AN EXPLORATORY STUDY OF UK COMMUNITY PHARMACIST’S PERCEPTIONS OF THE SKIN CONDITIONS THEY ENCOUNTER: PREVALENCE, REASONS FOR REFERRAL AND OVER-THE-COUNTER DERMATOLOGICAL WISH LIST

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ABSTRACT

BACKGROUND: Dermatological problems account for between 15 and 20% of all consultations in general practice. Pharmacists could have a potentially valuable role in the management of mild to moderate skin problems although little is known about the prevalence or management of dermatological problems in pharmacies.

OBJECTIVES: The aims of the present study were as follows:

• to determine pharmacists’ views on the prevalence of skin problems;
• to explore the reasons why pharmacists refer patients with skin problems to their GP;
• to determine which dermatological treatments pharmacists would like to see made available without prescription.

METHODS: The study involved the use of an anonymous self-completion questionnaire, which was sent to a randomly generated sample of 3,500 community pharmacies in England and Wales using the Royal Pharmaceutical Society register of premises.

RESULTS: A total of 870 completed questionnaires were returned, giving a response rate of 25% (870/3,500). Pharmacists perceived that only 7 different skin conditions accounted for over 80% of all requests for advice throughout the year. Furthermore nearly two-thirds (59%, n = 850) of pharmacists estimated that dermatological requests accounted for 6-15% of all requests. Pharmacists reported the most common reason for referral of patients to their GP was for a prescription only treatment. The most frequent request for OTC dermatologicals was for topical antibiotics (49.3%).

CONCLUSION: This exploratory study suggests that community pharmacists routinely encounter only a small number of different conditions and would be happy to increase their dermatological armamentarium.

Key words: community pharmacists, skin conditions, dermatological care.
INTRODUCTION

Support for the role of pharmacists in helping patients to self-care has been a theme in several pharmacy white papers\(^1\,^2\). One area where there has been limited research, and yet significant demands for primary care support is dermatology. It has been estimated that between one-third and one-quarter of the population experience a skin problem at some time during their lives\(^3\) and retail pharmacy sales data suggest that nearly one fifth of all purchases are for skin care products\(^4\). A review of the literature conducted on Medline, Embase and CINAHL found few studies on the prevalence of skin problems encountered in community pharmacies. One Australian study exploring the management of dermatological conditions by GPs and pharmacists found that more consumers purchased treatments for inflammatory skin conditions such as eczema and dermatitis rather than visit their GP\(^5\). In a second study by the same group conducted during two weeks in June and July (winter time), it was found that the most frequent conditions for which advice was sought were dermatitis/dry or cracked skin\(^6\). Little is known about the skin conditions encountered by community pharmacists in the UK apart from one small study reported in the British Journal of Dermatology in 1996\(^7\). In this study, community pharmacists recorded all skin-related requests for advice during a four week period in August. The three most common problems reported were head lice (16.3%), insect bites (13.3%) and dry skin (10.3%).

Pharmacists have a potentially valuable role to play in the management of mild to moderate skin problems, although in order to further develop this role it is necessary to gain some insight into the conditions encountered by pharmacists, how these conditions are managed, and if this could be improved. The aims of the present study were as follows.

1. To determine pharmacists’ beliefs of the top three skin conditions that they encounter throughout the year.
2. To explore pharmacists’ perceptions about the frequency with which patients seek advice on skin problems in community pharmacies.
3. To ascertain pharmacists’ views on the wider availability of dermatological treatments.

MATERIALS AND METHODS

The details of the study have been described elsewhere\(^8\). Briefly, the study involved the use of an anonymous self-completion questionnaire, which was developed by the author, and reviewed and approved by the funding panel (see source of funding). The questionnaire was piloted with a sample of 30 community pharmacists after which a few minor modifications were made. A random sample of 3,500 pharmacies in England and Wales obtained from the Royal Pharmaceutical Society register of premises was generated using the random number generator function in MS Excel. The aim was to obtain at least 1000 responses, and since response rates can be as low as 30% in community pharmacist surveys\(^9\), it was anticipated that a sample size of 3500 should generate at least 1000 responses. The survey was addressed...
to the ‘responsible pharmacist’ to try and ensure that it was completed by the pharmacist and no other members of staff. The questionnaire consisted of 24 items (see supplementary material) dealing with a wide range of topics related to pharmacists’ exposure to, and views on, managing dermatological conditions.

Quantitative data were analysed using Statistical Package for the Social Sciences (SPSS version 19.0). Descriptive analysis was performed for most questions and a Friedman test was used to compare the median rank scores for the reasons for referral to GPs. For open questions, the responses were coded into themes and analysed descriptively.

Ethical committee approval for the study was sought from the local ethics committee but deemed unnecessary.

RESULTS

A total of 870 completed questionnaires were returned, giving a response rate of 25% (870/3,500).

Pharmacist demographics

The average length of time respondents had been qualified was 17.9 years (SD 12.1, n = 866) with a range of 0.5 to 54 years. The distribution by gender was 437 (male) and 427 (female) giving a proportion of 50.6% male and 49.4% female respondents (n = 864). The majority of respondents described themselves as White/European (63.1%, n = 861) with Asian pharmacists (27.4%) being the other main ethnic group represented. The remaining respondents were mixed (1.7%), Chinese (2.4%), Black (3.9%) and other (1.5%). These figures are broadly similar to the results of the 2008 workforce census as described in reference 8.

A total of 38.4% (333/867) of respondents were employed by independent pharmacies, 21.6% (188/867) by small pharmacy chains and 40% (346/867) by large pharmacy chains. In addition, 88.9% of pharmacists described themselves as the regular pharmacist (767/863), 9.1% as locums and the remainder as relief pharmacists. In addition, 84.8% (670/790) of pharmacists worked full-time with the remainder being part-time.

The most common skin conditions encountered throughout the year

Pharmacists were asked to indicate, using an open question, what they thought were the three most common skin conditions for which patients sought their advice in the spring/summer and autumn/winter periods. The top seven conditions reported for both time periods are shown in Table 1. In response to the question ‘how confident do you feel in dealing with requests for advice from a patient with a skin problem?’, pharmacists responded using a 5 point scale where 1 = not confident at all, and 5 = confident. The percentages of pharmacists selecting each point on the scale are shown in Figure 1.
Table 1: The top seven common skin conditions encountered during the different seasons*

<table>
<thead>
<tr>
<th>Skin condition</th>
<th>Autumn/winter n (%)</th>
<th>Skin condition</th>
<th>Spring/summer n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry or cracked skin</td>
<td>534 21.7</td>
<td>Bites or stings</td>
<td>587 23.4</td>
</tr>
<tr>
<td>Eczema/Dermatitis</td>
<td>350 14.3</td>
<td>Rashes or allergies</td>
<td>475 19.0</td>
</tr>
<tr>
<td>Cold sores</td>
<td>329 13.4</td>
<td>Sunburn</td>
<td>436 17.4</td>
</tr>
<tr>
<td>Head lice</td>
<td>240 9.7</td>
<td>Eczema/Dermatitis</td>
<td>169 6.8</td>
</tr>
<tr>
<td>Rashes or allergies</td>
<td>226 9.2</td>
<td>Dry skin</td>
<td>151 6.0</td>
</tr>
<tr>
<td>Lip problems</td>
<td>216 8.8</td>
<td>Thrush</td>
<td>113 4.5</td>
</tr>
<tr>
<td>Thrush</td>
<td>151 6.1</td>
<td>Head lice</td>
<td>113 4.5</td>
</tr>
</tbody>
</table>

Note: Based on an open question, pharmacists recorded the top three conditions for which they felt patients sought advice during both time periods.
* Other conditions, representing < 5% of all responses included warts/verrucas, acne, sweat rashes and impetigo.

Figure 1: Pharmacists’ self-reported level of confidence (%) in dealing with skin problems (n = 851)

Seasonal frequency of requests for advice on skin problems

Respondents were asked to estimate from a choice of 1–5, 6–15 and over 15, how many times per week patients sought their advice on a skin problem during the autumn/winter and spring/summer periods and the results are shown in figure 2.

Proportion of total requests for advice which involve a skin problem

Pharmacists estimated the proportion (percentage) of all requests for advice which were related to skin problems from a list of < 5 %, 6–15 % and over 15 % as shown in Figure 3.
Figure 2: Pharmacists’ estimate of the number of times per week patients seek advice about skin problems (spring/summer, n = 859, autumn/winter, n = 866)

![Bar chart showing the number of times per week patients seek advice about skin problems.](chart2)

<table>
<thead>
<tr>
<th>Times per Week</th>
<th>Spring/Summer</th>
<th>Autumn/Winter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 5</td>
<td>22.6%</td>
<td>39.8%</td>
</tr>
<tr>
<td>6 – 15</td>
<td>48%</td>
<td>47.8%</td>
</tr>
<tr>
<td>&gt; 15</td>
<td>29.5%</td>
<td>12.4%</td>
</tr>
</tbody>
</table>

Figure 3: Pharmacists’ estimate of the proportion of all requests for advice related to skin problems (n = 850)

![Bar chart showing the proportion of all requests for advice related to skin problems.](chart3)

<table>
<thead>
<tr>
<th>Proportion</th>
<th>Spring/Summer</th>
<th>Autumn/Winter</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5%</td>
<td>18.7%</td>
<td></td>
</tr>
<tr>
<td>6 – 15%</td>
<td>59.4%</td>
<td></td>
</tr>
<tr>
<td>&gt; 15%</td>
<td>21.9%</td>
<td></td>
</tr>
</tbody>
</table>

Referral to GPs

Pharmacists were also asked to estimate from less than 5 per cent, 6-15 and greater than 15 per cent the proportion of all requests about skin problems which they believed were
referred to the patients’ GP. The results as shown in figure 4 suggest that the majority of respondents believe that they refer less than 15 per cent of all requests for advice about skin problems. There were no significant differences in referral patterns between different groups of pharmacists i.e. gender, ethnicity, employment type or status (i.e. full or part-time).

**Figure 4: Pharmacists’ estimate of the proportion of requests for advice on skin problems which are referred to the GP (n = 856)**

![Bar chart showing referral patterns](image)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5%</td>
<td>43.8</td>
</tr>
<tr>
<td>6–15%</td>
<td>41.4</td>
</tr>
<tr>
<td>&gt;15%</td>
<td>14.8</td>
</tr>
</tbody>
</table>

**Reasons for referral of skin problems to GPs**

Pharmacists ranked the reasons for GP referral into first, second and third based on three categories: condition required prescription only medicine (POM); uncertain of diagnosis, and if the patient was exempt from prescription charges. This third reason was included because in the UK, patients on low incomes may wish to obtain purchasable treatments on prescription. Consequently, it was considered possible that one potential reason for GP referral might be because patients would be unwilling to pay for treatments Pharmacists could also select ‘other’ reasons and were given the opportunity to record these reasons. The results are shown in Table 2.

**Table 2: Reasons for referral of patients to their GP**

<table>
<thead>
<tr>
<th>Reason</th>
<th>N</th>
<th>Median (rank score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need a prescription only treatment</td>
<td>837</td>
<td>1</td>
</tr>
<tr>
<td>Unsure of diagnosis</td>
<td>826</td>
<td>2</td>
</tr>
<tr>
<td>Patient exempt from prescription charges</td>
<td>735</td>
<td>3</td>
</tr>
</tbody>
</table>

**Note:** A total of 45 respondents cited a number of other reasons for referral. The most frequent reasons (provided without further explanation) were: 1. OTC treatment ineffective (11), 2. Serious/long-term condition (8), 3. Requires specialized treatment (6), 4. OTC license restrictions (3). A number of other reasons cited with counts of less than 3 included too young to treat, suspicious lesion, no suitable product available and had condition a long time.
A Friedman test conducted between these three median values suggested that this difference was significant ($\chi^2 (2) = 700.2, p < 0.001, n = 740$).

**Greater availability of dermatological treatments**

Five current prescription only medicine (POM) dermatological treatments were selected and pharmacists asked to indicate which of these therapies they would like to see available for purchase over the counter. Certain topical antibiotics are already available for purchase through pharmacies in countries outside the UK, and topical antibiotic-steroid combination treatments are widely prescribed in the UK. As shown in the questionnaire (see supplementary material) the question did not specify a particular antibiotic drug. Furthermore, topical vitamin D analogues and retinoids can be used in the management of psoriasis and acne respectively, two common skin conditions, and it was felt that pharmacists might wish to have such products available as part of their armamentarium to allow them to help manage a wider range of skin conditions. As shown in Figure 5, the most frequently requested POM treatment was for topical antibiotics followed by antibiotic-steroid combinations. Interestingly, 21% (179/845) of respondents said that none of the treatments in figure 5 should be deregulated from their current prescription only status.

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**Figure 5: Dermatological treatments pharmacists would like to see made available over-the-counter (n = 664). Note respondents could select more than one answer. Values are per cent of all responses.**

![Pie chart showing the percentage of pharmacists' preferences for different dermatological treatments](image-url)
DISCUSSION

This appears to be the only national survey of pharmacists in England and Wales to explore pharmacists’ perceptions on the range of skin problems that they encounter. The results suggest that pharmacists believe that their advice is sought on only a small number of conditions. Indeed, as shown in Table 1, only 7 different conditions account for over 80% of all reported conditions encountered. However, it is important to note that these results are based on pharmacists’ perceptions of encounters rather than documented consultations. Furthermore with few published studies exploring the range of skin conditions encountered by pharmacists available, it is difficult to determine the validity of the findings. Nevertheless, some level of support for these observations comes from the few studies that are available. For example, the observation that pharmacists reported patients seeking their advice on only a small number of conditions is supported to some extent in the study by Hafejee and Coulson. This small study, which involved documenting all contacts with patients who presented with a skin problem, found that nearly two-thirds of all such encounters (63%) comprised only 6 different conditions. In addition, the top three conditions reported in the Hafejee and Coulson study appear within the top 7 perceived conditions in the present study. This perception of a relatively small number of different conditions encountered may well account for pharmacists’ high level of reported self-confidence in dealing with requests for advice on skin problems as seen in figure 1.

Furthermore, evidence to support the most frequent conditions encountered throughout the year comes from the Australian study by Yeatman et al. During their study period (June/July which is equivalent to autumn/winter in the UK) the most frequently reported skin conditions (33%) for which products were purchased were dermatitis, dry and cracked skin. The results in Table 1 show that pharmacists perceived these conditions to be the most commonly encountered during the autumn/winter period. Although these results could be merely coincidental, they provide some tentative support for the observed pharmacists’ perceptions.

The reasons for GP referral suggest that pharmacists refer principally due to the need for a prescription only medicine. However, all of the top three conditions encountered are amenable to treatment with products currently available through pharmacies. This observation is not easily explained unless there is a large gulf between pharmacists’ perceptions and the reality of the range of conditions that they encounter.

Non-prescription availability of topical antibiotics was the most commonly sought after OTC product as shown in figure 5 and some evidence suggests that pharmacists feel comfortable recommending products (e.g. topical antibiotics) that are required to manage bacterial infections such as impetigo. The reason why antibiotic-steroid combination products were selected by over a quarter of respondents is also intriguing since the evidence that such combination products are more effective in the management of infected eczema than topical steroids alone is lacking. Nonetheless, it is conceivable that the widespread prescription of anti-biotic-steroid combination products re-enforces pharmacists’ belief that such products
are effective and thus could be of benefit to patients if available without prescription. However, wider availability of antibiotics will increase bacterial resistance and is unlikely to happen in the near future. Indeed in the UK it has been recently reported that potential switches of trimethoprim and nitrofurantoin to over the counter status have been halted\(^\text{10}\).

There are potentially several reasons for the reluctance of pharmacists to see other prescription only topical treatments deregulated, although this was not explored in the present study. Potential reasons might include a perceived lack of need for such products, lack of confidence in using these agents, or recognition that safety issues preclude such de-regulation.

**LIMITATIONS**

This study has several potential limitations. The low response rate introduces the potential for response bias and as such the sample should be viewed as self-selecting and may well not be truly representative of the community pharmacy profession. Furthermore, restricting the distribution of the questionnaire to pharmacists potentially misses out on the views of medicine counter assistants who in most instances are the first point of contact in pharmacies, and who may therefore have a different perspective on the range of skin conditions for which patients seek advice. Furthermore, as discussed earlier, since the study is based on perceptions rather than actual recorded encounters there is the potential to both under and over-estimate the range of conditions encountered. Despite these limitations the study has several strengths. It was distributed to a random sample of pharmacies and contains a range of pharmacists from different ethnic backgrounds which is comparable to the 2008 workforce census (data not shown but discussed in reference 8). Furthermore, although the response rate is low, the actual number of respondents (870) is sufficient for descriptive analysis and there appears to be a high level of consistency in the range of perceived conditions encountered given that this was an open question.

**CONCLUSION**

This exploratory study would suggest that community pharmacists encounter only a small range of common skin problems and appear confident at managing these problems, referring only a small percentage of requests for advice on skin problems. There was widespread support for the provision of a topical antibiotic preparation to be made available over-the-counter. However, whether or not pharmacist advice on this small number of conditions avoids or merely delays further medical intervention is unclear and so should be the focus for further studies.

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REFERENCES


SUPPLEMENTARY MATERIAL

PHARMACY QUESTIONNAIRE

An investigation into the range of skin problems encountered in community pharmacy and the extent of pharmacist engagement with patients having a skin disease

Section A: This section is about you and your pharmacy

1. How many years have you been qualified ……… years

2. Gender (please tick) Male □ Female □

3. To which one of the following ethnic groups do you belong? (please tick only one box)

<table>
<thead>
<tr>
<th>White/European</th>
<th>Asian</th>
<th>Mixed</th>
<th>Chinese</th>
<th>Black</th>
<th>Other</th>
</tr>
</thead>
</table>

4. Which of the following best describes your particular pharmacy?

Independent □ small multiple □ large multiple □

Other □ (please specify) …………………………………………………………………………………

5. Which of the following best describes your position:

Regular pharmacist □ Relief pharmacist □ Locum pharmacist □

6. Have you completed any of the following post-graduate training courses on dermatology (tick all that apply)

<table>
<thead>
<tr>
<th>CPPE courses (distance learning/Workshops)</th>
<th>Pharmaceutical industry sponsored meetings</th>
<th>Accredited articles in professional journals</th>
<th>No PG training</th>
</tr>
</thead>
</table>

If no PG training, go to question 8

7. If you have completed post-graduate training, to what extent has this helped you in treating or advising patients with skin diseases? (please tick)

(Very little) 1 □ 2 □ 3 □ 4 □ 5 □ (a great deal)

8. Does your pharmacy have a private consultation area?

Yes □ No □
PHARMACY QUESTIONNAIRE

Section B: This section is about the patients with skin problems that you encounter

9. Using the table below, please indicate how often you have been asked or given advice on these problems in the last four weeks. (please tick for each condition)

<table>
<thead>
<tr>
<th>Skin problem</th>
<th>Very often (Most Days)</th>
<th>Often (up to 3 times a week)</th>
<th>Occasionally (1-3/month)</th>
<th>Rarely (&lt; 1/month)</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bites or stings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cold sores</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eczema/Dermatitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fungal infections e.g. athletes foot</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head lice infestations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head or scalp problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impetigo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lip problems e.g. chapped lips</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nail problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psoriasis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rashes/skin allergies in adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rashes/skin allergies in children or babies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin lesions e.g. lumps and bumps, moles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunburn/minor burns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thrush (oral or vaginal)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warts or verrucas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

10. Approximately how many times per week are you asked for advice about any skin problem? (Please tick)

In spring or summer:  1 – 5 □   6 – 15 □   >15 □

In autumn or winter:  1 – 5 □   6 – 15 □   >15 □

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PHARMACY QUESTIONNAIRE

11. Roughly what percentage of all requests for advice or sales that you get would you say are for a skin problem?

- < 5 % □
- 6 – 15% □
- >15 % □

12. Based on your responses to question 9, please indicate what you think are the three most common skin problems that you are asked about?

In Spring/Summer
1) ........................................ 2) ........................................ 3) ........................................

In Autumn/Winter
1) ........................................ 2) ........................................ 3) ........................................

13. Using the scale below, how confident do you feel in dealing with requests for advice from patients with a skin problem? (Please tick)

(Not confident at all) 1 □ 2 □ 3 □ 4 □ 5 □ (Confident)

14. Roughly what percentage of requests about skin problems do you refer on to the GP? (Please tick)

- < 5 % □
- 6 – 15 % □
- >15 % □

15. Using the table below, please rank the reasons for referral in order of first, second and third by putting the numbers 1, 2 & 3 next to the reason.

For instance, if you think the most common reason for referral is "unsure of the diagnosis", put number 1 in the column next to this reason.

Patients’ treatment requires a prescription only medicine
Unsure of the diagnosis or management
Patient has an exemption so it would be better to get treatment on prescription
Other

For “other” please specify …………………………………………………………………………………………..

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PHARMACY QUESTIONNAIRE

16. Which of the following types of medicines would you like to see made available for purchase over the counter? (tick all that apply)

<table>
<thead>
<tr>
<th>Medicine Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Potent topical steroids</td>
<td></td>
</tr>
<tr>
<td>Topical antibiotics</td>
<td></td>
</tr>
<tr>
<td>Vitamin D derivatives</td>
<td></td>
</tr>
<tr>
<td>Combined antibiotic–steroid products</td>
<td></td>
</tr>
<tr>
<td>Topical retinoids</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

For Other (please specify) ........................................................................................................................................

17. Are there any patient leaflets about the following conditions on display in your pharmacy?

- Acne □
- Eczema □
- Psoriasis □
- Skin cancer □
- None of above □

18. Have you undertaken any medicines use reviews (MURs) on patients with skin diseases?

- Yes □
- No □

*If you answered Yes go to question 19, if you answered No go to question 20*

19. Which particular skin problems have you undertaken an MUR on?

........................................................................................................................................................................

20. How confident do you feel about undertaking an MUR on a patient with a skin problem?

(Not confident) 1 □ 2 □ 3 □ 4 □ 5 □ (confident)

22. How confident do you feel about being able to demonstrate to patients how to use their topical treatments?

(Not confident) 1 □ 2 □ 3 □ 4 □ 5 □ (confident)

23. Does a minor ailments scheme operate in your PCT area?

- Yes □
- No □
- Don’t Know □
PHARMACY QUESTIONNAIRE

24. Listed below are some statements regarding pharmacists. Please indicate the extent to which you agree with these statements (tick only one box per statement)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Don’t Know</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacists should be the first port of call for patients with a skin problem</td>
<td></td>
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<td>Pharmacists have an important role to play in helping patients with skin problems</td>
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<td>Pharmacists are an invaluable source of advice on medicines for skin problems</td>
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<td>More skin conditions should be included in minor ailment schemes</td>
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<tr>
<td>Pharmacy based dermatology enhanced services would be beneficial for patients with skin problems</td>
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We would like to know your views on pharmacists’ potential role in managing skin conditions in the pharmacy. Please use the space below to add your comments.

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THANK YOU FOR YOUR HELP

Please send completed questionnaires using the Freepost envelope provided. If you have any queries about the study or the questionnaire, feel free to contact me at the address (or email) below.

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