

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Emergency supply of prescription-only medicines to patients by community pharmacists; a mixed methods evaluation incorporating patient, pharmacist and GP perspectives
AUTHORS	Morecroft, Charles; Mackridge, Adam; Stokes, Elizabeth; Gray, Nicola; Wilson, Sarah; Ashcroft, Darren; Mensah, Noah; Pickup, Graham

VERSION 1 - REVIEW

REVIEWER	Sara McMillan Griffith University, Australia
REVIEW RETURNED	08-Dec-2014

GENERAL COMMENTS	<p>Thank you for the opportunity to review this paper. This study explores the provision of emergency medication supply in North West England, and the perspectives of patients, pharmacists and general practice staff regarding this practice. The work is of a high standard and has a thorough methodology. I have a few comments and suggestions for the authors to consider.</p> <p>Abstract</p> <p>Please define the setting, e.g. North West England, and consider providing time-frames for phases, e.g. April/May 2013 etc.</p> <p>Introduction</p> <p>Overall, there is a need to set the work in a more international context; is emergency supply only a procedure that happens in England? For example, I know it is available in Australia; however, we do not have pharmacist supplementary/independent prescribers, so I was personally surprised at the amount of emergency supply cases documented in this study. Further information about the UK situation would be helpful e.g. are pharmacists able to supply all prescription only medicines in an emergency situation? What is an NHS England Area Team?</p> <p>Specific comments:</p> <ul style="list-style-type: none">• Page 3, Line 14/15: 'the additional work undertaken by the pharmacists is not remunerated.' I am unclear as to what this additional work comprises of.• Page 3, Lines 45/46: "Few studies have explored emergency supplies in depth..." Please provide references – again, is this just in the UK?• I did have to refer back to what some of the acronyms were in this paper as I was unfamiliar with them, for international readers it would be better to avoid if possible. <p>Methods</p> <p>A figure describing the study phases would be helpful for those readers who prefer visual diagrams.</p> <p>Specific comments:</p>
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	<ul style="list-style-type: none"> • Phase 1: I am unfamiliar with the term 'mailshot' – please define. • Phase 3: I wondered why participants were invited to participate two weeks after obtaining their emergency supply, and not sooner. Also, it is unclear how participants were contacted for participation in the interview – I know the information is outlined in the attached research protocol, but it is stated more clearly there than in the manuscript. • Phase 2 and 4 – how were the subgroup of community pharmacists chosen to conduct interviews/feedback sessions? This is particularly important as it appears they influenced the selection of general practice teams for Phase 4? <p>Results</p> <p>I would consider integrating the quotes in the boxes with the text to strengthen the results section, and make it clearer for the reader.</p> <p>Specific comments:</p> <ul style="list-style-type: none"> • Is there a reason why pharmacist demographics were not presented for Phase 2? • Page 7, 'Reasons for requests,' Line 13 – I am unsure how 'pharmacy errors in ordering repeat supplies' results in emergency supply requests? • Page 8, 'Impact on medicines adherence' – phase 3 participants stated that a disruption of medication supply would not have caused particular harm (line 43-44). I wondered if the authors collected information about the medication they obtained emergency supply for and if so, if further comment was warranted. • Page 9, 'Changes to practice' – the second half of the first paragraph seems to be a discussion rather than a presentation of results (lines 5-12)? Similar comment for the second half of the last paragraph for this sub-section (lines 39-44). • I noted with interest that emergency supply was requested for a 3month old! I wondered if the authors considered providing further information on this particular case? • Was there any information obtained from pharmacists as to additional burden they experienced from dealing with these requests (other than frustration from patients "abusing the system")? <p>Discussion</p> <p>An overall/final conclusion would strengthen the paper.</p> <p>Specific comments:</p> <ul style="list-style-type: none"> • Page 10, lines 5-6 – '...which was considered inappropriate by participants' – please define the participants being referred to. • An example of an inappropriate request was provided here (page 10, lines 44-45), but there is limited information about this in the results section? • I understand that no phase 3 patients had been refused the service, but wondered if this was also a limitation? <p>Is there an acknowledgements section?</p>
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REVIEWER	Dr Vibhu Paudyal School of Pharmacy and Life Sciences Robert Gordon University Riverside East, Garthdee Road, Aberdeen Scotland, UK
REVIEW RETURNED	11-Mar-2015

GENERAL COMMENTS	Thank you for providing the opportunity to review the manuscript titled: 'Emergency supply of prescription-only medicines to patients by community pharmacists; a mixed methods evaluation'
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	<p>incorporating patient, pharmacist and GP perspectives'. Emergency supply of prescription only medicines is an important area of pharmacy practice and is often neglected in research. In general, the manuscript is very well written. I hope the following comments will be of use in further strengthen the report.</p> <p>Methods: Could the authors mention whether consents were obtained/necessary from the patients about their demography details being collected. Not clear from the manuscript as whether it is a usual practice to collect demography information especially in cases where emergency requests are denied. It is not clear from the results whether all requests made during audit phase were entertained by pharmacists.</p> <p>Any consent process involved in any phase of the research should be described in the main body of the manuscript.</p> <p>Clarify where were the patient interviews conducted. Not clear in the main manuscript whether these were face to face or telephone interviews.</p> <p>Results: Clarify the meaning of unsynchronised medicines prescribing.</p> <p>Consider including age of the participant for patient quotes.</p> <p>Discussion: Consider discussion of strengths and limitations of the study including any limitations of peer to peer interviewing technique.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer Name Sara McMillan

Institution and Country Griffith University, Australia

Please state any competing interests or state 'None declared': None

Please leave your comments for the authors below Thank you for the opportunity to review this paper. This study explores the provision of emergency medication supply in North West England, and the perspectives of patients, pharmacists and general practice staff regarding this practice. The work is of a high standard and has a thorough methodology. I have a few comments and suggestions for the authors to consider.

Abstract

Please define the setting, e.g. North West England, and consider providing time-frames for phases, e.g. April/May 2013 etc.

Authors: Additional text has been added to the main section.

Introduction

Overall, there is a need to set the work in a more international context; is emergency supply only a procedure that happens in England? For example, I know it is available in Australia; however, we do not have pharmacist supplementary/independent prescribers, so I was personally surprised at the amount of emergency supply cases documented in this study.

Authors: We have added some description of the international variation. Our own experience as practising pharmacists, we are not surprised by the numbers. This is a regular occurrence in UK community pharmacy, particularly because most general practices insist on 48 hours to produce a repeat prescription.

Further information about the UK situation would be helpful e.g. are pharmacists able to supply all prescription only medicines in an emergency situation?

Authors: An additional box has been added to the manuscript outlining the process.

What is an NHS England Area Team?

Authors: We have added 'regional commissioners'

Specific comments:

Page 3, Line 14/15: 'the additional work undertaken by the pharmacists is not remunerated.' I am unclear as to what this additional work comprises of.

Authors: Short description added

Page 3, Lines 45/46: "Few studies have explored emergency supplies in depth..." Please provide references – again, is this just in the UK?

Authors: References added and additional sentences about international context.

I did have to refer back to what some of the acronyms were in this paper as I was unfamiliar with them, for international readers it would be better to avoid if possible.

Authors: All acronyms reviewed and those mentioned in the manuscript 2 to 3 times have been written in full.

Methods

A figure describing the study phases would be helpful for those readers who prefer visual diagrams.

Authors: An additional table has been added to the manuscript outlining the phases.

Specific comments:

Phase 1: I am unfamiliar with the term 'mailshot' – please define.

Authors: This has been replaced by information pack

Phase 3: I wondered why participants were invited to participate two weeks after obtaining their emergency supply, and not sooner.

Authors: Removed 'invited to participate in two weeks' as participants were invited at the time they requested an emergency supply. All interviews were completed within two weeks of the emergency supply request.

Also, it is unclear how participants were contacted for participation in the interview – I know the information is outlined in the attached research protocol, but it is stated more clearly there than in the

manuscript.

Authors: Additional text has been added to outline this process.

Phase 2 and 4 – how were the subgroup of community pharmacists chosen to conduct interviews/feedback sessions? This is particularly important as it appears they influenced the selection of general practice teams for Phase 4?

Authors: These CPs were not chosen, but volunteered from those in Phase 1. All those that volunteered were trained as described.

Results

I would consider integrating the quotes in the boxes with the text to strengthen the results section, and make it clearer for the reader.

Authors: Due to the constraints on the length of the manuscript (4000 words) this has not been undertaken. It will be clearer once the boxes are formatted with the text in the final publication. At the moment the distance of the text from the boxes at the end of the pdf does not help the reader.

Specific comments:

Is there a reason why pharmacist demographics were not presented for Phase 2?

Authors: This forms part of another paper published in International Journal of Clinical Pharmacy which explores the experience of pharmacists as researchers in a multi-phase study. A reference has been added to the manuscript.

Page 7, 'Reasons for requests,' Line 13 – I am unsure how 'pharmacy errors in ordering repeat supplies' results in emergency supply requests?

Authors: Amended text to read ... errors in ordering repeat medication via the pharmacy, for example incorrect strength.

Page 8, 'Impact on medicines adherence' – phase 3 participants stated that a disruption of medication supply would not have caused particular harm (line 43-44). I wondered if the authors collected information about the medication they obtained emergency supply for and if so, if further comment was warranted.

Authors: We have added a note of this ambivalence of patients towards the end of the discussion, and that it should be addressed as appropriate during counselling.

Page 9, 'Changes to practice' – the second half of the first paragraph seems to be a discussion rather than a presentation of results (lines 5-12)?

Authors: Sentences have been moved to the discussion section.

Similar comment for the second half of the last paragraph for this sub-section (lines 39-44).

Authors: Sentences have been moved to the discussion section.

I noted with interest that emergency supply was requested for a 3month old! I wondered if the authors considered providing further information on this particular case?

Authors: We recognise that different readers may wish for more information about different cases, but the constraints of the manuscript made it impossible to provide case studies. However, the request was for a specific (and expensive) baby food that the community pharmacy ordered in specifically for this patient.

Was there any information obtained from pharmacists as to additional burden they experienced from dealing with these requests (other than frustration from patients “abusing the system”)?

Authors: This forms part of a third paper that is being developed – owing to space constraints, it is not possible to include this detail in the present paper.

Discussion

An overall/final conclusion would strengthen the paper

Authors: Completed.

Specific comments:

Page 10, lines 5-6 – ‘...which was considered inappropriate by participants’ – please define the participants being referred to.

Authors: ‘Participants’ has been amended to ‘pharmacists and practice staff...’

An example of an inappropriate request was provided here (page 10, lines 44-45), but there is limited information about this in the results section?

Authors: Text amended to ‘... to ensure any inappropriate requests’

I understand that no phase 3 patients had been refused the service, but wondered if this was also a limitation?

Authors: Additional text added

Is there an acknowledgements section?

Authors: This has been added.

Reviewer Name Dr Vibhu Paudyal
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Robert Gordon University
Riverside East, Garthdee Road, Aberdeen
AB10 7QJ, Scotland
UK

Please state any competing interests or state ‘None declared’: None

Please leave your comments for the authors below Thank you for providing the opportunity to review the manuscript titled: ‘Emergency supply of prescription-only medicines to patients by community pharmacists; a mixed methods evaluation incorporating patient, pharmacist and GP perspectives’. Emergency supply of prescription only medicines is an important area of pharmacy practice and is often neglected in research. In general, the manuscript is very well written. I hope the following

comments will be of use in further strengthen the report.

Methods:

Could the authors mention whether consents were obtained/necessary from the patients about their demography details being collected.

Authors: Additional text added.

Not clear from the manuscript as whether it is a usual practice to collect demography information especially in cases where emergency requests are denied.

Authors: Only information provided by the patient responding to the Phase 3 recruitment was used in the study.

It is not clear from the results whether all requests made during audit phase were entertained by pharmacists.

Authors: As far as it is known all requests were recorded on the phase 1 audit.

Any consent process involved in any phase of the research should be described in the main body of the manuscript.

Authors: Additional text added to Phases 3 to 4.

Clarify where were the patient interviews conducted. Not clear in the main manuscript whether these were face to face or telephone interviews.

Authors: Additional text has been included to clarify 'telephone' interviews were undertaken.

Results:

Clarify the meaning of unsynchronised medicines prescribing.

Authors: Additional text added to explain the term '....that is where one or more additional medicines are started at a different time to other medicines,..'

Consider including age of the participant for patient quotes.

Authors: No demographic data were collected for these participants.

Discussion:

Consider discussion of strengths and limitations of the study including any limitations of peer to peer interviewing technique.

Authors: Additional text added to manuscript.

VERSION 2 – REVIEW

REVIEWER	Sara McMillan Griffith University, Australia
REVIEW RETURNED	22-May-2015

GENERAL COMMENTS	The authors have sufficiently addressed all comments.
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