POTENTIAL PHARMACIES
INTRODUCTION

Background

Celesio owns around two thousand bricks-and-mortar pharmacies in seven European countries. The majority of these are located in Britain, forming the Lloyds Pharmacy chain.

Pharmacy sits at the border between the commercial world and the healthcare system. It serves people who are both customers and patients at the same time (these two terms are used interchangeably by Celesio). The simplest transaction between the patient and the pharmacy is anything but simple. A customer can walk into a pharmacy and expect to receive advice, medication and care dispensed with a high degree of expertise and an even higher regard for safety. By Celesio’s own admission, pharmacy is an understandably conservative field, but the landscape in which it operates is changing and therefore so will the role of the pharmacy. Celesio commissioned this project in order to explore a range of issues that they felt as being pertinent to their plans for the future. Chief amongst these was to develop a more socially-centred and less clinical approach to pharmacy.

The outcomes of this project will be used to help Celesio think through some of these issues and to provoke debate and action in the wider field of pharmacy.

Project Aims

Community pharmacy can play a much more significant role in the health and well-being of the general public. Today, pharmacy is under-appreciated by the people who depend upon its services. This project takes as its premise a belief that new relationships need to be forged with patients and new expectations of what a pharmacy can offer need to be created.

But what kinds of relationships can pharmacy have with its patients and customers? Through consultation with pharmacy users and a series of provocative design proposals aimed at engendering both positive and negative reactions, this project seeks to visualise how pharmacy could change in the next five to ten years.

It is important to state that we are not attempting to predict what the future might hold, but rather open up and explore a range of possibilities: some more desirable than others. By collating a range of contributions in the form of stories, opinions and drawings, from a core team of pharmacy users, this project will create and describe a variety of possible futures for the pharmacy, rather than present a particular path as being ‘the one’.
Talking and drawing: Conducting the user interviews

Rather than merely speaking with the users and collecting information from them in question-and-answer sessions, I was determined to make the output of the conversation visual as well as verbal. To this end, I decided to encourage the interviewees to draw what they were talking about, no-matter how intangible or abstract the subject under discussion. The image above shows the interview setup.

1. Digital camera and a/v recorders
2. Drawing pad
3. Where the user sat
4. Where I sat

For each interview I would sit with the user at a table, a large drawing pad between us. To capture this process I positioned a digital stills camera directly above the table facing vertically downwards and set it to take a photo of the drawing once every fifteen seconds. I also recorded the conversation with video and audio. In this way a visual transcript for each interview was created.

The photographs that follow are taken from these visual transcripts of the interviews.
Starting the interviews

The image above shows the starting point of each interview.

It was important that our conversation explored the relationship between the interviewee and their pharmacy. During my earlier desk-research I had appropriated four drawings by the American illustrator, Saul Steinberg. I used these to set the scene. Starting with readymade drawings also meant that the daunting prospect of facing a blank page could be avoided.

[TODO: Explanation of the drawings, description of user’s reaction to them.]

1. The lack of choice frustrates me. I want more control.

2. I’m responsible for my health. The pharmacist advises me.

3. I’m happy to be told what to do. The pharmacist knows best.

4. There’s too much information. It gets confusing.
Suzann is a regular user of the pharmacy. She has suffered from a long-term condition since childhood which can only be managed rather than cured.
STEVE

Steve has recently had some medical problems impinge on his busy life. What most frustrates him are the inefficiencies in the healthcare system.
Rosa regularly visits a hospital pharmacy that she describes as being a depressing place. Her recent experience has made her mistrust doctors and she much prefers to speak with fellow patients on the internet.
The one quality he looks for in a medical advisor above all else is empathy and he has walked out of doctor appointments when he felt they were not listening to him adequately.
ALISON

Alison consults a wide array of medical practitioners and prefers treatments that are homeopathic.
Mark never takes medicine unless it is absolutely necessary. He’s never taken a day off due to illness and will never give up playing sport, even if he’s running a fever.
RESEARCH FINDINGS AND DESIGN PROPOSALS

The following quotations and drawings have been taken from the interviews conducted with the contributing users.

These quotations and drawings have been organised into groups, under the heading of a particular theme, idea or subject.

Running underneath these groups are a set of questions that arise from the stories, opinions, and drawings made by the interviewee.

These questions form the basis for five very different proposals for potential pharmacies. These design proposals appear every few pages and punctuate the research findings.
**Being of service to others**

Mark: If I went into my local pharmacy and there was a little notice that said “Would you be willing to deliver medication to someone in your local area?” Too right I would!

Rosa: If my pharmacist came to me and said “would you like to volunteer to speak to someone with the same condition as you?” I would say yes. I wouldn’t hesitate.

Mark: Rather than having drugs trials secretly going on, they could be held openly, so that it’s easy for those that want to contribute to R&D.

Imran: I have to be fit so that, ultimately, I can be of service to others. That’s what we’re all about.

**Unofficial expertise**

Imran: I can get knowledge from a whole variety of people, be it my doctor, my wife, YouTube. I will ask people at the gym for advice about exercise, nutrition and lifestyle; even advice on how long I need to sleep.

The internet I’m starting to trust a bit more. I didn’t before. I’m not quite sure why that is. I think it’s because my knowledge has increased.

Rosa: Over the course of a month, while I was waiting for my operation. I Googled everything I could think of. I found lots of other disabled people, lots of other brains.

I’ve relied on these people for information. They are self-educated and each person has their own expertise.

I would ask them: do you feel this way? Do you feel cold? Do you feel pain? For how long?

**How could a pharmacy foster a community of people who actively support one another?**

**Is there a role for unaccredited health advice in pharmacy? How could pharmacy mediate such a vast and disorganised mountain of knowledge?**
Open Pharmacy

Each branch of Open Pharmacy serves a local community of people who are not referred to as “patients” or “customers” but as “members”. Each member of Open Pharmacy recognises that their personal health forms a small but significant part of the community’s health. The idea that there is a strong connection between personal and communal “circles of health” is the foundation of Open Pharmacy.
The number of members that each branch of Open Pharmacy serves is displayed prominently. Additional statistics are sometimes displayed; such as the ratio of people in the community who are in good health versus the people who are on medication of some sort. This simple display acts as a barometer of the community’s general health.

This is an illustration of a typical transaction between the pharmacist and someone collecting their prescription. The pharmacist will often act as a conduit for information passing between the community and the individual.
Every item of medication available in Open Pharmacy, including prescription medication, is labelled with a rating of its efficacy. O.P. members who have bought or been prescribed the medication can submit a score on a simple scale from zero to five. These are averaged out to give an overall figure.
From time to time, Open Pharmacy will campaign to improve a particular aspect of public health and integrate the message into its advertising. This example was targeted at people on their daily commute.
The patient as an expert

Some patients, particularly those who have lived with a chronic illness, gradually build up an expertise around their particular condition. How should a pharmacy respond to a patient who has a high level of knowledge?

Rosa: Sometimes you entrust yourself to a medical expert. In a moment of life and death we rely on them completely. But we should not give up learning how our body works in terms of illness, healing and pain.

Rosa: As a patient, I do my research and then relay it to the professionals. I’ve done my homework. I expect them to do theirs.

White coat syndrome

Almost all patients would have had a bad experience with a medical expert. All of those that I talked to expressed a mistrust of more traditional forms of medical doctrine.

Imran: I’ve been treated by doctors, who look unhealthy, look stressed out and who keep looking at their watch.

Alison: I’ve had doctors that said “there there, my dear” and didn’t want to tell me anything. They didn’t stay my doctor for long.

Alison: I now have total white-coat syndrome. Every time they take my blood-pressure, it sails up.

Imran: The doctor explained to me in very technical terms what she thought the problem was. I started asking questions, just to understand. The first response I got was “I just told you what it is”. I was shocked!

Steve: I don’t trust my pharmacist because he’s trying to sell me something. He’s a drug-dealer.

Suzann: “You’ll grow out of it,” I was told. But it never happened. In the end I felt like a hypochondriac.
**The perception of the pharmacist**

Suzann: The only thing about pharmacy is that I have to wait quite a long time to get my pills.

Rosa: I always found pharmacy to be them and us, they juggle bottles and boxes.

Rosa: They’ve got a hard task, I can appreciate that, but their manager has to do something to make them happier.

Suzzann: A pharmacist for me tends to be somebody who just basically hands over the drugs.

Suzzann: I see the doctor as the one that’s treating me, whereas the pharmacist I just see, maybe wrongly, but I just see as a dispenser.

Imran: I feel that possibly, their expertise isn’t being utilised as much as could be.

Mark: I go to a G.P. to say I need some Meds, I’d be happy if the pharmacist decided which ones.

**Seamless service provider**

Steve: To be honest, I want to walk in the door, pick up my pills and leave. The pharmacist is like the seamless service provider, the perfect cog. He hands over the drugs, I say thanks and that’s that.

Mark: The pharmacist should be a bit like a travel agent, in the sense that there are lots of places you could go and you want a bit of informed choice.

Mark: If there was a direct supply from the Doctor to the medicine supplier, to me then I’d be happy with that.
Suzzann: A doctor will clamp down and tell you: “You can't drink on this drug”, a pharmacist will say “yes, but I wouldn't do it so much”. They’ll give you the option to enjoy your lifestyle.

Suzzann: If the pharmacist could tell you the actual things that you will be affected by with the drug. The official list of side effects is so vast, it even includes death!

Suzzann: How I felt was one of the big things that she still talks to me about today. “How do you feel?, are you all right?”. She treats me like a person, rather than someone who is sitting in front of her moaning for nothing.

Suzzann: She looked at me and said: “Oh, you’ve obviously got dry lips”. She took the time to give recommendations.

<image: Do you think you have something wrong with your Thyroid?>

<I really dont treat symptoms, I treat everything>
<table>
<thead>
<tr>
<th>Speed of treatment</th>
<th>Doctor-Pharmacist communications</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;Health is a journey&gt;</td>
<td>&lt;Rubbish piece of paper&gt;</td>
</tr>
<tr>
<td>Imran: Health is a journey and not a destination</td>
<td>Steve: The pharmacist doesn’t get enough information, it makes him look a bit silly.</td>
</tr>
<tr>
<td>Imran: The problem is that we live in a society where we need to get well quickly, and we take the short term view to our health rather than the longer term view.</td>
<td>Steve: My pharmacist had to ask me for the phone number of the doctor up the road. What’s going on there. I had to give him a phone number out of my mobile phone. It was hilarious.</td>
</tr>
<tr>
<td>Imran: People take the shorter term view. Because of the fast paced life, because you can’t take time off work to be ill. You have to get well as quickly as possible, which basically means to take some antibiotics. I just think that’s disgusting.</td>
<td>Steve: In the ideal world, the Doctor would talk directly to the pharmacy. In the real word, the doctor talks to the patient, the patient talks to the pharmacy.</td>
</tr>
<tr>
<td>Imran: Anything quick that makes you better is going to have a downside. Its like taking a short-cut.</td>
<td></td>
</tr>
<tr>
<td>Imran: The speed at which you can get better on antibiotics is just not right. There seems to be something wrong with that.</td>
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</tr>
<tr>
<td>Alison: I stay away from standard western medicine. I like things that have a 5000 year track record. “New” is not a word that makes my heart beat fast about medicine.</td>
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</tbody>
</table>
Take care of me!

Mark: I don’t have the time for homeopathy. I prefer something to be done to me straight away.

Rosa: It was very nice of them to ask my opinion, but there comes a time where you need to rely on somebody. When you’re lying there helpless.

Distrust of medication

<Rob - half a Paracetomol instead of 2>

Mark: I never take it unless its absolutely necessary. I’ll always take the absolute minimal dose.

Imran: My attitude to medicine is that “I don’t need it”. That might be a man-thing.

Rosa: We’re all waiting for the next wonder-pill, but a pill may not always be the solution
Dislike of the clinical environment

I need to talk to somebody about a physical problem that I’m having. At the same time I just want to get out of here. But at the end of the day I want to feel and I want think that I’m healthy. I want to keep positive, rather than constantly communicating my feelings, that bring me back to the pain.
Life Pharmacy

Life Pharmacy promotes an extremely wide definition of healthcare. Dispensing medication is only a small part of its business. How you are feeling is as important as what medicine you are taking. The central tenet of Life Pharmacy is that healthcare should be measured and sustained rather than drastic and intermittent.
Pro-Scribe Pharmacy

The Pro-Scribe pharmacy is renowned for the no-nonsense advice dished out by its resident pharmacist. The name of the pharmacy refers to the infamous Proscription - a formal (but non-legal) agreement between the pharmacist and the patient, that they will not undertake activities that will damage their health. The smoking proscription is the most popular.
This is to certify that
is registered as a
Pharmaceutical Chemist
and is a member of
The Pharmaceutical Society
of Great Britain
Self-Health Pharmacy

At the Self-Health pharmacy the patient is their own expert. The pharmacy affords its customers as much autonomy as possible and provides them with information as and when they need it. The pharmacist takes on a role as one of many advisors that the patient can call upon.
Coffee + Pharmacy

This hybrid shop is not a pharmacy that happens to serve coffee. Rather, it is a fully-fledged coffee shop with a pharmacy en-suite. Coffee + Pharmacy practices a form of “undercover healthcare” for people that have an aversion to the constant reminders that they are ill (particularly those who are suffering from a long-term illness). The shop provides all the services of a normal pharmacy, but much of this happens behind the scenes. The 20 minute wait for a prescription to be dispensed can be enjoyed while reading the paper and sipping a latté.