Ethnic disparities in the uptake of pharmacy services

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On 27 August 2016, UK Prime Minister Teresa May [announced](https://www.gov.uk/government/news/prime-minister-orders-government-audit-to-tackle-racial-disparities-in-public-service-outcomes) an audit of public services to reveal racial disparities and to help end the injustices that many people experience. This will be led by a unit in the Cabinet Office and will include coverage of health services. It is hoped that it will illustrate how public services treat people from different backgrounds.

At the RPS Annual Conference, held in Birmingham on 4–5 September 2016, London North West Local Practice Forum reported that we had detected ethnic disparities in the uptake of support available in community pharmacies. The context was a campaign to help patients manage their chronic obstructive pulmonary disease (COPD), and support offered included, among other things, medicines use reviews, inhaler technique training and smoking cessation guidance.

We found that Black and Asian patients were statistically underrepresented among the patients accessing the support, when taking into account the ethnic makeup of the localities involved and the ethnic COPD prevalence rates for the localities.

Because patients were offered support on an opportunistic basis when present in the pharmacy, a variety of factors could have influenced utilisation of the support offered. Language issues, diffidence, lack of wish to engage with the pharmacist or simply not being present in the pharmacy are just some examples.

Whatever the reasons, equality of opportunity (viz the support was available to everyone) did not result in equality of outcome, since fewer Black and Asian patients than predicted accessed the support. We suggest that, given the concern expressed by the UK government, pharmacy should be alert to the possibility that services offered opportunistically may not be reaching all sections of population that it serves.