**Pharmacy staff perspectives on the role of community pharmacy in the provision of first aid and responding to emergencies: a qualitative study**

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**Introduction**

The national target for the Ambulance service to reach75% of Category A calls (immediately life-threatening) within 8 minutes, puts significant pressure on the emergency service. There are initiatives in place to improve waiting times but the NHS has suggested better use of community pharmacists could improve response outcomes, though there should be defined limits on what they can and can’t do [2].The project aimed to qualitatively explore the perspectives of community pharmacists on community pharmacy staff providing first aid and responding to medical emergencies. The primary objective was to identify their perspectives on current and potential enhanced provision of first aid and response to emergencies by community pharmacies. The secondary objective was to identify their perception of the barriers and facilitators of potential pharmacy roles.

**Methods**

In-depth semi-structured one-to-one qualitative interviews were conducted with a purposive sample of 7 pharmacist contacts with a variety of community pharmacy backgrounds to maximise the range of views obtained. The participants were encouraged to express their views freely on current first aid provision and emergency responses within community pharmacies, how community pharmacy roles could be enhanced with regards to this, potential benefits and limitations they identified, how undergraduate training is linked to this and how relationships with other health professionals might be affected. The interviews were digitally recorded, transcribed verbatim and thematic analysis was undertaken according to the framework analysis approach. The study was reviewed and given approval by Keele University School of Pharmacy Research Ethics and Governance Committee.

**Results**

Participants reported that current provision of first aid and responding to medical emergencies is on an ad hoc basis. Experiences in the field varied between participants. Emergent issues included the pharmacists’ duty of care to respond and the need for defined limits in order to be covered by their indemnity insurance. Current and enhanced pharmacy role training (either as an advanced practitioner for major emergencies or as an enhanced first aider for sub-acute cases), as well as its integration in the undergraduate MPharm degree, were also reported. Barriers identified included low pharmacist interest and uptake, cost, pharmacy operation disruption, difficulty obtaining indemnity insurance; perceived inappropriate role for pharmacy, the need for advertising and promotion to be viable, limited experience and encroachment on paramedics’ roles. Benefits reported included providing help both clinically (e.g. for minor and life-threatening responses) and professionally (easing pressure on emergency care services, raising pharmacy profile and job satisfaction, and better relationships with other health professionals).

**Discussion**

The findings suggest that pharmacists may be supportive of enhanced roles to reduce pressures on emergency services. The results are not necessarily generalisable as it was a qualitative study. Further quantitative research is required to expand this work. Qualitative work to explore the perspectives of ambulance staff is also warranted.

**References**

1. NHS England. Five Year Forward View. NHS 2014. [Online]. Available: <http://www.england.nhs.uk/wpcontent/uploads/2014/10/5yfv-web.pdf>. (Accessed: 19/04/2015)

2. McMillan, S. S., Hattingh, H. L. & King, M. A. An assessment of community pharmacists’ responses to hypothetical medical emergency situations; IJPP 2012, 20: 413–416.