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Community pharmacists' experiences of working during lockdown

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ABSTRACT

Background: Transmission of the novel coronavirus strain, SARS-CoV-2, caused many health services to reach crisis points worldwide. As infection rates rose, many countries implemented 'lockdown' periods where only essential services could remain open; this included community pharmacies in the UK. This study retrospectively explores the experiences of community pharmacists during the first lockdown period of the pandemic in the UK, helping us to learn for the future if another pandemic were to arise.

Objective: The objectives of this study were to explore the main professional and personal worries and concerns that pharmacists experienced during the first UK lockdown. Key practical issues specific to COVID-19 were investigated: staffing levels, precautionary measures undertaken, workload issues, medicines shortages, support, and guidance. In addition, the perceived effectiveness of support available to community pharmacists was examined.

Methods: Community pharmacists in the Stoke-on-Trent and Staffordshire regions of the UK were invited to participate in a semi-structured telephone interview. Participants were recruited until no new themes emerged. Interviews were transcribed verbatim, and thematic analysis was undertaken using the Framework Approach.

Results: In total, 29 community pharmacists were interviewed across Stoke-On-Trent and Staffordshire, with interviews lasting on average for 20 min. Fifteen interviewees were from independent pharmacies and 14 from large-chain pharmacies. Five themes emerged from the data: difficulty maintaining staffing levels; precautionary measures undertaken for staff and patients; increase in dispensing volume; dealing with medicines shortages; and perceptions of support varied, with guidance reported to be initially slow and conflicting.

Conclusion: Overall, this study highlights the crucial role that community pharmacists in the UK played in ensuring patients still received their medication and health advice, despite the challenging circumstances in which they found themselves. Community pharmacies need appropriate support, recognition, and funding to enable them to remain sustainable and continue to provide a critical service in the face of possible future pandemics.

Introduction

COVID-19 is caused by a novel strain of the coronavirus (SARS-CoV-2), which is transmitted via respiratory droplets and attacks the respiratory system of those infected. On March 11, 2020, the World Health Organisation (WHO) declared COVID-19 a global pandemic (WHO, 2020).¹ With no vaccine or treatment for COVID-19, governments and institutions worldwide introduced measures to mitigate the spread of the virus such as good hand hygiene; maintaining 2-m social distancing; face coverings; travel restrictions; and national lockdown measures.^{2,3} On March 23rd, the UK went into full 'lockdown,' which required people to stay at home except for very limited purposes; non-essential businesses to close; and the prohibition of gatherings of more than two people in public.

Pharmacists were key players in reducing community transmission by providing reliable information, support, and advice to the community due

to the ease in which it was possible to access a pharmacy; however, several issues quickly surfaced. Pharmacies saw an influx of prescriptions issued, resulting in a 25% increase of dispensing volume between February and March 2020.⁴ Safety concerns grew as pharmacies were affected by a national personal protective equipment (PPE) shortage, with pharmacists and their teams not classed as 'key workers' and prioritised in terms of access to PPE or testing until August 2020. This left many pharmacies short-staffed as team members could not return to work without a negative test result. In addition, 70% of Black and minority ethnic (BAME) pharmacists in one survey reported feeling unsafe having had no risk assessment undertaken.⁵

Due to the global nature of the pandemic, numerous studies surrounding COVID-19 have been conducted internationally to understand the impact of the virus, identify treatments, and develop vaccines. Studies have also been undertaken to explore the experiences of community pharmacists

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working during the early stages of the pandemic across the globe, one of which was UK-based.⁶ An online questionnaire ($n = 206$) was disseminated to identify the types of protective measures being adopted and the impact that COVID-19 had on service delivery and anxiety levels among UK community pharmacists. Over 75% of participating pharmacists reported an increase in customer traffic to their pharmacy, over 85% stated they were implementing social-distancing measures between their customers, and 72% confirmed that they were wearing PPE. In addition, drug shortages and inappropriate behaviour, such as verbal and physical abuse, from patients or carers, were reported as common issues pharmacists face.

Of the limited studies conducted, the data collection methods did not always allow for pharmacists to express themselves and their unique experiences, for example, the UK study by Zaidi and Hasan (2021) reported on quantitative findings.⁶ In this study, there was overlap with issues addressed by Zaidi and Hasan (2021), such as medicine shortages and precautionary measures taken; this will enable corroboration or refutation of their findings. In addition, pharmacists' experiences of staffing and support issues were also explored in this study, and some practical ways of overcoming the problems COVID raised. This study was conducted from October to November 2020, which allowed sufficient time for pharmacists to reflect retrospectively on the impact the first UK lockdown had on them and their practice, and the qualitative nature of this study allowed for an exploration of pharmacists' real lived experiences during the lockdown.

The overall aim of the study was to explore the experiences of community pharmacists in the workplace during the first UK lockdown. The specific objectives were to: explore the main professional and personal worries and concerns that pharmacists experienced during the first UK lockdown; investigate how key practical issues specific to COVID-19 such as staffing levels, precautionary measures, workload issues, medicines shortages, support, and guidance were addressed; and determine the perceived effectiveness of support available to community pharmacists during lockdown.

Methods

Qualitative data allows for exploring people's perspectives on a social phenomenon by allowing them to recount their thoughts and feelings in their own words.⁷ As such, the constructivist view is that there is no single objective truth,⁸ as we seek to understand the world in which we work and live.⁹ In this study, semi-structured one-to-one telephone interviews were chosen for convenience and to reduce transmission risks of COVID. The semi-structured interview allowed for flexibility with the type of questions asked and the information gathered while still having a defined area to explore.⁷

An NHS website listing all community pharmacies was used to identify eligible UK registered pharmacies to contact potentially.¹⁰ Four lists were purposively devised to separate multiple and independent pharmacies across two areas; the Stoke-on-Trent and Staffordshire regions of England. From these, pharmacies were then randomly selected. The aim was to recruit pharmacy managers and locum pharmacists who had worked for at least 4 weeks in a community pharmacy during the first UK COVID-19 lockdown. The sample size was dependent on the point of saturation where no new themes or ideas emerged, meaning future data would not bring about a new development to the project.¹¹

Selected pharmacists were emailed and invited to participate. This was followed up with a telephone call to gauge interest and arrange a convenient time for the interview to be conducted. LO and KC undertook interviews to fulfill their MPharm degree's research requirements. MA had minimal experience, working as a locum pharmacist for three days during the initial lockdown period; KC worked full-time throughout the entire lockdown period as a dispenser in a community pharmacy, while LO did not work in a pharmacy at all during this time.

At the beginning of each interview, participants were briefed on the study's aims, any questions they had were answered, and verbal consent was obtained both for participation and for being audio-recorded. The

interview guide (see Table 1) was developed with the aims and existing research in mind and addressed staffing and safeguarding, demand and supply of medicines, and the perceived level of support received. The interview guide did not confine the questions to a specific order but allowed the conversation to flow naturally to what the participant said. An iterative process allowed for small tweaks to be made to the interview questions following the first few interviews due to the emergent nature of the responses; this led to the addition of a question on communication. For this reason, the first interview served as a pilot but was nonetheless included in the analysis.

Interviews were transcribed verbatim and anonymised before analysis. All personally identifiable data and interview recordings were stored on password-protected and encrypted devices that could only be accessed by the researchers. The data were analysed on Microsoft Excel, using the Framework Method of analysis. This involved seven stages: transcription, familiarisation with the interview; coding; development of a working analytical framework; application of the analytical framework; charting data into the framework matrix; and interpreting the data.¹² The first six transcripts were coded independently by two researchers, and codes were agreed upon before further application of coding. This study received ethical approval from the Keele University School of Pharmacy and Bioengineering Research Ethics Committee. The SRQR (Standards for Reporting Qualitative Research) guidelines were followed in the execution of this study.¹³

Results

In total, 29 interviews were conducted, each lasting, on average, approximately 20 min. Fifteen interviewees were from independent pharmacies, and 14 were from large-chain pharmacies. Thirteen pharmacists were

Table 1
Interview guide.

Please share with me your overall thoughts and feelings on what it was like to work in community pharmacy when the lockdown was introduced?
<ul style="list-style-type: none"> • In what ways (if any) did this change over time? • What would you say were your uppermost concerns during lockdown? • How did it affect you personally? • Has there been a time where you did not feel sufficiently protected against COVID-19?
What staffing issues (if any) did you have to deal with during the pandemic?
<ul style="list-style-type: none"> • What measures did you implement to safeguard staff? • What were your experiences in getting them set up? • Where did you get your information from? • Describe the reaction to these measures from your staff
What measures did you implement to safeguard patients/customers?
<ul style="list-style-type: none"> • What were your experiences in getting them set up? • Where did you get your information from? • Describe the reaction to these measures from your customers
Please describe how the lockdown period affected demand for medicines.
<ul style="list-style-type: none"> • Did this change over time? • If yes, in what ways did you address this change in demand? • Were there any noticeable changes in supply issues during this time? • What is your current situation now regarding demand and supply of medicines?
What are your thoughts regarding the level of support that was provided to community pharmacy during lockdown?
<ul style="list-style-type: none"> • From the Department of Health and Social Care? • From GPhC • From RPS • From your company Head Office (if applicable) • What more would you like to have seen done to support you/community pharmacy?
Looking back, is there anything you wish you had done differently in response to the lockdown?
How do you believe COVID-19 will impact pharmacy going forward?

male, 16 were female. Five themes emerged from the data: staffing levels, precautionary measures, workload issues, medicines shortages, support, and guidance.

Theme 1: staffing levels

All pharmacists interviewed experienced staffing issues through staff self-isolating or shielding due to COVID-19. Some staff were off for several months. Pharmacists struggled as they could not replace staff, resulting in an increased workload for those remaining. Pharmacist 3 stated:

"We had three girls [dispensers] isolating for two weeks straight and we've only got four dispensers...I think there was two weeks where I did from 8 in the morning till about 11 at night just dispensing and checking..." (Pharmacist 3)

However, replacing staff was reportedly easy for some, either with temporary contracts, having existing staff members on standby, or upgrading part-time staff to full-time.

Theme 2: precautionary measures

All pharmacists implemented a mix of measures to safeguard staff and/or patients: social distancing aided by markings on the floor 2-m apart, hand hygiene, and cleaning contact point surfaces. For example, Pharmacist 3 stated:

"They [healthcare assistants] would go off every hour to wash their hands or if they had to touch anything they were uncomfortable with they would go and wash their hands." (Pharmacist 3)

Almost all pharmacies limited the number of patients in-store to 2 or 3 at a time. As lockdown progressed, a few pharmacies introduced risk assessments for staff and temperature checks. The pharmacists' experiences in obtaining personal protective equipment (PPE) were the greatest inconsistencies. Some had aprons, masks, and perspex screens from the beginning (provided by their organisation); others were able to obtain the screens, visors, and gloves, while others had no PPE at all. For almost half of pharmacies ($n = 12$), masks were difficult to obtain in the first few weeks of lockdown.

"...we were just told you're going into lockdown and that was it. There was no nothing, no masks. At one point I counted 35 people in our shop." (Pharmacist 29)

Theme 3: workload issues

The most common issue ($n = 28$) was the increased workload that pharmacists experienced, with ranges reported to be between a 10–50% increase. Pharmacists 21 and 24 experienced almost double the workload they would usually have at that time of year.

"The demand on our services was the worst I've known it and I've been qualified for 15 years...it was just continuous weeks of it being very intense." (Pharmacist 21)

The increased workload was reportedly due to patients stockpiling, overprescribing from GPs, and the increased number of deliveries. It left some pharmacists and staff working longer shifts continuously or on the weekends to catch up. Furthermore, some non-essential services stopped, with services such as the EHC (emergency hormonal contraception) advice conducted over the telephone. Some pharmacies changed their opening hours to cope with the increased demand. Due to changes in the community pharmacy standard operating procedure (SOP), pharmacies were allowed to close to the public for up to two and a half hours a day (PSNC, 2020). Many used this as an opportunity to clean and organise breaks for staff.

Some voiced their disappointment at the lack of recognition of how hard pharmacists have been working, both from the governing bodies and the media, as Pharmacist 26 expressed:

"...we don't get paid for talking to patients like the doctors would, and we've had to pick up their slack for no recognition whatsoever for that extra workload." (Pharmacist 26)

Pharmacist 29 said:

"We literally became your doctors, your dentists, opticians..." (Pharmacist 29)

Pharmacist 23 added:

"...the amount of patients being referred to us for conditions we can't manage just because the GP surgery won't see them...I don't think that's been taken into account, the pressure that's been put on us in terms of walk-in patients, OTC consultations and that." (Pharmacist 23).

Theme 4: medicines shortages

All pharmacists reported experiencing medicines shortages. A major cause was attributed to patients stockpiling medicines. In particular, a paracetamol shortage was experienced, which led to pharmacists limiting sales to 15 tablets per customer. Other over-the-counter (OTC) stock shortages included ibuprofen, cold and flu medicines, and antibacterial gels. Shortages of prescription-only medicines (POM) included inhalers, which were attributed to patients requesting larger volumes, as well as some hormone replacement therapy products, and adrenaline pens. Some pharmacies were short on thermometers and blood pressure monitors. Pharmacist 17 stated:

"...paracetamol, co-codamol...and I think the thermometers were the big ones [shortages] obviously with their link to COVID directly. Blood pressure monitors were more in demand because of the doctor not seeing patients and told to check their own blood pressure..." (Pharmacist 17)

Pharmacists had to request alternatives and borrow stock from other pharmacies to ensure patients did not go without necessary materials. The trade price of particular stock items was increased, so pharmacists had to increase the cost price of several items, exposing them to abuse from patients. Furthermore, issues with travel and imports meant that there was a shortage of medicines that were manufactured abroad, such as valproate:

"If 15 wholesalers can't get it [the medicine] then you're not going to get it. So that was a big challenge: stock shortages, patients being extremely agitated, angry..." (Pharmacist 29)

Many pharmacists, however, collaborated on a local scale to share stock updates with certain wholesalers or important messages. Even collaborations across pharmacy sectors on a national scale evolved through WhatsApp group chats:

"...we all set up a WhatsApp group with the pharmacists around the locality, so we all get important messages [regarding stock] at the same time now..." (Pharmacist 21)

Theme 5: support and guidance

Perceptions of support received varied. Many reported feeling that they did not receive much help, while others felt support was adequate given the situation. Generally, pharmacists felt supported by their managers and organisation head office, with staff feeling relief as a result. Some reported receiving the most support from local pharmaceutical committees (LPCs). In comparison, larger governing bodies such as the Department of Health

and Social Care (DHSC) and the General Pharmaceutical Council (GPhC; pharmacy regulatory body) were criticised for offering little support. For example, Pharmacist 5 said:

“I think that the support is there now, but I would have liked it at the beginning, it took a little bit too long for it to be implemented... I wish there was clearer guidelines at the beginning of when people started to self-isolate of who needs to self-isolate and who doesn't. We didn't know at all.” (Pharmacist 5)

The lack of pharmacy-specific guidance was highlighted. Interviewees reported feeling like ‘the forgotten part of the NHS’ and that they should have received support sooner.

“The Department Of Health website has been good, the only problem with that is that it's not absolutely specific to pharmacy, it's very generic, and to dig deeper into how to find the right advice for pharmacy can be quite hard work sometimes. You're having to sort of search from site to site... Trying to get up to speed was just tough and then trying to get the information that was accurate was difficult. The PSNC were very slow at bringing things into policy. There was conflict in information so at one point it was okay for staff not to have any protective equipment and then we needed full protection and then we couldn't get it.” (Pharmacist 26)

Interviewees felt that more funding and recognition were deserved due to their part throughout the pandemic. They felt that while they were expected to do more, they were getting less funding and support to do so.

“... we constantly get funding stripped back... we're constantly expected to do more and being paid less for it... are just expected to stay open... still expected to offer the same high service but sometimes without any extra support or funding to do that.” (Pharmacist 13)

Discussion

This study aimed to explore the experiences of community pharmacists during the lockdown period in the UK; this has been achieved. Several key findings emerged throughout the study highlighting the struggles and difficulties many pharmacists faced. These included staffing issues, stock shortages, and difficulties obtaining PPE supplies, particularly in the first few weeks of lockdown. Practical measures were reported that addressed safeguarding measures to protect both staff and customers, for example, the introduction of floor markings to aid social distancing, reduction in the number of customers allowed entry at any one time, and frequent use of sanitiser. Experiences of support were found to vary in regard to clarity and timeliness, with support from national bodies found to be less helpful and slow to arrive. Some key points that emerged from the discussions are reported below.

The majority of pharmacists ($n = 22$) reported staffing issues due to COVID-19; for example, some staff were vulnerable and had to shield due to government advice, or others had to self-isolate due to experiencing symptoms. Across England, some local pharmaceutical committees estimated up to half of the workforce in their area were unable to work due to COVID-related absences.¹⁴ This study found that short-staffed pharmacies led to remaining staff working longer hours and more days. In addition to this, staff were having to deal with angry customers due to medicines shortages. This could potentially lead to ‘burnout,’ which the World Health Organisation classed as an occupational phenomenon resulting from chronic workplace stress.¹⁵ A recent systematic review has shown employee burnout in pharmacy leads to lower levels of job satisfaction and an increased employee turnover.¹⁶ In addition, previous studies have shown that increased workloads and interruptions -both of which were experienced by the interviewees due to a reduction in staff numbers- negatively affect medication safety. For example, a survey among hospital pharmacists and pharmacy technicians associated an increased risk of dispensing errors with rushing or interruptions.¹⁷ It may be interesting to

conduct a follow-up study exploring the long-term impact of COVID-19 on community pharmacists' mental well-being and patient safety incidents.

Although pharmacists experienced an increase in dispensing volume, some reported having to reduce the number of services they offered, while others suspended all non-essential services altogether (i.e., New Medicines Service [where patients are followed up to support adherence to new medication], Medicines Use Reviews [consultation to support patients' adherence to current regular medication] and smoking cessation services), meaning revenue generated by pharmacies decreased. In addition, increasing costs of medicines may have resulted in reduced margins or dispensing medicine at a loss. Funding for community pharmacy had already been reducing pre-COVID.¹⁸ In line with current grey literature, repeated calls were made by pharmacists in this study for the government to increase funding to the pharmacy sector to support it correctly.¹⁴

This study found that pharmacies relied heavily on their local pharmaceutical committee, organisation head office, or each other for pharmacy-related information. In contrast, the government's national advice was not perceived to be tailored to address community pharmacy concerns. Guidance was reported as slow to be released and often contradictory, leaving pharmacists confused in the early days of the lockdown. Many pharmacists reported feeling alone in their struggles, forgotten by the government, and left to carry the workload of other healthcare professionals who decided not to see their patients face-to-face, which others have expressed.¹⁹ Despite reporting feeling undervalued, with little recognition and lack of financial reward for their extra efforts, pharmacists have demonstrated that they are capable of extra responsibility. The introduction of new services in England during the pandemic enabled referral to community pharmacists for support with minor ailments, emergency medication supply, and a role around medicines reconciliation to help support seamless care in patients discharged from hospital.²⁰⁻²² Austin and Gregory (2021) characterised ways that Canadian community pharmacists, supported in their workplace, adapted to remain resilient in the throes of the pandemic.²³ In the UK, even under very challenging circumstances, community pharmacy appears to have made a substantial contribution to maintaining and improving the health of the local communities they served. Like those in Canada, community pharmacists in the UK also benefitted from scheduling new methods and practices in the workplace to support themselves professionally and build personal resilience. This was done by enforcing mandatory ‘break times’ in Canada and the 2-h closure implemented in the UK.

Strengths and limitations

There are some strengths and weaknesses associated with this study. Its qualitative nature allowed depths of views that would not be obtained with quantitative research. The one-to-one interview-style minimised bias associated with group interviews, however as they were not face-to-face, body language could not be observed, and it may be that longer and more frank discussions could have occurred otherwise. A range of views was obtained from pharmacists working in independent and multiple-chain pharmacies, and data saturation appeared to have been reached with a sample size of 29. However, pharmacists were only interviewed within a relatively small geographical area, and experiences may differ across the country, especially in areas of varying COVID-rates; therefore, these findings may not be truly representative of England throughout. It is important to note that this was an undergraduate pharmacy project undertaken by two final year students (LO & KC) with no previous experience in research. Limited time was available to plan and execute the study, so the study has no theoretical underpinning but hopes to add to the knowledge base of pharmacists' experiences throughout the pandemic. In addition, all interviews were undertaken by LO & KC, so data may not be as rich as that elicited by more experienced researchers.

Implications for practice

This study highlighted the important role that community pharmacy played during the initial stages of the COVID-19 pandemic when many

other healthcare professions closed their doors to the public. In the instance of another pandemic, this research suggests the following would be helpful: a prompt release of accurate and clear guidance by national bodies such as the GPhC and the DHSC, which directs pharmacists towards robust, standardised safety strategies, as well as the immediate provision of appropriate PPE to pharmacists and pharmacy staff. Furthermore, the provision of clear guidance would be helpful on how community and primary care health professionals might improve communication and team working to combat the virus and associated workload, so one group does not bear the burden of the other. In addition, there should be greater effort to educate the public on the implications of over-ordering prescription medicine and stockpiling non-prescription medicines. Finally, community pharmacists should be compensated for the additional workload, and adequate funding should be given to support community pharmacies long-term.

Conclusion

Overall, this study highlights the crucial role community pharmacy played in ensuring continued medicine supply and healthcare advice to patients at the early stages of the pandemic and also the issues they have experienced. This study suggests that community pharmacists need and desire appropriate support, recognition, and funding to provide a critical service in the face of future lockdowns. Further research could explore the views of patients and pharmacists from different sectors of the profession to understand their experiences and specific needs in light of possible future pandemics.

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Maria Allinson: Conceptualisation, Methodology, Writing- Review and editing, Supervision, Project administration Kaitlin Cornes: Investigation, Formal analysis, Writing- Original draft Lucinda Obeid: Investigation, Formal analysis, Writing- Original draft.

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Declaration of Competing Interest

None.

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