

----- Section 1: Introduction and Consent -----

**QUEEN'S
UNIVERSITY
BELFAST****Community Pharmacy COVID-19 Study: Telephone questionnaire**

“A mixed methods study of the community pharmacy workforce’s preparedness for, and response to, the COVID-19 pandemic”

INTRODUCTION

Hello, my name is Susan Patterson. I’m from the School of Pharmacy, Queen’s University Belfast and I’m a pharmacist undertaking a research study about community pharmacy’s preparedness for and response to the COVID-19 pandemic in Northern Ireland. I’m phoning to see if you might be interested in taking part in a short telephone questionnaire. The Pharmacy Forum and NPA recently circulated information about the study to all community pharmacists. Your experience of working in community pharmacy during the pandemic will be vitally important to help shape how community pharmacies prepare for any future pandemics or public health crises. Does this sound like something you would be interested in?

Yes No

The questionnaire takes roughly 15 minutes and can be completed with me now or alternatively I can call back later at a time that suits you¹.

CONSENT

Completion of this questionnaire is completely voluntary, and the results will be anonymous to anyone other than the research team who will treat all the information confidentially. You have the right to skip questions and to withdraw from the study, without giving a reason, at any time. If you withdraw, you can contact me on this phone number or at the School of Pharmacy and I will delete all data relating to you.

I will now read you a series of statements about the study which I would like you to respond to with either “Yes” or “No”. I will audio-record and note your responses on the telephone questionnaire form.

1. I confirm that I have read, or had read to me, and understand the information provided in advance by email for the study. I have had the opportunity to ask questions and these have been answered fully

¹ Suitable dates/times for call backs to be recorded by the researcher in a separate spreadsheet

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2. I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason.

Yes No

3. I understand the study is being conducted by researchers from Queen's University Belfast and that my personal information will be held securely on University premises and handled in accordance with the provisions of the Data Protection Act 2018.

Yes No

4. I understand that data collected as part of this study may be looked at by authorized individuals from Queen's University Belfast, Trinity College Dublin and Royal College of Surgeons in Ireland) where it is relevant to my taking part in this research. I give permission for these individuals to have access to this information.

Yes No

5. I agree to take part in the above study.

Yes No

- **If the reply is No,**
"Thank you for speaking to me today and goodbye".

- **If the reply is Yes,** proceed with completing the questionnaire.

"In the interests of time, I will try to keep this as short as possible. Please help me by keeping your responses brief. If we are interrupted, can I call back later to finish it?"

Yes No

Suitable alternative times:

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----- Section 2: Telephone Questionnaire -----

PHARMACIST AND PHARMACY CHARACTERISTICS (DEMOGRAPHICS)

To begin, I will ask you some questions about you and the community pharmacy in which you work.

1. Pharmacist characteristics**1.1 Can I confirm the gender you identify as?**

Female	Male	Prefer not to disclose	Other (please specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

1.2 Which of the following categories includes your age?

<25	25 - 34	35 - 44	45 - 54	55 - 64	≥65
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.3 How many years have you been practising as a pharmacist?

≤5	6 – 10	11 – 15	≥15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.4 Are you the pharmacy owner (contractor) or an employee pharmacist?

Owner (contractor) Employee

1.5 What is your usual role in the pharmacy? Please choose one of the following:

Owner manager	Responsible pharmacist	Dispensary manager	Locum	Other (please specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

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1.6 Were you shielding during the early stages of the pandemic (approximately from March to May 2020)?

Yes No

[If the response is yes, researcher to discuss services in Questions 4 and 6 from the time period when the pharmacist returned to work (Question 5 refers only to June/July onwards)]

1.7 Are you on the temporary Pharmaceutical Register?

Yes No

2. Community pharmacy characteristics

2.1 Researcher to record: Local Commissioning Group (LCG) (or Trust) Area:

Belfast

Northern

South Eastern

Southern

Western

2.2 Researcher to record: Location of the pharmacy:

Urban
(population >10,000)Rural
(population <5,000)Suburban
(population of 5,000 – 10,000)

2.3 Which of the following options best describes the community pharmacy in which you work?

Independent

Small chain (group of <5 pharmacies)

Medium chain (group of 5-20 pharmacies)

Large chain (group of >20 pharmacies)

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A. PHARMACIST'S EXPERIENCE OF WORKING DURING THE PANDEMIC

I will now ask you a series of questions about your experience of working during the pandemic. The questions are about what happened from March 2020 onwards and largely follow the sequence of events up to December 2020.

PREVENTING THE SPREAD OF COVID-19

This first set of questions deal with preventing the spread of COVID-19.

I would like you to think about March to May 2020 when answering these initial questions. I will read out a series of statements, and for each one, please respond with either Yes or No.

3. Part I Did you have any of the following measures in place in your pharmacy between March and May 2020 to prevent the spread of COVID-19?	Part I	Part II
	Yes (Y)/No (N)	Measures stopped in June to August 2020? Yes (Y)/No (N)
3.1 Public health information on preventing COVID-19, e.g. posters, 'Living Well' campaign COVID booklet?	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Protocols for disinfection of pharmacy surfaces	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Use of Personal Protective Equipment (PPE) by pharmacy staff, e.g. masks, gloves, aprons, eye protection	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Management of social distancing, e.g. number of people in the shop, floor markings for queuing in the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Shorter opening hours to facilitate cleaning, re-stocking, staff breaks	<input type="checkbox"/>	<input type="checkbox"/>
3.6 Lunchtime closing	<input type="checkbox"/>	<input type="checkbox"/>
3.7 Changes to how your available space was used, e.g. using consultation room for staff breaks	<input type="checkbox"/>	<input type="checkbox"/>
3.8 Adjustments to premises, e.g. physical barriers at counters in pharmacies, screens, partitions	<input type="checkbox"/>	<input type="checkbox"/>
3.9 Reduced opportunity for face-to-face contact, e.g. temporary suspension of direct patient care services	<input type="checkbox"/>	<input type="checkbox"/>
3.10 Changes to staff working patterns to facilitate social distancing	<input type="checkbox"/>	<input type="checkbox"/>
Part II And did you stop any of these at a later date, for example, during June to August 2020? <i>[Record Yes (Y)/No (N) in 2nd column]</i>		
3.12 Were there any other measures put in place in your pharmacy to prevent the spread of COVID-19 that you would like to mention? <i>[document free-text response]</i>		
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PHARMACY SERVICES

The next set of questions focuses on your experience of the immediate actions taken in relation to community pharmacy services in response to the pandemic over time up to the end of December 2020.

I will ask you about each pharmacy service in turn, and I would like to think about how you responded initially and if anything changed over time. Again, please provide Yes or No responses or state “not applicable” if you don’t usually provide the service.

4. <u>Part I</u> Did you have to <u>stop</u> providing any of the following services during March-May 2020 (first wave)? If so, did you <u>restart</u> during June-August? (after 1 st wave).	Part I			Part II
	Service provision stopped during March-May 2020 (Wave 1) Yes (Y)/No (N)	N/A Service is not usually provided	If stopped, Re-started by pharmacy Jun-Aug 2020 (after Wave 1) Yes (Y)/No (N)	Service provision stopped during Sept-Dec 2020 (Wave 2) Yes (Y)/No (N)
4.1 Dispensing acute and repeat (chronic) medicines				
4.2 Supply of OTC medicines				
4.3 Medicines advice to patients				
4.4 #Living Well campaigns				
4.5 Nursing/residential homes’ support and advice				
4.6 Dispensing of out-of-hours prescriptions				

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Question 4 continued.....	Part I			Part II
Part I Did you have to <u>stop</u> providing any of the following services during March-May 2020 (first wave)? If so, did you <u>restart</u> during June-August? (after 1 st wave).	Service provision stopped during March-May 2020 (Wave 1) Yes (Y)/No (N)	N/A Service is not usually provided	If stopped, Re-started by pharmacy Jun-Aug 2020 (after Wave 1) Yes (Y)/No (N)	Service provision stopped during Sept-Dec 2020 (Wave 2) Yes (Y)/No (N)
4.7 Prescription collection*				
4.8 Prescription delivery service*				
4.9 #Minor Ailments Scheme/ Pharmacy First				
4.10 #Medicines Use Review				
4.11 #Managing Your Medicines				
4.12 #Smoking Cessation				
4.13 Adherence support (e.g. weekly dispensing)				
4.14 #Supervision of Opioid Substitution Treatment*				
4.15 Needle and syringe exchange service*				
4.16 Travel Vaccination				
4.17 Any others? Please specify: _____				

***If usually provided by your pharmacy #Stood down by HSCB during March-May 2020**

Part II [On completion of Part 1 above, list services again and add responses to table above]
Did you have to stop providing any services again during Sep-Dec (the 2nd wave)? Which ones?

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During the pandemic, a number of new services were commissioned; many pharmacies also developed new and innovative ways of working.

5 Part I Did you implement any of the following new ways of working in response to COVID-19 between March and May 2020 (Wave 1)?	Part I	Part II
	Yes (Y)/No (N)	Stopped at a later date? Yes (Y)/No (N)
5.1 Community Pharmacy Emergency Supply during a Pandemic service	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Prescription delivery services by volunteers	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Replenishment of Care Home Pandemic packs	<input type="checkbox"/>	<input type="checkbox"/>
5.4 Palliative care on-call services	<input type="checkbox"/>	<input type="checkbox"/>
5.5 Employment of additional staff, e.g. dentists, volunteers, undergraduate students, retired pharmacists	<input type="checkbox"/>	<input type="checkbox"/>
5.6 Flu vaccination service (frontline Health and Social Care workers)	<input type="checkbox"/>	<input type="checkbox"/>
5.7 Supply of medicines usually supplied in the hospital setting (e.g. oncology, antiretroviral drugs, 'Healthcare at Home')	<input type="checkbox"/>	<input type="checkbox"/>
5.8 Measures to flag/assist patients with sensitive issues such as domestic violence reporting	<input type="checkbox"/>	<input type="checkbox"/>
5.9 Drive-through pharmacy services (initiated or increased)	<input type="checkbox"/>	<input type="checkbox"/>
5.10 Daily reporting of staffing/stock situation to the Health and Social Care Board	<input type="checkbox"/>	<input type="checkbox"/>
5.11 Referrals to Test and Trace services	<input type="checkbox"/>	<input type="checkbox"/>
5.12 Commissioned Prescription delivery service (starting Sept 2020)	<input type="checkbox"/>	<input type="checkbox"/>
5.13 Any others? Please specify: _____ _____ _____		
Part II And did you stop any of these afterwards at a later date? <i>[Record Y/N Yes (Y)/No (N) in 2nd column]</i>		

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PREPAREDNESS

Having now had the experience of working during the pandemic, I'd like to ask you to reflect on how well prepared you felt you were.

6. Thinking back to the start of the initial outbreak of COVID-19 firstly in March-May 2020 and secondly in Sept-Dec 2020, did you have...	March - May 2020 (beginning of Wave 1) Yes (Y)/No (N)	Sept - Dec 2020 (beginning of Wave 2) Yes (Y)/No (N)
6.1 A business continuity plan in place for use in the event of staff absence over a prolonged period?	<input type="checkbox"/>	<input type="checkbox"/>
6.2 A business continuity plan in place for use in the event of pharmacy closure?	<input type="checkbox"/>	<input type="checkbox"/>
6.3 Enough stock and supply of essential prescription and OTC medicines?	<input type="checkbox"/>	<input type="checkbox"/>
6.4 Enough financial resources to cover the additional demands on your pharmacy business	<input type="checkbox"/>	<input type="checkbox"/>
6.5 Enough stock and supply of hand sanitisers	<input type="checkbox"/>	<input type="checkbox"/>
6.6 Enough <u>information</u> about PPE requirements for staff	<input type="checkbox"/>	<input type="checkbox"/>
6.7 Enough <u>supply</u> of PPE for staff	<input type="checkbox"/>	<input type="checkbox"/>
6.8 A system to manage quantity limits for patients for the supply of individual medicines	<input type="checkbox"/>	<input type="checkbox"/>
6.9 Appropriate staff working patterns in place	<input type="checkbox"/>	<input type="checkbox"/>
6.10 Did you have to close the pharmacy at any stage during the pandemic?	<input type="checkbox"/>	<input type="checkbox"/>
6.11 And if so, for how long? <i>[document free text response]</i>		

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7.1 What single aspect of your work, if any, did you feel **MOST** prepared for during March to May 2020 (Wave 1)?

7.2 What single aspect of your work, if any, did you feel **LEAST** prepared for during March to May 2020 (Wave 1)?

7.3 Overall, did you feel better or worse prepared for working during Wave 2 in Sept-Dec 2020 compared to Wave 1 in March-May 2020?	Better prepared	Worse prepared
	<input type="checkbox"/>	<input type="checkbox"/>

7.4 If worse, can you briefly explain why?

COMMUNICATION

Now I'd like you to think about how you were able to communicate with others during the pandemic.

	Yes	No
8.1 Did you communicate differently with GPs and patients during the pandemic?	<input type="checkbox"/>	<input type="checkbox"/>
How did you communicate?		
<p>8.2 GPs</p> <p>Telephone <input type="checkbox"/></p> <p>E-mail <input type="checkbox"/></p> <p>Video call <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <hr/> <hr/> <hr/>	<p>8.3 Patients</p> <p>Telephone <input type="checkbox"/></p> <p>E-mail <input type="checkbox"/></p> <p>Video call <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <hr/> <hr/> <hr/>	

UPDATING PROFESSIONAL KNOWLEDGE
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This question is about keeping your clinical knowledge of COVID-19 up to date.

9.1 Were sufficient training resources available to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>9.2 What resources did you use? Tick all that apply</p> <p style="text-align: right;">Remote training (ECHO) sessions <input type="checkbox"/></p> <p style="text-align: right;">Frequently Asked Questions for community pharmacists on the BSO website <input type="checkbox"/></p> <p style="text-align: right;">Distilled / summarised information sources provided by CPNI, NPA or your employer <input type="checkbox"/></p> <p style="text-align: right;">Internet <input type="checkbox"/></p> <p style="text-align: right;">Media <input type="checkbox"/></p> <p style="text-align: right;">Dept of Health, Health & Social Care Board, Public Health Agency COVID-19 guidance <input type="checkbox"/></p> <p style="text-align: right;">Other, please specify <input type="checkbox"/></p> <p>_____</p> <p>_____</p>		

LOOKING TO THE FUTURE

The final few questions will focus on your views about returning to normal activities post-pandemic. On a scale of 1-5 where 1= strongly agree and 5= strongly disagree, please indicate your level of agreement with the following statements:

10.1 I am confident that I will be able to re-establish normal patient care services post-pandemic				
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	2	3	4	5

10.2 I am willing to provide and administer COVID-19 vaccinations when they are available through community pharmacies in N. Ireland				
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	2	3	4	5

10.3 I am willing to provide COVID-19 testing within the pharmacy if available in the future				
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	2	3	4	5

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- Thank you very much for taking the time to answer these questions. Your responses will provide a very helpful insight into how community pharmacy has responded to the pandemic.

- This questionnaire is part of a larger study about community pharmacy and COVID-19. In the next stage, we plan to invite a range of key stakeholders to take part in interviews to explore, in more depth, the role of community pharmacists over the course of the pandemic. The interview will last about 40 minutes. If you think you might be willing to be interviewed, I can send you further information about what this will entail. Please be assured that by requesting information you are not committing to take part. Would you like more information about the study?

Yes No

- **If the reply is yes,**

Could you provide me with your contact details?

- Name: _____
- E-mail address: _____
- Telephone number: _____

- **If the reply is no, thanks again for your time and goodbye.**