



Healthwatch Lambeth
Enter and View
Pharmacy Visits Pilot Report

June 2015

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 Healthwatch 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 adult 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

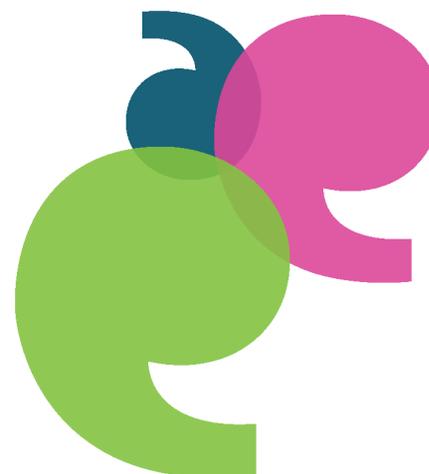
Service **Six Healthy Living Pharmacies**
in Lambeth (two in each
locality)

Dates of visits Monday 19 January - Wednesday 4 March
2015

**Enter and
View Team** **Authorised Visitors:** Danny Roberts,
Faye Benett, Samantha Farrington,
Owen Taylor, Maggie Brennan, Pauline
Willis, Zetty Angus, Sabina Laher,
Robert Hill (Lambeth Mencap Carers
Development Worker), Euly Jackson
(Certitude support worker), Helen
Johnstone, (Opportunities Project
support worker), Christos Chordakis
(L'Arche support worker)
Authorised Representative: Jane
Abraham (Lambeth Learning Disability
Partnership Board service user
involvement worker)

**Service
liaison link** Jayesh Patel, Local Pharmaceutical
Committee CEO, and Ashok Soni,
Lambeth Clinical Commissioning Group
Clinical Network Lead and Chair of the
Royal Pharmaceutical Society





Purpose of visits

This visit programme contributes to one of Healthwatch Lambeth's priority areas; access to community based services and their impact. We chose to focus on community pharmacies because most people use these services. We were interested in how well these services meet the needs of people with learning disabilities as there is wide-ranging evidence of inequalities experienced by this user group in healthcare settings.

Our visits aimed to assess:

- how accessible the general healthcare and wellbeing advice is in Healthy Living Pharmacies for people with learning disabilities
- the quality of information and advice provided for dealing with long-term conditions
- how kind the service is.

By drawing on the insights from the visits, we hope that good practice can be supported and extended across all Healthy Living Pharmacies in Lambeth, and that the learning disabled community can develop greater confidence to use pharmacy services more effectively, in place of unnecessary visits to GPs and hospitals services¹.

During the visits, the Enter and View team used a range of criteria to assess each pharmacy including physical accessibility, staff behaviours and attitudes, the information provided and its accessibility (see appendix 1). Indicators for the physical accessibility of the service were based on an easy read access survey developed by Leonard Cheshire Disability.

The visits programme was part of our ongoing work with learning disabled (LD) people in Lambeth. Further details of our Enter and View work is available at www.healthwatchlambeth.org.uk

About Healthy Living Pharmacies

Healthy Living Pharmacies offer a broad range of services such as health checks, and help with weight management and stopping smoking. These services are commissioned (bought) by the Clinical Commissioning Group. Training is provided for pharmacy staff and every pharmacy has a Healthy Living Champion. The pharmacy's role includes outreach to the local community and linking with other health professionals (especially GPs), social care and public health professionals and local authorities. Healthy Living Pharmacy premises must also meet a certain standard.

¹ In Lambeth, there is a particularly low take up amongst people with LD of GP health checks and high levels of preventable hospital

admissions: Public Health England: Lambeth Learning Disabilities Profile 2013

Participants

In agreement with the Local Pharmaceutical Committee, we chose six Healthy Living Pharmacies to receive an Enter and View visit; two from each of the three localities in Lambeth. The visits were pre-arranged. In total, we spoke to six pharmacists, three Healthy Living Champions, and were introduced to at least 14 other staff members during our visits.

For this scheme, we did not ask for feedback from other customers during our visit. We agreed with the pharmacies that they would remain anonymous, and provided them with individual feedback on each visit.

Thirteen Enter and View visitors took part in this programme. Each visiting team included at least one learning disabled adult - our experts by experience - and a support worker. However the team did not include anyone with profound and multiple learning disabilities. Everyone involved 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. One of our lead support workers for this programme is a full Enter and View Authorised Representative, approved to visit any publicly funded adult health or care service.

Physical accessibility

External environment

Four of the pharmacies we visited were wheelchair accessible; the other two had at least one step into the shop. One pharmacy was particularly accessible - even with the repaving works going on outside at present and, like one other pharmacy, it has a ramp and electric doors.

Visitors to a different pharmacy commented on the good signage outside the chemist, with a street pavement notice advertising the chemist and some of its services. The clear symbol outside another pharmacy was also noticed by our visitors.

Internal environment

Two of the pharmacies, although wheelchair accessible from the street, were cluttered and would be difficult to navigate in a wheelchair or with a buggy. Only one visiting team thought the pharmacy they visited could accommodate mobility scooters.

One pharmacy told our visitors *'We have two or three regular clients who are wheelchair users - they knock on the window and we go out to get the prescription requests, so they don't have to try to manoeuvre the wheelchair in. We also deliver prescriptions to people if they are not able to come in.'*

Summary findings

	Pharmacy 1	Pharmacy 2	Pharmacy 3	Pharmacy 4	Pharmacy 5	Pharmacy 6
Physical accessibility	Small and cluttered - difficult for wheelchairs but low counter and accessible consulting room.	Very accessible, even with repaving works at time of visit.	Fully accessible premises.	Fully accessible but cluttered interior difficult for wheelchairs and counter a little high.	Accessible but counter may be a bit high for wheelchair users.	A low step into the pharmacy but otherwise good accessibility.
Pharmacy staff behaviours and attitudes	The staff talked directly to the LD visitor, were very welcoming and friendly, listened to what was being asked and answered the visitors' questions well.	Friendly and welcoming, patient and listened well. Generally good answers to visitor questions but a little complicated in places.	Greeted with a smile, polite and welcoming. Good introduction to the staff team with constant eye contact. Visitors not rushed and were listened to.	The staff talked directly to the LD visitor, were very welcoming, respectful and friendly, listened to what was being asked and answered the visitors' questions well.	Very welcoming, approachable and helpful.	Good focus on the LD visitor, friendly and welcoming. Talked quickly with quick-fire questions, which made the visitor feel a bit under interrogation. Answered the visitor's questions well.
Information provided	How to arrange a health check; How to arrange a flu jab; Encouraged LD visitor to use her local pharmacy to enable them to get to know the person.	The difference between indigestion tablets; Alcohol consumption scratch cards; Other information leaflets; Height and weight tests; Role of Healthy Living Pharmacies.	Demonstration of blood pressure, weight, height, pulse and waistline checks; Recommended one visitor with high blood pressure sees her GP.	Role of the Healthy Living Champion; How to book a Health Check; Weight and height check demonstration; Alcohol and healthy eating advice; Optician home visits service.	General advice on staying healthy eg easy exercise tips; Weight and height check demonstration; Explained body mass index calculation blood pressure tests.	Information about gluten free food on prescription; Blood pressure test - recommended contacting GP for advice after low blood pressure result.
Accessibility of written resources	Lots of leaflets but no easy read resources with pictures.	Various leaflets, booklets, newsletters and TV screen but no easy read resources available.	No feedback from visitors on this.	No posters or leaflets on display due to redecoration of premises in progress. Health check booklet quite easy to understand.	No written materials provided.	No written materials on display but vouchers for free samples of gluten-free food offered, which the LD visitor was keen to use.
Pharmacy comment				<i>The floor space is now clear and uncluttered following completion of the decoration works.</i>	<i>A lower counter had to be removed following several incidences of people jumping over it. Staff often walk round the counter to talk with customers. A range of leaflets were in stock but none on relevant topics.</i>	<i>The pharmacy is working to secure the Council's agreement to create a ramp to the entrance.</i>

One pharmacy had painting and building work going on at the time of the visit which disrupted the layout.

Our visitors said one of the pharmacies felt more like a normal shop than a pharmacy as most of the floor space was dedicated to products for sale. But the LD visitor understood the difference between the two parts of the premises. One pharmacy also had an optician's as part of the chemist which seemed more spacious.

All the pharmacy counters were easily spotted. A couple were a bit too high for wheelchair users.

Each pharmacy had a consulting room which was shown to our visiting teams. They ranged in size: some had a bed, others just chairs and equipment such as weighing machines. All of these rooms were private and our visitors' health checks were carried out here. The team visiting pharmacy 1 appreciated the fact that the room was easily accessible and easy to get out of if you did not feel comfortable.

Pharmacy staff behaviours and attitudes

All our visitors had appointments with and met the pharmacist, who was the lead contact for our visits. On our arrival, the pharmacists all introduced their staff teams to our visitors.

Welcome and friendliness

Every member of staff our visiting team met in all six pharmacies were friendly; even the staff that our visitors did not talk to directly. For example, in one pharmacy, a couple of staff were working in the background but did say hello and were quite happy to chat between dealing with customers and making up orders.

Three visiting teams also met the pharmacy's Healthy Living Champion, but one other pharmacy's champion was not on duty on the day of our visit.

Visitors described the pharmacists as welcoming, smiling and polite, and at least two pharmacists shook hands when they met our representatives. One visiting team was offered and accepted a cup of tea and biscuits.

Another team described how they were shown round the chemist while the pharmacist explained their role and future expectations for the pharmacy service. The pharmacist there said that the whole staff team are undergoing training in different health conditions and in communications skills.

Questions and answers

All the pharmacists maintained good eye contact with our LD visitors and mostly directed their questions and responses to our experts by experience rather than the support

workers. However, one support worker noted that they occasionally had to encourage the pharmacist to talk to the LD visitor instead of using the worker as a go between, but the prompts helped the pharmacist's focus. The pharmacist also checked back that the visitor understood what was being said.

Another LD visitor felt that the pharmacist they met was so eager, they did not really listen at first. Instead, the pharmacist spoke very quickly and asked a string of questions. The visitor said he felt like he was in a formal situation such as being at the doctor's, which he did not really like. However, after the support worker had asked the LD visitor what questions they had for the pharmacist, the pace of the conversation slowed down. The pharmacist apologised for talking too quickly but the support worker still felt that more time needed to be allowed between comments to enable the LD visitor to respond without feeling pressured. In the support worker's view, the pharmacist needed to be more alert to different verbal capacities.

The other four visiting teams reported that the pharmacists had good listening skills and showed patience. However, one support worker felt that at times, the pharmacist needed to check that the LD visitors had understood the information provided. One of the healthy living champions was described by our visitors as particularly chatty and friendly, and able to give good answers to our questions. In another pharmacy, the

visitors reported that all staff members listened to and answered questions from the team.

Valuing our visits

Two teams said that the pharmacy was quite busy during their visits but the pharmacists prioritised our visitors. While one pharmacist was talking to our visitors in the consulting room, staff came through occasionally to check that they were dispensing the right medicines and the pharmacist apologised for the interruption. *'We said this was his job and we were not wanting to get in the way!'* In the other pharmacy, although there were quite a lot of customers coming and going, the visitors did not feel rushed. Instead the pharmacist was respectful and happy to give as much time as the visitors wanted. *'He said he was 'an old fashioned pharmacist' and we think this means he wants to treat people well and we felt he did'.*

One pharmacist reflected to our visitors that they were not sure whether people with learning disabilities used that chemist, but the staff did know people who needed a bit more help and explanation about their medication. Another told our visitors it was a really good idea to help pharmacists improve their service to people with learning disabilities.

Information provided

We had planned to consider through this visits programme the type and suitability of information that pharmacies provide on long-term conditions and healthy living. But in the event, only one of our visitors raised a question about a long-term dietary condition. All the other issues covered were linked to healthy living advice. The following information and advice was provided to our visitors (the number of pharmacies providing the advice is shown in brackets):

- Role of Healthy Living Pharmacies (2)
- How to arrange a health check (3)
- How to arrange a flu jab (1)
- Height and weight tests (4)
- Blood pressure test (3)
- Healthy eating advice (1)
- Alcohol advice (2)
- Exercise tips (1)
- Recommendation to visit/call the visitor's GP (3)
- Encouraged visitor to use their local pharmacy to enable the pharmacist to get to know the person (1)
- The difference between indigestion tablets (1)
- Gluten-free prescription information (1)
- Optician care home visit service (1)
- Other information leaflets (1)

Visitors were informed clearly about the process for getting health checks; teams were told they would need to book an appointment

at the pharmacy and one visitor was told they would be asked to bring their medical card for a records check and to confirm that they would be eligible for a free check. Another team was told that people who are not eligible can pay for checks.

Pharmacy comment:

The cost of checks vary. For example, we charge 20p to check someone's weight, £1 for a blood pressure check and £15 for a cholesterol test.

Three visitors were advised to contact their GPs on particular issues, two following abnormal blood pressure check results (one too high, another too low) and another visitor was encouraged to check with the doctor whether there would be any reason not to have a flu jab. The pharmacist also suggested to this visitor that it would be a good idea to get to know her local pharmacist so that they could support her better.

After their checks, one team was told they were all overweight and another pharmacist, in response to a question about how to stay healthy, suggested to our visitors that one way to keep fit would be to get off the bus one stop before the day centre they visit and to walk the rest of the way.

One visitor asked whether they could buy gluten-free food at the pharmacy. The pharmacist explained it was only available on prescription and also gave our visitor some

vouchers for gluten-free food samples. Our visitor was not expecting that! But they were pleased and will fill in the forms to take up the offers.

Appropriateness of information

Our visitors largely reported that the information and advice they were given was good. As one team said: *'The visit was educating and interesting.'* Explanations were generally clear and easy to understand, although one support worker reflected that a pharmacist's answers seemed a little complicated on a couple of occasions in the discussion, such as explaining the difference between two types of indigestion tablets.

Our visitors also heard about different ways the pharmacies make their services accessible. For example, one pharmacy with an optician's offers a home visit service and one of the healthy living champions speaks Spanish.

Written resources

Two of our visiting teams reported that they saw a lot of leaflets, booklets and newsletters on display but none of them were easy read. The materials included health advice as well as information on local public and voluntary services. However, one team liked the health check booklet they were given because it was not too wordy and quite easy to understand, and had some pictures.

One pharmacist also gave the visiting team some scratch cards about safe levels of drinking alcohol, which he thought might be fun to use. But the support worker reported that they were very difficult to read. The pharmacist had also assumed that the LD visitors could read the leaflets on display.

Another team asked about leaflets and posters in one of the pharmacies without information displays but the pharmacist explained they didn't have many currently because the pharmacy was being redecorated.

Some of the support workers mentioned to the pharmacists that there are easy read health leaflets available to download, which the pharmacists were very interested in.

Conclusion

The visitors overall were impressed with the service on offer and confirmed that they would be happy to return to each of the pharmacies for advice and support. One team said: *'This is what a pharmacy should be like'*.

One visitor has already taken up the advice they were given to visit their GP about their blood pressure. Others said, *'The visit has made me feel happier to ask staff questions about my health'* and *'I really enjoyed the visit and chatting to the staff. They were really friendly and answered all my questions.'*

In fact, all our visitors told us that they enjoyed their visits to the six pharmacies and 10 of the 11 experts by experience confirmed that they would like to do more visits to other pharmacies and different local health services.

Next steps

Healthwatch Lambeth, in partnership with the newly formed Lambeth Learning Disability Assembly and Lambeth Mencap, plans to roll out more visits to Healthy Living Pharmacies through this programme, and to develop training based on the insights from the scheme for pharmacy staff, in conjunction with the Local Pharmaceutical Committee.

The next phase of the visits programme will build on this pilot to ensure more questions

are asked about long term conditions, opening hours and products not on prescription such as vitamins.

The Healthwatch Lambeth Enter and View visiting team would like to thank the staff of all six Healthy Living Pharmacies for their patience, courtesy and openness during our visits. The period of time we spent with the staff allowed us an opportunity to engage with and better understand the work of the pharmacy staff and the services they provide.

Recommendations

Below, we list our recommendations from our first six visits:

Recommendation 1

While the pharmacy staff we met on our visits were all welcoming, friendly and kind, practitioners need to be alert to people's different communication capacities and allow time for an LD individual to think and make a response to questions. Staff need to take care not to make assumptions about literacy skills and should check that customers understand the information being provided. We recommend that all pharmacy staff should undertake learning disability awareness training, such as the session to be developed from this initiative.

Local Pharmaceutical Committee's (LPC) response

We suggest producing a brief training video for all pharmacy and GP staff to help them understand the needs of LD individuals. This would give them the confidence to skill up further through more detailed training. The LPC will explore this idea with Healthwatch and Health Education South London².

Recommendation 2

All pharmacies should have some easy read materials available and ideally, on display, such as those available to download on the Easy Health website³.

LPC's response

We would need these resources approved by NHS England, the Royal Pharmaceutical Society or other national healthcare professional bodies with a view to improve existing resources where required and include them as part of signposting information. Perhaps these bodies may provide resources for printing and distribution to pharmacies and GP practices.

Recommendation 3

Where pharmacies are close to day centres and other community venues, they should consider building links with these community assets in order to develop the local community's understanding and use of pharmacy services.

² HESL is responsible for educating and training doctors, dentists, nurses and all NHS health professionals in South London, and supporting

them at every stage in their career.
<https://southlondon.hee.nhs.uk>

³ www.easyhealth.org.uk

Recommendations

LPC's response

We may want to consider support for a domiciliary visit service by a pharmacist for LD individuals and housebound individuals to assist them with medicines optimisation, medicine use review and the new medicine service. This was done in Croydon Clinical Commissioning Group and demonstrated significant improvement for patients' health outcomes. The LPC would look for Healthwatch support for this service.

Recommendation 4

Pharmacies should regularly review the physical accessibility of their premises, to identify and remove clutter and maximise opportunities to improve access in the longer term through planned refurbishments.

LPC's response

As pharmacies are self-funding businesses, we need to look at possible resources available, such as improvement grants or other avenues. To support the development of a standardised interior set up, pharmacies planning a refurbishment could be given some sort of approved recommendations to consider as part of the programme to improve access for LD individuals. Perhaps NHS England and the General Pharmaceutical Council could publish guidelines and recommendations.

Recommendation 5

Pharmacies should provide clarity of information about standard charges for health checks.

Local Pharmaceutical Committee's response

This needs to be done on a borough wide basis, assuming this is for a private service. The difficulty the LPC has is that individual pharmacies will have their own pricing structures and it is difficult to standardise. Within Lambeth the uptake for privately paid health services is generally low. However each pharmacy can provide this information if requested.

Appendix: visit checklist

Did the staff in the Chemist make you feel welcome?



Did you feel you were listened to?



Did the staff speak to you in a kind and helpful way?



Did you understand what they were telling you?



Did you feel your questions were answered?



Do you feel happy to visit this pharmacist again to ask for advice?



Appendix: visit checklist

YES

NO



Is it easy to get into the chemist? (automatic door, steps, clutter round the door area)
Comments:



Are the signs clear and helpful? Is it easy to find the pharmacy bit?
Comments:



Is there level access? If steps are these marked?
Comments:



Is there space inside to get a wheelchair around?
Comments:



Is the counter the right height for someone in a wheelchair?
Comments:



Is there Blue badge parking outside/nearby?
Comments:





Healthwatch Lambeth

336 Brixton Road
London, SW9 7AA

Tel 020 7274 8522

Text 07545 211 283

info@healthwatchlambeth.org.uk

www.healthwatchlambeth.org.uk/enterandview

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Registered company in England and Wales no: 8430436