home or work, or there are at least a number of alternatives within close proximity.

While there were often only one or two options in rural and country areas, contrary to what we might expect, people in this research living in these areas are not too concerned by their lack of choice.
Most were pleased to have developed a stable, trusting, personal relationship with their local pharmacists and saw no need to go elsewhere. Having said this, there is a greater need to be able to give anonymous feedback in small towns to avoid embarrassment and putting any strain on the personal relationship with the pharmacist, given there are few, if any, other options to access medicines if one is dissatisfied.

For those in regional, rural and remote areas, issues ‘accessing medicines’ related more to obtaining scripts rather than availability or accessibility of medicines. As mentioned, obtaining a doctor’s appointment in a regional or rural area is often quite a challenge and some suggested that the pharmacist should have the authority to renew regular scripts without having to go through a doctor.

“The only issue we’ve experienced is when my wife misplaced her script for blood pressure medicine she regularly takes and couldn’t get a doctor’s appointment for a week. Waiting for a doctor in emergency can take all day so she went without for the week. There should be a better way of dealing with the sorts of medications that people are likely to be on for a lifetime. Perhaps a standing script at the pharmacy with a requirement for an annual visit to the doctor to review the requirement and sign off on it for the next year.” Older family dad, rural

“The only problem I have ever had obtaining medicine is when my script has run out and I have to wait to see my GP... not any problem from the chemist at all.” Mid age man, rural

There is some mention of low stock in regional areas, and while it not a common concern, some resorted to making purchases online, instead of driving out of their way.

“If an item I needed was a non-prescription medicine and non-urgent, I could use an online service.....and have it delivered....” Mid age man, rural

Again, contrary to expectation, those in regional and rural areas do not spontaneously mention any issues with pharmacy opening times. Most have not needed a pharmacy after-hours and believe if it was truly urgent or serious then they would take themselves to hospital. Over the counter painkillers can be obtained at convenience stores or at the local supermarket, both of which have longer trading hours. For those in areas that only had a pharmacy available 9am-5pm, some suggested slightly longer trading hours to give them a chance to go before or after work e.g. 7am-7pm or 8am-8pm. However, there was some concern that increasing operating hours would increase costs.

“If the pharmacy is closed my only option really is my nearest supermarkets (open until 9pm) for mild pain relief or cream or treatment for bites/strings/swelling/aches and pain. So it’s wait until morning if it after 9pm. If something during the night cropped up urgently I would be off to hospital emergency ward I suppose.” Older family mum, regional
As mentioned, in small towns there is a strong sense of community and thus supporting and protecting small business is important to them. Consequently, many did not support the idea of having pharmacies located inside supermarkets as this would threaten their local pharmacist’s business, ultimately reducing competition and increasing consumer prices.

“If the big supermarkets are allowed to have pharmacies this will push independent pharmacists out of business creating a monopoly as they have done with fuel, news agencies, butcher shops, green grocers. They are now taking over insurance and credit cards. When big stores like Bunnings wipe out the competition they limit their stocks to the most profitable items, dominate the price and kill competition. That is what Coles and Woolworths try and do. There would be less chemists rather than more of them in the end.” Older man, regional

“The pharmacy and our supermarket (Coles) compete on a number of lines including off the shelf medicines (Panadol, Aspirin, etc.), health and beauty products and some gifts. If the supermarket put the pharmacy out of business, we could see an increase in prices through reduced competition.” Older family dad, rural

Moreover, many do not see the need for pharmacies to be located inside supermarkets as their local pharmacy is generally already located next to the supermarket or inside the same centre.

“In my surrounding area, there is a pharmacy located next to or within the same shopping centre of each supermarket and hence, a pharmacy within a supermarket would not create any additional convenience.” Young family mum, regional

“At this time because the pharmacies are only about 10 metres from the supermarkets it wouldn’t worry me, but in some situations it may work, it would certainly benefit the supermarkets and once again they’re putting small business under the hammer.” Older man, rural

“Being in a country town we already have a pharmacy next to a supermarket. I wouldn’t like to see our pharmacies swallowed up by big supermarkets. I think integrity and big business don’t seem to go together, especially with overseas ownership. I also think we would lose that personal touch.” Older woman, rural

Some could see that it could be beneficial to have access to medicines during extended supermarket trading hours and that it would be convenient getting everything at the one place, but most said they would continue to support the local pharmacy unless in urgent circumstances.

“It’s the way of the world to condense and consolidate businesses. If a person can shop under one roof for groceries and chemist supplies, why not. Save on time, and petrol running from place to place.” Older man regional
Those in regional and rural areas often already attend medical clinics within hospital out of hours and thus are more open to the idea of increasing access to hospital pharmacies. In one regional town local medical centres run rotational shifts at the hospital to operate an out of hours clinic.

“We are lucky here – if we need any medicines after hours we can get some from the hospital.” Older woman, rural

“If pharmaceutical dispensaries became accessible at hospitals, it would enable me to purchase prescriptions at all hours and fill prescriptions after consultations.” Young family mum, regional

While some see that this would be a logical move, many are concerned that pharmacies in hospitals will burden hospitals and put a strain on the system. This may be less of an issue if the pharmacy is not full service i.e. prescription only, rather than over the counter or for emergency only or outside trading hours.

“Opening up pharmaceutical dispensaries in hospitals to the public would most likely overwhelm these units.” Older family dad, regional

Most regional, rural and remote consumers we spoke with are open to the idea of technology enabled dispensing but there is some concern among this audience about patchy phone and internet coverage and being unable to access records when in need.

Most do not have a problem with how much they are paying for medicines in regional and rural areas and while there was an expectation that prices may be higher in these locations due to freight costs, they did not find that they were being charged a premium when they compared prices with pharmacies in other towns or larger regional centres. While some compared prices, most only did so if they happened to be passing by another pharmacy.

“The closest alternative to us is 500kms away. We do compare if we happen to be in a different town and need to visit a pharmacy. I’m actually pleasantly surprised with the cost of medicine at our pharmacy given how remote we are and the lack of competition.” Older family dad, rural

“If they didn’t have what I needed I would have to drive four hours to the next pharmacy. I haven’t considered travelling to compare as it would be more expensive to do so to maybe save a couple of dollars.” Young man, rural
"I think that prescription medicines should be roughly the same price but having said that everything else that I buy locally has a freight charge added to it so I guess that medicine probably does as well." Older family mum, regional

Aboriginal and Torres Strait Islander people

This research included discussions in multiple metropolitan and regional locations with people from Aboriginal and Torres Strait Islander backgrounds, covering a broad range of ages and life stages. Overall, we found this audience to be far more knowledgeable and aware of programs and services available through pharmacies than the average consumer, based partly on what appears to be a more frequent use of pharmacy in general, and perhaps greater applicability and need for programs and, for some, more complex health needs.

People from Aboriginal and Torres Strait Islander backgrounds participating in this research had a broad range of medical needs and caring responsibilities which mean they come in contact with pharmacy and pharmacists far more frequently than many others participating in this research. In addition to sometimes complex personal health needs, most were also caring for elderly parents, children and/or extended family (sometimes in remote communities), working or volunteering in community liaison roles and informally supporting friends with complex health needs. These participants felt more keenly the importance of developing a relationship with a local pharmacy and pharmacist and placed great trust in the advice provided by pharmacists. In some cases, pharmacists seem to be trusted and relied upon more than GPs to provide impartial, holistic advice.

We observed a difference in views, experiences and expectations between those who are currently accessing prescription medication under the Closing the Gap (CTG) PBS co-payment measure and those who are not. Those aware of, or participating in, the measure greatly appreciate that relevant medicines are provided at low or no cost and cite this as helping them comply with their medication regime. Having said this, many Aboriginal participants in this research had not heard of the measure, and awareness appeared far lower in Alice Springs than in both Western and Inner Sydney.

"The older you get the more tablets they seem to give you…closing the gap – thank God for the government. That's what pays for everything and if it's not on closing the gap, the Aboriginal Medical Service will pay for the tablets you need." ATSI man, metro

Participating in the CTG measure is not without some difficulty and we heard many consistent reports of difficulties with GPs in Sydney forgetting to annotate scripts with CTG and pharmacists or pharmacy assistants being unaware of the measure or reluctant to process CTG scripts. In such instances, ATSI customers report feeling too self-conscious or ashamed to both ask GPs to grant the benefit or to explain the initiative to pharmacists (particularly in the less-than-private pharmacy setting) and simply pay full price or full concession price for the medicine or leave the pharmacy and try somewhere else. This often means that doses of medicines are missed in the meantime.
Many ATSI consumers who have been granted the CTG benefit quickly learn which GPs are eligible and willing to grant the benefit and which pharmacies are willing to process the CTG scripts. This means that, while many people from ATSI backgrounds prefer to use Indigenous Health Services, some feel they have little choice but to use Indigenous Health Services if they want to be able to access the CTG benefit seamlessly and with dignity. Such services in Sydney reportedly have long wait times to access a GP.

Participants in Alice Springs noted that there is only community controlled Indigenous health service where ‘free’ medicines can be obtained (the majority were unaware of what scheme ensured this free access to medicines). Only ‘scripts’ obtained from the Health Service can be ‘filled’ at this pharmacy and, with very long waits at the service to see a GP and an additional wait of at least a day to obtain prescribed medicines, many who are able to afford it opt to use other medical centres and pharmacies in town and pay for their medicines just to avoid the inconvenience. Those using the service residing outside of town report often taking more than a week to pick up their medicine due to difficulties getting back to the pharmacy.

We heard repeated reports of pharmacy practices across both metropolitan and regional locations that are perceived by those who experience them as differential treatment based on race. While some of these may be practices that ensure compliance with chronic health management plans or medicines regimes, they are often not perceived in this light. Experiences recounted include:

- Requests for ID above and beyond what is assumed happens for other customers, particularly when asking for codeine-based pain-killers or cold and flu preparations. One customer taking a regular prescription medication (filled at the same pharmacy for a long time) reported being asked out of the blue to furnish a letter from her doctor explaining why she still required the medication before a valid repeat prescription would be filled.

- Additional questioning and interrogation prior to providing medications (perceived as suspicion of misuse of medications) or, alternatively, very brief or no advice being given and little invitation to engage in a dialogue about the medicine being prescribed.

- Long waits or being asked to come back later or on a different day to pick up prescription medicines (as noted above).

- Staff having no knowledge of CTG scripts or dismissing requests.

- Giving only a small amount of medication so frequent return visits are necessary. This was raised as an issue for people living in remote communities outside of Alice Springs who rely on junior elders in the community to travel regularly into town to pick up their medicines. Despite taking ongoing medicines to treat chronic disease, only one weeks’ worth of medicine is given at a time which is a real issue for infirm older community members living

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1 Participants noted that they don't actually receive a paper prescription at this Service – the prescription is immediately transferred to the adjoining pharmacy to be filled.
more than 250km out of town. Many do not make it back to pick up their medicines this regularly and simply go without until they can.

“I’m a person not a package. I want to be made to feel like we’re human.” ATSI man, metro

“I go and pick up medicine for members of my community [a remote community located three hours out of Alice Springs], and although they take regular medicine they only get given a week’s worth at a time, which is difficult for people without transport.” ATSI man, regional

Lack of choice about where to obtain prescriptions under the CTG measure (or fully subsidised as at the Congress service in Alice Springs) leaves ATSI people with less choice and limited ability to ‘vote with their feet’ to obtain better or more timely pharmacy service unless they can afford to pay for it. Having said this, negative experiences of the type listed above at other community pharmacies mean many feel caught between a rock and a hard place in being able to conveniently access affordable medicines in a culturally sensitive or at least completely non-discriminating environment.

Culturally and linguistically diverse people

An increasingly large proportion of the Australian population hails from a non-English speaking background and, for the most part, those from such backgrounds that are born and raised in Australia do not differ from the rest of the population from English-speaking backgrounds in terms of their views, expectations and experiences of pharmacy.

While we didn’t explicitly speak with people who have little or no English, we did speak with people for whom English is not their first language and those who have parents who struggle with English. Many of these participants were helping parents and family members navigate the medical system in Australia, including in relation to pharmacy, and acting as translators and guides. We discovered many who struggle to translate medical concepts and information about medicines, which can be complex and technical, into other languages. Often this is information that has been passed on by a pharmacist verbally and is being translated and repeated to the patient at a later time, introducing the opportunity for advice to be missed or misconstrued and dosing and other errors to occur. A preference was expressed for better translated printed information on medicines or to access trained bilingual staff in pharmacies located in areas with significant proportions of people speaking languages other than English.

“Webster packs are especially important for people like my mum, the elderly who don’t speak English” CALD young family dad, metro

People from some cultural backgrounds, including Asian, South Asian and Middle Eastern backgrounds expressed a strong interest in some pharmacy products, including off the shelf painkillers and other medicines, vitamin supplements and medical devices such as blood pressure
and blood glucose monitors. In addition to higher than average reported personal use of these products compared with other audiences we spoke to, participants with cultural backgrounds from across these regions reported purchasing and sending such items to family in their home country, taking these products back with them when visiting family, or helping visiting family members from these countries stock up while here. Australian products in these categories are held in high regard for their perceived purity, bioavailability, safety and quality.

Among people from CALD backgrounds we also perceived a certain cost-consciousness, meaning a good proportion were shopping regularly at discount pharmacies to access cheap bulk retail products (mainly beauty products, household products, vitamins and supplements and perfumes) which are noted to be far cheaper than at the supermarket, particularly when they are deeply discounted on sale. Despite being regular customers for these retail products, as for the other audiences we spoke to, few opt to fill a prescription or obtain pharmacist advice at discount chemists, preferring to use smaller community pharmacies for this purpose where clinical trust is higher.

Families with young children/babies

There are a number of specific perspectives that this cohort has when it comes to pharmacy. These centre on issues with affordability and access, as well as with the importance of the relationship between the pharmacist and the specific needs of families. Of note too is that fathers and mothers equally access pharmacy services for the family – one parent is often required to duck into the pharmacy, while the other nurses the patient/s.

Pharmacy service and quality

Many people in this group appreciate having a good relationship with their pharmacist, and the importance of quality service. While service is of course important to most people, parents with a new baby or young family may be feeling particularly anxious or vulnerable. As their children's health is of utmost priority, there is potential for them to develop strong, trusting relationships with their pharmacists.

“[The pharmacist] went above and beyond to source my daughter’s meningococcal B vaccine. I don’t know where he got it from but he got it quickly. He ended up having to keep it in his fridge for months because she kept getting sick and couldn’t have it, but he just kept in contact and he was just really good!” Young family mum, regional

“I met the pharmacist while I was pregnant to take my blood pressure. Since meeting her we have become great friends and I can pop in for advice and trust her. And the nurse in there is actually a registered nurse so I know I can trust her as well.” Young family mum, regional

Access and affordability

This group appear to have more issues with affordability of medicines than some other groups for a number of reasons:
- young families (and families with school age children) can be under financial strain with typically one or 1.5 incomes covering four or more people,
- young children tend to frequently pick up illnesses at care or pre-school,
- illnesses such as colds, gastro or nits will often run through the whole family (at least once!),
- parents often must take time off work to look after sick children and will lose income if not permanently employed

So when the costs of doctors, prescription, OTC and off the shelf medicines for multiple people and with no concessions are added up, the financial toll of illness on a young family can be significant.

Despite this, most will pay for their children anyway, even if they themselves have to go without, as they want to give their children the best care they can afford. Some mentioned that their pharmacist had given them advice on which medicines would be suitable for both parents and children to take – an example of forethought which was much appreciated as it saved them money and repeat visits.

“From my perspective, medicines always seem too expensive as they’re something that isn’t budgeted for, and in the case where all six of us need to take something it can really add up.” Young family dad, rural

“Currently medicines are quite reasonable for us as we are a two income family. But when we first got married, my husband had chronic fatigue and we had a new baby. It was difficult to purchase medicines on one income.” Older family mum, rural

“That sucks [if it’s expensive] but you have to do it” Young family mum, regional

“You’re run down from looking after the kids and then you get sick too.” Young family dad, regional

Families with young children also had a far higher propensity to need out of hours access to a pharmacist to avoid either having to go to hospital or sit up all night worrying and having to listen to their baby or child suffering. Many comment that sickness in children often presents in the late afternoon or evening and waiting until the next morning can sometimes seem too long. This leads to a consistent suggestion from families with babies and young children for opening hours from 7 or 8am until 10 or 11pm in the evening, preferably every day.

Indeed other access issues arise for families with young children. The pharmacy is not always seen as a suitable or easy environment to take young children, given its distractions, waiting times and close proximity to patients who potentially have contagious illnesses. This led dads in one group to suggest a drive-through style pharmacy, which would save them having to park the car, drag sick children through a pharmacy past all the other products up the back to the pharmacist, and then wait
for others to be served. They saw this as having the added benefit of being more easily staffed and securely open later at night.

“When you’ve got crook kids, the last thing you want to be doing is waiting around. You just want to go.” Young family dad, regional

**Older Australians aged 75+ years**

Many participants aged over 75 years felt that pharmacies in Australia had changed in a number of ways during their lifetime. They note that that pharmacies now sell a greater range of products (indeed some described them as ‘now a one-stop-shop for everything to do with health’); that they had expanded the range of services offered and some now included access to alternative therapists and products; and that large discount pharmacies had emerged to challenge, and potentially threaten, local community pharmacies. Some comment that they notice that the language also had changed and that while they referred to a pharmacist and a pharmacy as a chemist, this did not seem to be commonplace anymore.

“I call it a chemist – is that OK – I know we are talking about the same thing and I’ve noticed that it is changing these days.” Elderly woman, metro

“Quite frankly that it is the way that the world is going that they provide more products and other things such as vitamins. They need to broaden their retail offering from a business point of view - business reliability and success.” Elderly man, metro

Most elderly people across the research feel they have a strong and personal relationship with a particular pharmacist or local community pharmacy. This relationship appears inherently based on trust and sense that this ensures they receive better, more personalised service. Some consider their pharmacist as an integral member of the group of health professionals (that included GPs, district nurses, specialists and allied health professionals) that they rely upon for information and advice about their health generally and about the management or treatment of specific conditions.

“I think it is good to have a local pharmacy because it builds up a relationship with the pharmacist and they give you more support and confidence that you can manage your medical needs.” Older woman, metro

“To go to my little pharmacy and for them to know me, they do have a sister pharmacy close by but it is not the same because they don’t really know who I am. The relationship I have with the pharmacy gives me confidence that things are right.” Older woman, metro

“I go to the places where I know them and they know me. My pharmacy knows me quite well. They tell me if I have a bonus purchase coming and when they take holidays. It’s not unlike
the bookshop for me.” “I have been going to the same pharmacy for the last 10 years and it has changed hands a few times but over 10 years and I go every month and you build a rapport”. Elderly man, metro

The high expectations of pharmacists held by most elderly people is used to explain why they prefer to rely on one locally based community pharmacy, rather than a large discount chemist. This includes the expectation that a local pharmacist would be aware of the (sometimes) multiple medications they were taking and be more able to readily identify if new prescription or over the counter medications would impact negatively on these; that they would be able to ensure they had access to required medication in times of emergency (such as when they had run out of medication and unable to access their GP to be able to obtain a prescription); that local pharmacies would be more likely to be prepared to contact their doctor if there were any problems or queries; and that they would receive better service and a higher level of care, including home delivery of medications should they be unable to leave home.

“They are very helpful but I think they should provide help and reassurance to point out things you didn’t know about the things you are taking. They should warn you about tablets and give you advice.” Elderly woman, metro

“He [the pharmacist] knows if I have a cold and I need to buy something off the shelf what I can take. Personalisation is important, particularly as I have quite specific medication. They know their stuff and I feel like they are watching out for me.” Elderly woman, metro

“It means that I don’t have to go there myself when I don’t feel able and means that someone else can get it or that the pharmacy can arrange to have it delivered.” Elderly woman, metro

Among elderly people there is a general rejection of the location of pharmacies within supermarkets. While some consider it could have the potential to lower the cost of medication, most perceive that it is not necessary to increase access and could simply add to the monopoly of the two supermarket giants, which was not seen as desirable or beneficial.

“Woolworths and Coles are taking the power away from the more vital and local pharmacies. As it is there are a lot of pharmacies located close-by to the supermarkets, so it serves no purpose to be in the actual supermarket.” Elderly woman, metro

Many of the elderly interviewed for the research had experience of hospital pharmacies during times when they had been admitted or received treatment in hospitals. However, most do not feel that opening hospital pharmacies to the general public would provide any significant benefit in terms of improved access or affordability and that hospital services were generally under pressure from demand internally and, therefore, it was not prudent to put them under additional pressure when community and other pharmacies were able to meet needs. Within the sample of elderly people, one
participant who was also a Type 1 Diabetic living in a regional area, indicated that the hospital pharmacy was where he acquired needles for administering insulin.

The cumulative cost of prescription and other medications is seen by many elderly people as negatively influencing the affordability of products provided by pharmacists. Most of those within this cohort indicate they are currently taking a number of prescription medications and while individually they were not expensive, when added together and combined with over the counter medications, such as aspirin and osteo-paracetamol that are also taken daily, the cost can be a significant and a high proportion of their income.

Of interest, many of the elderly participants interviewed stored their paper prescriptions at their preferred pharmacy. They chose to do this for a number of reasons, including to ensure the prescriptions were not lost or accidentally destroyed; to enable the script to be filled and delivered to them should they be unable to leave home (or picked up by someone else); and so the pharmacist can monitor how many repeats are left on the script and alert them to the need to go back to their doctor or specialist for a new prescription. Given these reasons, some elderly participants are supportive of technology-enabled dispensing as it aligns with their current practice and enables the same benefits.

“I have the benefit of that in a sort of a way because the pharmacy can remember what I take and what I have taken from the beginning.” Elderly woman, Sydney

Many older people, however, do not understand or conceptualise how electronic scripts will work and are overwhelmed with security concerns. This clouds their appreciation of the concept and the possible benefits for them.

**People with specific conditions and health concerns**

People with specific conditions show similar behaviour and attitudes to the elderly when it comes to pharmacies and pharmacists. Members of these groups frequently visit pharmacies to purchase prescription medication and other products, tend to have a single pharmacy based locally that they patronise almost exclusively, and usually take multiple medications (both prescription and over the counter). In addition, this group of participants had a very positive overall perception of pharmacists and rated them highly in terms of trust, knowledge and professionalism. They rely heavily on pharmacists to provide information about prescription medicines, and to ensure that they are taking the correct medication and that any new medication would not have undue side-effects or influence.

“To go to my little pharmacy and for them to know me, they do have a sister pharmacy close by but it is not the same because they don’t really know who I am. The relationship I have with the pharmacy gives me confidence that things are right.” Woman living with Multiple Sclerosis, metro
However in contrast to the elderly cohort, many of those diagnosed with specific conditions appeared reluctant to have their pharmacist provide diagnostic and screening services, vaccinations, medicine review services and other treatment. They felt that given their conditions it was more prudent for them to consult with their GP or specialist to ensure that their primary health care provider had an up-to-date and holistic understanding of their condition and health.

“They are professional people and you would expect that they conduct themselves professionally. I expect them to know their medical stuff well (the prescribed and non-prescribed stuff). It wouldn't worry me if they had only the medical stuff and nothing else.” Man living with dementia, metro

The following paragraphs highlight some other differences evident among research participants diagnosed with specific conditions:

**Diabetes**

For those with diabetes, a pharmacist is seen to have a particularly important role in monitoring the potential problems or side-effects of new prescription and over the counter medication and as an additional sounding board regarding insulin dosage. Indeed, complications with medication and dosage appeared of greater concern to diabetics.

The advice diabetics require from the pharmacist extends beyond medicines to include equipment. This is also true of people with asthma – for example an asthmatic within our sample wanted advice on how to use a certain kind of inhaler.

“It would have been good if they had a demonstration product behind the counter.” Older family mum with asthma, metro

Members of this group were more open to utilising diagnostic and other services available within pharmacies such as wound dressing and blood pressure testing.

**Mental illness**

For this group of people, how they are treated by the pharmacist and pharmacy staff was of utmost importance: in particular, the level of familiarity, personal interest and confidentiality they were shown.

“Friendly and accepting of me as a human being, happy to serve, takes phone calls, drops things off, and takes time to talk. They feel like they are part of a team that are looking after me – people who are friendly and have a caring role that gives me inner strength and makes me feel like I am not alone.” Older woman living with depression, metro
Of note, one of the people in this group was somewhat concerned that technology-enabled prescriptions would leave her feeling vulnerable as the system may crash and she feared being without access to her prescription medication.

**Degenerative conditions**
The research included interviews with people diagnosed with conditions that are considered degenerative - dementia, multiple sclerosis and kidney disease.

It was notable that these people mentioned additional benefits of using one locally based pharmacist for their prescription medication. Firstly it ensured that they had access to the medication when needed as it had to be ordered in specially. They also felt having a strong relationship with a pharmacist ensured they could consult with them about dosage and not rely solely on recommendations made by their GP or specialist.

“A couple of weeks ago I felt I needed an increase in my medication because of how I was feeling. The pharmacist phoned my doctor who said it was OK and arranged for a new prescription to be faxed through.” Woman living with Multiple Sclerosis, metro

For those with dementia, familiarity with the pharmacist and pharmacy itself was seen as of paramount importance as it was critical they could easily find where they were going to and recognise the people working there.

Given those living with degenerative conditions may be taking numerous medications, they can feel as though their pharmacists and pharmacy staff know them as well, if not better than their doctor. This can provide emotional support for those for whom their condition is a big, and growing, part of their lives.

“I live on my own, so it’s nice to see friendly faces that know me when I go to the pharmacy.”
Older woman living with degenerative conditions, metro

**Cancer**
The research included people with rarer cancers – we spoke to people with ovarian cancer and the parent of someone with childhood leukemia.

The experiences of this sub-group were quite varied – some had had minimal need to interact with pharmacies. Those who had done so Highlighted some areas for possible improvement in service, particularly with hospital pharmacies. One cancer patient mentioned that she had been required to give herself injections but was never shown how to actually do this. She was also given anti-nausea medicine but did not understand what it was and did not take it – and therefore ended up being sick. She mentioned that a side-effect of chemotherapy is that it impacts on memory; therefore it would be beneficial if information about medicines was also provided in a written form and/or to a family
member or friend. She had the impression that the hospital pharmacy she used was very busy and had to ‘pump people through’ in a way that she felt was quite rushed.

When discussing access issues, one patient with ovarian cancer noted the different status of the same drug for treatment of different cancers, being listed on the PBS for use in treating breast cancer but not ovarian cancer, meaning those suffering from a cancer with poorer survival rates are require to pay over $10,000 out of pocket to access a medicine those with breast cancer can access for the PBS co-payment.

**Addiction**

The research sample included two people with an addiction to drugs or alcohol – both were in a rehabilitation facility at the time of the interview, and both had been homeless prior to that. The facility does not allow residents to take any medication which could be addictive, and hence they relied on the pharmacist for advice about what they could take to treat symptoms such as sleeplessness.

Both people spoke positively about the pharmacists they had come into contact with, both prior to and during their rehabilitation period.

> “They’re engaging you, not just going; ‘here’s your medication’.” Man in treatment for alcohol dependence, metro

In particular, the woman seeking treatment for drug addiction considered that the needle exchange program that certain pharmacies offer to be very important in terms of ensuring people using drugs do not harm themselves with blunt needles. She herself had used this service frequently in the past. She mentioned that, because hospitals are required to triage patients, it can potentially be off-putting for those with an addiction to approach them; pharmacies offer an alternative means of acquiring these. Our participant’s experience had been that the pharmacist provided these in a discreet and confidential manner, which she very much appreciated. She felt that this approach encouraged people like her to exchange their needles and therefore stay safer.

> “They would say to me, just walk up there and drop your bag… just pretend you’re looking at the sunglasses.” Woman in treatment for drug dependence, metro

She also mentioned that she had heard through word of mouth about a drug that helps people to regenerate their veins. The pharmacist had been able to give her advice and propose different options in response to her enquiries about this, and she did not believe anyone else would have been able to provide this to her.

The participant in treatment for alcohol dependence, though in his 40s, is taking a number of medications – both prescription medications for depression, back pain and inflammation; and over
the counter pain medication. As someone who is working during the day, he mentioned some out of hours medication access issues which prompted him to have to use another unfamiliar pharmacy further away. He also mentioned being dismayed at having been asked to show identification when buying OTC pain medication.

Neither participant mentioned having issues with affordability of medicines.

**Intellectual and/or physical disability**

Physical access issues were of concern to the person we spoke to with a physical disability. In addition to difficulties getting to the pharmacy in the first place, it was also noted that many pharmacies are not wheelchair accessible, either to get in the front door – many in shopping centres for example have large bins full or discounted products clogging up the entrance and one inside, smaller community and discount pharmacies alike tend to have narrow or oddly angled aisles and product displays in the middle of the floor space. Adding to this, the pharmacist’s counter is nearly always positioned to the back of the pharmacy with many obstacles making access difficult.

“*With a wheelchair manoeuvrability is difficult and most people going to the chemist are sick or impaired so they could really improve access*” Man with physical disability, metro

For those with an intellectual disability, it is considered of paramount importance that the pharmacist provides accurate and clearly communicated dosage information. It is also not necessarily expected that pharmacists will be comfortable with and/or skilled at interacting with people with an intellectual disability, and specific training is seen as something pharmacy staff might benefit from.

If data security concerns can be addressed, and providing appropriate advice can be provided in a useful (clearly documented) format, the people with disabilities we spoke with were strongly in favour or technology-enabled dispensing, seeing it as the solution to their access and information issues.
Summary and conclusions

The pharmacy landscape – products, services and environment

Pharmacy is considered by consumers to be a core part of the health system in Australia, though it currently sits somewhat apart from other providers of health services. The pharmacy sector is universally valued as a source of medicines and related information and advice, a triage point for other health services and a ubiquitous community-based service provider.

There is a wide variation in the dependence of individual consumers on pharmacy and consequently disparate views of, and respect for, the contribution of pharmacies and pharmacists. The pharmacist is associated with a range of attributes from familiar, trustworthy and caring; to authoritarian, aloof and business-oriented. Regardless of the nature of their associations, many are confused about exactly what pharmacists are trained to do and depth of understanding can be limited. In this context, the provision of additional pharmacy services, beyond the standard medicines advice in-store, can be a stretch for some.

Unlike other health service providers, consumer transactions with pharmacists centre on the purchase of medicines and products. This coupling of product sales and advice does little to either expand consumer understanding of pharmacists’ skills, or encourage consumers to value them. Indeed the value added by the pharmacist is very apparent to some and invisible to others.

Pharmacies, helped along by the increasing retail focus and sheer range of lines commonly carried, are perceived by most to be businesses. Their locations in retail strips and centres, the retail-style environment and the stocking of non-health related products (like gift lines) serves to communicate this. This can undermine the clinical trust placed in the pharmacy and dampen consumer interest in consulting the pharmacist as a health professional.

The positioning of the pharmacist in-store, the typically high bench and the privacy issues that come with a crowded or open environment can also impact consumers’ perceptions of the pharmacist. Those pharmacists that demonstrate an understanding of privacy issues, come down from the bench or show a willingness to speak with members of the public in a more private fashion are memorable. So too are pharmacies that offer seating or a private consultation space.

Choice of pharmacy is initially driven by convenience then other things become important. Most people in this research show a preference for purchasing medicines from a traditional community style pharmacy for service and consistency, though many will seek out discount chemists for off the shelf and, more occasionally, over the counter and prescription medications. These discount-style pharmacies are widely experienced as offering reduced prices; but alongside reduced quality of service, knowledge and familiarity. These are qualities many consumers are not prepared to compromise.
Generic medications attract a lot of comment from consumers. People are divided about the clinical integrity of generics but most appreciate the choice of a cheaper alternative. Interestingly, the consistency with which pharmacists are experienced as offering generics and the persuasive way in which they are sometimes presented leads some consumer to be dubious about the pharmacists motives, concluding that there may be a monetary incentive involved. This can be at odds with perceptions of pharmacists as providers of clinical services.

The inclusion of complementary medicines and treatments (mostly considered by consumers to be vitamin and mineral supplements) in pharmacies has widespread acceptance. Indeed this research found no evidence to support the view that their presence negatively impacts clinical trust in the pharmacist. While their presence in pharmacy may further imbue these medicines and treatments with health credentials, consumers have pre-existing confidence in their use for health benefits. From this research, belief in natural or food based treatments or medicines is a culturally observable phenomenon that starts, and ends, well beyond the shelves of Australian pharmacies. There is a perception, not only that these products are acceptable in pharmacies, but from most people in this research that they belong there. How else can consumers understand interactions between these products and the medications they rely on?

When it comes to pharmacy service, most consumers are very clear about what good service is, and are also very clear about what it isn’t. Mistakes made when providing medications or a sense that the pharmacist is judging the consumer, are two service flaws that can do the most damage.

The range of services available in pharmacies is little known, except to a few people in this research. Importantly, many of the services tested are considered outside of the remit of pharmacy, and instead cross over the territory of doctors or nurses. Consumers are most comfortable and interested in service that involve the core perceived competency of medicines knowledge, such as medicines reviews, and medicines packaging and preparation services. While consumers in general want their doctor and pharmacist to be working more collaboratively, they feel most comfortable with a clear distinction between the services each offers.

**Access, affordability and quality use**

If quality use of medicines is impacted by the information consumers have, then there is certainly scope for improvement in the way advice is provided to consumers in pharmacy. Consumers see an overreliance on one-way (pharmacist to consumer) verbal communication in a busy setting with others around, and when consumers themselves may be unwell or distracted, as less than ideal. In many instances the pharmacy setting and the approach of the pharmacist could both have more positive impact on this exchange.

Consumers in this research report a degree of inconsistency in the advice and services provided in relation to the dispensing of prescription medicines. Indeed many are surprised to learn that there
are a number of required components to this service, which for many medicines is covered by the PBS. This leads to support for a feedback process and consumer education about what to expect, in the form of a ‘charter of consumer rights’ or signed form upon receipt of a subsidised service. This is in contrast to the existing system, where no consumers where aware of any feedback mechanism beyond choice of pharmacy (and some consumers’ choice is very limited in this regard). Remuneration structures for pharmacists are completely unknown to consumers, though with a little understanding, this reinforces a call for greater transparency and accountability.

Access to medicines is not an issue for many people but there are notable exceptions. Distance can pose a problem for those in rural areas, while families can struggle with out of hours access (other exceptions are explored more fully in the body of this report). Twenty four hour seven day a week access to pharmacy is considered largely unnecessary, for most in this research 8am-10pm and weekend access would suffice. Neither hospital nor supermarket pharmacies are popular ideas for addressing access issues, and this research found virtually no consumer awareness of location rules.

Technology enabled dispensing is widely considered to be an inevitable development with numerous benefits apparent to some, while others struggle to get beyond concerns about security and how it would work. By and large it is considered positive, though this research indicates that implementation would require significant consumer education and support.

Australian consumers are appreciative of the health system in Australian and medicines are generally considered to be very affordable. Exceptions include private prescriptions, those who may need a number of medicines but are not concession card holders (such as families) and those who require many, many medications (even if they receive the concession rate).

While awareness of the PBS is widespread, though by no means universal, consumer awareness of details are very sketchy. There is common understanding that the PBS makes available medicines at a low rate for concession card holders, however, price variations in non-concessional co-payments confuse consumers about how the PBS benefits those with no concession. Importantly this research clearly indicates a consumer expectation that subsidised medicines be same price regardless of where they are purchased.

Finally many of the sub-groups of interest in this review did have varying experiences and opinions about pharmacy in Australia, based mainly on their needs, location and age. Regardless of any differences, people in this research largely expressed goodwill towards pharmacy in Australia and an appetite for improvement driven by consumer needs.