



Healthwatch Lambeth
Enter and View: Right for Everyone
Chain Pharmacy Visits Report

March 2018

About Healthwatch Lambeth



**Healthwatch
Lambeth is the
independent health
and social care
champion for local
people.**



We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatches across the country as well as a national body, Healthwatch England.

About Enter and View Visits

Our Enter and View programme involves visiting publicly funded health and social care services in Lambeth to see what is going on and talk to service users, their relatives and carers, as well as staff.

Every local Healthwatch has a legal responsibility to carry out an Enter and View programme. But we are not inspectors. Instead, we focus on what it is like for people receiving care. We provide extra eyes and ears, especially for the most isolated and vulnerable. Our visits are carried out by trained, authorised volunteers. Our Authorised Representatives have completed the full Enter and View training and our Authorised Visitors have completed an adapted programme.



Visit overview

Services Lloyds Pharmacy at Sainsbury's Wandsworth Road, Superdrug Pharmacy (Norwood), Boots Pharmacy (Brixton)

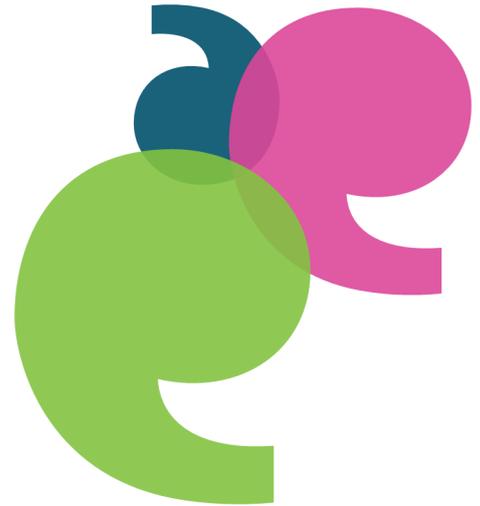
Date of visits September 2017

Enter and View Team **Authorised Visitors:** Zetty Angus, Gina Barrett, Maggie Brennan, Julie James, Liz Hanlon (family carer), Owen Taylor
Authorised Representative: Jane Abraham (Lambeth Learning Disability Assembly service user involvement worker)

Service liaison link Pharmacy managers



Introduction



Purpose of visits

This visits programme was part of our Right for Everyone project, a partnership initiative with Lambeth Mencap and Lambeth Learning Disability Assembly to investigate how well community health services work for people with learning disabilities. It was funded by NHS Lambeth Clinical Commissioning Group. The project, which ran from 2015 to 2017, also included visits to opticians, GP practices, dentists and foot clinics.

We focused on services for people with learning disabilities because there is wide-ranging evidence of inequalities experienced by this user group in accessing and receiving healthcare¹.

Our visits aimed to assess:

- how accessible the service is
- the quality of information and advice provided
- how kind the service is.

By drawing on the insights from our visits featured in this report, we hope that good practice can be supported and extended across all community health services in Lambeth.

¹ Department of Health: Premature Deaths of People with Learning Disabilities: Progress Update, Sept 2014

Our Right for Everyone programme also aimed to support the learning disability community in Lambeth to develop greater confidence to use primary care services more effectively². The project did this in two ways; by training local people with learning disabilities to carry out these visits as experts by experience, and by running a series of events hosted by the Learning Disability Assembly to share our findings and promote the services and support available.

We also believe that by working to ensure services are right for people with learning disabilities, they are more likely to become right for everyone. Further details of our Right for Everyone project is available at www.healthwatchlambeth.org.uk/r4e

Participants

Services

For this phase of the Right for Everyone programme, given the project resources, we aimed to visit four chain pharmacies across the borough. This series of visits complemented an initial Right for Everyone pilot scheme in early 2015, which involved visits to six independent pharmacies, all early adopters of the Healthy Living Pharmacy

² In Lambeth, there is a particularly low take up amongst people with learning disabilities of GP health checks and high levels of preventable hospital admissions: Public Health England: Lambeth Learning Disabilities Profile 2013

Introduction

scheme which has now been rolled out to all community pharmacies as part of NHS England's contractual requirements³. For both series of visits, we selected services located in different parts of Lambeth.

Visitors

Seven Right for Everyone Enter and View Authorised Visitors (including one Authorised Representative) took part in this programme. Two of the visiting teams included two people with learning disabilities and the third had one learning-disabled team member as the other was unable to take part on the day. All teams had a supporter (either a family carer or support worker) and a note-taker was also present. Team members had a range of communication and mobility abilities.

Visitors and supporters had completed an adapted Enter and View training programme to become Healthwatch Lambeth Authorised Visitors for services which are open to the public. Authorised Visitors must have a criminal record check from the Disclosure and Barring Service (DBS) or be accompanied by a person with a DBS certificate. In addition, three of our lead supporters for this programme are full Enter and View Authorised

Representatives, approved to visit any publicly funded health or care service⁴.

Methodology

During the visits, our Enter and View team used a range of criteria to assess each pharmacy including physical accessibility, staff behaviours and attitudes, and the type and accessibility of information provided (see appendix). Indicators for the physical accessibility of the service were partly developed from an easy read access survey by Leonard Cheshire Disability and were also designed to complement the recent DisabledGo premises audit⁵ of local services in Lambeth.

Alongside a checklist, our visitors asked questions to a pharmacist and a Healthy Living Champion (where available).

For this project, we did not ask for feedback from other patients during our visits. Instead, our trained visitors used their own insights as experts by experience⁶ to assess how well the services work for people with learning disabilities.

Findings were analysed by Healthwatch staff.

³ Healthy Living Pharmacy criteria: www.gov.uk/government/publications/healthy-living-pharmacy-level-1-quality-criteria

⁴ Details of our Enter and View programme: www.healthwatchlambeth.org.uk/enterandview

⁵ www.disabledgo.com/organisations/london-borough-of-lambeth/main

Findings

Visit arrangements

Visits were pre-arranged with each service and we attended three of them as planned. However, the visit to Boots (Brixton), although started, was not completed due to apparent staffing difficulties on the day . see staff behaviour below. So our team was only able to ask three of our prepared questions during that visit.

A fourth request to visit Tesco Pharmacy (Kennington Lane) was abandoned due to non-response from the service to some suggested visit dates we offered.

During our visits, we met a total of four pharmacists, one healthy living champion, a manager and, in passing, a staff member who appeared to be a pharmacy assistant.

Physical accessibility

Environment

All three pharmacies that we visited were easy to get into, with plenty of space for wheelchairs and pushchairs. The team visiting Superdrug in West Norwood found the space clear and well laid out. However, the Lloyds Pharmacy located in the large supermarket was quite hard to find, as it was right in the middle of the store. Although there was a big green cross to mark its location, our team noticed that people needed to look up to see it. Our team reported: *‘You would not know there was a pharmacy here.’*

Waiting area and consulting room

All three facilities had private consulting rooms with clear signs on them, and two also had waiting areas with chairs available. When we asked about space to talk in private, one pharmacist told us, *‘Every pharmacy should have [a consulting room], it’s a legal requirement’*

There was no music playing at any of the pharmacies. Two teams found the atmosphere to be quite quiet during their visit and one team thought soft music might be nice for customers. But the third team visiting Boots in Brixton was told by staff that the store gets quite crowded and noisy.

Information displays

Two teams reported seeing some interesting leaflets and posters on display in the pharmacy area, although one team noticed there weren’t many pictures on these materials. None of our teams saw any easy read materials.

The service

Services available

Our first question for the pharmacist or healthy living champion was about the range of services offered by each pharmacy. All three said that prescription dispensing was their main offer: *‘That’s our number one service’*. One also said they accepted returns of unused medicines.

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Two offered flu jabs and two provided smoking cessation, drug and alcohol advice (including at one pharmacy a drug rehabilitation and alcohol detoxification service). Individual pharmacies also mentioned other services such as diabetes screening, blood pressure checks, malaria injections and contraception.

One pharmacist explained that their service was limited because they were a small branch and another said they were keen to extend their service, for example by applying to the clinical commissioning group (which buys local health services) to offer a contraceptives service.

Help with medicines

All three pharmacies provide information and advice to customers about prescriptions and other medicines. They also confirmed they offer annual or periodic medicine reviews for long-standing customers. All three also offer a dosette box service for those taking a range of medications, and two said they support people to use a range of medicine passports to help manage their conditions. However, the pharmacist we spoke to at the third pharmacy was not familiar with these passports.

Two pharmacies said they offer an electronic prescription service and one explained that they also have a private online prescription service called an online doctor service. One of our teams also picked up a leaflet about a

similar service at one of the other pharmacies.

One pharmacy also told us that they check in with patients every two weeks and offer a dosette box delivery service. This was not company policy but something the pharmacy did to help build a relationship with customers.

We also asked at two pharmacies about paying for medicines on prescription and both staff we spoke to gave clear and full answers. One pharmacy also said the in-store loyalty card offers certain discounts, for example on a flu jab.

Advice on staying healthy

Although none of the pharmacists said they offered health checks, they all confirmed that they could provide advice for staying healthy. One told our team, *'We help the public make better decisions about life'* and another said *'it's not just about pills.'* They gave a range of examples including information on the heart, weight and diet, exercise and asthma.

Two pharmacists told us they signpost to other local services, one saying *'We know most of the services in this area, for example, where to go if you have problems with your feet.'* This pharmacist also said they also offered counselling for some patients but it wasn't clear what this was for, specifically.

Findings

The smaller pharmacy also explained that their healthy living champion had just left the branch and they were waiting for a replacement.

Choosing who you see

We were able to ask at two pharmacies whether customers have a choice about who to talk to, for example female or male staff. Both services said they had teams including both men and women, although one did not currently have a female member of staff one day a week due to staff patterns.

Sharing information

We asked two pharmacies how they share information with people's GPs. One said they call practices for urgent matters or take notes directly to the surgery. As a new company had recently taken over this pharmacy, the manager had visited local practices to identify the best way to share patient information. The pharmacist told us that the service had a duty of care to all customers to put notes on their patient records.

In contrast, the other pharmacy told our visitors that they don't normally liaise with GP practices unless necessary and said that there was no facility to enable sharing patient information.

Both services emphasised that they keep information confidential and abide by data protection rules. One added: *'Information is*

never in public view, we shred documents and never just leave them lying around.'

Additional support

Support for people with learning disabilities

Two pharmacies told us about the support they offer to customers with learning disabilities: both said they can help with filling in forms and that people are welcome to bring someone else with them. One pharmacy said they can offer pre-booked appointments but that this wasn't really necessary as the service didn't get very busy.

However, neither pharmacy had any easy read materials available and one pharmacist we spoke to was not aware of what easy read was. They also said they had not heard of health action plans and the other pharmacy also did not mention them.

Recommendation 1

Each service should develop or obtain easy-read versions of key leaflets (as recommended in our pilot report).

Recommendation 2

All pharmacy staff should become familiar with health action plans and health passports and use them appropriately with patients and, with the patient's consent, their family carers and support workers.

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Other communication needs

Both pharmacies said they had staff who could speak other languages including Portuguese, Spanish, Somali, Greek and Polish. Neither had written information in other languages although one pharmacist said they had tried to source them. The other pharmacy signposts to translators (although it wasn't clear whether this was an affiliated service or whether it was free). This pharmacy also used to have a hearing loop on its tills but, at the time of our visit, it was being replaced.

Written resources

One pharmacy team gave our visitors a range of leaflets on the services available and some health conditions such as asthma. They contained pictures and symbols but the writing was quite small.

The other pharmacy provided a wider range of materials for our team to take away including two passports for different medications, an information pack for anticoagulants and a sample blister pack. Again, these contained lots of writing.

Complaints process

One pharmacy explained that customers with a concern would be encouraged to have a private talk with the manager initially, to try to resolve the complaint. If the customer was still unhappy, the matter would be escalated. The other pharmacy outlined the opposite

route, with customers directed to the company's head office first, before the feedback is shared with the branch staff who discuss how to respond.

Both pharmacies said positive feedback was handled in the same way, and one pharmacist mentioned that customer feedback was sometimes contained in the monthly staff newsletter.

Recommendation 3

Information about the complaints process and the NHS complaints advocacy service should be clearly displayed in every pharmacy, with copies available to take away.

Staff behaviour and attitudes

Our teams found all the pharmacists and the healthy living champion we met to be helpful. In addition, our visitors also described those from two of the services as friendly, smiling, cheerful, kind, respectful, thoughtful, patient and good at listening.

However, during our visit to Boots, our team encountered staff who our visitors described as rude and unprofessional. On arrival, the staff seemed unaware of our visit and the manager (who we had made the arrangements with) arrived late. The manager joined our visitors and the pharmacist we were talking to about 10 minutes into our visit, but then left shortly afterwards without engaging in the

Findings

conversation. Part-way through the team's discussion with the pharmacist, which was taking place in an office above the shop floor, the pharmacist was called back to the counter and our team were moved by another staff member to a staff canteen area, as the office was required for another purpose. Our team were left unattended in the canteen for about 15 minutes before the pharmacist came back to say he had to return to the shop floor. Our visitors decided to curtail the visit at this point.

Most of the team taking part in this visit felt they had been neglected because they had a learning disability but others felt that our visitors' experience was probably due to an unrelated and unexplained issue. However, all the team agreed that they had been treated in an unprofessional and disrespectful manner.

Recommendation 4

Pharmacies should ensure that all members of their team are friendly and welcoming, in line with healthy living pharmacy communication criteria.

In contrast, staff at the other two services were attentive throughout our visits. Two pharmacists were particularly effective in communicating with our team members with learning disabilities, speaking clearly, explaining longer words and maintaining a friendly and relaxed demeanor. One also called our visitors by their names and had good eye contact with them.

However, another member of staff seemed less confident, failing to make eye contact with our learning-disabled visitors and instead, looking to the supporter and note-taker when answering our questions. The supporter felt that this individual didn't seem to know much about learning disabilities.

Similarly, some of the comments and responses from other staff at two of the pharmacies suggested a broader lack of understanding about and familiarity with learning disabilities and wider disability issues. For example, one of the pharmacist teams, when outlining the support offered in-store to people with learning disabilities, commented *'We are trained to handle challenging situations but we don't get people with disabilities [in the pharmacy] very often.'* This implied view of people with disabilities as 'challenging' is concerning.

Similarly, another pharmacist, when explaining about the alcohol and drug advice offered by their service, seemed to assume that people with learning disabilities don't have addiction problems.

Recommendation 5

All pharmacy staff should undertake learning disability awareness training in line with the public health needs and communication criteria of healthy living pharmacy standards (as recommended in our pilot report).



Recommendations

Conclusion

Our visitors enjoyed our two completed visits and felt welcomed and respected by the staff teams we met. However, we were disappointed and frustrated by our experiences at the Boots pharmacy. While we appreciate and respect the need for service delivery to take precedence over an Enter and View visit, we would expect our teams (largely made up of volunteers from the local community) to be treated with common courtesy.

Despite this setback, we found all three visits insightful and, alongside our pilot visits, we were pleased to see a range of positive steps already taken by community pharmacies to offer reasonable adjustments to support people with learning disabilities. This provides a positive foundation on which to build.

Recommendations

For ease of reference, we list our recommendations below:

Recommendation 1

Each service should develop or obtain easy-read versions of key leaflets (as recommended in our pilot report).

Recommendation 2

All pharmacy staff should become familiar with health action plans and health

passports and use them appropriately with patients and, with the patient's consent, their family carers and support workers.

Recommendation 3

Information about the complaints process and the NHS complaints advocacy service should be clearly displayed in every pharmacy, with copies available to take away.

Recommendation 4

Pharmacies should ensure that all members of their team are friendly and welcoming, in line with healthy living pharmacy communication criteria.

Recommendation 5

All pharmacy staff should undertake learning disability awareness training in line with the public health needs and communication criteria of healthy living pharmacy standards (as recommended in our pilot report).

Appendix: visit checklist





Right for Everyone Project Chain Pharmacy Visit

Name of pharmacy (or chemist):

Date of visit:

Name of visitors:

On arrival





Is it easy to get into the pharmacy?
For example is there an automatic door, steps, clutter round the door.







Are the signs outside and inside clear and helpful?







Is there space to get a wheelchair or buggy around?



Comments about getting in, signs and space:

Inside the pharmacy





Is the information on the walls and on display helpful for you?



Please say why, for example, too many posters, no leaflets, helpful pictures, writing too small, hard words.





Is there somewhere to wait?







Is there a room to talk to staff in private?



If yes, what is it like? Is there a sign for it?

Is there anything that made the pharmacy good or bad? For example music, crowds, noise.



Appendix: visit checklist



Introductions - things to say on arrival:

Hello my name is....

I am from Healthwatch Lambeth.

I am here to do an Enter and View visit.

I have an appointment.



Questions for the healthy living champion or pharmacist

Ask the green questions.



Questions for the manager

Ask the pink questions.



What are the staff like? Choose some words in the box:

friendly	rude	smiles	helpful
cheerful	unfriendly	kind	listens
unkind	respectful	looks at me	unhelpful
does not listen	thoughtful	professional	
patient	rushes me		

After the visit



Were you given any information during your visit today? If yes, what was it? Please include it with your checklist.



Overall, were the answers to your questions helpful?



Would you want to use this pharmacy? Why?

Thank you for taking part.



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