A qualitative exploration of the barriers and facilitators affecting informal and familial carers accessing community pharmacy services

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Introduction: There are approximately 5.3 million informal carers in the United Kingdom, many of which support family members in their health including medicines use. Informal carers are unpaid and often unsupported. Many visit pharmacies to collect medicines and look for advice.

Aim: To explore informal carer involvement in community pharmacy services.

Methods: Semi-structured interviews with carers and pharmacy staff were conducted between October and December 2022. The project received ethical approval from the Faculty of Medical Sciences ethics committee (References: 25925/2022; 25368/2022) in October 2023. Interviews took place remotely and explored perspectives on the role of community pharmacy in identifying and supporting carers; the study received institutional ethical approval. Interviews were audio-recorded and transcribed verbatim before being analysed using a reflexive thematic approach.

Results: A total of 25 interviews were conducted with 13 carers and 12 pharmacy staff. From the thematic analysis, four themes were identified: Firstly, ‘Cultural expectations of caring’ - Carers described ways in which they found themselves in the role, for the majority this was not something they decided to do but was an expectation of an existing familial relationship, because of this both carers and pharmacy staff struggled to identify people as ‘carers’ due to understanding it was a formal role. Secondly, ‘Carers cannot be patients too’ - Caring was described as like a job and one in which their health was impacted but this was not always recognised by pharmacy staff who saw supporting carers as a way to provide better patient care rather than caring for the carer. Thirdly, ‘Being in the know-how of caring’ - The carers described having to know how to be a carer and how to navigate health systems. Carers first described needing to know about medicines use and secondly know how to navigate systems and processes around accessing medicines services. Fourthly ‘Don’t forget the community in community pharmacy’ - meaningful relationships between pharmacy staff and carers were important to carer experience and carers recognised that pharmacies are not just a place for medicines supply but increasingly a space for wider services as part of a ‘community hub’.

Discussion/Conclusion: Being a carer is often a cultural expectation which can contribute to worsening health and wellbeing of carers. This is aggravated by the need to navigate a complex system of services and know about medicines. A limitation of the work is that ethnicity was not and as such this may require further investigation.

Community pharmacy can offer a place for support, but pharmacy staff may need to reconsider their approach to identifying and supporting carers in their own right and not just treating them as an extension of supporting a patient to receive better care.

Keywords: Informal carers; family; community pharmacy; pharmacy services; social pharmacy
Aim: To improve medication safety for people with sight impairments was a group at high risk of medication errors, especially due to their sight impairment. We carried out a scoping review identified that 237 million medication errors occur each year in England, with an estimated cost of £98 million.

Methods: Around 237 million medication errors occur each year in England, with an estimated cost of £98 million.