

Online Appendix 1. Pharmacist questionnaire (questionnaire 1)

Please circle the most appropriate response

Part 1: Independent prescribing

1) Are you able to independently prescribe to patients?

Yes No

(If answered no please continue to question 6)

2) How long have you been able to independently prescribe?

0-2 years 2-4 years 4-6 years 6-8 years 8-10 years 10+ years

3) Do you feel additional training/knowledge in your area of current practice would benefit you?

Strongly disagree Disagree Uncertain Agree Strongly agree

4) Do you experience any of these issues when it comes to independently prescribing to a patient?

Lack of support/ Financial implications/Poor medical staff acceptance/ Limited access to patient records/ Lack of specialist knowledge/ Poor communication with peers/ Other

(If answered other please state in the space provided below)

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.....

5) When prescribing for young people do you agree it would be beneficial to collaborate with other healthcare professionals?

Strongly disagree /Disagree/ Uncertain/Agree/ Strongly agree

Part 2: General

6) How long has it been since you first began to practice as a newly qualified pharmacist?

0-5 years 5-10 years 10-20 years 20-30 years 30-40 years 40+ years

7) Where in the UK are you based?

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8) Which option below would best describe your working establishment?

Community Pharmacy/ GP practice/ Other

9) Are you a trained pharmacy specialist in any particular field?

Oncology /Psychiatry /Paediatrics/ Neonatal Critical/ care Pain management /Anticoagulation/ Neurology/ Hepatology /Other

(If answered other, please specify in the space below)

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(If answered no to this question please continue to question 10)

10) Are you interested in prescribing to young people aged 13-19 years?

Yes/ No

11) Are you currently undertaking/completed any training courses or extra pharmacy related qualifications in paediatrics?

Yes/ No

(If answered yes please specify in the space below)

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12) Do you often come into contact with young people suffering from any of these long-term illnesses?

Mental illness/ Diabetes/ Arthritis/ Epilepsy/ Heart disease /Allergies

Asthma/ Cancer/ Cystic fibrosis/ Kidney disease/ Other

(If answered other please identify illnesses in the space provided below)

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13) Do you think there is an enhanced role for a non-medical prescriber in the delivery of mental health services to young people?

Yes No

14) Are you aware of any waiting time periods involving services provided for young people suffering from mental health disorders?

1-24 hours/ 1-7 days/ 1-3 weeks/ 1-3 months/ 4-6 months/ 7-12 months

1 year+ /Unaware of any waiting time

15) As a healthcare professional what age do you think is appropriate for young people to manage and be responsible for their own medication?

10-12 years/12-14 years/ 14-16 years/ 16-18 years/ 18+ years

16) In your opinion, do you feel there is enough age appropriate information made available to support young people making decisions regarding their condition?

Yes/ No

17) How do young people usually collect their own prescription from the pharmacy?

On their own/Accompanied by an adult/ Adult only / Other

(If answered other please specify in the space provided below)

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18) Does your pharmacy have any links with social services/schools?

Yes/ No

19) Are you involved in providing any of these public health services to young people?

Smoking cessation/ Mental health/ Sexual health/ Immunisation/ Diet and

Exercise/ Weight management /Alcohol misuse/ Other

(If answered other please specify in the space provided below)

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20) Do you think community pharmacies are a good platform to promote self-care information to young people?

Yes/ No

21) Do you believe as a healthcare professional you are provided with enough time, support and training in order for you to extend excellence care to young people with long term illnesses?

Yes /No

(If answered no please explain why in the space provided below)

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Online Appendix 2. Pharmacy and pharmacy staff questionnaire (questionnaires 2 and 3)

1) What is your current role within the pharmacy?

(Please select as many options as apply)

- Dispenser
- Healthcare assistant/ counter assistant
- Accuracy checking technician
- Pharmacy technician
- Pharmacist
- Student
- Other: (please specify) _____

2) As part of your role at your pharmacy you are currently working in, are you involved in the recruitment of patients for Medicines Use Reviews?

Yes No

If **YES** how many years of experience do you have recruiting patients for Medicines Use Reviews?

_____ Years

3) Where is the location of your pharmacy?

- High Street
- Town or city centre
- Within a GP practice
- Outside of town/city centre
- Supermarket
- Village
- Other (please specify): _____

Provision of Medicine Use Review (MUR) service to children

4) What is the size of the pharmacy you currently work for?

- Single independent pharmacy
- Small chain pharmacy (2-10 stores)
- Medium chain pharmacy (11-99 stores)
- Large chain pharmacy (> 100 stores)
- Other: (Please specify) _____

5) In the last year (1st April 2016 to 31st March 2017) how many Medicines Use Reviews did your community pharmacy complete with patients in total?

_____ Medicines Use Reviews

6) In the last year (1st April 2016 to 31st March 2017) did your pharmacy complete any Medicines Use Reviews with children aged 18 years and under?

Yes No

7) How were the paediatric patients that you recruited at your pharmacy selected for a Medicines Use Review?

(Please select as many options as apply)

- High-risk medication
- Respiratory medication
- Cardiovascular disease or risk
- Patient who has been discharged from hospital
- Parent/guardian or child asked for a Medicines Use Review
- Other: (please specify) _____
- Not Sure

8) If no Medicines Use Reviews have been conducted with children aged 18 and under at your pharmacy what do you feel are the reasons for the pharmacy not completing Medicines Use Reviews with children?

(Please select as many options as apply)

- Children are not targeted for Medicines Use Reviews at the pharmacy
- Feel unable to ask children or parents/guardian
- Did not realise that it was possible for a child to have a Medicines Use Review
- Child declined Medicines Use Review
- Parent/guardian declined Medicines Use Review
- Child not present with parent/guardian when coming to collect prescription
- Confusion regarding consent of Medicines Use Review with children
- Have not received/ have received little training regarding recruitment of children for Medicines Use Reviews
- Do not feel experienced enough in current role to recruit children to Medicines Use Reviews
- Medicine collected by third party that is not the child's parent or legal guardian
- Other: (please specify) _____

9) Do you feel there are any challenges in the recruitment of children aged 18 years and under for Medicines Use Reviews?

- Yes No

Please explain your answer below

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.....

End of questions.

Thank you for your time to complete the questionnaire

Online Appendix 3. Children, young people and parents' questionnaire (questionnaire 4)

Thank you for taking the time to participate in this questionnaire, it should only take you around 10 minutes to complete. Be assured that the information you provide will be kept strictly confidential and anonymised.

Part A: To be answered by the patient

1. What is your gender?

(Please circle the appropriate answer) Female/Male/Prefer not to say

2. What is your age (in years)?

3. Please describe what long-term illness you suffer from

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.....
.....

4. How much do you know about your illness?

(Please circle the appropriate answer)

Lots/ Enough/ Not enough/ Very little

5. Where do you find information about your illness?

(Please circle all that apply)

Doctor (GP)/ Consultant Nurse/ Pharmacist/ Google/ NHS Website

6. How often do you get symptoms of your illness?

(Please tick the appropriate answer)

More than once a day

Once a day

More than once a week

Once a week

Less than once a week

7. How often, if at all, do you attend hospital or GP visits for your illness?

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8. How many school/ college/ university days on average have you missed because of hospital visits?

None

1-5

5-10

More than 10

9. Do you think your illness has an impact on your education and learning?

(Please circle the appropriate answer) Yes/No/Not sure

10. Do you think your illness affects your relationships with other people your age?

(Please circle the appropriate answer) Yes/No/Not sure

11. How often to you take medication for your illness?

(Please tick the appropriate answer)

2-3 times a day

Once a day

2-3 times a week

Once a week

Less than once a week

12. Do you collect your medicines from the same pharmacy every time you have a prescription?

(Please circle the appropriate answer)

Yes/No/Not sure (because someone else collects them for me)

13. How many different medicines do you take to manage your illness?

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14. How often, if ever, do you forget to take your medicines?

More than once a day

Once a day

Once a week

Once a month

Never

15. Have you taken part in a Medicines Usage Reviews (MURs) or New Medicines Service (NMS) with the Pharmacist?

(Please circle the appropriate answer) Yes/No

If circled yes, what information did the pharmacist give you?

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.....

16. Have you ever been told about any services or support groups by your pharmacist?

(Please circle the appropriate answer)

Yes/No/Not sure (because someone else collects my medicines for me)

If circled yes, please list the service.

.....
.....

17. How do you think a Pharmacist could help you manage your illness?

Provide me with online training/ workshops about my illness

Send me reminders to take my medicine

Visit my school/ college/ university to provide education about medicines

One to one meeting with the pharmacist when I collect my medicines

House visits by the pharmacist to see how I am getting on

A phone call from the pharmacist to see how I am getting on

Other

.....
.....

18. What type of healthcare professional, if any, has spoken to you about your illness?

GP

Hospital Doctor

Pharmacist

Nurse

Psychotherapist

Physiotherapist

Dietician

Other

please explain:

.....
19. Do you have a nurse at school/ college/ university who helps you with your medicines?

(Please circle the appropriate answer) Yes/No

20. If circled yes to the above question, how does the nurse help you?

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.....

Part B: To be answered by a parent/ carer

1. What is the gender of your child?

(Please circle the appropriate answer) Female/Male/Prefer not to say

2. What is the age of your child (in years)?

3. Please describe what long-term illness your child suffers from

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4. How much do you know about your child's illness?

(Please circle the appropriate answer)

Lots /Enough/ Not enough/ Very little

5. Where did you find information about your child's illness?

(Please circle the appropriate answer)

Doctor (GP)/ Consultant /Nurse Pharmacist /Google /NHS Website/ Other

If circled other, please specify:

.....
.....

6. How often does your child experience symptoms of their illness?

(Please tick the appropriate answer)

More than once a day

Once a day

More than once a week

Once a week

Less than once a week

7. How often, if at all, does your child attend hospital or GP visits for their illness?

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8. How many school days on average has your child missed because of hospital visits?

None

1-5

5-10

More than 10

9. Do you think your child's illness has an impact on their education and learning?

(Please circle the appropriate answer) Yes/No/Not sure

10. Do you think your child's illness affects their relationships with people their age?

(Please circle the appropriate answer) Yes/No/Not sure

11. How often does your child take medication for their illness?

2-3 times a day

Once a day

2-3 times a week

Once a week

Less than once a week

12. Do you collect your child's medication from the same pharmacy every time they have a prescription?

(Please circle the appropriate answer) Yes/No

13. How many different medicines does your child take to manage their illness?

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14. How often, if ever, does your child forget to take their medication?

More than once a day

Once a day

Once a week

Once a month

Never

15. Has your child taken part in a Medicines Usage Reviews (MURs) or New Medicines

Service (NMS) with the Pharmacist?

(Please circle the appropriate answer) Yes/No

If circled yes, please briefly describe what information the pharmacist gave you:

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.....

16. Has the Pharmacist told yourself or your child about any services or support groups?

(Please circle the appropriate answer) Yes/No

If circled yes, please list the service.

.....
.....

17. How do you think a Pharmacist could improve the management of your child's illness?

(Please tick all that apply)

If ticked other, please specify:

.....
.....

Provide myself and my child with online training/ workshops about their illness

Send reminders to me to give my child their medication

Visit my child's school to provide education about medicines

House visits from the pharmacist to see how we are getting on

A phone call from the pharmacist to see how we are getting on
Other

18. What type of health care professional, if any, has spoken to yourself or your child about their illness?

- GP
- Hospital Doctor
- Pharmacist
- Nurse
- Psychotherapist
- Physiotherapist
- Dietician
- Other

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19. Is there a nurse at school that regularly helps your child to manage their medicines?

(Please circle the appropriate answer) Yes/No

20. If circled yes to the above, how does this nurse help your child?

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