healthwatch Derbyshire

Pharmacy Report

This report provides an overview of what Derbyshire residents had to say about their experiences of pharmacies between July and September 2017

18 December 2017
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1. Thank you

We would like to thank the 185 Derbyshire residents who took time to complete the survey at local events and group meetings.

Thank you also to the Healthwatch volunteers who helped to collect responses and assisting with the writing of this report.

2. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all patients, families, friends and carers who have experienced pharmacy services, but nevertheless offer a useful insight. They are the genuine thoughts, feelings and issues that patients, families, friends and carers have conveyed to Healthwatch Derbyshire. The data should be used in conjunction with, and to complement, other sources of data that are available.

3. About us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of local Healthwatch organisations covering every local authority across England.

The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

4. Understanding the issue

We noticed that we were not getting many comments passed to us about community pharmacy services. As such, we wanted to encourage local residents to share with us their experiences of using these services.

Therefore, between July and September 2017, we asked people to rate their experience of visiting a pharmacy and then tell us more about their experience.

This was also an area that had not previously been explored by Healthwatch Derbyshire.

5. What we did in brief

We used a short survey in order to obtain people's experiences. We gathered the views of local people at local engagement events and shared the survey amongst our networks.

6. Key findings

A total of 185 responses were received.

Respondents were asked to rate their experience using a five-star quality rating, with one being poor and five being excellent. The average rating was 4.1.

A total of 54% of people rated their experience as excellent (5) with 8% rating their experience as poor (1).

a) Respondents generally praised the high level of customer service they received. They liked the home delivery service, electronic prescribing and text reminder service.
b) The respondents who had attended the pharmacist for advice expressed a positive experience particularly when taken into the private consultation room.
c) Some people reported that medicines on repeat prescriptions were dispensed without checking if required.
d) Medication not in stock was a source of concern for respondents
e) Some people commented that they were not advised whether their prescription drugs could be purchased cheaper over the counter or advised of other methods of payment to save them money.
f) Respondents enjoyed flexible opening hours but expressed a frustration where those pharmacies located within or near a GP practice did not mirror surgery opening times.

7. What people told us

a) Positive experiences

Customer service:

People spoke positively about pharmacies and most described the customer service they received as being excellent. Staff were largely described as being friendly, helpful and efficient.

"Always friendly and helpful, excellent customer service."

In the small amount of cases when the respondents spoke of poor customer service, this could often be linked to a lack of resources.

"Staff are friendly but the waiting times are too long. I waited between 30 minutes to an hour last time. They seem short-staffed."

"Ok but long wait. Need more staff."

Alternatives to GPs:

Five people surveyed had used the pharmacists as an alternative to visiting their GP. They felt they could be used more by people in the first instance rather than a visit to the doctors.

"I was feeling unwell with sore throat and headache, etc. I went to the chemist to see if they could recommend something. I was taken into a private room and the chemist checked my throat. I was told I had an infection and medication was offered. This worked and was a much better option than going to the doctors. Quicker and hassle-free. More people should do this rather than go straight away to the doctors."

"I get the flu jab but my doctors could not get me in. They had run out of vaccine. I saw they did NHS jabs in Boots so had it done there. Saved the waiting and very efficient. More people should be told about this."

Privacy:

People reported that they like the private consultation rooms most pharmacists now have available.

"Used for a review of my medicines. This was done in a private room which was excellent and made sure nobody could hear my business."

However, one respondent, who had not been invited into a private room, commented, *"Very busy. Lots of staff. Felt like everyone could hear what you were asking."*

Home delivery/access:

Fourteen people commented positively about the home delivery of prescriptions. For example:

"Home delivery service is excellent as I struggle to get out."

"I have my medicines on repeat prescription. They deliver these to me monthly which is brilliant. I am disabled so this service is ideal."

Respondents also welcomed additional services such as electronic prescribing, text and telephone reminders and flexible opening hours.

However, one respondent commented about the opening hours at her GP-based pharmacy, *"The pharmacy closes at lunchtime which is inconvenient if you have to come straight after an appointment at the doctors. They do not open before 9am yet the surgery in the same building does. They also close at 6pm when the doctors is open until 6.30pm or until 8.30pm on Mondays. If you require medication straight after your appointment, you have to travel further which is inconvenient and an issue that needs addressing."*

Promotion of pharmacy services:

Two respondents had come across the pharmacy advisory and treatment services purely by chance having had no prior knowledge of the services offered by pharmacies. Both were pleased with the outcome.

b) Negative experiences

Medication not in stock:

Seventeen respondents reported difficulties caused by having to wait for, or return to collect, outstanding medication. Respondents who have repeat prescriptions reported their frustrations when their medication is not available.

"Sometimes tablets are not in stock. Can take two to three days to get in. I then run out. Told not to 'stockpile' tablets but need to do this to make sure that I have enough!"

Communication between GPs and pharmacy:

Six respondents reported difficulties that had arisen as a result of poor communication between their GPs and the pharmacy.

"Sometimes I have to wait for my medication because it [prescription] *is not in from the doctors. Then have to go between the two."*

"Prescription is sent to chemist by GP. They often send it to the wrong chemist and send it to another in the same group. This then means travelling to collect it. Bad communication between the two."

Wastage:

Some people reported that medicines on repeat prescriptions were dispensed without checking if required.

"Don't always deliver the right thing. I tell them not to deliver some things because I have a lot and they still deliver them. So it means going to the chemists so they can dispose of them. Waste of money!!"

Cost:

We received comments from people who paid for their own prescriptions commenting that they were not advised when it was cheaper to buy their medicines over the counter.

"When prescribed something by the GP, why do chemists not tell you if it is cheaper to buy 'off the shelf' rather than pay prescription charges?"

Changes to medication:

One participant had been prescribed a certain brand of medication for many years without concern. However, she commented that her pharmacist had started to change the brand of medication saying that the change would make no difference and that the active ingredient within the medication was the same. However, she had noticed different side-

effects with the changed medication and said, *"The different types have different effects upon me. I do not always get the same brand."*

8. What should happen now?

8.1 Promotion of pharmacy services:

-Pharmacies should clearly communicate and advertise their basic minor ailment advice service to the public. This would help inform patients about the range of advisory and minor ailment diagnosis services pharmacies offer in an attempt to help relieve pressures on GPs and A&E services.

-Promoting the existence of a private consultation room may well improve confidence in customer confidentiality and encourage more people to attend for advice and information.

8.2 Reduction of wastage:

-Pharmacies should check at the point of ordering, and at the point of dispensing, that the items on the prescription are required.

8.3 Cost:

-Pharmacies to explore ways to identify and promote discussions with patients who could save money by having cheaper, over-the-counter alternatives.

-Counter staff should proactively promote the Prescription Prepayment Certificate (PPC). This allows people to get as many NHS prescriptions as they need for a set price and could save money for those with regular prescriptions.

8.4 Medication not in stock:

-Manage expectations for patients around stock issues, caused by challenges such as non-regular customers presenting prescriptions exhausting stock, or in the longer term due to manufacturer problems.

-Pharmacies to help manage stock control issues by promoting their repeat prescriptions service and by collecting nominations for the Electronic Prescriptions Service.

8.5 Opening hours:

-Where pharmacies are located within, or in close proximity to, a GP practice which issues prescriptions, pharmacists should have opening hours that mirror those of the practice.

9. Response from service provider – Derbyshire Local Pharmaceutical Committee

We found the report to be useful because:

- 185 Derbyshire residents had responded from different settings, so very good to get this range of views and opinions
- Whilst the questions were intentionally broad, the responses provided helpful information about many topics
- We welcome the opportunity to expand on some of the issues raised and begin to work together on an ongoing basis

We were pleased with the average rating of 4.1 and to read about the positive experiences shown in 7a). This is in-line with our expectations that community pharmacy delivers good customer and patient care. It is good to see patients are appreciative of consultation rooms and private areas enabling private consultations to take place. As we discussed, patients are usually open and honest when talking to pharmacists about their medicines, health, lifestyles and general wellbeing.

Considering the negative experiences raised:
Medication not in stock – the recent weakness of the pound within global currency plus the closure of some drug production facilities by the Medicines and Healthcare products Regulatory Agency (MHRA) has meant supply of some medicines have been dramatically reduced. Consequently, there are acute shortages of around 100 different generic drugs. Community pharmacists will work with patients and GPs to resolve individual cases – we agree good communication across all three parties is essential to this.

Wastage – studies have shown medicines wastage can occur by the patient, the surgery or the pharmacy. In the vast majority of cases, everyone works hard to avoid wastage and unnecessary ordering of repeat medications. Where patients receive items they did not order, or don't require on a particular occasion, we ask them to let their community pharmacist know, ideally before leaving the pharmacy, so this can be put right.

Cost – whilst the majority of patients (>85%) do not pay prescriptions charges, we appreciate this can be a burden for those who do. Pharmacists generally try and make patients aware of cheaper alternatives such as purchasing a prepayment certificate or buying certain 'over the counter' lines. However, the main focus of the pharmacist is always to ensure all prescriptions are dispensed safely and efficiently with the patient receiving advice and support and hence sometimes, especially during busy periods, the pharmacist may not notice the patient paid and bring this to their attention.

Changes to medication – most medications are prescribed generically and where different brands are used, pharmacists bring this to the patients' attention. However, the shortage of some medications has made changes to brands happen more frequently. Pharmacists only dispense licenced medicines and patients can be reassured they are receiving products meeting the same specification. There may be a difference in size, shape, colour or excipients.

Opening hours [1] – a pharmacist **has to be present** when the pharmacy is open for the majority of activities (e.g. dispensing, sales of medicines, pharmacy services, etc.) to take

place. Most community pharmacies only have one pharmacist working each day, so there may be small periods of time when they are taking a break (in-line with the working time directive). All pharmacists ensure breaks are taken during the quietest times of day so customer disruption is minimised.

Opening hours [2] – pharmacies generally open longer hours than other healthcare providers, particularly at weekends. The majority of pharmacy contractors mirror the hours of their local surgeries, but this is a business decision. If a pharmacy contractor wishes to change opening hours they have to notify the NHS England team and give 90 days notice.

We are pleased with our agreement to work together regularly going forwards. This can include:

- Raising awareness of the national advanced services pharmacies provide (medicines use reviews, new medicines service, flu vaccinations, urgent repeat medicines supply)
- Sending you copies of John's columns and blogs
- Keeping you informed of developments such as the 'Stay Well' campaign and progress on the consultation on the prescribing of various medicines
- Ensuring the new 'Medicines Order Line' service is established to be patient centred
- Progress of Healthy Living Pharmacies
- Any issues arising (such as due to pharmacy funding cuts or medicines shortages)

10. Your feedback

Pharmacy Report

Healthwatch Derbyshire is keen to find out how useful this report has been to you, and/or your organisation, in further developing your service. Please provide feedback as below, or via email.

1) I/we found this report to be: Useful / Not Useful

2) Why do you think this?

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3) Since reading this report:

a) We have already made the following changes: ……

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b) We will be making the following changes: ……

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Your name: ……

Organisation: ……

Email: ……

Tel No: ……

Please email to: karen@healthwatchderbyshire.co.uk or post to FREEPOST RTEE-RGYU-EUCK, Healthwatch Derbyshire, Suite 14 Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire DE56 0RN