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# Pharmacies Survey

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December 2016

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# Background and Methodology

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- This report comprises the findings from the Pharmacies survey
- Questions were included on the MBU Omnibus Survey
- Fieldwork was conducted in December 2016
- Interviewing conducted face-to-face by means of HAPI
- Following the initial random selection of 60 sampling points (spread over approximately 100 electoral wards), a quota sampling methodology was utilised
- Final sample weighted to be representative of NI 16+ population in terms of gender, age, social class and region.
- Fieldwork was conducted by members of the Millward Brown Ulster Interviewer Panel
- All research conducted in compliance with the international standard ISO 20252 : 2012



# **Executive Summary**

# Executive Summary

- Three quarters of the sample stated that they had visited a Pharmacy in the 12 months preceding the research. In terms of gender there was a significant difference here between men (68%) and women (81%) and regarding age there was a usage peak amongst the 35-49 year olds (82%). There was little difference in usage between the different socio-economic profiles and, in terms of the different lifestyle cohorts, it was parents of pre-school children who were more likely to have used a pharmacy (92%); having said this usage was high across the cohorts.
- Across the different health care trusts there were some differences in usage. Belfast, South Eastern and Southern had the highest usage with circa 8 in 10 of the sample having used Pharmacies in these areas in the last year. This contrasted with Northern and Western who had 6 in 10 of the sample having used a Pharmacy in the last 12 months.
- Overall 45% had used a pharmacy more than 10 times – with no difference in gender, higher frequency for older people, higher usage for DEs (52%) when compared with ABC1s (42%) and C2s (40%) and most frequent usage for those with a long term medical conditions.
- A quarter of the sample had used a pharmacy 5-10 times in the last year with much fewer differences in usage across the board. Just under a third (31%) had used a pharmacy 1-5 times in the last year with somewhat higher incidences here amongst the 16-24 year olds (49%).
- Across the different health care trusts there were some differences in frequency of usage. Belfast and Southern had similar frequency of usage patterns with circa half the sample 10+ times, a third 5-10 times and a fifth 1-5 times. South Eastern and Northern regions were slightly different with just over a third having used a pharmacy more than 10 times; 1 in 4/5 having used a pharmacy 5-10 times and 4 in 10 having used a pharmacy 1-5 times. Western region had the highest frequency of usage with 60% having used a pharmacy more than 10 times in the last year (20% 5-10 times; 20% 1-5 times).
- The vast majority of the sample had visit a pharmacy to get their prescription filled. There were few differences here across the demographic cohorts apart from the older age groups who were more likely to use the pharmacy for this reason. Other medicines were purchased by 48% of the sample –especially females (52%) and the 25-49 year olds (av. 54%). Over the counter medicines had been bought by 40% of the sample - especially females (44%), 25-50 year olds (av. 48%) and ABC1s (46%). Advice was sought by a quarter of the sample and this was slightly higher amongst females.

## Executive Summary

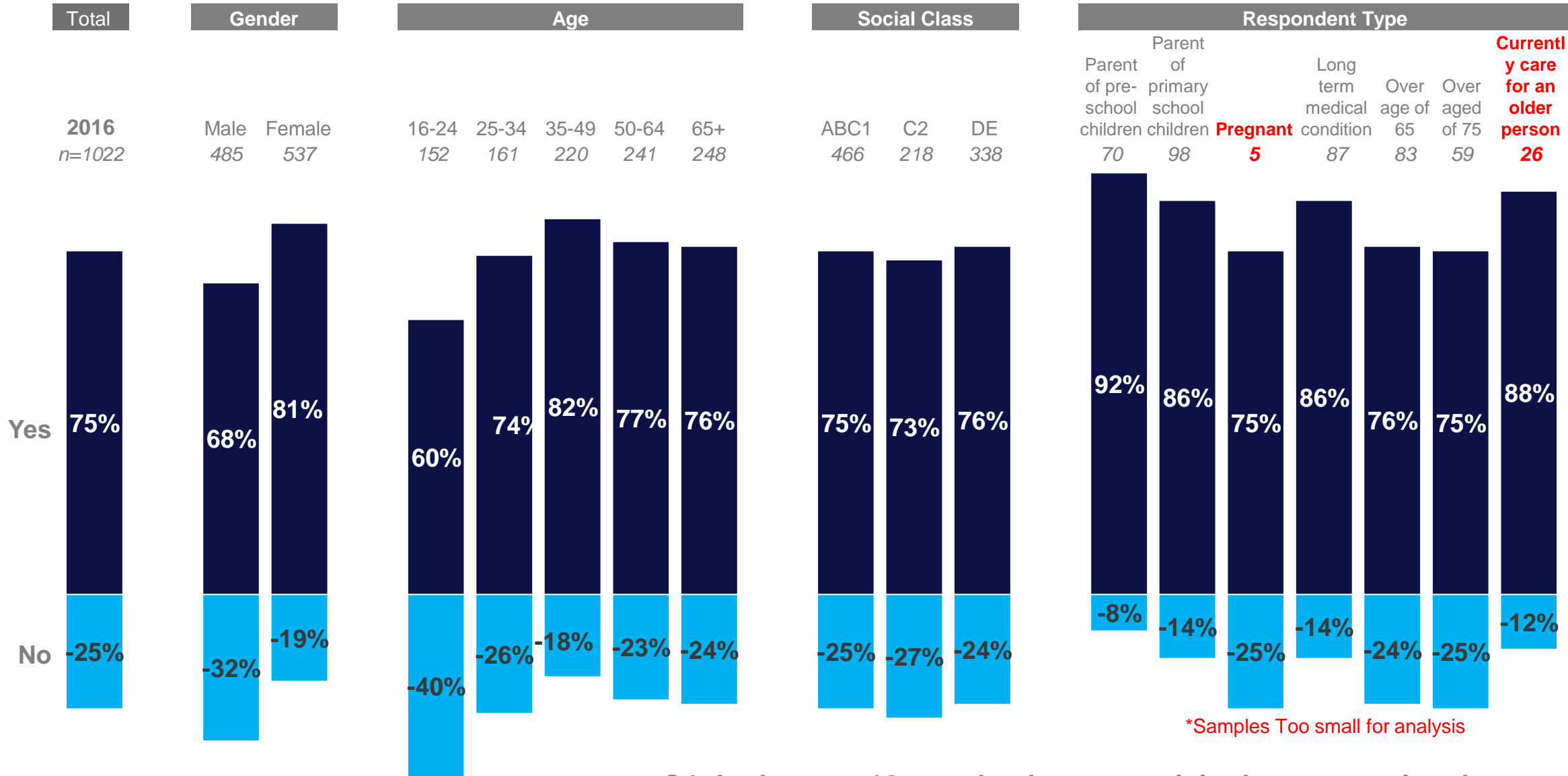
- Differences in usage were apparent across some of the cohorts. The over 65s were less likely to use their pharmacy to buy other medicines and for advice on medicines and minor conditions. Parents were less likely to use their pharmacy for advice about medicines. People with a long term condition were more likely to use their pharmacy for advice about the treatment of a minor condition.
- In terms of Health Trust areas there were some differences (however, lack of context means that their significance cannot be reported on). In the South Eastern region people were less likely to purchase other products, less likely to seek advice about medicines and about the treatment of a long-term condition. In the Southern region, people were more likely to purchase products other than medicines and in the Northern region people were somewhat less likely to purchase from the pharmacy.
- Service levels relating to the quality of the advice and information provided by the pharmacist were rated as 'excellent' by 6 in 10 and 'good' by a third (34%). This represents a total rating of 95% in the positive - a very strong result. In terms of demographics, there was little difference here by gender and seg and by age people became more positive the older they became (presumably linked to higher levels of usage). Moreover, amongst the lifestyle categories there were few significant differences.
- Service level ratings relating to the quality of the advice and information provided by the pharmacist were broadly similar across the different Health Trust areas. Southern had the strongest 'excellent' score (69%) and Northern had the strongest overall score (99% excellent/good); Belfast had the strongest 'good' score.
- The service relating to confidentiality was rated as 'excellent' by 6 in 10 and 'good' by approaching a third (31%). This represents a total rating of 91% in the positive – again a very strong result. In terms of demographics, there was little difference here by gender and seg, and by age, people became more positive the older they became (presumably again linked to higher levels of usage). Moreover, amongst the lifestyle categories there were few significant differences.

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- Service level ratings relating to the quality of the advice and information provided by the pharmacist were broadly similar across the different Health Trust areas. Southern had the strongest `excellent' score (68%) and Northern and Southern had the strongest overall scores (93% excellent/good); Belfast had the strongest `good' score. Western region was however lower here with 50% excellent score however this remains a respectable rating however).
- Satisfaction levels with the service provided by the community pharmacy were very high (98% satisfied with 66% very satisfied) and there were very few differences across the demographic and lifestyle groups apart from the over 65s for whom there were greater levels of `very satisfied' (75%).
- Satisfaction levels were broadly similar across the different Health Trust areas. In fact there was very little between them as they all scored in 90% or above in terms of overall satisfaction.
- In terms of being content to involve the pharmacist in the different areas there was strong approval across the board. Any differences are too slight to be commented upon – the only exception being “Identifying any changes needed to your treatment to help you get the most benefit from your medicines” which dropped to 83% ( but this remains a very strong score). These scores would indicate how trusted the community pharmacist was amongst users.
- Usage of the local pharmacy will depend on need here. Overall, advice on healthy lifestyles, provision of tests for conditions and flu vaccination were strong contenders for usage with circa 7 in 10 likely to use and 4 in 10 very likely to use.
- For 57% weight management would be used; 40% for contraception; 36% for sexual health services; 37% for reducing alcohol use and 42% for stop smoking services

# Main Findings

Three quarters of the sample stated that they had visited a Pharmacy in the 12 months preceding the research. In terms of gender this there was a significant difference here between men (68%) and women (81%) and regarding age there was a usage peak amongst the 35-49 year olds (82%). There was little difference in usage between the different socio-economic profiles and in terms of the different lifestyle cohorts it was parents of pre-school children who were more likely to have used a pharmacy (92%); having said this usage was high across the cohorts.



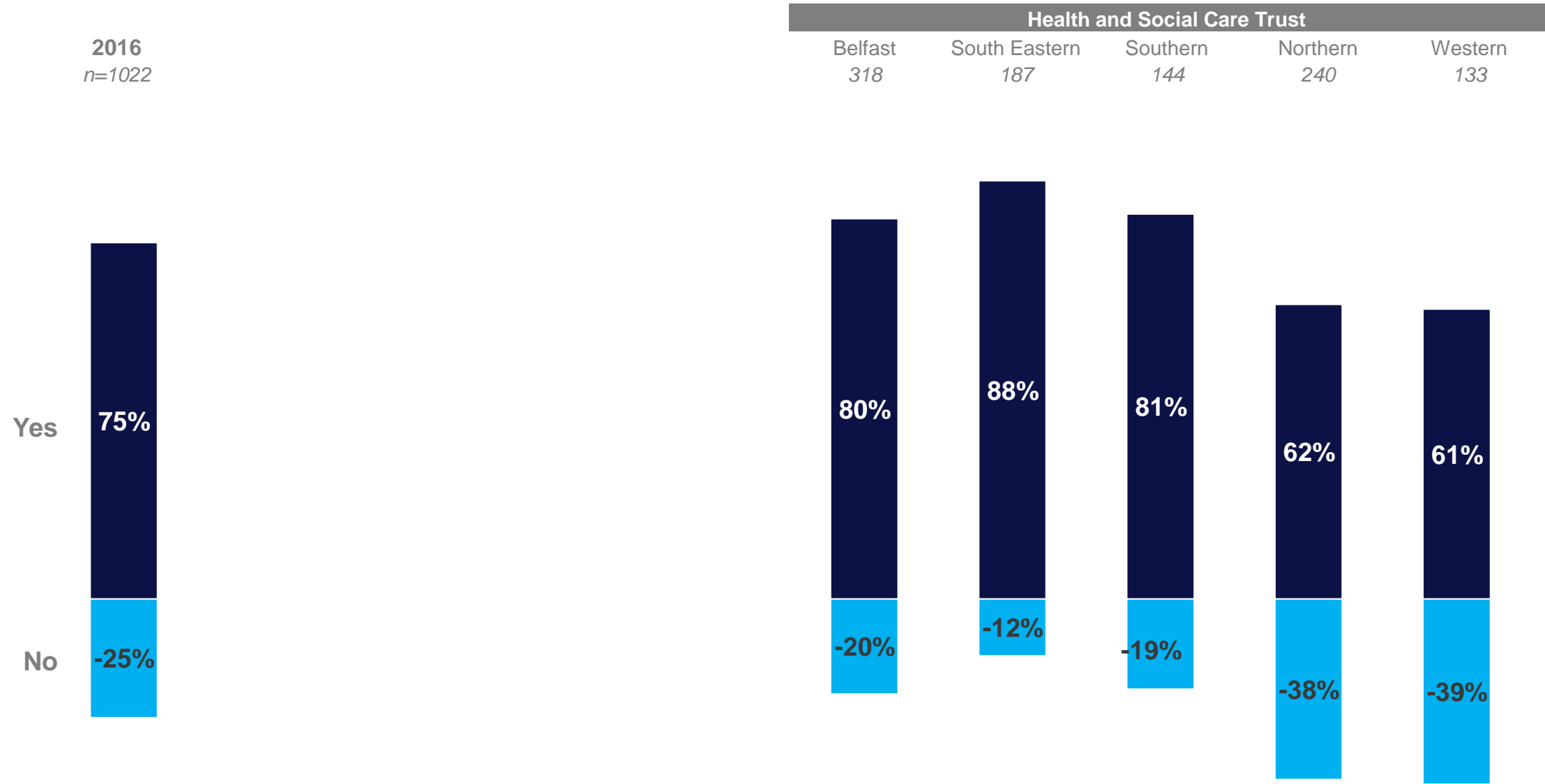
\*Samples Too small for analysis

Q1. In the past 12 months, have you visited a community pharmacy?

[ Base: All respondents n=1022 ]



Across the different health care trusts there were some differences in usage. Belfast, South Eastern and Southern had the highest usage with circa 8 in 10 of the sample having used Pharmacies in these areas in the last year. This contrasted with Northern and Western who had 6 in 10 of the sample having used a Pharmacy in the last 12 months.

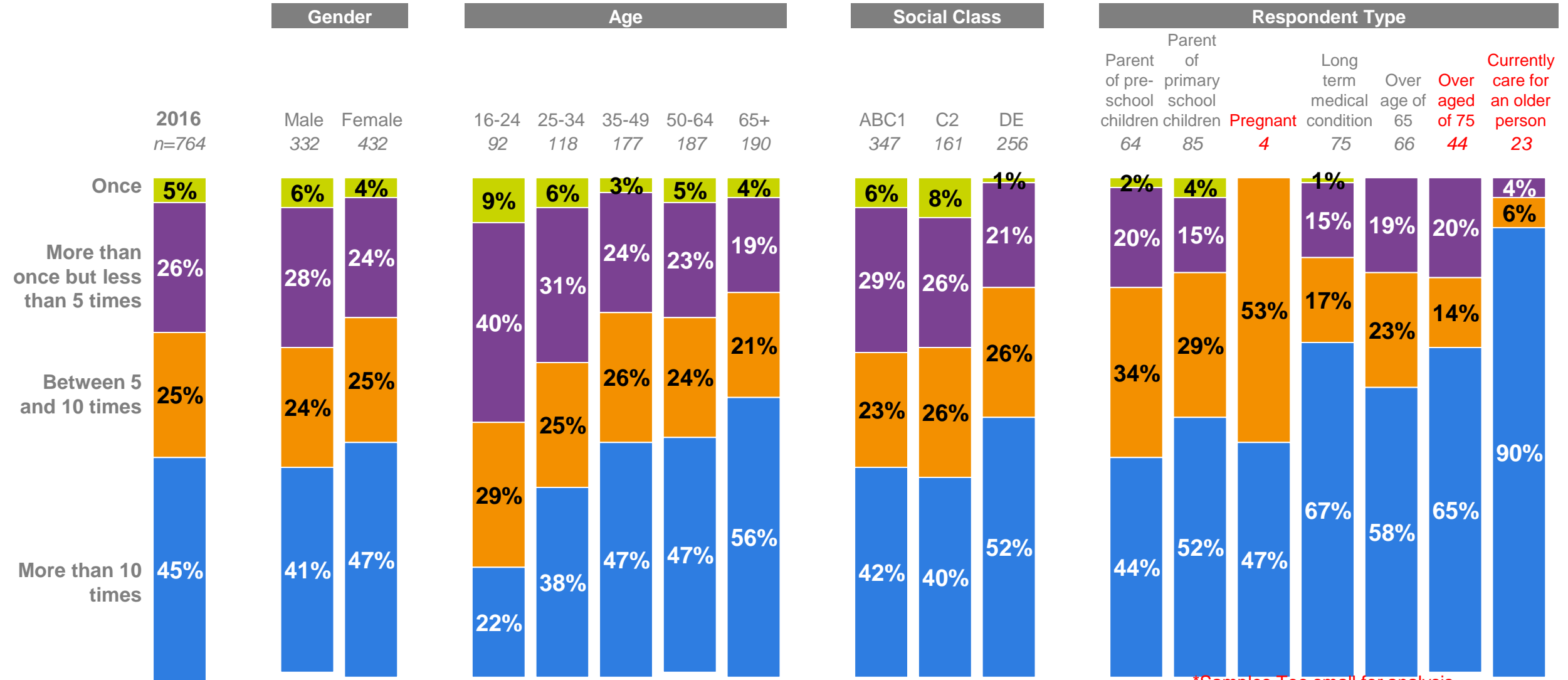


**Q1. In the past 12 months, have you visited a community pharmacy?**  
[ Base: All respondents n=1022 ]

Overall 45% had used a pharmacy more than 10 times - no difference in gender, higher frequency for older people, higher usage for DEs (52%) when compared with ABC1s (42%) and C2s (40%) and most frequent usage for those with a long term medical conditions.

A quarter of the sample had used a pharmacy 5-10 times in the last year with much fewer differences in usage across the board.

Just under a third (31%) had used a pharmacy 1-5 times in the last year with somewhat higher incidences here amongst the 16-24 year olds (49%).

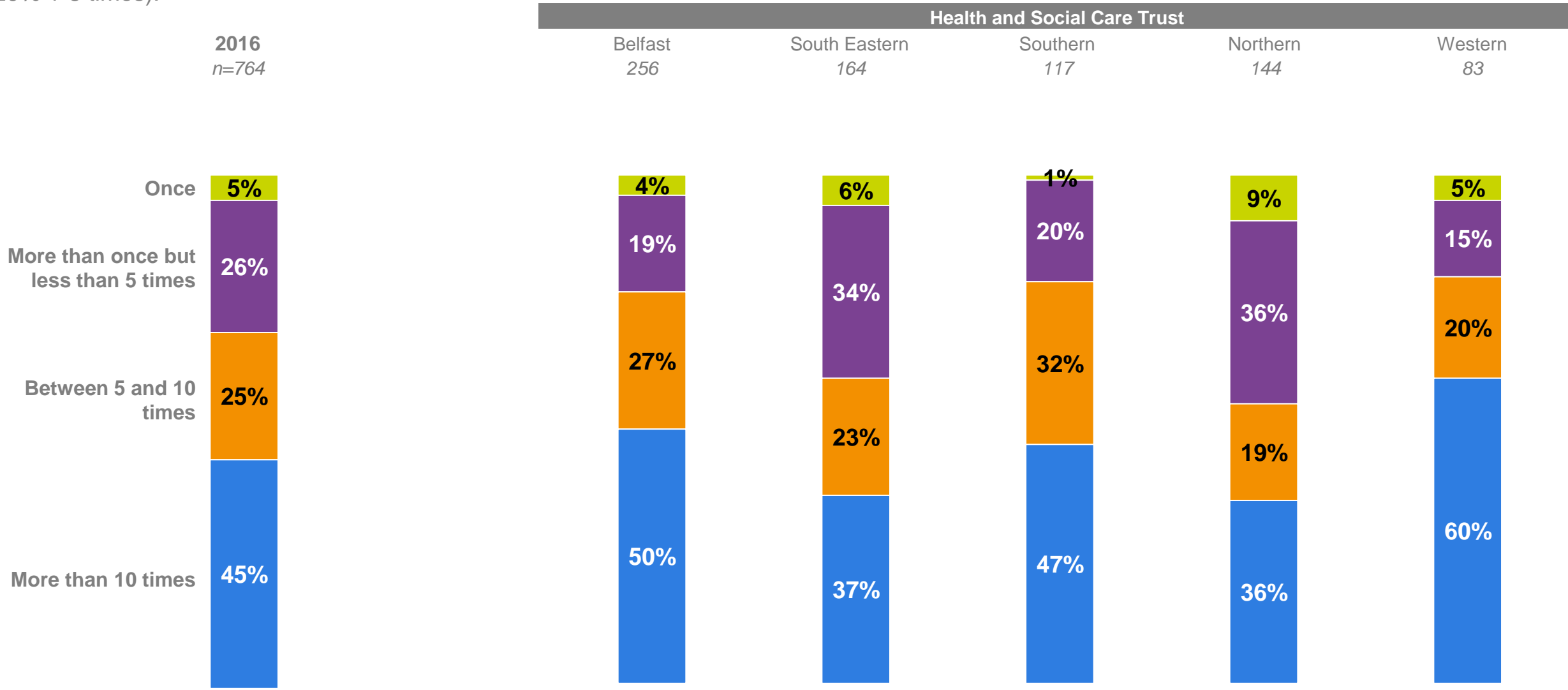


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### Q1b. How often have you visited a community pharmacy in the last year?

[ Base: All who visited n=764 ]

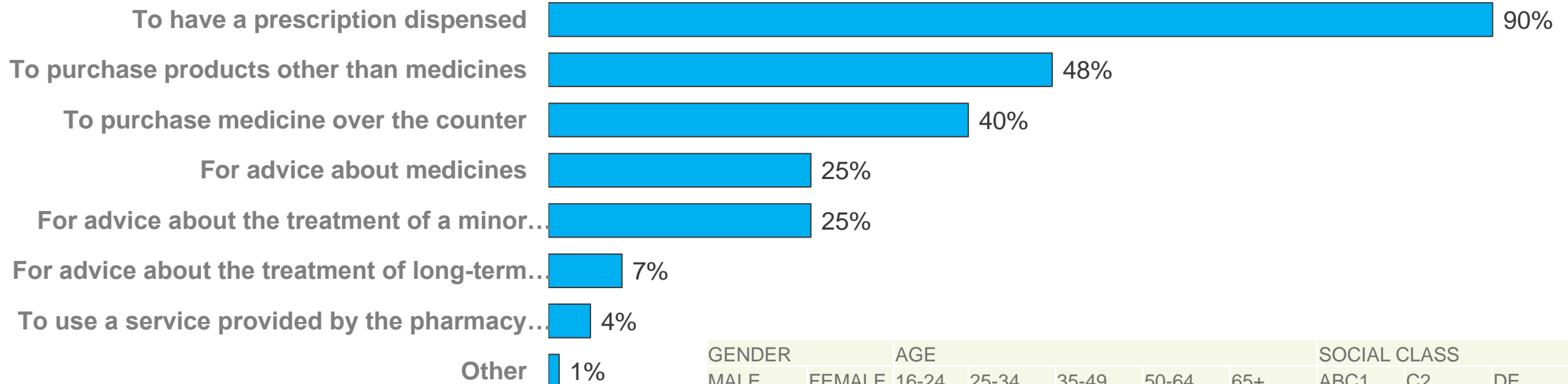
Across the different health care trusts there were some differences in frequency of usage. Belfast and Southern had similar frequency of usage patterns with circa half the sample 10+ times, a third 5-10 times and a fifth 1-5 times. South Eastern and Northern regions were slightly different with just over a third having used a pharmacy more than 10 times; 1 in 4/5 having used a pharmacy 5-10 times and 4 in 10 having used a pharmacy 1-5 times. Western region had the highest frequency of usage with 60% having used a pharmacy more than 10 times in the last year (20% 5-10 times; 20% 1-5 times).



**Q1b. How often have you visited a community pharmacy in the last year?**

[ Base: All who visited n=764 ]

The vast majority of the sample had visit a pharmacy to get their prescription filled. There were few differences here across the demographic cohorts apart from the older age groups who were more likely to use the pharmacy for this reason. Other medicines were purchased by 48% of the sample – especially females (52%) and the 25-49 year olds (av. 54%). Over the counter medicines had been bought by 40% of the sample - especially females (44%), 25-50 year olds (av. 48%) and ABC1s (46%). Advice was sought by a quarter of the sample and this was slightly higher amongst females.

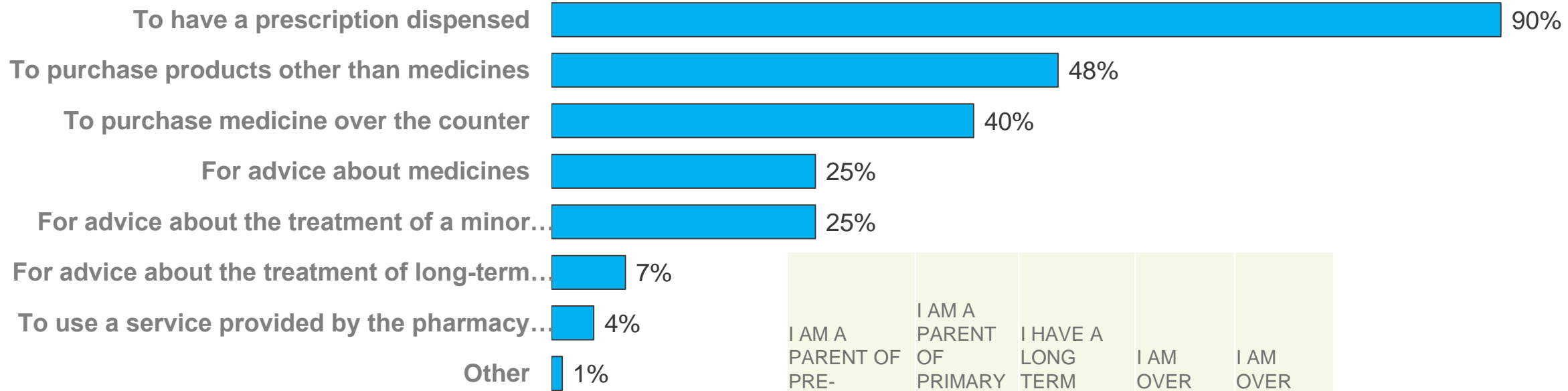


	GENDER		AGE					SOCIAL CLASS		
	MALE	FEMALE	16-24	25-34	35-49	50-64	65+	ABC1	C2	DE
	%	%	%	%	%	%	%	%	%	%
To have a prescription dispensed	87	92	82	83	88	<b>95</b>	<b>97</b>	89	88	92
To purchase products other than medicines	42	<b>52</b>	51	<b>56</b>	<b>53</b>	40	43	48	49	47
To purchase medicine over the counter	35	<b>44</b>	37	<b>50</b>	<b>46</b>	33	36	<b>46</b>	38	35
For advice about medicines	21	<b>29</b>	16	25	29	26	27	26	24	26
For advice about the treatment of a minor condition	22	<b>28</b>	18	21	31	27	23	29	23	21
For advice about the treatment of long-term condition	6	8	5	4	4	11	10	5	10	8
To use a service provided by the pharmacy (e.g., stop smoking, minor ailments, medicines review)	3	6	3	4	5	4	6	4	5	5

## Q2. What was the reason for your visit?

[ Base: All who visited n=764 ]

Differences in usage were apparent across some of the cohorts. The over 65s were less likely to use their pharmacy to buy other medicines and for advice on medicines and minor conditions. Parents were less likely to use their pharmacy for advice about medicines. People with a long term condition were more likely to use their pharmacy for advice about the treatment of a minor condition.

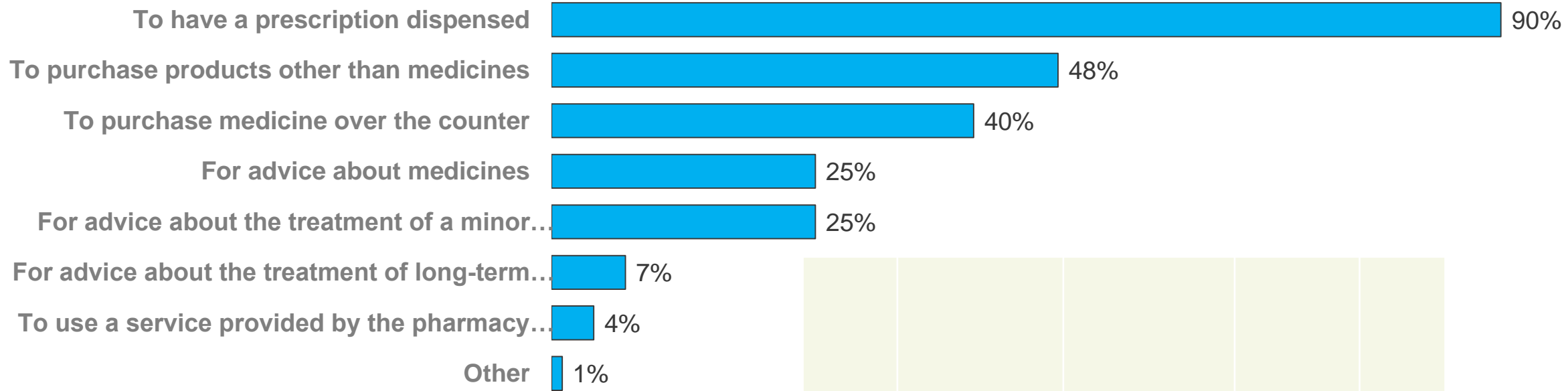


	I AM A PARENT OF PRE-SCHOOL CHILDREN %	I AM A PARENT OF PRIMARY SCHOOL CHILDREN %	I HAVE A LONG TERM MEDICAL CONDITION %	I AM OVER THE AGE OF 65 %	I AM OVER THE AGE OF 75 %
To have a prescription dispensed	95	93	96	99	100
To purchase products other than medicines	54	60	54	<b>39</b>	46
To purchase medicine over the counter	53	46	46	42	<b>27</b>
For advice about medicines	38	<b>28</b>	32	28	31
For advice about the treatment of a minor condition	31	39	<b>40</b>	<b>21</b>	22
For advice about the treatment of long-term condition	12	2	19	13	13
To use a service provided by the pharmacy (e.g., stop smoking, minor ailments, medicines review)	6	6	11	8	-

## Q2. What was the reason for your visit?

[ Base: All who visited n=764 ]

In terms of Health Trust areas there were some differences (however, lack of context means that their significance cannot be reported on). In the South Eastern region people were less likely to purchase other products, less likely to seek advice about medicines and about the treatment of a long-term condition. In the Southern region, people were more likely to purchase products other than medicines and in the Northern region people were somewhat less likely to purchase from the pharmacy.

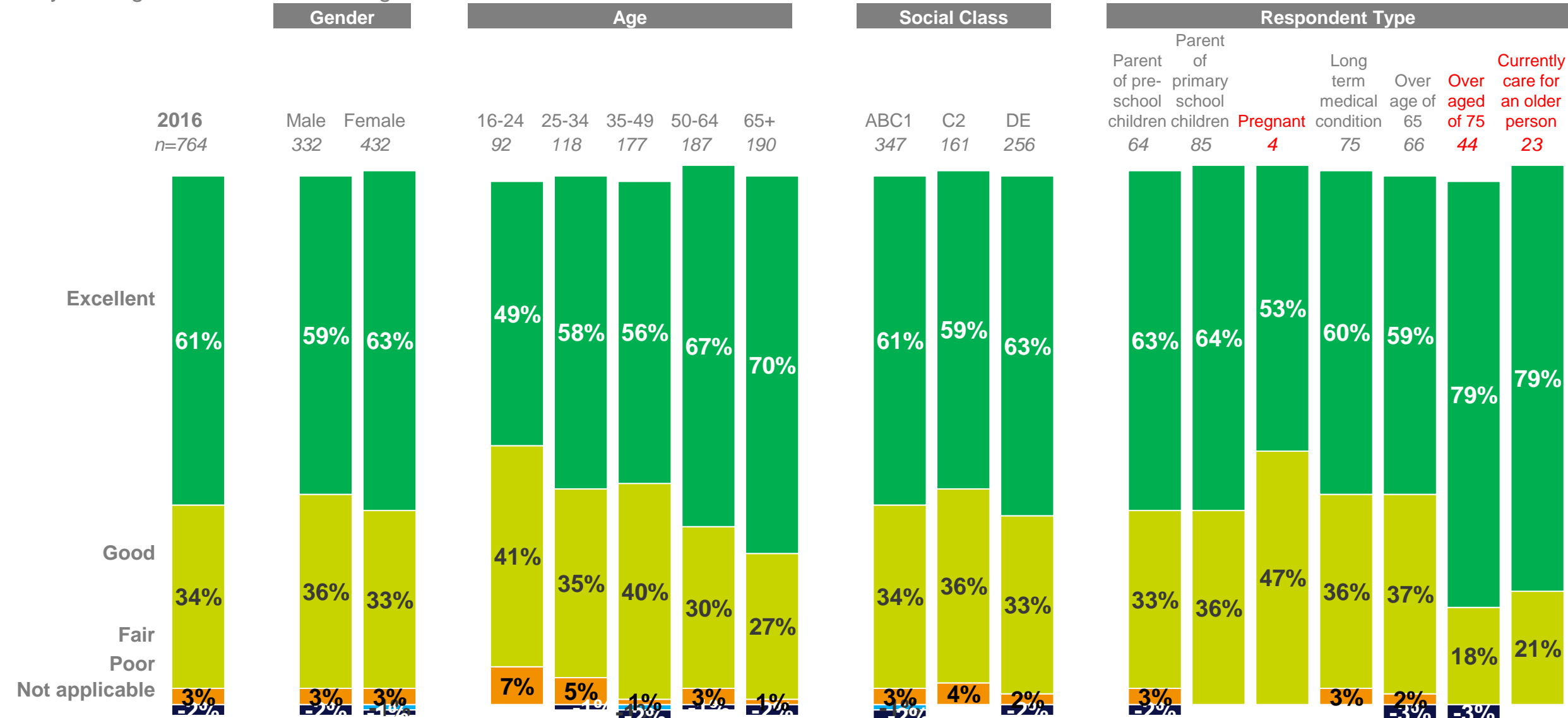


	BELFAST	SOUTH EASTERN	SOUTHERN	NORTHERN	WESTERN
	%	%	%	%	%
To have a prescription dispensed	90	89	91	90	88
To purchase products other than medicines	54	<b>29</b>	<b>63</b>	<b>43</b>	58
To purchase medicine over the counter	38	35	43	<b>49</b>	39
For advice about medicines	33	<b>17</b>	36	21	19
For advice about the treatment of a minor condition	27	<b>15</b>	36	25	28
For advice about the treatment of long-term condition	8	3	14	6	4
To use a service provided by the pharmacy (e.g., stop smoking, minor ailments, medicines review)	2	2	9	8	2

## Q2. What was the reason for your visit?

[ Base: All who visited n=764 ]

Service levels relating to the quality of the advice and information provided by the pharmacist were rated as 'excellent' by 6 in 10 and 'good' by a third (34%). This represents a total rating of 95% in the positive - a very strong result. In terms of demographics, there was little difference here by gender and seg and by age people became more positive the older they became (presumably linked to higher levels of usage). Moreover, amongst the lifestyle categories there were few significant differences.

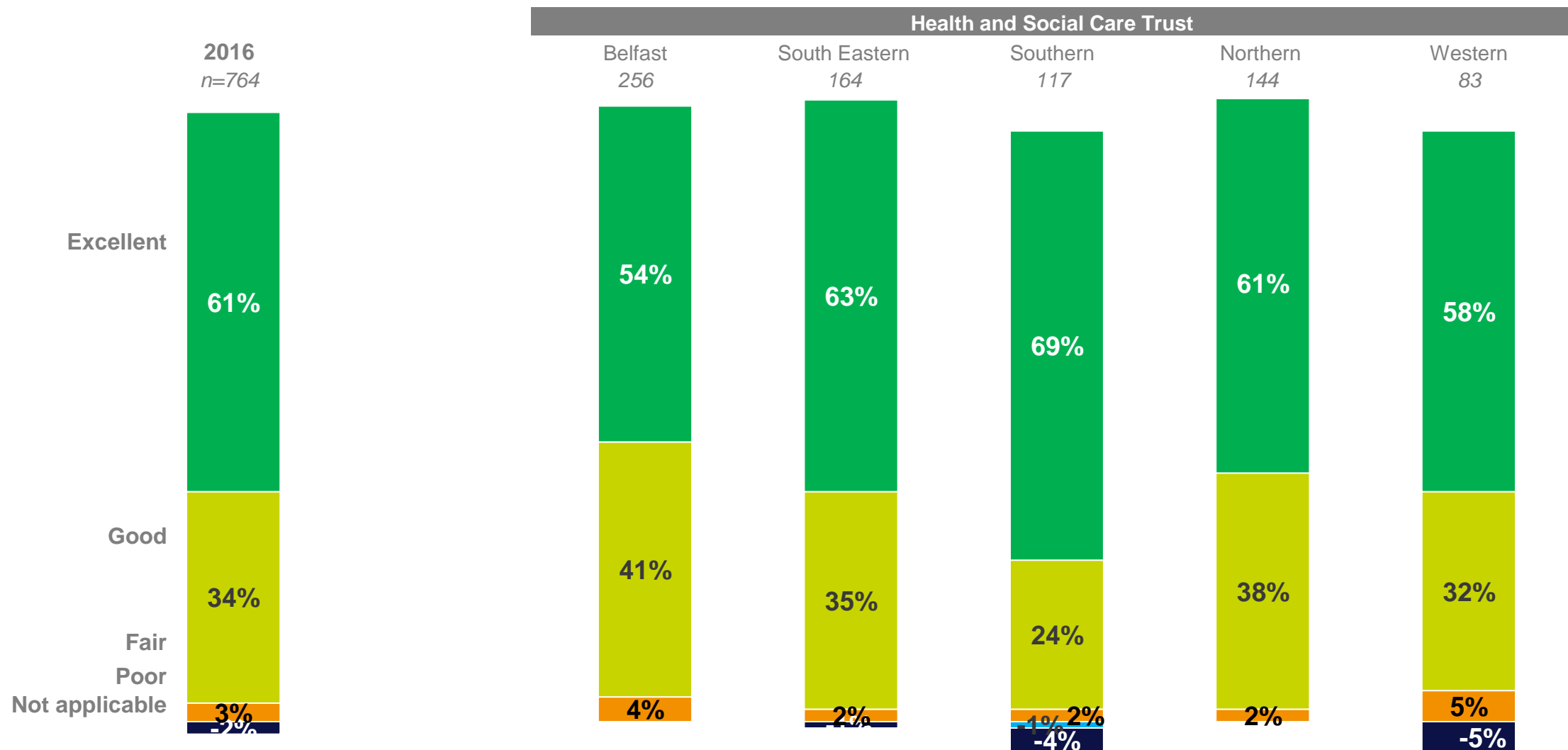


Q6. How would you rate the service provided by the community pharmacy in terms of the quality of the advice and information provided by the pharmacist?

\*Samples Too small for analysis

[ Base: All rate service in terms of quality of advice and information provided n=764 ]

Service level ratings relating to the quality of the advice and information provided by the pharmacist were broadly similar across the different Health Trust areas. Southern had the strongest 'excellent' score (69%) and Northern had the strongest overall score (99% excellent/good); Belfast had the strongest 'good' score.

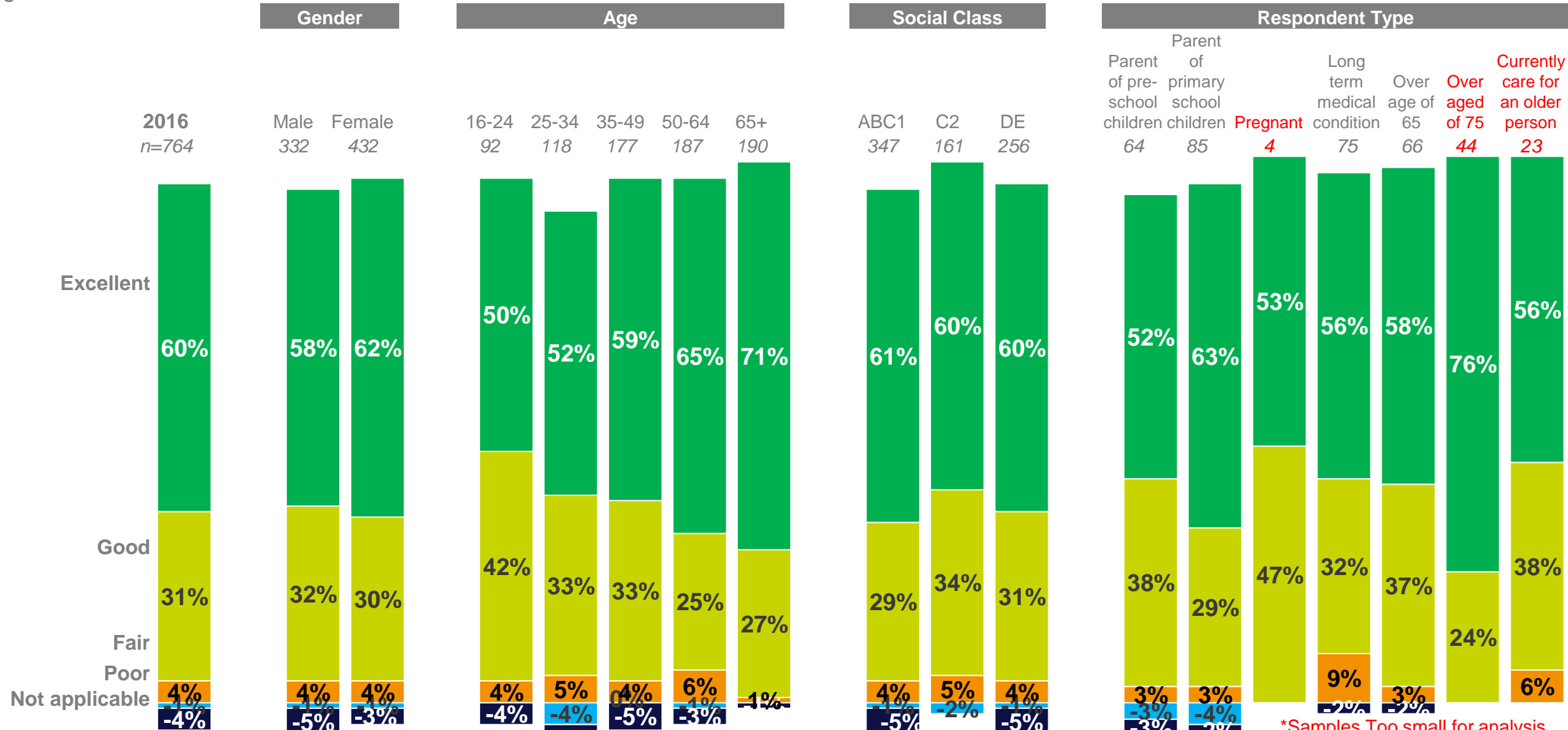


Q6. How would you rate the service provided by the community pharmacy in terms of the quality of the advice and information provided by the pharmacist?

[All rate service in terms of quality of advice and information provided n=764 ]



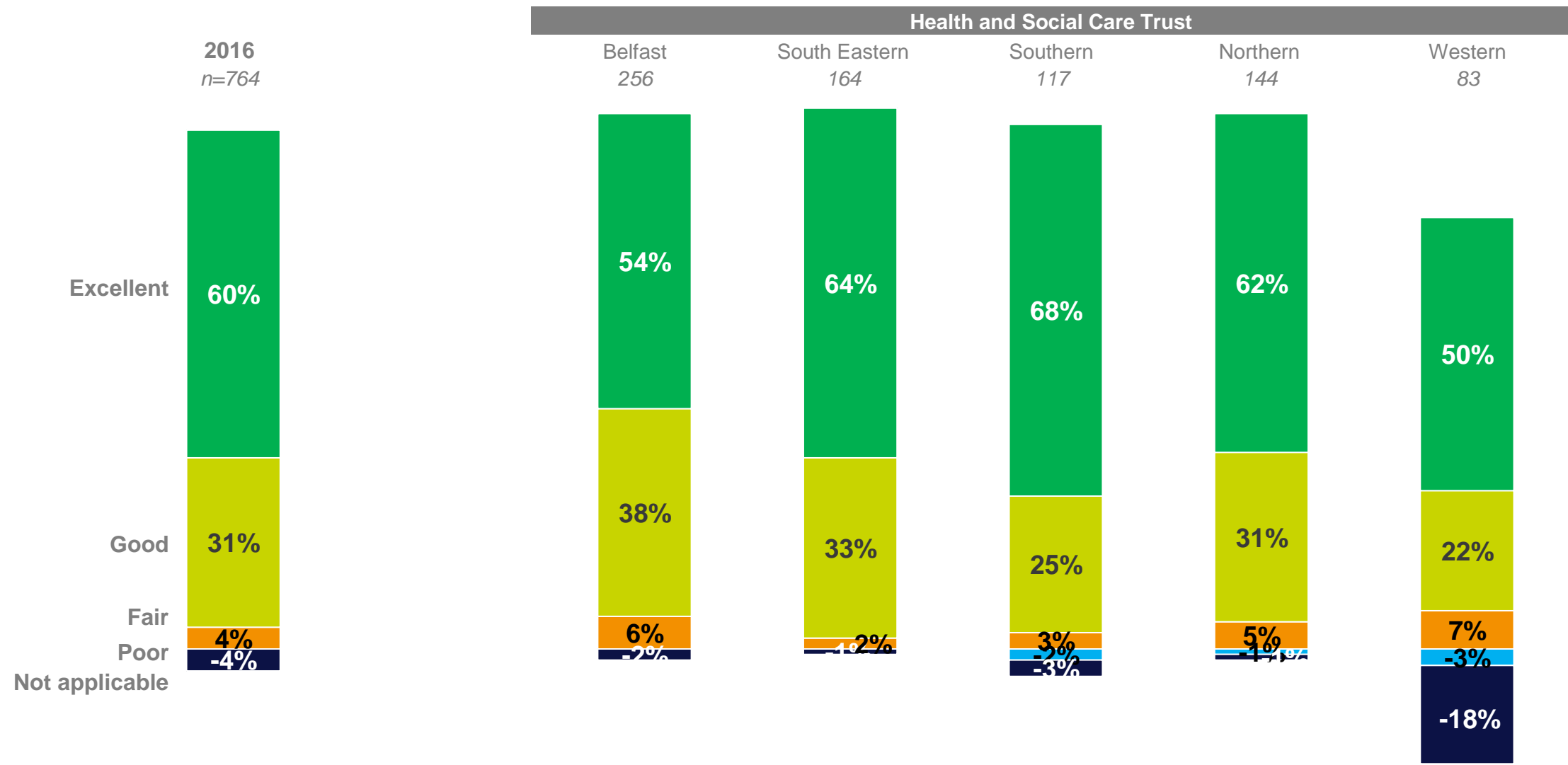
The service relating to confidentiality was rated as 'excellent' by 6 in 10 and 'good' by approaching a third (31%). This represents a total rating of 91% in the positive – again a very strong result. In terms of demographics, there was little difference here by gender and seg, and by age, people became more positive the older they became (presumably again linked to higher levels of usage). Moreover, amongst the lifestyle categories there were few significant differences.



Q7. How would you rate the service provided by the community pharmacy in terms of the confidentiality of the service? [ Base: All rate service in terms of quality of confidentiality of service n=764 ]

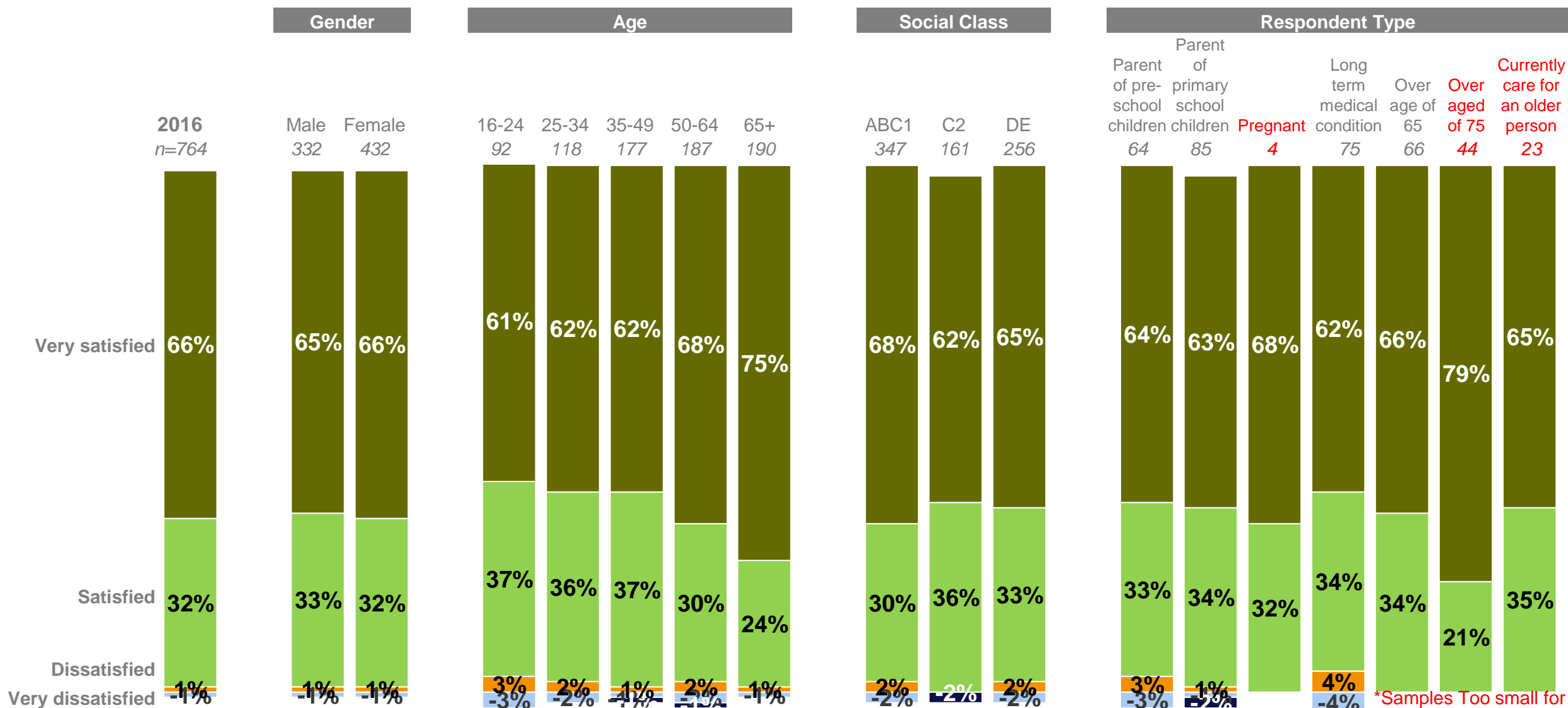
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Service level ratings relating to the quality of the advice and information provided by the pharmacist were broadly similar across the different Health Trust areas. Southern had the strongest 'excellent' score (68%) and Northern and Southern had the strongest overall scores (93% excellent/good); Belfast had the strongest 'good' score. Western region was however lower here with 50% excellent score however this remains a respectable rating however).



Q7. How would you rate the service provided by the community pharmacy in terms of the confidentiality of the service? [ Base: All rate service in terms of quality of confidentiality of service n=764 ]

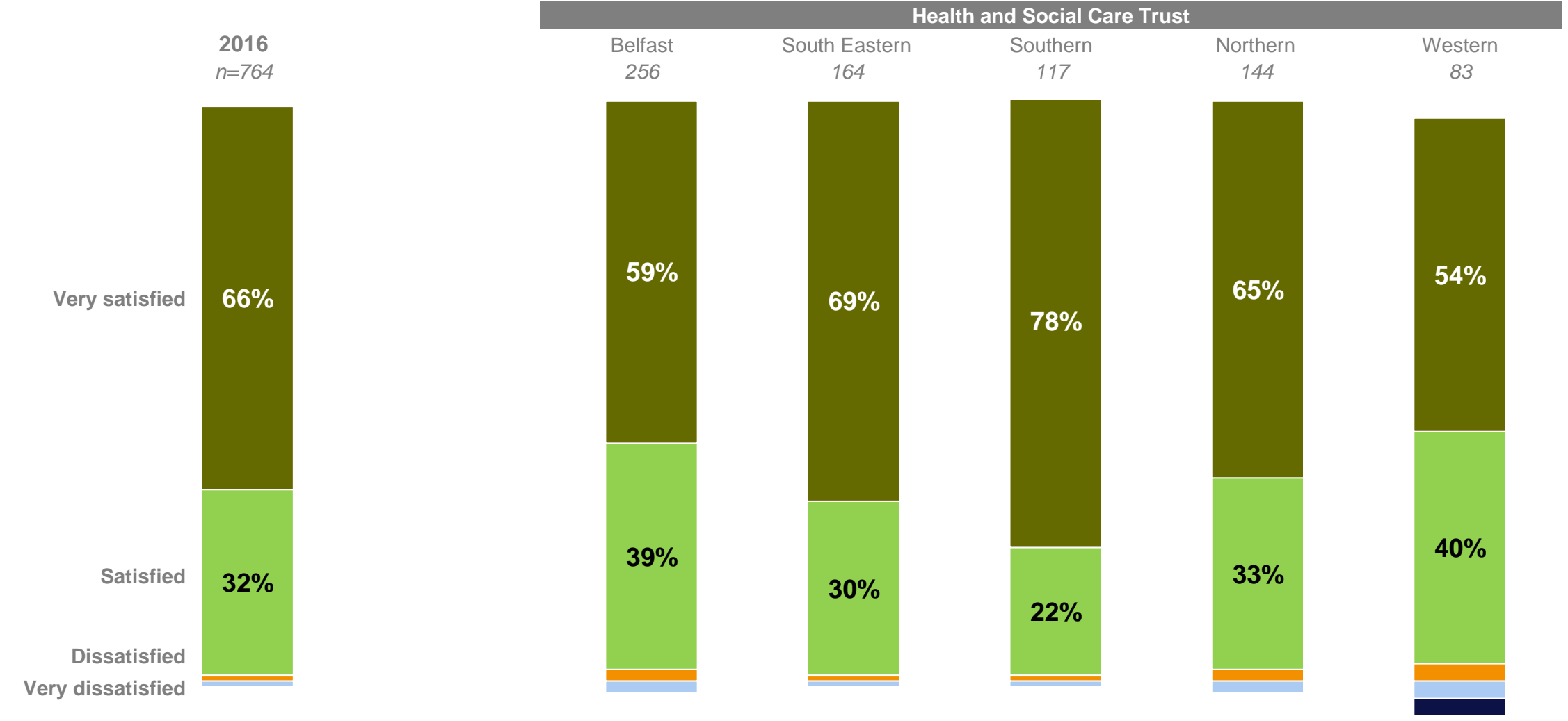
Satisfaction levels with the service provided by the community pharmacy were very high (98% satisfied with 66% very satisfied) and there were very few differences across the demographic and lifestyle groups apart from the over 65s for whom there were greater levels of 'very satisfied' (75%).



Q8. How satisfied or dissatisfied were you with the service provided by the community pharmacy? [ Base: Satisfaction with service provided n=764 ]

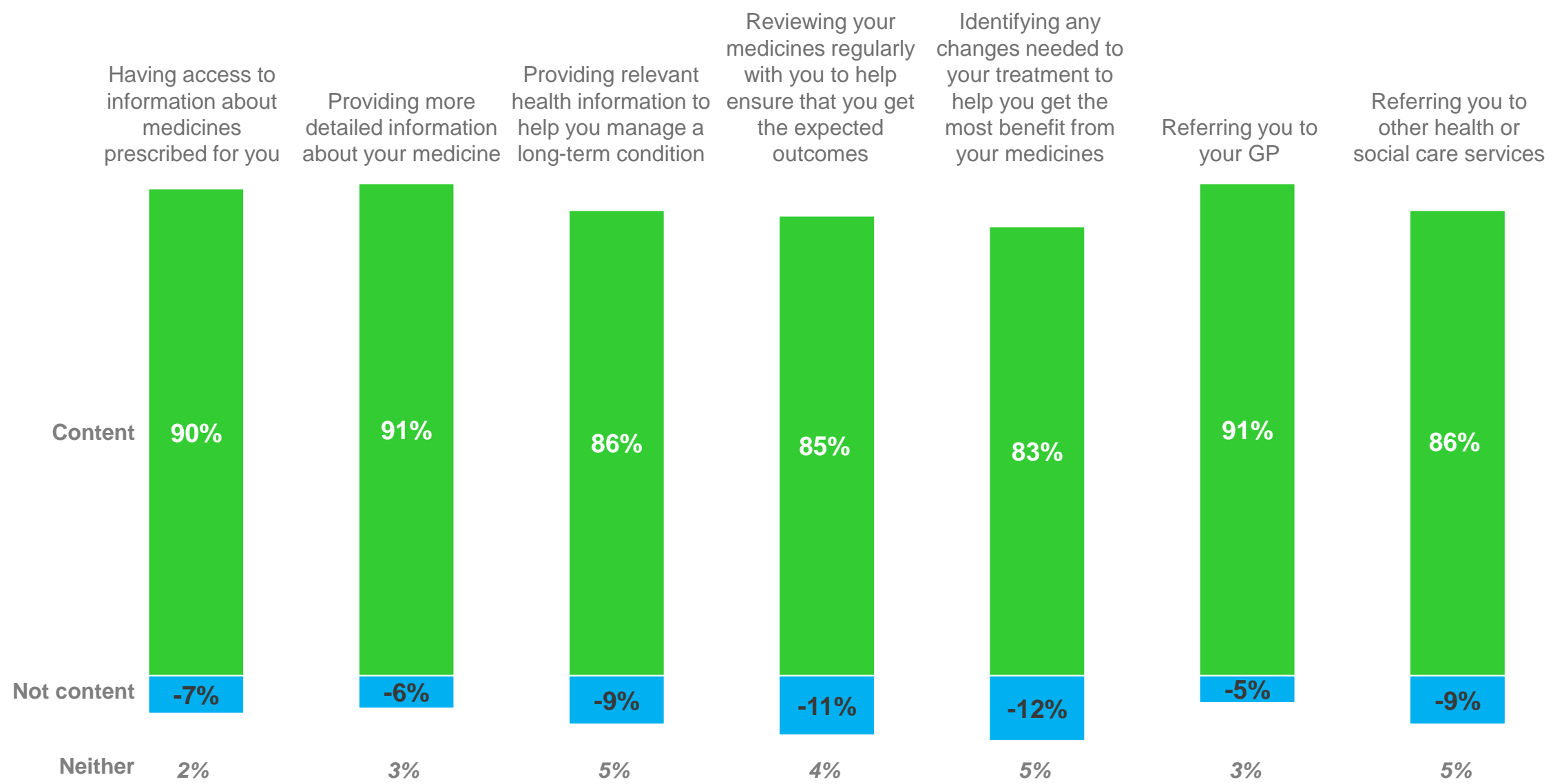
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Satisfaction levels were broadly similar across the different Health Trust areas. In fact there was very little between them as they all scored in 90% or above in terms of overall satisfaction.



**Q8. How satisfied or dissatisfied were you with the service provided by the community pharmacy?** [ Base: Satisfaction with service provided n=764 ]

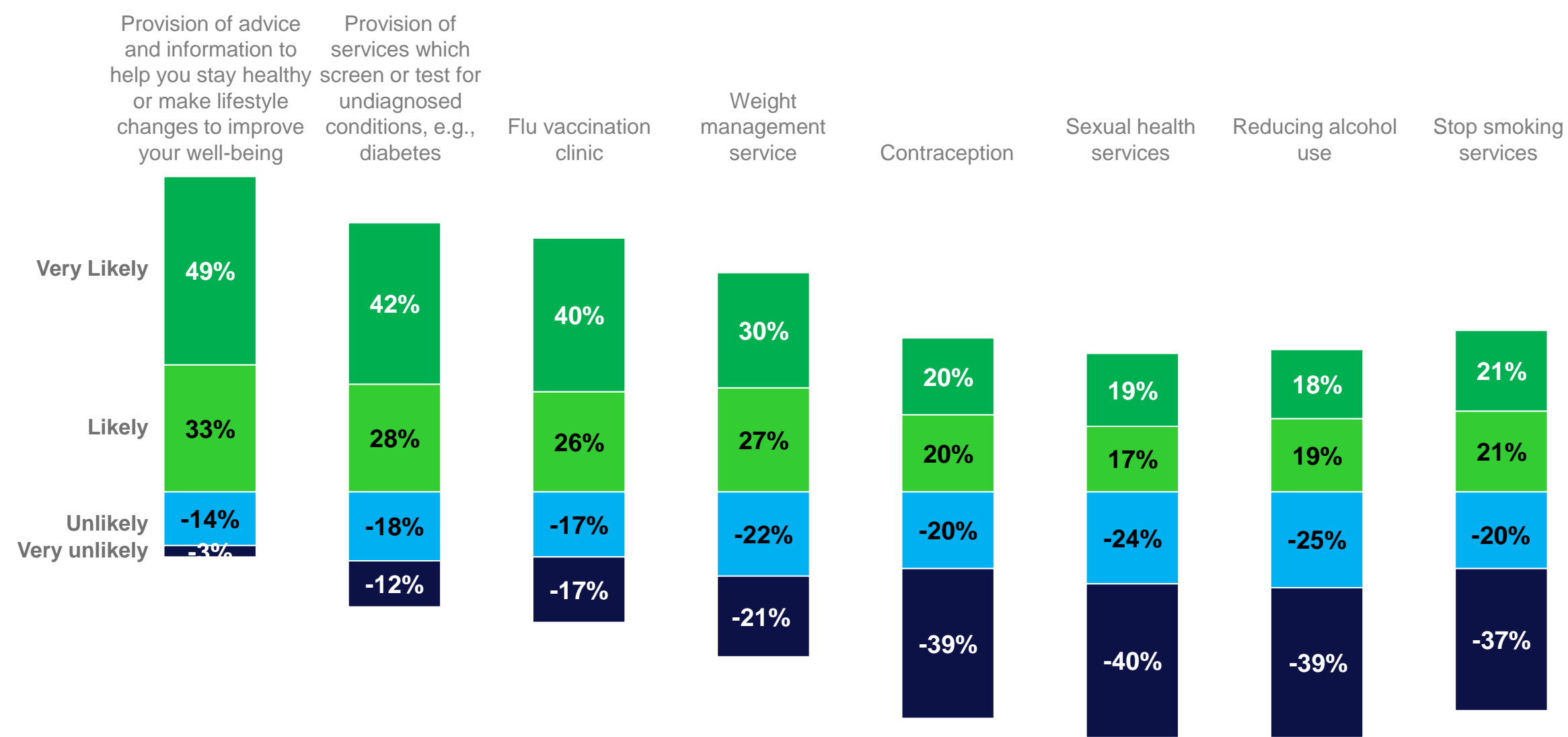
In terms of being content to involve the pharmacist in the different areas there was strong approval across the board. Any differences are too slight to be commented upon – the only exception being “Identifying any changes needed to your treatment to help you get the most benefit from your medicines” which dropped to 83% ( but this remains a very strong score). These scores would indicate how trusted the community pharmacist amongst users.



Q9a. How content would be for appropriately trained pharmacist to have increased involvement in helping manage medicines by ...? [ Base: All use service n=764 ]

Usage of the local pharmacy will depend on need here. Overall, advice on healthy lifestyles, provision of tests for conditions and flu vaccination were strong contenders for usage with circa 7 in 10 likely to use and 4 in 10 very likely to use.

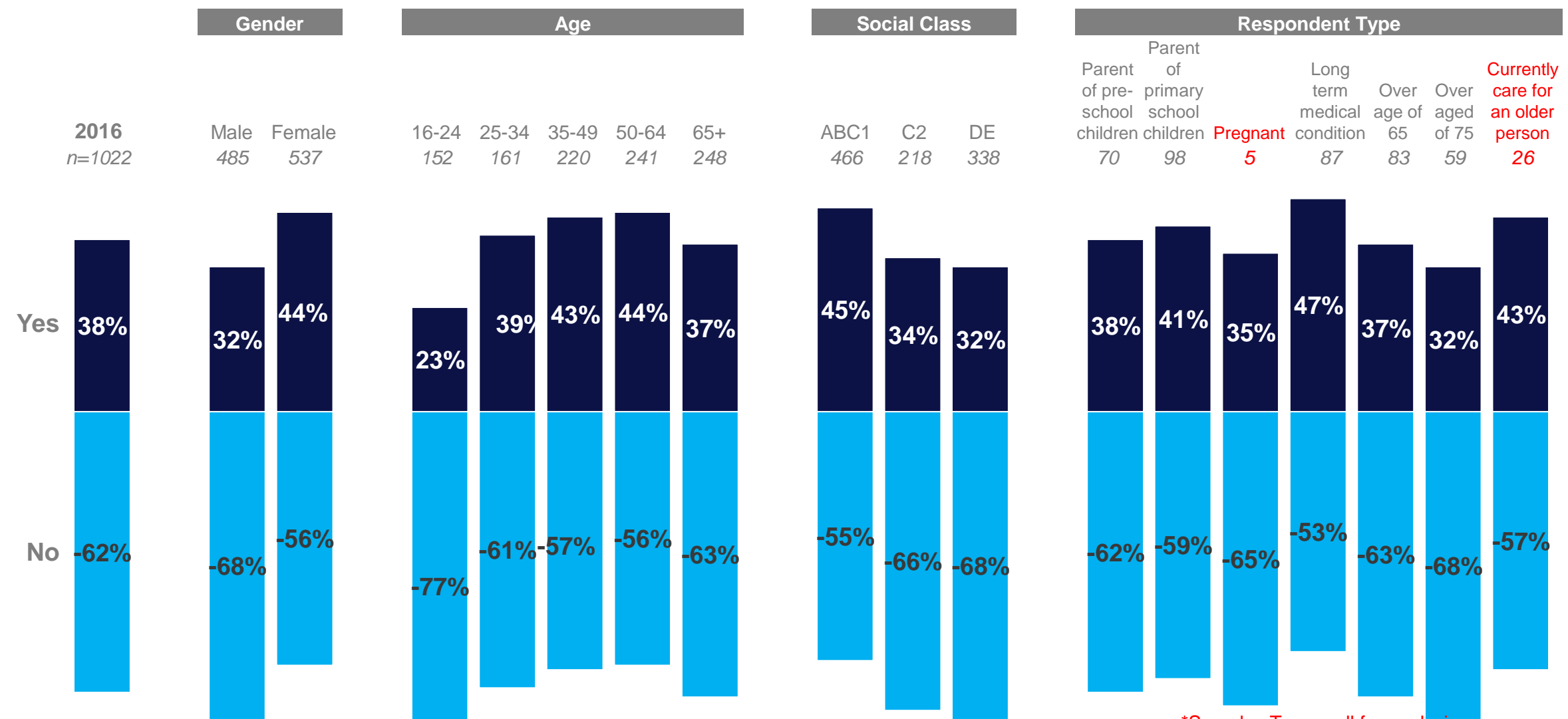
For 57% weight management would be used; 40% for contraception; 36% for sexual health services; 37% for reducing alcohol use and 42% for stop smoking services.



**Q10. Likelihood to use the service at a community pharmacy...?**

[ Base: All use service n=764 ]

In terms of advertising recall, 38% of the sample could spontaneously recall advertising on the subject of using their local pharmacy.



\*Samples Too small for analysis

**Q11. Have you seen or heard any advertising on the subject of using your local pharmacy?**

[ Base: All respondents n=1022 ]