



Pharmacy Report

2025

Announced Visits

June to September 2024

people

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Who are Healthwatch?

We are the independent champion for people who use health and social care services. We're here to make sure that those running services, put people at the heart of care.

Our sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

We focus on ensuring that people's worries and concerns about current services are addressed.

We work to get services right for the future.

We plan and undertake research and evaluations in a number of different ways, from reports about what it is like to use a service to more detailed surveys looking at provision within the local area. Some of our work is done as part of our statutory activities but we are also available for commissioned activities.

What is Enter and View

Part of Healthwatch Telford and Wrekin's remit is to carry out Enter and View visits. Healthwatch Telford and Wrekin Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement or highlight good practice.



The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrist and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

Healthwatch Telford and Wrekin Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Telford and Wrekin's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

1. Provider details

Name and Address of Pharmacies: See Appendix 1

Date of visits: See Appendix 1

2. Acknowledgments

Healthwatch Telford and Wrekin would like to thank all the pharmacists, customers and patients for their co-operation during our visits.

3. Disclaimer

Please note that this report is related to findings and observations made during our visits during June and September. The report does not claim to represent the views of all customers or patients, only those who contributed during the visit.

4. Authorised Representatives

Denice Morgan was the volunteer lead and supported by Work Experience Students from Juniper Training and Telford and Wrekin College.

5. Who we share the report with

This report and its findings will be shared with the Pharmacists, Local Authority Quality Team (depending on the visit), Shropshire Telford and Wrekin ICB, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Telford and Wrekin website.

6. Healthwatch Telford and Wrekin details

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7. Healthwatch principles

Healthwatch Telford and Wrekin Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing.
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis.
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family.
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect.
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.
6. **Choice:** Right to choose from a range of high-quality services, products and providers within health and social care.
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

8. Overview of the visits

The visits took place from July to October 2024. They were planned and led by Denice Morgan a volunteer and Authorised Representative (AR) for Healthwatch Telford and Wrekin with the support of students from Juniper Training and Telford College. ARs Tracy Cresswell and Paul Higgitt supported on some visits. All the Pharmacists were contacted either by phone or email before each visit to tell them about it and what it would entail.

The purpose was to understand the challenges that the Pharmacists were encountering having to deliver additional work such as Pharmacy First. Engaging Communities Solutions CIC (ECS) who deliver the Healthwatch contract for Telford and Wrekin carried out a survey for the public around their understanding of [Pharmacy First](#).

9. What we did

The pharmacists were contacted prior to the visits. A short survey was conducted with the members of the public during our visit and the AR spent time with the lead pharmacists asking several questions (See appendix 2).

Each visits lasted approximately 1 hour.

We contacted 31 pharmacists and engaged and visited 28 (90%). The 3 that did not engage were due to, one being visited as part of the work that ECS was carrying out and did not want to participate in this project, one had been taken over and did not feel that they would be able to answer the questions effectively, and the remaining one that they had to contact their head office.

10. Findings:

What Staff said

Anti-social behaviour

We asked questions around “anti-social” behaviour, several staff members expressed that the main frustration they had was from patients whose prescriptions were late, or items were out of stock, however one pharmacist explained that within the last 6 months they had been “physically attacked” and the police had been called. Several expressed that they had conflict resolution training, one expressed “de-escalation skills are taught here” (Madley), with another expressing that “the community is volatile, but we have a policy in place and act on it” (Sutton Hill).

Alternative services

All the pharmacy’s we engaged with explained that they were aware of alternative services to signpost people to, such as services offered by Telford and Wrekin council, such as weight loss, healthy lifestyle, support with smoking and sexual health services. They also had information on where to get the Flu and COVID vaccinations, advice on diabetes etc, this was both on-line and leaflets.

Difficulties in Communication with GP Surgeries

Most surgeries have a dedicated phone line which can be used by the pharmacy staff, e-mail queries are usually responded to within a few hours. One pharmacist explained that they have a “NHS folder with non-public numbers in that they can use to contact the surgery” (Wellington).

However, one pharmacy expressed that they had previously been connected to the GP practice which worked well, however there had been a change of ownership to the GP practice and the relationship had changed considerably and the pharmacy staff had to queue with the patients if they had a query that they needed to ask the practice about.

Information given on self-care

Several pharmacies expressed that giving advice around smoking, dietary advice etc was very rare. However, several pharmacies offer blood pressure services. Pharmacists explained that they mainly focused on over the counter products to the public.

Training

The majority of the pharmacists explained that their staff completed all their mandatory training on-line such as safeguarding level 2&3, manual handling, GDPR and where all dementia friends. Other courses such as standard dispensing and over the counter product knowledge was delivered face to face. All the pharmacists had completed “Pharmacy First”, however not all staff had received equality and diversity and reading blood pressure training.

Process for prescriptions

The majority of the pharmacists explained that they receive the prescriptions electronically, however they occasionally receive a green prescription one which is printed off and given to a patient to take to a pharmacy of their choice.

Prescriptions are printed off, the stock is checked, orders are placed for out-of-stock items, (the pharmacists explained that if the patient was present in the pharmacy they would be informed, however others waited for the patient to arrive to collect their medications to inform them of any issues) the labels are printed, dispensed checked for quantity, dosage and labelling by the pharmacists, they are then bagged and put on the shelf ready for the patients to collect.

A small number of the pharmacists that we engaged with explained that they text the patients to inform them that their prescription is ready to collect. One practice explained “that they either text or phone the patient (if the patient has been happy to share their details with the pharmacy)” (Asda), another pharmacy expressed “they have an off-site dispensing robot, so the medications is delivered by carrier from the local depot in Birmingham” (Stirchley).

Being supported

The support that staff received varied across the pharmacists. Many of the larger pharmacies explained that they are manager reliant and have a Human Resources department within the organisation, however several of the smaller pharmacies expressed that they have very good support from the owner(s) as they know them personally. “We are well supported and backed by the manager, there is space within the pharmacy to have a chat” (Ironbridge). However, another practice explained that “there is no formal arrangement but have appraisals and support each other and have a HR advisor” (Donnington). Another practice expressed they” have no support network other than the union” (Newport).

Promoting services

The majority of the pharmacists expressed that word of mouth and over the counter conversations were the best way, however they put leaflets in the prescription bags or out on display, there are also posters on display and electronic screens are available. However, several of the larger pharmacists use advertising online and send links to GP practices to display and a few advertise in the local press.

Privacy

All pharmacies have nearby consulting rooms, only one pharmacy had consulting room away from the counter. The majority of rooms are close to the counter and are not totally soundproof and depending where you are in the pharmacy is dependent on whether conversations can be overheard. In several of the pharmacies the room is used for multiple purposes and if they are being used patients are asked to wait until they become vacant.

Pharmacy First

Around 90% of the pharmacists we engaged with had concerns around Pharmacy First, explaining there had not been enough time for training or the training was inadequate. One pharmacy expressed “Pharmacy First was welcomed but the criteria was causing problems, the frustration of having to turn people away” (Donnington). Another pharmacist expressed “training was poor, they have tried to do too many medical conditions in a short space of time and the GP receptionists do not refer accurately” (Leegomery). However, another pharmacist expressed that “training was good, but the IT section needs improvement” (Muxton).

The pharmacists were mainly concerned that they had not been given enough time to cover undertaking ear examinations, which was leading to lack of confidence and one pharmacy paying to go on a prescribing course.

The system had not been thought to be working well, an example was that although the training had been given to the doctors and their receptionists the referral protocols were not being followed. Several patients were referred through the right channels, however other patients were simply told to go the Pharmacy and they would be sorted out by them, this was causing frustration both with the pharmacists and the patients especially if they do not fit the criteria for “Pharmacy First” and the pharmacy would not be paid for the service, even though they had spent 10-15 minutes sorting things out.

Some pharmacists have written to the doctors’ surgeries reminding them of the process and protocols.

Patients often got annoyed if they must pay for their products instead of getting them free on prescription. One pharmacist expressed “Launch was very poorly managed and not promoted in the right way and feels ill equipped” (Lawley).

Additional pressures / comments

Financial restraints on the business where they are paid a fixed fee for dispensing of products, but the cost of the actual drugs was rising all the time.

Stock issues, especially when other forms of the same medication were available, but they were not allowed to dispense it, the length of time it takes to get permission is too long, one pharmacist expressed “drugs often out-of-stock and limited dates on prescriptions” (Tesco).

Staffing having to depend on locums along with lack of confidence has several pharmacists concerned that a serious or even deadly error may be made due to number of other pressures and other pieces of work they are being expected to do such as COVID and Flu vaccines, one pharmacist expressed “the workload is getting greater with Pharmacy First, COVID and flu jabs” (Woodside). Another pharmacist expressed “it is hard recruiting staff, and we often have to rely on locum cover, if you have two pharmacists on it makes a big difference and reduces dispensing errors” (Wellington).

Several of the pharmacists expressed they don’t have enough patient time and errors of judgement are more likely to happen, one pharmacist expressed “time management is an issue, patient time gets squeezed out” (Superdrug).

What Customers said

The public and patients had an opportunity to take part in a short questionnaire, (see Appendix 3).

Services from the pharmacy.

80 patients / members of the public engaged in completing the survey. 44% (35) were patients who were picking up their own prescription, 54% (43) were picking up for family members and 2% (2) were carers collecting their patient's medication.

The majority 88% (70) were collecting medication, 10% (8) were buying over the counter products and 2% (2) were getting advice about symptoms.

98% (78) were confident about getting the correct medication, however 2% (2) were not but did not state why.

95% (76) said they get their medication time, however 5% (4) said they did not always get their medication on time.

88% (70) said they were given advice, however 12% (10) said they did not.

50% knew about Pharmacy First.

Behaviour and quality

Everyone expressed that the staff were polite and courteous, and they were treated with dignity and respect and that their confidentiality was respected.

Complaints

The majority felt that their concerns were listened to, and their issues were sorted efficiently, however, several did not know who to complain to if the service was not good. Healthwatch only observed a poster in Madeley, no other pharmacies displayed any posters with information on who and where to complain.

Communication

The majority did not have any issues with communication, however 10% expressed that they had experienced difficulties in communication between the GP practice and the pharmacy.

All the opening times were displayed along with the responsible pharmacist on duty.

The AR did not observe any General Pharmaceutical Council posters displayed; some pharmacy's displayed out of date information.

Environment

Overall, the environment was clean and safe apart from Dawley where the environment was described as quite rough.

Accessible

All of the pharmacy's apart from one were easily accessible, the pharmacy in Ironbridge acknowledged that the local regulations in the area prevented alterations.

No-one needed a language interpreter, however none of the pharmacists were aware of interpreters if they had been needed, this also included sensory impairments. The AR did not observe hearing loops being available.

Experience

95% (76) rated the overall service as excellent or good due to being friendly, efficient and patient centred, however 5% (4) rated it as poor and the reason for the rating was delays in prescription without any knowledge as to where the fault lay either with the GP practice, the POD (prescription ordering direct) system or the pharmacy.

Suggestions for improvement.

The improvements that were highlighted were mainly focused on the speed of the dispensing.

Conclusion

In conclusion, most customers were happy that they received a good service from their local Pharmacy staff.

Pharmacists though, have had a varied experience relating to Pharmacy First and there is a certain lack of confidence in the way the scheme is run. They feel under mounting pressure from the increasing expectations and some challenges are not welcome!

Recommendations

Recommendations made from findings	
1	Each pharmacy to consider conflict resolution for all their staff.
2	Consider putting in a process to message patients / carers when prescriptions are ready or items missing etc.
3	Consider for all staff have access to wellbeing services.
4	Ensure that patients cannot be overheard in the consultation rooms.
5	The ICB / ICS to work with the pharmacies around Pharmacy First
6	Communication to be improved between GP practices and pharmacies, and the ICB/ICS around prescriptions and expectations.
7	Ensure complaints procedures are displayed in all pharmacies
8	Ensure staff have details on how to contact interpreting for spoken language and sensory services when / if they are required.
9	Ensure all regulatory information that is displayed is in date.
10	More promotion needs to be delivered around Pharmacy First to the public.

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