

A county-wide, public-patient engagement programme was carried out to gain insight from a service-user perspective about current pharmaceutical provision as well as potential future services.

A number of different engagement methods were used in order to capture the views and feedback from a wide variety of stakeholders

The central activity involved distributing a link to an online questionnaire through July and August, alongside issuing physical surveys and carrying out focus groups and structured interviews

Survey Distribution:

Public and service user views were explored in a survey developed through the PNA steering group. The questionnaire covered the current use of pharmacy services, knowledge of current service provision, access to pharmaceutical services, as well as satisfaction with services. In total 693 Responses were received from across the county.

E-Survey: A link to the SurveyMonkey web-based survey was promoted on twitter and Facebook via Warwickshire County Council and Healthwatch Warwickshire. The broad reach of the survey is shown in the below table. In total, 587 surveys were completed online.

Who	Group Description	Location of recipients	Actual No. links emailed	Estimated Total Reach
Racial Equality Partnership	BAME network	countywide (across all five districts)	2500	2500
Healthwatch Warwickshire	Diverse Community groups/CAVA	Countywide	500	1000
Warwickshire CC network	Staff Team, Councillors, MP	countywide	1000	1300
NHS Arden	Staff Team	countywide	300	300
Rugby Patient Forum/GP Surgeries	CCG volunteers/ Rugby Healthcare Teams	Rugby	15	35
Warwickshire CC carers network	Carers	Countywide	50	50
Health Champions	CCGs Healthcare Volunteers	Warks North CCG South Warks CCG	950	950
Acute Trust, Health and Care Trust, CCG staff	Healthcare Staff Team	countywide	7500	7,500
Total			12,815	13, 635

Hard Copies of Survey: The below table shows the distribution of hard copies of the survey. In total 106 surveys have been returned. Hard copies of the survey were also taken to focus groups, where they took place while the survey was still open.

Who	Demographic/ Group Description	Location of recipients	Surveys sent
LPC Sample of Community Pharmacies	Service users	Countywide	(7 x 10) 70
LMC Sample of Dispensing Doctors	Patients	North Warks Stratford District, Rugby	(3x10) 30
Brunswick Healthy Living Centre	Local Service Users	Leamington - Warwick District	50
Bromford Supported Housing Teams across county	Teams working with adults needing support who are possibly vulnerable – inc older & younger people, those with a learning disability, those experiencing worklessness.	Atherstone, Leamington, Warwick Stratford-upon Avon and Studley	(25 x 4) 100
Total			250

Focus Groups: Six separate focused discussions took place in August and September 2014. Below are the full findings from these focused discussions. The “Young People Health watch” session was completed as two separate one-to-one interviews.

Group Name Demographic	Attendees' District	Event Held	No. Attendees
Young People Healthwatch 17yrs and 19 yrs	Nuneaton and Bedworth	Leamington Spa	2
'Activitea' Older People Action aged 60+	Warwick District	Leamington Spa	9
Chandos Place Luncheon Group Aged 75-98 many with multiple LTCs	Warwick District	Warwick	26
Health Watch Volunteers: Adults interested in health matters, inc carers for those with LTCs	North Warks,, Nuneaton & Bedworth Warwick District,	Leamington Spa	6
Grapevine's 'Speak Up group' at the Bromford Hub - Adults with Learning Disabilities	North Warks District	Atherstone	5
Patients Conference	Rugby District	Rugby	35
Total			83

Focused Discussion Groups

From the six separate focused discussions and interviews held through August and September 2014. The shared themes in the participants' discussions were as follows:

Reasons for choosing a particular pharmacy:

The most common reasons were:

- convenient location.
- provision of a home delivery service
- prescription collection service linked to the participant's surgery.

How people used their pharmacy:

Across all discussion groups, participants primarily accessed pharmacies

- to obtain prescribed medicine
- for advice

Some people preferring it to the GP, because it was more accessible (less waiting time, no need for an appointment, less time-pressured consultation opportunity), whereas others felt they would never or would be unlikely to seek advice from a pharmacist, and only from their GP, especially where they had long-term or life-threatening conditions.

Satisfaction:

- The majority of discussion participants were satisfied with their pharmaceutical services they accessed.
- A cornerstone of the satisfaction of service users was respect, and communication and overall strong customer service skills.
- Even where they were partially dissatisfied, once the relationship was established, the service users were often reluctant to change their provider.

Accessibility/Barriers:

- Home delivery of prescription items was reported as essential 'lifeline', especially for those participant with limited ability, or housebound.
- Even with a home delivery service, there were reported occasions where people had to go into pharmacy premises, especially since many participants across the

discussion groups had failed to receive part of their prescription they were expecting. In some instances this was reported as an issue, with there was not being enough space to effectively use walking frames or mobility scooters. Contrary to this, one participant inaccessible was pleased with the ability to 'whizz about' the layout of their local pharmacy in their wheelchair.

- Discussion participants noted easy-to-read information and awareness training of people with a learning disability as a key way to make pharmaceutical services accessible to all.
- Confidentiality fears were reported in two different scenarios – in rural village locations, and by young people accessing their community pharmacy. It was reported that this could limit what advice was sought and even the prescriptions people might be able to fill there.

Focus Group – Discussions by Individual Groups

Young People Healthwatch

Two female participants aged 17-years old and 19 years-old from North Warwickshire District and Nuneaton and Bedworth.

Demographic and geographic

How and why do you access pharmaceutical services?

Interviewee 1

'I go to closest chemist, for prescriptions...and because it's one of the closest shops [I go] for other things like painkillers.'

Interviewee 2

'I don't tend to use chemists but if I did [and] when my family do, it is mostly the one that is in our local supermarket [because] it's useful as we go shopping [and] work there, so it isn't out of the way.'

The interviewee accessed pharmacies to 'collect prescriptions or when we go to look for medicine we might ask them what they would advise based on the symptoms.'

As I don't use it too often there is nothing I could fault because I've never had a bad experience and my family hasn't either.'

What stops you and other young people from accessing pharmaceutical services?

Interviewee 1

The chemist is too close to home, 'I would go to the GP, not pharmacy for advice... [you] fear someone you might know might see'.

The participant mentioned that it would be difficult to discuss sexual health with someone who is 'stern, cold judgemental', and that young people would not access sexual health services at a pharmacy if they felt were being judged. 'Having friendly face makes a big difference...you can provide [sexual health] services – brilliant, but expecting people to respond to someone they've never met is hard anyway.'

She expressed the importance of being treated with respect, no matter what service they were accessing and sometimes services (but not her local community pharmacist team) discounted them as service users and customers, because of their age.

Being too young to drive, or not owning a car was a barrier for some of her friends who did not have a pharmacy close by, as 'buses don't necessarily go to pharmacies', and if there are no pharmacies near public transport routes, it makes it difficult to access services independently.

Interviewee 2

'I would be hesitant to ask for advice on symptoms if I felt they were embarrassing at my chemist because I would feel embarrassed because they know me, but then I know they are confidential because a manager asked what a customer wanted (to see if he could help) and he replied that he's not allowed to say.'

'I think because of feeling embarrassed people might not but I think it would not be due to the chemist it would be to do with how the individual feels. Maybe if there was advertisement to say you can speak to someone about it, it might help.'

What is working well at your local pharmacy?

Interviewee 1

The impression of their local community pharmacy was positive, not only in being close but also for being 'friendly', and because, as a small chemist, 'if it does not have anything, the bigger chemist will deliver' the required item, so the customer is able to access a broader supply of medication and goods.

The interviewee expressed 'delivering prescriptions is a good service', in concerns to an older family member, and expressed that the chemist involved in this service went 'over and beyond...making sure he's ordered the right thing, '

Interviewee 2

'The people are friendly, there is usually someone that can assist straight away, they will advise on what's best, you can go shopping whilst waiting for your prescription to be ready and if something is not available at that store they will recommend where else to get it. For example, the chemist didn't stock throat spray to help with breathing at night but he said it was an alternative to nasal strips and that we could try another chemist for it.'

What could be improved at your community pharmacy?

Interviewee 1

Even though the interviewee was satisfied overall with her local pharmacy, they did express that it was 'Small...cramped...with the tiniest counter' and the fact that the internal space is further limited with overstocks of 'birdseed...random stuff...lots of sponges'

As a migraine sufferer, the participant was deterred from using a particular chemist, due to the overpowering fluorescent lighting. 'I wanted painkillers and [the] lights were so, so bright I couldn't deal with it...you know particular when you're ill.'

Interviewee 2

'A female working as well as a male because some people might only feel comfortable speaking to someone who is the same gender as them. But this could be difficult to do.'

'Activitea' group Older People Action

9 participants of white ethnic origin in an all-female group, aged 60+ from Warwick (Warwick District)

This is a newly formed, regularly occurring activity group. During the focused discussion, written prompts/questions were used to support the contribution of hard of hearing and deaf participants.

Why do you choose your particular pharmacy?

Everyone had one particular pharmacy they accessed. No one used a dispensing doctor. The reasons why people chose a particular pharmacy to be their 'regular service provider' were based on convenience and service. These themes can be broken down to include:

'Logistics'

'Nearest'

'It's in town, I can pick up other things'

'Linked to the doctor's for repeat [prescriptions]'

'Near Car park'

'Near to the doctors'

'They text you'

'Delivery service'

'Mine are attached to the doctors...it's always good. If there's a problem it's not far and go to sort it out...the doctor and chemist can communicate early.'

Why do you access pharmaceutical services?

The predominant reason was 'to get medicine', specifically, 'repeat prescriptions', and secondly 'to get medical advice'.

Two participants also accessed their regular provider of pharmaceutical services to have a blood test and have 'a flu jab', though the latter participant said they preferred to go to the doctor's, because the pharmacy 'take too long before releasing me, but doctor's couldn't fit me in.'

A third participant frequented her pharmaceutical service provider, because they also stocked make-up.

Satisfaction:

The participants were satisfied overall about the local pharmacies they accessed. The satisfaction was rooted in the same reasons it was chosen in the first place – convenience and customer service skills.

In terms of convenience, the following reasons were given: location, opening times, 'the professional link between chemist and doctors makes it easier for me to get medicines, 'prescriptions are delivered meaning no waiting'.

In terms of customer service skills: 'friendly', 'reliable', '[They] took time to offer to go through what the medicines were for'.

The participants suggested the following, would improve their experience of accessing pharmaceutical services:

Making the store layout more open, so it is easier to navigate the space in a mobility scooter, or for those with wheelchairs or even pushchairs.

More Parking – as participant has limited physical mobility

Cut out on cosmetics, 'so there is more space given to the pharmacy counter [as it's] too small...its difficult with all the people crowding around'

More Seating

Change of staff and new ownership, has made a pharmacy shared by two of the participants feel 'not as friendly', highlighting the impact changes of staff can have on longstanding customers.

One participant expressed concern that pharmacy staff shout out her address across the shop, as she sees it as a security issue, making her feel more vulnerable to crime.

Healthwatch Volunteers

6 participants in a mixed-gender group of adults, with an interest in health matters, including those with/caring for those with long-term health conditions.

How pharmaceutical services are currently accessed:

The participants were from a mix of rural and town locations across Warwickshire. All participants had one particular pharmacy or dispensing doctor service they accessed.

The predominant reasons why people chose a particular pharmacy to be their 'regular service provider' was based on convenience.

The reasons for accessing pharmaceutical services:

The group was unified in accessing pharmaceutical services to fulfil a prescription or procure over the counter medicines, but some expressed they would access a pharmacy for advice.

Satisfaction:

The participants were particularly satisfied with those aspects of the pharmaceutical services which made the process of receiving prescription medication easier, e.g. the delivery of prescriptions, the ability to do online repeat prescriptions. There was appreciation of the specialist skills pharmacists have, including their ability to

provided information about interactions between medicines. One participant who had a serious allergy, appreciated that 'the pharmacist double-checks medicines lists of ingredients carefully'.

Dissatisfaction:

The participants expressed some dissatisfactions with the pharmaceutical services they or their family had accessed:

- There was notable dissatisfaction of hospitals dispensing services, especially in causing the delay to discharging patients, because medications have not been dispensed.
- One participant had changed their pharmacy because of too many mistakes, and because they never had the full stock required, meaning a repeat visit - 'there was always something wrong.'
- Waiting was a source of dissatisfaction, with one citing a two-day delay between having a mistake rectified, to another participant stating they had recently queued 24 minutes to collect their medication.
- 'Tremendous amount of waste in the NHS... dishing out drugs which are not used.'

Barriers:

- In discussing barriers to pharmaceutical services, the issue of maintaining confidentiality in a village location was presented. It was highlighted that there was a limit to what could be comfortably fully disclosed within a village pharmacy, where everyone knows each other, and the potential reticence people may feel in coming forward to receive prescribed prescriptions, especially where there was a perceived social stigma attached to the conditions, such as mental wellbeing or sexual health.
- Limited stock of prescribed equipment (e.g. catheter related items, incontinence pads) held in local pharmacies, and the length of time it takes to arrive once ordered.

Suggested improvements:

Based on their experience of accessing pharmaceutical services, the participants made the following suggestions:

- *Broadening current limited opening times*
- *'Increasing staffing to limit waiting.'*
- *Communication and awareness-raising in relation to:*
 - *Pre-payment certificates*
 - *Overall services available*
 - *24 hour pharmacies: There was confusion within the group about whether there were any 24-hr pharmacies in Warwickshire, even where participants thought there may be one, they were not confident that the information was correct or up-to-date. It was noted that the information was not easily available, and should be and 'shouldn't be hard to communicate.'*

Chandos Place Luncheon Group

26 Participants in a mixed-gender group aged 75-98 many with multiple long-term conditions (dementia, stroke, heart conditions) from Leamington and surrounding area (Warwick District). The majority were residents of Chandos Court Sheltered Housing.

7 forum members Local resident aged 50-90

How pharmaceutical services are currently accessed:

All participants had one preferred pharmacy that they accessed. No one used the services of a dispensing doctor.

- *The overwhelming thought informing for choosing a pharmacy was convenience, particularly the closeness to home.*
- *'...because doctor send prescription there',*
- *Because a repeat prescription is in place: 'there's an arrangement...a regular order'.*

The reasons for accessing pharmaceutical services:

Most of the participants were using regular medication to manage long-term conditions. They predominantly accessed pharmaceutical services to fulfil a prescription. Another reason given was to access a medicine use review.

Satisfaction:

The participants were all highly satisfied with the local pharmacies they accessed.

Where they were repeatedly dissatisfied they changed pharmacy - there were two separate participants who said their previous provider had made too many mistakes. The satisfaction was rooted firstly in convenience of the service provided, notably the proximity of the pharmacy, the delivery and repeat prescription service, and finally with the staff's patience, politeness and helpfulness.

- *'My review was really helpful. The medicine for my bladder wasn't working...I was taking it in the morning...[the pharmacist] says take it at night...and since then I've felt good'*
- *'It's a lovely chemist...Perfectly near for people to go to'*
- *'[It's] a personal service', 'very good'*

Barriers/ Suggested Improvements:

- One participant's partner had increasingly limited mobility and they were concerned about how they would collect the medicine from where they lived, as there was no pharmacy within walking distance and the closest service provider had little parking, and no protected disabled parking.
- A male participant suggested having another man at the pharmacy, so it was easier to discuss gender specific issues such as prostate health.
- One participant mentioned the confusion of remembering if she had taken her pills and that packs with days of the week helped her from double dosing or missing a dose.

Grapevine's 'Speak Up group' at the Bromford Hub – Atherstone

6 participants in a mixed-gender group for adults with learning disabilities.

How pharmaceutical services are currently accessed:

All participants had one preferred pharmacy that they accessed. No one used the services of a dispensing doctor.

The overwhelming reason for choosing a particular pharmacy was convenience. One participant reflected on a lack of choice, since the reason they used this chemist was because the doctor's surgery where they were registered with already had a link already established with a particular pharmacy, and only delivered prescriptions there.

The reasons for accessing pharmaceutical services:

The whole group predominantly accessed pharmaceutical services to fulfil a prescription. Other reasons visiting their local pharmacy were as follows:

to throw my old medicine away

to buy over the counter medicines

to have a blood test

for advice, with one participant noting, 'I'd rather go [there], than the doctors because of the waiting time'

'pharmacist helped to sign for my blue badge'

Satisfaction:

The participants were highly satisfied about the local pharmacies they accessed. The satisfaction was rooted firstly in convenience of the service provided, accessibility and the staff's interpersonal skills.

- *'They are always friendly and helpful'*
- *A participant with limited physical mobility stated, '[The prescription delivery service] saves your legs'*
- *A participant in a wheel chair commented on the ability to 'whizz around' the layout of their local pharmacy.*
- *Services: An appreciation of the blood glucose, blood pressure testing.*
- *Opening times: 'Mine's open until 10pm' another participant welcomed that, 'my chemists open on Saturday and Sunday'*

Dissatisfaction:

The second related to an oversight, where the participant had ordered a repeat prescription, but as they neared the end of their medication, the participant took the initiative to call the pharmacy, who admitted their mistake and apologised, but still required the participant with limited physical mobility to walk all the way to the pharmacy and back to sort it out, as opposed to having it seamlessly delivered as they had expected.

Barriers/ Suggested Improvements:

- *'There needs to be a better understanding of people with learning disabilities'. This was further expanded amongst the group, for the need for 'better communication skills generally...as otherwise you see some people coming*

again and again because don't understand how to sort out repeat prescription.'

- *Easy-to-read documents.*
- *For those with limited physical mobility who could not drive, the delivery of prescription medication was essential, and where people did have access to their own transport, then parking was important, allowing them to use chemists where the option of delivery was not a possibility.*

Coventry and Rugby CCG Patients Conference – Rugby

35 male and female adult-participants of diverse ethnic-origins, with an interest in health matters from Rugby and surrounding areas.

How pharmaceutical services are currently accessed:

The participants were from a mix of rural and suburban locations surrounding Rugby, as well as from Rugby town itself. Most of the participants had one particular pharmacy or dispensing doctor service they accessed over others. The reasons for choosing a particular pharmaceutical service provider were mostly based on Convenience – its closeness to the service user's GP surgery, it being linked (either by being in the same building, or in having an established pathway or as one participant put it, having a 'brilliant relationship') to the participant's GP surgery, or else the proximity to their home. Other forms of convenience included:

- *the ability to 'do other things when I'm there', 'doing other shopping in supermarket, while I wait'.*
- *lots of parking*
- *Disabled parking facility*
- *SMS service they 'text when orders ready'*
- *They collect prescriptions and deliver them to my home.'*
- *'It's opposite son's school also very approachable staff'*

Other reasons included:

- *'Confidence in the pharmacist'*
- *'familiarity and reliability over a period of years.'*
- *They are always helpful and willing to give advice*

The reasons for accessing pharmaceutical services:

The participants primarily accessed pharmaceutical service providers to access prescribed medicines. Other reasons included:

- *Advice: 'to speak to pharmacist if I feel it's not urgent enough to see GP', 'to find out if any meds off the shelf can help before troubling my GP',*
- *Medicine enquiries for minor symptoms: 'the pharmacist is the expert and knows what meds we are on'*
- *Non-medical goods: 'promotional events for gifts, or special discounts to buy toiletries/ hair products*
- *Blood Pressure checks. One participant relayed the experience of having her blood pressure tested at the pharmacy, which led her to go to her GP and identify a serious condition which would otherwise have gone untreated. The participant expressed that they would not have gone to the GP for the BP check, because of 'the waiting...and it's out of way', whereas the blood test had been on impulse whilst in the pharmacy on another matter.*

Satisfaction:

Many participants I spoke to were either fully or mostly satisfied with their pharmaceutical service provision. Some of the points made relate to convenience, the range of services available and email and SMS text message communication. Details of these aspects include:

- *'Free delivery service – excellent'*
- *'For housebound people the prompt delivery service is essential'*
- *'Repeat prescriptions without seeing the GP - my batch of prescriptions are held at the pharmacy and ready and waiting when you go to collect'*
- *'Plenty of choice of pharmacies - 'there's always a chemist open...there are many chemists to go to'*
- *'Extended services, such as BP checks, flu jabs'*
- *'General advice without having to go to GP', 'Immediate advice without an appointment''[the pharmacist] is friendly and approachable and not too time limited (sometimes at GP feel that you are very time-limited)*
- *Pharmacist is very professional friendly and approachable.' 'They are always willing to listen to me and help advise'*

Dissatisfaction and Barriers:

The participants identified the following barriers or areas of dissatisfaction with the following aspects of the pharmaceutical services they or their family had accessed. A

key issue was the required prescription item being out of stock, leading to inconvenience:

- *Stock: 'Overpromising – under-delivering' 'Do not always have what you need especially smaller chemists' 'Limited availability of drugs due to being attached to GP'*
- *Opening times: 'Times open limits accessibility', 'Lunchtime closing', 'not open on Sunday',*
- *Professionalism: 'Need to be friendly polite etc.' 'Breaches in Confidentiality'*
- *'Waiting times: 'Waiting too long for prescription', 'Queuing due to lack of staff'*
- *Lack of parking*
- *Cluttered displays: 'Smaller chemists have lots of overstocks' 'Lots of nothing'*
- *Cost*
- *'Appearance of tablets – can be difficult to distinguish'*
- *'Morning after pill – danger of being turned away' as in one incident discussed*
- *'Wife is totally housebound and cannot get to travel to the chemist' therefore delivery service or parking is essential*

Suggested improvements:

Based on their experience of accessing pharmaceutical services, the participants made the following suggestions:

- *'More information updates by pharmacy'*
- *'More wellbeing advice'*
- *'More knowledgeable counter assistants', 'I was given an over-the-counter medicine with an age restriction. They did not ask my daughter's age. A full consultation was not given.'*
- *'More staff and less out of stocks',*
- *'Open on Sundays and longer on Saturdays' 'later opening hours...late night'*
- *'Better parking'*

Expansion of current services and new service provision:

- *Some participants felt their pharmaceutical services were already adequate, others felt their local pharmacies should 'advertise what they already offer', or else that 'they should focus on doing core activities to a good standard, rather*

than change them'. The following services were suggested by some participants:

- *'Wellbeing advice'*
- *'Well woman clinic'*
- *'Diagnostic testing for diseases'*
- *'Blood tests'*
- *'Blood taking' -*
- *'Cholesterol testing'*
- *'More consultation services'*
- *'Drop in advice with a private room'*
- *'Consulting doctors or nurses could be available there, especially for those on repeat prescriptions'*