

Innovations in pharmacy

Practice Based Pharmacy and Prescription Ordering Direct

What are people saying about these services?



A Healthwatch Dudley Report for NHS
Dudley Clinical Commissioning Group

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Contents	Page
Tables	3
Diagrams	3
Task at hand	4
Inquiry in brief	5
Chapter one	6
<i>Background</i>	
Chapter two	12
<i>What we did</i>	
Chapter three	15
<i>What we found</i>	
Chapter four	25
<i>What it all means</i>	
Chapter five	28
<i>What's next?</i>	
Appendix	30
Response to Healthwatch	34

Tables	Page
<i>Table 1: Practice based pharmacist information</i>	<i>10</i>
<i>Table 2: Prescription Ordering Direct service activity</i>	<i>11</i>
<i>Table 2: Recommendations</i>	<i>28</i>

Diagrams	Page
<i>Diagram 1: Stages in the grounded theory approach used to analyse information</i>	<i>16</i>

Task at hand



'We were tasked with gathering information from people who had experience of using Practice Based or Prescription Ordering Direct pharmacy services'.

A handwritten signature in black ink, appearing to read 'Jayne Emery', with a stylized flourish at the end.

Jayne Emery
Chief Officer

NHS Dudley Clinical Commissioning Group asked Healthwatch Dudley if it could help with getting people's views on how Practice Based Pharmacy and Prescription Ordering Direct services were working for them.

We were commissioned to undertake work to assess what sorts of help and advice people are getting. And get an impression of what is good, not so good or could be improved in the way the services have been set up and are provided.

This report sets out what we did and our findings. In turn, it elaborates on what the implications are for healthcare services policymakers and managers. Where appropriate we highlight good practice and actions that could be taken to improve services in the future.

Inquiry in brief



NHS Dudley Clinical Commissioning Group asked Healthwatch Dudley if it could help with getting people's views on how Practice Based Pharmacy and Prescription Ordering Direct services were working for them. Healthwatch is a champion for people on health and social care matters. The Clinical Commissioning Group is responsible for planning and commissioning (buying) health services for people living in the borough.

Clinical pharmacists are part of the general practice team involved in resolving day-to-day medicine issues and meeting with and treating people directly. The Prescription Ordering Direct service allows people to order repeat prescriptions over the telephone instead of online or by visiting a doctors surgery. An event with focus group activities was undertaken to gather views on these pharmacy services.

The findings show pharmacists are an extra source of help and advice for people when they have a question about their health or medicines. They can be trusted to monitor people's health situations and the medicines they are using. And there is value in having different options for people to use when it comes to getting access to repeat prescription re-ordering services. But it is necessary to clearly communicate to the public how access to their medical records held at the doctors surgery will work.

To further develop pharmacy services in the future and make the most of pharmacists and the training and skills they possess it will be necessary to continue to identify and eliminate unhelpful bureaucracy and boundaries within and between healthcare professions. At the same time, the profile of pharmacy and pharmacists could be improved through more publicity and the enhanced visibility of pharmacists outside of the narrow community or high street pharmacy environment.



CHAPTER ONE

Background

‘...The journey towards optimal medicines use in all patients through the deployment of clinical pharmacy has only just begun ...’

(Chief Pharmaceutical Officer for NHS England, Royal Pharmaceutical Society Annual Conference 2015)

Healthwatch

In 2013, Healthwatch was set up, in line with proposals outlined in the Health and Social Care Act 2012. Healthwatch England has its own

National Director and board.

Meanwhile, there are 148 Healthwatch organizations, at the local level, forming a network that extends across England.¹ The

¹ Healthwatch England, <http://www.healthwatch.co.uk/>

Healthwatch Dudley board decides on strategy and sets priorities for action to better understand how health and social care services are working for people in the area.

Healthwatch Dudley is a champion for local people on health and social care matters. In turn, it is interested in gathering their stories on getting access to health and social care advice and services.²

Dudley borough

The Dudley Borough is centrally located within the Black Country. And includes the three main towns Dudley, Halesowen and Stourbridge.

However, locally the borough is divided into five townships, which are Brierley Hill (and Kingswinford), Dudley and Netherton, Sedgley, Halesowen, and Stourbridge.

The 2011 census estimated the borough population to be 312,925. Most people (88.5%) describing themselves as White British. But there are significant ethnic groups which are Pakistani, Indian, Polish,

Latvian, Lithuanian, and Caribbean.

The number of people aged 65 and over is higher than regional and national averages (18.6% compared to 16.9% regionally and 16.3% nationally) and is expected to continue to increase over time.³

The health of people living in the borough is mixed compared with the England average. Life expectancy in the most deprived areas is 9.5 years lower for men and 5.8 years lower for women than in the least deprived areas.⁴

NHS Dudley Clinical Commissioning Group

The NHS Dudley Clinical Commissioning Group is responsible for planning and commissioning (buying) health services for people living in the borough.

The types of services commissioned include: elective hospital care, rehabilitation care, urgent and emergency care and most community health care.

Its operational and long-term strategic plans set out how it intends

² Healthwatch Dudley, <http://www.healthwatchdudley.co.uk>

³ 2011 Census Area Profile for Dudley www.dudley.gov.uk/2011census

⁴ Dudley Unitary Authority, Health Profile 2014, Public Health England: <http://www.apho.org.uk/resource/item.aspx?RID=142215>

to deliver and develop safe, high quality health care. In its strategy documents it remarks that these plans have been drawn up following discussions with staff and clinicians, the local authority, the public and the voluntary and community sector.

At the same time, it has a vision for health and social care in the future that includes a radical redesign of the local healthcare landscape and changes to the way people access healthcare services.⁵

Innovations in pharmacy

How are they working for people?

⁵ NHS Dudley Clinical Commissioning Group, www.dudleyccg.nhs.uk/

Practice Based Pharmacy

The General Practice Forward View promised more than £100 million of investment to support an extra 1,500 clinical pharmacists to work in general practice by the end of 2021. This would be in addition to over 490 clinical pharmacists already working in general practice as part of a pilot, launched in 2015.⁶

Clinical pharmacists provide practice based pharmacy support services and are part of the general practice team involved in resolving day-to-day medicine issues, meeting with, and treating people. They can give extra support to people using multiple medications, who have a long term condition, or need to get access to health checks.⁷

Dudley was not part of the pharmacists in clinical practice pilot run by NHS England or the later scheme. However, it has had similar arrangements in place for a number of years. All of the 45 general practices in the borough can access clinical pharmacist advice and help.

The clinical pharmacist may work behind the scenes and can be part of a multi-disciplinary team of healthcare and other professionals making care and medicines decisions for a person perhaps with complex conditions.

In turn, the clinical pharmacist is able to provide help and advice for people on their medications and healthcare. They may also run clinics to support people with particular health conditions such as high blood pressure or diabetes.

In 2016/17, in the Dudley borough, practice based clinical pharmacists undertook 58,294 medicines reviews and 45,713 interventions on a range of health and medicines issues. At the same time, undertaking work that resulted in changes to medicines doses, their discontinuation or the initiation of the use of preventative medicines (see Table 1 on page 10).

Medications reviews were completed with 5,050 people with long-term conditions and 1147 people newly discharged from hospital.⁸

⁶ General Practice Forward View 2016, NHS England, <https://www.england.nhs.uk/publication/general-practice-forward-view-gpfv/>

⁷ Clinical Pharmacists in General Practice, NHS England, <https://www.england.nhs.uk/gp/gpfv/workforce/building-the-general-practice-workforce/cp-gp/>

⁸ Huckerby, C & Jenkins, D (2018) 'The Dudley Managed Pharmacy System', NHS Dudley CCG.

Changes to medicines actioned	16,556
Drug discontinuations	4,447
Preventative medicines initiated	4,424
Dose optimisations	4,310
Safety issues addressed	1,136

Table 1: Practice based pharmacist interventions

A survey, undertaken in 2017, where 148 people who had had contact with a practice based pharmacist responded to questions on the quality of medicines reviews showed 105 people indicated they were highly satisfied with the service they received.

They felt things were clearly explained they were involved in decisions made about their medications. In turn, they had a better understanding of their condition and the medications they were using.⁹

Prescription Ordering Direct

The Prescription Ordering Direct (POD) service was launched in pilot

form in October 2017. It allows people to order repeat prescriptions over the telephone instead of online or by visiting a doctors surgery.

In May 2018, there were eight general practices trialling the new service. They were the Links Medical Practice, AW Surgeries, Halesowen Medical Practice, High Oak Surgery, Wordsley Green Health Centre, Three Villages Medical Practice, Waterfront Surgery, and Central Clinic Surgery.

Early on in the operation of the service there were issues identified with people not being able to get through to call handlers.

Subsequently, improvements were made to the telephony system with

⁹ Mahmoud, N (2017) 'Service Evaluation of Patient and Clinician Perspectives on Dudley Clinical Commissioning Group's Practice Based Pharmacists (PBPs) Service', Keele University.

improved integration of a contact centre solution, a new call waiting facility, more call handlers, and extended opening times.

The POD process is designed to ensure a prescription is signed and ready for a pharmacy to dispense within 48 hours of a person calling in.

In terms of the medicine actually being with an individual, this will depend on whether the community or high street pharmacy as it in stock or it needs to be ordered in.

At the same time, the service focuses on preventing and resolving medicines issues and improving care for people (see Table 2, below).

It soon became apparent that there were issues to do with medicines and medical items which were no longer on the current prescribing system, items that people did not actually need, and poor medicines quantity synchronisation.

A pharmacist is always available to provide help and advice on medicines or care problems that call handlers cannot deal with.

Meanwhile, there is a guarantee that within 24 hours someone from the POD service will contact a person if there is a problem that will hold up their prescription. The plan is to roll out the service so that it is available in all 45 general practices in the Dudley borough.¹⁰

People signed up to the system	40,000
Medication queries each month	2,000
Highest number of calls in one week	1,600
Highest number of calls in one day	607

Table 2: Prescription Ordering Direct – service delivery

¹⁰ Huckerby, C and Jenkins, D (2018) 'The Dudley Managed Pharmacy System', NHS DCCG.



CHAPTER TWO

What we did

After initial scoping and planning work a schedule of topics of interest and relevant questions was devised to get people's views on Practice Based Pharmacy and Prescription Ordering Direct services. An event comprised of focus group discussions was undertaken to gather those views ready for later examination and interpretation.



The event, on Practice Based Pharmacy and Prescription Ordering Direct, was held on the 9 May 2018, from 10.45am to 3.00pm, at the

Brierley Hill Civic Hall.

It had been advertised and promoted by Healthwatch Dudley, on its website and using its network of contacts with

organizations, and the NHS Dudley Clinical Commissioning Group, using its Prescription Ordering Direct service call handlers and network of contacts with general practices.

Anyone interested in participating in the event had been asked to complete an Eventbrite online confirmation of attendance form.

20 attendees
9 female and 11 male

The format for the day comprised of two focus group sessions with between six to eight people seated at round tables on which there were Post-it note pads, pens and flipchart paper to record what was said during conversations.

Each table had a facilitator who was a member of Dudley Healthwatch or NHS Dudley Clinical Commissioning Group staff. Their role was to make notes on conversations and ensure everyone was able to make a contribution. They could also ask for clarification or more detail in response to information that was provided by a person. And needed to ensure adequate time was given to

covering each of the questions set and discussions remained reasonably focused on the question in hand.

The day was divided into two sections. A morning session, from 10.45am to 1.00pm, that focused on Practice Based Pharmacy. And an afternoon session, from 12.30pm to 3.00pm, that focused on the Prescription Ordering Direct service (see Appendix, on page 29).

People could attend either or both sessions. Lunch was provided and reasonable travel expenses could be claimed for getting to the venue and back home again. The focus group questions were the same for each session.

How was it before?
What's it like now?
What does it mean to you?
How might things look in the future?

People who attended the event were informed about its purpose, which was to gather information on

pharmacy services that would help the NHS Dudley Clinical Commissioning Group to better understand what is happening that is good or not so good and how services might be improved in the future.

In turn, people were informed about Healthwatch Dudley's role, which was to undertake work to collect and interpret people's views on pharmacy services and prepare a report on findings.

Each person's consent to be involved in a focus group session was sought and they were informed they did not have to answer a question or questions put to them and could end their participation in a session at any time.

Clair Huckerby, Consultant Pharmacist Primary Care Medicines Optimisation, at the NHS Dudley Clinical Commissioning Group, gave a short presentation entitled 'An introduction to Practice Based Pharmacy' at the start of the morning session.

Karen Mander, Prescription Ordering Direct Manager and Practice Pharmacist, at the NHS Dudley Clinical Commissioning Group, gave a short presentation entitled 'An

introduction to Prescription Ordering Direct' at the start of the afternoon session.

During and at the end of the day there were opportunities for people to ask any questions they might have. In addition, there were opportunities for groups of people on tables to feedback on the main points arising from their discussions.

At the end of the day people were informed that all of the information gathered would be taken away, examined and analysed.

Then a report would be produced detailing the findings and any conclusions or recommendations. It would be forwarded to the NHS Dudley Clinical Commissioning Group and then made available to the public on the Healthwatch Dudley website.

Healthwatch Dudley undertook not to identify any person in the report on findings from focus group sessions without their permission. Neither would information about a person be passed on to any third party without their permission.

The only time that this standard would be breached would be in instances where information was

disclosed that suggested a person was
at risk of serious harm to themselves

or others or had seriously harmed
themselves or others in the past.



CHAPTER THREE

What we found

We used a grounded theory approach, as a general method of analysis, to systematically interrogate the information collected on pharmacy services. It involved using a robust process of information coding and categorisation to facilitate the identification of relationships and patterns in what people were saying about services.¹¹

¹¹ Taken from Corbin, J. and Strauss, A. (1990) Grounded Theory Research: Procedures, Canons, and Evaluative Criteria, Qualitative Sociology, Vol.13, No.1, <http://link.springer.com/article/10.1007/BF00988593#page-1>

Making sense of information

The different stages that lead to the formation of some sort of overarching explanatory perspective or set of views on what people are saying, what is happening in a given situation, and the implications for policymakers and managers are set out in Diagram 1, below.

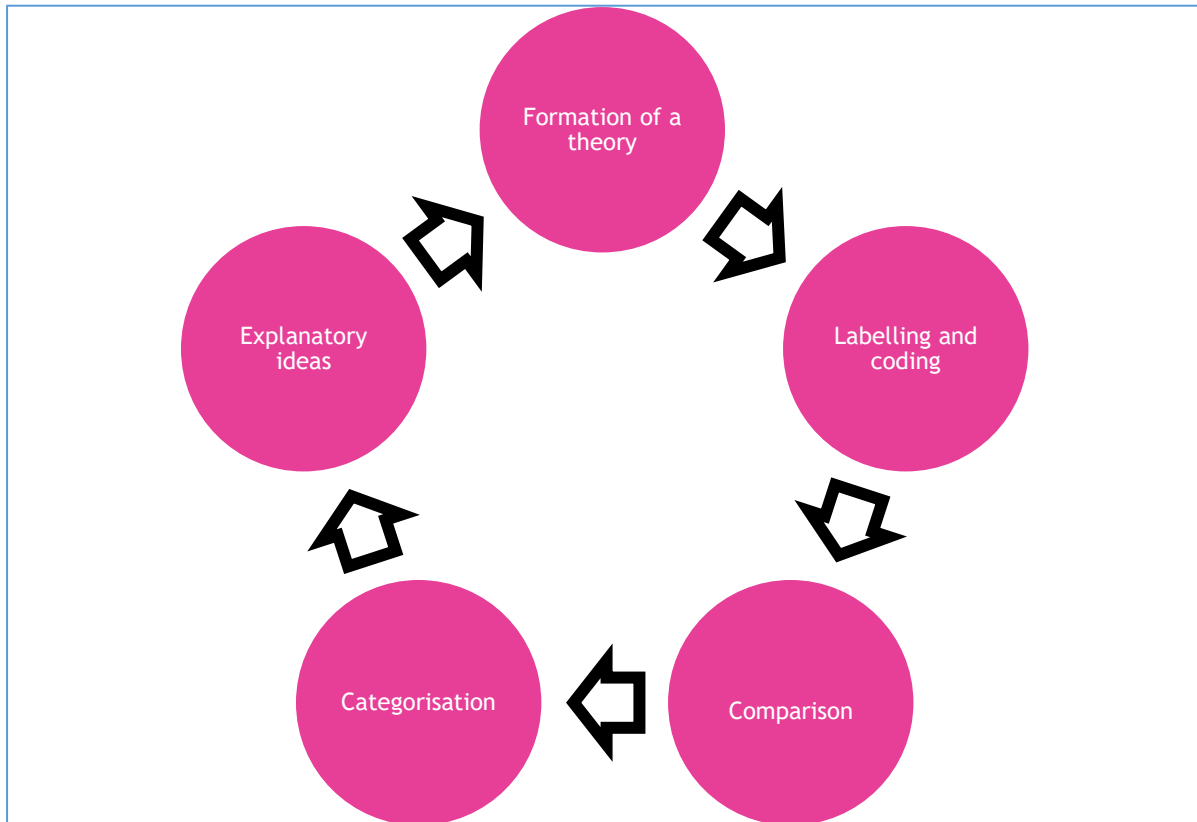


Diagram 1: Stages in grounded theory approach used to analyse information

Labelling and coding: in the early stages of analysis this is a mainly descriptive process with labels or codes attached to particular items of information or instances of a phenomenon.

Comparison: here we are looking to identify similarities or differences between items of labelled or coded information. These are then

compared and contrasted to build up and break down thinking on possible emerging patterns in information.

Categorisation: this is the definitive identification and naming of various categories of information. It happens via the grouping together of connected or related material obtained from the comparing and

contrasting labelled or coded information.

Explanatory ideas: It is possible once we have identified a set of categories to start to think about how they can help to explain why people have particular views or behave in certain ways.

Formation of a perspective on inquiry findings: Finally, we can start to bring our thinking and the development of explanatory ideas together to form a set of views on a subject that improves understanding of what is going on or happening in a particular situation or context.



‘Pharmacists are now more involved clinically’

What it was like before?

With regard to what it was like before the advent of practice based pharmacy there are people who felt they had been well supported by their general practice and the doctors and other staff who worked there.

But there is much variability in how well people felt they had been supported and able to get access to clear and helpful information on medicines and how to get the best from them.

At the same time, it is acknowledged that the information and support people received on medicines and medicines use might often be associated with the extent to which they were ‘Willing and able to ask questions in the first place’, rather than such information and help being readily available and easy to access.

People remarked that it was often the case that there were few opportunities to get advice on medicines since doctors could only spend a very limited amount of time

with them talking about medicines.

Meanwhile, the expectation was that you would read the labels on medicines and medical apparatus, and any leaflets accompanying them, and be able to make sense of instructions on how to use them. '[My] husband had asthma, [it] would have been good to have had a demonstration on how to use the inhaler'.

In turn, people felt there was much scope for confusion over medicines use with instances of miscommunication or misinformation and different messages on medicines and how to take them coming from staff in hospitals, doctors' surgeries and pharmacies.

The view was that pharmacy services have not been well represented or integrated with other primary care services. And in particular, doctors surgeries, the help that they provide for people, and the prescribing and use of medicines.

Historically, most public contact with pharmacists has been at community pharmacies based on the high street or in shopping centres.

Some people commented that they had had inconsistent messages on how to use medicines. '[It can be] difficult to get answers to questions that you could trust. For example, on when and how best to take medicines'.





In terms of prescriptions people had mixed experiences with re-ordering medicines. There was variation in the time taken to get medicines they needed.

It was remarked that having to visit a doctors surgery to request a repeat prescription for medicines could be inconvenient and time consuming.

What it's like now?

Conversations on practice based pharmacy show some people feel it could be '... About costs and driving

them down'.

However, it is also recognised that 'Pharmacists are now more involved clinically' in helping people with their health and using medicines.

Rather the issue is how to reassure people that there will not be unacceptable variation in levels of pharmacist engagement with them across different doctors surgeries.

Where people have had contact with a practice based pharmacist the feedback tends to be positive.



‘It is good to know there is a pharmacist that I can see working in the doctors’ surgery that I use’ ‘I talk with the practice based pharmacist when I have a query about medicines’.

It can be difficult to know when and how to take medicines and sometimes it is hard to make sense of the labelling on medicines packages.

‘... The practice based pharmacist can help [and it is useful] having someone at hand who can explain and reassure’.

People commented that it is good to have pharmacists working in doctors surgeries. They are an extra resource

and can help to raise awareness on different health or medicines matters.

They are able to help people to better understand their health, any illnesses they might have, and what to do to cope with or improve their situation.

They have more time than the doctor to spend having conversations with people, checking medicines, and keeping a look out for problems with health or medications.

Following the introduction of the Prescription Ordering Direct service it is possible for people to order repeat prescriptions over the telephone as an alternative to re-ordering online or



visiting the doctors surgery. People using this service commented that it is convenient for them and means there is 'More time for GPs to spend doing the things they need to be doing and not spending time on things that others [pharmacists] can be doing'.

At the same time, people welcome changes to prescription ordering services to improve how they work for them. And reduce waste where there is, for example, over-ordering of medicines or medicines being provided that are no longer needed.

It is also good to have a pharmacist available, on the telephone, who can get access to medical records held at

the doctors surgery if needed - and where it improves health and care outcomes.

A pharmacist may also have an important role to play in monitoring a person's health and medications, spotting problems, and signing off prescriptions without the need to involve a doctor.

However, people must be reassured their personal health and medical information will not inappropriately be divulged to others.

A pharmacist getting access to a person's medical records must be balanced against a need to maintain public trust in pharmacy services.



How might things look in the future?

People indicated that more must be done to raise public awareness of practice based pharmacy services. This might be achieved through increased promotion and publicity to raise its profile and get the message out there on how it can help people with health and medications matters.

Meanwhile, there is scope to undertake extra activity to address a seeming lack of public understanding of the differences between community and practice based pharmacy and innovations in pharmacy like the prescription ordering direct service.

Some people felt it would also be

helpful to identify and eliminate any artificial or unhelpful demarcations that exist between different pharmacy services and between pharmacy and other health services to encourage greater cooperation and collaboration.

In the future practice based pharmacy must be more fully part of a partnership of healthcare providers delivering high quality joined-up healthcare services for the public. Developments in pharmacy should include making ‘... Even better use of the skills they [pharmacists] have’.

And making sure pharmacists are even more visible in doctors surgeries and available to deal with people’s health and medicines inquiries.

Pharmacists should also have an expanded role in medicines review activities, more flexibility to prescribe medicines, and be able to use different social media technologies to better interface with people - whether it be, for example, through mobile phone applications and text messaging or skype consultations.

Regarding the Prescription Ordering Direct Service again there must be an emphasis on raising its profile and public awareness of it and what it does. As with practice based pharmacy it should also be possible to make better use of different social media technologies to interact with people and help them with their health and medicines inquiries.

The emerging themes

CHAPTER FOUR

What it all means

In this section the six themes on practice based pharmacy and prescription ordering direct services that emerged following analysis of the conversation information collected are set out and discussed.

1. Asking questions and getting help

Pharmacists, whether they are working in a doctors surgery or for new initiatives like a prescription ordering direct service, are an extra source of help and advice for people when they have a question about their health or medicines. They can, where they are present and visible in a doctors surgery or are available to talk with on the telephone be a valuable way for people to quickly and conveniently obtain high quality and trustworthy information and advice on health and medicines matters. At the same time, people may be prevented from unnecessarily having to telephone or visit a doctors surgery or attend an urgent care centre or hospital emergency department.

There is an opportunity to tackle historic and sometimes inappropriate variation in people's ability to get access to advice on medications through an expansion of online, telephone and practice based pharmacy services. In turn, a pharmacist is likely to be able to spend more time with an individual than a doctor can in conversations about their health and any medicines they may be taking. And an individual may approach the pharmacist with a question on their health or medicines where they might feel it is too much trouble to bother a doctor.

The pharmacist can help people to better understand their medicines and what it says on medicines packages, explaining sometimes complex instructions on use and what might happen if an individual is using more than one medicine perhaps for more than one health condition. They can, whether it is at the doctors surgery or on the telephone, deal with miscommunications and misunderstandings on medicines and medicines use.

2. My health and medicines

The pharmacist is someone who can be trusted to monitor people's health situations and the medicines they are using. They can help to prevent problems from arising and find solutions when there is an issue with a person's health or their medicines. This may be especially useful where a person is affected by more than one health condition or has long-term health problems.

Pharmacists, in doctors surgeries or working in other ways to deliver pharmacy services, are in a strong position to help prevent people getting ill or more ill, reduce the number of instances of adverse interactions between medicines, and avoid waste where medicines are no longer needed or can be changed for equally effective but less expensive versions.

At the same time, a pharmacist might have a conversation with an individual and together they can explore life circumstances and lifestyles with a view, where appropriate, to thinking about what could be changed or done differently to improve health and quality of life. And where an individual is using prescribed medicines what to expect and what to do if they experience any unexpected or untoward side effects.

3. Getting my medicines and prescriptions.

There is value in having different options when it comes to getting access to repeat prescription and medicines re-ordering services. For some people it may be most convenient for them to order repeat prescriptions over the telephone - using a prescription ordering direct service or something like it. At the time of writing not everyone has or is comfortable using online doctors surgery or pharmacy services and they may not want or be able to get to a doctors surgery themselves.

Meanwhile, with practice based and prescription ordering direct pharmacy services there is the opportunity to free up doctors time and avoid them having to be involved in unnecessary prescriptions work. Also, a pharmacist can spend time with an individual checking medicines and preventing problems or resolving them quickly and effectively when they do arise.

4. How my medical records are accessed and used

It is necessary to clearly communicate to the public how access to their medical records held at the doctors surgery will work. They need to be reassured their personal details will not be inappropriately given out to any third party or misused in any way.

Importantly, from the conversations we had with people there was no indication of a strong or overwhelming aversion to the idea of sharing personal medical information where it can make a difference to healthcare and treatment outcomes. This includes where pharmacists are able to use such information to help people with health and medicines matters.

5. Let's eliminate unhelpful demarcations

To further develop pharmacy services in the future and make the most of pharmacists and the training and skills they possess it will be necessary to continue to identify and eliminate unhelpful bureaucracy and boundaries within and between healthcare professions. People are surprised and confused when they encounter unhelpful separations or limitations imposed on services that impact adversely on opportunities to develop more integrated healthcare systems and establish effective care pathways.

6. Raising public awareness of pharmacy services

The profile of pharmacy and pharmacists could be improved through more publicity and the enhanced visibility of pharmacists outside of the narrow community or high street pharmacy environment.

There is a high level of public trust in pharmacists and this should bode well for any work done to increase opportunities for them to work with people and help them with health and medicines matters.

CHAPTER FIVE

What's next?

In this final section of the report, on the inquiry to get public views on practice based and prescription ordering direct pharmacy services, a number of recommendations for action are set. They are derived from the analysis of information obtained from conversations with people with an interest in or experience of accessing such services.

Meanwhile, any future action taken to address the recommendations or develop or modify pharmacy services would benefit much from informed policy development and decision-making based on genuine and robust co-productive working between professionals, people who are or will be accessing services and any relevant others.

- 1 Set out what actions will be taken to further promote the value of the pharmacist as an extra source of help and advice for people on health and medicines matters
- 2 Set out what actions will be taken to enhance the public profile and visibility of pharmacists outside of the community pharmacy setting
- 3 Set out what actions will be taken to better embrace high levels of public trust in pharmacists to support the development of new and innovative pharmacy services
- 4 Describe how data on pharmacists and pharmacy services will be provided that shows how new and innovative ways of working are helping to prevent illness, promote self-care, and improve the management of chronic or long-term health conditions
- 5 Describe how pharmacy services are monitored and will change to ensure they work well for the public, there is equity of access to help and advice, and new challenges are effectively addressed
- 6 Provide evidence on what is being done to ensure there is easily accessible and understandable information available on how pharmacists can get access to personal medical records and how they can be used
- 7 Provide information that shows how new and innovative pharmacy services are contributing to a reduction or elimination of unhelpful bureaucracy, silo working, and demarcations within or between healthcare professions or services
- 8 Provide information that shows how new and innovative pharmacy services are contributing to the development of more integrated and seamless healthcare systems and pathways

Table 3: Recommendations

Inquiry Limitations

The people who took part in inquiry conversations would mostly describe themselves as being White British. At the same time they were mainly older people. Black and Asian Minority Ethnic groups, working age and young people were under-represented as were individuals from some of the disadvantaged or marginalised groups in the Dudley borough. More work could be done in the future to involve a larger number of people in conversations about innovations in the provision of pharmacy services and include a more diverse range of contributors.

Appendix

Practice Based Pharmacy and Prescription Ordering Direct

The views of people accessing these services

1	Introductions and outline for the day
	<i>Healthwatch Dudley</i> (Jayne Emery, Chief Executive Officer) • Introduction to Healthwatch Dudley.¹ • Plan of action for the day (speakers and focus group activities). • Ground rules² <i>NHS Dudley Clinical Commissioning Group</i> (Clair Huckerby, Pharmaceutical Adviser- Medicines Optimisation Lead, Pharmaceutical Public Health Team) • Introduction to the NHS Dudley Clinical Commissioning Group. • Prescription Ordering Direct
2	How are the staff?
	• How do they introduce themselves (My name is ...) • How friendly and helpful are they? • What about the language used?

3	What's the advice and help like?
	• What did you do before POD? • Why are you using POD? • What information is available on the service? • What's it like getting access to the service (waits, opening times)? • What sorts of advice or help have you had? • Do you feel able to ask questions? • How well are things explained or questions answered? • Do you feel you have enough time to talk with someone?
4	What about outcomes for you?
	• How have or should you be involved in discussions and decisions to change services? • Have you understood what was happening? • How are you involved in discussions and decisions about your health and medications? • Do you feel your prescription and medicine requirements are met? • Is it easier to get the medicines you need? • Have any problems or errors in medication been found? • Do you feel decisions about changes to prescriptions or medicines are fair? • How do you feel about continuing to use the service? • Are there any problems or changes you would like to see happen?
5	What next?
	• Round-up of today's activities • Writing a report, where it will go, and feedback³

Ground rules

WE WANT YOU TO DO THE TALKING

- Let's hear from everyone!
- One person at a time.
- We may call on you if we haven't heard from you in a while.

THERE ARE NO RIGHT OR WRONG ANSWERS

- Everyone's ideas and experiences are valuable.
- It's important to hear all sides - positive and negative.
- We will not always agree, but we must always show respect for one another.

WHAT IS SHARED IN THIS ROOM STAYS IN THIS ROOM

- Please keep everything you hear today confidential.
- We will summarise themes without identifying individuals by name.

Does anybody have any questions or anything they want to add?

Does everyone agree on how we treat each other when we talk about pharmacy services?

Response to Healthwatch

PLEASE COMPLETE AND RETURN TO HEALTHWATCH DUDLEY

	Question	Action	Responsible Person	Comments	Change state*
1	What actions will be taken to promote the role and value of the pharmacist and pharmacy services?				
2	Actions to further enhance the public profile and visibility of pharmacists in communities and in primary care settings?				
3	What actions will be taken to further embrace and utilise high levels of public trust in pharmacists?				
4	How will data on pharmacist activity and pharmacy services be used to support future developments in healthcare and show contributions to preventing illness and promoting self-care?				
5	What monitoring systems are in place to ensure pharmacy services are able to change to meet challenges and changing public expectations in the future?				
6	What more can be done to ensure there is easily accessible and understandable information available on how pharmacists get access to personal medical records and use them?				
7	What more can be done to show how new and innovative pharmacy services are contributing to a reduction or elimination of unhelpful bureaucracy, silo-working, or demarcations within professions?				
8	What more can be done to show how new and innovative pharmacy services are contributing to the development of more integrated healthcare systems and pathways?				
	*Change stage: Red (outstanding), Amber (being progressed), Green (done)				

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