

Pharmacy services

Healthwatch Darlington
April 2023

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About Healthwatch Darlington

Healthwatch Darlington is the health and social care champion for people who live and work in the Borough of Darlington. As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to people's feedback to improve standards of care.

We use feedback to better understand the challenges facing the NHS and other care providers locally, to make sure people's experiences improve health and care services for everyone.

We are here to listen to the issues that really matter to our local communities and to hear about people's experiences of using health and social care services.

We are entirely independent and impartial, and any information shared with us is confidential.

Executive summary

Thank you to everyone who took part in our pharmacy survey, taking the time to share their health and care experiences.

It is reassuring to read positive comments and praise the pharmacy service provided met with or exceeded expectations.

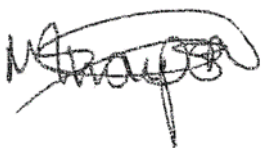
However, just under a third (31%) told us they felt annoyed, frustrated, stressed and angry because of the prescription collection process with a further 13% being unhappy or disappointed with their experience of this process.

We will be sharing all comments with the individual pharmacies, and where appropriate the GP practices, to let them know their impact on the public.

The public raised with us not just service issues, but areas where mistakes were made. Mistakes in dispensing medications can be serious and could potentially lead to fatalities. Such instances include:

- Wrong medications given out.
- Medications no longer prescribed by the GP appearing on repeat prescriptions.
- Patients receiving the prescription of another patient.
- Medicines missing where the pharmacist does not acknowledge this and provide advice to the patient regarding what they need to do.

We also highlight a case study which we are discussing with our Local Pharmacy Services Network and Integrated Care System where the current manual system of updating both acute and repeat medications is vulnerable to human error with potentially serious implications for the patient. We have received responses from the North East and North Cumbria Integrated Care Board and Community Pharmacy County Durham.



Michelle Thompson B.E.M.
Chief Executive Officer, Healthwatch Darlington

Introduction

Community and NHS pharmacies and their staff have acted as an essential lifeline to Darlington residents, especially through the COVID-19 pandemic, and vaccination drive.

Described as “one of the four pillars of primary care”, pharmacies can provide a holistic, community based, professional service which, if used effectively, perform a key function in taking pressure off GP and other primary care services.

This project is in response to an increase in local people telling us they were facing challenges and delays in getting prescriptions from their pharmacy.

Healthwatch Darlington seeks to highlight local people’s experiences of obtaining their prescriptions through a local pharmacy and share that information with those who can effect service change.

Methodology

To understand the experiences of local people using a local pharmacy, during September 2022 to November 2022, Healthwatch Darlington engaged with members of the public via their e-newsletter, Darlington Organisations Together (DOT) network, community events, and an online focus group.

This engagement included sharing the 'Pharmacy services 2022' survey which was available to the public for completion between September 2022 to November 2022 in both online and paper format.

181 respondents completed the survey. Of those:

- 161 responded on their own account
- 20 responded on behalf of another:
 - 10 responded for a family member
 - 6 responded for a partner or spouse
 - 4 responded for the person they cared for

Demographics

Appendix one includes a full breakdown of the demographic profile of people who took part in the 'Pharmacy Services 2022' survey.

Respondents were residents of the following post code areas.

Postcode (first half)	Number of respondents	Percentage
DL1	83	46%
DL2	72	40%
DL3	23	13%
DL5	1	Less than 1%
DL10	1	Less than 1%
TS21	1	Less than 1%

Survey findings: Summary

Collecting prescriptions

Over half (54%) of respondents told us they had no problems collecting their prescription. Of those that experienced problems (46%), the most common complaint was their prescription not being ready when they were advised it would be and being told to come back later or go elsewhere to collect their prescription.

Those that provided further comments to us, told us about lack of availability of medications, lengthy waits between asking the GP for a repeat prescription and being able to collect their medications from the pharmacy, being given someone else's medication, and missing medications where the patient had to go back to the pharmacy for an explanation / correction.

Whilst all mistakes have the potential for serious consequences, a worrying 2% of respondents, 4 people, told us they were given the wrong medication by their pharmacy.

Almost half of respondents (48%) expressed a positive or neutral experience in collecting their prescriptions. Just under a third (31%) told us they felt annoyed, frustrated, stressed and angry because of the prescription collection process. A further 13% were unhappy or disappointed with their experience of collecting their prescription.

Respondents told us which pharmacy and which GP practice they used, and individual comments will be fed back to appropriate pharmacies and practices to help them improve their service offering based on the views of their customers.

NHS app

Over half (54%) of respondents used the NHS app to order their prescriptions. Of those, 61% found it 'easy' to use, with 11% finding it 'very difficult'.

Case study

In addition to the survey data, we include a case study of a scenario where the process for updating repeat prescriptions with acute medications was not effected in a timely manner and the combination of medication of the prescription had potentially serious implications.

The system in question is a manual one and we are discussing with those who can effect change to look at digital solutions.

Survey responses: full details

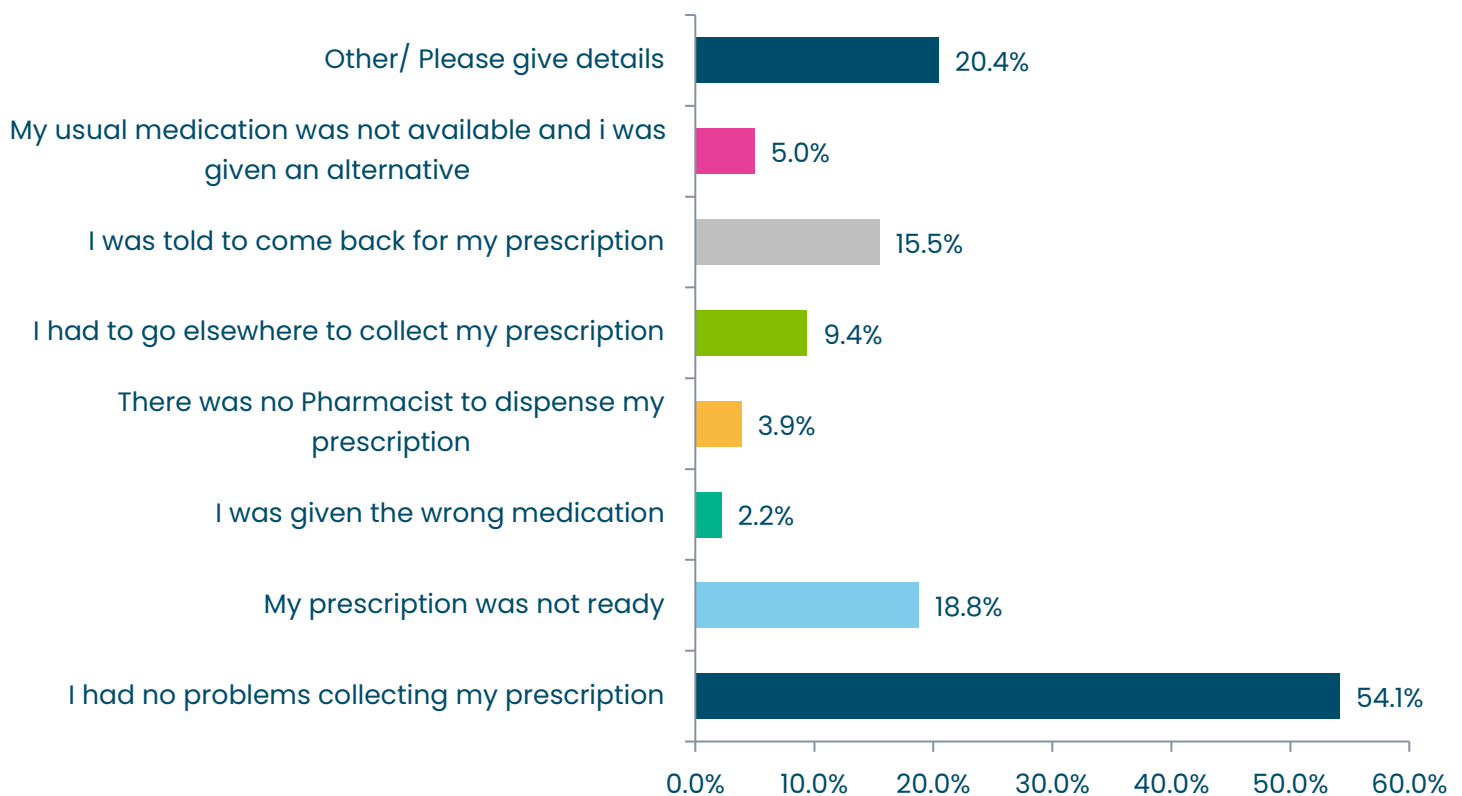
181 people responded to the survey.

20 of those were completing on behalf of another.

- 10 on behalf of a family member
- 6 on behalf of a partner
- 4 on behalf of a person they cared for.

Our first question was to ask respondents to tell us about their latest experience with collecting their prescription.

Tell us about your latest experience with collecting your prescription



Over half of respondents said they had no problems collecting their prescription, with prescriptions not being ready and being told to come back the next most frequent responses.

37 responded 'other', and a further 41 respondents opted to provide comments about their experiences with their local pharmacy, and often the GP surgery prescribing their medication.

Areas commented upon included:

- Stock shortages impacting the timely receipt of medication.
- Frequent staff changes leading to inconsistent service levels.
- Missing medication, with sometimes no alternative medication being offered as a substitute.
- Lengthy waiting times between the patient's GP authorising their prescription and the pharmacy dispensing the medication to the patient.
- Accessibility issues to the pharmacy premises for those with a disability.
- Breakdown in communications between the GP practice and pharmacy resulting in miscommunication of patient needs and the patient receiving the wrong medication.
- Wrong prescription handed out: patient given someone else's medicines by the pharmacy.
- Pharmacy unable to find a prescription that they have on record as made up and ready to collect.
- GP removing items from a repeat prescription – but pharmacy including them at a later date.
- Patient prescribed only a short supply of medicine, for example two months' worth for a condition that is long term. The concern expressed was that, as there is no review required in between prescriptions, the prescription period could be longer, say six months. The condition in this case was hypertension.
- 13 comments advised that prescriptions were delivered rather than collected at the surgery, and no adverse comments were made regarding the delivery process. The only negatives were around the length of time taken from ordering with the Go to actual delivery time.
- 9 of the comments made were praising the service from the pharmacy.

Comments included:



"The repeat prescription which I sent to the surgery using the online web page did not take into account the special request I made using the comment section. I asked if I could obtain additional tablets as I was going away but, my request was ignored or not responded to."

"The Pharmacist never seems to have my medication in stock, or they explain they have a delivery coming tomorrow and call back, I call back as instructed and it's still not in stock and they weren't able to print off the prescription so I could take somewhere else as other items were on the prescription were dispensed to me. Having to go days with no medication and running around travelling back and forth it's just not acceptable."

"On this occasion the surgery failed for some reason to send my repeat prescription through to my designated pharmacy for dispensing. I waited a week for the pharmacy to contact me telling me my medicine was ready to collect, and when nothing happened, I contacted the surgery only to find that a paper prescription had been sitting at their front desk for several days. I obtained my medicine before running out, but it was a near thing!"

"My new pharmacy is a wonderful and delightful change from the previous service I was using."

"On occasions tablets have been missing! They get put in a pill pack. But my mother realised and when she asked the chemist, they admitted it was missing!!"

We then asked participants how their latest experience collecting their prescription made them feel.

166 participants responded. They were asked to express their feelings in their own words, and the table below indicates the types of language used.

48% of those who responded used positive terms.

44% of those who responded used negative terms.

The remaining 8% of respondents did not express an emotion.

Language used	Number	Percentage
Happy, impressed, valued, relieved	20	12%
OK, satisfied	60	36%
Unhappy, disappointed	21	13%
Annoyed, frustrated, stressed, angry	52	31%
Did not express an emotion in their comments	13	8%

We asked participants which pharmacy they used.

Respondents were able to name their pharmacy; there was no checklist. Some respondents used the brand name only and use of location was not consistent. Some respondents used the location only and not the brand of the pharmacy. The brand name where provided, took preference in recording pharmacy usage in the table below. Some respondents advised they used more than one pharmacy.

Full details of anonymised experiences will be provided to individual pharmacies to help them improve their customer service offering.

Pharmacy	Number	Percentage
Asda	12	7%
Bewick Crescent	1	Less than 1%
Blacketts	1	Less than 1%
Boots	16	9%
Carmel	9	5%
Clarks	14	8%
Cockerton Pharmacy	12	7%
Denmark Street	9	5%
Lingfield	8	4%
Lloyds	20	11%

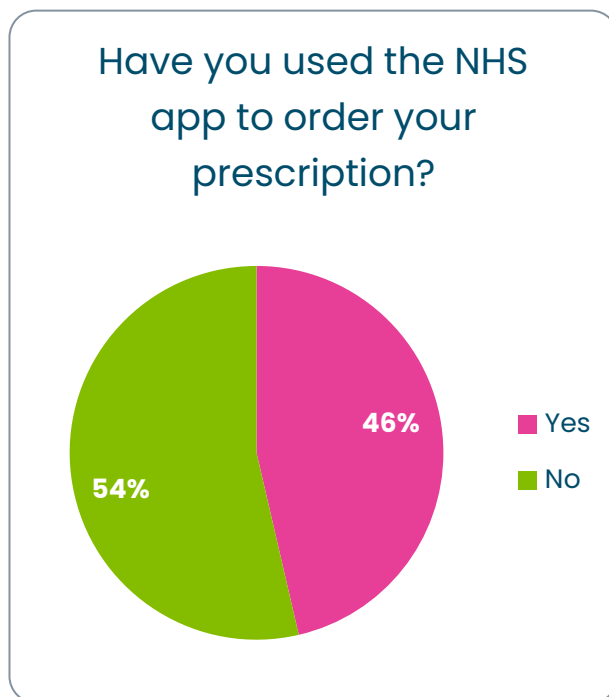
Middleton St George	6	3%
Morrisons	7	4%
Rockcliffe Court	10	6%
Rowlands	49	27%
Well	8	4%

We asked participants which GP practice they were registered with.

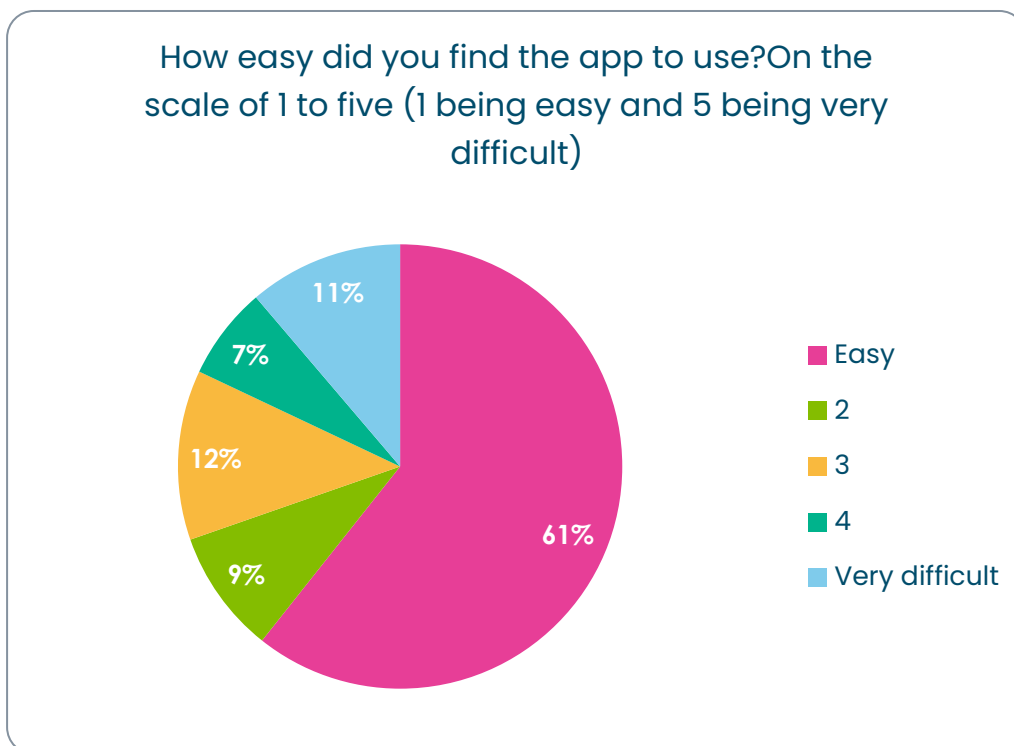
Full details of anonymised experiences will be provided to individual GP practices to help them improve their customer service offering.

GP Practice	Number	Percentage
Bewick	1	Less than 1%
Blacketts	14	8%
Carmel	23	13%
Clifton Court	10	6%
Denmark Street	22	12%
Moorlands	22	12%
Neasham Road	35	19%
Orchard Court	12	7%
Parkgate	2	1%
Rockcliffe	8	4%
St Georges	8	4%
Whinfield	22	12%
Out of area	2	1%

We asked participants if they used the NHS app to order their prescription.



Of those who had used the NHS app to order their prescription, we asked how easy they found the app to use on a scale of 1 to 5 (with 1 being easy and 5 being very difficult).



We asked participants if there was anything else they would like to tell us about their experience with prescriptions.

93 respondents answered this question, a selection of their comments are below. Full details of all responses have been anonymised and shared with each individual pharmacy and, where appropriate the corresponding GP practice.



"Staff talking whilst dispensing my prescription only to cause mistakes. Not concentrating."

"The surgery keep making mistakes with scripts - I have to double check everything they do. The pharmacy have gone out their way to help us - am very thankful to them."

"With regular prescription items it would be helpful if they could be dispensed as a 4- or 6-month lot."

"Never a problem."

"Thinking of changing pharmacy because of some of the staff attitude and incompetency."

"Sometimes my prescription takes nearly a week to be ready for collection."

"Text confirmation service to advise ready for collection is very patchy making collections difficult."

Case study: repeat dispensing.

A situation has been brought to our attention highlighting a process which is vulnerable to human error and where such error could have serious and potentially fatal consequences.

The process in question is where a patient's medication is either stopped or changed, and they are on repeat dispensing. The following should happen:

1. The GP should stop or change medications.
2. The GP Practice should then inform the pharmacy to let them know of the changes.
3. The pharmacy should make an immediate change to their records and ensure all prescriptions and medications are in line with the GP instruction.

Changes to the repeat dispensing system requires manual input from the GP, the GP Practice and the Pharmacy, and relies upon everyone doing what they are supposed to be doing in a timely manner. As highlighted in feedback in our report above, patients do experience errors made between the GP practice and the pharmacy.

As a further safeguard, before dispensing an electronic repeat dispensing prescription, the pharmacy should ask the patient four mandatory questions:

- Have you seen a health professional since your last repeat was prescribed?
- Have you recently started taking any new medications either on prescription or over the counter?
- Have you been having any problems with your medication or experiencing side effects?
- Are there any items you no longer need?

The situation that was brought to our attention involved an anti-platelet drug to reduce the risk of blood clotting being potentially dispensed with an anti-coagulant. This could have led to an enhanced risk of bleeding. Such a combination may be prescribed in exceptional circumstances after a risk assessment, but it should never be done inadvertently. In this case the recipient was a medical professional and able to spot the error, understand the serious implications, and resolve directly with their pharmacist.

Healthwatch Darlington are raising this as an issue of patient safety where repeat dispensing is combined with acute prescribing.

We are seeking reassurance through the appropriate channels within the Integrated Care Board, the Local Pharmacy Committee and the Primary Care Network that:

- A digital solution is being sought that eliminates risk as far as possible.
- Training is being provided to Health Professionals and staff at GP Practices and Pharmacies ensuring correct procedures for repeat dispensing are being followed as set out in NHS England's 'Electronic Repeat Dispensing Guidance. In particular that the mandatory questions are being asked of patients and the safeguards of the system as outlined in that document are being adhered to.

Conclusion

We are grateful to those who participated in our 2022 Pharmacy Survey.

Experiences reported were mixed, with some respondents praising the service they received and others detailing concerns around their experience.

Issues of patient safety were raised, when, due to human error, incorrect medicines were given out, incomplete prescriptions provided without advice and support, and out of date medications were prescribed despite being taken off the prescription by the GP.

Healthwatch Darlington will share the individual pharmacy-based feedback with each pharmacy and GP practices where appropriate.

We will share our findings with the North East and North Cumbria Integrated Care Board, Local Pharmacy Committee and Darlington Primary Network.

Recommendations

- A digital solution for the repeat dispensing process should be sought that eliminates risk as far as possible.
- Training should be provided to Health Professionals and staff at GP Practices and Pharmacies ensuring correct procedures for repeat dispensing are being followed as set out in NHS England's 'Electronic Repeat Dispensing Guidance'. In particular that the mandatory questions are being asked of patients and the safeguards of the system as outlined in that document are being adhered to.

Response from North East & North Cumbria ICB:

The North East and North Cumbria Integrated Care Board (ICB) is responsible for ensuring that high quality and safe health services are accessible to all our communities. It has a wide range of functions including; promoting integration of health and care services, improving people's health and wellbeing, and reducing health inequalities.

Repeat dispensing is an essential service within the Community Pharmacy Contractual Framework. The majority of repeat dispensing is now carried out by the Electronic Prescription Service (EPS) and is therefore termed 'electronic repeat dispensing' (eRD). EPS and eRD are digital solutions which are used nationally and are developed at a national level. Although the systems are digital, there are elements of eRD which require clinical input from GP practice and pharmacy teams.

Comprehensive training is available for both GP practices and community pharmacies on eRD, including via NHS BSA, NHS Digital, The Centre for Postgraduate Pharmacy Education (CPPE) and Wessex ASHN. In addition, additional training and support has been offered to GP practices in Darlington by NHS England.

Ewan Maule, Director of Medicines and Pharmacy, North East and North Cumbria Integrated Care Board

Response from Community Pharmacy County Durham:

The local organisation for community pharmacy is the Local Pharmaceutical Committee (LPC). In our area it is called Community Pharmacy County Durham. The LPC is the focus for all community pharmacists and community pharmacy owners and is an independent and representative group. The LPC works locally with NHS England Area Teams, CCGs, Local Authorities and other healthcare professionals to help plan healthcare services.

The LPC negotiates and discusses pharmacy services with commissioners and is available to give advice to community pharmacy contractors and others wanting to know more about local pharmacy. LPCs liaise closely with their medical equivalent the Local Medical Committee so that GPs and pharmacists can work together to deliver services to patients. LPCs also work closely with Local Dental Committees (LDCs) and Local Optical Committees (LOCs).

Thank you to **Healthwatch** Darlington for sharing the report with Community Pharmacy County Durham (CPCD) and to those patients who took the time to respond to the survey.

As they have been for everyone, the past three years have been incredibly hard for community pharmacy teams. Throughout the pandemic, when other healthcare professions have struggled to maintain a full service, community pharmacies kept their doors open, only in extreme circumstances did pharmacies reduce their hours. In spite of working under such pressure, community pharmacies continue to maintain a very high standard of service, as borne out by the hugely positive comments made by patients and the fact that the majority of those who replied did not experience any difficulty collecting their prescriptions.

CPCD notes that one of the issues highlighted by the report is frustration experienced in the timely receipt of medication. One reason for delays is the difficulty pharmacies are experiencing in sourcing stock. Shortages of medicines are becoming an increasingly frequent issue that can hinder pharmacy teams' efforts to dispense medicines in a timely manner. Teams are spending an increasing amount of time trying to get

medicines for their patients. Staff will always work hard to get the medicines needed as quickly as possible, unfortunately, for a combination of reasons, some items take longer than others to source. The fact that pharmacies use different suppliers to obtain their stock explains why one pharmacy may have a particular item in stock whereas another one does not.

Community pharmacy is experiencing a huge increase in workload at the same time as facing a funding and workforce crisis. Team members, including pharmacists, are being attracted to better paid posts, with shorter working hours, elsewhere in the healthcare system. The system itself has not put plans in place to mitigate against this; pharmacies are finding it very difficult to recruit replacements meaning that often they are operating on reducing staffing levels and, ever increasingly, with locum pharmacists. This may account for the comment made in relation to staff turnover.

As with every manual process, especially those with such high volume, human error is inevitable. This has been highlighted in the report with instances identified of patients receiving the wrong medication and medication missing. The key is for pharmacy teams to learn from mistakes made, the fact that **Healthwatch** Darlington is providing feedback to those pharmacies involved will help in educating staff.

CPCD notes the content of the case study; CPCD was asked to provide comment when the matter was raised initially with **Healthwatch**.

Finally, in response to the difficult financial position a huge number of pharmacies find themselves in, pharmacy bodies have launched a national *"Save our Pharmacies" campaign* to give new focus to calls for fair pharmacy funding in England.

Thank you again for bringing the content of the report to the attention of Community Pharmacy County Durham.

Greg Burke, Chief Officer, Community Pharmacy North East Central

Response from Darlington Primary Care Network:

Primary Care Networks consist of GP practices working together with community, mental health, social care, pharmacy, hospital, and voluntary services in their local areas in groups of practices known as primary care networks (PCNs).

In Darlington the 11 GP practices are all working together to achieve their key purpose which is *“Working to improve the health of the whole population registered at our member Practices, including tackling health inequalities. Increasing resilience in Primary care. Working together in new ways to manage rising demand”*.

Unfortunately, at the time of publication we had not received a response from Darlington Primary Care Network.

Acknowledgements

Thank you from Healthwatch Darlington

Thank you to members of the public who responded to our survey and shared their experiences to help improve services. Also thank you to the NHS Integrated Care Board and the Community Pharmacy County Durham for their responses to our findings.

Appendix one: Demographics

Age category	Participants	
13 – 15 years	1	Less than 1%
18 – 24 years	1	Less than 1%
25 – 49 years	32	18%
50 – 64 years	76	42%
65 – 79 years	58	32%
80+ years	11	6%
Prefer not to say	2	1%
Did not answer	0	

Gender	Participants	
Man	53	29%
Woman	122	67%
Non-binary	0	
Other	0	
Prefer not to say	4	2%
Did not respond	2	1%

Is your gender identity the same as your sex recorded at birth?	Participants	
Yes	171	94%
No	3	2%
Prefer not to say	4	2%
Did not respond	3	2%

Ethnic background:	Participants	
Arab	0	
Asian / Asian British: Bangladeshi	1	Less than 1%
Asian / Asian British: Chinese	0	
Asian / Asian British: Indian	0	
Asian / Asian British: Pakistani	0	
Asian / Asian British: Any other Asian / Asian British background	0	
Black / Black British: African	1	Less than 1%
Black / Black British: Caribbean	0	
Black / Black British: Any other Black / Black British background	0	
Gypsy, Roma, or Traveller	1	Less than 1%
Mixed / Multiple ethnic groups: Asian and White	1	Less than 1%
Mixed / Multiple ethnic groups: Black African and White	0	
Mixed / Multiple ethnic groups: Black Caribbean and White	0	
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background	0	
White: British / English / Northern Irish / Scottish / Welsh	156	86%
White: Irish	3	2%
White: Any other White background	8	4%
Another ethnic background	1	Less than 1%
Prefer not to say	5	3%
Did not respond	4	2%

Which sexual orientation do you identify with?	Participants	
Asexual	5	3%
Bisexual	1	Less than 1%
Gay man	3	2%
Heterosexual / straight	148	82%
Lesbian	2	1%
Pansexual	1	Less than 1%
Prefer to self-describe	3	2%
Prefer not to say	11	6%
Did not respond	7	4%

Which of the following best describes your current financial situation (select one option)?	Participants	
Very comfortable (I have more than enough money for living expenses, and a lot spare to save or spend on extras or leisure)	19	10%
Quite comfortable (I have enough money for living expenses, and a little spare to save or spend on extras or leisure)	80	44%
Just getting by (I have just enough money for living expenses and little else)	45	25%
Really struggling (I don't have enough money for living expenses and sometimes run out of money)	7	4%
Prefer not to say	23	13%
Did not respond	7	4%

Do you consider yourself to be a carer, have a disability or a long-term health condition? (Respondents could select more than one option)	Participants	
Yes - I consider myself to be a carer	16	9%
Yes - I consider myself to have a disability	39	22%
Yes - I consider myself to have a long-term health condition	84	46%
I am neurodivergent (Autistic, ADHD/ADD, Dyslexic, Tourette's etc.)	5	3%
None of the above	57	31%
Prefer not to say	10	6%
Did not respond	4	2%

What is the highest level of education that you have completed? (select one option)	Participants	
None	3	2%
Primary (left school before/ at 11)	0	
Secondary (left school before/at 16)	39	22%
A-levels, high school or equivalent	26	14%
Post-secondary vocational/ technical	34	19%
University (1st degree)	39	22%
Postgraduate (2nd or further degree)	23	13%
Prefer not to say	12	7%
Did not respond	5	3%



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