

How Norfolk pharmacies are working for you

June 2023

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Summary

Throughout March and April 2023 we visited pharmacies and dispensaries across Norfolk to speak with service users and find out what was working well and what could be improved for service users. We also shared an online survey for people who we did not see on the day of our visit or were users of pharmacies we did not visit. In addition to this we asked professionals working in pharmacies and doctors' surgeries about their relationship with each other and how communication between them could be improved.

We spoke to or received survey responses from 1,093 pharmacy users in Norfolk. We also heard from 46 professionals working in surgeries or pharmacies.

From this work we found out that most people were generally happy with their experiences at their pharmacy rating it as either four or five stars out of five. In general, if service users were happy with their experience they had fewer comments to make because everything was working as well as they expected.

The most common theme in service user responses was around how they were treated by staff, often they were treated well and found them kind, helpful, and able to answer their questions. If they found staff attitudes poorer this seemed to cause frustrations and unhappiness with the pharmacy.

Other themes for service users included:

- Pressures on the system such as staff shortages, medication shortages, and unexpected closing of pharmacies.
- Waiting time, including waiting time after arriving at the pharmacy and the number of days they had to wait prescriptions to be prepared.

- Processes and communication, both between the pharmacy and service user and with doctors' surgeries.
- Convenience of the pharmacy and the services offered.
- Appearance and facilities.

From professionals we heard that most of them felt the relationship between surgeries and pharmacies in the last five years had got worse. The main themes in responses were centred on system pressures and communication between the two.

Following this work we recommended (full recommendations on page 32):

1. Norfolk and Waveney Integrated Care Board to provide opportunities and encourage greater communication between Norfolk surgeries and pharmacies.
2. Norfolk Local Pharmaceutical Committee to continue to provide opportunities and encourage communication between Norfolk pharmacies.
3. Pharmacies to take greater responsibility for communicating with service users and to actively communicate through appropriate methods for example using social media, local newsletters, and text updates. Including updates on changes to opening hours or service provision.
4. The Pharmaceutical Needs Assessment (PNA) should consider our findings in their ongoing assessment of need.
5. Norfolk and Waveney Integrated Care Board to further explore the current resourcing of pharmacies in Norfolk, including ensuring appropriate staffing levels and funding in this area.

Why we looked at this

Background

During our summer 2022 targeted engagement we visited doctors' surgeries in Norfolk to find out about patient experiences. From this work we heard about difficulties for patients accessing other primary care services such as pharmacies and dentistry. Recognising this pressure on the wider system we recommended that we explore patient experiences at other front door health services, such as pharmacies, to ensure that there is sufficient and satisfactory support available for Norfolk residents. Therefore this targeted engagement explored patient experiences at pharmacies in Norfolk.

In addition to this, in the most recent Pharmaceutical Needs Assessment (Norfolk County Council, 2022) it was concluded that:

"Provision of current pharmaceutical services and Locally Commissioned Services are well distributed, serving all the main population centres. There is excellent access to a range of services commissioned from pharmaceutical service providers. As part of this assessment no gaps have been identified in provision either now or in the next three years for pharmaceutical services deemed necessary by the Norfolk HWB."

We wanted to find out about patient experience and ensure that these experiences reflect this conclusion.

Aims and objectives

- To find out what is working well and what could be improved for service users of pharmacies in Norfolk.
- To find out how health professionals working in pharmacies and doctors' surgeries felt about their relationship and how they could work together in the future to improve service user experiences.

How we did this

Survey creation

Public survey

We created a survey based on our general engagement feedback form. This ensured we were also able to add any pharmacy feedback we collected onto our website feedback centre and add to our database of patient and service user feedback to help monitor services in Norfolk.

The survey asked for a star rating of their overall experience at the pharmacy out of five (with five being outstanding). We also asked what was good and what could be improved at their pharmacy. The full survey can be found in Appendix 1.

Professional survey

We worked with the Norfolk Local Pharmaceutical Committee (LPC) to create a survey for professionals. The survey was the same for health professionals working in either a pharmacy or a doctors' surgery. The survey asked them about their relationship with their local pharmacy or surgery as appropriate and for any suggestions on how communication could be improved and suggestions for sharing learning between them. The full survey can be found in Appendix 2.

Ethical considerations

All survey responses for the public and professional survey were voluntary. Respondents were given an explanation of this pharmacy engagement, how their responses would be used, and were asked to give their consent to taking part. They were able to remain anonymous and we have removed any identifying information from quotes used in this report.

Engagement

Pharmacy visits

We sent letters to the pharmacies we were going to visit explaining who we are, the pharmacy engagement work, and the date and time we would be visiting to speak with service users. In total we visited 30 pharmacies throughout March and April 2023, one of which was closed and we did not have time for a return visit, another was closed but we still got some feedback and then returned on another date. This sample included surgery dispensaries, hospital pharmacies, and community pharmacies. From these visits we collected at least 29% (316) of the overall responses to the survey.

During these visits we spoke with people who were visiting the pharmacy, we also shared a QR code to the survey for those unable to complete the survey at that time.



Figure 1. Poster shared on social media and at engagement events to promote the survey.

Online and social media

We shared the public survey on our website, through social media, and our newsletter. The survey was also shared on many doctors' surgeries websites, 54%

(590) of survey respondents told us they heard about the survey through their surgery website.



Figure 2. Video produced and shared online to promote the pharmacy survey.
Link to video: <https://www.youtube.com/watch?v=pu5J4z23b9I>.

In addition to sharing the survey for feedback, we also visited Pledger Pharmacy in Horsford and worked with the team to explain the process to help people understand the range of checks and tasks pharmacists have to do. A video from this visit was produced and shared and you can see this below.



Figure 3. Video produced for this work with Pledger Pharmacy in Horsford to explain how pharmacies work. Link to video: <https://youtu.be/qRIBKkCkFoQ>.

Residential Care homes

We emailed care homes across Norfolk with details of this pharmacy work and how they could complete the survey. We felt that Care and Nursing homes will have frequent contact with pharmacies and would be able to give us an insight into the service they receive.

Communication with surgeries and pharmacies

We emailed the professional survey to Practice Managers at all doctors' surgeries in Norfolk and asked them to pass it on to the most relevant person at their surgery to answer our questions.

We also emailed the professional survey to pharmacies using a list of pharmacy email addresses provided by Norfolk and Waveney Integrated Care Board (ICB). The Local Pharmaceutical Committee also included our work in their newsletter. We also took paper copies and QR codes linking to the survey with us when we visited the pharmacies to share with pharmacy staff.

Initial response from surgeries was good and outweighed responses from pharmacy professionals. Therefore, we sent a further email to pharmacies. This could be due to the fact that we had worked closely with doctors' surgeries in the last year so have a good relationship with them, whereas pharmacies may not know about Healthwatch Norfolk, hopefully this piece of work has raised their awareness.

Analysis

The public survey received 1,135 responses, however after cleaning the data, such as removing duplicates and responses for pharmacies in Suffolk, 1,093 responses were left which make up this analysis and report. The professional survey received 46 responses and none had to be removed in data cleaning.

Responses to the surveys were analysed using Microsoft Excel and qualitative analysis software NVIVO.

Percentages in this report have been rounded to the nearest whole number. Quotes from survey respondents have been left unedited to ensure originality, any major grammatical or spelling errors will be marked with "[sic.]".

Limitations

This piece of targeted engagement did not specifically explore online pharmacies in detail, however people who had used online services were welcome to share their views. With an increase in people using online pharmacies over recent years it could be that people using online pharmacies may have different experiences. Future work could explore these experiences.

Anecdotally, we've heard that some patients have experienced delays in receiving their medication when being discharged from hospital. The people that we spoke to while at the 3 acute hospital pharmacies were not patients waiting to be discharged from hospital, so from this survey we can not find out if delays in discharge are happening as a result of waiting for medication. This will be explored further in the work we do in visiting the 3 hospitals when we will be talking to people waiting in the discharge lounges and on the wards.

What we found out: public survey

Who we heard from

We received responses to our survey from 1,093 people. These responses were about experiences at approximately 180 different pharmacies and dispensaries across Norfolk.

Figure 4 below displays where people who completed our survey live based on the first half of their postcode. As the map shows, we heard from people across the county with more responses received from large towns and Norwich.

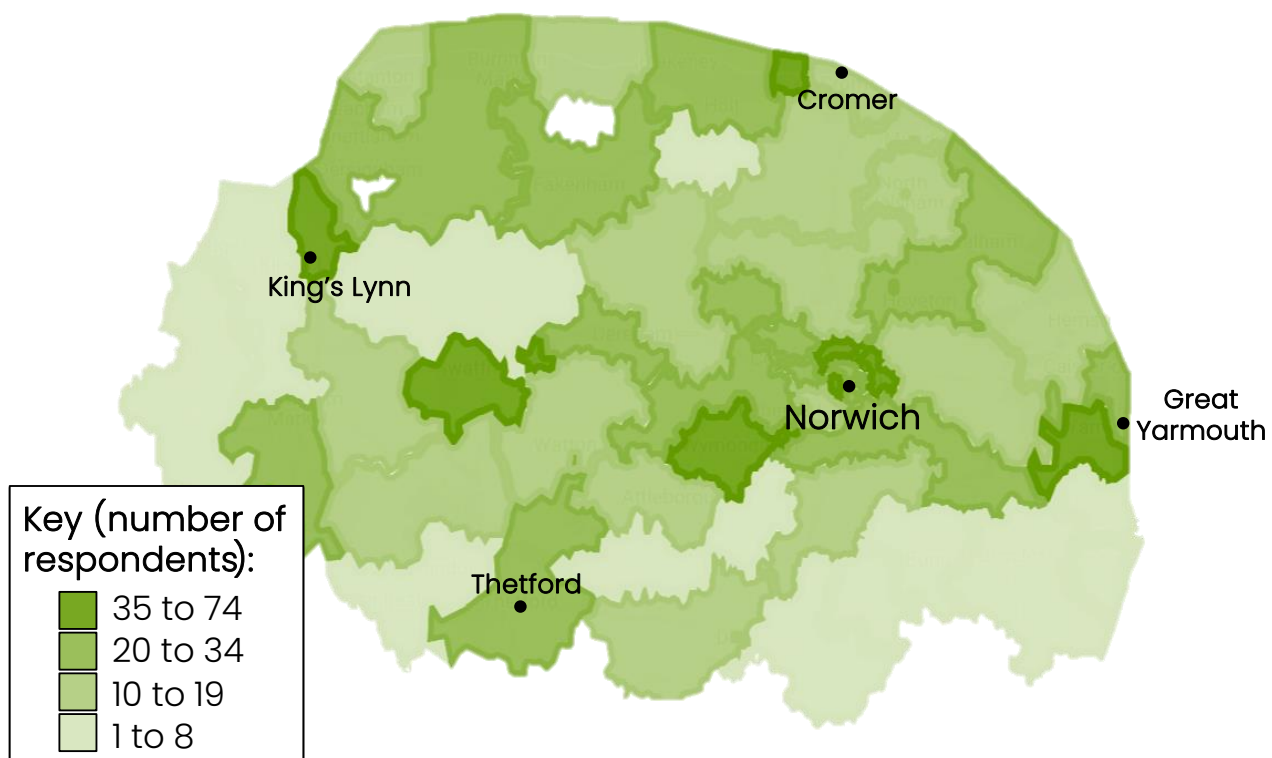


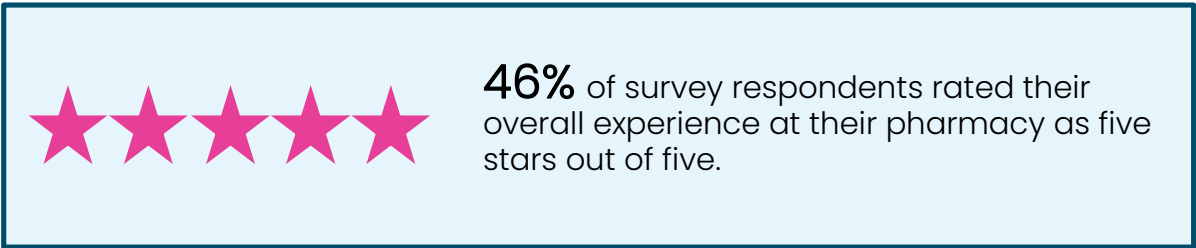
Figure 4. A map of Norfolk showing where survey respondents live based on the first half of their postcode (e.g. NR18). The darker the colour the more responses received from that postcode area.

Most respondents to the survey were Female (68%, 686), aged 56 or over (76%, 711), and told us they were White: British/English/Northern Irish/Scottish/Welsh

(93%, 949). For a more detailed breakdown of the demographics of survey respondents please see Appendix 3.

Overall experience

We asked respondents to rate their overall experience with their pharmacy out of five stars, with five being outstanding. The people who we heard from most frequently rated their experience as either four (21%, 228) or five (46%, 491) stars. However, 9% (98) rated their experience as only one star and 10% (112) as two stars.



It is worth highlighting that the older the respondent was, the more likely they would rate their experience as five stars out of five. Half of respondents 66 or over rated their experience as five stars (50%, 240), in comparison to only 35% (80) of respondents 55 or under, this trend is displayed in Figure 5. Similarly, this was reflected in one star experiences, with 14% (31) of those 55 or under rating their experiences as one star in comparison to only 7% (35) of those over 66.

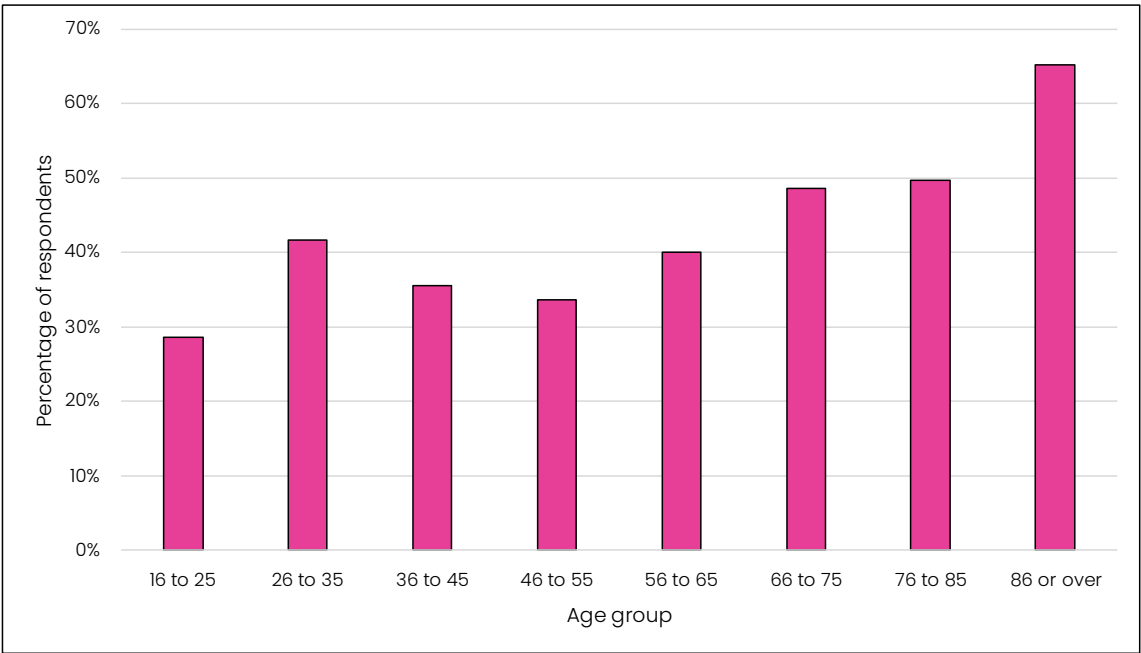


Figure 5. Percentage of respondents per age group who rated their overall experience as five.

Below is an analysis of the main themes in survey responses sharing what is working well for service users and what could be improved. It is worth noting that when the experience was working well for service users they sometimes had fewer comments to make and simply highlighted that it was working well for them, for example one service user shared that *"it is easy to pick my prescriptions up from here I have never had any problem"*.

Are staff kind and helpful?

The most common theme in service user experiences surrounded how they were treated by staff in the pharmacies. More frequently they told us about positive experiences with staff rather than negative ones. We heard for many people that staff are *"kind, attentive and helpful"* and that they found the pharmacy a *"friendly smiling place, staff always very polite"*.



"All of the staff are friendly and go out of their way to help, displaying impeccable customer service. One of the ladies who has been here since they first opened is super friendly and really gives a personal touch to their service and she always explains the super informative leaflets they hand out monthly to customers. [...] In spite of how busy this pharmacy is their level of customer service never falters and each customer gets their full attention."

On the other hand, when respondents were more unhappy with their experiences with staff at their pharmacy we heard that they found staff *"rude"* and that *"customer service is lacking"*. Some respondents told us that they found *"some staff ignore you for upto 10 mins even when you are at the front of the queue. A smile and an I'll be with you shortly cost nothing"*.

Can staff answer my questions?

Alongside how helpful and kind staff were, respondents told us about staff being able to answer their questions and being knowledgeable, including explaining their medication to them. For example, one respondent told us about *"personal*

attention by experienced and very knowledgeable pharmacist” they shared that “He has both saved us from needing to trouble our surgery, but also encouraged us to do so on occasions (usually he knows what is likely to be prescribed!)”.



“I think the pharmacist is wonderful, he's totally brilliant. He will answer any questions I have. I know I can ask him questions about health issues and that he will recommend medications to help.”



Pressures on the system

Many respondents recognised pressures on pharmacies which meant that their experiences might not have been as they would have liked it to be. In particular this included staff shortages, medication stock levels, and opening hours of the pharmacy.

Staff shortages

Respondents told us that they felt that pharmacies often needed more staff, this was to reduce waiting times, to allow the pharmacy to be open more often, and reduce pressure on staff which would increase staff retention. For example: *“the shortage of pharmacists is a problem because it causes delays in provision of medication and increases the risk of errors due to high workloads”*.

Is the pharmacy open?

Respondents expressed frustration with pharmacies having to close due to staff shortages: *“branch is always understaffed and having to close”* and in particular due to a lack of pharmacists for example *“you go and the shop is closed as there is no Pharmacist”*. As illustrated in the following experience, this can have a significant impact on some service users even using the pharmacy for more general items:

"I have come into town to use the pharmacy at great effort to me as I'm on supplemental oxygen. Arriving at the shop to buy something to find the shop is completely shut even though staff are in there and the reason given is a lack of pharmacist. I had bought and paid for baby formula to pick up of [sic.] in store and when I arrived they were closed although staff working in their stocking shelves on a Friday afternoon. It was indicated to me that they wouldn't be open until the Monday but had already used up my money paying for the formula I couldn't get. I had to borrow money to buy enough to keep me going until Monday"

In addition to these closures, several respondents told us they would like pharmacies to be open more often in general and *"more access required out of working hours"* such as longer hours, during lunch breaks, and on a Saturday, particularly *"it would be useful for people that work Monday to Friday"*.

Again, some respondents seemed understanding of these closures. One noted that increasing opening times might be difficult telling us *"opening during the lunch break and Saturday afternoon would be lovely but very difficult to implement as the Pharmacist needs to have a break at some moment of the day"*. Similarly, another respondent noted *"opening hours are a little erratic"* but that it is *"not their fault that there is a shortage of pharmacists"*.

Do they have what I need?

Respondents discussed shortages of medications which caused them difficulties: *"they regularly do not have stock in. I have 4 weekly injections and it is just annoying"*. However, other respondents simply told us *"they always have what I need"* or if their medication was not available they told us how *"if they don't have something then they go out of their way to get it"*.

“They said it would be a 20-25 minute wait and they called me after 5 minutes because they didn't have the medicine in stock which is not their fault and they said to come back tomorrow.”

How long do I have to wait?

One of the biggest frustrations for respondents at pharmacies was the waiting time when they arrived at the pharmacy: *"I've had to wait a really long time. The queue is often out of the door"*. When respondents were happy with their experience, they often simply shared that there was no waiting time and they were *"in and out inside 2 minutes. It was very quick and easy. The medication was ready for us to pick up"*.

Is my prescription ready?

As well as queues in the pharmacy, respondents told us about waiting times for their medication to be ready. This included both whether the medication was ready for them when they arrive at the pharmacy and also included having to wait several days after requesting a prescription for example: *"5 days to get a prescription on the shelf is too long. For repeat medications that is too long but it is certainly too long if you need medication in a hurry"*. The waiting and frustration involved for some pharmacy users is illustrated in the following experience:

"Here's a typical poor experience but one that doesn't involve emergency prescriptions -

You order a repeat prescription with the surgery.

You go to the pharmacy queue for 30 minutes - it's not ready

You go back but the pharmacy is closed 'due to unforeseen circumstances'.

You come back another day queue for 20 minutes - then you wait for another 20 minutes for it to be dealt with. It's ready but they are missing something that they claim they can only get it from one supplier.

When you explain it's life threatening they suddenly are able to get it. You go back again."

Processes and communication

Service users told us about the administration of the pharmacies they used. This included processes and communication, including how the pharmacy communicated with their doctors' surgery, how they were communicated with, and issues with missing medication or other mistakes.

Some pharmacies were praised for their processes for example when *"they automatically order my medication for me and have it ready to collect every month without fail"*. While others noted *"the system just seems muddly and disorganised"*. For one pharmacy we heard from a respondent that *"there's always some problem"* they explained that this could be *"whether the internet is down like the last time, or the medication seems to be missing, or the medication has been sent back or is at a different pharmacy"*.

How do they communicate with the doctors' surgery?

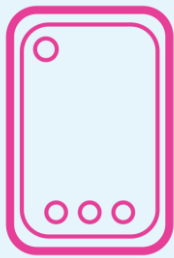
Linked to difficulties with systems other respondents commented on the communication between their surgery and the pharmacy. One respondent commented that *"the communication between GP and Pharmacy is awful"*, this person acknowledged that this *"may be poor back end systems but user experience is terrible"*. This sometimes resulted in the pharmacy and surgery passing responsibility on each other for example: *"on another occasion Boots said that they had not received my prescription although the surgery insisted that it had been sent electronically"*.

The below experience highlights how a combination of communication with the service user and between the pharmacy the surgery could be improved:

"The only thing I would improve is the communication. They don't tell me if a medication is out of stock, I go in because it's been over a week and I haven't had a text saying it's ready. Then when I go in they tell me the medication is out of stock. It would be good if they could communicate with the surgery and tell them it's out of stock and get them to prescribe an alternative that is available."

How do they communicate with me?

Respondents seemed to like it when they were contacted when their prescription was ready: *"the communication is good, they always text or call me when my prescriptions are ready"*. Some of those who do not currently receive such notifications told us they would be interested in having them: *"It would be nice to have a text alert or something to let me know when my medication is ready to collect so I don't make fruitless trips when there's a delay on one"*.



Communication with me

People told us that they like it when they receive a text message or phone call to let them know their medication is ready to collect.

However, as previously discussed, it was important that when the text or contact was received the medication was actually ready: *"they do send a text to say your prescription is ready but it seems pointless sometimes when there is still all the waiting"*. Another respondent pointed out that there was sometimes *"confusion with patients when receiving texts saying their prescription has been issued. What the text doesn't clarify is whether it has been issued from surgeries or whether the chemist has issued and ready for collection"* this person suggested that *"if there was clear instruction with a timeline of when the prescriptions were ready it would alleviate some of this anger and confusion"*.

Is the pharmacy convenient?

It was important to some respondents that their pharmacy was convenient for them. This included being a local pharmacy such as *"it is in walking distance"*, that *"its next door to the doctors surgery"*, having *"easy parking"*, and also offering *"all the main services like blood pressure checks and do the prescriptions"*.

What services are offered?

Respondents told us about the services which were offered to them at their pharmacy. This included offering services in store such as *"the ability to get injections at Pharmacy is very positive & helpful"*.

Others mentioned home delivery as a positive service offered particularly if they were unable to get to the pharmacy. Consequently, they experienced difficulties when the service was stopped or when there was an additional charge at some pharmacies:

"They used to deliver but stopped doing that even though my husband can not get to the pharmacy due to mobility and parking issues. Boots want to charge for delivery so we had to go for me going on Saturday instead. We now have to time it so I order prescriptions so they will be ready when I get a half day off."

Some pharmacies had introduced innovative approaches to collecting repeat prescriptions which were largely well received by respondents such as a locker system or a kiosk system. These systems allowed patients to avoid waiting in queues and the kiosk system allowed them to collect medications outside of opening hours.

Locker system:

The locker is for patients who do not pay for their prescriptions or have pre-paid for their prescriptions. The patient gets a text message when their medication is ready to collect and a code. This code is entered onto a screen on the locker along with the patient's date of birth – the door opens and the medication is there waiting, with no need to queue. The locker is inside the pharmacy which means it is only available during opening times.

"I have been lucky to be given a locker for my meds which means I no longer have to wait in very long queues or be turned away at closing time. For me being given a locker has made a huge difference."

Dispensary Kiosk:

The dispensary kiosk is located at the front of the surgery building, it allows patients to pay for and collect their medicines 24/7. They receive a text message with a pin code which they enter to retrieve their medicines. Next to the kiosk is a post box for repeat prescriptions.



Figure 8. Dispensary Kiosk at Stalham Staithe Surgery

"I came to the surgery today to collect my prescription from the 24 hour dispensary kiosk. It's a brilliant idea and I imagine it will save the surgery a lot of time, money and effort. Using the kiosk means I don't have to speak to anyone or stand in a queue, using it is a no brainer in my opinion! It saves time for all involved."

Appearance and facilities

A smaller theme in responses surrounded how the pharmacy appeared and the facilities available in the pharmacy. This included comments about the cleanliness of the store such as *"it is always clean and tidy"*, and the size of the pharmacy with some respondents telling us they needed *"bigger premises"* for one pharmacy we heard that this was having a significant impact:

"I witnessed a delivery of medicines where the driver stuffed the boxes behind a tiny exit (the ONLY exit anyone in there could get to quickly) blocking anyone from coming in or out. Shelves are stacked beyond capacity to the ceiling, the hall is so narrow the employees can barely pass each other. This has got to cause immense stress to the staff on a daily basis."

Finally, others commented on the facilities available such as *"I like chairs to sit down"* while they wait or having a *"cover outside so you don't have to wait in the cold and rain"*.

“Old and vulnerable people stand and wait for a long time to be served. I often feel so bad that I let others go in front of me. There is only one chair to sit and wait on and the queue is sometimes 15 deep (stretching outside and up the road)”



6

"I think the staff are nice and friendly. They come to the door to serve me as I always have my dog with me."



What we found out: professional survey

Who we heard from

We received 46 responses to the professional survey, 29 (63%) responses were received from doctors' surgeries, 16 (35%) responses from pharmacies, and one (2%) response from a combined surgery and pharmacy.

Are things better or worse?

We asked professionals whether they felt things have got better or worse in the past five years with pharmacies. Most respondents (29, 63%) told us that they felt things had gotten worse, this was 20 surgery responses, eight pharmacy responses, and one combined surgery and pharmacy. Only three (7%) respondents felt that things were better; the remaining 11 (24%) professionals answers were either unclear or mixed.

The main themes in professional responses surrounded communication and system pressures.

Communication

Both professionals at pharmacies and surgeries discussed difficulties in communication between the services. When asked what they need from each other good and *"open communication"* was the most common response from surgeries and pharmacies.

This included specific communication needs such as *"better communication from pharmacy, suggesting alternative product when one is out of stock", "better communication regarding opening hours/closing at short notice", and "informing each other of any policy changes / out of stock of certain items, concerns about patients"*.

However, more generally this also included *"we just need to have a good working relationship and trust"* between the services and how they need to be

"working as a team putting the patient first". One surgery noted that: "the demands on both are heavy and I think you just need to be able to trust each other. Some patient's say that the chemist blames us and the chemist says the patient blames the surgery".

Communication with service users

Linked to this communication between pharmacies and surgeries were comments about communication with patients. In particular management of patient expectations. For example, one pharmacy professional explained *"better communication needed for patients"* and they needed surgeries to *"stop telling patients scripts are ready when they aren't here or haven't allowed time for us to get things ready"*.

How could communication be improved?

One suggestion to improve communication was that there should be a direct line between the pharmacy and the surgery to make communication easier and more efficient. Some professionals told us they had to use the same phone line used by service users which caused delays and others who did already have such a line praised it.

"There should be a dedicated phone line for us professionals to talk to each other. It is frustrating when we have to wait in the phone queue for a long time to clarify issues for Patients which means we are spending time waiting on the phone when we should be getting on with our jobs."

Similarly to this, one pharmacy suggested having *"a communications liaison – someone we can contact freely and openly who will assist with queries and voice any concerns"*.

Another professional told us how communication with one of their local pharmacies has improved since they use *"confidential messaging. Basically messages with no patient data"* this allows them to *"find out when there may be closures so we can notify the doctors who will make other arrangements for patients prescriptions as necessary"*.

Sharing learning

We asked professionals how they felt they could share learning between pharmacies and surgeries. Respondents suggested:

- Shadowing – *“Offer ‘training’ days – surgery staff to come over to pharmacy to see day to day running as well as pharmacy staff to visit the surgery”.*
- Regular meetings – *“Have a teams meeting periodically to discuss ways to support each other”*
- Email and *“joint comms channels”*

Knowledge of roles and responsibilities

We asked professionals about their knowledge of the scope of practice at the surgery or pharmacy such as roles and responsibilities. There appeared to be a mix of understanding for this from both pharmacies and surgeries. Some told us that they *“think I understand very well the scope”* while others expressed less certainty *“not aware of roles and responsibilities of the pharmacies but would think they are more or less the same as surgeries, working towards the same goals”*. As mentioned above around ways to share learning, one professional told us that they are *“aware of pharmacy roles”* but they *“would like to have a one day visit [...] to see how it all function and vice versa”* they felt that this *“would help improve expectation and empathy on both sides”*.

System pressures

Similarly to service users, professionals recognised system pressures on pharmacies and the impact this has on the relationship between surgeries and pharmacies. This included shortages of medications, the ongoing impact of COVID, and shortages of pharmacists and staff which results in unplanned closures. They discussed how this can result in delays and frustration for service users and *“the staff seem very stressed”* in both settings. These system pressures were also seen by some to reduce the services offered by pharmacies so *“they are unable to do services for patients they once did e.g. dossette boxes or auto repeats or deliveries”*.

Some pharmacies mentioned how *“a lot of Patients are getting frustrated because it is becoming increasingly difficult to get GP appointments”* they told us that this means they are sometimes *“coming to the Pharmacy with unrealistic*

expectations of prescription Only Medicines but we cannot just give them what they expect without prescriptions". They also noted that there is "added pressure [...] as surgeries refer to pharmacists as first port of call before considering an appointment". On the other hand, some surgeries commented on "Pharmacists sending patients back to their GP" when they felt the issue could be dealt "with by use of OTC medications".

“I've been a pharmacist for over 35 years & I've never worked under this pressure before. Prescription numbers are increasing; patients are less patient(!) and much more demanding; sorting drug shortages is tying up precious time; recruitment is non-existent whilst supermarkets can afford to pay more than pharmacy.”

What this means

This targeted engagement reached a wide range of people across Norfolk to find out what was working well and what could be improved in pharmacies for both service users and the health professionals themselves. Speaking with people at pharmacies in person and also making the survey available widely online means that different people were able to have their say and share their views.

In general, we found that service users were largely happy with their experiences at pharmacies; in particular many seemed understanding of system pressures on the pharmacies.

We consistently find in our work that staff across the health system are praised by service users and patients and this was again found in this piece of work. Pharmacy service users we heard from were appreciative when they were treated by friendly and helpful staff. Some professionals and members of the public told us about the negative way pharmacy staff could be treated by some frustrated service users, therefore, it feels important to ensure that this general appreciation is highlighted to contribute to improving staff morale and towards staff retention.

We also found that older service users (over 66) appeared to be happier with their experiences than younger people, this could be due to working age service users having less flexibility when they are able to visit the pharmacy and therefore might find it difficult to work around closures, having to wait, or having to return multiple times to the pharmacy. While further work could look to confirm the reason for this difference in experience, these frustrations in general may be improved by improving communication with service users such as sending text messages when prescriptions are ready to collect and ensuring that opening times or any closures are publicised as much as possible. The need to improve communication with service users to improve experiences and reduce frustrations again mirrors findings in many of our previous pieces of work and engagement.

In addition to this, pharmacies could explore new ways to distribute repeat prescriptions such as the locker system or kiosk which have already been introduced in a few pharmacies and seemed largely well received by people we heard from in this targeted engagement. Although further evaluation may be

needed, in this work we found they helped to reduce waiting times for service users or extended the hours prescriptions could be collected allowing more flexibility. In addition to this, we are aware of a select number of pharmacies and doctors' surgeries encouraging patients to order repeat prescriptions via the NHS app to streamline the ordering process and cut down on wasted or over ordered medications and this will be explored further in our future work later this year.

Alongside this, there might be some benefit to pharmacies being able to share learning more. This has been previously recommended in our report looking at experiences with doctors' surgeries, in this previous report we recommended that more opportunities could be created for surgeries to share best practice and learning with each other¹. This could also be expanded to pharmacies and making sure they are able to share innovative ways of working with each other to improve efficiency and experiences for service users across Norfolk.

We also learnt from professionals working in pharmacies and surgeries that sometimes communication between the two is difficult. This difficulty creates additional frustrations and delays for both patients and the services themselves. It would be helpful for all pharmacies and surgeries who work together regularly to have a direct line of communication with each other such as a dedicated phone line or internal instant messaging systems. This may improve ease of communication and efficiency for professionals and service users, for example being able to have conversations about changing prescriptions when particular medications are not currently available without the service user having to return multiple times between their surgery and pharmacy.

Finally, both service users and professionals told us about pressures on pharmacies in general such as staff shortages which can result in reduced opening times and medication shortages. We heard how these pressures could result in delays for service users and professionals. Some service users we spoke to were forgiving and understanding of these pressures, however it may be if they continue there could be greater dissatisfaction or more pressure on other health services in the future. Therefore, it is important to ensure that there is enough pharmacy provision for Norfolk residents now and in the future and that service user experience with pharmacies continues to be monitored.

¹ This report can be found on our website here: <https://healthwatchnorfolk.co.uk/report/gp-practice-report-december-2022/>

Recommendations

1. Norfolk and Waveney Integrated Care Board to provide opportunities and encourage greater communication between Norfolk surgeries and pharmacies including:
 - a. Encourage local pharmacies and surgeries to have a direct communication channel such as a direct phone line so there is no need to use public facing communication channels.
 - b. Encourage communication about stock issues and if pharmacies need to close at short notice so surgeries are able to correctly advise patients and send prescriptions to open pharmacies.
 - c. Encourage and provide opportunities for shared learning such as regular meetings and shadowing between local surgeries and pharmacies.
2. Norfolk and Waveney Integrated Care Board to further explore the current resourcing of pharmacies in Norfolk, including ensuring appropriate staffing levels and funding in this area
3. Norfolk Local Pharmaceutical Committee to continue to provide opportunities and encourage communication between Norfolk pharmacies including:
 - a. Sharing of good practice and innovation between Norfolk pharmacies.
 - b. Sharing of any concerns and changes to local pharmacy provision.
4. Pharmacies to take greater responsibility for communicating with service users and to actively communicate through appropriate methods for example using social media, local newsletters, and text updates. Including updates on changes to opening hours or service provision.
5. Service users told us about frustrations with inconsistent opening times and availability of services which did not always reflect the needs of their local community. The Pharmaceutical Needs Assessment (PNA) should consider our findings in their ongoing assessment of need.

References

Norfolk County Council (2022). *Pharmaceutical Needs Assessment 2022 – Norfolk Health and Wellbeing Board*. Available at:
<https://www.norfolkinsight.org.uk/jsna/pharmaceutical-needs-assessment-updated/2022/11/22/>

Appendix

Appendix 1: Public Survey



Public Experiences with Pharmacies

About this survey

Who is Healthwatch Norfolk?

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

What is this survey about?

We want to know about your experience of using pharmacies in Norfolk, what is good and what can be improved.

How the survey results will be used

The anonymised survey results will also be used by Healthwatch Norfolk to make recommendations to service providers as part of our evaluation report. The report will also be publicly available on our website and may be used in other Healthwatch Norfolk communications.

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy at: www.healthwatchnorfolk.co.uk/about-us/privacy-statement

If you would prefer to do this survey with us over the phone, please call Healthwatch Norfolk on 01953 856029 and we will arrange a time to ring you back to complete the survey. Alternatively, please email: enquiries@healthwatchnorfolk.co.uk for further support.

Please note: questions marked with an asterisk (*) require a response.

Survey Closing date: 30 April 2023

Please tick to confirm *

☐ I have read and understood the above statement

What is the first half of your postcode? *

**If you would like to receive our newsletter please provide us with contact details below
Please include your name and email address.**

Name

Email Address

1. What is the name of the pharmacy you use?

2. How do you rate your overall experience of this pharmacy?

1 star being very poor 5 stars being very good

☐ 1 Star

☐ 2 Stars

☐ 3 Stars

☐ 4 Stars

☐ 5 Stars

3. What is good about this pharmacy?

4. What could be improved with this pharmacy?

5. Is there anything else you would like to tell us about your experiences with Norfolk Pharmacies?

6. If you would be happy for us to contact you to speak about your experiences in more detail please provide your name and preferred contact information below:

Demographic Questions

In this next section we will be asking you some questions about yourself and your life. Your answers help us make sure that we engage with people from different backgrounds and that we understand the needs of different groups in our community. Remember: all your answers are strictly confidential and the survey is anonymous.

7. How old are you?

8. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Genderfluid
- ☐ Genderqueer
- ☐ Intersex
- ☐ Prefer not to say
- ☐ Prefer to self-describe:

9. Please select your ethnicity:

- ☐ Arab

Asian / Asian British:

- ☐ Bangladeshi
- ☐ Chinese

- ☐ Indian
- ☐ Pakistani
- ☐ Any other Asian / Asian British background

Black / Black British:

- ☐ African
- ☐ Caribbean
- ☐ Any other Black / Black British background

Mixed / Multiple ethnic groups:

- ☐ Asian and White
- ☐ Black African and White
- ☐ Black Caribbean and White
- ☐ Any other Mixed / Multiple ethnic groups background

White:

- ☐ British / English / Northern Irish / Scottish / Welsh
- ☐ Irish
- ☐ Gypsy, Traveller or Irish Traveller
- ☐ Roma
- ☐ Any other White background

Other:

- ☐ Any other Ethnic Group
- ☐ Prefer not to say
- ☐ If other, please specify

10. Please select any of the following that apply to you:

- ☐ I have a disability
- ☐ I have a long term condition
- ☐ I am a carer
- ☐ None of the above
- ☐ I prefer not to say

11. Where did you hear about this survey?

- ☐ GP website
- ☐ Healthwatch Norfolk Event
- ☐ Healthwatch Norfolk Newsletter
- ☐ Healthwatch Norfolk Website

- ☐ News (website / radio / local newspaper)
- ☐ Search Engine (e.g. Google)
- ☐ Social Media (e.g. Facebook / Instagram / Twitter)
- ☐ Through a friend or co-worker
- ☐ YouTube
- ☐ Other (please specify):

Appendix 2: Professional Survey



Pharmacies/Primary care professional Views

About this survey

Who is Healthwatch Norfolk?

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

What is this survey about?

We are currently finding out the views of the public about pharmacies in Norfolk and would like to also find out what the working relationship is like between primary care and pharmacies. We are asking both primary care and pharmacies the same questions to see how the two compare.

How the survey results will be used

The anonymised survey results will also be used by Healthwatch Norfolk to make recommendations to service providers as part of our evaluation report. The report will also be publicly available on our website and may be used in other Healthwatch Norfolk communications.

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy at: www.healthwatchnorfolk.co.uk/about-us/privacy-statement

If you would prefer to do this survey with us over the phone, please call Healthwatch Norfolk on 01953 856029 and we will arrange a time to ring you back to complete the survey. Alternatively, please email: enquiries@healthwatchnorfolk.co.uk for further support.

Please note: questions marked with an asterisk (*) require a response.

Survey Closing date: 30 April 2023

Please tick to confirm *

☐ I have read and understood the above statement

What is the first half of your Surgery/Pharmacy postcode? *

If you would like to receive our newsletter please provide us with contact details below
Please include your name and email address.

Name

Email Address

1. Do you work for a Surgery or a Pharmacy

☐ Pharmacy

☐ Surgery

2. What is the name of the pharmacy/surgery you have the most contact with, if there is more than one please fill in a separate survey for each.

3. Do you think things have got better or worse in the last 5 years? Please explain your answer.

4. How could communication be improved between both surgeries and pharmacies?

**5. If you are a surgery is there anything you need from a pharmacy?
If you are a pharmacy is there anything you need from a surgery?**

6. What do you know of the Pharmacy/ Surgeries scope of practice? e.g roles and responsibilities

7. How can we share learning between both surgeries and pharmacies?

8. If you would be happy for us to contact you to speak about your experiences in more detail please provide your name and preferred contact information below:

Appendix 3: Demographics of respondents to public survey

Table 1.

Demographics of respondents to the public survey.

		Percentage	Number
Age 941 respondents	16 to 25	1%	7
	26 to 35	4%	36
	36 to 45	7%	63
	46 to 55	13%	124
	56 to 65	24%	224
	66 to 75	33%	312
	76 to 85	16%	152
	86 or over	2%	23
Gender 1016 respondents	Female	68%	686
	Male	31%	320
	Intersex	0%	1
	Non-binary	0%	1
	Prefer to self-describe	0%	1
	Prefer not to say	1%	7
Ethnicity 1015 respondents	Arab	0%	1
	Any other Asian / Asian British background	0%	3
	Black/Black British: African	0%	1
	Any other Black / Black British background	0%	1
	Mixed/Multiple ethnic groups: Asian and White	0%	1
	Mixed/Multiple ethnic groups: Black African and White	0%	1
	Mixed/Multiple ethnic groups: Black Caribbean and White	0%	1
	Any other Mixed / Multiple ethnic groups background	0%	4
	White: British / English / Northern Irish / Scottish / Welsh	93%	949
	White: Irish	1%	6
	White: Roma	0%	1
	Any other White background	2%	25

	Any other Ethnic Group	1%	6
	Prefer not to say	1%	15
Please select any of the following that apply to you 683 respondents	I have a disability	18%	125
	I have a long term condition	63%	429
	I am a carer	11%	75
	None of the above	23%	160
	Prefer not to say	4%	30



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