APPENDIX 5: Focus Group Survey Results

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

1. Usage of pharmacies

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

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

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

2. Access to pharmacies & medication

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

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

3. Customer experience of pharmacies

While some participants had complaints about specific incidents, most seemed happy with the general level of customer service they receive in pharmacies – as long as prescription medicines were available, opening times were sensible, no mistakes were made and the
waiting time was reasonable. Some in the young person’s group thought that pharmacists and their staff could be friendlier, but the wider sentiment was that pharmacy staff were efficient and helpful. Although customer service wasn’t really the deciding factor for most participants in terms of which pharmacy they would use, some would like to see improvements in the willingness of the pharmacist to engage with customers (for example, coming out from behind the shelves more), and in the attitude of other pharmacy staff. As with customer service, the physical layout of participants’ local pharmacy was not an issue of great concern. However, a significant minority of participants were concerned about perceived inadequacy of private areas in their local pharmacies.

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

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

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

There was a high value placed on the convenience of pharmacies – those in or next to the GPs surgery were especially appreciated. Many wished for more pharmacies to be open later in the evening and earlier in the morning, to facilitate picking up medicine after the first and last doctor’s appointments. Out-of-hours service was not a concern to many.
All groups mentioned staffing in pharmacies as an area for improvement. However, participants generally understood the difficulties faced especially by smaller pharmacies in affording additional trained staff. They suggested adjustments such as the timing of pharmacists’ lunch breaks, and encouraging pharmacists to interact more with customers.

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

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

6. **Needs of specific groups**

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

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

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

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

Those with **long-term conditions** were the most frequent users of pharmacies. They valued the option of ordering online or over the telephone, and liked to receive reminders and notifications when their medicines were ready to collect. While they were concerned about waiting times, this group placed higher priority on the quality control role of pharmacists. Although they were interested in Medicines Use Reviews, they were the most vocal in their opposition to more ‘clinical’ extended services as a result of their complex medical needs and attachment to their GP.

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

**Conclusions and recommendations**

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

**Introduction**

**Background to the Research**

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

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

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

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

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

**Aims and objectives of qualitative research**

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

Groups selected for further research included:
- older people
- people with low grade mental health conditions
- people with long-term illnesses/conditions
- people living in deprived areas
- parents of young children and
- young people.

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

The specific objectives of the qualitative research were therefore as follows:
- to understand the experience of ‘hard to reach’ groups using pharmacy services and how this may differ from the general public;

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2 This survey was carried out by WebStar Health. The full findings of the survey can be accessed on request from Oxfordshire PCT.
• to explore what influences these groups’ levels of satisfaction with their experience of using pharmacy services;
• to examine the factors (both barriers and enablers) which affect people’s ability to access pharmacies;
• to explore people’s opinions on the wider role of the pharmacist, specifically with regard to consultation services;
• to explore levels of awareness about, and opinions on extended pharmaceutical services already on offer in their area; and
• to find out what different types of services they would like to be able to access at their pharmacy, and how these should ideally be delivered.

Methodology

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

Discussion groups

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

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

One-to-one interviews

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

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

<table>
<thead>
<tr>
<th>(1) INTRODUCTION AND WARM-UP</th>
<th>10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covers general housekeeping – the rules of the discussion and the information we are required to tell participants under the MRS Code of Conduct. Provides an opportunity for each participant to talk, which will help encourage them to join in the discussion later. Elicits basic details about participants lives to give context to their answers.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(2) GENERAL USE AND PERCEPTIONS OF PHARMACIES</th>
<th>15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explores experiences at last visit, frequency of visits, reasons for visits and overarching opinion of local pharmaceutical services.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(3) ACCESS TO PHARMACIES AND MEDICATION</th>
<th>15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of pharmacy of choice, ease of access, availability of alternatives. Ease of getting required products and services, experience of using collection and delivery services if relevant.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(4) EXPERIENCE OF USING LOCAL PHARMACIES</th>
<th>15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of finding items, attitude of staff, opinions about layout and pharmacy facilities. Determining what makes a good/bad experience of a visit to a pharmacy.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(5) EXTENDED SERVICES</th>
<th>15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of services other than prescription and over-the-counter medication. Experience of extended services, opinions on their relevance and usefulness.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(6) LOOKING TO THE FUTURE</th>
<th>15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eliciting key elements of service to remove, maintain, improve and new services to add. Ways in which pharmacies can cater better for specific needs. Key issues for pharmacy commissioners to consider.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(7) SUMMING UP &amp; CLOSE</th>
<th>5 minutes</th>
</tr>
</thead>
</table>
Participant profile & recruitment

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

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

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

The groups and interviews with people with long-term conditions, deprived communities, parents of young children and young people were recruited face-to-face in-street by trained Ipsos MORI recruiters. Recruiters were given a screening questionnaire to complete with potential participants, to ensure that a good range of participants from different age, gender and social backgrounds were included and that those who had experience of working in social research or pharmacies were excluded. Participants were offered a small financial incentive as a thank you for taking part.
The groups and interviews with older people and those with mental health conditions were recruited with the assistance of community groups dealing with these populations. These audiences would have been more difficult to recruit in street, and it was important to conduct the research in a familiar environment for the comfort and reassurance of these participants. The group with older people was facilitated by the WRVS Cornhill Centre in Banbury, and the mental health group by Restore at the Beehive Centre in Oxford, to whom we are grateful for their kind assistance.

Report structure

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

- usage of pharmacies;
- access to pharmacies;
- customer experience of pharmacies;
- views on extended services; and
- suggested improvements to pharmacy services.

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

Presentation and interpretation of the data

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

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

Publication of data

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

**Chapter summary**

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

- There was no clear pattern across the groups as to whether smaller, locally owned pharmacies, supermarket pharmacies or larger chain pharmacies were preferred. Participants could see the merits of both types of service – the larger chains being more likely to have a wider range of medicines in stock, but with longer waiting times, and the smaller pharmacies being more personable but not as convenient.

- Generally, participants simply accessed the most convenient pharmacy in terms of location but also opening hours.

- For most participants pharmacies were seen just as places to pick up prescriptions and nothing more. Many participants preferred to buy non-prescription medicine at the supermarket for reasons of cost and convenience.

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

**a) Overall usage levels**

Although the discussion of usage levels in groups cannot be seen as an assessment of the actual levels of usage among the different demographic groups in Oxfordshire, we briefly explore it here in order to put the views of these groups in context. Differing usage levels should be borne in mind when interpreting opinions and experience of services by each group, as regular users are more likely to have an ‘accurate’ picture of service provision, and more strongly held views about the quality of service provision in pharmacies.
Across the groups, there was wide variation in levels of pharmacy usage. Usage was much higher among people with long-term conditions (including mental health conditions) and the elderly. Both these groups needed to access prescription medicines more regularly than other groups as a result of their chronic and often multiple health conditions requiring medication. It should also be noted that although they are high users of medical services, quite a few of the elderly people had medicine delivered to their homes, and thus had not actually visited a pharmacy in a long time, despite needing repeat prescriptions. Usage was far lower among young people, many of whom did not use pharmacies on a regular basis. Many of the participants in the group in a deprived area and some of the parents needed to go to the pharmacy often to collect medicine for their children or elderly relatives.

b) Factors influencing choice of pharmacies

There was no clear pattern across the groups as to whether smaller, locally owned pharmacies, supermarket pharmacies or larger chain pharmacies such as Boots or Lloyds were preferred overall. Participants could see the merits of both types of service – the larger chains thought more likely to have a wider range of medicines in stock but with longer waiting times, and the smaller pharmacies being more personable but with less convenient opening hours. Generally, participants simply accessed the most convenient pharmacy, whether this was the one closest to their home, on the school run or near their GP surgery. This is consistent with the findings of the residents’ survey which showed that almost half (48%) considered proximity to their doctor's surgery to be the ‘location factor’ that most influenced their choice of pharmacy, and around two in five (39%) considered quick service to be the ‘service factor’ that most influenced pharmacy choice.

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

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

“I use Sainsbury’s so I can pop out and get my shopping while I wait.”
Participant with a long-term condition

“With the smaller pharmacies you have less time to wait – that’s my experience anyway – when I have to pick up the kids from school I don’t have time to wait that long.”
Parent

Linked to convenience, the most important factor affecting some participants’ choice of pharmacy seemed to be opening hours. As a participant in the young person’s group noted that he had no preference for a particular pharmacy as long as it is open when he needs it.
Where participants had access to a pharmacy at or close to their surgery, they tended to be very appreciative of this option, finding it a very convenient way of collecting their medicine. This was particularly true of those with long-term conditions and mothers of young children, who looked to minimise the number of stops they had to make when accessing services.

“You can come out and get your prescription straight away without having to drive somewhere to pick it up.”
Young person

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

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

“I just think, oh yeah, I’m going to the shop – I don’t see it as part of the NHS”
Young person

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

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

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

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

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

1. Access to Pharmacies

Chapter summary

- Across all the groups there were no major problems with general access to pharmacies. Opening hours were the most significant barrier to access – these were often seen as erratic, especially around lunchtime.

- The elderly and those with limited mobility reported fewer problems with access than might have been expected. This appeared to be partly a generational attitude of stoicism, but also testament to high quality delivery and collection systems.

- Participants were not particularly concerned about out-of-hours access apart from those with serious long-term health problems. However, knowledge of how to access an out-of-hours service was not particularly high and participants considered it important to advertise this service more widely.

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

a) General Access

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

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

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

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

Generally, this merely caused annoyance and inconvenience. Many in this group also reported having access to other pharmacies within a reasonable distance, and so it did not mean not being able to access any pharmacy. This was also true of the vast majority of participants who lived in towns. Although most participants from rural areas were restricted to one pharmacy in their nearest village, they also had alternatives at their surgery or the nearest large supermarket. Overall, participants did not consider there to be a particularly urgent issue in terms of lack of access in their area.

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

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

“He opens and shuts when he wants, that’s not on really, especially when you’ve run out and really really need your script that day”
Participant living in a deprived area

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

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

Older Person

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

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

“If you ring up in the morning, he’ll deliver it that day, he’s ever so reliable”
Participant with a long-term condition

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

It may be the case that our older participants were better informed about the options available to them to help with access, through their social networks and or advice accessed through social services and voluntary sector organisations. The same appeared to be true of mental health service users. Many noted that their doctor or social worker had introduced them to the collection of repeat prescriptions service, which they now found invaluable.

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

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

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

“You have to wait wherever you go – they always say come back in 20, 30 minutes, and I don’t have that kind of time to wait.”
Participant with a long-term condition

“There was only one other person and I still had to wait 25 minutes.”
Participant with a long-term condition

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

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

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

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

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

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

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

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

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

Parent

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

Participant with mental health condition

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

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

Participant living in a deprived area

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

“Better management of staff would help. Don’t all go off for dinner at 1 o clock – stagger your dinner, everyone else does!”

Participant with a long-term condition

c) Out-of-Hours Access

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

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

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

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

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

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

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

2. Customer experience of pharmacies

Chapter summary
- While some participants had complaints about specific incidents, most seemed happy with the general level of customer service they receive in pharmacies– as long as prescription medicines were available, opening times were sensible, no mistakes were made and the waiting time was reasonable.
- Some in the young person’s group thought that pharmacists and their assistants could be friendlier, but the wider sentiment was that pharmacy staff were efficient and helpful. Although customer service wasn’t really the deciding factor for most participants, some would like to see improvements in the willingness of the pharmacist to engage with customers, and in the attitude of dispensary assistants.
- As with customer service, the physical layout of participants’ local pharmacy was not an issue of great concern. However, a significant minority of participants were concerned about a perceived lack or inadequacy of private areas in their local pharmacies.
- A key element of the service that was especially valued by participants was pharmacists’ attention to detail – double checking prescriptions and catching mistakes made by doctors. Pharmacists making mistakes only became an issue when they occurred frequently, or pharmacists appeared reluctant to help resolve the issue.
Across all the groups, most participants expressed satisfaction with the pharmacy service in their area. While some participants had complaints about specific incidents, most seemed happy with the general level of customer service they receive in pharmacies and with the products and services that are available. This is also reflected in the residents’ survey, which found that 88% were satisfied with existing service provision.

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

“They are what they are, they sell medicine don’t they? Beyond good customer service, what more can you expect?”
Participant living in a deprived area

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

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

“They’re pretty businesslike, but that’s fine, you’re not exactly going to dinner with your pharmacist are you….well I reckon some old ladies might want to, but that’s another story.”
Parent
Some in the young person’s group thought that pharmacists and their staff could be friendlier, but the wider sentiment was that in general most were efficient and helpful. Older people in particular were very satisfied with the service received. This broadly reflects the generational difference in expectations as a customer discussed in the previous chapters.

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

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

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

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

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

As most people could choose from a range of different pharmacies, they felt satisfied that they had the option to change to a different one should customer service be an issue. They therefore did not feel that this was something NHS commissioners needed to get involved in. However, participants who had more limited access to a choice of different pharmacies had much clearer expectations in terms of customer service. Several participants living in a deprived area were very dissatisfied with the attitude of the pharmacist in their local pharmacy, but felt that this needed to be resolved so they could continue to use the same pharmacy, rather than feeling that they should simply go to a different pharmacy where the service was better.

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

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

“It depends who is behind the counter. If they’re in a good mood then they’ll talk to you and offer advice.”
Parent

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

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

“I came in with a script and the pharmacist said: are you going to be taking these on the same day? You shouldn’t even be taking them in the same month”
Participant with a long-term condition

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

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

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

"I think it's the place you go when you've self-diagnosed yourself – when you know what you want"
Young person

"Unless they've actually got lumps and spots and bumps I would ask a pharmacist for advice. If they didn't seem too distressed by it"
Parent

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

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

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

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

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3 Opinion of professions tracker 1983-2009. Question asked of 2,000 nationally representative adults aged 15+ each year. Most of these surveys were commissioned by the British Medical Association.
“I know the pharmacist is a professional but he’s a professional about dishing out drugs, not administering jabs.”
Participant with a long-term condition

“I wouldn’t go to a bricklayer and ask him to do my plumbing would I?”
Participant with a long-term condition

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

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

“The pharmacist doesn’t know you as well as your doctor does.”
Participant living in a deprived area

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

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

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

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

Advice about medicine costs was also valued, particularly among those with long-term conditions and those from more deprived backgrounds. Many of those with long-term conditions mentioned that their pharmacist proactively points out if a prescription medicine is available more cheaply over-the-counter, or whether they could buy a generic version of a branded medicine to save themselves money. However, those
from deprived backgrounds and young people felt their pharmacist could be more proactive about this.

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

Participant living in a deprived area

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

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

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

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

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

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

Participant with a long-term condition

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

Participant with a long-term condition

All participants felt that a private area should be available in all pharmacies, given that many people wish to discuss matters that may be thought to be personal or embarrassing. Although they recognised that this could be a costly and difficult request for the very smallest local pharmacies to implement, they felt it was important because not having a private area could be a barrier to asking for advice, driving people to make appointments with their doctor when not strictly necessary.
“It would be all right if you weren’t slap bang on the shop floor with loads of people behind you and someone knows your mum”
Young person
3. Views on extended services

**Chapter summary**

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

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

**a) Awareness of extended services**

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

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

*Young person*

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

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

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

Parent

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

Older person

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

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

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

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

c) Views on the appropriateness of extended services

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

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

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

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

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

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

While older people simply seemed indifferent to the idea because they felt adequately cared for by their GP, those with long-term conditions became increasingly hostile to
the idea the longer they spoke about it. This is perhaps because this group has the most frequent need for the attention of pharmacists in dealing with their prescription medicines and therefore had the most to lose if pharmacists’ priorities were to change. Some thought this was an attempt to reduce GPs’ workload and save money for the NHS at the expense of quality patient care. There may have been an element of group-think here, but the general feeling was that pharmacists should concentrate on their main role. This opinion was also expressed by some in the young people’s group. This stands in contrast to their general preference for fast, easily accessible services and limited waiting times. This appeared to be based on a preference for specialisation of services.

“If you’ve seen a doctor for 20 years you can speak to them about anything and you trust them.”

Participant with a long-term condition

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

Young person

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

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

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

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

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

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

Participant living in a deprived area

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

Privacy

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

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

Participant with a long-term condition

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

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

Participant living in a deprived area

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

Parent

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

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

Participant with a long-term condition

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

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

Parent

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

Parent

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

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

Participant living in a deprived area
5. Suggested improvements to pharmacy services

Chapter summary

- Across all the groups, there was a feeling that only minor changes were needed to the current service which was considered friendly, efficient and reliable. Repeat prescription services and the quality checking role of pharmacists were considered important to retain and support. There was a high value placed on the convenience of pharmacies – those in or next to the GPs surgery were especially appreciated.

- Possible additions to streamline the service further could include email or phone renewals, text reminders and ‘stop gap’ services where patients had badly timed their repeat prescription requests.

- Many wished for more pharmacies to be open later in the evening earlier in the morning, to facilitate picking up medicine after the first and last doctor’s appointments. Out of hours service was not a concern to many. All groups mentioned staffing in pharmacies as an area for improvement. Participants suggested adjustments such as the timing of lunch breaks, and encouraging pharmacists to interact more with customers.

- Privacy was mentioned in all groups as an essential improvement especially where clinical services were being delivered. Those in the long-term conditions group also thought that there should be better disabled access and chairs being made available in the waiting area.

- Prescription charging was generally tolerated by most participants, although those with exemptions greatly valued them. Participants on low incomes felt more could be done to clarify what was cheaper on or off prescription, or by offering generic alternatives to branded medications.

- While there is a certain amount of receptiveness to extended services, those with serious illnesses would not currently use them. All participants were emphatic that they should not adversely impact on core services and especially waiting times, and felt that if they were to be provided, they ought to be better advertised and free of charge.

Towards the end of the discussion groups or interviews, participants were asked to outline any changes that they would like to see in the pharmacies in their area, whether this be adding new services, removing unnecessary products or services, or changing the way existing services are delivered. Across all the groups, there was a feeling that only minor changes were needed to the current service; in general, participants considered pharmacies to be good at what they do and there was sufficient choice available for consumers to be able to find at least one which suited their needs. Therefore, all of the changes suggested in this chapter should be understood in the context of an overall contentment with the scope and quality of current services.
“Generally pharmacies are pretty good, there’s quite a few around, so we should just maintain them. Try and keep it simple: supply and demand, it works well at the moment, people pick their own ones they like to go to for a reason.”

Young person

a) Essential aspects of current service to retain

This part of the discussion began by focusing upon the areas which participant most valued about current pharmacy services. Elderly people, parents and those with long-term conditions said that repeat prescription services were very important and useful. Being able to order their prescriptions by telephone and online drastically cut down the time it took for them to fulfil this regular task, something especially important for those whose conditions reduced their mobility. This service was also highly valued by those who are short on time such as full time workers and parents of young children. Although almost all those who had repeat prescriptions had access to collection services currently, additions such as email or phone renewals were highly valued by those who have them, and desired by those who do not.

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

Participant with a mental health condition

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

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

Perhaps unexpectedly, both young people and those with long-term conditions also thought that the health leaflets and posters available in many pharmacies should be retained, as they were likely to read these while waiting to collect a prescription. While many with long-term conditions generally accessed this type of health advice at their GP surgery, pharmacies appeared to be a rare opportunity to get the attention of young people, as they are less likely to be in regular contact with health care professionals elsewhere.
Participants were generally happy with the accessibility of pharmacies where they lived, and hoped this would continue. Those who lived in a deprived area mentioned that they would prefer some pharmacies to remain small and community-based. They considered that if small independent pharmacies were not supported by the NHS, the tendency would be towards homogenised, larger pharmacies in the same way that supermarkets had reduced the viability of small high street shops. They opposed this trend because they felt pharmacy services would become less accessible for themselves, but especially for older people and those with mobility or transport issues.

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

Participant living in a deprived area

There was also a high value placed on the convenience of having a pharmacy in or next to the GP’s surgery and most participants wished for this to remain in place. None of the participants were aware that it is NHS policy to only maintain dispensary services at GPs where there is no locally accessible community provision. One participant whose GP-based pharmacy was about to be closed down had noticed significant local opposition to this change. She generally agreed with the sentiment.

b) Suggested improvements to pharmacy services

Customer Service

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

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

Encouraging staff to make more effort to get to know their customers, and avoiding the use of locums would also improve the level of service in most pharmacies, especially in the eyes of young people and those with long-term conditions. Some simple suggestions emerged from the groups about how best to achieve this. While they recognised that in today’s world it was not always possible for all staff to know customers by name, schemes such as using name badges for staff and encouraging pharmacists to come out from behind the shelves more often would encourage a friendlier atmosphere to develop in which participants thought they would be more likely to seek advice.
“Keep the same staff, the same pharmacists; so that people that go there can go in and get familiar, so they’re more comfortable for them if they do have a problem, they’re more comfortable because it’s the same person”
Young person

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

Access
Regarding opening hours, most participants thought that it was not reasonable to ask all pharmacies to open for long periods at a time. However, many thought it would be possible for the majority of pharmacies to close an hour later in the evening or open an hour earlier in the morning, to facilitate picking up medicine after the first and last doctor’s appointments (between 8 am and 7 pm). Others thought that more pharmacies should also open at weekends, but generally this was less of a salient issue – most participants already had a Saturday service, if not Sunday as well.

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

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

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

As discussed previously, few participants had needed a pharmacy out-of-hours, and generally felt that something urgent enough to need medication out of hours was best dealt with by an out-of-hours GP or hospital that already had the ability to dispense medication. However, participants did feel that the NHS should make information about current out-of-hours provision more widely available, with listings for those pharmacies open late, overnight or at weekends readily available online, in phone books and on posters in doctor’s surgeries and pharmacies, or even on prescription slips themselves.
Those in the long-term conditions group also thought that mobility issues could be better addressed, with better disabled access to pharmacies and facilities such as toilets being made available. Older people mentioned that more chairs would be welcomed in the waiting area. Participants in the deprived and young person’s groups thought that the simplest solution was to make delivery available to all elderly people and the less mobile. All participants who were older or less mobile appeared to already have access to this facility. Delivery was not thought to be necessary for the general population; people considered it reasonable to limit the service to those who truly needed it.

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

Young person

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

**Prescription charges and the price of medication**

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

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

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

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

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

**Extended Services**

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

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

“GPs should be recommending it – you would think a lot of GPs would want that because they are so overworked.”
Participant living in a deprived area

“I’ve realised that there’s a lot of things that pharmacies offer that I didn’t know that they did. I think that should be clearer because it’s costing them money to offer these services but no one knows about them –I want to know what services are on offer for me”
Young person
Some participants also queried the sense in charging for extended services in pharmacies, as they would be free if accessed at the GP surgery. This is particularly true in relation to contraception. As participants in the young people’s group pointed out, condoms and the morning after pill are free at sexual health clinics, but not at pharmacies. A participant in the deprived group thought that making this free would encourage more teenagers to access these forms of contraception when necessary.

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

Young person

6. Priorities for different social groups

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

Young people

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

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

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

Older people

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

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

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

Parents

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

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

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

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

**Deprived communities**

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

This group were the most tolerant of all the groups regarding the provision of methadone services in pharmacies, ostensibly because many of them knew someone who had benefitted from this treatment. However, they were emphatic that drug withdrawal therapies, and other embarrassing issues needed to be dealt with in a sufficiently separate, and private area. This was less to distance these customers from the ‘rest’ of the queue, but more to respect the privacy of those receiving methadone. They were concerned that some users could be deterred from completing their withdrawal if they were seen by other members of the community who they knew.

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

**Those with long-term conditions**

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

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

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

**Those with mental health conditions**

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

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

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

**Conclusions and recommendation**

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

Maintaining the current high quality service

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

Improving customer service

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

While most participants were happy to try other pharmacies if the medicine they required was not available, those dependant on one local pharmacy felt that pharmacists could do more to maintain good stocks of the medications their regular customers required. Providing private areas was an important area for improvement in all groups. Although many participants already had access to a consultation room in their pharmacy, a significant number did not have, or were not aware that they had access to this area.

Taking extended services forward

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

**Appendix to Focus Group Survey Results**

**A. Discussion guide**

**Objectives of the discussion**

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

Specific objectives of the work are:

a. To understand the experience of ‘hard to reach’ groups using pharmacy services and how this may differ from the general public;

b. To explore what influences these groups’ levels of satisfaction with their experience of using pharmacy services;

c. To examine the factors which affect people’s ability to access pharmacies

d. To explore people’s opinions on the wider role of the pharmacist, specifically with regard to consultation services

e. To explore levels of awareness about, and opinions on extended pharmaceutical services already on offer in their area; and

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Comments</th>
<th>Time (mins)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(1) INTRODUCTION AND WARM-UP</strong></td>
<td>Warm up – try to encourage them to feel that they are among friends and they are in an environment where they are free to voice their honest opinions. Also covers general housekeeping – the rules of the discussion and the information we are required to</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Introduce self, thank participants for attending – mention that discussion should last for about an hour and a half. Introduce client if present. Research is on behalf of the NHS Oxfordshire, the NHS body that looks after healthcare services in the region. They would like to find out your views on pharmacy services and how they might be improved</td>
<td>Stress there are no right or wrong answers – we are just interested</td>
<td></td>
</tr>
<tr>
<td>in finding out your views and opinions</td>
<td>tell participants under the MRS Code of Conduct.</td>
<td></td>
</tr>
<tr>
<td>Reassure participants of anonymity. Also, no comments will be linked back to specific pharmacies</td>
<td>It also provides an opportunity for each participant to talk, which will help encourage them to join in the discussion later</td>
<td></td>
</tr>
<tr>
<td>Permission to record – for analysis purposes only</td>
<td>Ask for basic details about participants lives to give context to their answers – how they live is likely to affect their access to/experience of pharmacies</td>
<td></td>
</tr>
<tr>
<td>Introductions: Names, what they do, where they live and with whom, how often they use a pharmacy.</td>
<td></td>
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</tbody>
</table>

### (2) GENERAL USE AND PERCEPTIONS

**Can you tell me about the last time you visited a pharmacist?**

**PROBE:**
- Reason for going there (medical condition, choice of pharmacy over others)
- Distance/convenience of travel
- Time of visit
- Availability of products needed
- Experience of the pharmacy itself
- Experience with pharmacy staff

**How often do you visit a pharmacy?**

**What are the main reasons for your visits?**

ALLOW SPONTANEOUS ANSWERS THEN PROBE:
- Beauty and health products
- Over-the-counter medicines
- Prescription medicines
- Contraception
- Advice on symptoms
- Advice on treatments
- Specific health services e.g. stopping smoking, blood sugar checks, flu vaccinations, STI/pregnancy tests
- More general health advice e.g. weight, alcohol
- Help managing a long-term condition

**What do you think of pharmaceutical services in general in the area where you live/work?**

**PROBE:**
- What do you like? What do you dislike? Why do you say this?
- Are they any better/worse than in other areas? Why/not?

FOR THOSE WHO DON'T VISIT PHARMACIES – WHAT IS YOUR MAIN REASON WHY NOT?

**MODERATOR TO NOTE KEY WORDS/IDEAS ON A FLIPCHART** – pay attention to what is mentioned first, and what is omitted, as this will tell us a lot about what people’s priorities are.

**FLIPCHART THIS ON A POSITIVE/NEGATIVE CHART**

### (3) ACCESS

**Ok, so now we’ve talked very generally about pharmacies, let’s try and focus in on one issue at a time. Firstly, let’s discuss access** – by that I mean how easy or difficult it is to find a pharmacy, to get to the pharmacy you want to go to etc.

**Where is the pharmacy that you typically use located?**

**PROMPT IF NECESSARY:** near where I live/work, on the high

**Could use maps here to help**
street, at the gp surgery/hospital, in the supermarket

Is there a particular reason for visiting this pharmacy over others? PROMPT IF NECESSARY: close to my house, close to my doctor, opening hours, helpful/friendly staff, availability of medicines/services, privacy, parking, public transport etc.

Do you use more than one pharmacy, and if so, why? PROMPT AS ABOVE

How easy is it to get access to your/a pharmacy?
PROMPT:
- Location
- Opening hours
- Transport issues

What happens if you can’t go to your normal pharmacy/it isn’t open?
PROBE:
- Availability/awareness of alternative options, extended hours services
- Impact on health, worry etc.

Thinking even more specifically now, how easy or hard it is to get the products you need (especially prescribed medicine) from your pharmacy?

What makes it easy?
What makes it difficult?

Which happens more regularly? Why do you think this is?
PROBE: Staff issues, supply issues, communications with GP/hospital etc.

Does the same scenario apply for repeat prescriptions?
Why do you think this is?
PROBE: familiarity, routine, availability of collection service etc.

Do any of you use a collection service for repeat prescriptions? Why or why not?

(4) EXPERIENCE

Now I would like you to consider your experience when you visit a pharmacy. Thinking about your recent visits:

- How comfortable do you feel when you go to a pharmacy? What makes you feel comfortable/ uncomfortable?

- How easily can you find what you are looking for? PROBE: layout, quality of information displays, staff helpfulness, range of products available?

- What are the staff like?

- What is it like when you need to do more than just collect a prescription? (Consultation)

us visualise how far people are travelling, what public transport is available etc.

Here we need to pay attention to what the barriers to and enablers for access are – NOTE THESE ON A FLIPCHART

15 minutes
<table>
<thead>
<tr>
<th>(5) EXTENDED SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What services, other than filling prescriptions, does your pharmacy offer?</strong> DO NOT PROMPT INITIALLY, THEN PROBE AS APPROPRIATE TO TARGET AUDIENCE:</td>
</tr>
<tr>
<td>- Stop Smoking services?</td>
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<tr>
<td>- Medicines Use Reviews?</td>
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<tr>
<td>- Emergency contraception?</td>
</tr>
<tr>
<td>- Treating minor ailments</td>
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<tr>
<td>- Support for long-term conditions</td>
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<tr>
<td>- Child nutrition</td>
</tr>
<tr>
<td>- Withdrawal therapies (e.g. methadone)</td>
</tr>
<tr>
<td><strong>Public health advice – e.g. alcohol, heart health, weight</strong></td>
</tr>
</tbody>
</table>

Have you ever used any of these services?  
Which ones?  
**What made you take up these offers?**  
What did you think of the service?  

**IF NOT USED, BUT AVAILABLE – Why do you not use these services? Would anything persuade you to do so?**  

**IF NOT AVAILABLE - would you use this service if it were available? Why/not?**

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<tr>
<th>(6) LOOKING TO THE FUTURE</th>
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<tbody>
<tr>
<td>Thinking about all the things we’ve spoken about today, what services do you think you would like from pharmacies in your area in the future?</td>
</tr>
</tbody>
</table>

ELICIT SPONTANEOUS RESPONSE INITIALLY, THEN GO THROUGH POSSIBLE OPTIONS – especially extended services list above, opening hours, accessibility, customer service. . |

What would help local pharmacies cater better for your needs?  
**PROBE:**  
- Range of products available  
- Range of services  
- Staff attitude/customer service  
- Locations/accessibility

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<tr>
<th>(7) SUMMING UP &amp; CLOSE</th>
</tr>
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</table>

**Examine to what extent these groups are informed about, and satisfied with, extended pharmaceutical services already on offer in their area.**

15 minutes
Is there anything that we haven’t discussed today that you think is relevant here?

And if you were to meet with the people in charge of your local pharmacy tomorrow, what would be the one message you would like to give them?

Thank and close – hand out incentives, reiterate how their hard work today will be used to make local services better.