

Piotr Teodorowski¹, Viktoria Eriksson

Interaction of Ethnic Minorities with Pharmacy Services in Aberdeen.

November 2016

Grampian Regional Equality Council

1. Introduction

A local pharmacy is one of first places of contact regarding health issues. This study explores the interaction of ethnic minorities with pharmacy services in Aberdeen. It is follow-up research from the investigation on the knowledge of the Know Who To Turn To Campaign among members of ethnic minorities. In the previous study participants were asked to assign a sickness to the right contact (e.g. GP, pharmacist, A&E, self-care etc.). The results showed that only 14% of responders gave a right answer when pharmacy was the correct one. This report will discuss how often ethnic minorities use pharmacy services, what their perception of services is, how the experience from their home country may influence this perception, and check in detail their knowledge of pharmacy services. Finally, a number of recommendations will be presented on how to make services more accessible and acceptable for ethnic minorities.

2. Methodology

The study was conducted from July to October 2016. The main research method was in-depth interviews with members of ethnic minorities in Aberdeen and a survey investigating the knowledge of pharmacy services. The Interview schedule and the questionnaire were consulted with the Pharmaceutical Services Pharmacy & Medicines Directorate of NHS Grampian. The interview schedule and the survey are available in Appendices 1 and 2. During interviews, participants discussed their personal experience with local pharmacies. Later, they were provided with the list of services offered in all pharmacies as well as locally negotiated services and were asked if they were aware that these services are available at their local pharmacy and if they are surprised that they are offered there. Final questions looked into differences in pharmacy services between Scotland and their home country. The interview participants were invited to take part in the survey through GREC's contact list and a number of adverts were published online through social media. Interested parties were offered places on a "first-come" basis. Interviews were recorded and transcribed. Responses were analysed using inductive thematic analysis procedure in CATMA 5. Firstly, the data were read and meaningful codes were identified. Later, these codes were grouped together into related themes. The survey was distributed during multicultural events in Aberdeen: One World Day Mela and Eid in the Gardens. It was also available online through Survey Monkey and promoted on social media.

3. Participants

The tables below show the data from the monitoring forms. Table 1 presents ethnicity, age, gender and the purpose of the last visit to the pharmacy of interview participants. There were 16 participants. The following table and figures show data on participants who filled up the survey. They illustrate the self-defined ethnicity (Table 2), gender (Figure 1) and age of responders (Figure 2). 164 people took part in the survey.

¹ Health Link Worker at GREC, 41 Union Street Aberdeen AB11 5BN, piotr@grec.co.uk

Table 1 – Demographic information and reason for last visit of Interview Participants

Ethnicity	Age	Gender	Purpose of the last visit to pharmacy
British	60-65	Female	Picking up prescription
Bulgarian	20-25	Female	Advice/Buying medicine
Chinese (Taiwanese) 2	30-40	Female	Buying medicine
Chinese (Taiwanese)	35-45	Female	Picking up prescription
Latvian	30-40	Female	Picking up prescription
Latvian 2	20-30	Female	Picking up prescription
Lithuanian	25-35	Female	Buying medicine
Lithuanian 2	20-30	Female	Picking up prescription
Polish	30-40	Female	Advice/buying medicine
Portuguese	40-50	Female	Picking up prescription
Romanian	20-25	Male	Buying medicine
Romanian Couple	20-30	Female and Male	Advice/Buying medicine/Repeated prescription
Russian-Lithuanian	25-30	Female	Picking up prescription/buying medicine
Slovak Couple	35-45	Female and Male	Repeated prescription

Table 2 – Ethnicity of Survey Participants

Ethnicity			
Australian	1	Mediterranean	1
African	5	Pakistani	14
Asian	1	North African	1
Bangladeshi	4	North African	1
British	6	Polish	13
British Indian	1	Portuguese	2
British Caucasian	8	Romanian	5
Bulgarian	1	Russian	2
Chinese	3	Scottish ²	27
Egyptian	2	Sikh	1
English	1	Sri Lankan	2
Estonian	1	Sudanese	1
European	9	Swedish	1
Filipino	1	Swiss	1
French	1	Taiwanese	2
German	1	Traveler	1
Greek	1	Uzbekistan	1
Indian	11	White	16
Irish	2	Mix ethnicity	2
Lithuanian	1	Not specified	10
Total			164

² The survey was open to everyone, though it was made clear it was targeted to ethnic minority communities. It was an open question. Consequently, some of the participants who may identify themselves as being members of ethnic minorities, also have been living in Scotland for a long time so they identify themselves as Scottish.

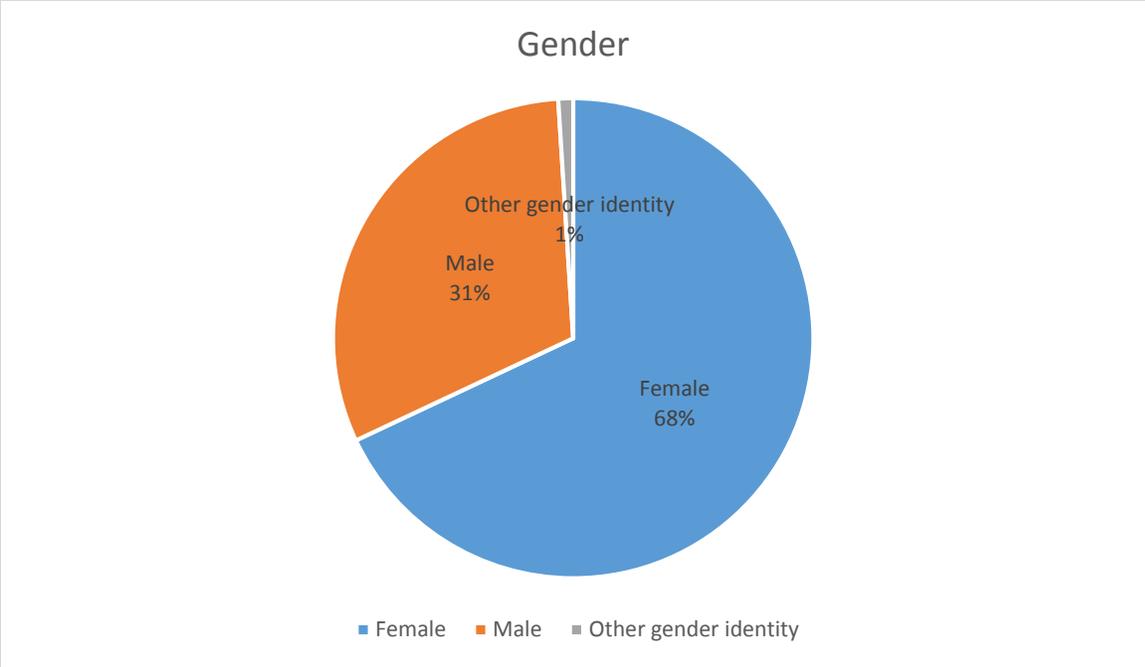


Figure 1

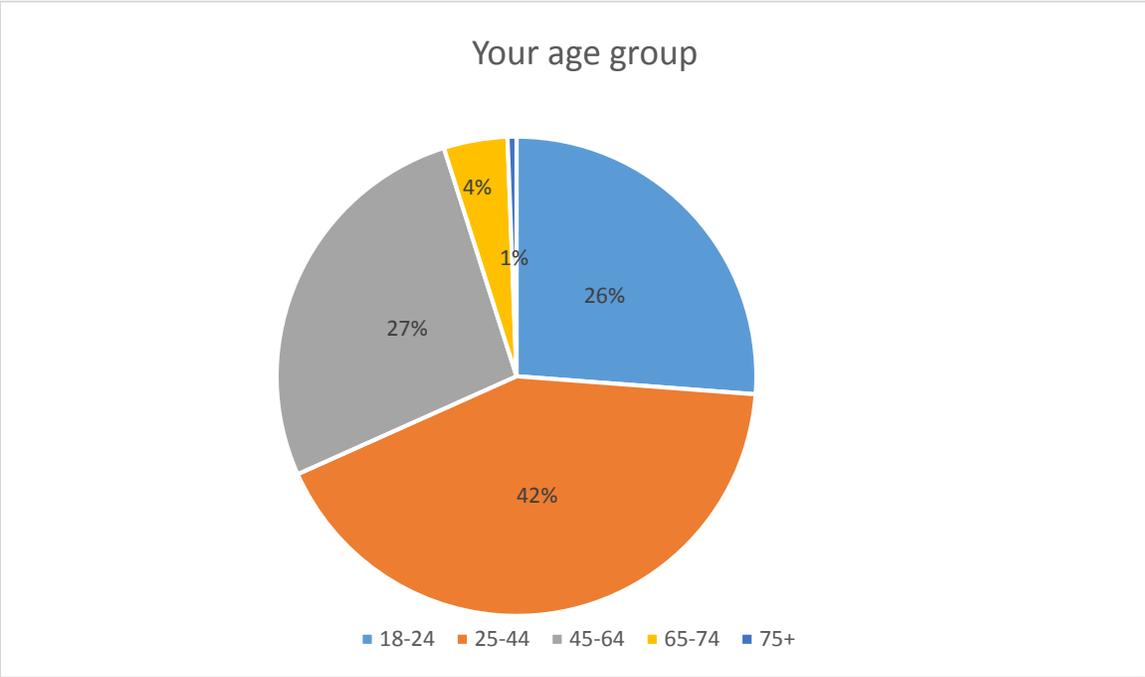


Figure 2

4. Analysis

This section will present the findings from the study. Firstly usage of services will be discussed. Then, the perception of services will be analyzed. Thirdly, the reader shall be introduced to how experience from a home country may influence the expectations of pharmacy services in Scotland. Fourthly, the knowledge of services shall be presented. Finally, some suggestions for promotion will be offered.

A. Usage

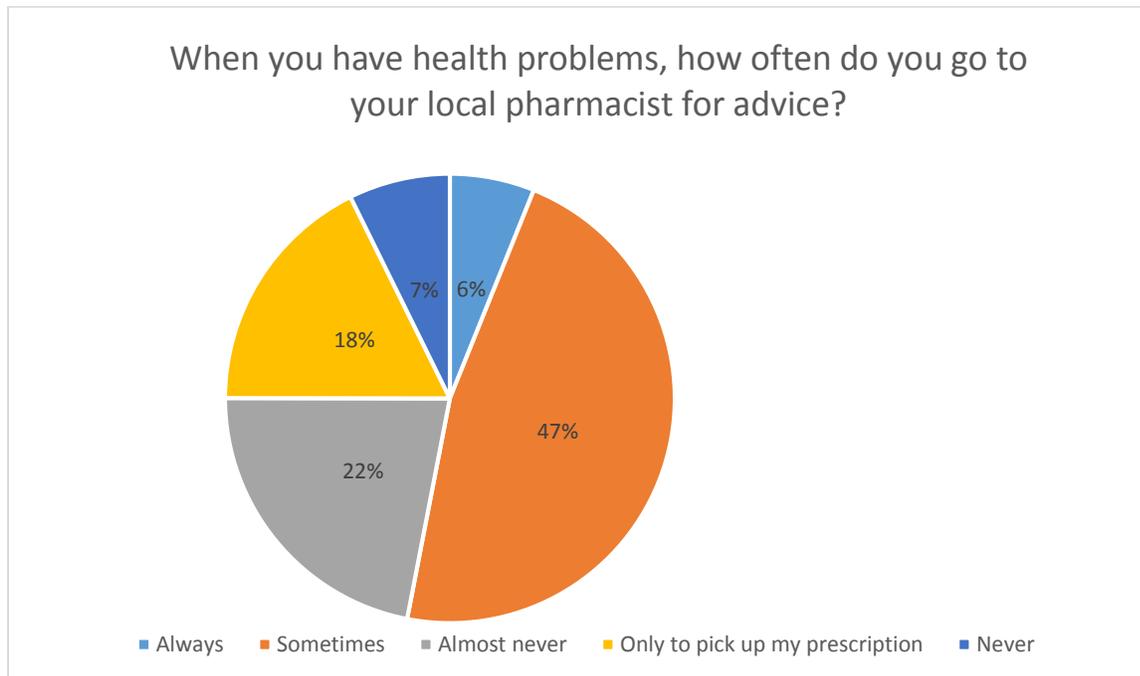


Figure 3

Figure 3 shows how frequently participants visit their local pharmacies. 53% of them would go to the pharmacist for advice always or sometimes. Whereas, 18% of participants use the pharmacist only to pick up their prescription and 29% do not use or never use the service. It shows that pharmacies are not used at all, or to their full potential, by a significant proportion of ethnic minorities.

B. Perception of Services

There are two types of perspectives on pharmacies: the view on the service itself and a pharmacist as a person. It goes without saying that those two are interrelated, but they have been separated in this analysis. The majority of comments on pharmacy services were very good

“Services are very good” (Portuguese)

“I’ve been very rarely to the pharmacist here but so far I’ve had a good experience” Romanian

“I am quite satisfied with them” Latvian 2

The issue was the waiting time for prescriptions. Some participants found it too long to wait in the queue to receive their medicine.

“It’s the medication you’re waiting for and hand it in. Here, lasts like minimum fifteen minutes to get your, your pills from the pharmacist, while they’ll check it, while they’ll print off labels, while they hand it in, for ages.” (Slovak Couple)

On the other hand, the majority was satisfied with the prescription system, especially when they compared with their home countries.

Participants who are using pharmacy on a regular basis for advice find it as a replacement for a drop-in session, which is often offered in their home countries by GPs.

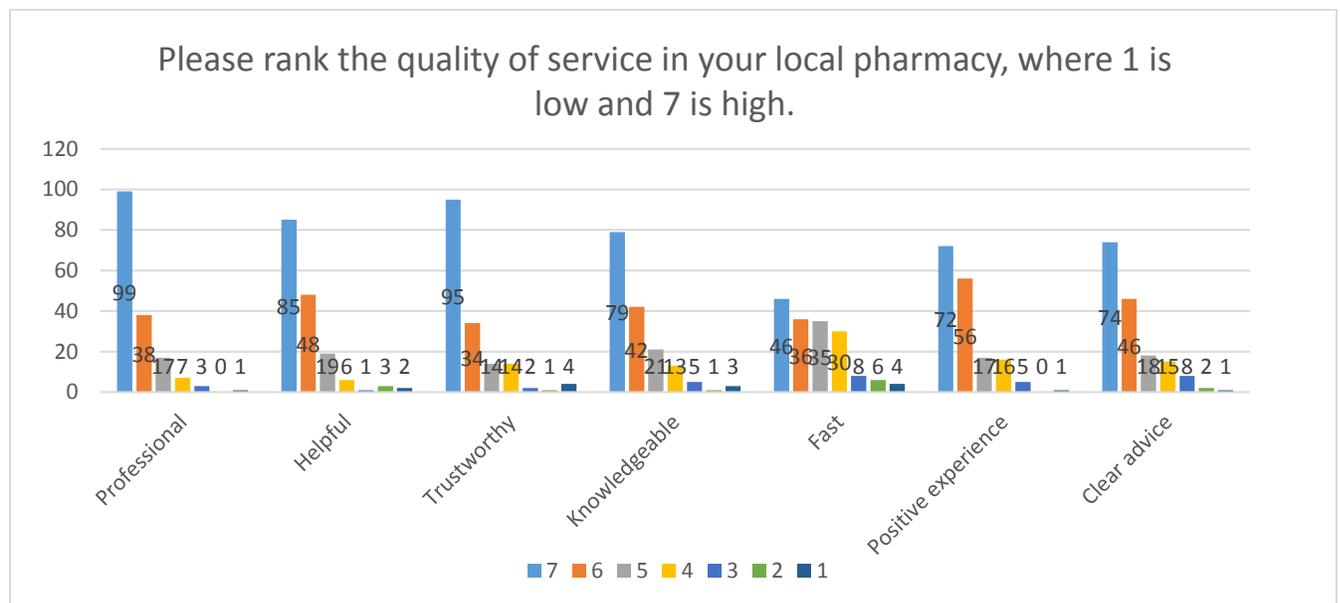


Figure 4

Participants in the survey spoke highly about their local pharmacists. The majority of them consider their local pharmacist professional and trustworthy, but pharmacists scored a bit less on being helpful. This result can be related to not meeting expectations of a patient. Furthermore, they found them a bit slow. Also, some participants did not find advice to be clear enough. So it looks that their positive experience can be influenced only by the speed of the services and if advice is clear enough.

During the interviews people spoke very highly about their pharmacists:

“Pharmacies usually, most of the time give you that confidence” (Romanian Couple)

“Pharmacists have gone through a lot of education and practice, so I’ll definitely be happy to use them” (Bulgarian)

“I think pharmacies could manage easily because these are people who spend a few years learning about different medications” (Latvian 2)

“I think generally that the pharmacies here and there are... confident people... so I would feel confident and comfortable to go and ask questions about my health that may take too long to go a doctor to ask” (Romanian Couple)

One of the Chinese participants stated that she goes to pharmacists rather than to GP because *“it makes life easier”*

However, if necessary a pharmacist can refer their customers to their GP:

“Right, we don’t want to harm you and if we are not sure, we would advise you to call the family doctor” (Latvian 2)

One of ways for people to gain confidence in their local pharmacist is through using the service. As a quote below shows, patients can notice on their own that their pharmacist is qualified.

“I had a prescription, and the pharmacist wasn’t happy with that prescription so she called back to the GP, and GP said, ‘OK’, she made a mistake.” (Slovak Couple)

On the other hand, some participants spoke about a lack of closer bonds with their pharmacists.

“They are not making a relationship with the patient.” (Slovak Couple)

There is an expectation among some of the participants that people in NHS or pharmacies will remember personal details of their regular users.

C. Home Country Influence

Newcomers arrive in Aberdeen at various points of their life. However, they still have at least some experience with the equivalent of NHS and pharmacy services in their home countries. Consequently, they compare what they do and do not like about services in their home countries with services in Scotland. For example, the Slovak couple mentioned (as above) that their local pharmacist does not create a relationship with them. The reason for it is:

“Because at home we are going to one pharmacy, we are going there for age, because they know us. For this reason, we are using the same pharmacy here, but they are not making a relationship with the patient.” (Slovak Couple)

On the other hand, there is a lot of positive differences. Polish participant speaks of one of them:

“The pharmacist in Poland would be less approachable than the pharmacists here” (Polish)

There are also some technological differences, especially in relationship to using modern technologies:

“Back home most of the prescriptions are written by hand and doctors’ handwriting is like... I had a problem with pharmacist not understanding exactly what the medicine was.” (Romanian Couple)

Nevertheless, the most visible difference is about the prices of medicine.

“You hardly get much for free unlike here” (Russian- Lithuanian)

Also, relatively the medicine is cheaper.

“It is just that here with the pounds and the purchasing power they are cheaper than if at home where I buy with the Romanian currency” (Romanian)

It appeared in interviews with Eastern Europeans that if a GP prescribes an expensive medicine, a pharmacist may offer a cheaper version of it to accommodate a financial situation of a patient.

“So here, I don’t think they are driven by their own benefit that they are actually try to pick what is best for you and not for the profits.” (Russian-Lithuanian)

Why do some participants not feel comfortable to go to their pharmacists with some issues? Again the home country experience may influence it:

“It is different because in Poland people firstly go to their GP and then to pharmacist”. (Polish)

“In Taiwan we still rely on our GP mostly and pharmacist is like I say for travel sickness or small sicknesses.” (Chinese 2)

“You have to go to specialist for each and every need. There wouldn’t be any services, just prescriptions and you know general medication more like what you can get off the shelf here” (Latvian)

Also, some participants saw many similarities:

“Pharmacy services in the home country are very similar” (Portuguese)

What is more, people can be influenced also by living in other countries, such as England. When asked if prescribed medicine is free of charge, people commented that only in Scotland but not England. Many members of ethnic minorities came firstly to England and may not be aware of devolution so they presume that services are the same.

Finally, people may not be aware of what services are offered in their home countries either:

“I don’t really go that much in pharmacists back at home but most of that would be advice like smoking, quitting smoking, pregnancy advice” (Russian-Lithuanian)

D. Knowledge

This subsection presents survey participants’ knowledge of services offered in the pharmacy (Figures 5 to 20). In contrast to the report on the Knowledge of Know Who To Turn To Campaign, participants have a good grasp of services offered by the pharmacy. The first possible explanation can be that participants are confused if they are asked to choose between a pharmacy and other services, such as GP. The second explanation is that they may be aware that pharmacy offers this service, but they still would prefer to go with this issue to their local GP. The reason behind it can be that sometimes participants did not feel confident if a pharmacist is qualified enough to provide some services.

“I would say for me, it would be done in GP” (Latvian)

Some said they would feel more comfortable if their GP would deal with some issues, for example, a Latvian participant spoke about Malaria prophylaxis.

On the other hand, a British participant felt completely confident in her local pharmacy saying “*I do feel confident to use my local pharmacy*”.

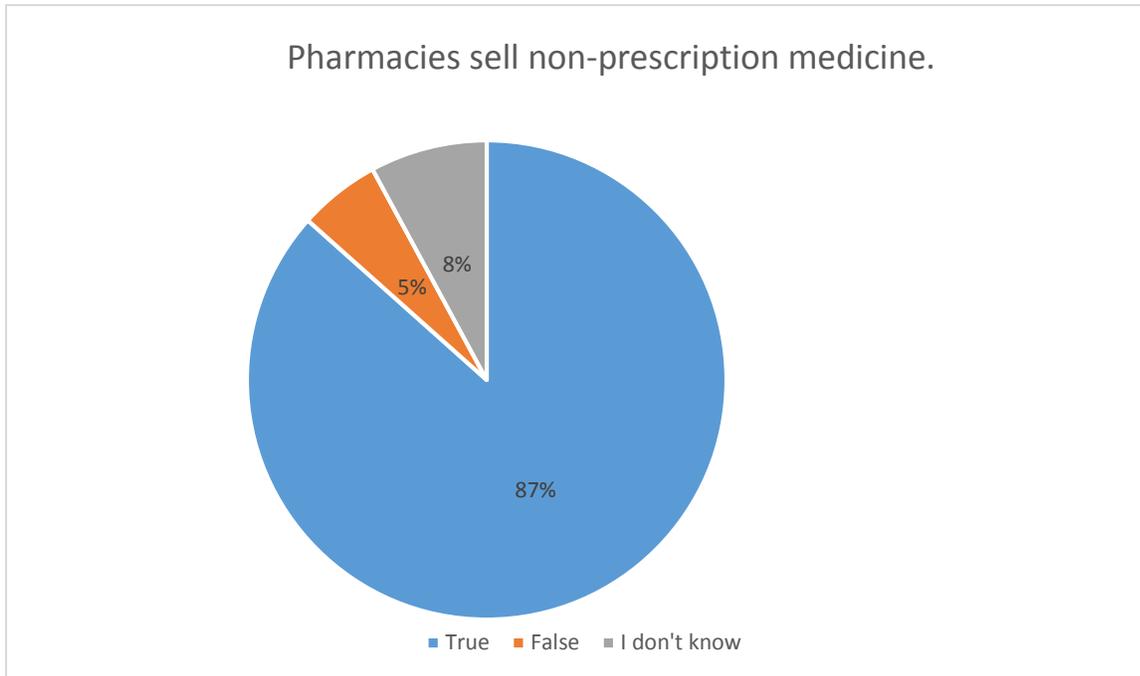


Figure 5

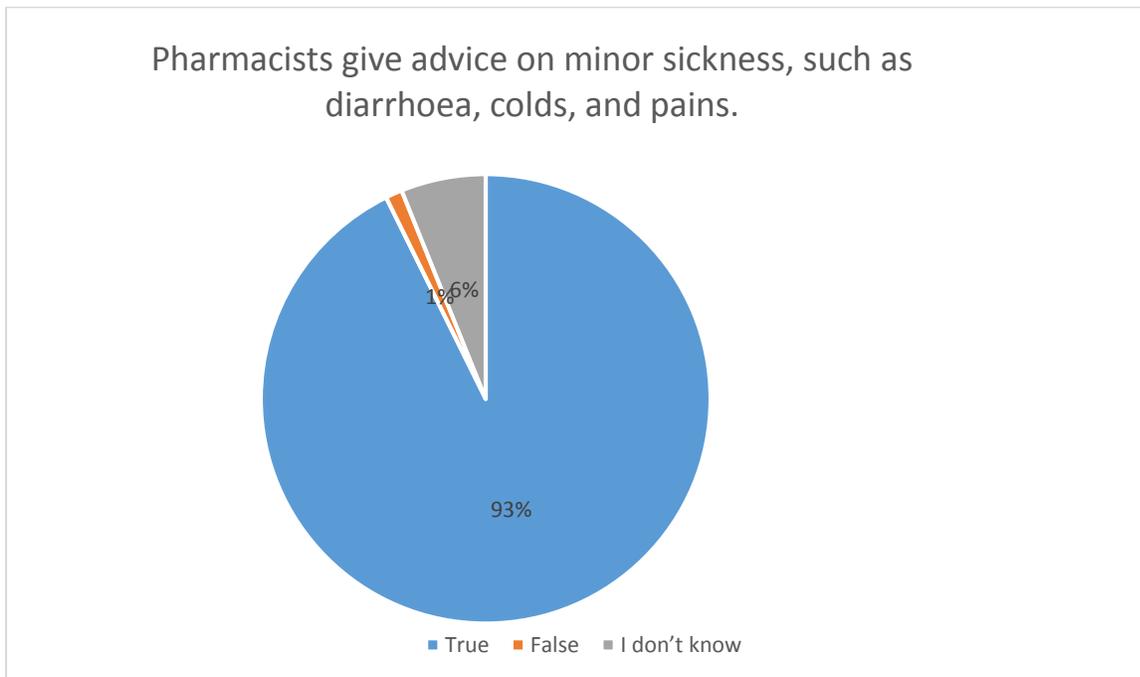


Figure 6

Pharmacists can explain how prescribed medicine should be taken.

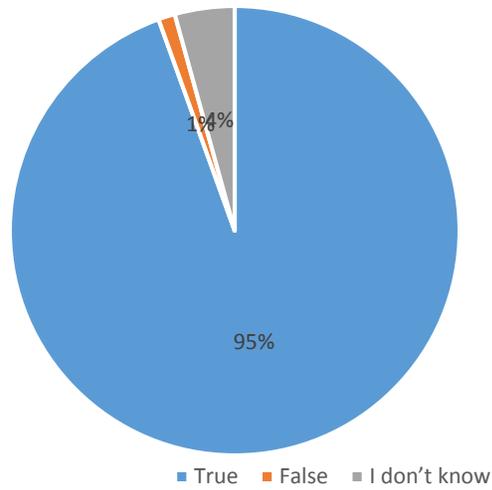


Figure 7

Pharmacists can advise on healthy living.

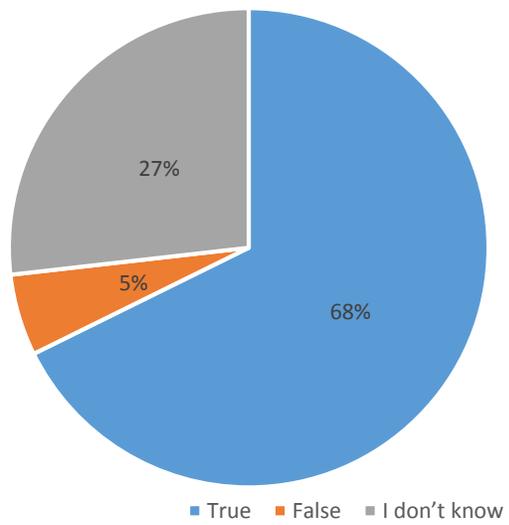


Figure 8

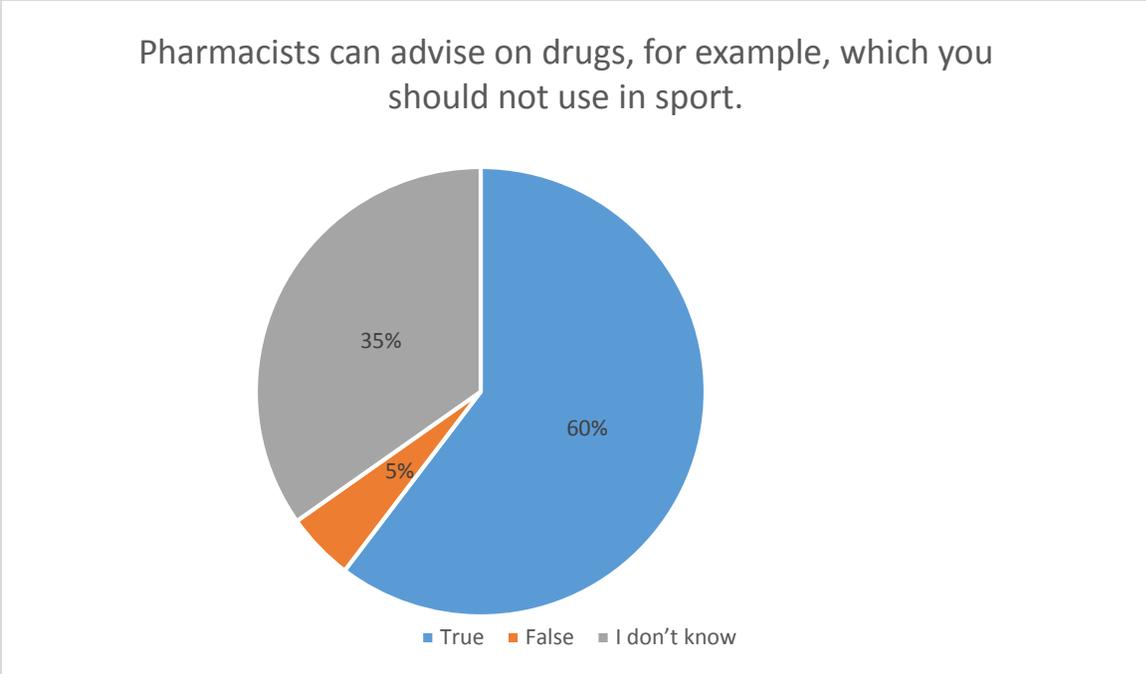


Figure 9

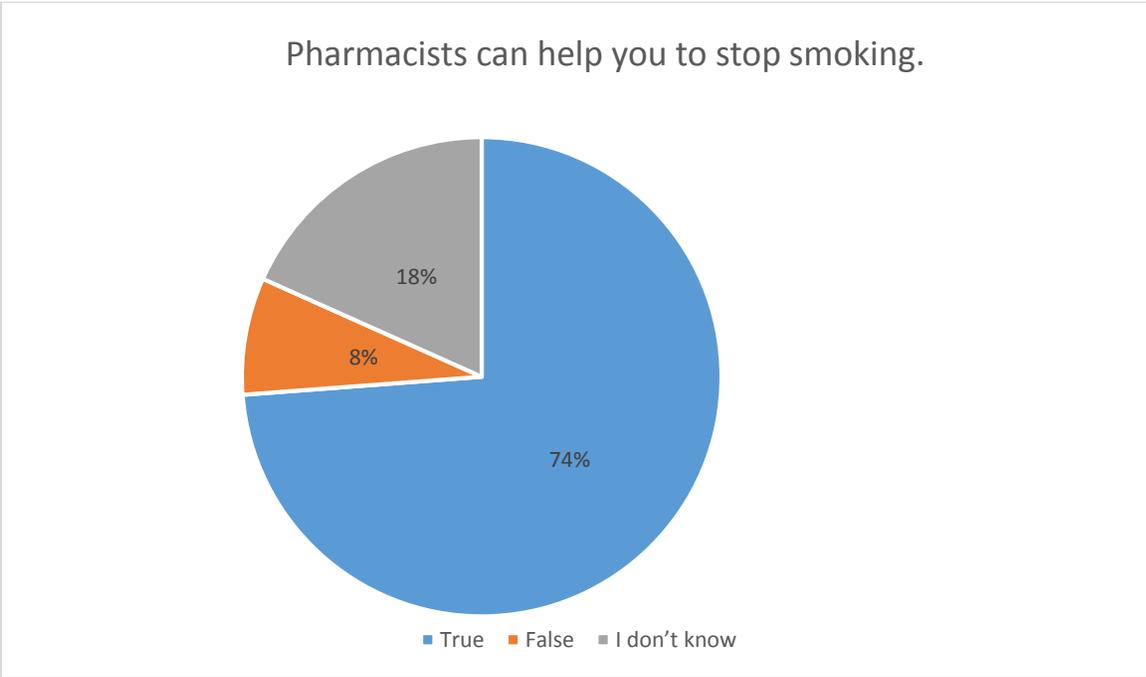


Figure 10

Pharmacists can advise on emergency contraception (such as the morning pill).

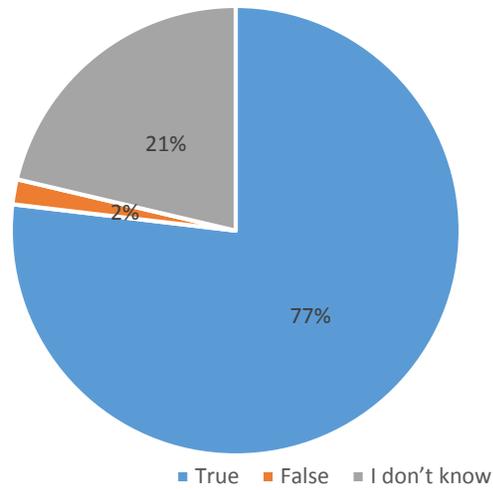


Figure 11

Pharmacists can advise on flu immunisation.

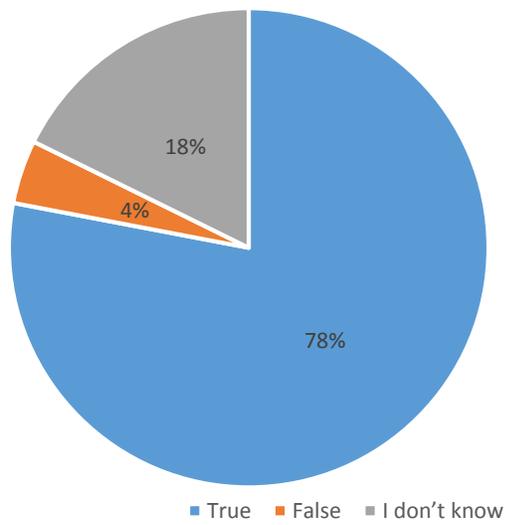


Figure 12

Pharmacists can advise on the care of babies.

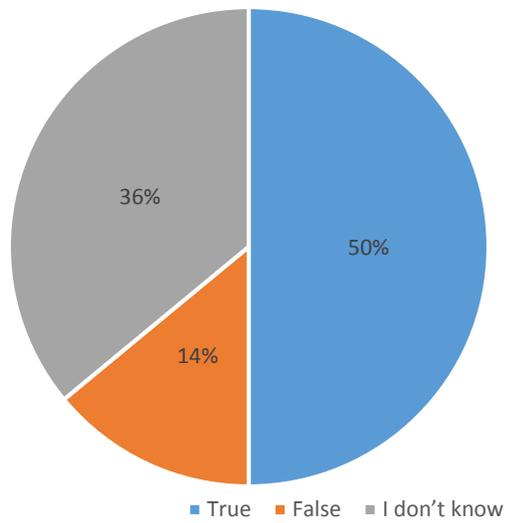


Figure 13

Pharmacists can advise when I need to see a doctor.

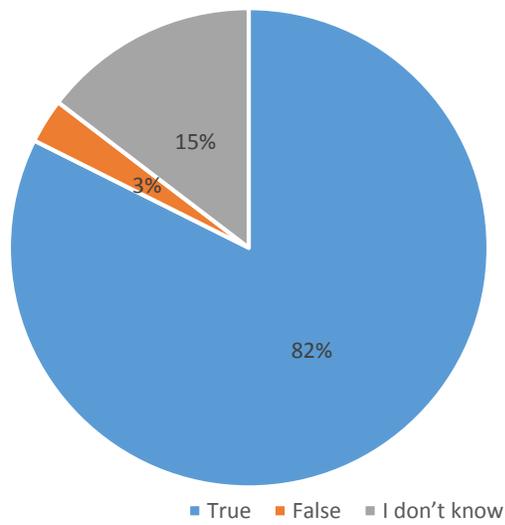


Figure 14

Pharmacies have a private consultation room.

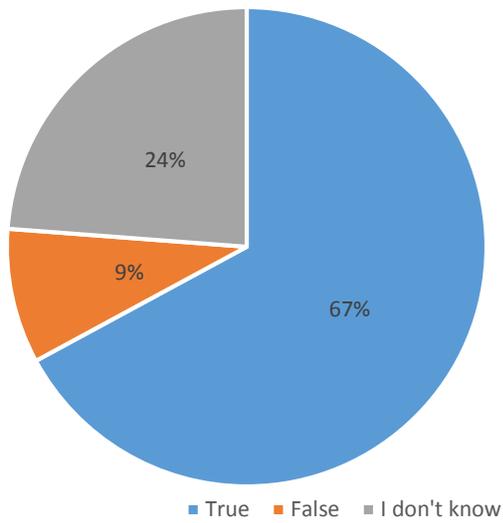


Figure 15

What I tell my pharmacist remains confidential

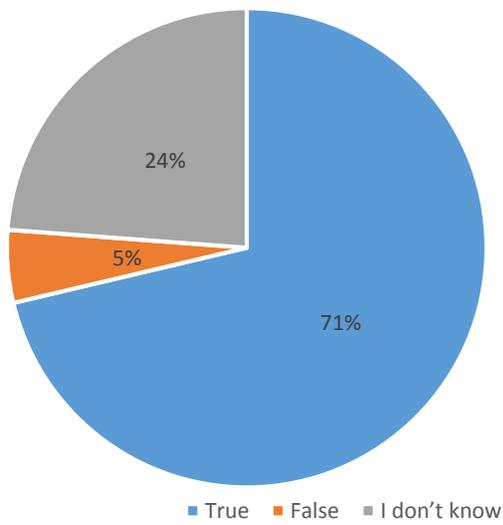


Figure 16

Interpreting services are available at pharmacies.

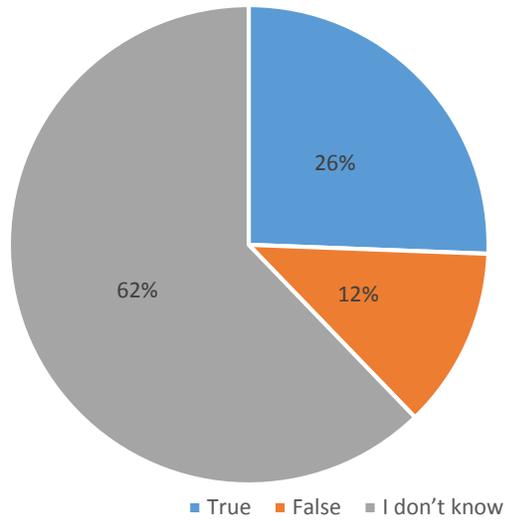


Figure 17

Pharmacies offer gluten free foods service (ordering and supplying gluten free products).

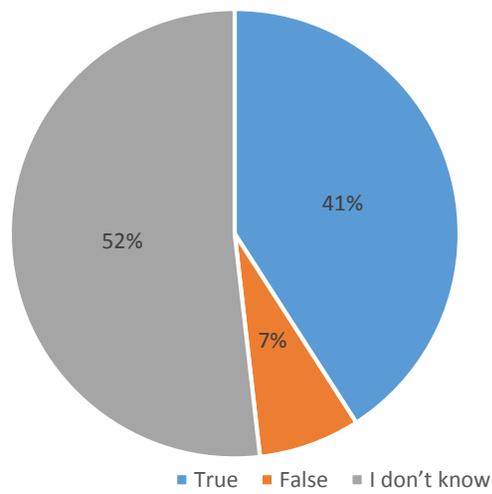


Figure 18

You can pick up your repeat medicines directly from pharmacies.

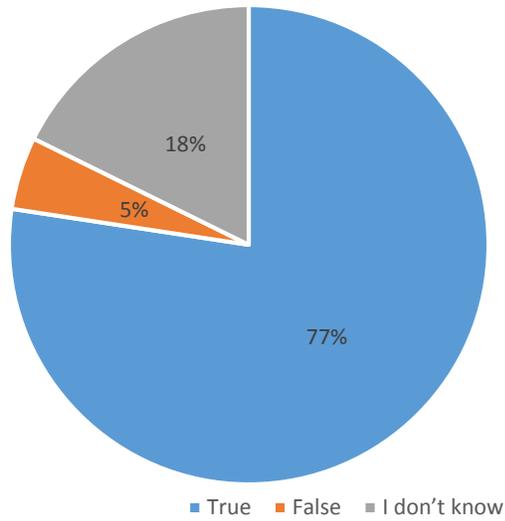


Figure 19

Pharmacies can provide emergency medicine, when local GP is closed.

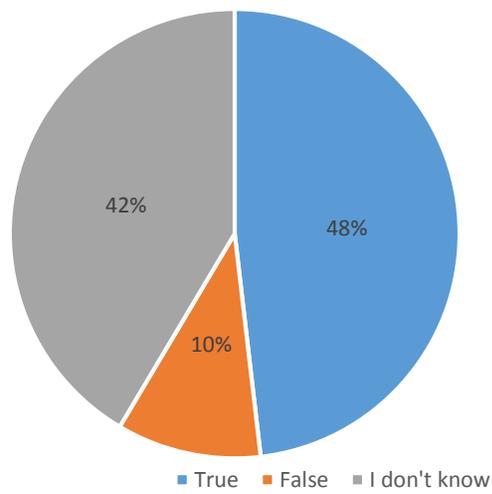


Figure 20

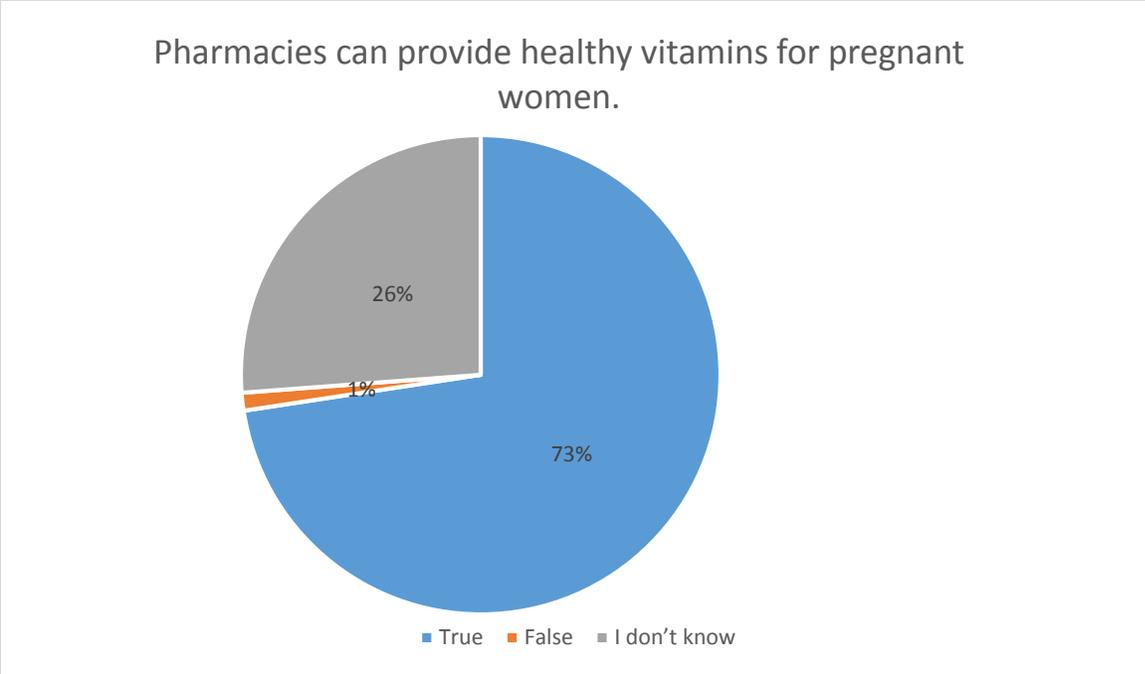


Figure 21

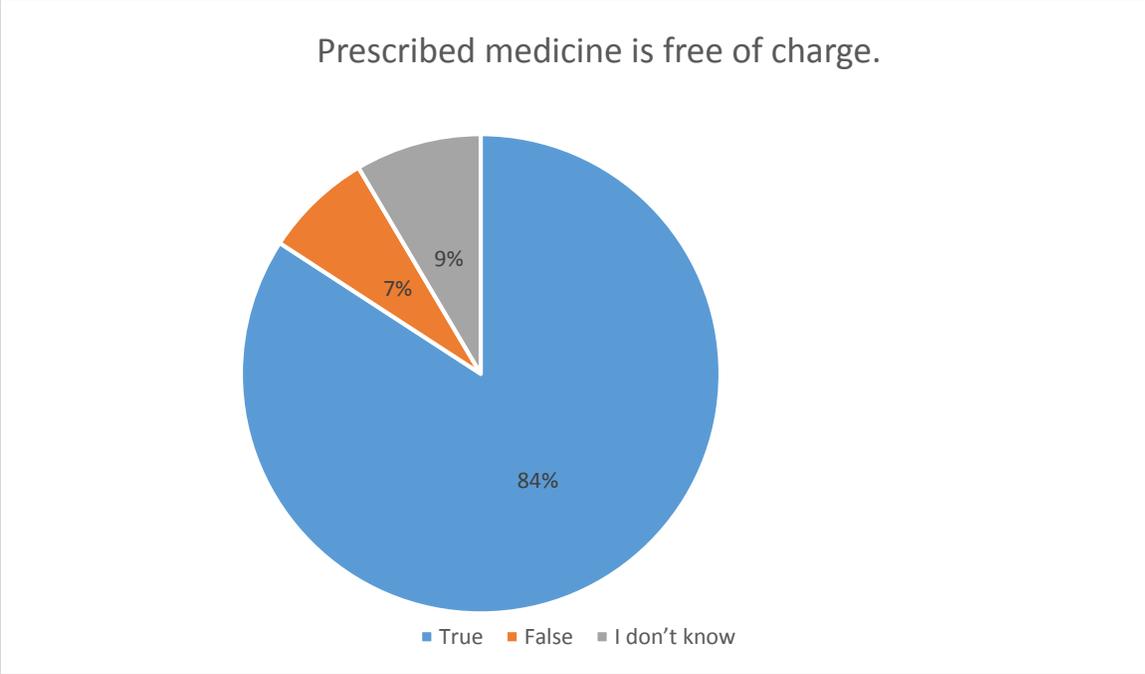


Figure 22

The biggest lack of awareness was around advising (where more than 25 % of participant choose false or don't know answers): drugs in sport, healthy eating and smoking cessation, care of babies; also presence of consultation rooms, confidentiality, gluten free services, provision of emergency medicine when local GP is closed, healthy vitamins for pregnant women. Furthermore, only 26% of participants were aware of interpreting services offered in their local pharmacy.

Participants were asked if there were surprised by this number of services offered by their local pharmacies. The majority said yes. Participants were particularly surprised by the provision of: Gluten Free Food Service, Hepatitis C treatment, (Romanian Couple), delivery services in rural areas (Russian).

Participants pointed out that often there was no need for them to be aware of particular services.

“These are quite specific to the conditions I haven't encountered” (Russian-Lithuanian)

Consequently, not every particular service needs to be published on everyday basis, but information should be available when this person has concrete sickness, such as provision of healthy vitamins for pregnant women

E. How to Promote?

The main barrier of promoting pharmacy services for participants is language.

“I would say that the only issue would be the language. If you don't know the language you can't communicate” (Latvian)

“Yeah, I think the language barrier is one of the biggest major problem even I don't feel 100% confident sometimes because I have to google exactly what is this, exactly what is that or I was suspecting obviously the medical terms and stuff like that that would always play their part... so language barrier is definitely one of the big things” (Chinese)

“It will be a good idea to have the GPs talk about them more as well, because I've never been told by my GP that the pharmacies offer any type of services” (Bulgarian)

“They had posters around town... I think last year or two years ago and I thought that is a good initiative.” (Russian-Lithuanian)

“Pharmacist services should be also available in leaflets” (Polish).

“The information should be given out more because I feel that not a lot Chinese people know the services although they've used it before. Yes, so I think that's one thing that would promote that... because at the end of the day if they can't help you, they would have herbal Chinese medicine” (Chinese)

“I would say they should try to use more GPs to provide information to patients, not GPs who are busy but at the end of the day if you come to GP with certain problems, he says “Right, for this situation you can get to your pharmacist, you can use your local pharmacist for that and that and that... “. For example with the prescription, we had prescription for four years and I only find out by myself basically, suddenly that you can get them straight from a pharmacist after two years since you started to take them. So it was like, it was a bit of shock for me” (Latvian 2)

“At the GP we can be given by the doctor like a leaflet in our language saying where you can get a service, where you need to phone and because we are having possible and different interpreters.”
(Lithuanian)

Also, participants pointed out the importance of translated information on NHS pages

5. Recommendations

This research provides a number of recommendations on how to adapt pharmacy services and better promote them with ethnic minorities in Aberdeen. These recommendations are coming from participants and were expressed in both direct and indirect ways.

1. To make sure that people are aware of differences between NHS services in various parts of the United Kingdom.
2. To update the Pharmacy booklet with all services available in pharmacies.
3. To better promote pharmacy services as the best drop in service as many people from ethnic minorities expect their local GP to offer drop-in services on an everyday basis.
4. Provide detailed information on pharmacy services in mother tongues. It shall ensure that a reader understands all medical terms.
5. Ensure that already translated information is easily accessible online and searchable in one's mother tongue.
6. To not only promote pharmacy services, but to also explain differences between pharmacy and other NHS services.

Appendix 1

Part 1. Pharmacy service

1. What do you think about pharmacy services?
2. When was the last time you used pharmacy services?
3. What was the reason for the visit?
4. How would you rank this experience?

Part 2. Knowledge of services

5. Could you please tell me what kind of services your local pharmacy offers?
6. Did you use these services? If not, why?
7. Provide the list of services. Give a few minutes for participant to go through them and ask if any of them his/her family would find useful and why.
8. Did any of these services surprised you?
9. Would you feel confident to use these services in the pharmacy? If not which one?

Part 3. Culture

10. How are pharmacy services viewed in your home country?
11. What pharmacy services are offered in your home country?
12. How does this differ from here in Aberdeen and Scotland?

Appendix 2

Monitoring Form

Your ethnic background:

Gender: Female Male Other gender identity

Your Age Group: 18-24 25-44 45-64 65-74 75+

Survey

Awareness of Services

1. When you have health problems, how often do you go to your local pharmacist for advice?
 - a. Always
 - b. Sometimes
 - c. Almost never
 - d. Only to pick up my prescription
 - e. Never

Knowledge

1. Pharmacies sell non-prescription medicine.
 - a. True
 - b. False
 - c. I don't know
2. Pharmacists gives advice on minor sickness, such as diarrhoea, colds, and pains.
 - a. True
 - b. False
 - c. I don't know

3. Pharmacists can explain how prescribed medicine should be taken.
 - a. True
 - b. False
 - c. I don't know
4. Pharmacists can advise on healthy living.
 - a. True
 - b. False
 - c. I don't know
5. Pharmacist can advise on drugs, for example, which you should not use in sport.
 - a. True
 - b. False
 - c. I don't know
6. Pharmacist can help you to stop smoking.
 - a. True
 - b. False
 - c. I don't know
7. Pharmacists can advise on emergency contraception (such as the morning pill).
 - a. True
 - b. False
 - c. I don't know
8. Pharmacists can advise on flu immunisation.
 - a. True
 - b. False
 - c. I don't know

9. Pharmacists can advise on the care of babies.
- a. True
 - b. False
 - c. I don't know
10. Pharmacists can advise when I need to see a doctor.
- a. True
 - b. False
 - c. I don't know
11. Pharmacies have a private consultation room.
- a. True
 - b. False
 - c. I don't know
12. What I tell my pharmacist remains confidential
- a. True
 - b. False
 - c. I don't know
13. Interpreting services are available at pharmacies.
- a. True
 - b. False
 - c. I don't know
14. Pharmacies offer gluten free foods service (ordering and supplying gluten free products).
- a. True
 - b. False
 - c. I don't know

15. You can pick up your repeat medicines directly from pharmacies.

- a. True
- b. False
- c. I don't know

16. Pharmacies can provide emergency medicine, when local GP is closed.

- a. True
- b. False
- c. I don't know

17. Pharmacies can provide healthy vitamins for pregnant women.

- a. True
- b. False
- c. I don't know

18. Prescribed medicine is free of charge.

- a. True
- b. False
- c. I don't know

Pharmacy Service (please circle bullet point, which is the closest to the quality of service)

Unprofessional 1 2 3 4 5 6 7 Professional

Unhelpful 1 2 3 4 5 6 7 Helpful

Untrustworthy 1 2 3 4 5 6 7 Trustworthy

Unknowledgeable 1 2 3 4 5 6 7 Knowledgeable

Slow 1 2 3 4 5 6 7 Fast

Negative experience 1 2 3 4 5 6 7 Positive experience

Confusing advice 1 2 3 4 5 6 7 Clear advice