

Pharmacy: More than medicines

Exploring our local Pharmacy landscape
March/ April 2023

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Acknowledgements

Healthwatch Milton Keynes would like to thank the Pharmacy staff, and the members of the public we spoke to for their contribution to this project, notably for their helpfulness, hospitality, and courtesy.

We visited:

Jardines Brooklands

Jardines MK Village

Tesco Kingston

Boots Kington

Jardines Whitehouse

Hilltops

Clapham Heelands

Jardines Wolverton

Boots Stony Stratford

Cox & Robinson Stony Stratford

Jardines Oakridge

Peak Fishermead

Boots The Centre:MK

Late Night Pharmacy Bletchley

Peak Queensway

Peak Melrose Way

Smith P&I Whaddon Way

Our Enter and View Authorised Representatives were:

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Laura Osgathorp

Colin Weaving

Felicia Jones

Disclaimer

Please note that this report relates to findings observed on the specific visits undertaken. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time of our visits.

Background

The changes in Pharmacy provision and regulations.

Every Local Authority Health and Wellbeing Board (HWB) has a statutory duty to carry out a Pharmaceutical Needs Assessment (PNA) every three years. The 2021 PNA was postponed because of the COVID-19 pandemic and was published in October 2022.

The aim of a PNA is to enable local pharmacy providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities.

Healthwatch Milton Keynes was involved in the development of the 2022 PNA, and at its completion had concerns that the local pharmacy landscape was changing dramatically just as the assessment was published. In part these changes were a result of closures and changes to opening hours of local pharmacies, particularly those located in supermarkets and those run by larger corporations who wished to divest themselves of many of their less profitable branches. Another significant emerging change was the decision made by the Government and NHS England to delegate the direct commissioning of Dentistry, Optometry and Pharmacy services to Integrated Care Boards from April 2023.

NHS England established 42 statutory Integrated Care Boards (ICBs) on 1 July 2022 in line with its duty in the Health and Care Act 2022. This was as part of the Act's provisions for creating Integrated Care Systems (ICSs).

The ICB is a statutory organisation that brings the NHS and Local Authorities across a large geography (our ICB covers Bedfordshire, Luton and Milton Keynes) together locally to "improve population health and establish shared strategic priorities within the NHS". They are responsible for planning and funding services, taking local health needs into account.

Bringing the management of pharmacy contracts under local control gives pharmacists more responsibility for things such as health screening and immunisations. The ICB will be drawing on the findings in the PNA when making decisions about commissioning pharmacies. However, the needs for Milton Keynes may require scrutiny and further review due to the reduction in pharmacies since the PNA's publication.

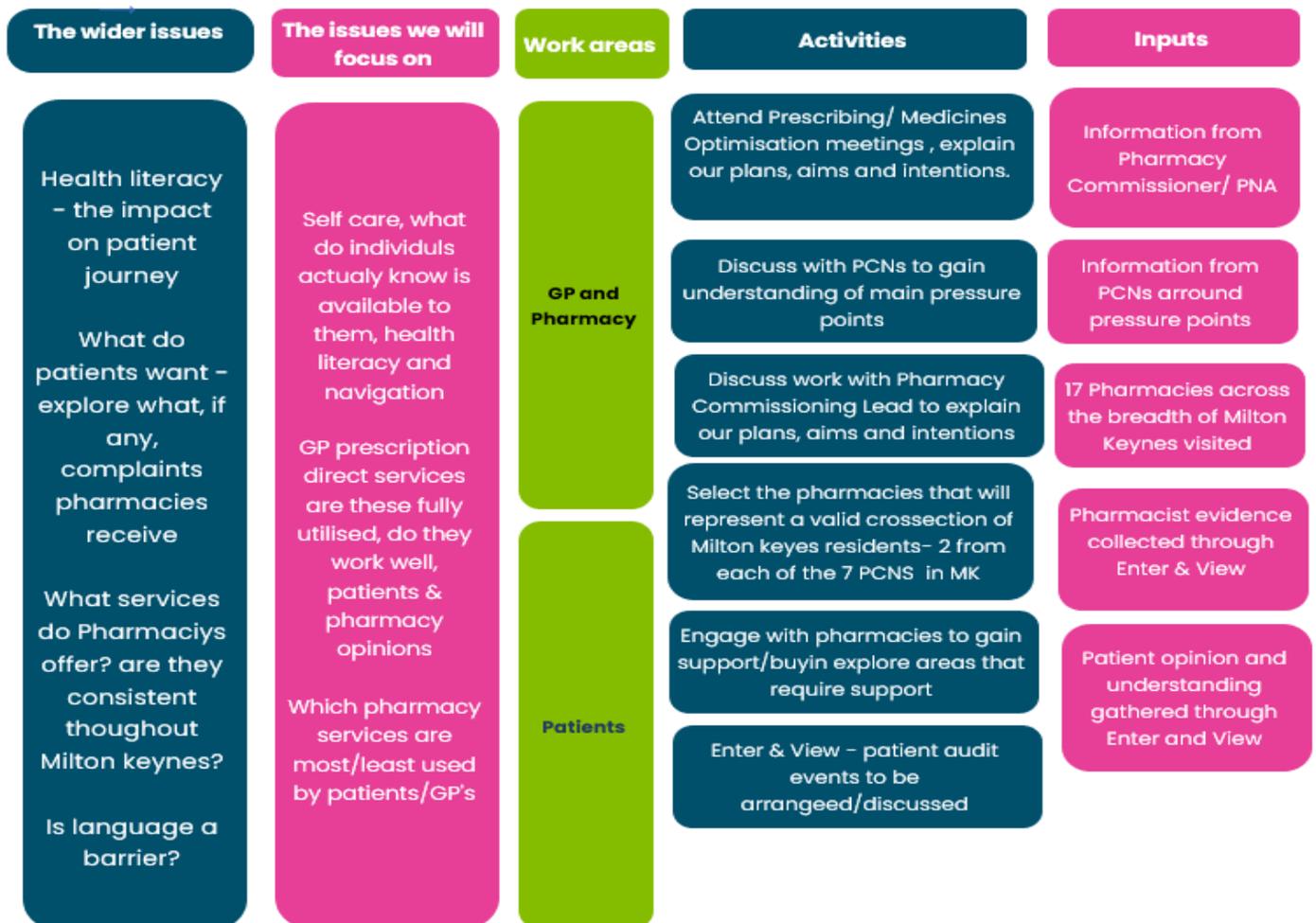
For its part, the Royal Pharmaceutical Society has said it hopes that ICSs will "consider how they best use the pharmacy workforce to deliver population health and support people with long-term conditions". It hopes this will include giving pharmacists "access and input into" patients' shared care records.

Methodology

With the responsibility for how residents experience services and quality of care through their pharmacy moving from regional NHS teams to the Integrated Care Board from April 2023, Healthwatch Milton Keynes wanted to gain a fuller understanding of the current patient-pharmacy-commissioner relationship.

Using our Theory of Change framework, we created an approach to gather information to understand current perceptions of care so as to support the ICB, local pharmacy providers, and GP practices in developing an integrated offer which will include and benefit patients and the system alike.

Scope and planned activities



Outcomes

Using the Theory of Change we set out the desired outcomes of the activities.

Short and medium-term outcomes



Long term outcomes

Fully integrated GP and Pharmacy processes

More consistent Milton Keynes wide Pharmacy offer of services

Patients fully utilising Pharmacy services

The wider impact

Milton Keynes residents have a greater understanding of self care, have a better understanding of what is available to them and are able to access everything that is offered. Open and transparent working between GPs and pharmacy, patients fully utilising all that is on offer from the pharmacy network.

Enter and View

Healthwatch Milton Keynes has been set up by the Government with a number of legislative requirements which include:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local health and social care services.
- Enabling local people to monitor the standard of provision of local health and social care services and whether and how local care services could and ought to be improved.
- Obtaining the views of local people regarding their needs for, and experiences of, local health and social care services and, importantly, to make these views known
- Making reports and recommendations about how local health and social care services could or ought to be improved. These should be directed to commissioners and providers of those services, and people responsible for managing or scrutinising local health and social care services and shared with Healthwatch England.

(Section 221(2) of The Local Government and Public Involvement in Health Act 2007)

Part of the local Healthwatch programme is to carry out Enter and view visits. Local Healthwatch Authorised Representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. Healthwatch have an additional statutory power to Enter and View providers to observe matters relating to health and social care services:

- Organisations must allow an authorised representative to Enter and View and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services.

(The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013)

Enter and view visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

Although the name 'Enter and view' can sound quite confrontational, because it is a statutory function, we are unable to change its name. It is not intended to be an audit or an inspection, nor are we looking to 'catch people out'. Instead, it is an opportunity find out more about people's experiences of services. Each visit, or programme of visits, must be for a planned and stated reason. While Local Healthwatch are able to carry out these visits with or without notice, Healthwatch Milton Keynes have made an organisational decision to make 'announced' visits wherever possible, as this reinforces the collaborative approach we prefer to take.

Enter and view can only take place where the service is being delivered. This means that we don't undertake these visits to an organisations Head Office where only administrative functions take place.

Healthwatch Enter and view visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Milton Keynes' safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

Stated Purpose of Visit

The purpose of this Enter and View programme was to:

- explore with Pharmacy staff, how involved they feel in the local 'neighbourhoods' and with their local Primary Care Networks (PCNs).

And:

- to speak to pharmacy patients and customers to explore the ways, and reasons, they utilise their local pharmacy.

Public perception

When we speak to people during visits like these, we utilise a set of conversation prompts rather than running through a strict questionnaire. This approach enables our team of Authorised Representatives to guide the conversation to the areas we are looking to explore but does not prevent people from telling us what is important to them. Generally, during the conversation, people naturally provide answers to the questions we are looking to answer, but not at the expense of their own stories and experiences.

We started the conversation with people by asking them why they were at the pharmacy today, and why that particular pharmacy? The conversations and observations were recorded via handwritten notes which were then entered into the spreadsheet for analysis.

We spoke to **101** members of the public during our visits.

86 people were at the pharmacy to fill or collect a prescription or to collect the items 'owing' on their last prescription for themselves or for a client.

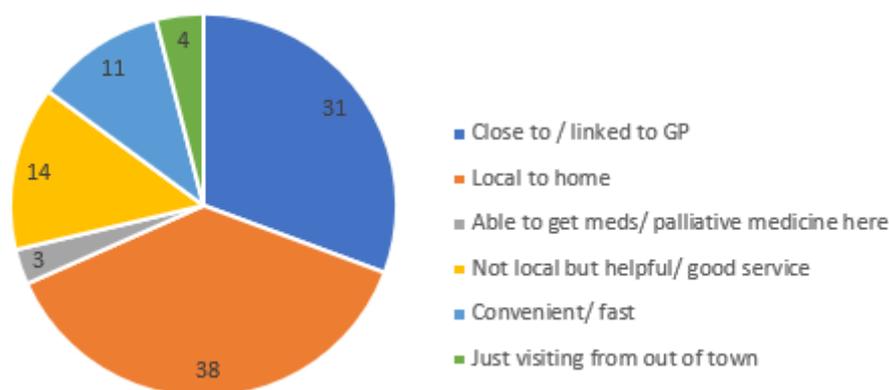
13 were there to buy over the counter medication or other self-care items such as sunscreen. One of these people was a school nurse replenishing the medical room supply of paracetamol but found that there was no suspension available, only tablets.

The remaining **two** people were there for the retail offer and/ or to use the onsite Post Office.

Is this your regular pharmacy and why this pharmacy?

85 people told us this was their regular pharmacy. When we asked why people chose this pharmacy Most people responded that it was convenient for their location in some way. Three people told us that they used different pharmacies depending on whether it was a weekday or a weekend.

Why this pharmacy?



Staff interactions

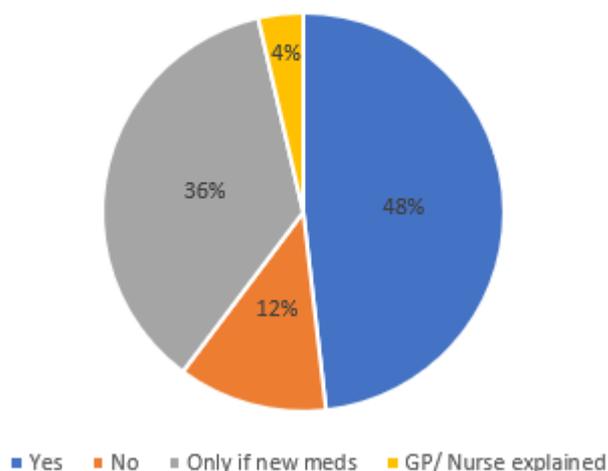
Overall, people who told us they had spoken to either counter staff or the pharmacist on this visit said that where they needed help, staff were polite and very helpful. For a small number of people, the level of help they received depended on the staff member they spoke to.

People who were buying over the counter medication or shopping tended not to have spoken to anyone other than the counter staff when paying as they knew what they were looking for so didn't need assistance.

People told us they liked the ease and speed of the electronic prescription service and of online ordering services. We had four people tell us that they had paper prescriptions because it can be quicker to physically take this to the pharmacy than wait for the electronic version to be sent and it was easier to go elsewhere if the electronic prescription can't be filled.

In a deeper exploration of staff and service user communication we asked about the explanations and directions given by pharmacy staff regarding prescriptions or over the counter medication:

If you were filling a prescription or buying over counter medication, was it explained to you how to take it?



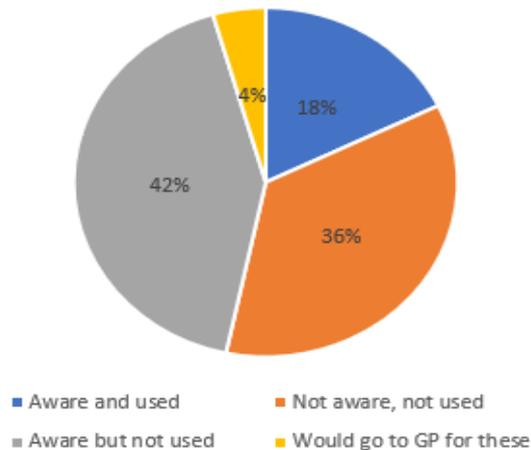
Almost half of the people we spoke to said their pharmacist team always explained how to take their medication.

One person told us that their pharmacist had picked up issues where new medications will have had potentially unsafe interactions with existing medications.

The **36%** of people who said they only had an explanation if it was a new medication felt that this was appropriate as most of them were long term medicines.

Everyone we spoke to said that when explanations were given, they were clear and easy to understand, with one person telling us they could read the instructions themselves anyway.

Other pharmacy health services



Enhanced services delivered by pharmacists can include smoking cessation, emergency contraception, vaccination (such as the Flu jab), and blood pressure monitoring and we explored service users' awareness of additional services offered by their pharmacy. We also asked, where appropriate, if people were aware of the availability of a private consulting room.

Vaccinations were the most well-known enhanced service, and one person did tell us that they would generally ask the pharmacist about managing illnesses rather than trying to get to a GP as they are generally unable to leave work during the day when GPs appointments are available.

We asked people if they had required additional help with communication when speaking with staff, for example - translation, Easy Read, large print, hearing loop or some other support such as a Dositte Box. If they answered yes, we asked if this support was easy to access.

The few people who told us they did need some support with communication said that they generally had no issue getting the help they needed. One person told us that the pharmacist not only ran through the explanation of their medicines, but they also gave advice on hydration and wrote it all down for them.

Opening hours

We asked people to tell us if their pharmacy was open as advertised. Most people said yes, and a few were pleasantly surprised that the pharmacy was open 30 minutes later than they thought it was. Although one person told us that they don't open at 8.45 the signage says are. This person was aware that the opening hours would be changing but said they were confused as to this was happening. They also said that because the GP opens at 8am they had to loiter in the mornings but at 6pm it is normally "heaving with people" so they leave it for the night and go back the next day.

When we asked if the opening hours were convenient, there was a fairly even split between those that thought they were and those that did not. The biggest problems for people were a misalignment with the 'attached' GP practice's hours. Lunchtime closures and no Saturday/ Sunday opening makes access for working people an issue.

One thing you would change?

Healthwatch Milton Keynes always ask people to tell us the one thing they would change if they could.

15 people said that the opening hours were an issue. These people said that because their pharmacy closed at lunchtime, at weekends, and around 6pm on weekdays, it made access very difficult for working people.

20 made mention of the need for more staff, or more consistent staffing. Having a 'regular' pharmacist and pharmacy team was felt to be important by these people. It was also felt that the long queues could be alleviated by either more staff during peak times or perhaps better systems at the counter.

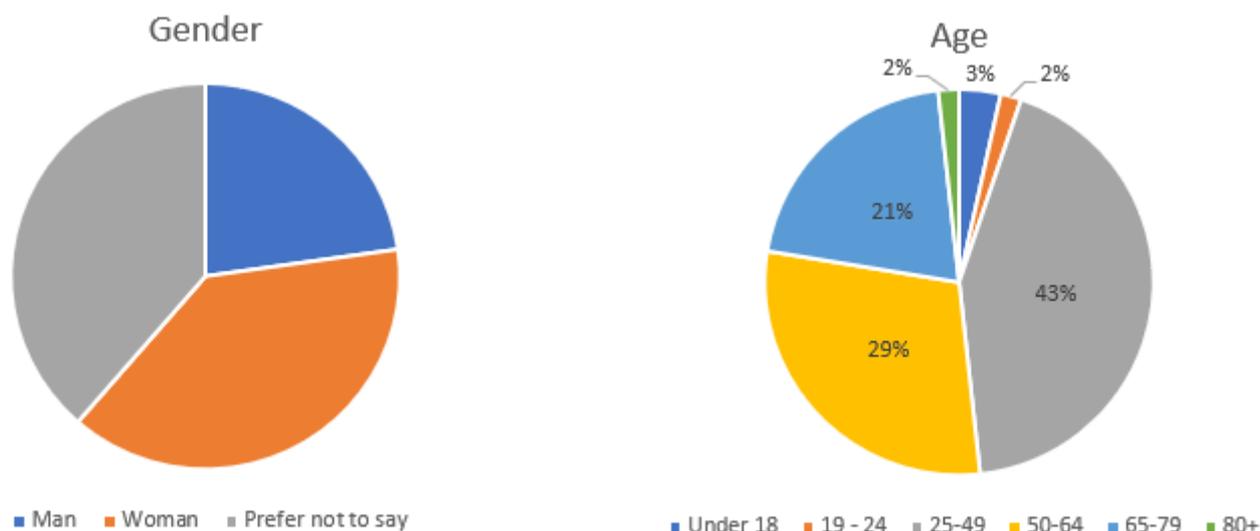
People expressed sympathy for staff who were under pressure due to the pressures caused by low staff numbers and high customer/ patient numbers. One person noted that staff put up with a lot and shared a story of seeing a customer shouting at staff. It was also noted by others that when staff were under this much pressure, mistakes were made.

6 people would like to see better communication between their GP and their pharmacist. We were told that issues with prescriptions can often take a number of days to resolve.

6 people told us that they regularly had to return to the pharmacy to collect 'IOU' items because of low stock levels. One person told us it was "easier to get a sugar loaded drink at the pharmacy than it was to get medication".

On the whole, people were generally happy with the patient focus of their pharmacy, with even most of those who gave suggestions for improvements made positive comments about the staff attitudes.

Demographics



One person told us that their gender was not the same as assigned at birth.

74% of people we spoke to were **White British**

2% were **Irish**

2% were **African**

7% were **European**

16% preferred not to say

Twenty-four people told us they had a long-term condition or disability. **Asthma**, **mobility issues**, and **arthritis** were the most common ailments mentioned.

Fifteen people told us that they were carers.

Pharmacist views

Staffing

We asked pharmacy staff if they were comfortable with their staffing levels. The smaller independent pharmacies, who had more control over staffing decisions, tended to be happier than those who worked for the bigger organisations. In these larger companies, the budgets for staffing are decided at the head office and there is not the same flexibility for these pharmacies.

The underlying theme throughout was that staff levels vary from time to time, and as with every facet of the health and care landscape, suitably trained staff are not readily available.

We asked about the use of locum pharmacists and only **one** pharmacy said that they did not use them. **Six** pharmacies told us that they used only locum staff, and the remaining pharmacies told us they used locum pharmacists to cover holidays and sick leave.

We also asked whether the use of locums was by choice or by necessity. Only **three** pharmacists said that it was by choice. One of the comments we received was that it was a necessity because being a pharmacist was “not seen as being a very desirable job at the moment”.

Integrated Care Board

When asked how comfortable pharmacists felt with the delegation of pharmacy commissioning to the Bedford, Luton, and Milton Keynes Integrated Care Board (BLMK ICB), almost **half** of the pharmacists said they didn't know what the ICB was. Many of the pharmacies we spoke to were locums or 'floating' staff from their organisation so this is, perhaps, unsurprising.

The remaining pharmacists had mixed views; ranging from resignation to yet another change that the pharmacists will adapt to, through to a fairly cynical view that: *“It is a rebranding of stuff as a different name. It is no change since devolved from the Clinical Commissioning Group. Too many people involved with no clear objectives and no idea of who does what. The local area team has never been the same and not been reimbursed sufficiently. Local service provision is more disjointed and doesn't even exist”.*

When we asked if pharmacists thought it would make a difference to staff and/or patients and most felt that, while education for all parties (staff, patients and the ICB) was required, ultimately it wouldn't have any effect on staff, but they held concerns for patients. The general feeling summed up by one pharmacist's comment that *“managing the volume of work and managing patient expectations will continue. Patients think they can check a prescription quickly and dispense but it is much more involved than that”.* Another mentioned the loss, in the past few years, of invitations to pharmacy training sessions about changes to prescribing and pharmacy based enhanced health services.

Changes to repeat prescription methods

Most pharmacists told us that the new systems provided better audit trails and has cut down on ordering workload leading to reduced medication wastage in most cases. There was concern that some patients were hoarding medications and that in these groups there was still a lot of medicine wastage.

Several pharmacy staff made reference to the increase in referrals from the 111 service because people are unable to get GP appointments.

Do patients understand the new system?

Pharmacists generally felt the system wasn't fully understood by patients and, while it was relatively easy to explain, this still took a lot of time and led to increased patient frustration.

The main issue was that patients didn't understand the time it took for the prescription to get to them from the GP Practice and the time it takes to be filled, that it wasn't an instantaneous process. One pharmacist told us that the number of prescriptions that were never collected was "*disgraceful*".

What do you tell patients if you can't fill a prescription?

All of the pharmacies said they would offer to order the item or return the prescription (or if electronic, return it to the spine) to the patient and advise them to try another pharmacy. Only where the prescription was for End of Life drugs did the pharmacy refer to any specific pharmacy who had the items in stock.

One pharmacist said they would also offer to change the prescription (where appropriate) and another said they would suggest the patient returned to the GP to have the script changed.

What improvements would you like to see?

The overriding theme of the responses to this question was that Pharmacists would like the NHS contracts to reflect what they actually do. What the NHS pay pharmacies for medications is not aligned with the price the pharmacists buy them at.

Pharmacists would like their profession to be promoted and to be regarded as the health professionals that they are. They feel that this would also help attract people into pharmacy as a career.

Pharmacists would also like to have an easier way to contact their patient's GP practice to discuss prescriptions, drug interactions and to check for correctness when they pick up issues, than they do currently. While a small number of pharmacies have a direct line to their local GP practice, in the main, pharmacists have to wait in the telephone queue along with everyone else.

Community Pharmacists also wanted to know what the role and duties of the Pharmacists working within GP Practices were, as they were unsure how or where they 'fit' into the local system.

Recommendations

This report contains feedback from just **over half** the number of people, and more than **three times** the number of pharmaceutical providers as the recently published PNA. Healthwatch Milton Keynes ask that the ICB Pharmacy, Optometry and Dental (POD) Delegation and Transformation team, consider the information contained within when making commissioning and provision decisions.

In light of the rapidly growing need and the already much changed local provision, we also ask that the Milton Keynes Health and Care Partnership (MK HCP), formerly known as the Milton Keynes Health and Wellbeing Board, and the Director of Public Health consider this information, alongside the PNA's own recommendation 8a:

- *"Given the future housing growth anticipated in Milton Keynes, the provision of pharmaceutical services should be monitored and reviewed to ensure the demands of the population are met."* – p16, Milton Keynes PNA 2022

The PNA is predicated on a pre-2021 census projection of a population of 270,200 served by 47 pharmacies, which equates to an average of 17.4 community pharmacies per 100,000 population. This was already lower than the 20.5 per 100,000 population in England.

The current 2021 census figures show that our population is 287,100¹ which is served by 45 pharmacies, equating to 15.7 community pharmacies per 100,000 people. **Two** closures from **47** pharmacies is more than a 4% reduction. Added to that, any reductions in opening hours in those that remain could be equivalent to more complete closures. Healthwatch Milton Keynes suggest that this represents a material change that needs further examination.

Healthwatch Milton Keynes appreciate that the current PNA was produced with the information available at the time, we also note that the PNA states, on page 17, that "this document should be revised **within** three years of its previous publication".

¹ <https://www.ons.gov.uk/visualisations/censusareachanges/E06000042/>, Accessed May 2023



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