

Dudley Pharmaceutical Needs Assessment

Public views on pharmacy services and
options for the future



November 2014

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Executive Summary

The Office of Public Health, at Dudley Metropolitan Borough Council (DMBC), commissioned Healthwatch Dudley (HWD) to undertake research to obtain public views and experiences of pharmacy services in the Dudley borough. In turn, they will contribute to the development of a Pharmaceutical Needs Assessment (PNA) that can be presented to the council's Health and Wellbeing Board (HWB) for scrutiny and appropriate action. The research took place from the middle of June to the start of September 2014 and comprised of a questionnaire survey and focus group work. The questionnaire was sent out to all seventy-two pharmacies in the borough to be handed out to people visiting each of them.

Background

There is a statutory requirement for the Health and Wellbeing Board to collect views from people in the area on how they access and use pharmacy services and what they might look like in the future. These views contribute to the development of a comprehensive Pharmaceutical Needs Assessment (PNA) for the borough. The borough is centrally located within the Black Country and includes three main towns (Dudley, Halesowen and Stourbridge). It has been adversely affected by the decline of traditional heavy steel and manufacturing industries and the 2008 global recession impacted particularly severely on the area. The 2011 census estimated the Dudley population to be 312,925 with most people (88.5%) describing themselves as White British.¹ Other significant ethnic minority groups are Pakistani, Indian, Polish, Latvian, Lithuanian, and Mixed White/Black Caribbean. In a mainly urban area the better off households are concentrated on the southern and western fringes and the least well off households are concentrated in deprived parts of central Dudley, Netherton, Brierley Hill and Lye. Life expectancy in the most deprived areas is 9.5 years lower for men and 5.8 years lower for women than in the least deprived areas.

Pharmacies provide services for individuals, families and other people that they care for and are located in different places in neighbourhoods - doctor's surgeries, on the high street and at shopping centres. They open at different times from early in the morning until late in the evening throughout the week including on Saturdays and Sundays.

Methodology and findings

A mixed methods approach was used to collect and analyse people's views and experiences of pharmacy services. A questionnaire survey provided quantitative information on responses to a series of questions. A qualitative component of the research comprised focus group work to get people's perspectives on pharmacy services in the future. In total 827 people returned a completed or partially completed survey. Most respondents indicated they frequently used the pharmacy

¹ Census 2011: www.dudley.gov.uk/2011census

for themselves (76.23%) with fewer people indicating they used it on behalf of someone else they cared for (15.15%), an older person (14.41%) or an infant or young person (5.54%). Respondents were most frequently using a pharmacy near to their home (56.90%), near or at a doctor's surgery (41.26%). At the same time, most respondents (89.04%) had visited a pharmacy on a Monday to Friday between 9.00am and 6.00pm. They said the biggest barriers to getting access to services were pharmacies not being open on a Sunday (21.46%) or a Saturday (10.50%). The majority of respondents (51.08%) indicated they visited a pharmacy once a month with others visiting once every two weeks (20.89%) or once a week (15.29%).

The combined figures for respondents who know about and either use or do not use pharmacy services for dispensing a prescription are (87.45%), repeat prescriptions (86.85%), non-prescription medicines (73.45%), general information and advice (71.86%), toiletries (65.29%), advice on medicines (62.24%), help with minor conditions (58.83%), prescription delivery (54.81%) and cosmetics (49.70%). Pharmacies tended to score highly on environmental measures with respondents indicating that, on the whole, staff were friendly (91.64%), premises were easy to get to (85.73%), accessible (83.27%), providing good information and advice (79.95%), with parking close by (71.96%), a private area for consultations (65.81%) and a range of useful services (50.43%), in a location easy to get to by public transport (56.10%). Respondents also indicated they trusted the pharmacist's advice on medicine usage (84.96%), felt it was important to be able to get their advice on prescriptions (81.58%), see a known pharmacist regularly on duty (63.66%), speak to staff without being overheard (62.16%) and be known to the pharmacy (61.91%).

Conclusions

- It is appropriate to focus on the development of pharmacy services at premises close to people's homes and at or near doctors' surgeries and investigate opportunities to expand pharmacy activity in other areas in the community.
- Pharmacy opening times may need to be reviewed along with other primary care services if improved access is to be achieved that better meets the needs of both casual and regular users of services.
- It is relevant to focus on promoting pharmacy services such as health checks and support for long-term conditions and consider how different pharmacy services might be enhanced and developed to meet people's changing needs in a modern living and working context.
- More people could be encouraged to use particular services such as immunisation and vaccination jabs, stop smoking and alcohol advice and interventions and opportunities could be explored to further enhance and develop pharmacy links and relations with other primary and secondary care health sector partners.

- It is important to ensure there are adequate private areas for pharmacist and pharmacy staff consultations with members of the public.
- Rolling out a minor ailments scheme would be useful for the public.
- Pharmacists need to make the most of the trust and goodwill shown to them by the public when promoting and developing pharmacy services and in discussions with other healthcare partners.
- Pharmacists need to take full advantage of and exploit opportunities opened up by advances in technology and social media platforms to meet changing public needs for pharmacy services.
- Pharmacist and pharmacy staff skills and experience need to be kept up-to-date and relevant to meet changing public needs in a changing healthcare landscape.

Introduction

The Office of Public Health, at Dudley Metropolitan Borough Council (DMBC), commissioned Healthwatch Dudley (HWD) to undertake research to obtain public views and experiences of pharmacy services in the Dudley borough. In turn, these views and experiences will contribute to the development of a Pharmaceutical Needs Assessment (PNA) that can be presented to the council's Health and Wellbeing Board (HWB) for scrutiny and appropriate action. More specifically, people's different views and experiences of pharmacy services can be used to guide the formulation of options and plans for the provision of existing and new services in the future. Therefore the research needed to improve understanding of:

- What are the ways that people use existing pharmacy services?
- How are people thinking about the future provision of pharmacy services?

It was decided the research would take place from the middle of June to the start of September 2014 and comprise a questionnaire survey and focus group work. It would strive to improve understanding of the way people use pharmacy services and how the provision of pharmacy services might change in the future. The questions that people were asked about pharmacy services covered:

- When, where and how often they access pharmacy services
- The convenience and accessibility of pharmacy services
- Their specific pharmacy needs
- The pharmacy services they do or do not use
- What aspects of a pharmacy they like or dislike
- Their views on the quality and usefulness of pharmacy services
- Their views on pharmacy premises and staff
- Their views on what pharmacy services might look like in the future

The questionnaire survey was circulated to all seventy-two pharmacies in the borough to be handed out to people visiting each of them. This helped to ensure people from across the borough had an opportunity to take part in the questionnaire survey. Specific research objectives were to:

- Determine the current level of public and patient satisfaction with pharmaceutical services amongst the local population
- Understand public and patient awareness of pharmaceutical services currently offered locally
- Determine what pharmaceutical services the public and patients would like to see delivered through community pharmacies
- Identify the barriers and opportunities (as perceived by the public and patients) for extending services through community pharmacy

This report is the principal outcome of the research and elaborates on the findings obtained from an in-depth analysis of the information collected on people's views and experiences of pharmacy services in the Dudley borough.

Background

There is a statutory requirement for Dudley Metropolitan Borough Council's Health and Wellbeing Board to gather information on how people in the area access and use pharmacy services and their views on how services might develop in the future to meet their needs. The information that is collected and analysed contributes to the development of a comprehensive Pharmaceutical Needs Assessment (PNA) for the borough.

Healthwatch Dudley

Local Healthwatch are independent organisations that started operating on 1 April 2013 across England as a result of proposals set out in the Coalition government's Health and Social Care Act 2012. Healthwatch England, which is part of the Care Quality Commission, is the national consumer champion and works with 147 local Healthwatch. Healthwatch Dudley is the consumer champion for both health and social care services provided for adults and children in the Dudley borough.² It listens to public and patient views and experiences relating to doctors, dentists, opticians, pharmacists, hospital stays or how a family member is accessing day care or nursing home services. It can share these views and experiences with people who make decisions about health and social care services. And signpost from a dedicated helpline and information points across the borough to places where people can get help with complaints. It has a statutory seat on the Dudley Health and Wellbeing Board and a seat by invitation on the Dudley Clinical Commissioning Group. The aim is to ensure services really are designed to meet genuine public and patient needs through providing authoritative and evidence-based feedback to organisations responsible for commissioning or delivering local health and social care services.

Dudley Metropolitan Borough

Dudley Metropolitan Borough is centrally located within the Black Country. It includes the three main towns Dudley, Halesowen and Stourbridge. But locally is divided into five townships, which are Brierley Hill (including Kingswinford), Dudley and Netherton, Sedgley, Halesowen, and Stourbridge. The borough has been adversely affected by the decline of traditional heavy steel and manufacturing industries and the 2008 global recession impacted particularly severely on the area. Historically, the area has experienced lower than average earnings and qualifications and there have been above average increases in unemployment.

² Healthwatch Dudley: <http://healthwatchdudley.co.uk/>

At present there is still a low growth local economy and lack of business investment in high growth, knowledge and technology intensive sectors.³ The 2011 census estimated the Dudley population to be 312,925 with most people (88.5%) describing themselves as White British. Other significant ethnic groups are Pakistani, Indian, Polish, Latvian, Lithuanian, and Mixed White/Black Caribbean. The number of people aged 65 and over is higher than regional and national averages (18.6% compared to 16.9% regionally and 16.3% nationally) and is expected to continue to increase over time.⁴ In a mainly urban area the better off households are concentrated on the southern and western fringes and the least well off households are concentrated in deprived parts of central Dudley, Netherton, Brierley Hill and Lye. Three identified priority vulnerable localities are Wrens Nest Estate (Castle and Priory Ward), Pensnett (Brockmoor and Pensnett Ward) and Kates Hill (St Thomas Ward). The growth strategy for the Black Country prioritises economic regeneration and prosperity, new and improved housing, and a better living and working environment for people.

The health of people living in the borough is mixed compared with the England average. Life expectancy in the most deprived areas is 9.5 years lower for men and 5.8 years lower for women than in the least deprived areas. In 2012 estimated levels of adult 'healthy eating' and physical activity were low with 27.8% of adults classified as obese, worse than the England average. The rate of hospital stays for alcohol related harm was 778 per 100,000 people in the population, which is equivalent to 2381 stays per year and is worse than the England average. About 22.8% or 13,100 children live in poverty and around 22.7% or 759 year 6 children are classified as obese, which is higher than the England average. Meanwhile, 31% of 18-24 year olds have poor self-reported mental health (significantly higher for females at 42.2%, BME groups and the most deprived quintile). Health priorities in Dudley include continued action to deal with inequalities in access to services and improving wellbeing, reducing levels of obesity and tackling alcohol-related harm.⁵

³ All About Dudley borough, Joint Strategic Needs Assessment 2012, Dudley Metropolitan Borough Council, Health and Wellbeing Board, <http://www.dudley.gov.uk/community/initiatives/health-wellbeing/>

⁴ 2011 Census Area Profile for Dudley www.dudley.gov.uk/2011census

⁵ Dudley Unitary Authority, Health Profile 2014, Public Health England: <http://www.apho.org.uk/resource/item.aspx?RID=142215>

Pharmacy services

In the Dudley borough there are seventy-two pharmacies ranging from small independent providers through pharmacy-led health and beauty retailers, large pharmacy chains, supermarket pharmacies, some distance selling pharmacies that cover the whole of the borough and a Local Pharmaceutical Services contact - The Priory Community Pharmacy.⁶ All of the community pharmacies provide essential services which are the dispensing of prescriptions, repeat dispensing of prescriptions, prescription linked interventions, disposal of unwanted medicines, signposting, 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 customisation services. Enhanced services that are commissioned locally in response to the needs of the local population in Dudley 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
- HIV testing

Pharmacies provide services to patients, carers and the public and are available in a wide variety of locations in neighbourhoods, i.e., at doctor's surgeries, on the high street and at shopping centres. They open at various times from early in the morning until late in the evening and on Saturdays and Sundays. Many pharmacies provide a range of products including health foods and drinks, toiletries, cosmetics and items for infants and children in addition to prescription and non-prescription medicine services. At the same time, there is the Healthy Living Pharmacy, which aims to improve the health and wellbeing of local people and help reduce health inequalities by delivering various high quality public health services (such as stopping smoking, alcohol interventions, help with weight loss, treatment for minor ailments, and contraception and sexual health advice and targeted

⁶ Pharmacy Consumer Research, Pharmacy usage and communications mapping - Executive Summary, Royal Pharmaceutical Society, June 2009

medicines use reviews). In these pharmacies employees with extra training are able to proactively engage with the public to deliver services.⁷

From November 2014 a pharmacy minor ailments scheme called ‘Pharmacy First’ will be made available to people who are exempt from prescription charges and are registered with a General Practice in the borough. The services that the minor ailments scheme includes are listed 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

Pharmacies in the scheme will be able to provide advice and support to eligible people on the management of minor ailments, including where necessary, the supply of medicines for people who would have otherwise accessed General Practitioner services.

Pharmaceutical Needs Assessment

The first PNAs were formulated by NHS Primary Care Trusts (PCTs) and were required to be published by 1 February 2011. The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to local authority Health and Wellbeing Boards (HWBs).⁸ Under the 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.⁹ 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.

⁷ Public Health England, Developing Pharmacy’s contribution to Public Health: A progress report from the Pharmacy and Public Health Forum, June 2014, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323365/PPHF_progress_report.pdf

⁸ Department of Health, Health and Social Care Act 2012 http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf

⁹ 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

The Dudley borough HWB must publish its first PNA 1 April 2015. The board must also keep up to date a map of pharmaceutical services provision in the area.¹⁰ Each HWB must in accordance with regulations:

- assess needs for pharmaceutical services in its area
- publish a statement of its first assessment and of any revised assessment

Pharmaceutical services in relation to PNAs include essential services, which every community pharmacy providing NHS pharmaceutical services must provide (dispensing of medicines, promotion of healthy lifestyles and support for self-care); advanced services that can be provided subject to accreditation (such as Medicines and Appliance Use Reviews and the Stoma Customisation Service); and enhanced services that are locally commissioned by the NHS England according to need.

Methodology

A mixed methods approach was used to collect and analyse people's views and experiences of pharmacy services. A questionnaire survey provided quantitative information on responses to a series of questions. A qualitative component of the research comprised interviews with a group of relevant people and focus group work to get people's perspectives on pharmacy services in the future. The aim was to identify good things that are happening, any gaps in services, and opportunities for innovation in the future to meet people's changing health and care needs.

From the outset people were informed about the role of Healthwatch Dudley and the purpose of the research. This meant they were able to make an informed decision about how they wanted to participate in the research (or not). They were also briefed on the confidentiality of information collected, which would be aggregated so that no pharmacy or individual could be identified in the final report without their consent.

Scoping work

At the start of the research it was necessary to gain some knowledge and understanding of the different pharmacies in the borough, their location, and the types of services that they provide. It was also relevant to gain an understanding of the PNA process itself, the legislation surrounding its development, and the role of the local authority Health and Wellbeing Board in ensuring that it is satisfactorily completed.

¹⁰ 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_Neds_Assessment_Information_Pack.pdf

Volunteer involvement

Twenty Healthwatch Dudley volunteers were involved in various aspects of the PNA research including putting together questionnaire survey packs, delivering the packs to pharmacies, inputting data into SurveyMonkey and focus group work. This volunteer help was invaluable in getting different research activities completed. At the same time, volunteers were able to learn new skills and the research was more grounded in the local area than might otherwise be the case. More detail on the research journey and the role of volunteers is provided in appendix 1, on page 33.

Questionnaire survey

A questionnaire survey was devised that drew on previous Dudley PNA work.¹¹ It comprised eighteen questions in total, thirteen on pharmacy matters and five on respondent characteristics. They were designed to assess levels of satisfaction with pharmacy services by getting public and patient views and experiences of those services in the borough. The questions ranged from those requiring a straightforward yes or no answer through multiple choice and Likert scale type (where 1 was a very negative and 6 a very positive response). Care was taken to avoid leading questions, asking two questions in one, and jargon and technical language. A copy of the questionnaire survey is provided at appendix 2, on page 34. A letter was sent to pharmacies from the Office of Public Health at DMBC a few days before it was due to be delivered to them. The letter briefly explained the PNA process, the role of Healthwatch Dudley, and the purpose of the survey (see appendix 3, on page 40). In addition, whenever it was possible pharmacies were emailed the letter as well.

A total of 7,200 questionnaire surveys were sent out in bundles of 100 to each of the seventy two pharmacies in the borough. A copy of the letter explaining the purpose of the questionnaire survey was included with each bundle prepared for a pharmacy and each questionnaire survey was in its own envelope together with a postage paid envelope for its return to Healthwatch Dudley's offices and a Healthwatch Dudley information leaflet. On the first page of the questionnaire survey there was a brief reference to Healthwatch Dudley, the Office of Public Health, the PNA, confidentiality and how any findings would be used. It was designed to take no longer than four to five minutes on average to complete with all the questions being optional. And people could provide personal information and contact details if they were happy to do so and wanted Healthwatch to contact them. In addition, the questionnaire survey could be accessed online through the Healthwatch Dudley website.¹²

¹¹ NHS Dudley, Dudley Pharmaceutical Needs Assessment 2010/11:
http://www.allaboutdudley.info/AODB/publications/PNA_2011_030211.pdf

¹² Healthwatch Dudley website and the PNA questionnaire survey: <http://healthwatchdudley.co.uk/surveys/>

A pilot exercise where a group of ten individuals worked through a draft of the questionnaire survey and commented on its layout and the questions showed there were no significant problems.

Focus group work

A focus group session was held on 28 August 2014 from 3-00pm to 5.00pm at the Bank Street Methodist Church in Brierley Hill. It was facilitated by two Healthwatch Dudley members of staff and seven people came along (three men and four women) to discuss the future of pharmacy services in the borough. The discussion themes were drawn from an initial overview of questionnaire survey responses (see Table 2, below).

Focus Group Themes
Thinking about pharmacy help and advice available to the public in the future? (particularly for younger and older people)
Thinking about pharmacy staff in the future? (types of training and expertise and interactions with the public, other professions, and the voluntary sector)
Pharmacy locations and opening times (partnerships and collaborations, email, the mobile pharmacy, online services, the virtual pharmacy - Skype with the pharmacist, appointments for some services)
Helping people from different ethnic backgrounds, pregnant women, families with young children, people with chronic conditions, people with disabilities, people with dementia)Accessibility (for public, disabled, older people, people with dementia)
Getting more people to use the pharmacy (treating minor ailments, helping people to manage their health, taking on more work from General Practice, extending the Healthy Living Pharmacy brand)
Other products that pharmacies could provide (in addition to food and drinks, infant and child products and cosmetics)
Pharmacists getting more involved in community projects and activities

Table 2: Focus group themes

Analysis

SurveyMonkey

The information collected using the paper based questionnaire survey sent out to pharmacies was inputted by Healthwatch Dudley staff and volunteers to a similarly formatted on-line version at SurveyMonkey, this was combined with the information collected from people accessing questionnaire survey on-line via the Healthwatch Dudley website. SurveyMonkey is a cloud based company that provides a free and customisable questionnaire survey service as well as a range of paid for back end programs dealing with sample selection, bias elimination, data analysis and data representation tools.¹³

Questionnaire survey: respondent characteristics

In total 827 people returned or submitted a completed or partially completed questionnaire survey by the cut-off date for information analysis, which was 5.00pm on 28 August 2014 ten days after the final date for their return to Healthwatch Dudley (18 August 2014). A breakdown of the returns shows that 811 people returned a paper based questionnaire survey and 16 people submitted a questionnaire survey online through the Healthwatch Dudley website. There were fifty-five people who requested a contact telephone call from Healthwatch Dudley to talk further about a pharmacy or other health issue.

A breakdown of questionnaire survey responses by people's sex, age, ethnicity and the Dudley postcode area where they are resident are detailed in the Figures and Tables that follow. A total of 802 people indicated what sex they were with 310 (38.7%) saying they were male, 490 (61.1%) saying they were female and two people preferring not to declare their sex (see Figure 1, below).

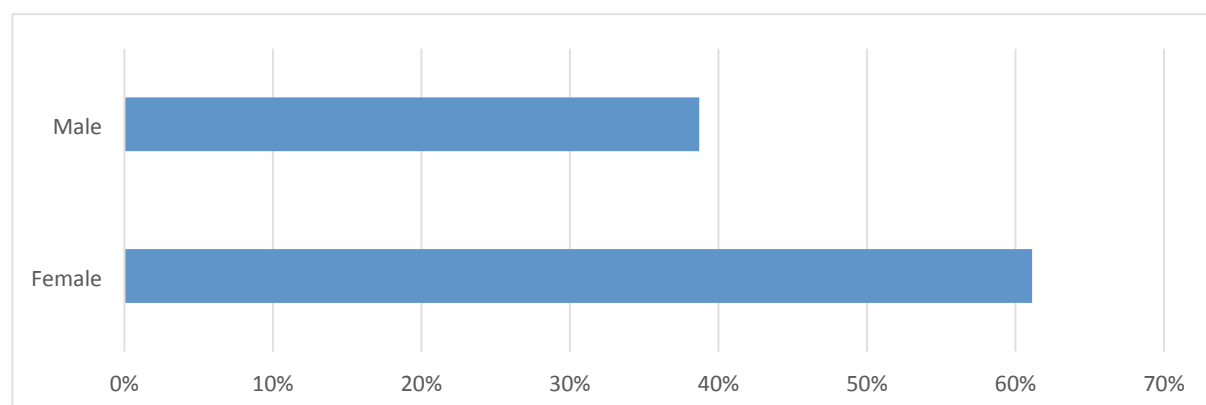


Figure 1: Respondents sex

¹³ SurveyMonkey: <https://www.surveymonkey.com>

There were 809 people who completed the question on age (see Figure 2, below). The majority of people were aged 55-64 (21.1%), 65-74 (32.6%) or 75 and over (24.6%). In turn, there were people aged 18-24 (1%), 25-34 (3.8%), 35-44 (5.1%) and 45-54 (11.2%). Five or less people indicated that they preferred not to complete the question.

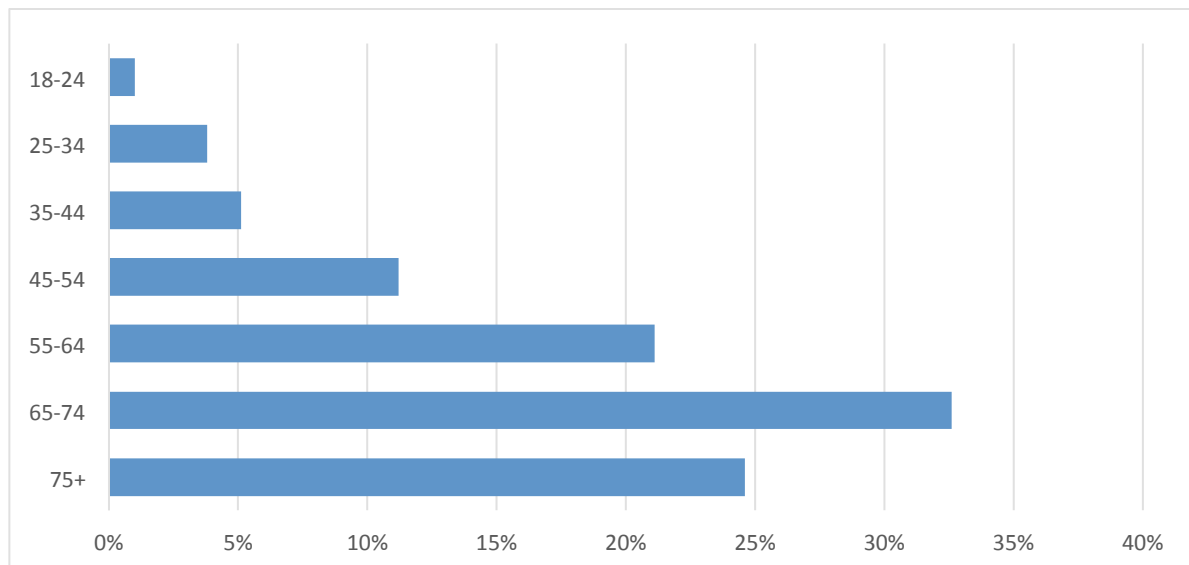


Figure 2: Respondents age

The ethnicity question was answered by 815 people and the majority indicated that they were White British (94.5%). In turn, a small number of people indicated that they were White Irish, Gypsy Traveller or of another White background (1.1%). And some people indicated that they were Indian, Pakistani, Bangladeshi, Caribbean, African, Chinese or of Mixed ethnic background (3.5%). Thirteen people indicated that they were from another ethnic group. The full list of people's responses to the question on ethnic origin are set out in Table 3, on page 17).

Answer Options	Response Percent	Response Count
White British, white Irish, Gypsy /Traveller, Any other white background	94.2%	768
White and black Caribbean, white and black African, white and Asian, any other mixed background	0.5%	4
Asian including: Indian, Pakistani, Bangladeshi, Chinese or any other Asian background	2.8%	23
Caribbean, African or any other black background	0.4%	3
Prefer not to say	0.5%	4
Other ethnic group	1.5%	13
answered question		815

Table 3: Respondents ethnic origin

The question on residence and post code area was answered by 807 people (see Table 4, below). The higher response rates were from DY6 Kingswinford (16.1%), DY5 Brierley Hill (15.7%), DY8 Stourbridge (14.3%) and DY3 Sedgley (13.3%). The lower response rates were from DY4 Sedgely Road West (0.2%), B64 Darby End (0.7%), WV14 Coseley (1.9%) and DY2 Netherton (4.2%). Twenty-four people indicated that they lived outside of the Dudley borough.

Answer Options	Response Percent	Response Count
DY1 Dudley	6.1%	49
DY2 Netherton	4.2%	34
DY3 Sedgley	13.3%	107
DY4 Tipton (within Dudley borough)		5 or less
DY5 Brierley Hill	15.7%	127
DY6 Kingswinford	16.1%	130
DY8 Stourbridge	14.3%	115
DY9 Lye	9.0%	73
B62 Halesowen	7.1%	57
B63 Halesowen (Hasbury)	8.4%	68
B64 (within Dudley borough)	0.7%	6
WV14 Coseley	1.9%	15
Outside Dudley Borough	3.0%	24
answered question		807

Table 4: Respondents residence postcode

Questionnaire survey: pharmacy services

First people were asked how they use the pharmacist for themselves and others by responding to a series of statements on a scale of 1 to 6 where 1 is never and 6 is frequently and ticking all of the relevant boxes. In total 812 people answered the question (see Figure 3, below).

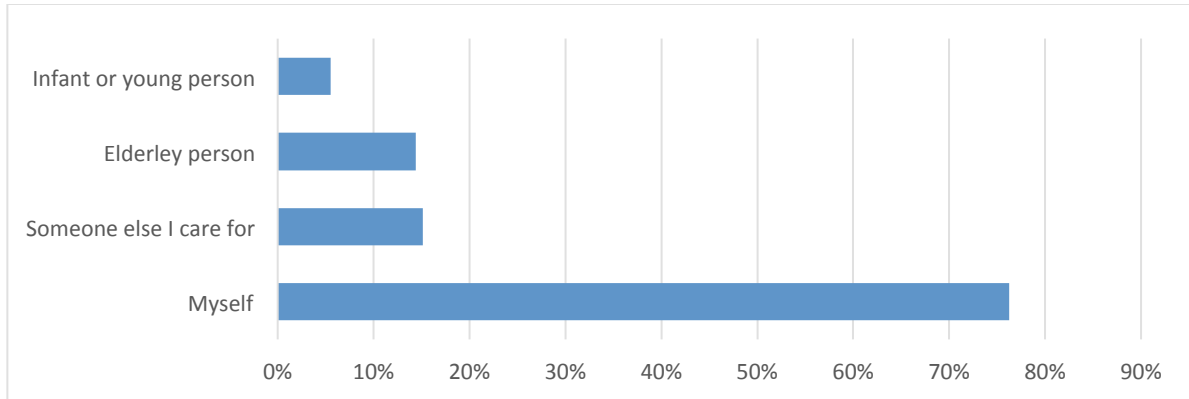


Figure 3: How people use the pharmacist for themselves and others

Most people, on points 5 and 6 of the scale indicated they frequently used the pharmacy for themselves (76.23%) with fewer people indicating they used it on behalf of someone else they care for (15.15%), an older person (14.41%) or an infant or young person (5.54%). The responses also showed there were people who never or rarely used the pharmacy for an older person (7.51%), an infant or young person (7.27%), someone else they cared for (6.77%) or themselves (5.54%).

The pharmacies people use

A total of 812 people answered the question on the pharmacies they use and responded to a series of statements on a scale of 1 to 6, where 1 is never and 6 is frequently, by ticking all of the relevant boxes (see Figure 4, below).

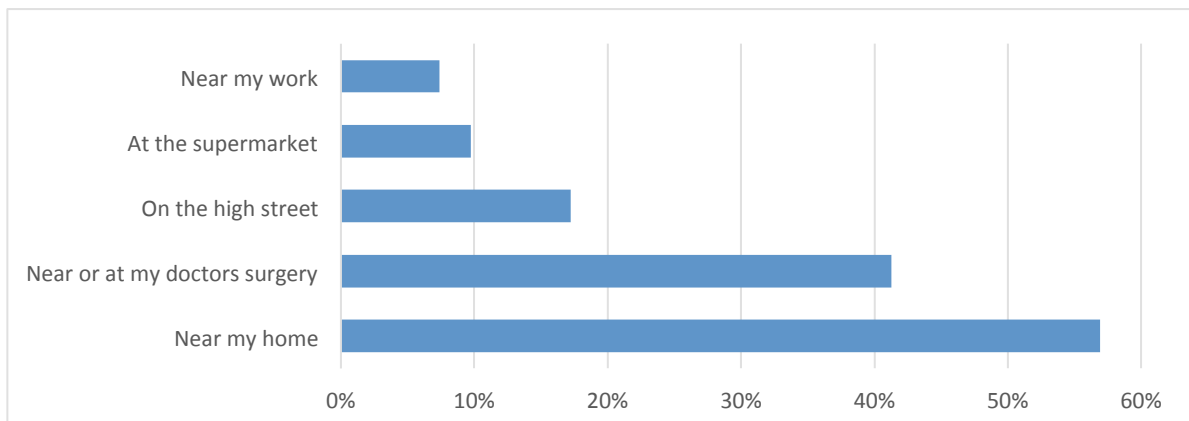


Figure 4: The pharmacies people use

On points 5 and 6 of the scale people were most frequently using a pharmacy near to their home (56.90%), near or at a doctor’s surgery (41.26%), on the high street (17.24%), at the supermarket (9.73%), or near to work (7.39%).

Times when the pharmacy was accessed

People were asked on what days and at what times they had accessed a pharmacy recently by ticking all of the relevant boxes. There were 812 people who answered the question (see Table 5, below).

Answer Options	Response Percent	Response Count
Monday-Friday before 9am	8.9%	72
Monday-Friday 9am - 6pm	89.0%	723
Monday-Friday 6pm - 8pm	10.6%	86
Monday-Friday 8pm - midnight	2.8%	23
Saturday before 9am	3.7%	30
Saturday 9am - 6pm	25.2%	205
Saturday 6pm - 8pm	2.8%	23
Saturday 8pm - midnight	1.0%	8
Sunday before 9am	1.0%	8
Sunday 9am - 6pm	3.6%	29
Sunday 6pm - 8pm	1.4%	11
Sunday 8pm - midnight	1.7%	14
<i>answered question</i>		812

Table 5: Visits to pharmacies

From the 812 people who answered the question most (89.04%) had visited a pharmacy on a Monday to Friday between 9.00am and 6.00pm. To a lesser extent there were visits on a Saturday between 9.00am and 6.00pm (25.25%), a Monday to Friday between 6.00pm and 8.00pm (10.6%), and Monday to Friday before 9.00am (8.9%). There were some people (6.7%) who had visited a pharmacy on a Sunday.

Barriers to using a pharmacy

A total of 657 people answered the question on barriers that might prevent them from getting access to a pharmacy by ticking all of the relevant boxes as outlined in Figure 5, on page 20. A large number of people (68.8%) indicated that the question was not applicable for them.

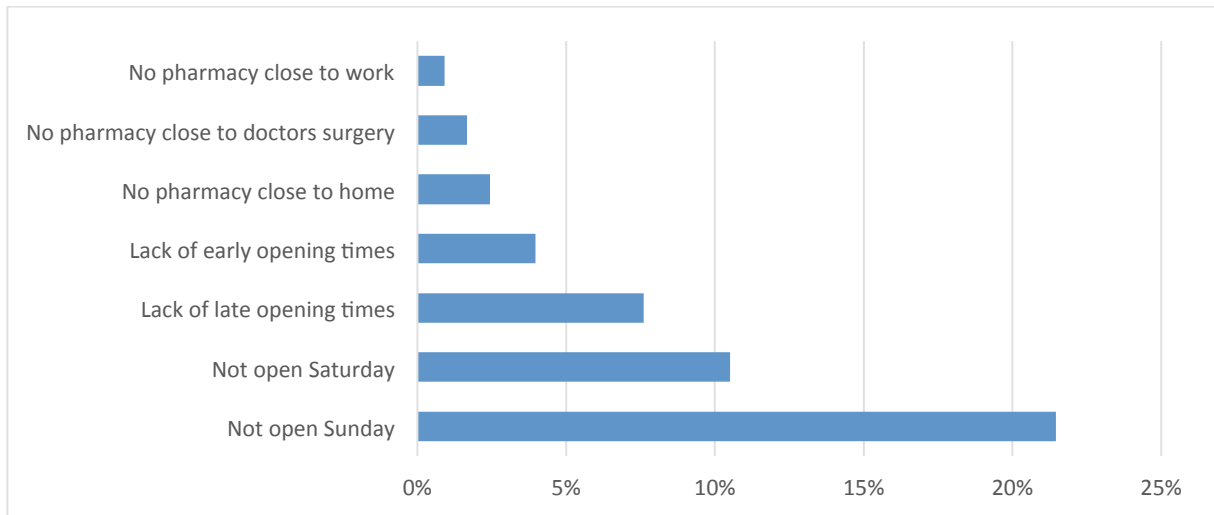


Figure 5: Barriers preventing access to a pharmacy

People indicated the biggest barriers to getting access to a pharmacy were pharmacies not being open on a Sunday (21.46%), not open on a Saturday (10.50%) and a lack of late opening times (7.61%). To a lesser extent it was due to a lack of early opening times (3.96%), no pharmacy close to home (2.44%), close to their doctor’s surgery (1.67%) or close to where they work (0.91%).

Frequency of pharmacy visits

There were 785 people who answered the question on the frequency of their visits to a pharmacy see Figure 6, below.

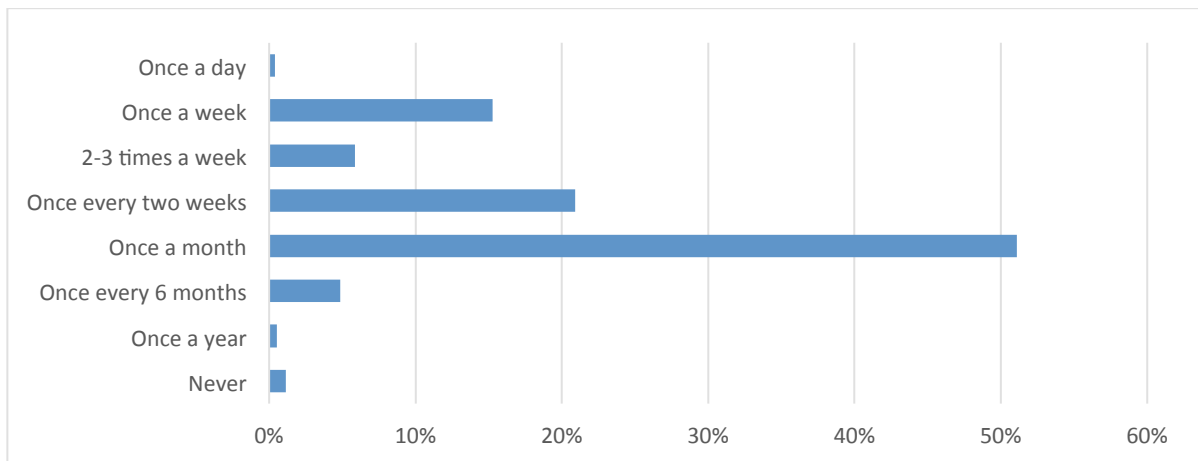


Figure 6: Frequency of pharmacy visits

Of these people, the majority (51.08%) indicated they visited once a month with others visiting once every two weeks (20.89%), or once a week (15.29%). Smaller numbers of people visited over other timescales of two to three times a week (5.86%), once every six months (4.84%), once a year (0.51%) and once a day (0.38%). And some people (1.15%) indicated they never visited a pharmacist.

How pharmacy services are used

Of the 821 people answering the question on the use of pharmacy services and ticking all of the relevant boxes many indicated they knew about and used the pharmacy for the dispensing of a prescription (85.38%), repeat prescriptions (72.22%), non-prescription medicines (66.14%), information and advice (58.34%), toiletries (52.01%), advice on medications (49.70%) and minor conditions (43.85%), cosmetics (32.77%), help with long-term conditions (25%), prescription delivery (23%), health checks (15.8%) and food and drink (15%). The full findings are set out in Figure 7, below.

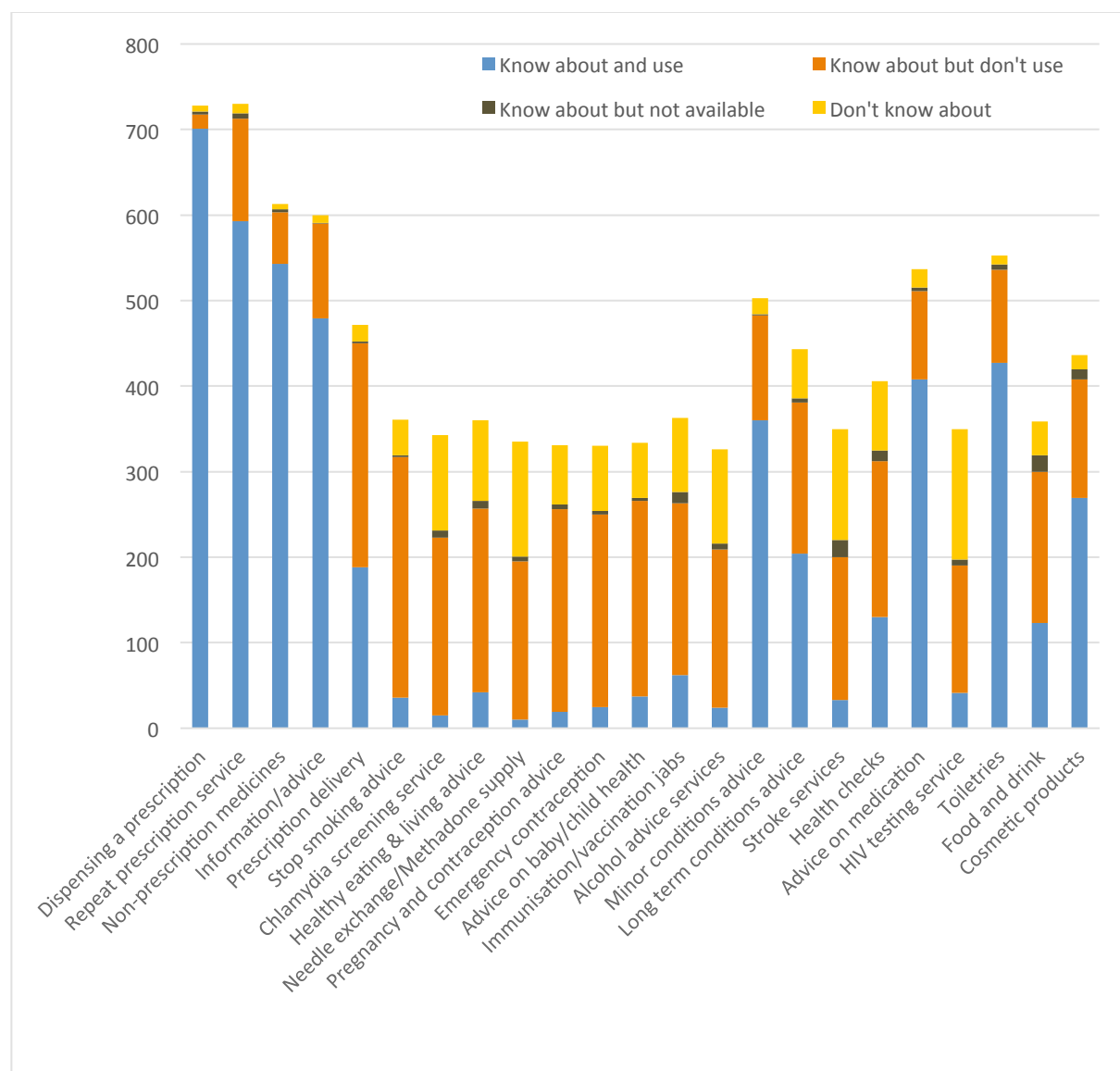


Figure 7: How pharmacy services are used

The responses to the question on the pharmacy services that people use indicate many of them know about services and use them or know about services and do not use them. The figures for dispensing a prescription are (87.45%), repeat prescriptions (86.85%), non-prescription medicines (73.45%), general information and advice (71.86%), toiletries (65.29%), advice on medicines (62.24%), help with minor conditions (58.83%), prescription delivery (54.81%), cosmetics (49.70%), long-term conditions support (46.41%), health checks (38%) and food and drink (36.54%).

The services used least were immunisation and vaccination jabs (7.55%), healthy living and eating advice (5.12%), HIV testing (5%), advice on baby and child health (4.51%), stop smoking (4.39%), stroke support (4.02%), emergency contraception (3.05%), alcohol advice (2.92%), pregnancy and contraception advice (2.31%), Chlamydia testing (1.83%) and needle exchange and methadone supply (1.22%).

There did not seem to be a significant problem regarding people knowing about a service and it not being available in a pharmacy that they use. Meanwhile, the highest instances of people indicating they did not know about a service were for HIV testing (18.64%), needle exchange and methadone supply (16.32%), stroke services (15.83%), Chlamydia screening (13.64%), alcohol advice (13.40%), Healthy eating and living advice (11.45%), immunisation and vaccination jabs (10.60%).

The Healthy Living Pharmacy

In total 787 people answered the question on whether they were aware of the Healthy Living Pharmacy brand. The majority (67.73%) indicated they were not aware of the brand and the rest (32.27%) indicated they were aware of the brand (see Diagram 1, below).

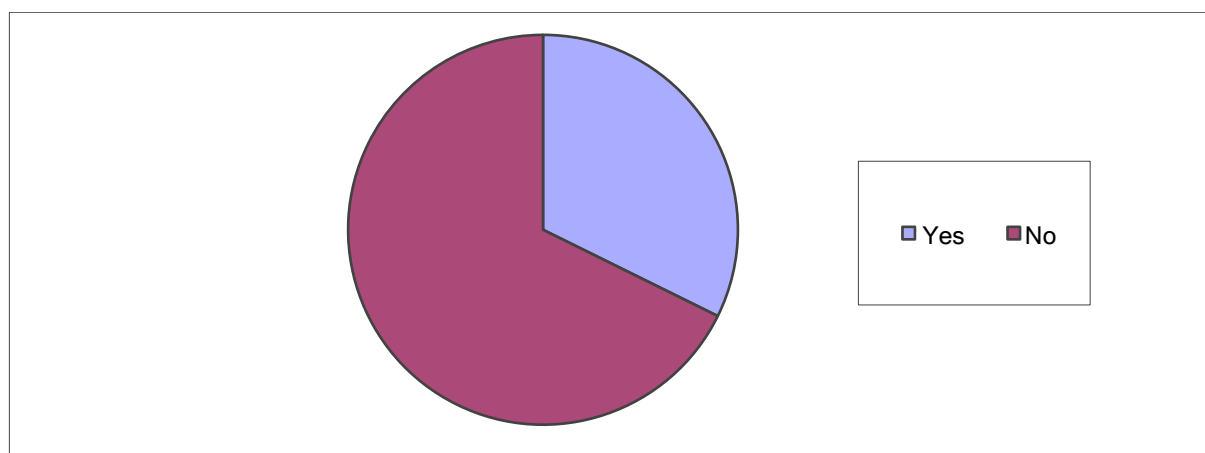


Diagram 1: Healthy Living Pharmacy brand

In terms of usage of Healthy Living Pharmacy services 781 people responded with the majority (71.45%) indicating they had not used such services and some saying they had (6.53%) and others saying they were not sure if they had used such services (18.05%) or they felt the question was not applicable (3.97%).

Pharmacy environment

On the question of pharmacy environment 813 people responded to a series of statements on a scale of 1 to 6, where 1 is strongly disagree and 6 is strongly agree by ticking all of the relevant boxes. The findings are set out in Figure 8, below.

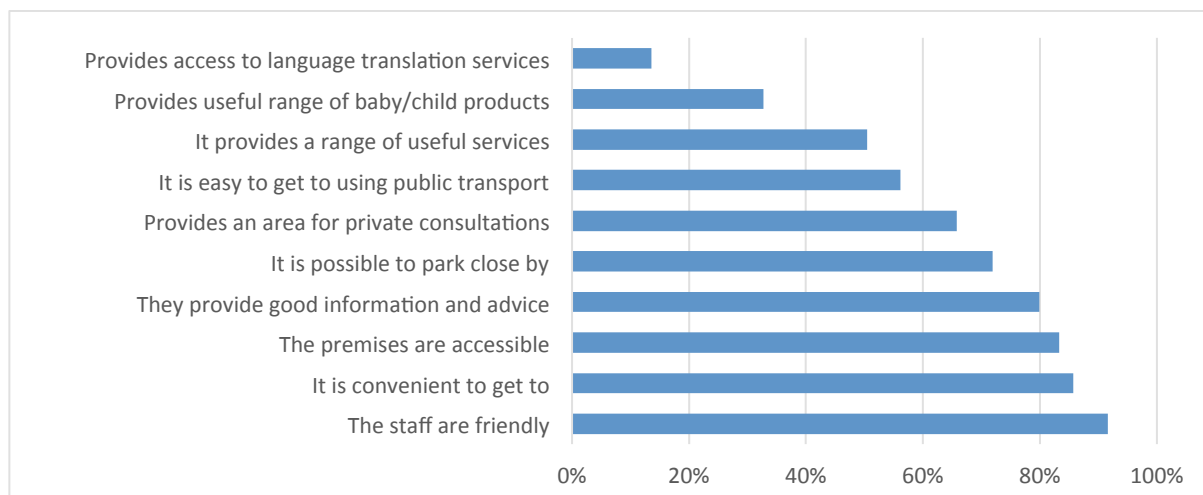


Figure 8: Pharmacy environment

Pharmacies scored highly (on points 5 and 6 of the scale) for most environmental measures. People indicated that, on the whole, staff were friendly (91.64%), premises were easy to get to (85.73%), accessible (83.27%), provided good information and advice (79.95%), with parking close by (71.96%), a private area for consultations (65.81%) and a range of useful services (50.43%), in a location easy to get to by public transport (56.10%). A smaller number of people indicated pharmacies provided a useful range of baby and child products (32.72%) or access to language translation services (13.53%).

Specific pharmacy needs

The question on specific pharmacy needs, that comprised a series of statements, was answered by 740 people who ticked all of the boxes relevant for them (see Figure 9, on page 24).

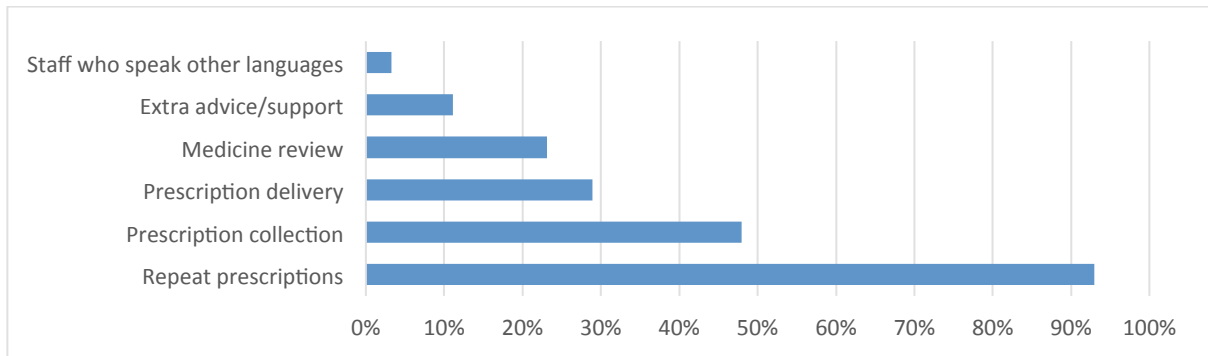


Figure 9: Specific pharmacy services

Most people indicated they needed a repeat prescription service (92.97%) and prescription collection service (47.97%). Fewer people said they needed a prescription delivery service (28.92%) and medicines review service (23.11%). The least needed services were for extra advice and support, for example text message reminders or pill dispensers (11.08%) and staff who speak other languages (3.24%).

Minor ailments

In answer to the question on whether a minor ailments scheme would be useful, where people can get medication for conditions such as coughs and colds, a sore throat and insect bites without the need to see a doctor, 786 people responded (see Diagram 2, below).

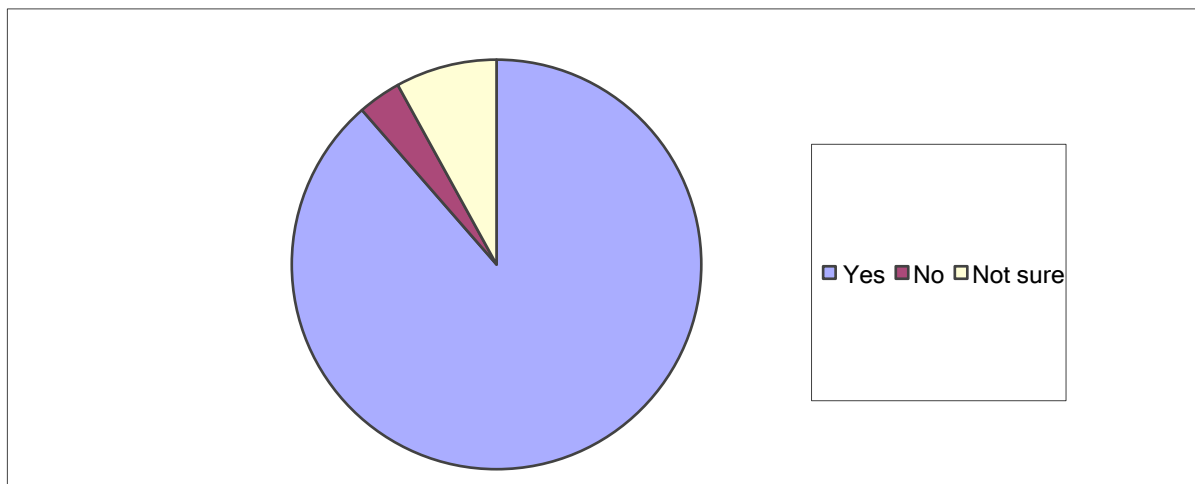


Diagram 2: Minor ailments scheme

The majority of people (88.55%) indicated that a minor ailments scheme would be useful and a small number of people saying it would not be useful (3.44%) or they were not sure if it would be useful (8.02%).

The pharmacist

The question about the pharmacy and pharmacists was answered by 798 people who responded to a series of statements ticking all of the relevant boxes. People indicated (on points 5 and 6 of a scale where 1 is strongly disagree and 6 is strongly agree) that they trusted the pharmacist’s advice on medicine usage (84.96%), it is important to be able to get advice on prescriptions (81.58%), see a regular pharmacist on duty (63.66%), be able to speak to the pharmacist without being overheard (62.16%) and for staff to know them (61.91%). The findings are set out in Figure 10 below.



Figure 10: The pharmacist

Where more than 5% of people disagreed a lot (on points 1 and 2 of the scale) were those indicating it was not that important staff knew them (6.89%), they saw a regular pharmacist on duty (7.02%) and felt they could not speak to their pharmacist without being overheard (10.78%).

Ways to improve services

The last question was a series of statements on possible ways the pharmacy a person usually uses could be improved. In total 640 people responded by ticking all of the relevant boxes and the findings are set out in Figure 11, on page 26.

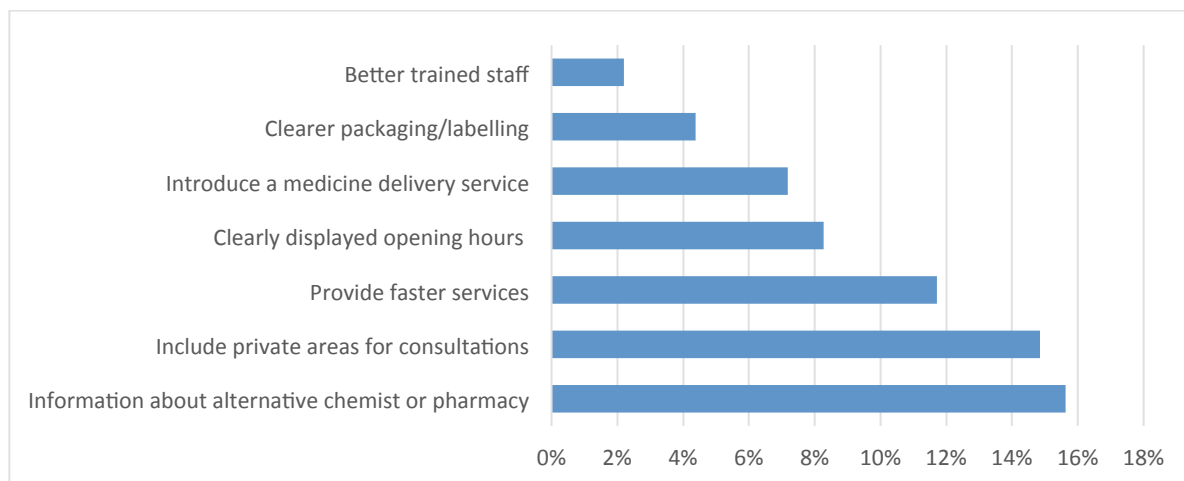


Figure 11: Improving the pharmacy

Higher numbers of people were saying improvements could be made in information about alternative pharmacies (15.63%), the inclusion of private areas for consultations (14.84%) and providing faster services (11.72%). Lower numbers of people indicated improvements could be made in clearly displaying opening hours (8.28%), through the introduction of a medicine delivery service (7.19%), clearer packaging and labelling (4.38%) and better trained staff (2.19%). There were a large number of people (60.3%) who indicated the question was not applicable for them.

Questionnaire survey: additional respondent comments

A few people annotated their questionnaire survey with extra notes and comments on pharmacy services as well as non-pharmacy related health services. A number of the statements were positive about their experiences of accessing and using pharmacy services. For example, responses included: 'I cannot really see that the pharmacy needs improvement I am very happy with the service provided and the staff are very happy to help in every way', '[The] pharmacist ... is absolutely brilliant I always go to her first before doctors', 'They [pharmacy] give a very good service in all respects', 'We would like to praise all staff and pharmacists they are excellent it's a pleasure to go there and nothing is too much trouble'.

Meanwhile, there were a few statements about pharmacies or pharmacists that were not positive and largely related to calls for larger premises, bigger waiting areas and improved facilities for private consultations. For example, responses included: 'There is a so called private room but other customers can still see who is in the room and can also hear what a person is saying in that room', 'Privacy is hugely lacking in all chemists and pharmacists to the point where confidentiality is non-existent and everyone knows too much information about other people, patients, private information'. Other people said '[I] would like extra advice and support - for example text message reminders, text messages when they [pharmacists] receive a prescription', '[I] feel [the] pharmacist should be able to

offer more advice on prescribed and non-prescribed medication than they do to prevent [the] need to see [a] GP for minor issues’, ‘[There should be] some way of letting me know of alternative pharmacies when they [pharmacy I might use] is closed - for example on Sundays!’.

Focus group findings

The findings from the focus group work suggest there is scope for the public to be better informed about the different services that are available through the pharmacy and how pharmacists can help them with their different and changing health and welfare needs. For example, participants said, ‘Is there a common policy in Dudley regarding services that they [pharmacies] can provide? ... It’s such a complex landscape’, ‘[The public] need to be made aware of the wide array of services that pharmacists provide to take pressure off Accident and Emergency’, ‘[The] future [needs to be about] building on people’s feelings that pharmacy knows [about their] ... health issues’.

Participants felt the majority of the public liked the consistency of contact they had with a particular pharmacist and they liked the convenience of the pharmacy to get medicines and help and advice on health matters and treatments. This needed to be maintained in the future. In addition, it was felt that there could be an enhanced role for pharmacists providing more in-depth advice and help on health and wellbeing matters. For instance, people said, ‘[The] pharmacist needs to be the first point of contact for minor ailments’, ‘[Able] to support patients [through] links to the Better Care Fund’, ‘[And with improved] access to medical records - better promoted for patients [especially] with complex health needs’.

In turn, there were other participant comments related to changes in the way people receive treatment for health conditions and the skills of pharmacists as well as the funding available for the expansion of pharmacy services, staff development and training, and the time that the pharmacist could devote to helping people with their health questions or problems. People said, ‘If ... [people] are to be treated at home [matters] will need to be looked at holistically with [different] agencies coming together to [give] support [to them]’, ‘But what about issues that they [pharmacists] are not confident or skilled to deal with, what about [their] training and expertise?’

Discussion

More people from older age groups responded to the questionnaire survey and most people responding to the survey described themselves as White British. Ethnic minority group respondents were somewhat under-represented as a proportion of the Dudley borough population. Perhaps, people from different ethnic minority groups are using the pharmacy in different ways to White British people, did not have sight of the survey or were reluctant to take part in it.

Further work would need to be undertaken to obtain a wider range of views from different ethnic groups. This could include more targeted interview or focus group activities. Responses to the survey were obtained from most of the postcode areas in the borough ranging between 4.2% and 16.1% of the total number of returns. The postcode areas with a larger representation of respondents were DY5 (Brierley Hill), DY6 (Kingswinford), DY8 (Stourbridge) and DY3 (Sedgley), which have a varied mix of more and less affluent areas and types of residents. A few postcode areas had a very low response rate, including the relatively large area of WV14 and the much smaller areas of B64 and DY4. In the case of WV14, there is only one pharmacy in Coseley but many more across the border in Bilston where Coseley residents often shop and visit. Other postcode areas with no response rates were WV4, DY7 and B65, which like B64 and DY4 are areas that border other boroughs and comprise a small area or just a few streets.

How people access pharmacies

The majority of respondents were using the pharmacy for themselves and to a lesser degree at different times for a baby or child, older person, or someone else they cared for. The number of respondents using the pharmacy on behalf of someone else might have been higher if more parents and in particular women (especially in the younger age groups) had been included in the survey. This observation is, in part, based on prevailing patterns of caring activity amongst the population more generally. People mostly used pharmacies near to their home or at or near to a doctor's surgery. This is perhaps unsurprising and the numbers of people indicating this was their preference could be higher depending on ease of access to a pharmacy near to home or the availability of pharmacy services at or near to doctors' surgeries. In turn, the figures for use of pharmacy near to work could be different dependent on how easy and convenient it is to get to a pharmacy close to work.

By a large margin most visits to a pharmacy were Monday to Friday between 9.00am and 6.00pm. But Saturday opening is important and more people might use pharmacy services earlier or later in the day or on a Sunday depending on how widespread access to pharmacies is in an area at different times. Indeed, in terms of the barriers to using a pharmacy not being open on a Sunday and later in the evenings was mentioned. Recent research indicates the 'Majority of the population can access a community pharmacy within a twenty minute walk and crucially, access is greater in areas of highest deprivation', (Todd et al, 2014).¹⁴ It was not suggested that not having a pharmacy close to home, a doctor's surgery or work was a great problem for respondents who, in the main, suggested they were able

¹⁴ Todd, A., Copeland, A., Husband, A., Kasim, A., and Bamba, C. (2014) 'The positive pharmacy care law: an area-level analysis of the relationships between community pharmacy distribution, urbanity and social deprivation in England, British Medical Journal Open, Vol.4, Issue 8, 2014, p.2
<http://bmjopen.bmj.com/content/4/8/e005764.full.pdf+html>

to access a pharmacy at a location convenient for them because of their numbers in an area.

A majority of respondents visited a pharmacy once a month with others visiting in significant numbers every two weeks or once a week. People visiting a pharmacy on a monthly basis as well as including people seeking prescription services could also include people accessing other services on an as-and-when-needed basis (off-the-shelf medicines, baby and child products, and cosmetics). Meanwhile, some of the more frequent visitors to pharmacies but in lower overall numbers may be more likely to need particular types of prescription or accessing specialist services such as needle exchange and methadone supply. In turn, people visiting a pharmacy once every six months or a year might be accessing pharmacy services purely on an as-and-when-needed basis for medicines or products and otherwise feeling they have no need to visit more regularly. Nevertheless, there may be scope to promote services and encourage the more casual users of a pharmacy to visit more often.

How people use pharmacies

A significant number of survey respondents know about and use or know about and do not use pharmacy services (in particular those pertaining to prescriptions, off-the-shelf medicines and general information and advice). This finding is not surprising since this sort of activity forms a large part of pharmacy work on a day-to-day basis. Many people were also using the pharmacy to obtain toiletries, advice on medications, help with minor conditions and cosmetic products. Fewer people were using a pharmacy for long-term conditions support, prescription delivery, health checks and food and drink products. Some of this variation in use might be expected given the nature of a particular service and the actual and potential demand for it. Equally, on the matter, for example, of health checks there could be much scope to increase the use of such services by the public. Similarly, there could be opportunities to better promote health related food and drink products.

Unsurprisingly, the pharmacy services people used least included HIV testing, stroke support and alcohol advice addressing the needs of special or smaller groups of people in a local population. Other figures suggest there could be scope to promote and encourage greater take up, for example, immunisation and vaccination jabs and healthy eating and living advice. And with services such as stop smoking and alcohol advice rates of use might be increased with different patterns of referral and access to them. There did not seem to be problem with respondents knowing about services but not being able to access them. Two thirds of respondents were not aware of the Healthy Living Pharmacy brand with more than two thirds of people saying they did not believe they used the service and a fifth of people not sure if they had used such service or not. Consequently, work needs to be done to improve public awareness of the brand and how it can be of help to them.

The pharmacy environment

Pharmacies scored highly on most environmental measures including staff friendliness, premises that were easy to get to and accessible, the provision of good information and advice, and adequate parking close by. They tended to score a little less well on the adequacy of private areas for consultations, perceptions about the range of useful services they provide and being in a location easy to get to by public transport. They tended to score least well on perceptions about the adequacy of the range of baby and child products they provided and access to language translation services. This might indicate issues to address but the score may have been better if more people using these services were represented in the questionnaire survey data. This might mean, for example, a greater number of parents and especially younger women and people from different ethnic minority groups.

A majority of respondents indicated they needed access to repeat prescription services. Meanwhile, most people felt a minor ailments scheme would be useful. NHS England says ‘It can be noted that the Community Pharmacy Minor Ailments scheme has a positive business case when costs are compared against the savings generated in Urgent Care services. In addition, there will be liberation of GP consultations that can be used for patients with more complex needs’, (NHS, 2013).¹⁵ It would enable them to get quick and effective advice, treatments and prescription medicines for health conditions (including colds, sore throats, insect bites and headaches) and avoid having to go to their doctor’s surgery. The Dudley Clinical Commissioning Group has approved plans to launch such a scheme in the autumn of 2014. Meanwhile, there are high levels of trust in pharmacists for advice and respondents felt it was important to be able to get on prescriptions and health matters from a pharmacist they know and can speak to in private and in confidence. This matches with Public Health England findings that suggest ‘Pharmacists are trusted healthcare professionals in their local communities and pharmacy teams are increasingly taking on an expanded role in promoting health and wellbeing to those using their pharmacy’s services’ (PHE, 2014).¹⁶ This set of circumstances bodes well for the expansion of the work pharmacists might do with the public on different aspects of their health and wellbeing. The view from respondents was they are generally satisfied with pharmacy services and pharmacists. A small number of people indicated improvements could be made to the information available on pharmacies (especially opening times and alternative pharmacies to use), better private areas for consultations with the pharmacist or pharmacy staff and providing faster services.

The future

¹⁵ NHS England, ‘Improving health and patient care through community pharmacy – a call to action’, 2013 <http://www.england.nhs.uk/wp-content/uploads/2013/12/community-pharmacy-cta.pdf>

¹⁶ Public Health England, ‘Developing pharmacy’s contribution to Public Health: A progress report from the Pharmacy and Public Health Forum, June 2014, p.6 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323365/PPHF_progress_report.pdf

The questionnaire survey respondents generally trusted pharmacists and had good experiences of using pharmacies. The less positive comments tended to relate to premises and issues to do with their size, layout and the privacy that people have when interacting with the pharmacist or pharmacy staff. Some people pointed to advances in technology, the growth in on-line services, social media networking and facilities such as text messaging services and how they could impact on the way pharmacy services develop in the future. It is likely there are significant opportunities to develop and use such technology and innovation in social networking to develop and improve pharmacy services for the public and link in more with other parts of primary and secondary healthcare services. Pharmacists' are in a strong position to offer enhanced advice and support on health and wellbeing matters to the public and patients. Judith Smith, Director of Policy at the Nuffield Trust points out that 'Pharmacists are experts in medicines but have broader clinical training which means they can do much more. They can provide much of the monitoring and expert guidance crucial to supporting people with long term conditions', (HSJ, 2013).¹⁷ It could help to substantially relieve pressure on general practice and other parts of the primary and secondary health care sectors. At the same time, there is scope to provide better information for the public on some pharmacy since the pharmacy services landscape is quite complex. The public goodwill that exists towards pharmacy and pharmacists can be further embraced and good relations used to increase the usefulness of services designed to promote good health and prevent ill health. However, pharmacists and pharmacy staff need to ensure they have the required skills and experience to keep up with advances in healthcare and treatments.

¹⁷ Smith, J. (2013) 'Pharmacies can ease the pressure on urgent care', Health Service Journal, www.hsj.co.uk/comment/pharmacies-can-ease-the-pressure-on-urgent-care/5065058.article

Conclusions

- It is good to focus on the development of pharmacy services at premises close to people's homes and at or near doctors' surgeries
- Investigate opportunities to expand pharmacy activity in other areas in the community or workplace
- Review pharmacy opening times and how well they fit with people's current living and working circumstances
- Reflect on the scope to further promote pharmacy services and encourage casual users to visit more often
- It could be relevant to focus on promoting pharmacy services such as health checks and support for long-term conditions to encourage public take up of them to maintain stable health and wellbeing
- Consider how different pharmacy services (such as the provision of health foods and drinks or baby and child products) might be enhanced and developed to meet people's changing needs in a modern living and working context
- Examine the scope to increase public uptake of particular specialist pharmacy services such as immunisation and vaccination jabs, stop smoking and alcohol advice and interventions
- Investigate opportunities to further enhance and develop links and relations with other primary and secondary care health sector partners to extend and improve the provision of pharmacy services
- Further promote the Healthy Living Pharmacy brand and its benefits for the public and patients
- Ensure there are adequate private areas for pharmacist and pharmacy staff consultations with members of the public and adequate language translation services
- A minor ailments scheme should be fully embraced, promoted and developed since the public feel strongly that it would be of benefit to them
- Pharmacists need to make the most of trust and goodwill shown to them by the public in promoting and developing pharmacy services and in discussions with other healthcare partners
- Pharmacists need to take full advantage of and exploit opportunities opened up by advances in technology and social media platforms (such as online facilities, text messaging, Twitter, Skype, Facebook) to meet changing public needs for pharmacy services
- Pharmacist and pharmacy staff skills and experience needs to be kept up-to-date and relevant to meet changing public needs in a changing healthcare landscape

Appendix 1: Behind the Scenes

Behind the scenes there was much work undertaken by a group of dedicated Healthwatch volunteers to ensure the PNA questionnaire survey was prepared and packaged ready for distribution, delivered to pharmacies in the Dudley borough,



and then the responses were inputted into SurveyMonkey for later analysis. At the same time, the project was truly local in terms of Healthwatch Dudley, an organisation with a statutory remit to obtain the voice of the public and patients on health and social care matters, designing a questionnaire survey, undertaking focus group work, analysing data, and writing up a final report on the Pharmaceutical Needs Assessment process and the voice of the public and patients. Local Healthwatch

volunteers who were involved in helping with the project gained new experiences as well using their knowledge of pharmacy services and the borough to contribute to the development of the research project and questionnaire survey and focus group activities. In future, it will be possible to use these and other volunteers in similar types of research activity. It was heartening to witness the way that volunteers responded to the challenge of meeting project deadlines and were willing to be extremely flexible in order to ensure the project was successful. Healthwatch Dudley's offices were a site of



much frenetic but also very jovial activity to get important tasks done. We all enjoyed ourselves a lot over a period over three weeks or so working on the questionnaire survey and focus group work.



Appendix 2: Questionnaire Survey



How do you feel about local chemist and pharmacy services?

Healthwatch Dudley would very much appreciate your help in answering some questions on local chemist or pharmacy services.

Healthwatch is the consumer champion in health and social care. It has significant statutory powers to ensure your voice is heard and taken into account by people who commission, deliver and regulate health and social care services.

You do not have to provide personal information unless you want to talk further about your experiences.

By answering as many questions as you can you will help us to gain a broad view of different people's experiences of chemists and pharmacies. Your views will be confidential and not attributable to yourself or passed on to any third party without your consent. The findings obtained from the questionnaire will be published on the Healthwatch Dudley website and reported to Dudley Public Health to form part of their Pharmaceutical Needs Assessment.

THE QUESTIONNAIRE SHOULD TAKE NO MORE THAN 10 MINUTES OF YOUR TIME
PLEASE RETURN THE QUESTIONNAIRE IN THE ENCLOSED POSTAGE PAID
ENVELOPE BY MONDAY 18 AUGUST 2014.

The questionnaire can also be completed online at www.healthwatchdudley.co.uk/surveys

Healthwatch Dudley contact details

Telephone: 03000 111 001

Web: www.healthwatchdudley.co.uk

Email: hello@healthwatchdudley.co.uk

Healthwatch Dudley
7 Albion Street
Brierley Hill
DY5 3EE

1. Who do you use chemist or pharmacy services for? (tick all that apply)

	Never				Frequently	
	1	2	3	4	5	6
Myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An infant or young person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An elderly person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For someone else I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How do you use chemists or pharmacy services? (tick all that apply)

	Never				Frequently	
	1	2	3	4	5	6
Near my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near or at my Doctors surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the high street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. When have you used chemists or pharmacy services recently? (tick all that apply)

	Monday to Friday	Saturday	Sunday
before 9am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
between 9am-6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
between 6pm-8pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
between 8pm and midnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Is there anything that has stopped you from using a chemist or pharmacy when you need to? (tick all that apply)

Lack of early opening times	<input type="checkbox"/>	No chemist/pharmacy close to doctors surgery	<input type="checkbox"/>
Lack of late opening times	<input type="checkbox"/>	No chemist/pharmacy close to home	<input type="checkbox"/>
Not open Saturday	<input type="checkbox"/>	No chemist/pharmacy close to work	<input type="checkbox"/>
Not open Sunday	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>

Other (please specify)

5. How often do you visit a chemist or pharmacy?

Once a day	<input type="checkbox"/>	Once a week	<input type="checkbox"/>	2-3 times a week	<input type="checkbox"/>
Once every two weeks	<input type="checkbox"/>	Once a month	<input type="checkbox"/>	Once every 6 months	<input type="checkbox"/>
Once a year	<input type="checkbox"/>	Never	<input type="checkbox"/>		

6. How do you use the following chemist/pharmacy services? (tick all that apply)

	Know about and use	Know about but don't use	Know about but not available in chemist/pharmacy I usually use	Don't know about
Dispensing a prescription				
Repeat prescription service				
Non-prescription medicines (off the shelf)				
Information / advice				
Prescription delivery				
Stop smoking advice				
Chlamydia screening service				
Healthy eating & living advice				
Needle exchange/Methadone supply				
Pregnancy and contraception advice				
Emergency contraception e.g. Morning after pill				
Advice on baby/child health				
Immunisation/vaccination jabs e.g. Flu				
Alcohol advice services				
Minor conditions advice e.g. Sore throat, hay fever, cystitis				
Long term conditions advice e.g. Diabetes, high blood pressure				
Stroke services e.g. Warfarin clinic				
Health checks e.g. Blood pressure, sugar, cholesterol levels				
Advice on medication				
HIV testing service				
Toiletries				
Food and drink				
Cosmetic products				

Other (please specify)

7. Are you aware of the Healthy Living Pharmacies brand?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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8. Have you ever used the Healthy Living Pharmacies services?

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------

Not sure	<input type="checkbox"/>
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Not Applicable	<input type="checkbox"/>
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9. Please rate the chemist or pharmacy that you usually use on the following; (tick all that apply)

	Strongly disagree		3	4	Strongly agree	
	1	2			5	6
The staff are friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides access to language translation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides an area for private consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is convenient to get to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They provide good information and advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The premises are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It provides a range of useful services e.g. Stop smoking, blood pressure, sugar, cholesterol checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is possible to park close by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to get to using public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides useful range of baby/child products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you have any specific needs regarding medicines? (tick all that apply)

Repeat prescriptions	<input type="checkbox"/>
Medicine review	<input type="checkbox"/>
Staff who speak other languages	<input type="checkbox"/>

Prescription delivery	<input type="checkbox"/>
Prescription collection	<input type="checkbox"/>
Extra advice/support e.g. text message reminders, pill dispensers	<input type="checkbox"/>

Other (please specify)

11. Would a minor ailments scheme (where patients can receive medication for minor ailments e.g. coughs, colds, sore throat, insect bites, without the need of seeing a doctor under certain circumstances) be useful?

Yes	
-----	--

No	
----	--

Not sure	
----------	--

12. How do you feel about the following; (tick all that apply)

	Strongly disagree					Strongly agree
	1	2	3	4	5	6
It is important staff know me						
I prefer to see a regular pharmacist/chemist on duty						
I would expect my pharmacist/chemist to give advice on my prescriptions						
I trust the advice on medicine usage from my pharmacist/chemist						
I can speak to my pharmacist/chemist without being overheard						

13. Are there ways in which the chemist or pharmacy that you usually use could improve their service? (tick all that apply)

Clearer packaging/labelling		Provide faster services	
Clearly displayed opening hours		Include private areas for consultations	
Information about alternative chemist or pharmacy		Better trained staff	
Introduce a medicine delivery service		Not applicable	

Other (please specify)

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14. Are you?

Male	
------	--

Female	
--------	--

Trans	
-------	--

Prefer not to say	
-------------------	--

15. How old are you?

Under 18	
18-24	
25-34	

35-44	
45-54	
55-64	

65-74	
75+	
Prefer not to say	

16. If you live within the Dudley Borough, what is the first part of your postcode?

DY1	
DY2	
DY3	
DY4	

DY5	
DY6	
DY8	
DY9	

B62	
B63	
B64	
WV14	

Outside Dudley Borough	
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17. Ethnic origin

White British	
White Irish	
Gypsy/Traveller	
Any other White background	
White and Black Caribbean	
White and Black African	

White and Asian	
Any other mixed background	
Indian	
Pakistani	
Bangladeshi	
Any other Asian background	

Caribbean	
African	
Any other Black background	
Chinese	
Arab	
Prefer not to say	

Other ethnic group

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18. Would you like Healthwatch Dudley to contact you to talk further about your chemist or pharmacy matters?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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PLEASE PROVIDE YOUR CONTACT DETAILS IF YOU ANSWERED YES TO THE PREVIOUS QUESTION

Your contact details:

Name

Address

Postcode Telephone.....

Email

Appendix 3: Letter to Pharmacies

Office of Public Health
8th Floor, Falcon House, The Minories, Dudley, West Midlands DY2 8PG
Tel: (01384) 814050
www.dudley.gov.uk



Ref: JS/JT
29th July 2014
Dear Colleague(s)

IMPORTANT INFORMATION

Healthwatch Dudley will be distributing patient/public questionnaires for the Pharmaceutical Needs Assessment out to Community Pharmacies on Friday 1st August 2014. Questionnaires to be returned by patients/public in pre-paid envelopes to Healthwatch Dudley by 18th August 2014

You should already be aware that the Office of Public Health through its Health and Wellbeing Board is in the process of developing its next Pharmaceutical Needs Assessment (PNA) for Dudley. The PNA is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing and appliance contractors and (where relevant) doctors' services and should identify where there are gaps in provision.

Why is the PNA Important?

- NHS England will rely on the PNA when making decisions on applications to open new pharmacies and applications to dispense medical appliances, as well as informing the commissioning of enhanced services from pharmacies.
- The Office of Public Health will use the PNA to inform their commissioning decisions.
- The PNA will provide an opportunity to take a strategic overview of pharmacies as community resources, develop the concept of community pharmacies as local centres of health and wellbeing (for example, Healthy Living Pharmacy model) and promote partnerships between pharmacies and other service providers in models that suit local communities.

The Office of Public Health has, as a formal part of the development of this PNA commissioned **Healthwatch Dudley** to consult with patients and the public on their views, experiences and requirements for community pharmacy services within Dudley. Healthwatch Dudley is the local independent consumer champion (for patients and the public) for health and social care services within the borough. Further information about their work can be found at www.healthwatchdudley.co.uk.

Within the next few days, every community pharmacy within Dudley will be receiving a package from Healthwatch Dudley that will contain copies of the patient/public questionnaires, together with pre-paid envelopes for patients/public to return them to Healthwatch Dudley. Should individuals want to; the questionnaire can also be completed electronically at www.healthwatchdudley.co.uk.

Patient and public engagement is fundamental for the delivery of a robust PNA and to that end, I would ask for your support and engagement in distributing and promoting these questionnaires to as many of your patients and customers as possible during the survey period. Please note that this questionnaire has been consulted with input from several stakeholders involved with the development of the PNA, one of which is the Dudley Local Pharmaceutical Committee.

Actions Now Required by Community Pharmacies:

- Please can you ensure all your staff (including locums) have read this letter and are aware of this piece of work being delivered by Healthwatch Dudley for the Office of Public Health (as commissioner).
- Please can you look out for this parcel being delivered by Healthwatch Dudley to your pharmacy, which will include copies of the patient/public questionnaire (together with pre-paid envelopes for patients/customers to return to Healthwatch Dudley).

- Please ensure if the pharmacist manager or regular pharmacist on duty is on annual leave/absent that an alternative individual within the pharmacy has delegated authority to lead on this work during the survey period (1st August 2014 to 18th August 2014).
- Once the questionnaires have been received, please can you actively promote to your patients/customers by making them available in a prominent position within your pharmacy (i.e. healthcare counter, waiting area for patients whilst prescriptions being dispensed etc), and where possible handed to patients/customers at every available opportunity.
- **These questionnaires will need to be returned by patients/public to Healthwatch Dudley in the pre-paid envelope by the 18th August 2014.**

Finally, I would like to thank you all for your support in advance with this key piece of work that will help to shape future health and wellbeing services for the population of Dudley.

Yours Sincerely



Jag Sangha
Pharmaceutical Adviser – Community Pharmacy and Public Health

Healthwatch Dudley

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www.healthwatchdudley.co.uk

Twitter @HWDudley

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