



The future of pharmacy services:

Views and experiences of users in
Waltham Forest



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Summary and recommendations

It is clear from the discussions and comments received that people value the pharmacy role and consider it a key component in the delivery of preventative healthcare measures and wider services.

The NHS England Call to Action framework allowed participants to explore this role and its current ‘fit’, and think further about a place for pharmacy services in the changing health and social care structures and increasing integration of services.

Overall, it is clear that there is scope for the development of pharmacy services in both fulfilling a wider number of functions and becoming more closely aligned with particular services and key partners. There is also the need for greater transparency and a rethinking of medicines management as the first option.

The table below outlines some recommendations based on the discussions that took place during the workshop. Where appropriate we have clarified who the recommendation is most applicable for, and where possible we have kept the recommendations local, looking to local partners to respond and fully consider the options available to them. In most instances the recommendation may be applicable to more than one body or organisation, including the national commissioner of pharmacy services - NHS England - and the regulator - General Pharmaceutical Council (GPhC). We would therefore urge all partners and stakeholders across the health and social care sector, both locally and nationally, to fully consider the issues and recommendations outlined in this report and use the patient voice to start conversations about how to work together in a more joined up way, keeping patients at the centre of any future service developments.

<i>Issue</i>	<i>Lead</i>	<i>Recommendation</i>
Variability in pharmacy service provision	Health & Wellbeing Board NHS England	(1) Review availability of core and enhanced pharmacy service provision across Waltham Forest, including availability of emergency, sexual health and needle exchange services; opening hours and geographic spread with a view to ensuring: All residents are within a certain walking distance from a pharmacy Pharmacists offer staggered hours so that people can access at various times, including evening and weekends. A consistent emergency and out of hours service(s) is available Consistent sexual health services are

		available There are appropriately located and delivered needle exchange services
Tailored support is required for vulnerable patients and client groups	Pharmacy providers and NHS England	(2) Consider options for pharmacy champions/leads in particular areas of service provision and conditions, including alternative and complementary health services, and Dementia.
Lack of coordination within key primary care services	GP and Pharmacy providers WF developing GP Provider Networks WF CCG LBWF NHS England	(3) Review current alignment and options for joint GP and Pharmacy working, in particular around: Vulnerable patients Those with Long Term Conditions (LTCs) Repeat prescription and first time prescribing First port of call Out of hours (OOH) Patient education (4) Review systems needed to progress these options eg. Patient record access; communication protocols
Lack of integration of pharmacy services within wider health and social care services	Health & Wellbeing Board	(5) Round table discussions between pharmacy and key service delivery partners to consider more joined up ways of working. To include: GPs Social services Public Health Care homes Homecare agencies Hospitals Community services Mental Health services Multi-disciplinary Teams (MDTs)
Lack of integration of pharmacy partners within wider health and social care planning and commissioning discussions	WF CCG LBWF Health & Wellbeing Board	(6) Round table discussions between key planning and commissioning partners to consider greater involvement of pharmacy partners at local level discussions. To include: Clinical Commissioning Group (CCG) Local Authority Health and Well Being Board
As yet an unrealised and potential role for pharmacy services	Pharmacy providers NHS England	(7) Pharmacies, together with patients, to review current and potential role in an extended range of services in line with local needs: Discharge Management of Long Term Conditions (LTCs) Working with elderly patients around

		<p>medicines management/reviews Working with Dementia patients and carers Mental Health liaison and support Diet advice ‘MOT’/screening checks Sleep clinics Follow-ups Pharmaceutical support plans</p> <p>(8) Undertake cost benefit analysis to ascertain whether it is more cost-effective for GPs, practice nurses of pharmacies to provide certain services.</p>
<p>Low levels of knowledge about the pharmacy ‘offer’ and inconsistent advertising and information provision</p>	<p>Pharmacy providers</p>	<p>(9) Involve patients in evaluating current information provision, advertising materials and marketing mechanisms with a view to: Offering consistency Clear information on emergency service provision Options for joint campaigns with key partners Utilising local outlets and opportunities Developing outreach Ensuring communication uses plain English and wider accessibility and communication needs are catered for.</p>
<p>Mistrust and anxieties around pharmacy services and drivers</p>	<p>Pharmacy providers</p>	<p>(10) Work with patients and the wider public to develop information and awareness campaigns around: Transparency of funding for pharmacy services. Information and advice around generic drugs and why these are used Possible side effects from commonly used medication and when/what people should report</p> <p>(11) Issue guidance for pharmacy staff regarding promotion of non NHS medical companies and services</p> <p>(12) Involve patients and wider public in a review of how pharmacies are inspected and regulated in order to reassure public that adequate safeguards are in place</p>

Introduction

Healthwatch and the NELPPP (North-East London Public Pharmacy Partnership) held a joint consultation event at Vestry House Museum, Walthamstow on 6th February 2014 as part of NHS England's Call to Action to look at the future potential role of pharmacy services in healthcare provision. The event also took the opportunity to introduce people to the Waltham Forest Pharmaceutical Needs Assessment (PNA), currently in production, and sought early comments on some of the topics discussed within it.

Close to fifty people attended and fed into the discussions. These were a mixture of Healthwatch members, members of the public and representatives from third sector organisations. Eight pharmacists were also in attendance helping to facilitate table discussions.

The information below is a write up of the discussions and comments received, which in turn have been used to identify some potential recommendations for the commissioner, provider organisations, and a wider variety of partners and stakeholders within the health and social care sector.

The participants discussed four general themes posed by NHS England and also considered the local Pharmaceutical Needs Assessment.

- Theme 1** How can we create a culture where the public in England are aware of and utilise fully the range of services available from their local community pharmacy, now and in the future?

- Theme 2** How can the way we commission services from community pharmacy maximise the potential for community pharmacy to support patients to get more from their medicines?

- Theme 3** How can we better integrate community pharmacy services into the patient care pathway?

- Theme 4** How can the use of a range of technologies increase the safety of dispensing?

Waltham Forest Pharmaceutical Needs Assessment

Discussion included broad topics such as location of pharmacies, opening hours, spread of core vs enhanced services, sexual health and needle exchange services.

The results of all these conversations are summarised under four topic areas:

- 1. The role of pharmacies and the service provision they offer**
- 2. Working with partners/joined up working**
- 3. Advertising and marketing**
- 4. Challenges**

The role of pharmacies and the service provision they offer

Discussion in this area was extensive, with participants identifying potential new services, modified services and existing services that might be better placed within the pharmacy environment. It is clear that there remains scope for pharmacy services to develop, innovate and lead in the delivery of many aspects of primary care and public health delivery.

Services

Suggestions from participants included the possibility of pharmacies in different areas ‘championing’ certain conditions or diseases. Whilst this idea was generally supported, one person commented:

- *Consistency of services is required to avoid confusion! ‘Flavour of the month’ campaigns and initiatives can be confusing!*

People talked about the current range of prevention services offered by some pharmacists, with one person saying these are ‘*all good and highly used*’:

- quit smoking
- methadone
- monthly prescription collection
- cholesterol checking
- blood sugar testing
- blood pressure checking

The suggestion was also made that pharmacists could offer the following services in future:

- diet advice
- ‘MOT’/screening checks
- sleep clinics

Participants agreed with statements that community pharmacy could be a first port of call for minor ailments and be utilised better for the management of stable long-term conditions. They also suggested that in future people could go to their pharmacist instead of their GP for many services, including prescriptions for antibiotics, rather than just for minor ailments, as at present. People were in favour of medication reviews being conducted by pharmacists for patients with stable, long-term conditions.

- *More prescribing powers, including antibiotics.*

- *People could go to the pharmacist instead of the GP for many services. Pharmacists could serve more than just minor ailments.*
- *Medication review at pharmacy is a good service*
- *First contact for health advice*
- *Why don't Asda and other large supermarket chains provide minor ailments services?*

Treatment and follow-up

Here people reflected on the important role pharmacists play in supporting patients with mental health conditions, as well as the possibility of offering follow-ups in pharmacies relating to health tests. One person also mentioned the possibility of providing a pharmaceutical support plan for the housebound.

- *One participant mentioned the need for 'more mental health liaison'.*
- *A pharmaceutical support plan within pharmacy as a possible support to the housebound, for example: cholesterol, BP, diabetes and urine tests*

Urgent care

Participants said that the general public need to know what emergency services are provided by pharmacists and suggested that in future pharmacists should have the power to issue emergency medicine and refer people to hospital to see a specialist because of the time it can take to make an appointment with a GP.

- *We need information on what emergency pharmacy services may offer.*
- *At times of emergency if we cannot get access to a GP for several days, shouldn't pharmacy have more right to issue emergency medicine or referral to hospital to see a specialist? In some cases it takes more than 19 days to see a GP.*

The special relationship people have with their pharmacist

There were a number of comments made about the special relationship that many patients have with their pharmacist, with people pointing out that they see their pharmacist more often than their GP and therefore may be better placed to undertake certain vital conversations.

- *Patients are 'more likely' to confess to not taking medicines to a pharmacist, rather than their GP.*

- *A personal relationship with the customer is very important, therefore are small local pharmacies better at it?*
- *I see my pharmacy more than I see my GP and consultant. He recognises when I don't seem well and he is the one that advises me to go to X to seek help for my condition.*
- *My pharmacy is near my home, the staff are very helpful and supportive and the pharmacy has a good relationship with our family.*
- *Local pharmacists know the local culture.*
- *Local pharmacists can speak local languages*
- *Local pharmacists will know about local cultural differences and also alternative medicines, which some cultures prefer.*
- *People can choose their pharmacists much more easily than they can choose their GP.*

Alternative and complementary health

Participants also spoke about a role for pharmacists in promoting and advising around alternative health options:

- *Most medicines prescribed are not being consumed by the patients due to side effects. Why doesn't the NHS offer alternative medicines - more natural, homeopathic and herbal monitoring. Not all medicines are suitable for everybody.*
- *Healthy lifestyle doesn't mix with pharmaceuticals. Medications don't cure.*

Location, opening hours and number of pharmacies

The participants considered three main areas: location, staggered hours and emergencies.

Location

All participants agreed that all residents should be near a pharmacy.

- *Access in local vicinity is a must*
- *We need pharmacies within walking distance, and at supermarkets.*

Staggered hours

Participants felt that pharmacists should offer staggered hours so that people can access pharmacy services at various times, including evenings and weekends. They also felt it should be easier to find out opening times, although one of the

pharmacists attending the event pointed out that it is difficult for pharmacists to get features in their local paper.

- *Pharmacies could work different shifts?*
- *Hours should be staggered among local pharmacies.*
- *Staggered opening hours and more choice*
- *People don't know where the pharmacies are which are open in the evenings and at weekends.*
- *Raise greater awareness of opening hours.*

Emergencies

Participants also agreed on the need for emergency pharmacists offering an out of hours service and for clear information on what areas this service covers and where the emergency pharmacists are located.

- *Every locality should have an emergency pharmacist available and this should be advertised prominently.*
- *There should always be one emergency chemist available and this information should be advertised on the doors of pharmacies when we are coming up to Bank holidays, etc.*
- *I would like to see where emergency chemists are and what they can prescribe (drugs-wise), e.g. if Mental Health person in crisis or need emergency contraception. You need a list so people know.*

Dementia

Some participants felt that pharmacists could play a role in Dementia related services, namely: providing basic information (printed, verbal) for people with dementia and their carers on where to get advice, support and diagnosis; ensuring pharmacies offer 'dementia friendly' environments; and that Dementia Awareness training should be part of pharmacist training.

Sexual Health services

Some participants also expressed service development possibilities concerning contraception and sexual health:

- *With access to patients records a long term goal could be for pharmacists could prescribe contraception*
- *Getting emergency contraception...some pharmacists used to be reluctant on religious grounds*

- *Sexual health services at pharmacies need to be distributed across the borough evenly.*
- *There are excellent sexual health services at pharmacies for young people, but they are NOT always advertised.*

Needle exchange

Some participants identified a shortage of the needle exchange service and better use of consultation rooms when serving some client groups:

- *I was waiting at pharmacy for prescription and two methadone clients came in and were given their dose at the counter. Consultant room was available but pharmacist chose not to use it. I complained to Deputy Manager and she agreed that it was inappropriate and consult room should be used where possible.*

Use of robotics within the dispensing and supply process

There was a mixed participant response to questions around the use of robotics. Some participants were worried about more errors being made, whilst others thought there would be fewer errors. Other participants remarked that machines cannot make judgement calls, whilst others feared a loss of personalisation.

- *Dispensing by a trained pharmacist would ensure that the patients get the correct medication and advice.*
- *Less human error*
- *Robots are programs and can't make judgements. This presents a risk.*
- *Personalisation?*
- *I think pharmacists will be left behind if they don't become more proactive.*

The design of pharmacy premises

Participants stressed the need for a separate private area for consultations with the pharmacist and one remarked on funding implications.

- *Separate area for privacy.*
- *Private area for consultation*
- *Not so congested!*

- *Most pharmacies are too small and do not have a consultation room. Do they get help with finance for expansion of the property?*

IT role in healthcare and apps

Participants spoke about how applications (apps) on smart phones can be tailored to individual needs, but expressed concern that apps may be used to replace NHS professionals in future and put more responsibility onto patients for their own healthcare.

- *Personalisation - apps tailored to individuals.*
- *Will apps replace the professionals? Are apps placing more responsibility on the patient?*
- *The NHS is obliged to help people with conditions, including obesity. Apps do not replace NHS professionals. Onus should remain on NHS professionals.*

Participants also stressed that not everyone has access to IT and that those with access will need technical support.

National versus local commissioning

- *National standards but local commissioning.*
- *Devolving funding to the local area, which is currently held nationally*
- *Local commissioning would be more desirable and appropriate, but could this result in a 'post code lottery'?*

People also commented on a range of topics around the themes of funding, public vs private and related anxieties:

- *Make sure pharmacists aren't promoting or referring patients to private companies. I believe in an NHS.*
- *How can we support small local pharmacists?*
- *Don't allow Tesco pharmacy to open near independent pharmacies*
- *Are small local pharmacies situated where the 'big chains' won't go?*

Participants had anxieties concerning the possible drop in quality of the drugs the NHS buys and the tendency to provide cheaper generic alternatives to named, but more expensive brands.

- *Worried about the types of drugs the NHS buys: the cheapest; side effects; the companies they get the drugs from*

- *They keep changing to cheaper drugs (blood pressure), which are not as effective as before and are reduced quality*
- *If you are a pensioner and not paying for meds, they give you a cheaper one than if you pay for yourself*
- *Inequalities in health is a real issue. Patients cannot afford to purchase the medication which they need and want. What will the NHS do to help?*
- *Two participants mentioned the need to prevent/reduce wastage and costs for the NHS.*

Other general comments

- *Pharmacies don't always have the medication you need or enough of it.*
- *There will be the need to inspect the quality of this extended provision. Will this be done?*
- *If prescribing, will pharmacists need to be inspected (by the CQC)?*

Working with partners/ joined up working

Participants spoke generally about the need for pharmacists to be part of multidisciplinary teams and to work more closely with other healthcare professionals and then went on to discuss some particular partners in detail.

- *Pharmacists should be part of the multidisciplinary teams (MDTs) in the community (they're already involved in MDTs in hospitals)*
- *It all goes back to having a patient-centred system where pharmacists, GPs and hospitals work together to provide patient-centred care. The pharmacists need to be at the table.*
- *Overlap of services needs to be identified - joined-up thinking?*
- *Get involved with all providers, especially social care services.*
- *Can there be a consistent Medical Administration Record used by all pharmacies in WF? Means easier training for Domiciliary Care workers and hopefully less errors. (picked up via safeguarding cases.)*
- *Why don't we use some 'standard' bits of kit, e.g. one diabetic blood monitor instead of lots of different types?*

GPs

Participants made a great many comments on the need for more collaboration and communication between GPs and pharmacists to improve outcomes for the general public, particularly as GPs and pharmacists are often looking after the same patients. Other suggestions covered joint advertising of GP and pharmacy services and the need for better communication between all healthcare workers and pharmacists.

- *Joint education with GPs, pharmacists and nurses to work out which bit pharmacies do*
- *GP's should be 'obliged' to work with pharmacists. There needs to be a top-down approach in this respect.*
- *Should there be a contractual obligation for GPs and pharmacies to work together?*
- *GPs and pharmacists need to sit down and plan a repeat prescription service together*
- *Work out which services pharmacies could offer to back up what the GPs are doing, e.g. medicine reviews*
- *GPs and pharmacies should communicate better.*
- *We want pharmacists and GPs to work together for the benefit of the client.*
- *It all goes back to having a patient-centred system where pharmacists, GPs and hospitals work together to provide patient-centred care. The pharmacists need to be at the table.*

- *Joint education with GPs for training*
- *Join up with the GPs for training to assess where pharmacists could be of most use. Build local relationships between GPs/pharmacists. We must work together!*
- *Better integrated work between GPs and pharmacists as they are looking after the same patients. We register with GP, why not with pharmacist?*
- *Pharmacist to review medication dispensed and feedback to GPs for effectiveness. Offer expert advice to GPs. GPs do not have the time to follow up long-term conditions. Pharmacists can do more to help and report back to GPs.*
- *GPs are going to have to be prepared to release some of the services (and budget) to pharmacies*
- *Joint advertising (by GPs and pharmacists)*
- *Better communication between health workers and local pharmacists*
- *'GP's don't know all symptoms of all ailments - pharmacists should assist GP's with diagnosis.'*

Clinical Commissioning Group (CCG), Health and Well Being Board (HWBB), NELFT, Local Authority

Participants also mentioned the need for a strong pharmacy presence on Clinical Commissioning Groups (CCGs) and Health and Well Being Boards (HWBB) as well as greater collaboration with NELFT (North East London Foundation Trust) and local authorities generally.

- *Why aren't pharmacists on CCG or HWBB Boards?*
- *Shouldn't the pharmacy sector be represented on the local CCG, given they are to be providing NHS services?*
- *CCGs are a hard to reach group (pharmacist)*
- *Talk to NELFT as well.*
- *H&WB responsibilities on council want enough resources and interlocking responsibilities. We need joined up thinking.*
- *Local authorities have economic plans and pharmacy services need to feed in to be a part of these plans*
- *Joined up working, better communication between agencies and service users. Use plain English!*

Use of Summary Care Records

Participant's discussed use of the Summary Care Record in assisting joined up working. Whilst some agreed that it was a good idea for a pharmacist to be able to

access a patient's Summary Care Record with the patient's consent, there were also concerns about potential abuse of patient privacy.

- *Patients could agree for pharmacists to access their Summary Care Records.*
- *Pharmacies need to have access to aspects of the patient's record. Records need to be continuous and patient consent is a must.*
- *Access to some parts of the health record and to be able to add to it. Access to record must be with patient consent only.*
- *In the light of present controversies, what safeguards exist, or will exist, to ensure that private patient data will not be used or sold for commercial purposes?*
- *Concerned about who has access*
- *How do you opt in and out?*

Hospitals

One participant said:

- *'Hospitals could prescribe medicine and save the patient having to wait hours in a hospital bed.'*
- *'Social care staff need to be trained about pharmacy services; this would help with discharge in particular.'*

Other participants talked about the need for hospital staff to alert the patient's pharmacist when the patient is discharged from hospital and the need, therefore, for pharmacy opening hours to match hospital discharge times.

- *Could hospitals alert the pharmacist on discharge?*
- *On discharge hospital to email GP and pharmacy*
- *Pharmacy opening hours to match hospital discharge times*

There were a number of concerns about mental health patients and vulnerable elderly patients leaving hospital with different medication and not sufficient explanation of the reasons for the change or instructions on taking the medication:

- *A lot of the older people we see at Age UK have been in hospital, and then come out with new medication and not clear information to tell them this*
- *People coming out of hospital confused and with too many medications*
- *Elderly people are not being given the clear instructions they need about their medication on discharge.*
- *Will pharmacists take more interest in discharged mental health patients?*

Carers

There was also a comment about the need for carers to understand the medication that the person they are caring for is on: *'Need to work with training the carers to deliver medication.'*

Training

Participants talked about the need for training pharmacy teams in particular areas, and also a role for them as trainers.

- *Are pharmacists trained in diversity and localised needs?*
- *High quality training for high quality outcomes, also on leadership and communication.*
- *To support/train other health/social care workers about administering of medication via specialised techniques.*

General comments about pharmacy and other healthcare services

- *One participant spoke of the need for 'anger management training for GPs, receptionists, and pharmacists'.*
- *Another participant said 'Pharmacies are open to abuse as patients can play off one pharmacist against another, but you can't go to see many GPs.'*

Advertising and marketing

Whilst discussing pharmacy services and joined up working participants highlighted the need for better planned advertising and communication, and some potential opportunities:

- *'More advertising of services is needed to make the public more aware of services in the local area'.*
- *'I had no idea that pharmacies provide services such as blood testing service, vascular risk assessment, sugar testing, BMI so they must advertise more. It would be fantastic if all pharmacies offered these services.'*
- *The perception is that pharmacists dispense medication only.*
- *Word of mouth is important. Pharmacists need to conduct outreach and also get the word out through social media, leaflets and mass media.*
- *Pharmacies could be advertised as a 'feature' in local authority magazines free of charge.*
- *Joint advertise with the local authority and share stalls/resources at outreach. Educate the public!*
- *Joint advertising with GPs*
- *Pharmacy staff should do talks in schools, outreach, websites, twitter, leaflet drops to home, use Waltham Forest News and GPs to promote their services*
- *Pharmacists should hold meetings in community halls etc to reach people.*
- *Extending the services/awareness to all 6th form colleges and schools due to obesity problems and diabetes.*
- *Better communication between clients and professionals*
- *Something has to be done about the communication. We need to talk in plain English so that people understand.*

Participants discussed ways of ensuring that the public and patients are fully informed of the range of services that community pharmacies offer and came up with a long list of suggestions, including:

- posters in-store and in pharmacy windows
- advertising in local newspapers and magazines
- using the internet and social media
- providing information in libraries
- outreach visits to schools, colleges, etc
- outreach work with local groups
- community meetings
- information in GP surgeries
- stalls in public places
- screens in A&E

- using the 111 service to promote pharmacies
- sending leaflets to residents

Challenges

Throughout conversation on a variety of topics, participants recognised some of the challenges facing pharmacies and the ability of different partners to work together. The comments below demonstrate some of the areas they highlighted and the challenges that will need to be worked through if pharmacies are to become more integrated, and health and social care services overall are to offer a more joined up, patient centred service.

Funding concerns

A number of people raised concerns about competition between pharmacists and GPs, particularly in relation to the funding of services. It seems there is a need for pharmacists to improve transparency in this area, for example with regard to the money they receive for flu jabs and Well Man checks.

- *Will the pharmacies compete against NHS services?*
- *If the pharmacies replace NHS services, will they be at a higher cost to public funds?*
- *As 'first port of call', will patients be charged retail prices for medicines normally prescribed by GPs for free?*
- *Pharmacies need to be clearer about their funding to improve their image about being profitable. For example, they do deliver flu jabs, but they do get paid for it? If they don't get paid for it, e.g. Well Man checks, they are not that keen and tell you that you don't need it.*
- *How much does the pharmacist get per flu jab given???*
- *Why do GPs not tell you to go to pharmacy and get a flu jab? Because they get money.*
- *Can't even get an appointment with GP, so how can they have time to liaise and work with pharmacists?*
- *GP's liaising with pharmacists about patients is a good idea, but if you can't get a GP appointment it won't work!*
- *We must trust each other to work together.*

One participant spoke of the need for services to be provided as cost-effectively as possible:

- *Some things can be done by practice nurses rather than pharmacists, and for half the price. We need to look at the best place for each service.*

Challenges in relation to use of IT and apps (See Summary Care Record comments on pages 13-14 also)

- *Not all people have access to technology.*
- *People need to be supported to use technology*
- *Training, Data Protection Act etc. Can all pharmacists and patients use computers?*
- *People need to be supported.*

Glossary

A&E	Accident & Emergency
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
GPhC	General Pharmaceutical Council
GPs	General Practitioners
HWBB	Health and Well Being Board
LBWF	London Borough of Waltham Forest
LTC	Long Term Condition
MDT	Multi-disciplinary Team
NELFT	North East London Foundation Trust
NELPPP	North East London Public Pharmacy Partnership
OOH	Out of hours



This report was produced by Healthwatch Waltham Forest, the independent consumer champion for health and social care. For more information please contact us:

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