

Enter & View

Brooks Pharmacy, Collier Row

12 Chase Cross Road, RM5 3PR

17 July 2023



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Community Interest Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your voice, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

*'You make a living by what you get,
but you make a life by what you give.'
Winston Churchill*

What is Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation, and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Occasionally, we also visit services by invitation rather than by exercising our statutory powers. Where that is the case, we indicate accordingly but our report will be presented in the same style as for statutory visits.

Once we have carried out a visit (statutory or otherwise), we publish a report of our findings (but please note that some time may elapse between the visit and publication of the report). Our reports are written by our representatives who carried out the visit and thus truly represent the voice of local people.

We also usually carry out an informal, follow-up visit a few months later, to monitor progress since the principal visit.

Background and purpose of the visit

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the welfare of the resident, patient or other service-user is not compromised in any way.

Visiting after the Covid pandemic

During the period of the Covid pandemic, the Enter & View programme was inevitably suspended. Now that the pandemic is largely over, we have been able to resume the programme but with safeguards to ensure the safety of the users and staff of the facilities we visit and of our members who are conducting the visit.

For that reason, visits will generally be carried out by a small team, who will wear personal protective equipment (PPE) appropriate to the facility they are visiting and take sensible precautions such as the use of hand sanitiser.

The visit that is the subject of this report was carried out in accordance with this new approach.

The future of pharmacy services

The government has announced plans (Independent Prescribing¹) to expand the role of the community pharmacy in order to relieve the pressure on general practice, to improve access to care in local communities and to address health inequalities. Appropriately qualified pharmacists will, in future, be able to prescribe and dispense medications to deal with minor illnesses, monitoring of long-term health conditions and preventing ill-health.

This expanded role for pharmacists builds on the services many already offer (beyond dispensing medicines) such as inoculations and health advice, including medication reviews. Training of pharmacists is changing, and from September 2026 all newly qualified pharmacists will be able to work as Independent Prescribers as soon as they are registered; existing pharmacists can obtain an additional qualification to become Independent Prescribers.

The plan is to expand the range of services available from community pharmacies, increasing convenience for patients and freeing up GP time for more complex needs of patients by giving pharmacists the ability to hand out prescriptions for the most common ailments under plans to ease the pressure on GPs. It will mean people with minor infections and illnesses will be able to get prescription medicines direct without seeing a

¹ See <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/independent-prescribing/>

doctor first, enabling pharmacists to prescribe antibiotics and antiviral drugs for conditions including ear infections, sore throats, sinusitis, shingles, and minor urine infections.

Government has made available an extra £645million to expand community pharmacy services by 2025.

In addition, tens of thousands more people will be at lower risk of a heart attack or stroke, with the NHS more than doubling the number of people able to access blood pressure checks in their local pharmacy – 2.5 million, up from 900,000 carried out in 2022.

The plan is expected to free up around 15 million GP appointments by 2025 for patients who need them most.

The pharmaceutical needs of Havering were examined in 2021/22 in the Havering Pharmaceutical Needs Assessment 2022–25 (PNA) ², which was approved by the Havering Health & Wellbeing Board in September 2022. The PNA identified 44 community pharmacies in the borough, including the three in Collier Row. Community pharmacies are defined in the PNA as:

“... a frontline healthcare resource located within the heart of communities. They provide prescription medications, health promotion, signposting, retail health and care products. They can be the first point of contact for patients

² See <https://www.haveringdata.net/wp-content/uploads/2022/10/Havering-PNA-2022-2025.pdf>

seeking medical information or advice, and for some the only contact with a healthcare professional.”

Given both the government’s intention to expand the role of community pharmacies and the PNA’s firm identification of them as the “first point of contact for patients seeking medical information or advice”, and conscious of the need to relieve relentless pressure on GP practices, we decided to carry out a programme of Enter & View visits to pharmacies across the borough. The purpose of these visits was to find out – from a patients’ perspective – how ready pharmacies were to take on their expanded role.

Collier Row

The Collier Row shopping area is a medium-sized shopping centre in the north of Romford. It is located at the junction of Collier Row Lane, Collier Row Road, Clockhouse Lane and Chase Cross Road, all of which are major local roads served by bus routes. The shopping centre has a wide range of shops and restaurants. Uniquely in Havering, the shopping centre has three pharmacies in close proximity – Boots, Brooks (formerly Lloyds) and Clockhouse: one of them is part of a well-known national pharmacy chain, the second is part of a small chain whilst the third is an independent local pharmacy. They are less than 70 metres apart.

Although the local roads in the vicinity of the Collier Row shopping area having parking restrictions in force during the normal working day, there is a fairly large local authority owned public car park behind a large Tesco store from which all three pharmacies that are the subject of this report can easily be accessed.

We decided to visit the three pharmacies as a single series of visits. Unfortunately, it did not prove possible to visit the Boots pharmacy within the timescale we had envisaged, and so we were able only to visit the Brooks and Clockhouse Pharmacies. We are reporting separately on each visit but those reports are being published simultaneously.

The premises

The pharmacy premises now occupied by Brooks Pharmacy have been in use as a pharmacy for many years. Originally an independent pharmacy, the business was taken over by the Lloyds pharmacy chain some years ago but, shortly before the visit took place, Lloyds sold the business to the current provider, Brooks Pharmacy. The visit therefore took place against a background of a recent change of management, with the new company still adjusting to the new circumstances.

Brooks Pharmacy is one of a small number of pharmacies owned by GS Health Limited.

There was good wheelchair access to the shop, which had automatic doors.

The team noted that the pharmacy is open Monday to Friday, 8.00am to 7.00pm

There was no obvious sign about prescription charges etc. When asked about this, the manager advised that a deep clean had been undertaken following the recent takeover and she believed that it had not been replaced. She assured our team that it would be found and replaced.

There is a small room that is used for consultations with patients, that is also used as an office – our team's discussion with the manager took place in it. The room was wheelchair accessible but could not comfortably accommodate more than two people.

There were two chairs available in the shop for patients' use.

The team did not notice any loop system or other means of assisting communication with patients who were hard of hearing, or Deaf.

Pharmaceutical services provided

The manager, who was not a pharmacist, advised that they were fully aware of the expansion of the service but advised that a number of the tasks that would be included had already been carried out by pharmacists during the COVID epidemic with

good effect. There was concern that the developments are not funded but it was difficult at this juncture to have any realistic view of demand for the service.

The manager told the team that it was not believed that, at present, there would be any need for an appointment system, but this would be kept under review. The pharmacy had just a simple incoming telephone line at present.

The team asked how staff communicated with vulnerable patients, such as those who have visual impairment or who are hard of hearing and were told that there was a loop system in operation and that large print labels were used as and when necessary. Most registered blind clients would have some degree of vision but every assistance would be offered when required. A translation service had not proved necessary so far as some staff, including the manager, had some knowledge of, particularly, Asian languages, which were the main non-English languages spoken in the area.

There were no toilet/baby changing facilities. Clients wishing to have urine tests undertaken would need to bring samples into the shop for testing to be carried out.

Medication supply

Supply shortages of some medications were quite common at present and there was some indication that this was, in part, because of international trading restrictions and had followed the COVID pandemic, which caused significant shortages.

As a company, Brooks were more able to access supplies from a number of different companies, unlike the previous providers, Lloyds, who had relied on their own manufacturing facilities.

The team asked how the pharmacy would deal with patients' allergies and intolerances (if a patient could only take a specific brand of medication). They were told that such patients would be dealt with according to circumstances. Normally patients would be told of the situation and advised of how long it might take to access supplies. They would then be able to make a decision about whether to wait or to go elsewhere. If drugs were critical (e.g. must not be stopped), extra effort would be made to access the item. If this failed, the GP would be contacted to discover whether there was a suitable alternative. This system also applied to allergies and intolerances of patients where some brands were contra-indicated.

A record of non-supply is kept, and this was reviewed on a regular basis.

Asked how incorrect dispensing was prevented, the manager advised that it was their practice for a pharmacist to dispense prescriptions and for a second person, usually a dispensing

assistant, to carry out a check: the records would be signed by both staff.

Every effort is made to avoid prescribing labels obscuring important safety information, but it was not always possible. However, most packs have instructions on both aspects of the box and this is usually also included on the label.

The manager advised that the pharmacy supplied very few Dossett³ boxes. The principles of dispensing and checking such boxes were the same as for 'normal' prescriptions.

When an inhaler was prescribed for the first time, instructions for use were given to the patient and this would be followed up to ensure proper use, together with advice on health and diet.

Patients were advised that any unused drugs must be returned to the pharmacy for appropriate disposal/destruction. The manager added that there was great concern that a considerable amount of unused drugs were returned to pharmacies – often with intact packets – that have to be destroyed. It was felt that there should be a review of how this could be reduced (e.g. sealed packs) as this would represent a considerable saving to the NHS.

³ Dossett boxes, also known as 'trays', 'blister packs' or 'multi-compartment compliance aids' are containers which have separate compartments for days of the week and times of the day and can assist people with taking their medicines.

The disposal of sharps was entirely a matter for the local authority⁴.

The team were told that, when medication is collected, the patient's post code, rather than their full address, would be requested as it was felt this presented both a better element of security for the patient and protected their privacy.

The manager told the team that electronic prescriptions did not require a physical signature, but all others did, and this was confirmed before dispensing. Where patients could resolve any issues that arise from incorrect/missing prescriptions they were encouraged to do so but the pharmacist would contact the GP as and when necessary. Whilst the team were in the shop, they observed the staff trying to help a patient with a prescription issue. The pharmacy provided a delivery service to some patients, but this service was unfunded.

Training

The team asked if all staff were DBS checked and were told that the pharmacists and other staff who delivered drugs underwent DBS checking.

⁴ Sharps collection is free of charge – see https://www.havering.gov.uk/info/20003/rubbish_and_recycling/510/clinical_waste_collections

They were also told that mental health awareness is provided for all staff as was dementia awareness training and suicide awareness.

All staff had also undertaken Safeguarding training. There was a policy and procedure for referrals. When they asked what staff would do if someone continually came in asking for, for example, "something for bruising", the team were told that the member of staff having initial contact would refer the matter to the senior pharmacist in accordance with the written procedure.

The manager told our team that she would appreciate better public awareness of the role of pharmacists as most people appeared not to know that a pharmacist had responsibility for drugs dispensed and had a legitimate right to question the advisability of any prescription for a patient if he/she thought it inadvisable.

Patients' views

While in the pharmacy, the team took the opportunity to ask three patients what they thought about the service provided by the pharmacy.

All three patients had called to collect prescriptions either for themselves or for another person. In two cases, these were repeat prescriptions, while the third wanted to find out if a prescription had been sent by the GP (it appeared not to have been received).

Two of the patients were very satisfied with the service they had received but the third was unhappy that the prescription had not yet been received from the GP.

None of the patients had waited for more than 10 minutes for their prescription.

Asked if they were likely to ask the pharmacist for medical advice, one said that they would but the others would not.

All three said that they had chosen the pharmacy as it was near to their homes.

Conclusions and recommendations

The pharmacy appeared to be well-organised and able to meet patients' needs. The patients to whom our team spoke were all very satisfied with the service it provided.

The only recommendation that we wish to make is that consideration be given to installing a loop system for the benefit of patients who are hard of hearing or Deaf (or if one is available, that its availability be made more prominent).

Acknowledgments

We would like to thank the manager, staff and patients at Brooks Pharmacy for their assistance and ready responses to our questions during the visit.

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Healthwatch Havering Friends' Network

Join our Friends' Network for regular updates and other information about health and social care in Havering and North East London. It cost nothing to join and there is no ongoing commitment.

To find out more, visit our website at

<https://www.healthwatchhavering.co.uk/advice-and-information/2022-06-06/our-friends-network-archive>



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