

Pharmacy

Summer Survey Report



November 2024

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Acknowledgments

We would like to thank all of the individuals and organisations who have contributed to this Report. In particular our thanks to SpeakEasy NOW for their support in holding workshops with their members to discuss pharmacy services.

We would also like to thank the members of the Pharmaceutical Services Working Group for their support and knowledge which helped us with this project.

EXECUTIVE SUMMARY

ABOUT HEALTHWATCH WORCESTERSHIRE

Healthwatch Worcestershire (HWW) gathers feedback about local publicly funded health and care services and makes recommendations to those who run them about how they could be improved from a patient, service user and carer perspective.

INTRODUCTION

Why This Work

Community pharmacies have a key role as a universal, front-line service, which for many people is their first point of contact with health services if they are experiencing an ailment or minor illness.

Pharmacies may also provide a range of additional services including Pharmacy First, a new scheme which enables community pharmacists to supply prescription-only medicines to treat common health conditions without the need to visit a GP. For those who pay for their medication Prescription Prepayment Certificates may help to reduce costs.

We wanted to understand whether people have reasonable access to community pharmacy services in their local area, their awareness of the range of services that pharmacies provide and any barriers they are experiencing.

What We Did

We developed a Survey asking people about their experience of pharmacy services. The majority of the surveys were completed face to face at engagement events across Worcestershire. We particularly targeted events in areas where there are unmet health needs. The survey was also available digitally, with the link shared on our website, social media, and by partner organisations. In addition, SpeakEasy N.O.W., a learning disability support charity, ran nine workshops for their members in groups at locations across Worcestershire. They used key elements of the Survey as a basis for discussions around their member's experiences of pharmacy services.

Who We Heard From

We engaged with a total of **555 people**, including 55 members of Speakeasy NOW **500 people completed our Survey.**

The Survey was completed by more women than men. There was a spread of age ranges, with most responses from the 55-74yrs age group.

93% of respondents identify as being White British. Other ethnic groups (in order of prevalence) were -White European, White Irish, Indian, Pakistani. 25% of respondents considered themselves to have a disability or long-term health

condition. 28% of respondents struggled to pay a household bill some, most or all of the time.

Respondents were regular pharmacy users, with 62% using a pharmacy more than once a month.

55 people with a learning disability took part in 9 workshops in locations in all districts of Worcestershire.

Further detail can be found in the Main Report

WHAT WE FOUND OUT

Access to Pharmacy Services

Most respondents did not report any issues with accessing the pharmacy they use most regularly.

However, this was not universally the case. People with disabilities more frequently reported issues with transport, opening times, distance, communication and building access than other respondents

Those aged 35-64 (working age) experienced issues in respect of opening times, and those aged 75+ in respect of transport and distance.

People who struggled to pay household bills more frequently experienced issues with transport than those who were comfortable financially.

Comments mostly related to opening times (not open at the weekends, lack of access to early opening or late closing pharmacies, lunch time closures and pharmacy opening hours not aligning to GP surgeries), distance to their local pharmacy and issues with public transport in getting there, lack of confidentiality (a recurring theme) and difficulties with physical access to pharmacy premises.

Finding information about pharmacy services

14% of respondents did not know where to look for information about pharmacies.

Students, people who are unemployed and people who sometimes struggled to pay their monthly bills were less likely to know where to look for information than other respondents.

Of those that did most frequently people would look online for information (62%) or ask their pharmacist or GP (22%).

Medicine Availability

The majority of people (80%) told us that their medicine/s were available on collection all or most of the time, and when it wasn't pharmacists were usually able to resolve this.

However, comments about medicine availability showed that this can present difficulties for patients when stock issues cannot be easily resolved.

For some patients medicine supply issues were exacerbated by poor communication from the pharmacy. Patients were told that medication was

available to collect when this was not the case, others were not told that their medication was not in stock.

For people with learning disabilities changes to medication names/brands due to stock issues is a situation where clear communication from the Pharmacy is important to avoid confusion and potential medication errors occurring.

Pharmacy First

On 31st January 2024 the NHS introduced a scheme called Pharmacy First, which enables community pharmacists to supply prescription-only medicines, including antibiotics and antivirals where needed, to treat common health conditions without the need to visit a GP. From our conversations with people it became clear that many people had already been using pharmacy as their first point of contact for health advice when they or their family members had a minor ailment.

However, there is more to be done to promote Pharmacy First. While nearly half of respondents (48%) had heard of Pharmacy First there were variations in awareness across the respondents in respect of household activity, financial circumstances and age.

People who are unemployed, students, caring for their household or working full time were less likely to have heard of Pharmacy First than other respondents. Looking at household finances people who have struggled to pay a monthly bill were less aware of Pharmacy First than those who were more financially secure. Younger people (under 44s) were less aware of Pharmacy First than those aged 65+. Few people who attended the SpeakEasy N.O.W. workshops had heard of the scheme.

The introduction of the Pharmacy First scheme was welcomed by most. 74% of respondents who had not used the scheme told us that they would use it if they needed to. Of those who had used the scheme (n77) most had gone to the pharmacy themselves before using other health services.

People who are aged 74+ most frequently told us that they would not use the scheme. This aligns with the reason given most frequently by people who told us they would not use the service, people with complex medical conditions preferred to see a GP.

We asked all respondents, whether or not they had heard of the term “Pharmacy First” if they were aware of conditions which you could visit a pharmacy for under the scheme. The conditions which people were most aware of were sore throat (43%), insect bites (40%) and earache (38%). There was least knowledge of shingles (26%) as part of the scheme. Even those who were aware of the conditions covered by the scheme had little knowledge of the age restrictions which apply.

We heard of support for the Pharmacy First scheme, in particular the pressure it could take off GP surgeries. Comments also related to pharmacy staff delivering the service being helpful, patient and kind.

However, a number of respondents were concerned about the capacity of their pharmacy to take on additional services, and whether this would have knock on impacts on quality such as increasing waiting times and slowing down dispensing.

Additional Pharmacy Services

About three quarters of respondents knew that pharmacies offered returning unwanted medicines and blood pressure checks for the over 40s as additional services, about half were aware that some pharmacies can provide oral contraception without prescription.

Carers (those caring for children and unpaid carers) and those who struggled with household finances most or all of the time were less likely to be aware of the additional services that pharmacies offer than other respondents.

Some respondents (n32) told us that some pharmacies' offer flu / Covid vaccinations. Few other additional pharmacy services were mentioned by multiple respondents.

This reinforces the need for further promotion of additional pharmacy services.

Awareness of Prescription Prepayment Certificate

Prescription Prepayment Certificates can help to reduce costs for those who pay for their medication and require this on a regular basis.

The majority of respondents (63%) did not pay for their prescriptions.

Of those that do a quarter (n37) had not heard of the Certificate. Those aged 18-34 were least likely to have heard of a PPC.

41% (n61) of people who paid for their prescriptions had heard of the PPC but did not have one. The main reason given for not having a PPC was that they did not require medication regularly enough for the Certificate to offer value for money.

Comments about Pharmacy Services

We asked people if there was anything else they wanted to tell us about Pharmacy Services. We received 130 comments. Of these 56 were positive, 46 were negative and 28 were neutral.

Most of the positive comments that we heard related to the helpful friendly and professional nature of pharmacy staff, and the good service that pharmacies provide. People told us they value pharmacist knowledge and advice. Other services which received positive comments were pharmacists resolving complications / issues with medication and pharmacy prescription delivery services.

Negative comments mostly related to pharmacies being busy, having to queue and long wait times when collecting medication. Lack of confidentiality is another issue which attracted negative comments. Difficulties with communication covered communication between the GP surgery and the pharmacy, and between the pharmacy and the patient.

There was a general concern about shortage of pharmacists and about pharmacy closures. There was specific concern about pharmacy closures in Malvern, which respondents thought were putting pressure on other providers.

Many of the neutral comments related to use of online pharmacies, which people valued for speed and convenience. GP Dispensing practices were also mentioned as providing a valuable service for patients

CONCLUSION

Our Survey reveals that the majority of respondents appear satisfied with pharmacy services.

We received positive comments about pharmacy staff, and the service they provide. We heard praise for the knowledge and expertise of pharmacists and their willingness to try to resolve problems for patients. Services such as text messaging, and prescription delivery were welcomed.

Most people do not experience problems with accessing their usual pharmacy and would know where to look for information about pharmacy services. The majority of people told us that their medicine/s were available on collection all or most of the time, and when this wasn't the case pharmacists were usually able to resolve this.

Many people had already been using pharmacy as their first point of contact with health services when they or their family members had a minor ailment.

The introduction of the Pharmacy First scheme was welcomed by most. Of those who had used the scheme most had gone to the pharmacy themselves before using other health services. This indicates the potential to position community pharmacy in the public mind as the first port of call for healthcare advice for minor ailments, and to relieve some of the pressure on GP services.

Set against this overall positive picture it is worth noting that some groups experienced some difficulties with access, including those with disabilities, people of younger working age and those experiencing financial difficulties. Opening times, distance and transport were the issues about which we received most negative comments.

Whilst most respondents knew where to look for information about pharmacies 14% did not.

Most respondents were not able to suggest many additional services offered by pharmacy and a quarter of those who pay for their prescriptions had not heard of the Prescription Prepayment Certificate.

While just under half of respondents had heard of Pharmacy First there were variations in awareness in respect of household activity, people's financial circumstances and their age. Under half were aware of the conditions covered by the Scheme and most did not know about the age restrictions. Few SpeakEasy N.O.W. workshop attendees had any knowledge of Pharmacy First.

These findings point to the need for further generic and targeted promotion, information and awareness raising about the wider pharmacy offer.

Our previous work¹ tells us that whilst digital methods including social media are an important way of sharing information, there is still a need for printed materials. This is particularly relevant when considering those likely to experience health inequalities.

It is also important that information is available in a variety of formats and meet the requirements of the Accessible Information Standard.

There may also be scope for pharmacies to improve their communication with patients. Concerns about privacy and sharing personal information in the pharmacy setting was a recurring theme across the Survey. People with learning disabilities reported that how to take their medication was not always explained in a way they could understand.

Some respondents are worried about the capacity of pharmacy to take on additional services, and the impact this may have on the other services that they provide. Negative comments related to pharmacies being busy, having to queue and long wait times when collecting medication.

Overall pharmacies are a trusted, generally accessible source of health information and advice. There is an openness to community pharmacies taking on a broader role in the healthcare system through the provision of additional services, such as Pharmacy First.

To do so effectively will require improved information, communication and adequate resourcing. Otherwise pharmacies may risk losing the high level of public confidence they currently appear to enjoy.

RECOMMENDATIONS

- 1 Further promote information about pharmacy services to the public
- 2 Promote the additional services that pharmacies can provide
- 3 Consider how information about pharmacy opening times, including unplanned closures, can be better promoted to the public
- 4 Consider targeting information at: students, younger working age population, carers, people with disabilities and sensory impairments and people who are struggling financially
- 5 Pharmacy First - consider developing targeted information about particular conditions which can be aimed at difference target audiences - e.g. earache aimed at parents, UTI - women, Shingles - older people
- 6 Promote Prescription Prepayment Certificates, particularly to the 18 - 34 age group
- 7 Provide information in a range of formats, in accordance with the Accessible Information Standard
- 8 Consider how information can be made available to people whose first language is not English (including British Sign Language), and promote the availability of telephone-based community language interpreting services

¹ [Public Health Messaging in Worcestershire](#), Survey Report, 2023

- 9 Ensure all staff have an understanding of possible communication difficulties experienced by people with a learning disability, and are aware of how to communicate information clearly and effectively, in a way that meets people's individual needs, including checking that people understand the information given before they leave the pharmacy
- 10 Consider how pharmacies can increase the use of private consultation space, and reduce the discussion of personal information in front of other customers
- 11 Consider how additional services such as text messaging, delivery and collection services which are valued by patients can be expanded - noting that they are not currently part of the pharmacy contract
- 12 HW Integrated Care Board to ensure that pharmacies are adequately resourced to deliver existing and additional services.

PHARMACY - REPORT OF SUMMER SURVEY

1. Introduction

Healthwatch Worcestershire gathers feedback about local health and care services and makes recommendations to those who run them about how they could be improved from a patient, service user and carer perspective.

1.1 Why this work?

During the summer each year Healthwatch Worcestershire go out and about around the County visiting local events talking to people about their experiences of health & social care services. We particularly target geographies or communities who experience health inequalities. Every year we develop a short survey around a universal service. Our focus this year has been on Pharmacy services. This is because pharmacies have a key role as a universal, front-line service, which for many people is their first point of contact with health services if they are experiencing an ailment or minor illness.

The NHS has recently introduced a new scheme called Pharmacy First. Pharmacy First enables community pharmacists to supply prescription-only medicines, including antibiotics and antivirals where needed, to treat common health conditions without the need to visit a GP.

Worcestershire is also developing its Pharmaceutical Needs Assessment, to be published in 2025. This provides an analysis of whether current need for pharmacy provision is being met. Patient feedback is an important part of the picture, and it was recognised that there was an opportunity to gather feedback face to face, targeting areas of health inequalities.

In particular we wanted to understand:

- Whether people have reasonable access to pharmacy services in their local area and any barriers they are experiencing.
- Whether people are aware of the extra services available in their local pharmacy including Pharmacy First.
- Whether people are aware of the types of conditions covered and the age limitations for the Pharmacy First scheme.
- Whether people have used or would be willing to use the pharmacy instead of their GP - experiences and attitudes.
- Whether people are aware of the prescription pre-payment scheme and any feedback about it.

1.2 What we did

We developed a Survey asking people about their experience of Pharmacy Services. The Draft was shared with Worcestershire County Council Public Health Team, the

ICB Pharmacy lead and the Herefordshire & Worcestershire Local Pharmaceutical Committee for their comment.

The majority of the surveys were completed face to face at engagement events across Worcestershire including: Starting Well Partnership Sunshine Hub Relaunch, Kidderminster Pride, White Wicketts Park (KDYT), Worcester Show, Malvern Football Club, Worcestershire Children First Cared-for Young People Funday, Wallace House Engagement Day, AWM LGBTQ+ group, BDHT Community Days-Charford and Sidemoor, Community Housing The Walshes Family Event and Broadwaters Family Event, Platform Housing Summer Fun Event - Worcester, Starting Well Partnership Upton Fun Day and Lickhill Play Day, MS Support Group-Redditch, Breathe Easy Group- Redditch, Ecumenical Centre - Redditch, Onside Living Well Event - Evesham.

We had information about Pharmacy First and Pre-Payment Certificates available at these events to share with people.

The survey was also available digitally, with the link shared on our website, social media, and by partner organisations through Worcestershire Engagement Network, and to our Reference and Engagement Group via our Bulletin.

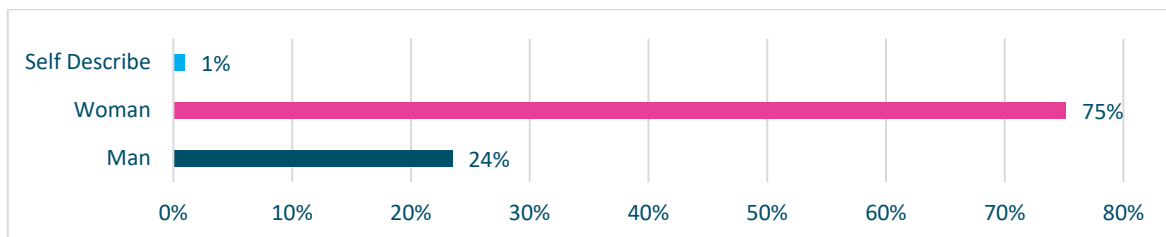
During September 2024, SpeakEasy N.O.W., a learning disability support charity, ran nine workshops for their members in groups at locations all over Worcestershire. They used key elements of the Healthwatch Worcestershire Pharmacy Survey as a basis for discussion and a starting point to hear their member's experiences of pharmacy services as people with learning disabilities.

1.3 Who we heard from

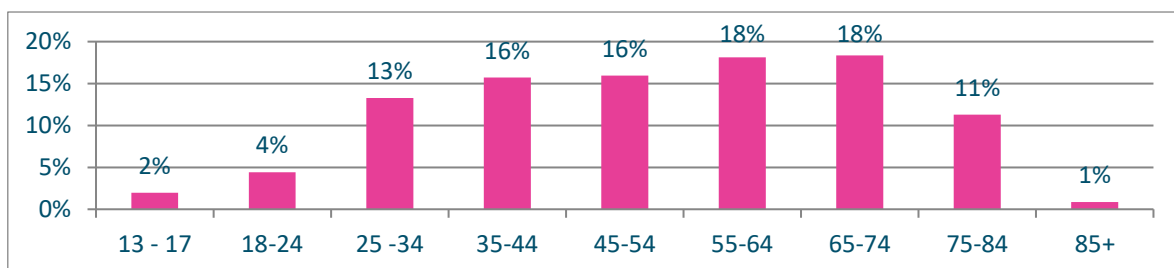
We engaged with a total of 555 people

500 people completed our Survey.

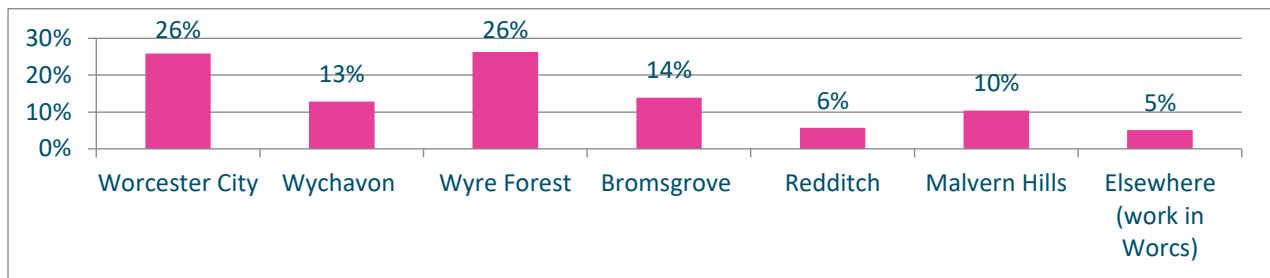
Gender of respondents:



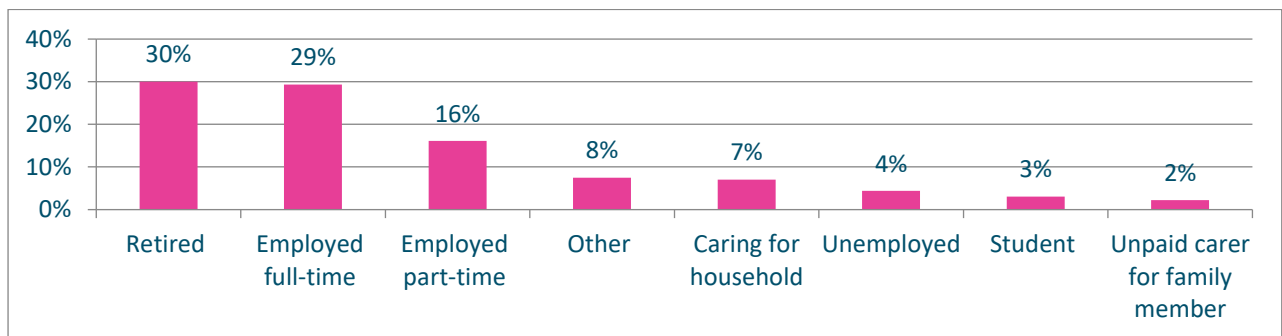
Age of respondents:



District where respondents live:



Main Activity of respondents:



Other responses included: self-employed, long term disability, and on sickness/maternity leave.

93% of respondents identify as being White British. Other ethnic groups (in order of prevalence) were -White European, White Irish, Indian, Pakistani.

7% described themselves as gay, lesbian, bisexual or asexual

25% of respondents considered themselves to have a disability or long term health condition

28% of respondents struggled to pay a household bill some, most or all of the time

55 people with a learning disability

55 members of Speakeasy NOW (a learning disability support charity) took part in 9 workshops in locations in all districts of Worcestershire.

Notes:

- *Not everyone taking the survey answered every question.*
- *Percentages may not add up to 100%.*
- *Where relevant we have reported on variations in response based on demographic characteristics.*
- *Responses reflect the views of the people we surveyed - they may not be representative of the Worcestershire population as a whole.*

2. Access to Pharmacy Services

2.1 Use of Pharmacy Services

62% of respondents are regular pharmacy users - 14% use a pharmacy once a week or more and 48% use a pharmacy once a month. Almost a quarter (24%) use a pharmacy occasionally or about once every 3 months. The remainder (13%) use a pharmacy once or twice a year or prefer to use online pharmacy services (2%).

2.2. Access to Pharmacy Services

Most respondents did not report any issues with accessing the pharmacy they use most regularly.

Issues	No issues	Some Issues	Significant issues
Distance	93%	6%	1%
Opening times	83%	17%	1%
Transport (e.g. parking, availability & cost of public transport)	85%	13%	2%
Steps/access to building (e.g. getting into the building, turning space for wheelchair etc)	96%	4%	0%
Confidential consulting space	86%	11%	3%
Communication	94%	5%	2%
Other access issues	89%	8%	3%

However, people who defined themselves as having a **disability** more frequently identified some/significant issues with access than other respondents in respect of:

- Distance (16%)
- Opening times (21%)
- Transport (28%)
- Building Access (8%)
- Communication (10%)

People **aged 75+** more frequently identified some/significant issues with access in respect of distance and transport than other respondents.

People **aged between 35 - 64** more frequently identified some/significant issues with access in respect of opening times than other respondents

People who sometimes, mostly or always experience **difficulties meeting household bills** more frequently identified some / significant issues with access in respect of **transport**.

2.3 Comments about access issues

We received **96 comments about access issues**. Comments have been themed. 5 comments were positive, 8 were neutral and 83 were negative. Some comments contained more than one theme.

Positive comments related to pharmacy staff, quick, responsive and efficient service, praise for delivery service.

Key themes are reported below in order of frequency. :

Opening times (35 comments) - comments related to pharmacies not being open at the weekends, lack of access to early opening or late closing pharmacies, lunch time closures and pharmacy opening hours not aligning to GP surgeries

“Closes at lunchtime for an hour. Closes at 4.30pm. If I have a late afternoon appointment with the doctor, I can't get medication until the next day” Survey respondent

“The fact that the pharmacy closes during lunch time is pure madness, that's when workers can visit. I understand people need lunch - but stagger them perhaps”.

“It's closed at lunchtime during weekdays and closed on Saturday morning, They are down to one pharmacist”

Distance / Transport (30 comments)

We received comments about the distance to their local pharmacy, people with a disability told us this was particularly an issue for them. People also experienced difficulties using public transport in order to go to their pharmacy. We also received 15 comments about difficulties with parking.

“It's too far away-I am not mobile-and it's not in walking distance. It takes 2 buses. They will deliver but there were delays and they didn't contact me”

Lack of confidentiality (17 comments)

Respondents reported a lack of confidentiality and discomfort about discussing personal issues in front of others.

“I've never been invited to use a private consulting room; I've always had to state my business (even personal) at the counter in front of everyone else”

Physical access to pharmacy premises (10 comments)

Some respondents noted difficulties they had physically accessing the pharmacy building or manoeuvring within the building once inside.

“There's not enough space inside to know where I can queue while using a mobility scooter. By the time I get down one of the aisles, I'm not at the end of the queue, so have to try to turn around (not easy), to get to the end of the queue”

Other matters that we received comments about are:

D/deaf awareness, getting through on the phone, poor communication.

2.3. Finding information about Pharmacy services

Most people who needed information about pharmacy services would look online (62%).

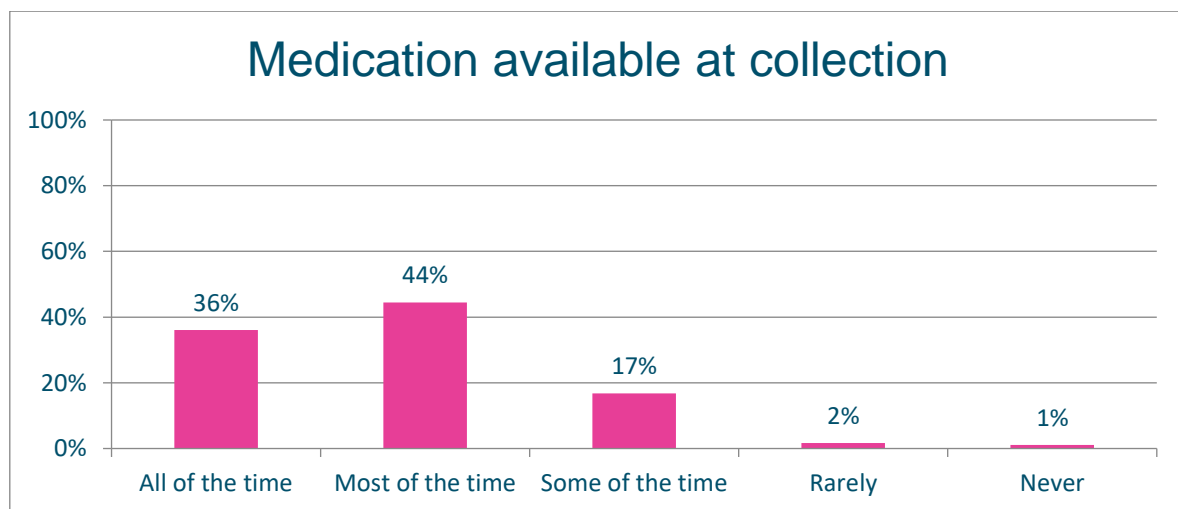
The next most popular option was asking at the pharmacy or their GP surgery (22%).

14% of respondents did not know or were unsure where to look for information.

Students, people who are unemployed and people who sometimes struggled to pay their monthly bills were less likely to know where to look for information than other respondents.

3. Medicine Availability

We asked respondents whether their medicine was available when they went to collect it.



80% reported that their medication was available at collection all or most of the time.

Looking only at those who said their medication was only sometimes, rarely or never available we asked whether the pharmacist had been able to resolve the situation.

60% of these respondents (n49) reported that this had been the case, however 40% (n32) reported that the pharmacist had not been able to resolve this.

3.1. Comments about medicine availability

Across the Survey we received 68 comments about medicine availability. These have been themed and are presented below.

Prescribed medication is out of stock / problems with supply (56 comments)

We received comments about the difficulties that patients had experienced due to medication being out of stock.

Some patients were told to return to the pharmacy in a few days when their medication would be available. Others were told that stock issues related to national shortages of a particular medication.

We heard that patients were sometimes asked to go back to their GP so that a different medication which was available could be supplied.

For some patients medicine supply issues were exacerbated by poor communication from the pharmacy. Patients were told that medication was available to collect when this was not the case, others were not told that their medication was not in stock.

Some patients reported having to visit a different pharmacy, or several pharmacies, to find the medication they needed.

Other issues reported were communication issues between GP and pharmacy about the medication (5 comments), no pharmacist available so prescriptions could not be dispensed (2 comments), regulations relating to medicine dispensation (2), issues converting electronic prescriptions to paper copies that the patient can take elsewhere (2), patient taking increased dosage of medication as it is no longer available in the original quantity prescribed (1)

“Medicine shortages are a real problem. This is a national problem and can’t really be solved locally. I order my repeat prescription in advance and EVERY time I go to collect they never have all my items, and I have to go back”

“I received a text saying my meds were ready to collect, but the most important one was not ready. I left it a week and it still wasn’t ready. I didn’t have time to wait as I was on my way to work. I went a third time a week later and they told me they had not got the meds due to a problem with the supplier. Couldn’t they have told me that earlier? I went two weeks off the meds because of this and then had the nausea associated with starting the meds. I was lucky this med is not life critical!”

4. Pharmacy First

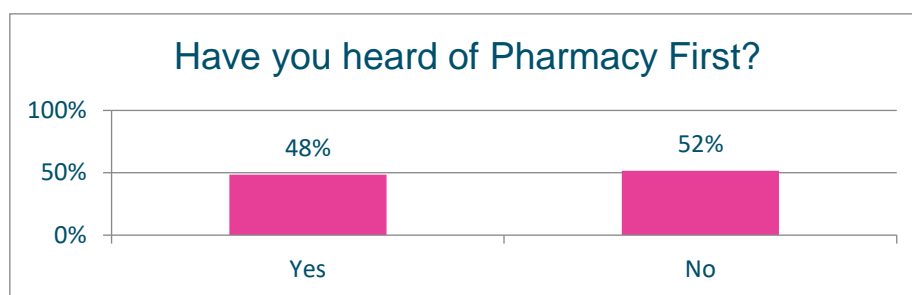
The NHS has introduced a scheme called Pharmacy First. Pharmacy First enables community pharmacists to supply prescription-only medicines, including antibiotics and antivirals where needed, to treat common health conditions without the need to visit a GP.

Conditions which can be treated are:

Condition	Who can be seen?
Sinusitis	Age 12yrs +
Sore throat	Age 5yrs +
Earache	Age 1 - 17 yrs
Infected insect bite	Age 1yr +
Impetigo (a bacterial skin infection)	Age 1 yr +
Shingles	Age 18 yrs +
Uncomplicated urinary tract infections in women	Age 16 - 64 yrs

4.1. Awareness of Pharmacy First

Just under half of our respondents had heard of Pharmacy First (48%)

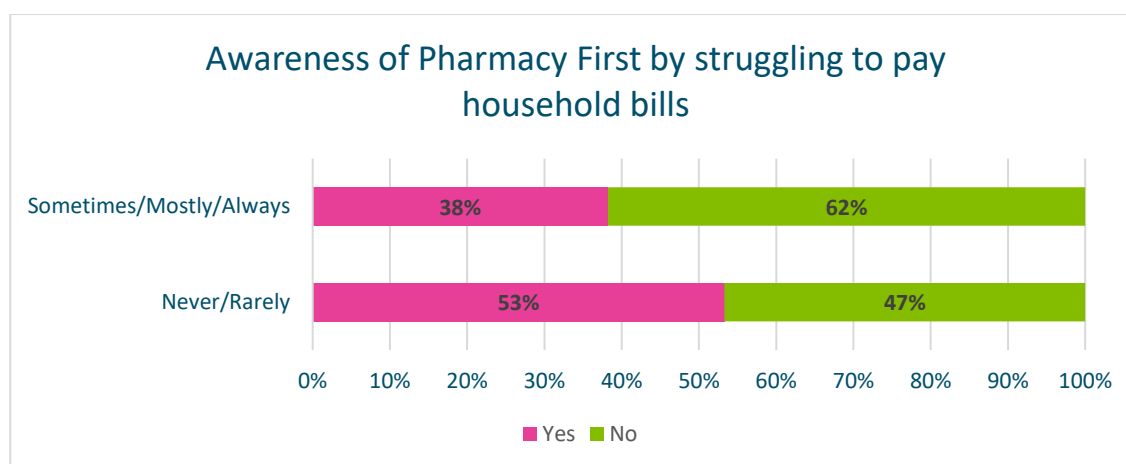


There were no particular differences in terms of gender.

People who are unemployed (65%), students (64%), caring for their household (63%), working full time (60%) or who had a disability (59%) were less likely to have heard of Pharmacy First than other respondents

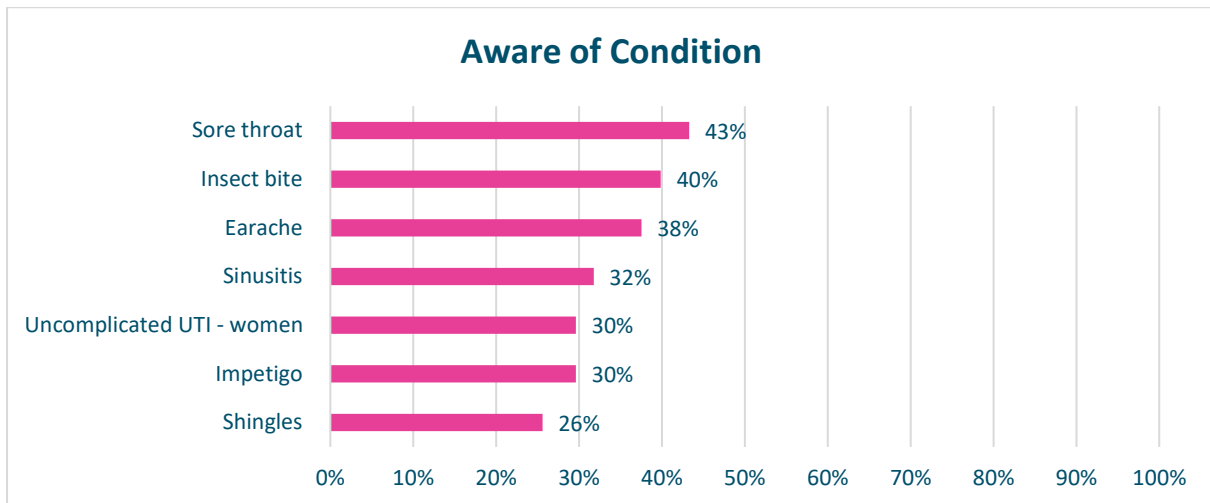
The **age group who were most aware** of Pharmacy First were those aged 65 -74yrs (72%). People aged 18-24 (35%) and 35- 44 (32%) were least aware of the scheme compared with other age groups.

Looking at household finances people who have **struggled to pay a monthly bill were less aware** of Pharmacy First than those who were more financially secure.



We asked all respondents, whether or not they had heard of the term “Pharmacy First” if they were aware of conditions which you could visit a pharmacy for under the scheme.

We asked this question to everyone as it was clear that some people were unaware of the name of the scheme, but did have knowledge of the conditions for which a pharmacist could prescribe.



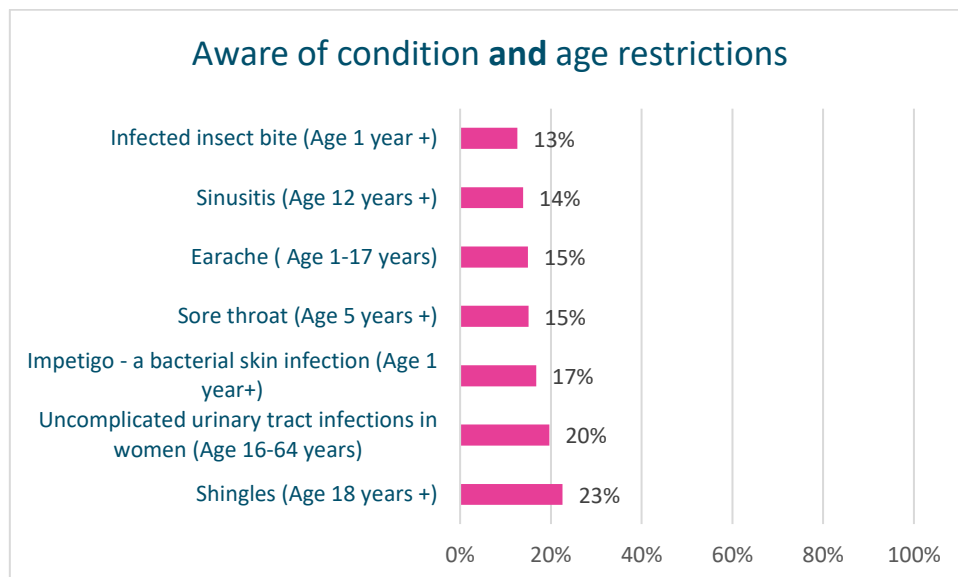
The chart shows that the conditions which people were most aware of were:

- Sore throat (43%)
- Insect bites (40%)
- Earache (38%)

There was least knowledge of shingles (26%) as part of the scheme.

We asked only those people who were aware of a particular condition if they knew of the age restrictions in place under the Pharmacy First scheme.

The chart shows that there is limited knowledge of age restrictions amongst respondents who were aware of the conditions which can be treated.

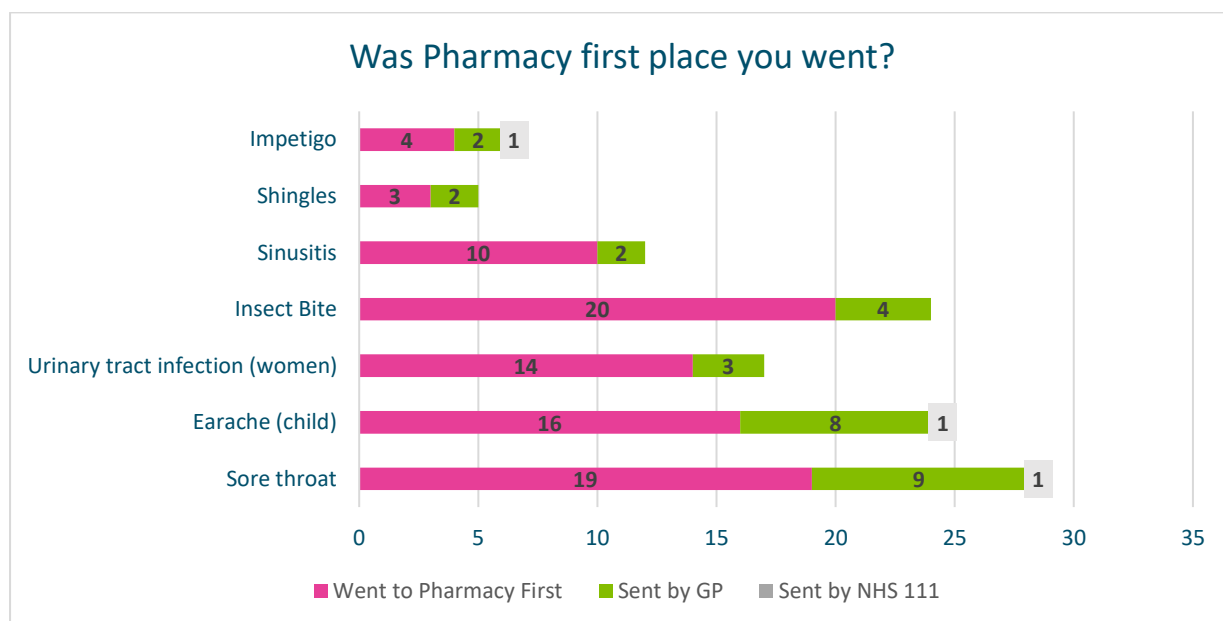


These findings suggest that more could be done to target information about the scheme at the specific groups identified and to promote the detail of what the scheme provides.

4.2. Use of Pharmacy First

17% of respondents (n77) had used Pharmacy First.

Most respondents had gone to the Pharmacy themselves before using other health services. Some were sent by their GP practice and a few by NHS 111



74% (n332) of respondents had not used the service, however these respondents told us they would use it if they needed to.

9% (n41) told us that they would not use the Pharmacy First service. Where a reason was given these are set out below:

- GP should diagnose and treat these conditions, not a pharmacist - 13
- Person has complex medical conditions and prefer medication to be prescribed by a GP - 9
- Pharmacy is not the right setting to discuss personal/medical information - 8
- Pharmacists are busy (e.g. dispensing medication) - 4
- No confidence in pharmacist to diagnose and treat these ailments/conditions - 3

People aged 74+ more frequently told us that they would not use Pharmacy First than respondents in other age groups.

4.3. Comments about Pharmacy First

Over the course of the Survey we received 42 comments about Pharmacy First.

Support for Pharmacy First Scheme (11 comments)

We heard of support for the Pharmacy First scheme, in particular the pressure it could take off GP surgeries. Comments also related to pharmacy staff delivering the service being helpful, patient and kind.

“Very helpful and good advice. Don’t think it could be better”

“My wife and I have a fabulous relationship with our pharmacy and would have no problem in asking for advice on any medical issues. Also we understand the great pressure our doctors and nurses are under ... so ‘we’ all work together”

Concerns about Pharmacy First (31 comments)

A number of respondents were concerned about the capacity of their pharmacy to take on additional services, and whether this would have knock on impacts on the quality of delivery of other pharmacy services such as waiting times and dispensing.

“They are having to do so much more so I am concerned about their capacity”

Others identified a lack of information about the scheme both within pharmacies and in GP surgeries.

“My pharmacy has no signs up about Pharmacy First - they are not inviting questions, but they do it if you ask”

“I actually tried to use it but staff (including the pharmacist) did not know about it! I explained what the service was for but ended up at the GP in any case”

“Information about Pharmacy First should be advertised in GP waiting areas”

A number of people stated their preference to see a GP rather than a pharmacist, and a few said they were not confident in pharmacists’ training/ability to prescribe. A few people said they would use the scheme for themselves as an adult but not for children.

“I wouldn’t go to a pharmacist first - I still want to see a GP”

“Concerned about the level of training to diagnose ailments rather than supply medication”

A few respondents reported that they had received inappropriate treatment or had an unsatisfactory experience of the Pharmacy First scheme. We were also told that patients were wrongly referred to Pharmacy First by NHS 111 as they did not meet the age criteria for the service.

“NHS 111 refers inappropriate patients to the uncomplicated UTI service. My wife was referred 3 times in a 24-hour period even though she is over 64 years of age... the algorithm is incorrect in that the health advisor is not prompted to ask the patients age before referring them to the pharmacy”

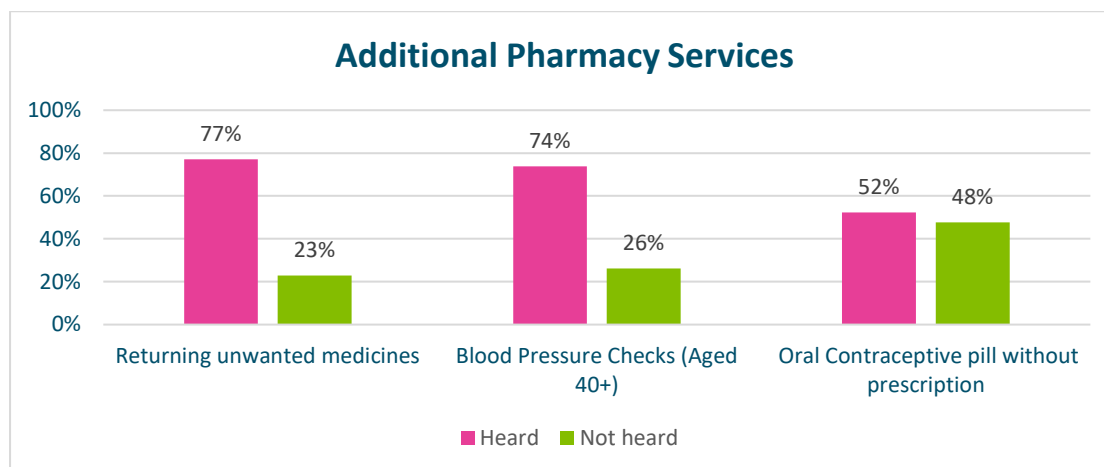
“I’ve used Pharmacy First a few times now and not all pharmacies run it in the same way. Pharmacists have been unsure if and when to prescribe, consultations have not been private and one of the pharmacies who are Pharmacy First did not have the appropriate member of staff trained to help, so I had to go elsewhere.”

5. Additional Pharmacy Services

5.1. Additional Pharmacy Services

We asked whether people were aware of some of the additional services provided by some pharmacies.

Most people (77%) knew that you can return unwanted medicines to pharmacies, 74% were aware that some pharmacies offer blood pressure checks to people aged 40+, fewer were aware of oral contraception without prescription. Surprisingly a smaller proportion of women (51%) than men (56%) were aware of this service.



Carers (those caring for children and unpaid carers) and those who struggled with household finances most or all of the time were less likely to be aware of the additional services that pharmacies offer than other respondents.

People also told us they were aware of the following services delivered by some pharmacies:

- Flu / Covid Vaccinations - 32
- Diabetes Check - 4
- New Medicine Review - 3

Travel inoculations, Needle exchange or return, Substance Misuse medication and medicine delivery were all mentioned twice.

Stop smoking support, asthma check, homeopathy enquiries, cholesterol check were mentioned once each.

5.2. Use of additional services

38% of all respondents reported that they had returned unused / unwanted medicines to pharmacies in the last 12 months. 15% had accessed blood pressure checks and 5% had obtained oral contraception without prescription.

People told us that there have been changes to how unwanted medicines are returned to pharmacies, which were acting as a disincentive to some.

“Returning unwanted medicines is more complicated now, you’ve got to take them out of packets”

6. Prescription Prepayment Certificate (PPC)

6.1. What is a Prescription Prepayment Certificate (PPC)?

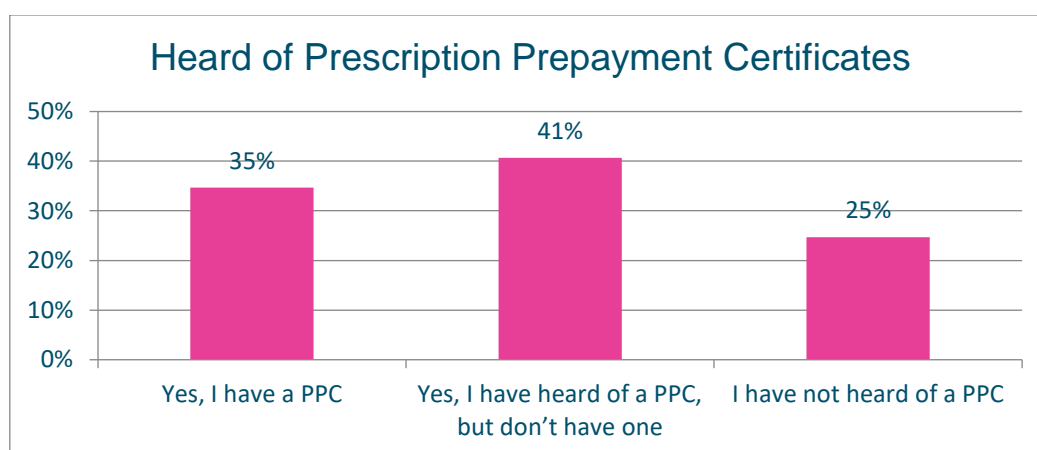
From 1 May 2024 the NHS Prescription Charge is £9.90 per item. If you regularly pay for NHS prescriptions, you can save money by paying for them in advance. A standard Prescription Prepayment Certificate (PPC) lets you get as many NHS prescriptions as you need at a set price.

- A 3-month Certificate currently costs £32.05. This will save money if you need 4 or more items in 3 months.
- A 12-month Certificate costs £114.50. This will save money if you need 12 or more items in a year.
- A Hormone Replacement Therapy Certificate is available. This costs £19.80. This will save money if you need more than two eligible HRT medicines in 12 months.

6.2. Awareness of Prescription Prepayment Certificates (PPC)

The majority of respondents (63%) do not pay for their prescriptions.

We asked the 35% (n162) who do pay for their prescriptions whether they had heard of a Prescription Prepayment Certificate (PPC).



35% (n52) already had a Certificate

A quarter (n37) had not heard of the Certificate. Those aged 18-34 were least likely to have heard of a PPC.

41% (n61) of people who paid for their prescriptions had heard of the PPC but did not have one.

6.3. Reasons given for not having a Prescription Prepayment Certificate

We asked people who had heard of the Certificate but did not have one what was the reason for this. Where a reason was given these are presented in order of frequency below.

Reason	Number
Not confident that a Certificate would offer value for money	33
Don't need it, no regular medication	10
Intend to buy a Certificate, but have not done so yet	4
The upfront cost of a Certificate is too high	2
Unsure how / where to buy a Certificate	2

7. Comments about Pharmacy Services

We asked people if there was anything else they wanted to tell us about Pharmacy Services. We received 130 comments. Of these there were:

- Positive sentiments - 56
- Negative sentiments - 46
- Neutral comments - 28

Positive comments

Most of the positive comments that we heard related to the helpful friendly and professional nature of pharmacy staff, and the good service that pharmacies provide. People told us they value pharmacist knowledge and advice.

“Pharmacies have always been very good to me. Loads of information and help when needed. Professional, non-judgmental and made me feel safe. Great staff and services”

“My new pharmacist is very on the ball - they identified I was on the wrong meds and got me to check with the doctor who changed my diagnosis and meds”

“I make full use of my pharmacist, but I don't think everyone does. They are very knowledgeable”

Particular pharmacies were named and praised by patients.

“I like having a local pharmacy which is independent and has a few staff who all know me and my name and my meds”

“My local one is amazing. Friendly staff, excellent service, and they care a lot”

Other services which received positive comments were:

Pharmacists resolving complications / issues with medication

“If an emergency supply is needed the pharmacist sorts it out straight away”

Text messaging service when prescriptions are available for collection

“My local pharmacy text when the prescription is ready. This significantly saves patient time”

Pharmacy prescription delivery service

“Our pharmacy ... delivers our medications. If I phone on a Friday I usually receive it on a Monday or Tuesday. Fantastic! And free!”

Ability to collect prescriptions from a vending machine

“I collect [medication] from a machine outside the pharmacy, I get a text message to collect and a pin number”

Negative Comments

Negative comments mostly related to pharmacies being busy, having to queue and long wait times when collecting medication. Lack of confidentiality is another issue which attracted negative comments.

“The queues and waiting times are too long, so then it’s hard to request a private consultation with the pharmacist. It would be good to be able to book this in advance.”

“They are a very good pharmacy but very small. The staff are amazing but there are always massive queues. You can hear conversations from the consulting room when you are stood in the queue so it’s not private”

“Pharmacy in a small space. Always busy with long queues. Lack of confidentiality unless taken into a room, which doesn’t happen”

Difficulties with communication was another issue raised. Comments covered communication between the GP surgery and the pharmacy, and between the pharmacy and the patient.

“The community pharmacy next to the GP could not help [to resolve a medication issue] as their computer systems are different”

“My pharmacy will not update me on the progress of obtaining the medicine and so I have to chase them up myself”

There was a general concern about shortage of pharmacists and about pharmacy closures.

“Not enough staff, only 1 pharmacist. Staff that are there are kind and helpful”

“Pharmacy services are under pressure - not enough continuity of staff”

There was specific concern about pharmacy closures in Malvern, which respondents thought were putting pressure on other providers.

“Startling recently diminished choice in Malvern. Pharmacists in [local area] seemingly overwhelmed and evidently struggling to meet demand”

Some of the regulatory restrictions on dispensing medication did not make sense to patients.

“When they can’t obtain any of my repeatedly prescribed medications I am left with the task of trying to go back to my GP to seek a substitute. It would be far more helpful (and far more efficient as a way of delivering primary care) if the pharmacy were incentivised to liaise with the GP to resolve the problem or to prescribe an appropriate substitute for me”

Neutral Comments

Many of the neutral comments related to use of online pharmacies, which people valued for speed and convenience.

GP Dispensing practices were also mentioned as providing a valuable service for patients.

Other comments were statement of facts about people's use of pharmacy.

“Using online pharmacy services more and more, quicker than using a GP”

“I use online pharmacies because they deliver”

“I almost exclusively use the dispensary at my GP surgery”

8. SpeakEasy N.O.W. - Pharmacy Services Workshops

A total of 55 people with learning disabilities took part in 9 workshops run by SpeakEasy N.O.W. in locations in all districts of Worcestershire. They used key elements of the Healthwatch Worcestershire Pharmacy Survey as a basis for discussion and a starting point to hear their member's experiences of pharmacy services as people with learning disabilities.

We would like to thank SpeakEasy N.O.W. for helping us ensure their members could contribute to our Pharmacy Services project.

For more detailed results from these workshops please see our Spotlight Report available on our website. There is also an Easy Read version of these findings.

8.1 Using a Pharmacy

SpeakEasy workshop participants are regular pharmacy users. Nearly half (47%) used a pharmacy monthly, and a quarter of our respondents (24%) used a pharmacy weekly.

Respondents generally find pharmacies easy to access.

Some (13%) said that there were some issues with the distance and being able to get to the pharmacy easily.

There were also significant difficulties highlighted around **parking** for some (13%) people. It is not possible to ascertain if these were the same people that had said there were issues getting to the pharmacy due to distance.

8.2. Communication

We asked people to tell us about their experiences of talking with the pharmacist, or other staff at the pharmacy. Comments from workshop participants are recorded here grouped into themes; positive, neutral and negative experiences.

Positive experiences (5 comments)

“They listen to me.”

“I asked advice, went into a consultation room, gave good advice.”

“They tell me what to take.”

“They have a private consultation room I feel that you can ask them anything.”

“Yes, I have asked the pharmacist for advice about my medication, and they explained how to take it so I understood.”

Negative experiences (11 comments)

“They haven’t explained about the medication properly. They don’t explain in a way that I understand. My Mum is the one that asks the questions.”

“Staff not good at explaining. Some doctors explain things better. Having to repeat yourself.”

“Usually pharmacist just gives me prescription, they do not explain.”

“Feel rushed. They don’t understand me.”

“Feel patronised and like they don’t listen.”

“Having to queue for ages.”

“They messed up my medication and gave me someone else’s instead of my own.”

“My chemist hasn’t got a consultation room.”

“Sometimes they just give me meds without explaining.”

“Mine hasn’t got a private room.”

“They don’t explain when to take meds.”

Neutral experiences (11 comments)

“Covid jab - used the side room.”

“Went into consultation room for my covid jab.”

“I’ll be going for flu jab at the local chemist in October.”

“There are instructions on the box - my doctor told me how to take meds.”

“I usually go with my Mum, tells me what to take.”

“My Mum needed to discuss something and they went to a private room.”

“Doctor tells me how to take tablets, I take with water.”

“I don’t speak to the pharmacist directly.”

“My Dad collects them.”

“Morning and evening medication.”

“Support staff pick up meds, have a dosette box. Staff explained what to take and when.”

Unfortunately, when we asked about communication in the pharmacy, there were around double the number of negative experiences (n=11) compared to positive experiences (n=5). People with learning disabilities have reported feeling patronised and not listened to or understood. They have said they felt rushed and how to take their medication was not explained in a way they could understand.

8.3. Medicine Supply

Most of the SpeakEasy workshop participants (n37, 68%) said that their medication is available for collection either ‘all of the time’ (53%) or ‘most of the time’ (15%).

Comments from workshop participants are recorded here grouped into themes; positive, neutral and negative experiences.

Positive comments (none recorded)

Neutral comments (3)

“Sometimes we have it delivered.”

“Sometimes its easier to ring up first to check it’s in stock.”

“I like to order early to make sure I have enough when I go on holiday.”

Negative comments (8)

“Can’t get the stock sometimes.”

“Sometimes I get an IOU and go back in a few days.”

“For the past few months they have rarely had one of my meds.”

*“Sometimes I have same tablets but they are a different name/brand and it can be confusing.”

“I dropped a tablet and couldn’t take but it is hard to get just 1 tablet to replace.”

“I have now changed pharmacy because my old one never had prescription ready or had right meds.”

“Not always available.”

“Shortage.”

“Medication from America need to order in.”

*The comment regarding changing name/brand of meds is of particular concern for people with learning disabilities (or others, e.g. older people, or those for whom English is not their first language, who might also find this confusing). This is a situation where clear communication from the Pharmacy is important to avoid confusion and potential medication errors occurring.

8.4 Pharmacy First

Pharmacy First lets community pharmacists supply prescription-only medicines, including antibiotics, where needed to treat common health conditions.

Awareness of Pharmacy First was low (n5, 9%) amongst the SpeakEasy N.O.W. workshop participants. 85% said they had not heard of it.

Although awareness of and numbers who have used Pharmacy First were very low, willingness amongst workshop participants to use it in the future was much higher - over 50%. Positive comments included:

“It sounds really helpful.”

“I will use it in the future.”

“Now I know, I will go to a pharmacist.”

Of those reluctant to use the service, some said they would prefer to stick with the GP and others were still unsure of what conditions the pharmacist could help with, or uncertain they would know what condition they had.

“Would prefer to go to GP.”

“Difficult to know what I can and can’t go for. Sometimes I don’t know what it is.”

8.5 Comments about Pharmacy Services

Neutral comments (1)

“Sometimes you have to go back and collect.”

Negative comments (8)

“Would prefer to go to GP.”

“Didn’t inform me of medication change when needed it.”

“My doctors has very long waiting times on the phone for appointment sometimes it is one or two hours.”

“Need to advertise more.”

“My pharmacy slow at getting my medication.”

“Difficult to know what I can and can’t go for. Sometimes I don’t know what it is.”

The Government have published Guidance about how pharmacy can make reasonable adjustments to services for people with learning disabilities. This guidance provides advice and information about many of the issues raised in the workshops.

[Pharmacy and people with learning disabilities: making reasonable adjustments to services](#)

9. Conclusions

Our Survey reveals that the majority of respondents appear satisfied with pharmacy services.

We received positive comments about pharmacy staff, and the service they provide. We heard praise for the knowledge and expertise of pharmacists and their willingness to try to resolve problems for patients. Services such as text messaging, and prescription delivery were welcomed.

Most people do not experience problems with accessing their usual pharmacy and would know where to look for information about pharmacy services. The majority of people told us that their medicine/s were available on collection all or most of the time, and when this wasn't the case pharmacists were usually able to resolve this.

Many people had already been using pharmacy as their first point of contact with health services when they or their family members had a minor ailment.

The introduction of the Pharmacy First scheme was welcomed by most. Of those who had used the scheme most had gone to the pharmacy themselves before using other health services. This indicates the potential to position community pharmacy in the public mind as the first port of call for healthcare advice for minor ailments, and to relieve some of the pressure on GP services.

Set against this overall positive picture it is worth noting that some groups experienced some difficulties with access, including those with disabilities, people of younger working age and those experiencing financial difficulties. Opening times, distance and transport were the issues about which we received most negative comments.

Whilst most respondents knew where to look for information about pharmacies 14% did not.

Most respondents were not able to suggest many additional services offered by pharmacy and a quarter of those who pay for their prescriptions had not heard of the Prescription Prepayment Certificate.

While just under half of respondents had heard of Pharmacy First there were variations in awareness in respect of household activity, people's financial circumstances and their age. Under half were aware of the conditions covered by the Scheme and most did not know about the age restrictions. Few SpeakEasy N.O.W. workshop attendees had any knowledge of Pharmacy First.

These findings point to the need for further generic and targeted promotion, information and awareness raising about the wider pharmacy offer.

Our previous work² tells us that whilst digital methods including social media are an important way of sharing information, there is still a need for printed materials. This is particularly relevant when considering those likely to experience health inequalities.

² Public Health Messaging in Worcestershire, Survey Report, 2023

It is also important that information is available in a variety of formats and meet the requirements of the Accessible Information Standard.

There may also be scope for pharmacies to improve their communication with patients. Concerns about privacy and sharing personal information in the pharmacy setting was a recurring theme across the Survey. People with learning disabilities reported that how to take their medication was not always explained in a way they could understand.

Some respondents are worried about the capacity of pharmacy to take on additional services, and the impact this may have on the other services that they provide. Negative comments related to pharmacies being busy, having to queue and long wait times when collecting medication.

Overall pharmacies are a trusted, generally accessible source of health information, advice. There is an openness to community pharmacies taking on a broader role in the healthcare system through the provision of additional services, such as Pharmacy First.

To do so effectively will require improved information, communication and adequate resourcing. Otherwise pharmacies may risk losing the high level of public confidence they currently appear to enjoy.

10. Recommendations

- 1 Further promote information about pharmacy services to the public
- 2 Promote the additional services that pharmacies can provide
- 3 Consider how information about pharmacy opening times, including unplanned closures, can be better promoted to the public
- 4 Consider targeting information at: students, younger working age population, carers, people with disabilities and sensory impairments and people who are struggling financially
- 5 Pharmacy First - consider developing targeted information about particular conditions which can be aimed at difference target audiences - e.g. earache aimed at parents, UTI - women, Shingles - older people
- 6 Promote Prescription Prepayment Certificates, particularly to the 18 - 34 age group
- 7 Provide information in a range of formats, in accordance with the Accessible Information Standard
- 8 Consider how information can be made available to people whose first language is not English (including British Sign Language), and promote the availability of telephone-based community language interpreting services
- 9 Ensure all staff have an understanding of possible communication difficulties experienced by people with a learning disability, and are aware of how to communicate information clearly and effectively, in a way that meets people's individual needs, including checking that people understand the information given before they leave the pharmacy³
- 10 Consider how pharmacies can increase the use of private consultation space, and reduce the discussion of personal information in front of other customers

³ See: [Pharmacy and people with learning disabilities: making reasonable adjustments to services](#), Gov UK, 2017

- 11 Consider how additional services such as text messaging, delivery and collection services which are valued by patients can be expanded - noting that they are not currently part of the pharmacy contract
- 12 HW Integrated Care Board0 to ensure that pharmacies are adequately resourced to deliver existing and additional services.