Author’s response to reviews

Title: Community pharmacy integration within the primary care pathway for people with longterm conditions: a focus group study of patients’, pharmacists’ and GPs’ experiences and expectations

Authors:

Ali Hindi (ali.hindi@manchester.ac.uk)

Ellen Schafheutle (Ellen.schafheutle@manchester.ac.uk)

Sally Jacobs (Sally.jacobs@manchester.ac.uk)

Version: 1 Date: 19 Nov 2018

Author’s response to reviews:

Editor

1. Comment: Please include a cover letter with a point-by-point response to the comments, describing any additional experiments that were carried out and including a detailed rebuttal of any criticisms or requested revisions that you disagreed with. Please also ensure that all changes to the manuscript are indicated in the text by highlighting or using track changes.

Response: Point-by-point responses to all comments are provided below and attached in cover letter. Track Changes mode has been used to highlight changes in the responses document. IMPORTANT NOTICE: The lines and page numbers refers to the Microsoft word document of the amended manuscript we have submitted.

2. Comment: COREQ guidelines: In accordance with BioMed Central editorial policies, could you please ensure your manuscript reporting adheres to COREQ guidelines (http://intqhc.oxfordjournals.org/content/19/6/349.long) for reporting qualitative studies. This is so your methodology can be fully evaluated and utilised. Can you please include a completed COREQ checklist as an additional file when submitting your revised manuscript.

Response: We have now provided a completed COREQ checklist as an additional file.
3. Comment: Figure Legends: Figure legends must be included in the main manuscript text file at the end of the document, rather than being a part of the figure file. For each figure or table, the following information should be provided: Figure or table number (in sequence, using Arabic numerals - i.e. Figure 1, 2, 3 etc); short title of figure or table (maximum 15 words); detailed legend, up to 300 words.

Response: The figures and tables are now included in the main manuscript file at the end of the document.

Reviewer 1

1. Comment: Whilst this is a novel and valid approach, the rationale for the use of marketing theory in this context could be clearer. Some explanation is provided, however, further detail or context in relation to the debated relevance, role and applicability of marketing in the public sector would help to explain and justify the approach used. In particular, clarification of what the added value/knowledge gained from using marketing theory has been would be beneficial within the discussion/conclusions.

Response: This is a very good point. We have provided more detail on the relevance, role and applicability of marketing in public sector organisations in the background section. (page 5, lines 7-11). Moreover, we have clarified in the discussion that that the use of marketing theory was beneficial in conceptualising key components influencing the use of community pharmacy services within the primary care pathway. In addition, it led to the development of a conceptual framework which can inform policy makers and future research in this area. (page 26, lines 10-18)

2. Comment: Please add more information about the marketing theory used; the 7Ps marketing mix is not explained in the background and many readers may be unfamiliar with this framework. Although table 1 gives some indication of how the authors have interpreted this framework and applied this to the evaluation of community pharmacy services, some explanation of what the 7Ps refer to within the original framework would help the reader to assess the validity of the findings and more importantly the way in which the "inductive" themes (and sub-themes) have been mapped to each of the 7Ps.
Response: We have followed through by moving the paragraph which explains the 7Ps marketing mix to the background section. In addition, we have expanded on this paragraph by explaining what the 7Ps are and added evidence on its application in healthcare services. (Page 5, lines 19-31). Furthermore, Figure 1 has been amended and now provides an explanation of what the 7Ps refer to within the original framework. (Figure 1)

3. Comment: The consistency of the theme descriptions and the way these are mapped to the 7P areas needs some review as there is currently conceptual overlap between them in places.

Response: Conceptual overlap to some extent is expected as some factors influencing service provision within an organisation inevitably overlap. Hence, in areas where overlap was present, the goal was to place the sections where they “best fit” within the 7Ps framework. We have reviewed all of the results section and made amendments accordingly.

4. Comment: Product - In my opinion, this section does not seem to provide a good overview of what community pharmacy services for people with LTCs are, how they are used or how they could be integrated within primary care pathways (as per the aims of the study). There is little explanation of what the “product” consists of, nor of the elements considered to be important within the services provided.

Response: We appreciate these comments related to “product”. However, the purpose of this section “product” was to gain a better understanding of how stakeholders expect community pharmacy services to be used for patients with LTCs within primary care. This is highlighted in table 1 when defining “product”.

“Product: Exploring stakeholders’ expectations and perceptions of community pharmacy services within the patient primary care pathway”. (Table 1)

Moreover, stakeholders’ expectations of community pharmacy services were based on how patients used community pharmacies for their LTCs. We added this detail to clarify this point:
“All Stakeholders’ expectations of community pharmacy services were based how on patients’ used community pharmacies for their LTCs”. (page 10, lines 2-3)

In relation to primary care integration, we have already discussed which services could be used to reduce GP visits/workload:

“All focus groups saw the potential for using community pharmacies to reduce GP visits. Most diabetes patients had experienced difficulties in obtaining GP appointments for regular check-ups/procedures for well-managed conditions (e.g. blood tests) and recommended community pharmacies to deliver such services. Some asthma/COPD patients were aware that community pharmacies offered inhaler techniques but proposed community pharmacies routinely provide inhaler technique and nebuliser services due to difficulties accessing GP services. Similarly, some GPs also suggested community pharmacies could provide regular check-ups and medication reviews for patients with well-managed LTCs to reduce their workload pressures”. (page 10, lines 18-28)

Organisational aspects related to community pharmacy integration within primary care are discussed in the “process” section under the sub-theme “integration of services” as it is more relevant there. (page 14, line 7)

5. Comment: Community pharmacy services are varied and there is considerable heterogeneity in community pharmacy types and organisations which are likely to impact people's expectations of the "product/services" - this does not seem to have been accounted for in the analysis. If this is due to a lack of awareness/knowledge from the different participant groups, this should be explained more clearly.

Response: This is a very good point! Patients in the focus groups were unaware of the heterogeneity in community pharmacy types and organisations. This has now been added under the theme “awareness of community pharmacy services”. We added it under this theme as patients’ lack of knowledge regarding the heterogeneity in community pharmacy types limited their awareness of community pharmacy services to those being offered by their pharmacy. This was evident from the focus group discussions.
“Patients were generally unaware of the considerable heterogeneity in community pharmacy types and organisations. Hence, patients and pharmacists believed that patients’ awareness of community pharmacy services was influenced by how active the pharmacy was at offering a range of services”. (page 20, lines 22-23)

6. Comment: It is not clear from the description and examples used within “key pharmacy services” which services participants were aware are already provided and which were suggestions for new services/promotion.

Response: Many thanks for bringing this up. We have now clarified which services patients were aware of and which were suggestions for new services. (page 10, lines 22-28)

7. Comment: Service delivery- This section contains some useful information on the desire for services that focus on one particular problem, however, I would argue this is describing expectations about the "product" rather than the delivery of it. This occurs in other sections too and I would recommend that the results section is reviewed

Response: Having revised the results section alongside the data, we believe the information on preference for services which focus on one particular problem should remain under “service delivery”. It was evident from the focus group discussions that the desire for such services was more strongly linked to the opinion that such services would ensure more consistency in the delivery of community pharmacy services. Hence, the information provided was more relevant to the process of service delivery. Nonetheless, we did amend some sentences in this section to elaborate on this point. (page 13, lines 14-22)

8. Service delivery- The comment in relation to disparities in service delivery and quality (and the lack of clear specifications) which fits here better could be usefully expanded, however.

Response: As advised, we expanded upon the comment in relation to disparities in service delivery and quality (and the lack of clear specifications). (page 13, lines 8-12)
9. Comment: Accessibility of community pharmacies- In this section there is a paragraph that describes" GP practices to be more suitable than community pharmacies" for the management of .." It is unclear how this links to accessibility - if this is referring to a perception that the GP practice is more a "clinical location" (i.e. facilities/infrastructure or community pharmacy premises) than a pharmacy and is specific to "place" (accessibility and location) then this needs to be explained and evidenced more clearly. Similarly, “GPs and practice nurses were viewed as more experienced and authoritative healthcare professionals" seems to be more suited to "People" than place? If these views are in relation to people's perception of "place" - then again this needs to be explained more clearly.

Response: We have revised this section alongside the data and made amendments accordingly. However, we thought that this section was more suitably placed under “product”. Placing this paragraph under “product” highlights that whilst patients and GPs suggested community pharmacies should provide services for well-managed LTCs, they did not prefer community pharmacy services to provide more diagnostic and invasive procedures. Hence, it clearly establishes where stakeholders draw the line in relation to what they expect community pharmacy services to offer them. We did not place this section under “people”, as this component within the 7Ps marketing mix relates to how interactions between stakeholders affect services.

10. Comment: Accessibility of community pharmacies- The quote provided in this section needs further explanation as it implies that pharmacists do not see themselves as experienced health professionals and this has important implications for service development (i.e. are GPs/the public/ policy makers' expectations of what pharmacists able to provide unrealistic?)

Response: We believe it’s a big assumption to say that the quote used for this section implies that expectations of what pharmacists are able to provide are unrealistic. Yet we feel this quote implies that the idea of community pharmacies providing more clinical services is still far-fetched as they do not provide such services regularly or even at all. Nonetheless, we are aware that this quote was not most fitting to cover this section and we have now replaced this quote. (page 11, lines 14-18)

11. Comment: Commissioning of services- The issues raised in this section are important for the promotion and referral of patients by GPs, however it needs to be clarified how this relates
specifically to promotion/awareness, as it currently reads as though this is about services (product) and delivery (process).

Response: Many thanks. Indeed the issues raised in this section are important for the promotion and referral of patients by GPs. We now included some details which clarify how inconsistent commissioning relates specifically to promotion/awareness of community pharmacy services.

“Hence, some pharmacists were unable to offer all services to patients which reduced patients’ awareness of services offered”. (page 21, lines 19-20)

We also added a quote to reinforce this point:

“Especially because a lot of patients talk to each other, oh, you know, take your child to such and such a pharmacy you can get it free. But then when they turn up to that pharmacy and they say, sorry, we don't do it, they feel disappointed and that way, they might not bother next time to ask for any service”. [F33, pharmacist FG6] (page 21, lines 24-28)

“Pharmacists also highlighted that there were different service specifications within different commissioning areas which made it even more difficult for patients to know what extended services they could access. The variation in services offered amongst different community pharmacies blurred patients’ awareness of services offered”. (page 22, lines 6-8)

12. Comment: use of quotes- The quotes used do not always provide good evidence for the interpretations being made and are either not always in the correct place or have not been selected appropriately. For example, the first quote used in the "Integrations of services" section seems to refer to duplication rather that the integration of community pharmacy within care plans for patients with LTCs. The latter is an important finding that would be usefully evidenced.

Response: We were purposively selective with the use of quotes in some of these sections due to the dynamics of focus group discussions i.e. many different points get mentioned at various points during focus group discussions. Thus, it’s challenging to find one quote that captures all the important points within a section. At the same time, it’s not practical to puts several different
quotes for each section just to cover all the important points. Nonetheless, having revised the quotes, we have now addressed some of the sections that we felt would greatly benefit from the use of an additional quote. In addition, we expanded some of the quotes where we thought that the additional context would deepen understanding. (see results section)

13. Comment: Definition of the "primary care pathway" for people with long-term conditions- One of the main aims of the study is to explore how community pharmacy services can be better used and integrated within the primary care pathway for people with LTCs, however it is unclear what this refers to or in what context (i.e. is this specific to the UK?). There are a range of Community Pharmacy services mentioned in the background section that "provide opportunities for community pharmacists to offer support for patients within LTCs", however most of this section is very community pharmacy focused with little information about primary care other than "patients present with a range of healthcare needs, such as...". Some additional context/definition would be beneficial to help understand more clearly the potential for integration and assess the validity/credibility of the findings in relation to the study aims.

Response: This is a very good point. We have provided some additional context on the importance of community pharmacy integration with the primary care pathway:

“There is also evidence that patient awareness, demand and uptake of community pharmacy services are low [22-25] and community pharmacy integration within the primary care has been slow [26]. It is important to identify how community pharmacies could be better used and integrated within the patient primary care pathway, as effective collaboration of GPs and community pharmacists will be an important factor to optimise patient care. Lack of integration raises potential issues such as GPs not being aware or necessarily supportive of extended services due to concerns about pharmacists’ financial motives, competencies, and encroachment of professional boundaries [27]. This lack of GP support/awareness also impacts patients’ awareness, demand and use of community pharmacy services as many patients seek GPs endorsement for use of healthcare services [25, 26]. Recent UK policy initiatives have highlighted the need to further extend community pharmacy services and enhance integration within primary care [7, 10]”. (page 4, lines 12-25)

14. Comment: Focus group methods and analysis- There is no explanation or discussion in relation to the interaction that took place within the groups, which is a key advantage of focus group research. There is very little description of the shared understanding/disagreements
apparent within the groups or differences between groups. The latter would be expected in terms of understanding, knowledge, opinions, awareness and expectations. There is some reference to shared understandings and knowledge, but this is not clear.

Response: Based on the aims of our study, we were more concerned with shared understanding and difference in opinions other than the interactions within our focus groups. In addition, having revised the data, we felt there wasn’t any key interaction amongst focus groups that would add anything very insightful to the results.

15. Comment: Focus group methods and analysis- Throughout the results section, it is not always specified who "stakeholders" / "participants" refer to (i.e. which participant group). This is important as they would be expected to have different views/opinions and should be detailed as appropriate.

Response: Having reviewed the results section again, we did identify some areas where we thought it was not clear which participant group was being discussed and added some context were appropriate. (see results section)

16. Comment: A lack of depth in the discussion- The need to relieve the burden on general practice is mentioned throughout the paper, yet there is little mention of the financial and organisational pressures on community pharmacy.

Response: Whilst the financial and organisational barriers described in the literature are important, the main aim of our study was to focus on how community pharmacies could be better used and integrated within the primary care pathway. Therefore, we touched on financial and organisational pressures in the results and discussion sections but did not provide an in-depth consideration of these issues as they are more community pharmacy focused and already well addressed in the literature. We feel the concise discussion already provided is adequate:

“To ensure that extended services take equal priority to dispensing, reimbursement models should take account of the workload implications for community pharmacies. It is also important for pharmacies to ensure premises are suitable to deliver extended services and to fully utilise
skill-mix by delegating more technical activities of medicines supply to pharmacy support staff [78]". (page 25 lines 32-33 & page 26 lines 1-3)

17. Comment: "General expectations and awareness of the extended role of community pharmacies" may not have been covered in the studies referenced, but there has been other more general work published in this area. This should be reworded or clarified.

Response: This sentence is in the background section not the discussion. We believe this sentence reads well with considerable evidence from multiple recent systematic reviews provided to justify that most studies explored stakeholders’ views on specific community pharmacy services.

18. Comment: Many of the issues identified have been previously addressed elsewhere and the discussion would benefit greatly from a clarification of what the added value/knowledge gained from using marketing theory has been (as mentioned above) as well as more consideration of the study context (i.e. are these results only applicable to the UK or are they transferable internationally?)

Response: As addressed above, we have clarified in the discussion what added value was gained from using marketing theory:

“The application of the 7Ps marketing mix conceptualised key components influencing better use and integration of community pharmacy services within the primary care pathway. Hence, it led to the formation of a novel framework which can inform policy makers and future research in this area. Policy makers can use the ideas presented here from the 7Ps to develop strategies to enhance the development and integration of current/future community pharmacy services. Future research could apply this framework to evaluate the extent these 7P components could influence better use and integration of community pharmacy services within the primary care pathway”.

We have also added consideration of the study context from an international standpoint:
“Whilst this study focused on community pharmacy services in England, findings could be tested/further explored by countries with similar community pharmacy advancements such as the United States, Canada, Australia and New Zealand. However, differences in organisational and administrative context need to be considered”. (page 27, lines 1-5)

19. Comment: The patients included were respiratory conditions or type 2 diabetes - it would be useful to have some discussion in relation to the limitations and transferability of findings when considering potential services for people with other LTCs.

Response: This is a good point. Transferability of findings when considering potential services for people with other LTCs has now been addressed.

“Moreover, this study focused on patients with respiratory conditions or type 2 diabetes as exemplar LTCs, and further research will need to establish whether the study are applicable to other LTCs”. (page 27, lines 5-7)

20. Comment: The authors conclude that "policy makers could also consider developing services which focus on specific interventions such as influenza vaccinations and inhaler techniques” Is this not something that is already being done?

Response: We believe this is wording issue. Hence we changed the wording:

“Policy makers could also consider developing services with similar designs to influenza vaccinations and inhaler techniques as these services focus on specific interventions”.

21. Comment: "Services could enhance the consistency and quality of service provisions and encourage GP referrals" - this is an important point, but this sentence needs clarification.

Response: This sentence has now been clarified: “The current findings suggest that developing services with clear service specifications which focus on a particular problem could enhance the consistency and quality of service provision and encourage GP referrals”.
22. Comment: The background should be amended to ensure that it is clear which aspects of the context provided is UK specific or internationally relevant. This will ensure relevance for a more international readership.

Response: We have now amended the background section where appropriate to ensure that it is clear which aspects of the context provided is UK specific or internationally relevant. (See background section)

23. Comment: The authors state that "consultation rooms became a prerequisite for community pharmacies". Please explain where/when/how?

Response: We have amended this sentence to explain this point.

“To preserve patient privacy and confidentiality, consultation rooms became a prerequisite for community pharmacies offering advanced services under the revised contract”. (page 4, lines 1-2)

24. Comment: "It is important to identify how community pharmacies could be better used and integrated within the patient primary care pathway". Please clarify why?

Response: This has now been addressed in response to one of the major issues. (page 4, lines 14-25)

25. Comment: The explanation of the sampling process for patients (i.e. "one or more of the following common long term conditions for which community pharmacy services already exist etc…. including the wording in brackets) needs to be reworded for clarity.

Response: The explanation of the sampling process for patients has now been reworded for clarity.
"The characteristics patients were selected on were that they had one or more of the common long-term conditions: type 2 diabetes, asthma, chronic obstructive pulmonary disease (COPD), for which community pharmacy services already exist (e.g. medication reviews; health checks [blood pressure, cholesterol tests etc.], influenza vaccinations, smoking cessation)." (page 7, lines 4-9)

26. Comment: Can you please explain why was the pilot only with pharmacists and not the other participant groups?

Response: The aim of the pilot was strictly to test the topic guide. Therefore, in terms of convenience and available resources, it was considered most appropriate to pilot the focus group with pharmacists.

27. Comment: Was framework analysis considered?

Response: The research team was aware that framework analysis was also appropriate for this study as there is considerable overlap between framework and thematic analysis. Considering this study is part of a PhD project, thematic analysis was used as framework analysis would require the lead researcher to adhere to a highly systematic analytical framework which is more time consuming and resource-intensive.

28. Comment: Key pharmacy services section - should this be double-checking "prescriptions" rather than "perceptions"?

Response: It meant to say prescriptions and has now been corrected.

29. Comment: The first line reads "This study used marketing theories" - please amend as only one theory was used.

Response: This line has been amended to marketing theory.
30. Comment: What do you mean by "appropriately distributing services"? This is unclear.

Response: We have added the additional context added to clarify: “appropriately distributing services within primary care”

31. Comment: Table 2 is titled table 1

Response: now amended

Reviewer 2

1. Comment: The term 'signposting' may not be understood outside of the UK. I needed to google it to understand what it meant (after asking a community pharmacist who did not know) and it appears it's mainly used in British resources. Given your paper is relevant to people outside the UK I think it’s worth explaining this term.

Response: This is a very interesting and insightful point. We have now provided an explanation of the term “signposting”:

“Signposting; informing or advising people to visit other health/social care providers and support organisations, when appropriate”. (page 3, lines 25-27)

2. Comment: You talk about "marketing theories" in general and that they have been applied to primary healthcare. It's not clear from what you've written if marketing theories in general have been applied to primary healthcare or if the 7 P's approach has been applied. Would be useful to refer to an application of this approach in similar research, or that a (specific, named) similar theory has been applied to similar research.
Response: This is a very good point. We have now made the distinction clear between the role of marketing theories in general and more specifically the use of 7Ps by providing two separate sections.

- Section on marketing theories. (page 5, lines 3-18)

- Section on the 7Ps: This section referenced studies which examined the use of the 7Ps marketing mix in public organisations and two studies which used the 7Ps marketing mix to assess patients’ tendency to use hospitals. (page 5, lines 19-31)

3. Comment: In your theoretical framework you state the 7 Ps marketing mix was used. Why was this chosen? It is worth justifying your choice. This is not to say it’s an unreasonable choice but merely that the reader can’t tell why it was chosen.

Response: Many thanks for bringing this up. Reasons we chose to use the 7Ps marketing mix is now highlighted in the background under the 7Ps section. (page 5, 19-31)

4. Comment: Was there any inducement given to participants?

Response: Reimbursement was given to participants. This has now been acknowledged in the methods section under recruitment. (page 8, lines 2-3)

5. Comment: Consider removing "based on when theoretical data saturation was expected to be achieved" I don't think it adds anything as true saturation wouldn't be achieved with two focus groups for each profession. Later you could instead discuss if you achieved saturation for at least your key themes. I think it is overselling the research to suggest that you tested the patient and GP questions with one focus group each and then with a second achieved data saturation. This is an exploratory study that will guide future research so saturation isn't expected.

Response: You make a very good point. This sentence has now been changed accordingly:
“Based on experts recommendations, this sample was deemed sufficient to meet the aims of this study” (page 7, lines 14-16)

6. Comment: At times you make statements which I'm sure would be reflected in your research but don't provide evidence of this. You say 'Conversely, pharmacists underestimated patients' support for them and perceived that they preferred GPs and nurses to manage their LTCs'. A quote from your research is needed to back this statement up particularly as its a counter point to your main argument.

Response: We have added a quote in relation the counter point being made about pharmacists underestimating patients support for them:

“But I think people's expectation is that the GP and the nurse manages their diabetes and that's not really much to do with pharmacy”. [M24, pharmacist FG5] (page 12, lines 7-9)

Moreover, we have revised the rest of the results section to ensure that important statements are backed with a quote where appropriate. (see results section)

7. Comment: Similarly the subtheme pharmacy staff involvement needs a pithy quote from your work that backs up your stated results.

Response: We have also added a quote in relation to the subtheme pharmacy staff:

“There is something about counter staff because things like new medicine service…I gave them all of the responsibility to get the patients in. But that was brilliant and then that responsibility shifted from me and it was then, the care of the patients was my focus”. [M27, pharmacist FG6] (page 16, lines 23-26)

8. Comment: Your limitations section didn't address the fact you deliberately recruited pharmacists who had worked in pharmacies with these type of programs. Instead of playing
down the limitations you could suggest how future research could be targeted (eg. Future research might benefit from the opinion of a wider range of pharmacists- then your 'limitation' becomes a vessel to guide future research. This would be a much stronger sentence than 'some GP and patient participants reported to regularly interacting with community pharmacies" which doesn't ameliorate any suspicions of bias.

Response: This is a very good point. We have now used the limitations to make suggestions for future research:

“Future research could explore the opinions of a wider range of patients, pharmacists and GPs to compare/contrast findings in this study” (page 26, lines 25-27)

9. Comment: Although its true having on research code is a limitation its worth reflecting that two of you were present in each of the focus group which adds some rigor.

Response: Many thanks for mentioning this point, it has now been clarified that the data was analysed by the researcher who moderated all focus groups. Analysis was reviewed and agreed with both co-authors who also co-facilitated the focus groups. (page 26, lines 25-27)

10. Comment: Two of the authors are pharmacists did this provide any limitations, or alternatively provide unique insights?

Response: We have now mentioned how the authors’ backgrounds could influence their observations and interpretations of the data. (page 26, lines 29-31)

11. Comment: You may wish to consider using patients with type 2 diabetes/respiratory illnesses rather than type 2 diabetes/respiratory patients as it highlights you see them as more than a diagnosis.

Response: Many thanks for bringing this up. We refrained from using the term diabetic/asthmatic patients to highlight that we see patients more than a diagnosis. Moreover, patients from the
division’s patient and public advisory board were content with the terms used to address both groups of patients.

12. Comment: The last sentence in your abstract methods should read "data was analysed using thematic analysis" rather than were.

Response: this has now been amended

13. Comment: In the abstract results when you say "however all recommended promoting community pharmacy services locally and nationally" its not clear to the read which group (ie pharmacists, patients, GPs) you mean by all.

Response: We have clarified this sentence by mentioning all stakeholder groups.

14. Comment: This sentence is confusing to read 'The increasing population of patients with long-term conditions (LTCs) poses particular challenges for healthcare providers due to high levels of morbidity, healthcare costs and GP workloads'.

Response: We have amended this sentence as follows:

“the increasing population of patients with long-term conditions (LTCs) are associated with high levels of morbidity, healthcare costs and GP workloads” (page 3, lines 5-7)

15. Comment: This sentence "The characteristics patients were selected on were that they had one or more of the following common long-term conditions, for which community pharmacy services already exist (e.g. medication reviews; health checks [blood pressure, cholesterol tests etc.], influenza vaccinations, smoking cessation): type 2 diabetes and respiratory conditions (asthma/chronic obstructive pulmonary disease (COPD))" might read better as "...had one or more of diabetes, COPD, asthma for which community..."
Response: Many thanks for the suggestion. We have followed through by amending this sentence accordingly:

“The characteristics patients were selected on were that they had one or more of type 2 diabetes, asthma, chronic obstructive pulmonary disease (COPD), for which community pharmacy services already exist (e.g. medication reviews; health checks [blood pressure, cholesterol tests etc.], influenza vaccinations, smoking cessation)” (page 7, lines 8-12)

16. Comment: where you say "This involved ensuring appropriate medication usage, educating patients on their medications, double-checking perceptions and referring patients to GPs if necessary" its worth mentioning what you mean by perceptions.

Response: This was a typo which has now been fixed. We meant prescriptions not perceptions.