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A qualitative study of barriers and facilitators in the demand for Community Pharmacy Services in Spanish community pharmacies

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KEYWORDS

Clinical Pharmaceutical Services; Community Pharmacy Services; Community Pharmacy; Marketing of Health Services; Primary Health Care; Qualitative Research

ABBREVIATIONS

CP: community pharmacist (as recruiter, Table 2)
CP: community pharmacy
CPhS: Community Pharmacy Services.
CSS: COPD screening service
DG: discussion group
FG: focus group
IN: individual
LS: level of studies
MECPA: member of the executive committee of a patient association
MMBPVR: Service to Measure and Monitor Blood Pressure and Vascular Risk.
MUR: Medication Use Rewiew.
NU: nurses
PA: patient association
PC-CF forum: Forum for Pharmaceutical Care in Community Pharmacy
PR: primary
PT: professional training
SB: snowball
SCS: Smoke Cessation Service
SE: secondary
SS: scientific society (Spanish Society for Clinical, Family and Community Pharmacy)
SSCFC: Spanish Society for Clinical, Family and Community Pharmacy
SSEE: social entities
TI: type of interview
UN: university students

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ABSTRACT

Introduction: Recent studies have revealed the benefits of Community Pharmacy Services (CPhS) on patients' quality of life and health systems. These services are health activities provided by the community pharmacy (CP), to prevent disease and improve the health by playing an active role in optimising the use and outcome of treatments. However, in Spain there is a low percentage of community pharmacies that offer these services, except for dispensing, minor ailment service, measurements of clinical parameters, health education/information and compounding, which have been established in the profession for a long time.

Aim: Assess facilitators and barriers in the demand for CPhS by potential users, from the product approach according to the Marketing Mix 4Ps.

Material and methods: Exploratory, explanatory qualitative study based on grounded theory, by means of inductive analysis applied to semi-structured, individual and group interviews.

Results: Barriers and facilitators are similar for all the CPhS analyzed, with some exceptions. These barriers and facilitators are multifactorial, because they are linked to the pharmacy, the user, external factors and the pharmacist.

Conclusions: Barriers in the demand for CPhS are poor adaptation to user needs, unintelligible names, lack of integration of CP in the health system, lack of knowledge about CPhS, insufficient evidence of success and satisfaction in services perceived as similar performed outside the CP. However, the facilitators that help increase the demand for CPhS are the attitude and aptitude of the pharmacist, the fair treatment of the patient, accessibility, closeness and comfort of the CP and the patient's need to improve his health status.

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INTRODUCTION

Pharmaceutical marketing differs from the remaining sectors, especially if we consider the Marketing Mix approach; specifically, the 4Ps model: Product, Price, Point of Sale and Promotion (1). This model has been a broadly used marketing strategy in many sectors since it was defined in 1960 by Jerome McCarthy to influence and capture new users, which has been introduced into the pharmaceutical sector in the last few decades (2).

Currently, these variables are changing, mainly the product, where the trend is to offer services together with the product (drug); the pharmacist being a key ally to foster the patient's loyalty (3). In other words, the pharmacist has moved from focusing exclusively on the medicine to guiding its patient-side activities. Here arises the concept of Community Pharmacy Services (CPhS), defined according to the Forum for Community Pharmacy Pharmaceutical Care (CPPC Forum) as *those health activities rendered from the community pharmacy by a pharmacist who uses his professional skills to prevent disease and improve both the population's health and that of recipients of medicines and health products. The pharmacist plays an active role in optimizing the use process and treatment outcomes. These activities, which are in line with the general aims of the health system, are an entity in themselves. They have a definition, purpose and documentation procedures and systems that enables its evaluation and remuneration, which guarantee its universal nature, continuity and sustainability* (4).

Previous studies (5–18) analyzed the satisfaction and perception with various CPhS in different countries. These studies are mainly quantitative, which hinder a fuller explanation of the low level of disposition for use and significant lack of knowledge of CPhS by patients and users; unlike qualitative studies (19), which use the Marketing Mix 4P that are underused in the pharmaceutical setting (20).

In light of the above, the general aim of the study was to analyze the facilitating factors and barriers to the demand for certain CPhS by potential users, from the service approach according to the Marketing Mix 4Ps.

MATERIALS AND METHODS

Explanatory-interpretative and exploratory qualitative study based on grounded theory, performed in Spain, by means of inductive analysis of narrative data obtained in individual and group semi-structured interviews (focal and discussion groups), held between March 2019 and February 2020 with potential patients and users of CPhS provided in the CP. Methods were reported according to COREQ guidelines (21).

Background

The Pharmaceutical Treatment in Community Pharmacy forum (PT-CP forum) agreed in 2015 the definition of CPhS, in accordance with the aims of the healthcare system. These CPhS, together with non-care PPS, are the core of services rendered in the CP (4). The community pharmacist can specialize in the provision of different CPhS by means of training in scientific societies and pharmaceutical colleges. The latter, in turn, can certify the requirements for their implementation, which is not mandatory, according to current regulations.

In particular, in the Valencian Community, Council Decree 188/2018 regulates the concertation and accreditation of CPhS with the health administration (22). Financing of most CPhS in Spain is payable by the patient, except in agreements between the public administration and community pharmacies for their total or partial subsidy. Each pharmacy decides its price and may even offer CPhS free of charge.

Research team

BFVJ (doctor, Man), MCF (doctor, Man), IQF (graduate, Man) are community pharmacists and part time researchers. BM (lecturer, woman), GAM (doctor, woman), MZA (doctor, woman) are teaching staff and full time university researchers.

Sampling and recruitment

The sample was comprised of non CPhS user participants, aged 28 to 85, 26 women and 17 Men; six had primary studies, nine secondary studies, seven professional training and 21 university studies. They were residents in the provinces of Alicante, Valencia, Madrid, Barcelona, Tarragona, Balearic Islands, Cantabria and Navarra.

The segmentation criteria when designing the sample was the CPhS offered to the citizen (16,17). CPhS included were measurement and monitoring of vascular risk, stopping smoking, review of the use of medicines, screening and managing COPD. These services require for their provision of training programs prepared by Spanish Society for Clinical, Family and Community Pharmacy (SEFAC).

Data compilation

The thematic programme (Table 1) was designed according to the Marketing Mix concept, agreed by the researcher team and reviewed by a researcher expert in qualitative studies, who has a pharmacy doctorate, Montserrat Gil Girbau. When commencing each interview, the CPhS in terms of what was going to be consulted was explained to participants (according to SEFAC specifications). An average of 94.5, 123.0 minutes and 43.2 minutes was invested in the focal groups, discussion group and individual interviews, respectively.

Table 1 Thematic programme

Topic	Subtopic	Sample questions
Product/Service	Concept of the service	• Did you know about this service? Since when and what do you think? • What aspects do you like about the service? • If you could change anything about this service, what aspects would you change? • Would you use a service like this one? • Would you recommend this service to a friend or family member? • What would be the best benefit you would expect to receive in this service?
	Skill	• Do you know of a similar service? • Have you used it? What did you most like about this service? • What would you change about this service?
	Name	• Do you think the SERVICE name* fits the service I have described to you? • What do you most like about this name? • What do you least like about this name? • If you could change the name, what other name would you give this service?
Price	Price	• How much would you be willing to pay for this service? Why? • As of what price would you start to think this service is cheap? • As of what price would you start to think this service is expensive?
Sales point	Sales point	In what place(s) would you like to be able to acquire this service? Why?
Promotion	Promotion	• How do you think these services could be disseminated? • Apart from the service's features, what other factors would impact your decision to use this service?

Analysis

In accordance with grounded theory, each pre-recorded interview was reproduced iteratively to become familiar with the texts, identifying text segments (citations) and drawing up a list of ideas summarizing that set out by the participants. The information was subsequently grouped into similar categories or topics detected during the analysis (coding); this was repeated as further interviews were processed.

Once saturation was attained where new interviews did not provide relevant information, an explanatory framework for barriers and facilitators of CPhS demand was defined. Explanations were given for the findings obtained. The analysis was performed manually with the support of the software applications ATLAS.ti v8.4.24.0 and Microsoft Excel 365 version 2007.

Informed consent and ethics committee

Participants signed a consent form reviewed by SEFAC. Prior to carrying out the study, the project was presented and approved by the Research Ethics Committee for studies with medicines of Hospital General Universitario de Elche.

RESULTS

Table 2 shows the characteristics of the 43 participants. To attain saturation, 11 participants were interviewed about the service to review use of medicines, 19 about the service to stop smoking, 13 about the service to screen and manage COPD and 23 about the service to measure and monitor vascular risk. Some facilitators and barriers in the demand for CPhS in Spain

Table 2 Characteristics of participants

P No.	Group	Rec.	Sex	Age	NE	Job	Nationality	TE
1	MUR	CP	Woman	65	PR	Housewife	Spanish	GF
2	MUR	CP	Man	42	UN	Secondary schoolteacher	Spanish	GF
3	MUR	CP	Woman	68	UN	Retired	Belgian	GF
4	MUR	CP	Woman	35	FP	Housewife	Spanish	GF
5	SCS	CP	Man	64	SE	Retired	Spanish	GF
6	SCS	CP	Woman	44	FP	Personal assistant	Spanish	GF
7	SCS	CP	Woman	55	UN	Lawyer	Spanish	GF
8	SCS	CP	Man	32	UN	Lawyer	Spanish	GF
9	MUR	SB	Man	61	UN	Retired	Spanish	IN
10	MMBPVR	CP	Woman	48	SE	Administrative	Spanish	IN
11	MMBPVR	SB	Woman	50	SE	Housewife	Spanish	IN
12	MUR	PA	Man	47	UN	Pensioner	Spanish	IN
13	MUR	SB	Woman	66	PR	Housewife	Spanish	IN
14	MUR	SB	Man	70	PR	Retired	Spanish	IN
15	MUR	NU	Woman	58	PR	Shoe dresser	Spanish	IN
16	MUR	NU	Woman	55	SE	Unemployed	Spanish	IN
17	MMBPVR	SB	Woman	57	SE	Unemployed	Spanish	IN
18	MMBPVR	SB	Woman	69	PR	Retired	Spanish	IN
19	SCS	NU	Woman	50	FP	Nursing assistant	Spanish	IN
20	SCS	NU	Man	56	PR	Injection technician	Spanish	IN
21	MUR	NU	Man	62	SE	Mechanic	Spanish	IN
22	SMC, MMBPVR, SCS	SC	Man	64	UN	Industrial engineer and MECPA	Spanish	GD
23	SMC, MMBPVR, SCS	SC	Man	47	UN	HR director and MECPA	Spanish	GD
24	SMC, MMBPVR, SCS	SC	Woman	41	UN	Psychologist and MECPA	Spanish	GD
25	SMC, MMBPVR, SCS	SC	Woman	60	FP	Local authority councillor and MECPA	Spanish	GD
26	SMC, MMBPVR, SCS	SC	Woman	39	SE	Private clinical manager and MECPA	Spanish	GD
27	SMC, MMBPVR	SC	Woman	47	UN	Primary care manager	Spanish	GD
28	SMC, MMBPVR, SCS	SC	Woman	28	UN	PA research manager	Spanish	GD
29	SMC, MMBPVR, SCS	SC	Man	39	UN	Social worker and MECPA	Spanish	GD
30	SMC, MMBPVR, SCS	SC	Woman	37	UN	PA Communication manager and MECPA	Spanish	GD
31	SMC, MMBPVR	SC	Man	49	UN	PA manager	Spanish	GD
32	SMC, MMBPVR	SC	Man	64	UN	MECPA	Spanish	GD
33	SMC, MMBPVR, SCS	SC	Man	46	UN	PA manager and MECPA	Spanish	GD
34	SMC, MMBPVR, SCS	SC	Woman	73	FP	Administrative and MECPA	Spanish	GD
35	CT	PA	Woman	35	SE	PA administrative assistant	Spanish	IN
36	CT	PA	Woman	49	UN	PA administrative	Spanish	IN
37	CT	SB	Woman	36	UN	TV writer and producer	Spanish	IN
38	MMBPVR	PA	Man	45	UN	Engineer	Spanish	IN
39	MMBPVR	PA	Woman	63	UN	Administrative	Spanish	IN
40	MMBPVR	PA	Woman	41	UN	Administrative	Peruana	IN
41	MMBPVR	PA	Woman	56	FP	Administrative	Spanish	IN
42	MMBPVR	PA	Man	79	FP	Retired	Spanish	IN
43	MMBPVR	PA	Man	85	SE	Retired	Spanish	IN

Group: MMBPVR = Service to Measure and Monitor Blood Pressure and Vascular Risk, SCS = Smoke Cessation Service, MUR = service for review of use of medicines, SMC = Service to screen and manage COPD; Recruiters: CP = community pharmacist, SB = snowball, PA = patient association, NU = nurses, SC = scientific society (SEFAC); LS = Level of studies: PR = primary, SE = secondary, PT = professional training, UN = university; Work: member of the executive committee of a patient association, SE = social entities; TI = Type of interview: FG = focal group, IN = individual, DG = discussion group.

are reported below only for the variable *Product*, according to the factors in Figure 1. Table 3 shows the coding for the barriers and facilitators detected in the study according to grounded theory, considering the *Product* variable of the 4Ps.

The appointments for the participants (indicating participant number and CPhS consulted) are shown below the description of each factor, illustrating the analysis process.

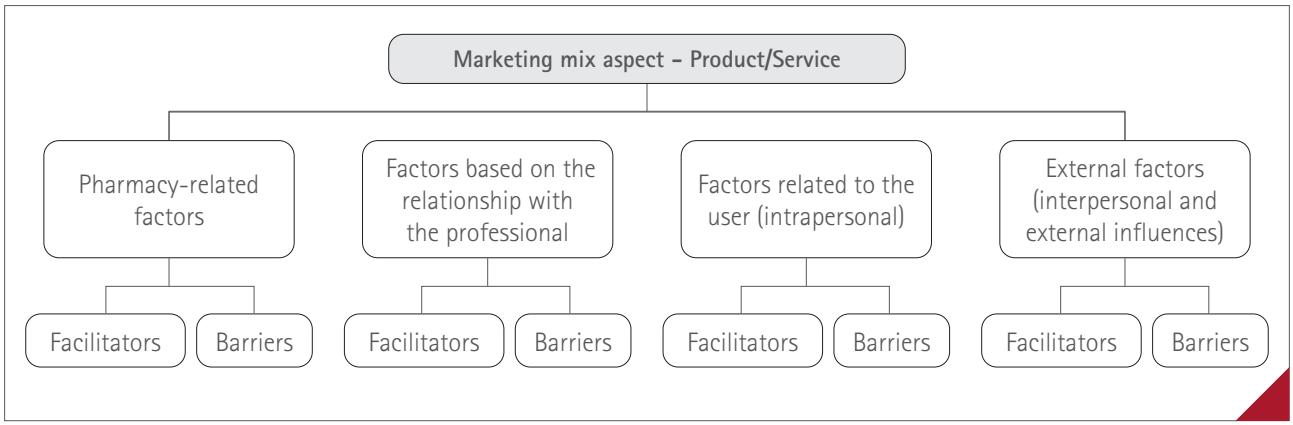

Figure 1 Results flow chart

Table 3 Coding of barriers and facilitators according to grounded theory, Product variable from the Marketing Mix 4Ps approach

Factor	Type	Subtopic	Code
Relationship w/pharmacy	Facilitator	Concept of service	• Accessibility • Closeness • Comfort
Relationship w/pharmacist	Facilitator	Concept of service	• Pharmacist's up to date knowledge • Sufficient patient care time • Dealing with the patient
	Barrier	Concept of service	• Impossibility to select the person performing the service • No remote care • Perception of low care orientation • Non-multidisciplinary service
External factors (interpersonal)	Facilitator	Concept of service	Optimization of health system resources
		Skill	Perception of low quality of the service in the NHS
	Barrier	Concept of service	• Possibility of indication of medicines that currently require a prescription • Lack of integration of community pharmacy in the health system • More training on CPhS in the pharmacy profession
		Skill	Support of other patients with the same need
Patient factors (intrapersonal)	Facilitator	Concept of service	• Increased undertaking • Low health-related quality of life • Elderly age • Fears • Recognition of irresponsible self-medication • Knowledge of the importance of health prevention • Perception of innovative service • Low health literacy • High intention of use
		Skill	Knowledge of services perceived as similar outside the scope of CP
	Barrier	Concept of service	• Lack of knowledge of the service • Need for guarantee • No 24x7 availability • Concern over the confidentiality of health information • Performing of the service not accompanied by a family member or friend • Perception of work encroachment in the health setting • Lack of knowledge of the service offer in the CP • Name of the service not understandable
		Skill	Positive perception of similar services offered outside the scope of CP

Pharmacy-related factors

Facilitators

Accessibility

Flagged by many participants as a facilitator, this includes time availability, attending without an appointment and avoiding waiting times in comparison to other health centres.

> "I believe that pharmacists are easier to access because of waiting times" (P36, stopping smoking).

Proximity

Identified as a facilitator, due to the capillary nature of community pharmacies in Spain, which promotes frequent contact with the pharmacist.

> "For me it is very comfortable, I come down here and I don't have to move" (P11, review and monitoring of vascular risk).

Comfort

Some participants perceive CP as a comfortable, clean and serene place to be.

> "I think it is a place where the feeling you get conveys comfort, peace and cleanliness" (P38, review and monitoring of vascular risk).

Factors based on the relationship with the professional

Barriers

Perception of low care guidance

Mentioned by participants who did not receive information by the professional on use of the medicine or possible adverse effects, or that perceived the pharmacy as a perfumery and not as a health establishment.

> "I believe the community pharmacy's role needs to evolve in terms of education and accompaniment. Many of us see pharmacists as dispensers. And often the pharmacist has not encouraged being accessible and asking the person opposite to come back in a week to see how everything went" (P29, screening and managing COPD).

Impossible to select a professional who performs the service

Some participants mentioned they would like to choose the pharmacist for the CPhS, but they think this is complex because all the pharmacy's personnel should be trained on CPhS.

> "I believe this service will greatly depend on the person giving it" (P42, review and monitoring of vascular risk).

Lack of availability of remote care

Some participants mentioned remote care would be important (by telephone, e-mail, etc.) from the pharmacy as performed by other health professionals.

> "CAP Salut, in Catalonia has set up a website, *La Meva Salut*. You register, request authorization from the CAP for them to give you a password and you have access to your medical history and blood tests. From there you can connect to your assigned doctor or nurse" (P38, review and monitoring of vascular risk).

Non-multidisciplinary service

The lack of integration in CPhS leads to travel to receive an integral service, unlike similar services from associations or multidisciplinary health centres.

> "If you could change something about the service tomorrow I would add a specific professional accompanying the pharmacist" (P19, stopping smoking).

Facilitators

Up to date pharmacist knowledge

Several participants highlighted as a facilitator the pharmacist's professionalism, considering attitude, skill and up to date knowledge on medicines and pathologies.

> "I believe that this is based on them having a good lifelong training because I suppose the equipment or new measures is changing" (P40, review and monitoring vascular risk).

Sufficient care time

This facilitator indicated by many participants involves a greater patient-professional relationship, follow up and continuous contact.

> "What I like most about the definition of the service is that when you arrive at a pharmacy, it is not at all cold. You arrive, get your prescription and you leave. You are giving me a broader project to approach my pharmacist and have a relationship that would be ideal" (P14, review of use of medicines).

Treatment of the patient

Many participants deemed this a facilitator to attain their health aims by means of empathy, trust, friendliness, concern for the patient, etc.

> "The best benefit, not to mention the drug, is the treatment. A smile can go a long way because maybe the patient is going for an anxiolytic and listening to her for two minutes and telling her: 'you look really well today' is extremely important" (P9, review of use of medicines).

User-related factors (intrapersonal)

Barriers

Lack of knowledge of the service

Several participants were unaware of CPhS and were surprised they have been offered for some years.

> "The service looks complete, I just knew about going to read your blood pressure in the pharmacy" (P39, review and monitoring of vascular risk).

Need for a guarantee

Many participants opined that it would help to have guarantees about the effectiveness of the CPhS, by means of statistical data, successful cases, certification, etc.

> "If there were statistics on the number of smokers and amount of cigarettes smoked, if this method has worked, I would consider a 500 or 1000 euros price expensive. But if statistically there are 40 cigarettes a day smokers who have stopped smoking by following these treatments" (P8, stopping smoking).

No 24x7 availability

Indicated as a barrier not to have a 24 hour a day, 7 days a week service when compared to similar services that offer an emergency phone line.

> "I would like to have a 24-hour emergency service. If pharmacies offer a 24 hour service, when you have an emergency it doesn't matter if this is at 3 o'clock in the afternoon or in the morning" (P2, review of use of medicines).

Perception of professional encroachment in the health setting

Some participants perceived CPhS as similar to services rendered by other health professionals, especially nursing professionals, which means an invasion of these professionals' skills.

> "It is important that nobody encroaches on the terrain of someone else" (P19, stopping smoking).

Positive perception of similar services

Different participants positively evaluated other services similar to CPhS (for example, hypnosis to stop smoking) given free of charge with fast attention, which are results oriented, remote care and fair treatment.

> "Let's say I have something similar in the hospital. I have a specialized nurse who resolves my queries, gives me information, tells me how to store my medication" (P2, review of use of medicines).

Concern over the confidentiality of health information

Some participants expressed concern over the confidentiality of their health information within the pharmacy or among professionals involved in the CPhS.

> "What you talk about with the doctor is personal. If the pharmacist has to talk to your doctor to help you, those are confidential data" (P11, review and monitoring of vascular risk).

Facilitators

Increased undertaking

Many participants stated that the CPhS would help to increase their undertaking with their health aims.

> "The pharmacist's role is important when accompanying the person during this pre-contemplative phase so that this turns into a contemplative phase and ends up in making a decision and taking action" (P24, stopping smoking).

Low literacy level in the health field

Different participants convey some difficulty managing relevant health information whether this is because of lack of accessibility, comprehension, poor interpretation, etc.

> "I think monitoring is fantastic. I believe this is work that has to be performed by the pharmacist because in primary or specialized care they do not teach you how to use inhalers" (P32, screening and managing COPD).

Elderly age and fears

Some participants deemed this facilitators, due to the pharmacist's psychological advice and support during the CPhS.

> "One aspect I like about the service is that it helps people who worry too much to be well advised. To put the person who should take it and doesn't or shouldn't take it and does at ease" (P3, review on use of medicines).

High intention to use

Most participants showed a high intention to use the CPhS consulted.

> "Of course I would use it. This is a service you give directly to the person, a service you virtually give at home" (P5, stopping smoking).

Perception of innovative service

Several participants were surprised about the novelty of some CPhS, just as they were by the comfort, speed, service, appreciation, economy and pride (23).

> "The idea is very novel and simple. It is easier to go to the pharmacy, and have continuous contact about your disease or deficiencies. Then you have someone to observe you before arriving at the doctor and arriving late, it's much better" (P41, review and monitoring vascular risk).

External factors (interpersonal and external influences)

Barriers

Supporting other patients

CPhS do not have group, in person or online meetings, considered of help by various participants to reduce fear and increase their motivation to attain their health aims.

> "In the group meetings of the cancer association, we make an undertaking. We have created a WhatsApp group and each time someone feels like a drag pam! and it kicks into operation. In fact, we have had three sessions so far and the five people who started are fulfilling their obligations" (P8, Smoking Cessation).

Lack of integration of CP into the health system

Some participants deem necessary integration of the CP in the healthcare system with just one file per patient, which optimizes use of the health system by means of efficient consultations and complementing the work performed by different professionals.

> "The pharmacy should form part of the Spanish Health System. Even more so if we talk of smoking, that there are campaigns covered by the Health System. If this forms part of a campaign, what I think should be mentioned is not to detect whether you have colon cancer or COPD. Rather to see what your level of health is in terms of breathing" (P33, screening and managing COPD).

Further CPhS training

Several participants highlighted as important specific training on CPhS from pharmacy graduate degrees to boost the attitude and skill of the pharmaceutical professional.

> "I believe a lot of basic work needs to be done. If you as a pharmacist are told from the faculty that you can do all these things ... the vast majority enter because there is a very large care vocation" (P28, screening and managing COPD).

Facilitators

Optimization of health system resources

CPhS were highlighted as facilitators to optimize health system resources and improve monitoring of the disease or medication by avoiding waiting times and travel.

> "I like to have a fast response. Not a diagnosis, because the pharmacist will give this to me. If you go to the primary care centre you can spend one hour there. You go into the pharmacy and you say: 'when I get up in the morning I don't see anything'. He will say: watch your blood pressure, it might be high. He is already selling me the product: let's monitor, and if your pressure is high in the morning in one week's time let's go to the doctor" (P41, review and monitoring vascular risk).

DISCUSSION

Some previous studies analyzed facilitators and barriers for dissemination and implantation of CPhS considering the opinions of pharmacists and experts; other works evaluated opinions of patients about CPhS. Finally, other studies analyzed the opinions of potential users, evaluating aspects of the CP and not exclusively about CPhS. Consequently, to the best of our knowledge, this is the first qualitative study whose aim is to understand barriers and facilitators in the demand for certain CPhS by potential users, using the Marketing Mix 4Ps concept for the first time.

Results tell us that the barriers and facilitators of a CPhS are multifactorial and can be framed within four interrelated areas: related to pharmacy, the pharmacist, the user (intrapersonal) and external factors (interpersonal/external influences). Both this study and previous studies identified aspects that affect the potential user and the recipient of the service (patient). In addition, this study goes further into depth on aspects analyzed in previous studies and has identified some new aspects.

In regard to the *Product* at issue, which in this case is each CPhS studied, the results lead to changes in their definition, to focus on users' needs. Therefore, the name of the CPhS was deemed technical and difficult to understand. What is ideal for efficient communication is unifying this on a national level. Moreover, the lack of guarantees for CPhS by means of statistical data, success stories or guarantee from scientific societies was expressed as a barrier, whereby it would be important to come to an agreement on standardized indicators for effectiveness and efficiency to measure them and share results, as there is a close relationship between intention to pay and effectiveness of CPhS: the more service guarantee, the more financial evaluation (24).

Some participants requested greater flexibility in CPhS, such as payment method, attendance (in person/online), professional who performs this, information shared with other professionals, etc. Some of them even manifested the need for different health professionals to work together in the same service and location. Alternatives to this would be to share patient information (clinical, pharmacological record, etc.) in collaborative tools and using videocalls with the professionals involved as is taking place currently between primary and specialized doctors (25).

According to the thematic programme, participants were also asked about services for the skill or substitute services and CPhS. Positive aspects were observed for the skill, such as multidisciplinary care, 24x7 availability, speed of access to care, remote care and support from other patients, among others. This should be considered to improve CPhS, in addition to strengths of CPhS such as for example, innovation, accessibility, closeness, dealing with patients and optimization of health system resources. Therefore, CPhS are differentiated from other services that the potential user perceives as similar, which helps to reduce the perception of fraud in regard to the role of other health professionals (26), and proposing strategies so that the service is perceived as multidisciplinary, by means of collaboration among professionals. This avoids bureaucracy and unnecessary travel.

According to the results obtained, it is deemed appropriate to tailor CPhS to patient and user opinions to guarantee their implantation into community pharmacy. These adaptations should especially focus on making changes

in the definition of CPhS, with an emphasis on meeting patient and user needs and highlighting the strengths of CPhS compared to other services offered outside the scope of CP.

Among the limitations detected when performing this study it is worth mentioning: (i) difficulty recruiting participants; (ii) initial analysis made by one of the researchers and agreed with the rest; (iii) validation of participants when finishing each interview, not sending the results report; and (iv) the researchers are all pharmacists and there may be bias in the analysis and discussion of results.

CONCLUSIONS

In regard to analysis of the Product variable in the Marketing Mix 4Ps model, the barriers that hinder demand for CPhS are low adaptation to the user's needs, names that are difficult to understand, lack of integration of CP into the healthcare system, lack of knowledge about CPhS, insufficient evidence of success and satisfaction with services perceived as similar and rendered outside of the scope of the CP. However, facilitators that help to increase the demand for CPhS are attitude and aptitude of the pharmacist, fair treatment of the patient, accessibility, closeness and comfort of the CP and the patient's need to improve their state of health. Future studies should help to better understand patients and users in terms of their demand for CPhS and analyze the remaining variables of the Marketing Mix 4Ps model.

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