

# Pharmaceutical Needs Assessment

## *Appendices*

1<sup>st</sup> February 2011

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## APPENDIX 1: The Contractual Framework for Community Pharmacies (CPCF)

Primary Care Trusts (PCT's) are responsible for securing NHS pharmaceutical services in their area. The majority of community pharmacists provide services under a contractual framework for community pharmacy agreed for England and Wales between the Department, the Pharmaceutical Services Negotiating Committee (PSNC) and NHS Employers, introduced from April 2005. PCTs can also contract locally for provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single Local Pharmaceutical Services (LPS) contract. Within Oxfordshire we have 1 Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS) contract. The CPCF framework provides PCTs and pharmacies with opportunities to work effectively together to meet the needs of the local population and has three tiers of services – essential, advanced and enhanced.

Since October 2005, under the new framework, each community pharmacy must provide **essential** services, which include dispensing services, repeat dispensing services, health promotion and healthy lifestyle advice, signposting to other services, support for self care, disposal of medicines and clinical governance. Services must be provided within an acceptable system of clinical governance:

Providing the pharmacist and premises are suitably accredited, a pharmacy can also provide **advanced** services. There is one currently – the nationally agreed medicines use review (MUR) service and prescription intervention. A pharmacist reviews a person's use of their medicines, offers advice on appropriate use to promote adherence and may make recommendations for changes to the person's GP. Over 1.4 million MURs have been conducted as at March 2009 nationally.

A pharmacy can also provide local **enhanced** services, which are commissioned by PCTs. The most common now are stop smoking schemes; supervised administration (e.g. methadone for drug misusers); patient group directions (e.g. to supply emergency hormonal contraception) and minor ailment schemes, where someone with conditions like a cough or cold, who would otherwise have visited a GP, can visit a pharmacy for NHS treatment without the need to see their GP for a prescription.

The CPCF provides flexibility and choice to PCTs around the commissioning of enhanced pharmaceutical services from community pharmacy. The PCT and practice based commissioners (PBC) will consider these choices against other priorities for funding. The PNA helps to provide a rational basis for PCTs to plan where resources need to be invested to ensure that these developments are explicitly linked to national targets and local needs. It also provides an opportunity to inform practice based commissioners about the potential of community pharmacy to support them in meeting the health needs of their population.

These arrangements do not apply to dispensing doctors or appliance contractors. Dispensing services in GP practices operate outside the contractual framework for Community Pharmacies (CPCF), and generally only dispense prescriptions to their patients (although not all of them). Additional pharmaceutical services could be commissioned within a dispensing service of this kind, but it will depend on the skills of the pharmacist employed and the approach taken by the practice.

## APPENDIX 2: Health Challenges – how pharmacy can contribute

<b>People with Long Term Conditions</b>	
Gluten Free Food Supply scheme – Cornwall (enhanced service)	A points system exists for the nutritional content of various GF foods (e.g. pasta, bread, biscuits). Patients diagnosed with celiac disease are allocated a number of “points” for the supply of gluten free food appropriate to their needs each month. Ordering of foods up to that number of points is done through the community pharmacy, allowing greater convenience for the patient and increased flexibility in the food choices from order to order than using FP10
Targeted Medicines Use Reviews (some advanced some enhanced services)	Work has been done in Hampshire and the Isle of Wight around inhaler technique for asthma and COPD. Other work has been done to support MUR targeted towards Parkinson’s Disease and Osteoporosis in other areas
Point of Care Testing of INR (anticoagulant monitoring) (enhanced service)	In City and Hackney, Knowsley, Sheffield and other areas, anticoagulant monitoring and dosage adjustment of warfarin is done in Community Pharmacy clinics. This has led to greater patient convenience where monitoring was previously done in outpatients clinics at the hospital, and better patient communication and control compared to phlebotomy at the GP surgery with results being communicated later by telephone.
Dispensing and Repeat Dispensing	Access to medicines needed to control symptoms, halt disease progression or prevent complications is made through community pharmacy. Convenient locations, extended opening hours and prescription collection schemes mean that medicine is accessible to patients outside of working hours
<b>Older People</b>	
Delivery Services to Housebound	Many pharmacies provide a delivery service to housebound patients although not commissioned to do so. There are elderly patients whose weekly delivery of medication may be one of their few visitors
Monitored Dosage Support – Poole	An example of partnership working exists in Poole where a pharmacist led medication review is performed in the patient’s own home and local community pharmacies are commissioned to pack and supply medication in the most appropriate way to the patient’s needs
<b>Children, Young People and their Families</b>	
Minor Ailments “Think Pharmacy First” – Newcastle (conditions such as head lice, chickenpox, dermatitis, hay-fever)	There are a number of Minor Ailments Schemes across the country. To target use at those who would otherwise make a GP appointment for treatment (rather than those who would purchase medicines), the Newcastle scheme is open to those exempt from prescription charges because of low income, their children and all over 60.
Emergency Hormonal Contraception	Various schemes exist across the country open to young women age 14 to 18 or 24. They are well received due to convenience and anonymity.
Chlamydia screening Condom distribution	In some areas these are linked to Emergency Hormonal Contraception Service. In others they can stand alone
<b>Deprived Localities and Areas of Predicted Population Growth</b>	
Stop Smoking Service	On the Isle of Wight a pilot pharmacy stop smoking scheme successfully targeted those living in the most deprived areas.

Health Trainers	A scheme in East Lancashire trained and employed Health Trainers within pharmacies with an expectation of supporting 12 clients per quarter to make healthy life changes Portsmouth PCT has been developing training within pharmacy for staff to become Health Trainer Champions and potentially Health Trainers as part of a “Healthy Living Pharmacy” framework.
<b>Mental Health</b>	
Medicines Information Exchange System	MIES is a pilot scheme in Sheffield to allow community pharmacists to alert the community mental health team if a patient fails to collect repeat medication prescribed for their mental health disorder
Specialist Mental Health Dispensing – Kingston	A scheme was commissioned on the closure of a local hospital pharmacy to enable the supply of medication to mental health patients in the community by instalment dispensing, or in appropriate monitored dosage systems. The pharmacist had access to specialist nursing or consultant advice if they had concerns about a patient when collecting their medication
<b>Vulnerable Communities</b>	
Minor Ailments Scheme - Homeless	A Minor Ailments Scheme in Darwen and Blackburn was targeted towards the homeless population when it was found that although 80% of the homeless were registered with a GP they did not use the services (due to lack of convenience of location or appointment system)
Needle & syringe exchange service	“While NSPs (needle and syringe programmes) can help reduce the harm caused to people who inject drugs, the consequent reduction in the prevalence of blood-borne viruses benefits wider society.” (NICE)  An international study in 1997 showed that over 29 cities operating a needle & syringe exchange service, HIV rates reduced by 5.2% while over 52 cities that did not provide the service, HIV increased by 5.9% over a year (Lancet June 1997)
Hepatitis B Vaccinations for injecting drug users (3 injection course)	A pharmacy scheme on the Isle of Wight has managed to successfully complete vaccination courses where other providers had lost the target audience for the 2 <sup>nd</sup> and 3 <sup>rd</sup> injections.

Source: Oxfordshire's Local Pharmaceutical Committee 2010

## **APPENDIX 3: Consultation and Communication plan for PNA 2010/11**

### **1. Introduction**

The strategy set out here is intended to provide an overarching direction to the communications and engagement required to support the delivery of NHS Oxfordshire's Pharmaceutical Needs Assessment (PNA).

It outlines a framework for implementing communications and engagement across this project. It focuses on ensuring all relevant communications and engagement activities use a consistent and co-ordinated approach to ensure that the PNA meets the needs of the Oxfordshire population.

### **2. Background:**

PCTs are responsible for securing NHS pharmaceutical services in their area. From April 2005, the majority of community pharmacists provide services under a contractual framework for community pharmacy agreed for England and Wales between the Department of Health, the Pharmaceutical Services Negotiating Committee (PSNC) and NHS Employers. PCTs can also contract locally for provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single Local Pharmaceutical Services contract.

The Community Pharmacy Contractual Framework (CPCF) provides PCTs and pharmacies with opportunities to work effectively together to meet the needs of the local population. The CPCF provides flexibility and choice to PCTs around the commissioning of enhanced pharmaceutical services from community pharmacy. The PCT and practice based commissioners (PBC) will consider these choices against other priorities for funding.

Since April 2008 PCTs and local authorities have been under a statutory duty to produce a Joint Strategic Needs Assessment (JSNA). Producing a JSNA establishes the current and future health and well being needs of a population. It is also designed to lead to improved outcomes and reductions in health inequalities.

The PNA helps to provide a rational basis for PCTs to plan where resources need to be invested to ensure that these developments are explicitly linked to national targets and local needs. It also provides an opportunity to inform practice based commissioners about the potential of community pharmacy to support them in meeting the health needs of their population. The PNA has to link with and take account of the JSNA.

### **3. Objectives:**

- The objective of this communications and engagement strategy is to look at pharmaceutical services through the development of a PNA; to review the services that NHS Oxfordshire currently provide, identify what the local population need and drive new improvements for the population of Oxfordshire: Raise awareness of all pharmacy services that are available locally and in the county to patients and members of the public.
- Encourage the public to be involved in identifying gaps in services and voice their needs for pharmacy services.
- Provide consistent and timely messages to various audiences through the media and other communications tools.
- Ensure internal audiences are aware of the development of the PNA and enable them to feedback.

- Ensure providers of pharmaceutical services are kept informed of the progress of the PNA.

#### **4. Key Messages:**

Whilst the communication messages will vary according to the audience, the PCT must ensure consistency of the core messages to all stakeholders.

Please find below key messages:

- We are a listening organisation, striving to find out and respond to the needs, preferences and aspirations of the public, patients and carers in Oxfordshire to provide excellent pharmaceutical services.
- We will be encouraging the public, patients and carers in Oxfordshire to be actively involved in helping to identify gaps in pharmacy provision.
- We are working closely with the public, patients and carers in Oxfordshire to drive new improvements in pharmaceutical services in the county.

#### **5. Consultation:**

The NHS Act 2006 does not impose a minimum (or maximum) period for a consultation. PCTs may choose, but are not obliged, to follow the Government's Code of Practice on Consultation. This stipulates that consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible. For PNAs, however, PCTs will be required to give the persons listed in regulation 3F(1) a minimum period of 60 days in which to make their response (*regulation 3F(3)*). NHS Oxfordshire's PNA consultation will run from 6 September – 8 November 2010.

Regulation 3F requires PCTs to consult on a draft of their PNA at least once during its development (*regulation 3F(2)*). Regulation 3F(1) lists those persons who must be consulted. However, PCTs will be able to consult more widely if they so wish. Each PCT must consult the following persons below at least once during the process of making the assessment on a draft of the proposed PNA.

#### **6. Audience:**

Groups identified which need to be considered in the consultation include:

##### **Commissioners:**

- NHS Oxfordshire staff
- DAAT joint commissioners
- Community Health Oxfordshire

##### **Primary and community Care**

- Community hospitals
- Community Pharmacists
- Local Pharmaceutical Committee
- Regional Managers of Community Pharmacy
- Dispensing doctors
- GPs, and other Primary Care Staff (including District Nurses and Health Visitors)
- Local Medical Committee
- District Nurses
- Health Visitors

##### **Secondary Care**

- Acute hospitals

## **Public Partners**

- Social and Healthcare
- Voluntary Organisations/LINKs
- Neighbouring PCTs

## **Political Partners**

- Strategic Health Authority
- Oxfordshire Joint Health Overview and Scrutiny Committee

## **Public**

- Patients
- Carers
- Community Groups
- Local Press
- Radio
- TV
- Websites/social networking sites (facebook/twitter)
- Newsletter

## **7. Responsibilities**

The Communications and Engagement Lead will identify the key messages and appropriate methods of communication and engagement to widely inform stakeholders and members of the public of the PNA.

The Communications and Engagement Lead will be responsible for:

- Developing a questionnaire for the PCT website.
- Publishing the results of the PNA on the website.
- Assisting the Pharmaceutical Needs Assessment Stakeholder group in the public consultation exercise and public events.
- Ensuring that relevant and timely communications tailored to different audiences and stakeholders are provided.
- Identifying potential areas of risk where the project will require an appropriate communications response.

The Pharmaceutical Needs Assessment Stakeholder group led by Ginny Hope, Head of Contracted Primary Care Services is responsible for:

- Communicating directly with key stakeholders.
- Identifying and collating relevant local views on the pharmaceutical needs assessment and gaps in provision.
- Leading on the public consultation, focus groups and stakeholder event and reporting as appropriate.

<b>8.</b>	<b>Communications and Engagement Plan</b>
Plan	<p>The PNA will be publicised to stakeholder groups at the stakeholder and public consultation events.</p> <p>A survey has been developed on the PCT website. These groups provided wider support for consultation on the PNA.</p> <p>A full engagement report will be submitted to PNA Steering Group.</p> <p>The engagement process will focus on Oxfordshire as a whole, with specific attention to the audience identified in section 6.</p> <p><u>Costs</u> Costs will be incurred for the public consultation events, focus groups and stakeholder event.</p> <p><u>Press / Communications</u></p> <p><i>External</i></p> <ul style="list-style-type: none"> <li>• A press release will be sent to all local media regarding the stakeholder event and the public consultations</li> <li>• Key stakeholders will be advised as identified</li> <li>• Information about the PNA will be posted on the PCT website.</li> </ul> <p><i>Internal</i></p> <ul style="list-style-type: none"> <li>• Staff throughout the organisation and in the relevant commissioning services will be informed via the intranet/email bulletin</li> </ul> <p><u>Audiences</u> Target audiences have been identified as follows:</p> <p><b>Focus groups:</b></p> <ul style="list-style-type: none"> <li>- Older people/carers</li> <li>- People with long term illnesses/conditions</li> <li>- People with Mental health conditions (low grade conditions)</li> <li>- People in deprived communities (Banbury/Oxford City)</li> <li>- Parents of young children</li> <li>- Young people (16-24)</li> </ul> <p><b>Stakeholder event</b> NHS Oxfordshire staff DAAT joint commissioners Community Health Oxfordshire Community pharmacists Local Pharmaceutical Committee Regional Managers of Community Pharmacy Dispensing doctors GPs and other Primary Care Staff (including District Nurses and Health Visitors) Local Medical Committee Community hospitals Social and Healthcare</p>

	<p>Neighbouring PCTs</p> <p><b>Public Consultation meetings</b> Patients Carers Community groups Local press Radio Website/social networking sites (facebook/twitter)</p> <p><u>Evaluation</u> A process for evaluation and feedback as agreed by the project lead – based on the utilisation of the website public consultation, focus groups and stakeholder event.</p>
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## 9. Action schedule to support the Pharmaceutical Needs Assessment 2010

In progress

Completed

Slippage

Item	Action	Responsibility	Due date	Status
<b>PNA Survey</b>	Results to be collated and publicised on the PCT website	PNA Lead / Communications	May	Completed
<b>Joint Health Overview &amp; Scrutiny Committee</b>	Briefing to be provided to the Scrutiny Committee on the development of the PNA outlining the regulatory requirements for PCTs including the timescale, the need for consultation in the production of the PNA and consultation schedule.	PNA Lead	May	Completed
<b>Focus groups</b>	Focus groups: <ul style="list-style-type: none"> <li>- Older people/carers</li> <li>- People with long term illnesses/conditions</li> <li>- People with Mental health conditions</li> <li>- People in deprived communities (Banbury/Oxford City)</li> <li>- Parents of young children</li> <li>- Young people (16-24)</li> </ul>	PNA Lead /MORI	May/June	Completed
<b>Stakeholder Event:</b>				
<ul style="list-style-type: none"> <li>• 8 September: 12.30-3.30pm Kassam Stadium Grenoble Road Oxford OX4 4XP</li> </ul>	- Stakeholders to be identified	PNA Lead/Communications	August	Completed
	- Structure of event to be confirmed and key members of staff asked to attend	PNA Lead/Communications	August	Completed
	- Invitation distributed to stakeholders	PNA Admin	August	Completed
<b>Talking Health website</b>	The PNA document along with targeted questions to be set up on the Talking Health website.	Communications	August	Completed
<b>Public Events:</b>				
<ul style="list-style-type: none"> <li>• 13 October: 5.30-7.30pm Wantage Civic Hall Portway Wantage Oxon OX12 9BY</li> </ul>	- Stakeholders to be identified	PNA Lead/Communications	September	Completed
	- Structure of event to be confirmed and key members of staff asked to attend	PNA Lead/Communications	September	Completed
	- Invitation distributed to key groups	PNA Admin	Mid September	Completed

<ul style="list-style-type: none"> <li>14 October: 5.30-7.30pm Oxford Town Hall St. Aldgate's Oxford OX1 1BX</li> </ul>	- Stakeholders to be identified	PNA Lead/Communications	September	Completed
	- Structure of event to be confirmed and key members of staff asked to attend	PNA Lead/Communications	September	Completed
	- Invitation distributed to key groups	PNA Admin	Mid September	Completed
<ul style="list-style-type: none"> <li>19 October: 5.30-7.30pm Henley Town Hall Market Place Henley-on-Thames Oxon RG9 2AQ</li> </ul>	- Stakeholders to be identified	PNA Lead/Communications	September	Completed
	- Structure of event to be confirmed and key members of staff asked to attend	PNA Lead/Communications	September	Completed
	- Invitation distributed to key groups	PNA Admin	Mid September	Completed
<ul style="list-style-type: none"> <li>21 October: 5.30-7.30pm Langdale Hall Market Square Witney Oxon OX8 6AB</li> </ul>	- Stakeholders to be identified	PNA Lead/Communications	September	Completed
	- Structure of event to be confirmed and key members of staff asked to attend	PNA Lead/Communications	September	Completed
	- Invitation distributed to key groups	PNA Admin	Mid September	Completed
<ul style="list-style-type: none"> <li>23 October – 11-2pm Banbury Town Council Town Hall Bridge Street Banbury Oxon OX16 5QB</li> </ul>	- Stakeholders to be identified	PNA Lead/Communications	September	Completed
	- Structure of event to be confirmed and key members of staff asked to attend	PNA Lead/Communications	September	Completed
	- Invitation distributed to key groups	PNA Admin	Mid September	Completed
Staff campaign	Staff briefing Intranet Website All staff email	PNA Lead Communications Communications Communications	September September September September	Completed Completed Completed Completed
Press and communications	Draw up a news release advertising Public consultation events in Oxfordshire	Communications	Beginning October 2010	Completed

## APPENDIX 4: Results of Patient Questionnaire

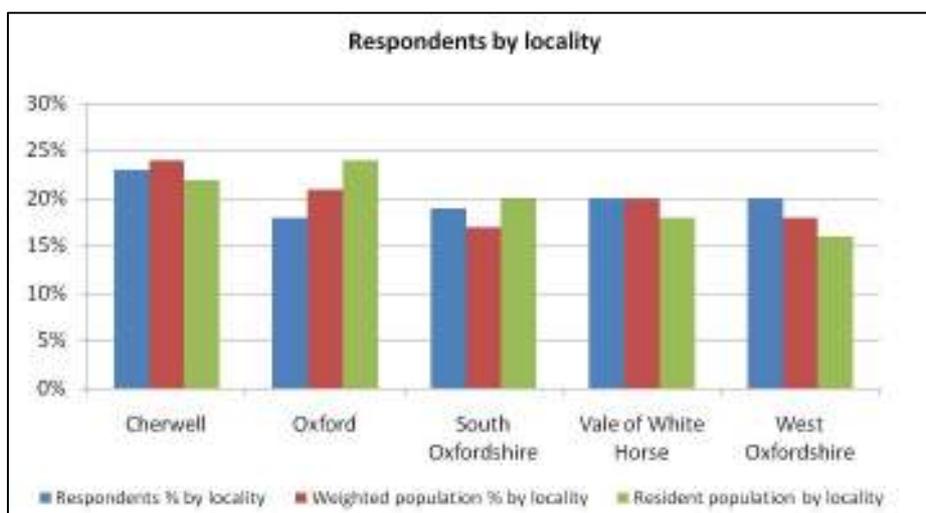
### Results

1,404 people responded to a survey exploring the frequency and nature of their visits to local pharmacies, and their wider experiences and opinions of pharmacy services. Most of the data are presented as percentages of the total number of respondents answering a particular question: some questions have also been subject to comparisons of groups (by gender, or by locality). Findings deemed 'significant' are all measured at the level  $p < 0.05$ . The overall response rate was 23.0%. This was considerably greater than results of similar anonymous survey studies where no follow-up was possible.

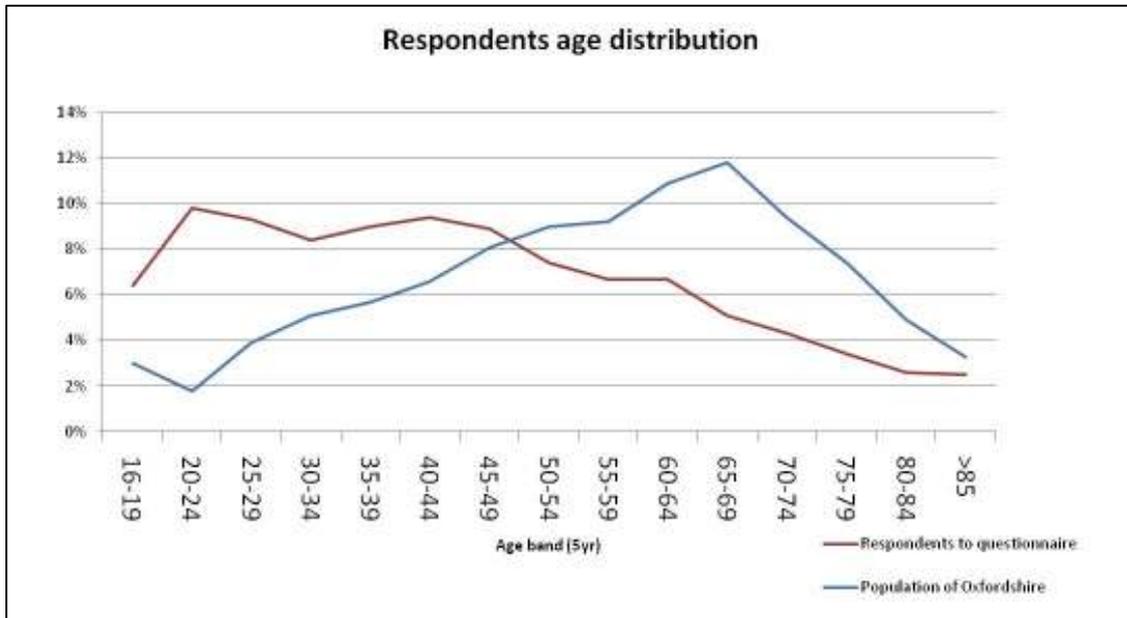
Respondents were asked to provide their postcode; this was used to determine the electoral ward and locality where they live. Of the 1404 respondents 1189 (84.7%) gave a valid Oxfordshire postcode.

	Respondents % by locality	Weighted population % by locality	Resident population by locality
Cherwell	23%	24%	22%
Oxford	18%	21%	24%
South Oxfordshire	19%	17%	20%
Vale of White Horse	20%	20%	18%
West Oxfordshire	20%	18%	16%

The results show that the respondents were well distributed across the PCT with responses from every ward and broadly proportional representation across localities. Oxford was under represented and Vale of White Horse and West Oxfordshire were over represented. Once weighted for age, the sample was more consistent with the distribution of the population in Oxfordshire.



The sampling of the survey was intended to be randomly distributed across an age stratified sample; this stratification was administered by TVPCA using the registered population in Oxfordshire. The results showed that the respondents were skewed towards older people, who are also higher responders to this type of questionnaire.



In order to obtain a representative sample, the respondents were weighted by age to achieve an age structure which reflects the population in Oxfordshire PCT. Of the 1,404 respondents, 30 (2.1%) did not provide their age, the remaining 1374 were subject to weighting as follows:

Age (range)	Response (n)	Response (%)	Sample (%)	Weighting factor	Weighted respondents (n)
16-19	41	3.0%	6.4%	2.34	96
20-24	25	1.8%	9.8%	5.37	134
25-29	53	3.9%	9.3%	2.40	127
30-34	70	5.1%	8.4%	1.66	116
35-39	78	5.7%	9.0%	1.56	122
40-44	91	6.6%	9.4%	1.41	128
45-49	111	8.1%	8.9%	1.09	121
50-54	124	9.0%	7.4%	0.82	102
55-59	126	9.2%	6.7%	0.73	92
60-64	150	10.9%	6.7%	0.61	91
65-69	162	11.8%	5.1%	0.43	70
70-74	129	9.4%	4.3%	0.46	59
75-79	102	7.4%	3.4%	0.46	47
80-84	67	4.9%	2.6%	0.52	35
>85	45	3.3%	2.5%	0.76	34
<b>Total</b>	<b>1,374</b>	<b>100.0%</b>	<b>100.0%</b>		<b>1374</b>

The ethnicity of respondents fits well with the ethnicity of the population at the last census in 2001.

Ethnicity	Respondents	OPCT Census 2001
White	94.1%	95.1%
Mixed	1.3%	1.2%
Asian or Asian British	1.9%	1.8%
Black or Black British	0.8%	0.8%
Chinese	1.0%	0.7%
Other	0.9%	0.5%

Men were under represented in the respondents, making up 34.6% of respondents versus making up 50.5% of the OPCT GP registered population.

19.4% of respondents were registered with their GP to receive GP dispensing services.

With the exception of the general demographics section, which reports unweighted data, all other results are weighted.

#### General Demographics (unweighted)

In terms of general demographics, 40% of the respondents were male and 60% female. Forty-eight percent of respondents were aged 60 years or over and 38% did not pay for prescriptions. Overall, the respondents rated their health as 'good' or 'fairly good' (59% and 34% respectively). A significant minority of the sample classed themselves as 'carers' of someone in their or another household (23%), and 9% as 'cared for' by someone which was not part of their job. Almost all the respondents were white (96%).

#### Use of Pharmacies

Almost half of respondents stated that they used the same pharmacy all the time (48%). In later analysis, this group will be referred to as 'one-pharmacy users'. Only 8% of the sample indicated that they used different pharmacies and none more frequently than any others. People in Cherwell and Oxford were significantly less likely to be a 'one-pharmacy user' than other localities.

When asked about **location factors** that influenced pharmacy choice, most respondents used a pharmacy close to their GP practice (48%), or close to their home (25%) (Table 1). People in Oxford were more likely than other localities to choose pharmacies close to home, and people in Cherwell were more likely to choose pharmacies close to their child's school/nursery than other localities.

<b>Location factor important to respondent</b>	<b>% (n=1217)</b>
It is close to my doctor's surgery	47.6
It is close to my home	25.1
It is close to other shops I use	16.6
It is close to my children's school or nursery	7.9
It is easy to park nearby	0.2
Other	2.6

*Table 1 – Location factors influencing choice of pharmacy*

When asked about **service factors** that influenced pharmacy choice, most respondents indicated that a quick service (39%) or the pharmacy stocking their medication (27%) were the most important to them (Table 2). 'One-pharmacy users' were significantly more likely than others to cite the pharmacist/staff knowing them (11% vs 5%) and the collection-delivery service (10% vs 6%) as important factors : other users were more likely than 'one-pharmacy users' to cite medicines in stock (31% vs 22%) and extended opening hours (13% vs 8%) as reasons for use. People in West Oxfordshire and South Oxfordshire were significantly more likely to cite the pharmacist/staff knowing them than other localities.

<b>Service factor important to respondent</b>	<b>% (n=1208)</b>
The service is quick	39.3
The pharmacy usually has my medicines in stock	26.7
The pharmacy is open late or at weekends	10.6
The pharmacy offers a prescription collection and delivery service	7.7
The pharmacist or staff knows about me and my medicines	7.5
There is some privacy when I want to speak to the pharmacist	4.7
None of these	3.5

*Table 2 – Service factors influencing choice of pharmacy*

### Most Recent Visit to a Pharmacy

Two-thirds (67%) of respondents had visited a pharmacy within the last month for a health-related service, with 27% having visited in the last week: only 11% had not visited a pharmacy in the last six months. Seventy-three percent of respondents had visited the pharmacy for themselves. The most frequent reason given for this visit was to obtain medicine/s on prescription (77% - Table 3).

<b>Reason for using the pharmacy</b>	<b>% (n=1226)</b>
To get medicine(s) on a prescription	76.6
To buy medicine(s) from the pharmacy	16.6
To get advice at the pharmacy	5.2
Can't remember	1.0
Other	0.6

Table 3 – Reasons for which respondents most recently visited a pharmacy

Most of the respondents had visited the pharmacy themselves (91%), as opposed to someone visiting for them (6%) or the pharmacy delivering something to them (2%). Most accessed the pharmacy by car (47%) or by walking there (35%). Respondent using the pharmacy delivery service were more likely to be receiving a regular prescription and to be one pharmacy users.

### Access to Pharmacy Services

In the last twelve months, only 4% of respondents reported problems finding a pharmacy to get a medicine dispensed, to get advice or buy medicines. ‘One-pharmacy users’ were significantly less likely than other users to report a problem (2% vs 8%). The majority of respondents (89%) were satisfied with the opening hours of their pharmacy: ‘one-pharmacy users’ were significantly more likely to be satisfied than other users. There were no significant differences in problems experienced, or satisfaction with opening hours, by locality.

When asked, however, whether they had experienced problems accessing their *usual* pharmacy, or the pharmacy closest to them, 30% responded that they had, and for 6% of people it had happened on several occasions (Table 4). ‘One-pharmacy users’ were significantly less likely to have a problem than other users.

<b>Number of times unable to use regular or closest pharmacy</b>	<b>% (n=1347)</b>
Not at all	69.8
Once or twice	21.0
Three or four times	4.8
Five or more times	1.6
Can't remember	2.9

Table 4 - Access problems with local pharmacies

Most respondents (47%) indicated that the problem was on a normal week day, and 32% had a problem over the weekend. Most access problems (52%) were cited during normal opening hours 8am to 6pm, with almost one-third (30%) during the evening, and very few overnight.

Written comments associated with these questions revealed that people had difficulty getting access aligned with early or late GP appointments, or had longer working hours than the pharmacy was open, or wanted more weekend opening hours. Some also cited unreliability of local pharmacies in opening at the advertised times or not having a pharmacist available during opening hours. Pharmacy lunchtime closing was also problematic for working people. Some people wanted a 24-hour pharmacy facility within their area:

<i>Work full-time and have a young son. Need opening until 8pm please.</i>
<i>Perhaps my local pharmacy could open longer on Saturdays.</i>
<i>They shut between 1pm -2pm.</i>
<i>The pharmacy is closed for a 2hr lunch break. This can be very inconvenient, especially for working people.</i>
<i>Would prefer availability of at least one 24 hour service in the area.</i>
<i>On more than one occasion the pharmacy which I normally use had not been open at the advertised time in the morning, due to the duty pharmacist not being available and closed for most of the morning.</i>

*My doctors are open early and late but pharmacy isn't so pointless as still have to waste time after work.*

Two-thirds (65%) of the sample needed the pharmacy visit for themselves, and most needed a medicine on prescription (63%). Many respondents (42%) felt their need was urgent. As a result, many (40%) went to another pharmacy, and a similar number (46%) waited until the pharmacy was open again.

In terms of how they found the alternative pharmacy, 53% said they already knew which one would be open: a very small minority called NHS Direct, looked on the Internet, or found out by either telephoning, driving around, or receiving information from a friend or family member.

Respondents were asked if they knew that there were extended hours pharmacies in the area, and if they had/would use them. Just over half (54%) knew that they existed, but only one-third (32%) knew where they were. A significant minority (20%) had used one, and a large majority said that they would use one (79%).

### Consultations with Pharmacists

In the last twelve months, a minority of respondents (15%) had had a consultation with a pharmacist: some of these had been medicine-related (5%). 'One-pharmacy users' were less likely to have had a consultation than other users. People registered with dispensing doctors were not less likely than others to have had a consultation. Most consultations were initiated by the patient (73%), rather than the pharmacist (15%). The pharmacist was more likely to have initiated the discussion for 'one-pharmacy users' than other users (23% vs 10%), perhaps reflecting a degree of familiarity that encouraged the pharmacist to be more proactive. People in South Oxfordshire were more likely to have had a consultation, and people in Cherwell and Vale of White Horse were less likely to have had one.

The varying subjects discussed, and the person initiating the consultation, were reflected in the associated written comments. There were many comments relating to an 'annual review' of medicines, or the pharmacist requesting a review, suggesting that MUR is starting to be accepted and expected by patients:

*Routine review.*

*Prescriptions had not arrived from surgery.*

*I wanted to check competition of existing medication with oral progesterone, plus a general medicine revision.*

*Doctor's appointment for skin cancer.*

*Morning after pill.*

*Annual review of my medication.*

*Measure up for support socks.*

Over half of consultations (65%) were carried out at the pharmacy counter, 19% in a separate room, and 10% in a quiet part of the pharmacy shop.

## Repeat Prescriptions

Over half of the respondents (62%) had a repeat prescription. Most people (38%) ordered it themselves by visiting the surgery, but there was a range of ordering methods (Table 5).

Ordering Method	% (n=778)
I visit my doctor's surgery to order the repeat prescription	37.8
I e-mail my doctor's surgery to order the repeat prescription	16.3
I telephone my doctor's surgery to order the repeat prescription	15.9
I call or visit the pharmacy to ask then to order the repeat prescription from my doctor	11.7
I post an order for the repeat prescription to my doctor's surgery	7.9
The pharmacy automatically orders my repeat prescription from my doctor	6.0

*Table 5 – Repeat prescription ordering methods*

Most respondents collected their prescription from the surgery and took it to the pharmacy (42%), but almost a third had it collected by the pharmacy (31%), and 19% had it dispensed for them by the surgery.

When asked for ideas for improvements to their repeat prescription service, there were many comments. Most reflected a feeling that the system was good as it currently exists. Others wanted longer repeat supplies, a system to avoid visits to the surgery unless needed, and more ways of ordering their repeat. Some respondents wanted flexibility in their collection points – one cited a nearby post office as their collection point

<i>For regular medication I use it would be helpful if the pharmacy managed their stocks better to ensure availability.</i>
<i>I would like to be able to order the medication I need at the time of ordering, so I do not have to stockpile to get the prescription quickly.</i>
<i>Make it available to collect from another pharmacy.</i>
<i>I post my repeat prescription with a stamped addressed envelope, so I don't have to collect the prescription from the surgery. I would prefer to order my prescription by email.</i>
<i>Increase the length of each prescription - one month is ridiculous and expensive and time consuming.</i>
<i>Collect from nearby post office - very satisfactory arrangement.</i>
<i>I take a lot of medicines, and it would be helpful if the different medicines covered the same period before renewal is required.</i>

On their last dispensing, 88% of respondents said that they got exactly what they needed on their repeat. A minority of 4% did not get all the medicines needed, and 2% said that they got some medicines that they did not need at the time.

### Problems Experienced with Long-term Medicines

Most of the respondents (79%) had been taking prescribed medicines for three months or more. Most (69%) did not report any problems, but 430 people (31%) reported up to seven problems (Tables 6a and 6b). The most common medication problems were getting side-effects from a medicine, and remembering to take medicines.

<b>Problem experienced with a medicine</b>	<b>% (n=1374)</b>
Side-effects from my medicine	15.5
Remembering to take my medicine	11.5
Swallowing or using my medicines	4.8
Getting my medicines out of the package	3.7
Changes to the colour or shape of the tablet	2.2
Reading the label	2.1
Reading the information leaflet	2.0
Confused by medicines that look similar	1.4

*Table 6a – Types of problems experienced with long-term medicines*

<b>Number of problems experienced per respondent</b>	<b>Number</b>	<b>% (n=1374)</b>
None	944	68.7
One	296	21.6
Two	88	6.4
Three	37	2.7
Four	4	0.3
Five	3	0.2
Six	1	0.1
Seven	1	0.1

*Table 6b – Number of medication problems experienced by respondents*

Over half of the respondents (54%) reported no medication adherence problems with their medicines, but the other half reported up to three problems (Tables 7a and 7b). The most common adherence problems were discontinuing medicines if they made them feel worse, and forgetting to take medicines sometimes. ‘One-pharmacy users’ were significantly less likely than multiple pharmacy users to report any of the three adherence problems.

<b>Adherence problem reported</b>	<b>% (n=1374)</b>
Stopping the medicine if it made them feel worse	23.8
Forgetting to take medicines sometimes	22.9
Stopping the medicine when they feel better	22.8

*Table 7a – Types of adherence problems reported with long-term medicines*

Number of adherence problems experienced per respondent	Number	% (n=1374)
None	737	53.6
One	380	27.7
Two	196	14.3
Three	61	4.4

Table 7b – Number of adherence problems experienced by respondents

### Getting help with medicines from pharmacies

Respondents were asked whether they were getting different types of help with medicines from pharmacies, and whether they would like these types of help from pharmacies (Table 8).

Type of Help	% (n=1374)	
	Already get	Would like to get
Collecting my prescription from the doctor	14.1	6.4
Order my prescription from the doctor	6.7	6.1
Deliver the prescription to my home	2.0	5.8
Put a label on my medicines that is easy to read	<1	1.3
Put my medicines in a container that is easy to open	<1	<1
Put my medicines in an organiser to help me remember to take them	<1	1.1
Give me a chart to help me remember when to take medicines	<1	<1
Someone at the pharmacy to explain medicines to me	Not asked	1.6

Table 8 – Help with medicines both received and desired from pharmacies

The most frequently reported and desired help related to the mechanics of the medicine supply process (ordering through to delivery), but some respondents reported actual and desired help with enhanced labelling and adherence aids. There was modest demand for explanations of medicines from someone at the pharmacy (1.6%).

### Advice-giving by Pharmacists on Public Health Issues

The survey asked respondents whether the pharmacist had ever discussed four important public health issues with them: stopping smoking; weight control; alcohol consumption; and heart health (Table 9).

Has the pharmacist ever talked to you about.....? (n=)	Yes	No, and I would like advice	No, and I don't need advice	I don't smoke / drink
Stopping smoking (n=1220)	1.5	2.7	19.6	74.5
Drinking alcohol (n=1220)	2.3	3.9	72.0	19.7
Weight control (n=1218)	2.8	15.3	79.1	N/A
Your heart health (n=1210)	2.8	30.8	63.2	N/A

Table 9 – Reports of the pharmacist discussing public health issues

The table shows that most respondents did not perceive a need to get advice from the pharmacist about these health issues, and a very low level of such discussions taking place. Single-pharmacy users were significantly more likely than others to report that the pharmacist had spoken to them about alcohol, weight control and heart health, but this was not the case for stopping smoking.

Demographic comparisons showed that the following groups felt that they would like more advice about specific issues:

- People aged under 40 (smoking, drinking alcohol and weight control)
- People aged 40-59 (heart health)
- People from non-white ethnic groups (weight control, heart health)
- Women (weight control)

In most cases, the likelihood of these groups wanting advice was significant at the level  $p < 0.05$ . Pharmacists were significantly more likely to have spoken to dispensing doctor patients than other patients about weight control and heart health. There were no meaningful differences with regard to deprivation index or locality.

### The Range of Pharmacy Services

Respondents were asked if they knew of, and had used, several NHS pharmacy services (Table 10). Three-quarters of respondents had not used any of the services.

Service	% (n=1374)	
	Had heard of service	Had used service
Stop smoking help	25.7	2.0
Medicine reviews	16.9	6.6
The morning after pill without prescription	11.0	2.8

Table 10 – Knowledge and use of existing NHS pharmacy services in Oxfordshire pharmacies

Respondents were also asked whether they had used, or would use, a wider range of services from local pharmacies (Table 11).

Service	% (n=1374)	Service	% (n=1374)
Treatment on the NHS for a minor illness	40.9	Monitoring how your medicines are working	15.3
Healthy heart check ups	34.3	Treatment on the NHS for head lice	13.5
Flu vaccination	25.3	Pregnancy testing	11.9
Help watching your weight	20.0	Chlamydia testing and treatment	11.1
Advice about diet and/ or exercise	18.3	The morning after pill without a prescription	8.8
Contraception medicines without a prescription	17.2	Anticoagulation checks	4.4
Advice about leading a healthy life	16.0	Stop smoking help	4.4
Condoms on the NHS	16.0	Gluten free foods	4.2
Diabetes check ups	15.8	Disposal of injecting equipment	3.6
Medicine reviews	15.8		

Table 11 – Predisposition to use services, if available, from local pharmacies

A NHS minor ailment service and healthy heart check-ups were the two most popular services.

In a final question regarding respondents' perception of the range of pharmacy services, 12% of respondents stated that they wished pharmacies could provide more services, and 88% were satisfied with current service provision (n=851). One-pharmacy users were significantly more likely to report satisfaction with the range than multi-pharmacy users (92% vs 84%).

Respondents were asked what was good about pharmacies and what could be improved. Good points included many comments about good pharmacists and staff. Other good points reflected themes in the wider survey: location; repeat prescription systems; stock; access, and waiting time.

<i>All the staff are always friendly and most helpful. The pharmacist will always find time to advise on medication and any other relative matters.</i>
<i>The medicines are always correct. They deliver promptly.</i>
<i>Friendly - phone up the surgery if there's a problem to sort it out. It is local to the community so valuable lifeline. I like that it is not by [multiple] - it's good not to have a monopoly.</i>
<i>Fantastic service, always have medicines in stock, open early, close late.</i>
<i>Conveniently located next to GP surgery.</i>
<i>Situated at surgery, order repeat prescriptions over Internet.</i>

Suggestions for improvement were mainly the reflection of the good points: people citing problems with staff, opening hours, location, stock and access.

<i>More space at the counter for private conversations.</i>
<i>It could be bigger and stock more drugs.</i>
<i>There could be 'cover' for pharmacist at lunch time. A non-dispensing hour is not good for a rural population that visits infrequently.</i>
<i>The face to face interaction could be improved - a smile costs nothing; the younger staff are generally much more pleasant than the grumpy middle-aged ones.</i>
<i>The improvements at my local pharmacy would be cutting down on waiting time when you take in a prescription. Having the drugs in stock that I need, so I don't have to go somewhere else or wait for them coming in.</i>
<i>A wider range of over the counter products would be good.</i>

# 1. Rating of Pharmacy Service Elements

Respondents were asked for rating of different aspects of pharmacy services within the survey. Figure 1 combines the answers to these questions to explore and compare results across these elements of the pharmacy service.

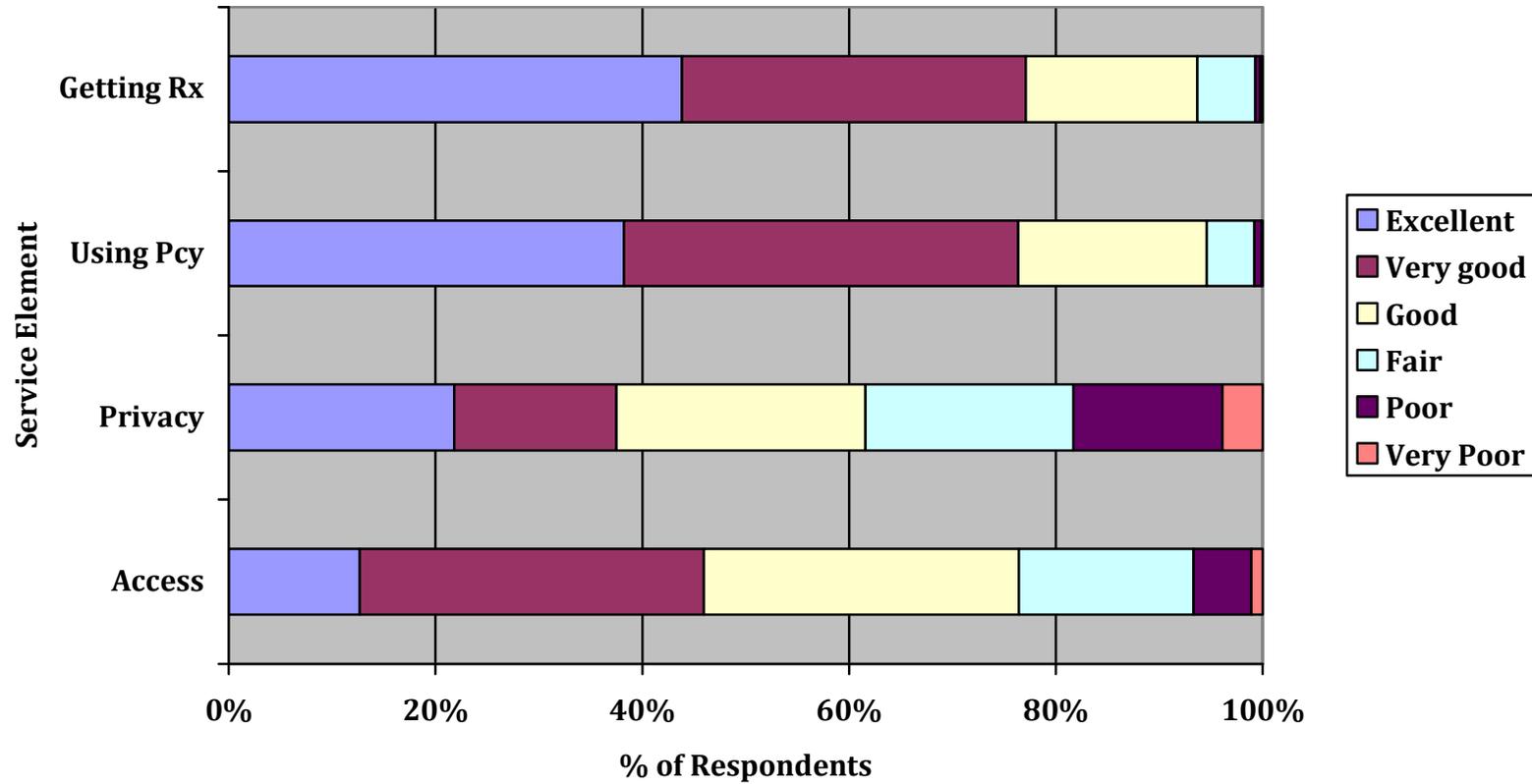


Figure 1 – Respondent rating of pharmacy service elements

**Using a Pharmacy:** Overall, 76% of the sample rated their most recent experience of using a pharmacy as 'excellent' or 'very good'. Less than 1% rated their last experience of using a pharmacy as 'very poor' or 'poor'.

**Getting a Prescription:** Overall, 72% of the respondents rated their experience of getting their prescription as either 'excellent' or 'very good' on their last visit. Only 3% rated their experience as 'poor' or 'very poor'.

**Privacy in the Pharmacy:** Although 38% of the sample rated the level of privacy as 'excellent' or 'very good', the same proportion rated the privacy of the consultation as 'fair' or worse. Written comments from respondents reflect their feelings about this issue:

<i>If it had been a more private matter I would have asked for a more private area.</i>
<i>OK on this occasion, but not sure there is a private area if subject was more delicate.</i>
<i>The pharmacy I use is very small-nowhere to go for any privacy</i>

**Access to a pharmacy:** When people had found their normal pharmacy closed and had to find an alternative, they were still positive in their rating of the experience. 13% rated it 'excellent', almost two-thirds 'very good' or 'good', and 24% rated it 'fair' or worse.

## Conclusions

The results show that there is generally good satisfaction with pharmacy services among respondents. This positive view extends across the factors assessed in the questionnaire; however respondents that had had a consultation with the pharmacist rated privacy lower than other service factors. This presents a challenge to how pharmacists and pharmacies deliver services that require a consultation to ensure that patients have the privacy that they require.

While access to pharmacies was generally considered good there was a significant group of respondents that had experienced problems accessing pharmacy services in "normal" daytime hours. This suggests that there is a need to ensure that lunchtime closures are co-ordinated within localities to ensure that patients always have a choice of an alternative pharmacy.

Patients' knowledge of the extended services available from pharmacy was poor, but they demonstrated a strong propensity to use services from pharmacy which are not traditionally associated with dispensing in the future. Particularly services focused on disease prevention like weight management and heart health. The poor knowledge of existing services strongly suggests that any new services need to be marketed to patients to ensure that the willingness of patients to use these services is capitalised upon.

A significant minority of patients taking prescribed medicines reported problems in using or taking medicines. This suggests that there is a silent, but significant group that is not fully realizing the benefits of their prescribed medication. The WHO estimates that between 35 and 50% of all prescribed medication is not taken as intended. The challenge of non-adherence is evident in Oxfordshire and merits active consideration.

Finally there was a strong theme running through the written comments from patients who are registered to receive dispensing services from their GP. These patients strongly defended a service that they clearly cherish and seek to defend against change. The PCT will need to be cognisant of these sensitivities when planning and communication new services.

## Further work

A postal questionnaire has limitations, generally the response to unsolicited, anonymous (i.e. where no follow up is possible) is generally poor. The method used to select respondents omits persons that are not registered with GPs and a written questionnaire, by its nature, excludes those with low literacy levels.

The PNA questionnaire has succeeded in securing a very good response rate from a broad cross section of respondents across Oxfordshire. It has provided valuable insight into how patients use pharmacies, their views on current and future pharmacy services and their experience of using medicines.

Further work with patients should be focused on patients and groups of patients that have been excluded through the process used. Work using qualitative methods can be used to both close these gaps and to explore important themes in greater depth.

The results suggest that the following groups should be focused on:

- Children who were excluded from the questionnaire method for ethical reasons
- Carers and older people – who rely a great deal on pharmacies for essential services
- Seldom heard and hard to reach groups – including ethnic minorities, communities with high levels of deprivation, travellers and asylum seekers, and
- Men – who were under represented in the sample. However the PCT should note that there is national work underway to understand the needs of men as a stakeholder group and to design services that men are more likely to access. In the light of this it may be prudent to allow the national work to take its course before embarking on an Oxfordshire programme of work.

Key themes to explore in any future work include:

- Support with adherence – identifying opportunities to use pharmacist to improve adherence
- Marketing pharmacy services – how to change patient's perceptions of pharmacy and to associate pharmacies with wider services?
- Privacy and consultation spaces in pharmacies – how can pharmacists change the way they work?

## **APPENDIX 5: Focus Group Survey Results**

This research was commissioned by Oxfordshire PCT to feed into its first Pharmaceutical Needs Assessment in early 2011. Group discussions and in-depth interviews were carried out in June 2010 by Ipsos MORI researchers with older people, people with long-term conditions, people with mental health problems, parents of young children, people living in deprived areas and people aged 16-24. These are priority groups identified in the NHS Oxfordshire Strategic Plan 2008-2013.

### **1. Usage of pharmacies**

Across the groups, there was wide variation in levels of pharmacy usage. Usage was much higher among people with long-term conditions and older people as a result of their chronic ill health, although many of these users also take advantage of delivery services. Usage was far lower among young people.

There was no clear pattern across the groups as to whether smaller, locally owned pharmacies, supermarket pharmacies or larger chain pharmacies were preferred. Participants could see the merits of all three types of service – the larger chains and supermarkets being more likely to have a wider range of medicines in stock, but with longer waiting times, and the smaller independent pharmacies being more personable but not as convenient. Generally, participants simply accessed the most convenient pharmacy in terms of location but also opening hours.

Pharmacies were largely seen just as places to pick up prescriptions and little more. Many participants preferred to buy non-prescription medicine at the supermarket for reasons of cost and convenience.

### **2. Access to pharmacies & medication**

Across all the groups there were no major problems with general access to pharmacies. Of the difficulties mentioned, opening hours were the most significant barrier to access – these were sometimes seen as erratic, especially around lunchtime. Older people with limited mobility reported fewer problems with access than might be expected, which appeared to be partly a generational attitude of stoicism, but also testament to high quality delivery and collection systems. Apart from those with serious long-term health problems, participants were not particularly concerned about out-of-hours access. However, knowledge of how to access an out-of-hours service was not particularly high and participants considered it important to advertise this service more widely.

Although accessing the pharmacy per se was not seen as difficult, some participants were frustrated with accessing medicine. Those with long-term conditions and parents often found waiting times unacceptably long, and waiting facilities inadequate. Those who accessed whichever pharmacy was most convenient at the time were happy to go to other local pharmacies if an item was not available. However, those with multiple repeat prescriptions and those living in a deprived area were less likely to tolerate this and felt that greater attention should be paid to stock levels of commonly ordered medications

### **3. Customer experience of pharmacies**

While some participants had complaints about specific incidents, most seemed happy with the general level of customer service they receive in pharmacies – as long as prescription medicines were available, opening times were sensible, no mistakes were made and the waiting time was reasonable. Some in the young person's group thought that pharmacists and their staff could be friendlier, but the wider sentiment was that pharmacy staff were

efficient and helpful. Although customer service wasn't really the deciding factor for most participants in terms of which pharmacy they would use, some would like to see improvements in the willingness of the pharmacist to engage with customers (for example, coming out from behind the shelves more), and in the attitude of other pharmacy staff. As with customer service, the physical layout of participants' local pharmacy was not an issue of great concern. However, a significant minority of participants were concerned about perceived inadequacy of private areas in their local pharmacies.

An especially valued element of the service was pharmacists' attention to detail – double checking prescriptions and catching mistakes made by GPs. Pharmacists making mistakes only became an issue when they occurred frequently, or they appeared reluctant to help resolve the issue. The majority of customers appreciated pharmacists' advice about any new prescription medicine. Although participants did seek advice at the pharmacy occasionally, this tended to be only after they have self-diagnosed. Generally, the pharmacist was not as trusted as GPs or nurses regarding advice about conditions rather than medications.

#### **4. Views on extended services**

Knowledge and use of extended services was generally very limited. Among those few participants who had used these services, Medicines Use Reviews were seen as particularly useful. However, there was some scepticism about the value of contraceptive services and stop smoking services in pharmacies as more specialist support is already available. While some groups, particularly the time-poor (full time workers and parents) were open to the idea of moving health checks and other services into pharmacies for convenience reasons, overall participants were concerned that pharmacy provision might not be adequate and might detract from current core pharmacy services. Those who were used to visiting their GP on a regular basis were hostile to the idea as they felt that pharmacists were less qualified to deliver these services. Participants from a deprived area felt that they might use health check facilities in a pharmacy on an opportunistic basis if they had concerns which they wouldn't go to a doctor about because they were not serious enough. Across all groups, concerns were raised about the lack of privacy and clinical conditions in pharmacies to deliver extended services, the qualifications of pharmacists and the cost of these services to individual patients. All participants felt that if they were to be provided, they ought to be better advertised and free of charge.

#### **5. Suggested improvements to current service provision**

Across all the groups, there was a feeling that only minor changes were needed to the current service which was generally considered friendly, efficient and reliable. Repeat prescription services and the quality checking role of pharmacists were considered important to retain and support. Possible additions to streamline the service further could include email or phone renewals for repeat prescriptions, text reminders and 'stop-gap' services where patients had badly timed their repeat prescription requests and found themselves short of medication.

There was a high value placed on the convenience of pharmacies – those in or next to the GPs surgery were especially appreciated. Many wished for more pharmacies to be open later in the evening and earlier in the morning, to facilitate picking up medicine after the first and last doctor's appointments. Out-of-hours service was not a concern to many.

All groups mentioned staffing in pharmacies as an area for improvement. However, participants generally understood the difficulties faced especially by smaller pharmacies in

affording additional trained staff. They suggested adjustments such as the timing of pharmacists' lunch breaks, and encouraging pharmacists to interact more with customers.

Privacy was mentioned in all groups as an essential improvement where it was not already provided, especially where clinical services were being delivered. Although most felt this was done well, some elderly participants felt that mobility issues could be better addressed, with better disabled access and chairs being made available in the waiting area.

Prescription charging was generally tolerated by most participants, although those with exemptions greatly valued this. Although most felt their pharmacist did this already, participants on low incomes felt more could be done by GPs and pharmacists to clarify when prescription medicines were cheaper over-the-counter, or by offering generic alternatives to branded medications.

## **6. Needs of specific groups**

**Young people** were generally not frequent users of pharmacies. They tended to use whichever pharmacy was most convenient to them and valued a fast, efficient, polite and discreet service. They were generally confident in terms of how to treat minor ailments and use the most common medications. However, they did not really see a significant role for pharmacists here. This group were very unaware of the range of extended services on offer in pharmacies, but felt that internet and poster advertising would resolve this. They were open to the idea of extended services as long as they did not affect core service efficiency.

Although many **older participants** relied on delivery services rather than accessing pharmacies directly, they were happy with the service when they did go, even being willing to accept extended waiting times, provided there were sufficient seating. Older people were not very enthusiastic about extended services as many of them saw a doctor regularly. This said, Medicines Use Reviews and pre-filled dosette boxes (pill organisers) are highly valued services where older people are on multiple medications.

**Parents'** highest priority in choosing a pharmacy was convenience. They did not like long waiting times, often opting to avoid these by combining a trip to the supermarket pharmacy with the weekly shop. They appreciated pharmacists' efforts to guide them towards the most effective, safest and best value for money items. While they were happy to use pharmacists to treat their own minor illnesses they were much more cautious for their children and tended to prefer the GP or Accident & Emergency if there was any doubt about a child's symptoms.

Participants **living in a deprived area** were more dependent on one particular pharmacy than any other group. They were concerned about the ability of these small businesses to provide sufficient stock of common medicines, and adequate opening hours, but nonetheless hoped the NHS would continue to support these small businesses. Many in this group also appeared to need support in managing their medications correctly. This group was the most tolerant of providing methadone services in pharmacies provided it was dealt with in a sufficiently private area. They also expressed interest in accessing wellness checks at their pharmacy, provided they were free.

Those with **long-term conditions** were the most frequent users of pharmacies. They valued the option of ordering online or over the telephone, and liked to receive reminders and notifications when their medicines were ready to collect. While they were concerned

about waiting times, this group placed higher priority on the quality control role of pharmacists. Although they were interested in Medicines Use Reviews, they were the most vocal in their opposition to more 'clinical' extended services as a result of their complex medical needs and attachment to their GP.

Those with **mental health conditions** had generally very similar views to those either in the long-term conditions group, or those living in a deprived area. Salient issues relating to their specific mental health conditions included the importance of an understanding group of staff, additional privacy provision to relieve social anxiety, and reminder services to help them remain organised and avoid the negative consequences of going without psychoactive drugs.

### **Conclusions and recommendations**

There is a generally high level of satisfaction with current pharmacy services – many participants had only praise for their local service, and were keen to stress that they wished this core quality of service to be protected, whatever changes are planned. Changes which participants would like to see to the core provision are relatively simple customer service issues such as waiting times, privacy and staffing at lunch times. However, their reactions to extended services were much more mixed. We feel that the PCT should consider further engagement with customers to fully understand their needs and concerns around extended services before commissioning additional ones, as well as exploring how best to communicate with local residents about them to maximise take-up.

### **Introduction**

## **Background to the Research**

The white paper *Pharmacy in England: Building on strengths - delivering the future*<sup>1</sup> set out the Government's programme for a 21st century pharmaceutical service and identified practical, achievable ways in which pharmacists and their teams can contribute to improving patient care through delivering personalised pharmaceutical services in the coming years. Consultation on this document revealed concerns that PCT commissioning of enhanced services from pharmacies did not currently reflect patient need, and it was suggested that this may be as a result of commissioning decisions being taken in isolation. PCTs are therefore required to consult upon, and produce their first Pharmaceutical Needs Assessment by 1 February 2011.

The purpose of a PNA is to understand the pharmaceutical needs of the PCT population, take stock of the current community pharmacy services provided, consider the potential of community pharmacy in redesigning services, and take a rational approach to commissioning services from community pharmacy. Where gaps are found to exist through the PNA, alternative ways in which needs may be met can be identified.

NHS Oxfordshire is currently gathering evidence to prepare its first PNA. An important element of any needs assessment is to capture the views of current and potential services users to understand their perspective and to identify actions which will ensure the successful implementation of services arising from the needs assessment. However, there is very little systematic collection of patient experience feedback or views about pharmacy services that is available to the PCT.

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<sup>1</sup> Available at: <http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf>

The development of NHS Oxfordshire's PNA has therefore been informed through a process of purposive research with patients and residents in Oxfordshire in order to develop insights into their views on the current and potential future role of community pharmacy. To initiate this engagement process, NHS Oxfordshire undertook a postal survey<sup>2</sup> which was distributed to a random, age stratified sample of 6,114 people (1.1% of all residents) registered with Oxfordshire GPs.

The quantitative survey provides a useful overview of what pharmacy services people are using in Oxfordshire, how they rate these services, and what other needs or requirements they have. However, as with all postal surveys, there is an inevitable selection bias which means that some groups' views are unlikely to be well represented. This is especially true for younger people, and other hard to reach groups.

### Aims and objectives of qualitative research

After reviewing the findings from the survey, NHS Oxfordshire therefore commissioned an additional qualitative phase of research to gather more in-depth feedback from specific groups. These groups included those unlikely to respond to the survey, as well as other groups in the population which have quite specific needs in relation to pharmaceutical services.

Groups selected for further research included:

- older people
- people with low grade mental health conditions
- people with long-term illnesses/conditions
- people living in deprived areas
- parents of young children and
- young people.

As a qualitative piece of work, the issues as well as the ways in which they are explored differ quite significantly from a quantitative survey. Rather than focusing upon the "who" and the "how" – for example, which age groups are most likely to only use one pharmacy rather than 'shopping around', qualitative work seeks to generate insight into the "why" – i.e. looking at an individual's reasoning behind their choice of pharmacy and what a good service 'looks like' to them.

The specific objectives of the qualitative research were therefore as follows:

- to understand the experience of 'hard to reach' groups using pharmacy services and how this may differ from the general public;
- to explore what influences these groups' levels of satisfaction with their experience of using pharmacy services;
- to examine the factors (both barriers and enablers) which affect people's ability to access pharmacies;
- to explore people's opinions on the wider role of the pharmacist, specifically with regard to consultation services;
- to explore levels of awareness about, and opinions on extended pharmaceutical services already on offer in their area; and

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<sup>2</sup> This survey was carried out by WebStar Health. The full findings of the survey can be accessed on request from Oxfordshire PCT.

- to find out what different types of services they would like to be able to access at their pharmacy, and how these should ideally be delivered.

## Methodology

This research was conducted using a combination of discussion groups and one to one interviews.

### Discussion groups

Discussion groups lasted between 1 and 1½ hours and were directed by a 'discussion guide', developed in partnership with NHS Oxfordshire to ensure that all relevant areas were included. This guide outlined the starting points for discussions, but remained flexible to ensure that the issues most salient to participants were explored in sufficient detail. Discussion groups were facilitated by Ipsos MORI executives trained and experienced in qualitative research, who asked some questions from the guide and then encouraged discussion within the group. Groups were held in the evening, so that those who are working were able to attend.

For older people, the format was somewhat less formal as discussions were carried out at a community centre, and it was impractical to gather participants in groups. Therefore, researchers conducting this element of the fieldwork conducted shorter, informal discussions with individuals and small groups at the centre.

### One-to-one interviews

Whether a discussion group or one-to-one interviews were used in this research depended on the audience. One-to-one interviews were conducted for a number of reasons; firstly, where it was felt participants would not be comfortable in a group setting, which was considered to be the case for participants with mental health conditions. Secondly, discussion groups were considered not to be the most practical solution for parents of young children due to time constraints, and the likelihood that difficulties with arranging childcare would limit group attendance. In-depth interviews typically lasted between 30 and 45 minutes, and similarly to the discussion groups, were conducted by an Ipsos MORI executive directed by a discussion guide.

## Structure of the discussion groups & interviews

The discussion guide for the discussion groups and interviews was structured as outlined in the following table. A full copy of the discussion guide for the groups and interviews is provided in the Appendix to this report.

<p><b>(1) INTRODUCTION AND WARM-UP</b></p> <p><i>Covers general housekeeping – the rules of the discussion and the information we are required to tell participants under the MRS Code of Conduct. Provides an opportunity for each participant to talk, which will help encourage them to join in the discussion later. Elicits basic details about participants lives to give context to their answers</i></p>	10 minutes
<p><b>(2) GENERAL USE AND PERCEPTIONS OF PHARMACIES</b></p> <p><i>Explores experiences at last visit, frequency of visits, reasons for visits and overarching opinion of local pharmaceutical services</i></p>	15 minutes
<p><b>(3) ACCESS TO PHARMACIES AND MEDICATION</b></p> <p><i>Location of pharmacy of choice, ease of access, availability of alternatives. Ease of getting required products and services, experience of using collection and delivery services if relevant.</i></p>	15 minutes
<p><b>(4) EXPERIENCE OF USING LOCAL PHARMACIES</b></p> <p><i>Ease of finding items, attitude of staff, opinions about layout and pharmacy facilities. Determining what makes a good/bad experience of a visit to a pharmacy.</i></p>	15 minutes
<p><b>(5) EXTENDED SERVICES</b></p> <p><i>Awareness of services other than prescription and over-the-counter medication. Experience of extended services, opinions on their relevance and usefulness.</i></p>	15 minutes
<p><b>(6) LOOKING TO THE FUTURE</b></p> <p><i>Eliciting key elements of service to remove, maintain, improve and new services to add. Ways in which pharmacies can cater better for specific needs. Key issues for pharmacy commissioners to consider.</i></p>	15 minutes
<p><b>(7) SUMMING UP &amp; CLOSE</b></p>	5 minutes

## Participant profile & recruitment

Three group discussions and three sets of interviews or informal groups with the six different audiences, as outlined below.

Discussion	Demographic	Location	Number of individuals
Informal Groups, Interviews	Older people	Banbury	12
Depth Interviews	People with mental health conditions	Oxford	5
Group Discussion	People with long-term illnesses/conditions	Banbury	10
Group Discussion	People living in deprived areas	Oxford	10
Depth Interviews	Parents of young children	Banbury, Oxford, surrounding rural areas	4
Group Discussion	Young people (aged 16-24)	Oxford	10

For each of the demographic groups, while discussions may have taken place in a central location, care was taken to ensure participants were from a range of urban, suburban and rural locations in Oxfordshire in order to fully understand the differing needs of people living in very different environments. At least one participant from a black or minority ethnic background was included in each group or set of interviews, with the exception of the interviews with people with mental health conditions and older people.

The groups and interviews with people with long-term conditions, deprived communities, parents of young children and young people were recruited face-to-face in-street by trained Ipsos MORI recruiters. Recruiters were given a screening questionnaire to complete with potential participants, to ensure that a good range of participants from different age, gender and social backgrounds were included and that those who had experience of working in social research or pharmacies were excluded. Participants were offered a small financial incentive as a thank you for taking part.

The groups and interviews with older people and those with mental health conditions were recruited with the assistance of community groups dealing with these populations. These audiences would have been more difficult to recruit in street, and it was important to conduct the research in a familiar environment for the comfort and reassurance of these participants. The group with older people was facilitated by the WRVS Cornhill Centre in Banbury, and the mental health group by Restore at the Beehive Centre in Oxford, to whom we are grateful for their kind assistance.

## Report structure

The report which follows will present the findings from the study, organised under the following themes:

- usage of pharmacies;
- access to pharmacies;
- customer experience of pharmacies;
- views on extended services; and

- suggested improvements to pharmacy services.

The final chapter will provide a more detailed breakdown of the priority issues and concerns for each of the specific groups who were the focus of this research. It will then provide recommendations based on the research findings for NHS Oxfordshire to consider for inclusion in the PNA and commissioning of pharmacy services in the future.

### Presentation and interpretation of the data

It is important to note that where the primary methodology for data collection has been qualitative, the findings are intended to be illustrative rather than statistically representative. These findings provide insight into *why* people hold views, rather than conclusions from a robust, valid sample. In addition, it is important to bear in mind that we are dealing with people's perceptions, rather than facts.

Throughout the report, use is made of verbatim comments from participants. Where this is the case, it is important to remember that the views expressed do not always represent the views of the group as a whole, although in each case the verbatim is representative of at least a small number of participants.

### Publication of data

Our standard Terms and Conditions apply to this, as to all studies we carry out. Compliance with the MRS Code of Conduct and our clearing is necessary of any copy or data for publication, web-siting or press releases which contain any data derived from Ipsos MORI research. This is to protect your reputation and integrity as much as our own. We recognise that it is in no-one's best interests to have findings published which could be misinterpreted, or could appear to be inaccurately, or misleadingly, presented.

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## 1. Usage of Pharmacies

### Chapter summary

- Across the groups there was wide variation in levels of pharmacy usage. Usage was much higher among people with long-term conditions and the elderly as a result of their chronic ill health, although many of these users also take advantage of delivery services. Usage was far lower among young people.
- There was no clear pattern across the groups as to whether smaller, locally owned pharmacies, supermarket pharmacies or larger chain pharmacies were preferred. Participants could see the merits of both types of service – the larger chains being more likely to have a wider range of medicines in stock, but with longer waiting times, and the smaller pharmacies being more personable but not as convenient.
- Generally, participants simply accessed the most convenient pharmacy in terms of location but also opening hours.
- For most participants pharmacies were seen just as places to pick up prescriptions and nothing more. Many participants preferred to buy non-prescription medicine at the supermarket for reasons of cost and convenience.

This chapter of the report looks at when participants used pharmacies, exploring differences between groups. It also looks at the factors that influenced the choice of pharmacy, and what specific services participants used at their choice of pharmacy.

#### **a) Overall usage levels**

Although the discussion of usage levels in groups cannot be seen as an assessment of the actual levels of usage among the different demographic groups in Oxfordshire, we briefly explore it here in order to put the views of these groups in context. Differing usage levels should be borne in mind when interpreting opinions and experience of services by each group, as regular users are more likely to have an 'accurate' picture of service provision, and more strongly held views about the quality of service provision in pharmacies.

Across the groups, there was wide variation in levels of pharmacy usage. Usage was much higher among people with long-term conditions (including mental health conditions) and the elderly. Both these groups needed to access prescription medicines more regularly than other groups as a result of their chronic and often multiple health conditions requiring medication. It should also be noted that although they are high users of medical services, quite a few of the elderly people had medicine delivered to their homes, and thus had not actually visited a pharmacy in a long time, despite needing repeat prescriptions. Usage was far lower among young people, many of whom did not use pharmacies on a regular basis. Many of the participants in the group in a deprived area and some of the parents needed to go to the pharmacy often to collect medicine for their children or elderly relatives.

#### **b) Factors influencing choice of pharmacies**

There was no clear pattern across the groups as to whether smaller, locally owned pharmacies, supermarket pharmacies or larger chain pharmacies such as Boots or Lloyds were preferred overall. Participants could see the merits of both types of service – the larger chains thought more likely to have a wider range of medicines in stock but with longer waiting times, and the smaller pharmacies being more personable but with less convenient opening hours. Generally, participants simply accessed the most convenient pharmacy, whether this was the one closest to their home, on the school run or near their GP surgery. This is consistent with the findings of the residents'

survey which showed that almost half (48%) considered proximity to their doctor's surgery to be the 'location factor' that most influenced their choice of pharmacy, and around two in five (39%) considered quick service to be the 'service factor' that most influenced pharmacy choice.

However, those living in deprived areas, and those with mental health conditions were more likely to have one particular pharmacy which they used regularly. In the deprived group this was mostly because they had limited access to transport. For those with mental health conditions this appeared to be because going somewhere familiar relieved their social anxiety to some extent.

*"I always go to Boots up on the Cowley Road...it's on the way back from the school run so if I need something for a cough or sun cream or whatever, we'll go there on the way home."*

*Parent*

*"I use Sainsbury's so I can pop out and get my shopping while I wait."*

*Participant with a long-term condition*

*"With the smaller pharmacies you have less time to wait – that's my experience anyway – when I have to pick up the kids from school I don't have time to wait that long."*

*Parent*

Linked to convenience, the most important factor affecting some participants' choice of pharmacy seemed to be opening hours. As a participant in the young person's group noted that he had no preference for a particular pharmacy as long as it is open when he needs it.

Where participants had access to a pharmacy at or close to their surgery, they tended to be very appreciative of this option, finding it a very convenient way of collecting their medicine. This was particularly true of those with long-term conditions and mothers of young children, who looked to minimise the number of stops they had to make when accessing services.

*"You can come out and get your prescription straight away without having to drive somewhere to pick it up."*

*Young person*

*"They built a new surgery and they had a pharmacy built into it which was great... you go to the doctor and they say you need x prescription and you just go and sit on the bench and you wait. Really handy, great for the elderly people and saves me a journey going somewhere else. But as a result of the new pharmacy, the one in the surgery is being closed and there is a lot of opposition to it, it's been in the local paper and everything."*

*Parent*

### **c) Usage of specific pharmacy services**

Generally, pharmacies were seen just as places to **pick up prescriptions** and little more. Almost all participants required some prompting before they could identify other services they access in their pharmacy, and some did not identify pharmacies as part of the NHS.

*"I just think, oh yeah, I'm going to the shop – I don't see it as part of the NHS"*

*Young person*

*“I don’t [pay] when I go to the doctors or to hospital but when I need antibiotics I’ve got to pay for it, it doesn’t make sense”*

*Young person*

Parents of young children in particular, but also many participants in the young people and long-term conditions groups, mentioned that they prefer to buy non-prescription medicine at the supermarket or a high-street pharmacy like Boots. This was for reasons of cost and convenience. Prices were seen to be cheaper due to the availability of generic or ‘own brand’ medications. Also, buying medicines could be combined with other errands on shopping trips. This was especially important for working people, or busy parents with children in tow.

*“Anything you can get in the pharmacy you can buy in Sainsbury’s and Tesco really – other than the prescription stuff, so I’d probably get my other stuff like hay fever tablets or Lemsip from Tesco’s.”*

*Participant with a long-term condition*

*“If I’m in [the local pharmacy] and I see something on special offer I’ll grab it, but other than that, no...it’s more expensive in there isn’t it, they’ve got more overheads than these big companies.”*

*Participant living in a deprived area*

Even those on multiple repeat prescription medications were happy to get their basics in non specialist retailers. When asked to explain this preference participants indicated that they saw no need for additional advice from a pharmacist when using these common medicines as they understood clearly how to take them safely, even in combination with other medications. The exceptions to this rule were participants in the group in a deprived area, who generally used the local, community-based pharmacy more frequently, including for basic over-the-counter medications.

## 2. Access to Pharmacies

### Chapter summary

- Across all the groups there were no major problems with general access to pharmacies. Opening hours were the most significant barrier to access – these were often seen as erratic, especially around lunchtime.
- The elderly and those with limited mobility reported fewer problems with access than might have been expected. This appeared to be partly a generational attitude of stoicism, but also testament to high quality delivery and collection systems.
- Participants were not particularly concerned about out-of-hours access apart from those with serious long-term health problems. However, knowledge of how to access an out-of-hours service was not particularly high and participants considered it important to advertise this service more widely.
- Although accessing the pharmacy per se was not seen as difficult, some participants were frustrated with accessing medicine. Those with long-term conditions and parents often found waiting times unacceptably long, and waiting facilities were often inadequate. Those who accessed whichever pharmacy was most convenient at the time were happy to go to other local pharmacies if an item was not available. However, those with multiple long-term prescriptions and those living in a deprived area were less likely to tolerate this and felt that greater attention should be paid to stocking.

### a) General Access

Across all the groups, there were no major problems with access to pharmacies during normal opening hours. All participants had a pharmacy within walking distance or a short drive or bus ride away, even those living in the most rural areas. Although the actual distance rural residents had to travel to access a pharmacy was a couple of miles rather than a few hundred metres, they considered this acceptable as it was part and parcel of their choice to live where they do.

*“There are a variety of different pharmacies round here, so we do have a choice, especially in this area”*

*Participant living in a deprived area*

*“There is one two miles that way, and one two miles the other way, or there is one at my surgery in Banbury and the one at Sainsbury’s. Yeah, there isn’t one in the village here, you do have to drive but we don’t even have a village shop or post office here so it’s not really surprising”*

*Parent*

The most important point affecting access seemed to be opening hours. As a participant in the young person’s group noted, he had no preference for a particular pharmacy as long as it is open when he needs it. Among those participants from a deprived area, there was concern that their smaller, independent pharmacy’s opening hours were erratic, as only one pharmacist worked there and he appeared not to adhere to regular nine to five opening hours, although this is the schedule he advertises.

Generally, this merely caused annoyance and inconvenience. Many in this group also reported having access to other pharmacies within a reasonable distance, and so it did not mean not being able to access *any* pharmacy. This was also true of the vast majority of participants who lived in towns. Although most participants from rural areas were restricted to one pharmacy in their nearest village, they also had alternatives at

their surgery or the nearest large supermarket. Overall, participants did not consider there to be a particularly urgent issue in terms of lack of access in their area.

*“Even if our local one is closed, it’s not far to go to another one – you can just walk up to the roundabout, or there’s the ones in the town centre, it’s not a big deal really”*

*Participant living in a deprived area*

However, this had led to serious problems for one participant in particular who was on regular medication for a mental health condition and substance abuse issues. He had been unable to get access to his medication before his supply ran out, and therefore experienced unpleasant withdrawal symptoms.

*“He opens and shuts when he wants, that’s not on really, especially when you’ve run out and really really need your script that day”*

*Participant living in a deprived area*

Older people, while significantly less mobile than the younger participants we spoke to, did not report as many barriers to accessing pharmacies as might be expected. Many said that they combined their trips to the pharmacy with trips to town to access the community centre or to go shopping. One woman reported that she took two buses to her surgery with an attached pharmacy. However, she was happy with this arrangement, as she had to see her doctor anyway, and knew that she could get deliveries if it became necessary.

*“The first time I went there I didn’t know about the buses so I walked all the way up the hill, it was pouring rain, by the time I got there I was absolutely exhausted. But now, I’ve got the buses sorted, I know what time they come, and it’s easy”*

*Older Person*

Other Ipsos MORI research indicates that this may be a function of a difference in attitude between generations. Where older people tend to be more willing to ‘put up with’ difficulties such as this, younger people expect a certain ease of access to public services and are more likely to complain when this is not the case.

Interestingly, those with mobility problems or long-term prescription needs, who might be expected to voice more difficulties with access to medication, also did not have many concerns in this regard. This appears to be a testament to the success of the repeat prescriptions collection and delivery services. All those we spoke to who could not leave the house had their medicine delivered and for most participants on repeat medication, all it took was a quick call to the doctor or the pharmacy to get a new prescription ready to be picked up at the pharmacy.

*“If you ring up in the morning, he’ll deliver it that day, he’s ever so reliable”*

*Participant with a long-term condition*

*“I just send an e-mail, request a repeat prescription at the pharmacy, two days later I can just roll up and collect the prescription and that is fantastic”.*

*Parent*

It may be the case that our older participants were better informed about the options available to them to help with access, through their social networks and or advice accessed through social services and voluntary sector organisations. The same

appeared to be true of mental health service users. Many noted that their doctor or social worker had introduced them to the collection of repeat prescriptions service, which they now found invaluable.

*“For the longest time I didn’t realise they could do the repeats for you, and to think, I was trekking the two mile down to the surgery, and two mile back to drop it in at the chemists, when all along they could do it for me. I was so glad when my doctor told me about this, it saves me so much trouble, it’s fantastic”*

*Participant with a mental health condition*

Although the vast majority of participants were very pleased with this service, a few were less happy, with one participant noting that it can take two or three days from when he orders a repeat prescription at the doctors until it is ready to be picked up at the pharmacy.

#### **b) Access to required medicines and services**

Although accessing the pharmacy per se was not seen as difficult, some participants were frustrated at the difficulties they had experienced accessing medicine inside the pharmacy. Those with long-term conditions in particular found that waiting times for prescriptions to be filled were long, which they said was frustrating when the pharmacy seemed quiet or empty. In some cases pharmacies did not have adequate waiting facilities such as chairs for those who had difficulty standing for prolonged periods. Most felt that the size of the pharmacy did not necessarily impact on whether they had to wait or not.

*“You have to wait wherever you go – they always say come back in 20, 30 minutes, and I don’t have that kind of time to wait.”*

*Participant with a long-term condition*

*“There was only one other person and I still had to wait 25 minutes.”*

*Participant with a long-term condition*

Part of participants’ irritation with waiting times appeared to be explained by their concept of a pharmacy as a medicine retailer. They tended not to consider the checks that pharmacists are carrying out, perhaps because this part of pharmacists work is often hidden from view.

*“How long does it take to stick a label on a box?!”*

*Parent*

Younger people also appeared to be much less tolerant about waiting for a prescription – this is likely to be a reflection of the differing expectations of different generations mentioned earlier. It was also a significant problem for parents who often had young children with them when going to the pharmacy – parents found it difficult to manage their children’s behaviour at times when there was a long queue.

*“You’ve still got to wait at the pharmacy, but then you’ve got to wait everywhere these days so it makes no difference”*

*Older Person*

*“They said what I needed was going to be 20 minutes and I could just see it on the shelves and I was like you can just put it in a bag and give it to me”*

## Young Person

Some participants with mental health conditions also expressed worries about queuing in the pharmacy. This was partly due to their high levels of social anxiety when confronted with large numbers of people in a small space, but also because they felt they would be rushed and their privacy would be compromised by others overhearing their conversation with the pharmacy staff.

*"I don't like it when they say my address out loud, I mean, you never know who is listening do you, there might be people on benefits and such who could use your identity and that. I have to write it down or something, but they don't remember, so I have to remind them every time".*

*Participant with a mental health condition*

Parents - most of whom had no allegiance to any particular pharmacy - were happy to 'shop around,' going to other local pharmacies if an item was not available in the first one they tried. However, those with multiple long-term prescriptions were less likely to tolerate this – one participant who had experienced regular problems with the availability of their medicines cited this as their primary reason for moving to another pharmacy which was more reliable.

*"I'm not that worried, it's rarely an issue. If they haven't got something in, I can either wait a day or two until they have it in, or I can drive to another one which will have it. To be honest any time this has happened our pharmacist has been able to get it in quickly anyways."*

*Parent*

*"I've recently changed pharmacies – the old one was just so useless. They kept messing up and not having something in stock, or not having the right amount, it was getting silly especially with my leg the way it is it was tricky for me to keep having to go down there. Now I've moved to this new one they are brilliant, they always get it right, and they will ring me to confirm what I need when it's due."*

*Participant with mental health condition*

Those in the deprived area expressed annoyance at the lack of stock in their local pharmacy. There was a feeling that, because the community was so small, it should not be too difficult for the pharmacist to keep a stock of the repeat medication his regular customers were on. Whether or not stock levels were an issue appeared to depend on how reliant participants were on a particular pharmacy, and how much knowledge they expected their pharmacist to have about their needs.

*"He [our local pharmacist] knows who the patients are, he knows what medicine they're on, so why doesn't he stock up on it? There's no reason for him not to have it."*

*Participant living in a deprived area*

A number of participants - particularly those living in a deprived area and those with long-term conditions - had found it difficult to access their prescribed medicine at certain times, such as lunchtime, when the pharmacist was not available but the pharmacy was still open. Participants thought that pharmacists should move their lunch breaks to outside the core lunch hours of 12-2 so that working participants were able to get medication on their lunch breaks.

*“Better management of staff would help. Don’t all go off for dinner at 1 o clock – stagger your dinner, everyone else does!”*  
*Participant with a long-term condition*

### **c) Out-of-Hours Access**

The majority of participants were not convinced that out-of-hours access to a pharmacy was necessary. Those with long-term conditions, however, thought that it was very important that this service was available, as illness is never a nine to five affair. However, across all groups except parents of young children, there was a lack of knowledge about how to access pharmacies outside of normal working hours. Many participants said that there wasn’t adequate or easily available information about this.

*“On a bank holiday it took me ages to work out where to go. It’s not very well advertised in my area.”*  
*Young person*

*“It’s a lot of guesswork – sometimes you talk to your doctor and even they don’t know.”*  
*Participant with a long-term condition*

While one participant living in a deprived area knew what was available, the rest of the participants were surprised to hear that a pharmacy in the area opened late. They would appreciate clearer information on this with prominent notices in all local doctors, pharmacies and the local paper, or even on the prescription slip itself.

*“When you drive past it’s just a got a little sign that says it’s open late.”*  
*Participant living in a deprived area*

The ways in which participants thought it best to access information about opening hours varied by generation. For example, young people thought that it would be better to have this information clearly available on the NHS Choices website as this would probably be the first place that they would check – indeed, a few participants had done this previously and found the website useful. Mothers with young children were better informed about out-of-hours access, with several mentioning that they knew which number to call to access all out-of-hours health services.

*“There is a telephone line, you can find out if you want to ...I know how to find stuff, but there are people who have no idea how to find that information. You’ve got to pretend that everyone’s a dummy and then just promote it.”*  
*Parent*

### 3. Customer experience of pharmacies

#### Chapter summary

- While some participants had complaints about specific incidents, most seemed happy with the general level of customer service they receive in pharmacies– as long as prescription medicines were available, opening times were sensible, no mistakes were made and the waiting time was reasonable.
- Some in the young person's group thought that pharmacists and their assistants could be friendlier, but the wider sentiment was that pharmacy staff were efficient and helpful. Although customer service wasn't really the deciding factor for most participants, some would like to see improvements in the willingness of the pharmacist to engage with customers, and in the attitude of dispensary assistants.
- As with customer service, the physical layout of participants' local pharmacy was not an issue of great concern. However, a significant minority of participants were concerned about a perceived lack or inadequacy of private areas in their local pharmacies.
- A key element of the service that was especially valued by participants was pharmacists' attention to detail –double checking prescriptions and catching mistakes made by doctors. Pharmacists making mistakes only became an issue when they occurred frequently, or pharmacists appeared reluctant to help resolve the issue.
- The majority of customers appreciated pharmacists' advice about any new prescription medicine. Although participants did seek advice at the pharmacy occasionally, this tended to be only after they have self-diagnosed. Generally, the pharmacist was not as trusted as GPs or nurses when it came to advice about conditions rather than medications.

Across all the groups, most participants expressed satisfaction with the pharmacy service in their area. While some participants had complaints about specific incidents, most seemed happy with the general level of customer service they receive in pharmacies and with the products and services that are available. This is also reflected in the residents' survey, which found that 88% were satisfied with existing service provision.

Although participants were generally satisfied with the service they received, enthusiasm and ideas about what the most important factors driving satisfaction with pharmacies were somewhat limited. This was perhaps related to low public expectations of what they want from pharmacies. As many viewed the pharmacy more as a shop or simple dispensary than a provider of health services, they were content just to receive their medicine, pay and leave. As long as this went smoothly, no mistakes were made and the waiting time was reasonable, participants generally struggled to find other issues to comment on in this regard.

*"They are what they are, they sell medicine don't they? Beyond good customer service, what more can you expect?"*

*Participant living in a deprived area*

A number of the **key areas driving satisfaction** with pharmacies have been discussed in previous chapters – a **convenient location**, **availability of the correct medications** when people needed them, **opening hours** and limited **waiting times**. Therefore, the remainder of this chapter will focus on satisfaction with the interactions between pharmacists and customers and the physical attributes of the pharmacy itself.

### **a) Customer Service**

Participants did not have high expectations of their relationship with their pharmacist(s), and therefore many felt they had little to comment upon on this issue. This was related in part to participants' conception of a pharmacy as a retailer, not a provider of health services, but also appeared to be a function of the choice of pharmacists available to most participants, which means that very few participants had built up a relationship with a pharmacist as they would with a doctor.

*"They're pretty businesslike, but that's fine, you're not exactly going to dinner with your pharmacist are you....well I reckon some old ladies might want to, but that's another story."*  
Parent

Some in the young person's group thought that pharmacists and their staff could be friendlier, but the wider sentiment was that in general most were efficient and helpful. Older people in particular were very satisfied with the service received. This broadly reflects the generational difference in expectations as a customer discussed in the previous chapters.

*"Very polite, always ask if you were all right – very very good they were."*  
Older person

Participants seemed to have different expectations and experiences of smaller independent pharmacies, versus the larger chains. Those who visited smaller independent pharmacies often mentioned the friendliness of the staff and the fact that they were greeted by name as reasons why they preferred to use the smaller pharmacy. However, most felt that customer service wasn't really the deciding factor in which pharmacy they used. For example, a mother of young children remarked that her local pharmacist knew her better, but this ultimately made little difference. Conversely, another mother remarked that bad customer service in one of the larger chains had really affected her experience and had ultimately stopped her going to one particular chain altogether.

*"My local one, they work harder, they know everyone in the area and because of that they're a bit more personable. If I go to a random (chain) the service is fine, it's just standard. But that's fine, I'm not looking to have dinner with them."*  
Parent

*"I went to a (chain) once, and the way the girl spoke to me, I've never been back in there again. She made such a big deal about it and I was so embarrassed, standing at the front of a massive queue with this girl talking really loudly about my condition."*  
Parent

However, there were a few participants who felt that due to their larger size and number of staff, the larger chain pharmacies were able to provide better customer service.

As most people could choose from a range of different pharmacies, they felt satisfied that they had the option to change to a different one should customer service be an issue. They therefore did not feel that this was something NHS commissioners needed to get involved in. However, participants who had more limited access to a choice of different pharmacies had much clearer expectations in terms of customer service. Several participants living in a deprived area were very dissatisfied with the attitude of

the pharmacist in their local pharmacy, but felt that this needed to be resolved so they could continue to use the same pharmacy, rather than feeling that they should simply go to a different pharmacy where the service was better.

A small number of participants made a differentiation between the attitude of staff who dealt most frequently with customers, and that of the pharmacists themselves. These participants felt that the staff at the counter could be quite young and inexperienced, or alternatively older and a bit brusque, whereas they had found their pharmacist very friendly and knowledgeable when they spoke to them directly. Some customers felt these staff needed to think more carefully about the way they approached customers, because, they felt, the staff seemed to be rather quick to comment upon a customer's choices or concerns despite not being 'qualified' to do so.

Some in the young people's group thought that pharmacists themselves were not forthcoming enough and it was intimidating to have to go the front desk to ask for advice particularly if the matter is private. A parent with young children felt that the attitude of the person behind the desk often determined whether you would be offered advice or not, rather than this being based on a genuine assessment of medical need. Participants in some other groups also pointed out that it might be better if the pharmacist was easier to talk to. Currently they feel this is difficult to do because the pharmacist is often 'hidden away' behind the counter.

*"It depends who is behind the counter. If they're in a good mood then they'll talk to you and offer advice."*

*Parent*

*"I've never been in a pharmacy where someone's approached me. It's really embarrassing to go and approach them. Whereas if you know they're happy to help and they're friendly, you'd probably feel more inclined to speak to them and ask their advice."*

*Young person*

A key element of the service that was especially valued by participants was pharmacists' attention to detail – the idea that they are careful in the vast majority of cases with the dosages and brands of drugs they dispense, ensuring that they provide a high quality service to patients. Participants especially noted that some pharmacists went the 'extra mile', double checking GPs' prescriptions and in some cases catching mistakes made by GPs with regards to dosage, or medicines which interacted negatively with one another. This was particularly appreciated by those who were taking a large amount of medication, or had a close relative who was, whether this kind of verification and advice was delivered informally, or formally as a 'Medicines Use Review'.

*"I came in with a script and the pharmacist said: are you going to be taking these on the same day? You shouldn't even be taking them in the same month"*

*Participant with a long-term condition*

Pharmacists making mistakes with prescriptions did happen, but were generally considered rare by participants. Mistakes were generally accepted as a 'natural' thing that happens to everyone – they only became a customer service issue when they occurred frequently, when pharmacists appeared to blame the customer for them or when they appeared reluctant to help resolve the issue. Participants especially did not appreciate when the burden appeared to be placed on them to liaise between the GP and the pharmacist in order to resolve a problem.

*“They didn’t have all the bits on my repeat slip that I’d ticked, but they said the doctor hadn’t prescribed them. I had to ring the doctor to check if they had, they said they did, so I went back to the pharmacist but they still rang the doctor again to check, like I hadn’t done that already. I’m sure it was their mistake but they wouldn’t admit it and I had to do all this running around to sort it out.”*

Parent

#### **b) Advice**

Many participants, but especially young people said that they sometimes use the pharmacy for advice on appropriate treatments, but only after they have self-diagnosed (often with the help of the internet) with a minor illness such as a cold. This was also mentioned by parents with regards to minor ailments like skin rashes in their children.

*“I think it’s the place you go when you’ve self-diagnosed yourself – when you know what you want”*

Young person

*“Unless they’ve actually got lumps and spots and bumps I would ask a pharmacist for advice. If they didn’t seem too distressed by it”*

Parent

Generally however, the idea that pharmacists could provide diagnoses of minor ailments did not spring to participants’ minds. Some actively disagreed with this idea because they felt it was not within a pharmacist’s expertise. Importantly, this opinion was more likely to be voiced in the long-term conditions group, suggesting that they were more worried about their health and likely to see it as something complicated that only “someone with a medical degree” could and should deal with.

*“Pharmacists give out common sense more than anything, don’t they. Generally I don’t need much from them as I tend to keep a store cupboard stocked with things like Calpol and that. And as a parent of four kids, I know when something is serious and needs a doctor, and when it can be dealt with at home.”*

Parent

Indeed, some participants felt that this might be ‘overstepping the mark’, and not very professional of pharmacists. While very few participants said that they would *never* ask for advice from a pharmacist, there was a general misconception among many that pharmacists are not medically trained. There was a feeling that they should not seek to take on the role of ‘health professionals’ such as doctors and nurses, but rather should “stick to what they know” – generally considered to be only the effects of a given medicine (dosage, side-effects etc). Parents in particular felt that they would and go straight to their GP or to Accident and Emergency with their children, even with a minor ailment such as a temperature. This preference for GPs chimes with Ipsos MORI’s wider data on levels of public trust in different professions – more than nine in ten people say they trust doctors, and doctors have been consistently ranked the highest profession in terms of trust since Ipsos MORI started tracking this opinion in 1983<sup>3</sup>.

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<sup>3</sup> Opinion of professions tracker 1983-2009. Question asked of 2,000 nationally representative adults aged 15+ each year. Most of these surveys were commissioned by the British Medical Association.

*“If my child was ill, I’d take him straight to the doctors. You would never take your child to the pharmacy to be diagnosed! If a child’s got a fever or a temperature you’ve got to go to the doctor or the hospital.”*

*Participant living in a deprived area*

*“I know the pharmacist is a professional but he’s a professional about dishing out drugs, not administering jabs.”*

*Participant with a long-term condition*

*“I wouldn’t go to a bricklayer and ask him to do my plumbing would I?”*

*Participant with a long-term condition*

Those in the older group said that they rarely asked pharmacists for advice, relying more on doctors because they thought that the pharmacist would advise them to go to their doctor anyway, due to their complex health needs. Many others felt that they had a personal relationship with their doctor that allowed them to feel comfortable discussing their health, which they did not consider to be the case with their pharmacist.

*“They usually tell you that you have to go your doctor so you might as well go there anyway.”*

*Older person*

*“The pharmacist doesn’t know you as well as your doctor does.”*

*Participant living in a deprived area*

Many people also felt that that they would prefer to ask for advice from their GP in cases where the health concern was private or embarrassing, such as contraception or STIs. This was due to their existing relationship; they thought they would feel embarrassed explaining their concerns or symptoms in front of a pharmacist they did not know. Young people were the exception to this rule – they preferred a sexual health clinic where ‘everyone was there for the same reason’ – but they still were not comfortable dealing with their pharmacist for such issues.

*“I would not go and discuss anything to do with contraception with a pharmacist. I actually like the contact I have with my GP, and you can request someone female. I’m not sexist, but I’m not going to speak to [my pharmacist, who is] a bloke about my sex life.”*

*Parent*

However, the vast majority of customers did appreciate the proactive approach of pharmacists and staff in advising them about any new prescription medicine, pointing out dosage considerations, when best to take a particular medication, and warning them about the potential side-effects.

*“He [the pharmacist] will still say to me you know you have to stick to that and don’t have more than you’re supposed to.... the doctor prescribes the drug but it’s the pharmacist that says you can have 3 a day or 5 a day and you do listen.”*

*Participant with a long-term condition*

Advice about medicine costs was also valued, particularly among those with long-term conditions and those from more deprived backgrounds. Many of those with long-term conditions mentioned that their pharmacist proactively points out if a prescription

medicine is available more cheaply over-the-counter, or whether they could buy a generic version of a branded medicine to save themselves money. However, those from deprived backgrounds and young people felt their pharmacist could be more proactive about this.

*“They’d tell you the cheaper brands, that other brands were the exact same thing and cheaper, I thought they were brilliant for that, and they were only a small pharmacy.”*

*Participant living in a deprived area*

This type of advice was particularly valued as it made customers feel that their needs were being put first – given that offering cheaper options is not likely to be in the business interest of the pharmacist. While most felt that this was a ‘perk’ rather than an essential service, there were some in the young people’s group who thought that pharmacists should be obliged to point out when there is a cheaper option, as they are part of the NHS, a public service rather than a business in the ‘true’ sense of the word.

### **c) Views on general layout, facilities and privacy in pharmacies**

As with customer service, the physical layout of participants’ local pharmacies was not an issue of great concern, nor was it key to their level of satisfaction with the service overall. Although a small number of participants felt that their local independent pharmacy was somewhat small and generally overcrowded with what they considered to be unnecessary items such as toiletries, sweets and leaflets, most participants found their local pharmacies perfectly adequate in terms of space.

Even those with restricted mobility had not experienced particularly difficulties in this regard –although there were some concerns about a lack of seating areas for those who could not stand for longer periods of time while waiting for a prescription. It should however be noted that the small numbers of participants with restricted mobility consulted as part of this research mean that a separate assessment would need to be undertaken to fully understand issues of disability access to pharmacies in the Oxfordshire area.

A significant number of participants were concerned about a perceived lack of private areas in their local pharmacies. Although some of the participants’ pharmacies of choice generally had such an area available and considered this a positive development, some were not aware of whether or not their pharmacy even had such an area.

*“That pharmacist has a private little office and it says for personal advice if you want to talk to the pharmacist you can go in there now.”*

*Participant with a long-term condition*

*“Some of them call it a private area when really it’s just a partition –it’s a bit hit and miss. I think it would be good if all pharmacies had a room to the side.”*

*Participant with a long-term condition*

All participants felt that a private area should be available in all pharmacies, given that many people wish to discuss matters that may be thought to be personal or embarrassing. Although they recognised that this could be a costly and difficult request for the very smallest local pharmacies to implement, they felt it was important because not having a private area could be a barrier to asking for advice, driving people to make appointments with their doctor when not strictly necessary.

*“It would be all right if you weren’t slap bang on the shop floor with loads of people behind you and someone knows your mum”*  
*Young person*

## 4. Views on extended services

### Chapter summary

- Knowledge and use of extended services was generally very limited.
- Among those few participants who had used these services, Medicines Use Reviews were seen as particularly useful although there was some scepticism about the value of contraceptive services and stop smoking services in pharmacies as more specialist support is already available.
- While some groups, particularly the time-poor (full time workers and parents) were open to the idea of moving health checks and other services into pharmacies for convenience reasons, overall participants were concerned that pharmacy provision might not be adequate and might detract from current core services.
- Those who were used to going to the doctors on a regular basis were hostile to the idea as they felt that pharmacists were less qualified to deliver these services.
- Participants in the deprived group felt that they might use health check facilities in a pharmacy on an opportunistic basis if they had concerns which they wouldn't go to a doctor about.
- Across all groups concerns were raised about the lack of privacy and clinical conditions in pharmacies to deliver extended services, the qualifications of pharmacists and the cost of these services to individual patients.

In this chapter, we will explore views on 'extended services' available in some pharmacies in Oxfordshire. However, it should be noted that as the vast majority of participants were not aware of or had not used any of these services, the discussion tended to remain very general, about the concept of extended services, rather than going into detail on views and experiences of particular services such as blood pressure checks, or Medicines Use Reviews. More detailed research would be needed with current and intended users of these services to gather this level of detail.

### a) Awareness of extended services

Knowledge of extended services was generally very limited, although a few participants who visit pharmacies often due to their own health conditions or those of their children were relatively well-informed. This is in line with the findings of the residents' survey, which found that only one in four (26%) knew that stop smoking advice was available in pharmacies, less than one in five (17%) had heard of Medicines Use Reviews, and only one in ten (11%) were aware that pharmacists could give out emergency contraception. Knowledge was noticeably more limited among young people and older people, very few of whom had heard of any extended services apart from Medicines Use Reviews and emergency contraception. Generally, most of these participants felt that these services could be available in their pharmacy, but they wouldn't have noticed as they tended not to think of themselves as in need of health checks.

*"I've had an MUR [Medicines Use Review], but then I'm diabetic and my friend works for Boots. I think it all depends on, are you looking for these things?"*

*Young person*

Parents on low incomes and those living in a deprived area were aware of the provision of methadone services in pharmacies. Indeed, they were often more familiar with this than with other extended services aimed at the general population.

## **b) Use of extended services**

A few participants had used extended services – some of those with long term conditions and some older people had received blood-pressure checks and Medicines Use Reviews, and a number of younger people, and one parent had received emergency contraception from their pharmacist. In general, those who had accessed these services seemed happy with them. The Medicines Use Reviews were seen as particularly useful, especially for those on several different medications, as it gave patients a sense of reassurance that they were on the correct regimen, improved their understanding of their medication, and saved a trip to the doctor. This was especially appreciated by those who had more problems with mobility and transport.

*“They were great when I went with my gran, they sat her down and went through all her tablets, made sure she knew what each was for, when to take them and their side effects. She’s been on them for years, so she probably knew most of it but I’m not convinced she understood the dosages, she just knew she should take the orange one in the morning, and the white ones at night.”*

*Parent*

*“On two occasions, the pharmacist said to me, I’m on an awful lot of tablets, he wanted me to go in to his little office and discuss them all, and then they gave me a print-out of all my tablets, what time I’ve got to take them, what time at night. I’m on 11 tablets a day.”*

*Older person*

A few participants had not had positive experiences of using extended services. For example, one parent had a bad experience when she needed emergency contraception, because she felt that the pharmacist had been judgemental of her behaviour when she had asked for help. For this participant, the experience had deterred her from using such services in pharmacies, and she would much prefer to go to a sexual health clinic in future. Some participants in the young people’s group were also of this opinion. They felt that it was less embarrassing to go to the clinic for sexual health services because all the other attendees are there for the same reason, unlike in a pharmacy.

Nevertheless, they thought that emergency contraception was still necessary in pharmacies as clinics are only open for limited hours on specific days and therefore could not be reliably accessed within the necessary 24 to 48 hour period following unprotected sex. Also, some young people who lived in rural areas found it difficult to access sexual health clinics in the centre of town – they therefore valued being able to access the same services in their local village.

*“For me, the clinic is like miles away, and you have to take two buses. I can’t drive and I might not want to ask someone to take me, so if it was in my local pharmacy I would totally use it, if I needed it.”*

*Young person*

Some participants were also sceptical about the effectiveness of delivering other health services in pharmacies. For example, participants were unsure about whether stop-smoking services delivered by a pharmacist would succeed in helping people to quit as addictions are complex, and quitters were likely to take their pharmacist less seriously than they would their GP, with whom they have a longer term relationship.

### **c) Views on the appropriateness of extended services**

Attitudes towards the concept of extended services were mixed, with clear differences of opinion between groups. Indeed, this section of the discussion provoked the most enthusiastic discussion among participants. While some groups, particularly the time-poor (full time workers and parents) were open to the idea of moving health checks and other services into pharmacies, overall, participants struggled to see the necessity of this move. They generally considered the current provision of many of these services (such as blood pressure checks and stop smoking services) in GP surgeries/nurse led clinics to be adequate.

*“I think they do have a wider role now anyway, and I think that’s a good thing – blood pressure, health advice, that sort of thing, as long as you still have the choice to go to the doctor”*

*Participant living in a deprived area*

*“Yeah I could see the point of that, it would be good for things where you don’t want to worry about getting an appointment you could just pop in and see someone on your way to school or whatever”*

*Parent*

Even those who were receptive to the idea of extended services being available in pharmacies pointed out that they would still want to have the option of accessing these services at a surgery. They were also keen to emphasise that their willingness to accept these services in pharmacies would be dependent on the provision of privacy, extra training for pharmacists, and reasonable prices. Some suggested that there might be better ways to spend any spare NHS money in these financial times – they did not recognise the potential economic benefits to the NHS of providing these services in pharmacies.

In general, those who were accustomed to visiting the doctor on a regular basis, such as older people and those with long-term conditions were least receptive to the idea of providing more services in pharmacies. They felt that it would either replicate what is already easily available at their GP surgery (and therefore be a waste of NHS resources), or be an inappropriate replacement for many clinic based services. Pharmacists were seen to be less qualified to deliver these services than the GPs and practice nurses currently doing so.

*“I personally would have more confidence in dealing with somebody that is specialised in certain subjects that I want to see them about, not a pharmacist”*

*Participant with a long-term condition*

While older people simply seemed indifferent to the idea because they felt adequately cared for by their GP, those with long-term conditions became increasingly hostile to the idea the longer they spoke about it. This is perhaps because this group has the most frequent need for the attention of pharmacists in dealing with their prescription medicines and therefore had the most to lose if pharmacists’ priorities were to change. Some thought this was an attempt to reduce GPs’ workload and save money for the NHS at the expense of quality patient care. There may have been an element of group-

think<sup>4</sup> here, but the general feeling was that pharmacists should concentrate on their main role. This opinion was also expressed by some in the young people's group. This stands in contrast to their general preference for fast, easily accessible services and limited waiting times. This appeared to be based on a preference for specialisation of services.

*"If you've seen a doctor for 20 years you can speak to them about anything and you trust them."*

*Participant with a long-term condition*

*"I think it's better to leave [sexual health services] at the clinic, because everyone's there for the same reason and you know you can talk to someone there who really knows what's what."*

*Young person*

This said, a number of participants with mental health conditions were favourable towards extended services being provided by pharmacies. In one participant's eyes, providing extended services was a way of accommodating his particular mental health condition. He suffered from hypochondria, and admitted to making frequent GP appointments in the past to reassure himself that relatively minor ailments were not symptoms of something more serious. His GP had suggested that he ask his pharmacist for advice on minor ailments, and he was happy to do so as it saves him the trouble of making appointments, and avoided arguments with the GP's receptionist.

Parents of young children were also receptive to the idea of extending the range of services available in pharmacies, as they considered it more convenient than having to arrange an appointment with their GP. While they wanted reassurance about the level of training pharmacy staff would have to deliver these services, they could see the potential role of a pharmacist in providing advice on basic child health concerns, such as fevers, rashes and head lice. These types of conditions were felt important enough to need some treatment but not really important enough to 'bother' the GP. Allowing pharmacists to recommend treatments for these types of conditions help parents who are short of time, especially in an era where school nurses no longer provide treatment services, but often insist that a child sees a medical professional before they are allowed back into school.

*"It would help quite a bit.....my kids are always coming down with something or banging their head or whatever and it would be easier than getting to see the GP.....You see right now it's a real pain because school nurses don't deal with these things but they are extra cautious, they ring me up and ask me to take him home if he's got a rash, and they won't let him back in school until he's seen a doctor"*

*Parent*

There was also some difference in the receptiveness to extended services of those from more deprived backgrounds compared to more affluent participants. For example, participants from a deprived area felt that they might be inclined to use health check facilities in a pharmacy on an opportunistic basis. Currently, they felt would not 'bother' to see their GP for services such as blood pressure or other wellness checks but could

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<sup>4</sup> In discussion groups, we often find that once an idea has been put forward strongly, especially by more dominant members of the group, there is a tendency among other participants to go along with this, adding their own experiences which fit with this view, even though they may not have personally thought about the issue in this way if asked individually about the same issue.

be persuaded to use these services if they were available on a drop in basis in their local pharmacy.

*"I might have a quick health check if I saw it while I was waiting for my medicine, try out those blood pressure machines – you never know do you and it's good to keep an eye on these things, although I couldn't be bothered to go to the hassle of trying to see my GP about it, especially if I'm not feeling ill or anything."*

*Participant living in a deprived area*

Across all groups, even those who expressed some interest in using extended services, several concerns were raised about the prospect. These related to the lack of privacy in pharmacies, whether pharmacies were clinical environments, the qualifications of pharmacists to deliver healthcare services, and the cost of extended services to individual patients.

## **Privacy**

Most participants considered it vital to make private areas available in all pharmacies before a pharmacist should be able to provide (and customers would be willing to take up) services such as blood pressure checks and 'flu injections.

*"They'd have to change the environment; it would have to feel more like a clinic that you'd walk into [before I'd use it]."*

*Participant with a long-term condition*

Privacy was also considered important in relation to methadone and needle-exchange services. This was mentioned by several participants in the group in the deprived area and also by some parents of young children. Many participants demonstrated a real sensitivity to the privacy needs of those taking methadone, and an understanding that those who use this service may not want other pharmacy customers to know. However, a few participants felt that more privacy was necessary primarily to shield other customers and in particular children from seeing illegal drug users, even if they were trying to change their lifestyle.

*"Where I go they just have to come up to the counter and I think that that's quite poor really, because there's other people sat there waiting and people are judgemental. They should have a private room to go into. Everyone else in that pharmacy knows what they're getting."*

*Participant living in a deprived area*

*"I think it's important for those services to be separate from the main queue, I know they are getting treatment, which is good, but I just don't think I'd want my kids to see that. You see, these kids that grow up in deprived areas, they'll see that all the time, and they'll think it's normal, but in my mind it shouldn't be allowed to be normal, that will not discourage them from getting involved with bad things when they get older."*

*Parent*

## **The pharmacy as a 'clinical space'**

Another concern raised about extended services was that the pharmacy wasn't sufficiently clinical to carry out medical procedures. Several participants in each group said that they would never have a flu vaccination anywhere other than a doctor's surgery because they simply did not have confidence that the conditions would be hygienic and the pharmacy staff adequately trained to administer it.

*“To go and have your flu jab in a pharmacy, it just feels weird. You don’t walk into Tesco, sit in the corner and get someone to jab you with a needle. You’re talking bodily fluids and blood, it needs to feel clinical!”*

*Participant with a long-term condition*

Although a few participants recognised that others who give injections or take blood aren’t fully trained medics, others were insistent that they would rather see a doctor or nurse because they knew each patient and had access to their medical records. A mother of young children thought that the amount of medical help a pharmacist could provide safely was necessarily limited by their inability to access patient records.

*“What’s the difference? A phlebotomist who takes you blood at the hospital isn’t a doctor either, I’m not bothered as long as they’ve had some decent training.”*

*Parent*

*“The pharmacist has no history whatsoever about you. They have no access to your records, therefore, their consultation is based solely on that medication. They might not know that a few months ago you started taking something that doesn’t go with that.”*

*Parent*

### **Potential costs associated with extended services**

Another issue of concern, in particular among parents, young people and those living in a deprived area was the potential cost of extended services. There was confusion about whether or not extended services would be free or not in pharmacies, and for whom. There was a general feeling that as part of the NHS, they should be free. If they were not free, participants did not see the incentive to use them in pharmacies rather than going to their GP.

*“I saw that they do ‘flu jabs but they charge £10 for them and they’re free at the doctor.”*

*Participant living in a deprived area*

## 5. Suggested improvements to pharmacy services

### Chapter summary

- Across all the groups, there was a feeling that only minor changes were needed to the current service which was considered friendly, efficient and reliable. Repeat prescription services and the quality checking role of pharmacists were considered important to retain and support. There was a high value placed on the convenience of pharmacies – those in or next to the GPs surgery were especially appreciated.
- Possible additions to streamline the service further could include email or phone renewals, text reminders and 'stop gap' services where patients had badly timed their repeat prescription requests. .
- Many wished for more pharmacies to be open later in the evening earlier in the morning, to facilitate picking up medicine after the first and last doctor's appointments. Out of hours service was not a concern to many. All groups mentioned staffing in pharmacies as an area for improvement. Participants suggested adjustments such as the timing of lunch breaks, and encouraging pharmacists to interact more with customers.
- Privacy was mentioned in all groups as an essential improvement especially where clinical services were being delivered. Those in the long-term conditions group also thought that there should be better disabled access and chairs being made available in the waiting area.
- Prescription charging was generally tolerated by most participants, although those with exemptions greatly valued them. Participants on low incomes felt more could be done to clarify what was cheaper on or off prescription, or by offering generic alternatives to branded medications.
- While there is a certain amount of receptiveness to extended services, those with serious illnesses would not currently use them. All participants were emphatic that they should not adversely impact on core services and especially waiting times, and felt that if they were to be provided, they ought to be better advertised and free of charge.

Towards the end of the discussion groups or interviews, participants were asked to outline any changes that they would like to see in the pharmacies in their area, whether this be adding new services, removing unnecessary products or services, or changing the way existing services are delivered. Across all the groups, there was a feeling that only minor changes were needed to the current service; in general, participants considered pharmacies to be good at what they do and there was sufficient choice available for consumers to be able to find at least one which suited their needs. Therefore, all of the changes suggested in this chapter should be understood in the context of an overall contentment with the scope and quality of current services.

*“Generally pharmacies are pretty good, there’s quite a few around, so we should just maintain them. Try and keep it simple: supply and demand, it works well at the moment, people pick their own ones they like to go to for a reason.”*

*Young person*

### **a) Essential aspects of current service to retain**

This part of the discussion began by focusing upon the areas which participant most valued about current pharmacy services. Elderly people, parents and those with long-term conditions said that repeat prescription services were very important and useful. Being able to order their prescriptions by telephone and online drastically cut down the time it took for them to fulfil this regular task, something especially important for those whose conditions reduced their mobility. This service was also highly valued by those who are short on time such as full time workers and parents of young children.

Although almost all those who had repeat prescriptions had access to collection services currently, additions such as email or phone renewals were highly valued by those who have them, and desired by those who do not.

*“My pharmacist gives me a ring when my medications are due, sometimes just a message to say they’re in, but they’ll also call to check if they need to substitute anything. It’s brilliant as it keeps me organised and I don’t waste a trip.*

*Participant with a mental health condition*

Those with long-term conditions also thought that the advice pharmacists give on types of medication, their side effects and potential interactions is crucial. As discussed earlier, those on stronger or lots of different types of medication were more likely to mention this but even those without serious health problems welcomed the fact that pharmacists often highlight the side effects and interactions of common medications, such as hay fever medications and alcohol, or antibiotics and the contraceptive pill.

Although the majority of participants were unconcerned about the range of basic over-the-counter medicines available in pharmacies (given the ease of access to these in supermarkets, and a general sense of confidence in how to use them), a significant number of participants in the long-term conditions, deprived, and young people’s groups also valued the range of over-the-counter medicines currently available in pharmacies, as they found it easier to pop in to a pharmacy for these things rather than taking a trip to a supermarket or high street chain. This may be a function of limited access to transport by these groups. The level of advice about the effectiveness and value for money of different brands of over-the-counter medicines was also seen as valuable and useful.

Perhaps unexpectedly, both young people and those with long-term conditions also thought that the health leaflets and posters available in many pharmacies should be retained, as they were likely to read these while waiting to collect a prescription. While many with long-term conditions generally accessed this type of health advice at their GP surgery, pharmacies appeared to be a rare opportunity to get the attention of young people, as they are less likely to be in regular contact with health care professionals elsewhere.

Participants were generally happy with the accessibility of pharmacies where they lived, and hoped this would continue. Those who lived in a deprived area mentioned that they would prefer some pharmacies to remain small and community-based. They considered that if small independent pharmacies were not supported by the NHS, the tendency would be towards homogenised, larger pharmacies in the same way that supermarkets had reduced the viability of small high street shops. They opposed this trend because they felt pharmacy services would become less accessible for themselves, but especially for older people and those with mobility or transport issues.

*“It would be a shame if they started going the same way as the pub –they start closing down all the small pubs and before you know it you have these big franchises starting up, and all the local, community pubs suffer. You’ll end up having to travel miles to a pharmacy.”*

*Participant living in a deprived area*

There was also a high value placed on the convenience of having a pharmacy in or next to the GP’s surgery and most participants wished for this to remain in place. None

of the participants were aware that it is NHS policy to only maintain dispensary services at GPs where there is no locally accessible community provision. One participant whose GP-based pharmacy was about to be closed down had noticed significant local opposition to this change. She generally agreed with the sentiment.

## **b) Suggested improvements to pharmacy services**

### **Customer Service**

All groups mentioned staffing in pharmacies as an area for improvement. Some participants suggested that, because pharmacies are businesses rather than public services, good customer service should be part of their business model. Those living in deprived areas and those with long-term conditions thought that either more staff were needed in the busiest pharmacies, or their time needed to be better managed in order to ensure that prescription medicine is readily available during opening hours without subjecting customers to excessive waits or having to go elsewhere during lunchtime closures.

As mentioned in Chapter 2, those with long-term conditions and young people were particularly dissatisfied with long waits for prescriptions, and one of the improvements they would like to see is faster service. However, participants generally understood that it would be difficult, especially for the smallest pharmacies to afford additional trained staff.

Encouraging staff to make more effort to get to know their customers, and avoiding the use of locums would also improve the level of service in most pharmacies, especially in the eyes of young people and those with long-term conditions. Some simple suggestions emerged from the groups about how best to achieve this. While they recognised that in today's world it was not always possible for all staff to know customers by name, schemes such as using name badges for staff and encouraging pharmacists to come out from behind the shelves more often would encourage a friendlier atmosphere to develop in which participants thought they would be more likely to seek advice.

*“Keep the same staff, the same pharmacists; so that people that go there can go in and get familiar, so they're more comfortable for them if they do have a problem, they're more comfortable because it's the same person”*

*Young person*

### **Privacy**

Privacy was mentioned in all groups as an essential improvement where it was not already provided. Although many individual participants already had a private consultation area in their pharmacy, and appreciated it, there were at least a few individuals in each discussion group or set of interviews who did not have the benefit of this area. All participants felt that all pharmacies should have a private *room*, not just a curtained off area. The only exceptions to this were very rural pharmacies with very few customers where there was less need for a private area, and participants felt it might place an undue financial burden on those running these small businesses. Where participants were aware of methadone services available in their local pharmacy they thought it essential for this to be sufficiently separate from the general counter service for the benefit of those needing the service and those customers who do not wish to be in close contact with drug users.

### **Access**

Regarding opening hours, most participants thought that it was not reasonable to ask all pharmacies to open for long periods at a time. However, many thought it would be

possible for the majority of pharmacies to close an hour later in the evening or open an hour earlier in the morning, to facilitate picking up medicine after the first and last doctor's appointments (between 8 am and 7 pm). Others thought that more pharmacies should also open at weekends, but generally this was less of a salient issue – most participants already had a Saturday service, if not Sunday as well.

*“Longer hours – not closing for lunch and maybe open ‘til about nine at night.[At the moment] people at work get off at five a clock and when they get back it’s closed”  
Participant living in a deprived area*

*“Maybe if they could all talk to each other in a town and take it in turns – each one could maybe open until 12 on a different night. But then you’d have to have a leaflet [to tell people about it]”  
Young person*

*“I think [it should be open] 24 hours because if you’re taken ill at night and the doctor comes out to you, and he says there’s a prescription here for some medication, you want it there and then – you wouldn’t have called the doctor out if it wasn’t an emergency”  
Participant with a long-term condition*

As discussed previously, few participants had needed a pharmacy out-of-hours, and generally felt that something urgent enough to need medication out of hours was best dealt with by an out-of-hours GP or hospital that already had the ability to dispense medication. However, participants did feel that the NHS should make information about current out-of-hours provision more widely available, with listings for those pharmacies open late, overnight or at weekends readily available online, in phone books and on posters in doctor's surgeries and pharmacies, or even on prescription slips themselves.

Those in the long-term conditions group also thought that mobility issues could be better addressed, with better disabled access to pharmacies and facilities such as toilets being made available. Older people mentioned that more chairs would be welcomed in the waiting area. Participants in the deprived and young person's groups thought that the simplest solution was to make delivery available to all elderly people and the less mobile. All participants who were older or less mobile appeared to already have access to this facility. Delivery was not thought to be necessary for the general population; people considered it reasonable to limit the service to those who truly needed it.

*“They should have more delivery drivers so you can have your prescription delivered to your house if you can’t make it. But I don’t think it’s realistic to have delivery to absolutely everyone – if you’ve got a specific medical condition that means you can’t get to your pharmacist”  
Young person*

A few participants, especially those with mental health conditions, suggested the possibility of introducing a reminder service for those on repeat prescriptions. Especially where participants were on multiple medications that had different renewal periods, and had a tendency to forget or be somewhat disorganised, they thought that this would help them immensely as it would avoid uncomfortable, and potentially dangerous situations where they would go without drugs for periods of time. One participant already had this service and greatly valued it. Some participants also noted that their pharmacist had the flexibility to give them a few tablets to 'tide them over' before their prescription was signed off by their GP, and would simply take this out of the next 'batch'. They considered this a vital

'stop-gap' service and suggested it might be a good thing to offer to all those with repeat prescriptions.

### ***Prescription charges and the price of medication***

There was widespread discussion around the cost of prescriptions by participants in all groups, except those who were retired or out of work who benefitted from free prescriptions. These participants were very appreciative of the exemption they receive. While a few had faced challenges in dealing with the application for a prescription exemption certificate, many had received help from the benefits office or voluntary sector support agencies to complete the forms. It should be noted, however, that this may not be the case for all vulnerable groups – because the fieldwork with older people and people with mental health conditions was conducted via community groups who provide support with these types of issues these participants are likely to be better informed than average for their demographic.

A small number of participants who did pay for their prescriptions had been offered a Prescription Pre-payment Certificate. They felt this was an excellent idea that should be promoted more widely as it helps individuals to save money when they are on long-term medications. Most of those who had taken up this option had been advised to do so by their GP, rather than their pharmacist. One participant actually felt that paying in advance made him much more likely to stay in good health because he was now more likely to seek medication than he would if he had to pay each time he was ill.

There was generally a sense of resignation about the prescription charge among those who paid it, although some did think that it was slightly too high for a short course of medicine. For example, several participants with long-term conditions complained about having adverse reactions to a particular antibiotic, then having to pay for a second prescription for another medicine which they could better tolerate. Others noted that pharmacies should make more of an effort to highlight to customers when there was a cheaper, over-the-counter option available instead of the medication that had been prescribed, although many participants' pharmacists already did this. They also felt smaller independent pharmacies should improve their stock of generic products to match those available in supermarkets. Where these generic versions were not available, those with limited mobility or transport access were at an unfair price disadvantage.

*“They should tell you when your medication can be bought for less than seven pounds twenty – that’s a lot for some people to shell out”*

*Participant living in a deprived area*

However, some of the parents of young children thought that prescription charging and pricing for children's medicines could be improved with some common sense alterations. Although parents on lower incomes really valued the fact that prescriptions were free for their children, some higher earners considered that this system was in need of review to prevent abuses, for example, they suggested that some parents were willing to 'waste' a doctors appointment simply to get a prescription for a head lice shampoo or bottle of Calpol which they could acquire over-the-counter. One suggestion to tackle this issue was the potential to implement a scheme similar to the Healthy Start milk and vitamin vouchers for those on low incomes. This could give parents a given number of free bottles or packs of common medications directly from the pharmacy over the course of a year.

### **Extended Services**

As outlined in the previous chapters, while there is a certain amount of receptiveness to extended services, they would generally be seen as a useful add-on and not integral to what pharmacies are for. Participants, especially those with long-term conditions, were emphatic that the provision of these services should not adversely impact on the provision of core services, especially with regard to waiting times.

Generally however there was a view that, if they were to be provided, extended services ought to be better advertised as most participants were not aware that they were available in their area. Suggestions for raising awareness ranged from simply placing posters inside the pharmacy to providing a touch screen at the entrance which assessed an individual's needs and signposted them to the correct services. A participant from a deprived area thought it would be helpful if doctors were to actively endorse these services, letting their patients know that there was no need to make an appointment with a doctor or nurse for routine health checks.

*“GPs should be recommending it – you would think a lot of GPs would want that because they are so overworked.”*

*Participant living in a deprived area*

*“I’ve realised that there’s a lot of things that pharmacies offer that I didn’t know that they did. I think that should be clearer because it’s costing them money to offer these services but no one knows about them – I want to know what services are on offer for me”*

*Young person*

Some participants also queried the sense in charging for extended services in pharmacies, as they would be free if accessed at the GP surgery. This is particularly true in relation to contraception. As participants in the young people's group pointed out, condoms and the morning after pill are free at sexual health clinics, but not at pharmacies. A participant in the deprived group thought that making this free would encourage more teenagers to access these forms of contraception when necessary.

*“You have to pay for [condoms] at the pharmacy though, don’t you? At the clinic you can get everything for free. I pay enough for prescriptions without paying for anything else”*

*Young person*

## 6. Priorities for different social groups

As a key emphasis in this qualitative research project was to provide insight into the needs of hard-to-reach groups, this chapter will provide a brief synthesis of the differing priorities and perspectives which emerged from each group. This will allow any commissioning decisions targeting specific demographic groups to be tailored effectively to their needs.

### Young people

Young people were generally not frequent users of pharmacies and therefore did not have particularly well formed opinions on many aspects of current service provision and needs for improvement. They did not have any particular preference for small community based pharmacies or larger chains, tending not to be 'loyal' to any particular pharmacy and using whichever one was most convenient to them at the time. However, it was clear that this group highly valued a fast, efficient prescriptions process, and had high standards in terms of the customer service they expected to receive from staff.

They were generally confident consumers, being happy to 'vote with their feet' and go to whichever pharmacy they felt provided the best value for money and most efficient service, as they would with any other retail business. They were also relatively well informed in terms of how to treat minor ailments, and confident in the use of most over-the-counter and prescription medicines. They therefore did not see a significant role for pharmacists in terms of medical advice. This said, there was also a sense of reluctance among young people to ask pharmacists for assistance with medical issues which concerned them such as STIs and contraception. A proactive approach by pharmacists and a welcoming manner from assistants was seen as a remedy for this.

Generally, this group was very unaware of the range of services on offer in pharmacies. While most were happy to research this information for themselves on the internet and via other health professionals they felt it would make better business sense for the NHS to advertise extended services in order to promote their take-up. While they were somewhat receptive to the idea of having extended services such as health checks, Medicines Use Reviews and contraceptive services available in pharmacies for convenience reasons, they were clear that they did not want this to affect the efficiency of core service provision. In addition, they often stated a preference for specialisation – for example, receiving medical advice from a doctor or advice on contraception from a sexual health clinic. Conditions that they wanted met before they would consider taking up any extended services was that they be free of charge and delivered in a confidential environment.

### Older people

Many older participants had not personally accessed a pharmacy recently, because they relied on delivery and collection services. That said, older people were generally very satisfied with this provision and considered it an essential part of their service that should be protected into the future.

Older people were generally happier than their younger counterparts to accept current opening hours and waiting times, and were content to only use one local pharmacy, where the staff were familiar rather than 'shopping around'. However, they did emphasise the importance of having adequate disabled access to a pharmacy, good public transport routes where they did not have delivery services, and adequate waiting facilities such as toilets and chairs for those less able to stand.

Older people were not very enthusiastic about the options for extended services in their pharmacy, as many of them had long-term conditions or saw a doctor regularly so they did not consider it necessary to access wellness checks in their pharmacy. This said, Medicines Use Reviews are a highly valued service where older people are on multiple medications, with varying dosages, potential interactions and side effects – they value the assistance provided to deal with these.

## Parents

Parents' highest priority was very clearly convenience. They chose pharmacies based on this, and used whichever one was easiest depending on their schedule at the time - close to home, next to the GP surgery or on the school run. They did not like long waiting times, often opting to avoid these by combining a trip to the pharmacy with the shopping trip to a large multiple such as Sainsbury's or Tesco's.

However, they did value the proactive approach of pharmacists in advising on new medications, especially in terms of safe dosages for their children. They also appreciated pharmacists' efforts to guide them towards the best value items, as they felt many common medications for children were expensive. Examples given here were branded painkillers such as Calpol and head lice treatment products.

Parents were appreciative of the fact that prescriptions were free for their children. However, they felt there was a need for the NHS to rethink the ways in which they handle medications for children which are available over-the-counter, but that GPs have the discretion to prescribe for low income families where this would be cheaper. Parents felt that the NHS needs to find a better balance so that parents can access these medications at a reasonable price in pharmacies directly, without the need for some families to waste their own and their GP's time with an appointment for something this simple.

Many parents were sceptical about pharmacists providing extended services, especially when it came to treating minor ailments in children. While they were happy to ask pharmacists for advice on their own health, they were much more cautious for their children. Many parents said they would go straight to the GP or A&E if there was any doubt in their minds about the seriousness of a child's symptoms.

## Deprived communities

Participants in this group were more likely to use their local pharmacy (and indeed other local retailers) than the larger chains or multiples, ostensibly due to limited transport access. They were the most dependent on one particular pharmacy and therefore had the most to say in terms of the customer service it provided. They were clear that opening hours should be consistent, and expressed concern about their local pharmacy's ability to provide an adequate service as a result of limited numbers of trained staff. They thought that a local pharmacy should be able to provide for local customers needs in terms of having sufficient stock of regular medications. Many in this group also appeared to need support in managing their medications – they had the largest number of stories of prescription mix-ups, having to go without drugs as a result of not getting a repeat on time etc.

This group were the most tolerant of all the groups regarding the provision of methadone services in pharmacies, ostensibly because many of them knew someone who had

benefitted from this treatment. However, they were emphatic that drug withdrawal therapies, and other embarrassing issues needed to be dealt with in a sufficiently separate, and private area. This was less to distance these customers from the 'rest' of the queue, but more to respect the privacy of those receiving methadone. They were concerned that some users could be deterred from completing their withdrawal if they were seen by other members of the community who they knew.

While not all participants in this group agreed, this was the most likely group to express an interest in using wellness check services at their local pharmacy, provided they were free of charge – they felt that providing such services would make them more likely to access non-urgent health services than if they had to go to the trouble of making a doctor's appointment.

### **Those with long-term conditions**

This group were the most frequent users of pharmacies, and required the largest range of medications. They were also regular users of collection services which they greatly value. The gold standard for these - as agreed by the group at the end of the session - was the ability to order repeats from the doctors online or via phone, and then to have the pharmacist collecting the prescription notify the customer when it was available for collection to avoid any unnecessary trips. Some participants with long-term conditions even had reminder services, and one even had a pharmacist who called to check the acceptability of substitutions if they did not have a regular brand in stock.

While they were concerned about waiting times, this group placed higher priority on the quality control role of pharmacists, making sure no mistakes were made with their medication, or advising on how to avoid negative side effects and interactions from new combinations of drugs. Surprisingly however, almost none of the participants in this group had been offered a Medicines Use Review considering they are the prime target audience for this service.

This group was the most vocal in their opposition to extended services in their pharmacy – they felt that their medical needs, even ostensibly simple things such as blood pressure checks, were sufficiently complex to need dealing with by a doctor rather than a pharmacist. They did not consider pharmacists sufficiently qualified to deal with conditions rather than medications and wanted clinical services to be delivered in a clinical setting.

### **Those with mental health conditions**

This group had generally very similar views to those participants with other long-term conditions, or those from a deprived area - they often had additional physical health needs and the majority were unemployed. Salient issues related to their specific mental health conditions included the importance of staff being understanding and willing to accommodate their additional needs. Examples of this given were allowing someone to use the private room even if they don't need a full consultation, because they find queues overwhelming, or have a fear of strangers overhearing their personal business.

This group was also strongly in favour of reminder services, as a number of participants admitted to being forgetful about their repeat prescriptions, or generally living a very disorganised life. They also felt it was important to have reminders and/or a 'tide over' scheme as the mental health side effects of going without regular psychoactive medications were very unpleasant.

A number of participants in this group were favourable towards extended services being provided by pharmacies. In one participant's eyes, providing extended services was a way of accommodating his particular mental health condition. He suffered from hypochondria, and admitted to making frequent GP appointments in the past to reassure himself that relatively minor ailments were not symptoms of something more serious. His GP had suggested that he ask his pharmacist for advice on minor ailments, and he was happy to do so as it saves him the trouble of making appointments, and avoided arguments with the GP's receptionist.

## **Conclusions and recommendation**

This section of the report summarises the key findings of the research and suggests how these insights can be used to tailor pharmacy services in Oxfordshire more closely to residents needs. There is a generally high level of satisfaction with current pharmacy services – many participants had only praise for their local service, and were keen to stress that they wished this core quality of service to be protected, whatever changes are planned. There are some changes which participants would like to see to the core provision – predominantly relatively simple customer service issues. However, their reactions to extended services were much more mixed. We feel that the PCT should consider further engagement with customers to fully understand their needs and concerns around extended services before commissioning additional ones, as well as exploring how best to communicate with local residents about them to maximise take-up.

## **Maintaining the current high quality service**

Generally, the research found that the vast majority of participants were largely happy with their pharmacy provision, and had no real barriers to access. However, most participants were keen to stress that they wished for the current high quality service they receive to be maintained, and they regarded any new proposals (such as extended services) with concern if they felt they had the potential to compromise the core service. Elements considered central to a high quality service included pharmacists double checking prescriptions for potential mistakes, providing advice on side effects and interactions and proactively suggesting cheaper alternatives to branded over-the-counter medications.

## **Improving customer service**

The primary concern for participants when accessing pharmacy services was their ability to do so with minimal waiting times. Participants were clear that it might be difficult for smaller pharmacies to employ additional pharmacists to reduce waiting times. However, they suggested that staggering breaks so they did not fall at times when many customers wished to access the service (e.g. at lunchtime) and providing adequate waiting facilities would help. Although most participants were happy to find an alternative pharmacy on their own, some felt that providing more widely available information on this would be useful. Suggestions included posters in GP surgeries, information on prescription slips or the NHS Choices website.

While most participants were happy to try other pharmacies if the medicine they required was not available, those dependant on one local pharmacy felt that pharmacists could do more to maintain good stocks of the medications their regular customers required. Providing private areas was an important area for improvement in all groups. Although

many participants already had access to a consultation room in their pharmacy, a significant number did not have, or were not aware that they had access to this area.

### **Taking extended services forward**

Very few participants involved in this research were aware of the range of extended services available in pharmacies, and when the issue was discussed, many were rather sceptical about the idea. This appeared to be rooted in participants' concept of pharmacies as retailers rather than part of the NHS, and of pharmacists as 'glorified chemists', only trained to know about medications rather than about health conditions. They also did not have the same relationship with their pharmacist as they do with their GP, perhaps because pharmacists do not 'come out from behind the shelves' as much as people might like. Efforts need to be made to change these perceptions if the take-up of extended services is to be maximised. This said, there were early signs of a potential market for extended services in a number of cases – these included Medicines Use Reviews for all those on long-term repeat prescriptions, health checks for those in deprived areas who may not 'bother' to go to their GP for preventative healthcare, and contraceptive services for young people who do not have a sexual health clinic within easy reach. However, due to the limited number of participants involved in this research, further research would be needed to fully estimate true demand for extended services and how best to market them to local residents.

### **Appendix to Focus Group Survey Results**

#### A. Discussion guide

#### **Objectives of the discussion**

This research aims to explore public perceptions of pharmaceutical services in the Oxfordshire PCT area qualitatively, as a follow up to a quantitative survey. As a qualitative piece of work it will therefore seek to understand what the barriers to, and enablers for satisfaction with using pharmacies are, through the experiences of smaller groups of pharmacy users.

Specific objectives of the work are:

- a. To understand the experience of 'hard to reach' groups using pharmacy services and how this may differ from the general public;
- b. To explore what influences these groups' levels of satisfaction with their experience of using pharmacy services;
- c. To examine the factors which affect people's ability to access pharmacies
- d. To explore people's opinions on the wider role of the pharmacist, specifically with regard to consultation services
- e. To explore levels of awareness about, and opinions on extended pharmaceutical services already on offer in their area; and
- f. To find out what different types of services they would like to be able to access at their pharmacy, and how these should ideally be delivered.

Description	Comments	Time (mins)
<p><b>(1) INTRODUCTION AND WARM-UP</b></p> <p>Introduce self, thank participants for attending – mention that discussion should last for about an hour and a half. Introduce client if present.</p> <p>Research is on behalf of the NHS Oxfordshire, the NHS body that looks after healthcare services in the region. They would like to find out your views on pharmacy services and how they might be improved</p> <p>Stress there are no right or wrong answers – we are just interested in finding out your views and opinions</p> <p>Reassure participants of anonymity. Also, no comments will be linked back to specific pharmacies</p> <p>Permission to record – for analysis purposes only</p> <p>Introductions: Names, what they do, where they live and with whom, how often they use a pharmacy.</p>	<p><i>Warm up – try to encourage them to feel that they are among friends and they are in an environment where they are free to voice their honest opinions.</i></p> <p><i>Also covers general housekeeping – the rules of the discussion and the information we are required to tell participants under the MRS Code of Conduct.</i></p> <p><i>It also provides an opportunity for each participant to talk, which will help encourage them to join in the discussion later</i></p> <p><i>Ask for basic details about participants lives to give context to their answers – how they live is likely to affect their access to/experience of pharmacies</i></p>	<p>10 minutes</p>
<p><b>(2) GENERAL USE AND PERCEPTIONS</b></p> <p><b>Can you tell me about the last time you visited a pharmacist?</b> PROBE:</p> <ul style="list-style-type: none"> <li>▪ Reason for going there (medical condition, choice of pharmacy over others)</li> <li>▪ Distance /convenience of travel</li> <li>▪ Time of visit</li> <li>▪ Availability of products needed</li> <li>▪ Experience of the pharmacy itself</li> <li>▪ Experience with pharmacy staff</li> </ul> <p><b>How often do you visit a pharmacy?</b></p> <p><b>What are the main reasons for your visits?</b> ALLOW SPONTANEOUS ANSWERS THEN PROBE:</p> <ul style="list-style-type: none"> <li>▪ Beauty and health products</li> <li>▪ Over-the-counter medicines</li> <li>▪ Prescription medicines</li> <li>▪ Contraception</li> <li>▪ Advice on symptoms</li> <li>▪ Advice on treatments</li> <li>▪ Specific health services e.g stopping smoking, blood sugar checks, flu vaccinations, STI/pregnancy tests</li> <li>▪ More general health advice e.g. weight, alcohol</li> <li>▪ Help managing a long-term condition</li> </ul> <p><b>What do you think of pharmaceutical services in general in the area where you live/work?</b> PROBE:</p> <ul style="list-style-type: none"> <li>▪ What do you like? What do you dislike? Why do you say this?</li> <li>▪ Are they any better/worse than in other areas? Why/not?</li> </ul> <p>FOR THOSE WHO DON'T VISIT PHARMACIES – WHAT IS</p>	<p><i>This will help relax the participants and help establish the group dynamic by getting them to talk about something relatively easy.</i></p> <p><i>Reassure participants here that they don't have to give personal medical details if they don't wish to.</i></p> <p><i>MODERATOR TO NOTE KEY WORDS/IDEAS ON A FLIPCHART – pay attention to what is mentioned first, and what is omitted, as this will tell us a lot about what people's priorities are.</i></p> <p><i>FLIPCHART THIS ON A POSITIVE/NEGATIVE CHART</i></p>	<p>15 minutes</p>

YOUR MAIN REASON WHY NOT?		
<p><b>(3) ACCESS</b></p> <p><b>Ok, so now we've talked very generally about pharmacies, let's try and focus in on one issue at a time. Firstly, let's discuss access</b> – by that I mean how easy or difficult it is to find a pharmacy, to get to the pharmacy you want to go to etc.</p> <p><b>Where is the pharmacy that you typically use located?</b>  PROMPT IF NECESSARY: near where i live/work, on the high street, at the gp surgery/hospital, in the supermarket</p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>Is there a particular reason for visiting this pharmacy over others?</b> PROMPT IF NECESSARY: close to my house, close to my doctor, opening hours, helpful/friendly staff, availability of medicines/services, privacy, parking, public transport etc.</p> <p><b>Do you use more than one pharmacy, and if so, why?</b>  PROMPT AS ABOVE</p> <p><b>How easy is it to get access to your/a pharmacy?</b>  PROMPT:</p> <ul style="list-style-type: none"> <li>▪ Location</li> <li>▪ Opening hours</li> <li>▪ Transport issues</li> </ul> <p><b>What happens if you can't go to your normal pharmacy/it isn't open?</b>  PROBE:</p> <ul style="list-style-type: none"> <li>▪ Availability/awareness of alternative options, extended hours services</li> <li>▪ Impact on health, worry etc.</li> </ul> <p><b>Thinking even more specifically now, how easy or hard it is to get the products you need (especially prescribed medicine) from your pharmacy?</b></p> <p>What makes it easy?  What makes it difficult?</p> <p><b>Which happens more regularly? Why do you think this is?</b>  PROBE: Staff issues, supply issues, communications with GP/hospital etc.</p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>Does the same scenario apply for repeat prescriptions? Why do you think this is?</b>  PROBE: familiarity, routine, availability of collection service etc.</p> <p><b>Do any of you use a collection service for repeat prescriptions? Why or why not?</b></p>	<p><i>Could use maps here to help us visualise how far people are travelling, what public transport is available etc.</i></p> <p><i>Here we need to pay attention to what the barriers to and enablers for access are – NOTE THESE ON A FLIPCHART</i></p>	15 minutes
<p><b>(4) EXPERIENCE</b></p> <p><b>Now I would like you to consider your experience when you visit a pharmacy. Thinking about your recent visits:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>How comfortable do you feel when you go to a pharmacy?</b>  What makes you feel comfortable/ uncomfortable?</p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>How easily can you find what you are looking for?</b> PROBE:</p>		15 minutes

<p>layout, quality of information displays, staff helpfulness, range of products available?</p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>What are the staff like?</b> PROBE: approachable? helpful? Busy? Abrupt? Respect your privacy? Etc...</p> <p><b>What is it like when you need to do more than just collect a prescription?</b> (Consultation) PROBE: Privacy, time available, staff attitude, ability to resolve medicine conflicts/side effect issues., quality/appropriateness of advice</p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>Overall, what were your feelings about the quality of service you received from your pharmacist?</b></p>		
<p><b>(5) EXTENDED SERVICES</b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p><b>What services, other than filling prescriptions, does your pharmacy offer?</b> DO NOT PROMPT INITIALLY, THEN PROBE AS APPROPRIATE TO TARGET AUDIENCE:</p> <ul style="list-style-type: none"> <li>▪ Stop Smoking services?</li> <li>▪ Medicines Use Reviews?</li> <li>▪ Emergency contraception?</li> <li>▪ Treating minor ailments</li> <li>▪ Support for long-term conditions</li> <li>▪ Child nutrition</li> <li>▪ Withdrawal therapies (e.g. methadone)</li> </ul> <p>Public health advice – e.g. alcohol, heart health, weight</p> <p><b>Have you ever used any of these services?</b> <b>Which ones?</b> <b>What made you take up these offers?</b> <b>What did you think of the service?</b></p> <p>IF NOT USED, BUT AVAILABLE – <b>Why do you not use these services? Would anything persuade you to do so?</b></p> <p>IF NOT AVAILABLE - <b>would you use this service if it were available? Why/not?</b></p>	<p><i>Examine to what extent these groups are informed about, and satisfied with, extended pharmaceutical services already on offer in their area.</i></p>	<p>15 minutes</p>
<p><b>(6) LOOKING TO THE FUTURE</b></p> <p>Thinking about all the things we've spoken about today, what services do you think you would like from pharmacies in you area in the future?</p> <p>ELICIT SPONTANEOUS RESPONSE INITIALLY, THEN GO THROUGH POSSIBLE OPTIONS – especially extended services list above, opening hours, accessibility, customer service. .</p> <p>What would help local pharmacies cater better for your needs? PROBE:</p> <ul style="list-style-type: none"> <li>▪ Range of products available</li> <li>▪ Range of services</li> </ul>		<p>15 minutes</p>

<ul style="list-style-type: none"> <li>▪ Staff attitude/customer service</li> <li>▪ Locations/accessibility</li> </ul>		
<p><b>(7) SUMMING UP &amp; CLOSE</b></p> <p>Is there anything that we haven't discussed today that you think is relevant here?</p> <p>And if you were to meet with the people in charge of your local pharmacy tomorrow, what would be the one message you would like to give them?</p> <p>Thank and close – hand out incentives, reiterate how their hard work today will be used to make local services better</p>		5 minutes

## APPENDIX 6: Survey results of Community Pharmacists and Dispensing Doctor practices

### Pharmacy Survey Results

#### Introduction:

As part of the guidance set out in NHS Employers - *Developing Pharmaceutical Needs Assessment, April 2008* the views of community pharmacies and dispensing doctors within the PCT's boundary should be gathered to help inform the pharmaceutical needs assessment. A survey was sent out to all Community Pharmacies and Dispensing Doctors on the 10<sup>th</sup> June 2010. The PCT received an 83% response rate from Pharmacies in Oxfordshire.

#### Premises:

The section on Premises asked community pharmacies about their current consultation facilities and Advanced services offered. From the 85 responses received the survey showed that 79 of the community pharmacies had a consultation area within the Pharmacy and only 1 had no plans to add a consultation area. There were only 75 pharmacy consultation areas declared fit for the provision of Advanced Services. Medicine Use Reviews are offered by 77 community pharmacies, Appliance Use Review Services by 22 community pharmacies and Stoma Appliance Customisation service by 27 community pharmacies. Seating within the consultation area was only available in 62 and a sink available in 42 pharmacies. 33 pharmacies are able to offer their patients' access to toilet facilities, 60 offer consultation areas with wheelchair access and only 5 uses a consultation area for other practitioners to run clinics or services. Summary of the responses received are listed below

	Criteria	Yes	No	Planned for the next 12 months	Not planning to do this
1	Do you have a consultation area in your pharmacy?	79	3	2	1
2	Does the pharmacy have a consultation area declared fit for the provision of Advanced Services?	75	4	4	1
3	Does your pharmacy provide Advanced Services (MURs)?	77	3	5	0
4	Does your pharmacy provide Appliance Use Review Services (AURs)?	22	33	15	12
5	Does your pharmacy provide Stoma Appliance Customisation Services?	27	35	6	15
6	Is seating available for patients and staff within the consultation area?	62	1	1	2
7	Is there a sink within the consultation area?	42	34	1	6
8	Patients attending consultations within the pharmacy have access to toilet facilities?	33	45	0	5
9	Is there wheelchair access within the consultation area?	60	17	2	3
10	Do you currently use a consultation area for other practitioners to run clinics or services from your pharmacy?	5	50	3	8

The survey asked if community pharmacies would allow other practitioners use of their consultation area to run clinics or services (subject to individual agreement) - 73% agreed they would be willing to allow use of their consultation area.

### **Appliances:**

Community pharmacies revealed in the survey that as well as the dispensing medicines majority dispensed appliances.

No appliances dispensed	6
All types of appliances dispensed	72
All types of appliances dispensed except stoma appliances	2
All types of appliances dispensed except incontinence appliances	0
All types of appliances dispensed except stoma and incontinence appliances	2
Only dressings dispensed	1
Other	1

### **Bank Holiday opening hours:**

Over bank holidays e.g. Spring Bank Holiday pharmacies were asked what their likely opening hours would be. This question was only responded to by 12 pharmacies:

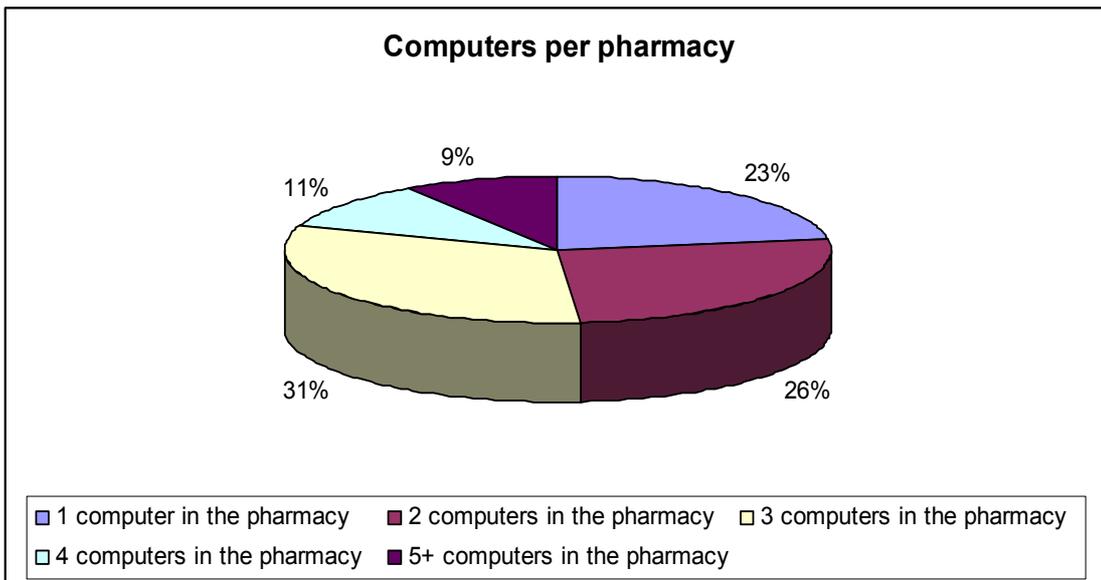
Closed	21
Open	4
Open reduced hours	15
Open if commissioned by the PCT	26

PCT follow up:

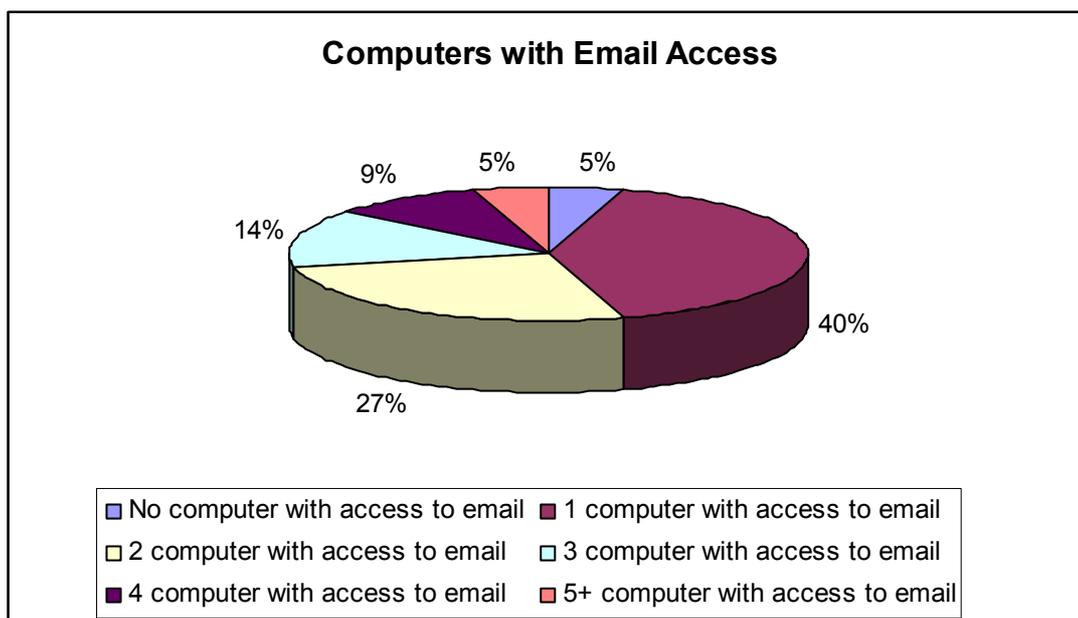
- *The survey revealed that there were pharmacies offering Advanced Services in a consultation area not yet accredited by the PCT. The PCT will pick up on this to make sure all consultation rooms are visited and accredited for the purpose of advanced services.*
- *Before PCT decides to commission any future services they need to take into account pharmacies with toilet facilities available to patients and sinks in the consultation area, e.g. the provision of Chlamydia testing would need toilet facilities for patients to use on site.*

### **Information Technology and Communications:**

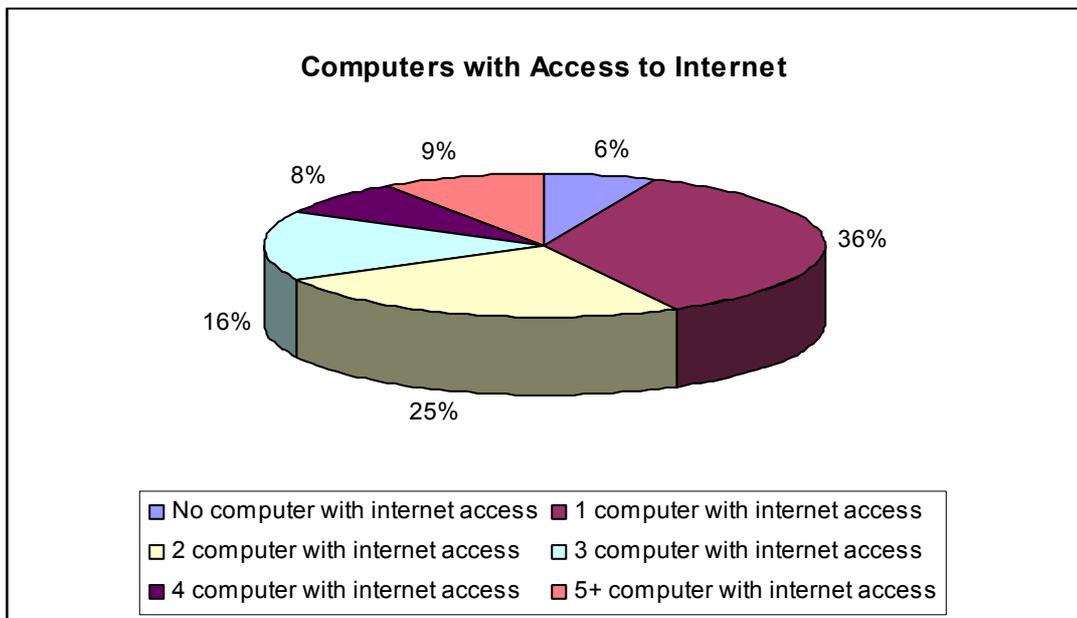
Pharmacies were asked about their current information technology and communications set up within the pharmacy. The response from the pharmacies indicated that there is an average of 2 computers per pharmacy and an average of 1 computer with access to email and internet not limited to specific work related sites. The survey revealed that 58% of pharmacy computers have a N3 connection, 21% have other broadband connection, 21% didn't know what connection they use and 1% had no internet connection. 52% of the pharmacies with internet access confirmed that internet access is limited to specific work related sites e.g. company network, NPA, CPPE, etc.



- 15 pharmacies have 1 computer
- 17 pharmacies have 2 computers
- 21 pharmacies have 3 computers
- 7 pharmacies have 4 computers
- 6 pharmacies have 5+ computers



- 3 pharmacies has no access to email
- 27 pharmacies have 1 computer with access to email
- 17 pharmacies have 2 computers with access to email
- 9 pharmacies have 3 computers with access to email
- 6 pharmacies have 4 computers with access to email
- 3 pharmacies have 5 computers with access to email



- 4 pharmacies have no access to the internet
- 24 pharmacies have 1 computer with access to the internet
- 16 pharmacies have 2 computers with access to the internet
- 10 pharmacies have 3 computers with access to the internet
- 5 pharmacies have 4 computers with access to the internet
- 6 pharmacies have 5 computers with access to the internet

### **Local relationships:**

Pharmacies were asked what the PCT could do to help bring GP's, Dispensing Practices and Pharmacists together.

- Local group meetings for each town
- Co-ordinate a "what do you want us to do more of/change" and "what do you want us to do less of". This could result in three objectives for GPs, to help pharmacists and three for pharmacists to help GPs.
- Joint Health Promotion, MUR referral, local minor ailment schemes.
- Local work shops/meetings - could be based around QOFs or new guidelines.
- CPD events - evening training. Joint services e.g. NHS health checks.
- Organising events that can be attended by all parties, e.g. MUR, Repeat Dispensing update etc.
- Internal mail.
- Encourage electronic transmission of prescriptions. Encourage joint meetings, not for blame or gain, but the benefit of patients.
- Local meeting with GP, Pharmacist.
- Organise group meeting at one of the local practices
- Organise periodic social cum training evenings on topics of common interest
- Hold clinical workshops to aid inter-professional development.
- Probably to invite/get local surgeries and staff together with their local pharmacy and staff possibly by way of setting up quarterly meetings at a fixed venue.
- Have meetings several times a year. Dispensary staff to observe in local surgery for half day.
- Promote pharmacy as a vital role within the healthcare sector.

Pharmacies were also asked in the survey what they were doing to enhance their relationship with their local GP practices. Here are the comments received:

- We have a close working relationship with our local practices Pharmacist attends Primary Healthcare Team meeting with GP's.
- Occasional visit to practice from pharmacist; Collection service; practice leaflet updated and sent to surgeries.
- We have regular contact with GPs and Practice Managers
- Regular contact by phone and visits. Support when we can.
- There are regular communications between pharmacist and GP.
- Attend clinical meetings at local surgery; Significant event meetings at local surgery
- Attend practice meetings. Ongoing discussions re EPS and repeat dispensing. Visiting Practice Managers. Good telephone relationship.
- Having regular meetings with GPs and Practice Manager. Occasionally organise working party for pharmacy and surgery staff.
- Regular meetings with practice manager.
- Working positively to develop and enhance co-operation and trust. I have attended one practice meeting so far, at my initiative. The doctors were pleased and welcoming.
- Planned visits to surgery (surgeries) twice a year. Getting feedback on collection service, medicine use reviews.
- We liaise with GPs on a daily basis regarding local patient welfare, currently mostly limited to prescription queries.
- Attending practice meetings when invited. Regular meetings with Practice Manager to look at/review/remove problems. Surgery visit as a new manager. We only attend to build the relationship.
- Find it difficult to focus on this with our current and increasing work load. Doctors are also extremely busy. We do however enjoy a healthy professional relationship with local GP practices and communicate positively whenever the situation requires.
- Regular visiting to surgery and feedback what we are concerned about and what they are concerned about.
- Maintain regular contact
- On the phone to local GPs regularly.
- Contact is regularly made with GPs via phone in urgent cases otherwise letters are used as the form of communication.
- Keeping GP informed that patients have had MURs.
- Communication to GPs. Visits to surgery.
- Regular meetings with the doctors in the surgery.
- We visit all GPs daily for collection. Write to GPs once per year.
- Regularly talk and meet.
- We are trying to attend GP practice meetings.
- We have a good relationship with our local surgeries, offering delivery if they need it for emergencies and normal repeat medication.

### **Services:**

This section relates to Enhanced services currently offered by community pharmacies or that could be offered if commissioned by Oxfordshire PCT. The following results were based on the 84 responses received:

	Currently providing	Willing to provide if commissioned	Willing to provide (with training)	Willing to provide (need facilities adjustment)	Not willing to provide
Anticoagulant Monitoring Service	0	25	41	8	3
Anti-viral Distribution Service	6	42	24	2	7
Care Home Service	31	29	11	2	8
Chlamydia Testing Service	13	23	32	3	8
Chlamydia Treatment Service	13	22	33	3	6
Allergies	6	27	42	1	2
Alzheimer's/dementia	1	29	38	0	10
Asthma	1	38	39	0	2
CHD	2	29	40	0	7
COPD	1	34	38	0	6
Depression	0	28	37	0	13
Diabetes type I	3	26	44	1	6
Diabetes type II	3	27	44	1	5
Epilepsy	1	28	38	0	5
Heart Failure	1	29	38	0	10
Hypertension	3	30	43	0	4
Parkinson's disease	0	26	37	0	12
Emergency Hormonal Contraception Service	45	26	4	0	5
Gluten Free Food Supply Service (i.e. not via FP10)	11	46	17	0	7
Home Delivery Service (not appliances)	54	11	2	7	7
Independent Prescribing Service	1	23	42	0	14
Language Access Service	11	23	16	0	11
Medication Review Service	49	5	7	0	2
Medicines Assessment and Compliance Support Service	15	28	26	0	5
Minor Ailment Scheme	0	41	27	2	7
MUR plus Service	5	31	36	0	5
Needle and Syringe Exchange Service	30	26	7	1	17
Obesity management (adults and children)	0	30	40	1	6
On Demand Availability of Specialist Drugs Service	3	29	33	0	11

	Currently providing	Willing to provide if commissioned	Willing to provide (with training)	Willing to provide (need facilities adjustment)	Not willing to provide
Oral Contraceptive Service	14	22	35	0	6
Out of Hours Services	5	38	8	2	24
Phlebotomy Service	0	22	32	4	21
Prescriber Support Service	0	27	37	0	14
Schools Service	0	27	34	0	17
Alcohol	0	22	38	1	17
Cholesterol	10	20	39	6	7
Diabetes	24	11	35	5	7
Gonorrhoea	0	22	38	2	17
H. pylori	0	22	43	2	14
HbA1C	0	22	36	6	15
Hepatitis	0	22	34	5	18
HIV	0	22	31	7	19
Seasonal Influenza Vaccination Service	12	20	31	5	12
Childhood vaccinations	0	23	34	5	17
Hepatitis (at risk workers or patients)	0	23	32	5	19
HPV	0	23	33	5	17
Travel vaccines	2	21	35	7	14
Sharps Disposal Service	15	34	16	2	14
Stop Smoking Service,	28	31	18	0	4
Supervised Administration Service	68	5	2	0	8
Vascular Risk Assessment Service (NHS Health Check)	2	27	37	0	14

### **Languages:**

Based on the 84 pharmacy surveys 42 confirmed that some of their patients spoke a foreign language. The most common alternative language spoken by patients within the pharmacy was Polish. Whilst pharmacies had foreign language patients 45 pharmacies confirmed that their staff spoke another language other than English.

Foreign languages spoken by Patients:

- Arabic – 14 practices
- Bengali – 18 practices
- Gujarati – 14 practice
- Hindi – 19 practice
- Polish – 39 practices
- Spanish – 18 practices

- Turkish – 10 practices
- Urdu – 19 practices
- Other
  - Albanian – 1 pharmacy
  - Chinese – 5 pharmacies
  - East Asian – 1 pharmacy
  - Farsi – 1 pharmacy
  - Finnish - 1 pharmacy
  - French – 4 pharmacies
  - German – 4 pharmacies
  - Hausa - 1 pharmacy
  - Igbo - 1 pharmacy
  - Indian – 1 pharmacy
  - Italian - 1 pharmacy
  - Japanese – 1 pharmacy
  - Kazakhi - 1 pharmacy
  - Latvian – 1 pharmacy
  - Mandarin Chinese – 1 pharmacy
  - Nepali - 1 pharmacy
  - Pakistan – 1 pharmacy
  - Portuguese - 2 pharmacies
  - Russian – 4 pharmacies
  - Swahili - 1 pharmacy
  - Swedish – 1 pharmacy
  - Ukrainian - 1 pharmacy
  - Yoruba - 2 pharmacy
  - Zulu - 1 pharmacy

Foreign languages spoken by staff:

- Arabic – 3 practices
- Bengali – 3 practices
- Gujarati – 7practice
- Hindi – 7 practice
- Polish – 11 practices
- Spanish – 9 practices
- Urdu – 10 practices
- Other
  - Albanian – 1 pharmacy
  - Arabic – 1 pharmacy
  - Bangladeshi – 1 pharmacy
  - Bengali – 2 pharmacy
  - Cantonese Chinese – 2 pharmacies
  - Chinese – 1 pharmacy
  - Croatian – 1 pharmacy
  - Estonian - 1 pharmacy
  - Farsi - 1 pharmacy
  - Finnish - 1 pharmacy
  - French – 9 pharmacies
  - German – 9 pharmacies
  - Hindi – 2 pharmacies

- Iranian - 1 pharmacy
- Italian – 3 pharmacies
- Korean - 1 pharmacy
- Latvian – 2 pharmacies
- Polish – 2 pharmacie
- Punjabi – 1 pharmacy
- Russian – 1 pharmacy
- Serbian – 1 pharmacy
- Spanish – 1 pharmacy
- Tamil - 1 pharmacy
- Thai - 1 pharmacy
- Ukranian - 1 pharmacy
- Urdu - 1 pharmacy
- Yoruba - 2 pharmacy

### **Delivery services:**

Out of the 85 pharmacies responding 75 pharmacies acknowledged in the survey that they offer a delivery service to their patients. Deliveries to surrounding villages occur on a daily or weekly basis from the majority of pharmacies. The conditions for providing these delivery services were based on whether patients were housebound, at the discretion of the dispensary or on request to all. Pharmacies answered this question with the following results:

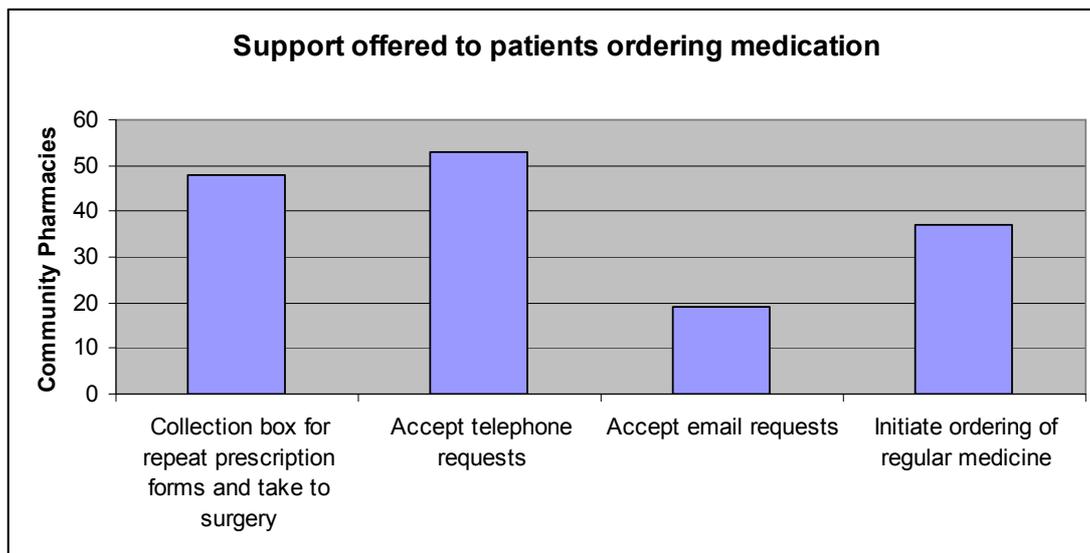
- 29 pharmacies have not specified the areas that they deliver to.
- 28 pharmacies indicated that they provide a daily service
- 9 pharmacies indicated that they provide a weekly service
- 8 pharmacies indicated that they provide a service Monday to Friday
- 5 pharmacies indicated that they provide a service as requested
- 2 pharmacies indicated that they rarely or occasionally provide a delivery service.
- 34 pharmacies provide a service for the housebound.
- 38 pharmacies provide the service at the discretion of the pharmacy.
- 43 pharmacies provide the service on request to all

The areas covered by delivery services from community pharmacies include: Abingdon, Aston, Aston Rowant, Banbury, Barton, Begbroke, Benson, Bicester, Blackbird Leys, Bletchingdon, Bloxham, Botley, Brize Norton, Bury Knowle, Carterton, Central Oxford, Chalgrove, Challow Ardington, Charlbury, Chipping Norton, Clanfield, Combe, Cowley, Didcot, Dorchester on Thames, Drayton St Leonard, East Oxford, Ewelme, Faringdon, Garsington, Greater Leys, Grove, Headington, Hendred, Henley, Horspath, Jericho, Kennington, Kidlington, Kirtlington, Launton, Lewknor, Little Milton, Marston, Middleton Stoney, Milcombe, North Oxford, Northway, Oxford City Central, Radley, Risinghurst, Shillingford, South Oxford, Stadhampton, Stonesfield, Summertown, Tackley, Wallingford, Wantage, Warborough, Watlington, Wheatley, Witney, Wootton

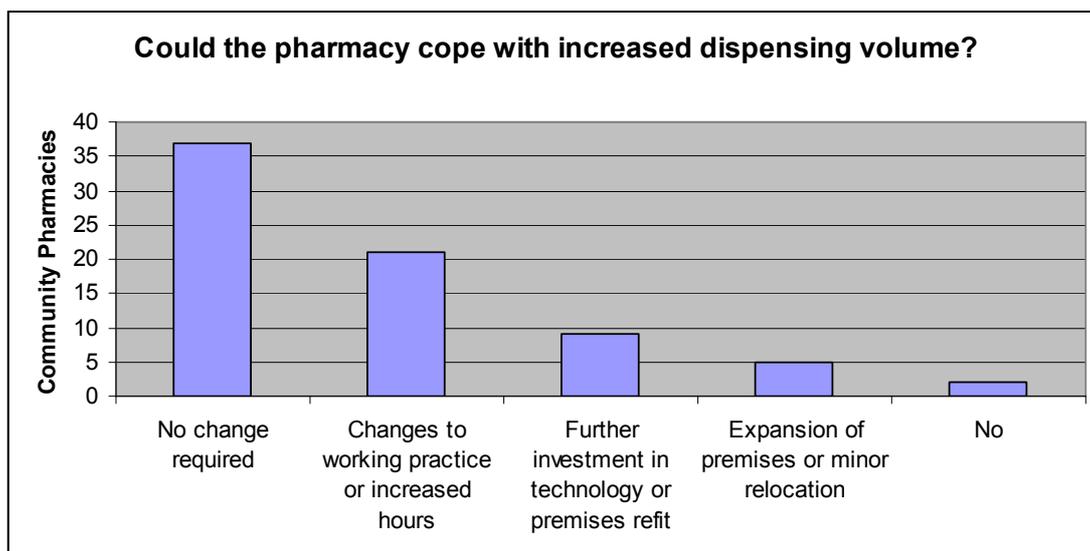
**Remote collection of prescriptions:**

Pharmacies offer remote collection of prescriptions from the following locations: Banbury Branch Surgey, Post Office in Dorchester-on-Thames, General Store in Warborough, General Store in Stadhampton, Post Office in Tackley, Post Office in Stonesfield, General Store in Kirtlington, General Store in Begbroke and General Store in Wootton

**Pharmacies were also asked what support they offer to patients ordering their medication:**



The final survey question focused on the pharmacies capability to cope with increased dispensing volume. Only 2 pharmacies identified that they would be unable to cope with increased dispensing volume:



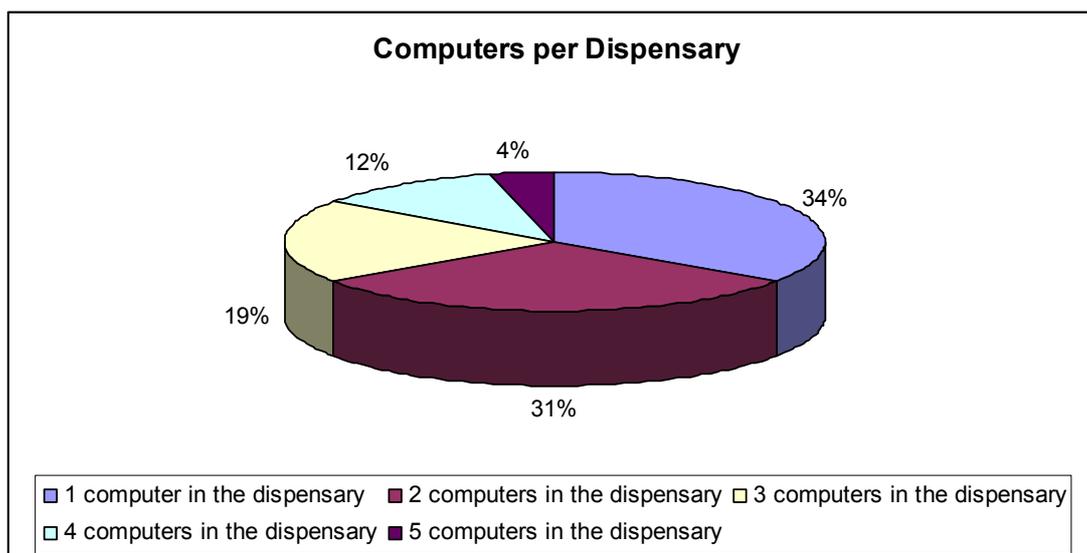
## Dispensing Doctor Survey Results

### Introduction:

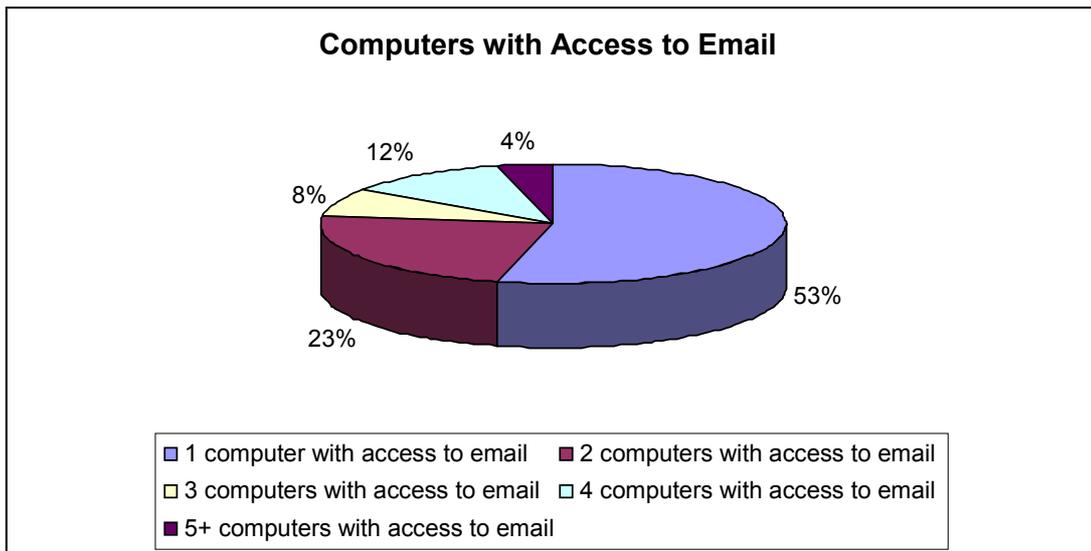
As part of the requirements set out in NHS Employers - *Developing Pharmaceutical Needs Assessment, April 2008* the views of community pharmacies and dispensing doctors within the PCT's boundary should be gathered to help inform the pharmaceutical needs assessment. A survey was sent out to all Community Pharmacies and Dispensing Doctors on the 10<sup>th</sup> June 2010. The PCT received a 90% response rate from Oxfordshire's Dispensing practices.

### Information Technology and Communications:

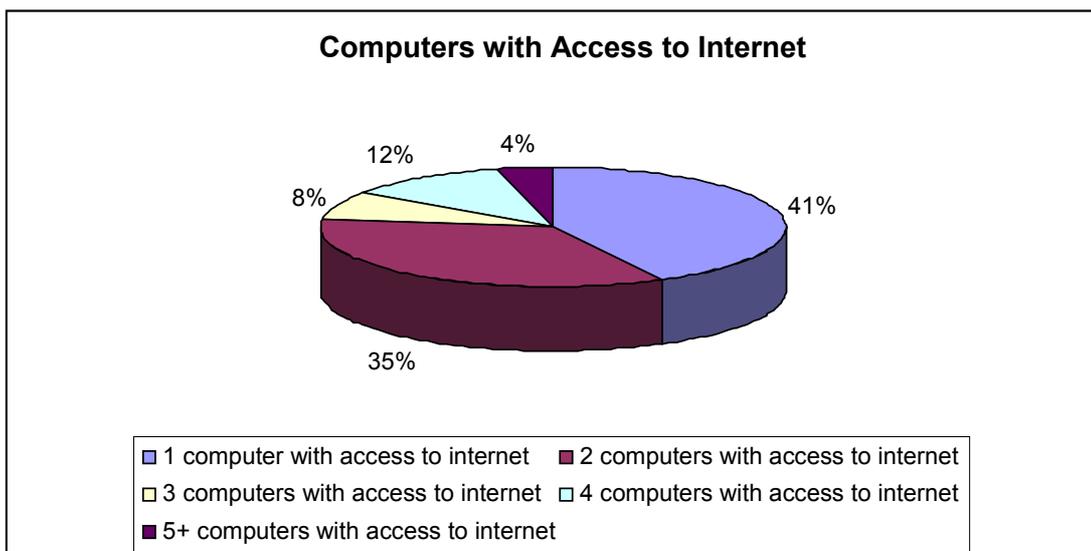
Dispensing practices were asked about their current information technology and communications set up within the dispensary. The practices confirmed that there is an average of 2 computers per dispensary, which have access to email and internet is not limited to specific work related sites. The survey revealed that the dispensary computers have a shared connection using the practices network and works off N3/NHSnet. The survey confirmed that the majority of dispensary staff has access to individual NHS Smart cards.



- 9 practices have 1 computer in the dispensary
- 8 practices have 2 computers in the dispensary
- 5 practices have 3 computers in the dispensary
- 3 practices have 4 computers in the dispensary
- 1 practice have 5+ computers in the dispensary



- 14 practices have 1 computer in the dispensary with access to email
- 6 practices have 2 computers in the dispensary with access to email
- 2 practices have 3 computers in the dispensary with access to email
- 3 practices have 4 computers in the dispensary with access to email
- 1 practice have 5+ computers in the dispensary with access to email



- 11 practices have 1 computer in the dispensary with access to the internet
- 9 practices have 2 computers in the dispensary with access to the internet
- 2 practices have 3 computers in the dispensary with access to the internet
- 3 practices have 4 computers in the dispensary with access to the internet
- 1 practice have 5+ computers in the dispensary with access to the internet
- 26 practices confirmed that their internet connection is shared using the practice network (N3/NHSnet)
- 20 practices confirmed that their staff have access to individual NHS Smart Cards

- 24 practices confirmed that their internet access was not limited to work related sites

### **Local relationships:**

Dispensing practices were asked what the PCT could do to help bring GP's, Dispensing Practices and Pharmacists together. There were a number of views and comments to this question with the majority suggesting that the PCT should organise more local meetings with PCT Funding.

Other comments included

- Involve the pharmacists in PBC meetings
- Provide training and development opportunities.
- Host meetings on matters/issues of common interest/concern.
- Local Forums that the PCT could facilitate

### **Services:**

Based on the current regulations dispensing practices are unable to provide pharmaceutical services unless a Pharmacist is employed by the practice to offer such services. Whilst this section relates to Enhanced services offered within the dispensary a number of practices answered these questions with reference to Enhanced services offered in the general practice. As well as the services listed in the table below dispensing practices were asked if there were any additional services they provided to their patients. Some of the comments received included:

- Dosettes
- Hearing Tests
- Supplementary nurse prescribing and PGD
- Travel medicine advice
- Yellow Fever Centre

They were also asked if there were any other services they would like to offer:

- More health promotion
- Nomads service
- Pharmacist prescribing
- To dispense to all registered patients and expand the range of OTC medicines that we can sell.
- Delivery service to house bound patients
- MDS Domicillary visits

Dispensing practices were asked whether or not they would be interested in the opportunity to specialise in a particular service, area of practice or disease. The responses received showed that six practices would not be interested whereas 17 practices said they would.

	Do you currently provide this service to your patients?		Do you think that there is a need for this service to be commissioned in your area?		Would you be interested in providing this service if commissioned by NHS Oxfordshire?	
	Yes	No	Yes	No	Yes	No
<b>Circulatory disease – obesity, physical activity and smoking</b>						
Weight Management Service	18	6	2	2	2	2
Nicotine Replacement Therapy voucher scheme	12	9	5	3	6	3
Smoking Cessation	20	4	1	1	1	1
Vascular Screening service (PCT commissioned)	6	14	9	4	11	3
Cholesterol testing	19	5	1	2	2	1
<b>Long Term conditions</b>						
Diabetes testing	19	5	1	3	2	1
Blood pressure monitoring	21	4	1	2	1	1
INR testing	18	6	2	3	2	2
Spirometry	19	5	2	2	2	1
<b>Alcohol</b>						
Brief intervention for alcohol	16	8	3	4	3	3
<b>Infection control</b>						
Flu vaccination	19	5	2	2	2	1
<b>Cancer</b>						
Palliative care drug stock, (out of hours)	9	14	5	4	2	7

	Do you currently provide this service to your patients?		Do you think that there is a need for this service commissioned in your area?		Would you be interested in providing this service if commissioned by NHS Oxfordshire?	
	Yes	No	Yes	No	Yes	No
<b>Sexual health</b>						
Young Persons Emergency Hormonal Contraception scheme	19	5	2	2	2	2
Free Pregnancy testing	15	8	5	1	5	1
Chlamydia testing	19	4	2	2	3	1
<b>Children</b>						
Supply of NHS healthy start milk	5	15	4	7	8	4
<b>Drug Misuse</b>						
Needle and syringe exchange	2	20	5	11	5	11
Supervised consumption Methadone/ Subutex	5	18	4	9	2	11
<b>Older people</b>						
Supply of MDS (NOMAD) to care homes	13	12	6	3	7	1
Supply of MDS (NOMAD) to domiciliary patients	21	5	0	1	0	1
<b>Other Services</b>						
Medication review as a dispensary service (not MUR)	22	4	0	2	0	2
Medication review in patients home	17	7	2	3	2	2
Remote Prescription Collection service	15	11	0	5	3	3
Prescription delivery service	16	9	3	1	4	0
Truss fitting	5	17	2	9	3	8

## **Languages:**

Based on the 26 dispensary surveys received 19 confirmed that a few of their patients spoke a foreign language. The most common alternative language spoken within the practices was Polish. Whilst practices had foreign language patients 6 practices confirmed that their staff spoke another language other than English.

### Foreign languages spoken by Patients:

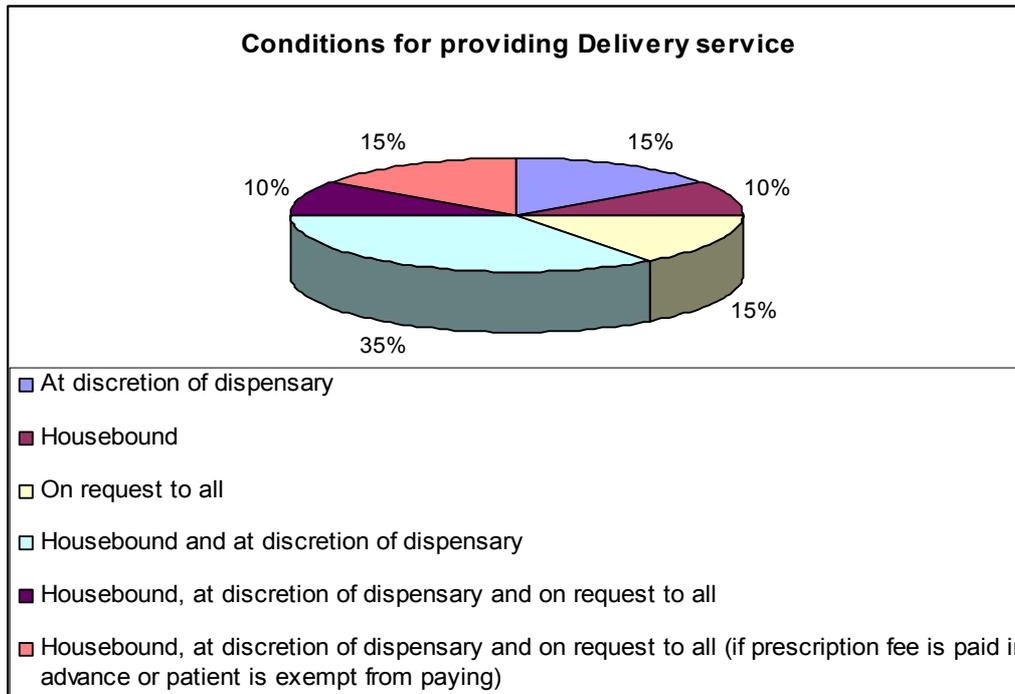
- Arabic – 2 practices
- Bengali – 2 practices
- Gujarati – 1 practice
- Hindi – 1 practice
- Polish – 16 practices
- Spanish – 8 practices
- Turkish – 2 practices
- Urdu – 3 practices
- Other
  - African Dialects – 1 practice
  - Cantonese – 1 practice
  - Fijian – 1 practice
  - Mandarin – 1 practice
  - Portuguese – 1 practice
  - Thai – 1 practice

### Foreign languages spoken by staff:

- Arabic – 1 practice
- Hindi – 1 practice
- Urdu – 1 practice
- Other
  - Dutch – 1 practice
  - French – 5 practices
  - German – 3 practices
  - Swahili – 1 practice
  - Tamil – 1 practice

## **Delivery services:**

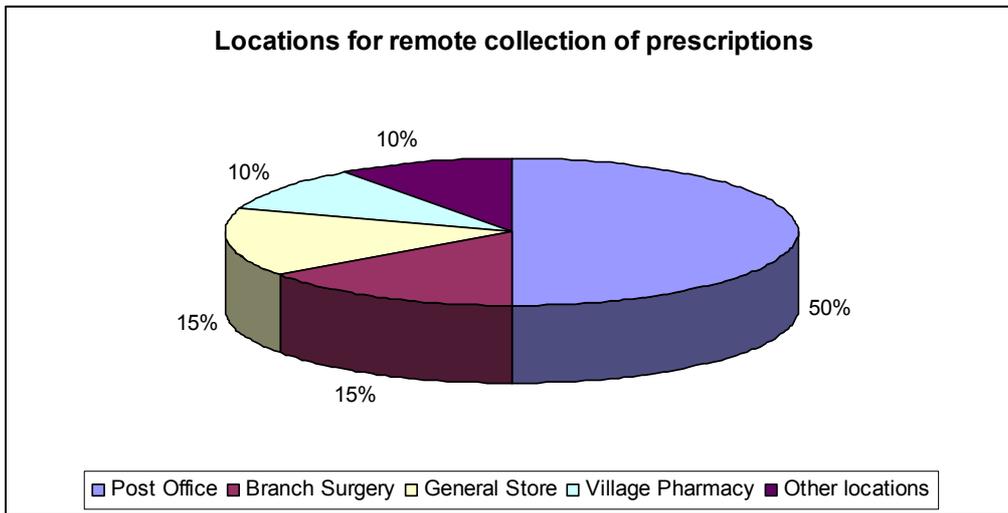
20 of the 26 practices acknowledged in the survey that they offer a delivery service to their patients. Deliveries to surrounding villages occur on a weekly basis from the majority of practices. The conditions for providing these delivery services were based on whether patients were housebound, at the discretion of the dispensary or on request to all. Practices answered this question with the following results:



The areas covered by delivery services from Dispensing practices include: Ambrosden, Arcott, Ascott U Wychwood, Aston, Aynho, Beckley, Binfield Heath, Bletchingdon, Brailes, Brize Norton, Carterton, Chadlington, Charlton, Checkendon, Chesterton, Clanfield, Duns Tew, Elsfield, Enstone, Fencott, Fifield, Fritwell, Hampton Gay, Hampton Poyle, Heyfords, Hook Norton, Horton, Islip, Kingham, Kings Sutton, Kingston Bagpuize, Kirtlington, Leafield, Long Compton, Lower Heyford, Merton, Middle Barton, Middleton Stoney, Milton U Wychwood, Murcott, Noke, Nuffield, Oddington, Piddington, Shiplake, Somerton, Souldern, Southmoor, Stanford in the Vale, Stanton St John, Steeple Aston, Stoke Row, Tackley, Thrupp, Uffington, Villages surrounding Wallingford, Wendlebury, Weston on the Green, Woodeaton, Wootton, Yarnton.

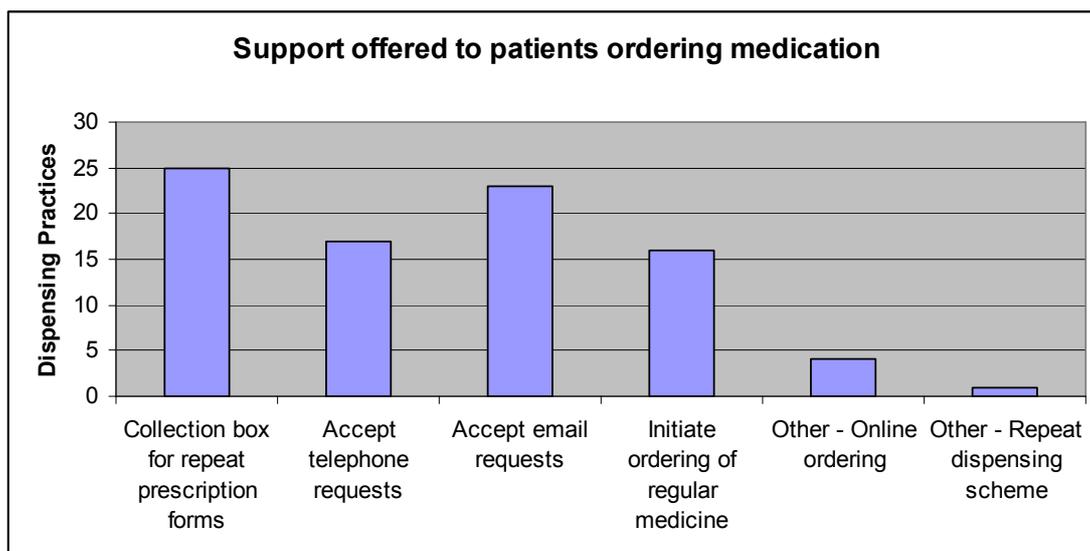
**Remote collection of prescriptions:**

From the 26 surveys received only 14 Dispensing Practices offered a remote collection pick up point to their patients for repeat prescriptions. The locations of these pick points varied but, there did seem to be a pattern of village Post Offices and General Stores being used.

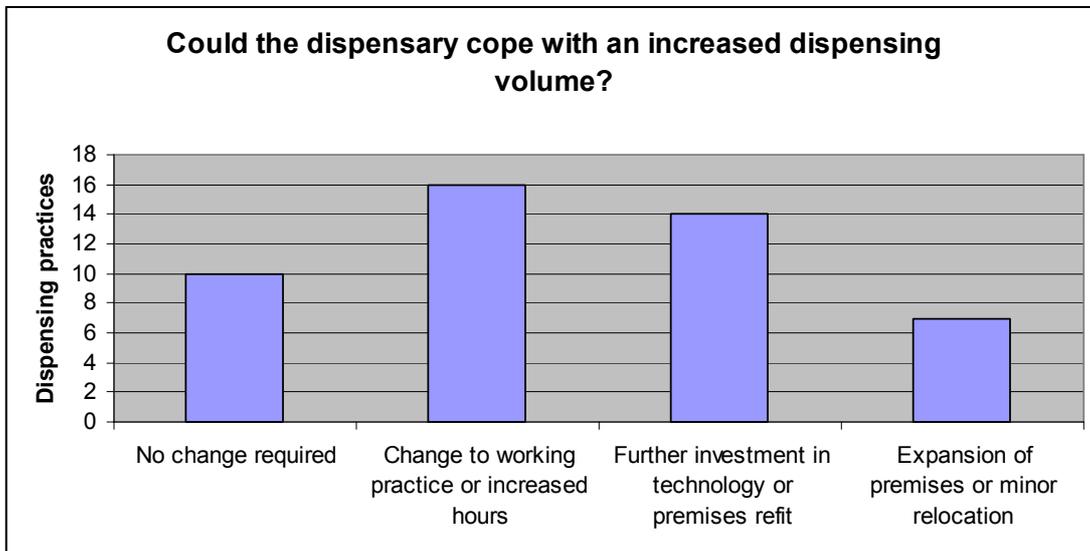


The locations covered by these remote collections points included: Ascott U Wychwood, Binfield Heath, Boots Pharmacy Wallingford, Checkendon, Co-op Pharmacy Wheatley, Co-op Pharmacy Charlbury, Fifield, Fritwell, Hook Norton, Kings Sutton, Kingston Bagpuize, Kirtlington, Leafield, Lloyds Pharmacy Wallingford, Lloyds Pharmacy Benson, Lower Brailes, Lower Heyford, Middle Barton, Milton U Wychwood, Minster Lovell, Rowlands Pharmacy Wallingford, Southmoor, Stanford in the Vale, Steeple Aston, Stoke Row, Surrounding villages of Wheatley, Uffington.

Practices were asked what support they offer to patients ordering their medication:



The final survey question focused on the dispensaries capability to cope with increased dispensing volume. All practices answered yes to being able to cope with an increased dispensing volume:



## **APPENDIX 7: Pharmacy Accessibility Technical Notes**

### **Introduction**

This Technical Note has been prepared as part of the Accession™ modelling work that has been undertaken for the Oxfordshire Primary Care Trust (PCT). It provides the methodology behind the work carried out and a summary of the findings. This Technical Note is accompanied by a series of maps which show the model outputs.

### **Methodology**

The accessibility analysis was carried out using the Accession™ accessibility software. Accession™ was developed for the Department of Transport and is an accessibility modelling programme, which principally calculates the journey times between a set of 'origins' (typically residential areas) and 'destinations' (typically representing the locations of essential facilities and services). Journey time calculations can be undertaken using timetabled public transport information (bus and rail), private vehicles, on foot, or by bicycle. The software then allows these journey times to be displayed graphically as contours.

For this project an accessibility model was developed for the study area, encompassing the Oxfordshire PCT boundary and the surrounding area, in order that all the agreed facilities were included. The individual aspects of the model are detailed below.

### **Origins**

This analysis focuses on accessibility from the Oxfordshire PCT area to varying destination sets, which comprise different pharmacies based upon the services provided. As such, the origins used within Accession™ cover the Oxfordshire PCT area. The origins take the form of a uniform grid layout, with a 250m spacing.

### **Destinations**

The destinations used as part of this accessibility assessment are based upon the pharmacies located within the Oxfordshire PCT boundary, with selected facilities outside of the Oxfordshire PCT area included when testing accessibility to Essential Service 1 (Community Pharmacies and Dispensing Practices) and Essential Service 2-6 & 8 (Community Pharmacies). These services are included as it is possible that the closest facility to those people residing close to the Oxfordshire PCT boundary may be within another PCT area. A number of different variations have been tested in order that accessibility can be assessed to pharmacies which provide different services, for instance, those that offer needle exchange services or smoking cessation services. The different variations are detailed in Table 1.

<b>Table 1: Destination variations</b>		
<b>Destination Set</b>	<b>Mode</b>	<b>Time Periods Tested</b>
Essential Service 1 (Community Pharmacies and Dispensing Practices). Includes destinations outside the Oxfordshire PCT area.	Public Transport	Tuesday 10:00-14:00 Saturday 09:00-13:00
	Private Vehicle	N/A
Essential Service 2-6 & 8 (Community Pharmacies). Includes destinations outside the Oxfordshire PCT area.	Public Transport	Tuesday 10:00-14:00 Saturday 09:00-13:00
	Private Vehicle	N/A
Emergency Hormonal Contraception (including Contraception & Sexual Health Clinics)	Public Transport	Tuesday 10:00-14:00 Saturday 09:00-13:00
	Private Vehicle	N/A
Supervised Methadone Consumption	Public Transport	Tuesday 10:00-14:00 Saturday 09:00-13:00
	Private Vehicle	N/A
Needle Exchange	Public Transport	Tuesday 10:00-14:00 Saturday 09:00-13:00
	Private Vehicle	N/A
Palliative Care Drugs	Public Transport	Tuesday 10:00-14:00 Saturday 09:00-13:00
	Private Vehicle	N/A
Smoking Cessation (including GPs)	Public Transport	Tuesday 10:00-14:00 Saturday 09:00-13:00
	Private Vehicle	N/A
Medicine Use Reviews	Public Transport	Tuesday 10:00-14:00 Saturday 09:00-13:00
	Private Vehicle	N/A
100 hour pharmacies	Public Transport	Tuesday 10:00-14:00 Saturday 09:00-13:00
	Private Vehicle	N/A

## **Public Transport Services**

The public transport network used for this accessibility analysis is based upon a snapshot of public transport data from October 2009. This snapshot is the most recent available and is taken from the National Public Transport Data Repository (NPTDR).

The NPTDR holds snapshots of public transport data for use by local authorities and other organisations in the production of accessibility strategies via software tools including Accession™. Specifically, the NPTDR holds timetable & route data for Great Britain, and associated static geographic data such as bus stop locations.

## Private Vehicle Accessibility

In addition to public transport accessibility, private vehicle accessibility has also been tested as part of this analysis. Private vehicle accessibility is based upon journeys from the origins to the destinations via the road network. Journey times are calculated based on average speeds for different types of road, and therefore the results are not specific to any day or time period. The speeds used are detailed in Table 2.

Accession™ calculates private vehicle journey time based on a free flowing road network; therefore it does not take into consideration congestion on the network. This can result in unrealistic journey speeds on links that run through urban areas. In order to rectify this, speeds have been reduced to 32.19km/hr (20mph) in the main urban areas.

<b>Link Type</b>	<b>Link Speed (km/hr)</b>
Motorway	104.6
A Road	96.54
B Road	64.36
Minor Road	40
Local Street	40
Private Road (publicly accessible)	40

## Time Periods Tested

Allowing a four hour time slot takes into account services that only run once within the time period as well as providing results for a 'typical' journey time period. The journey must begin and end within the specified time frame. The time periods modelled are:

- Tuesday 10:00-14:00
- Saturday 09:00-13:00
- Tuesday 20:00-22:00

The Tuesday and Saturday AM time slots have been used in order to provide a comparison between weekday and weekend accessibility to pharmacies with varying facilities. The Tuesday PM time slot provides an indication of accessibility to the 100 hour pharmacies, which are open outside regular opening hours.

## Pedestrian Characteristics

In order to undertake public transport accessibility calculations, pedestrian characteristics must be defined. These characteristics are detailed below:

- The maximum walk distance is set to 1600m. This is the maximum distance which the model assumes can be walked from an origin point to connect to a public transport service.
- The pedestrian walk speed is set to 4.8km per hour. This is the default standard speed.
- The maximum interchange distance is 500m. This is the maximum distance the model allows to interchange between public transport services/modes.

**APPENDIX 8:           Oxfordshire Dispensing Practices – opening hours**

Code	Practice name	Day	From	To
K84037	Wallingford Medical Practice Reading Road Wallingford OX10 9DU	Mon	08.30	18.30
		Tue	08.30	18.30
		Wed	08.30	18.30
		Thur	08.30	18.30
		Fri	08.30	18.30
		Sat		
K84041	Marcham Road Family Health Centre Marcham Road Abingdon OX14 1BT	Mon	08.30	18.00
		Tue	08.30	18.00
		Wed	08.30	18.00
		Thur	08.30	18.00
		Fri	08.30	18.00
		Sat		
K84034	Clifton Hampden Surgery Watery Lane Clifton Hampden OX14 3EL	Mon	11.00	18.30
		Tue	11.00	17.00
		Wed	11.00	17.00
		Thur	11.00	18.30
		Fri	11.00	17.00
		Sat		
K84055	Deddington Health Centre Earls Lane Deddington OX15 0TQ	Mon	08.30	18.30
		Tue	08.30	18.30
		Wed	08.30	18.30
		Thur	08.30	18.30
		Fri	08.30	18.30
		Sat		
K84058	Bloxham Surgery Godswell Lodge, Church Street Bloxham OX15 4ES	Mon	08.30	18.30
		Tue	08.30	18.30
		Wed	08.30	18.30
		Thur	08.30	18.30
		Fri	08.30	18.30
		Sat		
K84065	Sibford Surgery Burdrop, Sibford Gower Banbury OX15 5RQ	Mon	09.00	18.30
		Tue	09.00	18.30
		Wed	08.30	17.00
		Thur	09.00	16.00
		Fri	09.00	18.00
		Sat		
K84056	Cropredy Surgery Claydon Road, Cropredy Banbury OX17 1FB	Mon	09.00	17.00
		Tue	09.00	17.00
		Wed	09.00	17.00
		Thur	09.00	17.00
		Fri	09.00	17.00
		Sat		
K84075	Broadshires Health Centre Broadshires Way Carterton OX18 1JA	Mon	08.00	18.30
		Tue	08.00	18.30
		Wed	08.00	18.30
		Thur	08.00	18.30
		Fri	08.00	18.30
		Sat		

K84010	The Bampton Medical Practice Landells Bampton OX18 2LJ	Mon Tue Wed Thur Fri Sat	09.00 09.00 09.00 09.00 09.00 09.00	18.00 18.00 18.00 18.00 18.00 12.00
K84047	Burford Surgery 59 Sheep Street Burford OX18 4LS	Mon Tue Wed Thur Fri Sat	08.00 08.00 08.00 08.00 08.00 08.00	18.30 18.30 18.30 18.30 18.30 18.30
K84073	Victoria House Surgery 119 Buckingham Road Bicester OX26 3EU	Mon Tue Wed Thur Fri Sat	08.00 08.00 08.00 08.00 08.00 08.00	18.30 18.30 18.30 18.30 18.30 18.30
K84621	North Bicester Surgery Bure Park Bicester OX26 3HA	Mon Tue Wed Thur Fri Sat	08.30 08.30 08.30 08.30 08.30 08.30	19.30 18.00 19.30 18.00 18.00 18.00
K84052	Bicester Health Centre Coker Close Bicester OX26 6AT	Mon Tue Wed Thur Fri Sat	08.30 08.30 08.30 08.30 08.30 08.30	18.00 18.00 18.00 18.00 18.00 18.00
K84038	Montgomery House Surgery Piggy Lane Bicester OX26 6HT	Mon Tue Wed Thur Fri Sat	08.00 08.00 08.00 08.00 08.00 08.00	18.30 20.00 18.30 20.00 18.30 18.30
K84613	Langford Medical Practice 9 Nightingale Place Bicester OX26 6XX	Mon Tue Wed Thur Fri Sat	08.00 08.00 07.00 07.00 07.30 07.30	18.30 18.30 18.30 18.30 18.30 18.30
K84622	Deer Park Medical Centre 6 Edington Square Witney OX28 5YT	Mon Tue Wed Thur Fri Sat	08.00 08.00 08.00 08.00 08.00 08.00	20.45 20.45 18.30 18.30 18.30 18.30
K84017	Windrush Health Centre Welch Way Witney OX28 6JS	Mon Tue Wed Thur Fri Sat	08.30 08.30 08.30 08.30 08.30 08.30	18.30 18.30 18.30 18.30 18.30 18.30

K84006	Eynsham Medical Centre Conduit Lane Eynsham OX29 4QB	Mon Tue Wed Thur Fri Sat	08.00 08.00 08.00 08.00 08.00	18.30 18.30 18.30 18.30 18.30
K84014	Morland House Surgery London Road Wheatley OX33 1YJ	Mon Tue Wed Thur Fri Sat	08.00 08.00 08.00 08.00 08.00 08.00	18.30 18.30 19.20 18.30 18.30 11.20
K84003	Islip Surgery Bletchingdon Road Islip OX5 2TQ	Mon Tue Wed Thur Fri Sat	06.30 08.00 08.00 08.00 08.00 08.00	18.30 18.30 18.30 18.30 18.30
K84610	The Charlbury Medical Centre Enstone Road Charlbury OX7 3PQ	Mon Tue Wed Thur Fri Sat	06.30 08.00 08.00 08.00 08.00 08.00	18.30 18.30 18.30 18.30 18.30
K84030	West Street Surgery 12 West Street Chipping Norton OX7 5AA	Mon Tue Wed Thur Fri Sat	08.30 08.30 08.30 08.30 08.30 08.30	18.30 18.30 18.30 18.30 18.30
K84039	White House Surgery Horsefair Chipping Norton OX7 5AL	Mon Tue Wed Thur Fri Sat	08.30 08.30 08.30 08.30 08.30 08.30	18.30 18.30 18.30 18.30 18.30
K84046	Wychwood Surgery Meadow Lane Shipton-u-Wychwood OX7 6BW	Mon Tue Wed Thur Fri Sat	08.00 08.00 08.00 08.00 08.00 09.00	18.30 18.30 18.30 18.30 18.30 10.00
K84020	Sonning Common Health Centre Wood Lane, Sonning Common Reading RG4 9SW	Mon Tue Wed Thur Fri Sat	08.00 08.00 08.00 08.00 08.00 08.00	18.30 18.30 20.30 18.30 18.30 10.00
K84071	Goring & Woodcote Red Cross Road Goring on Thames RG8 9HG	Mon Tue Wed Thur Fri Sat	08.00 08.00 08.00 08.00 08.00	18.30 18.30 18.30 18.30 18.30

K84015	Nettlebed Surgery Wanbourne Lane, Nettlebed Henley on Thames RG9 5AJ	Mon Tue Wed Thur Fri Sat	08.30 08.30 10.00 08.30 08.30	18.00 18.00 18.00 18.00 18.00
K84051	White Horse Medical Practice Faringdon Medical Centre, Volunteer Way Faringdon SN7 7YU	Mon Tue Wed Thur Fri Sat	08.00 08.00 08.00 08.00 08.00	18.30 18.30 18.30 18.30 18.30
K84077	Fern Hill Practice, Faringdon MC Faringdon Medical Centre, Volunteer Way Faringdon SN7 7YU	Mon Tue Wed Thur Fri Sat	08.30 08.30 08.30 08.30 08.30	18.30 18.30 18.30 18.30 18.30

**APPENDIX 9: Neighbouring PCT Community Pharmacies**

Pharmacy Name	Address 1	Postcode	EHC	Chlamydia screening service	Stop smoking service	Supervised administration service	Needle exchange service	Palliative care drugs	Advice to care homes	Out of Hours service (rotas)	NHS health checks	Minor ailment scheme
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**Berkshire West PCT**

Boots the Chemists	Unit 7, Brunel Arcade	RG1 1LT				YES	YES					
Boots the Chemists	47-48 Broad Street	RG1 2AA	YES - U20's & O20's			YES	YES					
Superdrug Pharmacy	55-59 Broad Street	RG1 2AF					YES					
Boots the Chemists	25 Town Mall Walk	RG1 2AH	YES - U20's & O20's			YES	YES					
Lloydspharmacy	195 London Road	RG1 3NY			YES	YES	YES					
Erleigh Road Pharmacy	85 Erleigh Road	RG1 5NW			YES	YES	YES					
Newdays Pharmacy	60 Wensley Road	RG1 6DJ			YES	YES	YES					
Saood Pharmacy	104A Oxford Road	RG1 7LL					YES					
Tesco Instore Pharmacy	Tesco Extra	RG1 8DF					YES					
Lloydspharmacy	48 Victoria Road	RG10 8AE				YES	YES					
Fields Pharmacy	1A Longfield Road	RG10 9AN				YES						
Day Lewis Rankin Pharmacy	19 London Road	RG10 9EH										
Newdays Pharmacy	1 London Road	RG10 9EH	YES - U20's		YES	YES	YES					
Lloydspharmacy	7 Kingsland Centre	RG13 4HX					YES					
Superdrug Pharmacy	81-82 Northbrook Street	RG14 1AE				YES						
Day Lewis PLC	12 The Broadway	RG14 1BA				YES	YES					
Boots the Chemists	4-5 Northbrook Street	RG14 1DJ	YES - U20's & O20's			YES	YES					
Sainsburys Pharmacy	Hectors Way	RG14 5AB	YES - U20's			YES	YES					
your local Boots pharmacy	82-83 Bartholomew Street	RG14 5EF			YES	YES	YES					
Tesco Pharmacy	Tesco Extra	RG14 7HB					YES					
Boots The Chemists	Unit 10, Newbury Retail Park	RG14 7HU	YES - U20's & O20's		YES	YES	YES					
Wash Common Pharmacy	Monks Lane	RG14 7RW	YES - U20's & O20's			YES	YES					
Boots the Chemists	125 High Street	RG17 0DL	YES - U20's & O20's		YES	YES	YES					
Lambourn Pharmacy	The Broadway	RG17 8XY			YES	YES	YES					
Boots the Chemists	Thatcham Medical Practice	RG18 3HD	YES - O20's				YES					

Lloydspharmacy	3-5 Crown Mead	RG18 3JW				YES	YES					
Lloydspharmacy	Unit 2, Burdwood Centre	RG19 4YA	YES - U20's			YES	YES					
Lloydspharmacy	Milman Road Health Centre	RG2 0AY				YES	YES					
Basingstoke Road Pharmacy	71 Basingstoke Road	RG2 0ER			YES	YES						
Lloydspharmacy	277 Basingstoke Road	RG2 0JA				YES	YES					
Lloydspharmacy	68 Christchurch Road	RG2 7AZ	YES - U20's			YES	YES					
Vantage Chemist	231 Shinfield Road	RG2 8HD	YES - U20's & O20's			YES	YES					
Whitley Wood Pharmacy	534 Northumberland Avenue	RG2 8NY			YES	YES	YES					
Downland Pharmacy	East Lane	RG20 8UY				YES	YES					
Lloydspharmacy	266-268 Oxford Road	RG30 1AD			YES	YES	YES					
Tesco Pharmacy	Tesco Extra	RG30 1AH					YES					
Lloydspharmacy	351-353 Oxford Road	RG30 1AY				YES	YES					
Lloydspharmacy	479 Oxford Road	RG30 1HF			YES	YES	YES					
Grovelands Pharmacy	2 Grovelands Road	RG30 2NY				YES	YES					
Southcote Pharmacy	36 Coronation Square	RG30 3QN	YES - U20's & O20's			YES	YES					
Boots the Chemists	32 Meadway Precinct	RG30 4AA	YES - U20's & O20's			YES	YES					
Lloydspharmacy	2a Tylers Place	RG30 6BW				YES	YES					
Tilehurst Pharmacy	7 School Road	RG31 5AR										
Triangle Pharmacy	88-90 School Road	RG31 5AW				YES	YES					
Overdown Pharmacy	5 The Colonnade	RG31 6PR	YES - U20's				YES					
Sainsburys Pharmacy	Savacentre	RG31 7SA										
Markand Pharmacy	122 Henley Road	RG4 6DH					YES					
Rowlands Pharmacy	59A Hemdean Road	RG4 7SS			YES	YES						
Day Lewis Rankin Pharmacy	30 Church Street	RG4 8AU				YES						
Boots the Chemists	45 Church Street	RG4 8BA	YES - U20's & O20's			YES	YES					
Lloydspharmacy	5 Cavendish Road	RG4 8XW				YES	YES					
Boots the Chemists	40 Market Place	RG40 1AT	YES - U20's & O20's			YES	YES					
Wokingham Pharmacy	33 Broad Street	RG40 1AU	YES - U20's & O20's		YES	YES	YES					
Jats Pharmacy	422A Finchampstead Road	RG40 3RB				YES	YES					
Morrisons Pharmacy	Woosehill Court	RG41 3SW				YES						
Sainsburys Pharmacy	Unit 2, Sainsburys Store	RG41 5AR										
Lloydspharmacy	55A-55B Crockhamwell Road	RG5 3JH			YES	YES	YES					

Boots the Chemists	89-91 Crockhamwell Road	RG5 3JP	YES - U20's & O20's			YES	YES					
Rankin Chemist	1-2 Loddon Vale	RG5 4UL										
Lloydspharmacy	105 Wokingham Road	RG6 1LN				YES	YES					
Day Lewis Rankin Pharmacy	15 Maiden Lane Centre	RG6 3HD				YES						
your local Boots pharmacy	Unit 2, ASDA Mall	RG6 5GA	YES - U20's & O20's			YES	YES					
	5 The Parade	RG6 7NZ				YES	YES					
Rankin Chemist	Welford House	RG7 1AA				YES						
Mortimer Pharmacy	Mortimer Surgery	RG7 3SQ					YES					
Lloydspharmacy	24 West End Road	RG7 3TF	YES - U20's			YES	YES					
Burghfield Pharmacy	Reading Road	RG7 3YJ										
Lloydspharmacy	27 High Street	RG7 5AH				YES	YES					
Lloydspharmacy	3 The Square	RG8 7AQ	YES - U20's			YES	YES					

Pharmacy Name	Address 1	Postcode	EHC	Chlamydia screening service	Stop smoking service	Supervised administration service	Needle exchange service	Palliative care drugs	Advice to care homes	Out of Hours service (rotas)	NHS health checks	Minor ailment scheme
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### Buckinghamshire PCT

Boots The Chemists	3 Aires House	HP10 9NB	YES		YES	YES						
Aqsa Pharmacy	91 London Road	HP11 1BU			YES	YES						
Ryemead Pharmacy	Gateway House	HP11 1FY			YES	YES	YES	YES				
Superdrug Pharmacy	37/38 High Street	HP11 2AG			YES	YES		YES				
Boots The Chemists	27 Eden Walk	HP11 2AW	YES		YES	YES		YES	YES			
Boots The Chemists	4 High Street	HP11 2AZ			YES	YES			YES			
Centra Chemists	20 Queens Square	HP11 2DF	YES		YES	YES		YES				
Victoria Pharmacy	19 Desborough Avenue	HP11 2RS				YES	YES					
Asda Pharmacy	Holmers Farm Way	HP12 4PU	YES		YES	YES		YES				
Cressex Pharmacy	1 Cressex Parade	HP12 4RG	YES		YES	YES		YES				
Rowlands Pharmacy	1a Totteridge Drive	HP13 6JH	YES		YES	YES	YES	YES	YES			
Lane End Pharmacy	2 Priory Road	HP13 6SE	YES		YES	YES	YES	YES	YES			
Fox Pharmacy	9 Turners Place	HP15 6RN				YES		YES				
Boots The Chemists	9 Park Parade	HP15 7AA				YES						
Rowlands Pharmacy	2 Market Parade	HP15 7LQ			YES	YES		YES				
Prestwood Pharmacy	145 High Street	HP16 9HF	YES		YES	YES		YES	YES			
Lloyds Pharmacy	306 Meadowcroft	HP19 3HZ			YES	YES			YES			
Boots The Chemists	4 Hale Leys	HP20 1SG	YES		YES	YES	YES	YES	YES			
Lloyds Pharmacy	34 High Street	HP20 1SH			YES	YES	YES					
Rowlands Pharmacy	Meadow Way	HP20 1XB	YES		YES	YES		YES	YES			
Morrisons Supermarkets Plc	Morrisons Supermarket	HP20 2HX			YES	YES						
Lloyds Pharmacy	25/28 Jansel Square	HP21 7ET			YES	YES			YES			
Boots The Chemists	Walton Court Centre	HP21 7QG				YES						
Lloyds Pharmacy	136 London Road	HP22 5LB			YES	YES			YES			
Lloyds Pharmacy	28 High Street	HP22 6DA	YES		YES	YES						
Bell Chemists	Unit 4 Horns Lane	HP27 0AW	YES		YES	YES		YES				
Boots The Chemists	58 The Broadway	HP5 1EG			YES	YES		YES	YES			
Boots The Chemists	18 Sycamore Road	HP6 5DR			YES	YES			YES			
Lloyds Pharmacy	Rectory Meadow Surgery	HP7 0HG	YES		YES	YES			YES			
H A Mc Parland Ltd	3 Nightingale Corner	HP7 9PY	YES		YES	YES		YES	YES			
Lloyds Pharmacy	High Street	HP8 4QA	YES			YES						
Edlesborough Pharmacy	11 Cow Lane	LU6 2HT				YES						
Boots The Chemists	11 Market Hill	MK18 1JX	YES		YES	YES		YES	YES			

Jardines Pharmacy	The Bullring	MK18 1JX	YES		YES	YES		YES	YES			
Lloyds Pharmacy	10-12 Meadow Walk	MK18 1RR	YES		YES	YES		YES	YES			
Boots The Chemists	The Health Centre	OX9 3JZ	YES			YES	YES					
Jeeves Pharmacy	7 Thornbridge Road	SL0 0PU	YES		YES	YES			YES			
Lloyds Pharmacy	29 High Street	SL0 9ND	YES		YES	YES	YES		YES			
Hedgegrail Ltd	Portakabin	SL2 4LR	YES		YES	YES		YES				
Sainsbury	Lake End Road	SL6 0QH			YES	YES						
Marlow Pharmacy	61 High Street	SL7 1AB	YES		YES	YES						
Boots The Chemists	4-5 Market Square	SL7 1AW			YES	YES	YES	YES	YES			
Glade Pharmacy	Victoria Road	SL7 1DS			YES	YES		YES	YES			
Marlow Bottom Pharmacy	2 Kingswood Parade	SL7 3NT	YES			YES						
Lloyds Pharmacy	1 The Parade	SL8 5SA	YES		YES	YES		YES	YES			
Boots The Chemists	69 Packhorse Road	SL9 8PQ	YES		YES	YES						
Richard Adams Chemist	1 The Broadway	SL9 9DX			YES	YES	YES					
Vantage Chemists	1 Bishops House	SL9 9HE			YES	YES	YES	YES	YES			
Jardines Pharmacy	18 High Street		YES			YES						
Wooburn Green Pharmacy	51 The Green					YES			YES			

Pharmacy Name	Address 1	Postcode	EHC	Chlamydia screening service	Stop smoking service	Supervised administration service	Needle exchange service	Palliative care drugs	Advice to care homes	Out of Hours service (rotas)	NHS health checks	Minor ailment scheme
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### Gloucestershire PCT

Your local Boots Pharmacy	Gloucester House	GL7 4AD		YES								
Assura Pharmacy Ltd	41 Long Street	GL8 8AA										
Boots The Chemists Ltd	39 - 43 Cricklade Street	GL7 1HY	YES	YES		YES	YES	YES		YES		
AD Byers The Pharmacy	High Street	GL56 0AL		YES		YES	YES			YES		
Cotswold Pharmacy	Market Place	GL54 3EG		YES	YES			YES		YES		
G Horton Ltd	7 Market Place	GL7 2NX		YES								
Lechlade Pharmacy	High Street	GL7 3AA		YES		YES		YES				
Lloyds Pharmacy	24 Ashcroft Gardens	GL7 1RB		YES						YES		
Lloyds Pharmacy	39 Long Street	GL8 8AA	YES	YES				YES				
The Laurels Pharmacy	3, The Laurels	GL7 5UA										
LM Ferro Limited	16 Chesterton Lane	GL7 1XQ	YES	YES	YES	YES		YES		YES		
Manor Pharmacy	3 The Chestnuts	GL54 2AN		YES						YES		
Robscott Limited	High Street	GL55 6HB	YES	YES				YES				
Stow Pharmacy Limited	Market Square	GL54 1BQ	YES	YES				YES				
Tesco In-store Pharmacy	Kings Meadow	GL7 1NP	YES	YES								

### Northamptonshire PCT

Jardines (UK) Ltd		MK19 6JA										
Lloydspharmacy		NN12 6HD				YES						
Lloydspharmacy		NN12 7BT	YES		YES	YES	YES					
Lowick Ltd		NN13 6EQ	YES		YES			YES				
Larkrise Pharmacy		NN13 6JR	YES		YES							
Boots Pharmacy		NN13 7DP	YES	YES	YES	YES	YES					
Roade Pharmacy		NN7 2NS	YES	YES	YES	YES						
Bugbrooke Pharmacy		NN7 3QN	YES	YES	YES			YES				
Knights Chemist Ltd		NN7 4PN										
Mid Counties Co-op Pharmacy		OX17 2PD										

### Swindon PCT

Boots Pharmacy	3 Brunel Plaza	SN1 1LF	YES	YES		YES	YES					
Lloyds Pharmacy	171 Victoria Road	SN1 3DF				YES						
Old Town Pharmacy	20 High Street	SN1 3EP									YES	

Lloyds Pharmacy	Health Centre	SN1 4GB	YES	YES		YES						
Lawn Pharmacy	56 Guildford Avenue	SN3 1JE	YES	YES		YES	YES				YES	
Lloyds Pharmacy	Unit 1	SN3 2GD	YES	YES		YES	YES	YES		YES	YES	
Kingswood Pharmacy	Kingswood Avenue	SN3 2RJ	YES	YES		YES	YES					
Rowlands Pharmacy	10 Sussex Square	SN3 3BJ				YES	YES					
Dorcan Health Centre PD Ltd	Eldene Health Centre	SN3 3RZ	YES	YES		YES					YES	
Boots Pharmacy	Unit 5-6	SN3 3SG	YES	YES		YES						
Lloyds Pharmacy	St Margaret's Chase	SN3 4BF				YES						
Lloyds Pharmacy	3 Covingham Square	SN3 5AA				YES						
R A Jephson Pharmacy	Barrett Way	SN4 9LW	YES	YES		YES		YES		YES	YES	
Highworth Pharmacy	4 Sheep Street	SN6 7AA				YES						
Home Farm Pharmacy	25 Newburgh Place	SN6 7DN	YES	YES								
Shrivenham Pharmacy	50A High Street	SN6 8AA	YES	YES		YES						
Sainsbury's Pharmacy	Oxford Road											
St John's Pharmacy								YES				

### Warwickshire PCT

Lloyds Pharmacy	51 High Street	B49 5AF	Yes		Yes			Yes				
Hopkins Pharmacy	4 Hopkins Precinct	B49 6AA			Yes	Yes						
The Bidford Pharmacy	17 High Street	B50 4BQ	Yes		Yes	Yes		Yes		Yes		
Studley Pharmacy	Pool Road Medical Centre	B80 7QU	Yes		Yes	Yes		Yes	Yes	Yes		
J B Dyhouse	135 High Street	B95 5AZ						Yes		Yes		
Harbury Pharmacy	High Street	CV33 9HW										
Wellesbourne Pharmacy	5 Kineton Road	CV35 9NE			Yes	Yes		Yes		Yes		
Alliance Pharmacy	12 Sheep Street	CV36 4AF	Yes			Yes	Yes	Yes				
Pharmacy To My Door	16 Watery Lane	CV36 4BE							Yes			
Boots	Unit D1 The Maybird Centre	CV37 0BT	Yes		Yes			Yes		Yes		
Tesco Pharmacy	Birmingham Road	CV37 0UA			Yes	Yes						
Boots	11 Bridge Street	CV37 6AB	Yes		Yes	Yes		Yes	Yes			
The Co-operative Pharmacy	21 High Street	CV37 6AU	Yes		Yes			Yes		Yes		
Avon Pharmacy	Arden Street	CV37 6HJ	Yes		Yes	Yes	Yes	Yes	Yes	Yes		
Lloyds Pharmacy	18 Rother Street	CV37 6LU	Yes		Yes	Yes		Yes				
Rowlands Pharmacy	Rother House Medical Centre	CV37 6PP				Yes		Yes				
Morrisons Pharmacy	Alcester Road	CV37 9DA				Yes	Yes	Yes				
Southam Pharmacy	1 Market Hill	CV47 0HE			Yes	Yes		Yes	Yes	Yes		

## APPENDIX 10: References

- 1 *Pharmacy in England: building on strengths – delivering the future.*  
Cmd 7341. April 2008.  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_083815](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083815)
- 2 *Equity and excellence: Liberating the NHS*  
Cm 7881. July 2010  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_117353](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353)
- 3 *Health Act 2009.*  
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[http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/DH\\_093280](http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/DH_093280)
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