**Producing a vision for the future of community pharmacy in England - Interview Schedule**

**Opening**

* Researcher introduction and brief overview explaining purpose of the study and describing the term “pharmaceutical care in the community” used for the study

“*My name is Evina and I am a PhD student from University of Bath. As you already know, my research aims to develop a more evidence-based vision for the future of community pharmacy services in England. We are having this conversation to discuss your views on how pharmaceutical care will be provided in the community in the year 2030. And when I say pharmaceutical care, I would describe this discipline as helping patients use and manage medicines effectively, but also providing wider interventions that could create an impact on their quality of life*.”

* Check participant has read Participant Information Sheet (provide a copy and time to read if they haven’t)
* Ask participant if they have any questions about the study
* Explain to the participants about the informed consent
* Ask how much time the participant has available and plan questions – “*Our interview is not expected to last more than one hour but if you have other commitments, we can finish earlier than that.”*
* Secure consent
* Start recording the interview

**Main Discussion**

*Probes will be used flexibly, in response to participant’s answers.*

|  |  |
| --- | --- |
| 1. How would you describe your [members’] role in relation to this sort of pharmaceutical care in the community?
 | **Role**: |
| 1. In your view, in what ways might pharmaceutical care in the community be provided in the year 2030?

*Probe common topics from policy review:* * *urgent and emergency care*
* *mental health (dementia friend)*
* *closer collaborations with primary care professionals*
* *long-term conditions*
* *patient-centred care*
* *new models of care*
 | **Ways**: |
| 1. Which of these developments are more like likely to happen and why?

*Probe common drivers from policy review:** *unnecessary workload in general practice*
* *increased service demands*
* *funding allocation*
* *increased hospital admissions*
 | **More likely to happen & why**: |
| 1. We have already discussed the different ways you think that pharmaceutical care will be provided in the year 2030. Suppose that you had an opportunity to create the ideal model of pharmaceutical care in the community, but without increasing the total cost. What would this ideal model include?
 | **Ideal model:** |
| 1. [If answer to Q4 different to Q3] Your ideal model is different to what you think will actually happen. Why do you think your ideal model is unlikely to come about?
 | **Why expectation different to ideal:** |
| 1. What would make your ideal model more likely to come about?

*Probe common facilitators and barriers for Q5 and Q6:** *individual behaviour*
* *utilising technology*
* *supporting workforce*
* *providing evidence*
* *facilitate commissioning*
 | **What would make ideal more likely:** |
| 1. What are the current barriers to pharmaceutical care provision in the community?
 | **Barriers:** |
| 1. What are your views on the role of pharmacy technicians in pharmaceutical care?
 | **Technicians:** |
| 1. What are your views on community pharmacy mergers and closures due to financial constraints?
 | **Mergers and closures:** |
| 1. Do you feel there is anything else you would like to add?
 | **Additional:** |

**Closing**

* Summarise main points of the discussion
* One last question from me “What other organisation or individual would you consider influential for the future of pharmaceutical care in the community?
* Ask if they would like a copy of the results to be sent to them
* Thank participants for their time