

The role of community pharmacists in the use of antipsychotics for behavioural and psychological symptoms of dementia (BPSD): a qualitative study

Appendix 1 – Outline Interview Schedule

I am interested in the role and potential community pharmacists can play in supporting initiatives to limit the use of anti-psychotics in people with dementia and will therefore be asking a number of questions around this theme.

1. Can you describe to me the activities you typically perform as community pharmacists at work?

Prompts: ask about supply and clinical activities.

2. One key current public health objective is to limit the use of anti-psychotics in dementia. What are your thoughts/experiences on antipsychotics in dementia generally? Can you describe what you know about the initiatives to limit anti-psychotic usage in dementia?

Prompts: why is the objective important? How aware are you on current national advice in regards to this target e.g. RPS toolkit, Alzheimer's society guidance?

3. Current national advice describes a public health objective for community pharmacy to help achieve this objective and the next questions will be around this theme.

What are your opinions of this objective? How, if at all, does this objective affect your role as a community pharmacist? In your opinion, is it achievable within your role as a community pharmacist?

Prompts: what influence do you currently have in limiting anti-psychotics in dementia patients? How do you feel about this? Do you feel like you're able to match public health expectations?

4. How, if at all, are you currently limiting the use / supply of anti-psychotics in people with dementia? Could you give an example of how you have limited the use of anti-psychotics to a person with dementia and describe to me what happened? What else could you do?

Prompts: what was the outcome?

5. Are there barriers which limit or constrain a community pharmacist's role in reviewing anti-psychotics prescribed to people with dementia? Can you describe these barriers to me?

Prompts: are there any changes in the workplace that need to be put into place first?

6. What help or tools could reduce these barriers and enable a community pharmacist to have a greater role in helping limit the use of anti-psychotics in people with dementia in order to meet public health targets? How could this be achieved?

Prompt: have you undertaken any further training in this area either lectures, workshops or online courses (e.g. CPPE – Centre for Postgraduate Pharmacy Education course)? If yes, were the courses helpful?

Appendix 2 – Further Demographic Details of participants

Newly qualified community pharmacist	F (female)	WM1
Experienced pharmacist e.g. hospital, CCG, community. Currently locum community pharmacist.	M (male)	WM2
Experienced CCG/community pharmacist	M	WM3
Experienced CCG/community pharmacist	M	WM4
Experienced CCG/community pharmacist	M	WM5
Newly qualified community pharmacist	F	SE1
Community Pharmacist	F	SE2
Experienced Community Pharmacist/ CCG Pharmacist	F	SE3
Community Pharmacist (proprietor)	F	SE4
Locum Community Pharmacist	F	SE5
Locum Community Pharmacist	F	SE6
Employee Community Pharmacist	F	SE7
Part-time Community Pharmacist	F	SE8
Independent Community Pharmacist	F	SE9
Independent Community Pharmacist	M	SE10
Community Pharmacist	M	SE11
Experienced Community Pharmacist/ Mental Health Pharmacist	F	NE1
Community Pharmacist	M	NE2
Experienced Community Pharmacist	F	NE3
Experienced Community Pharmacist/CCG Pharmacist	M	NE4
Experienced Community Pharmacist/ Mental Health Pharmacist	F	NE5
Community Pharmacist	F	NE6