

Enter and View Report

Cornwell's Chemists – Beaconside, Stafford



Healthwatch Staffordshire

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Report on Enter and View Visit Undertaken by Healthwatch Staffordshire on 6th of June 2025

Service Visited:

Cornwell's Chemist Ltd

Beaconside, Weston Road, Stafford, ST18 0BF

01785 247360

Authorised Representatives undertaking the visit:

Christine Sherwood, Kelly Moss and volunteer Kate Sheldon

Image of Pharmacy Station inside Cornwell's Chemist



The Service:

The owners of Cornwell's Chemist operate a small chain of community pharmacies throughout Staffordshire, Walsall and Stoke-on-Trent. The family-owned chain was established in 1835 and has grown throughout the years offering a variety of NHS services and additional private, funded services to the community.

Services provided by the community pharmacy include blood pressure checks, disposal of unwanted medication, a minor ailments scheme (covering conditions such as cystitis and earache), flu and Covid vaccinations, a weight management service, dispensing of medication, contraception (including emergency options), and sore throat treatment, among others.

Last month, the pharmacy processed 9,000 prescription items. The store is open Monday to Friday from 8:30 am to 6:00 pm and Saturday from 9:00 am to 12:00 pm. It is located next to Beaconside Health Centre (GP surgery) and opposite the "old University" Stafford campus. The pharmacy is approximately 2.1 miles from Stafford town centre via the A518.

While the pharmacy is not very large internally, all available space is used effectively. As you enter, there is a small consultation room on your far left, while the rear of the premises houses the pharmacy counter and seating for up to three people. All fixtures and fittings are in reasonable condition, with adequate wipeable flooring. The long panoramic windows along one side of the building showcase services such as the "Pharmacy First" service, ear wax removal, travel vaccines, and free blood pressure checks for those over 40, among other information.

Purpose of the Visit:

As part of Healthwatch Staffordshire's responsibilities, authorised representatives will conduct Enter and View visits to Health and Social Care facilities. These visits aim to assess how these services are managed and to make recommendations for improvement. The Health and Social Care Act 2012 empowers authorised representatives to observe service delivery and engage with patients, families at various locations, including hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies.

Additionally, with this Enter and View, we aim to gain an overview of the "Pharmacy First" initiative, which is now a significant part of the NHS strategy to enhance primary care accessibility in the UK. This initiative empowers community pharmacists to assess, advise, and treat patients for seven common conditions without requiring a GP appointment.

However, we have heard that there are challenges related to GP engagement, public awareness, training, and resource availability. While the initiative offers many benefits, we are keen to address these challenges regarding inter-professional collaboration, public awareness, and the sustainability of community pharmacy resources. We want to learn how this initiative has been implemented, how often the general public accesses this service, what barriers may be affecting patients, and how this impacts the general running of the pharmacy.

While these visits are not specifically designed to identify safeguarding issues, any concerns that arise will be reported according to Healthwatch Staffordshire's safeguarding policy.

Methodology:

Was to engage with and speak to:

- The Pharmacy manager is to gather information about various aspects of how the facility operates. This includes details such as the number of staff employed, their interactions with the public, and the challenges and successes of running a pharmacy. Additionally, discuss staff training, the induction process, and how complaints are managed. We will ask for their perspective on how the Pharmacy First service is performing in reality.
- Engage with patients to understand their views on the service. Inquire whether they feel safe and satisfied with the services provided, and if they believe their voice is being heard when speaking to staff. Gather insights about their experiences with the Pharmacy First service. We also displayed a poster with a QR code a week before the visit, allowing patients to complete our survey on the service.
- Talk to staff about staffing levels, training opportunities, and whether they feel adequately supported in their roles.

- Conduct observations of the environment and interactions among patients, staff, pharmacists, and visitors at all levels.

Physical environment:

Cornwell's Chemist Ltd is conveniently situated just off the A513 road, which connects Weston to Stafford, near Stafford Town. The pharmacy company rents the shop building from the GP practice, rather than owning it outright. It is a small property that features an electronically opening door.

Inside, there is a consultation room that allows patients to speak privately.

Although there is limited parking directly outside the building due to shared parking with the GP surgery, public parking is available nearby for a fee paid to a private company. The fixtures and fittings within the pharmacy are adequate, reflecting a commitment to creating a welcoming and safe environment. The shelves are well-stocked and neatly organised.

Access to the shop is easy, particularly around the pharmacy counter. The front and back of the building have pathways and a tarmac drive to facilitate access. Deliveries primarily occur at the rear of the building, allowing them to avoid entering the shop.

Due to space constraints, there is no staff room within the shop.

The pharmacy has a Medpoint automatic collection point at the front of the building, providing patients with automated 24/7 access to their prescriptions.

Both the manager of Beaconside and the company group are dedicated to serving the local community. They take pride in enhancing patients' experiences, supporting community health, and improving overall well-being. The building features a sign prominently displayed above the shop front and a banner at the rear, which is visible from the main road; however, the view is somewhat obstructed by the height of nearby trees and shrubs.

The front of the building is accessible due to the electronic door and the absence of steps, making it easier for individuals with disabilities to enter. The driveway leading into the car park is sloped from the main road.

Internally, during opening hours, patients can enter through the front door, where a small number of staff members are available to greet them. There are notices, posters, and leaflets displaying important information, including details about Pharmacy First and its services. At the pharmacy station, a QR code is available that prompts patients to provide feedback about their experience.

(However, a Healthwatch representative noticed, one of these posters was significantly out of date and needed removing during our visit)

The interior of the shop is bright, clean, and well-maintained, while the exterior could benefit from a general tidy-up and cleaning due to the presence of significant cobwebs and debris. The space leading to the consultation room is small but can accommodate wheelchairs, pushchairs, and other mobility equipment, provided the shop is not overcrowded.

Patient Feedback

During our visit, we spoke with 10 members of the public. We asked patients the following questions:

Did they use the pharmacy service for prescriptions?

Out of the 10 people we spoke to, all of them had used the service to collect prescriptions. Seven individuals utilised it for repeat medications, while the other three used it occasionally as needed.

Did they receive all the items they had come to collect?

Seven respondents indicated that they had never faced any issues obtaining their medication, stating, "It's good; I always get what I need." In contrast, three individuals mentioned that sometimes some medications are not in stock, requiring them to return. However, they noted that these issues are usually resolved easily. Of these three, two people reported being

notified by text regarding the prescription service, while one was unaware of the text notification system.

Are there any issues with some items?

One person mentioned having a flag on their records for certain brands of medication due to side effects, yet they were still dispensed those medications. Another individual noted that, during COVID-19, it was challenging to obtain some medications for her children. A few people also reported using the Medipoint collection machine to collect their prescriptions outside of regular hours, and they have generally not encountered any issues with this service.

However, the manager was keen to highlight that the machine can occasionally malfunction, and if it breaks down during weekends or bank holidays, it may not be repaired until engineers or trained staff are available to address the issue.

Do they ever use the Pharmacy First service?

Six people have used the Pharmacy First service but referred themselves directly to the pharmacy, without any GP referral. Additionally, three others are aware of the service but have not felt the need to use it yet.

Are they familiar with the Pharmacy First service?

One person we spoke with was unaware of the Pharmacy First service.

What is their overall experience with the pharmacy?

Out of the ten people we spoke to, the overall feedback about the service was very positive. Comments included, "Recently improved, faster and more efficient," and "Staff are friendly and helpful." There were no complaints overall. However, we did receive one piece of negative feedback; a person we interviewed said that they had mentioned a problem around six months ago to the pharmacy and were told to go elsewhere.

Feedback from the manager: *"I believe it was a case of a patient wanting a particular brand of a generic medication that we were not able to acquire (we cannot order by manufacturer for generics, we get what is available on the market at the time). As such, the patient would have been advised*

to try another pharmacy in case they had it in stock or alternatively, to refer back to the GP for an alternative medication”.

Do they feel they are listened to and treated well?

9 out of the 10 people felt they had been treated well, while 1 member had mixed feelings.

Online Feedback:

Unfortunately, we never received any feedback using this method.

Staff Feedback

During our visit, we spoke with a member of the staffing team and the manager. All the staff were welcoming and appeared to enjoy getting on with their work. One staff member demonstrated compassion for the local community and expressed a commitment to learning. They mentioned that the pharmacy can often be busy, but the team works together to handle tasks effectively.

We also discussed training opportunities. The training provided involves essential knowledge that is not always recognised but is crucial for supporting the public, meaning staff are continuously learning new skills.

Additionally, the introduction of the Pharmacy First initiative has increased some pressure due to government expectations. Trained staff members are responsible for not only supporting their colleagues but also covering shifts during holidays, administering vaccinations, and guiding patients on product selection. They also take blood pressure readings, perform ear wax removal, and, more recently, are trained in phlebotomy. Other responsibilities include managing the retail side of the pharmacy, ensuring a safe environment and adherence to health and safety regulations, processing purchases, and keeping the space well-stocked, clean, and accessible.

Despite these challenges, staff expressed enjoyment in their roles and a strong sense of teamwork. The manager noted that staff members who have been at the pharmacy for several years possess extensive knowledge about the community and the patients who use the facility.

Staff members are encouraged to escalate any concerns regarding a patient to the manager or pharmacist. Furthermore, the pharmacy has protocols in place for reporting safeguarding issues to the appropriate authorities, and all staff have received training on this important matter.

Introduction with the Manager

When we first arrived at the pharmacy, we met the manager who runs the branch and were introduced to the staff. The manager, the pharmacist and the two staff members we encountered were welcoming. The manager has worked at this branch for three years but has previously spent many years in the pharmacy industry, working his way up and gaining a wealth of experience.

We learned that most of the medication is sourced from various suppliers, and they strive to secure the best prices from wholesalers. The company uses a Patient Medical Records (PMR) computer system to help expedite the process of dispensing prescriptions. This system allows pharmacists and staff to spend more time interacting with patients, leading to cost savings and a reduction in errors, as the dispensing staff can package up prescriptions. However, the system has limitations; it cannot handle controlled substances or refrigerated items, which must be processed by the pharmacist on duty.

The manager demonstrated how, with the touch of a screen, the system could display repeat prescriptions, processing dates, and other relevant information. The system generates a printed label at a single touch to be attached to the prescribed medication and even recognises the basket number to ensure that all items for one patient's prescription are placed together for easy collection. It flags any controlled or refrigerated drugs that need to be checked by a trained pharmacist before being given to the patient, in compliance with legislation.

The pharmacy no longer prepares medication trays but offers a Medicine Administration Record (MAR) chart for individually boxed items. Additionally, all prescriptions are now paperless, which helps improve the efficiency of the store, given the limited staff due to funding constraints in local community pharmacies.

The pharmacy offers flu and COVID vaccinations and receives referrals from GPs as part of the "Pharmacy First" initiative. However, there is potential for improvement in utilising this referral channel, as the pharmacy is currently struggling to meet its targets, which affects its financial viability. While the "Pharmacy First" service is popular among walk-in customers and operates effectively, it lacks continuity of care.

The pharmacy utilises a system called Pharm Outcomes to register patients who walk in. This system ensures that the pharmacy meets its monthly target of 30 referrals set by the Integrated Care Board, which is essential for receiving payment. Recently, changes have been implemented, allowing the pharmacy to receive £500 if it reaches half of the target, specifically 15 referrals per month.

The pharmacy also offers a home delivery service for medications. However, due to financial constraints, there is now a charge of £55.00 per year for unlimited deliveries or a £5.00 one-off delivery charge to all patients, and this is only done once a week on a Wednesday.

In conversations with the public and local pharmacies, we learned that accessing medications prescribed by GPs can sometimes be problematic due to shortages of certain drugs. Each medication has an approved generic name, but when produced by different manufacturers, each assigns a brand (trade) name. This disparity can confuse patients, as they may not fully understand the differences. The pharmacy also utilises a drug comparison service to compare medications and their costs.

Currently, the most challenging medications to obtain include HRT products and some ADHD medications. Fortunately, other medications are accessible, and the pharmacy has various suppliers for stock. They also embody the serious shortage protocol, allowing them to look up drugs and identify suitable substitutes.

Another challenge the pharmacy faces is the closure of local community pharmacies, which has led to some suppliers denying credit. This situation is problematic because pharmacies are funded by the NHS, the Department of Health and Social Care, and commissioned by the Staffordshire and Stoke-on-Trent Integrated Care Board. They typically receive payment in arrears, every three months. Without adequate equity, cash flow can become an issue. Consequently, pharmacies must think creatively about how to maintain cash flow to pay staff and keep branches operational.

The pharmacy's staff typically includes a pharmacist, two dispensing/counter assistants, and one manager per day. The company employs a locum pharmacist on Fridays and every other Saturday. During staff leave, and on a Thursday, a floating pharmacist steps in to cover.

Staff members have access to e-learning and apprenticeships. They have participated in training with local organisations, completing courses in earwax removal and phlebotomy. There are always additional training modules to be completed, but they will be addressed as necessary. Staff members undergo annual formal appraisals, but given the small team size, they often engage in informal discussions monthly.

Moreover, every pharmacist and technician must re-register annually, which requires completing several learning activities. The manager is not aware of the associated costs, as this falls outside his remit and is typically managed by the Head Office in conjunction with the registered and Locum pharmacists.

Complaints are usually handled directly by the on-site manager but may escalate to head office and governing bodies, where a decision can be made by the safeguarding leads. Patients are provided with a card detailing how to submit complaints, and the pharmacy also displays a QR code for patients to offer feedback to NHS UK.

The "Pharmacy First" initiative was a voluntary program for pharmacies that was initially an excellent idea; however, its practical implementation has faced challenges due to inconsistent referrals from surgeries. This inconsistency has led to the pharmacy not

meeting government-set targets, resulting in potential forfeited payments. This pharmacy generally meets the target of 30 patients per month, but it tends to have more walk-in customers; these figures only represent a small percentage of direct referrals from GPs. The manager has taken steps to address this by working with local GP services and implementing a crib sheet for receptionists to identify patients who could be referred; however, this has not significantly improved the referral process. In the past month, the pharmacy received only three direct GP referrals.

This pharmacy primarily generates profit from retail sales and private treatments. They also take pride in their efforts to minimise waste from overprescribed medications and employ a pharmacist remotely to review the New Medicine Service.

<https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-services/nhs-new-medicine-service/>

Summary:

Overall, Cornwell's Chemist is effectively supporting its local community and staff. The manager has demonstrated a clear dedication to both employees and the community.

However, the main frustration arises from the limited referrals from GPs, which hampers the effective use of the Pharmacy First initiative. This not only has a financial impact but also affects an already struggling industry. Stock issues are not a major concern, as the pharmacy has a good network of suppliers and a strong company ethos for maintaining these connections. The business demonstrates a solid commitment to waste management and employs a remote pharmacist to review new medications, helping to prevent the overprescribing of drugs.

Staff members feel positive about the services they provide and exhibit a close-knit team spirit. They recognise the support from the manager. However, time constraints, particularly during busy periods such as immunisations and blood pressure readings, limit their ability to complete operational tasks related to the shop. Nevertheless, their empathy and compassion for patients were evident during our visit.

Feedback from the patients we interviewed was mostly positive. Some facilities were clean but a little dated inside and out. However, the facility is fully accessible for wheelchairs and pushchairs, and well-stocked with leaflets, posters, and educational materials. However, the external facility needs better maintenance, which may be attributed to the fact that it is rented rather than owned.

The promotion of services offered, including weight management, blood test screening, vaccinations, a travel clinic, and ear wax removal, is crucial for the company and is advertised both within the building and on the company website.

<https://cornwells.co.uk>

Recommendations:

Currently, the service seems to be effective, positively impacting the staff, patients, and management team.

However, we have identified a few areas for improvement:

1. ****Communication with GPs****: The manager needs to reach out to GPs to understand the barriers related to patient referrals. While a crib sheet is a good idea, it doesn't seem to be effective. It is important to promote the benefits of the NHS strategy, which aims to free up minor ailment appointments so that GPs can focus more on complex cases. Maintaining open and honest communication is essential for effective collaboration between services.

2. ****Maintenance Issues****:

- External cleaning is needed to remove debris and cobwebs.
- The signage on the main road is unreadable due to damage and age; this needs addressing.
- Although the lack of a staff room does not seem significant to the staff, it would be beneficial for them to have a space to take breaks away from the service.

- Check regularly the posters and leaflets held; some appear to be out of date. For example, the external window indicates they have a development and printing service.
- The private consultation room was cramped and cluttered, and the area where the pharmacy performs blood pressure checks was hidden behind a curtain, making it not very private.

3. ****Complaint Management****: Need to consider a better approach to handling complaints. Feedback received by Healthwatch suggests that some patients may not always feel heard.

4. ****Ear Wax Removal Station****: The ear wax removal docking station needs regular cleaning, both on the outside around the bottom rim of the machinery and inside the docking station. A cleaning schedule should be implemented.

5. ****Community Engagement****: Could distribute questionnaires to gather feedback rather than relying solely on QR codes and patients' initiatives to do this. Additionally, you need to consider how to accommodate patients with learning difficulties, cultural differences, or other communication challenges, as there is currently no information available to address this within the branch.

6. ****Patient Education****: Consider creating a leaflet or newsletter that explains the obstacles pharmacies face, such as issues with generic versus brand medications, medication shortages, and guidance on how to request direct referrals from GPs to the pharmacy. They could also consider including statistics about the amount of prescriptions not collected and the wastage this incurs as well as their compliments and complaints procedure.

This could help the public better understand the daily operations of the service and the importance of adhering to specific protocols.

Feedback from the branch regarding the above recommendation:

[Creating a patient education leaflet or website is a great idea. It would also provide an interesting project for the branch apprentice to collaborate with the GP practice as a joint venture.](#)

7. ****Lack of a staff room**** We think the Staff need a place to rest and relax, eat their lunch, etc. They could explore accessing the Health centre facilities, it could encourage joint working and any potential barriers.

Most of the people we spoke to, including patients and staff, appreciate the chemist and its services provided, which likely contributes to the walk-in recommendations to the Patient First initiative made through word of mouth within the community.

Healthwatch would like to acknowledge and commend the efforts of all staff and congratulate them on their work. We also extend our gratitude for your hospitality and the patient feedback and comments provided.

Feedback from the Manager.

Quote from the manager of the pharmacy:

"It was a pleasure to have Healthwatch Staffordshire, and thank you for your recommendations, I shall take them on board and do what I can to implement them".

Next Step

The report will now be published on our website for the general public to read, and copies will be forwarded to Cornwell's Chemist Ltd, shared with the Integrated Care Board, Care Quality Commission (CQC) and General Pharmaceutical Council (GPhC), and it will also be added to the next Healthwatch E-Bulletin.

Disclaimer, please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all patients, and staff, only an account of what was observed and contributed at the time of this visit.