

Experience of using pharmacists in Oxfordshire 2020

Report to Commissioners, Thames Valley
Pharmaceutical Association and Oxfordshire
Pharmacies.

May 2021



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Acknowledgements

Thank you to all 370 people who responded to our online survey and shared their experiences.

Healthwatch Oxfordshire would like to thank Joanna Kennedy, Dr Jo Brett and Emily Dennis, Faculty of Health and Life Sciences, Oxford Brookes University for preparing the main report (available on request). This summary is based on this report.

Executive Summary

We heard from 370 people between February and September 2020

Respondents from Oxfordshire valued the role, service, and presence of community pharmacies. Support was particularly important during the COVID-19 pandemic.

We heard accessing the pharmacy during COVID-19 meant:

- Needing to queue, maintaining social distancing and changed opening times
- Anxiety or stress at needing to go out to the pharmacist and that social distancing was not always adhered to
- Delays in getting medicines or medicines being out of stock.

Collecting prescriptions:

- 74% picked their prescription up at a pharmacy; 10% collected it from the GP surgery; 10% used a home delivery service.

Repeat prescriptions:

- 5% of people reported medication 'never ready on time', long waits, inconvenience, multiple visits.


Using pharmacy for advice:

- 52% of people sometimes asked the pharmacy for advice
- 30% never used the pharmacy for advice
- People are not always clear who they are talking to - shop assistant or pharmacist - and sense that they are 'too busy' to talk.

Recommendations

The NHS Long Term Plan envisages pharmacy playing a full role within primary, preventive care, and newly emerging health care configurations. To help achieve this **pharmacists and commissioners need to:**

1. Educate the public and communicate the pharmacist's role in support of minor conditions, advice, and prevention along with specialist commissioned roles.
2. Provide clear information in the pharmacy about the role, qualification, and expertise of pharmacists to provide information and support.

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- a. Clearly signpost pharmacist personnel within staff teams at pharmacies - including availability of confidential space.
 - b. Actively encourage the public to 'ask your pharmacist'.
 3. Address issues highlighted with repeat prescriptions including delays, errors, and reliability.

Response from Pharmacy Thames Valley

Thames Valley Local Pharmaceutical Committee would like to thank all respondents for the time and effort taken to give feedback on how Pharmacy teams were responding to patient needs in January to June 2020. The survey was commissioned at the most challenging period in our history. We are proud at the way Pharmacy teams rose to the occasion when overwhelmed with a 300% increase in prescriptions. Pharmacy remained the only Primary Healthcare provider that kept their “doors open” throughout the whole pandemic, in order to ensure that the patients in the community could access their medicines and receive professional healthcare advice when needed the most.

We will always acknowledge times when things could’ve gone better, but we do need to highlight that Pharmacy is part of a very complex chain of service delivery. We depend on receiving prescriptions from a GP in good time, and of course having access to a reasonable quantity of medicines from pharmacy suppliers. Both ends of the supply chain were stretched during the start of the pandemic. The LPC has worked hard to increase the use of electronic transmission of prescriptions from GPs, and this has improved in the last year, but there is still work to be done.

I must also give credit for the hard work of drivers and volunteers from around Oxfordshire who worked hard to ensure that many vulnerable patients get deliveries of medication - although Pharmacies are not paid to make deliveries, and this is purely done on a goodwill basis - with the exception of certain shielded patients at the height of the pandemic.

Unfortunately I do have to report that the future of Community Pharmacy in Oxfordshire is bleak. Just under 10% of Pharmacies in Oxfordshire closed their doors for good in 2020. This is due to a gross underfunding of Community Pharmacy by the NHS. We have yet to receive adequate compensation for extra work and costs carried out due to COVID - and it is estimated that nationally 28%-38% of pharmacies are in a financial deficit, with 52% of owners planning to sell their businesses. If there’s one thing that we could ask patients in Oxfordshire to do, it would be to support their local Pharmacy. 110 respondents declared they have never asked for advice

Finally, one statistic that stood out was that 110 respondents declared they have never asked for advice from their Pharmacy. The Community Pharmacy is there to support all patients - please Support your Local Pharmacy!

Regards

David Dean

Chief Executive Officer, Thames Valley LPC

Background

At the end of January 2020, Healthwatch Oxfordshire launched a survey to hear about the experiences of Oxfordshire residents using pharmacy services in the county. This was refreshed in June 2020 to capture additional experiences of using pharmacy under the COVID-19 restrictions. By the end of August 2020 370 people had given their views.¹

Community pharmacists provide an important asset. The NHS Long Term Plan (2019) pledged to make greater use of this resource to support prevention, self-care, and efficient use of resources and medicines, and play a role in taking pressure off primary care. Practice based pharmacists also play a growing part within multi-disciplinary teams within Primary Care Networks.

Community pharmacy services are commissioned in the county by both Oxfordshire Clinical Commissioning Group, and Oxfordshire County Council Public Health. The former commission pharmacy services for uncomplicated urinary tract infections (UTI) in women, palliative care medicines on demand, and support with treatment of minor ailments with specific contracts for Banbury and Oxford City. Public Health commissioned services include SWOP Needle exchange, smoking cessation, and some sexual health services.²

The majority of services carried out by pharmacies are commissioned by NHS England³ - these include:

- Medicine Use Reviews (discontinuing 31st March 2021),
- New Medicines Service, Referral services from 111 (minor ailments and emergency supply - since October 2019),
- Referral from GP CPCS (launched 1st November 2020, but at time of writing no GPs are referring),
- Discharge Medicines Service (launched 15th Feb 2021, at time of writing this National Service is not being used by hospital trusts in Oxfordshire)
- Flu Vaccination Service (over 30000 patients vaccinated in Oxfordshire (2020/21))

The role and expectation of pharmacy is changing. Understanding how the public perceive, use, and value their pharmacists is important in helping address the

¹ The online questionnaire has remained open and Healthwatch Oxfordshire will continue to monitor responses.

² Source: [Oxfordshire - Locally Commissioned Services: Pharmacy Thames Valley](#)

³ Source: Chief Executive Officer, Pharmacy Thames Valley April 2020

pressures on primary care. This summary report gives some insight into some of these views.

What we heard

In total 370 people gave their views.

Using pharmacy during COVID-19.

Despite the challenges of COVID-19 most community pharmacies were seen to have 'stepped up' to provide additional and valuable support to people in the community during this time. By June and July, an additional 42 respondents were telling us about the more marked differences COVID-19 had made to accessing pharmacists. These included needing to queue, social distance and changed opening times. A few noted delays or out of stock medications, and others described anxiety or stress at needing to go out to the pharmacist, with concerns about exposure, and that social distancing was not always adhered to.

"In the beginning of lockdown especially there were lots of things out of stock and taking a long time so I switched (pharmacies) ...for a little while"

"2 members of the public were allowed in at a time, although clearly marked on the door, people still walk in but were always told promptly by staff to wait outside. Good indicators for 2 metre spacing in store"

"One assistant came out and walked past me in a very small shop. So much for social distancing. She then shut the door so I had to use the handle to get out. Just because I'm not a pensioner doesn't mean that I am not at higher risk currently"

However, most respondents agreed that pharmacists were coping with the challenges presented, despite being under pressure. Here, whilst some did not know who to ask for help, others noted the role of home deliveries.

"Our local pharmacy has risen to the covid challenge magnificently. It has remained fully open and even extended its hours. Its stocks have remained 'topped up' and the courtesy and helpfulness has continued without interruption".

"Staff have been outstanding, extremely helpful and accommodating. They have clearly worked very hard to make everything as easy as possible for customers"

"My pharmacy has really stepped up their game and deliver all items to me (restricted mobility) and my husband's meds who is able"

"My pharmacy has delivered my repeat prescriptions to my doorstep whilst I have been self-isolating."

Volunteers had also played an important role in delivery to more vulnerable, or shielding patients.

“Since Covid the pharmacy have a team of volunteer drivers who deliver my meds to me which is great as I’m housebound”

Some comments indicated the strong role pharmacies were seen to play in local communities, and concerns with closure and impact of loss of community pharmacies.

“X. is due to close our pharmacy on August 8th. Our pharmacy provides advice, support & vital prescriptions to a large housing estate with many elderly residents. It is always busy and a very well used resource. The pharmacists & staff know many of their customers by name and provide an exceptional level of service. Losing this vital community pharmacy will hugely impact their customers and as a customer with significant health problems who has relied on the pharmacy for many years...”

Access to pharmacies

47% of all respondents told us they accessed their pharmacy by walking to the pharmacy local to their homes. Those who walked went down slightly in June - perhaps as more people accessed online or volunteer delivered prescriptions under COVID-19. Interestingly, this might indicate the value of local pharmacies in reducing car use. Roughly equivalent to walking numbers, 49% of all respondents said they reached their pharmacist by car. Use of public transport was low.

For some access to pharmacies was a challenge for a range of reasons, including issues of physical access, time, caring responsibilities, or challenges posed by health, mental health, and other conditions.

“As my husband’s carer I cannot always leave him, even just for a short time to get to the chemist”

The pharmacy is *“next to my GP surgery which helps if there are problems. However, this is 2 bus rides for me and I struggle to get out due to mental health issues”*

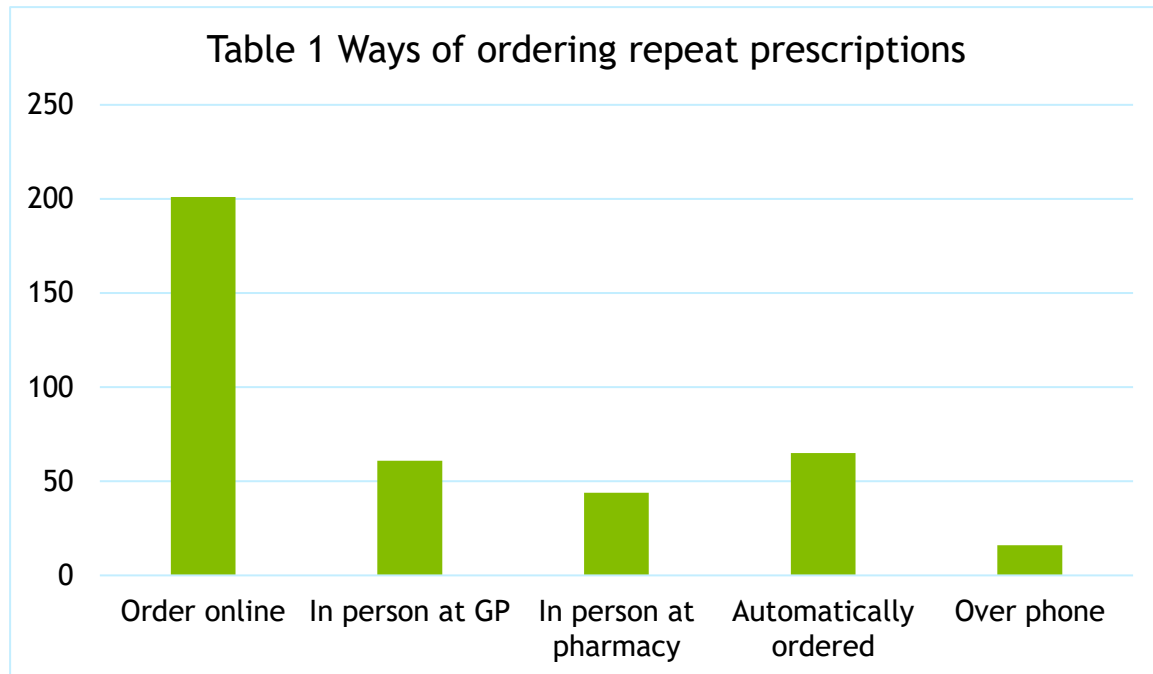
Transport problems were also raised, including poor public transport links, and difficulty parking - again especially challenging for those with limited mobility.

“Public Transport is available but the round trip could be 1 - 2 hours dependent upon time tables”

“I need to use a car as I have mobility difficulties, sometimes it’s very hard to park on that parade of shops which can make it difficult accessing the shops including the pharmacy. Having lined bays might help as some people park so bad they take up room of 2 cars”

Generally, people noted that they were able to get deliveries of prescriptions, or reliant on friends and family - although this was not an option available to all.

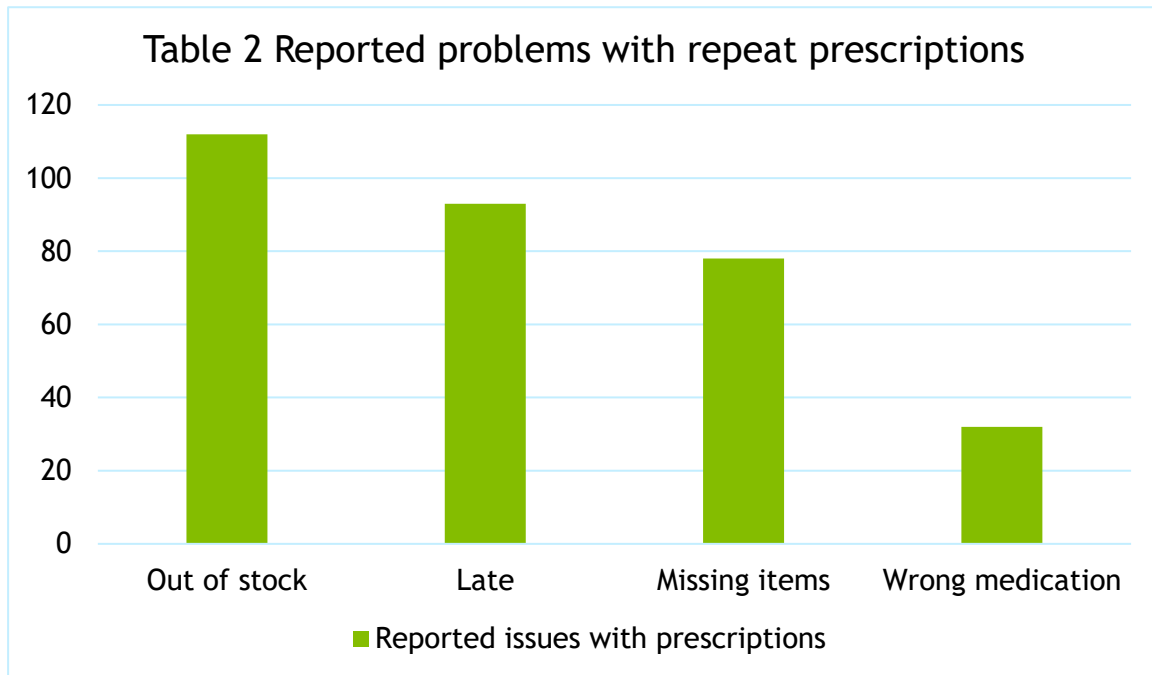
Getting prescriptions



Respondents told us how they ordered repeat prescriptions. The majority (57%) ordered online, although 28% combined either ordered in person at their pharmacy or GP. One commented highlighted the issue of digital access.

“As I have internet use it's not a problem online but not all in my village have this facility - especially the older folk”

Troubleshooting repeat prescriptions



The survey also asked about ease of getting repeat prescriptions once ordered. Of 370 respondents, many noted that they experienced not insignificant issues with prescriptions once ordered. 25% said prescriptions were often late, 30% ‘out of stock’, 21% had ‘missing items’ and more worryingly nearly 9% received the ‘wrong medication’.

“Doesn't matter how long you leave it the prescription is never done when you pick it up”

“I have dosset boxes plus insulin and separate packets of medication, have to keep a close eye on the dosset boxes as at times they have failed to put in some of the tablets, I know that I take over 30 tablets a day and mistakes can be made but I was under the impression that the tablets are checked by two different people so it is worrying that two people can make the same mistake”

“I have come out once with someone else's medication”.

“Every single month there was a problem, they had lost my prescription, it was found at the bottom of a pile of other paperwork. My husband's medication came in doset boxes, twice he was given medication for somebody else, lucky he had me to check his medication before he was given it. Not all disabled people or elderly are so lucky”

Furthermore, of 344 respondents reported their medication once ordered, was ‘always ready on time’, 5% reported their medication is ‘never ready on time’.

Comments indicated long waits, inconvenience, and often multiple visits to collect medication - often difficult for older people or those with mobility issues.

“My repeat prescription is always ready on time and the chemist texts me when ready”

“Frequently not available when they have been promised...I don't have the option online. I am really fed up”

Some comments focused on delays in collection at pharmacies.

“I allow a week for them to be assembled, even after a week they are never ready, being a pensioner it is a bit of a pain having to go home and then come back later”

“Had to go back twice sometimes as not always ready”

Delivery of prescriptions could also be challenging, where uncertainty of timing caused inconvenience.

“Hit and miss as to when they are ready for delivery. It can be difficult to arrange to be at home”

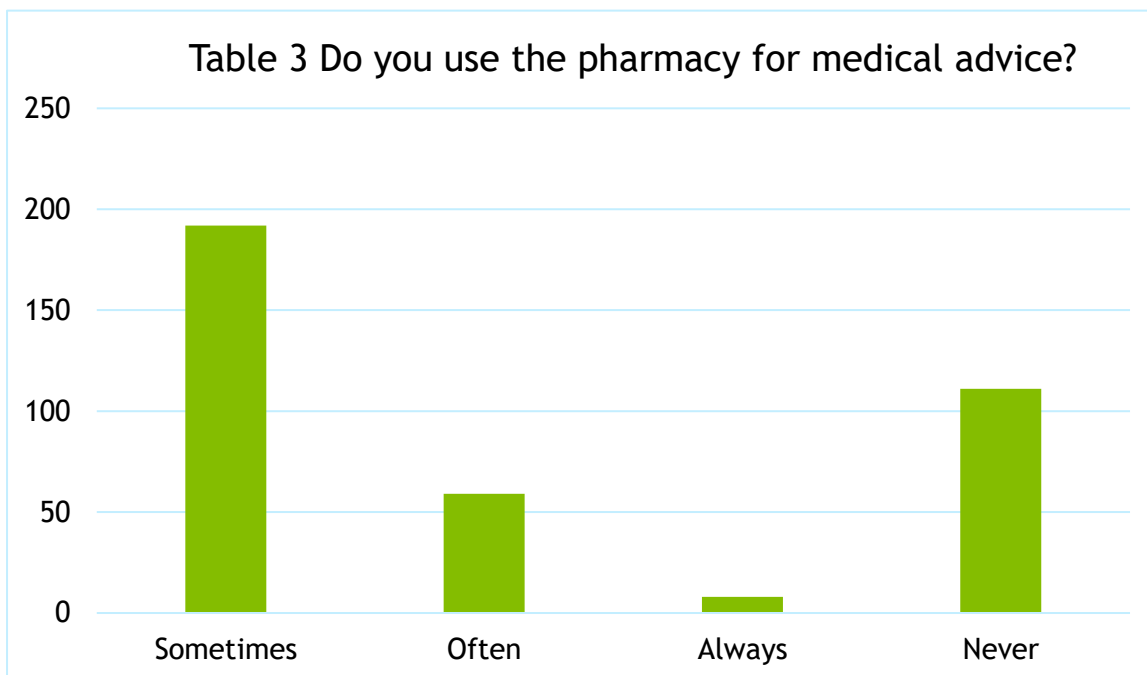
Methods of collecting prescriptions

Home delivery of prescriptions was low (10.2%). Most people (74%) picked up their prescriptions in person at the pharmacy, or in person at the GP (14%). Of comments made, the majority reflected the ease of ordering.

“Very simple with the latest Patient Access”

“I have now moved to co-op on-line as the local pharmacy won't post them or deliver them unless they get a signature for them which seems silly when others can pick them up for you and some companies will post them”

Use of pharmacy for medical advice



The survey gave some insight into use of pharmacy for medical advice. We asked people to tell us how often used their pharmacy for medical advice. Of 370 responses overall, 192 commented that they ‘sometimes’ used their pharmacy for medical advice, whilst 110 said they ‘never’ used them in this way. (See Table 3 above).

Those who did use pharmacists, saw them for a range of minor conditions, or for preventive advice or treatments - including, eye infections, coughs and colds, pain relief, and blood pressure, dietary advice, and flu jabs.

There was little direct indication of the way in which pharmacists might be taking pressure off GP appointments. Some comments indicated that patients were clear about the role offered and would seek advice from the pharmacist for minor complaints before going to the GP.

“If it is something new that I have not been treated for by my GP and is not urgent I usually ask the pharmacy first. But often they have referred me to the GP if it is something they cannot give me something for e.g. some allergies”

“Had an infection in my finger...being a type 2 Diabetic I had tried to get a GP appt, but no. So the pharmacy rang GP and said I needed to be seen.”

“If we don't believe the problem is serious we will always confer with the pharmacist first”

However, other comments indicated that interactions with pharmacists led to GP visits anyway, with the potential effect of bypassing advice seeking in the future.

“Stopped visiting pharmacy for advice as in the past they always said - ‘see your doctor’”

“Can't remember the situation but I do know that whatever the problem was, the pharmacist told me I needed to see a doctor. I wish all GP practices had a pharmacy attached”

Most respondents were aware of private consultation space within the pharmacy. Of respondents, 6% said private space was not available, and 20% said they were ‘not sure’ if private consultation space was available.

Public perceptions of pharmacists

Some comments revealed that perceptions of pharmacy staff varied, with some issues of trust and confusion about role, qualifications, ‘commercial’ influences, and level of expertise and availability.

This included comments which revealed members of the public were not always clear who they were talking to - a qualified pharmacist, or a less qualified member of staff.

“I am slightly dubious about using pharmacies for advice as a lot of people working in them have no medical qualifications”

Another factor which perhaps made people reticent was that they felt pharmacies were often over busy, leading to a perception that they would be ‘too busy’ to answer questions,

“The staff at the pharmacy are always overwhelmed with people waiting and rush off their feet. I don't think they would welcome me asking to speak to a member of staff privately about a health problem.”

“The current pharmacist is usually too busy to answer questions nowadays”

“Pharmacy staff often do not even acknowledge that customers have entered the shop, certainly do not appear to want to engage with their customers”

As noted previously, issues with prescriptions and medications, also contributed to potential mistrust and negative perceptions.

References

NHS (2019) The NHS Long Term Plan. [NHS Long Term Plan](#)

Local Pharmaceutical Committee Pharmacy Thames Valley [Local Pharmaceutical Committee Pharmacy Thames Valley](#)