**Supplementary Table 1:** Standards for Reporting Qualitative Research (SRQR) checklist

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|  | Topic | Page No. |
|  | **Title and Abstract** |  |
| 1 | Title - Concise description of the nature and topic of the study Identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended | 1 |
| 2 | Abstract - Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions | 1 |
|  | **Introduction** |  |
| 3 | Problem formulation - Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement | 1-2 |
| 4 | Purpose or research question - Purpose of the study and specific objectives or questions | 2 |
|  | **Methods** |  |
| 5 | Qualitative approach and research paradigm - Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/ interpretivist) is also recommended; rationale | 2 |
| 6 | Researcher characteristics and reflexivity - Researchers’ characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers’ characteristics and the research questions, approach, methods, results, and/or transferability | 3 |
| 7 | Context - Setting/site and salient contextual factors; rationale | 2-3 |
| 8 | Sampling strategy - How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale | 2-3 |
| 9 | Ethical Issues pertaining to human subjects - Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues | 3 |
| 10 | Data collection methods - Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale | 3 |
| 11 | Data collection instruments and technologies - Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study | 3 |
| 12 | Units of study - Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results) | 3 |
| 13 | Data processing - Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/deidentification of excerpts | 3 |
| 14 | Data analysis - Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale | 3 |
| 15 | Techniques to enhance trustworthiness - Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale | 3 |
|  | **Results/findings** |  |
| 16 | Synthesis ad interpretation - Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory | 3 |
| 17 | Links to empirical data - Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings | 3-7, supplementary table 2 |
|  | **Discussion** |  |
| 18 | Integration with prior work, implications, transferability, and contribution(s) to the field - Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/ generalizability; identification of unique contribution(s) to scholarship in a discipline or field | 7-10 |
| 19 | Limitations - Trustworthiness and limitations of findings | 10 |
|  | **Other** |  |
| 20 | Conflicts of interest - Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed | 10 |
| 21 | Funding - Sources of funding and other support; role of funders in data collection, interpretation, and reporting | 10 |

**Supplementary Table 2:** Direct quotes representative of the themes and subthemes revealed by thematic analysis of interviews with community pharmacy staff

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| **Theme 1: Requirement for additional Patient Responsibilities** |
| Importance of patient awareness and understanding of the implications of receiving unlicensed ‘special’ medicines | *“Most of the time, well as soon as I start the conversation, [patients] say ‘yeah I know [the medicine is unlicensed], the consultant in the hospital told me however, that’s fine’ [INT4]**“You do get occasional, it tends to be the walk in ones, and they’re you know, an and the first time they’ve ever had [the unlicensed ‘special’ medicine], and they’ll sort of come in and go ‘oh I’ll try somewhere else then’ and I’ll go ‘ well you’re not going to get It anywhere actually’” [INT2]**“Some people aren’t as aware as [sic] how specials are stored in comparison to normal tablets from suppliers and just put on the shelf” [INT6]* *“Well often patients are a little wary, you know because they realise that this is a special medication, and sometimes they will have talked with a consultant and they’ve been told that perhaps, it’s the first time it’s being used you know or something like that” [INT1]**“I’ll always put a note on a patients’ record, after the first month or after the first couple of days I might say pop back and see us and we’ll see how you’re gettin on with it,” [INT4]* |
| Patient initiated ordering of further supplies | *“We don’t tend to order [unlicensed ‘special’ medicines] automatically because it varies, (pause) you know in theory it should run out at this time, but it seems with [short] expiry dates and with liquids especially, especially if it’s being administered and the nurses are pouring it, it doesn’t always last as long as you’d expect it to” [INT2]* *“[The patient] just phoned, to say that they’d forgotten to order the prescription and was there anything that we could do” [INT3]**“[Patients will] ring us up and say can you order me so and so item, and then we just ring up the GP and then, just order it on their behalf” [INT6]* *“[The patient was] cutting it a bit late [to inform the pharmacy further supplies were needed] I think, um so yeah I guess in, in that situation, um, then the patient would have suffered, had we not been able to get it to them in time” [INT3]**“[Patient initiated ordering] means we’re not ordering it when we don’t need to and um and we’ve,got time to get it, for when they need it so it, it works quite well…we try very hard to train our patients in that way \*laughs\*[INT2]**“[The patient] rang Tuesday and they’ll probably run out over the weekend so they’ll need it the beginning of next week, well that’s a realistic timeline, it gives us two days to order the prescription, day for the special, got the weekend and a day for emergencies” [INT2]**“Most of my patients up here who have unusual medications or specials they will generally phone me and say ‘I’m attending the hospital tomorrow I expect I will be bringing in another prescription for the special’” [INT1]* |
| **Theme 2:** **Influences on the Confidence felt by pharmacy staff when Accessing and Supplying Unlicensed ‘special’ medicines** |
| Ambiguity about classification and processing of unlicensed ‘special’ medicines | *“My definition in community (pause)..which would be different to how a hospital pharmacist I think would define it, would be a medicine, pharmacological product, which is not listed on the local health board prescribing list for the GP’s, a listing where the pharmacological and clinical conditions are not fully listed on our um criteria, you know which comes from the UHB, um and I think the definition is very vague \*laughs\*” [INT1]**“Sometimes it’s a bit harder to confirm doses [for unlicensed medicines] so sometimes that’s a bit of an internet search if I’m not comfortable with it” [INT2]**“I do a little bit of research and possibly on the internet to see if [the unlicensed ‘special’ medicine prescribed has] been used commonly or whether it’s something I’ve never seen before, and then once I do those bits of information gathering then I’d make a decisions as to whether I was happy to sign it” [INT4]**“We’d always have a look to see whether [the special medicine being prescribed is] used for a certain indication, and things like whether it’s a known use, cause things I guess even if they’re unlicensed, it’s just a common use that is unlicensed” [INT3]* *“I’m learning on some of the [unlicensed] drugs, so we’ve had two that I’ve had to do some background research for my own satisfaction just to find out the clinical efficacy” [INT1]*  |
| Information needs for safe transfer of care across settings | *“Well I would like to know underlying condition, because then it gives me a lot more leeway then on y’know on supply etc.” [INT1]**“If the dose is unlicensed then the first thing I would do is speak to the prescriber, Just to get a bit of context, and a bit if background... um obviously they’ve got access to a lot more notes than I have” [INT4]**“What the hospitals have been doing recently is actually been giving me a back sheet, with some indications of why this is being prescribed” [INT1]**“The English side of things provided me with a back sheet of full diagnostic criteria, all the kit and kaboodle, y-you know which helped tremendously then, um, so we could co-ordinate the different aspects then” [INT1]**“I’ve used other [suppliers] in the past and the paperwork turns up sort of separately, and it’s it’s just \*shakes head\*” [INT2]**“I think (pause) probably the only thing that would save a little bit of time is if, with an unlicensed medication with the GP surgery or the hospital, if there’s an associated letter with it… explaining that it is unlicensed, they are aware of it, and there are reasons why and these are the reasons why, then, I’ve got my answers straight away” [INT4]**“[Processing new prescriptions for unlicensed ‘special’ medicines] can sometimes be a bit time consuming because you’re trying to liaise [across care settings]” [INT1]*  |
| Professional trust | *“Yeah, we don’t use any sort of dodgy suppliers or anything, so as long as they’re regulated by the MHRA then we’re quite happy that if they’ve got a license from them to produce, then they should be producing to a sort of standard” [INT3]**“Unlicensed ‘special’ medicines, well they’re prescribed from upon recommendation from the consultant, so I guess we all just have trust in the consultant that they’ve recommended something that’s suitable” [INT3]* *“I work on the fact that if [an unlicensed ‘special’ medicine has] got [certifications], then it’s manufactured as per guidance, and you know (pause) the drug I can look that part up, to know you know that it is being used for the right thing and they’ve got a certificate of conformity and that, then it’s been manufactured properly” [INT2]* *“There needs to be an element of professionalism to know, that what comes in is legitimate and has gone through the correct testing…but also, there’s got to be an element of, you can’t do everybody’s job previously for them, if [the unlicensed ‘special’ medicine is] presented with the correct documentation then I’m happy with that” [INT4]**“The safety of [unlicensed ‘special’ medicines could be targeted]? (pause) I don’t know, make sure, I’m sure it’s pretty safe isn’t it, and they make it all safely and with the regular ones have made it a thousand times (pause) yeah” [INT6]* *“I haven’t had an issue with, them refusing to do a special when it’s been, needed, so (pause) if that makes sense, (pause) although then someone on Armour Thyroid would argue that it’s needed but there we ar” [INT2]* |
| Association of confidence with experience within the role | *“Well I think [the role of accessing and supplying unlicensed ‘special’ medicines is], part of my job, it’s y’know [sic] we should be, if a patient has been prescribed an item, (pause) within reasonable grounds we should be able to supply it ” [INT1]* *“I’m quite confident about [the suppliers], yeah, (pause) and if I’ve ever got any questions or queries, they’re always very helpful” [INT2]* *“I haven’t come across many new specials since I I’ve been in this branch, most of those items that are dispensed by us have historically been dispensed by us every month so it’s not anything that anyone’s ever had new really” [INT3]**“I don’t feel like there’s a lot of guidance around ordering specials… or I haven’t come across much, it would just be for me like [sic] oh where we got it from in the past” [INT5]* *“There’s a lot of information out there [about unlicensed ‘special’ medicines] it’s not always as easy to find as it is for, your general Joe Bloggs, but it’s available to find you just have to look a bit harder sometimes” [INT2]**“I haven’t really given it much thought if I’m honest, it’s just, part of my job” [INT6]* |
| **Theme 3: Continuity of Supply** |
| Additional record keeping | *“We normally uh check it [unlicensed medicine] off against order, check it off against prescription, do the usual dosage checks etc, quantity checks uh then we will place um our dispensing label on it, we then have to fill in the paper work because it’s a specials unlicensed…..so there’s the invoice to check and to sign, and then there’s a compliance form and um on the compliance form I will place um patient name, address, date of birth, um where the prescriptions come from, and the doctors prescribing number um and then any extra details that I might want to put in um, perhaps um something um (pause) I think the latest one I put in was um I will need to order a second bottle at so and so time, you know just um, some details like that, then those are filed, all of those details….yes, they’re filed here, all details then are put on the patients PMR the online record, but we do keep paper records of of the compliance and it’s in a special file, that’s a requirement for our SOP, so the SOP would like PMR updated and the specials file updated as well.” [INT1]**“It would be in the same way as a normal prescription, um the difference I guess being in the records that we keep and making sure that the patient is informed that it is an unlicensed medication……um but in terms of the processes involved in dispensing it would be the same, but um but obviously just taking note of any special storage conditions and things” [INT3]**“As long as I’ve contacted the prescriber, the patient Is fully aware and there’s notes on people’s records to how they’ve had all those kind of conversations then it doesn’t impact my personal life at all” [INT4]* *“Then we can put that on the patients PMR and then we can also attach it to the prescription” [INT 1]**“The prescriptions are sent to our pricing bureau in Cardiff, if there’s any issues then they will phone me, and occasionally they will phone me and they say ‘can we just confirm please the price of this particular drug’….. there was one time when we were supplying a very, very expensive drug, and so they would phone me and I would give them all the details of the PMR [Patient medical records] and a bit of background” [INT1]* |
| Tensions within and between care settings | *“Often [the GP surgery] just forget to put the quantity on [the prescription], and sometimes we have to return the prescription for them to have the quantity added on, they’re the only sort of problems really” [INT3]* *“I’ve had it with eyedrops, that they’ve ticked the preservative free one by mistake because it came above the normal one, and I go ‘you realise like they can only use this once and it’s going to cost like one hundred pounds’ and then ‘oh that’s not the one I meant to do’ so \*laughs and shrugs\*” [INT2]**“The issue that I still find a little irksome, is when we have an ADHD child, whose been prescribed a drug by their hospital paediatrician and their GP has refused to do the follow on… it’s known as shared care, and there’s generally an agreement between the two, and it doesn’t happen as often as it used to..but it still happens” [INT1]**“We had a word with the surgery, got a new prescription and did [the licensed alternative] so yeah….. that probably causes more time than actually having a special prescription, actually” [INT2]*  |
| Challenges with accessibility and availability | *“[It takes us longer if we have a new [prescription for an unlicensed medicine] one because we’re checking, you know we’re checking a lot more you know where we can get it from, lead times” [INT2].* *“We’ve had in the past where [the unlicensed ‘special’ medicine has] been lost, you know in transaction, that’s happened when it’s snowing you know, when it’s like [sic] really bad weather and they can’t get to us as fast” [INT6]* *“What will sometimes happen though particularly with one of the drugs the melatonin drug for the youngsters, the flavours will alter because there’s a big push for sugar free…. and of course, these children notice” [INT1]**“I’m just trying to think of an example I’ve had, an amisulpride liquid, it comes in tablets but that particular strength we couldn’t get in in anything” [INT4]**“There’s only one place in the country that even makes [the unlicensed ‘special’ medicine] \*laughs\*” [INT2]**“[The suppliers] didn’t have a solution they only had a suspension so, we couldn’t use them in the end for that for that item….. we had to go to someone else to order it…and then that wasn’t as straight forward” [INT6]**“There has in the last three months been a 7-10 working day wait [for an unlicensed ‘special’ medicine]….that has been difficult in the past because the patient has almost run out if it, but of late they’ve been sending it the next day, so it must’ve just been an ingredient issue or a manufacturing issue that caused the longer time” [INT4]* |
| Perceived advantages of online ordering | *“We just go online and click click send” [INT4]* *“When you enter an item on to the patient’s record…it always says in the item description, so on the label it’ll always come up automatically as a special…then there’s extra endorsements then on the prescriptions that we would have to put in, …..so the computer almost forces you to re, to sort of, notice that it’s a special” [INT3]* *“I find [the unlicensed ‘special’ medicine supplier] really good actually, it’s usually always next day delivery, if it’s not then they let you know, they keep you updated as well, via email just to see what the progress is and whether it’s been dispatched” [INT3].**“I find [the online ordering system] useful yeah, it’s like [sic] quite easy, and straight forward” [INT 5]**“There’s like a repeat system so one of my patients in particular we order the same drug every month, um he’s already on our account so we just click reorder” [INT4]**“[The ordering system] logs it with the patient name and the item, on our suppliers database…..so then it means that next month then you can just pick jo bloggs and it’ll show you what jo bloggs had last time so then you can repeat that order”[INT3]**“I prefer it online, cause [sic] it just saves time, sometimes other special companies can take ages to answer the phone, and when you’re in a busy pharmacy you just want to get online, send your order and then let it be,” [INT4]**“I think the new supplier we’re going to switch to, has got an online ordering system, and I think that’ll probably help streamline [the process of accessing unlicensed ‘special’ medicines] as opposed to phoning all the time, so that would be quicker, and you can track it online then, so I suppose that’s an improvement that we’ve already got coming through” [INT2]* |