

Title:

University student and staff views on the benefits and feasibility of an on-campus pharmacy

Abstract: (Please refer to instructions to authors and example abstract)

Focal Points:

- What benefits of an on-campus pharmacy do university staff and students perceive? Is an on-campus pharmacy feasible?
- The main benefits of on-campus pharmacies reported by staff and students at both Universities included: convenient and timely access to pharmacy services, integration of universities into the local community and healthcare tailored to university populations.
- Whilst beneficial, the feasibility of University X's on-campus pharmacy was low as it did not have an NHS contract.

Introduction:

In the United Kingdom (UK), there are several universities with on-campus pharmacies. Universities are considered to have an important opportunity to influence the health of their students through the advice and services they provide at their institutions.¹ However, little is known about student and staff's perceptions of the benefits and feasibility of these services. The aim of this study was to investigate staff and students' views on the benefits and feasibility of an on-campus pharmacy at two UK universities, one which currently has an on-campus pharmacy (University X) and one which does not (University Y).

Methods:

A qualitative study was carried out with students and staff at two UK institutions, this formed part of a larger mixed methods study. Ethical approval was granted by the pharmacy department research ethics committee at University Y and the health and human sciences research ethics committee at University X. Semi-structured focus groups with staff and students (n = 25) at University Y were carried out to acquire in-depth views on the benefits and feasibility of an on-campus pharmacy. Semi-structured interviews with staff at University X (n=4) who set-up the on-campus pharmacy were carried out. The qualitative data from the focus groups and interviews were transcribed verbatim, anonymised and subjected to a thematic analysis.

Results:

Focus group participants thought the benefits of an on-campus pharmacy would include: convenience and improved access to pharmacy services, particularly for international students: *"I don't know if it is the same here but from where I come from the pharmacist is just sort of always your first point of contact whenever you feel unwell"* (Participant 8). Participants also felt it would improve University Y's integration with the local community and the opportunity for more tailored pharmacy services. At University X, interview participants reported that the minor ailments advice service, and several enhanced services provided by the on-campus pharmacy were widely used by staff and students. However, interview participants also described several challenges for the on-campus pharmacy. These were: securing an NHS contract, increased costs of setting up a pharmacy at a university, tailoring services to the staff and student populations and ensuring sufficient footfall over the summer months. Despite, the lack of NHS contract, pharmacy staff perceived many benefits of the service: *"I think everything else has been beneficial for the students, even just coming in for minor advice, because they can't always get a doctor's appointment...I didn't realise how much advice they would need, um, and how many different questions that they do have"* (Participant 27). Participant 29 sums up the current situation at University X, *"we make losses because we don't have NHS contract...but we're making huge sums in enhancing the health of the university staff and the students."*

Discussion:

Students and staff at two UK universities perceived many benefits to having an on-campus pharmacy. Of importance was the minor ailments advice service, which was widely used by those working and studying at University X, as it shows a clear role for community pharmacy at universities in promoting self-care.² However, the impact University X's on-campus pharmacy could have on the population, and its feasibility were limited by the absence of an NHS contract.

References:

1. Tsouros AD, Dowding G, Thomson J, Dooris M. *Health Promoting Universities: Concept, Experience and Framework for Action*. Copenhagen: World Health Organization Regional Office for Europe. 1998.
2. Hassell KE, Whittington Z, Cantrill J, Bates, F, Rogers A, Noyce P. Managing demand: transfer of management of self-limiting conditions from general practice to community pharmacies. *British Medical Journal*. 2001; 323: 146-147.