

Appendix 18: Patient interview quotes that informed development of specification criteria

Tables 1 through 4 present interview quotes used to further develop criteria of each category of the service specification. Throughout, criteria which patients did not contribute to have been retained for comparison with areas patients were concerned with.

Table 1: Category 1 - Direct patient care

Category and specific criteria	Patient quotes that informed development of criteria
1a. Approach to clinical activities	
<p>1. Work within your competence and maintain your competence</p>	<p>Patient 1: <i>"If there is a bit of a risk there of them taking or doing things that they are not really trained for. Like maybe they come and take your blood and they haven't had enough practice or something like that".</i></p> <p>Patient 3: <i>"I don't think anyone who is qualified as a pharmacist would, you know, would do anything out of the ordinary or anything like that you know".</i></p> <p>Patient 4: <i>"...they [EDPP] ought to just get a little bit more of that [practise] to start with".</i></p> <p>Patient 5: <i>"...there are occasions when I've been to A&E that her [EDPP] care would have made absolutely no difference to me because I needed to be seen by a surgeon".</i></p> <p>Patient 5: <i>"I guess in a situation where you need more dramatic assistance, there are definitely occasions like I said where she [EDPP] probably wouldn't have been able to assist me at all. But on that occasion, she was perfect".</i></p> <p>Patient 5: <i>"On occasions when I've been admitted into majors and I've been needed to see a surgeon very quickly and things like that, I've, like, a pharmacist wouldn't at all be appropriate. But, for a minor sort of situation, I think it's a really good, I think it's a really good idea".</i></p> <p>Patient 8: <i>"I think if a pharmacist [is] involved it takes the time off a doctor. If somebody comes in and yeah, it's not a serious problem, it's Flu or whatever..."</i></p>

Patient 8: *"I have no problems [with EDPPs treating patients like ED doctors] as long as you've got the education...it doesn't bother me unless it was something like a serious pile up, you've been dragged out of a car crushed as hell and you've got all sorts of issues".*

<p>2. Work according to your local service agreement</p>	
<p>3. Consent and confidentiality</p> <ul style="list-style-type: none"> - Gain explicit or implicit informed consent for all activities which warrant this e.g. clinical examinations - Maintain patient confidentiality - Ensure patient privacy 	<p>Patient 5: <i>"...he [Doctor] just kind of swanned in and grabbed my tummy and talked a lot then walked out the room and, she explained what he thought and he concurred with her and it was fine, but he didn't, I don't think that he took into consideration at all that I was really confused, and maybe that he should have given me five more minutes to actually answer the fact that yet it was okay for him to, yeah, do you know what I mean?"</i></p>
<p>4. Escalate patients to senior colleagues when necessary</p>	
<p>5. If you handover a patient to another healthcare professional e.g. at the end of your work day, ensure this handover is comprehensive</p>	
<p>1b. Patient identification and selection, and preparation to care</p>	
<p>1. Secondary triage: of patients you are allocated, prioritise;</p> <ul style="list-style-type: none"> - Those who are medically high-risk or critical - Those in greatest need of pharmaceutical input 	
<p>2. Communicate your identity</p> <ul style="list-style-type: none"> - Inform patients that you are a pharmacist practitioner and what your role involves, including how you are similar yet different to doctors and nurses 	<p>Patient 4: <i>"...that's again one of the things people will say 'they can't even get any doctors, they're having to use pharmacists to do it now' and that sort of thing".</i></p>
<p>3. Patient attitude</p> <ul style="list-style-type: none"> - Confirm that the patient is happy for you to be their main care provider 	
<p>4. Preparation</p> <ul style="list-style-type: none"> - Before seeing the patient, read their medical notes (if available) 	<p>Patient 4: <i>"...they [should] react to the patient's level of squeamishness".</i></p> <p>Patient 5: <i>"...you can see that they're not really listening [doctors], they're actually really watching your obs and they're really making notes. And they're considering everything</i></p>

- Explore whether the patient's feelings about care e.g. whether they are nervous or squeamish about certain treatment modalities

whether or not actually you're urgent or not, whereas, I could tell that she [EDPP] was taking the things on board, and she went away and read my notes which was really good, because I've had occasions where doctors don't even bother reading your notes, they make you – and because I've got a very complicated medical history – they make me stand there and reel it off three or four times to different doctors”.

1c. Gathering information about the patient's past and current condition

1. Learning about a patient's history

- Take an accurate medication history or ensure this has been taken
- If necessary, complete medicines reconciliation
- Take a medical history

Patient 1: “I thought it [EDPP taking medical history] was a different approach. I liked it, I thought it was a great idea because, I like pharmacists in a way, you know that you always have to go to them and they are really professional and they know – most of them know – exactly what you need and everything”.

Patient 2: “...somebody from the pharmacy, when they come into A&E and they sit down, they could actually ask people and if there's somebody who has repeat medication it could get sorted out in the A&E before they go through”.

Patient 6: “...you know because she [EDPP] is a pharmacist, she knows about all the medication, the medicines, the pills and that stuff, and you feel, you know, someone talking to you who knows lots of things about medication. For example, when she asked me about my history of medication, I was sure she knows about the side effects of that medication you're taking and all that stuff and you feel a little bit, more supported, you know what I mean?”

2. Take the patient's vital signs

3. Perform clinical examinations

4. Investigations, tests and procedures

- Order or perform only when clinically necessary
- Inform patient of the results / findings and explain the meaning of these
- Respect patient decisions not to undergo an investigation, test or procedure

Patient 1: “In the time you are seeing, or you have an examination, and then you get the result, maybe they could talk to you or reassure you. Maybe if you have questions you could talk to them.”

Patient 2: “I've had times when they've [healthcare professionals] come in and ignored me and they've done a million tests even though I've told them what's wrong with me... they [healthcare professionals] were really good that day, they listened and took into consideration my previous medical history”.

1d. Diagnosis and approach to treatment	
<p>1. Diagnosis</p> <ul style="list-style-type: none"> - Develop differential diagnoses - Diagnose the patient - Constantly review this diagnosis e.g. considering new clinical information 	
<p>2. Produce a clinical management plan</p> <ul style="list-style-type: none"> - Personalise to the patient - Where necessary, co-ordinate care provided by others in the department e.g. administration of intra-venous antibiotics by a nurse - Use diagnostic safety netting to manage diagnostic uncertainty 	<p>Patient 5: <i>"I've never had someone question whether or not something is good for me personally before because of my medical condition; usually they just, when I usually go into A&E they give you the general medication, or the general care plan, and she was really good in that she looked at my medical history and whether or not the things prescribed for me were actually a good suggestion in terms of my medical history, and that's never happened before. And actually, it was a really good choice of medication that she gave me instead of what he [doctor] had suggested".</i></p>
<p>3. Approach to treatment</p> <ul style="list-style-type: none"> - Champion and ensure antimicrobial stewardship (if appropriate for the patient) - Ensure the most suitable treatment is prescribed to begin with - Help the patient make an informed choice of treatment - Explore issues with the patient's medication and explain why these may have arisen - Explore how patients feel about their medicines 	<p>Patient 1: <i>"...it would have been nice to talk to them about medication and maybe if you're not sure about what exams they're doing to you, bloodtests or you know, general information about what's going on".</i></p> <p>Patient 2: <i>"She [EDPP] analysed my situation, dealing with my medication she was very thorough in terms of getting me to understand what I was taking and why, you know, what was going wrong with my medication".</i></p> <p>Patient 3: <i>"Well I think it's important [having an EDPP involved in patient care] because they are still dealing with medicines for the patient; isn't it important that they know actually how the patient feels? That you'll be there?"</i></p> <p>Patient 5: <i>"...it's nice then when [EDPP] came back in and said this is what he's [doctor's] suggested, but these are the different options and stuff. Whereas he would have just, I know he would have literally just came and gave me a prescription for something which would have made me worse and left".</i></p>

1e. Treatment (clinical and technical activities)	
<p>1. Prescribe medicines</p> <ul style="list-style-type: none"> - Informed by findings of tests, investigations and procedures, and guidelines - In a timely manner 	<p>Patient 1: <i>"I think it's brilliant [EDPPs treating patients in the ED], I would like that. As I said, we have that in community in small communities; I've seen that in other countries and it works really well."</i></p> <p>Patient 8: <i>"...then being pharmacists, maybe [they could decide] ramipril is a bit low, let's up that for a month, let's see if it changes [the condition] and then send me home instead of taking up a bed you know".</i></p>
<p>2. De-prescribe (stop) medicines</p> <ul style="list-style-type: none"> - Reduce polypharmacy 	
<p>3. Clinical check/screen/validation of prescriptions for appropriateness</p> <ul style="list-style-type: none"> - Check all prescriptions prescribed by others (<i>not your own prescriptions</i>) for their safety and clinical appropriateness - Ensure treatment is modified in response to findings of tests, investigations and procedures - Ensure prescribing decisions of others are personalised to the patient 	<p>Patient 5: <i>"If I'd have ended up with an obstruction because of him [doctor] suggesting something that I shouldn't actually take with my medical condition, I would have probably ended up having emergency surgery instead of being on the list like I am at the moment... I would have been much sicker than I was".</i></p> <p>Patient 5: <i>"She [EDPP] was really good in that she, when it came to prescribing what I should have going home, the doctor had just suggested to give me – I can't even remember what he had suggested – but she took into consideration my previous medical history, and came back and discussed a couple of other options that would be better, so he suggested something that would have actually exacerbated my medical condition. So she came back with a list of things that would be easier to take and wouldn't have made me worse. And they were all much better choices, and she explained how they work and the symptoms of them, than actually what the doctor had just rang [listed] off".</i></p> <p>Patient 5: <i>"...I would have come home in that instance, I would have come home with something that would have exacerbated my underlying medical condition, and could have ended up back in A&E a day later because it would have – could have – what he recommended for me, could have caused an obstruction. So I'm really, so that was really good".</i></p>

Patient 5: *"She [EDPP] was much more personalised [than the doctor], I don't know whether or not that is because she had more time or, but she was much more personalised, she asked me much more I guess deeper questions".*

Patient 5: *"When we'd decided what was wrong with me and what I needed to do, and all that sort of stuff, it was really good that she personalised it. I've had lots of doctors give me general medical advice, and they don't personalise it to your situation".*

Patient 5: *"She [EDPP] was really good in that she, when it came to prescribing what I should have going home, the doctor had just suggested to give me – I can't even remember what he had suggested – but she took into consideration my previous medical history and came back and discussed a couple of other options that would be better, so he suggested something that would have actually exacerbated my medical condition. She came back with a list of things that would be easier to take and wouldn't have made me worse".*

Patient 5: *"I've never had someone question whether or not something is good for me personally before because of my medical condition; usually they just, when I usually go into A&E they give you the general medication, or the general care plan, and she was really good in that she looked at my medical history and whether or not the things prescribed for me were actually a good suggestion in terms of my medical history, and that's never happened before. And actually, it was a really good choice of medication that she gave me instead of what he [doctor] had suggested".*

4. Perform procedures e.g. suture

Patient 1: *"I think it's brilliant [EDPPs treating patients in the ED], I would like that. As I said, we have that in community in small communities; I've seen that in other countries and it works really well."*

Patient 1: *"They [EDPPs] have so much experience and they know exactly how to treat it whatever you have, how to treat you, and it will save the time of doctors and nurses who are overworked and at the same time, they can use all this knowledge in a more practical way and directly you know like carryout, I don't know, some small stitching".*

<p>5. Dispense and supply medicines</p> <ul style="list-style-type: none"> - If clinically appropriate, the patient's regular home medicines to take whilst in ED - Critical medicines 	<p>Patient 2: "...give me some medication...I felt that I could have been recommended some medication that I normally take daily that they could have actually given me whilst I was in the hospital because I hadn't actually taken them".</p>
<p>6. Accuracy check dispensed medicines</p>	
<p>7. Administration of medicines</p> <ul style="list-style-type: none"> - Administer medicines in a timely manner - Retrieve and prepare medicines for administration in a timely manner 	
<p>8. Monitor</p> <ul style="list-style-type: none"> - Follow-up patients regularly throughout the episode of care 	
<p>1f. Treatment (advice to professionals and patients)</p>	
<p>1. Advise healthcare professionals on the most suitable treatment for a patient, and this advice should be:</p> <ul style="list-style-type: none"> - Informed by guidelines - Personalised to patient 	<p>Patient 1: "Well, [EDPPs are in a good place to treat patients] because everything that the doctors or nurses do they have to consult the pharmacists don't they, they have to monitor exactly what they can give you. So, they're the professionals behind it, they have all the knowledge".</p> <p>Patient 4: "When I had the, when the two of them were in there the doctor and the pharmacist, you know the pharmacist sort of said something about, 'oh this drug doesn't work that well with that drug but this new drug we've got does that' that was really good. Yeah that was great, that was really helpful".</p> <p>Patient 4: "...in this very short conversation I had [with doctor and EDPP], the doctor knew a certain result of doing something, but the pharmacist was then able to elaborate on it and talk about a new type of drug that's, you know the doctor knew what they was prescribing, but the pharmacist said something 'oh no, we've done these tests which have shown that this is now more efficacious' or something like that, you know, and that's sort of a bit of comfort".</p> <p>Patient 5: "She [EDPP] was really good in that she, when it came to prescribing what I should have going home, the doctor had just suggested to give me – I can't even remember what he had suggested – but she took into consideration my previous medical history, and</p>

came back and discussed a couple of other options that would be better, so he suggested something that would have actually exacerbated my medical condition. So she came back with a list of things that would be easier to take and wouldn't have made me worse. And they were all much better choices, and she explained how they work and the symptoms of them, than actually what the doctor had just rang [listed] off".

Patient 5: "...I would have come home in that instance, I would have come home with something that would have exacerbated my underlying medical condition, and could have ended up back in A&E a day later because it would have – could have – what he recommended for me, could have caused an obstruction. So I'm really, so that was really good".

Patient 5: "She [EDPP] was much more personalised [than the doctor], I don't know whether or not that is because she had more time or, but she was much more personalised, she asked me much more I guess deeper questions".

Patient 5: "When we'd decided what was wrong with me and what I needed to do, and all that sort of stuff, it was really good that she personalised it. I've had lots of doctors give me general medical advice, and they don't personalise it to your situation".

Patient 5: "She [EDPP] was really good in that she, when it came to prescribing what I should have going home, the doctor had just suggested to give me – I can't even remember what he had suggested – but she took into consideration my previous medical history and came back and discussed a couple of other options that would be better, so he suggested something that would have actually exacerbated my medical condition. She came back with a list of things that would be easier to take and wouldn't have made me worse".

Patient 5: "I've never had someone question whether or not something is good for me personally before because of my medical condition; usually they just, when I usually go into A&E they give you the general medication, or the general care plan, and she was really good in that she looked at my medical history and whether or not the things prescribed for me were actually a good suggestion in terms of my medical history, and that's never

happened before. And actually, it was a really good choice of medication that she gave me instead of what he [doctor] had suggested”.

2. Provide individualised counselling to patients about:
- Their treatment e.g. medicines prescribed – how they work, how to take them, and their importance
 - How to manage their condition and if possible, how they can improve it
 - How to manage missed dose(s) and access medicines in an emergency
 - The consequences of lifestyle choices and provide related lifestyle advice/therapy

Patient 1: “...it would have been nice to talk to them about medication and maybe if you’re not sure about what exams they’re doing to you, bloodtests or you know, general information about what’s going on”.

Patient 1: “I think that they [EDPPs] could also interest with you in terms of what it’s [medicine’s] for, what it does; I guess they do that in a certain way but what I’ve got them to do is, I ask them because I was taking so many tablets, look, tell me what am I taking these tablets for? And then they had a book, I remember a guy he wrote it all in this white book. The medication, the dose, what it does, what the benefits of that is. I think they could probably give everybody that”.

Patient 1: “In the time you are seeing, or you have an examination, and then you get the result, maybe they could talk to you or reassure you. Maybe if you have questions you could talk to them”.

Patient 1: “It’s like when I go to the chemist [retail pharmacy] and talk to the pharmacist, I can get all – not just the official version – but little bits of hints and things you can do to improve your condition or whatever. It’s nice to have that in the hospital as well, more that they have more time to be involved with you directly.”

Patient 2: “She [EDPP] analysed my situation, dealing with my medication she was very thorough in terms of getting me to understand what I was taking and why, you know, what was going wrong with my medication”.

Patient 2: “Now I know... the times I was meant to take the medication; how like, certain medication you take on an empty stomach, I’ve always thought that all medication you take on a full stomach. So, and the times I’m supposed to be taking them. You know, I was taking them my own way, certain things I was taking in the day where I’m supposed to be taking it at night, cos that’s when it works like the motion in cars”.

Patient 2: *"And she was the one who put me straight on how to take it so obviously I won't be doing it how I was doing it before ever again, you know, now I know exactly what I've got to do and how to take it".*

Patient 2: *"She was very helpful in terms of making me aware of the dangers of not taking my medication, certain things such as warfarin".*

Patient 2: *"I think that they [EDPP] could also interact with you in terms of what it's for, what it does; I guess they do that in a certain way but what I've got them to do is, I asked them because I was taking so many tablets, look, tell me, what am I taking these tablets for?"*

Patient 4: *"...and certainly I should imagine in terms of medication and, you know, explaining to people about medication, it's very useful".*

Patient 5: *"She [EDPP] talked about whether or not these particular drugs were good for my condition and talked about when I come home, more in the long term keeping healthier and stuff like that, and that was, I've never had that from a community pharmacist".*

Patient 5: *"...she gave me good – like I know I shouldn't smoke, but I've never had – I've got Chron's – so I know I shouldn't smoke, but no doctor has ever actually said to me you shouldn't really smoke, but she took the time to say, you know you shouldn't really smoke, even cutting down will help and, like, little things like that were really good. You don't normally get that out of a doctor".*

Patient 8: *"...she mentioned about smoking and drinking, she asked those questions that I've just remembered yeah, and she gave me advice on them and said she could sort smoking something or other, yeah, because I admit that I still smoked".*

Patient 8: *"I was advised the patches, yeah, I'm on the patches which I go to the chemist and get anyhow. The pharmacy gave them me at Whittington, yeah, and they're the right ones and they're working".*

1g. Admission, discharge and communication with regular care provider

1. Admission to hospital

- Ensure patients are not admitted to hospital unnecessarily e.g. due to low severity adverse event

2. Discharge from the ED

- Provide discharge counselling, including clear and simple printed information, to all patients
- Put in place necessary interventions e.g. home support to monitor elderly patients
- Discharge, transfer or refer patients in a timely manner; and where not possible, provide continuing care

Patient 2: *"She helped to correct it [what was going wrong with my medication], you know there was a lot of things that I was never told before and now after giving me a list of all the things I should be doing and how I should be taking them, I mean, I feel much more at ease now in terms of what it's [medicine's] for, what it does; I guess they do that in a certain way but my medication".*

Patient 2: *"...and now, after giving me a list of all the things I should be doing [with my medication] and how I should be taking them, I mean, I feel more at ease now in terms of my medication".*

Patient 2: *"...what I've got them to do is, I ask them because I was taking so many tablets, look, tell me what am I taking these tablets for? And then they had a book, I remember a guy he wrote it all in this white book. The medication, the dose, what it does, what the benefits of that is. I think they could probably give everybody that... so I think when they are discharging people they should do that with everybody...I think they could probably give everybody that...it's like a booklet but they write in the medication that you've been given, they write the dosage you're to take, and they write the benefits of what is that medications purpose".*

Patient 2: *"...when they're giving you the medication, they open the box like this is warfarin, warfarin has to be taken like this and remember if you miss is this happens and therefore you must... like giving the information that [EDPP] did".*

3. Documentation and communication with regular provider

- Record all changes made to the patient's management e.g. changes to medicines

- Communicate all changes to patient's management to regular provider e.g. General Practitioner

Table 2: Category 2 - Other activities (including in-direct patient care)

Category and specific criteria	Patient quotes that informed development of criteria
2a. Governance, mentorship and incident management	
<p>1. Governance documentation</p> <ul style="list-style-type: none"> - Ensure documents that you are responsible for are approved for use e.g. Patient Group Directions - Ensure drug related protocols and procedures are safe e.g. they have gone through review and are up-to-date - Ensure department adherence to both local and national policies and protocols, and awareness of guidelines - Ensure evidence can be used efficiently in practice e.g. retrievable records of evidence-based care pathways 	
<p>2. Governance of your role</p> <ul style="list-style-type: none"> - Ensure arrangements which govern your role are in place e.g. local policies which may govern all types of practitioner 	<p>Patient 1: "...if they're not properly regulated and they maybe do something that they are not properly trained for".</p>
<p>3. Mentorship and appraisal</p> <ul style="list-style-type: none"> - Identify a mentor and work with them to support your professional development - Periodically undergo appraisal to document and evaluate your performance 	
2b. Management of medicines	
<p>1. Storage</p> <ul style="list-style-type: none"> - Store in a convenient place that is conducive to time efficient retrieval - Ensure medicines are stored safely, and according to legal and Care Quality Commission requirements, including those patients bring into hospital 	

<p>2. Stock management</p> <ul style="list-style-type: none"> - Ensure products added to the repository are not excessive duplication of therapies already stocked to treat a condition - Ensure correct products are stocked and review this regularly - Ensure products stocked are available - Keep up-to-date manufacturing issues, stock availability, costs, and brand to generic switches 	
<p>2c. Research, innovation and networking</p>	
<p>1. Research, audit and innovation</p> <ul style="list-style-type: none"> - Contribution to ongoing research e.g. clinical trials in the ED, and audit activities - Lead research initiatives - Develop existing practice and new ways of working - Provide an evidence-based Medicines Information service to the ED 	
<p>2. Networking</p> <ul style="list-style-type: none"> - Share your practice and/or best practice with other hospitals 	<p>Patient 2: <i>"...like our [EDPP] did it yesterday I think that A&E departments with the pharmacists, I think they should share ideas. Whittington [Hospital] talk to another hospital down the road, for instance... they should share best practice – I don't think they do".</i></p>
<p>2d. Educating professionals and patients</p>	
<p>1. Educating professionals</p> <ul style="list-style-type: none"> - Educate on safe medicines use in practice - Educate on topics requested or areas of weakness e.g. identified practice issues - Disseminate general information through the ED effectively e.g. via approved communication channels 	
<p>2. Educate patients on</p> <ul style="list-style-type: none"> - Alternative care providers e.g. community and General Practice so that they can make an informed decision as to where to seek care 	<p>Patient 2: <i>"When I ran out of my medication for four days, she told me that you can go to a pharmacy they will have your record and they will give you supplies. I didn't realise that".</i></p>

Patient 8: "...you know, some people could be faking it like flu. Why are you in a hospital? You know, sit at home or go and wait for your doctor. Yeah, I know it takes days to [see] your doctor... I think you [EDPPs] can filter a lot out".

Table 3: Category 3 - General approach - communication and behaviour

Category and specific criteria	Patient quotes that informed development of criteria
<p>3a. How should I communicate?</p> <p>1. With clarity</p> <ul style="list-style-type: none"> - Avoid jargon - Use examples and analogies - In addition to the questions which you need to ask, also ask patients questions which you believe they would want to be asked 	<p>Patient 2: <i>“For instance, the way that the pharmacist is explaining to me about the painkillers and she used her example of when she has her period and the tramadol is different from paracetamol, and she explained the way of how you can think of it in terms of bricks. One takes it to one this level, and one takes it a bit further you know... I’ll try that I never knew that, that’s where she [EDPP] could be more helpful because that’s not a doctors role to be explaining that side of it to you. The pharmacist knows the medication in that respect. The doctor knows what it does, but the pharmacist can give you a better explanation I guess”.</i></p> <p>Patient 2: <i>“...the way that the pharmacist is explaining to me about the painkillers and she used her example of when she has her period and the tramadol is different from paracetamol, and she explained the way of how you can think of it in terms of bricks. One takes it to this level, and one takes it a bit further you know...I’ll try that, I never knew that, so I think, that’s where the pharmacist could be more helpful because that’s not a doctors role to be explaining that side of it to you. The pharmacist knows the medication in that respect. The doctors knows what it does, but the pharmacist can give you a better explanation I guess”.</i></p> <p>Patient 8: <i>“...it was the questions they [EDPP] were asking. You know, it’s what you want to be asked. Why are you in pain, have you got a problem? You know, it’s the questions a doctor comes in and just looks at the paperwork and maybe a quick ‘are you alright, are you in pain’ and then bla bla bla ‘we have done this test’, but it’s doctor talk”.</i></p> <p>Patient 8: <i>“Talk to a person like a person, not everybody has got a university degree they haven’t got Mensa or whatever, you know, there’s people like me, you know, I’m lucky I work hard and I got to where I am, but I ain’t the cleverest of bloke, I’m from up north and we was taught to graft”.</i></p>

<p>2. Take time to / when...</p> <ul style="list-style-type: none"> - Listen / listening to patients - Talk / talking to patients 	<p>Patient 1: <i>"Having like an actual professional [EDPP] come to talk to you feels nice".</i></p> <p>Patient 1: <i>"She [EDPP] was much more approachable and took maybe a bit longer talking to you. It was better, experience was more human and yeah, you feel like you're being listened to".</i></p> <p>Patient 5: <i>"...when I was like being a bit confused and she was asking me questions, rather than just abandon it, she gave me time because it was really upsetting me that I was so confused".</i></p> <p>Patient 4: <i>"Generally overall it was good care because... they listened to me, I've got quite a complicated medical history, which was the reason that I came in and I know the thing that was wrong with me was a subtle thing, but it can be a sign of something more serious. So I came in just to have it checked really, that it was something worse, and particularly that day – I've had times where they've come in and ignored me and they've done a million tests even though I've told them what's wrong with me.... they were really good that day, they listened and took into consideration my previous medical history".</i></p> <p>Patient 8: <i>"But she [EDPP] was exactly the same as a nurse who I put above doctors, because nurses will actually spend time with you, you know what I mean?"</i></p>
<p>3. Decisions</p> <ul style="list-style-type: none"> - Involve patients - Make joint decisions - Re-iterate why care activities are being done and check understanding 	<p>Patient 5: <i>"I think, also after, you know the care afterwards when we'd decided what was wrong with me and what I needed to do, and all that sort of stuff".</i></p> <p>Patient 5: <i>"...ultimately, it was my choice but she gave me good informed choice which was good".</i></p>
<p>4. Wait times</p> <ul style="list-style-type: none"> - Periodically inform patients of expected length of overall visit (start to finish) and components of the visit (e.g. a procedure), and any associated wait times 	<p>Patient 4: <i>"...there's also this expectation that once one things happened you're going to have to go back and wait quite a lot of time for the next thing to happen. Whereas it might have been better if they were informing people that this is going to take another two hours, you can come away and go away; often the second day I was asking that question and I think well saying it, but I wasn't sort of volunteered...."</i></p>

Patient 4: "...I think it's possibly about slightly to do with educating people to inform [patients] better, rather than, yeah I support you could call it managing expectation, but I think expectations is pretty clear – people want to get sorted out quickly. It's not exactly rocket science".

Patient 4: "She remembered the patients, she kept coming back, and she was giving quite a lot of input, you know, this was late on and why there was a delay and what they were doing and all that. Which you know, everyone else is – I'm not saying the others weren't caring but – they're just too busy you know, they're doing their own thing, and because presumably she is floating around observing, she had time to help people and she did".

5. Non-verbal
- Be visually recognisable as an EDPP

Patient 4: "It was difficult initially before she explained it to know quite what she was, she got a stethoscope 'round her neck so everyone thought she might be a doctor, and then as she explained what she was doing... I don't know whether a little badge saying 'pharmacist' or something [would help], probably actually that wouldn't help would it really – 'I think I'll have an aspirin please'.

3b. How should I behave?

1. Patient centred
- Make the patient central to their care
 - Show interest
 - Prioritise the patient's health over everything else about them

Patient 1: "So it's a feeling of comfort to know that they're there and they are talking to you and working together with other members of the team".

Patient 3: "Number one priority is the patient's health".

Patient 5: "...as much as she [EDPP] was relying on him [partner] to answer questions, she was actually assessing me by giving me time to work through it and stuff, so yeah she [EDPP] was really good".

Patient 5: "I mean, we've been in A&E before where they've just deferred to my partner and kind of just ignored me, because I've been – she's not well so we'll just ask the partner – but she [EDPP] didn't do that so that was really good".

	<p>Patient 8: <i>"She was, she was very thorough you know what I mean, but she wasn't asking anything that you wouldn't tell to a doctor or nurse, you know what I mean, you could just tell she was interested in your health etc. Yeah, so I found that was very good, very nice".</i></p>
<p>2. Respect</p> <ul style="list-style-type: none"> - Patient decisions about their care - Patient values and beliefs 	<p>Patient 5: <i>"...ultimately, it was my choice but she gave me good informed choice which was good".</i></p>
<p>3. Presence</p> <ul style="list-style-type: none"> - Display confidence through words and actions - Be caring and approachable - Be available to support all patients 	<p>Patient 1: <i>"I think that they [EDPPs] could also interest with you in terms of what it's [medicine's] for, what it does; I guess they do that in a certain way but what I've got them to do is, I ask them because I was taking so many tablets, look, tell me what am I taking these tablets for? And then they had a book, I remember a guy he wrote it all in this white book. The medication, the dose, what it does, what the benefits of that is. I think they could probably give everybody that... so I think when they are discharging people they should do that with everybody".</i></p> <p>Patient 1: <i>"It was just the atmosphere and knowing that if you had any questions about medication or something you had been meaning to ask and had forgotten before, or if you are worried you think you're gonna have a diagnosis for a long time [with] dependency on medication, you have them there to ask all the questions that you have. It's reassuring, I think it's a good idea".</i></p> <p>Patient 2: <i>"I think that the pharmacist should come down to most patients, or if not all the patients. I think that's a good thing because they do it on the ward, but they only do it when you're leaving".</i></p> <p>Patient 2: <i>"I think that the pharmacist should come down to most patients, or if not all the patients. I think that's a good thing because they do it in the ward, but they only do it when you're leaving".</i></p> <p>Patient 2: <i>"...I think that there should be more pharmacist people in the ED. When people come in, I think it, even though they've got a good setup at [hospital] – more than any other – but I do think that they could have people sort of speaking to people if they've got their medication, have they taken it, somebody from the pharmacy when they come to A&E and</i></p>

they sit down they could actually ask people and if there's somebody who has repeat medication it could get sorted out in the A&E before they go through and I think that A&E departments with the pharmacists like out [EDPP] did it yesterday".

Patient 2: "...yes, in terms of your medication [EDPPs should be more present]. They're the ones giving you the medication. I think that they could also interact with you in terms of what it's for, what it does; I guess they do that in a certain way but what I've got them to do is, I asked them because I was taking so many tablets, look, tell me, what am I taking these tablets for?"

Patient 3: "Well I think it's important [having an EDPP involved in patient care] because they are still dealing with medicines for the patient; isn't it important that they know actually how the patient feels? That you'll be there?"

Patient 4: "...she [EDPP] seemed, what's the word, obviously because – I don't know how long she'd been doing it – she seemed a lot more caring and interested actually. I'm not saying the doctors weren't but you know, they said their thing and they, the image more than the actual performance, was that she was going a little bit extra".

Patient 4: "...I'm not saying the others weren't caring but – they're just too busy you know, they're doing their own things, and because presumably she's floating around observing, she had time to help people, and she did."

Patient 4: "...if there's pharmacists involved with what the patient's about from day 1, then you don't have to go and start and re-write the book talking to another pharmacist if they were doing that sort of thing".

Patient 4: "when you go to someone like that [a pharmacist in the hospital] you probably expect them to be more medically, mentally aware – that's not the right word – you'd probably expect them to sort of take on the mantle of someone who is in a hospital being more like a doctor I suppose or more like a nurse...because that's what people expect, they don't expect our Mr Patel around the corner who is really good and tells us about aches and

pains and colds and flu to sort of be working in a hospital, it's a different sort of image isn't it really".

Patient 5: "She [EDPP] was really good in that she, when it came to prescribing what I should have going home, the doctor had just suggested to give me – I can't even remember what he had suggested – but she took into consideration my previous medical history and came back and discussed a couple of other options that would be better, so he suggested something that would have actually exacerbated my medical condition. She came back with a list of things that would be easier to take and wouldn't have made me worse".

Patient 6: "...you know because she [EDPP] is a pharmacist, she knows about all the medication, the medicines, the pills and that stuff, and you feel, you know, someone talking to you who knows lots of things about medication. For example, when she asked me about my history of medication, I was sure she knows about the side effects of that medication you're taking and all those stuff and you feel a little bit, more supported, you know what I mean?"

Patient 6: "...sometimes when you feel something nice is going on [EDPP being involved in care provision], maybe you feel better".

Patient 8: "yeah [they should help care for all patients], apart from trauma".

4. Care provision

- Be thorough
- Do not rush
- Be holistic
- See patients in a timely manner
- Personalise care to a patient's condition, history, ideas, expectations and concerns

Patient 1: "...they have more time to be involved with you directly."

Patient 1: "I think maybe the best point was that she [EDPP] was more, she felt closer to someone who is not like from the medical team. They're always in a hurry and they're always a bit distant, because they just want to know everything quick and move on. She was much more approachable and took maybe a bit longer talking to you. It was better, the experience was more human and yeah, you feel like you're being listened to".

Patient 1: "You can tell they're [medical team] always in a hurry and pressure you to give a quick answer as precise as possible. While with her [EDPP] it was just like a chat, a friendly chat".

Patient 1: *"...she's not as pressured to rush, so she can be friendlier and more thorough you know. Give you more time to think, and reassure you and explain things like how the whole visit is gonna work, who is gonna come and see you".*

Patient 4: *"...I think expectations is pretty clear – people want to get sorted out quickly. It's not exactly rocket science".*

Patient 5: *"...you can see that they're not really listening [doctors], they're actually really watching your obs [observations] and they're really making notes. And they're considering everything whether or not actually you're urgent or not, whereas, I could tell that she [EDPP] was taking the things on board, and she went away and read my notes which was really good, because I've had occasions where doctors don't even bother reading your notes, they make you – and because I've got a very complicated medical history – they make me stand there and reel it off three or four times to different doctors".*

Patient 5: *"...she was seeing [other] people – I know she was seeing more [patients] than me, but it felt like she was seeing us all quite quickly. Yeah it was good care in general I would say... it was good care because it was quick."*

Patient 5: *"...the time that I spent in A&E was much quicker because she [EDPP] was able to see me separately from like the normal flow".*

Patient 5: *"And they were really good that day, they listened and took into consideration my previous medical history and I think that made everything a bit quicker and a bit smoother... for me that's what makes good care".*

Patient 5: *"She [EDPP] was really good in that she, when it came to prescribing what I should have going home, the doctor had just suggested to give me – I can't even remember what he had suggested – but she took into consideration my previous medical history and came back and discussed a couple of other options that would be better, so he suggested something that would have actually exacerbated my medical condition. She came back with a list of things that would be easier to take and wouldn't have made me worse".*

Patient 5: *"Yeah, [EDPP considered patient ideas, concerns expectations], whereas he [doctor] would have happily written a prescription at the desk, come in and given it me and sent me away".*

Patient 8: *"She was, she was very thorough you know what I mean, but she wasn't asking anything that you wouldn't tell to a doctor or nurse, you know what I mean, you could just tell she was interested in your health etc. Yeah, so I found that was very good, very nice".*

5. Equity

- Do not prejudice; ensure care does not vary because of personal characteristics e.g. gender, or because a condition could be self-inflicted
- Manage your unconscious biases e.g. review these and respond accordingly

Patient 2: *"I think there should be more pharmacist people in the ED. When people come in... somebody from pharmacy... could actually ask people and if there's somebody who has repeat medication it could get sorted out in the A&E before they go through and I think that A&E departments with the pharmacists like [EDPP] yesterday, I think they should share ideas, [hospital] talk to another hospital down the road for instance".*

Patient 5: *"We've been in A&E before where they've just deferred to my partner and kind of just ignored me, because I've been – 'she's not so well so we'll just ask the partner' – but [EDPP] didn't do that so that was really good".*

Patient 5: *"I don't think that he [doctor] took into consideration at all that I was really confused, and maybe that he should have given me 5 more minutes to actually answer the fact that yes it was okay for him to, yeah... whereas [EDPP] gave me time to explain to her that I was very tender, but he [doctor] didn't do that he just went straight for me".*

Patient 8: *"Talk to a person like a person, not everybody has got a university degree they haven't got Mensa or whatever, you know, there's people like me, you know, I'm lucky I work hard and got to where I am, but I ain't the cleverest of bloke, I'm from up north and we was taught to graft".*

Patient 8: *"yeah [they should help care for all patients], apart from trauma".*

Table 4: Category 4 - service structures (under the control of EDPPs/central hospital management)

Category and specific criteria	Patient quotes that informed development of criteria
4a. Resources and their role	
<p>1. Systems</p> <ul style="list-style-type: none"> - Have systems to collect and categories incident data - Have electronic storage systems which can monitor stock levels to aid stock management - Have well defined care-pathways that support timely care 	
<p>2. Time</p> <ul style="list-style-type: none"> - Ensure EDPPs have adequate time to fulfil their role; in particular, time to proactively/reactively help patients in need 	<p>Patient 1: <i>"It's like when I go to the chemist [retail pharmacy] and talk to the pharmacist, I can get all – not just the official version – but little bits of hints and things you can do to improve your condition or whatever. It's nice to have that in the hospital as well, more that they have more time to be involved with you directly."</i></p>
<p>3. Choice of practitioner</p> <ul style="list-style-type: none"> - Give patients a choice of which practitioner to see 	<p>Patient 3: <i>"...it would depend on the patient; I think a lot of patients would have more confidence for a doctor to deal with them, maybe then after that a pharmacist or a nurse, but I think more patients want a doctor".</i></p> <p>Patient 6: <i>"I'd prefer to see a doctor and nurse as well [in addition to EDPP]"</i>.</p> <p>Patient 8: <i>"As far as I'm concerned it's the same as a doctor [having an EDPP provide care]. They, you're not there just for the fun of it, you're there for a reason, and when I'm going to a doctors or when I'm going to a hospital, you know I don't care if you're a nurse, a pharmacist, a doctor; if you're asking me questions you're asking me questions for a reason".</i></p> <p>Patient 8: <i>"If it was anything to do with trauma, bombings, anything like that, well I'd want a doctor for that but heart attack or normal illness, you know what I mean, I'm sure you could spot an appendix [Appendicitis]. You know, things like that I wouldn't have a problem with, but major trauma I think that should be left to the specialists".</i></p>

