

Healthwatch Bolton Pharmacy Survey

Why we did this piece of work

How the survey came about

As with other primary care provision, pharmacies are widely used by all sectors of the population. We felt that engaging with people in a pharmacy context would give us a good cross-section of contacts and opinion.

We have had a number of concerns raised about the presentation of medicines in particular use of part packets and use of un-branded versus branded medicines.

We are aware of that the additional services offered by pharmacies are commissioned on an ad-hoc basis and wanted to understand how this reality affected people's knowledge of what was available.

Strategic drivers

Bolton CCG currently has a medicines waste campaign encouraging people to waste less medication. This campaign has set itself ambitious savings targets which are to be set against the additional costs for 7 day working across GP surgeries. Healthwatch Bolton wanted to gain a snapshot of public opinion on this issue in order to bring some consumer evidence to inform the assumptions made in this regard.

Minor Ailments Services ('Pharmacy First') were previously delivered at a small number of pharmacies in Bolton resulting in unequal access/ provision. Healthwatch Bolton is aware that there is a difference of opinion between commissioners and providers over the best way forward. The CCG are looking for a universal provision of the service (within the same cost envelope) across all pharmacies whereas the pharmacy providers do not see this as a viable solution given the financial constraints attached to the CCG's proposal.

As a result of the current impasse there will be no Minor Ailments Service delivered from Bolton pharmacies as of early summer 2015. Healthwatch Bolton is assured that the current position (not to continue with these services at all the present time) is open to review. Healthwatch Bolton wanted to explore people's knowledge, experiences of and views about the Minor Ailments Service with the intention of having patient's opinions taken into account on this subject.

Purpose of the Survey

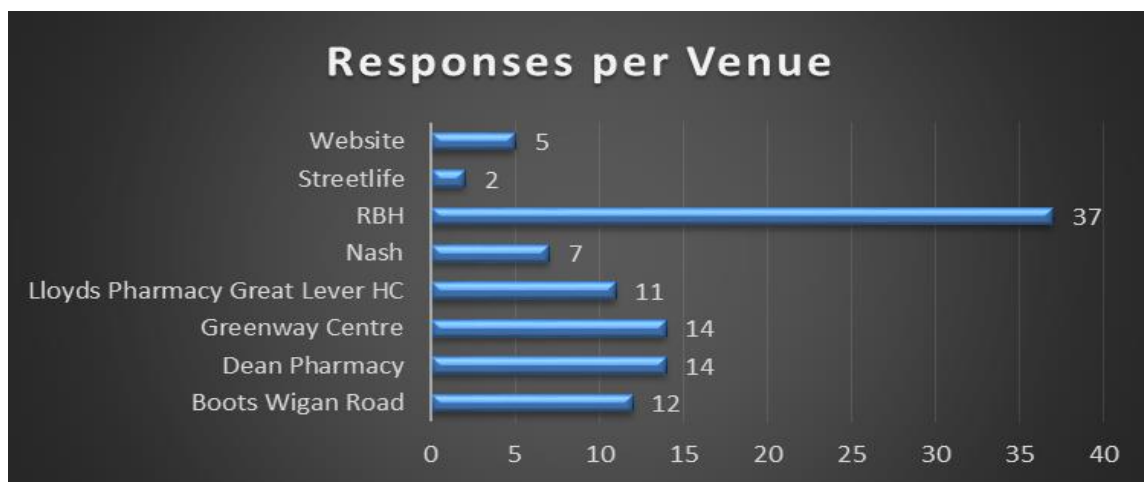
- To engage with customers of pharmacies and discover their views on pharmacy services.
- We wanted to know how patients felt about the medicines they were prescribed.
- We wanted to ask the question about medicines wastage.

- We were particularly keen to understand how much people knew about what additional services (beyond dispensing of medicines) were available at pharmacies.
- We were interested to know how people felt about using pharmacies for these additional services

Who We Spoke To

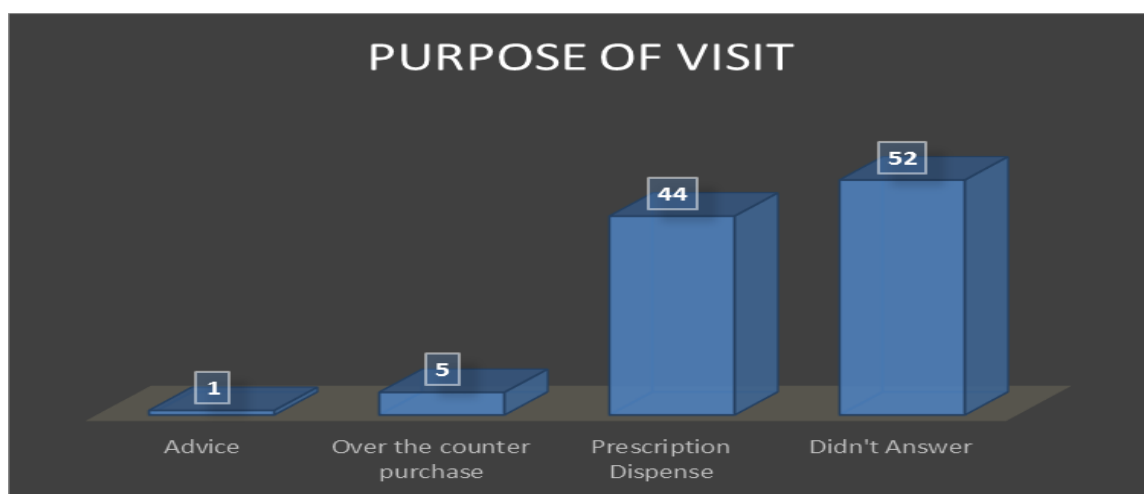
Healthwatch Bolton Engagement Workers spoke to 102 people at four community pharmacies and at Royal Bolton Hospital. In addition a small number of people responded to requests for comment on pharmacy via web based forum.

A total of 698 comments were recorded against all questions. All the responses from each site are available in the annexes.



**Greenway Centre is a Community Centre*

Of those we spoke to in a pharmacy setting the vast majority were there to collect prescription medicine.



**Of the 52 that didn't answer, the majority of these were not surveyed in a pharmacy so could not answer this particular question*

What People Told Us

What people know about pharmacy services

The majority of those who answered this question knew about the dispensing of their medicines and free delivery arrangements but only 15% were able to comment about other additional services offered by pharmacies.

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“They provide delivery of medicines – I don’t know of anything else”

“In the pharmacy they have an electronic display which tells everybody about having your blood pressure taken there and help with smoking”

“Blood pressure/diabetes/giving up smoking/head lice/advice on taking pills if they work against each other”

“I didn’t realise that they could do things like provide services.”

“Blood pressure is the only one I know about.”

“Over the counter medicines.”

Some patients suggested improvements to information as to what was on offer at the pharmacists would help them to take advantage of things like blood pressure checks.

“I don’t know about any free services at pharmacies. Perhaps there should be a sign up to say ‘Ask me about.... It’s free!’”

“Yes I am aware – it’s called Pharmacy First the free service I have used. I’ve used it for head lice for my three children. I know other families who have used it. It would have wasted a GP appointment”

“Pharmacy first been stopped, it was very useful and handy because I used to get everything from pharmacy instead of going to GP. Does not work better because have to wait 3 weeks to see GP.”

“Minor ailment has been stopped - it is hard for the family to go to GP because three weeks waiting.”

Only five (5%) of those interviewed were aware of the ‘Pharmacy First’ arrangements which had been found to be positive in terms of not needing a GP consultation to receive treatment.

48% of individuals thought that they would use a scheme whereby they would use a pharmacist able to prescribe and dispense medicines independent of a GP (Minor Ailments Scheme).

"It sounds like a good idea as I don't like going to a health centre to see a GP."

"I like things as they are."

"I probably wouldn't use this service."

'Feel that the pharmacist has equal knowledge about medication as GP regarding some ailments. Would rather speak with pharmacist than GP if it's non-urgent'

'If it's a minor ailment then I don't want to waste GP's time.'

'The pharmacists are very helpful; help to save GP time.'

The majority of those responding positively told us that they would be prepared to travel a short distance, between 1 and 2 miles, to access such a service.

"I would travel up to a mile as I am not well."

"Yes, especially for my 2 year old boy"

"This is very convenient or Bolton Town Centre."

"No, I don't drive at all."

"Don't know."

"Not outside of Bolton."

"Just within the town."

How People feel about Pharmacy Services

The most understood need to consult a pharmacist, was for advice about minor ailments and information about their medicines. Though some people preferred to talk to a GP, many individuals felt that being able to seek advice or care from their pharmacist dispensed with the need for a GP appointment.

The accessibility of the pharmacy in terms of locality, opening hours and immediacy was valued particularly in comparison with difficulties expressed by a large number of patients in gaining a GP appointment.

“I feel that the pharmacist has equal knowledge about medication as the GP regarding some ailments. I would rather speak to the pharmacist than a GP if it is non-urgent.”

“Because the pharmacist seems to have more time to give advice about your ailments and the doctor has so many patients they haven’t the time to spend with you”

“I would rather talk to my pharmacist at Crompton Health Centre as they always have time for me.”

“It’s convenient and not the same waiting time as seeing a GP. I am with Dr *- I don’t go very often.”**

“It is easier to come and pick stuff up from here rather than go to the GPs.”

“Yes very easy to talk to them. I had a conversation today.”

“I talk to both. They are easy to talk to.”

‘It’s a relaxed atmosphere in the chemist, less waiting, more available service”

Many people commented on the supportive relationship they had with their local pharmacist.

“I suffer from depression, panic attacks and on top of that I add alcohol. They are terrible feelings when I know they are going to start. One night I waited till I knew the pharmacy would be open....the pharmacist asked if I was ok. Just him being there helped.....he told me not to ‘beat myself up’ about it.... In 10 words he helped me. It’s the relationship I have with them that helps, you don’t want to let them down.”

“It’s a relaxed atmosphere in the chemist less waiting and more available service”

“I come for the advice. xxxxxx is brilliant. I can always ring him too.”

“They are fantastic here. They are brilliant and always check if I am taking my medication right.”

“Yes they are supportive and explain about medicines.”

‘Yes, I can’t really express how lucky I am to have such a good pharmacist. Its Hooton’s pharmacy in Horwich. I wanted to speak to you today on your stand to telly how good they are.’

Do patients feel well informed about their medications?

Overwhelmingly patients felt that they had the access and opportunity to be well informed either by their GP or by the pharmacist. A small number of patients felt that a 12-month check with a pharmacist would be valuable and would supplement the care given by their GP.

“I feel it’s a bit haphazard the checks I have at the GP regarding my blood pressure so it’s useful to be able to chat to the pharmacist.”

“I’ve never been called in for a review of the medicines I take either by the doctor or the pharmacist.”

“Yes they give me all the advice I need.”

“Don’t get advice as there is no need to.”

“Yes they do give you sufficient advice at the pharmacist.”

“I feel I’ve had enough advice. Any questions are always answered.”

“Yes, the doctor is always giving advice about the medication I’m prescribed.”

‘The pharmacist has been really helpful the last time I’ve collected my prescriptions and has run through my medications - I had some questions about the effect of statins on blood sugar levels and the pharmacist checked out the effects of my particular tablet.’

Drugs and Prescribing

Drugs not in stock

Five patients reported difficulties caused by having to return to collect outstanding medication.

“The medicines are not in stock every time my husband collects his prescribed eye drops even though he gets them on a monthly basis at the same pharmacy. Sometimes we only get part of the script and have to go back for the remaining items – it’s all time and inconvenience when you work.”

“Increasingly I find that the pharmacists don’t carry all the prescribed drugs I need to collect. Some eye drops weren’t available at one pharmacy and they never even offered to order them in like they used to do. I had to ring around to find a pharmacy that would do that – it turned out to be the Tesco pharmacy.”

Packaging

In the main packaging caused few difficulties for patients many reporting the patient information leaflet informative. However, patients valued the indication of 'day' on their medication packaging and missed this if tablets were supplied in unmarked foils.

Some individuals reported using dosette boxes which were valued and found they assisted their routine, and therefore, compliance.

A few people commented on accessibility in relation to packaging especially for older people.

'Manufacturer packaging is often poor. The leaflets that come with medication use far too small fonts. After all, most medication is taken by older people and older people tend to have poorer eyesight. Surely asking for nothing smaller than a clear 8 point font is not asking too much. Getting tablets out of the packaging can be almost impossible, especially for the old & frail. For example low dosage aspirin (75mg) you sometimes need to pierce the packaging to release.'

Generic Drugs

Nine patients identified issues with drugs that were supplied in their generic, unbranded form. Comments ranged from difficulties around identification of the drug to their efficacy. In summary, the comments pointed to a lack of confidence in the medication caused by inconsistencies in packaging and preparation of what was, regular medication.

"When I collect my prescription from my local chemist it isn't the branded name. I take 'Remedeine'. I have had branded Remedeine from some chemists and unbranded from others. I think the branded ones are better: they work better. I go to a chemist that dispenses the branded drug now – I have a lot of pain and it's important to me that the tablets I take work to their best."

'Sometimes it's a different brand or different name. Prescription sent to or collected by pharmacy is the medication what I take but the pharmacy gives different to what has been prescribed.'

"My mother is 94. She has repeat prescriptions each month. She has problems with sight and it's difficult for her to understand which her tablets are when the Pharmacist is giving generic drugs which seem to vary in colour. She depends to an extent on being able to locate her tablets by colour.'

Electronic Transfer of Prescriptions

The majority of patients were aware of the Electronic Transfer of Prescriptions and both patients and clinical staff expressed their views about how this worked. In routine repeat dispensing there seemed only benefits to patients who were happy with the simplicity of the pharmacy involvement in re-ordering their supplies. Where problems seemed to arise for patients was when changes to a patient's prescription were made and this led to what the patient perceived as 'mistakes' at the community pharmacy.

"I tell the practice that I need a repeat prescription and 48 hours later I can pick it up from them."

"Generally everything works ok. When I collect one prescription I sign to say I will collect the next one."

"They are ordered here – all I have to do is come in and collect. If the hospital have changed your medication and it hasn't filtered down here then the pharmacist will sort it out."

The complexity of Electronic Transfer of Prescriptions was summed up by a pharmacist and observed at the four pharmacy visits by Healthwatch Bolton staff.

"From our point of view it's Electronic Transfer of Prescriptions ETP, that's the problem – it's doubled our workload. And its communication. Patients come in to collect their medicines and they don't get what they are expecting. We have to sort it out and listen to their queries. When you do try and sort it out its doctor's practices that just cause more issues. Some want the request faxing, some emailing, some want faxes only on a certain day – they can all be different and some receptionists are not helpful although when you can speak to a doctor it's usually fine. I'm thinking of a patient who came into collect her drugs on a Monday. When she found something wasn't ready for her we rang the GP practice and were told it wasn't due till the Friday so couldn't be prescribed. Common sense is needed. If someone is in hospital and there is a change to their medicines then they expect to see that change here and to collect their new regime of medication. That doesn't happen easily and it depends on the medical correspondence route which takes weeks. Its communication again. What would make all this better is some proper systems, some improved communication and common sense...."

Medicines in the Cupboard

"I do take prescription because I trust my GP. Do not understand English so have to take what prescribed."

"I always take what the doctor says."

"They are in a dosage box - I take everything."

'I have the tablets I need and take them properly.'

'I have no medicine in my cupboard that I don't take.'

'No I have nothing in my cupboard that I don't take.'

'After being asked at a Healthwatch event what medicines I had in my cupboard I went home and looked in mine. I realised that I had six months' supply in advance of one of my medicines. I realised that the pharmacists had been sending me three months' supply every month.'

"I do have some in the cupboard but only because I may need them in the future."

'I don't like taking tablets so I just ask for what I really need. I don't encourage the doctor to give me any more. I take all the tablets I have.'

'I would find a lot of drugs in my medicine box - I don't know what to do with them - how to get rid of them.'

Healthwatch Bolton took an opportunity to speak to individuals about the medicines they potentially held in their cupboards.

Responses in the majority indicated that no medicines were stockpiled and patients felt confident that their prescribed drugs kept them well, felt confident in how they worked and were able to discuss any side effects with their GP or pharmacist.

The comment given by the person who had been prompted to check suggests that people may have more unused medicine than they realise.

A comment was made by a community podiatrist about the potential for waste when medicines are prescribed and dispensed to individuals on a repeat basis without review.

"As a podiatrist, I visit many older people in Bolton and Bury, in their own homes, and I am often overwhelmed by the amount of stockpiling of medication. This seems because their pharmacy collects their prescriptions regardless of if the person needs the medication or has completed the previous prescription. I have seen thousands of pounds worth of medication stockpiled in patients' cupboards. Patients simply do not know how much their medicines cost the NHS"

Conclusions

Overall opinion of pharmacy services

- Individuals feel that their local pharmacy provides a responsive service, very much focused around the dispensing of medicines.
- Overall care is enhanced by the supportive relationship and additional information provided by a community pharmacist.
- Efficiency of prescription services is valued by customers as is the prescription delivery service. Though there are occasionally problems with under or over supply (the later particularly relevant when prescriptions are delivered). Pharmacists, however, report problems with the lack of consistency of approach among GPs to electronic prescribing.
- People value the ease of access of pharmacy services both in terms of location, opening times and speed of being seen. They also appreciate the possibility to 'shop around' (if medicines are not in stock for example) and to use whichever pharmacy they wish.

Additional services and the minor ailments service

- Other than the prescription delivery service, little is known about the range of free services that may be on offer. Only a small number of individuals were aware that there were some other services available.
- Only 5% of respondents knew about the minor ailments scheme. Those that had used the scheme had valued it.
- 48% of people thought they would use a minor ailments service if it were available and the majority of those said they would be willing to travel a short distance (1 or 2 miles) to do so.

Medicines management and waste

- Routinely patients did not stockpile medications.
- Changes to medication and inconsistencies to the presentation of medicines caused difficulties for some patients.

What next?

- Healthwatch Bolton will use this work to inform ongoing discussions regarding integration of services at Local and Greater Manchester levels.
- Healthwatch Bolton will use this work to discuss the medicines waste campaign with Bolton CCG. In particular we will seek assurances that interventions on this subject are well targeted.
- Healthwatch Bolton will use this work to discuss the future of the Minor Ailments Service with Bolton CCG. We will suggest that an area based model (using the integrated care area model) may well be the way forward.
- Healthwatch Bolton will request that current work on GP standards include some reference to administrative consistency, particularly in regards to practices associated with electronic prescribing.
- Healthwatch Bolton will discuss administrative consistency with the Bolton GP Federation, when this organisation is up and running.
- Healthwatch Bolton will ask all partners to promote the availability of services available through pharmacies so that patients are better informed.
- Healthwatch Bolton will ask all partners to redouble their efforts to inform patients about issues such as generic medicines, pre-payment prescription charges and disposal of medicines so that patients are better informed.
- A small number of comments emerging from this work have inspired Healthwatch Bolton to do further work to understand the experiences of patients in recovering from substance misuse problems with regard to how their medicines are dispensed and administered.

Our Thanks and Acknowledgements

Healthwatch Bolton extends its thanks to everyone who contributed to this report for their openness and for sharing personal experiences.

The contribution and assistance of those community pharmacies taking part was much appreciated.