

Pharmacy Services

Findings from the Healthwatch Network

Our work over the last year has shown that the public are aware of the pressure the health and social care system is under and that they want to help.

Through our conversations and engagement with people we have learnt that there is huge potential for enhancing the role of pharmacies to create a more flexible, sustainable and consumer-focused primary care service.

Polling by YouGov and Healthwatch England in 2015 revealed:

- Three quarters of people say they would go to a pharmacist, rather than a GP, to get medication for a minor illness. Only 1 in 10 say they wouldn't.
- Over half would go to a pharmacist to seek advice for a specific minor illness or injury.
- A third of people would consider using a pharmacy instead of visiting a GP for general medical advice.

Yet there is still work to do to educate the public about the role pharmacies can play, with some local Healthwatch reporting confusion about the level of clinical expertise pharmacists can offer and the range of services available.

“I'd rate my pharmacist very very highly, and we've been having [medication] reviews for several years now actually. Absolutely wonderful and always the first port of call.”

Female, over 65, focus group in Surrey



Overview

Our 2015 annual survey of local Healthwatch identified that access to primary care was the number one concern for the public.

To find out why, we produced a [report](#) analysing the 11,000 conversations local Healthwatch had with people about primary care and their visits to 550 practices, identifying a number of challenges around access, choice, quality and being listened to.

To build on these findings we worked with local Healthwatch to run [seven focus groups](#) with people where:

- There was little data on their experience of primary care (students, recent migrants to the UK and young unemployed parents).
- Their experience of healthcare was potentially changing (over 65s).
- We felt issues needed further exploration (parents of small children, people who are Deaf and people identifying as from the Pakistani community).

This process revealed an understanding amongst the public about the pressures on the system as well as a clear appetite to help fix some of the problems by taking more responsibility for their own health.

We commissioned some [deliberative research](#) (two sessions in London and Bristol) where people told us that in order to do this they need:

- Better use of technology and information sharing between services.
- More flexible access to services.
- Help navigating the system rather than relying on GPs to act as gatekeepers.

KEY FINDINGS ON PHARMACY SERVICES:

People spoke positively about pharmacies, saying that they trust their pharmacist and think they could use them more to take pressure off hard-pressed family doctors.

In particular they referenced liking the private consultation rooms many pharmacists are now using, the home delivery of prescriptions and the flexible opening hours - a service which meets their needs as consumers.



Extracts from Healthwatch England's focus groups

“With me working full-time and at night, I can go to an all-night pharmacy and that’s the way forward.”

Female participant, 16-40 focus group in Derby

Participants who attended the focus groups were consistently positive about their local pharmacy, focusing in particular on how accessible the service is, the broad range of services on offer and how helpful staff are. For example, mothers at the Southend-on-Sea and Derby focus groups spoke about the benefits of the pharmacy minor ailments service to get free Calpol.

The student participants in Luton were also positive about pharmacy services. In particular they appreciated the room the local pharmacy had installed so they could discuss problems privately.

Many focus group participants told us that they trusted the pharmacist and referenced times when they felt they had gone above and beyond their role, for example, by advising them to buy cheaper medication to ensure care is affordable.

Similarly, at the focus group with over-65s in Surrey, there was agreement about the helpfulness of pharmacists and that they should be the first port of call. People also trusted the pharmacist to review their medication.

“They’re supposed to check that you still need those drugs and see there aren’t any reactions. I want to say I’d go to a pharmacist any day for a review, because they know far more about it.”

Male participant, over 65s in Surrey

Traditionally harder to engage groups, such as the Roma community, also told us that pharmacy services were their preferred healthcare service.

The only group who did not have a positive experience with the pharmacist was the Pakistani women we spoke with in Walthamstow. They found private rooms were often not used and that the local GP practices sometimes used the pharmacist as a kind of triaging service to screen patients. They felt that this made getting a GP appointment even more difficult.



Findings from local Healthwatch

Healthwatch Cornwall conducted a survey into community pharmacies in October 2015. Over 640 people responded to the survey and the findings were largely very positive:

- 93% of participants rated pharmacy staff as polite and helpful.
- Around 74% of people felt comfortable talking about their health and wellbeing with pharmacists.
- More than 6 in 10 people said they would be happy to get advice at a pharmacy on taking medication, and they would also be happy to have health checks, as well as blood pressure, diabetes, and cholesterol level tests.
- However, more than half of younger respondents said they felt uncomfortable talking to a pharmacist about their health problems, with a third saying a lack of privacy was an issue.

The report made the following recommendations:

- 1) Patients should be offered access to the same pharmacist for patient advice and support to ensure continuity of treatment.
- 2) Commissioners and pharmacy providers need to support ways to make it less daunting for those aged 18-24 to be able to talk to the pharmacist about health problems through the use of digital technology to assist with diagnosis of minor ailments and advice on medication.
- 3) Pharmacies need to find ways of making conversations with patients less audible to other customers using the pharmacy, either through use of a consulting room or by other means.
- 4) Pharmacies need to keep a selection of regular patient medication in stock.
- 5) Pharmacies and GP practices should work together so that the repeat dispensing service and repeat prescription service work well.
- 6) Individual pharmacies should clearly display information on advice and services that are available to the public, as well as information on their staff and their qualifications. This will inform patients about the type of advice they may ask pharmacy assistants, dispensing technicians and the pharmacist.

Elsewhere, a focus group run by *Healthwatch Dudley* found that most participants liked the consistency of contact they had with a particular pharmacist. They valued



the convenience of the pharmacy to get medicines and help and advice on health matters and treatments.

“[The] pharmacist ... is absolutely brilliant, I always go to her first before doctors”

Respondent to Healthwatch Dudley

Encouragingly, when surveyed by Healthwatch, residents of Dudley reported a high awareness of the range of services on offer through their pharmacy, including general advice services (71%), medication reviews (62%) and help with minor conditions (59%).

Healthwatch Bolton spoke with 106 local residents about their experiences and heard that people valued the responsiveness and ease of access of the local pharmacy services, referencing the location, opening times and the speed of being seen. They also appreciate the ability to 'shop around'.

However, only a small number of individuals were aware that services other than prescriptions services were available. For example, only 5% of respondents knew about the minor ailments scheme, but those who had used it valued it. Half of those surveyed said they would use the service in the future.

Similarly **Healthwatch Lincolnshire's** survey of 115 local residents found that whilst 8 out of 10 reported high satisfaction with pharmacy staff, just 8% used their local pharmacy for help with minor ailments, and only 4% went to the pharmacy for health advice.

Healthwatch Suffolk uncovered confusion around the role of pharmacists and the range of services they offer.

Of the 607 respondents to their survey, just under half (49%) thought that pharmacists were qualified to offer medical advice, with almost a third of respondents (29%) actually reporting that they didn't think pharmacists were qualified to do so.

Healthwatch Bromley & Lewisham found that patients were unfamiliar with the additional services offered, and as a result continued to go to their GP when seeking advice. Their survey also found that residents were still uncertain about how to safely dispose of surplus medication.

Healthwatch Northumberland conducted a mystery shopping exercise involving young people to create a snapshot of their experiences in community pharmacies.

While their experiences were largely positive, some issues around privacy and information signposting were identified, and the report recommended that:



- Pharmacy staff should be aware of services offered within their pharmacy and continue to promote “Think Pharmacy First”.
- Equally, they should be aware of other services offered locally to assist with appropriate and accurate signposting.
- The above could also be supported by information leaflets/posters etc. displayed within the pharmacy. A balance should be achieved with regards to information positioning so that it is easy to find whilst also allowing for some privacy.
- Although staff attitudes were only an issue in the minority of cases, it is still important for young people to feel at ease and respected when using their service and to be treated the same as any other customer.
- Pharmacies should make use of existing support and schemes (such as 'You're Welcome') to make their service more young people friendly - this would also pose benefits to the wider community.

Changes to the distribution of pharmacy services

As of March 2015 there were more than 11,500 community pharmacies in England, dispensing nearly 980 million items in 2014/15.

Overall, 9 out of 10 of us are estimated to have access to a community pharmacy within a 20 minute walk. For urban areas this is much higher, at around 98.3%. For towns and suburbs it is 79.9%, but for rural areas it drops to 18.9%. However, roughly two thirds of all pharmacies are found in 'clusters', where three or more pharmacies are within ten minutes' walk of each other.

The Government is therefore currently considering how to distribute pharmacy resources in order to best meet the public's needs.

Before any changes are made to local services it is vital that communities are consulted, in order to avoid creating confusing decisions that don't make sense to consumers.



Healthwatch Worcestershire - Case Study on GP Dispensing Services

To combat the logistical problem of dispensing medicines to rural communities, prior to 1 April 1983 individual doctors were permitted to dispense directly.

Since then, policies have been introduced to encourage more pharmacies to open in rural areas and to improve competition. To be eligible for GP dispensing, patients now have to:

- live more than 1.6 km from a pharmacy (excludes distance selling) or have inadequate means of communication (lack of transport not a consideration)
- live in a reserved location, where there is a population of less than 2,750 (count based on postcodes within an area)

Dispensing practices have a duty to monitor patient eligibility and maintain up to date dispensary lists, and patients can appeal if they are removed from lists.

However, Healthwatch Worcestershire has heard from consumers who used the GP dispensing service at a local practice. When NHS England reissued guidance on the above in 2015 it resulted in 40% of patients receiving GP dispensary services being removed from the list. This was largely due to the application of the distance rule, suggesting that adding patients to the list had not been adequately monitored.

Some of the patients Healthwatch Worcestershire spoke to had been on the list for over 10 years. The Healthwatch was told by patients that they greatly valued the service, which enabled integrated care at the GP surgery. Patients were unhappy about not having a choice to remain on the GP dispensing list. Some patients applied to remain on the list under the “serious difficulty rule” covering patients who “would have serious difficulty in obtaining any necessary drugs or appliances from pharmacy premises by reason of distance and communication”. Patients whose applications were refused under the rule do not have the right to appeal.

We understand the need to comply with competition rules, but from a consumer perspective creating such artificial boundaries to accessing care is not very intuitive. This will also become an increasing challenge as more GP surgeries look to co-locate with pharmacy services to provide integrated primary care.

Pharmacy: the Future of Primary Care

Healthwatch Waltham Forest ran an event to discuss the future of pharmacy services. A number of people pointed out that they see their pharmacist more often than their GP and therefore they may be better placed to undertake certain vital conversations. Participants agreed with statements that community pharmacy could be a first port of call for minor ailments and be used better for the management of stable long-term conditions.



Those *Healthwatch Dudley* spoke with also felt there could be an enhanced role for pharmacists providing more help on health and wellbeing matters.

Indeed, Healthwatch across the country have already started hearing about schemes being trialed:

- In *Portsmouth* local Healthwatch have heard how the Rowland Pharmacy is working together with the Queen Alexandra Hospital to support newly discharged patients who have been identified as being at risk of readmission due to issues with their medication.

With the patient's permission, a pharmacist will visit their home within the first week of having been discharged and discuss with them how to take their medication, why they are taking it and take away any previous medication to avoid patients overdosing accidentally.

- To help inform patients about the range of advisory and minor ailment diagnosis services pharmacies offer, a number of local Healthwatch including *Sheffield* and *Barnsley* have helped to publicise the Think Pharmacy First! campaign, which aims to help relieve pressures on GPs and A&E services through directing patients to pharmacists first.
- Between November 2014 and February 2015 *Healthwatch Northamptonshire* took part in a national programme led by the Carers Trust and the Pharmaceutical Services Negotiating Committee to identify local carers and promote the range of support services on offer in local pharmacies. Working with 44 community pharmacists across the country, this has helped carers coping with depression, anxiety and the physical stress of caring for loved ones by ensuring they can quickly access additional support services.

Conclusions

From what the Healthwatch network has heard from people at both a national and local level, it is clear there is an appetite for pharmacy to play a greater role in preventing ill health, helping with minor concerns and supporting the management of long-term conditions.

- The move to co-locate GPs and pharmacists makes sense from a consumer perspective, making services easier to access and enabling professionals to offer better joined up care.
- Similarly, the use of consultation booths in pharmacies could help promote the additional advice and support services that pharmacists can offer, and reduce pressure on other parts of the primary care system.
- The proposals made under the Pharmacy Integration Fund for Health Education England to place even greater focus on training the pharmacy workforce in its



patient-facing role will help build on the positive relationship people already have with their pharmacist. This needs to go hand-in-hand with an awareness-raising programme to promote what pharmacists can do for patients.

- Routinely involving pharmacists in medication reviews would improve use of their specialist expertise, ensure patients both understand their medication better and get the maximum benefit, and ultimately save money by reducing wastage.
- Technology can also improve continuity of care by enabling pharmacists to have access to patient records (where consent is granted) so they can be aware of an individual's wider health needs.
- Using the hub and spoke model to assemble personalised prescriptions is useful from a patient perspective, but it is important that people have accessible local services with the right expertise to address quickly any mistakes made in the process and provide additional advice and support where necessary.
- It is important to consider all user groups when trialing new ways of accessing services. Our work to date has made it clear that it is important not to make preconceived judgements about how certain groups may behave. For example, our research found that younger people were less in favour of Skype consultations than the over 65s, but that this was down to a lack of familiarity with using the health service rather than problems with the technology itself.

