

Pharmaceutical Needs Assessment

What are people saying about services?

Black, Asian and minority ethnic groups, males, young people and those living in disadvantaged neighbourhoods



A report for Dudley Office for Public Health and the NHS Dudley Clinical Commissioning Group

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healthwatch
Dudley

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Healthwatch Dudley would like to thank everyone who was involved in the conversations about community pharmacy services in the Dudley borough, how they are used, and how they might look in the future. The groups that we visited were the African Caribbean Community Network in Dudley, Brierley Hill Project recovery Café, Bengali Women's Group in Halesowen, Young Health Champions Group, Centre for Equality and Diversity Women's Coffee Morning Group and a Special People's Network event Pharmacy and Me.

Foreword



Dudley Office for Public Health asked Healthwatch Dudley to help with its Pharmaceutical Needs Assessment process. We were tasked with gathering the views of people living in the borough on how they were using community pharmacy services. More specifically, Black, Asian and minority ethnic groups, men, young people and people living in disadvantaged areas.

The aim was to find out what is good or not so good about community pharmacy, where there are gaps in services and what could be done to improve

services. At the same time, trying to understand what might be done to get more people to use community pharmacy services to help meet their healthcare and wellbeing needs.

This report sets out the inquiry approach adopted and the findings. In turn, it elaborates on what the findings mean for the Pharmaceutical Needs Assessment and community pharmacy. Highlighting good practice and what actions might be taken to change or improve services in the future.



Chief Officer

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Summary



Healthwatch Dudley was asked by the Dudley Office for Public Health working closely with the NHS Dudley Clinical Commissioning Group, to undertake an inquiry to get the views of particular groups of people on community pharmacy.

The Health and Social Care Act 2012 sought to ensure the voice of people who are accessing health and social care services or might be accessing them in the future are involved in and have

influence over the design, procurement and delivery of those services.

Dudley Metropolitan Borough is centrally located within the Black Country in the West Midlands. The 2011 Census showed there were approximately 314,000 people living in the borough with most (92.5%) describing themselves as White British. Other significant ethnic groups are Pakistani, Indian, Polish, Latvian, Lithuanian and Mixed White and Black Caribbean.¹

In the Dudley borough there are 73 community pharmacies operating, which includes 5 that are online distance selling pharmacies. The 68 that are on the high street range from small independent providers through pharmacy-led health and beauty retailers, large pharmacy chains and supermarket pharmacies.²

The first Pharmaceutical Needs Assessments (PNAs) were formulated by NHS Primary Care Trusts in 2011. The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to new local authority Health and Wellbeing Boards.³

¹ Office for National Statistics, Census 2011, www.neighbourhood.statistics.gov.uk/dissemination/LeadKeyFigures.do?a=7&b=6275081&c=dudley&d=13&e=13&g=6365166&i=1001x1003x1004&m=0&r=1&s=1493812300173&enc=1

² Pharmacy Consumer Research, Pharmacy usage and communications mapping, RPS, 2009, <https://www.scribd.com/document/194945183/Pharmacy-Consumer-Research>

³ Department of Health, Health and Social Care Act 2012 http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_201200.07_en.pdf

The inquiry approach comprised of different qualitative elements used to obtain people's views and experiences of accessing and using community pharmacy services. The people we targeted to engage with were from Black, Asian and Minority Ethnic groups or were males, younger persons or living in disadvantaged areas. They were all under-represented in the responses to the PNA public engagement work that was undertaken in 2014.

Focus group sessions were arranged to take place at a time and place that was convenient for the people who would be attending them. They comprised of between six to ten people around a table and each session took between one and one and a half hours to complete. A schedule outlining areas of interest and possible questions to ask was used by session facilitators to gather people's views on and experiences of using community pharmacy services and how they saw them developing or changing in the future.

Questions that arise from findings from the inquiry are on community pharmacy and better promoting the services that they provide and making more of the trust that people have in the pharmacist. Considering the situation and configuration of premises and what more can be done to support and help people from Black, Asian and minority ethnic groups, males, young people and people living in disadvantaged neighbourhoods. At the same time, thinking about what further steps can be taken to ensure particular groups or individuals are not inadvertently or otherwise discriminated against and people's privacy and dignity is maintained on visits to the community pharmacy.

There is scope to improve the layout of the community pharmacy and thinking about how to make things better for people from different backgrounds and with different conditions or disabilities. In turn, more might be achieved through better integration with other primary and secondary healthcare providers and closer working with voluntary and community organizations and groups. This might mean there were new opportunities for signposting activity to direct people to other organizations and groups that could help them with their healthcare and maintaining a good quality of life.

In turn, extra facilities might be provided in community pharmacies (such as toilets, crèche and play areas, and baby changing and breast feeding facilities) and there could be the option of having café style or hub type premises where people can have more of a social experience. And be involved in healthy living activities such as keep fit activities and healthy cooking sessions. This could happen alongside better use of information technology and information sharing in tandem with help for self-care through self-actuated research, health checks and the booking of appointments with other organizations and individuals who can help a person with their healthcare or wellbeing.

Introduction

Healthwatch Dudley was asked by the Dudley Office for Public Health working closely with the NHS Dudley Clinical Commissioning Group, to undertake an inquiry to get the views of particular groups of people on community pharmacy. We had targeted conversations with people from Black and Asian minority ethnic groups, males, young people and people living in disadvantaged communities. The aim was to better understand how they were using community pharmacy services and how they might be changed or improved in the future.

Background

The Health and Social Care Act 2012 sought to ensure the voice of people who are accessing health and social care services or might be accessing them in the future are involved in and have influence over the design, procurement and delivery of those services.

Healthwatch

Healthwatch, which is funded by the Department of Health, was established in 2013 as a result of proposals set out in the 2012 Act. Healthwatch England is the national umbrella body and there are 148 local Healthwatch organizations' in a network that operates across England.

Healthwatch Dudley is the champion for local people on NHS funded

health and social care services provided for adults and young people. We listen to people's stories and gather their views on or experiences of getting access to hospital, doctors surgery, dentist, pharmacy, optician, care and nursing home, or social care services.

In turn, we share our inquiry findings with organizations and individuals who have the power to change and improve health and social care services. And we have a statutory

seat on the Dudley Metropolitan Borough Council Health and Wellbeing Board and a seat on the NHS Dudley Clinical Commissioning Group Board.⁴

Dudley Metropolitan Borough

Dudley Metropolitan Borough is centrally located within the Black Country in the West Midlands. The three main towns are Dudley, Halesowen and Stourbridge and it is divided into five townships: Brierley Hill (including Kingswinford); Dudley and Netherton; Sedgley; Halesowen; and Stourbridge.

The 2011 Census showed there were approximately 314,000 people living in the borough with most (92.5%) describing themselves as White British. Other significant ethnic groups are Pakistani, Indian, Polish, Latvian, Lithuanian and Mixed White and Black Caribbean.⁵

In turn, Public Health England figures for 2017 show that 23.1 per cent or 13,415 young people aged under 16 were living in low income families (where reported income is less than 60 per cent of median income). And males at the higher end of the social gradient live 9.6 years longer on

average than males at the lower end of the social gradient. For women the gap is 7.3 years.⁶

Community pharmacy

In the Dudley borough there are 73 community pharmacies operating, which includes 5 that are online distance selling pharmacies. The 68 that are on the high street range from small independent providers through pharmacy-led health and beauty retailers, large pharmacy chains and supermarket pharmacies.⁷

They open at various times from early morning until late at night and on Saturdays and Sundays. All of them provide essential services: the dispensing and repeat dispensing of prescriptions; prescription linked interventions; disposal of unwanted medicines; signposting and public health campaigns; the promotion of healthy lifestyles and support for self-care.

Advanced services can be provided by pharmacies once accreditation requirements for pharmacists and premises have been met. They include medicine use reviews, appliance use reviews, and stoma appliance customization services. Enhanced services that are commissioned locally in response to

⁴ Healthwatch Dudley,
www.healthwatchdudley.co.uk

⁵ Office for National Statistics, Census 2011,
www.neighbourhood.statistics.gov.uk/dissemination/LeadKeyFigures.do?a=7&b=6275081&c=dudley&d=13&e=13&g=6365166&i=1001x1003x1004&m=0&r=1&s=1493812300173&enc=1

⁶ Public Health England, Health Profiles,

<http://fingertips.phe.org.uk/profile/health-profiles/data#page/1/ati/102/are/E08000027>

⁷ Pharmacy Consumer Research, Pharmacy usage and communications mapping, RPS, 2009,
<https://www.scribd.com/document/194945183/Pharmacy-Consumer-Research>

the needs of the local population cover:

- care home services
- prescription collection
- home delivery
- smoking cessation
- Chlamydia screening
- emergency contraception
- needle exchange and methadone supply
- immunisation and vaccination jabs
- alcohol advice
- minor conditions advice
- long-term conditions advice
- health checks
- HIV testing

A number of pharmacies are part of the Healthy Living Pharmacy scheme. The intention is to improve people’s health and wellbeing and reduce health inequalities by delivering a range of high quality public health services. They include stopping smoking, alcohol interventions, help with weight loss, treatment for minor ailments, contraception and sexual health advice and targeted medicines use reviews. In these pharmacies staff with extra training are able to proactively engage with the public to deliver services.⁸

The Pharmacy First minor ailments scheme is available to people who are exempt from prescription charges and are registered with a

General Practice in the borough (and to others with a charge for medicines). The conditions covered by the scheme are shown in Table 1 below:

Pharmacy First Minor Ailments	
Acute cough	Acute headache
Sore throat	Acute fever
Earache	Diarrhoea
Cold and flu	Head lice
Hay fever	Dry skin/simple eczema
Bites and stings	Cold sores
Vaginal thrush	Sunburn
Nappy rash	Mouth ulcers
Dyspepsia	Constipation

Table 1: Pharmacy First minor ailments

Community pharmacies in the scheme are able to provide advice and support to people on the management of minor ailments, including where necessary, the supply of medicines to people who might otherwise have gone to the

⁸ Public Health England, Developing Pharmacy’s contribution to Public Health, 2014, <https://www.gov.uk/government/publications/>

[developing-pharmacys-contribution-to-public-health](#)

doctor's surgery.

Many community pharmacies apart from providing prescription medicines also have a range of other products for sale including non-prescription or 'over-the-counter' medicines, health foods and drinks, toiletries, cosmetics and items for infants and children.

Dudley Office for Public Health

The Dudley Office of Public Health, which is part of Dudley Metropolitan Borough Council, aims to work with local people to help them to have long, healthy and fulfilling lives.

Its public health programmes, which include those that support and promote the provision of Healthy Living Pharmacy and Pharmacy First minor ailments services and help on drugs, alcohol, sexual health, and self-care are all designed to help create vibrant communities.

The intention is to identify and effectively deal with the different factors that can impact adversely

on people's health and wellbeing at different times in their lives.⁹

NHS Dudley Clinical Commissioning Group

The NHS Dudley Clinical Commissioning Group is responsible for planning and commissioning (buying) health services for people living in the Dudley borough.

The types of services commissioned include: elective hospital care, rehabilitation care, urgent and emergency care and most community health services.

It has operational and long term strategic plans that set out how it will deliver and develop safe, high quality health care for the people living in the Dudley borough.

These plans are compiled following discussions involving its staff and clinicians, the local authority, the public, and the voluntary sector. Its vision for health and social care in the future includes a radical redesign of the local healthcare landscape and changes to the way people access services.¹⁰

⁹ Dudley Office of Public Health, <http://www.dudley.gov.uk/health/office-of-public-health/>

¹⁰ NHS Dudley Clinical Commissioning Group, www.dudleyccg.nhs.uk

Policy context

The first Pharmaceutical Needs Assessments (PNAs) were formulated by NHS Primary Care Trusts in 2011. The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to new local authority Health and Wellbeing Boards.¹¹

Under the 2012 Act, the Department of Health has powers to make Regulations. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.¹² Under the Regulations a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

The Dudley borough Health and Wellbeing Board was required to publish its first PNA in April 2015 and an updated PNA every three years thereafter. At the same time, it must also maintain an up-to-date a map of pharmaceutical services provided in the area.¹³

Each Health and Wellbeing Board must in accordance with regulations: assess needs for pharmaceutical services in its area and publish a PNA statement and any revisions to a PNA statement. Relevant pharmaceutical services, in relation to the PNA, include those deemed to be essential, which every community pharmacy doing NHS pharmaceutical work must provide (the dispensing of medicines, promotion of healthy lifestyles and support for self-care); those deemed to be advanced, which can be provided subject to accreditation (such as medicines and appliance use reviews and stoma customization services); and those deemed to be enhanced, which are locally commissioned by NHS England according to need.

¹¹ Department of Health, Health and Social Care Act 2012

http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_201200.07_en.pdf

¹² Department of Health, NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf

¹³ Department of Health, Pharmaceutical needs assessments, Information pack for local authority Health and Wellbeing Boards, May 2013,

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf

Inquiry approach

The inquiry approach comprised of different qualitative elements used to obtain people's views and experiences of accessing and using community pharmacy services.

The people we targeted to engage with were from Black, Asian and Minority Ethnic groups or were males, younger persons or living in disadvantaged areas. They were all under-represented in the responses to the PNA public engagement work that was undertaken in 2014.



We were particularly interested in: where people live and why they do or do not use community pharmacy services for themselves or others; the types of pharmacy help or advice they get; what assists or prevents them from using the community pharmacy; how they feel about the pharmacy environment and staff; how they rate the quality of pharmacy services; how any specific needs that they have are met (or not); and any ways that pharmacies or the services they provide could be developed or improved.

Ethical matters

All of the people who participated in focus group sessions or case study conversations were informed about the purpose of the PNA engagement work, the role of Healthwatch Dudley, how any information they provided and findings would be used, and how they would get feedback on what is happening. In turn, their consent to be involved in focus group or case study work was sought.

Participants were asked to respect each other's right to speak and have different views on pharmacy matters. They were asked to maintain confidentiality by not sharing the views of others outside of a meeting unless they have permission to do so (see Appendix 2, on page 37).

Healthwatch Dudley undertook not to identify any participant in any report based on findings from focus group sessions without their permission. Neither would we pass on information about individuals or their views to any third party without their permission. The only time that this standard would be breached is in instances where information was disclosed that suggested a person was at risk of serious harm to themselves or others or had seriously harmed themselves or others in the past.

People were informed they could refrain from answering a question or questions put to them and end their participation in PNA engagement activities at any time.

Focus group sessions

Healthwatch Dudley used its extensive network of links with community groups and its relations with Dudley Council for Voluntary Services staff members to arrange to undertake focus group sessions with the groups in Table 1, below).

Group	Male	Female
Brierley Hill Project, Recovery Café	3	4
Bengali Women’s Group, Halesowen	0	7
African Caribbean Community Network, Dudley	6	0
Special People’s Network Event: Pharmacy and me	11	30
Young Health Champions	1	5
Centre for Equality and Diversity, Women’s Coffee Morning Group	0	11
Total	21	57

Table 2: Focus groups

Brierley Hill Project Recovery Café

The Brierley Hill Project Recovery Café operates out of premises at the South Street Baptist Church in Brierley Hill. The project offers targeted life support and coaching as part of an approach that is about holistic and wrap around care.

Through befriending it seeks to create informal social relationships. Then the aim is to build on these relationships and at the appropriate time encourage people to engage in more one-to-one, non-judgmental, mentoring relationships where the aim is to walk with people over a period of time, supporting and encouraging them at a time of transition.¹⁴



African Caribbean Community Network

The African Caribbean Community Network meets at the Abberley Street Centre in Dudley. It was formed by a group of people who came together to break some new ground and forge a path to reconnect and rediscover shared ambitions for the African Caribbean community in Dudley. Its ethos is three-fold: to act as an open platform for all of the African

¹⁴ Brierley Hill Project, <http://www.brierleyhillproject.org.uk/>



Caribbean community in discussions and the formulation of an approach to address acute problems; to be a catalyst for social provision and economic empowerment; and be a leading agency for redressing social and economic exclusion..¹⁵

The People's Network

The People's Network is a place to: network in a positive way with people who have an interest in health and social care, have discussions and share experiences, inform policymaking and influence what local services look like.



Bengali Women's Wellbeing Group

The Bengali Women's Wellbeing Group came together in the summer of 2015. A few Bangladeshi women had recognised that there was a need for a group where they could meet, learn new skills and improve their wellbeing.

¹⁵ African Caribbean Community Network, <https://accndudley3.wixsite.com/accn/about>

They started to meet informally every Thursday afternoon at the Malt Mill Lane community room in Halesowen. The group now welcomes women from different backgrounds as well as Bengali.

Young Health Champions

The Dudley Young Health Champion project was set up to provide youth-



led opportunities for people aged 11-25 and support the promotion of

good physical, emotional and mental wellbeing amongst themselves and other young people. At the same time, the intention is to provide real opportunities for young people to influence those people making decisions about services.¹⁶

Centre for Equality and Diversity, Women's Coffee Morning Group

The Centre for Equality and Diversity aims to provide leadership and promote good practice in the field of equality and diversity, through being responsive to the needs of communities of interest and geographical communities across the Dudley borough. The Women's Coffee Morning Group brings together women from different ethnic backgrounds and circumstances to meet in a friendly and supportive environment.

Focus group sessions were arranged to take place at a time and place that was convenient for the people who would be attending them. They comprised of between six to ten people around a table and each session took between one and one and a half hours to complete.

A schedule outlining areas of interest and possible questions to ask was used by session facilitators to gather people's views on and experiences of using community pharmacy services and how they saw them developing or changing in the future. Sometimes a facilitator used prompts such as 'can you say something more', 'please explain' or 'that's interesting can you give an example' to get more information from people on a particular experience or point of view. They also made notes on what people were saying and what was happening around them (see Appendix 2, on page 37).

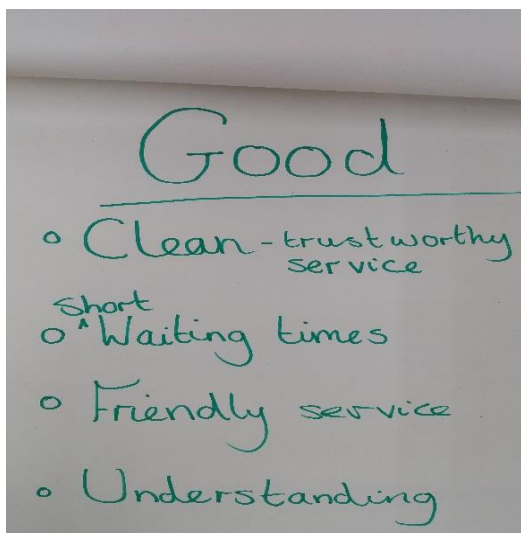
In return for their time and help groups received £100 or individuals a £10 shopping voucher.

¹⁶ Young Health Champions,

A three steps approach was used to gather people's views on and experiences of using community pharmacy services.

Step one: pharmacy and me

The first part of a focus group session involved getting people to respond to non-directive questions using post-it notes to record their answers (or get a facilitator to record their remarks on a post-it note).



The aim was to get people to quickly and succinctly note down the first things that came into their head in response to questions such as:

- When you think of community pharmacy what is the first thing that comes to mind?
- Community pharmacy to me is ...
- Where I live community pharmacy is

- What one word best describes community pharmacy for you?

Then there were questions such as:

- Is there anything that you would say is good about community pharmacy?
- Is there anything that you would say is not good about community pharmacy?
- Is there anything that would make community pharmacy better for you?
- When you think of the community pharmacist what is the first thing that comes to mind?

Step two: saying something more

In the second part of the focus group session the emphasis was on getting people to say something more with regard to the post-it note comments and what they were saying about community pharmacies and the services they provide. Again non-directive questioning techniques were used with questions such as:

- Tell me about
- Can you describe
- Can you say something more ...

- Keep going ...
- Can you give an example ...
- Can you explain
- It sounds like you are saying ...
- How would you say community pharmacy might look in the future ...

The information that was gathered was systematically analysed using a grounded theory approach and coding and categorization procedures that facilitated the identification of patterns and relationships in what people were saying about community pharmacy (see Diagram 1, below).¹⁷

to refine thinking and questioning in a deductive phase in the inquiry process.

The systematic inquiry process itself consists of the iterative formation of ideas and concepts based on:

- Labelling and coding: which in the early stages is mainly descriptive with labels or codes attached to particular items or instances of phenomena.
- A comparison phase: where the similarities and differences in emerging categories are compared and contrasted to build up and break down phenomena in order to get to

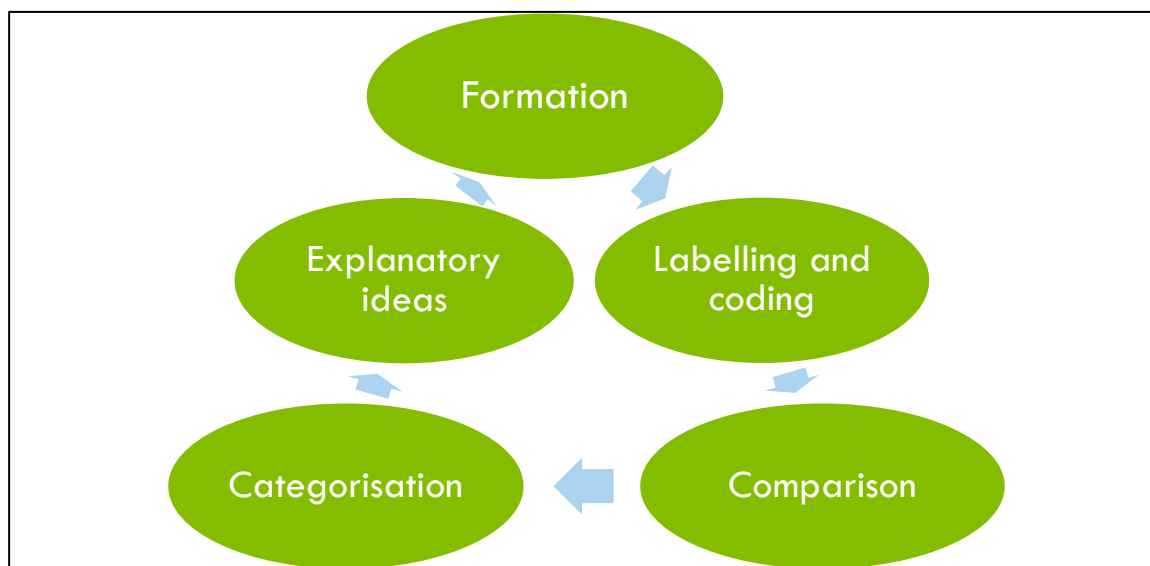


Diagram 1: Making sense of information

The grounded theory approach that was adopted used an inductive procedure to generate codes from information and as the analysis progressed simultaneous with inquiry activities. In this way it was possible

core ideas and meaning.

- Categorization: the process of identifying final substantive categories (groups of related codes - events, processes, occurrences - that share features with one another).

¹⁷ Corbin, J. and Strauss, A. (1990) Grounded Theory Research: Procedures, Canons, and Evaluative Criteria, *Qualitative Sociology*,

Vol.13, No.1, <http://link.springer.com/article/10.1007/BF00988593#page-1>

- Explanatory ideas - using the categories that are identified to improve understanding of a topic, issue or problem. It could involve the discovery of some overarching theme or idea to which all other categories can be linked to or arranged around.

Step three: patterns and relations

An information mapping approach was used to visually organize views and ideas obtained from focus group sessions (see Diagram 2, below).

The aim was to arrange material to reveal relationships that exist between different items of information around a central concept, the community pharmacy.

The information map is formed around the single concept. It is at the centre of a diagram and has groups of ideas, experiences or views, arranged around it. The most significant or important ideas or thoughts are connected directly to the central concept and other ideas or thoughts radiate out from them.

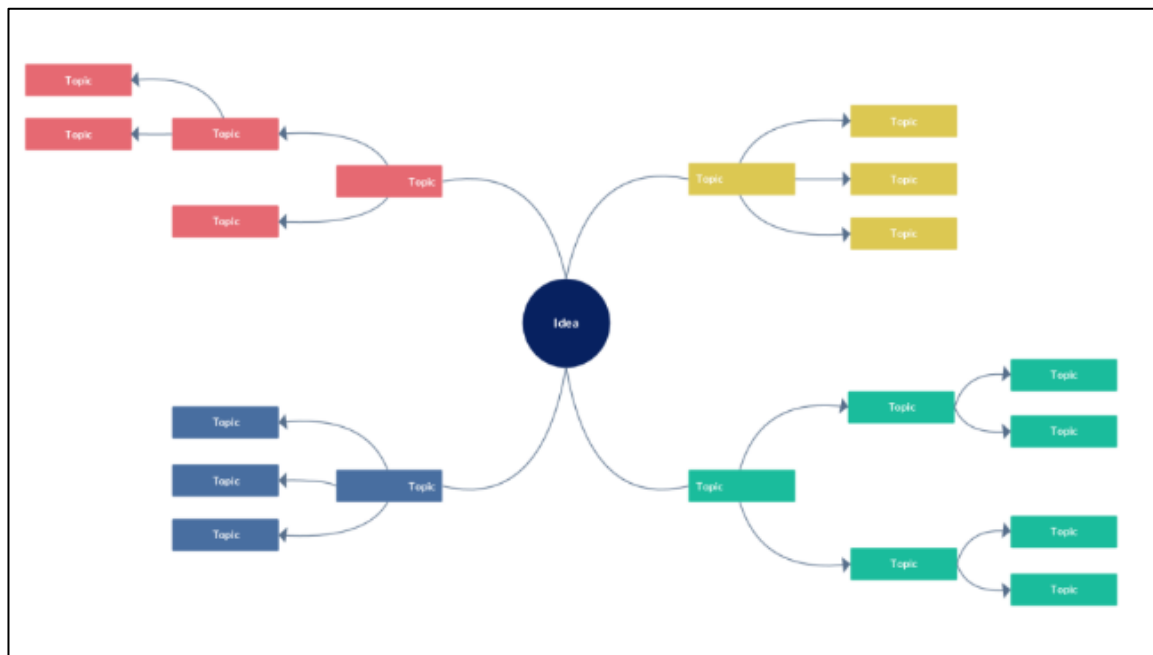


Diagram 2: Information map

‘The information mapping approach provided a pleasing graphical format for representing the key themes raised’¹⁸

Information mapping is a useful and logical way to set out information visually to improve understanding of connections between different items of information.

¹⁸ Burgess-Allen, J and Owen-Smith, V (2010) Using mind mapping techniques for rapid qualitative data analysis in public participation processes, in Health Expectations, Vol.13

pp.406-15, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5060552/>

Inquiry limitations

The qualitative and focused nature of inquiry activities meant a small number of people were involved in conversations about community pharmacy services. Some people were from the larger minority ethnic groups in the Dudley borough. A larger piece of work in the future could seek to involve people from other minority ethnic groups not represented in this inquiry.

The limited time available to undertake the inquiry constrained the number of focus group sessions that could be organized. Again, a larger piece of work in the future could be undertaken over a longer time period that would mean more focus group sessions could be organized. It was a not inconsiderable task to organize focus group sessions over the main summer holiday period and getting suitable dates in diary when some groups were not holding meetings for some time.

At the same time, more time for inquiries might mean it would be possible to get access to more detailed stories or case studies detailing people's experiences of getting access to community pharmacy services and views on how they might change or develop in the future.

Findings

In this section the findings obtained from an analysis of the information obtained at focus group sessions are outlined and elaborated on. Initially, people's first thoughts on community pharmacy services or the current ways they access and use the pharmacy are set out.

Next, the conversations that occurred on the themes or points arising from their first thoughts are described and explored. Then the results of an information mapping exercise are set out in a diagram that is an attempt to present in a visual way the main components of what people are saying about community pharmacy.

Pharmacy and me: first thoughts

The first part of the focus group sessions was entitled 'Pharmacy and me'. It involved using Post-it notes to record people's immediate views on how they or a partner or other close family member were using (or not) community pharmacy services.

An investigation of the various statements and remarks shows, not unexpectedly, that people from across the different focus group sessions are using pharmacies to get prescription medicines. And for one man at the African Caribbean Community Network it is 'Just a place to collect medicine'.

However, people are often not simply picking up prescription medications but also asking for advice on conditions or ailments and medications and how best to use them. A Bengali woman remarked 'I use it [the pharmacy] to collect my medicine or sometimes get advice on certain medical ailments'. Meanwhile, someone at the People's Network event had asked the pharmacist about 'What indigestion remedies to safely use with already prescribed drugs'.

In turn, people are also sometimes using the pharmacy to get quick access to advice and help on health and care matters. A participant at the People's Network event commented they 'Used the pharmacy rather than waiting for an

appointment [at the doctor's surgery] and a Bengali woman remarked they used the pharmacy 'To get over-the-counter medicine when the GP is unavailable and they need immediate relief or help'. Another person at the People's Network event said 'My uncle was struggling to manage ... I suggested to him to get items in a blister pack and talk with his pharmacist ... he has peace of mind now and is coping'.

At the same time, a Bengali woman recounted how she had used the pharmacy for a medicine review and to get help with her medications for asthma. Participants at the People's Network event said they use the pharmacy to get advice and help with minor ailments, children's illnesses, blood pressure, weight management, emergency contraception, stopping smoking, head lice and to get flu jabs.

Some people use the pharmacy to purchase non-prescription or over-the-counter medicines and products such as toiletries and items for infants or babies. However, the cost of such medicines and products were seen by some people to be high in comparison to supermarket prices.

Meanwhile, a participant at the People's Network event remarked 'I don't go to a pharmacy as meds are posted out via Pharmacy4U', which operates an on-line business. And a man at the Brierley Hill Project Recovery Café session who uses Methadone commented 'I use the

pharmacy just to pick up my daily medications and they [the pharmacists] don't make me feel welcome'. One man at the African Caribbean Community Network session said 'I only go [to the pharmacy] after I've been to the doctor'.

Saying something more: conversations

Saying something more and elaborating on feedback from Post-it notes and 'Pharmacy and me'.

What's good?

People mentioned how pharmacists are helpful and give good advice. They are trusted and you are able to get to know them, they are approachable and look after you, they are skilled, friendly and accessible. At the same time, they are understanding and good at answering questions.

Someone at the People's Network event remarked that there is 'Consistency ... [you see the] same pharmacist and staff, they know you and there is trust'. One of the Bengali women commented that 'GP's don't always explain [things] so [you] can get advice [from the pharmacist] on interactions between medicines'. A person at the Brierley Hill Project said pharmacists 'Really look after their patients, I overheard one ringing someone to follow up on how they were doing'.

Pharmacy premises are accessible, open late and at weekends, and are close to where people live. People also like the availability of the electronic prescription service that means prescriptions can go straight from the doctor's surgery to the pharmacy. In turn, prescriptions can be picked up from the pharmacy or delivered straight to your home.

Meanwhile, other people are using the pharmacy for various other reasons. These include getting access to toiletries and perfumes, sugar free drinks and foods, baby foods, first aid products and medicine reviews. They remarked that there is generally no long queuing at the pharmacy.

What's not so good?

People talked about a need for better access to pharmacies on bank holidays, on a Sunday and later in the evenings. There were also comments about pharmacy staff. Someone from the Brierley Hill project said 'Some staff attitude isn't good'.

At the Bengali Women's Group event there were comments that sometimes the pharmacy can 'Seem to be short staffed' and 'Sometimes they don't seem to explain as well as they could', the pharmacist 'Could just want to sell you something.

Something else that is sometimes a cause of concern is the layout of the pharmacy. There are issues to do with privacy and some do not have a separate consultation room. A person at the People's Network event

commented about the pharmacy they often use and ‘The space in [the] shop [being] very small, [you] can only get four people in’, a young person said ‘[When you] ask questions other people can hear’.

Young people also felt that sometimes ‘Adults in chemists talk down to young people’.

There were a range of other comments. Someone at the Bengali Women’s Group suggested there is ‘Not enough promotion of extra services [like] the healthy living pharmacy or the minor ailments scheme’. At the Brierley Hill project someone remarked that there is a ‘Pharmacy [with] a separate door for the collection of methadone and needle exchange [which] singles out people with addiction problems’.

There were comments about the high cost of some products for sale compared with supermarkets. And a man at the African Caribbean Community Network event said he was ‘Wary of pharmacists and them charging the NHS extra money for services’ He went on to say ‘I have the flu jab through the GP, [I] would not go to the pharmacy, [I] couldn’t bypass the GP.’

Ideas for improvement

The comments on ideas for improvement and how community pharmacy might look in the future fell into three categories: pharmacy and people; prescription services;

messages and navigation; and thinking about the future.

Community pharmacy and people

There was an emergent theme around reducing some of the big differences that can exist between community pharmacies and the services that they provide. Sometimes this is confusing for people.

Meanwhile, some people mentioned a need to work more with older people to better meet their needs. Attendees at the People’s Network event commented that there needs to be ‘Awareness of the needs of different age groups and different conditions that require a different approach to advice and support’ and ‘More focus on the ageing population and mobility, preventing falls and managing medications’.

Ensuring, for example, that community pharmacy staff have a good knowledge of the impact of dementia on people affected by it and how best to help them.

It was also suggested community pharmacy could sometimes do more to support young people. For example, as someone at the People’s Network event said, through a ‘Greater awareness ... [of the] younger age groups who are being advised to go to the pharmacy’.

Many people were keen to have more of their health needs dealt with in one place. This could be achieved by

developing community pharmacy so that it is better integrated with the work that GPs and hospitals are doing and involved in more outreach work to support the healthcare of individuals.

It is felt it is likely to be important to make better use of information technology and social media to improve communications between organizations and individuals. The views of some individuals at the People's Network event supported the suggestion that there should be 'More integration ... [between] GP and [pharmacy] staff' with 'More use of IT to link up between GPs, pharmacy and hospitals' and better 'Sharing of some health information between the GP and the pharmacy'.

Some people's comments alluded to the idea that community pharmacy could have a bigger role to play in the safeguarding of at risk individuals. For example, people who are lonely or at risk of harm. There could also be more follow up work contacting people or investigating to see how they are managing with their health and medications. And there could be more joined up working with third sector organizations to support people and provide services.

Some people felt there was scope for more community pharmacies to be open longer, on Sundays and bank holidays. At the same time opening times could be better advertised. And perhaps community pharmacies could find ways to work together to reduce the cost of non-prescription

medicines and other products that they offer for sale.

Prescription services

A number of people remarked that they like using online prescription services and they could be further promoted. Some of them felt there could be better back-up to ensure better reliability of the service and prevent people from being left without medicines they need.

It was felt there is scope to further improve the help available to help people with prescription medicines and how to best use them. Home visits could be an option for those individuals who are not very mobile. And there could be extra more specific support for people with more complex health and care needs. For some particular groups such as those with drugs or alcohol problems there is an especial need to ensure their dignity is maintained when they visit the pharmacy.

Maybe some medications that are currently only available on a prescription only basis could be made available over the counter.

Messages and signposting

It is felt people need to know more about the different services provided by community pharmacies. There needs to be more promotion of community pharmacies as places to get information and help with healthcare needs. And more targeting of communications and

information for particular groups such as younger people and people from Black, Asian and minority ethnic backgrounds.

There is scope to think about how they can develop as information points where people can be signposted to other relevant healthcare, local authority or voluntary and community sector organizations that can help them.

In turn, they could make more use of information technology such as information and advice screens. And even interactive information technology kiosks where people can get information, do their own health checks and even book appointments.

An individual at the Brierley Hill Project focus group session remarked 'I would like them [community pharmacies] to signpost people to groups [that can help them] and not just dispense medicines.' And an individual at the People's Network event remarked it would be good to 'Make pharmacies aware of what groups there are in the community to refer people to for further support'. There is a view that community pharmacies could be more proactive in promoting healthcare checks such as glucose, cholesterol and blood pressure tests. And doing more direct referrals into other services 'Instead of saying here is a card or telephone number [to call]' as someone at the People's Network event pointed out.

Other people wanted community

pharmacies to do more work in the community. As someone at the Brierley Hill Project remarked 'I would like the pharmacy to come out and speak in the community'.

Premises and extra services

It is felt pharmacy staff could be less separated from people by what can be an unwelcoming counter creating an atmosphere of us and them. The pharmacy staff could and should be more visible and involved face-to-face in advising and helping people.

At the same time, maintaining a person's privacy is important and ensuring conversations with pharmacy staff are not overheard in situations where it could cause discomfort or embarrassment.

People want well-designed pharmacy premises and waiting areas that are comfortable. The seating should be suitable for those who are older and less mobile. And the decoration should help people to feel relaxed. Some community pharmacies might even have café type arrangements available for visitors to use.

Some individuals at the People's Network event commented the 'Layout of some pharmacies needs consideration' and it could be 'More pleasant ... [and] needs to be more of a social experience, dealing with isolation, helping people in the community who are lonely...' An attendee at the Bengali Women's dingy, unwelcoming, [pharmacy] Group focus group session felt there

were opportunities to 'Improve a dingy, unwelcoming [pharmacy] environment [often with an] awkward layout'. And making sure they are fully wheelchair accessible.

More can be done to better integrate community pharmacy with other healthcare services. At the same time, they could provide more help with, for example, advice and events promoting healthy lifestyles and keeping fit, and cooking healthy meals. Making better use of groups like the health trainers and wellness coaches and by being a place where peer support on health matters can happen in regard to conditions such as asthma, diabetes and mental health.

There is scope to expand the range and reach of health checks and the minor ailments service. Perhaps there could be counselling services available at the pharmacy. And help for other matters that impact on people's quality of life and their health such as a lack of access to a good standard of accommodation,

debt problems and unemployment.

Meanwhile, there could be more help for parents and carers with young children and mothers (in particular those affected by loneliness, anxiety and post-natal depression). In more instances there could be toilet, baby changing and breast feeding facilities in pharmacies. And they might also have play areas and even crèche facilities available for young children.

There might also be different types of social activity organized with and for communities to help them with their health and wellbeing.

Information, patterns and relations

An information mapping approach was used to help make sense of information collected by arranging it in a diagrammatic form that shows patterns and relations in the information collected on community pharmacy services (see Page 27)

**Diagram 3:
Information map:
community
pharmacy**

Community pharmacy and people
 Reduce variation in services provided
 Better meet the needs of BAME groups, younger and older people
 Ensure staff are up-to-date with learning and skills
 Develop to meet more health needs in one place
 Improve integration with primary and secondary healthcare providers and make better use of information technology and social media
 Improve information sharing between different healthcare organizations
 Develop the safeguarding role and do more follow up work to check how people are managing their health and medicines use
 Improve relations with voluntary and community sector organizations
 More late opening and service at weekends and bank holidays with better advertising of services and opening times
 Collaboration to provide services and reduce costs of products for sale

Prescription services
 Further promote electronic prescribing services
 Continue to work to ensure the reliability of services so that nobody is left without medicines they need
 Further improve the help given to people on medicines use
 Develop visits to people at home where it is appropriate
 Provide extra support for people with complex health and care needs
 Work to ensure people's dignity is maintained when they visit the pharmacy
 Make more prescription medicines available over-the-counter

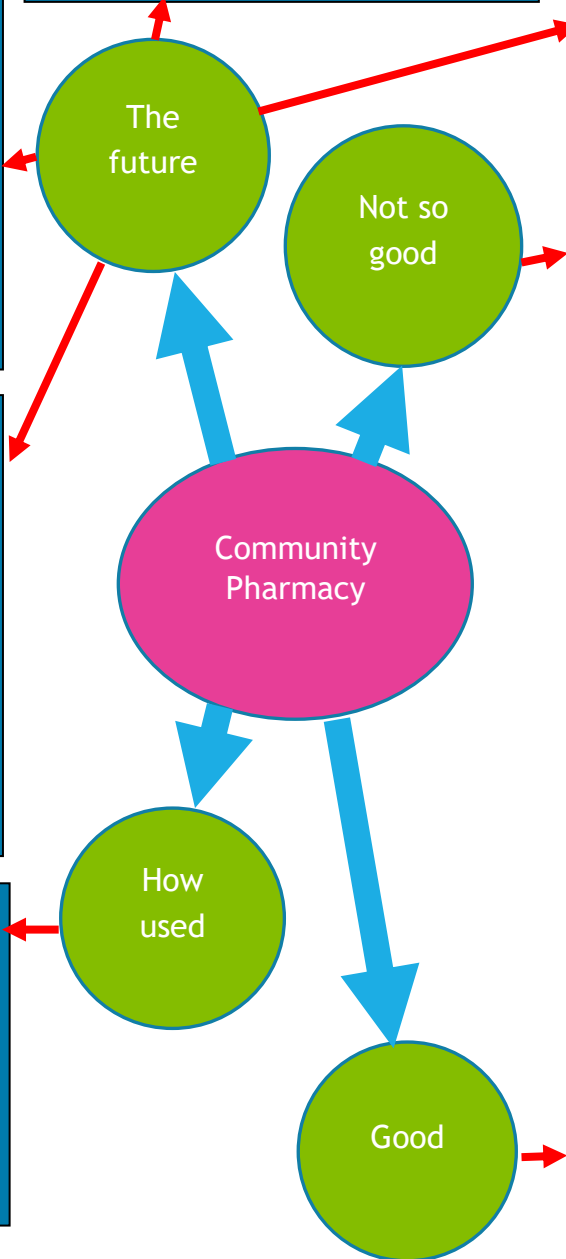
Information and advice, an alternative to GP
 Prescription and non-prescription medicines
 Medicine Use Reviews and for minor ailments
 Health checks, smoking cessation, flu jabs and weight management
 Emergency contraception, head lice treatment, toiletries, baby and infant products

Premises and extra services
 Less separation of staff from visitors by counters
 Pharmacists more visible and doing more face-to-face consultations with people
 Continue to work to ensure people's privacy and dignity is maintained when they visit the pharmacy
 Review premises and improve accessibility, creating a welcoming environment that meets the needs of all the people who might visit (including those with sight or hearing loss, wheelchair users, people with mental health problems, parents and carers with young children, older people and those affected by dementia and younger people).
 Create café style premises and community hubs to make visits to the pharmacy more of a social experience with better integration with other organizations and groups to provide help with, for example, healthy living, keep fit and cooking sessions, counselling services and help on housing, loneliness and unemployment
 Encourage the development of peer support activities for people with long term health problems
 Provide toilets, children's play areas, crèche, baby changing and breast feeding facilities

Messages and signposting
 Better promote as places to get access to advice and help and better advertise the services provided
 More targeted communications and help for BAME groups, younger and older people
 Develop signposting activity to other organizations and groups that can help people
 Make better use of information screens and kiosks where people can do their own research health checks and book appointments with other healthcare providers
 Better promote health checks and do more direct referrals to other healthcare providers
 Do more outreach work in the community

A lack of convenient provision of services later in the evening, on Sundays and bank holidays
 Staff attitudes are not always good and sometimes pharmacies seem to be under-staffed
 Staff don't always explain things well and it can feel as if they just want to sell you something
 The layout of premises can be problematic: not enough space, difficult to maintain privacy
 Needs of younger people are not always well met
 There is a lack of promotion of services
 A separate door used by people getting methadone or using needle exchange services
 High cost of products for sale

Staff are trusted, helpful and give good advice
 They are friendly, approachable and look after you
 They are skilled, understanding, get to know you and are good at answering questions
 They give advice on medicines and their use
 They have more time to explain things than the GP
 Premises are close to where people live
 Some open late and at weekends and will deliver medicines to your home
 The electronic prescription service is useful
 You can purchase different products (for example: toiletries, perfumes, sugar-free drinks and foods, baby foods and first-aid products)
 In the main there is no queuing



What it all means

The different sections below discuss the main inquiry findings and their implications for policy makers and others making decisions about the provision of community pharmacy services in the future.

A trusted and used service

A large amount of information on community pharmacy was obtained from people who participated in focus group sessions. They had been purposely approached for their views because they fitted into one or more of four descriptive categories which were: being someone who is a member of a Black, Asian or minority ethnic group, male, a young person or living in a disadvantaged neighbourhood. The findings from the information collected shows that, in the main, most of the people who contributed to discussions were very aware of community pharmacies and use them.

The majority of people commented that community pharmacies are highly visible and are present in town centres and on high streets in supermarkets and smaller premises as well as more local neighbourhood shopping precincts. They are, in most instances, just a short walk from where people live. And often it is easier to access the community pharmacy for advice and help on healthcare matters than it is to get an appointment to see a GP.

Many of these people are using community pharmacies to get information and advice on healthcare and medicines, for prescription and non-prescription medicines. A few are using them for health checks, to get access to the Minor Ailments Scheme, to get help with stopping smoking or managing their weight or to purchase various products.

What is problematic is the large number of people who indicate they have limited knowledge of the different ways a pharmacist might be able to help them when they need healthcare or medicines advice and help. In turn, they often have only a limited awareness of the range of community pharmacy healthcare services that they can get access to. It may sometimes be helpful to focus not so much on the small numbers of people using some community pharmacy services as the reasons why they are not more widely known about.

These findings are especially important when we are thinking about people who because of their particular backgrounds and economic or social circumstances might be in a position to derive particular benefit from having greater access to a range of health and wellbeing services in the community.

Good things are happening

It is clear that most of the people we had conversations with feel community pharmacies are convenient and easy to access throughout the week and at different times of the day and night. And pharmacists are perceived to be skilled and are trusted to give good advice on questions about healthcare or medicines and how they should be used.

People are keen to talk about the personalised service they get and how the pharmacist and other staff are approachable and understanding. A big plus for many people is the fact that their pharmacist had got to know them and they valued being able to see the same pharmacist or staff members. Sometimes pharmacists are going the 'extra mile' by, for example, following up on the advice they have given to someone with a telephone call to see how they were managing.

It is good that many community pharmacies are signed up to provide Healthy Living Pharmacy or Minor Ailments Scheme services. People who indicated they are using such services appreciate the help they receive with health checks and on matters, for example, to do with stopping smoking or weight management. In turn, there are people who benefit, for example, from being able to access an electronic prescribing service or the delivery of medicines straight to their home.

A number of people we had discussions with viewed the community pharmacy as a place to go when they needed to quickly get advice or help on a healthcare matter. At the same time, it is felt the pharmacist will usually be able to spend more time with someone helping them than a GP can. At other times people are able to get easy access to non-prescription medicines or other products that are on sale. For example, someone might have a condition such as diabetes and need special drinks or foods or be caring for a baby or young child and need food nappies or medicines when most shops are closed.

Some not so good experiences

In the conversations we had with people, on getting access to and using community pharmacy services, their experiences were mostly good. However, some people recounted instances where they had had less favourable encounters with community pharmacy.

On the one hand it is sometimes simply a problem of getting access to services later in the evening, on Sundays and at bank holiday times. People indicated that a lack of easily accessible information on opening times can mean it is difficult to know where to go to get advice or help.

However, some people have had bad experiences where they felt a pharmacist or other member of staff had been unfriendly or unhelpful. In some instances they might be unaware of causing upset through, for example, a lack of awareness of matters affecting people from Black, Asian and minority ethnic groups or young people and how best to meet their needs. In turn, there is the example of people being made to use a separate door to collect methadone or access a needle exchange service at a community pharmacy.

Sometimes it is the maintenance of people's privacy and dignity when they visit a community pharmacy that is problematic. Some people remarked that they had been embarrassed and upset when it was possible for others to overhear conversations between a pharmacist and themselves. Such situations are more likely to arise in premises where space is limited and there is no separate area for consultations or conversations to happen. Meanwhile, pharmacists do, in some people's eyes, fail to explain things as well as they could or come across as wanting to sell you something as much as give healthcare advice or help.

Then there is the community pharmacy environment and how best to ensure that as many people as possible with different conditions and needs can get access to pharmacy services. They will include people with sight or hearing loss, people affected by dementia, wheelchair users, and parents or carers with babies or young children. It is necessary to think about what changes can be made to premises in terms of their layout, how they are decorated and furnished, make use of information technology and provide various other facilities that can help to make visitors feel comfortable and relaxed.

Doing things differently

Many people commented on how community pharmacy could change in the future to provide new or improved services. Much of the discussion focused on them finding ways to work more closely with different organizations and groups to provide better integrated and joined-up services. The aim is to better meet people's healthcare needs based around a patient-centred approach that makes the best use of the idea that every contact counts.

There would be more signposting of people to organizations and groups that can help them with healthcare and wellbeing matters - all of the things that can impact on their health and quality of life such as poor housing, unemployment, issues with welfare benefits, loneliness, and mental health problems.

The intention is for changes to be made in the way that community pharmacies are set up and operate that mean they are better able to meet the healthcare needs of everyone who uses them. However, it would be good if such changes also helped to entice more people into pharmacies who are not using them at all or very much.

There is scope to do more to promote community pharmacies as places that people can use to get high quality advice and help on health and care matters and access to a wide range of services. At the same time, more could be done to organize targeted communications aimed at Black, Asian and minority ethnic groups, young people, and males.

Meanwhile, if there is a strong desire to achieve improved equity of access to high quality community pharmacy healthcare advice and help in the future then it is likely there will need to be some reduction in the variation that exists in the configuration of premises and the services they types of services provided. There could be less separation between staff and visitors (perhaps through changing or doing away with traditional counter arrangements) and pharmacists who are more visible and doing more face-to-face consultations.

It is important to reassure people that their privacy and dignity will be maintained when they visit the community pharmacy and especially so in instances, for example, where a person's ethnicity might mean there are particular cultural reasons for wanting a private consultation. In terms of a person's dignity anything that can be done to improve the experience of people

with sight or hearing loss, that use a wheelchair, have dementia or are a young person seeking help on sexual health matters would be welcomed.

Work could be done to make the community pharmacy environment more welcoming through thinking about layout and decoration, the types of seating provided and the possibilities for installing toilets, a crèche or play area, baby changing and breast feeding facilities. There could even be café style or hub type of premises which would make visits to the community pharmacy more of a social experience for people. They might, for example, get involved in keep fit or healthy cooking sessions.

Then there are the community pharmacy staff who must ensure they not only keep existing skills up-to-date skills but are also learning new ones. This will help them to meet people’s changing expectations regarding the provision of healthcare services and better meet their healthcare needs in the future. Meanwhile, where it is appropriate, more people should, through the use of information technology, be empowered to take more control over their healthcare by means of their own research, health checks that they do for themselves and booking appointments with other healthcare organizations and professionals.

What’s next?

In Table 3 below recommendations are set out for consideration and action by policy makers and relevant others making decisions about the provision of community pharmacy services in the Dudley borough in the future.

Questions to Consider	
1	How can community pharmacy services and pharmacist skills be better promoted?
2	How can the trust that people have in community pharmacy and pharmacists be better utilised?
3	Are community pharmacy opening times and how they are advertised appropriate and adequate to meet people’s needs?
4	What more can be done to understand and meet the specific healthcare needs of Black, Asian and minority ethnic groups, males, young people and people living in disadvantaged neighbourhoods?
5	What further steps can be taken to ensure particular groups or individuals are not discriminated against (for example the person who is taking methadone or using a needle exchange service and is asked to use a separate community pharmacy entrance to that used by other visitors)?

6	What more can be done to help to ensure people's privacy is maintained when they visit a community pharmacy and conversations are not overheard that could cause upset or embarrassment?
7	What improvements can be made to the layout of the community pharmacy (such as changing the traditional arrangements with the counter and the separation of staff and visitors)?
8	What more help could be provided in the community pharmacy for people with, for example, sight or hearing loss, who use a wheelchair, have dementia or are parents or carers with young children?
9	How can community pharmacies work more closely with other primary and secondary healthcare organizations to provide more integrated and person-centred services?
10	How can community pharmacies work more closely with voluntary and community sector organizations to deliver social prescribing and other relevant health and wellbeing services?
11	What scope is there for community pharmacy to be more involved in signposting people to relevant organizations and groups that can help them with their healthcare or other issues such as poor housing, unemployment, debt and loneliness?
12	How acceptable is the variation that exists between community pharmacies in terms of their premises and the services that they provide?
13	What might be done to make the pharmacist more visible and involved more in face-to-face consultations with people?
14	What extra facilities could be provided in community pharmacies (such as access to toilets, crèche and play areas, and baby changing and breast feeding facilities)?
15	What are the options for café style or hub type community pharmacy premises that people can visit and have more of a social experience?
16	How can community pharmacy be more involved in healthy living activities such as keep fit activities and healthy cooking sessions?
17	What can be done to ensure community pharmacies are making the best use of information technology for information sharing, to provide help for people on healthcare and medicines, and support self-care through self-actuated research, health checks and booking appointments with other organizations and individuals who can help with their healthcare and wellbeing?

Table 3: Questions to consider

**PLEASE COMPLETE THE
FEEDBACK FORM ON PAGE 34
AND RETURN TO HEALTHWATCH
DUDLEY**

Appendix 1

Feedback form

	Question	Action	Responsible Person	Comments	*Change stage
1	How can community pharmacy services and pharmacist skills be better promoted?				
2	How can the trust that people have in community pharmacy and pharmacists be better utilised?				
3	Are community pharmacy opening times and how they are advertised appropriate and adequate to meet people's needs?				
4	What more can be done to understand and meet the specific healthcare needs of Black, Asian and minority ethnic groups, males, young people and people living in disadvantaged neighbourhoods?				
5	What further steps can be taken to ensure particular groups or individuals are not discriminated against (for example the person who is taking methadone or using a needle exchange service and is asked to use a separate community pharmacy entrance to that used by other visitors)?				
6	What more can be done to help to ensure people's privacy is maintained when they visit a community pharmacy and conversations are not overheard that could cause upset or embarrassment?				
	*Change stage: Red (outstanding), Amber (being progressed), Green (done)				

	<i>Question</i>	<i>Action</i>	<i>Responsible Person</i>	<i>Comments</i>	<i>*Change stage</i>
7	What improvements can be made to the layout of the community pharmacy (such as changing the traditional arrangements with the counter and the separation of staff and visitors?)				
8	What more help could be provided in the community pharmacy for people with, for example, sight or hearing loss, who use a wheelchair, have dementia or are parents or carers with young children?				
9	How can community pharmacies work more closely with other primary and secondary healthcare organizations to provide more integrated and person-centred services?				
10	How can community pharmacies work more closely with voluntary and community sector organizations to deliver social prescribing and other relevant health and wellbeing services?				
11	What scope is there for community pharmacy to be more involved in signposting people to relevant organizations and groups that can help them with their healthcare or other issues such as poor housing, unemployment, debt and				
12	How acceptable is the variation that exists between community pharmacies in terms of their premises and the services that they provide?				
<i>*Change stage: Red (outstanding), Amber (being progressed), Green (done)</i>					

	Question	Action	Responsible Person	Comments	*Change stage
13	What might be done to make the pharmacist more visible and involved more in face-to-face consultations with people?				
14	What extra facilities could be provided in community pharmacies (such as access to toilets, crèche and play areas, and baby changing and breast feeding facilities)?				
15	What are the options for café style or hub type community pharmacy premises that people can visit and have more of a social experience?				
16	How can community pharmacy be more involved in healthy living activities such as keep fit activities and healthy cooking sessions?				
17	What can be done to ensure community pharmacies are making the best use of information technology for information sharing, to provide help for people on healthcare and medicines, and support self-care through self-actuated research, health checks and booking appointments with other organizations and individuals who can help with their healthcare and wellbeing?				
	*Change stage: Red (outstanding), Amber (being progressed), Green (done)				

Appendix 2

Focus group guidance

Community pharmacy services in the Dudley borough People's views and experiences

Focus groups

1. Welcome and introductions

Hello my name is I am the at Healthwatch Dudley

I would like to welcome you all to this focus group session here at
and thank you all for giving up some of your time to come along today to talk
and think about pharmacy services in the Dudley borough

(Moderators or facilitators)

Hello my name is

I am the at Healthwatch Dudley

(Moderators or facilitators and participants to wear name badges)

(Not necessary for participants to formally introduce themselves)

2. Why are we here?

Healthwatch Dudley was asked, by Public Health Dudley in partnership with the NHS Dudley Clinical Commissioning Group, to get people's views and experiences of using community pharmacy (chemist) services in the borough. More specifically, have conversations with:

- Black, Asian and minority ethnic groups
- Young people
- Males
- People living in disadvantaged areas

Dudley Office for Public Health is a part of the Dudley Metropolitan Borough Council and aims to ensure everyone has the best chance to live long, healthy, fulfilling lives from the very beginning to the very end. At the same time, the

council has a responsibility to improve and protect the health of its residents and reduce health inequalities across the borough.

The NHS Dudley Clinical Commissioning Group is responsible for planning and buying or commissioning health services for Dudley people. They include hospital care and rehabilitation or recovery services, urgent and emergency care, and most community health, mental health and learning disability services.

We want to feedback the findings from our conversations with people to Dudley Office for Public Health and the NHS Dudley Clinical Commissioning Group. In turn, they will be fed into relevant discussions and help to determine decisions about the content of the forthcoming Pharmaceutical Needs Assessment for the borough.

3. Healthwatch

Healthwatch was set up by government in 2013. Healthwatch England, which has offices in London, runs its own campaigns on health and social care matters and helps to support 148 local Healthwatch organizations across the country.

Healthwatch Dudley is the local health and social care champion for people in the borough. We listen to people and gather their views and experiences of using health and social care services. They might want to talk about a hospital, doctor's surgery, pharmacy, dentists, opticians, care home or nursing home.

In turn, we signpost people to where they can get help and share information with organizations and individuals who have the power to change and improve health and social care services.

We want to ensure everyone has an opportunity to have a say on health and social care issues and can influence decisions about the design and provision of those services.

4. The community pharmacy: What is it?

In the Dudley borough there are 75 community pharmacies, 71 are on the street, 3 are based online and distance selling, and there is 1 Local Pharmaceutical Services contract, which is a not-for-profit pharmacy. These pharmacies range from small independent providers through pharmacy-led health and beauty retailers, large pharmacy chains and supermarket pharmacies.

All of them provide essential services, which are the dispensing of prescriptions, prescription linked interventions, disposal of unwanted medicines, signposting, support for self-care, and promoting public health campaigns on healthy

lifestyles.

Some provide advanced services that include medicine use reviews, appliance use reviews, and stoma appliance customization services. And some provide enhanced services, commissioned locally, that include care home services, prescription collection, home delivery, smoking cessation, Chlamydia screening, emergency contraception, needle exchange and methadone supply, immunisation and vaccination jabs, alcohol advice, minor conditions advice, long-term conditions advice, health checks, and HIV testing.

Meanwhile, there is the Healthy Living Pharmacy scheme that aims to improve the health and wellbeing of local people by delivering high quality public health services. These can include stopping smoking, alcohol interventions, help with weight loss, treatment for minor ailments, contraception and sexual health advice, and targeted medicines use reviews.

And there is a minor ailments scheme called 'Pharmacy First', available to people who are exempt from prescription charges and are registered with a General Practice in the borough. It covers help for acute cough, acute headache, sore throat, acute fever, earache, diarrhoea, cold and flu, head lice, hay fever, dry skin/simple eczema, bites and stings, cold sores, vaginal thrush, sunburn, nappy rash, mouth ulcers, dyspepsia, and constipation.

5. The Pharmaceutical Needs Assessment

The NHS Pharmaceutical and Local Pharmaceutical Regulations 2013 set out how a Pharmaceutical Needs Assessment - or PNA for short - should be developed and updated at the local level.

A person who wishes to provide NHS pharmacy services must usually apply to NHS England to be included on a relevant list by showing they are able to meet a need set out in a PNA.

Community pharmacy services covered by the PNA include essential pharmacy services, which every community pharmacy offering NHS services must provide, advanced services that pharmacies with extra skills and experience can provide, and enhanced services that are locally provided where they are needed.

6. Ground rules - how we treat each other

Here are some suggestions

1. WE WANT YOU TO DO THE TALKING
 - Let's hear from everyone!
 - One person at a time.

- We may call on you if we haven't heard from you in a while.

2. THERE ARE NO RIGHT OR WRONG ANSWERS

- Everyone's ideas and experiences are valuable.
- It's important to hear all sides - positive and negative.
- We will not always agree, but we must always show respect for one another.

3. WHAT IS SHARED IN THIS ROOM STAYS IN THIS ROOM

- We will be recording this session so we don't miss anything.
- Please keep everything you hear today confidential.
- We will summarise themes without identifying individuals by name.

Does anybody have any questions or anything they want to add?

Does everyone agree on how we treat each other when we talk about pharmacy services?

I will place a copy of the ground rules here so that we can all see them and if need be refer back to them at any time during the session.

7. What will you get after today?

- Information about a Healthwatch Dudley website link to a final report on the findings from all of the focus group sessions run as part of the pharmacy project
- A paper copy of the final pharmacy project report posted out to you should you want it.

8. Informed consent

You can talk to any member of the Healthwatch team about the session today or the ongoing work we will be doing as part of the Dudley Pharmaceutical Needs Assessment project. The contact details for Healthwatch Dudley are:

Tel: 01384 267427

Healthwatch Dudley

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Brierley Hill
DY5 3EE

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Twitter @HWDudley

If you do not understand what is happening we will take time to explain and you can ask questions at any time.

We will strive to maintain the confidentiality of what people say during the focus

group session.

However, if information is disclosed that indicates a person has or is at risk of harming themselves then this may be passed on to another relevant organization.

We encourage group participants to respect confidentiality, but we cannot guarantee it.

Participation is voluntary and you have the right to withdraw at any time.

9. Step one: community pharmacy and me

Community pharmacy to me is

When you think of community pharmacy what is the first thing that comes to mind?

Where I live community pharmacy is

What one word best describes community pharmacy for you?

Is there anything that you would say is good about community pharmacy?

Is there anything that you would say is not good about community pharmacy?

Is there anything that would make community pharmacy better for you?

When you think of the community pharmacist what is the first thing that comes to mind?

(Use post-it notes)

10. Step two: saying something more

DISCUSSION OF OUTPUTS FROM STEP ONE

Use non-directive questions, for example:

Tell me about

Can you describe

Can you say something more

Keep going

Can you give an example

Can you explain

It sounds like you are saying

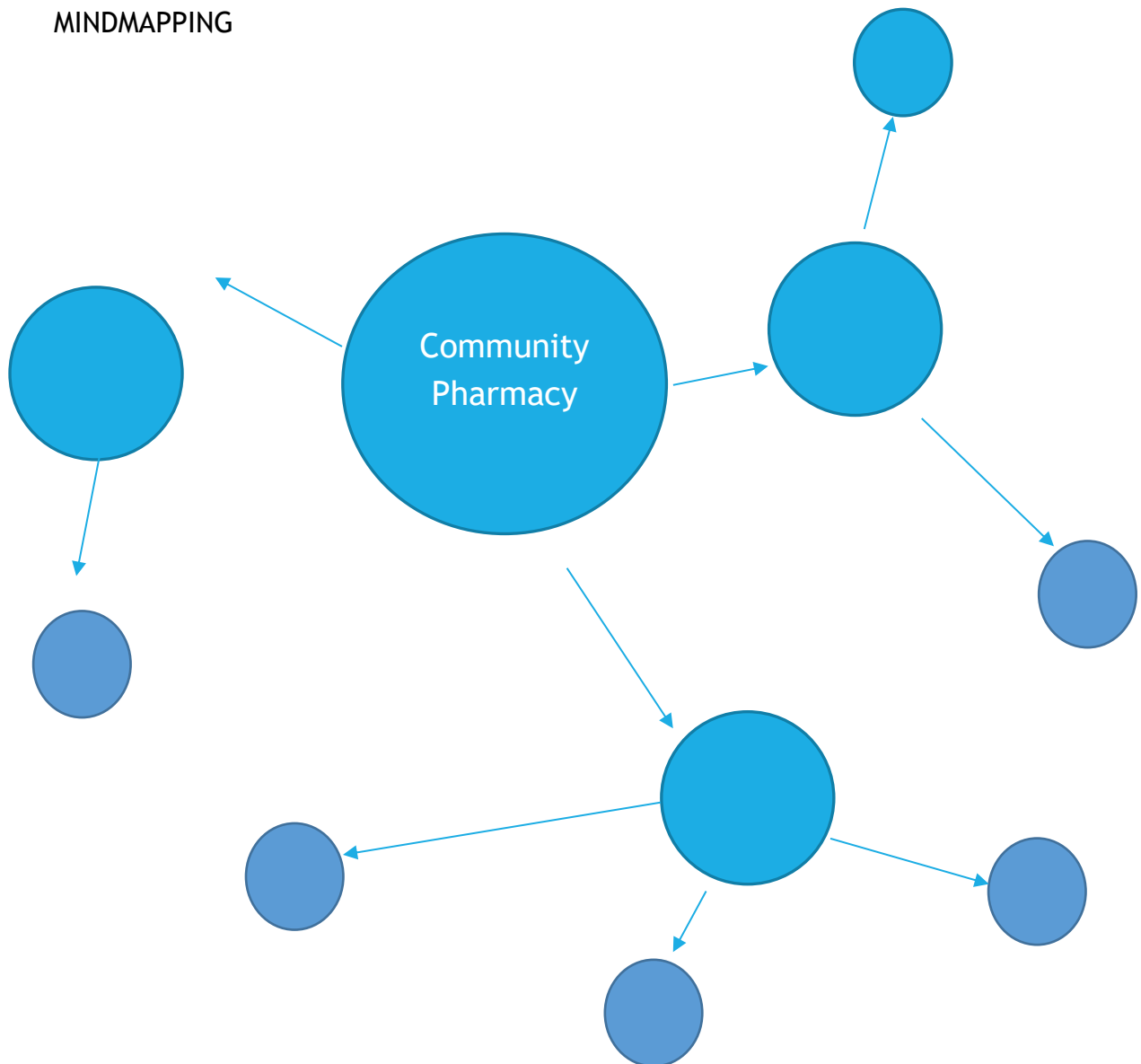
How might pharmacy look in the future?

(Record and transcribe discussions)

Do people see leaflets, posters etc at the pharmacy, have you picked up a leaflet and taken it away?

11. Step three: so what are we saying?

MINDMAPPING



Programme

1. Welcome, introductions and background 15 Mins

Why are we here?

- The pharmacy - what does it do?
- Pharmaceutical Needs Assessment what is it?
- Healthwatch Dudley - what's its role?

2. A few words on ground rules 5 Mins

(How we treat each other)

3. What will you get from today? 5 Mins

4. Consent form/attendance sheet 5 Mins

5. Step One: Pharmacy and me 15 Mins

- Metaphor and word association
- Four questions

6. BREAK 10 Mins

7. Step Two: Saying something more 20 Mins

- Discussion based on outputs from Step One
- Non directive questioning (prompts)

8. Step Three: So what are we saying? 15 Mins

- Mindmapping

Total time: 90 Mins

END

Appendix 3

Letter to groups

Dudley Pharmaceutical Needs Assessment

Public views on community pharmacy services and options for the future

Dudley Office for Public Health and the NHS Dudley Clinical Commissioning Group have started work on the development of an updated Pharmaceutical Needs Assessment (PNA) for the Dudley borough. They have asked Healthwatch Dudley to help with the process of engaging with people to get their views and experiences of using community pharmacy services.

The council's Health and Wellbeing Board must in accordance with regulations: assess needs for pharmaceutical services in its area, which include essential services that every pharmacy must provide as well as other optional advanced or enhanced services.

Healthwatch Dudley is the champion for people on both health and social care services in the Dudley borough, listening to their views and getting their stories on poor experiences and the good things that are happening.

The PNA project will comprise of focus group sessions held at venues and times to suit relevant groups and get their views on accessing and using pharmacy services. Each session will involve between six to ten persons. We particularly want to target:

- Black and Asian minority ethnic groups
- Young people (including children with special needs or who are in care)
- Younger and older males from different ethnic backgrounds
- People living in deprived communities

In turn, we want to have some longer case study type conversations with people to get their detailed stories on accessing and using community pharmacy services.

A detailed report will be produced on inquiry findings.

We can provide £100 for groups participating in the project or alternatively payments to individuals attending sessions or taking part in longer conversations. We will also cover people's transport costs and provide lunch and/or refreshments depending on the timing of focus groups sessions.

Appendix 4

Focus group slides

Community pharmacy services
in the Dudley borough

People's views and
experiences

Welcome

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The Pharmaceutical Needs Assessment

- ▶ NHS Regulations and the Pharmaceutical Needs Assessment (PNA)
- ▶ Updating the PNA at the local level
- ▶ The purpose of the PNA
- ▶ What services are covered by the PNA

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Why are we here?

- ▶ Getting people's views and experiences of using community pharmacy services
- ▶ Dudley Office of Public Health
- ▶ NHS Dudley Clinical Commissioning Group
- ▶ Conversations with target groups
- ▶ Feeding back

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Ground Rules how we treat each other

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Healthwatch

- ▶ Healthwatch England
- ▶ Local Healthwatch
- ▶ A champion for people accessing services
- ▶ Sharing information and improving services

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- ▶ WE WANT YOU TO DO THE TALKING
- Let's hear from everyone!
- One person at a time.
- I may call on you if I haven't heard from you in a while.

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The community pharmacy: what is it?

- ▶ Types and numbers
- ▶ Essential services
- ▶ Advanced services
- ▶ Enhanced services
- ▶ Healthy Living Pharmacy
- ▶ Pharmacy First

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- ▶ THERE ARE NO RIGHT OR WRONG ANSWERS
- Everyone's ideas and experiences are valuable.
- It's important to hear all sides - including both positives and negatives
- We will not always agree, but we must always show respect for one another

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▶ **WHAT IS SHARED IN THIS ROOM STAYS IN THIS ROOM**

- We will be recording this session so we don't miss anything.
- Please keep everything you hear today confidential.
- We will summarise themes without identifying individuals by name.

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Community pharmacy to me is

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- ▶ Any questions?
- ▶ Does everyone agree on the ground rules?

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When you think of community pharmacy what is the first thing that comes to mind?

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What will you get after today?

- ▶ Findings to comment on
- ▶ Access to a final report

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Informed consent

- ▶ You can talk to any member of the Healthwatch team if you have a question
- ▶ Contact details for Healthwatch Dudley
- ▶ Confidentiality
- ▶ You can withdraw at any time
- ▶ Certificate of Consent

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What one word best describes community pharmacy for you?

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Step one: community pharmacy and me

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Is there anything that you would say is good about community pharmacy?

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Is there anything that you would say is not good about community pharmacy?



Step two: saying something more



Is there anything that would make community pharmacy better for you?



Step three: so what does it all mean?

MINDMAPPING



When you think of the community pharmacist what is the first thing that comes to mind?



Thankyou



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