

# **Enter & View**

## **Clockhouse Pharmacy, Collier Row**

5 Clockhouse Lane, RM5 3PH

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*

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## 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 Prescribing<sup>1</sup>) 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

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<sup>1</sup> 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) <sup>2</sup>, 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*

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<sup>2</sup> 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 premises are across the main road from the public car park referred to earlier and there is limited parking in the road outside. Nonetheless, access to premises is easy. Opening times were displayed at the side of the door:

Monday – Friday 9.00am – 9.00pm

Saturday and Sunday 9.00am – 6.00pm

The pharmacy did not appear to close at lunch time.

Notices regarding prescription charges and the options available were prominently displayed on the outside of the door.



Seating was available for less able patients to sit while they were awaiting their medications.

The team felt that the cleanliness of the shop floor needed attention.

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 pharmacist confirmed that the pharmacy would be participating in the new plan for pharmacies. Three pharmacists were employed, together with two Accredited Pharmacy Checking Technicians (ACTs) to do day to day prescriptions; they were expecting to deal with a lot of patients. There was no present intention to use telephone appointments but if need arose the possibility would be explored.

Most of the staff spoke different languages but there was no loop for deaf patients. For visually impaired patients, large font labels could be produced.

A small consultation room was available, with access for wheelchairs. However, there were no toilet or changing area facilities. Patients needing to provide samples would be expected to bring them from home.

## Medication

In common with other pharmacies, they had experienced difficulty in the supply medicines, particularly common antibiotics, statins, some over the-counter-medicines, and injections for diabetes and weight management.

If it was possible that supplies could be obtained within a short time, patients would be asked if they wanted to wait, otherwise they would be referred to other pharmacies, or the GP could be asked to change the prescription.

Notes are made on patient records if to indicate whether a patient requires a particular brand of medication to deal with indicated allergies or intolerances. Where necessary, the pharmacist will explain to a patient why it is necessary to switch to different brand, although some patients do not readily understand that a change of brand would not affect their problem. In the current climate it is often difficult to obtain specific brands.

Where a patient could not be provided with a specific medication, the pharmacy operated an "Owing" system. The patient would be given an "owing card" and asked to come back when the item is back in stock, being alerted by text that the item is ready to collect.

There was a standard operation procedure (SOP) for dispensing of prescriptions, including a "near miss log" whenever a pharmacist recorded an error: the error would be discussed with

the staff who made the error, and should a medication have been given to the patient in error, the facts would be reported to the National Pharmaceutical Association and an investigation report sent to the patient and their GP.

Steps were taken to ensure that prescribing labels were not attached to medicines obscuring important safety information.

The manager advised that the pharmacy supplied Dossett<sup>3</sup> boxes. The principles of dispensing and checking such boxes were the same as for 'normal' prescriptions. One of the dispensing staff was trained to fill Dossett boxes and there was a final check by a pharmacist.

Where a patient who had not previously used one was prescribed an inhaler, staff would teach them how to use it properly, with a follow up call in a week to see how they are doing.

The team were told that the pharmacy would dispose of unused medication brought in by patients, provided there were no sharps, such as used syringes (which are collected, and disposed of, by the Council<sup>4</sup>). Internally the pharmacy uses sharp bins and they are collected by contractors. The

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<sup>3</sup> 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.

<sup>4</sup> Sharps collection is free of charge – see [https://www.havering.gov.uk/info/20003/rubbish\\_and\\_recycling/510/clinical\\_waste\\_collections](https://www.havering.gov.uk/info/20003/rubbish_and_recycling/510/clinical_waste_collections)

pharmacy does not make arrangements with care homes for sharps, but they can still bring back medication.

The standard procedure for checking the identity of a patient to whom a prescription is being given is to check the name and address.

## **Prescriptions**

Prescriptions are issued by GPs in both paper and electronic formats. In the event of queries, the pharmacy will contact the GP. If a patient has a hospital-issued prescription, they must pursue any queries themselves.

## **Staff**

The pharmacists have DBS checks; other staff are checked by pharmacist.

Staff have no formal training in mental health issues but most of them are aware of patients with mental health problems, and can deal with them.

All trained staff have safeguarding training.

If someone continually comes in for example asking for "something for bruising" etc, staff will tactfully ask questions or offer consultations. If doing that leads to safeguarding concerns, the Council's safeguarding team will be contacted and a record

would be made on the patient's notes. There is a safeguarding policy in the pharmacy's standard procedures.

### **The government's plans for pharmacies**

The pharmacy was preparing for its expanded role under the government's plans but there was a concern that adequate funding would be needed to ensure that the likely demand from patients could be met.

### **Patients' views**

The team were able to speak to four female patients and one male, all of whom had called at the pharmacy to collect prescribed medications for themselves or a family member.

All of them told the team that they were very satisfied with its service – one remarked that this was the only pharmacy from which they had been able to obtain the required medication (“third time lucky”!).

No patient had had to wait for more than 10 minutes for the medication to be handed to them. All said that they were likely to ask the pharmacist for medical advice. They gave the following reasons for using the pharmacy:

- It's in a good location, it's close to home, I don't have to wait too long for my prescriptions.

- It's close to home, I can park nearby, I don't have to wait too long for my prescriptions.
- It is close to home; I can park nearby.
- It's in a good location, it is close to home, it is easy to reach by public transport.
- It's close to home, it is close to work, it is open when I need to go, it collects my prescriptions from my GP surgery.
- It is close to home, I can park nearby, I don't have to wait too long for my prescriptions.

Most also said that the pharmacy was the most convenient one for them; one said that it was not the most convenient but the only one that could provide the medication they needed. All were aware that they could choose the pharmacy they would like to receive their medication from.

Those patients who used inhalers advised that they were aware of how to use them properly.

Patients also told the team that they found staff at the pharmacy were:

- Very helpful; I can ask anything.
- Very friendly, helpful.
- Very happy and friendly. Better than [a nearby pharmacy].
- Should be able to prescribe more meds as long as fully qualified.

The team observed that prescriptions were dispensed efficiently and that customers were **all** very happy with the service this pharmacy provided. Staff certainly seemed to go "above and

beyond” to help the customers. No one had a bad word about the pharmacy.

## **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.

We wish to make only two recommendations:

- 1 That staff consider using only a patient’s postcode, rather than the full address, when handing over medications, so as to preserve their privacy; and
- 2 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 Clockhouse 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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